STUDENT SERVICES PROGRAM REVIEW

Mental Health Counseling

January 22, 2018

Presentation semester: Spring 2018

DEPARTMENT/PROGRAM

Mental Health Counseling

STUDENT SERVICES PROGRAM REVIEW

SECTION 1 – MISSION

Name of Program:	Mental Health Counseling, Student Health Services

PURPOSE OF SECTION 1.1 & 1.2: To help the committee understand how the department/program supports the mission of GC.

College Mission: *"Grossmont College is committed to providing an exceptional learning environment that enables diverse individuals to pursue their hopes, dreams, and full potential, and to developing enlightened leaders and thoughtful citizens for local and global communities."*

1.1 Program Mission: What is your program's mission statement? Please explain how the program's mission relates to the mission of GC.

Program mission:	Grossmont College Mental Health Counseling (MHC) is committed to providing culturally competent, evidenced-based, up-to-date therapeutic services to Grossmont students, equipping them to navigate life stressors and academic challenges and to achieve scholastic and personal success.
Mission's relationship to College mission:	Understanding that sound mental health is critical to academic performance, MHC seeks to equip students to manage and/or mitigate the mental health-related symptoms that impact student retention and completion of academic goals, thereby allowing students to reach their full potential in the classroom and as global citizens.

1.2 Mission statement improvement plan: Identify any plans your department/program has to change or revise its mission (when applicable).

Plan:	N/A

SECTION 2 – DEPARTMENT OVERVIEW & PREVIOUS PROGRAM REVIEW RECOMMENDATIONS.

PURPOSE OF SECTION 2.1: **To help the committee understand the history of the department/program, what your department/program does and your overall place in the college.**

2.1 Introduce the self-study with a brief department history (limit to 1 page). Include changes in staffing, curriculum, facilities, etc. (You may wish to cut/paste your previous department history and edit).

History:	SHS began offering mental health services to students during the fall of 2014. Since then, the department has grown from staffing of one part-time adjunct, to a program with one full-time (FT) counselor, added in 2016, and two adjuncts, hired in 2017.
	As staffing has increased, MHC has been able to accommodate and treat more students. Counseling has shifted from a "stabilize and refer" model to a program that provides short-term therapy, crisis intervention, case management, and outreach/prevention.
	In the fall of 2016, MHC established a partnership with SDSU, allowing Grossmont to become a practicum training site for graduate students. In the spring 2017 semester, MHC added 2 adjunct counselors allowing MHC to increase the number of students seen and expand the modality of services offered. Beginning in the fall of 2017, MHC had its first MSW (master of social work) intern who provided 20 hours of clinical work per week to the program.
	MHC collaborates with on campus resources, community resources, and statewide resources to ensure the services provided are evidenced based, best practices for community college students.

PURPOSE OF SECTION 2.2 & 2.3: **To help the committee understand your department/program and key services provided through your program and the population it serves.**

2.2 What population does your department or program serve and what are their needs? (Use bulleted list and limit to ½ page.)

Population Information:	Mental Health Counseling serves all enrolled students regardless of payment of health fee. To be seen, a student must currently be enrolled in 1 class either on campus or through distance education. In the event that a student drops their classes while being seen by MHC, the therapist will work with the student to wrap up services and provide linkage to the community. If a person is in crisis they will be seen regardless of enrollment status to stabilize the crisis and make community referrals when needed.
Needs:	MHC sees students with a variety of mental health needs and treats each case accordingly. Some of the frequent presentations are: ● Depression ● Stress/anxiety ● Bipolar disorder ● Addiction issues ● Suicidal ideation ● Family of origin issues ● Acculturation issues ● Medication management referrals ● Relationship problems ● Basic needs referrals

2.3 Please list and describe the key services provided through your program.

Service:	Description:
Short-term counseling and crisis intervention	MHC provides short-term, one-on-one therapy consisting of weekly or bi-weekly visits for a period lasting, on average, between 4 visits to one semester. MHC provides immediate intervention as needed when a student is in crisis. Students in crisis will be seen immediately on a walk in basis or when brought in by faculty or staff. Crisis is determined by MHC staff as being in danger of hurting yourself or someone else, or being gravely disabled and unable to function appropriately in the campus community.
Referral services	MHC provides referrals to community resources that are no-cost or sliding scale. Referrals are made for needs that are outside our scope of practice, or when students' needs are better met in the community.
Outreach and education	MHC partners with many campus and community resources

	to provide outreach and education services to the campus including, but not limited to, Safezone LGBT ally training, QPR suicide prevention and awareness gatekeeper training, AB540 ally, Veterans Ally training, Yellow Ribbon suicide prevention training. In spring 2015, MHC began offering an online, avatar based training focused on teaching people how to recognize and refer students that may be in distress or at-risk for suicide. This training, called *Kognito At-Risk* training for students and faculty, was provided in collaboration with the State Chancellor's office, though had to be taken offline due to accessibility problems. MHC has been working as part of a group with in the CCC system and the Chancellor's office to see that the issues are fixed and we are able to offer *Kognito At-Risk* in the future. MCH developed a website in January of 2015 and for that calendar year received 170 hits. This number has grown each consecutive year with 2016 going to 818 student visits and 177 faculty/staff visits and 2017 1,045 visits and 235 faculty/staff visits. These numbers indicate a growing knowledge of mental health services on campus for both students and employees. In addition, MHC worked closely with Student Affairs and Engagement to develop *Gizmo's Kitchen*, a food pantry providing meals and hygiene kits to 524 students over the Fall 2017 semester. MHC collaborates with the Basic Needs Task Force to develop programming that will fit the needs of our most vulnerable homeless students. MHC is part of a multi-disciplinary PACT team consisting of Student Affairs, ARC, EOPS, Mental Health, Sheriff's Office, and other resources as needed, that works to ensure campus safety as well as developing a safety-net for students in need that may be high-volume utilizers of campus resources.

PURPOSE OF SECTION 2.4 & 2.5: **To help the committee understand what the last program review recommendations were, and how your department addressed and implemented them.**

2.4   Your last program review contains the most recent SSPR Program Review Committee recommendations for the program. Describe changes that have been made in the program in response to recommendations from the last review. (Be sure to use the committee recommendations and not your own). Include the recommendations from the last program review in this section.

SSPR Recommendations:	N/A. New Program
Department/Program Response to Recommendations:	N/A. New Program

2.5   If relevant, please provide a brief summary of any audit or compliance review conducted by your department/program or an outside agency. This may include an audit of state and federal mandates related to department/program funding sources. If the audit/review is conducted by an outside agency, please include that information.

Comments:	N/A. New Program

SECTION 3 – DEPARTMENT/PROGRAM GOALS & IMPROVEMENT

PURPOSE OF SECTION 3.1 – 3.4: **To describe the main goals and objectives for the program (goals might include objectives for a specific or focused area of student support, a combination of support elements for a specific target population, state or federally mandated activities or other activities directed at providing support to students).**

3.1   What were your goals in the last program review cycle, and did the program achieve those goals?

Comments:	N/A. New Program

3.2 Make a rank ordered list of priority goals and objectives for your department/program for the next three year cycle. (When developed be sure to keep in mind "SMART" Goal standards, and Grossmont's Achieve the Dream strategic plan).

Goal:	Description:	Action Plan:
1. Data Collection	Begin to collect data to look for gaps in services provided and populations that are not being served by MHC; use data to inform types of services offered and efficacy of interventions provided	Obtain Electronic Medical Record (EMR) software to begin to track data; interpret data to inform service provision and program development
2. Implementation of expanded prevention and early intervention program	Mental Health peer educators will provide front line campus support, a campus-wide stigma reduction campaign, and campus mental health support activities.	Secure grant funding, SSSP funding, Equity funding, SHS fees, work study and CalWorks workers to begin to develop peer program; identify and train peer educators that are representative of target student populations
3. Faculty and staff training	Provide regular training to staff and faculty to educate and equip them to identify and refer students in distress, increase help seeking behavior, understand the mental health needs of at-risk populations, and create inclusive environments free of mental-health related stigma.	Schedule flex presentations at the beginning of each semester; offer presentations at department meetings; contract with county providers to administer training when MHC staff cannot.

3.3 Please reflect on the "Institutional Capacity" (IC) of your goals. (IC = use of Information Technology & Institutional Research; Process for identifying achievement gaps; Process for formulating and evaluating solutions; Commitment to and capacity for data-informed decision making).

Comments:	In regards to data collection, MHC does not currently have the capacity to document and track trends or population service gaps. Our goal is to obtain Electronic Medical Record software that will allow us to gather and track data in a responsible and reliable manner, one that ensures student confidentiality and is in compliance with HIPAA and FERPA, in order to adjust services as data dictates to better serve our students. In addition, as we look to increase our prevention and early intervention efforts, space is an issue. If MHC is successful in securing grant funding, office space will be necessary for the operation of a peer educator program and the administration of the grant. MHC foresees needing 1-2 offices for grant staff and material storage, as well as a meeting space for student peer educators. Current IC for faculty and staff trainings is sufficient at this time. We are able to reserve conference rooms or other meeting spaces as needed to complete this goal. MHC foresees increased collaboration with community/campus partners to enhance and expand the quality and quantity of trainings offered.

3.4 Identify your most successful goal. Describe how this goal was a success (including activities, supporting data).

Comments:	NA new program

3.5 Identify your least successful goal. Describe how this goal was unsuccessful (include challenges or obstacles encountered and any changes to this goal and why).

Comments:	NA new program

PURPOSE OF SECTION 3.6 – 3.11: **The committee wants to gauge department/program efforts as they relate to quality, vitality, and responsiveness to student needs. Similarly, to review how these efforts inform department improvement and refinement.**

3.6 Please describe any programmatic changes to services in your department/program (i.e. accomplishments, changes in service, etc.) during the last 3 years.

Service:	Process(es) used to support programmatic change(s):
Mental Health Counseling	Hire of adjunct mental health counselor in 11/2014, providing 20 hours a week of service to 16,000+ students, working strictly on a crisis intervention and community referral basis with student appointments every .5 hours, seeing a total of 493 appointments in the first year. Implementation and advertisement of Kognito-At-Risk trainings for students and staff/faculty.
Expanding Program	Hire of full time mental health counselor 09/01/2016 increasing the appointment time to 60 minute appointments as is industry standard, and allowing the time to begin developing an outreach and early intervention model. Begin collaborating with other departments to provide needed services to campus such as working together with Student Affairs in the development of the PACT team, attending NaBITA trainings and providing trainings to team members. MHC collaborated with International program counselors to provide a gathering of Middle Eastern international and immigrant students providing a safe place to voice concerns and successes after the travel ban was instituted in January 2017.
Growth of Staffing	Hire of two adjunct counselors and 1 MSW intern in spring of 2017, adding 45 clinical hours of available appointments and allowing the program to begin the change from a crisis intervention/stabilize and refer model to an outreach/early intervention model, and raising the number of appointments for the period of 09/01/16 to 12/22/17 to 910 as well as adding 7,662 outreach contacts, showing a considerable growth in students served. Addition of adjunct therapists allowed for the collaboration with the Basic Needs task force in addition to Student Affairs and Engagement in developing *Gizmo's Kitchen*, providing 511 meals and hygiene supplies to students that are at risk for food insecurity and homelessness.

3.7 How does the population you serve assess the department/program?

Comments:	Students are able to to provide feedback regarding individual counselors through anonymous evaluations. With the addition of education/early intervention, prevention and outreach efforts, students are able to give feedback on programing through surveys and evaluations of outreach programs and trainings, in addition to evaluating individual therapist.

3.8 Explain how external factors (e.g. state budget, local economy, local job market, changes in technology, similar program or service at neighboring institutions) influence your department/program, and describe any measures that have been taken to respond to these factors.

Comments:	As of the current funding cycle, the state budget and the current college administration have assisted in growing MHC with the addition of two adjunct counselors. A significant downturn in budget could negatively impact our program if staffing is cut from current levels. Technology used in Health Services as a whole is grossly outdated and extremely behind other schools in the area and industry standard. MHC is currently researching EMR's and plans to institute up-to-date record keeping in the next semester. Though it has improved over the last year, staffing of the Mental Health Counseling program is behind most other schools of this size in the area. IACS recommends 1 mental health counselor for every 1600 students and we are currently at the equivalent of 1 FTE per 8,411 students. MHC has utilized a graduate level Social Work intern to provide clinical counseling and increase number of appointments available to students while reducing the caseload for existing Mental Health Counselors. Through grant funding, state funds, and the addition to the health fee, and increasing the intern training program, the goal will be to close these gaps.

3.9 Describe how your program coordinates with other programs on campus and how improved coordination could enhance institutional effectiveness.

Comments:	Collaboration efforts include: **Classroom presentations and presentations at department meetings**: At the beginning of each semester, MHC offers classroom presentations on mental health and student health services to any instructor requesting one. works with other departments on campus to provide outreach and support in addition to receiving student referrals from other departments, though due to

privacy laws dictating use medical records we are unable to share patient information with departments outside of health services.

San Diego State University:

In the Fall 2016 semester Mental Health Counseling began working with SDSU to implement a Social Work intern training program. After completing the MOU and selecting an intern for the school year 2017-2018 we were able provide expanded services to Grossmont students, while providing training to SDSU students.

Basic Needs Task Force:

Additionally, Mental Health Counseling and Student Health have partnered with *Gizmo's Kitchen* to provide healthy meals to students in need. Mental Health Counseling has also collaborated with several student groups and clubs on campus to promote healthy and engaging campus environments and raise awareness of several causes throughout the last semester.

Specialized trainings to faculty, staff, and students:

MHC continues to provide outreach and training in many pertinent areas such as LGBT Safezones, QPR (suicide prevention gatekeeper training), AB540 ally training, Veteran ally training, and Yellow Ribbon (suicide prevention gatekeeper training). Several of our staff have become trained trainers in these models.

PACT team:

MHC collaborates in interdisciplinary teams such as the Basic Needs committee, and sits on the PACT team with members from Student Affairs, ARC, EOPS, Sheriff's Office and other department representatives as needed.

Crisis response services:

In response to community violence that took place in September of 2016, MHC partnered with student government leaders to provide safe spaces to process feelings associated with the event, in addition to developing a campus wide healing hearts campaign.

ASCG:

MHC collaborates with ASCG and student clubs to provide culturally competent, student driven programing related to mental health, sexual health, first generation students, single parents, LGBT, and other groups and clubs as requested.

Improving the area of coordination and collaboration with other departments on campus could improve services to our students in need such as providing linkage to on campus and outside resources, reducing wait times for first appointment, increase help seeking behaviors of our students, and to better assist students who may otherwise fall through the cracks of student services.

3.10 If there are any other measures or considerations you would like to include regarding your program's vitality, please explain.

Comments:	Mental Health Counseling would like to begin tracking data to assess what populations are being served, but also to address the populations that are not being served. We would like to be able to address these populations through targeted outreach designed to increase help-seeking behavior of disproportionately impacted students. Due to the confidential nature of our work and our records being medical and not education records, it would be illegal to send our patient information to institutional research to collect the data we would need. Without the means to track this data adequately we are unable to measure the outcome of our department in serving underserved students.
	MHC will continue to utilize student surveys and confidential counselor evaluations and other symptom scales to assess overall outcomes of services provided.
	MHC will continue to expand and grow the intern training program by developing MOU's with other area schools of social work allowing Grossmont to increase needed services to students with a focus on increasing engagement and retention.

3.11 If applicable, briefly explain your department/program plans for improvement and refinement.

Identify any plans your department/program has to:		Details:
	Change or improve services.	MHC would like to continue to grow and develop innovative ways to reach student populations that are disproportionately impacted or underserved keeping in line with the goal of

		student success and equity through grant funding, SSSP funding, Equity funding and Health fee funding.
	Change or improve department/program assessment.	MHC would like to implement program assessment and review through data collection and annual review
	Improve involvement with the community.	MHC will continue to build bridges to community resources through formalizing outreach and referral processes.
	Improve coordination with other programs on campus.	MHC will improve communication and coordination with other campus departments through trainings, outreach events, and partnerships with clubs and student government.
	Other	

SECTION 4 – INSTITUTIONAL LEARNING OUTCOMES & CAMPUS STRATEGIC PLAN

PURPOSE OF SECTION 4.1: **To describe how Institutional Learning Outcomes (ILOs) are supported by your department/program.**

    4.1   Check each ILO supported by your department/program and corresponding area of Integrative and Applied Learning.

ILO:		Integrative and Applied Learning:
X	Knowledge of Human Cultures and the Physical and Natural World.	Broad, Integrative Knowledge. **X** Specialized Knowledge.
X	Intellectual and Practical Skills	**X** Communication (written and oral) fluency **X** Use of information resources **X** Critical and Creative inquiry **X** Teamwork and problem solving

X	Personal and Social Responsibility	**X** Productive citizenry (civic knowledge and engagement)
		X Intercultural knowledge and competence
		X Ethical reasoning for action
		X Foundations and skills for lifelong learning

PURPOSE OF SECTION 4.2 & 4.3: **Please demonstrate how your department/program links into GC's strategic plans of Outreach, Engagement, Retention and Institutional Capacity (IC).** (IC = use of Information Technology & Institutional Research; Process for Identifying Achievement gaps; Process for formulating and evaluating solutions; Commitment to and capacity for data-informed decision making).

4.2   Summarize your program strengths in terms of (limit to ½ page):

Strategic Goal:	Strength(s):
Outreach	MHC strives to provide up-to-date and exciting outreach events and materials to our students. MHC collaborates with clubs, organizations, and community partners, to host events, such as depression screening and awareness day, sexual assault awareness day,and suicide awareness and mood screening day, and mental health awareness week events. Providing outreach services to 7,662 students through partnerships, trainings, and events in the 2016/2017 school year. MHC provides trainings and outreach to all students on campus and has provided targeted outreach to Veterans, LGBT students, Women, Middle Eastern students, DACA and Dreamers, and other student populations that are seen as traditionally underserved or disproportionately impacted.
Engagement	MHC is committed to increasing engagement through partnerships and collaborations with on-campus groups and clubs, and off-campus resources and partnerships. MHC provides classroom presentations and groups on stress management, mindfulness, and symptom management, in addition to providing information about Health Services. MHC continues to increase engagement by increasing access to services that combat stigma associated with help seeking behaviors.

Retention	MHC continuously strives to make lasting supportive connections with students, providing ongoing support to assist with navigating scholastic, social, and familial stressors.
Institutional Capacity	MHC hopes to obtain tech tools to assess population gaps in service. MHC has grown and expanded services to students over the short time we have been in existence adding staffing and an intern training program. MHC has been able to utilize existing SHS space and has used creativity, innovation, and collaboration to realign existing space as needed for growth. MHC continues to creatively explore ideas to expand services to students in need.

4.3   Summarize your program challenges in terms of (limit to ½ page):

Strategic Goal:	Challenge(s):
Outreach	MHC has limited staffing and funds to provide more extensive outreach at this time. Limited staffing and student demand utilizes most of the current scheduled time. MHC has a goal of providing one outreach event per month during the semester. Due to student needs this has been challenging as therapist schedules fill up with students that are experiencing emergent stressors and need to be seen in individual appointments.
Engagement	MHC provides targeted outreach to underserved student populations and partnerships with student clubs to improve engagement and develop relationships on campus. The challenge in this area, is collecting and managing data showing which student groups are being missed. With this data MHC would be able to target outreach to fit these vulnerable populations.
Retention	Due to stigma associated with mental health care, students often wait to seek services until they are failing and in crisis. At this point MHC, is often unable to assist the student in turning the situation around and must work from a crisis model. Increasing help seeking behaviors will allow

	MHC to reach students prior to crisis and address stressors that can lead to poor performance.
Institutional Capacity	MHC is lacking up to date technology to track data, automate service, and communicate with students in the manner they prefer. MHC has utilized existing space within SHS to expand to date, though space concerns limit the services we are able to provide, and dictates growth abilities.

SECTION 5 – STUDENT LEARNING OUTCOMES & STUDENT SERVICE OUTCOMES

PURPOSE OF SECTION 5.1: **To access practices used to achieve Student Learning Outcomes (SLOs) and Student Service Outcomes (SSOs). SLOs and SSOs allow faculty, staff, administrators and institutional researchers assess the impact of services and instruction.**

5.1 How does your program support student learning?

Comments:	MHC provides mental health support to students in coping with stressors that can negatively impact student learning if not addressed. MHC provides students with tools they need to navigate the learning process and achieve success in scholastic and life goals.

5.2　Please use the table to fill in the appropriate information regarding:
- · SLOs/SSOs measured
- · Assessment Tool - Briefly describe assessment tool.
- · Assessment Analysis - Summarize the assessment results; discuss what student needs and issues were revealed
- · Next Steps - How will you address the needs and issues revealed by the assessment?
- · Timeline for Implementation - Make a timeline for how you will implement the next steps outlined above

SLO/SSO MEASURED:	Decrease in presenting symptoms of 30% on averageby end of treatment.
ASSESSMENT TOOL:	The PHQ-9 and GAD-7 are standardized tools that are widely used, validated, and accepted form of assessment in the mental health field, making them industry standard tools in mental health counseling. Patients will be administered these tools at time of intake, at the fourth session, and at time of completion of services.
ASSESSMENT ANALYSIS:	Each patient assessment will be entered into the record and changes over time will be assessed looking at decrease in scores leading to final data.
NEXT STEPS:	Begin to include assessments in paperwork given to students.
TIMELINE FOR IMPLEMENTATON:	Fall Semester 2018

SLO/SSO MEASURED:	Assessment of average time from request for counseling to time of first appointment
ASSESSMENT TOOL:	Data collection/appointment scheduling software such as MediCat or Point and Click
ASSESSMENT ANALYSIS:	We will look at the time it takes to schedule an appointment with a therapist to the time the student is first seen.
NEXT STEPS:	Obtain data tracking/scheduling system/ EMR
TIMELINE FOR IMPLEMENTATON:	Spring semester 2018- Summer 2018 obtain and install system. Begin tracking data Fall Semester 2018

SLO/SSO MEASURED:	Close service gaps to underserved and disproportionately impacted students.
ASSESSMENT TOOL:	Data tracking software such as MediCat or Point and Click.
ASSESSMENT ANALYSIS:	Establish a baseline of students and disproportionately impacted students that are being seen in MHC and compare that data to existing data on DI populations allowing informed targeted outreach increasing help seeking behaviors and reducing service gaps.
NEXT STEPS:	Obtain software such as MediCat or Point and Click EMR.
TIMELINE FOR IMPLEMENTATON:	Spring 2018-Summer 2018 subscribe to software and work to implement in MHC/SHS. Fall 2018 begin to collect data. Summer 2019 analyze data, Fall 2019 begin targeted outreach.

PURPOSE OF SECTION 5.3 – 5.6: **To show how SLO/SSOs assessments were used to improve teaching strategies, develop curriculum, modify and/or update curriculum, and guide program planning. Applicable only to departments/programs that offer courses of instruction. Briefly answer the following questions.**

5.3 How does your department manage and follow the 6 year SLO Assessment Plan?

Comments:	N/A

5.4 How does your department use SLO assessments to discuss teaching and learning in your courses?

Comments:	N/A

5.5 How is the information from those discussions communicated to the faculty in your department/program who teach?

Comments:	N/A

5.6 What assistance is needed from the College to remove barriers to SLOs being an effective and important component of your department planning (from writing SLOs to assessments to communicating action plans)?

Comments:	N/A

PURPOSE OF SECTION 5.7- 5.10: **For departments that offer courses of Instruction. To describe how curriculum is maintained and/or developed.**

> 5.7 Describe how your course offerings have changed since the last program review. Have you added or deleted courses? If so, why?

Comments:	N/A

PURPOSE OF SECTION 5.8: **To understand your practice for reviewing outlines. For example: when you submit a new course, a course is modified, or a course update is submitted to the curriculum committee.**

> 5.8 Describe your department's practice for determining that all course outlines reflect currency in the field, relevance to student needs, and current teaching practices.

Comments:	N/A

PURPOSE OF SECTION 5.9: **To describe what the department does to maintain high academic standards amongst its faculty.**

> 5.9 What orientation do you give to new faculty (both full- and part-time), and how do you maintain dialogue within your department? Consider department practices, academic standards, and curricular expectations (i.e. SLOs and teaching to course outlines)?

Comments:	N/A

PURPOSE OF SECTION 5.10 – 5.11: **To evaluate the department's success with course delivery methods in online vs. hybrid vs. face-to-face platforms.**

> 5.10 If applicable, provide a comparison of the retention and success rates of distance learning sections (including hybrid) and face-to-face sections. Is there anything in the data that would prompt your department to make changes? (Required data will be provided by the Program Review Data Liaison – insert here).

5.11 Briefly explain your department/program plans to improve and refine SLOs.

Identify any plans your department/program has to:		Details:
	Change or improve your SLOs/SSOs.	After review by the program review committee MHC will adjust SSOs as recommended. At yearly review if it is deemed that the goals have been met or need adjustment to better serve

		student populations MHC will begin the process of improving our goals and measures.
	Change or improve how the department/program assesses SLOs/SSOs.	MHC is beginning the process of program review and assessment, and we will be looking at outcomes and changing needs. We will be utilizing appropriate tools to assess outcomes in treatment. MHC is adjusting medical records management to better collect and assess data associated with SSOs.
	Change or improve department/program services as a result of SLO/SSO findings.	MHC will begin the process of adjusting the mental health program as needed at time of review to better serve our students as outlined through evaluation and SSO findings.
	Other	

SECTION 6 – STUDENT SUCCESS & EQUITY

PURPOSE OF SECTION 6.1:

· **To have department/programs examine the effectiveness of the program.**

· **To have departments/programs explain what they have done to improve student success.**

6.1 How does your department/program contribute to student success outcomes (promote transfer, completion of educational goal, retention, and/or future success)? As compared to previous years?

Comments:	MHC promotes student success by providing mental health support for students, ensuring they have all possible tools available to handle stressors that influence scholastic outcomes leading to academic performance, student retention, and completion. MHC equips students to mitigate and manage mental health issues that can lead to poor performance and/or academic withdrawal.
	In addition to this MHC works to increase access to services and increase help seeking behaviors of disproportionately impacted students by partnering with student clubs and organizations to provide culturally competent and inclusive programing for student populations. MHC has taken on many different trainings to ensure that services provided are inclusive and target underserved or at risk populations such as LGBT Safezones, Veteran Ally training, AB 540 training, PACT team, Basic needs committee, Title IX training, QPR training, and Yellow Ribbon trainings. These trainings and committees all focus on engagement and retention, through inclusion and support of our students, creating relationships and safe spaces for students to work on challenges that may deter completion of their educational goals, and assist them in reaching future success.

PURPOSE OF SECTION 6.2: **To have departments/programs explain what they have done to improve student equity and support to special populations.**

6.2   Please answer the following questions:

Access: How do the services you provide to students facilitate access and equity to special populations?

Support: How do the services you provide to students support special populations? How do the services support students while attending the college?

Access:	MHC works to increase access by providing targeted outreach to disproportionately impacted student populations. Some of the student groups reached over the review period are, LGBT students, Veterans, DACA and Dreamers, on campus women's groups, students struggling with mental health issues, and first generation students, immigrant and international students. MHC continues to work towards reducing stigma surrounding mental health, increase help seeking behaviors, and build bridges between siloed campus communities, by partnering with student groups to provide culturally competent activities and safe spaces. MHC works to increase knowledge of services through outreach/education events and classroom visits and flex trainings.

	MHC has increase traffic to the mental health services website with the first year of 2015 seeing 170 total visits to 1,045 visits in 2017 increasing access to services provided through outreach and the use of available technology.
Support:	Because students from special populations are at increased risk for mental health issues, the services provided by MHC are crucial to their academic success. To this end, MHC supports students from special populations by providing mental health counseling, case management, crisis intervention, and referral services.

SECTION 7 – STUDENT DATA

PURPOSE OF SECTION 7.1: **To use Key Performance Indicators (KPIs) to demonstrate the department/program: scale of operation, efficiency, and effectiveness. Using SARS, MIS, or department/program collected data, analyze quantity of service provided to the GC student population. If departments/programs are supplied with specific area data from the Data Liaison, use 7.2.**

7.1 If applicable, report program/area data showing the quantity of services provided the past 2 academic years (i.e. number of workshops or events offered, ed plans developed, students served, etc.)

KPI or Service:	Year 1 Quantity:	Year 2 Quantity:
Individual appointments	493	910
Crisis Intervention	37	53
Outreach	353	7,662
Events	0	5

Workshops	0	32
Website Visits	170	1,045
Classroom Presentations	32	48

PURPOSE OF 7.2: **Summarize findings of additional data provided to your department/program by the Data Liaison.**

Comments:	With the addition of two adjuncts and one intern, MHC was able to increase the number of students seen individually as well as those targeted by outreach events, classroom presentations, and workshops ,better serving the campus as a whole. MHC has increased access to services provided on campus and in the community though events, website development, outreach, class visits, tabling in the quad, providing screenings, and reducing stigma associated with mental health. MHC has grown considerably over this review period and has nearly doubled the number of individual appointments, while increasing the early intervention program that allows students to be seen prior to crisis. This in turn will positively impact outcomes for students and will positively impact outcomes for retention and completion, as well as engagement.

PURPOSE OF SECTION 7.3: **To have the department/program examine the trends represented in the data from 7.1 or 7.2.**

    7.3   What story does your data tell about efficiency, responsiveness, timeliness, number of requests, etc.?   (Use bulleted list and limit to ½ page).

Comments:	Data shows that providing outreach at campus events impacts a far greater number of students than individual counseling appointments. While both aspects of mental health care are needed shifting the culture on campus to one that promotes and supports mental health, has been a goal of MHC. Allowing for proper data collection software will revolutionize the story that our data can tell from one of anecdotal evidence with light data, to one of strong data showing the efficacy of our program on our student population and campus community.

SECTION 8 – STAFFING, FACILITIES & RESOURCE NEEDS

PURPOSE OF SECTION 8.1 & 8.2: The committee is interested in knowing about the people in your department and what they do.

8.1 Briefly describe the duties of faculty, classified staff, and hourly workers who directly work with the program. (Use bulleted list.)

Position:	Responsibilities:
Mental Health Counselor FT	**Program development of MHC** **Provide coordination of the therapists/intern.** **Set schedules** **Attend meetings and shared governance committees** **Seeking grant and other funding sources for MHC** **Provide outreach to campus** **Schedule outreach and educational events** **Provide 1-on-1 therapy for students** **Provide group therapy for students** **Documentation of therapeutic services provided to students** **Provide drug and alcohol counseling** **Provide confidential Title IX counseling and referrals** **Provide case management and community referrals** **Coordinate with campus departments such as Student Affairs, Health Services, ASGC, Engagement, Sheriff's Department, CAPS, ARC, PACT team** **Collect data** **Write and analyze program review**
Adjunct Counselors/Interns	**Provide outreach to campus** **Schedule outreach and educational events** **Provide 1-on-1 therapy for students** **Provide group therapy for students** **Provide confidential Title IX counseling and referrals** **Provide drug and alcohol counseling services** **Provide community referrals and case management.** **Documentation of therapeutic services provided to students**

8.2　How do these positions contribute to basic department function and/or the success of students
in the program?

Comments:	These positions are the backbone of the Mental Health Counseling on campus.The therapists/counselors are hired as Mental Health Counselors and are confidential employees working within the scope of employment to assist students with a variety of mental health needs in a completely confidential manner on campus. Mental Health/Health records fall outside of education records, making any services done by therapists in MHC protected health services. This allows students the place to work through issues that impact student success in a meaningful and private environment. This contributes to the success of our students as they have a place to work through situations that may be barriers to completing academic goals, or may lead to them withdrawing from school.

8.3　Are the current levels of staffing adequate? Discuss part-time vs. full-time ratios and issues surrounding the availability of part-time faculty, classified staff, and student/classified hourly. If available provide supporting documentation.

Comments:	Current staffing is not adequate at this time due to increase in student needs and departmental shortfalls. MHC has no classified staff to work the front desk and check in patients, answer phones, schedule appointments, answer general health center questions, provide screening paperwork and other administrative duties. This lapse in staffing requires therapists and nurses to stop the work they are doing in serving students to address front desk needs. This not only interrupts service to students in need it is taking desperately needed time away from completing follow up paperwork. MHC currently has one full-time counseling faculty and two adjunct counseling faculty working on average 14 hours a week serving 16,822 students and providing 910 individual appointments over the last year and seeing 354 unique student contacts. This is exclusive of any outreach events or classroom visits, and does not factor in administrative time of record keeping and paperwork or time at the front desk of our office. This is the equivalent of 2 FTE meaning there is 1 FTE per 8,411 students. Suggested International industry standard ratio is 1 FTE to every 1500 students per the International Association of Counseling Services. The National Survey of Counseling Center Directors reported an average of 1 FTE to every 1600 students, meaning Grossmont College is behind suggested International and National averages.

PURPOSE OF SECTION 8.4 – 8.6: **To determine how departments utilize various campus facilities and the impact on student service delivery and access.**

    8.4   List the type of facility spaces your department/program utilizes for service delivery and/or instruction. This can include on-campus, off-campus, and virtual. (Use bulleted list.)

Facilities:	MHC offices in SHS
	SHS waiting room
	SHS clinics
	Available classrooms for trainings and presentations
	Quad space for events
	ASGC club rooms for trainings and workshops
	ASGC boardroom for meetings

    8.5   Are the spaces listed in 4.1 adequate to meet the program's educational objectives?

Yes No

       ·   If you checked 'yes', please explain how your department/program utilizes facility space so your department can meet its educational objectives. Please provide an explanation of specific facility requirements of your program, and how those requirements are being met.

       ·   If you checked 'no', please explain how your department/program is not meeting its facility space needs, in order to adequately meet its educational objectives. Please provide an explanation of specific facility requirements of your program, and how those requirements are not being met by.

Yes:	
No:	MHC is currently utilizing SHS office space. This space is limited due to student volume and center staffing. Counselors currently share offices and at times work from the front desk of the center, or use nursing clinics as space permits. MHC is unable to accept more than 1 masters-level intern at this time, although student demand would benefit more. Due to the lack of office and group space we are limited in the services we can provide and with additional office space or group space MHC could increase services to provide more therapy hours and

	additional groups. With the goal of developing a peer education and outreach program MHC will not have sufficient space to operate.

8.6 What proactive steps have you taken with regards to facility and scheduling to improve the ability of your department to meet the educational objectives of your program?

Comments:	MCH currently staggers counselors and intern schedules to make space available, working in collaboration with SHS staff to shift space as necessary, to better accommodate student volume. MHC currently balances the need for growth and expansion with the space available and works to partner with student groups to provide events and groups in ASGC space or in creative spaces outside.

PURPOSE OF SECTION 8.7: **Please list significant resource needs that should be currently addressed currently or in near term. For each request, identify which goal guides this resource need (use identified goals from Section 3.1).**

8.7 Fill in the table with your resource needs; indicate the guiding goal, type of request, and brief description.

Indicate which goal(s) guide this need:	*Type of Request, P, T, PH, PD, O :	Brief Description:
1	P: FT Counselor P: Adjunct Counselor P: Clerical Staff P: Grant Coordinator	To accomplish this goal it is important to have a FT counselor to address the additional student referrals generated by peer program. In addition, 1 adjunct counselor will be needed to coordinate the peers, provide trainings, and assist with outreach events. 1 grant coordinator will be needed to assure that any grants funds and reporting are done as directed by the grant.
2	T: Electronic Medical Record	MHC will need an electronic medical record program to assist in collecting and categorizing data and to find gaps in services and populations not being served.
3	P: FT and Adjunct Counselor	Prior listed FT and Adjunct counselor will provide scheduled trainings related to mental health services, stigma reduction, and gatekeeper trainings such as QPR and SafeZone.
1,2,3	PH: Office Space	MHC will need additional office space to accommodate increased staff/faculty and student demands.

*P = Personnel; List faculty and staff in order of priority.

T = Technology

PH = Physical; List facility resources needed for safer and appropriate delivery of services.

PD = Professional Development; List need for professional development resources in priority order.

O = Other; List any other needed resources in priority order.

PURPOSE OF 8.8: **The committee is looking to recognize department/program efforts for outside funding.**

8.8   If your program has received any financial support or subsidy outside of the college budget process (grants, awards, donations), explain where these funds are from, how they are used, and any other relevant information such as whether they are on-going or one-time.

Comments:	NA

SECTION 9: COMMENTS & RECOMMENDATIONS

PURPOSE OF SECTION 9.1- 9.3: **To evaluate the value of the program review process from a department/program perspective and suggestions for improvement.**

9.1   Please rate the level of your agreement with the following statements regarding the program review process:

1. This year's program review was valuable in planning for the continued improvement of our department/program

2. Analysis of the program review data was useful in assessing department/program outcomes and current status in multiple areas

Question:	Strongly Agree	Agree	Neither Agree Or Disagree	Disagree	Strongly Disagree
1. SSPR Value		X			
2. Useful for Analysis & Assessment	X				

9.2   How could SSPR be improved to assist your department/program in completing the self-study?

Comments:	MHC is a new program, this will be the first SSPR and MHC will need to complete follow-up assessments in 2 years' time to be able to specifically address

9.3   Describe any concerns or possible dangers to the integrity of the department/program that may be of impact before the next review cycle such as: retirements, decreases/increases in full or part time instructors, addition of new programs, funding issues, etc.

Comments:	MHC faces many dangers in funding that other departments on campus face, including budget cuts that could impact staffing decreasing the services we provide to students. Health Services staff may retire, causing changes in funding to MHC limiting the number of events and outreach programs we are able to participate in. If a budget crisis on campus occurs, it will limit growth and could decrease the program we have been working very hard to build. Mental health care is an instrumental part of engagement and retention of students that are facing both scholastic and life stressors. The more available we are to assist these students the higher the chances are that they will stay in school.

APPENDICES

Please follow these instructions when gathering appendices information.

Please place tabs in front of each appendix with the appendix # and title. Please paginate the appendix as well, continuing the page count from the rest of the report.

A. Definition of Terms (Reference for Instruction Courses Data)

B. Blooms Taxonomy & Common Verbs & SLO/SSO Cycle Diagram (References for SLOs/SSOs)
C. Enrollment Data
D. Student Success Data – Program Retention and Outcomes, Course Outcome Data
E. Checklist Documentation (SLO, Instructional Operations, Articulation Officer, Library)