

Bakersfield College 2018-2019

Program Review – Annual Update - Non Instructional

Program Name: Student Health & Wellness Services

Program Type (Student Support Services):

Bakersfield College Mission: Bakersfield College provides opportunities for students from diverse economic, cultural, and educational backgrounds to attain Associate and Baccalaureate degrees and certificates, workplace skills, and preparation for transfer. Our rigorous and supportive learning environment fosters students' abilities to think critically, communicate effectively, and demonstrate competencies and skills in order to engage productively in their communities and the world

Student Health & Wellness Services Mission: The mission of Student Health and Wellness Services at Bakersfield College is to further the health equity of the educational opportunity. This is accomplished by providing access to high value, student centered and culturally competent health services. Services which promote the physical, emotional and spiritual wellness of its students and their academic environment. This wellness contributes to the educational aim of our college by promoting student persistence and academic success in congruence with the college's mission, core values and strategic directions.

Describe how the program supports the Bakersfield College Mission:

Student Health & Wellness Services support the college mission by focusing on furthering student health equity while decreasing disparities which, together with other college initiatives, increase academic success.

What is Health Equity? Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people." Education alone is a powerful social determinant of health throughout life for the individual and their community. The highest level of health is achieved programmatically through individual and group counseling, individualized physical counseling, medical treatment and focused group health promotions (according to § 54702, Title 5 CCR). The highest level of wellness is also promoted via in-reach to faculty and staff as well as special populations and education communities. Highest level health is further achieved through outreach to the community by leveraging like activities and the co-promotion of shared goals (Accreditation- II.C).

Program Goals:

A. List the program's current goals. For each goal (minimum of 2 goals), discuss progress and changes. If the program is addressing more than two (2) goals, please duplicate this section. Please provide an action plan for each goal that gives the steps to completing the goal and the timeline.

1. Program Goal:

List the institutional goals from the Bakersfield College Strategic Plan that will be advanced upon completion of this goal?

(Student Learning, Student Progression and Completion, Facilities, Leadership and Engagement)

Student Learning- Individual health services are provided with the goal of increasing health literacy and support students in becoming effective consumers of health care; general health promotions enhance public/population health and are accessible to the entire campus community and the community at large.

Student Progression and Completion- Decrease health barriers, disparities and inequalities, to student learning and success

Leadership and Engagement-

College:

- Students of Concern
- Safety Advisory Committee
- BC Campus Healthy & Wellness Advisory
- Student Health & Wellness Advisory Committee

Community:

- Kern County Public Health
- Kern Behavioral Health & Recovery Services
- Kern Family Health Care
- Tobacco-Free Coalition of Kern

Progress on goal achievement:

Over the past three years progress has been made to increase the scope and capacity of Student Health & Wellness programs to meet the services of community colleges of similar size, demographics and enrollment.

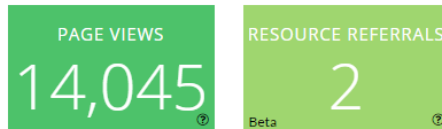
Online Only Services-

Online only services such as [our website](#) which is contemporary, accurate and 508 accessible. [Student Health 101](#) is a peer reviewed and outcomes evaluated electronic magazine whose content covers timely and key student health topics. Examples of this content include diet, rest, exercise, recreation, life skills and mental health. KOGNITO is an online, avatar, gamer type simulation for mental health first aid training which is accessible to and appropriate for students, faculty and staff. The trainings in the suite focus on peer to peer, Veterans, LGBTQ and at risk students. We are examining online products which provide self-screening for concerning mental health problems and substance abuse and that act as resources on mental health and illness. There is a social media presence representing both Student Health & Wellness Services and the Student Health & Wellness Advisory Committee are on both Facebook and Instagram. These online services are particularly suited to access by high school Concurrent and Dual-Enrollment, online only and distance education students.

KOGNITO Utilization	
At-Risk for Faculty & Staff	At-Risk for Students
Usage Stats: Usage Stats : Total learners: 150 Completion rate: 82.00% New learners in past 30 days: 2 Contract start date: 2012-08-06	Total learners: 29 Completion rate: 37.93% New learners in past 30 days: 2 Contract start date: 2012-08-06

Student Health 101

Start Date: End Date:



Top Pages Visted

	Page Name	pageviews
1	Homepage	4023
2	Student Health 101 - Orientation	1204
3	Enter to win \$1000 BC Student Health 101	584
4	5 things you didn't know about vaping	474
5	UCookbook: Safe & healthy "raw" cookie dough	428
6	BC Archives	385
7	Wake & meditate: Your guide to a mindful morning	277
8	The 15-min brain-boosting study strategy that works	253
9		229
10	How to be really good at getting stuff done, according to science	188

Mental Health-

Director's Perspective

According to the Child Mind Institute, mental health disorders are the most common health issues faced by our nation's school-aged children. One in five children suffers from a mental health or learning disorder, and 80% of chronic mental disorders begin in childhood. According to PreK-12 mental health professionals in Kern County few students with an Individual Education Plan (IEP) continue or bridge services past age 18 and on entering higher education. National surveys suggest up to a 50% rate of non-disclosure. The Director of Student Health & Wellness is opening dialogue with the student health programs of Bakersfield City Schools and the Bakersfield High School Dist. to better assess the magnitude of students transferring on to BC. In a report published by the National Alliance on Mental Illness (NAMI) of the students who said that they are no longer in college (attendance stopped within the past five years) 45 percent reported mental health related reasons. Additionally, 50 percent did not access mental health services and

supports. Statistics obtained on mental health academic impacts at BC during the National College Health Assessments (NCHA) are reported in the Trends section. However, note that mental health is reported among the top five impacts on academics. Early implementation of AB 705 is demonstrating the value of the expansion of mental and behavioral health supports.

The data are clearly compelling and actionable. Students served by mental health at BC during the 2017-2018 academic year totaled **756** on Panorama and **33** at Delano, with waits for new student appointments up to three weeks and no available slots for crisis walk-ins. For this reason Student Health & Wellness has increased our contracted 40 (discontinuous) hours of mental health care which had been divided between two licensed staff on the Panorama Campus to 80 hours per week and two counselors. The three contact hours contracted in Delano have been increased to eight (8). This expansion of mental health capacity not only allows for increased availability for individual therapy but students acutely in crisis, Students of Concern, groups and inreach to Athletics, Bridge, Dreamers, Academic Probation, DSPS and other completion communities. Our counselors will be specifically and separately assessing metrics of academic success as a part of their individual care plans.

Student Health & Wellness will continue to produce Movies for Mental Health and partner with Clinica Sierra Vista and Kern Behavioral Health & Recovery Services to host programs like Mental Health First Aid. We will also continue to partner with campus groups like the Library, Student Health & Wellness Advisory Committee and NAMI to continue De-Stress Fest. CCC Student Mental Health Program/Each Mind Matters remain both a partner and resource.

Panorama Campus Counselor's Perspective

Fall 2017: 1st Four Weeks of School (8/21/2017-9/15/2017)

- 107 booked appointments
- 74 kept appointments
 - Of that, 38 were assessments and 8 were crisis counseling

Fall 2018: 1st Four Weeks of School (8/20/2018-9/14/2018)

- 160 booked appointments
- 113 kept appointments
 - Of that, 36 were assessments (initial contact requiring 75 minutes) and 9 were crisis counseling

Delano Campus Counselor's Perspective

- Linked students to multiple services in the community
 - Pathpoint/United Staffing Associates/Clinica Sierra Vista Health Center/Social Security Office/Delano Adult Day Health Care
- Made myself available to students via phone while at the Clinica Sierra Vista office.
- Advertise Mental Health Services program at BC to the students via pamphlets and posters.
- Completed my first full year of practicing under my MFT registration number.

Work Goals

- I would like to use part of my time at BC to begin a support group for individuals dealing with all levels of anxiety (moderate to clinical).
- Advocate for more work hours at the BC Delano site as students require a more flexible schedule to work with.
- I would like to reach a larger population of students and reduce the stigma of MH within the community in Delano by holding forums throughout the year.
 - Work with BC staff to get students involved in this initiative.

Mental health services have increased at both Panorama and Delano campuses. Through strategic marketing over the summer to raise awareness of the increased mental health services, the 2 licensed therapists did departmental outreach, including lunch with the veterans, presenting at Summer Bridge, and making announcements at the faculty workshops. We have seen a significant increase in the number of students seeking mental health services at the beginning of the semester compared to this time last year. We have also seen an increase in more crisis walk-ins. By the second week of the Fall 2018 semester, both therapists were completely booked for appointments and assessments. In Fall of 2017, this wasn't the case until the 4th week of the semester. One student commented to her therapist this Fall 2018, "I'm so glad you guys are here to provide these services. I really needed this today." Without this increase in mental health services, this student may not have been able to be seen due to limited availability of the mental health providers and other barriers to services, such as long wait times between initial request for services and first appointment. By midterms in Fall 2017, first initial appointments were scheduled 2-3 weeks out due to limited availability. If a student specifically requested a female therapist, the student would most likely have to wait 3 weeks for an appointment due to the sole female therapist providing only 16 of the 56 weekly hours to the SHWC. This year, both the male and female therapist provide 40 hours each, providing students with a first appointment within 2 weeks of their initial request and allowing them to see a provider of their choice.

Reproductive Health-

Given the negative impact an unplanned pregnancy can have on a family, forcing most students out of higher education and who seldom return, and the current epidemic of Sexually Transmitted Disease (STD) we have expanded beyond pregnancy testing and free condom dispensing. Both the Campus Nurse and Nurse Practitioner are now trained according to the Essential Access Health curriculum in the Fundamentals of Family Planning. At this point we can only refer to community labs, health organizations and county public health for testing. We are working with the Kern Department of Public Health to stream line off campus access to comprehensive STD testing and Long Acting Reversible Contraception. It is within the Nurse Practitioner's scope of practice to prescribe oral birth control, hormonal patches, the vaginal ring as well as emergency contraceptive on campus (does not include medical abortion). We are currently pending approval by the CA Dept. of Health Care Services to become MediCal providers under a program which focuses services on reproductive health called Family Planning, Access, Care & Treatment (FAM PACT). Reimbursements as a MediCal provider will be directed toward the costs of services and service expansion.

Student Health & Wellness Services has been approached by Kern Healthy Families (KHF) (the largest MediCal managed care organization in Kern County) with compelling Healthcare Effectiveness Data and Information Set (HEDIS) data that suggest that not only is unplanned pregnancy more prevalent than previously evidenced but also contributing to spontaneous abortion, premature delivery and low birth weight. SH&WS is currently entering a MOU with KHF to disseminate focused health critical information, early identify pregnancy and improve bridging of care to community obstetrics.

Health Supports To Academic & CTE Programs-

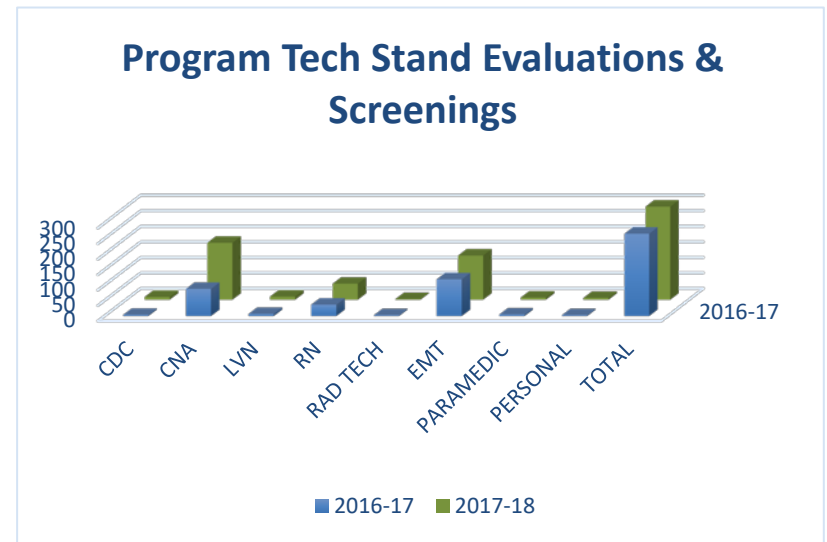
Expansions in Allied Health and Public Safety Programs have directly correlated to increased demands for the completion of Technical Standards Evaluations. The ADN program alone is projected to increase 100% in the 2019/2020 year. These trends are reported separately in the data section. However, between Academic years 16/17 and 17/18 the number of evaluations have increased by 147. With these increases we need to be mindful to not displace service to other eligible students which would be against the directions of service set forth in Title V § 76350-76395.

Technical Standards Evaluation commonly thought of as “physicals” are driven by the Americans with Disabilities Act (ADA) Sect. 504. Properly conducted these evaluations are an independent evaluation of the student’s self-assessed Technical Standards ability’s. This is a mission critical component of the student’s participation in their academic career pathway as the assessment informs their program of actual or potential need for the program to extend “reasonable accommodation” under sect. 504.

The value added to these students (at no additional cost) and their programs is that 100% of all students are assessed for depression, anxiety and alcohol consumption. Mental health is impactful for all categories of students, but especially due to the emotional and academic rigors of these particular programs. Further, alcohol abuse is an emerging health problem in the general population, especially so in the “helping” professions. Screening enables early identification and voluntary referral to counseling. We also hope to establish a reportable (unidentified) data set to further inform the concerned programs. As with all student health wellness evaluations the patient is fully assessed and recommendations are made based on the guidelines of the U.S. Preventative Services Taskforce.

Additionally, the Student Health & Wellness Center will be acting as a work experience site for the Public Health Science Health Navigator Certificate. A Health Navigator is a health care professional who works as part of a team or health care system to reduce barriers to accessing health care and promoting prevention services. This includes linking patients with a primary health care provider, providing information and resources, helping providers communicate with patients, and providing health education and promoting health behaviors. The first Intern’s Student Learning Objectives will focus on increasing STD awareness and increase condom use by developing a peer-peer interventional program.

PROGRAM	2016-17	2017-18	TOTAL
C.D.C	4	9	13
C.N.A	88	184	272
L.V.N	7	10	17
R.N	37	52	89
RAD TECH	3	2	5
E.M.T	119	143	262
PARAMEDIC	5	7	12
PERSONAL	3	6	9
TOTAL	266	413	679



The Child Development Center (C.D.C.) has been sending its Student Workers off campus for this service in the past.

Status Update – Action Plan and any link to Resource Requests:

As previously mentioned the Campus Student Health and Wellness Committee is moving forward with the strategic planning process. Key constituent interviews have been conducted which will drive the content of student body surveys and focus groups to be conducted during September (Accreditation Standard 1.A.2). That data will be reviewed by the committee and the strategic plan itself developed by November and formally deliverable by January of 2019. This will prioritize services provided by SH&WS over the plan cycle and guide resource utilization.

Once value, priority and sustainability are established then service expansion, maintenance, elimination or reduction can be determined. Potential resources include the Student Health Fee which is currently \$13.00 for the Spring and Fall Semesters (unchanged for the past 13 years) and could be increased to the maximum allowable by the legislature to \$20.00. Additional (restricted) funding will be available through Medi-Cal billing under the LEA and Family PACT programs. Also to be considered are a fee structure for Tuberculosis screenings, Flu vaccinations and the Technical Standards Evaluations which focally support Allied Health. Precedent for such fee structures have been established by other community colleges/districts.

- 2. Program Goal: Ensure that the health services made available to students who are currently enrolled and have paid the Student Health Fee are appropriate, adaptive, effective, integrated and sustainable as prescribed under §76350-76395 of Title 5. This is in alignment with and supports Strategic Directions, Student Learning Initiatives 1.12 & 1.13 and Accreditation Standard IIC.3 as well as the Educational Master Plan & GPS “Stay on the Path.”**

List the institutional goals from the Bakersfield College Strategic Plan that will be advanced upon completion of this goal?

(1. Student Learning, 2. Student Progression and Completion, 3. Facilities, 4. Leadership and Engagement)

See Program Goal 1.

Progress on goal achievement:

With Guided Pathways has come a paradigm shift in student service and a rededication to and redefinition of student success. The provision of student health services is now only confined to the specifications in the Education Code §76350-76395 of Title 5. In other words campuses are no longer only “traditional” facilities as they were in the 1980’s. Campuses are virtual, distance, rural and satellite to name a few examples. So too student health centers have become student health services contributing to not only healthy and well individuals but also healthy and well environments of learning, built and virtual, which are commonly decentralized. BC is metaphorically an expanding universe with a very large foot print.

Another consideration is that for many years Student Health at BC was helmed by contract licensed providers and supported by Classified Staff while the program’s administrative oversight were frequently transitional. Further, a review of existing documents reveal a gap in program review and other supporting history of almost ten years and virtually no mention of a Health Center from the 2011 Accreditation. In short BC is a brave new world and as such its health service requires its own Strategic Plan with a solid foundation and resilient structure to go forward as an integral and recognized student support service.

This responsibility is tasked to the nascent Campus Health & Wellness Advisory. With little history to build on and in order to keep pace with timeline of not only the most recent Strategic Directions but also Accreditation it was decided to consult with Dixie L. King, PhD principle of Transforming Local

Communities. Dr. King proposes a three phase Strategic Planning Process attached below: Phase One, is a collection and review of existing documents; Phase Two, collection of new data from surveys, key constituents and focus groups; Phase Three, a facilitated planning session.

Status Update – Action Plan and link to Resource Requests

See Goal 1

B. List new or revised goals (if applicable)

Program Goal:

Goal revision will be based on SH&WS Strategic Planning once completed

List the institutional goals from the Bakersfield College Strategic Plan that will be advanced upon completion of this goal?

(Student Learning, Student Progression and Completion, Facilities, Leadership and Engagement)

No anticipated changes at this time.

Progress on goal achievement:

Status Update – Action Plan and link to Resource Requests:

Program Analysis:

Take a look at your trend data (all programs should have some form of data that is used to look at changes over time). Please report on any unexpected changes or challenges that your program encountered this cycle:

1. How does your trend data (or other data your area collects) impact your decision making process for your program?

Campus Student Health and Wellness Committee is moving forward with the strategic planning process. Key constituent interviews have been conducted which will drive the content of student body surveys and focus groups to be conducted during September (Accreditation Standard 1.A.2). That data will be reviewed by the committee and the strategic plan itself developed by November and formally deliverable by January of 2019. This will prioritize services provided by SH&WS over the plan cycle and guide resource utilization.

2. Evidence of Program Dialog of data

- o If you have had time to review and discuss your program’s data with members of your department, attach documentation of your discussion. Documentation can come in the form of minutes from meetings or retreats, email dialog or any other ways that show substantive discussion.

3. Were there any changes to student demographics (age, gender, or ethnicity) for the past cycle?
Where this data is collected it is not retrievable at this time. We plan to retrieve this data in the future with the expanding functionality of the electronic medical records system. Our mental health contractor Clinica Sierra Vista does manually enter demographic data for their Universal Data Set reports for their federal funding but are unable to disaggregate that data for BC.
4. Equity gaps
 - Please look for large differences, or gaps, between top performing groups and others. Consider how you could identify the reasons behind these gaps, and if there changes that could be made to reduce them. For in depth review of equity issues, and on changes that are being made campus-wide, please refer to the current [Bakersfield College Student Equity Plan](#).

A reading of the 2018 ISER will reveal the social and economic challenges faced by Kern County in general and by BC students in particular. From a Student Health & Wellness perspective these challenges translate in to what are referred to in Public Health parlance as Social Determinants of Health and Health Disparities; in short, health barriers to student learning and success. Basically, the health challenges of the community do not end at the curb. Therefore, a center piece of all programs and activities of Student Health and Wellness Services focus on health equity and the leveling of health disparities which as discussed previously are congruent with institutional equity initiatives.

Paramount among these is the looming incidence and prevalence of mental illness facing higher education. Understated are the varying degrees of stress which are born by students entering undergraduate education. Through a neurodevelopmental lens alone we know that the persistent stress of economic hardship is pervasive. Stress, depression and anxiety remain among the top five reported mental health challenges impacting academic success. Pathophysiologically these states of mind alter not only central neurochemistry but neural networks to the cellular neuronal level. These changes are preventable and reversible.

Going forward, we are planning student success seminars or workshops. We are looking at a scalable implementation of, what are essentially, group therapy sessions specifically tailored toward Affinity Groups and Education Communities as well as open sessions to the general student body. Thereby, opportunities will be available to the entire student body. Ultimately, these programs may be available to online and distance students via already available media and technologies.

5. **Student Workforce Perspective:** It is enormously pleasing to have witnessed the enthusiasm and buy into the Program Review process by this department. The end result provides a diversity of perspective and a higher resolution to the interested reader of what we do, who we are, our commitment and our passion, and yes our advocacy for who we serve. Nowhere is it more impressive and even humbling than in the descriptions of job duties written by Student Workers themselves. They are a backbone and essential workforce. Each of their self-written job descriptions are linked from here. Each of them are individually unique yet complimentary and each bring distinct personalities and skill sets. For this reason their submissions, for better or worse, are not edited and only minimally clarified. Perhaps what is most impressive is how this work experience has transformed these employee's perspective on individual and public health but also opportunities in education, health careers and even policy. Student Workers are so much more than office assistants supplementing their income with routine and repetitive tasks; they are a resource, they are partners, they coworkers. Please see supplemental documents on Sharepoint.

6. Please describe any recent achievements of members of your area who have won awards or distinctions, new projects your area has implemented, professional development work, professional conference presentations or recently published work.

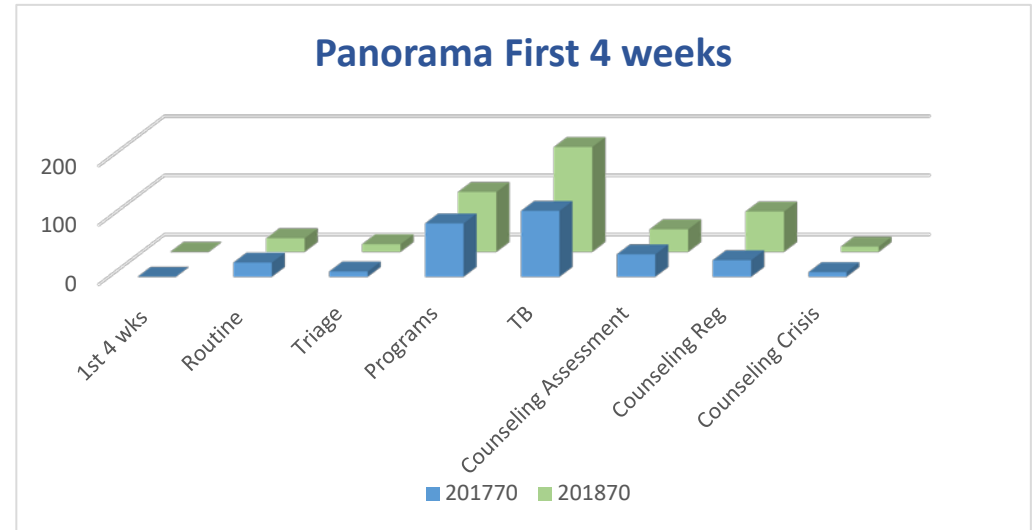
The SH&WS Campus RN and Director participate on a CCC system level through the Health Services Association of California Community Colleges during region and annual meetings as well as a vibrant list serve group.

7. The college has embarked on significant efforts such as **Guided Pathways**, **affinity groups** and **completion coaching communities** to improve the success and completion rates of our students. Please describe what your program/department/office is doing to contribute to these efforts.

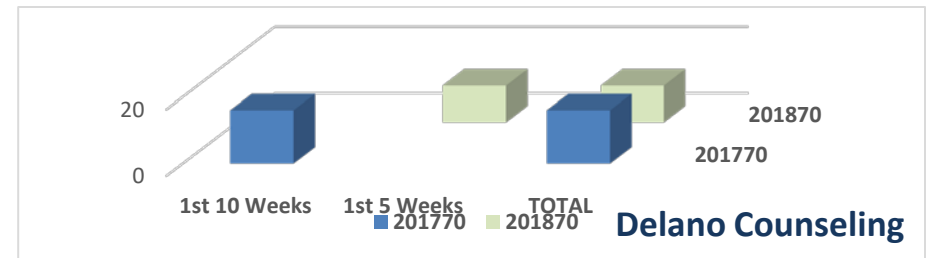
These are previously discussed and expanded upon in their respective sections. However, in summary student health is broadly identified and demonstrated to be both accessible and acceptable mental and physical health services which act as an essential support to achieving established Momentum Points of successful completion. Further these services operationalize the college's Core Value of and commitment to Health and Wellness.

8. Explain your role if you are involved in Dual Enrollment, Inmate Education, or Rural Initiatives.
Not yet defined.

Panorama 1st 4 WEEKS	201770	201870	Difference
Routine	24	23	-1
Triage	9	13	4
Programs	90	101	11
TB	111	177	66
Counseling Assessment	38	38	0
Counseling Reg	28	68	40
Counseling Crisis	8	9	1
TOTAL	275	393	118



Delano Counseling	201770	201870
1st 10 Weeks	16	
1st 5 Weeks		11
TOTAL	16	11



Assessment Report - Annual Update

A. List your (AUOs)

AUO #1 – The Student Health and Wellness Center will promote the core value of wellness by providing a culturally relevant, competent model of care consisting of basic medical care and laboratory analysis, immunizations, tuberculin skin tests, mental health assessment and counseling and appropriate community referrals.

AUO #2 – The Student Health and Wellness Center will promote the core value of Wellness by providing accurate and up to date health and wellness educational resources.

AUO #3 – The Student Health and Wellness Center will provide all currently enrolled students who have paid the Student Health Fee access to quality medical and mental health care.

B. How did your outcomes results inform your program planning?

Results are drawn from the mandates of state and federal law, college health best practices from organizations like American College Health Assn and the Health Services Association of California Community Colleges, the BC 2016 National College Health Assessment and CCC Consortium data, and the current in process BC Student Health Strategic Plan.

C. How do the Administrative Unit Outcomes align with Institutional Learning Outcomes?

See Program Goal A. 1.

Analysis of Received Resources from Previous Cycle

Discuss the type of resources you received and their Impact on program effectiveness?

Facilities:

If your program received a building remodel or renovation, additional furniture or beyond routine maintenance, please explain how this request or requests impacts your program and helps contribute to student success.

1: Space Allocation

- A. With the SH&WS Panorama department moving into the allocated swing space for the upcoming construction period the need of space and storage has become an issue. After consultation with the Directors of BC Public Safety and DSP&S, in order to be compliant with HIPPA, FERPA and ADA there are a few things which must be implemented
1. Secure access via locked Secured Safety door to be added at the top of the ADA Handicap ramp to be controllable only by SH&WS, Public Safety and M&O staff.
 2. Inside Security Door between MED-K and the Hallway to remain intact and controllable only by SH&WS, Public Safety and M&O staff. This will allow us to control the safety and any HIPPA possible future violations.
 3. Outside Southwest secured entrance into MED-K and building to be allocated for SH&WS entrance and exit only. This will be the access point for EMS, MET Team and B.P.D when needed.
 4. Complete unrestricted use of MED-K and storage closet within MED-K for SH&WS confidential client waiting room and storage. Sink to be removed and all utilities to be capped off to make second wall accessible for additional seating bringing the total to 6. If left as is, seating will drop down to space for 3 students. Decreasing services to students.
 5. Per The Parson's Measure J contractor John Smith, permanent sinks with running hot and cold water cannot be installed. Resolution to this was an agreement for mobile self-sustained units to be purchased by contractors and placed in each exam room. On a **daily bases** these units will need to have the gray wastewater dumped and fresh water refilled by a M&O staff member who has been trained in Biohazard waste disposal in accordance to Cal OSHA regulations.
 6. In Room 34, security door to be hung replacing the open staircase leading to the VRC.
 7. Room 17 and 18 confidential door/wall to be installed between medical exam room and counselors office.
 8. Room 34, 33, 32, 31 and 30 to be widened to minimum 36" openings.
 9. Medical storage units/cabinets to be purchased and installed to create a sterile and secure environment.
(Funded by Restricted Funds, **RP510-26BHS1-2191-644000**)
 10. Additional office furniture and equipment to be purchased to complete Health Services transition.
(Funded by Restricted Funds, **RP510-26BHS1-2191-644000**)
- B. As the enrollment of students increase in our rural areas, the need for a Student Health & Wellness Services Center on our Delano campus has increased. In order to provide services to our Delano and rural area students, SH&WS has been in contact with Delano Campus Director Abel Guzman and M&O Director Bill Potter and have been discussing the installation of a prefabricated modular unit owned by the District/College. Units were made available from the Wonderful Corporation. In the meantime, SH&WS is currently recruiting and interviewing the first ever Delano Student Health & Wellness Services student team to man a desk within the DTS building. They will be assisting students booking Mental Health appointments and referrals to the local Clinica Sierra Vista clinics. This site will be supervised by the current Department Assistant III of SH&WS.
(Funded by Restricted Funds, **RP510-26BHS1-2392-644000**)

2: Renovation

Please see Item 1, section A, line 1, 2, 4, 5, 6, 7, 8 and 9

3: Furniture

Please see Item 1, section A, line 9 and 10. Item 1, section B.

4: Other

5: Beyond Routine Maintenance

Please see Item 1, section A, line 5

Technology:

If your program received technology (audio/visual – projectors, TV's, document cameras) and computers, how does the technology impact your program and help contribute to student success?

1: Replacement Technology:

2: New Technology:

- a. Banner Integration with PyraMED Electronic Medical Records. Please see exhibits A and B in Enclosed
- b. UbiDuo's x 9 units Face to Face communication devices for deaf and hard of hearing students.

3: Software:

4: Other: The purchase of an ADA accessible examination table and transfer lift described in the most previous Program Review is on hold at this time pending relocation to swing space.

Other Equipment

If your program received equipment that is not considered audio/visual or computer equipment technology, please explain how these resources impact your program and help contribute to student success.

Significant capital expenditures for equipment other than technology are driven by the mandates for access under the ADA.

Conclusion:

Present any conclusions and findings about the program. This is an opportunity to provide a brief abstract or synopsis of your program's current circumstances and needs. Consider this a snapshot of your program if someone were to only read this portion of your annual program review.

"Today, BC's enrollment exceeds 33,000 students annually and we continue to grow, having seen a nearly *35 percent increase* in enrollment in the past five years. In 2016-17, the campus served over 15,800 full-time equivalent students (2018 ISER)." In the context of this growth Student Health & Wellness Services (SH&WS) has made strides in adopting time and space saving technology like Electronic Medical Records (EMR), has expanded capacity and services particularly in mental health and has extended our leadership and engagement into the community with focus on reproductive health, mental health and tobacco control.

However, as regards personnel and facility, services are at or have exceeded carrying capacity while demand for those services have and are projected to increase. The department has not increased support personnel (one 11 month FTE RN and one FTE DAIII) in at least ten years while facility is neither fully Americans with Disabilities Act (ADA) accessible nor HIPPA compliant. Our over reliance on Student Workers places a large burden of oversight/quality control on our classified staff yet provides extremely valuable job skills to the students. Unfortunately, we have had to turn away CSUB FNP students due to an inability to provide quality oversight and clinical space.

The next three years will be momentous. Under the guidance of the Campus Health & Wellness Advisory and the Student Health & Wellness Advisory Committee, SH&WS will need to consider the direction advised by a three year Strategic Plan deliverable in January of 2019. This strategic plan will powerfully reflect the expectations and needs of the students themselves.

With Measure "J" will come a facility that is intentionally designed and dedicated to the purpose of providing fully compliant and effective health care. SH&WS will be accessible under the ADA, confidential under HIPPA, its technologically up to date and will be adequately staffed to both provide and support the health services allowed under Title V Sect. § 54702. We remain committed to and congruent with the Strategic Directions of the college and the paradigm of Guided Pathways. Student Health and Wellness Services "decrease health barriers to student learning and success."

2011

Student Enrollment per CCCCC Data Mart

Enrollment Status Summary Report - Data & Format Area			
Report Area	Enrollment Status Summary		
	Fall 2011		
	Student Count		Student Count (%)
<input checked="" type="checkbox"/> Bakersfield Total	17,157		100.00 %
First-Time Student	2,827		16.48 %
First-Time Transfer Student	353		2.06 %
Returning Student	3,968		23.13 %
Continuing Student	9,941		57.94 %
Special Admit Student	68		0.40 %

NCHA Survey Results

C. Academic Impacts

Within the last 12 months, students reported the following factors affecting their individual academic performance, defined as: received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work; (listed alphabetically):

Alcohol use:	1.4 %	Gambling:	0.3 %
Allergies:	2.6 %	Homesickness:	1.4 %
Anxiety:	12.4 %	Injury:	1.7 %
Assault (physical):	0.7 %	Internet use/computer games:	8.5 %
Assault (sexual):	0.6 %	Learning disability:	4.7 %
Attention Deficit/Hyperactivity Disorder:	2.4 %	Participation in extracurricular activities:	2.3 %
Cold/Flu/Sore throat:	9.2 %	Pregnancy (yours or partner's):	1.7 %
Concern for a troubled friend or family member:	9.0 %	Relationship difficulties:	9.0 %
Chronic health problem or serious illness:	4.6 %	Roommate difficulties:	2.4 %
Chronic pain:	3.4 %	Sexually transmitted disease/infection (STD/I):	0.2 %
Death of a friend or family member:	6.1 %	Sinus infection/Ear infection/Bronchitis/Strep throat:	4.4 %
Depression:	11.5 %	Sleep difficulties:	17.8 %
Discrimination:	1.4 %	Stress:	22.3 %
Drug use:	1.1 %	Work:	14.6 %
Eating disorder/problem:	0.5 %	Other:	2.7 %
Finances:	14.4 %		

Enrollment Status Summary Report - Data & Format Area			
Report Area		Enrollment Status Summary	
		Fall 2016	
		Student Count	Student Count (%)
<input type="checkbox"/>	Bakersfield Total	22,466	100.00 %
	First-Time Student	3,648	16.24 %
	First-Time Transfer Student	458	2.04 %
	Returning Student	3,306	14.72 %
	Continuing Student	12,517	55.72 %
	Uncollected/Unreported	1	0.00 %
	Special Admit Student	2,536	11.29 %

NCHA Survey Results

C. Academic Impacts

Within the last 12 months, students reported the following factors affecting their individual academic performance, defined as: received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work; (listed alphabetically):

Alcohol use:	1.3 %	Gambling:	1.2 %
Allergies:	1.5 %	Homesickness:	1.8 %
Anxiety:	14.2 %	Injury:	1.2 %
Assault (physical):	1.2 %	Internet use/computer games:	6.2 %
Assault (sexual):	1.2 %	Learning disability:	1.6 %
Attention Deficit/Hyperactivity Disorder:	3.4 %	Participation in extracurricular activities:	2.1 %
Cold/Flu/Sore throat:	7.0 %	Pregnancy (yours or partner's):	1.3 %
Concern for a troubled friend or family member:	5.3 %	Relationship difficulties:	6.0 %
Chronic health problem or serious illness:	2.4 %	Roommate difficulties:	1.3 %
Chronic pain:	3.1 %	Sexually transmitted disease/infection (STD/I):	0.7 %
Death of a friend or family member:	3.5 %	Sinus infection/Ear infection/Bronchitis/Strep throat:	1.6 %
Depression:	8.1 %	Sleep difficulties:	9.3 %
Discrimination:	0.5 %	Stress:	18.4 %
Drug use:	1.4 %	Work:	12.5 %
Eating disorder/problem:	1.1 %	Other:	1.3 %
Finances:	5.6 %		

Student Health & Wellness Services	2015/16	2016/17	2017/18
Annual Clinical Visits	3969	3273	2926
Scheduled Event Participants	83	1782	1830
Maxient/Student of Concern Cases	45	30	75
Medical Aid/SISC Student Accident Claims	109	133	113

Decrease in annual clinic visits are due to the implementation of PyraMed' S EMR system increasing accountability of the Student Health & Wellness Services time. Formerly, walk-in's, campus injuries and urgencies were not accounted for. Any services provided for through the SH&WS office now requires an appointment to be scheduled.