
Student Health Services Program Review

Evergreen Valley College

2007-2008

Mission Statement for Student Health Services

Student Health Services is committed to promoting optimal health for our diverse student population. Our program supports student-centered learning and the achievement of personal, academic, and professional goals leading to balanced productive lives for each of our students. Our staff is committed to providing:

- Health Education & Awareness
- Health Promotion and Early Intervention
- Easy access to quality health care in a safe, friendly, and comfortable environment.
- Identification and response to health and safety hazards and campus emergencies.

Program Description

In Student Health Services, our medical professionals provide primary health-care and emergency assistance, as needed, to all EVC students. In addition, psychological support is available through our Marriage and Family Therapist Interns under the supervision of a licensed MFT Supervisor. Response to illnesses and injuries on campus is provided by the Registered Nurses and Nurse Practitioners that staff the Health Center. All services are completely confidential.

Current Staff

Cheryll Bouzek, RN, PHN	Director
Mona Shah, MD.	Medical Director
Sandra Yee, FNP	Nurse Practitioner
Chia Lee, FNP	Nurse Practitioner
Marilou Finelli, FNP	Nurse Practitioner
Jacqui Baiardo, RN	Clinic Nurse
Mary Mahoney, RD	Dietician
Marsha King, MFT	Supervisor of MFT Interns
Amber Hawley	MFT Intern
Eric Covotta	MFT Intern
Marie Lamantia	Health Assistant
Brandi Stover	Student Assistant
Maritsa Hernandez	Student Assistant

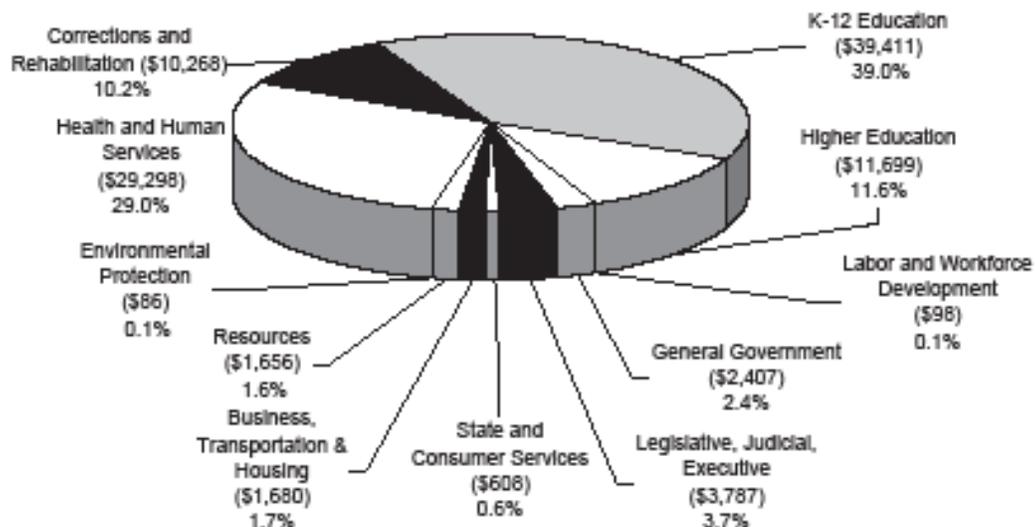
External Contributing Factors

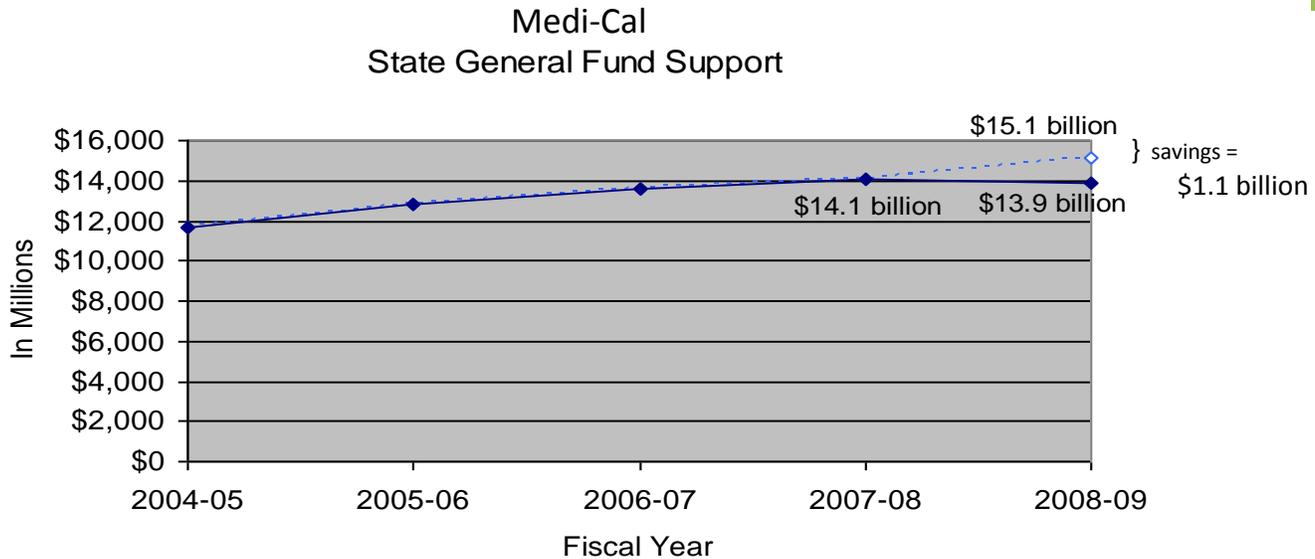
State Budget Cuts

The \$17.2 billion California Budget Deficit has required Governor Schwarzenegger to propose budget cuts for 2008-2009. \$3.4 billion is being cut from the Health and Human Services Agency which oversees twelve departments and one board that provide a range of health care services, social services, mental health services, alcohol and drug services, income assistance, and public health services to Californians from all walks of life.

One of the departments in this agency that will be affected is the Department of Health Care Services which administers the Medi-Cal program. This program provides health care for low-income individuals and families who receive public assistance or lack health care coverage. Medi-Cal serves an estimated 6.6 million people, one in six Californians, and is the largest General Fund expenditure in state government except for education. Their budget reduction for 2008-2009 will be \$1.1 billion. The budget balancing reductions in Medi-Cal include reduction in provider reimbursement rates by 10%, reduction in funding for 22 public hospitals, reduction of reimbursement rates for hospitals that do not contract with Medi-Cal, elimination of certain optional benefits not required by federal Medicaid rules, reduction in Medi-cal payments to counties, reduction of benefits to newly qualified immigrants, implementation of a monthly eligibility requirement for emergency services for undocumented immigrants, lowering of the eligibility level for working families, and reinstatement of quarterly status reports for Medi-Cal eligibility .

Figure SUM-06
2008-09
General Fund Expenditures
Includes Budget-Balancing Reductions
(Dollars in Millions)



**Impact:**

- **Health Services is a Medi-Cal provider and receives reimbursement for services. Also the FAMILY PACT Program, the state reproductive services program, for which we are providers, base their reimbursements for service on the Medi-cal rates. This means that Health Services revenue from these two programs will decrease. We use this review to supplement our budget for equipment purchases, conferences, hourly employees, and supplies.**
- **Reduction in the funding to public hospitals will have an impact on Santa Clara Valley Medical Center and thus potentially impact Health Services because we refer our students with no insurance to their specialty clinics and radiology department.**
- **Optometry, psychology, and adult dental services are being eliminated from medi-cal coverage. This can potentially impact our personal counseling services because these students will not longer have covered services. More students will be requesting low-cost alternatives for optometry and dental services.**
- **The reinstatement of the quarterly status reports for eligibility for Medi-Cal, which is currently done annually, will mean that those who do not comply will not be eligible for benefits and the Health Center will become their primary source of health care.**
- **Lowering the eligibility level has the potential to affect students who currently have Medi-Cal but will no longer be eligible and thus impact the Health Center because it will be their main source of health care.**

Changes in the State and Federal Vaccine Programs

State and Federal changes in the Vaccine for Children program prevent our Health Services from obtaining free vaccines from Santa Clara County Health Department. We must now purchase them directly from the individual drug company. FAMILY PACT, the state reproductive health care program, no longer covers the Hepatitis B vaccine. Vaccines are very costly to purchase from the drug companies that make them as indicated below:

- Merck Vaccines: cost per single dose
 - ✓ Measles-Mumps-Rubella (MMR)- \$45
 - ✓ Measles only- \$17
 - ✓ Rubella only- \$19
- Sanofi-Pasteur: cost per dose -cost per single dose
 - ✓ Diphtheria-Tetanus- \$18
 - ✓ Diphtheria-Tetanus- Pertussis- \$33
 - ✓ Polio- \$22
- Glaxo-Smith-Kline vaccines: cost per single dose
 - ✓ Hepatitis B - \$25
 - ✓ Hepatitis A- \$18

Impact: The majority of the students that use the Health Center do not have any medical insurance and are low-income. This additional cost will be prohibitive for them. Since immunizations are a vital part of our prevention program and are required by some programs on campus, it is imperative that funding to cover the vaccine cost be in place. The estimated cost is \$8000 for the 08-09 academic year. MAA monies will need to be used to cover this expense.

Lack of Availability and Accessibility of Low-Cost Health Care

Lack of availability and accessibility of low cost health care in the local community will impact EVC students who previously were insured and have lost their benefits, students without transportation, or students without any type of medical insurance. With the closure of all the Public Health Department Immunization Clinics, except for the one on the Alameda, and a cost for adult vaccinations, this will make it more difficult from students to utilize their services and many will not be able to afford the cost. The low-cost clinics in our area are so impacted that it often takes 2-3 weeks to get an appointment. Those clinics that are part of the Santa Clara Health and Hospital System have an 800 number to call to schedule an appointment or to obtain a provider and it is a frustrating system to navigate for students. They often get exasperated and give up. Many people use the emergency room at the local hospital for their primary care needs which leaves them with a very expensive bill to pay. Another problem involves our International Students. If they do not purchase health insurance in the U.S. or have coverage from their health insurance in their country that extends to the U.S., they will have to pay the full amount for all medical appointments, emergency room visits, or hospitalization because they do not qualify for low income rates or medi-cal.

Impact: Health Services is located on campus and therefore, more accessible to students who need health care and especially those with transportation problems. Students who no longer have health benefits and students who have no health insurance will be looking for services and can potentially increase the number of students needing to be served in Health Services. There is no cost for immunizations in the Health Center so students who need them for their program or for some other reason will be coming in for this service which could potentially lead to them returning for other provided services. International students must rely on the Student Health Center for their medical care if they have no insurance.

Increase in Methicillin-Resistant Staphylococcus Aureus in Santa Clara County

Methicillin-resistant Staphylococcus aureus (MRSA) is staph that has become resistant to the most common antibiotics used to treat it. MRSA infections are similar to other staph infections but can result in longer or repeated illness, more doctor visits, and a need for more expensive and toxic antibiotics. Originally, MRSA was confined to hospitals and nursing homes. More recently, a strain of MRSA has been found in the community that

is different from hospital strains in that it causes more skin and soft tissue infections. Hospitals and laboratories in our county now report that upwards of 50% of all S. aureus isolates are MRSA. Community MRSA is now endemic in Santa Clara County, and must be considered even if the patient is healthy and no traditional risk factors for MRSA are present. MRSA infections are a reportable condition in Santa Clara County. It is critical that the Health Department receive accurate and timely reports from each healthcare provider who diagnoses MRSA in order to understand the local epidemiology of this infection. A Confidential Morbidity Report must be faxed to the Health Department when the diagnosis is made.

Impact: The increased prevalence of MRSA infection in our county and the Santa County Public Health Department directive, to culture all skin wounds and report any positives for MRSA, has already impacted the Health Center regarding assessment and treatment of any type of wound or skin infection. We now culture all wounds and skin infections and treat accordingly. We also send Morbidity Reports to the Health Department on any positive for MRSA. Because MRSA is endemic in our county, we will continue to be impacted.

Increase in Tuberculosis in Santa Clara County

In 2007, active Tuberculosis cases in Santa Clara County increased by 5.7% from 2006. The 2007 Santa Clara County TB case rate of 13.4 was higher than the 2007 CA state rate of 7.2. Santa Clara County had the third highest TB cases count in California. Eighty-four percent of TB cases in Santa Clara County were 25 years old and older. (28% where 25-44 years old, 30% were 45-64 years old) In 2007, 73% of the TB cases were Asian/Pacific Islanders and 17% were Hispanic. Only Active TB is reportable and therefore, does not include those people who have a diagnosis of Latent-Tuberculosis Infection. These are the people who have a positive TB skin test, a negative chest x-ray, and no TB symptoms. They have been exposed to the TB bacteria but their immune system has suppressed its ability to replicate and make them ill. The Santa Clara County Protocol is to treat these people with an antibiotic, INH for 9 months to ensure that they do not become active.

Impact: The increase in Tuberculosis in Santa Clara County has lead to increased screening for TB, counseling, and treatment of Latent TB Infection, and potential referrals to the County TB Clinic for treatment of active TB.

Tuberculosis Fact Sheet, 2007

Santa Clara County Public Health Department

TUBERCULOSIS (TB)

- TB is a bacterial disease that spreads through the air from one person to another.
- TB usually affects the lungs, but it can also affect lymph nodes, bones and joints, brain, kidneys, and intestines.
- People with TB of lungs spreads bacteria in the air by coughing, sneezing, laughing or singing.
- Symptoms include feeling weak, weight loss, night sweats, cough, and/or chest pain.
- TB is diagnosed by skin test, chest X-ray, microscopic examination or culture of tissues and/or body fluids, mostly sputum.

TB CASES AND CASE RATES

- In 2007, there were 241 TB cases reported in Santa Clara County (SCC). This is an increase of 5.7% from 2006 (228 cases). Number of TB cases has been increasing annually over the last two years. [Fig. 1]
- The 2007 SCC TB case rate (13.4) was higher than the 2007 California State rate of 7.2 and the 2006 U.S. rate of 4.6/100,000 population. [Fig. 2]
- SCC had the third highest TB case rate in California in 2007, preceded by San Francisco and Imperial counties. [Fig. 2]
- SCC had the third highest TB case count in California in 2007, preceded by Los Angeles and San Diego counties. [Fig. 5]

TB CASES BY RACE/ETHNICITY

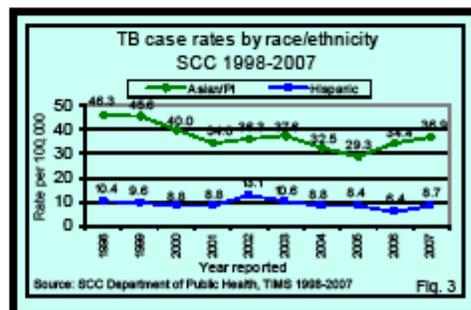
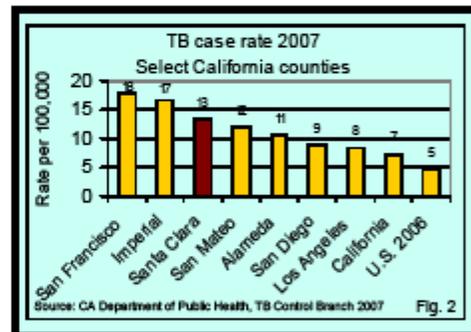
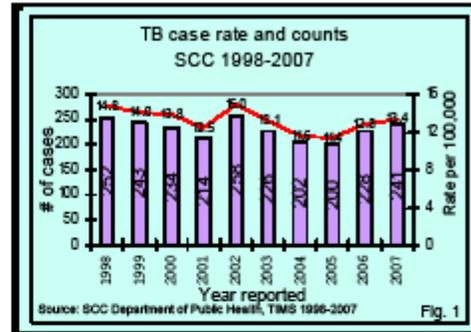
- In 2007, 73% (175/241) of TB cases in SCC were Asian/Pacific Islander, which translates to a case rate of 36.9 per 100,000 in the population [Fig. 3]. Nearly 17% (40/241) of TB cases were Hispanic, a rate of 8.7 per 100,000. [Fig. 3]

TB CASES BY AGE GROUPS

- Eighty-four percent (203/241) of TB cases in SCC were 25 years and older (28% were 25-44 years; 30% were 45-64 years; and 26% were 65+).
- In 2007, 6 pediatric TB cases were under 5 years of age, indicating recent TB transmission.

TB DRUG RESISTANCE

- Multidrug resistant TB (MDR-TB) is resistant to both Isoniazid and Rifampicin. In SCC, MDR-TB cases increased from 2 cases in 2006 to 7 cases in 2007.
- In SCC, TB cases with resistance to Isoniazid only increased by 66.7% from 2006 (15 cases) to 2007 (25 cases), complicating case management.



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The Public Health Department is a division of the Santa Clara Valley Health & Hospital System, owned and operated by the County of Santa Clara.

Local Economy

Due to the current state of the economy and the high cost to purchase Health Insurance, some businesses have dropped this benefit for their employees or at the very least have decreased the coverage to major medical only.

Impact: Our students in this situation will seek medical care at the Health Center and request information on possible coverage for their children.

Mental Health

In the Mental Health field, the Federal, State, and local governments, as well as the College Community continue to underestimate the degree of psychological trauma that has been experienced by a large number of college students and the consequences of this trauma on the academic/ personal success of the student. The resources to serve these students are not readily available in California and are being cut further. According to the Jed Foundation Executive Summary “Safeguarding Your Students Against Suicide”, over the past 60 years, the overall rate of suicide among adolescents has tripled, making it the third leading cause of death among 15- to 24-year-olds and the second leading cause of death among college-age students. Research estimates project 1088 suicides to occur on college campuses each year. Data from a recent survey conducted by the American College Health Association (ACHA) show that 9.5% of the 16,000 students surveyed have seriously contemplated suicide and 1.5% have made a suicide attempt. Depression, sadness, and hopelessness seem to play a major role when a student feels suicidal, although there are a number of additional risk factors related to college-student suicide. While suicidal behaviors are often evident in a wide cross-section of people, there is general agreement that there are two distinct groups of students on campus who may be at higher risk for suicide: students who have pre-existing mental health conditions when they enter college and students who develop mental health problems during the college years. Age, gender, ethnicity, and treatment status all have an impact on the risk profile.

According to the American College Health Executive Summary for the National College Health Assessment Fall 2007, out of the 20,500 students surveyed many experienced mental health issues in the last 12 months. They include eating disorders, anxiety, depression, relationship issues, abuse by a partner, difficulties with family members, difficulties sleeping, stress, and sexual assault.

In 2007, 100,000 veterans of the Iraq war were given education benefits to return to college. Most of them are experiencing adjustment difficulties. They are suffering from post traumatic stress disorder, flashbacks, paranoia in crowds, startle response to sudden noises or movements, inability to sleep, nightmares, and emotional challenges. Certainly they are in need of counseling to help them in their readjustment and to deal with other mental health issues they may be experiencing.

Impact:

A greater number of students with more complicated mental health issues are coming to college. Due to budgeting issues and limited mental health services, the Health Center is currently unable to provide additional Mental Health Services to accommodate the need.

External On-Campus Factors:

Mental Health Services on Campus

Mental Health Services has not been a priority on our campus. We have no emergency response team for crisis intervention or a comprehensive mental health counseling program. Currently Marriage and Family Therapist trainees or interns, who are supervised by an MFT, provide the only structured mental health counseling available

on campus. The current budget issues faced by Health Services prohibits any additions to our Mental Health Program.

Impact

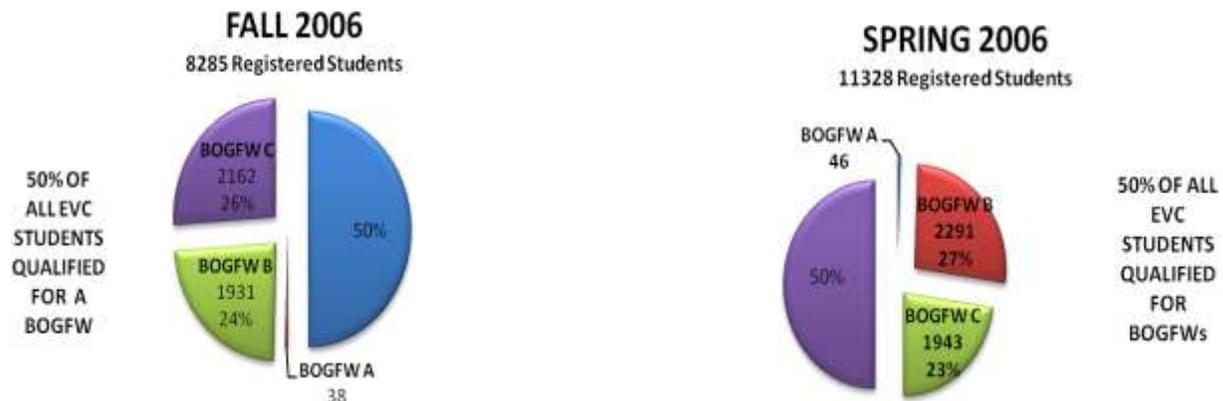
In order to expand the Mental Health Services on campus it would require the support of the Campus Administration and some strategic planning. Additional monies for the Student Health Services budget to support the needed counselor/counselors would need to come from some other source.

AB 982

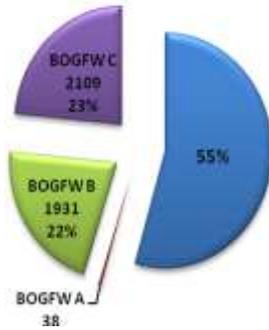
AB 982 went into effect January 1, 2006. This law allows community college districts to charge all students the health fee and there by doing away with the BOG waiver. It also gives the districts the flexibility to decide whether to continue to exempt some students. The Executive Vice Chancellor, Steve Bruckman stated in an e-mail dated November 16, 2006, "the Board of Governors and almost all constituencies within the system supported AB982 because of the growing challenge faced by community colleges with health services programs to maintain adequate services for students. The repeal of the mandated waiver gives districts a potential source of revenue to maintain or expand health services and for some to restore services previously lost due to budget cutbacks over the past 3 years as expanded use of the BOGW caused a loss of health services fee revenue.

Impact

Our chancellor made the decision that we would not implement AB982 in 2006 and this is currently the status. Our campus was 1 out of 7 that did not implement AB 982 in any form in 2006. The pie charts below show the number of BOGW for EVC students from fall 2006 to spring 2008. 45%-50% of EVC students had BOG waivers during this time period which means that approximately half of our student population each semester did not pay the health fee but were entitled to use the services of the Health Center.

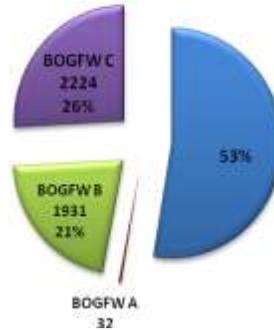


Spring 2007
8978 Registered Students



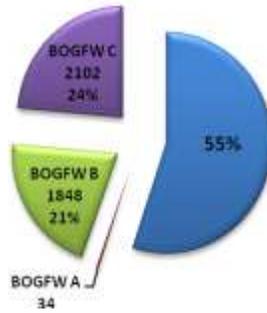
45% OF ALL
EVC
STUDENTS
QUALIFY
FOR
BOGFWs

FALL 2007
8593 Registered Students



47% OF ALL
EVC
STUDENTS
QUALIFIED
FOR
BOGFWs

SPRING 2008
8890 Registered Students



45% OF ALL
EVC
STUDENTS
QUALIFY
FOR
BOGFWs

Data retrieved
18 March 2008

HEALTH SERVICES ASSOCIATION – CALIFORNIA COMMUNITY COLLEGES

AB982 IMPLEMENTATION STATUS

College	Board Date or Plan	Implementation Start	Students Charged	Parameters if not all students charged	Annual funding projected *	change
Bakersfield	Uncertain	Fall 06	All		80%	
Butte	Nov 05	Jan 06	All	FT \$14; PT \$11; SU \$7.50	Uncertain	
Cabrillo	Oct 05	Fall 06	All		\$140,000	
Canada	N/A	Jan 06	All		Uncertain	
Canyons	Nov 05	SU 06	No	Exempt BOG A	\$85,000	
Cerritos	Feb 06	SU 06	All		\$150,000	
Chaffey	Uncertain	Uncertain	Uncertain		Uncertain	
Citrus	Nov 05	Jan 06	All		\$220,000	
Columbia	Jan 06	Fall 06	No	Exempt BOG A	35%	
Cuesta	Jan 06	Fall 06	All		Reinstate prev. serv	
Cypress	Oct 05	Jan 06	All		\$120,000	
DeAnza	Nov 05	Jan 06	All		Uncertain	
El Camino	Spring 06	Uncertain	Uncertain		Uncertain	
Evergreen	Uncertain	Uncertain	Uncertain		Uncertain	
Foothill	Nov 05	Jan 06	All		\$13,000	
Fresno City	Feb 06	Uncertain	Uncertain		\$431,000	
Fullerton	Oct 05	Jan 06	All		\$238,000	
Gavilan	Oct 05	Fall 06	NEW	Task Force TBA		
Glendale	Nov 05	Spring 06	All	BOG A pay half	\$242,000	
Golden West	Nov 05	SU 06	All			
Hancock	Nov 05	Fall 06	No	Eligible EOPS waived	Uncertain	
Irvine Valley	Feb 06	Fall 06	All		\$100,000	
Long Beach City	Jan 06	Fall 06	All	All BOG pay half	Uncertain	
Los Angeles (9)	Dec 05	Fall 06	All		Wide range	
Marin	Spring 06	Fall 06	All		Uncertain	
Merced	Jan 06	Fall 06	All		Uncertain	
Mira Costa	Mar 06	SU 06	All		\$76,125	
Mission	Jan 06	SU 06	All		\$135,000	
Modesto	Jan 06	Fall 06	No	Exempt BOG A	None	
Moorpark	Oct 05	Jan 06	All		20%; \$70,000	

HEALTH SERVICES ASSOCIATION – CALIFORNIA COMMUNITY COLLEGES

AB982 IMPLEMENTATION STATUS

College	Board Date or Plan	Implementation Start	Students Charged	Parameters if not all students charged	Annual funding projected *	change
Monterey Penin.	Oct 05	Fall 06	All		Uncertain	
Mt. SAC	Spring 06	Fall 06	Uncertain		\$190,000?	
Napa Valley	Dec 05	Fall 06	All		20%	
Ohlone	Oct 05	Jan 06	All		\$82,000	
Orange Coast	Nov 05	SU 06	All		30%	
Oxnard	Oct 05	Jan 06	All		Uncertain	
Palomar	Jan 06	SU 06	All	Special fund for few exemptions (via FA)	Uncertain	
Pasadena	Dec 05	SU 06	All		\$265,000	
Reedley	Dec 05	Jan 06	All		Uncertain	
Rio Hondo	Nov 05	Uncertain	All			
Riverside	Sep 05	Jan 06	All		Uncertain	
Saddleback	Feb 06	Fall 06	All		Uncertain	
SD City	Jan 06	Fall 06	No	Exempt BOG A	Uncertain	
SD Mesa	Jan 06	Fall 06	No	Exempt BOG A	Uncertain	
SD Miramar	Jan 06	Fall 06	No	Exempt BOG A	\$50,000	
SF City	Jan 06	Fall 06	No	Exempt BOG A	\$220,000	
San Mateo	N/A	Jan 06	All		\$80,000	
Santa Ana	Jan 06	Fall 06	All		Uncertain	
Santa Barbara	Nov 05	SU 06	All	Exempt: High School; Exclusively On-line	30-40%	
Santa Monica	Nov 05	SP06	All		\$250,000	
Santa Rosa	N/A	SU 06	All		\$190,000	
Santiago Cyn	Jan 06	Fall 06	All		Uncertain	
San Jose	Uncertain	Uncertain	Uncertain		Uncertain	
Sequoias	Oct 05	Jan 06	All		50-60%	
Shasta	Oct 05	Jan 06	All		Uncertain	
Sierra	Uncertain	Uncertain	Uncertain			
Skyline	N/A	Jan 06	All		Uncertain	
Ventura	Oct 05	Jan 06	All		35-40%; \$113,000	
West Valley	Jan 06	SU 06	All		\$105,000	

Budget

The District Office establishes the budget for Health Services and it has no relationship to the health fee revenue collected by EVC. The health fees currently collected for fall and spring semesters do not cover the budget. The district has to transfer from \$75,000 - \$100,000 from Fund 10 each year to balance the budget. The majority of the budget is designated for salaries which leaves very little for equipment and repairs, and conferences or work shops for staff development. There is zero supply budget allotted for health and office supplies that are needed to provide services for the school year. Another issue is the current reclassification of five staff members, which will double the amount of monies needed to cover their salaries, was done with no consideration to the impact on the Health Services budget.

Impact

The Director has had to find other funding for Health Services through the Family PACT program and Medi-cal Administrative Activities (MAA) to pay for equipment, vaccines, conferences, and hourly salaries. The current reclassification of staff has more than doubled the amount needed to cover the salary costs. This will have an impact on services to students. There may be a decrease in hours, possible closure on Friday, and decrease in staffing and/or hours worked.

Marketing

Marketing any program on campus is not an easy task and that directly impacts student awareness of our program. We do not have a student newspaper or a centralized Kiosk where students know to go for information, or student e-mails that can be used to disseminate information. Up until last year there had been no change in our website for Health Services. We are now working on trying to make improvements. Becoming part of new student orientations would be another avenue that could be pursued. Many of the EVC staff, faculty, and administration are unaware of the comprehensive primary healthcare services provided by the Student Health Center. This needs to be addressed.

Impact marketing our program has proven to be a challenge. We seem to be a well kept secret. Now that we have a Marketing Director, the Director of Health Services is working with her to come up with new marketing tools. It will require creating a new brochure, making the website a better resource for students, making new signs for our A-frames, and setting up a EVC Health Services site on My Space. It will also require partnering with Outreach to become more visible at the new student orientations. A plan needs to be developed on how to better inform the faculty, staff, and administration of the services we provide for our students. They need to be our advocates.

On Campus High School Programs

The high school programs that are housed on our campus are not charged a health fee for their students and yet they come and use the services of the Health Center. The Health Center is called for any emergencies involving their students. The contract with East Side School District should include some type of compensation for the Health Center for these services.

Impact

The Health Services medical staff is called several times a semester regarding emergencies involving the high school students. Many of the students make appointments to be seen by our medical staff and/or our mental health counselors.

Accident Insurance Training and Follow up

Campus police, Physical Education, and Athletics have had changes in their personnel and these new employees have not been trained regarding the Student Accident Insurance procedure. The insurance form is often not given to the student to take to the provider or to the ambulance staff if they need to be transported to a medical facility. A copy is often not faxed to Student Insurance who manages the accident insurance for the district. Students are not told to bring in any bills that they receive or where to take them.

Impact The lack of training and follow up has lead to more work for the Director of Student Health Services and unnecessary stress for the student involved by them continuing to receive bills and many times being referred to a collection agency for none payment.

Supervisor Changes

In the last 5 years, the administrative leadership for Health Services has changed 4 times. Four years ago, the program was under the interim Dean of Student Services and then there was a change in the organizational chart for Evergreen Valley College. This change placed Health Services on the instructional side under the Dean of Nursing and Allied Health. This was not a good fit because Health Services needed to be with the student service side of the organizational chart. Health Services was then reassigned to the Interim Vice President of Student Affairs.

Impact: All of these changes in supervisors have meant different personalities, different expectations, and a need to explain the operation of the program once again. Each one of the supervisors had different ideas about how the program should operate which placed additional stress on the Director and her assistant because they are the only full-time employees. With each change, more and more administrative duties have been expected from the Director which has been difficult to accomplish because of the responsibilities that are required in the daily operation of the clinic. The Director has requested a Clinic Charge Nurse to take over some of the daily operation issues and free her up for the administrative requirements. To this date, this has not happened.

Emergency Disaster Plan

The Emergency Disaster Plan is at a standstill and there are still many components that need to be addressed. One of these is the role of the Health Services Staff and the Nursing Faculty in a disaster situation on campus. There are no designated supplies available for use in performing first aid nor have the personnel been trained. There has been no further practice drills for the response team or a campus wide practice drill.

Impact: The team that is responsible for first aid in a disaster situation is under the direction of the Director of Health Services. The lack of training and the lack of availability of supplies is causing concerns for the Director, her staff, and the Nursing Faculty.

Internal Contributing Factors:

No Summer Services

Historically, Health Services has not been opened for summer session. This has been a problem for continuity of care of the students and has required them to go to another provider during the summer. There is no medical staff to respond to campus emergencies or to see ill or injured students. To have Health Services in the summer would require buy-in by Administration and charging a \$14 Health Fee.

Impact: It has required the Director to write a proposal for staffing and hours of operations to be submit it to her supervisor, the Vice President of Student Affairs for consideration. It would also impact the budget so it would be imperative to charge a health fee.

Facilities

Lack of space in Health Services has become a growing concern on the part of the staff. There is not enough room to store equipment and supplies. The counseling room is too small and cramped and there is no room to hold group counseling. The Dietician and the RN share an office and it makes it difficult if they are both working on the same day. The conference room also contains the bed used for students who are not feeling well or are injured. On many days we needed a third examination room for patient confidentiality and treatment. The examinations rooms are very cramped and often cold. There were very few times during the academic year that the temperature was just right in the Health Center. It was either too hot or too cold which makes it uncomfortable for students and staff. On many occasions there was no hot water available which is a necessity for a Health Center. During the remodeling, the RN office walls that are common with DSP were not done properly so you can here conversations on either side. This is a problem when all services are to be confidential.

Impact: We have outgrown our current facilities and we are unable to expand services without more room. To accommodate these issues it would mean that the Health Center needs to be relocated. This should be considered during the re-modernization process of other buildings on campus such as the Roble Building. The Dean's office area or the music area in this building would provide more space and more visibility.

Staffing

Health Services only has two full time positions, the Director and the Health Assistant. The rest of the staff is either hired hourly or as an independent contractor. Student needs are the primary focus for staffing but because we have a limited budget, it must also be considered in the process. Currently the daytime hourly staff consists of a doctor 2 days a week, a Nurse Practitioner 2-3 days per week, a clinic nurse 2 days per week, the director and the health assistant who work 5 days per week. During the spring Semester, the doctor and NP were each increased by one day based on the needs of the students from the fall semester. Mental Health Services are provided by MFT trainees or interns who are supervised 4 hours per week by an MFT Counselor. The evening services are provided on Tuesday and Thursday evenings by nurse practitioners.

The hourly staff has not had a raise in 3 years and this has created discontentment on the part of some staff members. Although the Director has approached her various supervisors and the Human Resource Director on several occasions, nothing had changed until this year when the Faculty Association became involved. The outcome is that part of the staff, the Clinic Nurse, the Nurse Practitioners, and the MFT Supervisor were reclassified to Adjunct Faculty and nothing was done for the rest of the staff. The reclassification has caused some discord among the staff because the Clinic Nurse who is an ADN RN was reclassified as adjunct faculty which is the same as the Nurse Practitioners so they will be paid the same hourly rate. Unfortunately, the fiscal impact, the roles and responsibilities in the clinic, and the scope of practice were not considered when this decision was made nor was the director or her supervisor consulted. The Faculty Association, Human Resources, and the Chancellor made the decision based on some inaccurate information and without consulting the California Board of Nursing scope of practice and educational requirements for a Registered Nurse and a Nurse Practitioner.

Impact: Because the majority of our staff is hourly and they are only in the clinic a short time during the week, the director and her assistant must be responsible for the continuity and cohesiveness of the clinic operations. This creates more stress for the Director who has more and more administrative work to complete and the assistant who is in charge of the front office operations. With the reclassification of the nurses it has at the very least doubled their current hourly rate which because of the medical hierarchy requires an increase in the medical director's hourly rate to more than one and one-half times the current rate. This has become a budget nightmare and could ultimately result in reduced services and staff. This is going backwards in regard to services and staffing.

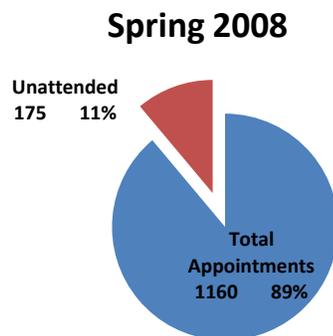
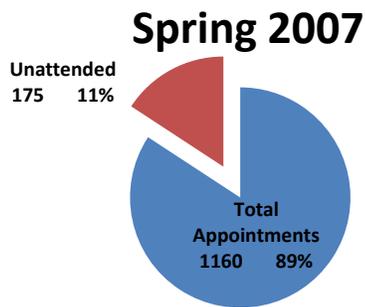
Student Learning Outcomes

Evergreen Valley College has placed increase focus on accountability for student learning.

At the end of fall 2007, the Health Services staff developed SLOs to be implemented in the spring semester. These SLOs where focused toward student responsibility and student utilization of support services.

Our first student learning outcome addressed the need for students to take responsibility for cancelling or rescheduling their appointments if they were unable to keep the appointment. We selected this SLO because we were having a problem with student no shows. At the time of their appointment each student was given an appointment card and requested to call and cancel or reschedule their appointment if they could not keep it. One to two days prior to the appointment, the student was called and reminded of their appointment and once again asked to reschedule or cancel if the appointment was not going to work from them. Part of the time the student worker doing the calling was able to speak directly to the student and the other times a message was left on their phone.

In our overall program review survey we included a question number 12 which stated "I understand the importance of calling to reschedule or cancel my appointment if I am unable to keep it". 93% of the 39 students surveyed answered strongly agreed and 7% answered agreed. Yet when a report of the "not attended" was run, 175 appointments during the Spring Semester indicated the student did not call to cancel or change their appointment but just failed to show for their appointment. This was an increase of 30 from spring 2007. In assessing this increase you must factor in that there was a 66% increase in appointments scheduled in spring 2008 as compared to spring 2007. In spring 2007, 16% of the appointments scheduled where not cancelled or changed and in spring of 2008 it was 11%. So in reality there was a 5% improvement. (lisa- **Spring 07 numbers are incorrect. Please change to unattended 148 and 774 appointments. Then check % above to make sure correct.**)



Another student learning outcome was that the students would be aware of the services provided by the Student Health Center and be able to utilize these services. Utilizing the SARS Grid report, it was determined that during the Fall and Spring Semesters of 2007-2008 there was an increase of 37 in unduplicated students served when compared to the 2006-2007 academic year. Visibility on campus continues to be an issue for Health Services.

Program Strengths

The strength of our program lies within our amazing staff. Our medical professionals which include our Medical Director, Nurse Practitioners, Registered Nurses, and Dietician, encompasses a wide breadth and depth of knowledge and experience. They are warm, caring, and go the extra mile to take care of the students needs. Complete and thorough explanations of the students medical issues, diagnostic tests, treatment is a priority for all the medical staff.

Our office staff is courteous and friendly to all students when they come to make appointments or to attend their appointment. Their goal is to make the students feel welcomed and comfortable, as well as, schedule the appropriate appointment to meet their needs. All our staff is committed to making the students feel comfortable in the setting, valued as an individual, and satisfied that their needs have been met.

Health Services provides primary health care, incorporated with prevention services and health education, for all EVC students. This is strength because students receive comprehensive health care

which is a support for them while they are pursuing their educational and personal goals. In addition, the only possible costs, beyond the health fee, are low-cost labs and low-cost medications. Because many of our students do not have insurance and are low-income this is a very important service for them and another one of our strengths.

We have built a strong referral system that consists of low-cost or no-cost to our students . This has contributed to our ability to obtain the specialty care and on-going follow-up that some of our students require.

The doctor has been increased to two days per week and since our last review we have added a nurse practitioner during the day. She is able to work 3 days which gives us medical coverage from Monday-Friday. This has assisted us in meeting student health needs in a more timely manner.

The Director has been able to secure outside revenue and save a portion of it for purchase of a practice management and electronic medical record software program. The practice management portion will be implemented in Sept. 2008 and the electronic medical record will be implemented in January 2009. This will increase our efficiency and our ability to obtain data for on-going evaluation of our program.

The Health Services staff collaboratively created a Program Review Summary for students utilizing the Health Center in spring 2008 to complete. The purpose of this survey was to give students the opportunity to give us feedback. The total survey results indicated the students' perception of some of our strengths. Thirty-nine students participated and the results are shown below.

Evergreen Valley College					
Student Health Services Survey Results- 39 students surveyed					
Program Review Survey – Spring 2008					
	Strongly Agree	Agree	No Opinion/Not Applicable	Disagree	Strongly Disagree
1. I found scheduling an appointment to be easy and timely.	31	6	2		
2. The staff was helpful and friendly.	34	5			
3. My questions were answered adequately and completely.	37	2			
4. I found the medical staff to be well trained and knowledgeable.	37	1			1
5. The medical staff was sensitive to my health issues.	34	2	2	1	

6. The staff treated me fairly and respectfully in regard to my age, gender, disability, ethnicity, and sexual orientation.	36	3			
7. I was referred to other campus resources if needed.	20	8	11		
8. I was referred to off-campus resources if appropriate for my needs.	21	5	14		
9. Overall, I am satisfied with the services provided by this program.	36	1			2
10. The services I received were a support to me as I work on my educational goals.	33	2	2		2
11. I would refer other students to Student Health Services	37	2			
12. I understand the importance of calling to reschedule or canceling my appointment if I am unable to keep it.	35	4			

Program Weaknesses

As previously discussed, our current facility is too small to adequately meet our needs. We do not have enough storage for equipment and supplies. Our exam rooms are too small and we need a third exam room. Our clinic nurse, MFT supervisor, and dietician all work out of the same office. This is a major problem when they are all here at the same time and need to meet with students privately. Our counseling area is too small and not very conducive to a therapeutic atmosphere. The conference room currently holds file cabinets, our coffee area and microwave, the rest area for ill and injured students, and our conference table. It is a multi-purpose room which makes it quite cramped and often unavailable for a meeting.

Our mental health program needs to be strengthened by having a licensed therapist at least 10 hours per week to see students. One of our previous interns who is now licensed and in private practice is interested in this type of position. This would be in addition to the 2 MFT interns that currently provide 8-12 hours of service weekly for our students. The biggest issues would be space and budget.

Having only two full-time permanent staff members for a clinic that services the number of students we serve and provides the high standard of medical care, puts much more work and responsibility on these two people. It would be helpful to have another full-time RN and at least a part-time person to assist with the front office operations.

Our budget except for salaries and benefits has not changed in the last 9 years. There is only \$1000 in the budget for purchase of equipment and \$500 for equipment repair. This is not adequate for replacement and repair of health and office equipment that we need to provide services. Our conference budget is \$2000 which does not begin to touch the on-going staff training that needs to be done in the medical field. Unfortunately, the chance that this might change in the foreseeable future is grim.

Our prevention and health education activities for the general student body have decreased in the last two years. This needs to be re-evaluated for the 2008-2009 academic year.

Currently we have inadequate data collection for assessing our program and the needs of the campus population. This will be addressed with Medicat practice management program we have purchased.

Program Goals and Areas for Improvement

Clearly the areas for improvement are the following:

- Increased prevention and health education for the general student population on current issues
- Surveying the students to determine their health needs and health education issues that need to be addressed for our student population
- Addressing the budget and staffing issues that have been created around the reclassification of staff.
- Pursuing the idea of being open during the summer of 2009
- Addressing our facility needs and possible relocation
- Evaluating the possibility of increasing our Mental Health Services
- Improve our data collection for evaluation of Health Services by implementing the Medicat Program.

The organizational transformation initiative that engaged the entire college community in strategic planning provided an opportunity for the Health Services staff to development Commitments to Actions in the areas of Student-Centered, Organizational Transformation, and Community Engagement.

Below are the Commitment to Actions for Student Health Services and are followed by a list of our successes.

Initiative: Student Centered

Services

- Insert Health Services information in marketing packets for prospective students
- Develop new marketing strategies for Health Services.

Initiative: Community Engagement

Increase Visibility

- Director of Health Services will pursue becoming a part of the Leadership Community for the Mental Health Act under anta Clara County Mental Health
- Continue to participate in community-based events

Initiative: Organizational Transformation

Build Community

- Continue to schedule Health Services sponsored events at times that give employee the opportunity to attend.

Employment Development

- CPR/AED training for Health Services Staff
- Provide opportunity for each Health Services' employee to attend a conference/training every 2 years as part of staff development.

CTA success 2007-2008

Student-Centered

- Health Services brochures were provided for marketing packets for prospective students
- Web page was updated but still needs improvement

Organizational Transformation

- CPR and AED training was provided for Health services staff in April 2008
- Our three nurse practitioners attended the "Contraceptive Technology Conference.
- The Health Assistant attended a workshop focused on organizational skills.

Community Engagement

- Health Services staff participated in Kindercaminata
- Health Services in collaboration with the Vietnamese Student Club sponsored the Asian Bone Marrow Dive on campus.