

Health & Wellness Services

Program Review Self-Study

— May 2015 —

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Introduction

We began this journey of departmental self-study with an all-day staff retreat to discuss the program review process and to solicit input on the department's and individual units' mission and vision statements. We had break-out sessions to discuss the core functions and purpose of each of our individual units. While we had a core self-study team consisting of Lorri Castro-Zenoni, Director, Mark Francom, Medical Clinic Manager, Scott Kadera, Counseling Manager and Tatiana Burton, Health Education and Promotion Manager, every member of the Health and Wellness team was asked for input throughout the process.

At our annual retreat, we discussed changes to our current name of Health and Wellness Services (HWS) to another name that would be more inclusive of the services that we offer to students and staff. Three names surfaced from this discussion: *Health and Counseling Center*, *Health and Counseling Services* and *Center for Health and Counseling*. We assigned staff to review the names of integrated health model systems in the college health community, designated staff to implement focus groups to discuss potential name changes and conducted assessments for patients and clients in our office for their input. We also presented the potential name change to the Student Association Executive Council and the Dean of Students' Executive Leadership Team. We had another name, *Health, Wellness and Counseling Services*, surface from the surveys and added that to the discussion. We had another meeting with Health and Wellness staff to review the findings and make a final name recommendation. The name that was overwhelmingly accepted by all groups was *Center for Health and Counseling*. The name was submitted to the Assistant Vice President of Student Life and the Vice President of Student Services for consideration. We are still waiting on the result of this request.

I. Mission, Goals, Outcomes, Philosophy

Health and Wellness Services (HWS) began in 1988 with an initial focus on addressing addictive behaviors under the name of Alcohol and Drug Education. Our function has shifted over time to a more comprehensive concern with overall student health, as exemplified in our current name of Health and Wellness Services.

We began by forming the first peer team in Student Services which eventually led to the formation of Peer Action Leaders (PALS) in Student Services. As the second director took the helm, our focus began to shift to healthy lifestyle promotion. Since then, we have had seven directors who have overseen our transition from the infancy stage of a band-aid station to a fully functioning, integrated medical, counseling, health education and massage therapy center on three different campus locations (Taylorsville Redwood, Jordan and South City). We were originally funded with grants and soft dollars until the students decided to support our department through the allocation of designated student fees.

Mission Statement

Health and Wellness Services is a college community partner promoting and supporting student success and personal development by providing quality, accessible, affordable, culturally sensitive and confidential services through an integrative and collaborative approach to medical care, mental health counseling, health education and massage therapy.

Our previous mission statement was revised in this self-study process. We had an overall department mission statement, with a separate mission statement for each unit within our department. As a group, we decided to revise it to one mission statement for the department and then develop individual unit purposes (see Section II). We were able to meet as an entire staff and discuss our mission and how it supports the College's mission. We initiated the process at our annual staff retreat and made revisions through additional staff meetings to come up with the current mission statement that you see above.

Health and Wellness is able to meet the needs of our students through four distinct units within our department. Those units are:

- Medical Clinic,
- Counseling,
- Health Education and Promotion, and
- Massage Therapy

Overarching Goals

With four distinct units in our department, we strive to meet the needs of our college community by:

- advancing the health of students and contributing to the creation of an institutional and community climate of health, inclusivity and equity;
- advancing the connection between the academic mission of Salt Lake Community College and the well-being of students;
- creating a healthier and safer campus community;

- coordinating and collaborating with the college community to offer programs and services to meet the needs of our higher education community; and
- enhancing overall educational experiences of students by promoting learning and development outcomes that are purposeful and holistic to prepare students for satisfying and productive lifestyles, work and civic participation.

Health and Wellness Services' mission and goals fulfill several components of the College's strategic plan. The department's focus on student learning and development aligns with Strategic Priority I: Enhance Quality Education. Our efforts to promote the health and well-being of students support Strategic Priority II: Improve Student Access and Success. We rely heavily on professional standards, ethics and evaluation to continually ensure quality services, which supports Strategic Priority III: Advance a Culture of Evidence and Accountability.

SLCC's Learning Outcomes Supported by HWS

Health and Wellness Services supports several of Salt Lake Community College's learning outcomes. They are listed here (according to SLCC's numbering scheme) along with the individual units that work most closely with these outcomes.

2. Communicate effectively.

C. Understand and use the elements of effective communication in interpersonal, small group and mass settings. (Counseling, Health Education and Promotion). An example would be our Student Health Advisory Club (SHAC) meetings that plan and evaluate programs and events.

4. Think critically and creatively.

A. Reason effectively using available evidence, and are aware that knowledge is dynamic and builds on new evidence and alternative perspectives. (Medical Clinic, Counseling, Health Education and Promotion, Massage Therapy)

B. Demonstrate effective problem solving. (Medical Clinic, Counseling, Health Education and Promotion, Massage Therapy)

C. Engage in creative thinking, expression and application. (Counseling, Health Education and Promotion). An example would be the development of programs and activities that teach preventative health skills.

D: Engage in reflective thinking and expression. (Medical Clinic, Counseling, Health Education and Promotion, Massage Therapy). An example would be the promotion of students' self-awareness and self-disclosure during the counseling process.

E. Demonstrate higher order skills such as analysis, synthesis and evaluation. (Medical Clinic, Counseling, Health Education and Promotion)

F. Make connections across disciplines/departments or services. (Medical Clinic, Counseling, Health Education and Promotion, Massage). An example would be collaboration with other departments and clubs for major events.

5. Develop the knowledge and skills to be a campus and community engaged learner and scholar.

A. Understand the natural, political, historical, social and economic underpinnings of the local, national and global communities to which they belong. (Medical Clinic, Counseling, Health Education and Promotion). An example would be the application of a feminist approach in working with some students in counseling.

C. Identify and articulate the assets, needs and complexities of social issues faced by local, national and global communities. (Medical, Counseling, Health Education and Promotion). An example would be educating the campus community about Ebola and infectious disease facts.

D. Evaluate personal strengths, challenges and responsibility for effecting positive social change in local, national, and global communities. (Medical Clinic, Counseling, Health Education and Promotion)

E. Draw upon campus and community based learning to develop professional skills and socially responsible civic behaviors. (Medical Clinic, Counseling, Health Education and Promotion)

F. Engage in service-learning for community building and an enhanced academic experience. (SHAC, PALS). An example would be the service learning work of our SHAC and PALS students in the community with the American Red Cross and ARUP labs.

6. Develop the knowledge and skills to work with others in a professional and constructive manner.

A. Engage with a diverse set of others to produce professional work. (HWS Staff)

B. Interact competently across cultures. (HWS Staff)

C. Understand and appreciate human differences. (HWS Staff)

D. Understand and act on standards of professionalism and civility, including the requirements of the SLCC Student Code of Conduct. (HWS Staff)

7. Develop computer and information literacy.

B. Gather and analyze information using technology, library resources and other modalities. (Health Education, Medical, PALS, SHAC). An example would be the conduction of research for programs and awareness campaigns (e.g., Great American SmokeOut).

Theories and Philosophies

Although we use a variety of theories and philosophies that guide each unit within our department (see Section II), we also operate with a number of principles that are overarching to our entire department. Some of the major departmental principles include

- community-based services;
- preventive care;
- comprehensive and integrated health care;

- multi-disciplinary approach;
- retention and success of students;
- evidence-based practice;
- compliance with pertinent statutes, regulations and standards; and
- the interconnection of health, inclusivity and equity.

According to the World Health Organization (<http://www.who.int/en/>), health is a state of complete physical, mental, and social well-being and not merely the absence of infirmity. This definition has not been amended since 1948. A healthy community as described by the U.S. Department of Health and Human Services *Healthy People 2020* report (<http://www.healthypeople.gov/>) is one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential. A healthy college is one that is designed and built to improve the quality of life for all people who learn, work and play within the campus community.

The culture of a healthy college community may improve people's health by

- increasing physical activity,
- reducing injury,
- increasing education regarding healthy lifestyles,
- decreasing mental health stresses,
- strengthening the social fabric of a community, and
- improving access to health services.

Our staff strive to improve and enhance their own professional development to meet the needs of a healthy college community by participating in a variety of professional organizations. These include the American Academy of Nurse Practitioners (AANP), American College Health Association (ACHA), American College of Lifestyle Medicine (ACLM), American College of Sports Medicine (ACSM), American Counseling Association (ACA), American Society for Public Administration (ASPA), Association for University and College Counseling Center Directors (AUCCCD), American Massage Therapy Association (AMTA), Health Education Association of Utah (HEAU), International Association of Trauma Professionals (IATP), Student Affairs Professionals in Higher Education (NASPA), National Association of Cognitive-Behavioral Therapists (NACBT), National Association of Social Workers (NASW), National Certification Board for Therapeutic Massage and Bodywork (NCBTMB), Utah Nurse Practitioner Association (UNP), Utah Psychological Association (UPA) and Women in Private Practice Guild.

Our individual units of Medical Clinic, Counseling, Health Education and Promotion, and Massage Therapy each has their own theories and philosophies that guide their operations and will be described in the Functions, Programs and Services section.

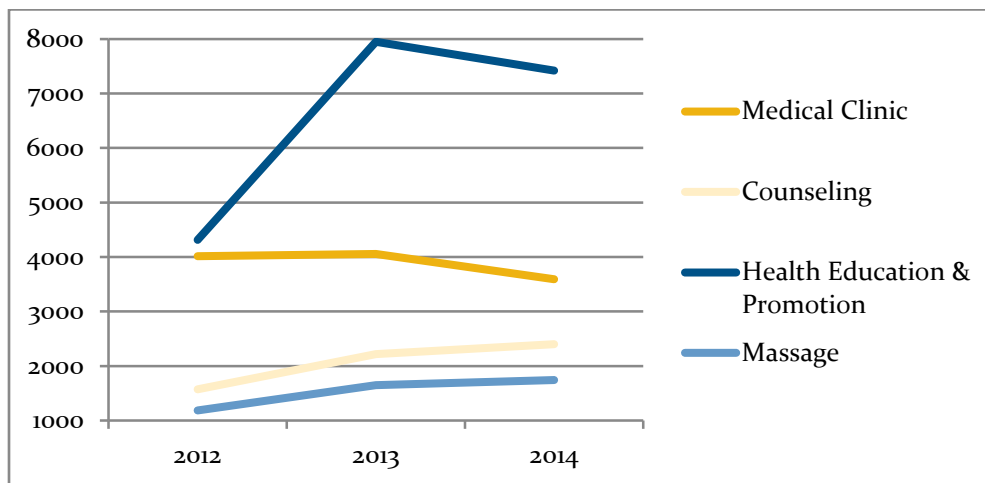
II. Functions, Programs and Services

There are many kinds of tests in college, beyond those for which students receive an academic grade. Such tests can include social and sexual pressure and temptations of alcohol, drugs and unhealthy foods. Students may be challenged with getting enough sleep and may feel stressed from trying to balance classes, homework, home life, work life, athletics and leadership opportunities.

Health and Wellness Services (HWS) is able to meet the health needs of our students in many different ways. Our four units focus on the whole student, both body and mind, and offer accessible and affordable health care to prepare students for satisfying and productive lifestyles. The HWS units are the Medical Clinic, Counseling, Health Education and Promotion, and Massage Therapy.

The line graph below compares the trends in the number of appointments by unit over the past three fiscal years (2011-2014).

**Health and Wellness Services
Trends in the Number of Appointments Served by Unit 2011-2014**



The table below depicts the actual number of appointments in our offices by unit as well as overall, during the past three fiscal years (2011-2014).

Actual Number of Appointments Serviced by Unit

	07/01/2011-6/30/2012	07/01/2012-6/30/2013	07/01/2013-6/30/2014
Medical Clinic	4012	4057	3589
Counseling	1574	2217	2402
Health Education & Promotion	4314	7950	7420
Massage Therapy	1182	1648	1743
TOTAL	11082	15872	15154

Philosophy

Medical Clinic

The purpose of medical health care services is to provide, promote and support individual healthcare through clinical preventive services, clinical treatment for illness, patient education and public health initiatives as stated in the CAS (Council for the Advancement of Standards) Professional Standards for Higher Education (Eighth Edition, 2012). Our services advance and maintain the health of students, staff and faculty, thereby enhancing the educational experiences and overall learning environment at SLCC.

Clinical services are built around a skilled, integrated professional team consisting of family nurse practitioners, medical assistants and receptionists. Family nurse practitioners provide preventative care and physical exams; they evaluate, diagnose, and prescribe treatments, including medications, for acute and chronic illness and disease. These characteristics exemplify our services and are consistent with the mission of health care and our educational environment:

- A spectrum of services that supports the learning mission of our campus community;
- Ease of access to cost efficient services;
- student-centered services;
- continuity of care for our college community;
- evidence of measures of quality and the use of recognized standards;
- evidence-based practice, compliant with pertinent statutes, regulations and professional standards;
- leadership during a health-related crisis;
- advocacy for a healthy campus community by providing leadership on policy issues regarding; health risks of the population in the context of the learning environment;
- student involvement in advising programs goals, services, funding and evaluation;
- support for a diverse college community;
- professional excellence, responsiveness, and ethical practice; and
- support for social justice, human dignity and respect for all.

Counseling

The delivery of counseling services on college campuses is generally guided by the community mental health model which emerged in the 1960s. This model grew out of the community mental health movement, which was grounded in the idea that community members have a responsibility to provide for the well-being of their own members and that they should do so in the most socially inclusive way.

The key principles of the community mental health model as it has evolved today include

- community-based services for a defined population,
- education and prevention services,
- a multidisciplinary team approach,
- early identification and intervention, and
- community consultation and collaboration.

The community mental health model informs the delivery of counseling services to our students, staff and faculty at SLCC in a number of ways. Accessible and affordable on-campus services by licensed professionals specifically trained in the mental health issues of college students exemplifies the principle of community-based services for a defined population. Outreach presentations to students, faculty and staff exemplify the principle of education and prevention. Training of faculty and staff to recognize signs of mental and emotional difficulties in students and to refer them for appropriate treatment exemplifies the principle of early identification and intervention. Finally, relationships with various members of the college community (e.g., participation on the SLCC Behavioral Intervention Team (BIT)) exemplify the principle of community collaboration and consultation.

Health Education and Promotion

The purpose of health education and promotion services is to provide prevention, wellness, and risk-reduction programs and initiatives; to promote and support healthy lifestyle behaviors through individual and environmental prevention strategies; and to enhance overall educational experiences by promoting student learning and development outcomes. Health promotion is “the process of enabling people to increase control over, and to improve, their health” (WHO, 1986). Health education provides “consciously constructed opportunities for learning involving some form of communication that is designed to improve health literacy” (WHO, 1998). This includes improving knowledge and developing life skills, which are conducive to individual and community health. These definitions and other evidence-based planning models and theoretical structures are imperative to the functions of Health Education and Promotion Services. Health promotion programs and wellness initiatives are based on the following American College Health Association’s (ACHA) guiding principles outlined in the Standards of Practice in Health Promotion in Higher Education:

- Health is the capacity of individuals and communities to reach their potential.
- The specific purpose of health promotion in higher education is to support student success.
- Institutions of Higher Education (IHE) are communities.
- Health promotion professionals in higher education practice prevention.
- Health promotion in higher education is facilitating, rigorous, and inclusive (ACHA, 2012).

Health Education and Promotion develops and delivers programs based on the program-planning model, PRECEDE-PROCEED. Lawrence Green and Marshall Kreuter, authors of *Health Promotion Planning: An Educational and Ecological Approach, Third Edition*, state, “The identification of priorities and the setting of objectives in the Precede phases provide the objectives and criteria for policy, implementation, and evaluation in the Proceed phases” (1999, p. 35). PRECEDE is an acronym for *p*redisposing, *r*einforcing, and *e*nable constructs in educational /ecological *d*agnosis (now referred to as assessment) and *e*valuation. PROCEED stands for *p*olicy, *r*egulatory, and *o*rganizational constructs in educational and environmental *d*evelopment. “The underlying approach of this model begins by identifying the desired outcome, to determine what causes it, and finally to design an intervention aimed at reaching the desired outcome” (Mc Kenzie, Neiger, and Smeltzer, 2005, p.18). This model along with the socio-ecological, behavior change and public health models guide the programs and services of Health Education and Promotion.

Massage Therapy

Many people receive therapeutic massage and bodywork for pain relief, rehabilitation, relaxation, and physical or mental rejuvenation. Together, therapeutic massage and bodywork provide many physiological and psychological benefits. Massage therapy and bodywork

- ease tension and help people cope with stress more effectively;
- slow racing thoughts and worries, help individuals reconnect with their body, and bring attention to the mental and physical needs of their bodies;
- promote a sense of wholeness and help enhance one's self-image while keeping energy levels high; and
- are effective in preventing illness and other physical ailments when received on a regular basis.

On a physiological level, massage therapy and bodywork have a number of goals. They increase circulation to all areas of the body, primarily to the muscles that are directly manipulated. Better circulation translates to more oxygen and nutrients for body tissues. Therapeutic massage and bodywork relieves muscle spasms; prevents muscle tears, sprains, and strains; increases flexibility; and enhances athletic performance. In addition, massage therapy and bodywork directly and indirectly affect every system of the body to promote health, to prevent illness and injury, and to speed recovery.

The ancient physician, Hippocrates, applied massage as one of his basic therapeutic tools. The massage session, as depicted below, is based on his method serving the harmony and rejuvenation of the body.



We are fortunate to offer this service to our students and college community. Our college community feels the same. Our massage appointments usually book up very quickly. As we only have one room for massage at the Taylorsville Redwood Campus and one room at the South City Campus, it is not uncommon for students to have to book at least one month in advance for an appointment. We average about 100 massages per month in the fall and spring semesters and about 60 per month in the summer semester.

Core Functions and Services

Medical Clinic

The Medical Clinic serves SLCC students and employees through four core functions: advocacy and education, assessment, prevention, and treatment. The following are activities to implement each of the core functions:

- *Advocacy and Education*
 - Contribute to the general education of students by promoting physical, psychological and social health.
 - Define educational goals consistent with nationally developed health care objectives (Healthy People 2020).
 - Identify resources in the community.
 - Inform and educate the college community.
- *Assessment*
 - Assess the health needs of the individual and the college community.
 - Investigate the occurrence of health effects and health hazards in the community.
 - Analyze the determinants of identified health needs.
 - Plan and develop policies to address priority health needs.
 - Evaluate programs and services and provide quality assurance.
- *Prevention*
 - Provide immunizations and vaccinations.
 - Offer Wellness Packages.
 - Conduct well exams and provide preventative care.
 - Provide education and anticipatory guidance for common health concerns.
- *Treatment*
 - Diagnose and treat acute illness.
 - Assist with chronic disease management.
 - Prioritize health needs.
 - Monitor health of individuals.

As an integrated medical clinic dedicated to serving the health needs of the college community, we are committed to reflecting on both the strengths and challenges of our unit.

Strengths

Electronic Health Record and Patient Management System-Medicat. We currently utilize an electronic health record and patient management system called Medicat designed specifically for college health centers. The electronic health record system provides a number of benefits:

- improvement of clinical workflow,
- elimination of 'lost' records/charts,
- accurate reporting and documentation,
- security and HIPAA compliance,
- adherence to wellness guidelines and alerts, and
- trend analysis for our campus.

The patient management system provides the following benefits:

- accurate record-keeping,
- up-to-date student upload information from college system (Banner),
- enhancement of patient care,
- inventory management,
- improvement of staff productivity,
- detailed financial reporting, and
- seamless integration with Mediat EHR.

Health Information Portability and Accountability Act (HIPAA) Compliant Entity. Title II of HIPAA, known as the Administrative Simplification (AS) provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers. We are considered a HIPAA compliant entity as we transmit information electronically and bill third-party insurance for our international student insurance plan. We have a HIPAA compliance officer in our office and we follow HIPAA guidelines. We also follow the Family Educational Rights and Privacy Act (FERPA) and Utah's Government Records Access and Management Act (GRAMMA) requirements as appropriate to our unit.

In-House Lab. We maintain a Clinical Laboratory Improvement Amendments (CLIA) waived testing laboratory in each clinic. The routine laboratory procedures are performed on site by trained clinical assistants who collect and prepare specimens for more complex procedures. Rapid strep antigen tests, qualitative rapid pregnancy tests, stool guaiac (fecal occult blood test), urinalysis, glucose and other CLIA waved tests are available onsite. Advanced and/or complex test procedures are available through several contracted vendors.

Integrated Care. Integrated care is a worldwide trend in healthcare reform. The WHO defines it as a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care and health promotion. It is a means to improve services in relation to access, quality, user satisfaction and efficiency. Our patients benefit by having one department that offers medical and behavioral care as well as health education and promotion and massage therapy. Our staff benefits in that they can rely on other health professionals in our department to provide quality care to their patients.

Standard Operations Manual (SOM). We maintain a SOM that guides our daily operations of the Medical Clinic. It is housed on a shared drive within the department so all employees have access at all times. Each medical clinic employee is asked to read and review the SOM as part of their new hire orientation.

Challenges

There are also several challenges to our medical model. We welcome challenges and view them as opportunities to enhance the services that we offer.

Student/Staff Ratio. We currently have three full-time family nurse practitioners and three full-time medical assistants for the entire college community. Medical clinics are located at three campuses (Taylorsville Redwood, Jordan and South City). The ratio of health care providers to students, staff and faculty is not sufficient for our population with an average FTE of 30,000 students and 3,200 staff and faculty.

International Students' Immunization and Vaccination Requirements. Although the College stipulates certain immunization and vaccination requirements for international students, there is limited enforcement of this policy. As a department, we have had difficulty getting complete lists of enrolled international students. Without a comprehensive list at the beginning of the semester, we have no method to verify compliance. We only immunize and vaccinate those who walk in our doors. During this self-study, our department has agreed to be the enforcer of this policy, as International Student Services has not had the staff to take on this responsibility. The Immunization Compliance Manager in Medcat will allow us to monitor the progress of those who are compliant and non-compliant. We have improved relationships with International Student Services so we can meet the requirements of the College and to maintain the health and safety of our community. Both the Nurse Practitioners and Medical Assistants have attended the international students' orientation to assist international students in understanding the immunization requirements as well as to introduce them to the staff so they are comfortable visiting our office. We will need to work diligently and cooperatively with International Student Services to maintain up-to-date lists every semester and to utilize the Immunization Compliance Manager component.

Immunizations offer safe and effective protection from vaccine-preventable diseases. The College currently only requires the Measles, Mumps and Rubella (MMR) vaccination and Tuberculosis (Tb) screening for international students. The ACHA has established guidelines to support the use of vaccines to protect the health of our individual students and our campus communities. It is our thought that we should move towards the established, immunization guidelines of the ACHA. Those guidelines are attached in Appendix A.

The College also requires international students to purchase health insurance. Until August 2014, the insurance plan that international students purchased was not usable in the HWS office, as we were not a credentialed provider of this plan. This created frustration and confusion for our students, as they were required to purchase a plan to be a student on campus, yet that plan was not valid for the College's health services. In August 2014, HWS became a credentialed provider and now bills the international student health insurance plan. This has been a tremendous help for both the students and our staff, who felt uncomfortable turning students away when they had an insurance plan.

Interdepartmental Collaborations. There remains a challenge with our department and a few departments on the college campus. We have a challenge with Risk Management (RM) not completely understanding the comprehensive services offered in our department. We have had recent conversations with and invited the Director of RM to a staff meeting to start the conversation about how our departments can improve communication and coordination. A major area that involves RM and our department is the request for medical records. In this meeting, we established a clearer understanding of when record requests need to go to RM and when they can be processed within our office.

Another example would be with facilities and the cleaning of our department. Although the general maintenance of the College does not include extensive cleaning of offices and departments, our department is unique. We are required to maintain standards of care for a clean, safe environment. We need to have a conversation with facilities management to see if more extensive cleaning can be provided on a regular basis.

Staff Training. In the health care field, it is necessary that personnel are up-to-date on the latest procedures and guidelines. It can be a challenge to resources and budgets to ensure that our staff

allocate the proper time for training and professional development. With a small budget supported by student fees, we are not able to support all staff training requests. In the medical field, it is important that our staff maintains their credentials and is up-to-date on current public health issues.

Patient Demographics. We are challenged by both the individuals that we see as well as by the nature of our clientele. Our students, for the most part, are transient. At a community college, students come and go each semester. Because our patients only qualify for services if they are a current student, when they are not enrolled it is challenging for both our staff and the students to maintain consistent care for chronic conditions (e.g., diabetes, hypertension, and depression). Although our fees are extremely affordable, and we are even less expensive than or equal to the county health department, our students are on limited incomes and have limited resources. There are times when a \$10 office visit co-pay forces the student to choose between other life necessities or their visit.

Due to our limited staff and space, we are restricted in the number of appointments that we can see. Our walk-in patients are frequently turned away or asked to come back at a different time, with an appointment. We have discussed whether it would be beneficial to offer walk-in times on certain days. However, if these walk-in days and times became popular, the problem would still remain as students would have to wait to be seen.

It is a learning experience for many of our students to schedule an appointment ahead of time and to call to reschedule or cancel an appointment. We have instituted no-show fees, which has helped tremendously with our no-show rate. We have moved to an email reminder system as we do not have the staff to make reminder phone calls, which is a very cumbersome process. It was a struggle at first to make the connections with IT and our patients, as well as to train students to forward their college “Bruin-mail” to the email they check regularly, but they have adapted and this system is working out well.

Billing System. We are also limited by our billing system. We currently do not bill insurance, except for international students who purchase a plan through the College. Without the ability to bill insurance, our patients must pay for all services out of their pocket. With the development of the Affordable Care Act in 2014, we are pursuing the option of becoming a credentialed provider for many different insurance companies. This would allow us to bill our patients’ insurance and relieve the out-of-pocket expenses for our patients. On the other side, we would need to hire additional staff to maintain these billing procedures.

Counseling

The primary mission of counseling services is to assist students in defining and achieving personal, academic and career goals, and also addressing and eliminating obstacles in the way of attaining these goals. This mission, in most counseling centers, is accomplished by providing an array of services as delineated by the CAS Professional Standards for Higher Education (Council for the Advancement of Standards in Higher Education, 2012). These services include

- personal counseling,
- group counseling,
- psychological assessment and testing,
- outreach and education,
- psychiatric consultation, and
- crisis intervention and emergency coverage.

College can be a very stressful time for students, not only in negotiating traditional developmental milestones, but also in coping with more severe mental health issues resulting from a variety of life stressors. Recent national data from annual ACHA-NCHA surveys indicates a trend in that not only are more college students seeking services than ever before, but they are doing so for more serious psychiatric illnesses. Our latest ACHA-NCHA data of SLCC students from Spring Semester 2013, indicated that within the previous 12 months

- 36 percent felt so depressed that it was difficult to function,
- 53 percent felt overwhelming anxiety,
- 13 percent seriously considered suicide, and
- 3 percent attempted suicide.

Additionally, 25 percent felt that anxiety had negatively impacted their academic performance (e.g., received a lower grade), while 16 percent felt that depression had negatively impacted their academic performance (ACHA, 2013). These figures are consistent with the national average of college students.

Personal Counseling

Personal counseling services available at HWS include one-hour sessions of individual counseling, couple counseling, or both, which can be provided concurrently. To be eligible, a student must be enrolled during the semester in which they seek services. At least one member of a couple seeking counseling must be enrolled as a student. If a student has never received any services at HWS, the first session is free. Subsequent sessions are \$10 a session. Prior to being seen, students complete paperwork consisting of an Intake Information form and Consent to Treatment form (Appendix B). Counseling is generally limited to 12 sessions per academic year, but counselors can extend the number of sessions at their discretion depending on student circumstances and the availability of appointments. Students are usually able to be seen the week they call to make an appointment. Occasionally they have to wait until the following week due to lack of available appointment times, most often around mid-semester when we are busiest.

The variety of issues for which community college students seek services necessitates that our counselors be generalists in their focus and theoretical approach. These issues are often multiple and complex and include both developmental and psychiatric issues. They may include the following:

- | | | |
|-------------------------|------------------------|-----------------------|
| • academic major choice | • family conflict | • psychosis |
| • academic failing | • financial stress | • rape/sexual assault |
| • antisocial behavior | • gender identity | • self-esteem |
| • assertiveness | • grief/loss | • self-injury |
| • attention-deficit | • intimacy difficulty | • sexual identity |
| • career confusion | • learning disability | • stress management |
| • childhood abuse | • loneliness | • substance abuse |
| • cultural adjustment | • perfectionism | • suicidality |
| • depression/mania | • partner conflict | • test anxiety |
| • domestic violence | • posttraumatic stress | • time management |

Additionally, counselors must be sensitive to and able to relate to students who may vary markedly from themselves in terms of race, gender, age, religion, ethnicity, political affiliation, sexual orientation, nationality and worldview.

Strengths

Overall, HWS counselors are providing high-quality and effective personal counseling services. Data from our HWS Client Satisfaction Survey of 2012-2013 (HWS, 2013) indicates that most students have been satisfied with the counseling they have received (Appendix C). About three-fourths of students (76 percent) stated that “The counseling I received helped me solve my problems, grow as a person, and / or improve my relationships with others.” Also, two-thirds of students (67 percent) agreed that “Because of the counseling I received, I was more successful in school and/or at work.” Compare these numbers to the psychotherapy outcome research which indicates that about 40 to 70 percent of clients will show a substantial benefit from therapy, up to 10 percent will actually get worse, and the remainder (anywhere from 20 to 40 percent) will show no change (Lambert & Ogles, 2004), and our counselors at HWS as a whole are at or above average success rates. Additionally, around 95 percent of students agreed that “Based on the services I received, I would recommend Health & Wellness Counseling Services to other students at SLCC.”

Challenges

An ongoing challenge is finding ways to keep students in counseling who are clearly struggling and in need of services but who cannot afford it. Although the \$10 per session fee is a great bargain compared to normative fees of \$75-\$100 (or more) charged for counseling services in the community, it can be onerous for students with limited or no financial resources. Some students at SLCC with mental health problems are also struggling merely to afford basic necessities such as food and housing, while others are scraping by with little discretionary income. Data from our HWS Client Satisfaction Survey found about five percent of students disagreed that \$10 a session was a cost they could afford. Every semester, HWS counselors see at least a couple students on their schedules that come in for their free intake, but are unable to follow up for further counseling due to financial reasons. A temporary solution this past year was a one-year grant from the Center for Innovation for \$1,000, part of which was used to make counseling services available to students with financial obstacles. Ten different students received help from the grant to pay for counseling in 2014.

A more permanent solution would be a change in policy to identify and provide free or reduced-rate counseling services to financially-challenged students whose mental health issues are compromising their academic performance and putting them at risk of dropping out. New research demonstrates that preventing student dropout due to poor mental health is not only good for students, but also results in significant financial benefits to the institution in the form of retained and future tuition and fees that otherwise would be lost (Eisenberg, D., Golberstein, E. & Hunt, J. B., 2009). For example, if 12 free sessions were provided to a student unable to pay and at risk of dropping out, the loss in revenue to HWS is \$120. However, if the student is enabled to stay in school and attend classes the following semester as well, the loss in revenue to HWS is offset by tuition and fees to the College of \$3,468 (two semesters x \$1734). Over the course of a year, if 20 students are prevented from dropping out, the financial benefit to the College would be almost \$70,000. In recognition of the significant revenue generated by such a policy, due to higher student retention, the loss in fees to HWS could be compensated for by the College with an increase in general funds to the HWS budget.

As student demand for counseling services continues to grow in the coming years, as anticipated by national trends (Novotney, 2014), another challenge will be providing enough counseling hours to meet demand. This has not yet been a serious problem, even though counselor schedules at times border on being completely full. Students are usually able to be seen within a week. A main reason is that we do not have specified intake times, so there is flexibility to schedule new students in any open appointment slot. We have also benefitted the past several years by the availability of practicum interns who, in Fall Semester 2014, provided approximately 35 counseling hours a week in addition to those of the professional staff. As demand for counseling starts to exceed availability, the most reasonable solution would be to increase staff, although a challenge there is that we are currently at capacity in terms of available office space, with two to three counselors sharing a single office.

A tempting administrative solution to accommodate increasing demand would be to eliminate the option for students deemed in need to continue counseling beyond the general 12 session limit. However, such strict session limits would not allow an adequate amount of counseling for the small percentage of students who need more than 12 sessions. Dose-effect research over the past two decades has yielded the robust finding that only about 50 percent of clients with dysfunctional conditions make significant change by 20 sessions. Based on this data, Mike Lambert, a leading expert in dose-effect research, states in regard to length of therapy that, "... if a general session limit is set, it would be reasonable to think in terms of 20 to 25 sessions" (Lambert, 2007, p. 4). But, he also notes that "In college counseling centers, about 90% of clients have terminated by session 15" (p.4). Additionally, (Eichler and Schwarz 2010) found that "When no limits are imposed on the duration of treatment, many students will opt out on their own, often quite quickly" (p. 63). Thus, a flexible session limit does not cause most students to seek more counseling. It does, however, allow the 10 percent who do require more than 15 sessions (due to the severity of their condition or situation) the necessary time to make meaningful improvement. As noted above, this can be the key to their remaining in school.

Finally, referring some student's off-campus to community mental health providers would be another way to meet increasing demand. This would be the logical course for those students with more severe mental illnesses, who need more specialized, intense or chronic treatment. However, it is these students who are often the most underprivileged and lack a regular source of income, adequate health insurance and convenient transportation. Also, the debilitating and disorganizing nature of their mental health issues, especially when they first present themselves, can render them incapable of adequately following through with any outside referrals. Referring them out when the likelihood of their actually getting other treatment is tantamount to abandonment. In the short run, getting these students to a place where they are capable of accessing off-campus treatment would be a primary goal. At the present time, since all students have paid fees to access services, our tendency has been to try to provide as much service as we competently can.

Group Counseling

Group counseling is a useful modality for struggling students to receive support for a variety of issues, but can be especially helpful to students with deficits in interpersonal functioning. A group can provide a safe place for students to work on and experiment with a number of interpersonal skills such as setting boundaries, being assertive, self-disclosing, giving and receiving feedback, and communicating effectively. Over the past three years, several different groups have been offered at HWS on topics assumed relevant to college students' concerns,

including Mindful Awareness, Women Empowering Women, Meaningful Living, Stress Management, Hatching a New You, and Transitions.

Strengths

Group sessions are designed to assist the individual to realize that others may share the same concerns or challenges. It allows our clients to meet with others to discuss their experiences, share ideas and even provide emotional support for one another. Our HWS group sessions are offered at no cost for our students. As we know that cost may be a barrier for some students, we want to provide a solution for some students and give them an option to participate in mental health therapy without the burden of the \$10 fee.

Challenges

Only two of the groups above were successful in maintaining an adequate group size with regular attendance. These were the Mindful Awareness and the Meaningful Living groups (this latter group was based on principles from acceptance and commitment therapy). However, neither of these groups was very well attended when they were offered a second time in a different semester. The other five groups never made it off the ground, or only had one or two students in attendance at most, despite a significant marketing effort.

There are a number of possible reasons for such low student participation in group counseling. It may be that today's students do not value groups as previous generations of students have. A recurring topic at college counseling conferences is how to develop a successful group program, indicating the problem is widespread. As society continues to adapt to a growing variety of communications technology that dispenses with the need for face-to-face contact, the value of group counseling to students might come to be seen as intimidating or unnecessary. Also, groups might serve a more valuable purpose at four-year colleges where students have left home and have to build completely new social support systems, and are more prone to loneliness and social isolation if they do not. Going to school at a community college does not require students to leave their previous support systems, so they can continue to have regular contact with family, friends and familiar surroundings. In a community college setting, a group experience may not seem to add much to a student's existing resources. Another reason for the lack of success may be that the topics offered are just not as interesting or of value to students as other topics might be. Finally, the time and location of the groups could also be factors.

Conducting a focus group or surveying students who currently use counseling services might help to identify ways our groups could be more successful. But it should be noted that on the paperwork that students fill out at intake, they rarely indicate they are seeking group services. The fact that our groups have been offered free has not been an incentive for students to opt for group counseling, even though this has removed a barrier for some students who might not otherwise have been able to attend. We may want to cut back on our efforts to provide groups and focus time in our more utilized service areas like individual counseling. A disadvantage is that if we ever wanted to seek accreditation, the International Association of Counseling Services, the major accrediting body for counseling service programs, requires a group counseling component as part of direct services (IACS, 2010). Additionally, a group counseling experience is also necessary for some of our interns to satisfy their practicum placement requirements.

Psychological Assessment and Testing

Psychological assessment serves a variety of goals in a college counseling center including screening for the presence of a mental health problem, determining the severity of a mental health problem, helping to differentially diagnose a mental health problem, monitoring the progress and outcome of a student's counseling, and providing general program data which can aid in the continuing process of trying to improve the quality of services.

All formal assessment at HWS at this time is conducted using self-report measures. We do not perform any psychological testing. The measures most commonly used include the Patient Health Questionnaire (for depression), Generalized Anxiety Disorder Questionnaire, Beck Anxiety Inventory, Adult ADHD Self-Report Scale, and the PTSD Checklist–Civilian Version. Counselors use these instruments at their discretion, usually in conjunction with a clinical interview, to establish a psychiatric diagnosis when needed. A diagnosis may be needed by a student to document a mental health condition to receive ADA accommodations from our Disability Resource Center, to withdraw from classes as part of a Registration Appeal, or to assist a medical provider in making appropriate medication decisions.

Strengths

The current level of assessment is adequate for most students' needs. Because we currently do not bill insurance for mental health services (except for international students who want their insurance billed), there is no need to establish a definitive diagnosis for each student. Presenting complaints can often be addressed without the use of formal assessment; however, if needed, the instruments mentioned above can always be utilized to help round out the clinical picture. This might happen, for example, when a student is to be referred for medication evaluation, in which case the counselor might spend some time identifying a specific disorder to help the medical provider key in on the best options for prescription medication.

Challenges

One challenge is that there is no method in place to gather ongoing outcome data to help evaluate the effectiveness of individual counseling services for students. In some settings it is increasingly common for providers to gather session-by-session data to monitor clients' progress and outcome in therapy. Instruments used for this purpose, for example, include the Outcome Questionnaire 45 and the Outcome Rating Scale. Both of these measures have some limitations in terms of ease of use (e.g. the OQ-45 may be perceived as too onerous to complete prior to every session). A solution we have contemplated is the development of our own brief measure that would provide essential information with a minimum of time to complete and score. However, such a measure would lack normative data with which to interpret the results. Our ideal goal is to construct some kind of assessment questionnaire that is brief, valid and suggestive of real change occurring in a student's perception of their own functioning and well-being.

A recurrent request from students is for help in identifying the presence of any learning disorders (LD). This kind of assessment is currently not available at HWS, and points to a possible gap in services. Being able to provide diagnostic testing for LDs on campus would be a low-cost alternative for many of our students who cannot afford to purchase such testing in the community, which can cost over \$1000. The need for these services is evidenced by the regular referral to HWS of students with potential learning disorders from our Disability Resource Center. However, in order to provide competent assessment in this area, we would have to carve out necessary time in some counselors' schedules, purchase testing materials, and receive training to perform the assessments. Whether the resources of time, money and training of staff can be made available to provide this benefit to students at the present time is uncertain.

Psychiatric Consultation

As more students with serious mental illnesses continue to enroll in college (Henriques, 2014; Novotney, 2014), the need for counseling centers to be able to provide or arrange adequate medication management becomes imperative. Mental conditions, for which psychotropic medication is often a necessary adjunct to counseling, or even the primary intervention, include psychotic disorders, bipolar disorder, severe depression and anxiety disorders, and attention-deficit/hyperactivity disorder (ADHD). Mental health professionals most commonly employed on college campuses to address these issues include psychiatrists or psychiatric nurse practitioners. An alternative way college campuses can provide adequate psychiatric care is to establish a relationship with a psychiatric specialist to see students on campus on a contractual basis, or to serve as a referral source for students to be seen off campus.

Strengths

Due to the integration of mental health and medical services at HWS, it is easy for counselors and medical providers to communicate and coordinate efforts when a student is receiving both counseling and medication management for a mental health condition. Confidentiality issues are addressed by having students sign an in-house referral form, which gives providers permission to consult with each other about a student's treatment. Because this communication can occur quickly and conveniently, students' mental health needs are better served. At present, HWS medical staff are comfortable dealing with the medication management needs of those with less severe mental health issues, which are amenable to routine care and do not necessarily require psychiatric expertise, such as medication for moderate depression or anxiety. This is not the case for more complicated disorders such as schizophrenia and bipolar disorder.

Challenges

A major challenge is that currently there are no psychiatric specialists available to consult with or refer to on a routine basis. Nor does any of the current medical staff have a specialization in mental health issues. Medications that might benefit students may not be prescribed at HWS for several reasons. First, prescribers may not have the knowledge to know if a psychotropic drug would be a first choice for a student's condition. Second, the medication may be a scheduled drug, such as a stimulant for ADHD, which our prescribers (i.e., nurse practitioners) are not licensed to prescribe without physician oversight. Third, prescribers may not feel comfortable assessing the abuse potential of a particular drug for a particular student. Fourth, there may not be sufficient time to monitor for abuse of a drug if it is prescribed. And fifth, prescribers may lack training to accurately determine if a prescribed drug is having the desired effect.

Most of the potential solutions to these problems would require additional funding. One solution would be to hire a psychiatric specialist at HWS to see students with psychotropic medication management needs. Another solution would be to contract with a psychiatric specialist to be on campus for a certain number of hours per week, or month, depending on need. A third, less ideal, solution might be to establish a relationship with a psychiatric specialist in the community who, for a fee, could serve as a consultant to our prescribers as needed. A fourth solution would be to invest in education for our prescribers in medication management for mental health conditions. And finally, the least costly alternative would be to find a psychiatric specialist off-campus to whom we could refer students with psychotropic medication management needs. An obstacle to this last solution is that wait times to see a psychiatric specialist in the community can be as long as six months. Another obstacle is that it can be very expensive, especially for those students without adequate health insurance. An unknown question is how many students on campus would actually take advantage of this service if it were available. There are probably more

students than we are aware of who would use this service if offered. This is an area where future research data would be useful (e.g., we could include a question about the possibility of using this service on our intake paperwork).

Crisis Intervention and Emergency Coverage

Crisis intervention consists of on-demand counseling and intervention for students who are experiencing a crisis. A crisis is the psychological response to an event, or series of events, which exceeds a person's usual methods of coping and problem solving. Some of the more common events which can precipitate a psychological crisis include death of a loved one, loss of income, failing a class, sexual assault, domestic violence, loss of a relationship, diagnosis of a serious illness, or inability to secure basic needs such as housing and food. But, any sudden change in security and well-being can precipitate a crisis for any person depending on their perception of the triggering event and the state of their psychological and physical functioning at the time. The goal of crisis intervention is to reduce the intensity of a person's mental, emotional and physical reactions to the event and return them to their pre-crisis level of functioning. Of major concern in dealing with persons in crisis is the danger of harm to themselves or to others.

Strengths

HWS currently has an effective emergency services protocol in place to provide crisis counseling for students who request immediate services without a prior appointment. Such students are asked to complete a "pink sheet" (Appendix D) that lists nine different symptoms or situations of a serious crisis or emergency. If any of these are endorsed, arrangements are made for a student to be seen within the hour, but they can often be seen immediately. If no counselors are on duty, front staff is trained to assist the student in calling our local 24-hour community crisis line, while in our center, for support. Another option is to dispatch the community mobile crisis outreach team, available at the same number, for onsite crisis assessment in our center.

For help when we are closed, emergency coverage information is given in the recorded voice message for HWS. This includes the phone number for the 24-hour community crisis line along with encouragement to students to call it if they are in crisis. They are also encouraged to call 911 if they feel they are in an emergency. This same information is posted at our main entrance. Our local Salt Lake City 24-hour crisis line and mobile crisis outreach team services have a positive reputation in the community for being reliable and effective.

New interns are trained shortly after they begin each year in the areas of crisis intervention and suicide assessment during our counseling unit staff meetings. This training serves as a review for the counseling staff as well. Additionally, the protocol used in the training regarding risk areas to address as part of a suicide risk assessment is maintained on our shared unit hard drive.

Counselors are also aware that it is good ethical practice to routinely consult with colleagues about management of their clients with any risk of suicide. This can occur informally on an ad-hoc basis, or at our biweekly counseling staff meetings, part of which time is devoted to consulting about difficult cases as needed.

The Manager of Counseling currently serves as an integral member of the College's Behavioral Intervention Team (BIT). As a member of this team, he is made aware of students on campus who are of concern and provides feedback and consultation to other team members about optimum ways to deal with these students' apparent mental health issues and behaviors. Often this takes the form of directly contacting students to let them know about counseling services and to find out if they need help. At other times it entails providing support, information and

guidance to faculty and staff who already have a close relationship with a student and are best placed to influence them. In addition, the Manager of Counseling Services worked to develop, in conjunction with the BIT, a Student Suicide Prevention Protocol for SLCC which was implemented during Fall Semester 2013.

Challenges

One area for consideration, given the increased concern about the potential for violence over the past few years due to the Virginia Tech and other campus shootings, is that staff is not trained to perform violence assessments. We may want to get professional training in this area in the future. However, violence assessment is presently not considered an integral function of college counseling centers according to the CAS standards (Council for the Advancement of Standards in Higher Education, 2012). It should be noted that our SLCC BIT team has focused on and received training in assessing risk of violence. Additionally, if a formal violence assessment is needed on a student, both Counseling Services and the Dean of Students have a list of off-campus referral providers for this purpose.

Health Education and Promotion

Health education and promotion provides services and programs for students based on the College's strategic priorities, learning outcomes and the needs of the students, as listed in Section 1. We develop and promote programs and initiatives that educate and empower students through knowledge and skill building activities. Those services and programs support student academic and lifelong success through learning healthy sleep hygiene practices; reducing the use and abuse of alcohol, tobacco and other drugs; enhancing safety and community; supporting regular exercise; reducing unnecessary stressors; and promoting general wellness as recommended by the CAS standards (Council for the Advancement of Standards for Higher Education, 2012).

HWS conducts the American College Health Association - National College Health Assessment II (ACHA-NCHA II) every two years. The ACHA-NCHA II is a nationally recognized research survey organized by the ACHA to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits, behaviors, and perceptions on the most prevalent health topics. The institution is provided with findings within the last 12 months of students' reported factors affecting their individual academic performance. Health Education and Promotion Services provides programming based on the top ten academic impacts from the ACHA-NCHA II data. During the 2012-2013 school year, SLCC students reported the following top ten academic impacts:

1. Stress – 33.3%
2. Anxiety – 25.0%
3. Work – 22.0%
4. Sleep difficulties – 21.8%
5. Cold/Flu/Sore throat – 17.6 %
6. Concern for a troubled friend or family member – 17.6%
7. Depression – 16.2%
8. Finances – 13.6%
9. Relationship difficulties – 13.6%
10. Attention Deficit/Hyperactivity Disorder – 11.5%

Health education and promotion identifies and assesses relevant student learning and development outcomes consistent with the College's learning outcomes when providing inclusive services and programs. For instance, learning outcomes for participants in our sexual responsibility program include thinking critically and creatively through engaging in reflective thinking and expression by participating in communication exercises (role-playing, identifying consent, and building healthy relationships).

Inclusivity is a goal in all of our services. Health Education and Promotion Services staff is Safe Zone trained, and HWS is a designated Safe Zone for the college community. The Safe Zone program "was created to develop, enhance and maintain environments in workplaces, schools and other social settings that are culturally competent and supportive to Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) individuals, as well as straight, cisgender people who care about diversity, equality and inclusion" (SafeZone Training Programs, 2012).

Health Education and Promotion Services works with student groups, provides consultations and presentations, and conducts programs on the following topics: alcohol prevention, tobacco cessation, sleep health, healthy lifestyles and love your body month, sexual responsibility and stress management.

Student Groups. Health Education and Promotion Services' staff supervises and trains two student groups: Student Health Advisory Club (SHAC) and Peer Action Leaders (PALs) Health and Wellness team. SHAC, composed of student volunteers, informs and educates peers on how to adopt healthy lifestyle behaviors through knowledge and skill based activities. SHAC members receive Certified Peer Education (CPE) training consisting of nine modules, published by the Boosting Alcohol Consciousness Concerning the Health of University Students (BACCHUS) Initiatives of NASPA. The training covers topics such as strategies for change in high-risk behaviors, responding and referral skills and self-care methods.

PALs are students who receive scholarship tuition waivers for leadership and service opportunities. PALs serve within the three Student Services departments of HWS, Disability Resource Center, and Office of the Registrar and Academic Records. PALs receive modified leadership and mentoring training from the CPE.

Strengths

The CPE training is a nationally recognized training that educates and equips students with knowledge and skills to serve as peer educators on campus and in the community. The training helps students better understand the peer education role, skill-based development activities, and motivational interventions. The leadership training presented to PALs prepares students for satisfying and productive lifestyles as well as work and civic participation.

Challenges

Challenges to training student groups include turnover rate of students, students' schedules, and times of trainings. Usually the SHAC board members are committed to the club for two years, but some students are on a semester basis. This makes it difficult in that the staff is constantly retraining new students. Students' schedules significantly reduce the amount of time we spend training. The majority of trainings are offered during the summer months and fall semester; therefore, students who join after the fall semester do not receive the same in-depth training as their peers.

Consultations. Health Education and Promotion Services offers consultations and counseling to students seeking educational resources regarding adopting healthy lifestyle behaviors. Clients learn how to reduce use and abuse of substances related to Alcohol, Tobacco and Other Drugs

(ATOD), improve sleep hygiene practices, reduce unnecessary stressors and manage stress, cultivate healthy eating and exercise habits, promote sexual responsibility, and support tobacco cessation. Health Education and Promotion Services' staff also provides Latent Tuberculosis (TB) counseling, which is a requirement for clients who have had a positive TB skin test or QuantiFERON TB blood test and negative or normal chest x-ray as CDC guidelines recommend. Health Promotion Services uses motivational interviewing during consultations to guide students to adopt healthy attitudes and behaviors.

Presentations. Health Education and Promotion Services offers presentations upon the request of faculty and staff. Health Education and Promotion Services' staff develops presentations on: stress management, ATOD, sexual responsibility, sleep and sleep hygiene and on Health and Wellness Services. These presentations provide information and resources to assist students in making informed, healthy decisions to improve academic success and personal health and wellness. Providing presentations in classrooms meets students where they are. We are bringing college resources and preventative health education to them.

Alcohol Prevention. Health Education and Promotion Services offers outreach events to promote responsible choices regarding alcohol and other drugs. As part of National Collegiate Alcohol Awareness Week (held annually during the third week of October), our program focuses on prevention education, harm reduction and prevention skills related to underage drinking, impaired driving, binge drinking and ATOD. Participants are provided with safe alternatives to substance use.

HWS also developed an ATOD Task Force on campus consisting of the following SLCC staff: Assistant Vice President of Enrollment Services, Dean of Students, Director of Public Safety, Director Risk Management, Director of Student Life and Leadership and Human Resources Employee Wellness Coordinator, Director of HWS and Manager of Health Education and Promotion. The ATOD task force maintains the ATOD regulations on campus. U.S. colleges and universities are federally mandated to distribute and inform students, staff and faculty about their alcohol policies applicable to students. At the beginning of every school year, our office informs parents of freshman under the age of 21 of the College's Alcohol, Tobacco and Other Drug Regulations and provides them with educational resources on college drinking from the National Institute of Alcohol Abuse and Alcoholism (NIAAA).

Tobacco Cessation. The tobacco cessation program, "Freedom from Smoking," focuses on supporting and assisting students in their choice of cessation. Facilitators provide participants with resources and educational information to develop skills to assist in quitting tobacco. The program is a \$40, eight-week course during which participants meet weekly on an individual or group basis. Due to the course fee for the tobacco cessation program, enrollment has dropped significantly. We had proposed to use some of the funds from the termination of the Student Accident Insurance policy to fund the tobacco cessation program to provide free resources for students enrolled in the program, but we were not awarded to keep this funding.

Additional cessation programming consists of the Great American SmokeOut (GASO) program that is offered annually (third Thursday in November) to students. This program encourages students to quit smoking for the day. It also highlights our tobacco cessation program. Our student groups develop activities for students to encourage and facilitate them in quitting tobacco.

Sleep Health. The sleep health program educates students on better sleep practices, recommended amount of sleep for college students, sleep and academic success and the correlation between sleep and energy. We provide students with both print and online resources on attaining better sleep health and hygiene. Workshops on sleep relating to college success are presented throughout the year. Assessment data from our online sleep health program (Appendix E) showed the following results for those who implemented the skills and information presented: an increase rating of their overall sleep quality as very good; 100% of participants said they did not experience any episodes of disorientation or confusion during sleep during the past month; 100% of participants reported on the post survey they did not take medicine to sleep in the past month; and according to post survey data results, students experienced an increase in sleep quality and in all areas of the Pittsburgh Sleep-Quality Index.

Healthy Lifestyles and Love Your Body Month. Our healthy lifestyles and “Love Your Body Month” programs focus on all elements of wellness including mental health, emotional health, nutrition, fitness, heart health, and sexual health. We provide students with educational resources to identify risk factors and prevention methods to reduce risk factors. Students are taught ways to increase fitness levels and develop healthier eating habits. In our healthy lifestyles program, we have purchased scales accommodating body weight up to 750 pounds. Previously, our scale’s limit was 300 pounds. Workshops on nutrition and healthy eating are held throughout the year. Most consultations are referred from practitioners or former clients of the services.

Sexual Responsibility. The sexual responsibility programs teach students how to communicate with their partner, build relationships, give and recognize consent, identify Sexually Transmitted Infections (STI), use a condom correctly, recognize sexual assault and be intimate without having sexual intercourse. We also educate students on HIV awareness and sexual health. Safe sex education and abstinence-friendly materials are provided in the programs. In advocating for the connection between health and social justice, we have created a condom co-op, which supplies students with low-cost, quality condoms and educational resources for safer sex practices. Proceeds received from the co-op benefit students who cannot pay for services in our office.

Stress Management. The stress management program focuses on teaching students to identify stressors, reduce unnecessary stressors, manage stress through positive coping mechanisms and relax in a stress-free environment. The stress management program is offered annually with a large event at the end of the school year so students are able to apply techniques as they prepare and take final exams. Workshops are offered throughout the year.

Strengths

We develop and implement our programs and campaigns with evidence-based strategies. Our programs and campaigns teach knowledge and skills that assist students in reducing risk factors for diseases and promoting preventative health. With our programs, we develop specific goals and objectives that address the College’s learning outcomes. We offer monthly events that highlight our programs.

All of our program events are assessed with an evaluation consisting of five to seven questions. These questions require the participants to use critical thinking and knowledge acquisition skills relating to various topics that are presented throughout the event. The questions consist of both knowledge and skill-building statements and one event evaluation question. The evaluations are also used as a food ticket, which encourages the students to fill them out. As each evaluation is turned in, the answers are reviewed with the participant. Participants have expressed wanting to

know the correct answers. One participant said, “I’ve gained so much through these activities. Had I not stopped by, I probably would never have known this information.”

Challenges

A significant challenge in providing services and programs for students is lack of staff. With only one full-time health education and promotion staff (manager) and a part-time marketing promotion specialist, we are limited to implementing monthly awareness campaigns and programs instead of focusing on in-depth, innovative programs that would benefit the students more. Having limited staff presents a major struggle in marketing our services and programs to students. (See the marketing section below for more on advertising services to students.) Due to lack of staff, we are limited to offering programs and services to all campuses. The current ratio for health promotion staff to student is 1:14,715. The hiring of additional staff would greatly increase the number of students impacted through programs and services provided by Health Education and Promotion Services. We had requested a full-time Health Promotion Coordinator position through the 2015-16 Informed Budget Process, but it was not funded.

A constant struggle is reaching a greater variety of students when implementing programs. Most students leave campus after attending class. We usually have the same students attending our events with a few new faces at each event. We host focus groups asking what would entice students to come to our services and programs and students have suggested offering food and give a-ways. With these suggestions implemented, we have a larger attendance at our events. Giving incentives that students want but cannot afford (aromatherapy lotions, yoga mats, journals, etc.) usually triples the number of students who typically attend.

Another need is to expand our evaluation methods by conducting thorough process, impact and outcome evaluation with programs and services. Our current evaluation process focuses mostly on impact evaluation. Impact evaluation focuses on the immediate observable effects of a program, leading to the intended outcomes of a program. Measures of awareness, knowledge, attitudes, skills, and behaviors yield impact evaluation data (McKenzie, Neiger, and Smeltzer, 2005, p.295). We will focus on process and outcome evaluation in Fall Semester 2015, in addition to impact evaluation.

Massage Therapy

Massage therapy offers three main services:

- Individual Massage Bodywork - conducted one on one with the Licensed Massage Therapist in a controlled environment;
- Chair Massages - usually conducted in a public setting (e.g., library during finals week); and
- Educational Outreach Seminars - one hour educational seminars open to the college community (e.g., Buddy Massage, Aromatherapy or Injury Prevention Workshops).

Students may receive one free, one-hour massage appointment per semester they are enrolled in classes. After their first free massage, a student may book another massage at the affordable rate of \$30 per one hour massage. We also offer faculty and staff massages for a rate of \$40 per one hour massage. Both of these rates are very affordable and less than what a comparable massage would cost in the community.

There is no denying the power of bodywork. Regardless of the adjectives we assign to it (pampering, rejuvenating, therapeutic) or the reasons we seek it out (stress relief or pain management), massage therapy can be a powerful ally in a healthcare regimen. Research continues to show the enormous benefits of touch, ranging from treating chronic diseases, neurological disorders and injuries to alleviating the tensions of modern lifestyles. We consider massage a necessary part of the health and wellness plan of our students.

Strengths

Our Licensed Massage Therapists are professionally trained and possess a current massage license in the State of Utah. We offer a variety of modalities of massage. Depending on the client's needs, our Licensed Massage Therapists can perform Swedish, Deep Tissue, Reflexology, Cranio-Sacral, Reiki and many other modalities. We also offer pregnancy massages and have a pregnancy bolster for the safety of the mother and the fetus.

Challenges

There are several challenges to this beneficial program. One is the lack of space to expand the services offered. We currently have one massage room at the Taylorsville Redwood Campus and one massage room at the South City Campus. With one room, we can only see one person per hour for individual massage bodywork. We have eight appointments available each day at the Taylorsville Redwood Campus but only eight appointments per week at South City Campus due to limited staffing. It is very challenging to accommodate the number of students that request this service. We are usually booked two-and-a-half to three months into every semester. Many students that make appointments later in the semester may have to wait up to one month before an appointment is available. As our current office space is limited, we would need to expand to a new area to add more available appointments. With the limited office space at Jordan Campus, we are not able to offer massage there as we only have space for medical and counseling appointments.

Another challenge is noise control. The walls in our current space are very thin. Our current massage room in the Taylorsville Redwood Campus is located in between counseling offices. Massage clients have reported that they often overhear the counseling sessions, particularly when a client is upset or raises their voice. We have white noise machines to distract some of the noise from outside the room, but this is not the best solution. The ideal situation would be a massage area that is separate from other services so that the area could remain quiet at all times.

The massage rooms at both campuses are very dusty due to dust that comes from the ventilation system. The dust coats the white sheets in the room and we have had to purchase HEPA filters to reduce the dust in both rooms. Since the maintenance crew at the College is not responsible for dusting, we are looking into a separate contract that will allow maintenance workers to dust the room on a regular basis.

A big challenge in this unit is the ability to keep qualified Licensed Massage Therapists (LMTs) employed. Our salary rates are lower than in the community and experienced LMTs are not willing to work at our minimum salary rate (\$20.60/hour). We have dropped from seven to three LMTs in the last year. Two of them moved, but two of them found other employment that offered a higher salary. We would like to pursue the process to increase the salary of our LMTs to attract quality employees in our department.

We would like to conduct a comprehensive evaluation of the benefits of massage for our students. Our intention is to do a formal assessment in the 2015-16 fiscal year.

Outreach/Marketing

Medical Clinic

We believe in multidisciplinary and collaborative approaches to health. We share one central appointment and check-in desk and one central waiting room for all services within our department. With an integrated model of medical services, counseling, health education and massage therapy offered in one department, we are able to best serve patients by referring them to other services in our department that may be beneficial for their health care.

The department focuses on monthly themes based on significant public health events. For example, in November we focus on the Great American Smoke Out and smoking cessation. We post the event posters and flyers on bulletin boards for patients to view while in the exam rooms. Our medical professionals contribute to the HWS blog site with monthly theme posts from a medical perspective. Both nurse practitioners and medical assistants have attended the international students' orientation to assist international students in understanding the immunization requirements as well as to introduce them to the staff so they are comfortable visiting our office.

Counseling

Outreach and education on college campuses serves a number of vital mental health goals, including prevention of potential mental illness or substance abuse (SA); identification of students with mental illness or SA who need counseling; reduction of stigma associated with mental illness, which discourages students from seeking counseling; and education in identifying and referring students in need of counseling. Recent outreach efforts by Counseling Services have included classroom presentations to students on topics such as depression and stress management; participation in screening for mental health disorders (e.g., depression, anxiety, PTSD) as part of the annual National Depression Screening Day (which occurs in early October) and our Love Your Body health promotion event (which occurs in February); and trainings for faculty and staff in identifying and referring students who may be at risk of suicide (using the QPR method).

A strength of our outreach efforts is the recent addition of a gatekeeper training program for faculty and staff on the prevention of student suicide. The program was funded by a grant from the Center for Innovation for the year 2013-2014. Two counselors were trained in Question, Persuade, Refer (QPR), an evidenced-based suicide prevention strategy for non-mental health professionals, which has been shown to significantly reduce suicide completions. The need for such a program is underscored by the recent suicides of both a staff member and a student during Spring Semester 2014. Also, Utah has one of the worst suicide rates in the country, ranking 5th highest among states per the latest data from the Center for Disease Control (CDC, 2012). To date, over 100 faculty and staff have been trained in QPR. The grant was renewed for 2014-2015, and efforts will be made this year to market the training more aggressively, for example, by teaming up with the Faculty Teaching and Learning Center and the Center for Innovation.

At the present time, outreach and education remains an underdeveloped function of Counseling Services. Most of this function at HWS has been fulfilled by our Health Education and Promotion unit. Given the expertise of Counseling Services staff in mental health issues, there is definitely potential for increased outreach and education along these lines. To accomplish this, however, staff would need more time to develop and promote relevant outreach presentations or programs of interest and benefit to the campus community. An obstacle to such a goal is that historically, the main purpose of Counseling Services at HWS has been to provide direct services, such as individual counseling, with little time allotted for the development of indirect services like outreach and education. A determination needs to be made as to how important this function is or can be to the campus community. If it is deemed important, the simple solution would be to build more time into counselors' schedules to develop and promote this area. Whether there is any leeway in counselors' schedules to cut back on direct service hours and reallocate time for development of indirect service in outreach and education, given the small number of counselors, is an open question.

Health Education and Promotion

Health Education and Promotion engages in various forms of outreach including tabling (discussing health information at a table), peer-to-peer counseling, presentations, and monthly events. Tabling practices consist of promoting HWS, monthly events and general health information based on needs of the students according to the ACHA – NCHA II survey. Peer-to-peer counseling is an opportunity for SHAC members to educate students on adopting healthy lifestyles and behaviors. Staff and faculty request presentations informing their audiences (prospective students, current students, specific programs – Health Sciences, staff meetings, etc.) of resources offered at HWS. Every year, Health Promotion Services develops monthly events focusing on academic impacts reported in the ACHA-NCHA II survey.

Health Education and Promotion is responsible for marketing all of the department's services and programs through multiple venues. We produce print and digital marketing materials. Upon Institutional Marketing approval, these materials are distributed throughout the campuses. HWS has the following social media accounts where health information is displayed: Facebook (SLCC Health & Wellness), Twitter (@SLCCHWS), blog (SLCCHWS.blogspot.com), and YouTube (SLCCHWS). Access to these sites is located on our website.

We also inform the college community of our services through our website (www.slcc.edu/hw). The website lists our four main services, provides updates and links to pertinent information, and outlines campus and community resources.

Health Education and Promotion employs a wide spectrum of outreach and marketing delivery methods. HWS is one of the few departments on campus with its own graphic designer/marketing and promotion specialist. Institutional Marketing has allowed us creative liberties, within branding guidelines, giving us opportunities for innovative marketing and outreach methods. We include an accommodation statement on all HWS marketing materials.

Massage Therapy

We have offered classroom workshops to particular programs at different campuses. Our injury prevention workshops have been very popular with the Nursing, Medical Assistant and Aviation programs. We find champion instructors who want workshops offered in their classrooms so we focus on their classes. We have tried to call and email instructors in the past to offer our services, but many believe we are "trying to sell them something" and do not take advantage of this service.

We need to explore other options to promote our workshops to faculty. We have also used “coupons” to advertise a “free massage.” This has worked well in making students more aware of this benefit made available through their student fees. We will continue to use the coupons to create awareness of the services.

Campus/Community Relations and Collaborations

Medical Clinic

We have a good relationship with the Veterans Center and enable one of the VA employees assigned to the College to be housed in our office. His responsibility is for Veterans Health Care and the VITAL (Veterans Integration to Academic Leadership) grant. He shares an office with our counseling team two days a week at the Taylorsville Redwood Campus.

We work closely with the cashiering office on a daily basis. As we take payments for office visits and procedures, our staff prepares a daily deposit that is submitted through the cashiering office. We have a software system that allows our staff to reconcile the daily deposit and prepare this statement for the Cashier. On occasions when the statements do not match, we work with their office to reconcile all transactions.

We also have a very good working relationship with the IT department. Given the nature of our department, privacy and security is a priority. Our IT department assists in writing the codes so our medical software system (Medicat) works properly and is in compliance with all regulations.

Our medical staff professionals have also served on working groups with the Emergency Response Manager and the Risk Management Director for projects that pertain to public health and safety of the College. We have regular interactions with the Disability Resource Center, the Academic Advising office, TRiO programs, and faculty that request presentations.

We are an institutional member of the American College Health Association (ACHA) as well as have several staff members who are individual members. The ACHA has linked college health professionals throughout the nation since 1920. Its mission is to serve as the principal leadership organization for advancing the health of college students and campus communities through advocacy, education and research.

Our staff members are continually educating themselves on the variety of patient assistance programs available in the community for our patients. Our patient assistance programs allow our patients to qualify for discounts and fee waivers to save them additional costs on medications and procedures.

We work with several public health agencies in the community to bring the best care and services to our students. We work with the State Public Health department for all reportable diseases and outbreaks. We have a list of providers in the area for referrals for our patients. We struggle with these referrals to the community as we know the costs may not be affordable for our patients. Such areas of care that may be cost prohibitive for our patients include medications, pain management, acute psychiatric care and conditions that require controlled substance prescription.

Health Education and Promotion

Health Promotion Services collaborates with several campus and community entities to provide awareness campaigns and preventative programs for students. We reserve program dates during the spring semester for the following school year. We initiate collaborative efforts in the beginning planning stages of developing programs. In the summer semester during our annual retreat, we brainstorm ideas of who we should be collaborating with to reach the most students with the most impact. We proceed to contact potential stakeholders for their investment in the program.

Campus collaborations have been developed with

- Student Life and Leadership,
- Thayne Center for Service and Learning,
- Diversity and Multicultural Affairs,
- International Student Services,
- Faculty,
- First Year Experience,
- Food Services,
- Auxiliary Services, and
- Institutional Marketing.

Community collaborations have been developed with

- American Red Cross,
- ARUP LABS,
- Utah Department of Health,
- Utah Highway Patrol,
- Utah Highway Safety Office, and
- Utah Schools Substance Abuse Prevention Consortium (USSAP).

Massage Therapy

We collaborate with the library during finals week each semester (fall and spring) to offer stress reduction chair massages. Based on availability of staff, we offer three to four days of chair massages in two hour increments (morning and evening sessions) at the Taylorsville Redwood, South City and Jordan Campuses. Each student receives a 15 minute chair massage.

Goals and Recommendations

Medical Clinic

Standard Operation Manual (SOM). The SOM is stored on our shared drive and is the written document that lists instructions, standing orders and step-by-step instructions on how to complete a task or handle a specific situation when it arises in the Medical Clinic. This document is a work in progress and needs to be updated. This is a top priority goal for the Medical Clinic.

Training Orientation. Our current new hire orientation for medical clinic personnel needs to be updated to reflect the current operations of the unit.

Comprehensive Institutional Immunization Policy. Establish an institutional immunization policy that follows the ACHA guidelines for all students, not just limited requirements for international students.

Accreditation. In order to improve our care and services, we will pursue a voluntary accreditation process within the next five years with the Accreditation Association for Ambulatory Health Care (AAAHC).

Counseling Services

Personal Counseling. Define a policy to allow students with inadequate funding to continue in counseling. Request funding for this policy through increased general funds from the College into the HWS budget. Each student who is prevented from dropping out and enabled to attend an additional semester represents revenue to the College of \$3,468, which otherwise would have been lost.

Group Counseling. Conduct focus groups or surveys to determine what group topics, if any; students might want or be interested in attending. In the meantime, cut back on group services to one group per semester in accordance with current utilization. This would free up time to devote resources to individual counseling, but would also allow practicum students to receive group experiences, which is a requirement for their practicum placement.

Psychological Assessment and Testing. Explore the need for, benefits of, and financial resources available to offer learning disorder testing to students on campus and the hiring of a learning disorder specialist. Identify and begin to implement a process of data collection on students' progress and outcome in counseling to help monitor quality of care and provide input for improvements in the delivery of services.

Outreach and Education. Continue to offer regular outreach screenings for depression and anxiety. Continue to train faculty and staff in identifying, intervening with and appropriately referring students at risk for suicide. Develop programming to train faculty and staff to recognize and refer students with mental health issues, including construction of a faculty and staff resource page on the HWS website. Work to build and expand a repertoire of mental health outreach presentations for students and staff. Continue participation in and development of the campus BIT team. Work to create a culture of care on campus which recognizes the importance of mental health in both student retention and success (ACE, 2014).

Psychiatric Consultation. Explore and determine the need for specialized care for students with mental health conditions requiring more complex medication management. Possible options including hiring or contracting with a psychiatric specialist, educating our prescribers in mental health medication management, or finding a viable psychiatric referral source for students off campus.

Health Education and Promotion

Student Groups. Assess the effectiveness of the peer education training. Develop an evaluation tool to be implemented mid- and post- semester to recognize areas of improvement and allow for more in-depth training. Invite peer educators to planning sessions for leadership trainings to gather input on factors affecting students and approaches to delivering information to their peers.

Consultations. Focus on group sessions rather than individual meetings. In an effort to serve more students, Health Education and Promotion Services will no longer offer individual consultations for behavior lifestyle changes. Students wanting individual consultations will be referred to the group sessions offered weekly. If the student is persistent in wanting an individual meeting, he/she will be referred to either the Medical Clinic or Counseling Services depending on the issue.

Programs. Health Education and Promotion Services must be responsive to the needs of individuals, diverse and special populations, and relevant constituencies (CAS, 2012, p. 249). Conduct focus groups to see what is pertinent to students and best options of delivering information to them.

Utilize evaluation tools to assess the effectiveness of each program and service offered through Health Education and Promotion. With data gathered from the focus groups and evaluations, develop programs with relevant and desirable student learning and development outcomes based on

- knowledge acquisition, integration, construction, and application;
- cognitive complexity;
- intrapersonal development;
- interpersonal development;
- humanitarianism and civic engagement; and
- practical competence.

Outreach and Marketing. Continue to provide outreach opportunities to students, staff, and faculty. Expand the monthly event from a one-day event to a designated theme month to provide more opportunities for students to develop preventative skills and adopt healthier lifestyles.

Develop more of an online presence to disseminate information to students. Work closely with the Institutional Marketing department to ensure that we are maximizing our efforts in reaching the most students possible. Ensure our marketing and advertising materials for HWS are up to date and reflect our current policies, programs, services, and prices. We need to ensure that all videos used meet the ADA caption requirements.

Collaborations. When creating opportunities for student learning and development, explore possibilities for collaboration with faculty members and other colleagues (p. 249). Improve relationships with stakeholders that we collaborate with on programs, services, and events for Health Education and Promotion Services.

Massage Therapy

Policies and Procedures Manual. Establish a written policy and procedures manual.

Increase salary rate for Licensed Massage Therapists. We are struggling to keep experienced Licensed Massage Therapists in our department. We would like to pursue increasing their salary rate by up to four additional dollars per hour to compete within the industry.

Major Changes in the Past Five Years

Health and Wellness Services has made the following improvements to its facilities, processes and services over the past five years:

- Reopened Jordan Campus site in January, 2011.
- Purchased and implemented Mediat in 2012.
- Began offering free flu shots in September, 2012 (400 free to students each fall).
- Implemented email notification of appointments for clientele in August, 2013.
- Remodeled Jordan Campus site in May, 2014; reopened in February, 2015.
- Implemented billing of international students' insurance in August, 2014.
- Remodeled South City Campus site with new office space in March, 2015.
- Established an online social media presence.
- Created a Health Education and Promotion Policies and Procedures Manual.

Anticipated Changes to Programs and Services in the Next Five Years

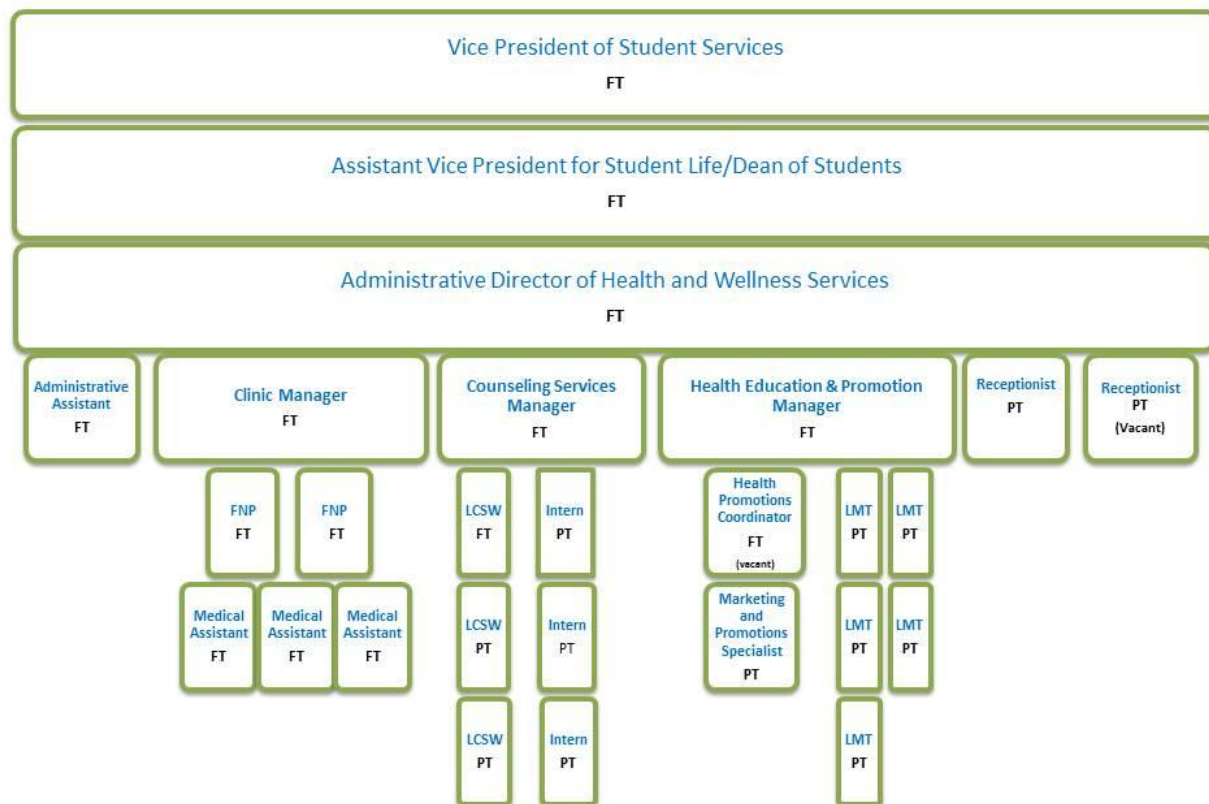
The staff is interested in making these additional improvements in the future:

- Offer free, health-risk assessments to students.
- Offer online appointment scheduling for patients and clients through the Mediat Patient Portal.
- Offer paperwork and fillable forms online.
- Offer immunization records upload into secure portal (Mediat Patient Portal) that interfaces with Banner.
- Become a credentialed provider with Blue Cross/Blue Shield to bill insurance for SLCC employees.
- Become a credentialed provider with other third-party insurance companies to offer billing options for patients/clients.
- Create a Counseling Services' Policies and Procedures Manual.
- Create a Massage Therapy Policies and Procedures Manual.
- Establish an "Exercise is Medicine" campus designation in collaboration with the Health and Lifetime Activities Department.

III. Leadership and Staffing

Organizational Structure

As shown in the Health and Wellness Services' organizational chart below, each individual unit has a manager. All employees in a unit report directly to their unit manager. Each unit manager reports directly to the HWS Director. The Administrative Assistant and Receptionist also report directly to the Director. The Director reports to the Assistant Vice President for Student Life and Dean of Students who reports to the Vice President of Student Services.



The staff profile table below shows the distribution of staff by position type as well as the staff's demographic features and years of experience. Currently, there are 23 employees in the department with 11 full-time, 12 part-time, (including three students but not the two vacant positions). The majority of staff is female and Caucasian. Approximately two-thirds of the staff has more than five years of experience in the field with several of those having more than 20 years.

Department Staff Profile (4/15)*

	Director Managerial	Professionals	Specialists Technicians Clerk	Students	Other
Total	4	5	11	3	
Gender					
Female	2	5	10	1	
Male	2		1	2	
Ethnicity					
AfricanAmer./Black					
American Indian					
Caucasian	2	5	11	3	
Hispanic/Latino/a	1				
Pacific Islander					
Other	1				
Years Experience					
None					
Less than 5		1	4	3	
5 - 10	2	4	5		
11 - 15					
16 - 20	1		1		
More than 20	1		1		
Status					
Full-Time	4	3	4		
Part-Time		2	7	3	

*Two positions (1 FT and 1PT) are vacant.

Decision-Making Strategies

The management team consists of the Director, Clinic Manager, Counseling Services Manager and Health Education and Promotion Manager. Our team meets bi-monthly to discuss departmental updates and concerns. The Director gathers input from all managers and then ultimately makes the final decision.

Staff and Responsibilities

With four different units within Health and Wellness Services, we have a variety of staffing needs. Our fully integrated center combines medical clinic, counseling, health education and promotion and massage therapy services. This is a unique concept in college health. We find that our more integrated approach provides the best foundation for holistic care to our students. It promotes improved continuity of care, an alignment of support services and systems, staff morale and satisfaction that enhances staff relations, improves communication and fosters mutual respect across disciplines. Only about 25 percent of all college health centers integrate their medical clinic and counseling center (ACHA, 2010). In the State of Utah, Dixie State is the only other college

that has an integrated center run by nurse practitioners, but it is not the same set-up and has a much smaller student population than SLCC.

- *Administrative Director*
Oversees management and operational needs of Health and Wellness Services, including medical clinic, counseling, health education and promotion and massage therapy services and programs in a multi-campus environment of over 60,000 students.

Requires a minimum of a Master's degree in a health and wellness related area with a minimum of four years of experience in a health related field and a minimum of one year of administrative experience.

Medical Clinic Staff

- *Clinic Manager/Nurse Practitioner*
Supports Health and Wellness Services' mission by providing direct patient care in an ambulatory medical health clinic setting. Provides day-to-day administrative and supervisory oversight of clinic, lab activities and medical personnel.

Develops and maintains positive departmental and community partnerships that support Health and Wellness Services' mission of keeping students healthy. Time is divided evenly between administrative and clinical duties.

Requires a current license as an advanced practice registered nurse (APRN) with prescriptive practice in the State of Utah. Requires national board-certification as a family or adult nurse practitioner with a minimum of five years paid, full-time ambulatory care experience after license and three years of direct management experience in ambulatory clinical care environments with budgetary authority.
- *Nurse Practitioner*
Assesses, diagnoses and treats students, faculty and staff by eliciting histories, performing physical assessment, ordering and interpreting diagnostic tests, formulating plans, prescribing medication or other forms of treatments, and referring when appropriate.

Requires a current license as an advanced practice registered nurse (APRN) with prescriptive practice in the State of Utah. Requires national board-certification as a family or adult nurse practitioner with a minimum of two years paid, full-time ambulatory care experience after license.
- *Medical Assistant*
Assists licensed Nurse Practitioners with patient exams by collecting and documenting vital signs; gathering medical, social, and surgical histories; and eliciting chief complaints and histories of present illness. Performs laboratory work including venipuncture, finger sticks, urinalysis, culture specimens, etc. Performs clerical duties including answering phones; data entry using a variety of software programs; scheduling appointments and managing patient records; updating accounts payable and receivable.

Requires a Medical Assistant certificate or equivalent with one year of recent experience including clinical, administrative, and laboratory skills within the last three years.

Counseling Services Staff

- *Manager, Counseling Services*
Manages affairs of HWS Counseling Services and provides input and coordination with HWS's director and other managers. Maintains positive relationships with other College departments and provides mental health services to students, faculty, and staff. Time is divided evenly between administrative and clinical duties.

Requires a license either as a Psychologist for two years, or a Licensed Clinical Social Worker for five years, with two years administrative experience.
- *Licensed Clinical Social Worker*
Provides mental health services to students, faculty and staff.

Requires a Masters of Social Work from an accredited institution, is a Licensed Clinical Social Worker, with two years paid, full-time experience.
- *Counseling Intern*
Is a graduate student in good standing seeking a Masters of Social Work or Mental Health Counseling. Completes one year of practicum training providing mental health services to students under the supervision of licensed HWS staff.

Health Education and Promotion Staff

- *Health Education and Promotion Manager*
Responsible for the development, implementation and evaluation of comprehensive, evidence-based health and wellness education programs. Manages, supervises and evaluates work assignments for health promotion staff and student peer educators. Assists with the design of media campaigns/advertisements of programs. Reviews and updates all programming and/or training materials as needed. Develops evaluation tools to be used for staff and peer education programs.

Requires a Bachelor's in Health Education, Psychology, Sociology or a related field, Master's degree preferred. Minimum of two years paid, full-time work experience in a health related field. Certified Health Education Specialist (CHES). Experience working in health education and promotion in a college or university setting preferred.
- *Health Promotion Coordinator*
Assists the Health Education and Promotion Manager in development, implementation and evaluation of health promotion programs/activities addressing a variety of issues including but not limited to: Alcohol, Tobacco, and Other Drug Prevention; Sexually Transmitted Infection Prevention; Sexual Health; Eating Disorders; Stress Management and Sexual Assault for a multi-campus community with special consideration for minority and non-traditional students. Utilizes best practices for evidence-based health promotion activities.

Requires a Bachelor's in Health Promotion and Education, Public Health or closely related health field. Additional related work experience may be substituted with two years' work experience equal to one year of the required education. Certified Health Education Specialist (CHES) preferred. Graphic Design preferred. Work experience with student groups preferred.

- *Marketing and Promotions Specialist*

Designs and produces graphics, specific promotional and print oriented materials, educational materials and website layout/content. Interprets and transforms raw concepts and ideas developed by staff and students into descriptive visual materials.

Requires a minimum of one year of post high school education. Experience with Adobe Suite programs and Microsoft Office programs preferred. Design skills with Macintosh computer systems and excellent presentation skills preferred.

Massage Therapy Staff

- *Licensed Massage Therapist*

Administers professional massage and bodywork to students and employees. Educates clients on self-administered techniques that relieve muscle tension.

Requires a current state license and a certification from an accredited massage training institution.

Strengths and Challenges to Staffing

Strengths

Our main recruiting success is attracting passionate people who care about the health and wellness of our students. College health is a unique environment that has many benefits for our staff, including the satisfaction of seeing immediate results with our patients/clients.

Challenges

Our center requires highly specialized staff, which makes it challenging to keep quality employees. One of our biggest challenges is salary compensation. Human Resources' Talent Management system does not match compatible salaries in the community for our specialists. The College offers an excellent benefits package, which has been the selling point for some employees. But we have had many highly qualified employees decline open positions in the last few years, specifically because of a low salary offer. Our part-time employees, who are not offered the benefit package, often express concern about their salaries not matching salaries in the community for positions with similar license and experience.

It is challenging for our budget to cover cost-of-living/salary adjustments and merit increases that the institution may approve based on its available budget resources for the year. Any salary increases required by the institution must be absorbed by our "soft-funded" student fee budget, not institutional resources. Likewise, the institution does not provide funds to student fee budgets to cover merit increases so the decision to grant a merit increase within HWS is affected by an insufficient budget to sustain that increase as long as the employee remains in the department.

Our staff-to-student ratio is significantly lower than some of the national recommendations (IACS, 2010). As such, this can lead to a number of potential problems, including:

- increased wait times to get an appointment,
- difficulty providing adequate care to students with more severe and chronic issues,
- increased liability to the College,
- less support for the academic success of students, and
- less time for staff to provide services to the larger campus community.

Training and Professional Development

New employees participate in required college and student services trainings. We also have departmental trainings depending on the specific job requirements. Employees may participate in the following professional development and ongoing trainings:

- bi-monthly staff meetings, which include a review and training of new policies, procedures, forms as well as college and other department updates, etc.;
- bi-monthly core unit staff meetings to review procedures, case consultation, in-service trainings, etc.;
- Mediat portal training;
- annual staff retreat to provide training and set goals and objectives for upcoming fiscal year;
- professional development conference in particular specialty;
- CEUs (Continuing Education Unit) required for specific job descriptions;
- SLCC's Center for Innovation and other on-campus workshops;
- HIPAA (Health Insurance Portability and Accountability Act) training; and
- CPR training.

Every employee uses our Mediat electronic records and patient management system and must be trained on this software. Employees are required to participate in a webinar portal for Mediat as part of their orientation. Depending on the employee, this may take 5-10 hours of training. A challenge for our employees is the need to go back and rewatch some of the webinars once they are comfortable in the system. In the past, we have offered "Mediat Minutes" at our staff meetings to update staff on different topics. This has not been consistent, and in this self-study, we have identified the need to have regular updates as well as designated training times when staff can train on updates to the system.

We have a standard operation manual for our medical clinic and our health education and promotion units, but we do not have a formal policy and procedure manual for our counseling or massage therapy units. We do have procedures outlined for particular areas, such as emergency mental health services, but we have identified the need for a more formalized manual for these particular units.

Staff Evaluation and Recognition

Every April, our staff is evaluated through the annual Performance Excellence Program (PEP) monitored by Human Resources. Staff presents a self-assessment of their work and accomplishments over the last year to their direct supervisor. The direct supervisor reviews the assessment with the individual employee and discusses their evaluation as well as goals and objectives for the next year. Most of our staff also receives informal evaluation on a regular basis from their patients and clients. Challenges identified by staff to this evaluation process are that there tends to be a "checklist mentality" to just complete the evaluation and check it off. Another concern is that there are no other employees on campus with the same job titles as some of our employees (i.e., Medical Assistant, Nurse Practitioner, and Licensed Clinical Social Worker); consequently there are not clear, organizational career paths for these employees in our department.

Staff may nominate their colleagues to receive campus awards that include monthly Staff Star awards, Student Services annual awards and SLCC annual all-staff awards. Within our department, staff may recognize department colleagues with recognition during our “positivity” moments in staff meetings. When staff was asked about a specific recognition program for the department, they were of mixed opinion. While some would like to see a monthly staff spotlight or other recognition, others are concerned that a formal recognition program could backfire in that someone who is “quietly” doing good work may not be recognized. When all are doing good work, it is challenging to identify employees who truly stand out above others without creating hurt feelings in those who are not formally recognized. Staff agreed that the most satisfying way to be recognized is through pay raises. This is not a realistic possibility given our limited budgets and student fee-based funding as well as college policy that does not allow supervisors to award merit increases unless merit increases are part of a college-wide initiative.

Core Changes to Staffing in the Past Five Years

As listed below, four management positions have been filled with new personnel and we have secured two new positions:

- new Health Education and Promotion Manager was hired in November, 2010;
- new Director was hired in January, 2011;
- new Counseling Services Manager was hired in February, 2012;
- new full-time position for Family Nurse Practitioner was granted by the Informed Budget Process in 2014 and filled in October, 2014;
- new Clinic Manager was hired in December, 2014;
- a part-time Graphic Designer was hired specifically for our department;
- two to three counseling student interns have been hosted every year for nine months to one year of practicum experience; and
- the number of appointments increased by over 50 percent in the last three years.

Anticipated Changes to Staffing in the Next Five Years

In the future, we hope to obtain funding for additional staff, as listed below, to accommodate increased demands. Our priorities are to

- increase the number of full-time mental health counselors, by at least three, to meet demands of students;
- secure new funding for a full-time Learning Disorder Specialist and offer learning disorder testing;
- secure new funding for a full-time Health Promotion Coordinator position (we had this position several years ago, but it was not refilled when the position became vacant);
- incorporate practicum students from the Medical Assistant program into our department, and
- increase the number of medical clinic personnel (with at least two more full-time nurse practitioners and two more full-time medical assistants) to offer more days of service to our South City and Jordan Campuses.

IV. Financial Resources and Budgets

Health and Wellness Services is funded through two different sources: revenue from student health fees (Index DDADXM) and base funding from the institution's Education and General Funds (Index DDALCO).

DDADXM – Student Health Fees

DDADXM is funded with student fee revenue. We currently receive \$14.50 per full-time student per semester. Effective July 1, 2015, the fee revenue for HWS was reduced to \$13.50 per full-time student. Part-time student fees are pro-rated to the credit hours. With this student health fee, students receive one free visit for medical or mental health services. Each subsequent visit is a \$10 office co-payment. The students also receive one free 60 minute massage per semester and free health education programming and services, including our tobacco cessation program. Students pay for lab work or medical procedures; our prices are very reasonable and usually less than the County Health Department. Our encounter form lists exact costs of procedures (Appendix F).

All HWS employees, except the Administrative Assistant position, are paid salary and benefits out of this index. Two positions, the Administrative Director and one Family Nurse Practitioner, are paid with partial funding from DDADXM.

The table below shows the allocations and expenditures by line item in the DDAXM account over three fiscal years, 2012-2014. The bar graph provides a visual comparison of the allocations and expenditures.

DDADXM

Allocation & Revenue	2012	2013	2014
Student Fees	\$756,980.94	\$788,098.66	\$727,471.97
Sales and Services	\$86,860.12	\$91,855.18	\$86,722.04
Total	\$843,841.06	\$879,953.84	\$814,194.01
Expenses	2012	2013	2014
Full Time Salaries	\$303,787.24	\$339,061.07	\$330,137.16
Part Time Hourly	\$155,970.98	\$121,561.42	\$135,342.18
Full Time Benefits	\$170,932.03	\$186,254.55	\$153,721.06
Part Time Benefits	\$10,595.55	\$8,393.98	\$9,364.29
Current Expense	\$183,154.13	\$201,103.06	\$147,991.37
Travel	\$11,324.60	\$11,958.80	\$11,262.71
Totals	\$835,764.53	\$868,332.88	\$787,818.77
Net	\$8,076.53	\$11,620.96	\$26,375.24

Figure 1. Allocations and Expenses of DDADXM, 2012 - 2014

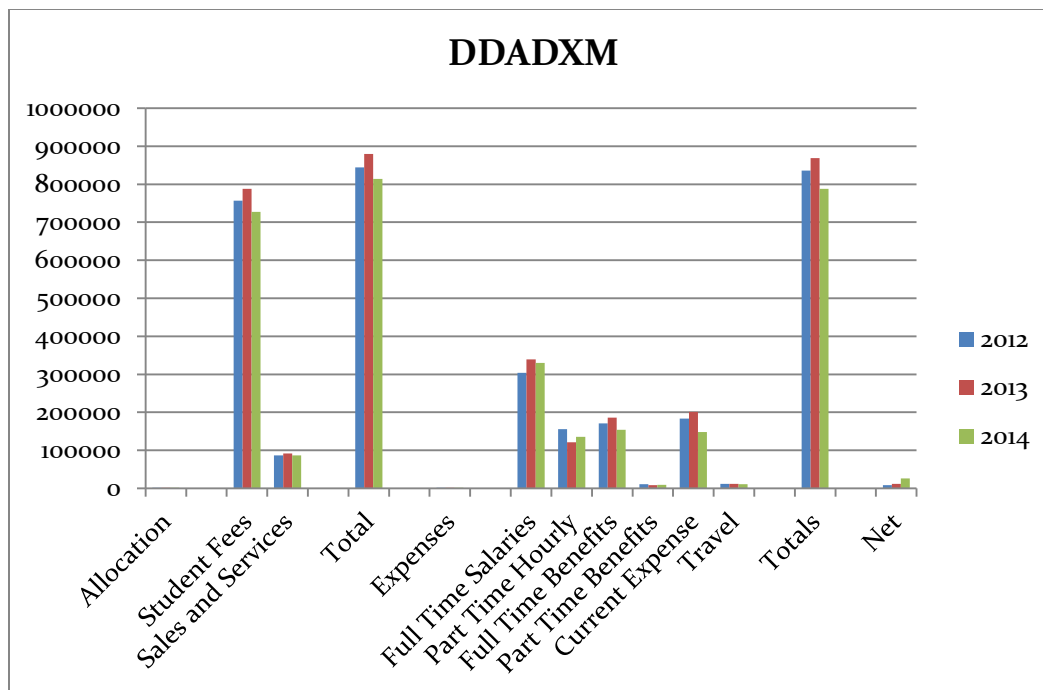


Figure 2. Line Item Distribution of DDADXM account

We had several full-time positions that were vacant throughout the 2014 fiscal year, which accounts for the budget surplus at the end of that year. We expect the expenditures in DDADXM will increase in the 2015 fiscal year. When student enrollments decline, our student fee allocation is reduced. It is worthy to note that even though there are fewer students on campus, we are still serving the same, if not more students in our department (see Section II).

As discussed in Section II (Functions, Programs and Services), some reconsideration of the current funding structure of services seems advisable given the significant impact health services can have on student retention, as well as the resulting positive impact on the College's bottom line in the form of increased tuition and fees from students who might otherwise have dropped out.

Annually, in January, HWS reports previous year allocations and expenditures to the Student Fee Board. At this time we can request any increases or decreases to our current fee allocation. The College suggests a 10 percent carry-forward balance for anticipated increased expenses in the new year. Since we have had several staffing changes over the last several years, and positions were not filled for many months, our carry forward has grown to a higher balance than usual. This balance hurts us in requesting additional funding, as it appears that we have plenty of money. We currently only have one vacant part-time position and anticipate that the carry-forward balance will drop significantly. The process of requesting an additional increase to student fee allocations is very competitive. The Student Fee Board wants to keep the student fee costs as low as possible, which is understandable. But, our department is tasked with a large responsibility to serve all students who need medical and mental health care. The number of students we directly serve is much higher than several other departments that receive a higher student fee allocation than HWS. We are grateful for the amount that HWS receives, but having medical and mental health services for students should be looked at as a benefit and service that can be promoted to recruit

students as well as retain them. It is important for HWS to continually build positive relationships with student leaders to educate them on how beneficial this fee allocation is to so many students.

At the present time, our services are funded by mandatory student fees. According to the most recent survey of counseling center directors (AUCCCD, 2013), only 22 percent of counseling centers at public institutions of higher education across the country are funded solely by student fees. The most common arrangement (41 percent of centers) is full funding from the general operating funds of the institution. The remaining counseling centers (37 percent) are funded by some combination of student fees and general operating funds. In the American College Health Association (ACHA) Benchmarking survey (2010), 57 percent of student health center respondents indicated that they received funding from a designated health fee. Public institutions were much more likely to have a designated health fee, compared to private institutions. Fifty percent of institutions reported receiving less than 10 percent of their budget from billed revenue, while only 16 percent received more than 50 percent from billed revenue. We are in a unique situation with a fully integrated health and wellness department. As such, there is not benchmarking data available to determine how other integrated centers fund their departments.

Another problem with the current funding structure of HWS is that, even though the College has requested and received increased legislative funding for employee compensation the past several years, none of this increase has been available to the HWS department, which is supported predominantly by the student health fee. As we are a predominantly student fee funded department, we are required to absorb the cost of living adjustments (COLA) for every employee, even if we don't receive an increase from the student fee board process. It is difficult to reward deserving employees with adequate merit raises due to departmental budget constraints (especially with the downward enrollment trend the past few years); as a result, our salaries are lower and less competitive compared to other colleges both in the state and nationally, which makes it difficult to recruit and retain good employees. The effect generates unnecessary stress in the department by interrupting the normal flow of day-to-day operations and by increasing the workload on staff covering the vacancies in staffing. Ultimately, staff vacancies has a negative impact on students who may have to wait longer for services as well as deal with staff at risk of burnout.

The majority (80 percent) of the expenses in the student fee index, DDADXM, are for salaries and benefits. Current expenses include office supplies, mailing and copying, parking passes, student accident insurance and general operating expenses. Travel expenses are allocated to allow all professional staff to attend one approved conference each year. The sales and service allocations are the revenue generated with office co-pays and office procedures. Our fees for services remain at a very affordable rate of one free visit per semester for medical or counseling services followed by a \$10 co-pay for additional visits, which generates a small departmental revenue source, reflected in the sales and services in Figure 1. Our mission is to provide affordable care to our students and although we have considered raising our office co-payments, we do not want to out-price students from our services. As our budget decreases due to reduced student enrollments and reduced student fee allocation, we will need to reevaluate whether to raise the co-pay amount for our clientele.

DDALCO – Education and General Funds

The DDALCO index is funded with the institution's Education and General Funds (E&G). These resources support the majority of the Administrative Director's salary and benefits, 100 percent of the Administrative Assistant's salary and benefits, and some travel and current expenses. This allocation is fixed, based on the salaries and benefits of these two positions. Through the Informed Budget Process this fiscal year (2014-15), E & G funds were granted to support a portion of a new full-time Family Nurse Practitioner. This new position started in October, 2014.

The table below shows the allocations and expenses of this index over three years and the bar graph graphically depicts the same.

DDALCO

Allocation	2012	2013	2014
E and G	\$ 122,096.95	\$ 125,164.05	\$ 120,759.38
Expenses	2012	2013	2014
Full Time Salaries	\$78,597.88	\$80,252.72	\$86,537.38
Full Time Benefits	\$41,643.98	\$42,612.80	\$32,448.73
Current Expense	\$1,010.85	\$1,533.73	\$1,057.03
Travel	\$844.24	\$764.80	\$716.24
Totals	\$122,096.95	\$125,164.05	\$120,759.38

Figure 3. Allocations and Expenses of DDALCO, 2012-2014

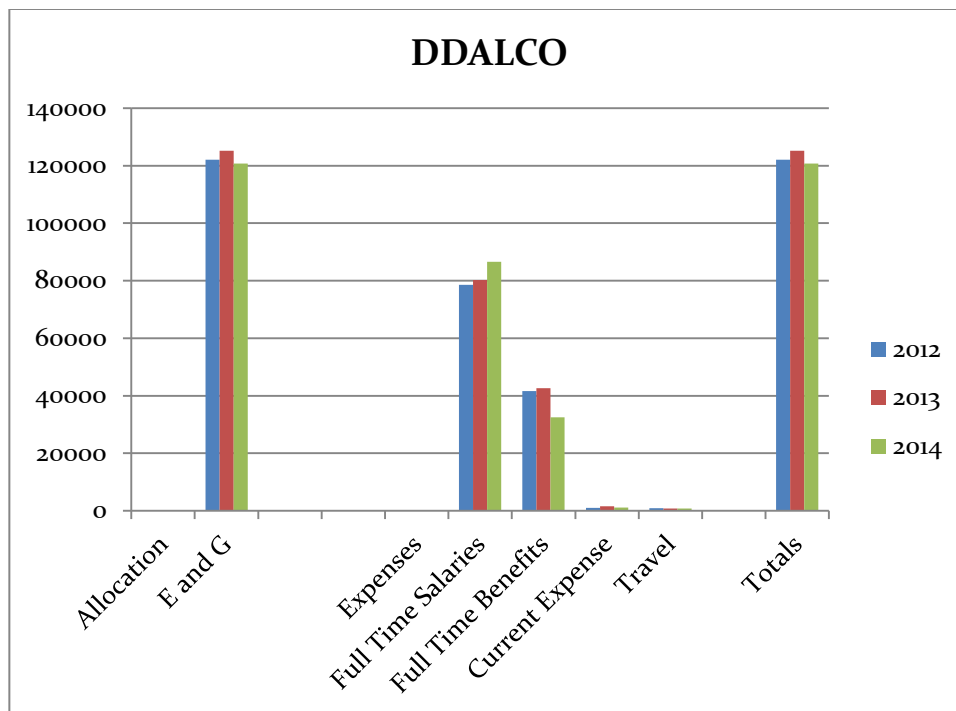


Figure 4. Distribution of DDALCO account

Cost Per Student

The table below represents both the cost per appointment and the cost per full-time headcount of student enrollment in the fall. The number of appointments in our office has increased over the last three years, even though our staff has fluctuated. In 2014, we had several staffing changes that resulted in reduced hours of available services to the Medical Clinic.

Totals	2012	2013	2014
Expenses	\$957,861.48	\$993,496.93	\$908,578.15
Appointments	11,082	15,872	15,154
Cost Per Appointment	\$86.43	\$62.59	\$59.95
Annualized Headcount	39,246	38,072	Not available
Cost Per Student	\$24.41	\$26.10	Not available

Figure 5. Cost per appointment and student.

Budget Priorities

With a limited budget, our main priorities are salaries and benefits. Our current expenses account manages operational costs with some travel expenses for both staff and our student club members (Student Health Advisory Club). The College chose not to renew the Student Accident Insurance Policy in January 2015. We were paying approximately \$92,000 out of the student fee budget for this expense. We had asked the Student Fee Board to keep this money within our department with a proposal of a new full-time mental health staff position and additional services for students. We were denied this full request. As we look at future staffing needs, the request for additional positions must be submitted through the Informed Budget Process if we are to increase our staffing and meet the needs of our students with our current revenue sources.

As the budget manager, the Administrative Director makes all final budget decisions within both indexes. Each medical, counseling and massage unit manager is asked to allocate operational expenses from the DDADXM index. The Health Education and Promotion Manager has a fixed budget of \$5,000 to spend on programs and services.

Budget Trends

“Health creates capacity; students whose health status is positive and flourishing have greater ability and readiness to learn and engage fully in all meaningful educational experiences inside and outside the classroom. . . . The learner as a whole person matters in the learning.” Dr. Daniel Silverman, 2008

As we look to the future of Health and Wellness Services at SLCC, we propose several changes to our budget to continue to meet the demands of students:

- An increase in the student health fee allocation. For example, if we were to receive an increase of \$10 in student fees per person, an additional \$300,000 would be generated that would allow us to hire three additional full-time mental health professionals, including a learning disorder specialist. The return on investment for this small amount of fee increase would allow more students at risk of dropping out to receive help and remain in school – decreasing the number of drop-outs would increase revenues from these retained students’ tuition. Even more important, assisting more students with mental health and learning challenges would contribute to their well-being and their success in reaching educational goals.
- An E&G increase to cover raises (not covered by the student health fee) in employee compensation when designated by the legislative session.
- An increase of funding from either the Student Fee Board or E&G funds designated for students who cannot afford services.
- The pursuit of grant opportunities to supplement our budget.
- Additional full-time positions funded with E&G through the Informed Budget Process.

Helping a student to remain in school, complete an education, and actualize his or her potential is a deeply gratifying professional experience. In the future, we need to explore some or all of the options listed here for additional funding for HWS to support student retention and success.

V. Facilities, Equipment and Technology

Facilities

Health and Wellness Services has offices at the Taylorsville Redwood, Jordan and South City Campuses. At the Taylorsville Redwood Campus, we are located in the Student Center on the garden level in room 035. This is our largest and most comprehensive center as it offers all of our services from this location. We have a medical clinic with three exam rooms, a lab, a restroom, a workstation for five medical clinic staff employees and an office for the clinic manager. The counseling center has four counseling rooms where seven employees and students rotate office space. There are also two offices for the health education and promotion unit, and one massage room at this location.

At the Jordan Campus, we took occupancy in February 2015, of a newly remodeled space in the Student Pavilion. We moved from our previous location in the Health Sciences Building at Jordan to the Student Pavilion because the School of Applied Technology needed to move its training programs when the Highland site was closed in 2014. Student Life and Leadership graciously donated their space in the Student Pavilion and we were able to have the space remodeled for our needs. Although we are grateful for the space, it is reduced square footage compared to our previous location; hence, we had to cut massage services, but continue to offer medical care and mental health counseling services at Jordan. We have one medical exam room, a lab, a restroom, a nurse practitioner office and one mental health counseling office with space for group counseling sessions. We are currently open two days a week at this campus, Mondays and Wednesdays.

At the South City Campus, we have a newly remodeled space as of March 2015. With the creation of the New Media Center on this site in 2013, we were fortunate to secure the space next to our current space and gain three new offices to expand our mental health counseling services and offer massage therapy services. We have since had the wall removed to connect these two spaces and remodeled the front lobby to create a larger waiting area to ensure confidentiality and privacy for our clientele. We have one medical exam room, one nurse practitioner office that doubles as a lab, a restroom, two mental health counseling offices and one massage room at this location. We are currently open two days a week at this campus, Tuesdays and Thursdays.

Effectiveness of Current Space

Office space at our Redwood Campus is at or near maximum utilization. In the medical clinic, we have a desk area for every team member to work, but they do not have their own space. Two team members rotate desk areas depending on where they are scheduled and on their work assignments in the front or back office. Our office is challenged to create a workspace that supports staff and maintains an efficient patient flow. Not having a phone at every workstation makes it difficult to answer calls in a timely manner. All patients wait in the front lobby; therefore, underutilized space in the medical clinic could be remodeled to expand the workstation for our medical staff. A request for this remodel has been submitted through the Informed Budget Process in 2015.

In 2014, the counseling unit had six total offices available at all campuses for seven mental health counselors (two FT, two PT and three interns). We have to be creative juggling part-time staff hours and intern work days. On occasion, two or more staff may utilize an office at the same time. By necessity, a mental health counselor may work part of the day at one campus location

and part at another due to space constraints. During a typical week, one office is shared by three different employees at different times.

Some relief was provided in spring 2015, by reopening the Jordan Campus location, which increased the total available counseling offices of the department to seven. We were also assisted with the addition of a second counseling office at our South City location in spring 2014. However, there is currently no room for growth in the number of full-time staff due to office space limits. If we increase the number of full-time counselors, we would need to reduce the number of practicum students we train each year. This would be unfortunate, as the professional staff enjoys the supervisory aspects of their jobs and not being able to do so may result in decreased job satisfaction. We would also lose the opportunity of benefitting our community partners (e.g., during the 2014-2015 year, we trained interns from the University of Utah and Westminster University). Finally, having interns on our staff allows us to increase available counseling services without increasing salary and benefit costs. If we are going to grow in the coming years to meet the inevitable increasing demand for counseling services, the availability of additional office space will be paramount.

A future need for counseling services, in addition to the need for more office space, would be facilities in which the environment itself is more conducive to mental health, both for our students and our staff. Health and Wellness Services' present location in a windowless basement, cutoff from natural light and any views of natural objects, can feel oppressive. Recent research is showing that lack of contact with nature negatively impacts mental health. A recent article in the journal *Ecopsychology* notes, "Given the important role that various social institutions have on human well-being, it is important for [mental health workers] to ensure that these institutions are somehow inclusive of the natural world. Hospitals, prisons, schools, social service agencies, residential and psychiatric facilities, work places—all of these settings should take into account humanity's deep need to be connected to nature." It is suggested that "organizational changes involve creating enriched environments that provide exposure to the natural world both for [mental health] workers and clients" (Norton, 2009, p. 143).

Another shortcoming of our current facilities is the lack of confidentiality. Our offices were not originally constructed with privacy in mind. (The doors of three mental health counseling offices are all within five feet of each other.) The walls are very thin and conversations are easily heard from the adjacent office. To remedy this problem, we have employed a series of noise makers outside of each mental health counseling office. This helps, but at times, voices can still be heard and one has to consciously work to "tune out" what is going on in other offices. Plus, the continual drone of the noise makers throughout the day can be quite annoying and distracting at times, especially for staff that is sensitive to such noises. The most ideal solution to solve the confidentiality and environmental problems would be to be located in alternate facilities constructed with these counseling needs in mind.

We do not have health promotion or education office space at any location except for the Taylorsville Redwood Campus. When students request these services at our other locations, we must meet them in a public meeting room. We also do not have office space for our student peer educators to utilize while developing health and wellness activities or assisting students.

Equipment

Our basic equipment is adequate for most patient/client encounters. The main equipment used by each employee is a computer, monitor, printer and phone. The main software programs utilized include Mediat practice management and electronic record components, Outlook for email and personal schedules and occasionally other components of Microsoft Office (e.g., Word, Excel, PowerPoint, etc.). All employees use Windows-based computers, except for the Marketing and Promotions Specialist who uses an Apple as it is more conducive to graphic design programs.

We use one shared drive in the office to store standard office forms, policy and procedure manuals, monthly calendars, progress reports and other forms pertinent to the office operations. This drive allows all staff to have access to documents in a timely manner.

Our Mediat system is hosted through the company's server, but we have close contact with our IT department to assist us in this process. Our IT department has been very helpful in the design of codes to assist us in uploading of Banner each night to our Mediat system so the two systems are communicating as students' information is updated. Our office uses scanners to upload any documents that may need to be part of a patient/client's records that are not available as an online form (e.g., an international student's immunization records). We call IT often with scanner issues. We need to update our scanners to be compatible with the Mediat system. In the near future, we will be launching Mediat's patient portal, which will include the option for students to upload their medical documents to their chart in our system. This will greatly eliminate the need to scan numerous documents into the system.

The new Clinic Manager has reviewed our current equipment and discovered that some medical equipment is of questionable quality, such as the glucometer and aging oto/ophthalmoscope. We will be reviewing the need to replace such equipment. With a limited budget, we have challenges justifying new equipment purchases without a history of a significant need, with a specific example being orthoglass splinting supplies.

In considering the development of an outcome tracking measure to monitor client progress in counseling, it would be convenient to have a tablet or other electronic device to use in the waiting area prior to a session. We could also use a kiosk in the front lobby if we incorporate that option from the Mediat system. Neurofeedback is being increasingly used as a treatment for PTSD, so obtaining software and other equipment for this purpose would be beneficial. Future needs for Health Promotion and Education would be an electronic drawing pad to utilize hand-drawn elements in designs.

With our limited budget, we must analyze current expenses and revenues for the year and use carry-forward balances or request one-time funding from available funds from the Vice President of Student Services (VPSS) to purchase needed equipment for the department. We have recently purchased updated computers, laptops for our exam rooms and a new copier for the department through the VPSS one time equipment funds.

Technology, Website and Social Media

Health and Wellness Services has a social media presence with a department website (www.slcc.edu/hw), a Facebook page (SLCC Health & Wellness), a Twitter account (@slcchws), a YouTube account (SLCCHWS) and a Blogspot (slcchws.blogspot.com). Facebook is our most commonly used social media site, not counting our website. We have devoted more time to utilization of Facebook to quickly disperse information regarding our services, events, activities,

resources, etc. We have a very small following on Twitter and do not invest much time in this medium. Our YouTube page consists of videos featuring our services, locations, events, staff, and several health and wellness topics. We use our blog website to post information regarding our monthly themes and activities and also to post contests for student interaction.

The Health Education and Promotion Manager is responsible for the maintenance and upkeep of our department website while the Marketing and Promotions Specialist assists in this task. Our website is up-to-date with current information and reflects all current office policies, forms and resources. It is a good resource depicting the services that we provide to the college community. Some concerns about the college website are that it is very “text-heavy” and not “user friendly” for our website contributors. There is very limited training from Institutional Marketing for our website contributors and there are currently no trainings offered for an interactive website. We feel very confined in the structure and parameters of our department website based on the limitations of the College’s current guidelines.

Our current website system is Cascade and it is very restrictive as to the website content that may be included. Our website contributors are only allowed to upload pdf documents accessible by a link, and we must have everything left aligned as opposed to centered or right aligned. It is also very limited to a few graphics that may be displayed and we do not have any interactive features on our HWS website. Other college health centers often have a link to a window with a visual display, video or a portal for students to ask questions. We have inquired with Institutional Marketing about these different features and they have indicated that “there is nothing available yet.”

Another deficiency in our on-line presence at the College is the lack of specific line items for our services on the school’s A-Z index. Our department name, “Health & Wellness Services,” is the only presence on this index. There are no separate line items for our particular services such as Medical Clinic, Counseling Services, Health Education and Promotion or Massage Therapy. So, anyone searching for medical or counseling services has to make the assumption that these might be components of “Health & Wellness” and do some exploration to see if they are correct. It would be much easier if potential clients could click a link for the particular service, which would take them to a description of that service on our web page. Another confusing factor is that there is a second “Health & Wellness” link that refers to a non-credit continuing education page (not our page), as well as a “Health and Lifetime Activities” page for another program. Given the vital importance of medical and counseling services for student retention, the addition of more specific links to our units should have been done long ago. (Requests have been made to correct the problem in the past, but no action has ensued.)

A common comment of students using HWS is that they wish they would have known about the services much sooner. Additionally, one of the findings of the counseling unit’s 2012-2013 Needs Assessment is that 10-20 percent of students did not think it was easy to find out about our services (HWS, 2013). A simple and effective way to correct this problem would be to update the A-Z index to adequately reflect the full array of our services. Our potential name change to Center for Health and Counseling will help expose the availability of counseling services, but a direct link to each page of our services would still be most convenient for students.

As noted in Section II (Functions, Programs and Services), another limitation of our web page is the lack of information instructing faculty and staff on how to identify, intervene with and refer students who may be in distress, or worse, struggling with suicidal ideation. It is common for most counseling centers to have a “For Faculty and Staff” tab directing them to this type of

information. Our website content is predominantly oriented to student users. We plan to explore the possibility of adding other resources and links that would be of benefit to faculty and staff dealing with their students, especially given current trends of increasing mental health problems of students on college campuses. Finally, the website content has not been significantly reviewed and updated for several years. We will take some time to review other school's websites to see how they market and promote services to make them attractive and coherent to today's students.

Future Directions

With the support of remodel requests granted through the Informed Budget Process, we have made several structural changes in the last five years to our department's space. In 2010, our Taylorsville Redwood front desk was remodeled to create one central check-in. In 2014, we vacated our space at Jordan to have a new space designed and opened in February 2015. We recently finished a remodel at South City Campus in March 2015, and we anticipate one more remodel to the Taylorsville Redwood Campus medical clinic workstation area. Remodels can be costly, but they are also a great return on investment to improve employee work flow and efficiency while allowing us to serve our clientele in a more efficient manner.

Even though student enrollment has decreased the past few years, we anticipate over the next five years that the student population will start to grow more with the improving economy. Although we do not anticipate expanding to any of the other campuses with a permanent location, we could definitely reach more students by offering mobile services at some of these locations (e.g., mobile flu clinics). As our students, campuses and programs expand, our facilities will need to adapt to meet the needs of our future clientele.

Projected Needs

As we consider our plan of action regarding space, equipment and technology, we plan to:

- Remodel the Taylorsville Redwood Campus' medical clinic workstation area,
- Update reception desks at both Jordan and South City Campuses,
- Utilize the Patient Portal in Medix so clientele may schedule their own appointments and submit medical and immunization records online,
- Update scanners,
- Explore the possibility of a new location with access to natural light, reinforced walls and additional office space for counseling and massage therapy for our Taylorsville Redwood Campus site,
- Use more interactive features in the College and department websites, and
- Update the College's A to Z Index to reflect the full array of Health and Wellness Services.

VI. Ethical and Legal Responsibilities

SLCC expects ethical conduct of every employee and has a stated policy in the College's policy and procedures manual. This ethical conduct includes mutual respect for diversity – diversity of thought, ethnicity, gender, physical ability, sexual orientation, age, veteran status, and religious, political and philosophical views. The College rejects hatred, dishonesty, misuse of power and position, and discrimination based on differences. The College recognizes that when employees speak or write as citizens, they are free from institutional censorship or discipline, but when communicating as members of the SLCC community, employees need to abide by college policy. All employees should strive to be accurate, to respect the rights of others to express opposing views and to clearly indicate when they are not representing SLCC. Employees are also responsible to be familiar with SLCC policies and procedures in general and specifically with those that govern their area of responsibility. Each one of our units also has its own ethical and legal responsibilities to our clientele and the community.

All SLCC employees are required to complete mandatory training, which covers the Americans with Disabilities Act (ADA), Anti-Discrimination and Harassment Avoidance (ADHA), Emergency Procedures, Workplace Violence and Family Education Rights and Privacy Act (FERPA). New hires and their supervisor review and sign the New Employee Orientation Checklist, which references the ethical policies and mandatory training requirements.

Medical Clinic

The Medical Clinic is guided by a Code of Ethics outlined in the SLCC Health and Wellness Services Standard Operations Manual (SOM). HWS is committed to enhancing the health and affirming the value, worth, and dignity of each individual. Integrity is a core value of our organization. This code is designed to assist staff in making the right choices when confronted with difficult situations. The willingness of each of us to raise ethical and legal concerns is essential. Ultimately, the responsibility for ethical behavior rests with each of us in the exercise of our independent judgment. This section in the SOM cannot anticipate all possible situations that have ethical implications, or provide exact guidelines for every ethical question that may arise, but certain ethical principles are essential for all college health professionals. The following is a list of ethical principles that support and guide our clinical practice:

- Provide service to others in a caring manner that meets the physical, emotional, spiritual, social and intellectual needs of our patients, thus fostering an attitude of mutual respect.
- Promote inclusivity through the appreciation and affirmation of the value of human differences, including but not limited to, age, race, culture, ethnicity, gender, sexual orientation, religion, and physical or mental ability.
- Respect autonomy and promote individual decision making without coercion or undue pressure. This includes making patients aware of their rights and responsibilities including their right to refuse or decline treatment. It is our policy to obtain informed consent for treatment and procedures.
- Maintain and protect privacy of personal and medical information by safeguarding all confidential interactions, information, data and records. We comply with the standards of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as well as the FERPA of 1974.

- Maintain competence through continuing education. Nurse practitioners are certified through one of two national certification programs: The American Academy of Nurse Practitioners Certification Program (AANPCP) or the American Nurse Credentialing Center (ANCC). Both require recertification every five years and both require 1000 practice hours in the specialty area within the preceding five years. The AANPCP requires 75 hours of continuing education. The ANCC requires 100 total hours with 25 focusing on pharmacology.
- Do no harm. Ensure that association and institutional practices do not threaten any individual's health, self-worth, dignity, or safety, nor discriminate unjustly or illegally. Advanced practice registered nurses (APRN), of whom nurse practitioners are a subgroup, are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body. Each APRN is accountable to patients, the nursing profession, and the licensing board to comply with the requirements of the state nurse practice act in which they practice and are licensed.

All supporting documents including day-to-day policies and procedures can be found in the SOM and are available to all staff on a shared drive for reference.

Counseling

Our counselors are licensed according to the laws of the state through the Department of Professional Licensing. For social workers this law is Rule R156-60a of the Utah Administrative Code, the Social Worker Licensing Act Rule. For psychologists this law is Rule R156-61, the Psychologist Licensing Act Rule. In order to obtain licensure, both social workers and psychologists must meet certain requirements in the areas of education, training, experience and examination. Licenses are renewed on a two-year cycle. To meet requirements for renewal of licensure, social workers must pay a renewal fee and obtain 40 hours of continuing education directly related to their professional practice. A minimum of three of these hours must be in ethics or law. A psychologist must pay a renewal fee and obtain 48 hours of continuing education directly related to their area of professional practice. A minimum of six of these hours must be in ethics or law. Further requirements for mental health practice are spelled out in Utah Code 58-60-101, the Mental Health Professional Practice Act, and Rule R156-60, the Mental Health Professional Practice Act Rule.

In addition to the licensing laws above, counselors must abide by the codes of professional ethics of their respective disciplines. For social workers, it is the *Code of Ethics* of the National Association of Social Workers. For psychologists, it is the *Ethical Principles of Psychologists and Code of Ethics* of the American Psychological Association. The codes are similar in that each spells out some broad, basic ethical principles and values, as well as more specific ethical standards. For example, ethical principles for social workers include “service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence.” Broad ethical principles for psychologists include “beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people’s rights and dignity.” Ethical standards of the codes pertain to such things as informed consent, confidentiality, record keeping, competence, dual relationships, disputes with colleagues, supervision, research, consultation and advertising. As part of obtaining licensure, counselors must pass an ethical examination component. And as noted above, part of continuing education requires hours in the areas of ethics and law, which helps counselors stay abreast of on-going developments in the field of mental health.

There are other laws that govern particular situations and related actions for counselors in dealing with their clients. Various state laws pertain to such issues as 1) involuntary commitment laws; 2) child abuse and neglect reporting laws; 3) abuse, neglect, or exploitation of disabled persons reporting laws; 4) abuse, neglect, or exploitation of the aging reporting laws; 5) duty to protect or warn laws; and 6) communicable diseases reporting laws. A federal law that counselors abide by along with other members of HWS, noted elsewhere, is the Health Insurance Portability and Accountability Act of 1996, or HIPAA. A primary goal of this law is to protect the confidentiality and security of healthcare information of healthcare clients. At the present time, our HWS office is “HIPAA compliant,” which requires that staff undergo training in the implementation of this law. New counselors receive this training along with other departmental and school trainings when they start employment in our department. We have a designated HIPAA privacy officer in our office and she is responsible for making sure all employees are in compliance with this requirement.

Health Education and Promotion

Health educators are responsible for upholding the integrity and ethics of the profession as they face the daily challenges of making decisions. The Coalition of National Health Education Organizations outlines “The Code of Ethics for the Health Education Profession” which provides a framework of shared values within which health education is practiced. It is grounded in fundamental ethical principles that underlie all health care services: “respect for autonomy, promotion of social justice, active promotion of good, and avoidance of harm.”

All health educators are required to be a Certified Health Education Specialist, as certified by the National Commission for Health Education Credentialing, Inc., upon hire or within first year of hire. Health educators must maintain certification through attainment of continuing education units/credits and annual membership renewal.

All student peer educators and employees must sign a Statement of Confidentiality agreeing that they understand that they are bound to observe strict confidentiality of patients’ records and medical information. Each student also receives instruction on HWS’s policy of confidentiality and its importance in the department.

The peer educators must also abide by The Peer Educator Code of Ethics which details their fulfillment of their role as a peer educator. “I value and know who I am. I am an individual, friend, and educator, an activist, a role model, and a team member. I am a peer educator” (BACCHUS NETWORK, 2008).

All student volunteers and peer educators handling food must possess a food handler’s permit prior to any activity or event where food will be handled. Students are provided training and a permit (upon passing test) through the StateFoodSafety.com site.

Health and Wellness Services is responsible for annually posting and updating the Alcohol, Tobacco and Other Drugs (ATOD) Regulations (Appendix G) as part of the Drug Free School Act. The ATOD Regulations must be distributed to students, staff, and faculty twice a year. The Assistant Vice President of Enrollment Services distributes the document via email. It is also found on Health and Wellness Services’ website and in SLCC’s Student Code of Conduct. Selected staff from HWS serves on the College’s Alcohol, Tobacco, and Other Drugs Task Force, which develops and enforces ATOD regulations.

As part of the College's marketing guidelines, HWS must include a statement regarding the Americans with Disability Act (ADA) stating "Individuals who require accommodations should contact Health & Wellness Services at 801-957-4268."

Massage Therapy

The Utah Administrative Code R156-47b is known as the "Massage Therapy Practice Act Rule." It outlines qualifications for licensure, good moral character, unprofessional conduct and administrative penalties of a Licensed Massage Therapist (LMT). This rule was updated on March 1, 2015.

The American Massage Therapy Association (AMTA) has developed Standards of Practice (www.amtamassage.org/About-AMTA/standards.html) that assist the professional massage therapist to:

- provide safe, consistent care;
- determine the quality of care provided;
- provide a common base to develop a practice;
- support/preserve the basic rights of the client and professional massage therapist; and
- assist the public to understand what to expect from a professional massage therapist.

The LMTs make a commitment to the principles, as listed in the Associated Bodywork and Massage Professionals (ABMP) Code of Ethics (www.abmp.com/about/code_of_ethics.php). They commit to:

- high quality care,
- do no harm,
- honest representation of qualifications,
- uphold the inherent worth of all individuals,
- respect client dignity and basic rights,
- informed consent,
- confidentiality,
- personal and professional boundaries,
- honesty in business, and
- professionalism.

Adherence to Responsibilities

Our department is comprised of professional staff that understands their scope of practice and their ethical and legal responsibilities. They are bound by ethical and legal responsibilities in their profession and their peers are also aware of the codes and guidelines to ensure compliance within the department.

In the Medical Clinic, our staff is not only guided by professional codes and regulations, but we also have a departmental Standards Operation Manual (SOM) that guides daily work in our department. The SOM needs to be updated, as it is a very fluid document. This document is stored on our shared drive and accessible to all employees. In the last five years, we have had two complaints to the Director regarding alleged inappropriate treatment of a patient. Although both

claimants were unhappy with their provider, there was no inappropriate treatment of the patient found.

Counselors at HWS are well-informed about the laws, ethics and regulations that govern their practice in the department. As noted above, much of this training occurs as part of their professional licensure. Some of this training occurs as part of on-going continuing education and some of this training occurs when a counselor is newly employed in the department as part of departmental orientation. Additionally, counselors engage in both formal and informal consultation with each other on a regular basis. This provides an opportunity for counselors to help each other become aware of various ethical and legal issues as they arise and to receive support and guidance as to how best to discharge these responsibilities.

Health Education and Promotion ensures that staff follows the ethical and legal responsibilities guiding the department by consistently reviewing processes and following the policy and procedures manual. The unit manager updates a mandatory document accounting for the distribution of the College's ATOD Regulations. With marketing and promotional materials, the graphic designer sends the materials for approval by the Health Education and Promotion Manager, Student Life and Leadership, and Institutional Marketing – all ensuring marketing materials meet College guidelines, including the ADA statement on all printed materials. Staff also receives the opportunity for professional development, which is partially used to receive further training on ethical and legal responsibilities in their field.

Massage Therapy is currently managed by the HWS Director, but it will transition to the Health Education and Promotion Manager. Keeping Licensed Massage Therapists (LMTs) employed in our office has been a challenge due to the low salary. Only one case has been filed in the last five years related to alleged questionable procedures in the massage therapy unit. This case was brought before the Dean of Students and there were no adverse actions found against our department. We are currently in need of hiring a new Lead Massage Therapist that all other LMTs report to and who is directly responsible to ensure that all ethical and legal responsibilities are adhered to.

One area of improvement in all areas would be either internal or external quality control measures. An example in the medical clinic and counseling units would be chart reviews to ensure that all procedures have proper follow-up and that there is appropriate documentation. Internally, our unit managers are responsible for all documentation and adherence to guidelines and policies by employees within their unit. To secure an external chart reviewer, we would need to set up a relationship with another medical or mental health provider in the community. We have discussed the need for this in the past, but have not followed up on this recommendation.

Future Changes

While conducting this self-study, we consulted with the College's attorney to clarify a few issues. One was the age requirement for the department's services. In the past, the department had set prudent guidelines to not provide services to minor students enrolled at SLCC. After consulting with our legal counsel and Risk Management in April of this year, we concluded that there is no legal reason that we cannot provide services to minor students, as long as a consent to treat form has been signed by their legal guardian. We will compose a form that will be used for such purposes and anticipate seeing minors in Summer Semester 2015. After a brief tour of our facility, we were also able to confirm with the Risk Management and legal team that our department is definitely a HIPAA covered entity. This is a positive step in that our department was already operating as a HIPAA covered entity, but the attorney was not convinced that we qualified as such

an entity. We have always felt that we qualified as we transmit electronic information and we started billing for international student insurance in August, 2014. We are all now in agreement.

VII. Assessment and Evaluation

A Culture of Evidence

The College has established an institutional framework for definition of student learning outcomes and college strategic priorities. These are listed in Section I. To advance a culture of evidence and accountability is just one of the college's strategic priorities. As a department in the student services division, we are asked to be fully engaged in the proficiency of these student learning outcomes and to ensure our departmental mission and vision aligns with these learning outcomes and strategic priorities.

We are asked to be purposeful to improve student learning. Our decision making includes on-going and pervasive dialogue on the systematic use of assessments and also the results of our assessments for future planning. We are asked to continually evaluate and fine tune our departmental goals so they are in alignment with the learning outcomes and strategic priorities.

We conduct annual departmental assessments with a goal to conduct two different assessments per year. At our annual summer department retreat, we decide as a group which areas will conduct assessments for that year and finalize the assessment plan by August 1, to be reviewed and approved by the Assistant Vice President of Student Life and Dean of Students. Those assessments are then sent to the Vice President of Student Services for approval by August 15, of every year. Listed below is a summary of our departmental assessments over the past three years.

Health & Wellness Services Assessment History

Assessment	Year(s)	Type*	Findings	Use of Results
Depression Screening and Follow-up	2013-2014	Strategic Priority – Improve Student Access & Success Objective: Screen student medical patient's charts for depression utilizing PHQ-2 & PHQ-9 screening tools.	337 new patient charts screened. 41% (139) screened (+) on PHQ-2. 11% (38) received PHQ-9. 30% (101) who screened (+) did not receive PHQ-9.	<ul style="list-style-type: none"> •These findings demonstrate need for improved screening of our medical patients. •Improved education of process among clinic staff. •Updated Staff Training. •Create an interdepartmental referral component to mental health counseling services. •Screening and chart review policy implemented.
Online Sleep Health	2012-2013	Student Learning Outcome: indirect Program/Service Outcome: Effectiveness of sleep health information to improve well-being and academics. <ul style="list-style-type: none"> • Survey and sleep health education distributed through PowerPoint presentations. 	<p>Students reported sleep difficulties in the top five academic impacts affecting their individual academic performance.</p> <p>Students experienced an increase in sleep quality and in all areas of the Pittsburgh Sleep Quality Index (PSQI).</p>	Students who participated in the program and those who attended the sleep health event expressed a concern for wanting more information on improving their sleep quality. We offer four workshops a school year to provide students with information that improves their well-being and academics.

Counseling Services Client Satisfaction Survey	2012-2013	Satisfaction Needs Assessment Program/Service Outcome	The majority of clients surveyed experienced high levels of satisfaction in each of the service delivery components assessed, e.g. •76% of students reported benefits from counseling, •67% felt counseling contributed to work/school success, •95% would recommend HWS counseling services to others.	<ul style="list-style-type: none"> •Despite the low cost of services, some could not afford this on a regular basis, indicating need for financial support for low income students. •Some students wished they knew about services earlier, indicating need for ongoing marketing. •Satellite campus locations are more convenient for some clients, indicating need to continue and expand SCC and JC services.
Health and Wellness Services offered to Students at Jordan Campus	2011-12	Direct Student Learning Outcome	<p>Pre-Assessment:</p> <ul style="list-style-type: none"> • 80% were not aware of the services offered by HWS <p>Post-Assessment:</p> <ul style="list-style-type: none"> • Overall, 83% became more aware of the services offered 	<ul style="list-style-type: none"> •Increase marketing of HWS at the Jordan Campus. •Increasing student appointments at the Jordan Campus in Medical and Counseling Services.
Prescription Medication Education	2011-12	<p>Student Learning Outcomes: Develop Cognitive Skills, Acquire Knowledge, display practical competence and intrapersonal skills.</p> <p>Objective: Develop assessment tool to ask 5 questions post medication prescription. Patients were asked the following 6 questions, five-ten minutes post consults.</p> <ol style="list-style-type: none"> 1. What is the name of the medication? 2. Why medication was prescribed (indication)? 3. How much will you take? (dose) 4. How will you take it? (route of administration) 5. How often will you take it? (frequency) 6. Are there any side effects to report to your provider? 	<p>47 patients, 4 Providers</p> <p>Each question was scored one point per correct answer.</p> <p>There was an 89% accuracy rate of knowledge regarding prescribed medication.</p> <p>32% of absent/missed/wrong answers were related to not knowing major side effects of problems to watch for while taking medication.</p> <p>13% of absent/missed/wrong answers were related to how often (frequency) to take medication.</p> <p>6% of the absent/missed/wrong answers were related to knowing the individual dose of the medication.</p> <p>*Looking at previous data collected, current team cannot account for 50% of missing answers.</p>	<ul style="list-style-type: none"> •Improvements in provider education methodology and education of the patient. •Improve checklists to ensure all areas are covered when prescribing medication. •Send a printed handout with patient. •Employ reflective listening skills with patients and ask to paraphrase information presented to them.

ACHA/NCHA Data

Health and Wellness Services administers the American College Health Association – National College Health Assessment II (ACHA-NCHA II) every two years. The ACHA-NCHA II is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors and administrators in collecting data about their students' habits, behaviors and perceptions on the most prevalent health topics. The ACHA-NCHA now provides the largest known comprehensive and higher education fields with a vast spectrum of information on student health.

The College is provided the findings within the last 12 months of students reported factors affecting their individual academic performance. Academic performance is defined as: received a lower grade on an exam, or an important project; received lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work. HWS provides programs and activities based on the top ten academic impacts from the ACHA-NCHA II data.

VIII. Summary of Self-Study

Through this process of self-examination, we have had the opportunity to reflect on our past, present and future. We have examined our departmental mission statement, goals and objectives and our alignment with the College's current strategic priorities and learning outcomes. We have had opportunities to boast about our strengths and acknowledge our challenges. We have collaborated as a department to ensure that this process was a true departmental reflection and response to the greater needs of the community and not just an individual account.

The department's major changes and accomplishments are listed below along with our challenges and areas needing improvement. We have also listed many goals and recommendations for the department's future efforts. The key issues we want addressed by the review team conclude this section.

Major Changes in the Last Five Years

- Remodeled Taylorsville Redwood space to combine the Medical Clinic with the other three units (2010)
- Opened Jordan Campus site (2011)
- Shifted to one hour free massages from three 30 minute massages (2011)
- Developed social media presence (2011)
- Increased the Counseling Services' manager position from 75 percent to 100 percent FTE (2012)
- Implemented Medicat (2012)
- Initiated Condom Co-op (2012)
- Relocated and remodeled Jordan Campus site (2014-15)
- Created a Health Promotion Policy and Procedure Manual (2014-15)
- Implemented the monitoring and billing of health insurance for international students (2014)
- Increased medical staffing to three FT NPs (2014)
- Added an intern in mental health counseling (from Westminster) for training in addition to two social work practicum students (from the University of Utah) (2014)
- Remodeled South City Campus site (2015)

Major Accomplishments and Strengths Discovered through this Self-study Process

- 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.
- We provide access to affordable, quality medical and mental health care at multiple locations.
- 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.
- We offer quality trainings and provide professional development opportunities for staff, such as Certified Peer Educator, Question Persuade Refer, and retreats.
- We are a HIPAA Compliant entity.
- We are transitioning to paperless charting, which will increase use and efficiency of our Electronic Health Records system.
- We received feedback from our counseling needs assessments indicating that we are providing effective counseling services with positive client outcomes.

- We provide the Question Persuade Refer (QPR) gatekeeper training program for faculty and staff.
- We completed and instituted the Student Suicide Prevention Protocol for SLCC in fall 2013.
- We provide successful training to and have received positive feedback from practicum interns over the past several years.

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

- An increase in staff is needed to meet student demand.
- Office space needs to be expanded to accommodate and grow services.
- The developments of comprehensive assessments are needed to evaluate our services.
- Our departmental website needs improvement.
- Additional educational and professional developmental opportunities in mental health for the medical staff are needed.
- Screening for depression needs to be increased in the medical clinic.
- Maintaining affordable services for self-pay clients while balancing what patients can afford versus our costs of providing medical services remains a challenge.
- Equipment needs to be updated.
- Keeping clients in counseling who need services but cannot afford them continues to be a challenge.
- The recruitment and retention of qualified professional staff due to lower salary structures as compared to the community market demand is a challenge.
- The availability of personnel, facility space and service hours to meet anticipated future increased demand is a concern.
- Developing group counseling programs that meets the needs of students is a challenge.
- Gathering clinical outcome data on client's progress and counseling outcomes are needed.
- The expertise and personnel to provide learning disorder testing are areas of importance we need to consider.
- Outreach services have been underdeveloped due to lack of time in counselors' schedules, as traditionally we have been predominantly geared toward direct services.
- Psychiatric expertise is not available to manage meds for clients with more serious mental health issues.
- Physical facilities for counseling are less than ideal in terms of confidentiality as well as conduciveness to mental health, both for clients and staff.

Resources Needed and Related Goals and Recommendations

- *Funding*
 - Pursue grant opportunities to supplement our budget
 - Secure an increase in the student fee allocation to expand our services and cover cost-of-living adjustments and merit raises
 - Request additional full-time positions funded with E&G through the Informed Budget Process to include:
 - Additional counseling staff to accommodate increasing demand
 - A full-time health promotion coordinator position
 - Additional medical clinic personnel (with at least two more full-time nurse practitioners and two more full-time medical assistants) to offer more days of service to our South City and Jordan Campuses

- A Registered Dietitian to support the nutritional needs of our clientele
 - Acquire additional funding for unfunded clients
- *Administrative Support*
 - Explore the possibility of a new location with access to natural light, reinforced walls and additional office space to expand our services at Taylorsville Redwood Campus
 - Create a tobacco-free institution
 - Remodel the Taylorsville Redwood Campus' Medical Clinic workstation area
 - Update the College's A to Z Index to reflect the full array of HWS
- *Services*
 - Secure new funding for a full-time learning disorder specialist and offer learning disorder testing
 - Hire or contract with a psychiatric specialist for medication management for the more severe mental health clients
 - Develop a web resource for faculty and staff on how to deal with distressed or at risk students
 - Utilize the Patient Portal in MedicaT so clientele may schedule their own appointments and submit medical and immunization records online
 - Encourage more interactive features in the College and department websites
- *Departmental Specific*
 - Update departmental policy and procedures manuals to reflect current changes and operating procedures
 - Create a comprehensive departmental orientation training, with specific unit components
 - Improve outreach efforts to promote awareness of services.
 - Improve efforts to educate faculty and staff about health and wellness issues
 - Increase patient and client volumes
 - Seek accreditation of both the Medical Clinic and Counseling Services
 - Identify and implement an effective but non-burdensome outcome tracking measure for client progress and outcomes in counseling
 - Incorporate practicum students from the Medical Assistant program into our department
 - Schedule time in counselors' schedules for the provision of indirect services
 - Increase routine screening for depression in the Medical Clinic
 - Gather input from staff on assessments and improve the dissemination of assessment data collected in our department to the college community.

Key Issues for the Site Review Team to Address

- Review the services we offer.
 - Array of services -- are there any services, (based on the CAS Standards), which we should be providing that we are not currently providing?
 - Quality of services -- how can services be improved?
 - 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?

- 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?
- Provide suggestions for best use of limited funding.
- 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?
- 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?
- Assess our interdepartmental relations. Are there departments we could be working with better to meet their and their students' needs?

As we contemplate the last ten months of departmental reflection, we are grateful for this self-study opportunity, but also overjoyed to finish this chapter of the program review. We look forward to the feedback from our insightful review team and from the College community that will be interviewed during the site visit. With this feedback, we will engage in developing a plan of action to guide the department for the next several years.

ACHA Guidelines

Recommendations for Institutional Prematriculation Immunizations

Immunizations offer safe and effective protection from vaccine-preventable diseases. The United States is experiencing re-emergence of these diseases, in part due to factors such as un-immunized and under-immunized persons and global travel. The American College Health Association (ACHA) strongly supports the use of vaccines to protect the health of our individual students and our campus communities. In recognition of the vital role that vaccine coverage plays in community immunity (herd immunity), ACHA discourages use of nonmedical exemptions to required vaccines.

This guidance is provided to facilitate implementation of a comprehensive institutional immunization policy. Best practices for institutions of higher education include following Recommendations for Institutional Prematriculation Immunizations (RIPI) guidelines, encouraging students who request nonmedical exemptions to required vaccines to be

counseled by a health service clinician, and considering exclusion of un-immunized students from school during outbreaks of vaccine-preventable diseases. Institutions may also be subject to additional requirements for prematriculation vaccinations and the granting of exemptions by state law

The ACHA Vaccine Preventable Diseases Advisory Committee updates this document in accordance with changing public health recommendations. These guidelines follow Advisory Committee on Immunization Practices (ACIP) recommendations published by the U.S. Centers for Disease Control and Prevention (CDC). Links to full information regarding ACIP provisional and final recommendations, including schedules, indications, precautions, and contraindications, are available at the CDC National Immunization Program website: <http://www.cdc.gov/vaccines/acip/index.htm>.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Measles, Mumps, Rubella (MMR)	Two doses of MMR at least 28 days apart after 12 months of age.	All college students born after 1956 without lab evidence of disease. All health care professional students without other evidence of immunity should receive two doses of MMR. Those born before 1957 without other evidence of immunity should receive one dose if not in an outbreak setting and two doses if in an outbreak.	Pregnancy, history of hypersensitivity or anaphylaxis to any of the components in the vaccine. Receipt of blood products and moderate or severe acute infections. Guidelines exist for vaccination of persons with altered immunocompetence.
Polio - <i>Inactivated (IPV)</i> - <i>Oral poliovirus (OPV-no longer available in U.S.)</i>	Primary series in childhood with IPV alone, OPV alone, or IPV/OPV sequentially; IPV booster only if needed for travel after age 18 years.	IPV for certain international travelers to areas or countries where polio is epidemic or endemic.	History of hypersensitivity to any of the components of the vaccine.
Varicella	Two doses of varicella-containing vaccine at least 12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated at age 13 years or older.	All college students without other evidence of immunity (e.g., born in the U.S. before 1980, a history of disease, two prior doses of varicella vaccine, or a positive antibody). All health care professional students without a history of disease, with one prior dose of vaccine, or with a negative antibody titer should receive a total of two doses of vaccine.	Pregnancy, history of hypersensitivity or anaphylaxis to any of the components in the vaccine, and severe illness. Guidelines exist for vaccination of persons with altered immunocompetence.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Tetanus, Diphtheria, Pertussis <i>- DT: pediatric (< age 7 years) preparation of diphtheria and tetanus toxoids.</i> <i>- DTaP: pediatric (< age 7 years) preparation of diphtheria, tetanus toxoids, and acellular pertussis.</i> <i>- DTP (also known as DTwP): pediatric (< age 7 years) preparation of diphtheria, tetanus toxoids, and whole cell pertussis (no longer available in the U.S.).</i> <i>- Td: 7 years and older preparation of tetanus toxoid and reduced diphtheria toxoid.</i> <i>- Tdap: adolescent and older preparation of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis.</i>	<p>Primary series in childhood (4 doses: DT, DTaP, DTP, or Td)</p> <p>Booster doses: For adolescents 11-18 and adults 19-64: single dose of Tdap. Tdap can be administered regardless of interval since the last tetanus or diphtheria toxoid-containing vaccine.</p> <p>Routine booster dose intervals: Adults should receive decennial Td boosters, beginning 10 years after receiving Tdap, until guidance on subsequent Tdap booster doses is available.</p> <p>Tetanus prophylaxis in wound management: For all age groups, patients who require a tetanus toxoid containing vaccine as part of wound management should receive Tdap instead of Td if they have not previously received Tdap. If Tdap is not available or was administered previously, Td should be administered.</p>	<p>One dose of Tdap for all individuals, ages 11-64, regardless of interval since last Td booster.</p> <p>In particular, students enrolled in health care professional programs should receive Tdap.</p> <p>Those adults age 65 years and older who have or anticipate having close contact with an infant aged less than 12 months should receive a single dose of Tdap.</p>	<p>History of hypersensitivity or serious adverse reaction to any of the components in the vaccine.</p> <p>There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetravalent meningococcal conjugate (MCV4) vaccines simultaneously if both are indicated. If simultaneous vaccination is not feasible, Tdap and MCV4 vaccines (which contain diphtheria toxoid) can be administered in any sequence.</p>
Human Papillomavirus Vaccine Bivalent (HPV2) or Quadrivalent (HPV4)	<p>Females 11 or 12 years old, females 13-26 years old who have not received the vaccine previously, males 11 or 12 years old, and males 13-21 years old who have not received the vaccine previously: three doses at 0, 1-2, and 6 months for the quadrivalent vaccine.</p> <p>For the bivalent vaccine, females only, three doses at 0, 1, and 6 months.</p>	<p>All females 11-26 years old (bivalent or quadrivalent vaccine). All males 11-21 years old, males 11-26 years old who have sex with men, and 11-26 year old males with compromised immune systems (quadrivalent vaccine). Other males 22-26 years old may be vaccinated.</p> <p>The quadrivalent vaccine is indicated for prevention of cervical cancers and pre-cancers and genital warts. Quadrivalent vaccine is also indicated for use in both females and males for the prevention of anal cancer and anal intraepithelial dysplasia caused by HPV types included in the vaccine. The bivalent vaccine is indicated for prevention of cervical cancers and precancers only.</p> <p>No HPV or Pap test screening is required prior to administering vaccine; routine cervical cancer screening should continue according to current recommendations.</p>	<p>Pregnancy, history of hypersensitivity to yeast or to any vaccine component; moderate or severe acute illnesses (defer vaccine until improved); may be given to immunocompromised males and females, but vaccine responsiveness and efficacy may be reduced.</p>

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Hepatitis A Vaccine	Given as a series of 2 doses (given at 0, 6-12 mo.) for age 12 months or greater. *	Recommended for routine use in all adolescents through the age of 18 and in particular for adolescent and adult high-risk groups (i.e., persons traveling to countries where hepatitis A is moderately or highly endemic, men who have sex with men, users of injectable and noninjectable drugs, persons who have clotting-factor disorders, persons working with nonhuman primates, and persons with chronic liver disease).	History of hypersensitivity to any of the components of the vaccine.
Hepatitis B Vaccine	Given as a series of 3 age appropriate doses (given at 0, 1-2 mo., and 6-12 mo.) at any age. Adolescents age 11-15 years can be given 2 adult doses (given at 0 and 4-6 mo.).*	All college students. In particular students enrolled in health care professional programs should receive Hepatitis B vaccination.	History of hypersensitivity to any of the components of the vaccine.
Meningococcal Quadrivalent (A, C, Y, W-135) <i>- Conjugate (Preferred)</i> <i>- Polysaccharide (Acceptable alternative if conjugate not available)</i>	Initial dose of conjugate vaccine: 11-12 yrs of age Booster dose: 16 yrs of age If initial dose given age 13-15 yrs: booster dose at 16-18 yrs of age If initial dose given age ≥16 yrs, no booster dose required Persons with persistent complement component deficiencies (e.g., C5-C9, properdin, factor H, or factor D) or asplenia should receive a 2-dose primary series administered 2 months apart and then receive a booster dose every 5 years. Adolescents aged 11 through 18 years with HIV infection should be routinely vaccinated with a 2-dose primary series. Other persons with HIV who are vaccinated should receive a 2-dose primary series administered 2 months apart. All other persons at increased risk for meningococcal disease (e.g., microbiologists or travelers to an epidemic or highly endemic country) should receive a single primary dose. For colleges and university with meningococcal vaccine policies as a requirement of enrollment or on-campus living: students < 21 years of age should have documentation of a dose of conjugate vaccine at ≥16 years of age. The booster dose can be administered anytime after the 16th birthday to ensure that the booster is provided. The minimum interval between doses of meningococcal conjugate vaccine is 8 weeks. Routine vaccination of healthy persons who are not at increased risk for exposure is not recommended after age 21 years.	Adolescents 11-18 years of age and other populations at increased risk, including college students living in residence halls/similar housing, etc., persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students may choose to be vaccinated to reduce their risk of meningococcal disease.**	History of hypersensitivity or serious adverse reaction to any of the components in the vaccine. Avoid vaccinating persons who are known to have experienced Guillain-Barre (GBS) syndrome. There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetravalent meningococcal conjugate (MCV4) vaccines simultaneously if both are indicated. If simultaneous vaccination is not feasible, Tdap and MCV4 vaccines (which contain diphtheria toxoid) can be administered in any sequence.

Other recommendations:

*Combined hepatitis A and B vaccines may be given as a series of 3 doses (given at 0, 1-2, and 6-12 mo.) for 18 years of age and older.

**Colleges may target all matriculating freshmen if targeting those in residence halls/similar housing is not feasible.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Influenza - Trivalent inactivated influenza vaccine (TIV) - Live attenuated influenza vaccine (LAIV; licensed for healthy, nonpregnant persons age 2-49 years).	Annually	<p>All members of a campus community age 6 months or older should receive annual vaccination.</p> <p>College students at high risk of complications from the flu such as students who have asthma, diabetes, or students with certain immunodeficiencies; and students with contact with a high-risk individual.</p> <p>Students enrolled in health care professional programs should receive annual influenza vaccination.</p>	History of hypersensitivity to any of the components of the vaccine.
Pneumococcal Polysaccharide Vaccine-23 valent	Childhood, adolescence, adulthood	<p>Young adults with certain medical conditions: chronic pulmonary disease (including asthma and current history of smoking for college students 19 to 64 years old); chronic cardiovascular disease; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g. cirrhosis); chronic alcoholism, chronic renal failure, or nephrotic syndrome; functional or anatomic asplenia (e.g. sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunosuppressive conditions; and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.</p> <p>Other indications: certain Alaska Natives and American Indian populations and residents of nursing homes or other long-term care facilities. One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g. sickle cell disease or splenectomy); or immunosuppressive conditions. For persons aged > 65 years, one-time revaccination if they were vaccinated > 5 years previously and were aged <65 years at the time of primary vaccination.</p>	History of hypersensitivity to any of the components of the vaccine.

Other recommendations:

Immunization requirements and recommendations for international travel may vary, depending on personal medical history and travel destination. Anyone anticipating international travel should contact a health care provider for specific information.



Prepared by the ACHA Vaccine Preventable Diseases Advisory Committee

1362 Mellon Road, Suite 180, Hanover, MD 21076
(410) 859-1500 / www.acha.org

Health & Wellness Counseling Services Confidential Intake Information		Date:
		Student/Employee ID:
First Name: _____ Middle: _____ Last: _____		
Current Address: _____ City, State: _____ Zip Code: _____		
Email: _____		May we email you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Best phone # to reach you: _____		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: _____ / _____ / _____	Current Age: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to answer
1. Race / Ethnicity: <input type="checkbox"/> African-American / Black / African <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian American / Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino / Latina <input type="checkbox"/> Indian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (specify): _____		2. Country of Origin: _____ 3. Are you an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Are you faculty or staff of SLCC? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Major / Academic Program: _____
6. School your major is in: <input type="checkbox"/> Applied Technology <input type="checkbox"/> Art, Communication and New Media <input type="checkbox"/> Business <input type="checkbox"/> General & Developmental Education <input type="checkbox"/> Health Sciences <input type="checkbox"/> Humanities & Social Sciences <input type="checkbox"/> Professional & Economic Development <input type="checkbox"/> Science, Mathematics & Engineering <input type="checkbox"/> Technical Specialties		7. GPA: _____ 8. Credits this semester: _____ 9. What is the average number of paid hours you work per week during the school year? _____
10. Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Serious dating or committed relationship <input type="checkbox"/> Civil union, domestic partnership, or equivalent <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		11. Religious or Spiritual Preference: <input type="checkbox"/> Agnostic <input type="checkbox"/> LDS / Mormon <input type="checkbox"/> Atheist <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Pagan <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Christian <input type="checkbox"/> None / No preference <input type="checkbox"/> Hindu <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Jewish <input type="checkbox"/> Other (specify): _____
12. With whom do you live? (Check all that apply) <input type="checkbox"/> Alone <input type="checkbox"/> Spouse, partner, or significant other <input type="checkbox"/> Roommate(s) <input type="checkbox"/> Children <input type="checkbox"/> Parent(s) or Guardian(s) <input type="checkbox"/> Other family <input type="checkbox"/> Other (specify): _____ Where do you live? (House, apartment, i.e): _____		13. Have you ever been, or are you currently enlisted in any branch of the US military (Active Duty, Veteran, National Guard or Reserves)? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did your military experiences include any traumatic or highly stressful experiences which continue to bother you? (i.e. war, combat, injuries, death, natural disasters, foreign deployment, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>15. Are you registered with the Disability Resource Center on campus as having a diagnosed and documented disability?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you selected "Yes" please indicate which category of disability you are registered for. (Check all that apply)</p> <p> <input type="checkbox"/> Attention Deficit / Hyperactivity <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Mobility Impairments <input type="checkbox"/> Neurological Disorders <input type="checkbox"/> Physical / Health-related Disorders <input type="checkbox"/> Psychological Disorder / Condition <input type="checkbox"/> Visual Impairments <input type="checkbox"/> Other (specify): </p>	<p>16. Please check all services used:</p> <p> <input type="checkbox"/> Career Services <input type="checkbox"/> Learning Center <input type="checkbox"/> International Student Services <input type="checkbox"/> Multicultural Student Services <input type="checkbox"/> Veteran's Affairs <input type="checkbox"/> Student Support Services <input type="checkbox"/> Health & Wellness Clinic <input type="checkbox"/> Health & Wellness Massage <input type="checkbox"/> Health & Wellness Health Education Services <input type="checkbox"/> Disability Resource Center <input type="checkbox"/> Trio <input type="checkbox"/> Academic Advising <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other (specify): </p>														
<p>17. How were you referred to Health & Wellness Counseling Services?</p>															
<p>18. What type of counseling are you seeking? <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Couple</p>															
<p>19. Briefly describe what brings you to counseling:</p>															
<p>20. Have you recently had any suicidal thoughts or feelings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
<p>21. Please list any prescription medications you are currently taking and the conditions they treat:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Medication</th> <th style="width: 50%; text-align: left;">Condition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Medication	Condition													<p>22. Do you currently have any physical health problems?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" specify:</p>
Medication	Condition														
<p>Please indicate if / when you have had the following experiences: (check one per row)</p>															
	Never	Prior to college	After starting college	Both prior and after											
23. Attended counseling for mental health concerns															
24. Taken a prescribed medication for mental health concerns															
25. Been hospitalized for mental health concerns															
26. Felt the need to reduce your alcohol or drug use															
27. Received treatment for alcohol or drug use															
28. Purposely injured yourself without suicidal intent (e.g. cutting, hitting, burning, hair pulling, embedding, etc.)															
29. Seriously considered attempting suicide															
30. Made a suicide attempt															
31. Considered seriously injuring another person															
32. Intentionally caused serious injury to another person															
33. Had unwanted sexual contact(s) or experience(s)															
34. Experienced harassing, controlling, and/or abusive behavior from another person (e.g friend, family, partner, or authority figure)															
35. Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror															



Health & Wellness Counseling Services

4600 South Redwood Road, STC035, Salt Lake City, UT 84123 • 801-957-4268 (office) • 801-957-4341 (fax)

Orientation to Counseling Services

Welcome to Health & Wellness Counseling Services (HWCS). We offer personal counseling to registered SLCC students, faculty and staff at an affordable cost. Services include short-term individual, couple and group counseling, generally limited to no more than 12 sessions per academic year. Many individuals find they can accomplish their counseling goals with fewer sessions. If you and your counselor conclude your situation requires more than 12 sessions, we will discuss options with you. This may include continuing counseling at HWCS, or possible referral to an outside agency. Your first counseling session is free. The cost for additional sessions is \$10 for individual or couple counseling, and \$5 for group counseling. Payment is due at the time of service. Any exceptions will require a written payment plan between you and HWCS. Counseling sessions are 50 minutes in length. You can inquire about available counseling appointments at Taylorsville Redwood, South City and Jordan campuses.

Counseling or psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, anxiety, or helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. But there are no guarantees of what you will experience.

In addition to providing counseling services to the campus community, we are also a training facility. Some counselors are graduate trainees who are supervised by the licensed professional staff of HWCS. If your counselor is receiving clinical supervision, you will be informed of this and will be told the name and credentials of the supervisor.

The best way to contact your counselor is through the reception desk at the Taylorsville Redwood campus at 801-957-4268. If your counselor is not available, the receptionist will leave a message for him or her. When we are closed, you can access after-hours support or crisis services through the University of Utah's Neuropsychiatric Institute (UNI) Crisis Line at (801) 587-3000. We encourage you to be careful in the use of email to communicate with your counselor as we cannot guarantee the confidentiality of email, nor can we guarantee a response time. Not all staff check their college email on a daily basis. Please do not use email to communicate an urgent message.

Your Rights and Responsibilities

HWCS counselors are committed to maintaining confidentiality regarding the information you share in your counseling sessions. Your counselor may consult with other counselors within the Center in order to provide you with the best help available, or if your counselor is a trainee receiving clinical supervision. HWCS adheres to the ethical guidelines of the National Association of Social Workers and the American Psychological Association, as well as state and local laws. HWCS records are governed by GRAMA and FERPA, and we generally seek to be compliant with HIPPA standards. Our center maintains clinical records in a confidential computerized client management system. We also keep a hard copy of some of your records which are maintained in secure and locked files.

The fact that you are receiving counseling services and the specific content of your counseling, assessment, or psychiatric record(s) are confidential. No one outside the Center may have access to counseling or psychiatric information without your prior, express, written permission documented on an "Authorization for Release of Information" form. The only exceptions to confidentiality are those required by law, such as requirements that we report suspected or known abuse, neglect or exploitation of children or disabled adults, or previously unreported communicable disease. In cases of imminent danger to yourself or others, HWCS may be required or allowed to break confidentiality in order to secure your safety or that of others. Counselors may be required to give information to judges or courts of law if a valid subpoena or court order is issued. Your counselor may consult with other HWCS providers about your situation in order to provide the best possible care, or for training purposes. Please ask your counselor if you have any questions.

No Show, Cancellation and Rescheduling Fee Policy

We ask that you only schedule appointments you are confident you will keep. If you need to change or cancel your appointment time, do not do so by leaving a recorded message. Please call during business hours and speak with a HWCS staff person 1) at least one business day prior to your appointment day, and 2) at least 24 hours prior to your appointment time. Be aware that you will be charged a \$10 fee for appointments cancelled or rescheduled less than one business day and 24 hours prior to your appointment time, as well as for any missed appointments / no shows. Overdue accounts may result in a hold on your Banner records. Please arrive on time for your appointment. If you arrive more than 10 minutes late, your appointment may need to be rescheduled. Repeated rescheduling, no shows and/or cancellation of appointments may result in the loss of eligibility for services. Thank you for assisting us in achieving maximum utilization of this important College resource.

I have read and understand the No Show, Cancellation and Rescheduling Fee Policy.

Client Signature	Please Print Name	Date
------------------	-------------------	------

Consent to Treatment

I have read the conditions for participation in counseling and give my consent to be treated at Health & Wellness Counseling Services. I understand that I have the opportunity to discuss the information above with my counselor.

Client Signature	Please Print Name	Date
------------------	-------------------	------

Therapist Signature/Witness	Please Print Name	Date
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Department Name: Health & Wellness Services

Project (Assessment) Title: 2012-2013

Health and Wellness Counseling Services Client Satisfaction Survey: Formal feedback was elicited from students who were or had been clients receiving counseling services during the Fall 2012 and Spring 2013 semesters, through the use of a brief client satisfaction survey, to help evaluate and identify areas of strength, weakness, or omission in the current delivery of services, and aid in the planning and implementation of changes for improved quality of services.

College Priority and Objective

Strategic Priority II – Improve Student Access and Success

Objective II D Improve student participation in advising, learning support and non-curricular activities that are related to student persistence.

Objective II E Improve student completion of desired educational goals: certificates, degrees, and successful transfer to four year colleges and universities.

Methodology (Plan/Timeline/Method)

A number of components of counseling service delivery were reviewed where it was thought desirable to receive feedback from clients about their satisfaction with the services. Questions were then crafted to address each of these service areas, and reviewed and edited by the Manager of Counseling Services and the HWS Director. Joseph Diaz at Institutional Research was also consulted at various intervals and gave invaluable advice and assistance.

A limit of 15 questions was set in order to make the survey brief. Recipients were asked to rate the level at which they agreed with each survey statement and given the choices of a) Strongly Agree, b) Agree, c) Neutral, d) Disagree, e) Strongly Disagree, and f) Don't Know / Unsure. A final question invited recipients to free text any other comments they wanted about how we could improve services.

Service areas ultimately chosen for inclusion in the survey were ease in finding out about services, convenience of locations, cost of services, promptness of initial appointment, availability of appointments, professional conduct of staff, adequacy of patient right information, comfort about confidentiality, client-centered approach to counseling, perceived expertise of counselors, impact of counseling on presenting problems, impact of counseling on academic or work success, impact of counseling on personal growth and relationships, staff sensitivity to cultural background, referral to other services, and likelihood of referring others to HWS services based on their experience. The content of the Client Satisfaction Survey is included as Appendix A.

Several weeks before the end of both Fall and Spring semesters, a list was compiled of students who had utilized counseling services to date during the semester. These students were then sent an email via their Bruin mail account, soliciting them to complete the HWS Client Satisfaction Survey. In order to protect confidentiality, these students were not identified as clients of HWS. Rather, it was stated that "As a student at Salt Lake Community College, you may have received counseling services at Health and Wellness Services during Fall 2012 Semester [or Spring 2013]. If so, we would like to know what you thought about the services you received from us through a brief Client Satisfaction Survey."

A link was provided for students to access the survey on Google Docs. The Manager of Counseling Services was not aware of, nor been trained in, the Campus Labs research software, or this program would have been used instead.

Email recipients were informed that completing the survey was completely voluntary, and that their names would not be associated with any of the response data they provided. They were also informed that they could call the HWS Director, Lorri Castro-Zenoni, if they had any questions. The full content of the email solicitation that each student received is included as Appendix B.

Student Services Outcomes Supporting Student Learning

Learning Outcome:

1. Develop cognitive skills
 - A. Think reflectively and critically
2. Acquire Knowledge.
 - B. Apply knowledge
3. Display practical competence and intrapersonal skills
 - D. Manage their personal affairs, including economic self-sufficiency, maintaining health and wellness, prioritizing personal, social, educational and career demands.
 - E. Engage in self-appraisal and self-understanding; explore autonomy, values, identity, self-esteem, and attitude.
4. Display interpersonal development
 - B. Relate with others in dyadic, group and team settings
 - C. Establish intimate relationships
5. Engage Responsibly with the broader community
 - A. Understand their rights and responsibilities as students/citizens in a democratic society

Results/Findings

During Fall semester, 22 of 147 clients completed the survey, for a return rate of 15%. During Spring semester, 35 of 198 clients completed the survey, for a return rate of 18%. Although these may seem low response rates, a recent blog posting on SurveyGizmo notes “Internal surveys (i.e. employee surveys) generally have a much higher response rate than external surveys (e.g. customer satisfaction surveys). Internal surveys will generally receive a 30-40% response rate or more on average, compared to an average 10-15% response rate for external surveys.”

Overall, the results indicated that the majority of clients experienced high levels of satisfaction in each of the service delivery components assessed. The most common response category chosen both Fall and Spring semesters was “Strongly Agree.” The free text comments were also overwhelmingly positive. A summary of the results for each question is provided in Appendices C and D. The results for each individual question are discussed in more detail below:

It was easy for me to find out about Health & Wellness Counseling Services at SLCC.

In the Fall, **91%** of clients Strongly Agree/Agree with this statement, with 5% feeling Neutral and 5% Unsure. However, in the Spring this was slightly lower with **80%** indicating they Strongly Agree/Agree, 17% of clients feeling Neutral and 3% saying they Disagree. Thus, while the vast majority had no trouble finding out about counseling services, there is still a significant minority of perhaps 10%-20% of clients that we might be targeting and educating better about the availability of services, and who may not be accessing services because they do not know they exist.

Counseling services were located at a campus that was convenient for me.

In the Fall, **86%** of clients Strongly Agree/Agree with this statement, with 5% feeling Neutral and 9% saying they Disagree. Results were similar in Spring, with **88%** indicating Strongly Agree/Agree, 6% feeling Neutral, and 6% saying they Disagree. Thus, while the vast majority of clients find the location of services convenient, there is a small minority (6%-9%) for whom location is a problem. It should be noted that services were provided at Redwood five days a week, and twice a week (a total of 12 hours a week) at both South City and Jordan campuses during the survey period. Given the diversity of campuses at SLCC, we may never achieve 100% satisfaction in this area.

The cost of counseling services (\$10 per session) was within a price range I could afford.

In the Fall, **86%** of clients Strongly Agree/Agree with this statement, with 9% feeling Neutral and 5% saying they Disagree. In the Spring, **83%** indicated they Strongly Agree/Agree, with 14% feeling Neutral, and 3% saying they Disagree. This area also elicited some positive free text comments, including: "The counseling session for \$10 is absolutely incredible and helpful," "Just having this service be offered to students at \$10 per visit is a huge blessing," and "I'm thankful for the school having an affordable resource for us to go for help." Thus, while the majority of students find the cost of services affordable and a real value, there is a small minority (perhaps around 5%) for whom even this can be challenging. This is consistent with the experience of all the counselors in dealing with some of our lower SES clients, who may be unemployed, temporarily homeless, living on financial aid, and trying to manage anxiety or depression, all at the same time. Choosing between counseling or food for the week is sometimes a real choice for these students.

I was able to schedule an appointment with a counselor as soon as I needed.

In the Fall, **95%** of clients Strongly Agree/Agree with this statement, with 5% feeling Neutral. Results were lower in the Spring, with **88%** indicating Agree/ Strongly Agree, 6% feeling Neutral, and 6% saying they Disagree. At the beginning of each semester, there are an ample number of time slots available for students to be seen, but this diminishes slowly as the semester progresses and caseloads fill, which may explain the few clients who were neutral or disagreed. Same day appointments are available for clients who are experiencing emergencies, even if this means cancelling previously scheduled clients who are not in a state of emergency. No waitlist was needed during Fall or Spring semester.

Counseling appointments were available at times that fit my schedule.

In the Fall, **77%** of clients Agree/Strongly with this statement, with 14% feeling Neutral and 9% saying they Disagree. Results were a little lower in Spring, with **66%** indicating they Agree/Strongly Agree, 29% feeling Neutral, and 6% saying they Disagree. Spring semester was busier as evidenced by the higher number of surveys sent that semester, so the drop in satisfaction may reflect lower appointment availability times for some clients, especially toward the end of the semester as caseloads are fuller. However, given the number of classes, work hours and other obligations which some students have, these clients may have a difficult time finding openings in their schedules no matter what time during the semester they present for counseling services. Based on an access survey from last year, we have tried to make sure appointment times are available when students have indicated it would be most convenient for them to come in. But this may change from semester to semester given class offerings.

Staff who checked me in for my appointments treated me in a professional manner.

In the Fall, **96%** Strongly Agree/Agree with this statement, with the remaining 4% feeling Neutral. Results were lower in Spring, with **85%** indicating they Strongly Agree/Agree, 11% feeling Neutral, and 3% saying they Disagree (one client). Unfortunately, there are no free text comments

which might give a clue as to why satisfaction in this area decreased in Spring. However, as noted above Spring semester was busier in terms of the number of counseling clients, so clients may have had longer wait times to check in, and front desk staff may have been more stressed. Additionally, dealing with difficult clients is an ongoing occurrence at the front desk, so having staff feel more confident with this issue may be an area in need of growth.

I was given adequate information about my rights.

In the Fall, **100%** Strongly Agree/Agree with this statement. In the Spring, **89%** Strongly Agree/Agree, 9% feel Neutral, and 3% are Unsure. No one indicated disagreement with this statement, indicating we are doing a good job overall with this. All clients are required to complete a Consent To Treatment form at the first session. This form spells out clients' rights in detail, as well as our fee policy, which they are then asked to sign if they understand and consent to treatment.

I felt confident that the information I shared in counseling would be kept private.

In the Fall, **100%** of clients Strongly Agree/Agree with this statement, with **91%** in the Spring indicating they Strongly Agree/Agree, and 9% feeling Neutral. No one disagreed with this statement. This would indicate that clients have a lot of trust in the client-counselor confidentiality and the safety of the information they share.

My counselor let me talk about the issues I wanted to address in counseling and did not impose his / her own agenda.

In the Fall, **100%** of clients Strongly Agree/Agree with this statement. During Spring, **95%** of clients Strongly Agree/Agree with this statement, with 3% feeling Neutral and 3% saying they Strongly Disagree (one client). Overall, results indicate that counselors are doing an excellent job of providing "client-centered" treatment. The strong disagreement is represented by only one client who free texted a long comment of complaint. This client, who came in during a crisis, was seeking support, and complained that "instead of addressing the issues at hand, I was questioned about whether or not I felt I was in crisis." The client later comments they were in crisis but that "it doesn't mean it's necessarily anything to be alarmed about." This can sometimes be a conflict of purposes in a crisis session, when the client wants and needs support, but the counselor also needs to identify if the client is a danger to themselves or not.

I felt that my counselor was able to help me with my problems.

In the Fall, **86%** of clients Strongly Agree/Agree with this statement, with 9% feeling Neutral and 5% saying they Disagree/Strongly Disagree (one client). In the Spring, **71%** of clients Strongly Agree/Agree with this statement, with 20% feeling Neutral, and 9% saying they Disagree/Strongly Disagree (three clients). There were 3% indicating they were Unsure. This question taps into the client's experience of the counselor's actual or perceived helpfulness. It also is a reflection of the quality of the client-counselor match. As much as counselors try to form good therapeutic relationships with the wide variety of personalities that present for counseling, it is sometimes not an optimal match. Every counselor at HWS has had clients who wanted to try their hand with another counselor. While the results indicate that the majority of clients (71%-86%) saw their counselors as helpful, there is a still a small minority (5%-9%) who did not. This is an area in which the counselors are constantly trying to improve. However, it should be noted that some clients, especially those with significant personality disorder issues, may not find any counselor very helpful.

Because of the counseling I received, I was more successful in school and / or at work.

In the Fall, **68%** of clients Strongly Agree/Agree with this statement, 18% feel Neutral and 14% Disagree/Strongly Disagree. Results were similar for the Spring, with **66%** of clients saying they Strongly Agree/Agree with this statement, 14% feeling Neutral and 17% saying they Disagree/Strongly Disagree. Thus, about two-thirds of clients felt the counseling they received translated into positive results in their academic and occupational functioning, which is quite significant. Counseling services thus contributed to the overall mission of the college, by helping students stay in school or otherwise pursue their career goals.

The counseling I received helped me solve my problems, grow as a person, and / or improve my relationships with others.

In the Fall, **77%** of clients Strongly Agree/Agree with this statement, with 18% feeling Neutral and 5% saying they Disagree. Once again, results were similar in Spring, with **74%** of clients saying they Strongly Agree/Agree with this statement, 14% feeling Neutral, and 12% saying they Disagree/Strongly Disagree. This question attempts to tap into general counseling outcome. The psychotherapy outcome data indicates about 40% - 70% of clients will show a substantial benefit from therapy, up to 10% will actually get worse, and the remainder (anywhere from 20% - 40%) will show no change (Lambert, 2004). Counseling performance during both semesters exceeded the expected number of clients reporting positive change (77% and 74%). Thus, the overall success of counseling center clients, and by implication the effectiveness of services rendered, is quite high and exceeds research expectations.

Staff were sensitive to my cultural background and / or identity (e.g. my race, religion, gender, sexual orientation, etc.).

In the Fall, **91%** Strongly Agree/Agree with this statement, with 9% saying they Disagree/Strongly Disagree (two clients). In the Spring, **86%** Strongly Agree/Agree with this statement, with 9% feeling Neutral, and 6% Unsure. While the great majority of clients felt that staff treated them in a culturally sensitive manner, a few did not. This is a question where we would aspire for 100% agreement, so some improvement in this area is desirable. Unfortunately, there were no free text comments addressing this issue, so the reason for disagreement is not clear.

Staff were helpful in referring me to other campus resources or community resources as needed.

In the Fall, **64%** of clients Strongly Agree/Agree with this statement, with 23% feeling Neutral and 14% feeling Unsure. In the Spring, there is a wide variety of response, with **48%** of clients saying they Strongly Agree/Agree with this statement, 20% feeling Neutral, 12% saying they Strongly Disagree/Disagree, and 20% feeling unsure. There are no free text comments shedding any light here. The large measure of Neutral and Unsure responses may indicate that a lot of clients did not need referrals, and so were not sure how to interpret this question. However, there were some disagreements with the statement, indicating some clients would have been helped by referral to other resources, but either did not receive good information, did not receive any information (as we did not know), or never asked. In any case, this is an area where we might make improvements. All the counselors have clients who occasionally need outside resources, and sometimes we do not know where to refer, or sometimes there are not good referral options in the community. But this is still an area of needed growth.

Based on the services I received, I would recommend Health & Wellness Counseling Services to other students at SLCC.

In the Fall, **100%** of clients indicated they Strongly Agree/Agree with this statement. In the Spring, **89%** of clients Strongly Agree/Agree with this statement, with 9% feeling Neutral and 3% saying they Strongly Disagree (one client). This is the same client mentioned above who did not receive the help during a crisis that they hoped for. This question taps in clients' overall satisfaction with services, and in general, the results are predominantly positive. However, this is an area where we would aspire for 100% agreement, so there is room for improvement here, and responses to the previous questions shed light into areas where we can start to make some necessary changes.

Actions Taken (Use of Results/Improvements)

Overall, the survey results attest to a high quality of services being rendered by HWS counseling services in all the component areas sampled, with correspondingly high levels of satisfaction endorsed by clients using those services. The data do not suggest any major systematic weaknesses; still, there are some areas where the predominantly positive levels of satisfaction with services could be even better. Recommendations for specific improvements are discussed below:

Ease in Finding Out about HWS Counseling Services:

Advertisements and marketing should continue regularly through our Health Promotion unit. Many students indicate on their paperwork they learned about our services through advertisements posted around campus. Educating faculty and staff about the availability of services and training them to identify and refer at-risk students (e.g. gatekeeper training) is also recommended. Finally, there is no mention of "Counseling Services" in the A-Z Index on the SLCC homepage. Students have to explore whether counseling services exist in another department (unlike most universities which have stand-alone counseling centers). It is recommended that "Counseling Services" be added as a separate line item on the A-Z Index, with a direct link to the Health & Wellness Services homepage.

Affordable Cost of Counseling Services:

Despite the low cost of services, the \$10 fee is still an obstacle, or even prohibitive for some of our underprivileged and disadvantaged students, for whom financial stress is a contributing factor to depression, anxiety or other mental health disorders. It is recommended that as we continue to attempt to build therapy groups, that these services be provided free of charge, as an option for those who cannot afford the individual counseling fee. It may also be worthwhile to develop a way to identify those who are truly in financial need, and waive the counseling fee even for individual services. Whatever revenues may be lost by HWS would be amply compensated for in the bottom line of the College through the ability of students to remain in school and pay ongoing tuition, as well as decreasing the occurrence of students withdrawing under a Registration Appeal at the end of the semester, and having their tuition refunded, due to untreated and disabling mental health issues.

Available Counseling Appointment Times and Locations to Fit Student Schedules:

This is an issue we will continue to address at the beginning of each semester, making sure that counselor appointment slots are spread along a range of possible meetings times, as well as trying to provide services at satellite locations when students are more apt to be on campus.

Treating Clients in a Professional Manner:

Checking clients in, processing payments, and providing treatment to a large number of students can be quite stressful. It is recommended that we regularly remind staff about and help them engage in appropriate self-care. It would also be beneficial to have future discussions or trainings on customer services issues, such as “How To Deal With Difficult Clients,” which is a perennial challenge for all businesses.

Counselor Ability to Be Helpful with Client Problems:

HWS counselors are devoted to the goal of improving their ability to help clients get better. Part of this is addressed by professional requirements to receive ongoing education and training. However, it was recently noted by the counselors that we have not been spending enough time in our unit meetings consulting about difficult cases. It has been decided to structure our regular counselor meeting so that we can engage in consultation among ourselves to improve therapeutic relationships and interventions with more challenging cases. Consultation is also available informally whenever a counselor needs to consult immediately on a particular issue.

Staff Sensitivity to Clients’ Cultural Background and Identity:

HWS staff are dedicated to treating clients in a culturally sensitive manner. If this does not happen, it is almost certainly due to lack of awareness than any malice. One way to improve in this area would be for staff to increase self-awareness by being open to feedback about any “blind spots” noted by others, while realizing this is an area in which the culture as a whole is simultaneously working to improve (e.g. the SLCC Civility Campaign, the SLCC workgroup on Social Inclusion). Formal trainings are also an option which should be sought when available (e.g. Safe Zone Training).

Referring Clients to Other Campus or Community Resources as Needed:

Some of the improvement in this area will happen over time as presenting cases require us to explore and identify resources which we have not had to refer to before, especially if these are located outside in the community. However, for on campus resources, it is recommended that counselors continue to network and develop relationships with other campus departments whose services students are likely to have need of. It may also be useful to do this as a unit, either inviting staff to one of our group meetings, or attending one of theirs. This happened this year with the director of the Disability Resource Center, which was very productive.



Health & Wellness Counseling Services

4600 South Redwood Road, STC035, SLC, UT 84123
801-957-4268 (office), 801-957-4341 (fax)

Emergency Services

Counseling sessions at Health and Wellness Services are offered by appointment only. In certain situations, however, our counselors will see clients on an emergency basis without an appointment. The purpose of this form is to help us evaluate your situation to determine whether it is better addressed by immediate emergency care or by scheduling you for our next available counseling appointment. This checklist is designed to help us respond effectively to your needs given our available counseling resources.

Please read the following descriptions and check the item(s) that apply to you:

- ☐ I am having thoughts or feelings about harming myself or have a plan to attempt suicide.
- ☐ I am having thoughts or feelings about harming someone else or have a plan to harm them.
- ☐ Someone I know is seriously harming / abusing me (or a loved one) or threatening to do so.
- ☐ I have been physically or sexually assaulted within the last few days.
- ☐ Someone close to me died within the last few days.
- ☐ I am having strange experiences such as hearing voices or seeing things that others do not hear or see.
- ☐ I am having recurring gaps in my memory about personal information or about what I have been doing lately.
- ☐ I am unable to provide for my own food, clothing or shelter.
- ☐ I am having a severe reaction to a psychiatric medication.

If **any** of the above applies to your current situation, it is appropriate for you to be seen for emergency care. Return this form to the front desk, complete paperwork (if you are a new client), and you will be seen today as soon as one of our counselors can be made available. We can usually arrange for you to be seen you within an hour.

If **none** of the above applies to your situation, we would like to encourage you to schedule a regular counseling appointment instead. If you schedule an appointment today, you will be seen as soon as possible, usually within a day or two. We apologize for the wait.

☐ **If you were not seen for an emergency counseling session today:**

If your situation worsens and you do find yourself in one of the above emergency situations, please call Health and Wellness Services at (801) 957-4268 during business hours.

In the case of an after-hours mental health crisis or emergency, you may contact the following 24-hour resources for support:

University of Utah 24-Hour Crisis Line: (801) 587-3000
National Suicide Prevention Lifeline: (800) 273-TALK (8255)

In any life threatening situation, call 911 immediately.

Project (Assessment) Title: 2012-2013

Students will increase their sleep quality by displaying intrapersonal skills acquired through sleep health interventions as measured by the Pittsburgh Sleep Quality Index.

College Priority and Objective

Strategic Priority II – Improve Student Access and Success

Objective II D Improve student participation in advising, learning support and noncurricular activities that are related to student persistence.

Objective II E Improve student completion of desired educational goals: certificates, degrees, and successful transfer to four year colleges and universities.

Methodology (Plan/Timeline/Method):

Students will increase their sleep quality by displaying intrapersonal skills acquired through sleep health interventions as measured by the Pittsburgh Sleep Quality Index.

Students were selected randomly to participate in the program. The Institutional Review Board provided the first name and email for the randomly selected students. All students were sent an email asking them to participate in the program. An informed consent letter informing the student of the purpose of the program and its risks and benefits associated with the program were attached to the email.

The sleep measure that was primarily used was the Pittsburgh Sleep Quality Index (the PSQI); a 19-item questionnaire designed to measure self-reported sleep quality and disturbance over a 1-month period. The nineteen questions provide the basis for the seven subscales, which include questions to assess subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction. The PSQI has been administered to clinical and nonclinical populations, including college students. The survey also included five items to address student demographics - age, gender, ethnicity, school year classification (or number of years in school), and living situation. The pre survey was created using Google Forms. The post survey was created using Campus Labs (Student Voice).

Students were provided sleep health information to improve their sleep patterns via a series of five educational PowerPoint and online videos. The PowerPoint series covered topics such as sleep health, keeping a sleep journal, time management skills, stress management skills, and bedroom-environmental considerations for sleeping. (See Appendix C for Power Point slides)

During the fourth week of April, students were sent a final email of appreciation for participating in the program and a link to take the PSQI (post program) to compare pre and post data to evaluate sleep quality.

Student Services Outcomes Supporting Student Learning

Learning Outcome:

2. Acquire Knowledge.

C. Know about campus resources.

3. Display practical competence and intrapersonal skills.
 - D. Manage their personal affairs, including economic self-sufficiency, maintaining health and wellness, prioritizing personal, social, educational, and career demands.
 - F. Engage in the college experience to achieve personal and academic success; use college resources, processes and systems; develop goal setting, decision making and planning skills and adapt to change.

Results/Findings

The PSQI was used to measure the increase/improvement of sleep quality of Salt Lake Community College students. Five hundred forty-nine students were initially contacted to participate in the online sleep quality program. Two students asked to be removed from the program. Thirty-six students participated in the pre survey. Five students participated in the post survey.

Students were to read the initial email containing an informed consent letter stating the purpose for the program. The first email sent to each student was personalized (sent individually to all 549 participants). A hyperlink was provided at the end of the email for the student to take the pre-survey (PSQI including demographic questions). There were 24 questions asked in the pre and post surveys. Students were emailed on February 25, 2013, April 9, 2013, April 10, 2013, April 16, 2013, April 19, 2013, April 24, 2013, and April 26, 2013. (See Appendix A for PSQI) (See Appendix B for emails)

Participant Demographics

Pre Survey

Of those who participated in the pre survey, 50% (n=18) participants were female and 50% (n=18) were male. The mean age of those participating in the pre survey was 27.86. Most participants in the pre survey (n=15, 41.67%) were in his/her first year at Salt Lake Community College (SLCC). Most students who participated in the pre survey (n=12, 33.33%) lived with parents. The average hours of actual sleep a student in the pre survey received was six.

Post Survey

In the post survey, 40% (n=2) of the participants were female and 60% (n=3) were male. The mean age of those who completed the post survey was 31. Most participants in the post survey (n= 2, 40%) were in his/her third year at SLCC. Sixty percent of those who participated in the post survey lived with a partner or spouse. The average hours of actual sleep a student in the post survey received was 6.4.

PSQI Results

Sixty-one percent of participants who completed the pre survey stated that three or more times a week they could not fall asleep within thirty minutes. After receiving information about lying in bed awake, post intervention results report 60% of participants cannot get to sleep within thirty minutes less than once a week. Twenty-two percent of participants who completed the pre survey reported that less than once a week they woke up in the middle of the night or early morning.

According to post survey results, 40% of participants reported they woke up in the middle of the night less than once a week.

From the pre survey results, 81% of participants reported that three or more times a week they could not breathe comfortably. After receiving information on how to get a good night's sleep, eighty percent participants who completed the post survey reported not having trouble breathe comfortably during the past month. In the pre survey, 81% of participants reported they coughed or snored loudly three or more times a week. After the online sleep quality program, 60% of participants reported they did not cough or snore loudly during the past month. According to pre survey results, 86% of participants reported having taken medicine to help him/her sleep three or more times a week. One hundred percent of participants reported on the post survey they did not take medicine to sleep in the past month.

Before participants received information on creating a bedroom environment conducive for sleeping, 61% of students reported they felt too cold three or more times a week. After receiving the information, 80% of participants reported they did not feel too cold during the past month. According to pre survey results, 44% of participants reported they felt too hot three or more times a week. Post intervention results report 60% of participants did not feel too hot during the past month.

Forty-seven percent of participants who completed the pre survey stated they had trouble staying awake while driving, eating meals, or engaging in social activity. After receiving information on drowsy driving and the importance of sleep, 40% of participants reported in the post survey that in the past month they did not have trouble staying awake while driving, eating meals, or engaging in social activity. According to pre survey results, 6% of participants reported having a very good sleep quality overall. Post survey results show an increase of 14% of participants rating their overall sleep quality as very good.

According to pre survey results, 78% of participants stated they or their partner/roommate noticed they experienced long pauses between breaths while asleep three or more times a week. Post intervention, 100% of participants stated they have not experienced long pauses between breaths while asleep during the past month. Eighty-three percent of participants who completed the pre survey stated that they experienced episodes of disorientation or confusion during sleep three or more times a week. After the sleep program, 100% of participants said they did not experience any episodes of disorientation or confusion during sleep during the past month.

According to the National College Health Assessment, SLCC students reported stress and sleep difficulties in the top five academic impacts affecting their individual academic performance. After analyzing pre and post survey data, we conclude that teaching students how to effectively manage sleep can improve their well-being. According to post survey data results, students experienced an increase in sleep quality and in all areas of the PSQI.

Actions Taken (Use of Results/Improvements)

According to results from the post survey of the online sleep quality program, further assessment and evaluation is needed to gather more concise data. Students who participated in the program and those who attended the sleep health event expressed a concern for wanting more information on improving their sleep quality. The Health Promotion office is planning on disseminating the

Power Point educational slides and CNN sleep videos via Health and Wellness Services' website which can be accessed from www.slcc.edu/hw. Educational slides and videos will be posted to Health and Wellness Services website during the summer of 2013.

Appendix F – Encounter Form

Date of Visit: ____/____/____ Salt Lake Community College Health and Wellness Services Encounter Form Initials: _____

Patient Name: _____ Date of Birth: ____/____/____ Student #: _____

Campus: _____ Billable Insurance: Y or N Patient Status: ☐ Student ☐ Full-Time Staff ☐ Part-Time Staff ☐ Faculty ☐ Female ☐ Male

COUNSELING			10060	<input type="checkbox"/> Incision & Drainage Single	50.00	87338	<input type="checkbox"/> H-Pylori-stool Ag	25.00
IntakeF	<input type="checkbox"/> New Client Free Visit	N/C	12001	<input type="checkbox"/> Simple Laceration Repair <2.5cm	30.00	84702	<input type="checkbox"/> HCG, BETA Quan	15.00
Intake	<input type="checkbox"/> New Client	10.00	12002	<input type="checkbox"/> Simple Lac Repair >2.5cm	40.00	84703	<input type="checkbox"/> HCG, BETA Qual	15.00
Student Co	<input type="checkbox"/> Established Client	10.00	97597	<input type="checkbox"/> Wound Care	20.00		MASSAGE	
Couples	<input type="checkbox"/> Couples	10.00		HEALTH PROMOTION		Newmass	<input type="checkbox"/> New Client	N/C
995FC	<input type="checkbox"/> Staff/Faculty Co-Pay	25.00	99203	<input type="checkbox"/> New Patient	N/C	Estmass	<input type="checkbox"/> Established Client	N/C
S9484	<input type="checkbox"/> Crisis	10.00	99213	<input type="checkbox"/> Established Patient	N/C	Stu60	<input type="checkbox"/> Massage 60 min	30.00
BIGCOUNS	<input type="checkbox"/> Grant		INHCO	<input type="checkbox"/> INH Counseling	N/C	MassLab60	<input type="checkbox"/> Staff/Faculty Massage 60	40.00
			994025	<input type="checkbox"/> Healthy Lifestyles Student	N/C	Redmass60	<input type="checkbox"/> Reduced Staff 60 min Mass	30.00
99203F	<input type="checkbox"/> New Patient Free Visit (FNP)	N/C	G0375	<input type="checkbox"/> Tobacco Cessation	40.00	POA	<input type="checkbox"/> Paid on account	
99203	<input type="checkbox"/> New Patient (FNP)	10.00	MEGABOX	<input type="checkbox"/> Mega Box (higher price is for staff)	17.00/20.00		OUTSIDE LABS/STATE cont.	
99213	<input type="checkbox"/> Established Patient	10.00	PLEASURREP	<input type="checkbox"/> Pleasure Pack (higher price is for staff)	8.00/10.00	86704	<input type="checkbox"/> HepB CoreAb	16.00
995FC	<input type="checkbox"/> Staff/Faculty Co-Pay	25.00	CONDOMTIN	<input type="checkbox"/> Condom Tin	5.00	86706	<input type="checkbox"/> Hepatitis B Titer (Hep B sAb)	16.00
99211	<input type="checkbox"/> M.A./ M.A.A. Encounter	N/C	CONDOMBAG	<input type="checkbox"/> Condom Bag	4.00	86803	<input type="checkbox"/> Hep C Ab	25.00
EIGMED	<input type="checkbox"/> Grant		BIGHEP	<input type="checkbox"/> Grant		87340	<input type="checkbox"/> Hep B sAg	16.00
INJECTIONS			IN HOUSE LABS		86695	<input type="checkbox"/> HSV Type I		38.00
96372	<input type="checkbox"/> Injection Fee	10.00	82270	<input type="checkbox"/> Gulaic: FOBt 3 spec @home by pt.	10.00	86696	<input type="checkbox"/> HSV Type II	38.00
ImHPV	<input type="checkbox"/> Gardasil (90649)	151.00	81025	<input type="checkbox"/> HCG Pregnancy Test (urine)	10.00	86701	<input type="checkbox"/> HIV/HIV	25.00
90649VOC	<input type="checkbox"/> Gardasil (90649)	10.00	87210	<input type="checkbox"/> KOH/Wet Mount	7.00	36415	<input type="checkbox"/> Lab drawing fee (IHC)	19.00
ImHepA	<input type="checkbox"/> Hep-A (90632)	42.00	87210	<input type="checkbox"/> Trich	16.00	83690	<input type="checkbox"/> Lipase	14.00
90632VOC	<input type="checkbox"/> Hep-A	10.00	87880	<input type="checkbox"/> Strep Screen	10.00	80061	<input type="checkbox"/> Lipid Panel	19.00
ImHepB	<input type="checkbox"/> Hep-B (90746)	51.00	81002	<input type="checkbox"/> Urine 10 Dip w/o microscopy	10.00	80178	<input type="checkbox"/> Lithium	14.00
90746VOC	<input type="checkbox"/> Hep-B	10.00	46600	<input type="checkbox"/> Anoscopy	5.00	80076	<input type="checkbox"/> Liver Fxn Panel	12.00
ImMMR	<input type="checkbox"/> MMR (90707)	75.00	A9900C	<input type="checkbox"/> Colflex	5.00	83002	<input type="checkbox"/> Luteinizing Hormone (LH)	58.00
90707VOC	<input type="checkbox"/> MMR	10.00	A9900CH	<input type="checkbox"/> Cold/Hot Pack	5.00	86665	<input type="checkbox"/> Mono Screen IGM (EBV)	27.00
ImTDAP	<input type="checkbox"/> T-DaP (90715)	49.00	A6430	<input type="checkbox"/> Elastic Ace Wrap (any size)	5.00	86735	<input type="checkbox"/> Mumps AB Full Screen	20.00
90715VOC	<input type="checkbox"/> T-DaP	10.00	A6403	<input type="checkbox"/> Minor Dressing	5.00	88175	<input type="checkbox"/> Pap Smear (IHC) **	42.00
ImHepAB	<input type="checkbox"/> Twinrix (90636)	70.00	A4565	<input type="checkbox"/> Sling	5.00	87621	<input type="checkbox"/> Add on HPVAMP	48.00
90636VOC	<input type="checkbox"/> Twinrix	10.00	A4570(1)	<input type="checkbox"/> Splint 1	10.00	88175U	<input type="checkbox"/> Pap Smear (UCCP)	10.00
ImPPD	<input type="checkbox"/> PPD (86580)	15.00	A4570(2)	<input type="checkbox"/> Splint 2	20.00	85576	<input type="checkbox"/> Platelet function test	33.00
ImFlu	<input type="checkbox"/> Flu (90658)	TBD	A4570(3)	<input type="checkbox"/> Splint 3	30.00	84146	<input type="checkbox"/> Prolactin	16.00
J3301	<input type="checkbox"/> Triamcinolone (Kenalog) ____mg	8.00 per 10 mg	A4570(4)	<input type="checkbox"/> Splint 4	40.00	84153	<input type="checkbox"/> PSA	16.00
J1055	<input type="checkbox"/> Medoxypro (Depo)	75.00	OUTSIDE LABS/STATE		85730	<input type="checkbox"/> PTT		15.00
J0696	<input type="checkbox"/> Ceftriaxone	Varies	86900/86901	<input type="checkbox"/> ABO/RH	39.00	85610	<input type="checkbox"/> PT/INR	14.00
	<input type="checkbox"/> 1 Gram	12.00	80074	<input type="checkbox"/> Acute Hepatitis Panel	19.00	86480	<input type="checkbox"/> Quantiferon TB Gold	68.00
	<input type="checkbox"/> 500mg	9.00	83036	<input type="checkbox"/> A1c Hemoglobin	18.00	86592	<input type="checkbox"/> RPR	18.00
	<input type="checkbox"/> 250mg	7.00	82043	<input type="checkbox"/> Albumin, Urine micro Quan**	15.00	86762	<input type="checkbox"/> Rubella IGG	21.00
PlanB	<input type="checkbox"/> Plan B (54993)	30.00	82150	<input type="checkbox"/> Amylase	14.00	86765	<input type="checkbox"/> Rubella	19.00
			86376	<input type="checkbox"/> Anti-tPO	25.00	87081	<input type="checkbox"/> Strep Only CX	16.00
PROCEDURES			80048	<input type="checkbox"/> BMP	12.00	88307	<input type="checkbox"/> Surg/Path V**	60.00
17000	<input type="checkbox"/> Destruction/lesion by any method (1-5)	25.00	85025	<input type="checkbox"/> CBC W/Diff	15.00	84443	<input type="checkbox"/> TSH **	16.00
11400	<input type="checkbox"/> Skin Tags	30.00	874915	<input type="checkbox"/> Chlamydia/Gonorrhea (state)	35.00	84439	<input type="checkbox"/> T-4 Free	15.00
G0268	<input type="checkbox"/> Ear Irrigation (L)	20.00	874911	<input type="checkbox"/> Chlamydia/Gonorrhea (IHC)	89.00	84403	<input type="checkbox"/> Total Testosterone	63.00
G0268	<input type="checkbox"/> Ear Irrigation (R)	20.00	80053	<input type="checkbox"/> CMP	13.00	86787	<input type="checkbox"/> Varicella Titer	20.00
G0268 x2	<input type="checkbox"/> Ear Irrigation (B)	40.00	82550	<input type="checkbox"/> CPK	12.00	82306	<input type="checkbox"/> Vit D Hydroxy	26.00
93000	<input type="checkbox"/> EKG	20.00	86141	<input type="checkbox"/> CRP-high sens.	22.00	82607	<input type="checkbox"/> Vit B12	26.00
65205	<input type="checkbox"/> FB Removal (eye)	5.00	87070	<input type="checkbox"/> Culture & sensitivity **	46.00	80050	<input type="checkbox"/> General Health Panel	15.00
54989	<input type="checkbox"/> IUD (insertion) removal 20.00	40.00	List:			80074	<input type="checkbox"/> Acute Hepatitis Panel	23.00
11400	<input type="checkbox"/> Lesion excision	35.00	82607	<input type="checkbox"/> Cyanocobalamin (B12)	19.00	86708	<input type="checkbox"/> Hep A Titer	48.00
11750	<input type="checkbox"/> Nail Removal (Full)	35.00	82728	<input type="checkbox"/> Ferritin	19.00			
11750P	<input type="checkbox"/> Nail Removal (Partial)	25.00	83001	<input type="checkbox"/> FSH	97.00			
94640	<input type="checkbox"/> Nebulizer Treatment	17.00	82947	<input type="checkbox"/> Glucose Fasting	12.00			
94010	<input type="checkbox"/> Spirometry	8.00	86677	<input type="checkbox"/> H-Pylori Ab IGG (not stool)	23.00			
10061	<input type="checkbox"/> Incision & Drainage - Multiple	75.00						

☐ Return Appt ____/____/____☐ Copy/Request records: _____☐ Refer to: _____

**Consent to Perform Additional Lab Tests

Due to the nature of the lab test being performed, the initial result may require additional testing to guide treatment or confirm an initial result. I understand that there may be extra costs(s) associated with this. If so, I will be notified of the additional tests and cost and agree to be responsible for payment.

Signature _____

CHARGES FOR SERVICES AND/OR LABS ARE DUE AT TIME OF SERVICE

Amount Due: \$ _____ FORM OF PAYMENT: ☐ CHECK# _____ ☐ CASH ☐ CREDIT CARD ☐ CASHIER'S ☐ POA

PAYMENT RECEIVED \$ _____ RECEIVED BY: _____

I understand that I will be responsible for any charges incurred at this visit. If payment is not in full, the unpaid balance of \$ _____ will result in a hold placed on my student account (banner) until this bill is paid. I also understand that no other bill will be sent.

Signature _____

Last four digits of SS# _____

Date ____/____/____

ALCOHOL, TOBACCO, AND OTHER DRUG CAMPUS REGULATIONS

SLCC policy prohibits possession, consumption or distribution of hallucinogenic, narcotic or other illegal drugs. The policy also prohibits possession, consumption or distribution of alcoholic beverages at any student or employee event sponsored by the College on any property owned or leased by the College and at any College activity, including travel. Campus members may be subject to prosecution by civil authorities for violation of state and federal laws. Violation of the alcohol, tobacco and other drug policies will be handled through the Dean of Students (student violations) or Human Resources (employee violations). Student sanctions taken may include, but are not limited to: referral for assessment by Health and Wellness Services, appearance before the Student Standards Committee, probation or expulsion.

College policy [C2S2.08, "Drug Free Workplace,"](#) provides for testing of certain employees who are required to participate in drug/alcohol testing programs pursuant to federal or state regulation. Additionally, *reasonable suspicion testing* may be requested based on specific, documentable, contemporaneous observation including but not limited to: job performance, appearance, behavior, speech, statements, possession, body odors, etc. Violations may result in corrective action up to and including termination in accordance with policy [C2S3.07 "Disciplinary Sanctions and Termination"](#).

ALCOHOL, TOBACCO, AND OTHER DRUG LAWS	PENALTIES
DUI: It is illegal to drive or be in physical control of a vehicle or motorboat, even when parked, while under the influence of alcohol, any drug, or the combined influence of alcohol and any drug if impaired. Utah's Implied Consent law requires submission to blood alcohol content (BAC) test. Refusal will result in revocation of license for one year. You are in violation if your BAC is .08 or greater or if you are incapable of operating a vehicle. (Section 41-6a-502)	Up to 6 months' imprisonment &/or \$1,000 fine, rehabilitation assessment & education class, suspension of license for 90 days, \$100 to victim restitution fund. Accident, injury or death will increase penalties. Class B misdemeanor.
Minors: It is illegal to sell or supply alcohol to a minor.	Maximum penalty: 1 year imprisonment and/or \$2,500 fine; Class A misdemeanor.
(MIP) Minor in Possession: It is unlawful for any person under the age of 21 years to purchase, attempt to purchase, solicit another person to purchase, possess, or consume any alcoholic beverage or product. (Section 32B-4-409)	Maximum Penalty: Up to 6 months imprisonment and/or \$1,000 fine plus suspension of driver's license up to one year: Class B misdemeanor.*
Not-a-Drop Law: You are in violation if you are under 21, have consumed any amount of alcohol and are driving. (Section 53-3-231)	Lose license for 90 days, required substance abuse assessment, & may still face MIP laws.
Intoxication: It is illegal to sell or supply to intoxicated persons or to purchase alcohol if intoxicated.	Maximum penalty is 6 months imprisonment and/or \$1,000 fine; Class B misdemeanor.
It is illegal to drink in a public building, park or stadium, or to be so intoxicated that you disturb others or injure yourself or others.	Maximum penalty is 90 days imprisonment and/or \$1,000 fine; Class B misdemeanor.
Open Container: It is illegal to drink any alcoholic beverage while operating or riding as a passenger in a motorized vehicle, whether that vehicle is moving, stopped, or parked on any highway, street, or area of traffic. (Section 41-6a-526)	Once a container has been opened, one can be arrested for possession. Violating an open container law is a Class B misdemeanor, which carries a maximum penalty of 6 months imprisonment and/or \$1,000 fine. **
Tobacco use or possession: To buy, use, or possess any tobacco product by any person under age 19 is illegal. It is illegal to sell or furnish any tobacco product to any person under age 19. (Section 76-10-105)	Maximum \$750 fine. Class C misdemeanor.
Clean Air Act: Prohibits smoking in a place of public access, public meeting or any government building. (All buildings on SLCC campus) "Smoking means the possession of any lighted or heated tobacco or nicotine product in any form. "Lighted Tobacco" means both tobacco that is under self-sustained combustion and tobacco that is heated to a point of smoking or vaporizing. (Section R392-510)	Maximum \$500 fine. Class C misdemeanor.

Protection of Air Used for Ventilation: Smoking is not permitted within 25 feet of any entrance-way, exit, open window, or air intake of a building where smoking is prohibited. (Section R392-510-9)	
Possession or sale of drug-related paraphernalia (Section 58-37a-5)	Maximum penalty: 5 years imprisonment and/or \$5,000 fine; third degree felony.*
Sale or use of inhalants to get high	Maximum penalty: 6 months imprisonment and/or \$1,000 fine; misdemeanor.*
Possession or use of imitation controlled substances (Section 58-37-8)	Maximum penalty: 90 days imprisonment and/or \$750 fine; misdemeanor.*

* All penalties enhance one degree if incident occurs within 1000 feet of a school, church, stadium, theatre, sports complex, etc.

** Unless it is completely inaccessible to driver and passengers.

TOBACCO HEALTH RISKS

Possible Effects: Extremely psychologically and physically addictive. Risks of smoking include: high blood pressure, increased heart rate, stroke, heart muscle spasms (angina); shortened life expectancy; lung, larynx, mouth, bladder, esophageal, and pancreatic cancer; coronary heart disease; chronic bronchitis and pulmonary emphysema; impaired immune system; allergy system; allergy; peptic ulcers; in pregnancy smoking contributes to stillbirths and low birth weight babies more vulnerable to disease and death. Risks of "spit" tobacco or "chew" include: noncancerous oral conditions, oral leukoplakia, loss of salivary gland function, cancer of the mouth, inflammation and receding of gums, tooth decay, bad breath, discoloration of teeth, and tooth loss.

Secondhand Smoke Effects: Nonusers (especially children of smokers) exposed to other's smoke can experience lung cancer, heart disease, asthma, and bronchitis.

Withdrawal Symptoms: Withdrawal from repeated and frequent tobacco use can cause headaches, nervousness, fatigue, hunger, severe irritability, poor concentration, sleep disturbances, and intense nicotine craving.

ALCOHOL HEALTH RISKS

Possible Effects: Psychological & physical addiction, respiratory depression, depression of the immune system, increased risk of accidents, injury due to violence, heart disease, cancer, hypertension, brain damage, impotence at high dosage levels, drunk driving crashes. In addition, alcohol use increases the risk of unwanted sex, unwanted pregnancy, sexually transmitted diseases and acquaintance/date rape. Mothers who drink during pregnancy may give birth to infants with Fetal Alcohol Syndrome or Fetal Alcohol Effect. These infants may have irreversible physical abnormalities and mental retardation. Research indicates that children of alcoholic parents are at greater risk than other people of becoming alcoholics.

Withdrawal Symptoms: Repeated alcohol use can lead to dependence. Sudden cessation is likely to produce withdrawal symptoms including: severe anxiety, tremors, hallucinations and convulsions. Alcohol withdrawal can be life threatening. Long term consumption of large quantities of alcohol, combined with poor nutrition, can also lead to permanent vital organ damage.

Effects of Overdose: Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

For more information on the health effects of alcohol, tobacco and other drugs, please visit the Health & Wellness Services website at <http://www.slcc.edu/hw>

Health & Wellness Services
Redwood, STC 035, 801-957-4268
South City, 1-143, 801-957-3323
Jordan, PAV 202, 801-957-6211

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