

Student Success and Equity Project Evaluation 2017-18



Project Contact Name & Department: Susan Quinn, Student Health Services

Project Name: Case Management of High Risk Students

Project Outcomes

1. Describe the project, including activities utilized and intended outcomes.

- A) Screening, Brief Intervention, Referral and Treatment (SBIRT) of students coming to the health centers for professional services. Screen for serious mental health issues, self-reported risk of imminent academic failure, unsafe living environment and relationships, smoking (includes marijuana), and health insurance coverage status. Flag students with other significant clinical conditions threatening academic success identified through treatment. Develop action plans with student, with referrals to resources.
- B) SHS Student Health Aides provide support for the program with front reception intake screenings, phone calls from students providing referrals to services, and assist with processing internal data related to the case management program. Student Health Aides also enhanced community health work on campus with health outreach and support.

Intended outcomes: Students maintain and improve health; increase access via assistance overcoming barriers to support services, addressing health issues/disparities, and to guide, support and nurture their success as a student.

Which Student Equity Indicator(s) is your project expecting to impact?	<input type="radio"/> Access <input type="radio"/> ESL and Basic Skills <input type="radio"/> Transfer	<input type="radio"/> Course Completion <input type="radio"/> Degree / Cert Completion
Which of the Integrated Student Success Goal(s) is the primary focus of your project?	<input type="radio"/> Invited and Welcomed <input type="radio"/> Engaged and Empowered <input type="radio"/> Guided and Supported <input type="radio"/> Succeeding and Completing	

2. Reflect on the data provided by the Office of Institutional Research.

a. Based on your project's student population data, what student groups is your project serving? Please provide a brief explanation for these results.

SHS Internal Data:

- 3602 individual students seen in SHS 17-18 (12.9% of credit enrolled SRJC students)
- 2906 individual students screened in SHS for 5 risk areas in 17-18
- 462 individual students identified as At-Risk, with brief intervention and referrals (15.9% of students screened)
- 253 with case management services provided (54.7% of At-Risk students)
 - 1460 documented contacts made with students through case management
 - 5.77 average number of contacts per individual case

Participation Rate

	District	Program
Total	45,981	462
African American	1,088 2.4%	24 5.2%
Asian	2,288 5.0%	23 5.0%
Latino	17,344 37.7%	177 38.3%
Multi-Ethnicity	2,571 5.6%	42 9.1%
Native American	279 0.6%	2 0.4%
Other	421 0.9%	0 0.0%
Pacific Islander	164 0.4%	4 0.9%
White	21,824 47.5%	190 41.1%
First Gen Student	10,902 23.7%	93 20.0%
DSPS	194 41.8%	194 41.8%
Veteran	1,712 3.7%	5 1.1%
Foster Youth	775 1.7%	13 2.8%
Homeless	187 0.4%	6 1.3%
LGBTQ	1,237 2.7%	17 3.7%

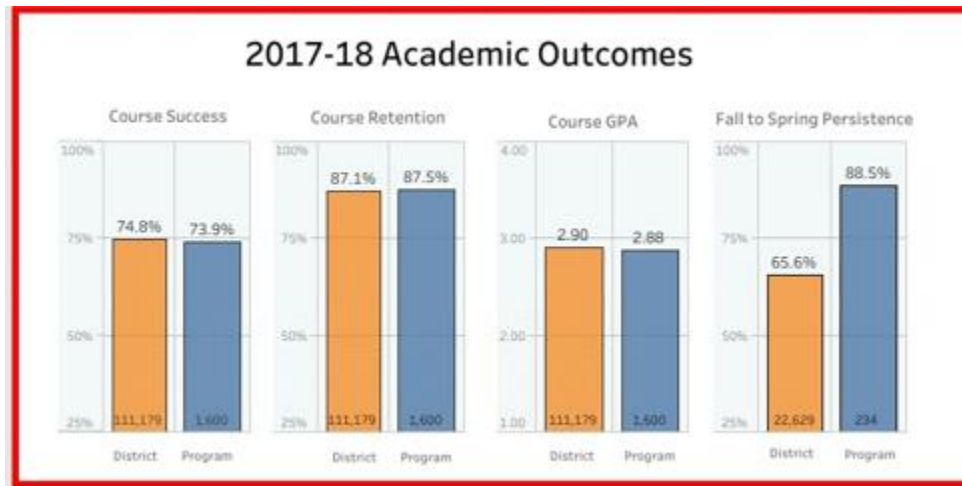
Office of Institutional Research Data:

The demographics of the whole SHS cohort of at-risk students represent higher percentages of many of the identified equity populations at SRJC. This includes African American, Latino, Multi-ethnic, Pacific Islander, Foster Youth, Homeless, and LGBTQ students.

In addition, when looking just at male SRJC students, the participation rates in the SHS cohort are even higher, and expand the list of categories with a higher percentage of students served to Native American, DSPS and First Generation Students.

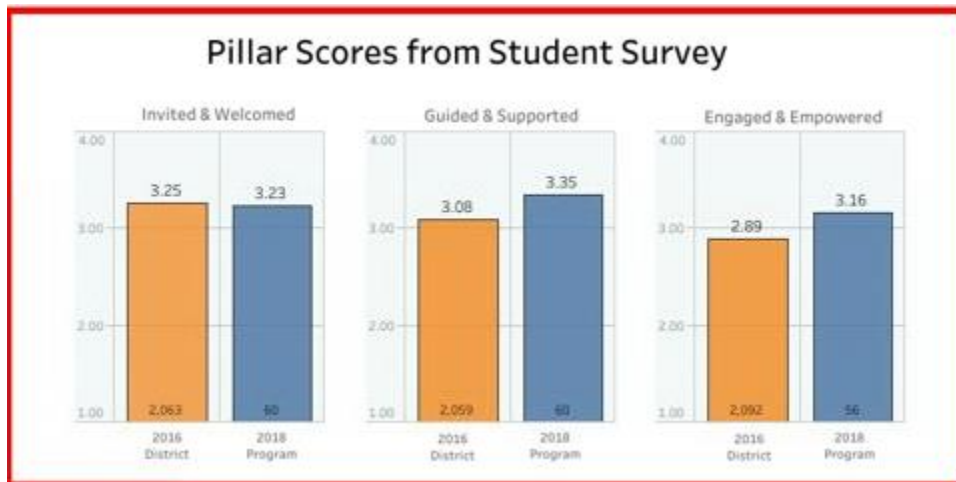
Another significant breakout of the demographics for the SHS cohort of students served is those in need of financial aid. Three times as many DSPS students in the SHS cohort have financial need compared to the District percentages, as well as higher percentages for African Americans, Multi-Ethnic, Pacific Islander, Foster Youth and LGBTQ students.

- b. Based on the Student Equity Indicator data, did your project participants have better academic outcomes as compared to the District averages? Which outcomes and why?**



Based on the data regarding Academic Outcomes, the most significant outcome where SHS cohort students vastly exceeded district averages was **Fall to Spring persistence**. This supports the consistent data showing SHS as being an effective retention program. Of additional note, when looking just at the students identified with high academic risk in the SHS cohort, their persistence was 91%, well above the other Equity programs. Removing as many barriers as possible towards addressing health related issues empower the students to proceed with their academics. The types of issues being addressed include access to health care services, problem solving around transportation and health coverage, identifying and referring students to support resources on campus such as DRD, Academic Counseling and the Student Resource Center. The case management work by SHS not only can treat medical and mental health conditions, but assists students in meeting their basic needs towards social health conditions, offering these high risk students a holistic approach to removing health barriers impacting their retention and success.

- c. **Based on the Student Survey data, did your project impact the Integrated Student Success goals? Which goal area and why?**



The Student Survey of SHS cohort served students, when compared with the overall Equity served students at SRJC, show higher percentages of feeling **guided and supported**, and of feeling **engaged and empowered**. The nature of case management work focusing on complicated life matters, such as mental health issues (ex: anxiety, depression, unhealthy relationships), physical health issues (ex: concussions, significant injuries and illnesses), and basic needs (ex: hunger, housing and financial challenges) is very personal. Working with students in learning how to navigate resources, asking for help, and connecting more with others, combined with SHS staff following up with phone calls and appointments for checking in, gives them a greater sense of all of these pillars.

3. Overall, how has your project helped SRJC make progress towards having equitable outcomes and achieving our Integrated Student Success goals?

Addressing the physical, mental and social health needs of students is integral to Equity and Student Success.

Evaluation and Project Improvement

4. Is your project utilizing other methods to receive feedback or evaluate your project? If yes, please describe.

- SHS has an electronic health records (EHR) system where the case management contacts are documented, and these cases are reviewed by our department's Quality Improvement Workgroup. There are several internal, independent measure of outcomes identified by SHS in terms of each Equity-served student's success in following up with these individualized plans. Examples are if the student followed up on a referral to services, such as additional mental health assessment and treatment, meeting with a MediCal and/or Cal Fresh enrollment counselor, or seeking support from the DRD department for academic accommodations. Through review, program adjustments have been made and increases in the success of these outcomes has been seen over the last three years.
- The EHR records also include some individual student responses to the value and impact of our work with them, with frequently shared gratitude for "being there" for them. These stories are incredible, in that the complexities of our students' live are overwhelming, with a high level of trauma experiences noted and lack of basic supports in their lives.

- Another internal benchmark SHS reviews are the utilization rates of our services. Of particular note is that the unduplicated headcount of students receiving services in Student Psychological Services increased by 12% during 17-18. This may be the result of both the Equity case management impact, as well as the outreach and community health work done by the Student Health Aides. This included informational presentations to other students in their classroom settings, as well as engagement in numerous student events as health and wellness ambassadors.
- Student Health Services continuously does environmental scanning for changing conditions. In 17-18, the health support systems in Sonoma County changed dramatically as a result of the fires, and staff put many hours into assessing resources that either went away, as well as new resources emerging via disaster recovery efforts. Students clearly had higher levels of anxiety and disruption in the foundations of their lives. Referrals are effective only if they are accurate, and facilitated with knowledge of agencies' specific barriers, which is a critical part of SHS quality improvement analysis, and value of the service for students.

5. *What is your long term vision for the project?*

A universal screening process, and an integrated care plan with case management follow up is a well-documented evidence based approach to address health care barriers, stigma and health disparities. The model is resource intensive, as it requires significant time being spent by healthcare providers with the highest risk individuals. SHS is a very limited resource program at SRJC, funded by the Student Health Fee, and revenue from this is shrinking even more with enrollment challenges. The Equity program has allowed SHS to develop this model and has demonstrated significant impact on student success outcomes. Program evaluation has resulted in gradual improvements, and other funding sources (brief and transient) have been accessed and leveraged to continue additional innovation and program development.

Examples:

- Adding a behavioral health post-doctoral intern working in the Nurse Practitioner clinic setting to receive an immediate warm hand off when a mental health risk factor is identified in the course of their clinical visit. This increases access to needed care, and integrates a response that is student centered.
- Working towards a sustainable model of case management care, with an expansion of health related issues to screen for, such as drug and alcohol use, sleep deprivation, and other known conditions that impact student academic success.
- Co-locating behavioral health supports in student learning communities is desired, connecting with the Equity target groups on campus, strengthening connections and referrals. Steps made so far in this: a Sport Psychology mental health intern in the KAD department, a mental health intern working with the Students for Recovery Club. The vision is to expand this to include the present and future Multicultural Center learning communities.
- Strengthening the student peer network with knowledge and skills on how to best support other students is known to have significant impact. The new "Student Empowerment Academy" launched this year is specifically targeting student employees to develop skills in serving students with trauma and health challenges. Additionally, the 2018 calendar year leveraged the SRJC AmeriCorps program for one year, to lay the foundations for a strong Cal Fresh outreach initiative and grant with peer student navigators. (ends Dec. 2018)

Funding from Equity to support the sustainability of this program is critical for the work to continue, and towards maintaining the level of health services we currently are capable of providing.

6. *What can the Integrated Student Success Committee do to support your project?*

- To recognize, and financially support the work of SHS towards equity goals. The success of this case management model has been demonstrated, and without dedicated resources to the program, it is not sustainable.
- It would be both enjoyable and potentially beneficial to meet with the other programs who continue to receive Equity funds to exchange ideas and best practices.