

SALT LAKE COMMUNITY COLLEGE

HEALTH AND WELLNESS SERVICES

REPORT OF THE PROGRAM REVIEW TEAM

MAY, 2015

“When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.”

Herophilus of Chalcedon, 335-250 BCE, Physician of Alexander the Great

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Program Reviewers

Alan Kent, Ph.D.-Executive Director, Health & Counseling Center, University of Denver

Chris Renfro-APRN, FNP-BC, Medical Staff, BYU

Kevin Dustin, Athletic Director, SLCC

Methodology: The program reviewers carefully read and discussed the Self-Study report prepared by the staff of HWS. We had telephone conference calls with key leadership of the Division of Student Affairs, the leadership of the Student Life team, and a group of student leaders. In addition, we conducted a two-day campus visit on May 19-20 during which we completed a series of discussions with key stakeholders in the SLCC community. Individual and small group conversations were held with the staff below. It should be noted that not every reviewer met with each stakeholder.

- Clinic managers for Counseling, Medical, Health Promotion
- AVP for Student Life and Dean of Student
- Interim VP of Student Services
- Risk Manager
- Assistant Attorney General
- Faculty members
- Director of First Year Experience
- Faculty, Health Lifetime Activities
- Director of Disability Resource Center
- Counseling Intern
- Regional Directors of Student Services (North and South)
- Family Nurse Practitioner and Medical Assistant
- Director of International Student Services
- SHAC/PAL volunteers
- Director and Manager of TRIO Student Support Services
- Director of Public Safety
- Manager of Veterans Services and VITAL counselor
- Student Life Leadership Team members
- Student Government Executive Council

It should also be noted that no program manuals, reports, or clinical records were reviewed during this process. Several specific protocols and documents that were incorporated in the Self-Study or provided during the site visit were reviewed. The review team did not access the background, professional credentials, or confirm the licensure of any of the healthcare professionals on staff. Additionally, we did not review any of the reports or outcome studies

mentioned in the Self-Study Report. These types of activities are typically done in external accreditation processes of healthcare facilities but were not part of the scope of the current review.

This site visit report was prepared by three reviewers based on a two-day site visit and the department's self-study report. The observations based on the site visit are limited to information from those who were interviewed and may not reflect all points of view or perspectives. It should also be noted that there was no opportunity to speak with any students who identified themselves as consumers/clients/patients.

The review team was highly impressed with the thoroughness of the site visit process, which was extremely well coordinated and supported by Janet Felker. We are deeply grateful for her able assistance.

Report of Findings:

The review team decided to present our findings in a manner consistent with the presentation of issues in the Self-Study report. We utilized the strengths and challenges identified by the HWS team as a prompt for sharing our impressions. Italicized items represent points taken directly from the Self Study Report. Following each italicized prompt, we highlight our observations, comments and suggestions.

It is important to note that this Program Review was apparently initiated a year before the date originally provided to the staff of the HWS. As a result, we have learned that many of the suggestions being made by the Review Team were already under consideration by the staff of the HWS.

Summary Statement: The review team wants to emphasize that we believe that health and wellness services are critical to student retention, success, and graduation. As stated by the noted educator, Ernest Boyer, **"Wellness is a prerequisite for all else. Students cannot be intellectually proficient if they are physical or mentally unwell."**

The students at Salt Lake Community College are very fortunate to have access to such a robust program of health and wellness services that are efficiently provided with such limited resources at such a low per-student cost. The HWS team has ensured access to a range of clinical and preventive services that can admirably be compared to those provided at more established private institutions with far greater resources.

Our interviews consistently confirmed that HWS is well respected on campus and is seen as a true partner in student success. The Director of HWS is universally well regarded and seen as a strong leader who is visible on campus and a strong advocate for student wellbeing. The Manager of Counseling was also identified as being highly competent, a strong collaborator, and an important resource and consultant on campus.

HWS does a very admirable job of meeting the basic healthcare needs of a diverse student body that is spread out over a large geographic region in multiple campuses. HWS has been able to provide these services with very low funding and limited financial cost to the student body.

Strengths:

1. *We provide an integrated care model and are ahead of the curve on the integration of care between health and mental health units, which is an emerging trend.*

Findings: HWS is substantially ahead of national trends on college campuses by having partially integrated services that are co-located and managed by one administrative authority. National organizations such as the American Psychological Association and the American Medical Association have been advocating for integrated health and mental health services for many years. On a continuum of integrated care, HWS is more than half way there. The review team believes that the staff should consider taking the additional step of fully integrating their medical records, holding periodic joint medical/counseling case conferences, and providing fully integrated collaborative care. This model is increasingly being implemented at college health centers with great benefit to students. Given how far along in the process HWS is, it shouldn't require tremendous effort or resources to move forward in this regard.

2. *We provide access to affordable, quality medical and mental health care at multiple locations.*

Findings: The review team was impressed with the professionalism of the managers who were interviewed during the site visit. We concur that the staff is providing very affordable and accessible care. While we certainly don't question the quality of the care, to demonstrate that quality care is being provided, healthcare entities typically need to conduct studies and provide data to support such a statement. For example, regular patient satisfaction surveys, symptom rating scales, ongoing peer or external chart reviews, and benchmarking studies need to be conducted to conclusively state that "quality" care has been provided. In the counseling realm, there are several tools that can be incorporated into practice to evaluate student progress in treatment. One example is the CCAPS (Counseling Center Assessment of Psychological Symptoms). Additionally, the ACHA (American College Health Association) provides ample guidelines and information on how to incorporate such activities into the Continuous Quality Improvement process. (For the non-healthcare professional, a benchmarking study is when an agency assesses their healthcare processes and outcomes against a national standard.) The reviewers believe that by incorporating some data-driven outcome tools, a healthcare entity is in a better position to request funding, support, etc.

3. *We increased the number of total appointments in our department from 11,082 in 2011-12 to 15,154 in 2013-14, an increase of 37 percent.*

Findings: The HWS does clearly impact a significant number of SLCC students with a limited staff. However, the numbers above do not tell the entire story. Over half of the contacts noted were provided during Health Promotion outreach activities. While we strongly value and support those efforts, the clinical numbers reveal a steady and strong increase in massage visits, a very significant increase in counseling visits, and a decline in medical visits. In the course of the review team interviews, it became evident that there

are differential needs on each campus. We believe that there would be value in conducting a thorough “needs assessment” of the student body to determine what services are most needed, what they desire, and what they might have easy access to in their community. For example, such an analysis might reveal that one campus population has adequate access to medical care but is in need of more counseling, or visa versa. We will expand upon this recommendation later.

4. We offer quality trainings and provide professional development opportunities for staff, such as Certified Peer Educator, Question Persuade Refer, and retreats.

Findings: The review team agrees that the HWS team has done an impressive job providing outreach and trainings across campus. The Health Promotion peer offerings are significant and ongoing and always include an evaluation component- though these evaluation surveys weren’t reviewed. Having SHAC students complete the Bacchus training is a way to ensure credibility and quality of their efforts. The SHAC students feel very positively about the training and support they have received. The QPR program is a nationally recognized and well-validated suicide prevention program. It is impressive to bring that to SLCC. The program appears to be in its infancy and not many people we spoke to were aware of it. It will require extra effort to market the program and make its value known, particularly to the faculty. From our discussions, it appears that staff meetings are used to bring professional development to the staff, especially with regard to SLCC resources. The reviewers believe there are opportunities to take advantage of external resources in the Salt Lake community and invite prominent presenters from the local medical and psychological community to provide training to staff on relevant topics. Two of the reviewers have had great success with this approach. In an era of limited resources, free, local speakers provide a great opportunity to keep staff abreast of clinical updates. Finally, in discussion with the counseling intern, it seems like a formal, structured, orientation manual and program would serve interns well. There is a sense that the training is “on the job” and is not as thorough and organized as interns might like.

5. We are a HIPAA Compliant entity.

Findings: The review team agrees that based on the fact that HWS submits Protected Health Information (PHI) electronically, they would be a HIPAA covered entity. Even if HWS transmits only small amounts of PHI, it is necessary to meet HIPAA standards. HWS is compliant by providing an online training to all new employees and maintaining HIPAA privacy and security standards. Though we did not review it, documentation of such training should be maintained in the employees’ personnel record. It is also recommended that all staff receive periodic updates and workshops on HIPAA changes. A recent modification to the HIPAA law (known as HI-TECH) applies steep fines for even small HIPAA violations. From a liability and security perspective, it is recommended that regular updates be provided to all staff on compliance issues including HIPAA, OSHA, and CLIA (laboratory) standards. Consistent with healthcare facility standards, attendance at these trainings and updates should be documented in a central training compliance file.

6. *We are transitioning to paperless charting, which will increase use and efficiency of our Electronic Health Records system.*

Findings: The reviewers agreed that it is impressive that a relatively small HWS has begun the transition to electronic health record system. This is a big investment of time and money that will likely take some time to fully implement. Once the transition has been completed, it should be easier to accomplish some of the activities recommended above (peer review, benchmarking, etc.)

7. *We received feedback from our counseling needs assessments indicating that we are providing effective counseling services with positive client outcomes.*

Findings: The review team was impressed that the Counseling Service has collected data regarding patient outcomes, though the team did not review the actual findings or survey. As noted above, we believe that such studies need to be regularly incorporated into the practice of the HWS and completed for both medical and counseling services on a routine basis. It is our understanding that Health Promotion already routinely collects evaluation/outcome data.

8. *We provide the Question Persuade Refer (QPR) gatekeeper training program for faculty and staff.*

Findings: As mentioned above, the QPR is a respected, validated approach for educating campus communities on how to reduce campus suicide. It is impressive that the Counseling Service has begun the process of bringing QPR to SLCC. From our interviews, it sounds as if there is great opportunity to bring this training to a larger audience. In particular, faculty are often seen as the first line of defense in supporting distressed students. Efforts should be made to reach out to faculty and other campus departments to disseminate this approach more widely.

9. *We completed and instituted the Student Suicide Prevention Protocol for SLCC in fall 2013.*

Findings: The suicide prevention protocol is a clear, concise, and excellent guideline for assisting faculty and staff in addressing suicidal behavior they detect in students. This type of written protocol could serve as a model for creating a more complete counseling policy and procedure manual. This will be addressed further later in this document.

10. *We provide successful training to and have received positive feedback from practicum interns over the past several years*

Findings: One reviewer had the opportunity to interview one intern, so it is difficult to draw general conclusions. It is impressive that a Counseling service of this small size can maintain a successful training program. Trainees are a wonderful and cost-efficient way to extend resources with limited expense. However, training programs bring with them a degree of liability and need to be carefully designed and supported. The one intern interviewed felt she got excellent experience with a broad and diverse student population. She did express that she felt she was “thrown into the deep end” and had to learn a lot as she went along.

The psychologist reviewer on the team has several suggestions regarding the training program. It is recommended that a written Intern Training Manual be developed. It should have clear policies and procedures. Interns should have a formal orientation protocol with an identified curriculum. No intern should be allowed to meet with any student until they have completed explicit training in crisis assessment, suicide protocols, etc. Given that HWS interns are working on their master's degree, they have significantly less classroom and practical experience than doctoral interns. As such, it is encouraged that the Counseling Manager explores developing a system to allow for audio or videotaping of interns' therapy sessions. While this isn't mandatory, it is common practice in many training settings, especially when less experienced trainees are providing the service. Viewing tapes (or sections thereof) helps to ensure quality care, enhance the learning experience, and reduces liability when interns are working with high-risk students.

Challenges and Areas of Improvement Identified through the Self-study Process

1. *An increase in staff is needed to meet student demand.*

Findings: It is clear the staff of the HWS provide a significant amount of service to students of SLCC at three separate locations. However, the review team did not believe that the data provided demonstrates that increased staff is immediately needed to meet demand. Based on average daily patient load, the medical staff at the Jordan Campus is clearly being under-utilized, while there apparently is demand for care at the South City Campus. Further, data revealed a decline in medical visits and steep increase in counseling visits. Despite this, students are still able to meet with a counselor within one week. The review team believes that a thorough needs assessment should be undertaken to better assess what types of services are needed and desired on each campus. It is possible that a shifting or reallocation of resources could better meet the present demand. This recommendation will be discussed more fully later.

2. *Office space needs to be expanded to accommodate and grow services.*

Findings: The review team was impressed with the pleasant, clean, professional looking office space available at the two sites reviewed. The team did not find evidence to support the conclusion that more space was immediately needed. At the Taylorsville/Redwood Campus, there appears to be several opportunities to modify existing space to create additional exam or consultation (therapy) rooms. The large conference room could be modified to handle smaller conferences and create one or two consultation rooms. Directly adjacent to the conference room is a relatively large open space that could potentially be modified to create an additional consultation room. On the medical side, there is a large open space that could be enclosed to create an additional exam, treatment, or observation room. These are cost-effective solutions that could be explored to accommodate short-term needs and limited growth. If services continue to expand, additional space will likely be necessary. Lastly,

the current HWS space is poorly exposed and signed at the sites that were visited. There is limited student flow or traffic and the chance of students finding these services without direct direction is low. This is particularly evident at the Jordan Campus. HWS staff should work with campus Facilities Departments and/or Marketing Department to enhance signage and directional information.

3. *The developments of comprehensive assessments are needed to evaluate our services.*

Findings: As noted above, the team believes that a comprehensive “needs assessment” survey should be undertaken. It is recommended that HWS work with Institutional Research to craft and distribute a survey on students’ healthcare needs and desires. This will help the staff prioritize resources. Additionally, ongoing patient satisfaction surveys should be conducted on a routine basis. An in-house survey could be developed or one is available from the American College Health Association. Additionally, the Counseling Service should consider participating in the survey developed by the Center for Collegiate Mental Health (CCMH). Given that HWS is already utilizing an electronic health record system, it would be relatively easy to take advantage of membership in this national data base. It would also provide critical outcome data to share with administration about the value and impact of the counseling services.

4. *Our departmental website needs improvement.*

Findings: The review team agrees that the HWS website has many opportunities for improvement. Even within the institutional limitations required by the campus Marketing Division, there are opportunities to improve the information available on the website. The HWS isn’t clearly listed under Student Life or under Services for Students. This creates an additional challenge for students searching for services. There is a need to more clearly describe terms. For example, SHAC isn’t clearly defined, nor is there any information on how to apply. There are links to various clinic forms, but there is no explanation of the forms. The HP site lists various programs but provides no explanation of how to access those programs. Students often like to learn something about their healthcare provider. HWS should consider including photos and brief biographical statements for their healthcare providers. It is recommended that HWS host some focus groups with students to assess what types of information they need and want on the website. Additionally, the website should be engaging, including more graphics and colors. It should have links to internet sites that provide general health information and self-help, both for counseling and medical services.

5. *Additional educational and professional developmental opportunities in mental health for the medical staff are needed.*

Findings: The review team agrees that ongoing professional development is critical in a healthcare environment. We recognize that limited resources make it challenging to offer continuing education funds for all professional development needs. The team recommends that HWS look to local medical schools and doctoral training programs to identify experts who can provide ongoing lectures or talks during existing staff

meeting times. There are likely physicians, nurses, and psychologists at local faculties who would welcome the opportunity to provide training to the staff. Additionally, professionally produced webinars are also cost effective ways to provide training to large and small groups of staff for one flat fee. Lastly, all the proceedings of the American College Health Association (ACHA) annual meeting are available on disc for the low cost of \$125. For this one fee, HWS could gain access to dozens of presentations which could potentially be made available to staff on an individual basis or shown at staff meetings.

If a decision is made to provide LD and ADHD testing, as discussed later in this report, it is crucial that the medical staff feel confident in assessing, screening and treating multiple mental health concerns. Of particular importance would be the prescribing of Class II controlled stimulant medication for the treatment of ADHD/ADD.

Conferences in the prescribing of mental health pharmaceuticals should be made available to the medical staff should this service be implemented.

6. *Screening for depression needs to be increased in the medical clinic.*

Findings: The integrated nature of HWS provides great opportunity for further screening of mental health conditions within primary care. Many student health centers use a version of the Physician Health Questionnaire (PHQ-2 or PHQ-9) to routinely screen for depression, anxiety, or suicidal thoughts in the primary care setting. Given that HWS is already utilizing electronic health record system, this should not be very difficult to implement. New York University Student Health Center has a model program for the screening and treatment of depression in primary care.

7. *Maintaining affordable services for self-pay clients while balancing what patients can afford versus our costs of providing medical services remains a challenge.*

Findings: Resource management and prioritization of services is a challenge in college health centers throughout the nation. It is recommended that HWS leadership evaluate their current process of offering free first visits for all services. Implementing a small fee for a first visit might open up additional resources to provide sliding scale fee for students who can't afford the copayments. It is suggested that HWS consider implementing a formal process for applying for a reduced fee. Rather than waiving the \$10 fee, students with clear, demonstrable, financial need could be offered a reduced fee. It is suggested that HWS continue to seek institutional support or grant funds to help provide fee assistance to those students most in need.

It was noted that Medical Services is already providing an outstanding service in connecting students to medication patient assistance program. Most pharmaceutical companies offer discounted or free prescription medication to those that qualify (most students who are low income and/or uninsured). Medical services should use this as a marketing strategy and let students, faculty, staff and other stakeholders know that this service is available.

8. *Equipment needs to be updated.*

Findings: The review team is not clear what equipment in particular that is in need of replacement. In a medical setting, it is understood that medical supplies and

equipment need to be periodically replaced. HWS could benefit from creating a budget line that is specifically identified to provide funding for routine replacement of medical equipment, computers, and other IT needs. These IT or capital medical equipment expenses should be a part of each Student Fee hearing request. Student leaders seemed to have very little understanding of the needs in terms of supplies and equipment needed to run and maintain a medical clinic. Medical equipment can be very expensive and replacement or purchase needs to be part of funding priorities, and decision makers need to be made aware of these expenditures.

9. *Keeping clients in counseling who need services but cannot afford them continues to be a challenge.*

Findings: The reviewers recognize that funding to pay for healthcare and counseling in particular is a challenge. As noted above, it is recommended that a system be developed to evaluate individual students' financial need and then offer a sliding scale fee on a limited basis. This could be funded by seeking institutional support or grant funding. Additionally, the Counseling Manager should explore creating a formal clinical staffing process to review which students have a need for longer term counseling and which students would be best served by being referred for ongoing care in the community. Most college counseling centers recognize that they don't have the resources to provide comprehensive resources for all students' mental health needs. Identifying a "scope of care" would help the student body (and administration) understand what resources are available at the Counseling Service.

10. *The recruitment and retention of qualified professional staff due to lower salary structures as compared to the community market demand is a challenge.*

Findings: The team compared current salaries to existing benchmarks and found that some are consistent with national and local standards while others are well below comparative institutions. It is recommended that HWS work with SLCC Human Resources to do a local salary analysis to determine which positions are grossly below local averages. Private sector healthcare agencies inevitably pay higher than college health. The advantage of state benefits and more acceptable work/life balance has typically been the lure of college health. Student health centers need to offer competitive wages to recruit and retain qualified staff, but they will never measure up to private health systems or hospitals. The ACHA and the Sunbelt Survey of Student Health Centers provide two benchmarking salary surveys that could serve as a basis of comparison. It was noted that the current recruitment system, in which HWS must make the case to justify salaries for every posting, is time-consuming and counterproductive. Administration needs to make the case that healthcare is a unique field that requires different salary ranges to attract competent providers. Typically, in a higher education setting, healthcare positions don't have comparative positions in the rest of the institution unless there is a medical school. Perhaps HWS administrators can reach out to similar sized institutions in the state and region to gather data from their student health services to provide a basis of comparison. Some possible comparisons include Dixie State University, Utah Valley University, Weber State, and Southern Utah University.

11. *The availability of personnel, facility space and service hours to meet anticipated future increased demand is a concern.*

Findings: Given the changing healthcare system in America, it is challenging to predict the future of college health staffing and needs. With more young adults having access to their parent's health insurance plan and others being eligible for Medicaid, it is inevitable that changes will occur. As noted above, it would serve HWS well to conduct a needs assessment and focus on developing priorities on what services they could and should offer.

12. *Developing group counseling programs that meets the needs of students is a challenge.*

Findings: Developing effective group counseling is challenging in every university environment. In a community college setting, it is nearly impossible to develop traditional ongoing group therapy given students' changing schedules, work commitments, and family demands. It is recommended that efforts be focused on developing one or two session time-limited psycho-educational groups that address specific topics that students need. Some examples include: Managing Stress, Coping with Depression, Time Management, Recognizing Eating Disorders, etc. These short-term workshops are more likely to attract students than ongoing group therapy.

13. *Gathering clinical outcome data on client's progress and counseling outcomes are needed.*

Findings: As noted above, the easiest mechanism to address this challenge would be to become a member of the Center for Collegiate Mental Health and incorporate the CCAPS survey into the intake and treatment process at HWS. This would be relatively easy and cost-effective given that the HWS is already using an electronic health record. The Counseling Manager is already aware of this system and the positive research and outcomes associated with it.

14. *The expertise and personnel to provide learning disorder testing are areas of importance we need to consider.*

Findings: The review team agrees that LD and ADHD/ADD testing is a critical factor in student success, especially in an open-access community college system. Many students are struggling with learning disorders and not achieving their full potential but they are unable to afford the testing necessary to request appropriate accommodations. The testing materials needed for an LD testing program would require an initial investment of \$2,000-\$4,000. A full time psychologist able to administer, score, and interpret such testing could cost at least \$50,000 annually. An alternative solution might be to develop collaborative relationships with local doctoral psychology programs and develop a practicum/internship program in psychological testing. These trainees could then offer low cost evaluations to needy students. The trainees would need adequate supervision, which may not be able to be provided under the current staffing expertise. In that case, HWS could negotiate with the local university to see if a faculty member would be willing and able to provide the supervision. Alternatively, HWS could contract with a local expert for 2-

4 hours per week to provide needed supervision of the trainees. This type of program would need institutional financial support and would likely require collaboration with Medical Services as well as Disability Services to identify the most-needy students.

15. *Outreach services have been underdeveloped due to lack of time in counselors' schedules, as traditionally we have been predominantly geared toward direct services.*

Finding: Traditionally, Outreach has been seen as an essential function of college counseling centers. There is always a bind to find the right balance between direct clinical services (which reaches one student per hour) versus outreach, which has the potential to reach 20-30 students in an hour. It is suggested that the definition of "direct service" be revised to include any type of direct face-to-face contact providing a service to students. For instance, if a counselor provides a one hour "Time Management" workshop, that should be considered "direct service." By redefining direct service in that way, counselors are incentivized for creating more group outreach efforts which could provide a positive influence on campus. These types of services are also likely to more effectively reach underserved students who may not seek out individual counseling.

16. *Psychiatric expertise is not available to manage meds for clients with more serious mental health issues.*

Findings: The review team agrees that having access to psychiatric services or at least psychiatric consultation is critical, given that students with more significant psychiatric illnesses are attending college. If funding could be obtained, there would definitely be value in having a psychiatrist or psychiatric nurse practitioner available in HWS at least for a half day per week to meet with students. Alternatively, having a local psychiatric provider available on a weekly basis to consult with the existing staff would be important. There is a risk management issue in treating students with mental health problems and not having access to any psychiatric consultation. Again, this issue should be shared with administration and funding should be sought to provide access to this service or consultation.

17. *Physical facilities for counseling are less than ideal in terms of confidentiality as well as conduciveness to mental health, both for clients and staff.*

Finding: The review team agrees that counseling services must be provided in an environment that assures confidentiality and HIPAA privacy protections. During our visit the team did not personally hear any conversations emanating from exam or consulting rooms. However, it is conceivable that a massage client could hear a conversation from an adjacent therapy room. The issue of sound transfer is common in nearly every counseling center. Cost effective solutions might include using blown insulation in the walls and/or putting sound insulation above the ceiling tiles. The current solution of using "white noise" machines is commonly used in counseling centers.

One facility issue of concern noted by the team has to do with the current mechanism for cleaning offices in the HWS. Medical offices require a specific level

of cleaning and disinfection beyond that which is common in most college offices. Further, there is need to ensure safe retrieval and disposal of biohazards. There is a risk management issue in not ensuring that housekeeping staff in the medical clinic have special training and supplies.

Key Issues for the Site Review Team to Address: (As Identified in the HWS Self-Study Report)

1. *Review the services we offer.*

Comments: The review team spent a great deal of time discussing this issue. We believe that SLCC students are fortunate to have access to an array of critical health services that support student success. It should be noted that many community college students don't have access to such care. The staff of HWS should be commended for being able to provide such extensive support with such a small health fee.

As noted in the comments above, we support the exploration of developing access to a psychiatric consultant and to seeking a way to provide learning disability assessments. These services are costly and would require additional resources and/or reprioritizing existing services.

The review team discussed massage therapy at length. We recognize that holistic wellness is very valuable in enhancing student success. We realize that very few college health centers offer routine massage therapy. We understand that the students are very fond of the availability of massage therapy and that massage is often used as a way to "get students in the door." However, there was no empirical evidence provided that supports the notion that students who come in for massage will ultimately access other HWS services.

Overall, the consensus of the review team is that HWS does need to examine its priorities with regard to services. If additional financial resources are not available, the staff needs to determine whether massage is more important than psychiatry and/or a learning disability evaluator. The question must be asked as to which services will ultimately support student success the most. It would be great to offer it all, but is that financially feasible?

If it is determined that massage is critical to the success of the program, then alternative ways of providing it can be considered. Could HWS eliminate the free session? Could half hour sessions be offered instead of full hour sessions? Could HWS offer more frequent 10 minute chair massages in public locations instead of private sessions? If massage is a key element of marketing HWS, wouldn't chair massages in the Student Union reach far more students than an individual one hour massage? These are important questions to consider.

The team also discussed the need to rebrand, rename, and aggressively market the entire HWS to increase awareness of the resources available.

2. *Array of services -- are there any services, (based on the CAS Standards), which we should be providing that we are not currently providing?*

Comments: As noted earlier in this report, the Counseling Service should give serious consideration to exploring greater community outreach. Outreach, education, and brief

psycho-educational workshops are a common part of counseling programs throughout the country. While individual therapy is critical, outreach allows counselors to impact greater number of students and provide skills for success. Also, as discussed above, psychiatric consultation, learning disability evaluations, and ADHD/ADD testing and treatment would add great value to the program.

3. *Quality of services -- how can services be improved?*

Comments: Given the nature of this review process, it is difficult to make any specific statements about quality of care. We didn't review any clinical records nor did we see any patient satisfaction data or reports. As noted above, to be able to demonstrate that "quality care" is being provided, several processes should be instituted such as peer chart review, clinical case conferences, participating in benchmarking studies, routine patient satisfaction surveys, and participation in the CCAPS program in the Counseling Service. In short, HWS could benefit from exploring the implementation of some type of Quality Management program. Additionally, Medical and Counseling Services needs to maintain a standard operating manual or policy and procedure manual. Such manuals should utilize current research findings and references from medical and mental health literature. Examples include "Up to Date" online resource as well as practice guidelines published by various professional organizations such as the AANP, AAFP, and APA. This would enable HWS to provide consistent evidenced-based treatment and truly demonstrate that quality care is being provided. These manuals should be reviewed and updated periodically and include training similar to the recommendations made regarding HIPAA and OSHA.

4. *Access to services -- are there student populations that are under-targeted, underserved or not able to afford our services, and what would it take to remedy these issues?*

Comments: This issue has been addressed throughout this report. HWS could benefit from implementing a needs assessment of the student body to see what services students need, want, and would access. Once that is determined, the staff of HWS in consultation with college administrators can determine the scope of services it can reasonably provide within the funding structure. No college health center is able to meet the health and mental health needs of all students. HWS needs to determine what services are most critical to student success and which they can afford to provide. By establishing a "scope of care," HWS can make clear to the student body what it can and cannot provide.

5. *Analyze our current funding structure. Does the current balance of funding from student fees and general funds allow the department to recruit and retain qualified professional staff, give merit raises to current staff, provide opportunity for growth of available services, and assure high quality services to our students?*

Comments: It is very clear to the review team that HWS provides an amazing amount of service for a very low per-student cost. Obviously, increasing the health fee would allow increased services. However, as noted above, it would be important to use data to determine which services are most needed and which are most critical to student

retention and success. The current funding is allowing HWS to meet the demand for counseling service in a timely manner. In addition, medical visits are often not fully utilized at all sites. This would suggest that there isn't an immediate shortage of funds.

In discussion with the student leaders, it appears that there is little engagement with HWS other than the powerful decisions they make during the Student Fee hearing. There seemed to be a general lack of knowledge regarding how the student fees were allocated and how it impacted a fee-based service (including limitation of services, staff, merit raises, equipment, etc.) The students did not appear to understand the direct impact on services when funding requests were not approved or enrollment declined. We would recommend facilitating an ongoing initiative to engage student leaders to expand their knowledge of HWS. This would be particularly important prior to fee hearings, but also throughout the year. An example might be to produce a brief document outlining current HWS visit statistics, budget and space constraints, strengths and challenges, recent satisfaction surveys or needs assessment data.

6. *Provide suggestions for best use of limited funding.*

Comments: We have addressed this question numerous times in the pages above. Conducting a needs assessment and identifying priorities should help accomplish this. Additionally, there would be value in creating partnerships with community specialists and/or full-service clinics to provide services at discounted costs for medical specialty care, imaging, extensive laboratory testing, etc. Bidding for services such as laboratory and imaging (within the confines of the college contracting system) may also achieve some cost savings for HWS and students.

7. *Make recommendations for ideal staff-to-student ratios. Is our staffing pattern adequate to provide the array of services of a health and counseling center in accordance with current practices?*

Comments: There are no "ideal" ratios applicable to all of college health. For instance, the students at a small, rural, four-year residential college will have very different needs than an urban, two-year commuter college in which most students are living with their parents. It is critical to determine the unique needs and resources of the particular student body. For instance, during our site visit, the team was struck by the differing nature of the students at South City versus Jordan. While it is "nice" to offer all services at all campuses, does that meet the best needs of the student body? As an example, could it be that most Jordan students are adequately insured and are accessing health services through their local family doctor? Perhaps it would be better to increase services at South City and reduce them at Jordan. We don't have the solution but we do recommend that a careful analysis could answer these types of questions.

8. *Make suggestions for the website. Are there areas of content and information that are not on our website that should be? Are there recommendations for making the website more user-friendly?*

Comments: This issue was addressed above. It is clear that the website could be more helpful and provide more useful information. One solution is to hold some focus groups or conduct some surveys to determine what students want or need. As an example, at the institution of one reviewer, a survey revealed that students use Google to access health information and all they wanted from the health service website was detailed information about the services and costs.

9. *Assess our interdepartmental relations. Are there departments we could be working with better to meet their and their students' needs*

Comments: Interdepartmental relationships are clearly a strength of HWS. The staff and programs provided are widely respected and valued by the other units of the college. A recurrent theme that came up during the review team site visit is the opportunity to improve contact and communications with faculty. Reaching out to faculty can help increase awareness of HWS services and help them guide students who need assistance to the appropriate resource. One idea was to develop a postcard marketing material that could be sent to all faculty members, including adjuncts. Another suggestion is to develop brief workshops for faculty on topics of relevance such as, "Identifying and Supporting Distressed Students" or "Top Barriers to Student Success." By providing relevant training to faculty, ultimately it will help increase awareness of and referrals to HWS.

Another noted strength is the "Exercise is Medicine" program that has been initiated with the Health & Lifetime Activities Department. This initiative is a positive collaboration and will be a great service to students. Other opportunities to enhance collaboration include getting HWS involved in the Faculty Senate, attending academic departmental meetings, and otherwise engaging faculty. Also, there is value in reaching out to other student clubs besides the SHAC to get HWS involved in a broad base of activities- movie nights, fun runs, blood drives, health fairs, weight loss challenges, etc. There appears to be opportunities to develop active collaborations with other allied health fields such as Nursing, Dental Hygiene, and Physical Therapy. HWS could work to develop joint promotions or services and perhaps serve as a clinical training site for Medical Assistant externs and Nurse Practitioner students.

Summary and Key Recommendations

Strengths

The leadership and staff of HWS are providing an impressive array of integrated healthcare services to support the success of the SLCC student body. They are doing this with limited resources and a very small budget for the size of the institution and the student body. The staff is comprised of dedicated professionals who are well respected by their peers and their institutional partners.

Recommendations

1. **Comprehensive Needs Assessment:** The HWS should work with Institutional Research to do a complete survey of students' needs, desires, and interests around health and wellness. It would aid in advocating for more resources and services if there were concrete data to share with administration and the student fee committee. HWS has done an admirable job providing a range of services for a very small fee. With limited resources, it would be helpful to have the data to ensure that the right services are being provided in the best possible place. Surveying the entire SLCC student body would help achieve that goal.
2. **Scope of Care and Prioritizing:** It is impossible for higher education wellness programs to be all things to all students. When resources are limited, student wellness programs need to ensure that they are using their resources wisely to impact student retention and success. HWS should consider developing a carefully thought out "Scope of Care" document to determine which are the services most critical to ensuring student success. That includes what type of healthcare, counseling, and wellness programming will most support the educational mission. There are no absolute "right" answers to this question. The decisions can be made based on the findings of the needs assessment and the unique issues that arise on each campus of SLCC. Ultimately, this analysis should include a discussion of the relative value of each service with a determination of priorities.
3. **Enhance Quality Improvement Protocols and Outcome Measures:** The staff of HWS is comprised of well-regarded and respected healthcare professionals. The review team does not doubt that they are providing quality care. However, in the healthcare industry, concepts such as "quality care" must be back up by evidence. It is recommended that HWS devote some time and resources to developing standardized patient satisfaction measures, clinical peer review, outcome measurement, and quality improvement programs consistent with standards identified by organizations such as ACHA. Further, there is a need for clear policy and procedure manuals to guide the operation of both the medical and counseling services. This will help standardize processes and to demonstrate and ensure quality care.
4. **Advocate for Increased Resources/Seek Alternative Funding:** As noted throughout this report, the staff of HWS is providing a remarkable amount of service to a diverse student body at three campuses with a relatively small budget. A health fee of \$13.50 per semester is undoubtedly lower than most institutions. Further, varying enrollment makes budget and strategic planning very challenging. The staff of Student Affairs and HWS needs to advocate and lobby the College administration and the Student Fee Committee to ensure ongoing, stable funding regardless of

minor variations in enrollment. It is difficult if not impossible to recruit and retain healthcare professionals in such an unstable environment. HWS must initiate stronger collaborations with key student leaders to educate them more fully on the impact of funding decisions. It is also suggested that the staff of HWS and the administration of the College lobby the legislature for hard funding for counseling services with the idea that student fee funding could be reallocated.

5. **Enhance Awareness of HWS and Increase Marketing:** One issue not addressed elsewhere in this report is the issue of marketing and promotion of HWS. One of the most consistent messages identified during the site visit is the lack of general awareness of the services provided by HWS. The “Needs Assessment” recommended above could hopefully gather additional information about student awareness of HWS. However, the general perception is that most students aren’t aware of the availability of services. It is recommended that HWS work with the college marketing department to come up with a consistent ‘brand identity’ and ideally an extensive, cohesive, marketing plan.

Summary Statement

The review team appreciated the opportunity to participate in this process and have the opportunity to interact with so many hard-working and dedicated professionals. We hope that the observations and recommendation shared here will help to further the excellent work already being done by the staff of the HWS.