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Student Health Services
Health Services Advisory Committee
Meeting Minutes 10/2/14

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Attendance: Susan Quinn, Katie Parrish, Vayta Smith, Tina August, Ruth Ann Grogan, Deborah Ziccone, Kasia Fortunati, Modhurima (Rima) Dasgupta, Kit Conover-O'Neill, Richard Lehrer, Elise Gow, Mike Sjoblom, Jennifer Richardson
Guests: Juanita Dreiling (note taker) Jackie Barr, PEERS intern, Bert Epstein, SHS Assistant Director.

Agenda Review: Susan Quinn briefly reviewed the committee's agenda.

Introductions:
This being the first HSAC meeting of the 2014/15 academic calendar year, a brief introduction period was provided so that the committee members and guests could meet and learn more about each other.

Committee Housekeeping:
- **HSAC Meeting Chair -** A new Committee Chair is needed for this academic year's meetings. The chair creates and distributes agendas and supporting materials to members by e-mail, facilitates/conducts the meetings, etc. Mike Sjoblom volunteered to be the Committee Chair.
- **Confirming Meeting Dates/Times –** The committee reviewed tentative meeting dates and times, as follows: December 4th, March 5th, and May 7th. Times are from 12-2pm.
    - Several members expressed difficulty attending today's meeting.
    - One person suggested moving the meeting to later in the day (2-4pm). Few in the group indicated that they would be able to attend during that time.
    - Agreement to continue the current schedule, knowing it is difficult to get all members together at the same time for each meeting, and make adjustments as needed.

Announcements:
- October is Domestic Violence Awareness Month and Deborah provided info about the Clothesline Project in Petaluma.
- April is Sexual Assault Awareness Month, which is of note in regards to college sexual assault prevention program development
- Jackie announced that PEERS Coalition meetings are the first Thursday of the month. An e-mail re the monthly topics of these meetings needs to get out to faculty asap and this info also needs to be updated on the web.

Q&A re Health Fee:
Follow up on department document distributed. Many students with health insurance have asked "Why do I have to pay the Health Fee?" The simpler answer is: Student Health Services works towards improving the health of the entire college community, in addition to providing a safety net for individual students with healthcare access issues. This work includes, but is not limited to, Crisis Intervention Resource Team, Disaster Planning, communicable diseases

prevention/response, risk management, faculty consultation, etc. It is helpful for all HSAC committee members to have a thorough understanding of what the health fee covers, to engage in educational dialogue with college community members should it come up in conversation.

College Council Committee Best Practices:
As a college committee, HSAC will need to follow Committee System Best Practices. The survey and other committee documents provided with the agenda will be reviewed and discussed further at the December 4th HSAC meeting.

Student Health Services Department Update:
2013/14 Accomplishments
- Filled vacant staffing positions – 3 Nurse Practitioners and a Medical Assistant.
- Integration activities successful, supporting new team development/orientation.
- Mental Health Services Act grants – PEI / PEERS obtained/extended.
- ACA enrollment/educational services initiative launched.
- SPS implemented EHR, transparent health records system department-wide now.
- SPS waitlist reduced, more students seen, due to internal process changes.
- SHS utilization: (Fact Book) 3,100 NP/MD, 597 SPS, and 571 Repro visits.
- 13/14 year-end fiscal status after much maneuvering – small amount of reserve funds used, a "15% of annual operating costs" reserve fund maintained.

Discussion:
- Richard Lehrer asked: Is a 15% reserve fund still reasonable given the college's current enrollment/fiscal status?
- Vayta Smith: Our lowest enrollment ever was 24K credit enrolled students (non-duplicated). We are now at 27K. Hopefully, this has bottomed out and is turning around. Non-credit enrollment increases do not apply here, as those students do not pay the health fee.
- Susan Quinn: The community college standard overall is a 5% reserve fund before red-flagged by Accreditation. The 15% reserve preservation issue can be revisited this year, perhaps in the Spring as we start having more information on whether enrollment is turning around, and are looking at budget planning for FY15-16.
- Jennifer Richardson*: How long has it been since the health fee was increased? Susan shared it was in FY13-14, to the maximum allowed by Education Code, and via District policy indicating this automatically increases when allowed by the State (currently $19/$16). We may see another COLA allowed in 2015/16, a $1 increase based on the State's inflationary index.

Student Health Services Program Launch – 2014/15:
- **SHS department personnel** org chart was reviewed. SHS has one unfilled permanent position (can't afford it). Over half of the workforce is temporary, including interns, student employees, STNC and Professional Experts
- **Fiscal Challenges – Health Fee -** Changes since budget developed Spring 2014
  - Union contracts – higher salary increases and benefit costs than anticipated.
  - Enrollment – no growth, Health Fee projections off (projected 2%).
  - MAA revenue audit –Some reduction in invoice amounts anticipated, decreasing reserve fund.

- o Insufficient funding to fill vacant MA position due to retirement.
  - o Due to decreased revenue and increased costs, scope of our program's services/activities are compromised, not all goals for FY14-15 achievable.
- **Fiscal - External Revenue**
  - o MHSA: SMHP- CCC sustainability funds grant = +$30,000 for FY14-15.
  - o MHSA: PEI Sonoma Country grant increased to $200,000 per year.
  - o ACA/Redwood Coalition HC grant = $15,000 if enrollment numbers delivered.
  - o Foundation grant exploration.
  - o Equity funds coming into District? Linking SHS to District Equity plan.
- **PRPP Goals / Activities 14-15** – *How can we do more with less?*
  - o **Prevention and Early Intervention**
    - ▪ Absorbing the PEERS program.
    - ▪ Develop bystander intervention program at SRJC.
    - ▪ Define/Refine PEERS training curriculum.
    - ▪ Improving dissemination of health information.
    - ▪ Support CIRT staff development/student of concern pipeline.
  - o Support district-wide implementation of **Campus Save Act mandates.**
  - o **Program Integration Activities**
    - ▪ NEW: All-department meeting 1x/month, full scope of SHS workers.
    - ▪ PEERS and SHAs meet weekly, with overlapping trainings, and cohort development (Student Development Program).
    - ▪ CORE bimonthly meetings, with "Facilitated Meeting Model."
    - ▪ Clinical review meetings (monthly) will expand to mental health/clinical integration meetings (2-3 times this year as pilot).
    - ▪ Interdisciplinary case management process exploration, communications, etc.
  - o **Quality Improvement** workgroup, examining all QI activities department-wide from an interdisciplinary perspective, and *develop new QI benchmarks as feasible (this goal partially compromised by resource issues).*
    - ▪ QI overview/flow sheet shared (full scope of work).
    - ▪ Student satisfaction survey developed, implemented Fall semester.
    - ▪ *Implement universal screenings for at-risk students (** this goal compromised by lack of resources).*
      - • Suicide, homicide and domestic violence risk questions have been incorporated into all student's intake as initial universal screening activity. Procedures are being worked out to assure quality case management of these high risk students.
  - o **Database Management** (previously done by vacant Medical Assistant position). Develop/educate several Medicat (system software) "super users" for team approach to database management and system software support needs.
  - o **SHS Outreach -** Improve dissemination of information methods
    Discussion:
    - ▪ Priority is for students to know SHS has health centers on both campuses!

- Katie Parrish shared that there are too many mixed messages from SHS - we need uniform/consistent branding, and program integration clear in all messages distributed; prioritize succinct messages.
- Move upstream: Faculty are critical towards informing students of the services, and integrate into course curriculums/schedule presentations and offer extra credit options.
- A new faculty/staff informational packet was made and shared; Katie asked that every Administrative Assistant receive this information to share with departments. Richard suggested that all materials in the packet be merged into one PDF that is downloadable from the web.
- Susan expressed a program challenge is finding the correct balance between outreach (come on in!) and having adequate professional service providers/access to meet the access needs.

SHS Student Retention Strategies – *shared document discussion*
- **Communicable Disease Control** district-wide:
  - District culture change process: institutionalizing the value of staying home when sick (staff and students) challenges class attendance policies, employee workload expectations. Deborah noted management has been encouraging staff to stay home when sick.
  - Prevention and Education: Flu kits – handing out to all students, Contagion outreach event 10/21-10/22, Norovirus scare early Fall, teamwork approach for appropriate layer of communications to students/ staff in consultation with Public Health. Clinical tracking/early alert systems of contagious outbreaks from system software.
- **Student Engagement -** Peer interaction to reduce stigma associated with health issues, support faculty learning how to address health issues 1:1 as part of engagement goals, proactive delivery of psychological support.
- **Pregnancy Prevention:** research on community college students nationally: 66% of students that have a child after starting college do not continue/finish college.
- **ACA Enrollment Services/Education -** strengthening financial resiliency of students by preventing the catastrophic burden of health crises without health insurance coverage.
- **High Risk Case Management –** increasing scope beyond assessment, brief intervention and referral --- what happens to these students once referred?

Meeting Evaluation
What Seemed to Work Well? Technology served the process well, great group of engaged members in discussions, lunch is provided providing incentives for student attendance.
What Could Be Improved Upon? Meeting times that work for everybody all or most of the time.