PSYCHOLOGICAL SERVICES & PERSONAL COUNSELING 2011 – 2012

Introduction

Purpose
An effective program review supports continuous quality improvement to enhance student-learning outcomes and, ultimately, increase student achievement rates. Program review aims to be a sustainable process that reviews, discusses, and analyzes current practices. The purpose is to encourage program reflection, and to ensure that program planning is related to goals at the institutional and course levels.

Process
Foothill College student services programs are reviewed annually, with an in-depth review occurring on a three-year cycle. Faculty and staff in departments who contribute to these programs will participate in program review. Deans provide feedback upon completion of the template and will forward the program review on to the next stage of the process, including prioritization at the Vice Presidential level, and at OPC and PaRC.

Annual program review addresses five core areas, with a final section for administrator comments and their reflections about the next steps:
1. Data and trend analysis
2. Outcomes assessment
3. Program goals and rationale
4. Program resources and support
5. Program strengths/opportunities for improvement
6. Administrator's comments/reflection/next steps
7. Vice President's comments

2012-2013 Submission Deadline:
• Program review documents are due to Director/Dean by December 14 for completion of Section 6.
• Director/Dean completes section 6 and forwards documents to Vice President for completion of Section 7 by January 4, 2013.
 • Vice President completes section 7 and returns documents to program review team by January 18, 2013.
• Program review documents are due to the Office of Instruction by January 25, 2013.

Foothill College Program Review Cycle:
To see which template your department is scheduled to complete, check the Program Review Schedule: http://foothill.edu/staff/irs/programplans/2012-2013/12-13-prog-rev-schedule.pdf

Questions?
Contact: Office of Instruction and Institutional Research (650) 949-7240
Website: http://foothill.edu/staff/irs/programplans/index.php

Basic Program Information

Student Service Program Name: Psychological Services and Personal Counseling

Student Service Program Mission:

Total number of Full Time Faculty:	2
Total number of Part Time Faculty:	

Existing Classified positions:
1 Half-Time Secretary I

Program Review Team and Departments:

Name	Department	Position
Melanie Hale, LCSW	Psychological Services & Personal Counseling	Director
Ernest Schmidt, LCSW	Psychological Services and Personal Counseling	Graduate Intern Coordinator
Patricia Paulino	Same As Above	Secretary I

Section 1. Data and Trend Analysis

1.1. Program/Department Data

Dimension	2009-2010	2010-2011	2011-2012
Students Served	3,860	3,601	2,656*
Full-time FTEF			
Part-time FTEF			
Full-time Staff			
Part-time Staff			

1.2 Using the data provided above, include a short narrative analysis of the following indicators. Please attach supporting studies or data to the final program review submitted to your Dean.

1. **Students served (How was this tracked? What is the trend?):**
   The above numbers reflect students served in varied modalities that include individual and group outreach. A reduction in the number of part-time interns from 4 to 3 and staffing transitions have resulted in fewer outreach contacts but the number of students served in individual and crisis counseling has increased. For example, during 2010 – 2011, there were 769 student sessions provided and in 2011 – 2012, there were 931. Indirect services to students present in the form of faculty consultation and outreach. All consultations do not necessarily result in a face-to face contact with students. Faculty consultation data is not part of our database so the numbers are not reflected in the above student served number.

   Our program website contains program information, self-help articles, screening forms and program forms for student access. During 2010 – 2011 there were **3,879 visits** to our site. This number increased during 2011 – 2012 to **5, 277 visits.** It appears that students may be more aware of our program's existence and have an interest in exploring our self-help resources. Website visits are not reflected in the above students served figure.

   Demographics analysis (Is the ethnic breakdown of students you serve proportional to the general college ethnic distribution?)
   Each student receiving counseling indicates their ethnicity on our Student Intake Form for culturally relevant assessment and treatment planning. We have not tabulated this data to determine a breakdown of specific ethnicities served. Our direct experience does however indicate that a large international student population is the most frequent user of our services. Students from all groups including those from historically underrepresented groups are represented. Maintaining a racially and ethnically diverse staff with multiple language capabilities has been an asset in meeting the varied needs of our students.

2. **Please describe services offered off campus and how these services are assessed and measured.**
   While Middlefield students are among those that utilize our services we do not provide services at the off campus site. If a faculty member has a student of concern and requests

support from our team we will respond.   Onsite services would make services more accessible.

3. **Staffing structure (Does the staffing structure meet the program or department's needs? If yes, please explain.**

Yes. Our diverse program staff and commitment to diversity has attracted students to our program from varied racial and cultural backgrounds.

Psychological Services and Personal Counseling Staff Ethnicity

>>> 1 Afro Cuban Female
>>> 1 Caucasian German American Male
>>> 1 Latina Female
>>> 3 Interns (2 Latina Female, 1 Caucasian Female)

- Our community partners from Asian Americans for Community Involvement are Japanese and Vietnamese.

Our current staffing structure has been able to meet program needs by:

• Incorporating cost effective post-graduate interns into our staffing structure to augment services to students.

• Establishing a partnership with Asian Americans for Community Involvement, a non profit mental health agency in Santa Clara County.

• Offering Stress, Wellness and Coping Classes that serve approximately 40 students each week during fall and winter quarters

• Providing mental health resources and program intake forms on our department website.

• Sponsoring mental health outreach tabling/events and training campus suicide prevention gatekeepers.

• Establishing waiting lists when necessary.

• Active participation in cultural programming activities as a means of outreach.

• Collaborating with California Community College Mental Health and Wellness Association for consultations, resources and support.

4. General budget analysis by category of expenditures.
a. Use table below to list expenditure categories and budgeted amounts for the past three years (add categories if needed, or attach spreadsheet)

Account Category	Budgeted Amount	Description of Common Charges (breakdown ProCard expenses)
Contractor (Fund 21)	$50,000	3 Part-Time Post Graduate Part-Time Interns
Copy Costs/Printing	$2,000	Copy Machine
Equipment/Supplies	$1,376	Storage /File Cabinets (A one-time expense)
Software	0	
Stipends	0	
Travel	0	
Other (please note)	$200 $ 700	Institutional Membership Fees (CCC Mental Health & Wellness Assoc.) Office Supplies & Marketing Material
All Category Total	**$54,276**	

6. $Basic Skills Programs (if applicable). For more information about the Core Mission of Basic Skills, see the Basic Skills Workgroup website: http://foothill.edu/president/basicskills.php
    a. Please discuss current outcomes or initiatives related to this core mission.
7. Transfer Programs (if applicable). For more information about the Core Mission of Transfer, see the Transfer Workgroup website: http://foothill.edu/president/transfer.php
    a. Please discuss current outcomes or initiatives related to this core mission.
8. Workforce/Career Technical Education Programs (if applicable). For more information about the Core Mission of Workforce, see the Workforce Workgroup website: http://foothill.edu/president/workforce.php
    a. Please discuss current outcomes or initiatives related to this core mission.
9. Student Equity: Foothill-De Anza Community College District Board policy and California state guidelines require that each California community college submit a report on the college's progress in achieving equity in five specific areas: access, course completion, ESLL and basic skills completion, degree and certificate completion, and transfer. For the latest draft of the Student Equity Report, please see the ESMP website: http://foothill.edu/staff/irs/ESMP/index.php
    a. **To better inform the Student Equity efforts at Foothill College, please comment on any current outcomes or initiatives related to increasing outreach, retention and student success of underrepresented students in your program.**
    It is essential that campus mental health programs attract and retain a racially and ethnically diverse program staff that is committed to college mental health and a variety of approaches for successful outreach and treatment. Psychological Services and Personal Counseling has been successful in this area because of our commitment to diversity.

    We have made efforts to provide culturally sensitive mental health counseling, not only in the form of brief therapy, but outreach, case management with strong advocacy for linking students to campus and community resources.

Collaboration and participation in campus life activities have been effective for reaching underrepresented students and participation in these events have been essential. In the past, our Healthy Relationships psycho-education support group was comprised of underrepresented students from a campus club.

Section 2. Learning Outcomes Assessment Summary

2.1. Insert – 2011-2012 Four Column Report for SA-SLO Assessment from TracDat, please contact the Office of Instruction to assist you with this step if needed.

Unit Assessment Report - Four Column

Foothill College

SA - Psychological Services

Mission Statement: To provide culturally relevant brief mental health and personal counseling, outreach and prevention services to the Foothill student community. Services are designed to empower student ability to prevent, ameliorate and overcome problems that impede academic achievement and mental health wellness. The provision of education and training to the faculty and staff of our broader campus community is an important part of our core mission. By increasing awareness, skill and knowledge of student mental health we are able to identify students and provide services that may enhance retention and success.

Primary Core Mission: Basic Skills
Secondary Core Mission: Transfer
Tertiary Core Mission: Workforce

Service Area SLOs (SA-SLOs)	Means of Assessment & Target / Tasks	Assessment Findings/Reflections	Action & Follow-Up
SA - Psychological Services - 2 - Suicide Risk - The program will identify students at risk for suicide and violence towards others. **SA-SLO Status:** Active	**Assessment Method:** Request for Appointment Triage Form and Dr. David Burns Brief Mood Survey (See Appendix) **Assessment Method Type:** Data **Target:** To improve suicide prevention techniques utilized by students.	10/23/2012 - We continue to identify all students at risk for suicide and violence towards others. We screen all students who request appointments or are referred by their instructors, counselors, staff and administrators. This screening process can be time /staff intensive but has helped us to keep our students and campus safer. **Result:** Target Met **Year This Assessment Occurred:** 2011-2012 **Resource Request:** Purchase of Mental health electronic data keeping system called "Medicat" to print reports and for efficency and allow staff more time for students.	10/23/2012 - Continue to track students at risk. _____
SA - Psychological Services - Risk Reduction - Students identified at risk for suicide will work collaboratively to create a safety plan, improve mood and suicidal thoughts. **Start Date:** 11/18/2011 **SA-SLO Status:**	**Assessment Method:** Burns Brief Mood Survey, pre and post test **Assessment Method Type:** Survey **Target:** 80% of students who participate in Psychological Services will demonstrate a decrease in suicidal thinking and an improvement in mood.	10/23/2012 - Winter Quarter 2012 : Out of a random sample of 112 students serviced during winter quarter 2012, 32 had suicidal thoughts at the time of their appointment request. Fifteen (15) of these students improved in mood and 2 remained the same. Some of the remaining students were identified as having suicidal fantasies vs. suicidal ideation. Those with suicidal	

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Service Area SLOs (SA-SLOs)	Means of Assessment & Target / Tasks	Assessment Findings/Reflections	Action & Follow-Up
Active		ideation, pending on the severity and additional factors, were either hospitalized, referred out or worked collaboratively to establish safety plans and in most cases continued treatment. Bottom Line: We had no Foothill student suicides among those we identified at-risk. Early intervention is the best intervention. Results: Most students that are able use our services and keep appointments do show an improvement. The appointment no shows and those requesting a referral only (rather than service) skews our results. An electronic record keeping system will also help us to strengthen our ability to collect data given the increased demand for services while allowing for greater efficiency. **Result:** Target Met **Year This Assessment Occurred:** 2011-2012 **Resource Request:** Electronic Mental Health Record Keeping System/Database .	
SA - Psychological Services - Faculty & Staff Intervention - After completion of the Kognito Interactive On-Line Training Simulation, faculty and staff will be able to demonstrate an improvement in knowledge and skills to identify, approach, and refer distressed students to mental health counseling. **Start Date:** 11/18/2011 **SA-SLO Status:** Active	**Assessment Method:** Kognito Assessment Tools: Pre/Post Survey (Directly before and after training) Follow-Up Survey (4-6 months after completion of training) **Assessment Method Type:** Pre/Post Test **Target:** 70% of faculty and staff who participate in the Kognitio Online Training will demonstrate an improvement in score on the post survey.	10/23/2012 - We purchased 61 site licenses prior to training. After providing two workshops, less than a third, or only 19 licenses were activated. Of those 19 that were activated, 12 completed the course for a completion rate of 63%. With retooling future workshops to increase greater participation by faculty and staff. 100% of faculty and staff participating demonstrated an improvement in knowledge and skills to identify, approach, and refer distressed students to mental health counseling. Their scores on the post survey reflected this. This exceeds our initial target goal of a 70% improvement rate.	10/23/2012 - Kognito Program Sales Personnel did not disclose that the pre and post test were optional. This did impact the survey completion rate of program participants and contributed to a smaller sample than we expected. Our program strongly recommends the continued use of Kognito On Line training for faculty, staff and administrators. We will, however, change the location and format of our workshops for greater participation and completion. We will

Service Area SLOs (SA-SLOs)	Means of Assessment & Target / Tasks	Assessment Findings/Reflections	Action & Follow-Up
		In the pre-test category of ?ability to recognize the indicators of psychological distress, depression, anxiety or suicidal thoughts, 37.5% scored medium and 25% high. The post-test scores improved significantly with 62.5% high and 37.5% very high. Faculty and staff confidence in approaching students exhibiting signs of psychological distress to discuss their concerns also showed significant improvement. Pre-test Scores indicated 62.5% Low and 37..5% Medium. Post- test survey showed 65.5% in high range and 12.5% in very high range. Confidence in ability to help a suicidal student increased significantly and 100% said they would recommend the course to colleagues. **Result:** Target Met **Year This Assessment Occurred:** 2011-2012	hold the workshops in a computer accessible location with expectations that the online program be completed by the end of the workshop. Action & Follow Up Program director will ask Foothill College for IRB approval and collaborate with Kognito to remove the ?optional status of the surveys. We will solicit support from administration and college senates to increase employee enrollment in and completion of Kognitio. The CCC Chancellors Office Mental Health Advisory Council has purchased Kognitio for all California Community Colleges so there will be no additional costs for us to continue the training program at Foothill. Kognitio added new questions to the survey that were not asked of our participants. We will ask them to give us results on surveys that only include questions asked of our participants.

Student Services Program: 7   Updated:

2.3 Service Area Student Learning Outcomes: Please provide observations and reflections below.

 We have been successful in early identifying students at risk for **suicide or violence towards others** by using the evidence based Burns Brief Mood Survey along with our clinical interview. Safety checks are conducted at the point of first contact (phone, in-person or when necessary via email) and are ongoing as clinically indicated. All students are screened for safety regardless of the presenting problem. It appears that more students present with suicidal ideation vs. ideation to harm others. We do have to hospitalize students throughout the year but most of them return to school. With our support they work with their instructors to make up their work and continue on with their academic goals.

2.3.a What findings can be gathered from the SA-SLOs assessments?
> • Most students who were identified at risk for suicide were willing to collaborate with their mental health counselor to establish a safety plan. Those who continued in treatment demonstrated an improvement in mood with diminished suicidal thoughts. Although more research is needed, it appears that for many students, improvement in mood contributed to retention. Access to services for early and crisis intervention were key for constructive problem solving that prevented dropout. For example, one student almost expelled from Foothill is now attending a top UC school, is in good standing and
utilizing the mental health services of the university.

> • There appears to be an increase in faculty referrals of psychologically distressed students and requests for consultations. Consultation requests are often accompanied by disturbing student emails for review or request for an emergency visit to a classroom or office. . This increase may be attributed to (1) instructors being aware of our services, (2) Students experiencing more severe psychosocial and academic stressors and (3) shrinking community resources and reduction in campus student services and 4) need for more immediate mental health intervention for students on campus and 4) a workforce that cares about student welfare and willing to go the extra mile to help them.

> Kognitio Training for Managing Psychologically Distressed Students was offered to faculty, administrators and staff. Our college community did not adequately represent participation in the training. The completion rate for the online portion of the training was unsatisfactory. However, those completing the course demonstrated improvement in confidence to approach students in distress.

2.3.b Does any of the data suggest that revisions might be necessary in order for students to successfully achieve the SA-SLOs?
Yes. We must work harder to reach students who are not likely to use mental health services.
• Expanded & culturally relevant outreach efforts may help to get our services to students in this category.

• A trained college community helps to provide a safer campus while saving student lives and expanding the safety net to increase student retention. Hence, Kognitio On-line training should be conducted in a computer lab so that participants can complete the course before leaving the training. This may improve the completion rate of faculty, staff and administrators who participate. Expanded suicide prevention training for our students and workforce will require commitment from college leadership.

2.3.c Do the SA-SLOs reflect the knowledge, skills and abilities students' need from those services in order to succeed?

Yes**.** All students using our services were required to complete an appointment request form and The Burns Brief Mood Survey (BMS). The BMS was completed before and after each counseling session and discussed with their counselor. This, in part, allowed students to acquire knowledge, skills and abilities to recognize the warning signs for depression and other mood disorders that could impact school attendance and pose health and safety risks.

2.3.d How has assessment of SA-SLOs led to improvement in student success at the institution?
 Early identification of risk factors for suicide and violent urges helps students and contributes to a safer campus. Moreover, it has created opportunities for early intervention. Brief mental health counseling, case management and student advocacy have helped many students to resolve personal problems that allowed for the successful completion of their classes.

Section 3: Program Goals and Rationale

3.1 Previous program goals from last academic year

Goal	Original Timeline	Actions Taken	Status/Modifications
Continue to attract and maintain a diverse staff (race, gender, ethnicity, etc.,) to provide culturally relevant mental health services.	Ongoing. We annually recruit interns commencing April of each academic year.	We successfully recruited 4 interns of varied ethnicities and language capabilities. (One intern left during Wtr. 2012 and our full-time male counselor was on sabbatical during this time.	We will maintain our goal for a diverse team that includes historically underrepresented professionals and interns.
Augment gaps in availability of services and specialty disciplines.	September 2011/Ongoing	Established partnership with Asian Americans for Community Involvement/CCC Mental Health Advisory /QPR Institute/Kognito Online • Piloted Drop-In Cnslg.	We will maintain this goal while exploring community partnerships with agencies that specialize in serving historically underrepresented students.
Increase the number of	2014	We provided	This goal will be

campus suicide prevention gatekeepers for students and employees. Kognito On-Line certified faculty, staff and administrators.		workshops on suicide prevention and how to identify and work with psychologically distressed students.	maintained but we will need campus support and buy-in for implementation. The Chancellors Office Mental Health Advisory Committee now provides free QPR training and Kognito training to all community colleges via a special grant awarded.

3.2 New Goals: Goals can be multi-year

Goal	Timeline (long/short-term)	How will this goal improve student success or respond to other key college initiatives	Action Steps
Establish campus wide commitment for workforce training on student mental health.	May 2014	If we increase the skill of our workforce in early identification and intervention with distressed students we can improve retention.	Meet with campus leadership and constituent groups for buy-in and to establish time-lines.
Transition to electronic record keeping /data base system.	September 2013	We can better track our program data and generate reports that will help to identify trends for program development and improved service area outcomes.	Present written estimate of MediCat Software to our Division Dean.
Improve Access to Services for Middlefield Campus Students	Spring 2013	Providing mental health services at the Middlefield site will make access easier for students. Early prevention and intervention will help with student retention and contribute to campus safety.	Meet with Middlefield Campus Administrators for buy-in, support and input. Establish timeline for Commencement of services. Prepare Psych. Services interns and staff for transition.

Section 4: Program Resources and Support

4.1 Using the tables below, summarize your program's <u>new, unfunded</u> resource requests. Refer to the Operations Planning Committee website: http://foothill.edu/president/operations.php for current guiding principles, rubrics and resource allocation information.

Full Time Faculty and/or Staff Positions

Position	$ Amount	Related Goal from Table in section 3.2 and/or rationale

Unbudgeted Reassigned Time (calculate by % reassign time x salary/benefits of FT)

Position	$ Amount	Related Goal from Table in section 3.2 and/or rationale
Reassigned Time for Director	$7,000	To continue administrative duties along with clinical duties. Implementation of new electronic data system will require additional time as will managing staffing changes, hiring and supervising interns.

One-time B Budget Augmentation

Description	$ Amount	Related Goal from Table in section 3.2 and/or rationale
MEDICAT ELECTRONIC RECORD KEEPING SOFTWARE	$5,000	To improve our ability to track, tailor, customize and target critical need services that support student retention.

Ongoing B Budget Augmentation

B Budget FOAP	$ Amount	Related Goal from Table in section 3.2 and/or rationale

Facilities and Equipment

Facilities/Equipment Description	$ Amount	Related Goal from Table in section 3.2 and/or rationale

Section 5: Program Strengths/Opportunities for Improvement

5.1 Address the concerns or recommendations that were made in prior program review cycles.
Drop-in counseling services were provided on a trial basis from October 2011 through April 2012. Services were designed to accommodate two students per hour with 30-minute visits. There were some drawbacks to the benefits due to the incongruence between student needs, session time constraints and logistical challenges with limited staffing and the demand for scheduled appointments. We also lost one of our interns that resulted in less coverage.

5.2 What statements of concern have been raised in the course of conducting the program review by faculty, administrators, students, or by any member of the program review team regarding overall program viability?

Kognito On-line Training *Working with Psychologically Distressed Students,* had a low completion rate by participating faculty, staff and administrators. Given workplace transitions, it appears that time commitments for training may vary. We will re-structure our format and try again during the spring quarter. Support from college leadership groups will facilitate these efforts.

5.3 After reviewing the data, what strengths or positive trends would you like to highlight about your program?
• Our commitment to diversity has resulted in a multicultural staff that has been able to work effectively with Foothill's diverse student population.   Most of our clients are Foothill International Students who often require intensive support around adjustment issues, pressures for high academic achievement, immigration challenges and familial conflicts. For those who arrive with a history of mental illness or experience their first onset, they have access to more immediate on campus mental health care and referrals to off campus resources for ongoing care. On campus support contributes to use of services that improve course completion.

• Our timely and accessible services have helped to support Foothill student retention and academic success. In many cases we have saved lives.

• Psychological Services staff continues to be responsive to faculty, staff and administrators who seek consultation and intervention for students of concern. Students presenting with potentially life threatening behaviors, bizarre behaviors, anger or mood changes are among those we are contacted about for help. We collaborate with campus police, instruction and student services divisions to prevent the escalation of crisis incidents that keep our campus safer and students enrolled.

• Our collaborations with community partners and campus life activities (Heritage Months/Student Clubs/AAN/Parent Orientation/Counseling 50's/etc. helps to augment our services that reach Foothill students in non-traditional ways.

• Foothill Psychological Services has provided leadership in establishing a statewide organization (California Community College Mental Health and Wellness Association). We also introduced and provided the initial QPR Suicide Prevention Training for college mental health counselors and advocates of college mental health throughout the state via Foothill Institute for Community College Mental Health. This training is now completely funded by the Chancellor's office and is standard for California Community Colleges along with Kognito Online Training for Working with Distressed Students.

Section 6: Feedback and Follow Up

This section is for the Director and/or Dean to provide feedback.

6.1 Strengths and successes of the program as evidenced by the data and analysis:
The Psychological Services program is addressing an ever-expanding population by utilizing interns and offering some services online. The staff have been creative in their efforts to empower both students and staff with tools that will enable them to assist students in crisis.

The permanent faculty deserve praise for maintaining relationships with AACI, San Jose State University and other organizations that lead to the placement of interns and staff at Foothill. Without these interns and placements, services to Foothill students would be severely reduced.

The Psychological Services personnel have made themselves available to faculty and staff at Foothill when they have questions about how to help a student or whether there is a need for concern. Additionally, they quickly respond to situations on campus when a student has experienced trauma.

6.2 Areas of concern, if any:
There is a growing need for psychological services on the Foothill campus. I do not see any lessening of this on the horizon, especially as we actively pursue enrollment of Veterans. I am concerned that because these personnel fall on the non-teaching side of the equation we risk under-valuing the critical service they perform for the campus and our students.

6.3 Recommendations for improvement:
I strongly support the request for Medicat Electronic Recordkeeping software. The one-time startup cost would likely be recouped in saved photocopy expense and personnel time.

6.4 Recommended next steps:
__X_ Proceed as planned on program review schedule
___ Further review/Out of cycle in-depth review

Section 7: Feedback and Follow Up

This section is for the Vice President to provide feedback.

7.1 Strengths and successes of the program as evidenced by the data and analysis:

7.2 Areas of concern, if any:

7.3 Recommendations for improvement:

7.4 Recommended next steps:
___ Proceed as planned on program review schedule
___ Further review/Out of cycle in-depth review