

All Fields Report

Program	Student Health--Psych Services
Does this program have a CTE component?	Yes
Academic Year	2017/2018
Review Period	6 Year
Service Areas	

A. Program Description and Goals

This section addresses the big picture. Prompts should help you describe your program and goals and the relationship to the institutional mission, vision and goals, and how the program is funded.

1. Describe the program and/or service area under review and how the program supports the mission of Santa Monica College.

The Student Center for Wellness and Wellbeing (CWW), formally Psychological Services, provides a wide range of direct and indirect mental health services to the Santa Monica College community. The primary focus is to provide services to enhance the personal well-being, psycho-social development, and academic advancement of a diverse student population. Direct services provided include short-term, solution-focused, individual therapy; crisis intervention; training and psycho-educational workshops; drug and alcohol prevention; outreach; and faculty/staff training and consultation. The Center for Wellness and Wellbeing is funded 100% through student health fees and shared with the Health Services Center.

The mission of SMC begins with the statement, “Santa Monica College provides a safe, inclusive, and dynamic learning environment that encourages personal and intellectual exploration – one that challenges and supports students in achieving their educational goals.” In order for SMC to fulfill that mission, the college provides a variety of comprehensive and innovative student support services. The availability of services that focus on supporting students’ emotional and behavioral needs is increasingly more important on all college campuses and perhaps more so for an open door community college like SMC.

In a 2012 study published in the Journal of Clinical Psychology, university staff reported an increase in the number of students seeking psychological support, as well as an increase in the severity of psychological symptoms. Further it was reported that there is an increase of students taking psychiatric medication for behavioral health needs.

According to another study presented at the 118th annual convention of the American Psychological Association (APA), more young people are arriving on campus with pre-existing mental health diagnoses. Additionally, many research studies have documented that mental health is clearly linked to retention and academic success. For example, The Center for the Study of Collegiate Mental Health (CSCMH) documented

this relationship in a large representative sample (2009), which indicated that students who struggled with symptoms related to depression and anxiety also tended to struggle academically. Similarly, the American College Health Association along with the Health Services Association California Community Colleges (HSACCC) conducted a joint project in 2011, where 7,898 community college students in California were surveyed and found that students cited depression and anxiety as one of the top impediments to academic performance. The survey also indicated that nearly one third of college students have felt so depressed in the past year that it was difficult to function and more than half have felt overwhelming anxiety, making it hard to succeed academically. Further evidence of the relationship between behavioral health and students' academic performance was found in the relationship between GPA and suicidality where an increase in the severity of suicide-related history resulted in a statistically significant drop in GPA. Although we may know this intuitively or anecdotally, the results of this study give us data that clearly suggest that the goal of academic success is intimately tied to student's mental health.

With this information, we can safely conclude that if institutions of higher education truly want students to succeed academically, they must simultaneously invest in a broad range of holistic student services which promote health and behavioral health. The goals of the Center for Wellness and Wellbeing clearly contribute to the college's overall mission and the Institutional Learning Outcomes. This is accomplished by a variety of direct and indirect services.

Direct Face-to-face Intervention

The CWW meets face-to-face and telephonically to provide students with confidential, short-term, evidenced-based counseling, psycho-education, crisis intervention, and referrals for longer-term therapeutic intervention. The Center's 2.5 licensed clinical psychologists and 2.5 post-doctoral psychologists are available 5 days per week with daily walk-in hours available to meet students varying mental health needs. In addition, several special programs throughout campus also have licensed mental health clinicians who operate under the CWW umbrella of services. These special programs include Guardians Scholars, DSPS, Veterans Resource Center, and Latino and Black Collegians. These special programs use the same electronic health record, and meet throughout the year to discuss best practices and complex cases. When staff are not available to meet with students or when the Center is closed after-hours or during the holidays or month of August, a new after-hours crisis line, has been set up for students. The crisis line, Protocall, is a 24/7 comprehensive service where mental health professionals respond to students in need by conducting throughout psychosocial assessments and providing referrals when needed. They have the capacity to do full suicide and homicide assessments, report elder and child abuse as mandated reporters, contact local hospitals for follow up (if students are referred for hospitalization) as well as campus police, if it's an on-campus emergency. Faculty, staff and peers can also use the service when they are calling about a student in need. This service is set to go live in late

October, early November.

The Center also has a variety of community based organization (CBO) partnerships that assist in getting students in to longer-term treatment. These include low fee community counseling agencies, community psychiatrists, and county mental health providers. Community partnerships are key to ensuring that students who need long term treatment and case management, have access to it. In addition, clinicians work regularly with insurance companies to connect students who covered providers. Getting students connected to all of these services takes time and a knowledge of systems. Clinicians take a hands-on approach with students, often calling insurance providers, and CBO's on a student's behalf to ensure their mental health needs are met.

Indirect Mental Health Services

The Faculty Coordinator, post-doctoral intern, and new Director all sit on the Crisis Prevention Team (CPT) to discuss Santa Monica's highest risk students. Many of these students are referred for services in the CW&W in order to stabilize their behaviors. In addition to serving as members and consultants of the CPT, the Faculty Coordinator is often consulted with by faculty and staff who are struggling with disruptive and distressing students.

CWW is also a member of the Mental Health and Wellness Association (MHWA). MHWA provides up-to-date state regulations and changes, as well as best practices for community colleges. The new Director recently became the Continuing Education Chair of the MHWA Board and will attend both the northern and southern annual meetings.

The CWW also has a grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) that focuses on suicide prevention. This grant has paid for one part-time grant manager, peer educators, and important suicide prevention and mental health conferences in-house and throughout the country for CWW ad CPT staff, who in-turn, bring back relevant information to help the campus innovate its mental health services.

Psychosocial Education and Training

In addition to the direct and indirect services, CWW staff also consult regularly with faculty and staff about how to manage student behavior in and out of the class. The CWW is used as a resource for staff who need assistance in dealing with student's mental health needs. Often this leads to a student referral to CWW.

In partnership with the Crisis Prevention Case Manager, Mental Health First Aid trainings are given several times throughout the year for faculty, staff, and students who are interested. Mental Health First Aid is a national program that consists of an 8 hour certificate course where people learn the skills to help someone who is developing a mental health problem or experiencing a crisis. The program has evidence of building mental health literacy, and helps the campus to identify, understand, and respond to signs of mental illness.

Question, Persuade, Response (QPR) is another way CWW reaches the larger campus community to help identify the risks of students experiencing suicidal thoughts. QPR is an innovative, practical, and evidence-based suicide prevention model that is open to faculty, staff, and students.

The CWW also provides a variety of classroom workshops for students throughout the academic year. In fall of 2017, CWW provided directly and partnered with community based organizations to conduct 19 educational workshops. These workshops include topics such as the following:

- Stress management
- Is this love? Building healthier relationships
- Myths and facts about addiction
- Stressed about tests
- Perception, distortions and breaking free: Debunking food myths and body image
- What to do when a friend is suicidal
- Happiness is an inside job
- Wired and tired: How to improve your sleep
- Don't believe everything you think: How to change your negative thoughts
- Marijuana basics
- Mindfulness: Giving yourself the gift of the present
- Introduction to meditation
- Counting blessings vs. burdens: The positive effects of gratitude

- Music and mental health: Using music for expression and healing
- Control your anger before it controls you
- Navigating alcohol and drugs in college

2. Identify the overarching goal(s) or charge/responsibilities of the program or service area. If appropriate, include ensuring/monitoring compliance with state, federal or other mandates.

The primary goal of the Center for Wellness and Wellbeing is to provide a variety of emotional and behavioral health services to enhance the personal well-being, psycho-social development, and academic advancement of a diverse student population. This is accomplished through the following services:

1. Individual short-term solution-focused therapy for students

Short term therapy is strategic and focuses on rapid identification of primary problem areas, then helping students to both identify and develop the internal strengths and resources to enable them to resolve personal problems that interfere with college success. Solution-focused therapy is an evidenced-based, short-term treatment modality that has been shown to be highly effective.

2. Crisis Intervention

SMC is an open door, urban, community college with students from all walks of life and backgrounds. As such, students come to school with a variety of problems that may manifest in many potentially dangerous behaviors such as, suicidal ideation, homicidal ideation, psychotic behaviors, stalking, child and/or elder abuse, and intimate partner violence to name a few. The Center for Wellness and Wellbeing licensed clinical psychologists and post-doctoral interns have the professional expertise to work directly with students as well as the Campus Police, Student Judicial Affairs, Crisis Prevention Team, faculty and staff to assess and consult on appropriate interventions. Postdoctoral psychologists are on staff to help support the increasing demand for services present in the Center for Wellness and Wellbeing.

3. Presentations/Outreach/Drug and Alcohol Prevention

The Center for Wellness and Wellbeing psychologists and postdoctoral interns work closely with students, faculty, administrators and staff to provide information and support through training and presentations on a variety of relevant mental health topics. The purpose is to 1) provide information and updates as to the location, staffing, hours, process for making referrals and the overall role of mental health services on campus; 2) provide training on identifying and handling students in distress; 3) increase awareness and reduce stigma related to mental health and suicide prevention, and 4) answer questions and handle on the spot consultation as needed.

4. Consultation

Psychologists offer faculty, staff and administrators the opportunity to discuss problematic interactions with students who appear to have mental and behavioral health challenges. Some examples are students who are

disruptive in the classroom, students who write papers with disturbing content, students who disclose personal and often traumatic information, students who disclose suicidal ideation, and students who appear to be emotionally distressed.

5. Referrals to Community Based Organizations

The Center for Wellness and Wellbeing actively maintains and collaborates with community based organizations such as the Los Angeles County Department of Mental Health (DMH) and DMH contracted agencies in the Westside Service Area and beyond. We have developed a collaborative relationship with DMH service navigators and other local community resources who are available to actively assist with the referral process. Many students require specialized services (such as rape treatment, couples counseling, psychiatric medication, family and child counseling, intimate partner violence intervention, eating disorder programs, psychological testing, alcohol/drug rehabilitation, etc.) and are referred to local agencies.

3. If applicable, describe how the Institutional Learning Outcomes (ILOs), Supporting Goals, and/or Strategic Initiatives of the institution are integrated into the goals of the program or service area.

The goals of the CWW are in alignment with several of the institution's goals, including one of the supporting goals to the Institutional Learning Outcomes (ILO) and one of the latest strategic initiatives developed for 2017-2022. The following lists the relevant supporting ILO goals and the strategic initiatives of the institution and how CWW model its services after each:

1. Supporting ILO Goal #2: Supportive Learning Environment

- Provide access to comprehensive student learning resources, such as library tutoring and technology
- Provide access to comprehensive and innovative student support services such as admissions and records, counseling, assessment, outreach and financial aid

The CWW ensures that students have access to mental health services that support their learning environment. Services are evidenced-based and are in alignment with best practices on college campus. The CWW strives to be innovative in its service delivery by seeking out new ways of doing this from its fellow community colleges and other mental health professionals. One example of innovative service delivery is by

using an electronic health record (EHR) that allows for text messaging appointment reminders to students. The Center knows how important it is to speak the language students speak. The use of technology is important in keeping up with students' needs. A new area that is being explored in the near future is the use of telehealth to provide therapy. Other campuses are using this form of treatment and find it creates new avenues of access to treatment for students.

2. Strategic Initiative 2017-2022 #1: Close the gaps in educational outcomes among student groups

- Maintain an innovative , responsive, and inclusive academic environment, curricular programs, learning strategies, and services

The Center for Wellness and Wellbeing helps to create equity among students by addressing the mental health needs that are often barriers to learning. The Center's highly skilled clinicians know that access is what matters when it comes to emotional and behavioral health needs. That's why there are five hours each day of walk-in availability to meet students in the moment when they are experiencing the crisis. Students learn about the services through SMC website, workshops, word of mouth, and their instructors.

Other areas that could help to close the gaps and promote student equity include looking into telehealth, an online, virtual therapy platform for students through Canvas. Telehealth allows for access to mental health and crisis services for students who can't make it to campus for a variety of reasons (including socioeconomic and transportation barriers). These services will be explored over the course of the next year.

4. If your program receives operating funding from any source other than District funds identify the funding source. If applicable, note the start and end dates of the funding (generally a grant), the percentage of the program budget supported by non-District funding, and list any staff positions funded wholly or in part by non-District funds. Do not include awards for non-operational items such as equipment (ex. VTEA) or value added activities (ex Margin of Excellence).

The Center for Wellness and Wellbeing has received three years of funding from the SAMHSA (Substance Abuse and Mental Health Services Administration) Garrett Lee Smith Suicide Prevention Grant, 2015-2018. One part-time grant manager is fully funded by this grant, as well as a variety of psychoeducational and prevention workshops and trainings for students and staff. This grant will also allow SMC to develop a Suicide Prevention and Post-vention Plan that will be implemented throughout the college.

B. Populations Served

In this section you will provide information that describes who your program or service area serves. When comparing data from different periods, use a consistent time frame (ex. Compare one fall term to another fall term)

Saved Information For Populations

Area/Discipline Information Pertains To

Psych Services

1. Describe the students your program serves in terms of ethnicity, race, gender, age, residency status, citizenship, educational goal, enrollment status, and full/part-time status. Note any changes in student or enrollment data since the last program review.

The Center for Wellness and Wellbeing tracks students served in the electronic health record (EHR) Titanium, and is able to compare data for different time periods. A snapshot of time, from 8/28/2017 through 10/26/2017 shows 395 students attending their appointments, with 577 scheduled appointments. Of those who attended appointments, 37.4% (n=91) identified as Hispanic/Latino, 30.5% identified as White (n=74), 13.6% identified as Asian/Pacific Islander (n=33), 8.2% identified as Black/African American (n=20), 5.8% identified as Other (n=14), and 0.8% identified as Native American/Alaskan Native (n=2) (Attachment 3, pg 2, Ethnicity Table).

In looking at data from Fall 2016, we see similar statistics. For this time period, 333 unique clients were served and attended 658 appointments (Attachment 4, pg 1, Attendance Table). In looking at gender, 61.3% (n=204) identified as female, 36.3% (n=121) identified as male and 1.2% (n=4) identified as transgender (Attachment 4, pg 1, Gender Table). These percentages seem to be consistent with previous years and the last six-year program review.

In looking at Race/Ethnicity for the Fall 2016, 31.5% of the students identified as Hispanic/Latino (n=105), 27.6% identified as White (n=92), 15.6% identified as Asian/Pacific Islander (n=52), 8.4% identified as African American (n=28), 11.1% identified as Other (n=37), and 0.9% identified as Native American (n=3) (Attachment 4, pg 2, Ethnicity/Race Table). In looking at F1 Visa status during this same term, 71.5% of students identified as not having an F1 Visa while 23.7% stated that they are an international student.

When comparing Race/Ethnicity of the previous 6 year program review, the numbers are similar with an increase in the number of students identifying as Latino being served in the current program review period (22% compared to 34%). This is interesting to note because this data does not include encounters of students in the Latino Center where a mental health clinician also sees students. This means that the number of Latino students seeking and receiving mental health services is likely much greater than what's reported.

In looking at the age range of students served in Fall 2016, 43.2% of students were between the age of 17-20 years old, 43.2% were 21-30 years old, 6% were 31-40, and 3% were 41 and over. There were similar trends in comparing this to data from the previous 6-year program review.

In looking at the student's sexual orientation, 73.3% (n=244) identified as straight, 7.5% (n=25) identified as Gay or Lesbian, 6.3% (n=21) identified as Bisexual, and 4.8% (n=16) identified as undecided or unsure (Attachment 4, pg 2, Sexual Orientation Table). This information was not reported for the previous program review, how similar trends occurred in Fall 2011 according to the data available. In looking at the students living environment in Fall 2016, 46.2% of students reported living with their parents, 24.9% reported that they live with roommates, 9.6% responded that they live with a spouse/partner and 9% of students responded that they live alone. It should also be noted that 4.2% responded as Other and 6% did not respond. When asked "If other, please specify", 2.4% of students reported being homeless, in-between homes, or couch surfing. Additionally, students who reported being homeless had more appointments than their counterparts, with one student receiving 7 sessions (Attachment 4, pg 3, Housing Status and If Other Table). This data is an increase from a report in fall 2011 that shows only 0.9% of students receiving services identified as homeless.

Students also reported on their educational difficulties, with 42.6% of students reporting academic performance issues, 35.1% of students reporting concentration issues, 27.3% reporting career/major challenges, 17.4% reporting learning difficulties and 16.8% of students reporting they had study skills issues (Attachment 4, pg 3, Educational Table). These types of symptoms are common for students with anxiety and/or depression, although it is difficult to say if they existed prior to the students mental health concerns. It is important to note that the workshops conducted by CWW throughout the academic year, directly address some of these issues reported.

While the Center for Wellness and Wellbeing does not diagnose students, the Center does address their symptoms and ask them to report upon intake what those symptoms are. Not surprisingly, anxiety/stress is rated the highest at 72.4% (n=241 students) (Attachment 4, pg 4, Personal/Emotional Table). Following is depression at 54.1% (n=180), problems with sleep at 21.3% (n=71), thoughts on suicide at 15.9% (n=53), and thoughts of harming someone else reported at 1.5% (n=5).

In looking at a snapshot of data from the first few weeks of the fall semester of this year, 22.7% (n=17) of students reported past thoughts of hurting themselves, while 6.7% reported current (or active) thoughts on hurting themselves (n=5). While the number of students who are experiencing severe distress and require immediate attention are small relative to the total population, it becomes challenging to manage with a staff of 2.5 fulltime licensed psychologists and three postdoctoral interns. The Center is pressed to either refer students out to longer term treatment or to provide short-term evidenced based services to students with the goal of reducing symptoms and stabilizing their mood and behaviors (Attachment 5).

Students also identified their interpersonal struggles as a result of family problems (31.5%), relationships (30.3%), communication/social skills issues (21.6%) and difficulty making friends (16.5%) (Attachment 4, pg 5, Interpersonal Table). Students also responded to this question with open-ended responses and stated

they are seeking help for issues such as, grief and loss, eating disorders, negative thoughts, sadness and concerns with grades, to name a few. Further, about half of students reported that this was not their first time receiving mental health services (49.8%) and the vast majority of students were not currently in services with an outside provider at that time 86.8%).

2. Compare your student population with the college demographic. Are the students in your program different from the college population? Reflect on whether your program is serving the targeted student population.

In comparing demographic data with the general SMC population for students served in the Center for Wellness and Wellbeing, the numbers are similar by ethnicity. Data from fall 2016 for the general SMC population was compared with data from the CWW for the same time period and showed very similar statistics. One difference is in the number of students identifying as White being represented at a lower rate in CWW (27.1% compared to 31.1%) (Attachment 7). Additionally, CWW served less Asian and Pacific Islander students in 2011 as compared to the general SMC population (7.6% compared to 17.7%). Probably the most interesting is the representation of African American and Latino students, which are somewhat similar to that of the general SMC population as shown in Attachment 7. Because there are mental health professionals who serve students affiliated with the Latino Center and Black Collegians, one can assume this group is over-represented across both departments.

Another similarity that is interesting according to Attachment 7 are the number of Asian students served in 2016 (16%) which is the same as the SMC general population. This suggests that while there may be mental health stigma culturally in the Asian and Asian American populations, this does not deter students from help seeking behavior on campus.

Gender shows that there are more females served than males represented in CWW in fall 2016 (61.2% compared to 55.4% of females) suggesting that females are more likely to seek out mental health services than their male counterparts (Attachment 7). This is counter to the general population where according to the World Health Organization, males are more likely to seek out mental health support and services directly from a mental health provider and utilize inpatient services at a much higher rate, where females are more likely to seek these services from their primary care doctor (www.WHO.org)

3. Discuss any significant change(s) in the population(s) served since the last full program review and the possible reasons for the change(s).

Comparing current demographic and other data with the last six-year program review data is possible but challenging to analyze because the EHR platform changed in 2010 to Titanium. Like all new EHR's, the Center took some time to get used to a new system and develop consistency in what was being collected/tracked. Therefore it is more meaningful to look at data from after 2010 when comparing numbers.

The last 6-year program review completed during 2009/2010 shows some differences that are worth noting; however it should be mentioned that there are percentages without numbers of students included, so the data should be understood within this context. In addition, previous 6-year program review data collection was done by hand as there was not the use of an EHR at that time. In comparing Fall 2016 data with the last 6-year program review, females continue to be served at a higher rate than males (63% during last 6-year review and 61% for 2016) (Attachement 7). In looking at Race/Ethnicity, similar numbers of White students were served, although African American students were less represented (10% in the last 6-year review compared to 6.7% for 2016). Students identifying as Hispanic/Latino were served at a much lower rate previously (22% compared to 34% in 2016). Interestingly the last 6-year program review did not capture Asian/Pacific Islander as a category, therefore this comparison could not be made. It did however collect "Other" which one might suspect included Asian and Pacific Islander students (36%), as well as other ethnicities.

Ages served currently are similar to those served during the last program review, with a slight decrease in serving students 31-40 (11% compared to 7% in 2016) and in serving students 41 and older (6% compared to 3% in 2016). In looking at Attachment 7, it is also clear that the 41 and over group is also under-represented in CWW when compared to the general SMC population. This could be a result of a variety of reasons. First, one might guess that older students feel less comfortable seeking mental health services among a younger cohort. Second, it is more likely that older students who have struggled with mental health issues in the past know of outside resources. Additionally, older students may be more likely to have insurance through employment and already have connections to outside mental health resources.

C. Program Evaluation

In this section programs/units are to identify how, using what tools, and when program evaluation takes place. Evaluation must include outcomes assessment as well as any other measures used by the program. Please use Section D to address program responses to the findings described in this section.

Programs/units with multiple disciplines or functions may choose to answer the following questions for each area. If this is your preferred method of responding, begin by selecting a discipline/function from the drop down, answer the set of questions and click "Save", your answers will be added to the bottom of page. Do this for each discipline/function. If you would like to answer the questions once, choose "Answer Once" from the drop down.

How would you like to answer these questions?

Saved Information For Program Evaluation

Area/Discipline Information Pertains To

Psych Services

1. List your student or instructional support service SLOs or UOs.

SLOs are specific, measurable statements of what a student should know, be able to do, or value when they complete a program/course or sequence of activities. An SLO focuses on specific knowledge, attitudes, or behaviors that students will demonstrate or possess as a result of instruction or program activity.

UO statements focus on service or operational outcomes such as:

- *Volume of unit activity*
- *Efficiency (responsiveness, timeliness, number of requests processed, etc.)*
- *Effectiveness of service in accomplishing intended outcomes (accuracy, completeness, etc.)*
- *Compliance with external standards/regulations*
- *Client/customer satisfaction with services*

Unit Outcome (UO) # 1 The Center for Wellness and Wellbeing will provide all students who are seeking behavioral health services with at least one therapeutic session or a referral for therapeutic services and/or additional case management resources.

Target Population: Students who requested services from the Center for Wellness and Wellbeing who are either self-referred or referred by faculty/staff/peer.

Means of Assessment: Students who come in for walk-in hours are all tracked in the electronic health record (EHR). Students who come in during walk-in hours complete intake paperwork and are seen for a combined brief intake (history) and therapeutic session to address the presenting problem.

Criteria for Success: Each student who visits the Center during walk-in hours will be seen at a rate of 100%.

Unit Outcome #2: After attending at least one personal counseling session, students will feel better equipped to take steps in solving their problems; including, being more aware of off and on-campus resources, feeling more capable of reflecting on their emotional situations, and feeling they have improved coping skills.

Target population: Students who received at least one personal counseling session with clinical staff.

Means of Assessment: Clinical staff, at the end of each session, will pass out attitudinal survey to students in the 5th, 6th, and 7th weeks of fall 2015 and spring 2016. Survey items measuring SLO will be embedded into large survey assessing satisfaction with services. (see Attachment 1 for a copy of the survey)

Criteria for Success: 90% of students will report agreeing (agree, strongly agree) with statements that reflect feeling better equipped to take steps in solving their problems.

2. Describe when and how the program assesses these SLOs and UOs and uses the results to inform program planning including:

- **how outcomes are assessed and how often**
- **the assessment tool(s) used**

- **the sample (who gets assessed)**
- **how and when the program reviews the results and who is engaged in the process**

UO # 1 is assessed each semester to ensure that the Center is meeting its targeted goal of reaching 100% of the student population who come in for services during walk-in hours. All students who request direct clinical services are required to fill out intake paperwork. After filling out the paperwork, students are either seen by a clinician the same day or are given a scheduled appointment as soon as possible.

UO #2 is assessed through the administering of surveys after each individual session during certain times during the semester (e.g., 5th, 6th, and 7th week). Students are required only to complete the survey one time each semester. Surveys are collected and assessed several times throughout the year to ensure continuous quality improvement and that the Center

3. What other evaluation measures does your student or instructional support service use to inform planning? (For example, surveys, longitudinal data, support service use etc.) Note trends, differences in performance by group (ethnicity, gender, age), and any unusual patterns in student success and retention.

Surveys are the primary way in which CWW measures student satisfaction, although they have not been consistently administered. The EHR also generates a variety of reports that can be useful in measuring longitudinal trends in presenting problems. EHR reporting can be useful in making programmatic decisions such as types of workshops to address common symptoms students report. For example, in a recent report looking at 2016/2017 students served, the top three concerns students report are anxiety, depression and sleep. As a result of this, workshops the CWW provide address these issues. Evaluation surveys are also provided to students during all of our student services workshops throughout the semester. Intermittently administering satisfaction surveys will be a focus moving forward.

D1.Objectives

As part of the planning process, programs are expected to establish annual objectives that support the program's goals. Please document the status of the program/function's previous year's objectives. Add comments if you feel further explanation is needed.

Objective:

Further expand walk-in hours on a daily basis to more efficiently manage increased demand for therapeutic services including crisis intervention and case management.

<p><u>Status:</u> Completed</p> <p><u>Comments:</u> Currently, the Center for Wellness and Wellbeing has successfully expanded their walk-in hours to five hours per day Monday through Thursday, and two hours on Fridays. These walk-in hours are utilized by students and staff referred students.</p>	
<p><u>Objective:</u> Further refine our service model by having students first contact at the Center for Wellness and Wellbeing be a walk-in appointment instead of a scheduled intake appointment.</p> <p><u>Status:</u> Completed</p> <p><u>Comments:</u> By analyzing our EHR data over the years, it was found that more students were utilizing walk-in hours than scheduled intake appointments. The longer students had to wait for an appointment, the more likely the student would no-show or cancel. To address this problem, we changed our service model so that the majority of students' first point of contact are during one of the designated walk-in hours, however students can also be seen by appointment by contacting the office and making an appointment with one of our clinicians. Students who come for walk-in can then be seen following the walk-in hours by scheduling an appointment with their clinician directly while in session.</p>	
<p><u>Objective:</u> Change the name of Psychological Services to the Wellness Center.</p> <p><u>Status:</u> Completed</p> <p><u>Comments:</u> Psychological Services changed their name to the Center for Wellness and Wellbeing to address some of the stigma mental health services can have and attract more students and referrals from staff. This new name and model seem to be working very well.</p>	
<p><u>Objective:</u> Collaborate more closely with mental health professionals who are currently working in other offices on-campus (Black Collegians, Latino Center, DSPS, Veterans Resource Center, and Guardian Scholars).</p> <p><u>Status:</u> Completed</p> <p><u>Comments:</u> The Center for Wellness and Wellbeing has been able to successfully collaborate with mental health professionals from within the campus. All clinicians that are embedded within the Latino Center, Black Collegians,</p>	

<p>DSPS, Veterans Resource Center, etc. now use the same EHR and have access to student records if the student is seen in any one of the centers. Mental Health professionals from all departments meet regularly to discuss best practices, continuity of care issues, and other relevant mental health related topics.</p>	
<p><u>Objective:</u></p> <p>Merge Health Center and CWW together to create a more integrated model of care.</p> <p><u>Status:</u> In Progress</p> <p><u>Comments:</u></p> <p>Several possible steps will be taken to integrate the two programs including: One or both programs will relocate to move closer together. EHR's will be evaluated to see if combining make sense. Budgets may be combined. Staff will be cross -trained.</p>	
<p><u>Objective:</u></p> <p>Successfully take on MSW students and eventually develop a more robust MSW internship program.</p> <p><u>Status:</u> In Progress</p> <p><u>Comments:</u></p> <p>CWW will start with USC virtual graduate interns and possibly expand to USC's ground program, Columbia University's virtual program and UCLA's ground program.</p>	
<p><u>Objective:</u></p> <p>Complete the SAMHA grant requirements successfully including the suicide prevention and post-vention plan.</p> <p><u>Status:</u> In Progress</p> <p><u>Comments:</u></p> <p>No additional comments at this time.</p>	
<p><u>Objective:</u></p> <p>Evaluate the option to become a Local Educational Agency that</p>	

bills MediCal for services in Health and Wellbeing.

Status: In Progress

Comments:
 Together with the Administrative Dean and fiscal services, the billing option will be evaluated for sustainability. The hope is that this becomes a viable option for both Health and CWW and begins with the current academic year.

Objective:

Discuss ways to re-implement satisfaction surveys intermittently throughout the year.

Status: In Progress

Comments:
 The next program review will include some data on satisfaction surveys as well as discuss the new plan for when surveys will be administered.

D1. Looking Back

In this section, please document what you did last year as a result of what you described in Section C.

1. Describe any accomplishments, achievements, activities, initiatives undertaken, and any other positives the program wishes to note and document.

The Center for Wellness and Wellbeing has accomplished a great deal over the last year and since the last 6-year program review. One of the biggest changes is the service delivery model moving from an appointment only system to expanding walk-in hours to 5 hours per day. This accomplishment is directly related to the core objectives and has helped to meet the ever increasing demand of students coming in for services. This time last year there were reduced walk-in hours and a long waitlist (with sometimes as many as 50 students waiting for an appointment). Today, there is no waitlist and students are given an appointment right away or within a few days. Students experiencing a crisis are given priority for immediate appointments. In addition to the expanded walk-in hours, our intake paperwork was revised to include a more thorough yet brief bio-psycho-social assessment. This allows the therapist to see the level of risk, as well as some of the history prior to meeting with the student. By reviewing this information prior to the visit, the session can start in a solution-focused manner.

Another accomplished from the last program review is the name change from Psychological Services to the Center for Wellness ad Wellbeing. Changing the name has helped to reduce stigma for students seeking services who might have previously not reached out for help. While there is no direct correlation, there is a

much larger demand for services this fall so it is possible that these two changes played a role.

The Center has been able to collaborate more with campus programs as well, and having therapists embedded in the Latino Center/Black Collegians, DSPS, EOPS/Guardian Scholars and the Veteran Resource Center offices have helped. The Center has regular meetings with these therapists and each therapist uses the same EHR to document their encounters with students. This has also helped to bring the programs closer together, reduce duplication of services, enhance continuity of care, and more effectively manage student crises.

Another accomplishment has been the hiring of a new Director of Health and Wellbeing that oversees both Health Services and the Center for Wellness and Wellbeing. This Director is a Licensed Clinical Social Worker and adds to the clinical expertise in the program and also helps to bridge the gap between Health and the CWW.

One additional accomplishment is being one of the few community colleges to be awarded with the nationally recognized three-year SAMSHA suicide prevention grant, as well as the recipient of the CA Community College Student Mental Health grant prior to our current SAMSHA grant. These grants have provided CWW with the opportunity to increase our visibility on campus by implementing such programs as: a much sought-after peer education internship program, mental health-related trainings to the campus community, mental health awareness campus events, and the development of a robust psychoeducational outreach program.

2. Summarize how the program or service area addressed the recommendations for program strengthening from the executive summary of the previous six-year program review.

The Center for Wellness and Wellbeing values continuous quality improvement and believes that feedback is key to understanding areas that have room for growth. The last 6-year program review includes recommendation for program strengthening and institutional support that are all important to consider.

Recommendations for Program Strengthening

1. Expand outreach efforts to the broader college community and include information on the website when feasible.

The CWW has expanded its outreach to the larger college community in a variety of ways. First, this is evident in the variety of workshops conducted throughout the year for students. Second, Mental Health First Aid is offered several times per year for faculty, staff and students, and there is always a discussion of CWW services. The Crisis Prevention Case Manager also receives referrals from all faculty and staff and in-turn will refer students in need to the CWW.

2. Refine data collection and documentation to support SLO assessment efforts and inform planning.

Data collection has refined substantially with a new EHR that has capacity to report on variety of domains. In addition, CWW can customize reports that are of interest. Much of this data has been reported in the Population Served and Program Evaluation sections. In addition, the CWW pulls this data regularly for quality improvement and program advocacy (i.e. additional positions, etc.)

3. Develop additional training for frontline staff who regularly interact with students and have to respond immediately to unusual student behaviors.

The CWW frontline administrator is crucial to the office and the students. A variety of trainings have been provided to ensure our frontline staff are fully capable and ready to handle the many situations that may occur. Below are a list of trainings that have been provided:

1. Mental Health First Aid
2. Substance Abuse training by community-based organization
3. Kognito Web-based training
4. Stress management training

Additional trainings will be offered to frontline staff as they become available both on and off campus. Trainings on suicide prevention are of top priority given the recent student suicide the office experienced, and although Mental Health First Aid covers suicide assessments, there is always room for additional targeted training in this area.

4. Develop priorities for levels of services to be provided.

The CWW does a variety of direct and indirect services that promote mental health awareness. Priorities for levels of service within the office itself are usually in alignment with a student's mental health acuity. Students who are at imminent risk for harm to self or others are prioritized and campus police are usually involved. This level of priority usually means that other less urgent sessions can be interrupted if there is a need for a clinical supervisor and one is otherwise not available. In addition, cases that are on the Crisis Prevention Team radar are also prioritized because of their complexity and risky nature.

In general, one-on-one counseling is a top priority, followed by outreach on campus, outreach to the larger community, and participation at the state-level. Depending on the level of mental health acuity the office experiences at any one time, any of these priorities can take a greater or lesser role. Having a new Director also helps make outreach to the campus and community, as well as State-wide participation, a larger priority. This has already occurred through multiple meetings with community-based providers and led to important connections for students. Additionally, the Director is participating on the MHWB board, and plans to be

active at the State-wide level.

Recommendations for Institutional Support

1. Work with Health Services and Psychological Services to establish an institutionally sustainable level of services and the best and most appropriate allocation of the health fee, including the winter 2011 increase.

The institution has helped to maintain the level of service provided in the CWW and the Center is thankful for this. The Center is grateful for the one additional 8-hour position granted for this fall given the increase in demand. Additionally, the Center is hopeful that the remaining permanent position be approved this year, which would help provide a sense of stability for the future.

3. Describe any changes or activities your program or service area has made that are not addressed in the objectives, identify the factors (e.g., licensure requirements, state or federal requirements, CCCO mandates, regulations, etc.) that triggered the changes, and indicate the expected or anticipated outcomes.

One area previously mentioned was the hiring of a Director for the CWW and Health Services. The Director is able to bridge the gap between both programs, as well as provide additional clinical support to the CWW. The Faculty Coordinator also works 4 days per week and so this additional support is crucial for the times when there are gaps in clinical supervision.

Several other significant events have occurred that have led to the Center looking more deeply at their service model. This fall, there was a CWW student who died by suicide. This student was identified as high risk, and was being seen consistently as a result. Although a thorough suicide assessment was completed at each visit, this event creates an opportunity to review what can be done differently to help prevent such events from happening again. Several ideas will be mentioned in the Moving Forward section.

Additional unplanned changes include staffing turnover (one of the full-time postdoctoral interns resigned due to unforeseen personal issues), which has placed added pressure on the staff to hire a qualified candidate mid fall semester. Further, the long-time administrative assistant had an unplanned medical leave followed by Jury Duty, which has left staff in a position of needing to fill the front desk gaps. The Moving Forward section will discuss some ideas for how to avoid these gaps in the future.

Another unexpected change was the increase in volume and acuity in students' presenting concerns. Student encounters have nearly doubled this fall as compared to last fall 2016. While this is a positive change and means students are seeking out services more so now than before, it requires optimal performance by staff, which puts them at high risk for burnout, especially given the current staffing challenges.

4. If your program received one time funding of any kind indicate the source, how the funds were spent and the impact on the program (benefits or challenges).

The program has not received one time funding in the past. The current funding streams include student

health fees and the three-year SAMSHA grant. There is discussion of combining the Health and Center for Wellness and Wellbeing budgets which would also give CWW access to other funds that Health Services has access to such as revenue from limited services provided to students and staff and funding from Ascension International Student Insurance.

D2. Moving Forward

Discuss and summarize conclusions drawn from data, assessments (SLO, UO) or other evaluation measures identified in Section C and indicate responses or programmatic changes planned for the coming year(s) including:

- **how the assessment results are informing program goals and objectives, program planning, and decision-making**
- **specific changes planned or made to the program based on the assessment results**

The Center for Wellness and Wellbeing has grown tremendously over the years and since the last program review. Not only have the services directly to students doubled since last year, outreach has also grown too in the form of psychoeducational workshops and presentations as well as outreach/training to faculty and staff. While this provides the CWW with huge opportunities to reach more students, it also presents challenges for staff to maintain strict productivity levels. This can be tricky to do in an environment where there are more students walking in than there are appointments available. Staff are at times left with a choice on whether to schedule back-to-back appointments, or give space in between for debriefing, consultation, and notes.

In addition, program growth does translate into budget growth as we are not a program that generates revenue. CWW maintains all its services through student health fees, which are unfortunately decreasing through a decrease in FTES and projected to decrease even further. This will impact the CWW budget in a negative way and staff will be pressed to come up with creative ways to continue to meet the ever increasing demand. Despite staffing and budgetary restraints, it is incredibly positive that CWW has provided a space for such a large number of students. The next few years as we hope to continue providing the same level of services, new and creative ways to serve the campus community will be discussed. Below are some of the areas of growth and opportunity for the CWW:

1. Development of a master's of social work (MSW) intern program

Over the course of the new few months, the CWW will partner with the Crisis Prevention Team case manager to discuss their needs. Potential schools will be identified as well as logistics like number of interns that can be accommodated, etc. The hope is that by fall 2018 CWW will have at least 1-2 MSW interns and that this model will be sustained. MSW interns will help to decrease the burden on existing CWW clinicians by assisting with students' case management needs (e.g., connecting students to appropriate community agencies, following up with students, etc.).

2. Integrate with the Health Services Center

The CWW will relocate once the new Student Services building is completed, and other areas on campus

become available. This provides an opportunity for the CWW and the Health Services Center to integrate in a more strategic and purposeful way. The hope is that not only will the referral stream happen more seamlessly, but also that we will be able to reach a larger pool of students. Health Services staff see students for a variety of ailments from basic first aid, to chest pain. Often, students come in for physical issues that are symptoms of a much larger emotional struggle. Having the two centers in close proximity to one another will allow for interdepartmental collaboration, a two way referral process, and a larger support network for both programs.

3. Secure a permanent full-time faculty mental health clinical position

This request has been made and we are waiting for a response from the SMC President. The previous Faculty Coordinator Sandra Rowe retired at the end of winter 2017. When Alison Brown took over the Faculty Coordinator position, the full-time Faculty position she left, remained vacant. Currently there is a long-term sub position that is staffed through spring 2018 to cover this vacancy, however when this position expires, the permanent position will need to be filled. The full-time permanent position requested is essential to maintaining the same level of service for students as it's currently provided. It is important to note that this position was ranked #1 after the proposal was submitted and reviewed by the hiring committee. The President's office, however, has put the decision making on whether to hire this position on-hold until there is clarity on the number of retirees who opt-in for the golden handshake offer. Pending this analysis, the CWW is hopeful that the position is approved sometime in early November or December.

4. Develop a final Suicide Prevention and Post-vention Plan

The SAMHSA grant requires that the college develop a suicide prevention and postvention plan as part of the goals and objectives outlined in the grant. The part-time project manager has worked diligently on this grant and together with the CWW is working to create a plan that includes a variety of essential steps SMC will take in order to 1. Identify the signs when students are suicidal and 2. Identify action steps needed after a suicide occurs. This grant will wrap up the end of spring 2018. This is especially important as the Center experienced its first student suicide. The prevention plan will address operational areas within the Center that will ensure students who are at-risk of suicide meet with a therapist immediately. If therapists are all in session, which happens frequently, a plan will be developed to ensure the high-risk student remains in the Center until the next therapist becomes available.

As mentioned previously, CWW is also in the process of implementing Protocall, a telephone service staffed by mental health professionals who respond when there are no clinicians immediately available in the CWW, during holidays, or when the Center is closed (after-hours). Protocall is able to provide comprehensive assessments including assessing for suicidal ideation and homicidal ideation. Their clinicians are able to call campus police, 911, local hospitals, and community based organizations when necessary and can trigger a 5150 involuntary hospitalization when someone is of harm to their self or others. In addition, they follow California court law for psychotherapists to warn third parties of a threat to their safety, based on a 1976 case: Tarasoff v. The Regents of the University of California. This case triggered passage of "duty to warn" or "duty to protect" laws in almost every state. In cases such as this, and others that are of a severe nature,

Protocall will contact the "on-call" clinician, the Director of Health and Wellbeing, to ensure that third party is warned and to determine if there is any additional information to be gathered. The Director will work with the Project Manager of the SAMSHA Grant, the CWW Faculty Coordinator, Campus Police, CPT and others, to ensure a comprehensive prevention and post-vention plan is put together.

5. Evaluate the Local Educational Agency (LEA) MediCal billing option for community colleges

CWW will meet with Administrative Dean and fiscal services to discuss this billing opportunity as a way to grow services. All revenue generated from the LEA MediCal billing option are required to be placed back into direct services for students, therefore this could provide opportunities to expand staffing in both Health and CWW.

6. Cross-training Health and CWW Staff

In order to attempt to reduce gaps in front desk coverage and provide overall additional administrative support, Health Service Health Assistants will receive basic training on CWW front desk responsibilities in order to provide coverage on short notice, when available. Just recently the Administrative Assistant in CWW had an unplanned medical leave and jury duty back-to-back, leaving her out for one month. Therapists all worked together to cover the front desk but this is not a sustainable solution. Having the ability to move staff from Center to Center would be hugely beneficial and avoid these coverage gaps.

D2. Objectives (Moving Forward)

Objective #1

Objective:

Merge Health Center and CWW together to create a more integrated model of care.

Area/ Discipline/ Function Responsible: Psych Services

Assessment Data and Other Observations:

Other data or observed trends

Integrating Health and Wellbeing is helpful for many reasons. First, it helps to coordinate health and mental health care for students. Second, it reduces mental health stigma for students who may not feel comfortable going to the Center for Wellness and Wellbeing. With a more integrated department, staff can work together and learn from each other with the goal of providing a holistic model of care for students.

External Factors:

Timeline and activities to accomplish the objective: 2 years

Describe how objective will be assessed/measured: The objectives will be met at different levels over time. The initial

measure will be both departments physically moving in closer proximity, increasing the number of student referrals, and case collaboration when necessary.

Comments: It is difficult to give a timeline for each of these measures, however the first step is to locate a space for both programs to relocate. Once there is a space and date for moving, steps can be taken to discuss integration at other levels such as cross-training for front desk staff, and joint staff meetings to collaborate on shared case, when appropriate.

Objective #2

Objective:

Successfully take on MSW students and eventually develop a more robust MSW internship program.

Area/ Discipline/ Function Responsible: Psych Services

Assessment Data and Other Observations:

UO Assessment Data

External Factors:

Other Factors

Students have unmet case management needs and the student population seeking services in CW&W has grown.

Timeline and activities to accomplish the objective: 1 year

Describe how objective will be assessed/measured: This program will be assessed by the Faculty Coordinator, Director, and Case Manager in the CPT who will all be providing direct oversight of the interns.

Comments: CW&W will start with USC virtual graduate interns and possibly expand to USC's ground program, Columbia University's virtual program and UCLA's ground program.

Objective #3

Objective:

Complete the SAMHA grant requirements successfully including the suicide prevention and post-vention plan.

Area/ Discipline/ Function Responsible: Psych Services

Assessment Data and Other Observations:

Other data or observed trends

The campus has experienced several student suicides and countless students with suicidal ideation in the Center for Wellness and Wellbeing. Developing a plan for addressing the needs of these students is essential to addressing this student need.

External Factors:

Other Factors

This is essential additionally because the Center experienced its first student suicide.

Timeline and activities to accomplish the objective: 1 year

Describe how objective will be assessed/measured: Measured by the grant obligations and timelines being met. Additionally, CW&W will know the pre and post-mention plans are successful by a decrease in student suicidal ideation after treatment, by a decrease in student suicide's across campus, and by increasing the knowledge base of faculty and staff about what to do when students report feeling suicidal.

Comments: No additional comments at this time.

Objective #4

Objective:

Evaluate the option to become a Local Educational Agency that bills MediCal for services in Health and Wellbeing.

Area/ Discipline/ Function Responsible: Psych Services

Assessment Data and Other Observations:

External Factors:

Other Factors

State authorized community and state colleges to bill MediCal for health and mental health services.

Timeline and activities to accomplish the objective: 1 year

Describe how objective will be assessed/measured: As measured by the decision to bill or not to bill Medical after a financial analysis

Comments: Together with the Administrative Dean and fiscal services, the billing option will be evaluated for sustainability. The hope is that this becomes a viable option for both Health and CWW and begins with the current academic year.

Objective #5

Objective:

Discuss ways to re-implement satisfaction surveys intermittently throughout the year.

Area/ Discipline/ Function Responsible: Psych Services

Assessment Data and Other Observations:

External Factors:

Other Factors

Surveys have not been consistently administered in the past.

Timeline and activities to accomplish the objective: 6 months

Describe how objective will be assessed/measured: As measured by developing a concrete plan for when and how often to administer surveys.

Comments: The next program review will include some data on satisfaction surveys as well as discuss the new plan for when surveys will be administered.

F. Community Engagement

In the prompts that follow, please delineate the partnerships you have with the rest of the SMC community as well as those you have with external organizations.

1. If applicable, describe how your department staff members engage in institutional efforts such as committees and presentations, and departmental activities.

The Center for Wellness and Wellbeing is a resource not only to students, but to faculty and staff who interact with students in distress and might be in need of mental health services. It is very important that the Center not only provide outreach to students, but also to faculty and staff who are the "first responders" when dealing with a student in crisis. A variety of outreach is made throughout the campus as well as with community partners.

For student education, campus-wide outreach historically consisted of student services workshops to students, brown bag discussions with faculty and staff, classroom presentations in counseling 20 courses, and presence at a variety of student attended events such as VIP day for new incoming first year students, Student Life events, the annual Health Fair, as well as others where a mental health presence is important. In looking at outreach to students for 2016/2017, 37 Student Services workshops were provided with 722 students attending. These workshops consist of both interdepartmental presence (SMC psychologists) as well as our mental health community based partners such as Didi Hirsch, A Department of Mental Health funded nonprofit on the Westside, and La Ventana, a clinic that treats youth and adults with eating disorders. Community partners presented on topics including the following: Myths and facts about addiction; Perception, distortions and breaking free: Debunking food myths and body image; Marijuana basics; and Navigating alcohol and drugs in college. This does not include the wide range of topics CWW staff provide as outlined in the Description and Goals section.

In addition, 10 classroom presentation took place with 256 attendees, three department meetings with 62 faculty and staff, and six mental health first aid presentations reaching 173 faculty and staff. All outreach combined totaled to over 60 events and reaching over 1300 students and staff. This is also a huge increase from 2012/2013 where a total of nine events were logged reaching 260 students and staff. These numbers do not include mental health awareness tabling events on the quad and in front of the library, which likely reached hundreds of students, faculty and staff.

Committee presence is also a very important part of the work that extends beyond the services provided to students. The Center for Wellness and Wellbeing Faculty Coordinator, Director, and postdoctoral interns all sit on the Crisis Prevention Team, aimed to address the needs of the highest risk students on campus. Attendance at this committee is crucial in that many students are referred to CWW and/or require referrals to community based mental health providers that CWW have partnerships with. In addition, the clinical perspective is a crucial part of the decision making process for student success.

The Director of Health and Wellbeing also sits on the Environmental Affairs Committee and the Transportation Task Force. Presence at these committees is important not only to move the agenda of the district forward on environmental/transportation and wellness policies, but it also continues to bring awareness of the services provided by CWW.

2. If applicable, discuss the engagement of program members with the local community, industry, professional groups, etc.)

The Center for Wellness and Wellbeing has strong county and community based organization (CBO) partnerships throughout LA County. The Department of Mental Health (DMH) as well as a variety of contracted providers have partnered with SMC for many years. CWW has partnered with DMH for the past two years on their Annual Suicide Prevention Summits, and participates in the planning process, as well as being part of the line-up of notable presenters. We refer low-income students regularly to contracted DMH providers such as Didi Hirsch Mental Health Services, Edelman Westside Mental Health Center, Exceptional Children's Foundation, Little Tokyo Service Center, and Jewish Family Service of Los Angeles, to name a few. One agency, Exceptional Children's Foundation (ECF) co-locates their services to SMC students, and has been meeting with students in the CWW office on a regular basis for the past 2-3 years.

In addition for students with private insurance, CWW also refers to private practitioners throughout LA County, La Ventana Treatment Centers for eating disorders, as well as Center for Discovery for eating disorders, substance abuse, and mental health. For students with international insurance, we work with providers affiliated with Ascension/PIA insurance.

These providers are not only a referral resource for SMC, but also serve as educators. Many of our CBO and County partners also attend tabling events, and provide free workshops for our students.

CWW values state-wide organizations and is proud to be a member of California Community Colleges Mental Health and Wellness Association (MHWA). Attendance at local conferences and participation/partnering with other counseling centers is key to our growth and success.

CWW also attends DMH local service area meetings to continue its familiarity with services throughout LA County. DMH is the largest mental health provider in the county and contracted providers are in a constant state of change. Being "in the know" with changes to CBO funding/programs impacts our referrals and attending these local meetings helps us to maintain important partnerships and key information.

3. Discuss the relationship among program faculty and staff, between program faculty, staff and students, and the involvement of program faculty and staff with other programs or areas.

The Center for Wellness and Wellbeing has a diverse staff of management, faculty, and staff. The Director, a licensed clinical social worker, is the classified manager and oversees the classified staff, as well as the overall program. The Faculty Coordinator, a licensed clinical psychologist, is responsible for coordinating all aspects of the programs day-to-day operations as well as sees students directly for sessions, and provides supervision/clinical consultation to postdoctoral students. One long-term sub, a licensed clinical psychologist is with CWW fulltime through the spring. Additionally there is one part-time licensed clinical psychologist that is temporary through fall 2017. Additionally we have 2.5 postdoctoral interns who have completed their coursework in psychology and are accruing supervised clinical hours prior to sitting for their licensing exam. One key position is our student services assistant, who is the only classified staff in the office. The student services assistant provides huge support to all staff and is the first face students see when they walk in, often in a state of distress or crisis.

G1. Current Planning and Recommendations

The following items are intended to help programs identify, track, and document unit planning and actions and to assist the institution in broad planning efforts.

1. Identify any issues or needs impacting program effectiveness or efficiency for which institutional support or resources will be requested in the coming year. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request support or resources through established channels and processes].

The Center for Wellness and Wellbeing has grown in its capacity to provide services to students both clinically and through outreach on campus. Since last fall of 2016 there has been a huge increase in students served. In looking at data from fall of 2016 compared to fall 2017 thus far the number of students seen has increased from 313 sessions to 397 sessions, an increase of 28% (Attachment 1, pg 1, Attendance Table and Attachment 2, pg 1, Attendance Table). The number of students who came seeking services also increased from 411 to 589, an increase of 43%. Reasons for students not continuing through with an appointment range from students canceling, no shows, and rescheduled appointments. It should be notes that students seeking services fill out an intake form with demographic information and psycho-social stressors. Collecting this information is time consuming and students come in often upset and dysregulated. This first point of contact adds to the volume the Center experiences on a day-to-day basis. Also important to note are the ways in which we first encounter students. The model changed to increase the number of walk-in hours for students and this is reflected in the data. Students are seen for their first encounter as a walk-in session at an increase of 43% (148 walk-in visits in fall 2016 compared to 219 in fall 2017) (Attachment 1, pg 1, Appointment Codes Table and Attachment 2, pg 1, Appointment Codes Table).

This increase in demand challenges CWW staff to meet the needs of students at a high level of efficiency,

while the level of staffing remains the same. In addition to the increase in students, staff are seeing an increase in student acuity with an increase in suicidal ideation, psychiatric hospitalizations, and the Center's first student suicide in the fall of this year. All of these factors make it imperative for the Center to engage in self-care activities that reduce burn out and compassion fatigue. Further, it requires ample staffing to meet the needs of the growing high risk population.

Recently, the Center has experienced some turnover as well which also impacts productivity. All of this is to say that CWW requested a part-time temporary psychologist to work one day per week beginning this semester to assist with the volume of cases coming in. This position will help manage some of these high risk cases assuming that the Center continue to see the upward trend. Additionally, the Center is beginning to look at creating a social work MSW intern program with local graduate schools. Student interns could assist by providing case management, and brief therapeutic interventions to students. This discussion is in its preliminary phases with the Crisis Prevention Team Case Management, and Senior Administration.

2. If applicable, list additional capital resources (facilities, technology, equipment) that are needed to support the program as it currently exists. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

The Center for Wellness and Wellbeing aims to be as efficient as possible and use all technological advances available to enhance the services provided. Currently, new students come in for an appointment and complete a brief questionnaire that is then entered in to the EHR by our office coordinator. This is a dated and time consuming process that we would like to change. We have been working with the IT department to come up with a more efficient way to collect data and one idea was to use tablets for students to enter in the data electronically. This data would then be entered directly into the EHR and avoid the data entry by the office coordinator. This would reduce data entry errors and allow for the office coordinator to focus on other areas of work that are also priorities. After discussions with IT, there seem to be some concerns with HIPAA and security and we are continuing the conversation to obtain clarification on their concerns. Given that many universities and colleges nationwide are able to successfully utilize the web component of the EHR in use by CWW, we are hopeful that these plans can finally come to fruition.

3. If applicable, list additional human resources (staffing, professional development, staff training) needed to support the program as it currently exists. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

As previously mentioned, the volume and level of intensity of students have increased drastically (Attachment 1_Appointment Statistics_17). While the Center does not typically provide long-term therapeutic treatment, it is a first line of defense for students in crisis with 65% of students coming in for only one session and 98% of students coming in for 1-5 sessions (Attachment 1, pg 2, Number of Appointments per Client Table). This short-term crisis model is consistent with previous years and requires highly skilled clinicians who understand evidenced based practices such as crisis de-escalation techniques consistent with best practices and solution focused therapies to meet the ever growing demand.

While a social work MSW program model is helpful, new student interns are not well equipped with the tools

for the highest acuity students. This requires additional staffing to ensure that we are providing quality care to our students in need and most at-risk.

The CWW is thankful that one additional 8-hour temporary part-time position was approved for this fall and hope to see the full-time permanent position reviewed and approved soon, pending the results of the golden handshake.

4. List all current positions assigned to the program.

Director of Health and Wellbeing- Susan Fila, LCSW Licensed Clinical Social Worker

Faculty Coordinator- Alison Brown, PhD Licensed Clinical Psychologist

Long Term Sub- Roxana Zarrabi, PhD Licensed Clinical Psychologist

Part-time Psychologist- Sandra Rowe, PhD

Part-time Psychologist 8 hrs/wk, wks 8-17- Deborah Matian, PhD

Full-time Post-doc Consultant- Danilo Denoso

Full-time Post-doc Consultant- Victoria Moran (resigning and being replaced by Patrice Kane, MFT Intern)

Part-time Post-doc Consultant- Nicole Zokaem

Suicide Prevention Grant Manager- Pernilla Nathan

It should be noted that the post-docs and temporary full-time and part-time positions are helpful and the CWW is grateful to have the support. That said, several of the positions are temporary solutions for a need that seems to be increasing according to the data. Post-docs in particular, require a level of supervision that takes away from direct practice time. Individual and group supervision as well as ad hoc consultation for crisis and non crisis, does take up time for the Faculty Coordinator and Long Term Sub positions. In addition, one social work intern will start in the spring part-time through USC Graduate School of Social Work. It is important to recognize the value of these intern and post-graduate positions, but further important to recognize the supervision it takes from the full-time staff to ensure student quality of care standards are met, as well as supervision requirements as per the Board of Behavioral Sciences, and the American Psychological Association.

Additionally, and as previously mentioned, there are the part-time psychologists/social workers who work in special programs that operate under the umbrella of the CWW (please note-these clinicians are not captured in any of the statistics reported and are paid through equity funding (and one through DSPPS):

Part-time Psychologist Black Collegians and Latino Center- Maria Reynoso, PhD

Part-time Psychologist Veterans resource Center- Gerald "Todd" Adamson, PhD

Part-time Licensed Clinicial Social Worker Guardian Scholars-Susana Stewart, LCSW

Part-time Licensed Marriage and Family Therapist DSPTS- Patricia Bisch, LMFT

G2. Future Planning and Recommendations

The following items are intended to help programs identify, track, and document unit planning and actions and to assist the institution in broad planning efforts.

1. Projecting toward the future, what trends could potentially impact the program? What changes does the program anticipate in 5 years; 10 years? Where does the program want to be? How is the program planning for these changes?

The Center for Wellness and Wellbeing has grown in the services it provides to students and in its outreach. Much of this growth is a direct result of the demand experienced on the ground level by students and staff, as well as an increase in requests for presentations, tabling events, etc. A continued increase in visits could mean a variety of things. First, this places more demand on staff where they need to see more students with less time. Also, because our services are not income generating, it is difficult to add additional positions with a reduced FTES which translated into reduced health fees. We are challenged as program to think of creative ways to staff and one idea discussed earlier was the development of a MSW social worker intern program. Although in its early stages, this is a possible area of growth for the Center. Next, we will need to increase our community partnerships in creative ways that make them more of an extension of our services. Since so many of our students only come for a few sessions and often in crisis, it is critical that we find a streamlined process to link students with the appropriate providers. Over the course of the next year, the Director will be meeting with CBO's (DMH contracted, private, etc.) so that we can build upon the already strong partnerships to help facilitate a warm handoff for our students.

The new Director of Health and Wellbeing overseeing all areas of Health Services and CWW will also be working with both departments to bring them closer together to provide a more integrated care model. Integrated care is essential because both physical health and mental health are so interconnected. Students coming in to the Health Office are often experiencing somatic symptoms of a larger mental health concern and as a result are always referred to the CWW, however students don't always follow up and it's difficult to track. Merging the two programs will happen in a strategic and thoughtful manner that meets the needs of both departments and makes sense. This could mean the two programs are housed near each other, or under the same office suite. Integrated care centers often use simple screenings when students come in for health issues to assess for depression and anxiety. Since the Health Services Center sees so many students, and most often not while they are in a state of crisis, providing this screening and referral could be a form of prevention

so that students don't wait until the crisis occurs.

2. If applicable, list additional capital resources (facilities, technology, equipment) that will be needed to support proposed changes. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

The Center for Wellness and Wellbeing will require appropriate space that meets its unique needs once the new Student Services building is completed. It will be important for staff to have ample and private space to document their sessions with rooms that are sound proof for confidentiality. It will also be essential that the location be visible enough for students to find, while discreet enough to provide privacy for students. The space should also be warm and inviting, and provide a sense of calming for students who might be coming in with feelings of distress. All of these needs will be considered when thinking about space, as well as how to best integrate CWW and the Health Center while addressing both programmatic needs.

Assuming our staff is at current level and that we have a sustainable MSW student intern program, additional desk tops and office space will be required. Should additional office space not be available, depending on the days MSW student interns are present, we could also use a shared workspace model where staff use vacant offices on the days they are in the office. More organizations are using shared workspaces as a smart way to provide ample space with staff who are on different schedules and/or do some fieldwork. This is something that will be considered once different spaces become available.

3. If applicable, list additional human resources (staffing, professional development, staff training) that will be needed to support proposed changes. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

First, it is critical that the current long-term sub position become a full-time permanent position to help support the growing demands of the program. As mentioned, this is in a waiting period until November or December, and will be evaluated after the full count of retiree's are analyzed. The President's office is set to make this decision soon and given that this position was ranked #1, the Center is hopeful it will be approved.

As previously mentioned, additional staffing models that have been discussed including MSW social work interns who can assist in the complex case management, linkage to services, and short-term therapeutic and crisis intervention. Although in the beginning stages, MSW students will require an orientation to the college campus as well as clearance through HR. It will also be essential that SMC's legal counsel review all MOU's with future schools prior to executing.

Additional possible professional development or HR involvement with the CWW may include workshops on self-care and reducing burn out and compassion fatigue. Due to the high intensity nature of the work, it is

essential that staff take care of themselves and find ways to reduce the likelihood of burnout. This is even more essential with the more acute and rising number of students seen in the Center.

Another possible HR provided training could be related to team building activities with the Health Center as the two programs integrate over time. It may be useful for both programs to learn more about each other as well as learn how they can help support one another in their program goals.

4. If applicable, note particular challenges the program faces including those relating to categorical funding, budget, and staffing.

Budget challenges are common and inevitable in many programs and CWW is not immune. One big challenge is that CWW does not generate revenue and is dependent upon student health fees. A reduced FTES means a reduced budget. However a reduction of FTES does not translate into a reduction of students served in the Center. On the contrary, the number of students served has nearly doubled this fall compared to last fall. This is concerning for many reasons. As the student enrollment drops, and our numbers grow, not only does CWW need to be more efficient in the services they provide, it needs to do more with less resources. The use of interns and the strengthening of community based partnerships are two solutions on the horizon, however more will need to be discussed for long term sustainability.

5. Summarize any conclusions and long term recommendations for the program resulting from the self evaluation process.

Several short-term and long-term recommendations are required for CWW to continue to grow and thrive as it has done over the years. In order to meet the growing demand of students in volume and higher acuity, it is essential that we have more clinical staff available to meet with students when they are in crisis. Additionally, with a shrinking budget and an unknown future enrollment status, we are even more pressed to be creative in how we meet the demand. The most pressing and critical need is our current request for a fulltime permanent faculty position where a psychologist would be hired to replace the long-term sub. This is essential for the students' wellbeing and avoiding burnout of staff and postdocs. This position is being reviewed by senior staff and we hope to hear about the decision soon. Short-term solutions include hiring an additional part-time psychologist next fall of 2018 as well as discussing a MSW social work internship program that partners with the Crisis Prevention Team.

Other short-term recommendations include outreach with CBO's and enhancing those strong partnerships as well as building new ones. This is also essential as we wrap up the suicide prevention grant and post-vention plan for the college, where involving community partners is key to connecting students to resources as a preventative method, as well as for students who have been impacted by a suicide.

Long term recommendations include planning for CWW to relocate and ensure all the needs of the program are met with this move. With the move also come the merging of Health Services where both programs will work more closely together.

6. Please use this field to share any information the program feels is not covered under any other questions.

The Center for Wellness and Wellbeing is a safety of direct services for students in need of short-term counseling, crisis intervention and for students in need of mental health referrals for longer-term treatment. The Center also provides a variety of in-services and workshops throughout the campus to help faculty and staff develop the tools to understand the signs and symptoms of mental illness and take steps to help students in need. Additionally, staff also provide workshops for students throughout the year to help them develop the skills they need outside the classroom, to be successful inside the classroom. In order for CWW staff to be able to provide a wide variety of services on campus, sufficient staffing is needed. CWW is hopeful that the permanent full-time position requested and in-review by the President's office, be approved. This position is vital for the Center to continue to provide the high quality of care SMC students deserve when seeking mental health treatment. The Center is thankful for the 8-hour temporary position provided and all other temp and sub positions that have been provided in the past since the last 6-year review to help meet students needs.

Evaluation of Process

Please comment on the effectiveness of the Program Review process in focusing program planning.

As a brand new Director with a little over a month of service, using the Program Review tool was invaluable in getting to know the Center for Wellness and Wellbeing staffing model, current and future program needs, area of growth and development, as well as areas of opportunity. Although a lengthy process, it expedited the learning curve and allowed for a deep dive into some of the major challenges and areas for growth. Future planning became a lot easier after the Program Review process because I was forced to think and analyze historical data and make sense of trends. Spending time looking at data isn't something a new hire gets to do too often, but it was greatly appreciated.

One thing that I would like to see differently for the next review is discussion around combining the Health and Wellbeing reviews. While the programs do operate separately, over time they will slowly begin to merge in some areas. Capturing the Health and Wellbeing Center is one way to bring their services closer together.

I would also like to thank Alison Brown, Faculty Coordinator, Brenda Benson, Senior Administrative Dean, Vicki Drake, Chair of Program Review, and Yosief Yihunie, Research Analyst, for all their help and support in writing this review.

Executive Summary

These fields to be filled out by the Program Review committee. Reports will be sent to the program and will be available on-line to populate relevant fields in the annual report and the next 6 year report.

Narrative

Program Evaluation

Commendations

Recommendations for Program Strengthening

Recommendations for Institutional Support

Attached Files

Attachment 1	
Attachment 2	
Attachment 3	
Attachment 4	
Attachment 5	
Attachment 6	
Attachment 7	