Student and Support Services

2022 - 2023 Self-Study

Three-Year Program Review Template

Behavioral Health Services

Student Support Services

Statement of Collaboration

The program staff listed below collaborated in an open and forthright dialogue to prepare this Self Study. Statements included herein accurately reflect the conclusions and opinions by consensus of the program staff involved in the self-study.

Participants in the self-study

Dana Timmermans
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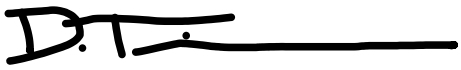
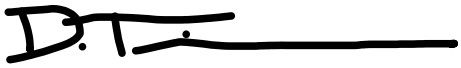
Authorization

After the document is complete, it must be signed by the Principal Author, the Department Manager, and (when appropriate) the Dean or appropriate Immediate Management Supervisor (IMS) prior to submission to the Program Review Committee.

Dana Timmermans		Behavioral Health Services Director	12/22/2022
Printed name of Principal Author	Signature	Title	Date
Dana Timmermans		Director	12/22/2022
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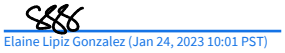
Elaine Lipiz Gonzalez	 Elaine Lipiz Gonzalez (Jan 24, 2023 10:01 PST)	Jan 24, 2023	Dean SSS
Printed name of Dean or Immediate Management Supervisor (IMS)	Signature	Title	Date

Gilbert Contreras (Jan 24, 2023 10:06 PST)

Dr. Gil Contreras, VPSS

1.0 Mission and Goals

Mission, Vision, Core Values and College Goals drive all college activities. The Program Review committee would like to understand the connection of your program to the Mission, Vision, Core Values and College Goals. Summarize how your program supports each area.

Mission: Fullerton College advances student learning and achievement by developing flexible pathways for students from our diverse communities who seek educational and career growth, certificates, associate degrees, and transfer. We foster a supportive and inclusive environment for students to be successful learners, and engaged community members.

Fullerton College Behavioral Health team of dedicated mental health professionals work in partnership with our diverse campus community as we provide acute care services, offering multiple avenues to receive; support, pstherapy, psychoeducation, resources and pro-social coping skills, leading to improved student lives as a result of making informed responsible choices.

Vision: Fullerton College will transform lives and inspire positive change in the world.

The Behavioral Health Services team of professionals and support staff provides students with necessary tools and support to overcome, psychological, emotional and social barriers in support of student achievement and the ability to live healthy lives.

Core Values: Community; Diversity; Equity; Excellence; Growth; Inclusivity; Innovation; Integrity; Partnership; Respect; Responsibility

Fullerton College Health Services strives to be an essential part of the Fullerton College campus and surrounding communities by making available quality, culturally competent services offered equally to all students regardless of their circumstances. Students are treated with respect as staff provides appropriate education and information necessary to make healthy life choices.

College Goals:

1. Promote success for every student.
   By providing supportive counseling, modeling pro-social skills to address mental health conditions/barriers that may block students from perform at their highest levels.

2. Cultivate a culture of equity
   Behavioral Health Services promotes good mentally healthy and wellbeing to improve performance educationally, relationally and socially, leading to healthy choices for all students.

3. Strengthen connections with the community.
   Behavioral Health Services fosters community partnerships with a variety of agencies and organizations including Orange County Health Care Agency, independent community providers and other non-profits to better serve students in need.

4. Commit to Accountability and quality improvement
   Behavioral Health services continues to participate in both external and internal clinical trainings, sharing this information with other campus programs and student groups.

2.0 Program Description/Data & Trends Analysis

2.1 Describe the purpose, components, and staffing of this program.

The Fullerton College Behavioral Health Services separated from Student Health (Medical) Services in 2019, but temporarily remained the responsibility of one Director until the actual separation took place September 2022. The separation was necessary in order to foster improved focus and quality of service to assists students in maintaining and improving emotional, and social well-being, so that they may succeed academically, vocationally, and socially. Services are provided by licensed providers in the Health Center, Behavioral Health office, and in Special Population programs sites on campus.

Behavioral Health Services secondary function is to assist the college in maintaining a healthy and safe community in which students can learn and grow. Our SSRT (Student Support and Resource Team) formerly BIT (Behavioral Intervention Team), was first known as TAT (Threat Assessment Team), has two Masters level therapeutically trained Resources Mangers, providing support, resources and guidance to student of concern and students at risk.

Each year hundreds of students are seen by Fullerton College Behavioral Health Services and each appointment is seen as an educational opportunity for that student. During appointments students are provided information and education on behavioral health services, insurance, and additional available services. Providers also take the opportunity to educate students about their diagnosis if they have one, the recovery process and other treatment modalities. Providers help students fill in gaps in their understanding about behavioral healthcare, as many of our students are unfamiliar with the process of appropriately accessing care without the assistance of their parents. Mastering this process is an important developmental step in reaching adult sufficiency. Behavioral Health Services assists students in becoming informed, proactive partners in managing their mental health, exploring options and increasing confidence, leading to a satisfying and productive healthy lifestyle.

MENTAL HEALTH

Students presenting to Health Services for mental health assistance are seen for a variety of emotional, social, and psychological reasons. Health Services **e**mploys six part-time Behavioral Health providers equaling 2.5 FTEs, providing professional care five days a week. All of our mental health providers are State of California Boarded licensed Mental Health providers operating under their own California license.

Mental health has become a major concern on the campuses of most colleges. This requires continued evaluation and updating our behavioral health and psychological services. By mandate Health Services must provide students, while college is in session, with accessible, quality, cost-effective short-term crisis intervention counseling. To meet student needs Health Services provides individual/group counseling workshops and community referrals. Health Services helps by creating an environment that is conducive to learning by providing classroom presentations to make students aware of Mental Health services. Health Services also provides in-services training to help staff and faculty recognize and refer students with mental health issues.

SSRT SERVICES

SSRT (Student Support and Resource Team) addresses issues that impedes a student's ability to be successful. SSRT has two Resource Managers equaling 1.3 FTEs, who help students in crisis due to a wide range of issues including, but not limited to; mental health, social, financial burdens, or issues

involving their academics. Their goal is to help connect students to resources they need in order to be safe, healthy, and successful at Fullerton College.

Behavioral Health Services 0fferings:

The following is a list of services provided by Health Services. This list is not static and changes to conform to the expressed and demonstrated needs of the students and campus, while remaining consistent all Behavioral Health Services mandates.

- Diagnosis and Treatment of Acute (short-term) Behavioral Health issues.
- Rapid response to students of concern/at risk.
- Referrals paperwork completion for DSS
- Behavioral Health Education and Counseling
- Classroom Presentation on Mental Health issues
- Mental Health Evaluation, Stabilization and Referral, Short-Term Individual and Group Counseling (Crisis Intervention)
- Referral to Specialists and Community.
- Maintenance of Health Records.
- Case Management

2.2 Staffing – complete the table below. Please list the total number of personnel in each type of position in the department/program. Within each classification in the first column, please list the position titles. For confidentiality, **do not** include the names of any people in the position.

CURRENT STAFF					
Classification (Include position titles)	**# of staff in each position title**	**Percent of employment**	**Months per year of employment**	**Source of funding (General / Categorical)**	**FTE**
Managers					
Behavioral Health Director	1	100	12	State Grant	1.0
Classified					
Health Services Administrative Assistant	1	50	11	Student fee	.50
Faculty (full-time)					
None	0	0	0	0	0
Faculty (Adjunct)					
None	0	0	0	0	00
Hourly - Adult					
None	0	0	0	0	0

CURRENT STAFF					
Classification (Include position titles)	**# of staff in each position title**	**Percent of employment**	**Months per year of employment**	**Source of funding (General / Categorical)**	**FTE**
Hourly - Student					
Clerical Entry Position	2	25	9	Student fee	.50
Professional Experts					
Resource Managers	2	65	9	State Fund	1.3
Licensed Psychologist	2	20	9	Student fee	.32
Licensed Clinical Social Workers	3	65	9	State Grant	1.9
Licensed Psychologist Marriage and Family Therapist	1	25	9	Student fee	.25
				Total FTE	

2.3 Other Resources

OTHER RESOURCES				
Please list each position by classification in the department/program	**Services Provided**	**Number of Hours**	**Overall Cost**	**Source of funding (General / Categorical)**
Independent Contractors	0	0	0	0
Volunteers	0	0	0	0
Interns	0	0	0	0
Total Hours & Costs			$591,449.02	
			Total FTE	3.7

2.4 Utilize the data provided in the tables above in a discussion of the appropriateness of the staffing levels of this program.

Continuing to staff Behavioral Health Services at the current level makes it difficult to provide appropriate care in this post-pandemic environment. This program struggles to provide mental health services to a student population with ever-increasing acuity in clinical symptoms with worsening pro-social coping skills and fewer options.

The staffing levels for this program are not adequate to serve Fullerton College student population. Although there has been increase in staffing over the last program review from 1.9 FTEs, or 1 FTE (Therapist) per 11,578 students to now 2.3 FTEs, or 1 FTE (Therapist) per 7,391 students. In part our improved therapist to student ratio is related to a decrease in student enrollment. This notwithstanding, the recommended ration of therapists to students is 1 FTE (Therapist) per 1,600

students. We would require eight more full-time therapists to be at the recommended level. Currently, Fullerton College behavioral Health staffing levels are considerably below the standard for Higher Education.

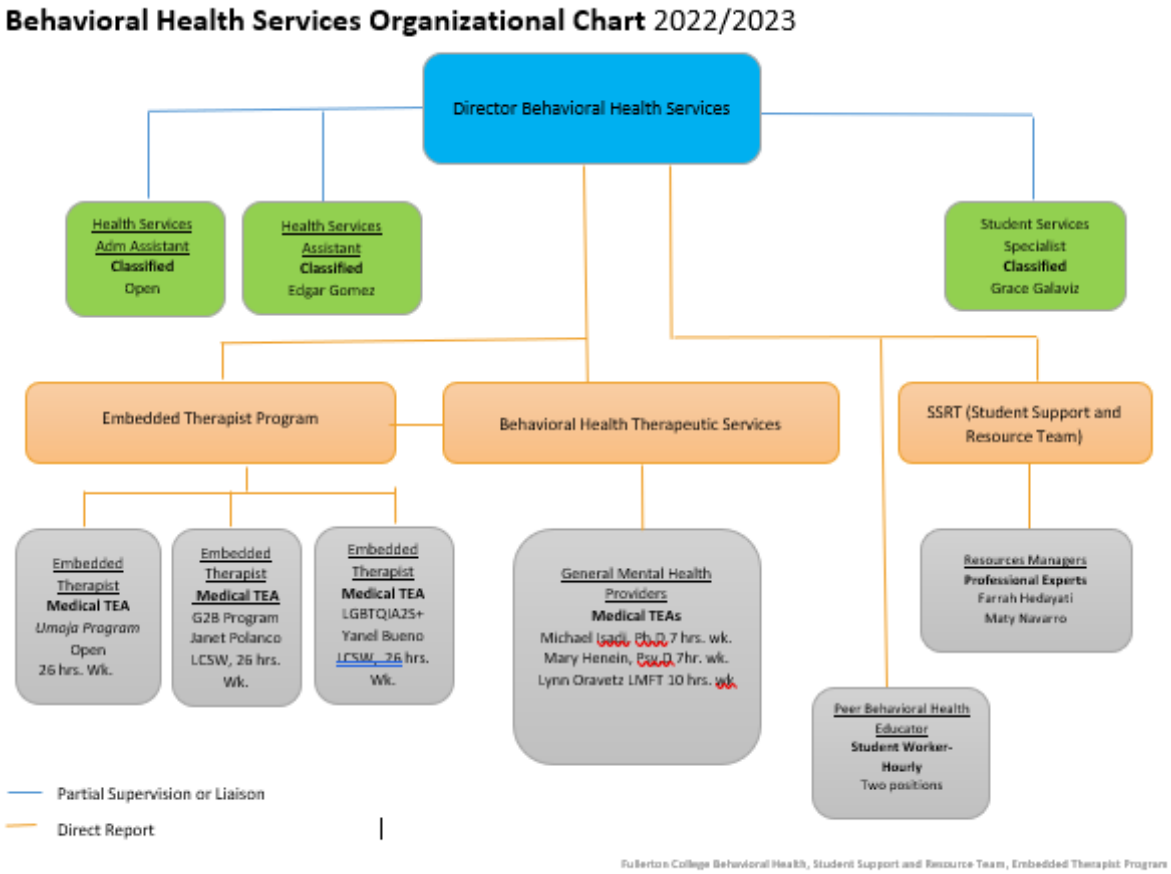
Embedded Program

Three of our Part-time Behavioral Health therapists (1.9 FTEs) also serve underrepresented populations on campus including Umoja Program, Grads to Be Program and LGBTQIA2+S Program. Each of these embedded therapists spends 10 of their 26 hours in their assigned program community providing non-clinical brief check-in/support and taking part in program workshops and trainings.

Student Support and Resource Team

Two Master level Resource Managers (1.3 FTEs) provide early intervention for students of concern with the help of early intervention/referral by faculty and staff. This has decreased the number of students presenting to the Behavioral Health office reporting thoughts of self-harm, thoughts of harming others or thoughts of suicide. Their interventions also decrease the number of negative behaviors on campus.

Necessary shifts in staffing were made over the past three years to move care and attention to early intervention with at risk or of concern students. Behavioral Health has two part-time case managers equaling 1.3 FTE providing for a ratio of 1FTE Case Manager for 13,000 students. This decision has allowed for early intervention, resourcing, and support with the ability to rapidly refer to appropriate levels of care. This essential assistance has made it possible to provide support early and avoid unnecessary psychiatric hospitalization in favor of more appropriate levels of care.



2.5 How many students are served? How has this number changed since the last review?

Number of Unduplicated Students

Behavioral Health use an EMR (Electronic Medical Record) system known as **PyraMED** which is compliant with HIPPA and Medical confidentiality requirements. SSRT utilizes **Maxient** a reporting system that is FERPA compliant.

Unduplicated students seen with **Behavioral Health Services**

2019-2020 = 392
2020-2021 = 199
2021-2022 = 234
2022 to date = 158
TOTAL 983

Unduplicated students with **Students Support and Resource Services**
2019-2020 = 205
2020-2021 = 239
2021-2022 = 171
2022 to date = 171
TOTAL 786

Total of unduplicated students in By Behavioral Health Therapist and Resource Manager was 1,769. Most students are seen multiple times

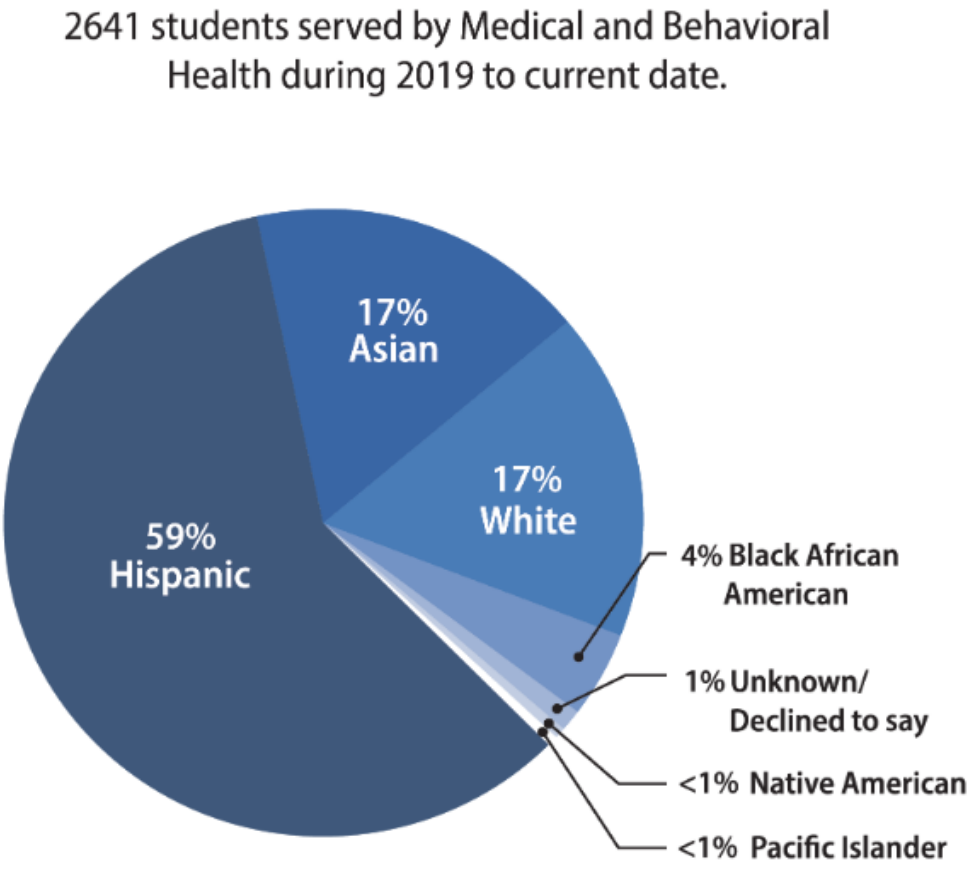
Health Services numbers were joined for Behavioral Health/Medical Services during the last review making difficult to demonstrate change from one review to the next. Although the programs officially separated in 2019, they were both managed by the same director and did not formally separate until September of 2022. Going forward the information related to number of students seen by programs will be separate. Behavioral Health Counseling provided 3,839 duplicated Behavioral Health services during the 2019/2022 Review period. The number of unique student visits were not gathered during the 2016/2019 review.

For this 2019/2022 Review 2641 unique students were seen by Health Services including medical and Behavioral Health, however, this number excludes SSRT referrals.

Student Age

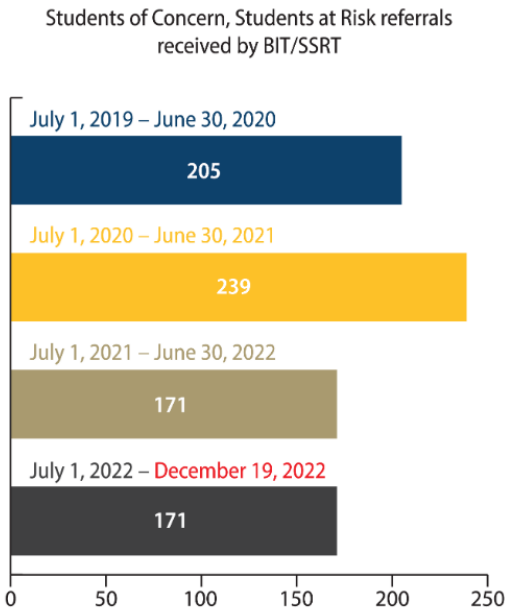
It was not possible to gain access to age of students due to problems with our EMR system

Student Ethnicity



SSTR Student Support and Resource Team

SSRT (Student Support and Resource Team), formerly BIT (Behavioral Intervention Team) received 615 referrals for students that were considered to be “of concern” or “at risk” during this 2019/ 2020 to 2021/2022 Program Review period.



Students of Concern, Students at Risk

Referrals for Students of Concern, Students at Risk trended up in 20/21 and back down in 21/22. However, this last semester has placed SSRT on track to double the number of referrals from last year. In the 2021/2022 academic year SSRT received 171 Student of Concern/Students at Risk referrals. 2022/2023. SSRT received 171 Student of Concern/at Risk referrals in the first semester.

2.6 Since the previous Program Review Self-Study what significant changes have occurred that impact the services of this program?

This is the first Program Review for Behavioral Health Services after separating from the Student Health Services with its own Director and new office space.

COVID-19 caused the campus to shut down in March 2020 and it was mostly shut down through January 2021. While we were able to offer virtual visits to students, they did not utilize them much, as evidenced by the number of students seen. The Student Health (Medical) Services Interim Director started on 9/1/2022. Student Health Services was without a health care expert in the lead since 2018. The COVID response was directed by the Director of Behavioral Health and the Dean of Student Services office.

Out of necessity Fullerton College Behavioral Health shifted from an all in-person treatment model, to all remote treatment model to decrease spread of the COVID – 19 viruses. A Recent National College survey which included students from Cypress College indicated that 60% of students prefer in person mental health services. Our Behavioral Health office now offers a

hybrid approach to serving students which is working well. Students have the choice of being seen in person or remotely.

COVID – 19 and the restrictions placed on students and this institution, prolonged the time of access to mental health services, inadvertently exacerbating student metal health conditions by providing little opportunity to obtain in-person Behavioral Health care. As a result, mental health conditions such as Major Depressive Disorder, Generalized Anxiety, Social Anxiety, Trauma and Complicated Bereavement increased. The Behavior of many students also demonstrates a decrease in pro-social skills and a lack of other positive coping skills.

As diagnosable Mental Health Disorders increase, there has also been an increased need for therapist in all areas of our community. Attempts to attract potential therapist to work in our office have proven to be unfruitful as Fullerton College and NOCCCD compensates Behavioral Health Providers at a 30 to 40 percent lower rate than neighboring college districts. Fullerton College has lost therapists to other colleges, clinics, and private practice due to sub-market pay. Fullerton College Behavioral Health services is struggling to attract seasoned therapists, necessitating the hiring of less experienced providers, requiring additional supervision and training of these part-time providers by the Behavioral Health Director.

Staffing Issues: Like all areas of campus staff changes occurred in Health Service affecting Behavioral Health/Medical Services the Medical Services Director position has been vacant for the last four Years. The operational responsibility became an added duty of the Behavioral Health Services Director. Attempts were made to fill the Health Center Director position, resulting in failed searches.

The Health Educator position is open which decreases Behavioral Health outreach capability, making it more difficult to meet our Health Services mandate of informing all students of available services and providing the opportunity to positively impacting the mental health of our students. Behavioral Health services has attempted other methods to reach students including the posting of RAD Care with services information on all campus restroom stall doors.

Two Retirements impacted the historical and administrative stability of the Health Services. The Health Services Administrative Assistant with 23 years of experience in the Health Center and a Registered Nurse that had been with the Student Health Center for 17 years both retired.

Because of COVID and the lack of a health education coordinator we have not had a **Student Health Advisory Committee** or **Peer Health Educators** on campus since March of 2020.

In 2019 SSRT (Student Support and Resources Team) then known as BIT (Behavioral Intervention Team) joined Behavioral Health Services creating a more seamless referral transition for many students.

2.7 Describe any laws, regulations, trends, policies and procedures or other influences that have an impact on the effectiveness of your program.

There are many federal and state laws regarding professional licensure, confidentiality of records and the treatment of minors.

*The **Health Insurance Portability and Accountability Act** of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule.*

Behavioral Health Services are limited by a staffing model that relies on Short-Term Hourly Therapist to provide Mental Health services rather than full-time permanent employees. According to District Human Resources interpretation of Ed Code 88003, Short-Term Hourly Therapist are limited to working no more than 26 hours for 38.5 weeks during an academic year. Adherence to these limits leads to difficulty in maintaining safe, professional providers to ensure continuity of care for an entire academic year.

Health Services and Behavioral Health are required to remain within the allowable uses of Health Fees, and the mandate to maintain college Health Center services at the 1986 level.

***** EDUCATION CODE – EDC, DIVISION 7. COMMUNITY COLLEGES [70900 - 933], (Division 7 enacted by Stats. 1976, Ch. 1010.), ARTICLE 2. Authorized Fees [76350 - 76395] (Article 2 added by Stats. 1993, Ch. 8, Sec. 34.) Any community college district that provided health services in the 1986–87 fiscal year shall maintain health services, at the level provided during the 1986–87 fiscal year, and each fiscal year thereafter. If the cost to maintain that level of service exceeds the limits specified in subdivision (a), the excess cost shall be borne by the district.*

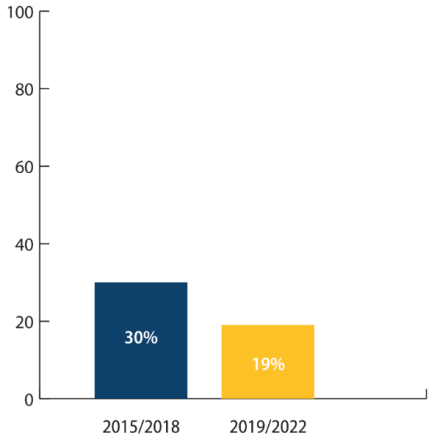
A recent increase for Mental Health funding from the California States Chancellor's Office will allow Behavioral Health Services to hire additional therapist if the can be found to work the rate provided by the district staffing model at this time.

2.8 Provide any other data that is relevant to your self-study, for example, if you collected data to assess an outcome.

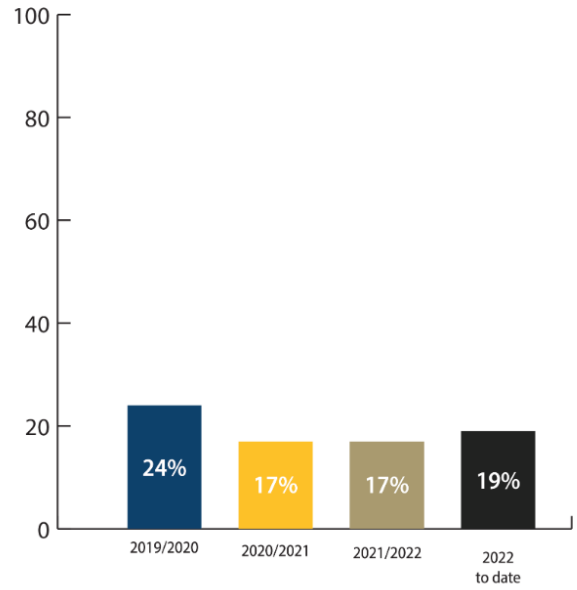
Students not showing for appointments has been very troubling as it is a waste of a limited resources of campus therapist. Efforts were made in the following areas to stem this problem by:

- Increasing the number of available therapists to lessen the wait time from as much as four weeks in 2018, down to the same week, or next week appointments.
- Increase in awareness of available SSRT Resource Managers to allow for early intervention with students at risk/of concern.
- COVID required the introduction of remote therapeutic sessions which were easier for students to work into their schedule.
- The campus purchased an appointment text system that unfortunately proved to be incompatible with our EMR (Electronic Medical Record) system.

With the efforts that were made Health Services realized an 11% decrease in the no-show rate by students during this review over last review.



We have experienced a positive trend moving toward fewer student appointment no-shows. During the 2016/2018 review the no-show rate was 30%. The average no-show rate during the 2019/2022 review period was 19%.



Increasing availability of therapist may have helped to decrease the number of no shows.

As indicated in the above graphs, there has been a trend towards decreased no-shows which may be related to the increased availability of Behavioral Health providers, leading to shorter wait time for first available appointment, along with the opportunity to participate in therapeutic session remotely.

In 2019 the NCHA (National College Health Assessment) survey was done. A total of 635 students responded. 623 surveys were completed in 2016.

67% Age 18-20
20% Age 21-24
50% Female
45% Male
4.2% Non-binary
52% Hispanic
27% White
17% Asian
3.3% Black

24.9% Felt things were hopeless

19% Felt exhausted (not from physical activity)

40.6% Felt overwhelmed by all the have to do in the last two weeks

19.6% Felt very lonely
18.7% Felt overwhelming anger

50.8% Felt very sad.

41.8% Felt so depressed it was difficult to function. 15.5% identified with this feeling in the past two weeks

18% Experiencing Anxiety

4.3% Admitting intentionally cutting, burned, bruised or otherwise injured myself

12% Seriously considered suicide in the last 12 months

2.5% Attempted suicide and last 12 months

Fullerton College did not participate this the 2021 NCHA Survey due to lack of staff and competing deadlines. Results would indicate increased need for services to care for students.

3.0 Strengths, Weaknesses, Opportunities, Challenges (SWOC)

3.1 Based on your analysis in 2.1 through 2.8, what are the strengths of your program?

- Behavioral Health has a small but effective team of mental health providers able to assess, stabilize, treat students with acute mental health issues and refer students with chronic or long-standing mental health problems, keeping this campus safe.
- Radical Care, RAD cards and RAD stickers have been an effective way to disseminate

Behavioral Health information to this campus,

- Medical and Behavioral Health separation is working to allow focus on Behavioral Health Services increasing and improving care to students.
- Embedded Therapist program serving special population.
- State Mental Health funding will allow additional behavioral health services for students
- Introduction of the PBHE (Peer Behavioral Health Educators) program to provide student outreach.
- Positive working relationships with a number of community program has increased services offered to students.
- Changed the name of BIT to SSRT to increase student receptivity to services and providing proper alignment with the services and support offered.
- Changing the title of BIT Case Managers to "SSRT Resources Manager" has improved campus receptivity.
- Being able to utilize Resources Managers for students requiring case management services adds to student persistence.

3.2. Based on your analysis in 2.1 through 2.8, what are the weaknesses of your program?

- New separation of Student Health (medical) and Behavioral Health Services will take a shot time to stabilize.
- No current Health Education or Peer Health Educators, we are missing the opportunity to provide health education and outreach to individual students and groups and in classroom settings.
- Currently we do not have a Health Educator to market Behavioral Health Services to students or Coordinate outreach to classroom education, organize awareness events and supervising student Peer Health Educators.
- The physical constraints of Health Center are not appropriate to address the current needs of the student population. Behavioral Health is in the process of moving into temporary quarters while a new facility is being built. Our new temporary location is away from the Medical Health staff decreasing our connection to resources.
- Currently, we have no safe/appropriate location to hold Group Counseling. Group rooms are needed to provide clinically relevant and cost-effective group counseling, psychoeducation and social skills training. Not only is group therapy/ counseling a cost-effective modality to provide treatment, but research demonstrates its efficacy as a treatment modality of choice. On an average 12 students could be seen by one therapist in 60 minutes. whereas it would take one therapist 12 hours to see the same number of students individually.
- No quiet-room for students in crisis to wait to be seen by a therapist, while being observed by staff. Such rooms have a reclining chair that students with a variety of issues can use while composing themselves.
- Furniture in mental health provider offices is not appropriate and is not helpful to students feeling comfortable.
- EMR (Electronic Medical Records) system is problematic and difficult to work, slowing provider's productivity and ability to be responsive to students.
- Despite efforts to provide outreach and advertising, many students remain unaware of Behavioral Health and the services provided.

3.3 Based on your analysis in 2.1 through 2.8, what opportunities exist for your program?

- The introduction of Group Therapy as a Mental Health modality with Health Services

allows a single therapist to provide up-to-date useful psychoeducation to as many as 12 students at one time. This modality could be expanded to serve a greater numbers of students than are currently being seen in the Health Center.

- Possibility of using an EMR add-on program to text students as a reminder at 48 hours 24 hours and two hours in advance of their appointment to decrease no-shows and late cancelations. Health Services currently experiences a 19% no-show rate.

- Ability to develop additional relationships with outside providers and contract with mental health providers to expand services can help a greater number of students receive services.

- Use social media to improve outreach to students and increase service utilization.

- Health Services current EMR system contract is nearing an end which allows for the possibility of finding a more user-friendly system which would decrease information input time and frustration for providers and support staff. Newer systems can also provide increased information for reports, access trends and increase productivity.

- The ability to make use of Mental Health Interns could be a force multiplier as they are post graduates, able to evaluate and treat student at low or no cost to the college in exchange for gaining experience (hours towards licensure). One Mental Health licensed employee can supervise several interns, however, five would be the ideal number of supervisees to start.

3.4 Based on your analysis in 2.1 through 2.8, what challenges exist for your program?

- Health Services is greatly hampered in its delivery of services by our still high rate of no-shows. During the 2019/2022 review period 19% of students with mental health appointments no showed for their appointment. The search is ongoing for a computer program that will contact students by text as a reminder. Currently, a Health Center staff member calls each appointment the night before as a reminder. Most college students prefer text as the mode of communication over phone calls and voicemail, often not answering or retrieving calls from unfamiliar phone numbers.

- Health Services has a limited number of Mental Health Providers to give care for a growing number of students with mental health needs. Health Services currently staffs 2.3 Mental Health provider FTEs to serve 17,000 students. This represents a ratio of one Mental Health Provider FTE to 7,391 students.

- Health Services current EMR system requires much more time by providers and support staff than would be necessary in a newer version.

- The current compensation rates for mental health and medical professionals does not meet community standards, making it extremely difficult to attract and retain quality staff.

4.0 Outcome Assessment

Note: Sections 4.9 and 4.10 are new. Please review before filling out your outcome tables below.

4.1 List your outcomes and complete the expandable table below.

	What are your program outcomes?	When was the Assessment Completed?	When did you analyze the data?	When were changes made?	Number of Cycles Completed
1.	Utilize the results of the NCHA (National College Health Assessment) surveys over four iterations: 2013, 2016, 2019, 2022, to predict student behavior and needs and develop useful student health services and programs. • SAO: Compare results of the NCHA surveys over four iterations: 2013, 2016, 2019 and 2022, to track trends in student health related behaviors in the following areas: physical, mental, sexual, exercise, sleep, nutrition and the use of drugs and alcohol.	2019	2022	The survey was completed for all 3 years and the data compared. The survey was not completed in 2022 due to lack of staffing. The 2013 survey was unavailable. Comparisons were made between 2016 and 2019.	3
2.	Health services will experience a marked decrease in the number of student no-shows for mental health appoints by utilizing an add-on software program that automatically sends a text to students as a reminder of their upcoming appointment • SAO: The number of students not showing for appointment with mental health counselor	Data was collected for Behavioral Health and Medical Services together	Fall 2022	The Text program was acquired by the campus which was not compatible with the Health Center EMR system. The search continues for a compatible system	Results from our EMR system shows and 11% decrease in no-shows over last review. See table below

4.2 Assessment: Complete the expandable table below.

	Intended Outcomes	How will you determine if the outcome is met?	How will you collect the data?	Can this data be disaggregated at the student level?	What will the results show?
1.	*New* Reinstitute campus wide health promotion programs such as smoke out, pet therapy etc. That improve student health	Calendar will reflect the events are scheduled and held	Count the number of events and participants	possibly	Participation in various health related programs
2.	*New* Improve student experience by involving students & community in Student Health Service program Student Health Advisory Board with a focus on social determinants of health and the impact of climate change on health.	Utilize meeting minutes	Record on the meetings and number of students attending	No	Minutes will record community input into health service offerings
3.	*New:* Increase the number of students served each semester by utilizing campus specific survey data to tailor health education programs and health services clinical offerings.	Health services EMR will reflect increase in number of students seen and data will be collected at campus wide health education programs	Evaluation of data collected	Yes	Health services will reflect increased utilization and health education programs will reflect knowledge gained reflected in student survey post program. Surveys administered in clinic through the EMR.

4.3 How has assessment of program outcomes led to improvements in services provided to students by this program?

- Program effectiveness can be tracked and monitored to identify trends such in no-show rate.
- Utilizing an EMR system allows tracking of visit frequency, types of visits, subgroups usage, as well as obtain other reports that allow Health Services to evaluate services and service providers.
- Our survey process provide data to support needed changes to address the needs of our students in special programs. As a result, the Embedded Therapist program was developed to increase serves in those areas.
- We utilize the NCHA results to tailor educational outreach to students. We have successfully utilized our health education team offering programs that address the most common health issues facing our college population, programs on depression, anxiety, substance use, nutrition, and sexual health are some examples.
- Implementation of the EMR has made it easier to track trends in student visits to improve access and staff education regarding common problems that our students experience.

4.4 How has assessment of outcomes led to improvements in student learning and achievement?

- Use of NCHA data guides our student health campus wide programs. We have data from 2 programs done in 2019 that reflect positive learning outcomes regarding marijuana use and also a wellness symposium that focused on stress. Much of our outcome data from such programs is unavailable due to staffing transitions. The use of computer programs to track data is useful but problematic when there is staff turnover and the data is not on shared drive or is otherwise not accessible and lost to us.

4.5 What challenges remain to make your program outcomes more effective?

- Lack of adequate office space for providers to meet with students.
- COVID policy on campus that allows for 60/40 hybrid staff attendance means that we don't always have adequate staff on site to meet student needs.
- Lack of recent campus wide NCHA survey to assess current student needs.
- The current EMR system has a number of inherent problems including slow response time and difficulty providing useful quires. A new more user-friendly EMR system is needed to increase ease and speed of data entry/retrieval, documentation and evaluation.
- Students still do not know about behavioral health services on this campus.
- Sub-market pay of providers has made it difficult to attract and keep seasoned professional providers, requiring additional time from management to train and supervise new less-experienced therapist.

4.6 Describe how the program's outcomes are linked to the college's goals.

Goal 1: Promote success for every student. Objective 1: *Create a clear pathway for every student. Maintaining optimal Mental Health is critical to attaining success in college, by offering Behavioral Services and education as well as referrals for long term issues BHS helps to create an environment that promotes student success.*
Goal 2: Cultivate a culture of equity. Objective 4: Foster a sense of belonging where all are welcome, and student basic needs are addressed.
BHS is aware of inequities in access to health care and health education. Our goal to reinstate the Student Health Advisory Board is in line with equity as recruitment of traditionally marginalized and underserved communities will provide guidance to BHS to reach out to all communities with services and programs that meet the needs of all students.
Goal 3: Strengthen connections with our community. Objective 2: Create and expand relationships with local businesses and civic organizations.
By partnering with County Mental Health (OCHCA) we provide students with continuity of care and strengthening our community ties.
Goal 4: Commit to accountability and continuous quality improvement. Objective 3: Provide professional and career development opportunities for students, faculty, and staff.
Our program goals to improve educational opportunities for our health care professionals and other staff will positively impact care delivery to our students. Access to organizations that promote college health will allow us to offer focused and timely education and behavioral health care.

4.7 Describe how the program's outcomes support the achievement of the institution level SLOs.

2. Critical Thinking and Information Competency: Students will be able to think critically by analyzing data in addressing and evaluating problems and issues in making decisions.

BHS goal in part is to decrease the severity of symptoms and reactivity related to mental health concerns allowing students to think more critically, improving higher level processing necessary for addressing and evaluating problems and issues in making decisions.

BHS program goals to empower students to be proactive about addressing their mental health by educating them on various mental health topics, both campus wide and individually. BHS encourages use of critical thinking and problem solving.

Personal Responsibility and Professional Development: *Students will be able to demonstrate self-awareness, social and physical wellness, and workplace skills.*

BHS promotes self-awareness, insight, personal responsibility, problem solving, pro-social skills development and increased personal protective factors. All of which are a natural product of our services provided.

4.8 A. What methods are used to assess the program's success in serving the student population that interacts with your program?

Health Services has a seven question survey administered through our EMR: We received 747 responses from 6/1/19- 11/16/22. We were unable to separate mental health and medical visits. Results are as follows:

Were you seen by a clinic staff person within 15 min of arriving?
Blank: 16.62%
No: 18.37%
Yes: 65%
Were you greeted at the front desk in a timely and courteous manner?
Blank: 15.54%
No: 5.13%
Yes: 79.32%
Did the clincal staff introduce themselves and make you feel welcome?
Blank: 17%
No: 10.57%
Yes: 72.42%
Were all of your questions answered by the clinician or nurse?
Blank: 18.07%
No: 5.22%
Yes: 76.7%
Did you feel that you had adequate privacy and/or confidentiality?
Blank: 17.67%
No: 5.22%
Yes: 77.10%
Were you satisfied with the services you received?
Blank: 17.67%
No: 5.22%
Yes: 79.25%
If you needed to schedule a follow up appointment, was this done for you at the time of check out?
Blank: 23.96%
No: 12.18%
Yes: 63.85%

Results from this survey help us to evaluate our services moving forward. We are encouraged to see a 79% satisfaction rate overall. It is likely COVID and virtual visits impacted answers to some of the questions and it is likely that we will craft questions as a result of these results.

B. What do the results of the above methods of assessment indicate about the effectiveness of the program?

Going forward we will need to separate the responses between Behavioral Health and Medical Health Services. It will be necessary to develop additional surveys for students receiving Behavioral Health services focused on diagnosis, symptoms decrease and demographics

C. How were the assessment results used to make improvements to services provided by this program? Please provide examples.

Use of the NCHA survey data helped to focus services on disorders such as depression, anxiety, substance abuse. We are reminded that students experience high levels of stress and anger, and as a result we have increased visibility of behavioral health, SSRT and Radical Care, services.

Student Health Services has recently hired a Health Services Director freeing up the Behavioral Health Director to more effectively perform clinical duties to better serve the needs of students. This has allowed Behavioral Health Services to be more proactive and responsive to student in need of Behavioral Health services.

Removing the requirements of the medical health services from the Behavioral Health Director allows time to focus on developing programs to utilize/supervise post graduate student interns/trainees (in pursuit of licensure with California Board of Behavioral Sciences) to provide mental health care to students.

4.9 At least one outcomes listed in 4.1 should address the following:

A. List the outcomes that focuses on individual student learning or actions.

- Campus wide program of placing Information RAD stickers on restroom stall doors lead to increased student requests for Behavioral Health Services and increased the number of anonymous reports about concerns for other students.

B. Identify methods to assess outcomes in such a way that the data can be disaggregated.

- Behavioral Health Services will collect data at our campus wide programs to assess certain student demographics such as age and gender. We are working to disaggregate data from individual visits in the health center by age, gender, and ethnicity. Special attention will be paid to or programs serving special population groups to encourage program effectiveness.

C. Identify a process for using outcome assessment data to improve student services programs

- Survey data will be shared with the Student Health Advisory Committee (SHAC) in order to drive appropriate programing and clinic service offerings. Utilization data will be used to determine if we are reaching the traditionally marginalized or underserved groups of students and to drive outreach efforts to underserved populations on campus. We will also consider the impact of climate change on mental health. We will look to be responsible in utilization of products that are more environmentally friendly.

D. Identify a process for assessing outcomes and collecting data that can be used to build dashboards (where applicable).

- Data analysis will be used throughout the year to assess student interest in programming offered and to plan future programming. Post event surveys will be utilized to assess knowledge gains and intent to change behaviors reflecting new

knowledge. Clinic utilization will be assessed to determine service offerings moving forward. Demographics will be analyzed to determine the need for additional outreach to underserved student communities.

4.10 Outcomes Equity Analysis

A. Looking at the one outcome from 4.9, do you find significant differences by race, ethnicity, gender, and other categories? Describe here what the data shows. What strategies will you use to close the attainment gaps among groups of students? What kinds of professional learning would help?

We will utilize data captured in the next 3 years to assess gaps in access to or delivery of services to traditionally marginalized and underserved communities.

In the past three years we saw (June 2019-December 2022)

- 59.5% female and 36.1% male and 4% non binary.
- 63% of students seen were under the age of 30.
- 23.5% white non-Hispanic
- 45% Mexican, Mexican-American, Chicano, other Hispanic
- 3% African American non-Hispanic
- 15% Asian

- From the information above see that the differences in usage by group is fairly similar to our campus demographics with the exception of use of services by sex, 5*9.5% female and 36.1% male and 4% non-binary.*

- Females are more likely to utilize health services than males. Which is consistent with national results. Survey will be utilized going forward to gain needed clarity in this data.

- The above information is from appointments generated in our electronic medical record (EMR) and do not reflect all student encounters or encounters with our health education division. We will create a method to capture more data from encounters outside of the EMR.

5.0 Evaluation of Progress Toward Previous Strategic Action Plans

5.1 List the goals from your last self-study/program review.

a. One full-time licensed mental health provider/supervisor to supervise Interns/trainees and treat students.
b. Develop Mental Health Inter/Training program as a force-multiplier to provide mental health service to students
c. Increase the number of student Peer Health Educators to four to increase awareness of additional students including evening students.
d. Obtain new EMR (Electronic Medical Records) and conversion from old system to new
e. Increase Health Services campus communication, and outreach via up-to-date branding strategy, utilizing social media.

5.2 Describe the level of success and/or progress achieved in the goals listed above.

a. Successfully hired a Director of Behavioral Services, able to provide supervision for interns/trainees to expand services and treatment options.
b. The Develop of Mental Health Inter/Training program to provide mental health service to students was delayed due to COVID – 19.,
c. The number of student PHE (Peer Health Educators) increased to four, increasing outreach to campus, but then was discontinued due to COVID – 19. The PHE program will restart next semester along with and new program of PBHE (Peer Behavioral Health Educators) to provide campus outreach related to Behavioral Health services.
d. Obtain new EMR (Electronic Medical Records) and conversion from old system to new was not completed due to cost. Will revisit this possibility.
e. There has been a substantial increase in branding strategy with Behavioral Health program information and use of social media. This includes: the Radical Care Program, RAD Care, SSRT (Student Support and Resource Team) name change.

5.3 How did you measure the level of success and/or progress achieved in the goals listed above?

Objective measures:

a. A Director was hired and as a result more students were served.
b. Program has not yet started due to COVID-19.
c. This was obtained and then discontinued due to loss of critical personnel and COVID restrictions. Success will be defined as having 4 peer health educators on staff.
d. EMR systems remains the same and staff continue to struggle with and user hostile system.
e. Subjectively: Behavioral Health RAD sticker were placed in every restroom on campus and within 24 hours students started to present for help. Students show up for behavioral health events after seeing information on our Social Media.

5.4 Provide examples of how the goals in the last cycle contributed to the continuous quality improvement of your program.

a. Increase in staff and faculty Behavioral Health referrals and self-referrals is evidence of success in efforts made by Behavioral Health Services.
b. This has not yet been developed due to COVID-19
c. This goals was met and the health center's reach extended to a greater part of the campus but the program was discontinued. Two Peer Behavioral Health Educators have been hired to restart the program.
d. Not completed
e. We are learning which products are effective in reaching students we keep those that work and make adjustment to those that do not.

5.5 In cases where resources were allocated toward goals in the last cycle, how did the resources contribute to the improvement of the program?

Goal 1 was accomplished and enabled the establishment of department of Behavioral Health which is much needed given the rising mental health acuity and needs of the students. Behavioral Health and Student Health will continue to work together to meet student needs.
Full implementation of EMR was accomplished but we need to update functionality or obtain a more functional EMR.
Funding secured by unused monies from the vacant health educator role. Supplies for tabling were existing SHS funds. The State Chancellor's Office provided Mental Health Funding which has helped to increase Behavioral Health presence on campus

5.6. If funds were not allocated in the last review cycle, how did it impact your program?
There were no additional funds for upgrading the EMR system but health services staff are able to amble along a t a slow pace.

6.0 Strategic Action Plans (SAP)

Using the tables below, list the strategic action plans (SAPs) for your program. These plans should follow logically from the information provided in the self-study. Use a separate table for each SAP.

SAPs for this three-year cycle:

STRATEGIC ACTION PLAN # 1	
Strategic Action Plan Name:	Fully Develop Embedded Therapist Program
List College goal/objective the plan meets:	College Goal #: 2 Cultivate a Culture of Equity Objective #:4 Foster a sense of belonging where all are welcome and students basic needs are addressed
Briefly describe the SAP, including title of person(s) responsible and timeframe, in 150 words or less.	Provide five culturally competent Behavioral Health Providers for Embedded Therapist programs with campus special populations. Three Embedded therapists have already been developed. Medical TEA at a current rate of $55 per hour, for 38.5 weeks, 26 hours a week.
What *Measurable Outcome* is anticipated for this SAP?	Increase in the number of students from special population groups that will receiving Behavioral Health services.
What specific aspects of this SAP can be accomplished without additional financial resources?	Three of the five special population program are operational and performing well. Will need to develop two more location on campus. Will begin the search for two additional providers.

If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.

Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel two	$119,634.52	Mental Health Funds form Chancellor's Office
Facilities	0	
Equipment	$20,000	Mental Health Funds form Chancellor's Office

Supplies	$500	Mental Health Funds form Chancellor's Office
Computer Hardware	0	
Computer Software	0	
Training	$450.	Mental Health Funds form Chancellor's Office
Other	0	
Total Requested Amount	$000,000	Mental Health Funds form Chancellor's Office

STRATEGIC ACTION PLAN # 2	
Strategic Action Plan Name:	Increase awareness and usage of SSRT (Student Support and Resource Team) and RAD (Reach out, Ask for help, Do something) (Radical Care) program services.
List College goal/objective the plan meets:	College Goal #: 2 Cultivating a Culture of Equity Objective #: 4 Foster a sense of belonging where all are welcome and students basic needs are addressed
Briefly describe the SAP, including title of person(s) responsible and timeframe, in 150 words or less.	Student persistence will increase due to enhanced exposure and use of SSRT resources and support made possible by a Full-time Special Projects Director with SSRT. Increased referrals will also be a result of student referrals using the anonymous tip line found on RAD Stickers QR code. Management of SSRT and RAD program
What *Measurable Outcome* is anticipated for this SAP?	Student support from Resources Manager will lead to improved social skills acquisition and will lead to a decrease in in Mental Health Crisis visits to Behavioral Health Office.
What specific aspects of this SAP can be accomplished without additional financial resources?	This program cannot increase the number of students seen without additional support.

If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.

Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel	$103,554.75	Mental Health Funds form Chancellor's Office
Facilities	0	
Equipment	0	
Supplies	0	
Computer Hardware	$2,000	Mental Health Funds form Chancellor's Office
Computer Software	0	
Training	$900	Mental Health Funds form Chancellor's Office

Other	0	
Total Requested Amount	$105,554.75	

STRATEGIC ACTION PLAN # 3	
Strategic Action Plan Name:	Peer Behavioral Health Educator Program
List College goal/objective the plan meets:	College Goal #: 2 Cultivating a Culture of Equity Objective #: 4 Foster a sense of belonging where all are welcome and students basic needs are addressed
Briefly describe the SAP, including title of person(s) responsible and timeframe, in 150 words or less.	Train two student hourlies to dispense Behavioral Health information to other students, utilizing classroom presentations, information booths on the quad and Behavioral Health events.
What *Measurable Outcome* is anticipated for this SAP?	Increased number of students will have knowledge of campus behavioral health serves.
What specific aspects of this SAP can be accomplished without additional financial resources?	Additional funding is not needed

If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.

Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel	$19,276.13	Mental Health Funds form Chancellor's Office
Facilities	0	
Equipment		
Supplies	$80.00	Mental Health Funds form Chancellor's Office
Computer Hardware	0	
Computer Software	0	
Training	0	
Other	0	
Total Requested Amount	$19,356.13	Mental Health Funds form Chancellor's Office

STRATEGIC ACTION PLAN # 3	
Strategic Action Plan Name:	Training Program for Internals and external therapist
List College goal/objective the plan meets:	College Goal #: 4 Commit to accountability and continuous quality improvement Objective #: 3 Provide professional and career development opportunities for students, faculty, and staff

Briefly describe the SAP, including title of person(s) responsible and timeframe, in 150 words or less.	Provide quality clinical education (on Suicide Prevention, Strategies for addressing Depression/Anxiety, New Trends in working with Spectrum Disorder students.) for campus Behavioral Health/Medical staff, Deans, and selected leaders. Invite High School Counselors from feeder High schools. As a result, students will receive improved care and Fullerton College will be establishing as a leader in quality clinical training and a great place to direct high school seniors.
What *Measurable Outcome* is anticipated for this SAP?	Improved student C-CAPS scores, increased referrals from our feeder high schools.
What specific aspects of this SAP can be accomplished without additional financial resources?	All

If additional financial resources would be required to accomplish this SAP, please complete the section below. Keep in mind that requests for resources must follow logically from the information provided in this self-study.

Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel	$25,000.00	Mental Health Funds form Chancellor's Office
Facilities	0	
Equipment	0	
Supplies	$800.00	Mental Health Funds form Chancellor's Office
Computer Hardware	0	
Computer Software	0	
Training		
Catering	$3,000	Mental Health Funds form Chancellor's Office
Total Requested Amount	$28,800.00	

7.0 Long Term Plans

Describe the long-term plans (four-six years) for your program. Please consider future trends in your narrative. Identifying financial resources needed for these plans is optional.

Responding to health disparities among persons of color regardless of income or access to healthcare. Being part of an institution with many students of color we have an obligation to address this issue. We look to become more active in the community with organizations that seek to address these same issues. This is consistent with both College goals 2 & 3- Cultivate a Culture of Equity and Strengthen Connection with our Community. We must also be cognizant of the impact of climate change on the health of our college community and address that in meaningful ways.

Short Term Plans for Behavioral Health:

Temporary Office Space Behavioral Health Services will utilize converted campus faculty office space that is being retrofitted to provide for confidential treatment of students. This envisioned site will need to be clean, professional and comfortable, allowing for confidentiality, while promoting good mental health and wellness to our campus community.

Develop a Crisis Action Team (CAT) comprised of campus therapist and other trained staff able to respond to emotional destress or other needs of campus in the aftermath of small to large negative activities: including but not limited to freedom of speech, hate speech, acts of aggression, violence, or threats. The CAT will be deployed at the request of the College President or their designate. Interventions will include the distribution behavioral health flyers on how to deal with the current disturbance to the offering of process groups and individual counseling to allow students the opportunity to process their feelings.

The addition of our Peer Behavioral Health Educator (PBHE) program starting in Spring of 2023 will provide student outreach focused on the mental health needs of our students and services available on campus and in the community. This is another example of best practices in having students provide information to students about mental health concerns and available services in a vernacular that is receivable.

Develop programs that both serve Fullerton College students and attract quality therapist to work with our students. Due to increased demand for skilled mental health professionals and below market pay by Fullerton College/NOCCCD, Behavioral Health Services will be developing programing to attract and retain high quality therapist by becoming known as the institution receive excellent training on current clinical issues.
For detailed plans see 7.1

Social Media Developing cohesive Health Services Social Media campaign complete with a thoughtful and well-executed process of disseminating information about Behavioral Health including SSRT, Embedded Therapist program, RAD Card and Radical Care. This requires appropriate branding and timely refreshing of content. Health Services purchased an iPad that is shared between Behavioral Health and Medical Services. Behavioral health will continue to exploit the RAD program which has proven to be very successful in carrying information to the campus community.

Long term plans for Behavioral Health Services:

New Behavioral Health Facility: Fullerton College Behavioral Health Services is in need of a larger facility to provide the acute Behavioral health care services necessary for this student population. This envisioned site will need to be substantial yet comfortable, allowing for confidentiality while promoting good behavioral health, wellness, and community. A recent national survey revealed that 60% of college student would prefer to meet with a therapist in person rather than remotely. The new planned facility will provide for both options.

Increasing the size and scope of the Health Center and Behavioral Health to accommodate the increasing numbers of students with mental health concerns will require a minimum of four mental health offices and a group that can be used as a therapy office for individual sessions when groups are not scheduled. The group room will be used to accommodate not only group counseling, but also psychoeducation groups, in-services and staff-trainings.

This new facility will enjoy close proximity to other Student Supportive Services and Basic Needs programs this new space will be combined space on the same floor and wing with Student Health

Center's Medical Services yet separating out from each other by physical space of separate ends of the building/wing.

The 4-6 year overall goal of Student Health Services is become more integrated into the Fullerton College Community to address ongoing and future health needs by focusing on prevention through lifestyle and education and evidence based interventions. We will look to provider training, technology and social media to support these efforts but ultimately it is by forging strong relationships within our campus community that will make the biggest impact.

7.1 Describe in detail your need for additional resources as listed above (if applicable)

The **Crisis Action Team** CAT will require the development of:

- Procedure Guide Behavioral Health outlining How and when CAT is to be activated.
- MOUs with Orange County Health Care Agency, Cypress College, Red Cross, and Fullerton Police Department to allow for requests of additional resources when needed.
- Continued training of Behavioral Health staff in Basic First Aid, CPR and Psychological First Aid.
- Administrative Staff and Peer Health Educations will be trained in Mental Health First Aid or similar training, with responsibilities focused on organizational aspects of care during a CAT response

Develop programs serving students and attract quality therapist to work at Fullerton College.

- The development of an intern/trainee program to accommodate the increasing number of students in crisis, students on the autism spectrum and students with extreme emotional problems. Along with many other students attempting to cope with the rigors of going to school, working and being responsible adults in a post pandemic world.
- Strive to become known as an innovator of College Behavioral Health services and clinical training in the area by bring national known trainers on campus to train clinical providers as well as high school psychologist, counselors and vice principals.
- Increase clinical staff pay to parity level with other districts in the area.

8.0 Self-Study Summary

This section provides the reader with an overview of the highlights, themes, and key segments of the self-study. It should not include new information that is not mentioned in other sections of this document.

Behavioral Health Services has experienced an increase in numbers students with acute and chronic mental Health conditions. Behavioral Health Services is able to treat the acute conditions but must refer chronic, developmental and long-term mental health conditions to outside providers per our state mandate. For years Health Services has struggled with the constraints of an antiquated physical space, which has required changing the utilization of exam rooms to now behavioral health counseling offices and the break room as expanded office space. Even with these changes the facility is undersized and ill-equipped to accommodate the needs the current student population. In September of 2022 temporary offices in the 1200 building were provided for Behavioral Health Services to house additional clinical providers. The offices will require upgrades and soundproofing to comply with confidentiality requirements. This work should be completed by February 2023. Campus plans include a two-story building on the corner of East Chapman Avenue and Newel Street, scheduled to be completed in 2024. This date is in question at this time. The new site will be shared with other campus Student Supportive Services improving cross referrals.

Providing Behavioral Health Services on a community college campus comes with a number of challenges that we have endeavored to overcome, while providing quality services to our students. Individual student health is influenced by environmental, cultural, social and financial issues as well peer groups. Greater than 95% of our student body was between 18-29 in our 2019 survey. As evidenced by our previous self-studies and our current self-study many of the issues that students have are endemic to their age group. Depression, anxiety, stress, anger, substance use, lack of sleep, and risky sexual behaviors are ongoing concerns in this population. Mental health needs in this population have risen exponentially over the past several years and even more so coming out of the COVID 19 pandemic that isolated us over two years.

A theme that repeats from previous program reviews is an inadequate facility conducive to visibility, privacy, accessibility, and space to address the physical and mental health needs of students, while promoting wellness. A space that can provide wellness consults by the Health Educator and adequate resources for Peer Health Educators and Peer Behavioral Health Educators. In order to address these needs the Fullerton College administration will be moving many student service programs including Student Health and Behavioral Health into a new building planned to open in 2024. As a department we have had input into how to organize and utilize the space we were given. The new facility will provide updated technology access and improved privacy as well as better ability to serve student needs by improved facility design. Another benefit of this move will be increased visibility to the student population and proximity to work with other departments to meet student needs.

Other themes that have emerged in this and past self-studies are increasing mental health needs, lack of adequate staffing primarily due to submarket wages for professional staff such as RNs, NPs and licensed therapists. Adequate staffing would allow for increased hours of operation to accommodate evening students. We are currently working with NOCCCD human resources to improve compensation levels. Lack of a Health Educator has impacted the Peer Health Educator program as well as campus wide health surveys. COVID 19 had a huge impact on delivery of health services by forcing us to pivot to virtual visits for both mental and medical health visits. This was not entirely negative as some students benefitted greatly from the flexibility of virtual visits and would otherwise have been without access to care if virtual visits were not available. As noted, earlier COVID 19 isolation impacted mental health significantly. COVID has affected the number of students served because of isolation restrictions and students slow to embrace virtual visits.

The electronic medical record (EMR) has been a recuring theme as it is not meeting the needs of the administration of health services to collect meaningful data or reduce no show rates by texting appointment reminders. It does not meet the needs of the clinicians and adds unnecessary burdens to their workload. There is great interest in looking for a better EMR product.

- We will move forward with campus wide RAD Care program See Addendum B-1.
- Peer Behavioral Health Educators This will aid in our ability to provide campus wide information and collect essential information in needs surveys.
- We are reactivating the Student Health Advisory Committee that guides our programming by including students and community members. We will focus our efforts on meeting student needs through a lens of social determinants of health and climate change.
- We will strive to become known as the best local institution to receive quality clinical training in the area.
- We will continue to work in conjunction with the Student Health Services to best meet student needs.

- We will work to create a healthy campus community that promotes good mental health, mindfulness, pro-social skills, and a sense of belonging to provide a foundation that promotes health.

  Staffing levels are not adequate to provide appropriate level of acute mental health care services for Fullerton College students. In the area of mental health This semester alone has shown a 100% increase in students of concern/at risk being referred to SSRT, along with an increase in the number of students self-referring due to thoughts of suicide. See Addendum A-2

  Health Services began at Fullerton College in 1971, providing basic health care assistance to students with their physical well-being to aid in academic and vocational success. Today Health Services has a considerable list of health care offerings, providing students with support in multiple areas of life and well-being. Behavioral Health has now separated from Health Services with unique programs on campus that are distinctly different from other campus programs in that it is not directly educational, is mainly staffed by part-time licensed professionals and all students must pay a fee regardless of intent to use the services or not. However, these services are essential in assisting many students with continued physical, academic, emotional, and social success. See Addendum B-2

9.0 Publication Review

Fullerton College is committed to assuring integrity in all representations of its mission, programs, and services. As such, during the program review self-study process programs are required to document their publications (websites, brochures, magazines, pamphlets, etc.) that are used to promote programs and services to the campus community and community at-large. This review should specify when the publication was last reviewed, if the information in the publication is accurate, and if the information correctly represents the college's mission, programs, and services.

Information on the college's graphic standards is available here: http://news.fullcoll.edu/campus-communications/web-help/graphics/.

In the far right column please provide the URL where the publication can be accessed. If it cannot be accessed via the Internet, please provide a sample of the publication with your program review self-study. If you have any questions about what type of publication should be included, please contact Lisa McPheron, Director of Campus Communications at lmcpheron@fullcoll.edu.

For publications that you have identified as inaccurate, please provide the action plan for implementing corrections below.

Publication	Date last reviewed	Is the information accurate?	URL of publication
Website	12/14/22	Yes	https://health.fullcoll.edu
Instagram	12/14/22	Yes	@fchealthservices
Facebook	12/14/22	Yes	facebook.com/FCHealthServices/
TV in Waiting Room	12/14/22	Currently non operational	To be updated
Health Services brochure	12/14/22	Yes	
Information Card	12/14/22	Yes	

Routing & Response Page

Originator → IMS → Program Review Chair → Appropriate President's Staff Member

Originator: *Electronically submit completed Program Review to Division Dean/IMS for review.*

Appropriate Immediate Management Supervisor (IMS): *Select one and provide response if necessary. Forward electronically to appropriate Vice President's Office.*

RESPONSE

Elaine Lipiz Gonzalez	Dean, Student Support Services	1/24/2023
Printed name of IMS	Title	Date

☐ *I concur with the findings contained in this Program Review.*

☐ *I concur with the findings contained in this Program Review with the following exceptions (include a narrative explaining the basis for each exception):*

Area of exception:

_____

_____

☐ *I do not concur with the findings contained in this Program Review (include a narrative explanation):*

_____

_____

Appropriate President's Staff Member: *Print Program Review, sign, and route both hard copy and electronic version to Program Review Chair.*

ACKNOWLEDGING RECEIPT

Printed Name	Signature	Title	Date

Behavioral Health Services

Addendum A-1

CCAPS National Comparison with Fullerton College
Students take CCAPS-62 with 24 hours before their intake session. The data indicates that although Fullerton College students are within one standard of the national average, most areas are slightly elevated .

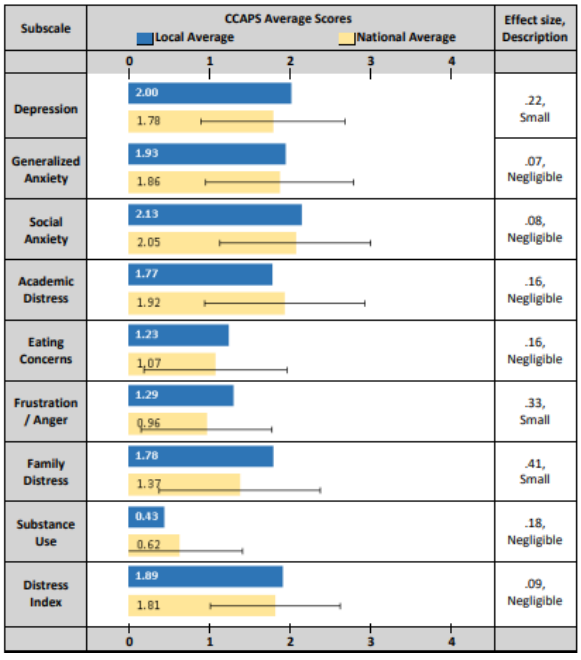
Fullerton College students complete the CCAPS-62 with 24 hours before their intake session. However, some students opt out, and students in crisis do not take the CCAPS as the process is approximately 60 minutes.

Counseling Center Assessment of Psychological Symptoms (CCAPS) Instruments is a web-based assessment Developed by the University of Michigan in 2001 is a high-quality, multi-dimensional assessment instrument for clinical use college counseling centers. Fullerton College students scores were compared to the CCMH 2019-2021 National sample of 274,364 students.

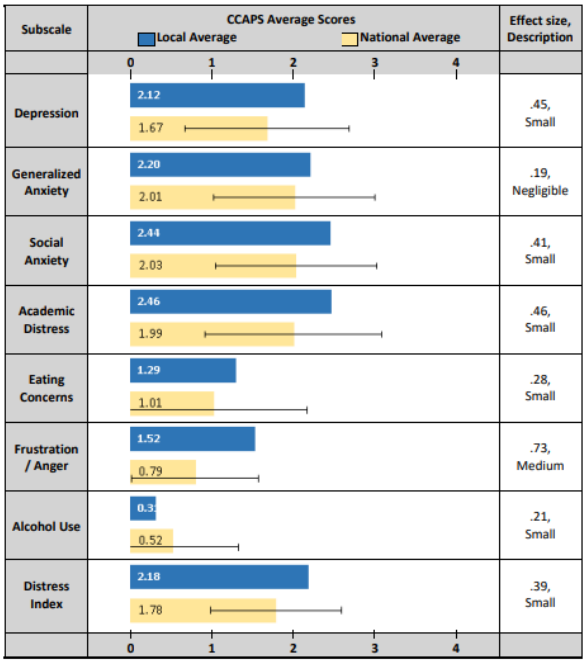
The eight CCAPS-62 subscales are:

1. Depression
2. Generalized Anxiety
3. Social Anxiety
4. Academic Distress
5. Eating Concerns
6. Family Distress
7. Frustration/Anger
8. Substance Use

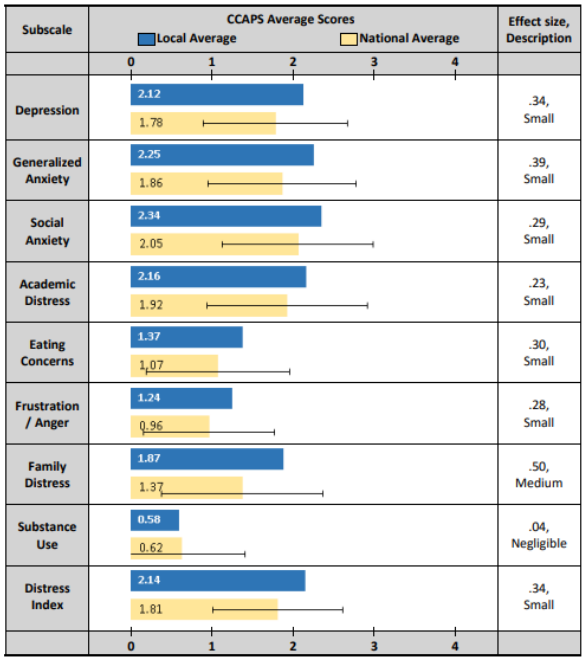
From 6/1/2019 to 5/31/2020



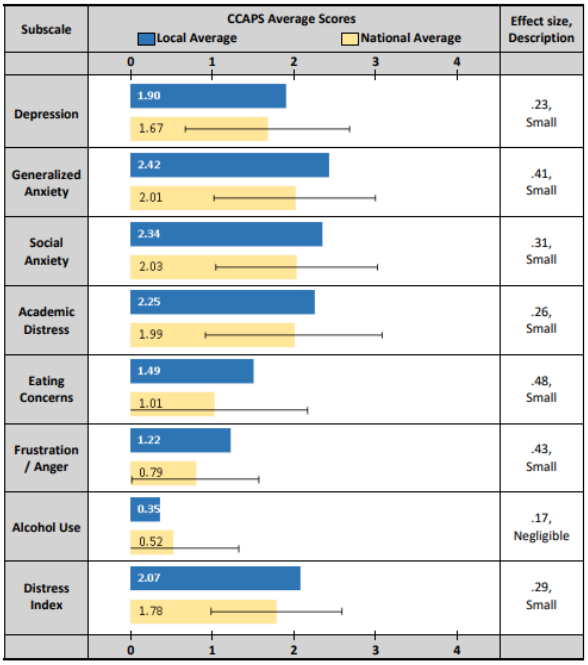
From 6/1/2021 to 5/31/2022,



From 6/1/2020 to 5/31/2021



From 5/31/2022 to 12/19/2022



Legend:

- CCAPS Average Scores: *Local*: the average local scores for each subscale; *National*: the composite average subscale score for CCMH member institutions.
- ⊢⊣ : This line represents a range of 2 standard deviations, one above and one below the national average subscale score. (NOTE: that for Eating Concerns and Alcohol Use subscales, the lower bound of this range is cut off as it extends below zero.)
- *Effect size, Description*: The numerical value is the Cohen's *d* effect size (Cohen, 1988). This indicates the strength of the difference between the local average and the national average. The description represents the practical implication of the difference between local and national averages, based on Cohen's *d*. Negligible = 0.00 to 0.19, Small = 0.20 to 0.49, Medium = 0.50 to 0.79, and large = 0.80 or greater.

Fullerton College students scores were within one standard deviation of the national average for each question. However, almost all scores were slightly higher than the national average, with the exception of Substance Abuse which was slightly lower than the national average.

Of note are the scores for Frustration/Anger, Family Distress, were more elevated that the other high scores.

Risk to Self or Others

Responses to two statements: "I have thoughts of ending my life", and "I have thoughts of hurting others". Are slightly elevated over the National Average for each academic year.
Fullerton College results are based upon first scoreable CCAPS-62 Administration per Client, from 6/1/2019 to 12/19/2022.

From 6/1/2019 to 5/31/2020 Unique Local Clients compared to the CCMH 2019-2021 national sample of 452,140

Item	% Responses > 0 (Local / National)	Item Average (Local / National)	Local Response Frequencies (# / %)				
			0	1	2	3	4
"I have thoughts of ending my life (SI)"	45.3% / 37.2%	0.95 / 0.72	87 / 54.72%	25 / 15.72%	22 / 13.84%	18 / 11.32%	7 / 4.40%
"I have thoughts of hurting others (THO)"	13.3% / 9.2%	0.22 / 0.15	137 / 86.71%	11 / 6.96%	6 / 3.80%	4 / 2.53%	-

From 6/1/2020 to 5/31/2021 Unique Local Clients compared to the CCMH 2019-2021 national sample of 452,140

Item	% Responses > 0 (Local / National)	Item Average (Local / National)	Local Response Frequencies (# / %)				
			0	1	2	3	4
"I have thoughts of ending my life (SI)"	40% / 37.2%	0.93 / 0.72	42 / 60.00%	8 / 11.43%	8 / 11.43%	7 / 10.00%	5 / 7.14%
"I have thoughts of hurting others (THO)"	15.7% / 9.2%	0.29 / 0.15	59 / 84.29%	7 / 10.00%	1 / 1.43%	1 / 1.43%	2 / 2.86%

From 6/1/2021 to 5/31/2022 Unique Local Clients compared to the CCMH 2019-2021 national sample of 452,140

Item	% Responses > 0 (Local / National)	Item Average (Local / National)	Local Response Frequencies (# / %)				
			0	1	2	3	4
"I have thoughts of ending my life (SI)"	41% / 36.3%	0.90 / 0.69	23 / 58.97%	4 / 10.26%	6 / 15.38%	5 / 12.82%	1 / 2.56%
"I have thoughts of hurting others (THO)"	25.6% / 8.4%	0.44 / 0.13	29 / 74.36%	6 / 15.38%	2 / 5.13%	1 / 2.56%	1 / 2.56%

From 5/31/2022 to 12/19/2022 Unique Local Clients compared to the CCMH 2019-2021 national sample of 452,140

Item	% Responses > 0 (Local / National)	Item Average (Local / National)	Local Response Frequencies (# / %)				
			0	1	2	3	4
"I have thoughts of ending my life (SI)"	40% / 36.3%	0.72 / 0.69	15 / 60.00%	6 / 24.00%	-	4 / 16.00%	-
"I have thoughts of hurting others (THO)"	4% / 8.4%	0.04 / 0.13	24 / 96.00%	1 / 4.00%	-	-	-

Observation:

As we moved into the later part of this 2019/2022 Program Review period, we experienced fewer students taking the CCAPS. At the same time, we experienced a slight increase in students affirming: "I have thoughts of ending my life" and "I have thoughts of harming others" this is consistent with other CCAPS data showing an increase in our students' scores on: Frustration and Anger during the same time. See Addendum for additional results.

Most CCAPS scores for Fullerton College students increased slightly after the start of COVID indicating an increase in symptomology.

RAD CARE Materials

Support student health in your department through Radical Care!

2x3.5 Business Card

2.5x3.5 QR Sticker for Windows and Mirror Surfaces

8.5x4.25 "Short" Sticker for walls and doors. (Specifically to place on the toilet paper dispensers)

4.5x11 "Tall" Sticker for Windows and Mirror Surfaces

Need these for your area?
Contact Dana Timmermans at
dtimmermans@fullcoll.edu

All resources on the printed materials are available at *health.fullcoll.edu/radical-care*

Addendum B -2 Radial Care

Some of the Radical Care offering at Fullerton College that are a part of or have been influenced by the Radical Care program.

- RAD Card, providing resources to students in need.
- RAD stickers and Mirror Films in restroom in all areas of the campus
- Flex Day Theme Radical Care with Tyrone Howard
- Mental Health First Aid
- Increasing the number of Behavioral Health Therapist
- Behavioral Health Intern Program (pending)
- In-Person and Remote Behavioral Health Counseling Services
- BIT name change to SSRT (Student Support and Resource Team)
- Embedded Therapist program now in three programs.
- Outside Psychological Workshops
- Behavioral Health Workshops
- Peer Health Educators is return
- Two Peer Behavioral Health Educator (PBHE) focused on Behavioral Health Issues

Fullerton College Mission Statement

MISSION

Fullerton College advances student learning and achievement by developing flexible pathways for students from our diverse communities who seek educational and career growth, certificates, associate degrees, and transfer. We foster a supportive and inclusive environment for students to be successful learners, responsible leaders, and engaged community members.

VISION

Fullerton College will transform lives and inspire positive change in the world.

Approved by Fullerton College President's Advisory Council and accepted by President Schulz May 2017.

VALUES

Community
We promote a sense of community that enhances the well-being of our campus and surrounding areas.

Diversity
We embrace and value the diversity of our entire community.

Equity
We commit to equity for all we serve.

Excellence
We honor and build upon our tradition of excellence.

Growth
We expect everyone to continue growing and learning.

Inclusivity
We support the involvement of all in the decision-making process.

Innovation
We support innovation in teaching and learning.

Integrity
We act in accordance with personal integrity and high ethical standards.

Partnership
We work together with our educational and community partners.

Respect
We support an environment of mutual respect and trust that embraces the individuality of all.

Responsibility
We accept our responsibility for the betterment of the world around us.