Peralta Community Colleges
Student Health Services
Strategic Plan

Prepared April 2011
Submitted by Dr. Jacob Ng, Vice Chancellor of Student Services

This document is a collaborative effort and was prepared with input from Dr. Jacob Ng, Vice Chancellor Student Services, and the members of the Student Health Services Work Group: Michelle Burns (Transition Age Youth (TAY) System of Care Director, Alameda County Behavioral Health Care Services), Stefani de Vito (Counselor, MC), Tessa Drake (Student, COA and LC), Patricia Dudley (Health Services Director, PCCD and Health Services Coordinator, COA), Susan Fang (Recorder, AHS), Brenda Johnson (Dean of Student Services BCC), Jen Lee (Consultant, AHS), Grace Marlin (Student, MC), Jon Murphy (Health Services Coordinator, MC), Kimi Sakashita (School Health Services Coordinator, Alameda County Health Care Services Agency), Indra Thadani (Director Peralta Wellness Center at Laney College and Health Services Coordinator, LC), and Thien Vo (Clinical Site Manager for PWC, AHS).

Thanks to all.

Project coordinated by:
Dr. Patricia Dudley
Health Services Director
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I. Introduction

Purpose

Student Health Services is dedicated to assisting students to achieve and maintain optimum physical, mental and emotional health. We are committed to providing quality healthcare at a reasonable cost.

Planning for the implementation of expanded health services funded by the student health fee is intended to provide an overview and delineate goals in accordance with the Peralta Community College District’s strategic plan.

This plan provides an initial foundation for the implementation of the health services initiative. The plan is a living document that will be evaluated periodically with the program reviews and rewritten as appropriate. It is not intended as a static plan.

Plan Development Process

In Fall 2007, the Student Services Subcommittee of the Board of Trustees began discussion of a student health fee. A student survey was conducted. Input from other agencies was solicited. In January 2010, the PCCD Board of Trustees voted to implement a student health fee,\(^1\) and a planning consultant was hired from the service provider agency (Asian Health Services).

Because the fee was initially charged in April 2010, with services to initiate in Fall 2010, the planning consultant focused on the implementation of services. Decisions that needed to be made urgently concerning the implementation and administration of the fee were made by ad hoc committees.

The Student Health Service Work Group (SHSWG) was initiated August 2010, was composed of members from all four campuses and various community agencies, and was charged with and short- and long-term planning. On 3/9/2011, a retreat was held to focus on the development of goals and objectives based on past and current needs assessment of students.

Implementation of Plan

Under the direction of the Vice Chancellor of Student Services, and with guidance from the SHSWG, the plan will be implemented through the collaboration of the service provider (a coalition of Asian Health Services, Clinica de la Raza and Lifelong Medical Care), Alameda County Health Care Services Agency, the Health Services Director and the Director of the Peralta Wellness Center at Laney College.

\(^1\) Appendix: PCCD Board of Trustees: Action, January 26, 2010
II. Planning Context

History and Overview

For many years, the Health Services Coordinators Karen Bougae at Merritt College and Indra Thadani at Laney College worked to improve student retention and success by expanding health services via the initiation of a student health fee. The practices of other California community college that had a fee were explored, and it was clear that the initiation of a health fee would better serve students. Multiple presentations were made to student governments, administrators and the PCCD Board of Trustees to evaluate the need for, and the response to, the institution of a health fee. The health service coordinators at the campuses requested support for this project in their program reviews. In 1997, 2002, and 2007 district-wide surveys of student interest were conducted.

In 2007, the Peralta Community College District (PCCD) Board of Trustee’s Subcommittee on Student Services began initial planning with the Alameda County Health Care Services Agency (HCSA). A consultant was hired to provide an overview of health fee implementation. Members of the Board, and Vice Presidents and Deans of Student Services from all four colleges reviewed plans for a health fee and its potential benefits at an annual retreat.

In July 2009, PCCD and HCSA became partners in the development of health services at the Peralta campuses. PCCD and HCSA collaborated on the design and development of comprehensive health programming for Peralta students. Included were analyses of revenue and reimbursement streams, capital needs, epidemiological and demographic data, review of best practices, and the regulatory requirements of any fee-driven effort to expand services.

Additionally, the Assistant Agency Director from HCSA, Alex Briscoe, made presentations to the college communities regarding their experience with the implementation of K-12 student health centers, and the attendant benefits. The Associated Students of College of Alameda, Laney College and Merritt College passed resolutions in support of the Health Fee.

A Request for Interest in becoming a health service provider and planner was submitted to community agencies in September 2009. A consortium of Asian Health Services, Life Long Medical Care and Clinica de la Raza responded and were chosen as PCCD’s community partner for the provision of health services. A planner was designated from Asian Health Services and began in February 2010.

The Health Fee Initiative was approved by the Board of Trustees in January 2010, and a resolution was passed. The fee began in April 2010 for students who were enrolling for the Fall 2010.

The health fee was initially administered by Interim Associate Vice Chancellor James Bracy. In March 2010, the Health Services Coordinator from College of Alameda was assigned to assist Mr. Bracy. With Mr. Bracy’s retirement, Dr. Jacob Ng, Vice Chancellor of Student Services, assumed the supervision of the project. In January 2011, a temporary Health Services Director and Director of the Peralta Wellness Center at Laney College were assigned.

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2 Appendix: PCCD Board of Trustees: Action, January 26, 2010

Plan Overview

Phase I: The first stage of the proposed project will provide expanded services for students, in addition to the services already provided by the campus Health Services Coordinators (College of Alameda, Laney College and Merritt College). It was anticipated that sufficient funding in the initial phases of the project would be available for one part-time centralized clinic (at or near Laney College), and part-time mental health services on each campus.

The clinical services at the Peralta Wellness Center (PWC) at Laney College will be offered by a consortium of Asian Health Services, Clinica de la Raza and Lifelong Medical Care. On-site services will provide limited outpatient services and employ a part-time physician, part-time clinical supervisor, part-time medical assistant, and a full-time patient navigator (reception/billing/patient resources). Mental health services will be provided by a licensed clinical social worker.

Phase II: Eventually, it is hoped, as funding becomes stabilized and in addition to the above, the PWC at Laney College will become a full-time clinic. Part-time satellite medical services would eventually be provided for each campus.

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3 Appendix: Planned Scope of Services (from Asian Health Services 3/10/2010)

Surveys and Statistics

Surveys:

- **Student Health Fee Survey (Chan and Portero): 2004**

  **Summary:** Survey 2002, report completed 2004

  “The results of this Health Fee survey indicate that students have health needs that affect their performance in class. A significant majority of student surveyed want health services provided to them on campus. Survey results also indicate that there are specific types of health services that are important to our students.

  Registered nurses staff College of Alameda, Merritt and Laney health facilities. The services that Peralta community colleges currently provide are: Assessment of illness and referral to appropriate community health facilities, first aid, CPR, blood pressure checks, crisis counseling, pregnancy testing and individual health education/wellness counseling and support. The health care centers also proved students with free condoms, personal hygiene products, aspirin and Tylenol, and a quiet, private rest area. However, survey result indicate that student are seeking sources of affordable health care, in addition to doctor visits, information and support for issue such as stress, resulting from family and personal problems, eye examination, immunization and birth central.

  Survey responses also indicate that students are willing to pay a Health fee even though nearly two thirds of the respondents already have some form of health insurance. However, the survey result(s) also indicate that students are concerned about the amount of the fee.”

- **PCCD: Health Services Needs Assessment Survey Report (Sue): 2009**

  **Summary:** Survey 2007, report completed 2009

  “This project sought to investigate Peralta Community College students’ health insurance status, how and from which sources they receive health care services, their likelihood of using expanded health services at a Peralta College campus and how much they would be willing to pay for campus-based health care services. We saw that while the majority of the survey respondents had health insurance coverage, many were uncertain about the details of their coverage. Moreover, for about a third of these students their insurance coverage’s copayment prevented them from seeking care when they needed it.

  There was considerable interest in using Peralta Health Services for health information, physical exams, vision and dental care, but less interest in using Peralta Health for personal counseling or family planning services. Students were generally willing to travel to a campus other than the one where they take classes to get health care, and the campus they were most willing to travel to was Laney College.

  Although many of the student respondents had access to health care, large percentages said that within the past year they never received personal counseling, family planning, dental and vision care when it was needed.

  About a third of the respondents said they would not pay anything extra each semester for the use of expanded health services, however, the remainder was willing to pay from $5 to $15 or more.”

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4 Appendix: Student Health Fee Survey (Chan and Portero): 2004

• *Summary of Preliminary Report (Chan): 2007*

This survey was a compilation of previous data, compiled by consultant Wilma Chan.

• *Summary of Needs Assessments by I. Thadani, Director PWC at Laney College: 2011*

  **Health Needs Assessment Summary** from a student’s perspective. Merritt and Laney had majority populations that did not have health insurance, for BCC and COA there was a large percentage of students with health insurance. Generally more females vs. males completed the survey, which is also consistent with Health Activity reports at Laney. The majority of students are in the age range of 16-30 years. The top five health areas: weight management, stress, finances, mental health and dental.

• **Comments**

  Even though many students have medical insurance, most have very high co-pays that prohibit them from utilizing off-campus services whether they have private or MediCal insurance.

  Students have difficulty accessing health care for their acute medical care needs in a timely manner, especially if they rely on MediCal. MediCal providers or clinics are overbooked for weeks, making it a trial to schedule an appointment in a timely manner. Many students wait until they are so ill that they use hospital emergency rooms as a result.

  Peralta students are considered high risk for health care problems. In addition to the multiple chronic health problems many adult students have, the majority are at high risk for developing or exacerbating their health problems because of their lifestyle factors: poor food choices, lack of regular exercise, abuse of drugs and/or alcohol, lack of sleep, financial problems, poor living environments, violent neighborhoods, etc. Receiving medical and psychological services at PCCD by staff sensitive to their situations will support students’ retention and assist these students in improving lifestyle choices.

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7 Appendix: Summary of Needs Assessments (Thadani, Director PWC at Laney College): 2011
**Statistics**

| Current student population | Fall 2009: 10,488 FTES  
|                           | Spring 2010: 10,293 FTES  
|                           | Fall 2010: 9,397 FTES  
<table>
<thead>
<tr>
<th>Year and data source</th>
<th>2009-2010: PCCD Office of Institutional Research</th>
</tr>
</thead>
</table>
| Average yearly attendance | Average annual enrollment: 20,001 FTES  
|                           | 2008-2009 and 2009-2010: PCCD Office of Institutional Research |
| English language learners | Primary Language  
|                           | - English: 20134 (70%)  
|                           | - Non English: 4738 (17%)  
|                           | - Unknown: 3833 (13%)  
| Year and data source      | Fall 2010: Equity Fact Books 2009: PCCD Office of Institutional Research |
| Residency (2 responders not indicated = < 100%) | Resident: 94.7%  
|                           | Foreign: 2.7%  
|                           | Out of State: 2.6%  
| Year and data source      | Fall 2010: PCCD Office of Institutional Research |
| Numbers of students enrolled in program reflecting economic disadvantage (numbers may be duplicated) | EOPS: 7973  
|                           | Cal Works: 1548  
|                           | CARE: 790  
| Year and data source      | Fall 2009: PCCD Office of Institutional Research |
| Students with IEP or 504 plan | PCCD Office of Institutional Research |
| Fall to Fall Persistence Rates of first-time college students | 37%  
| Year and data source      | 2009: PCCD Office of Institutional Research |
| Student mobility rate     | PCCD Office of Institutional Research |

Please provide the following race/ethnicity information for both the school and the school district.

<table>
<thead>
<tr>
<th>Fall 2010: PCCD Office of Institutional Research Data per Headcount</th>
<th>School district</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American</td>
<td>7162</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>130</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>3483</td>
</tr>
<tr>
<td>Asian</td>
<td>5969</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>178</td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>5047</td>
</tr>
<tr>
<td>Other/Non White</td>
<td>289</td>
</tr>
<tr>
<td>Unknown/Non Respondent</td>
<td>4297</td>
</tr>
<tr>
<td>Multiple</td>
<td>1369</td>
</tr>
<tr>
<td>Filipino</td>
<td>628</td>
</tr>
</tbody>
</table>

Please provide information about the health status of currently enrolled students:

**Final Version: 4/28/2011**
## From: PCCD Health Services needs Assessment Survey Report 2009

<table>
<thead>
<tr>
<th>Likely to Use Expanded Peralta Health Services for (in percentages):</th>
<th>Health Information</th>
<th>Physical Exam</th>
<th>Vision Care</th>
<th>Dental Care</th>
<th>Personal Counseling</th>
<th>Family Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Likely</td>
<td>29.5</td>
<td>31.5</td>
<td>32.8</td>
<td>32.7</td>
<td>24.7</td>
<td>20.2</td>
</tr>
<tr>
<td>Likely</td>
<td>39.0</td>
<td>31.8</td>
<td>28.4</td>
<td>26.5</td>
<td>32.7</td>
<td>24.7</td>
</tr>
<tr>
<td>Unlikely</td>
<td>19.9</td>
<td>21.7</td>
<td>20.8</td>
<td>22.9</td>
<td>25.2</td>
<td>27.1</td>
</tr>
<tr>
<td>Very Unlikely</td>
<td>11.6</td>
<td>15.0</td>
<td>18.0</td>
<td>17.9</td>
<td>17.4</td>
<td>28.1</td>
</tr>
</tbody>
</table>

## From: PCCD Student Health Fee Survey Report 2004

Table 7: Types of Health Services in Order of Importance to Students*

<table>
<thead>
<tr>
<th>Types of Health Services</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s visits</td>
<td>46%</td>
</tr>
<tr>
<td>Women’s Health: pap smear, pregnancy care, etc.</td>
<td>36%</td>
</tr>
<tr>
<td>Eye Exams</td>
<td>36%</td>
</tr>
<tr>
<td>Immunizations (Hepatitis B, Measles/ Mumps/Rubella, etc.)</td>
<td>32%</td>
</tr>
<tr>
<td>Family planning and Sexually Transmitted Diseases (AIDS, etc.)</td>
<td>27%</td>
</tr>
<tr>
<td>Counseling (Personal and Stress Related)</td>
<td>26%</td>
</tr>
<tr>
<td>Men’s Health</td>
<td>25%</td>
</tr>
</tbody>
</table>

*Note that the total percentages for this table do not add to 100%*

Please provide information about students’ access to health care services:

From: PCCD Health Services needs Assessment Survey Report 2009

“Where do you usually go for health care?”

<table>
<thead>
<tr>
<th>Where do you usually go for health care?</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Doctor</td>
<td>41.9%</td>
</tr>
<tr>
<td>Community clinic</td>
<td>24.6%</td>
</tr>
<tr>
<td>Don’t go anywhere</td>
<td>22.3%</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>10.5%</td>
</tr>
<tr>
<td>Health Services at Peralta</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Source: PCCD Health Services Needs Assessment Survey Report 2009

<table>
<thead>
<tr>
<th>Insurance Status</th>
<th>Number/rate/percentage</th>
<th>Level of data (national, state, county, city, school district or school), source and year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Status</td>
<td></td>
<td>Level of data (national, state, county, city, school district or school), source and year</td>
</tr>
<tr>
<td>Insured</td>
<td>Insured 77.0%</td>
<td>Uninsured 23.0%</td>
</tr>
<tr>
<td>Of those insured:</td>
<td></td>
<td>District-wide survey 2009</td>
</tr>
<tr>
<td>Medicaid or CHP+</td>
<td>20.5%</td>
<td>District-wide survey 2009</td>
</tr>
<tr>
<td>HMO</td>
<td>51.0%</td>
<td>District-wide survey 2009</td>
</tr>
<tr>
<td>Other health insurance</td>
<td>12.3%</td>
<td>District-wide survey 2009</td>
</tr>
<tr>
<td>Don't know</td>
<td>16.2%</td>
<td>District-wide survey 2009</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Laney</td>
<td>COA</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>African-American</td>
<td>28%</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>(84 out of 298)</td>
<td>(51 out of 135)</td>
</tr>
<tr>
<td>Asian</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>(70 out of 298)</td>
<td>(29 out of 135)</td>
</tr>
<tr>
<td>White</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>(26 out of 298)</td>
<td>(14 out of 135)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>(25 out of 298)</td>
<td>(24 out of 135)</td>
</tr>
</tbody>
</table>

**Topic/service**

<table>
<thead>
<tr>
<th>Laney</th>
<th>COA</th>
<th>Merritt</th>
<th>BCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight management</td>
<td>31%</td>
<td>27%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>(92 out of 298 respondents)</td>
<td>(36 out of 135)</td>
<td>(87 out of 217)</td>
</tr>
<tr>
<td>Stress management</td>
<td>27%</td>
<td>25%</td>
<td>56%</td>
</tr>
<tr>
<td></td>
<td>(83 out of 298)</td>
<td>(34 out of 135)</td>
<td>(121 out of 217)</td>
</tr>
<tr>
<td>Finances</td>
<td>28%</td>
<td>23%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>(85 out of 298)</td>
<td>(31 out of 135)</td>
<td>(61 out of 217)</td>
</tr>
<tr>
<td>Dental</td>
<td>22%</td>
<td>33%</td>
<td>No data</td>
</tr>
<tr>
<td></td>
<td>(66 out of 298)</td>
<td>(27 out of 135)</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>13%</td>
<td>12%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>(38 out of 298)</td>
<td>(16 out of 135)</td>
<td>(47 out of 217)</td>
</tr>
</tbody>
</table>
III. Guiding Framework

Vision, Mission and Philosophy

Vision
Peralta Student Health Services enhance student success by addressing the physical, psychological, spiritual and social needs of Peralta students in a holistic and culturally-sensitive manner.

Per *Healthy Campus 2020*\(^8\), the Peralta Student Health Service strives to:
1. Increase academic achievement, student retention and lifelong learning;
2. Achieve health equity, eliminate disparities in wellness, and improve the overall health of Peralta’s four campus communities;
3. Promote healthy development and healthy behaviors across every stage of life;
4. Create social and physical environments that promote health, safety and learning;
5. Eliminate preventable disease, disability, injury and premature death.

Mission
The mission of Health Services in the Peralta Community College District is to further the equality of the educational opportunity and success for all students by providing access to health services which promote the physical, emotional, social and spiritual well-being of its students. This well-being contributes to the educational aim of our community colleges by promoting student retention and academic success.

Philosophy
- We believe that good health is essential to student success. Health Services actively promotes self-care and wellness.
- We are committed to providing health education, wellness programs, and early illness prevention to better enable students to fulfill their personal and educational goals.
- Our programs are designed around a concept of wellness that integrates all the elements of a student’s life: physical, emotional, social, spiritual, intellectual and occupational.
- It is our hope that students will be empowered to make positive choices that contribute to academic success, academic retention and future contributions to the community.

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\(^8\) *Healthy Campus 2020*, American College Health Association, based on *Healthy People 2020*, US Department of Health and Human Services, Washington, DC 20201

IV. **Program Goals**

In March, 2011, the SHSWG organized a retreat to develop goals and objectives. In addition to the regular members, many students from three different campuses dropped into the meeting to participate in the discussion. Discussion centered around the recent needs assessment on all four campuses.³

The results of this effort are below. We ask that the readers of this document understand that, as a new project, and one unprecedented in community colleges in California, that there are both anticipated and unanticipated hurdles and difficulties with implementation.

**Overview**

It is the goal of the Health Service Initiative to provide:

- A. A Culturally Relevant, Competent Model Of Care
- B. A Comprehensive, Integrated Model Of Health Care Delivery
- C. An Integrated Mental Health Program
- D. Continuous Outreach And In-Reach
- E. Health Education

For future development:

- A. Dental Health Options
- B. Life Planning And Management
- C. A Safe Environment
- D. Maximum Accessibility And Minimal Cost

**Goal A: Culturally Relevant, Competent Model of Care**

*Authors: Fang, Sakashita*

The Peralta Health Services Initiative will recognize the diverse needs of the Peralta student population and provide culturally appropriate care.

- A1. Build staff capacity to provide culturally relevant services
- A2. Increase language access to services
- A3. Identify and address health disparities in student population
- A4. Increase knowledge of student community

**Goal B: Comprehensive, Integrated Model of Health Care Delivery**

*Authors: Lee, Dudley*

The PCCD health services initiative has been implemented to provide expanded health services for PCCD students. Asian Health Services has been charged with assessment of evolving student needs, and will, working collaboratively with current health professionals at PCCD, expand and develop services to meet these needs.

- B1. Insure compliance with all state and federal mandates as appropriate for college campuses and a federally qualified health center:
  1. Compliance with Title V: Section 76355: A legal opinion will be sought to determine the ramifications for the delivery of health services in the district and at the campuses by April 2011.

³ Appendix: Summary of Needs Assessments (Thadani, Director PWC at Laney College): 2011

2. Clear procedures for assuring compliance with open treatment and Title V: 76355 by May 2011.

B2. All students entering into clinical services of the PWC will participate in on-going needs assessment. Satisfaction and quality of care assessments will be performed annually. Assessment findings will be reported to the SHSWG at the end of spring semester annually. Assessments will start by June 2011.

B3. PCCD and AHS will jointly develop an operational manual, to be initiated during the Summer 2011.

B4. Facilities for expanded services at all four colleges will be identified and funding for renovation explored.

Goal C: Integrated Mental Health Program
Authors: de Vito, Gould

A network of urban community colleges, PCCD serves a “non-traditional” student population disproportionately affected by the life stressors of poverty, community violence, family trauma, unstable housing, crime, and academic under-preparedness. Left unchecked, these challenges all too frequently become barriers to student success, resulting in poor attendance, low scholastic performance, and high dropout rates. Peralta’s mental health services component, therefore, exists to help students develop the internal and external resources they need to achieve their academic goals.

C1: PCCD’s mental health professionals (MHPs) will help students develop healthy, positive coping strategies to mitigate their life difficulties.

C2. PCCD’s MHPs will raise campus awareness of and sensitivity to mental health issues by providing health education on mental health topics.

C3. PCCD’s MHPs will serve as referral hubs, connecting students with the on- and off-campus resources they need to stay in school & maximize their achievement.

Goal D: Continuous Outreach and In-reach
Author: Thadani

Improvement of In- and Outreach Marketing

D1. Ensure 8000 students and 200 employees have the PWC card info sheet in their possession and know how to access health services.

D2. Twitter, Facebook and Health Services website is current. The health Services video will be uploaded by July 2011.

D3. All Peralta publications: catalog, schedules, newsletters will have current information about all health services.

D4. A short program about health services will be put on Peralta TV by the Fall 2011.

Goal E: Health Education
Authors: Dudley, Lee

A key goal of health services is provide health education for our diverse students, education that contributes to retention, persistence and lifelong learning, that promotes healthy development and healthy behaviors across every stage of life; and that leads to the creation of personal, social and physical environments that promote health, safety and learning.

E1: Education and training regarding drug and alcohol abuse, to achieve compliance with Federal regulations Part 86, the Drug-Free Schools and Campuses Regulations, as evidenced by an on-going program on each campus by 2013.
E2: Education and support re: sexual assault, as evidenced by an on-going program on each campus, per AB 1088, (Amended Title V, Section 67385.7) by 2013.
E3. Regular and consistent assessment of the level of health knowledge of students is conducted, starting in Spring 2012.

V. Outcomes and Performance Measures

Student Learning Outcomes

It is hoped that additional student learning outcomes will be added as the health education program is developed.

<table>
<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>Assessment Methods</th>
<th>Criteria for successful performance</th>
<th>When will you collect this information?</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>After receiving a Tuberculosis Screening Test, clients will demonstrate an increased understanding of the meaning of the skin test, TB disease transmission and the difference between TB disease and TB infection.</td>
<td>Pre and post testing.</td>
<td>Success = a significant improvement in scores between the pre-test and post-test.</td>
<td>On-going</td>
<td>Analyzed in May of each year.</td>
</tr>
</tbody>
</table>

Service Area Outcomes

Student Services Area Learning Outcomes: The new cohort of student health services will be district-wide. In order to measure the effectiveness of differently provided services, some funds from the new student health fee should be used to underwrite the National College Health Assessment test. This survey can be administered to students using the new Peralta Wellness Center, and those on campus that have chosen not to use, or have no need for, the Center. This will provide some measure of the impact of services on the student body.

Goals and Objectives

Goals and objectives are listed above. Strategies and short- and long-term outcomes are listed in the Appendix.10

10 Appendix: 2011-2012 Goals, Objectives, Strategies and Outcomes

VI. Plan Development and Implementation

Organization and Administration

In 2009, the Health Services Initiative project was begun and was composed of a partnership of PCCD with a health services provider (a consortium of Asian Health Services, Clinica de la Raza and Lifelong Medical Care) and Alameda County Health Care Services Agency (HCSA).

Role of PCCD

The PCCD Health Services Initiative is supervised by the Vice Chancellor of Student Services (VCSS). The VCSS appoints a Health Services Director who is responsible for developing and directing the Health Services Initiative in accordance with Title V, Section 53411. Under the supervision of the VCSS, the Health Services Director assumes responsibility and accountability for overseeing the Health Service Initiative Project, and for all other PCCD requirements. The VCSS and the Health Services Director will provide general administrative support to ensure success of the Health Services Project.

The Vice Chancellor of Student Services, along with the Health Services Director, will clarify the roles and responsibilities of PCCD, AHS, and HCSA with respect to the Health Services Initiative, and will report and present to the PCCD’s Board of Trustees or its committees, as needed.

The Student Health Services Working Group (SHSWG) serves as an advisory body. The SHSWG include students and representatives from all four colleges, the HCSA, and the service provider. Additionally the Director of the Peralta Wellness Center (PWC) at Laney College and campus Health Service Coordinators serve as members. The Health Services Director will serve as the chair. Initial planning and on-going operations are to be developed by the SHSWG, in collaboration with the service provider. Other charges for the SHSWG include: addressing day-to-day operational concerns, establishing procedures and protocols, and reviewing the annual budget.

The Health Services Director will monitor the clinical services delivery contract of the health services provider, and, with the health services provider, will research best practices from other community colleges.

Peralta health professionals, with the health services provider, will develop a collaboration plan for the existing PCCD health services and the new, expanded services offered by the health services provider.

Role of Alameda County Health Care Services Agency (HCSA)

Alameda County Health Care Services Agency (HCSA) will provide support including facility planning, financing strategies, and acting as an advisor with contract development and monitoring. They will work toward securing resources to support the delivery of health services, including leveraging monetary resources to obtain additional funding, grant-writing, and third party billing.

Role of Health Services Provider: Asian Health Services, Clinica de la Raza and Lifelong Medical Care (AHS) are federally qualified health centers (FQHC) and members of the Alameda Health Consortium, which is an association of community health centers based in

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11 Appendix: Regulations: Title V, Section 53411
12 Appendix: Roles and responsibilities of PCCD, AHS, and HCSA
13 Appendix: Integration of PCCD Health Care Professionals with Health Services Initiative

Alameda County, California, that work together and support the involvement of our communities in achieving comprehensive, accessible health care and improved outcomes for everyone in the county.

AHS will offer clinical services that meet the needs of Peralta students under the direction of the Health Services Director and the SHSWG, and based on the needs assessment and other data-based findings. In collaboration with the Health Services Director and the SHSWG, they will recommend an incremental plan to provide clinical services starting in the Fall semester of 2010 (see below). AHS will provide additional clinical services based on available funding, and such increases in services shall be reviewed by the Student Health Services Work Group, and approved as above. AHS will collaborate with PCCD to conduct an outreach campaign for PCCD students.

Any FQHC providing services on a Peralta campus will maintain all required licenses and special permits issued by federal, state, and local agencies related to the services it provides, including but not limited to the California Health and Safety Code, Division 2 and Title 22 and Title 17 of the California Code of Regulations.

**Services**

Services starting Fall 2010.
- **Mental Health Counseling:** Professional counseling is offered, including crisis intervention, assessment, evaluation and referrals.
- **Medical Services for all students** to be located at Laney College.
  - Urgent Care
  - Doctors Visits
  - STD Screening and Treatment
  - HIV Testing and Education
  - Immunizations (HepB, Flu Shots, Tetanus)
  - TB Testing
  - Pregnancy testing
  - Distribution of condoms
  - Birth control counseling and prescriptions
  - First aid
  - Evaluation and treatment of short-term illnesses and injuries

**Policies**

**Paying the health fee**
All PCCD students are required to pay the health fee. Students are required to pay if they have private or other health insurance. Health services delivered under the scope of the health services initiative are intended to supplement present health insurance, and do not cover major medical care such as hospitalization or emergency room fees.

- International students are required to pay the Health Fee. Paying the Health Fee will not meet the requirement of having insurance in the United States.
- Part-time students are required to pay the health fee, regardless of the number of units they are taking.

Each student will pay the fee only once per semester, even when enrolled in multiple courses at different Peralta campuses.

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14 Appendix: Planned Scope of Services (from Asian Health Services 3/10/2010)

Exemptions from the Health Fee
The Board of Trustees of PCCD, with the resolution of January 26, 2010, makes these exceptions to paying the health fee:

"Be it resolved that this student health fee shall be mandatory for full-time and part-time students, including students taking only online classes, low-income students, and students who may choose not to use the health services.

Be it resolved that the following students are exempt from this student health fee: (1) Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization; (2) students who are attending a community college under an approved apprenticeship training program; and (3) non-credit students. The Board directs the Chancellor to establish procedures, including a student waiver form, to allow for these students to be exempted and to ensure reasonably that exempted students are aware of such exemption."

Petitioning for the waiver of the health fee is done by completing a waiver petition, found in the Office of Student Services at each campus.

Hours of Operation
Services are provided with an agreed upon schedule when the campuses are open. This includes hours during intersession and other breaks.

Service Limitations
While preserving the intent of the PCCD Health Services Initiative to provide health services to PCCD students, the Alameda County Health Care Services Agency, PCCD and Asia Health Services, as community institutions, understand that the health service clinics on Peralta campuses will not turn away any underserved community members who seek health services. Costs of these visits will be underwritten by funding other than student health fees, in accordance with Title V, 76355.

Budget Development

Principles
- Components of the budget development shall include:
  - Monetary items from the unit plans of all campus Health Service Centers seeking funds from the health services initiative budget will be considered. These items must meet Title V guidelines.
  - A line item for costs projected by the health service provider will be incorporated, including detailed plan and analysis of the reimbursement mechanisms available to sustain and expand services.
  - Other expenses will be allowed only as stated in Ed Code, sections 54702 and 76355.
- Revenues for use for planning the annual budget shall anticipate a 25% uncollectible fee write-off. The current budget estimates (2010-2012) include no additional funding from outside sources during years one and two.

15 Appendix: PCCD Board of Trustees: Action, January 26, 2010
16 Appendix: Ed Code 76533
17 Appendix: Ed Code 54702
18 Appendix: Ed Code 76533

Funds may carry-over from one fiscal year to the next. The intention of the health fee initiative is not to build untapped funds, but to expend the collected monies for student health services.

The County of Alameda (HCSA) is assisting with additional funds for this project including leveraging monetary resources to obtain additional funding, grant-writing, and third-party billing. Current estimates for additional outside funds are at least a dollar-for-dollar match to those collected at PCCD, with possibly a higher match in the future. It will not be known until well into the project how much revenue can be leveraged. HCSA will provide a biennial report on the progress of securing additional funding. All funds resulting from this leveraged money will be incorporated into the health fee initiative and used for health services as specified in Title V, Section 76355. All funding leveraged through MAA, EPSDT, and other leveraging programs will also be returned to PCCD solely and exclusively for reinvestment in its provision of student health services per Title V, Section 76355. HCSA shall also provide open book accounting of these funding sources for PCCD’s program.

The health services provider (AHS) is also assisting with additional funds for this project including leveraging monetary resources to obtain additional funding, grant-writing, and third-party billing. AHS will provide a monthly report on the progress of securing additional funding. All funds resulting from this leveraged money will be incorporated into the health fee initiative and used for health services as specified in Title V, Section 76355. All funding leveraged through MAA, EPSDT, and other leveraging programs will also be returned to PCCD solely and exclusively for reinvestment in its provision of student health services per Title V, Section 76355. The health services provider will also provide open book accounting of these funding sources for PCCD’s program.

Unless stated in awarded grant(s), PCCD is not required to provide HCSA or AHS with funds obtained through grants or contracts with other private or public agencies.

In the case that anticipated funding from student health fees is not available to pay the health services provider in full, the following three scenarios will be considered:
- Reduce the health services offered to match the funding available.
- Reconfigure the services to increase cost-effectiveness.
- Find additional revenue sources primarily through the agency of Alameda County Health Services.

The Student Health Service Work Group will convene to explore these options and make a recommendation to PCCD’s Chancellor, the Vice Chancellor of Student Services and other appropriate parties.

Measure A has awarded $2,000,000 for facility and building costs. Money for additional facilities from funds other than the health fee may be sought.

PCCD will provide the Student Health Services Work Group with a detailed accounting of Student Health Fee revenues.

The budget for 2010-2011 includes a centralized clinic with a 20 hour work week (four personnel), and a 40 hour per week for a receptionist/resource person. It also includes a 40 hour per week mental health specialist.

Procedures
- Annual Program Updates will be submitted annually in the fall semester from all campus Health Service Centers seeking funds for health fee initiative expenses for the subsequent budget year. All requested funds must be in compliance with Title V regulations and the negotiated contract with the service provider.

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19 Appendix: Ed Code 76533
20 Appendix: Ed Code 76533
The health service provider will annually submit a detailed budget request for the subsequent budget year in the fall of each year for the subsequent budget year.

The Health Services Director will compile all requests and screen for compliance and feasibility. The proposed budget will be then forwarded to the SHSWG for the first meeting in the spring semester.

The Student Health Services Work Group will then review and recommend the proposed annual budget. The Health Services Director will then make recommendations to the appropriate signatories for approval of funding and any changes in scope of services. The Vice Chancellor will seek approval from the Chancellor, in accordance with PCCD’s Board Policies and Administrative Procedures.

A review of the budget at the end of December and at the end of May will be conducted in each year, to see if there is any opportunity to expand services.

**Funding Sources**

**Business Plan**

Asian Health Services, the health services provider, will develop a specific business plan for the clinic operation. A draft will be presented in Spring 2012 based on the at least one year of operation at Laney College. The business plan will be based on the actual expense of one year of operation and actual revenue from the third party reimbursement generated from Peralta students who utilized the services. The business plan will also consider how many uninsured Peralta Student will be insured in 2014 when the Affordable Care Act is fully implemented.

The actual expenses and revenues will guide AHS in determining whether:

1. Full time clinic at Laney College is feasible based on the current level of contract amount and the third party reimbursement,
2. What additional funding is necessary to have a full time clinic at Laney College,
3. Potential for a half time or full time clinic at other campuses based on the experience at Laney College.

The business plan will incorporate HCSA’s funding plan for additional resources including: grants, awards, FamilyPACT, EPSDT and other public and private third-party payers. The leveraging plan will be presented after an assessment has been done.

In order for AHS to develop a business plan, the following issues need to be addressed:

- Realistic projection for revenue based on the number of clinic visits that are reimbursable
- Whether there will be a sufficient physical space for a fully licensed clinic to maximize revenue
- Understanding of the insurance status of Peralta students, and
- Decisions on how much of the health fee will be available to develop a business plan.

**Health Fee**

The health fee charged to students will be approximately $1,000,000 annually. It is anticipated that 100% of this amount cannot be fully collected, and, at the recommendation of the PCCD Board of Trustees, budget development will anticipate a rate of 75% for actual collections.
Facilities

Facilities Plan for the Peralta Wellness Center (PWC) at Laney College

PCCD shall allocate District’s Measure A facility bond funds, currently allocated at $2 million, to be expended to construct, renovate, and refurbish a clinical site.

It is intended that the centralized clinic at Laney College be a robust, inclusive medical services clinic with extended hours, serving all Peralta students. This clinic will eventually meet standards for a federally qualified health center.

Phase I (completed): Student Center at Laney College
The initial health service clinic is located in the Student Center at Laney College. The hours and services offered at this site are limited due to space constraints.

Phase II: Portable at Laney College
Working collaboratively with Laney College Facilities Committee, permission will be sought to relocate the clinic in the Student Center to a portable(s) located on the Laney campus, in accordance with the current remodeling plan. The hours and services offered at this site will be dependent upon space constraints.

Phase III: Permanent Clinic at Laney College
Working collaboratively with Laney College Facilities Committee, permission will be sought for a space for the permanent health services clinic in the master plan for the college. It is desirable that the process for planning and building be approximately six years or less. As soon as possible, the clinic will move out of the portable and into a permanent long-term space that can be licensed. It is intended that this clinic will be a robust, inclusive medical services clinic with extended hours, serving all Peralta students. This clinic will meet standards for a federally qualified health center.

Facilities Plans for Peralta Wellness Centers at BCC, COA and Merritt College

Students have clearly expressed a desire for health services on all campuses. Health services cannot be provided at any campus unless appropriate facilities are available.

Since it is not financially feasible at this time to have robust health services at four campuses, satellite clinics at the other three campuses will be developed as the PWC at Laney College continues to provide more services and hold longer open hours. Satellite clinics will provide mental health and other selected services.

Funding for remodeling and/or updating facilities for satellite clinics has not been earmarked. Facilities for clinical services require privacy, plumbed sinks and a bathroom. As new funds for facility renovations become available, it is hoped that some funds will be expended on satellite health clinics.

Berkeley City College
A facility for a mental health counselor has been identified at Berkeley City College. Efforts are being made to identify a potential space at this college for clinical services, but a plumbed space is not readily available.

College of Alameda
The present Health Services Center, currently located on the first floor of the F-building, is available for the health services initiative. The present configuration will allow only one
exam room to be operating at one time. However, additional space may be made available for the health fee initiative. Mental health services will be provided on the second floor of the F-building. As funding allows, the second floor space may be configured into a two-exam room clinic with mental health services. There is presently no plumbing in the second floor space.

**Merritt College**
The present Health Services Center, currently located on the first floor of the R-building, is configured presently as a one exam room clinic with a first aid station and an office. With minor renovations and soundproofing, this clinic can be easily converted into a two exam room clinic with mental health services.

**Planning Timeline**

<table>
<thead>
<tr>
<th>Month</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2011</td>
<td>Rough draft of Student Health Service Strategic Plan is submitted to VCSS</td>
</tr>
</tbody>
</table>
| April 2011     | First working draft of Student Health Service Strategic Plan is complete and submitted to VCSS  
                  Unit plans from colleges for 2011-2012 are submitted to Health Services Director (HSD)  
                  Planning and facility requests to COA                                                                                     |
| May 2011       | HSD submits unit plan to VCSS for 2011-2012  
                  Planning and Facility requests to LC  
                  Planning and facility requests to MC  
                  Planning request to BCC                                                                                           |
| June through August 2011 | Clinical policy development continued                                                                                                    |
| August 2011    |                                                                                                                                               |
| Fall 2011      | Facilities request to BCC  
                  Planning and facility requests to District Education and Facilities Committees  
                  Planning and facility reports to District Planning and Budgeting Council                                                                 |
| October 2011   |                                                                                                                                               |
APPENDIX

Regulations

Title V, Section 53411

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 5. EDUCATION
DIVISION 6. CALIFORNIA COMMUNITY COLLEGES
CHAPTER 4. EMPLOYEES
SUBCHAPTER 4. MINIMUM QUALIFICATIONS
ARTICLE 2. QUALIFICATIONS AND EQUIVALENCIES
This database is current through 3/5/10 Register 2010, No. 10

§ 53411. Minimum Qualifications for Health Services Professionals.

(a) The minimum qualifications for a health services professional with overall responsibility for developing and directing student health services shall be a valid, current California license as a registered nurse, and either of the following:

(1) a master's degree in nursing and a California Public Health Nurse certificate; or

(2) a bachelor's degree in nursing, a California Public Health Nurse certificate, and a master's degree in health education, sociology, psychology, counseling, health care administration, public health, or community health.

(b) Other health services personnel shall not be subject to statewide minimum qualifications; however, all personnel shall possess appropriate valid, current licensure or certification to practice in California when required by law. Ancillary personnel shall work under appropriate supervision when required by their license laws.

§ 54702. Proper Use of Funds.

The health supervision and services fee which the governing board of a district may require students to pay shall be expended only to cover the direct and indirect costs necessary to provide any, all of, or a portion of the student health programs and services approved by the governing board for offering within the district, which may include the following:

(a) Clinical Care Services
   (1) assessment, intervention, and referral for health services
   (2) first aid and basic emergency care
   (3) health appraisal
   (4) communicable disease control

(b) Mental Health Services
   (1) crisis management
   (2) short-term psychological counseling
   (3) alcohol/drug counseling
   (4) eating disorders counseling
   (5) stress management
   (6) suicide prevention
   (7) sexual harassment/assault recovery counseling program
   (8) mental health assessment

(c) Support Services

A variety of services supporting the clinical and mental health efforts including, but not limited to: maintenance of health records in a confidential and ethical manner, laboratory, radiology, and/or pharmacy services.

(d) Special Services
   (1) health education and promotion
   (2) teaching and research
(3) student insurance programs

(4) environmental health and safety, including illness and injury prevention programs.

The local district governing board establishing a health supervision and services fee shall decide what scope and level of services will be provided. The board policy will be available to all students.

When the burden of supporting a student health program is shared by all students through a general fee, the programs and services for which the funds are expended must be sufficiently broad to meet health care needs of the general student body. Those programs and services directed at meeting the health care needs of a select few to the exclusion of the general student body shall not be supported through student health fees.

Nothing within these provisions shall prevent an exclusive service to a select group of students or service to the college faculty or staff; however, these services must be supported from sources other than the student fee.

Title V, Section 76355

EDUCATION CODE
SECTION 76350-76395

76350. Except as provided in Section 3074.7 of the Labor Code, no charges or fees shall be required to be paid by a resident or nonresident apprentice, or by his or her parent or guardian, for admission or attendance in any course of activity that is offered pursuant to Section 3074 of the Labor Code in accordance with the instructional hours requirements specified in subdivision (d) of Section 3078 of the Labor Code.

76355.
(a) (1) The governing board of a district maintaining a community college may require community college students to pay a fee in the total amount of not more than ten dollars ($10) for each semester, seven dollars ($7) for summer school, seven dollars ($7) for each intersession of at least four weeks, or seven dollars ($7) for each quarter for health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, or both.

(2) The governing board of each community college district may increase this fee by the same percentage increase as the Implicit Price Deflator for State and Local Government Purchase of Goods and Services. Whenever that calculation produces an increase of one dollar ($1) above the existing fee, the fee may be increased by one dollar ($1).

(b) If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, if any, that a part-time student is required to pay. The governing board may decide whether the fee shall be mandatory or optional.

(c) The governing board of a district maintaining a community college shall adopt rules and regulations that exempt the following students from any fee required pursuant to subdivision (a):

(1) Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization.

(2) Students who are attending a community college under an approved apprenticeship training program.

(d) (1) All fees collected pursuant to this section shall be deposited in the fund of the district designated by the California Community Colleges Budget and Accounting Manual. These fees shall be expended only to provide health services as specified in regulations adopted by the board of governors.

(2) Authorized expenditures shall not include, among other things, athletic trainers' salaries, athletic insurance, medical supplies for athletics, physical examinations for intercollegiate athletics, ambulance services, the salaries of health professionals for athletic events, any deductible portion of accident claims filed for athletic team members, or any other expense that is not available to all
students. No student shall be denied a service supported by student health fees on account of participation in athletic programs.

(e) Any community college district that provided health services in the 1986-87 fiscal year shall maintain health services, at the level provided during the 1986-87 fiscal year, and each fiscal year thereafter. If the cost to maintain that level of service exceeds the limits specified in subdivision (a), the excess cost shall be borne by the district.

(f) A district that begins charging a health fee may use funds for startup costs from other district funds, and may recover all or part of those funds from health fees collected within the first five years following the commencement of charging the fee.

(g) The board of governors shall adopt regulations that generally describe the types of health services included in the health service program.
Part 86, the Drug-Free Schools and Campuses Regulations

Part 86, the Drug-Free Schools and Campuses Regulations, requires that, as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education (IHE) must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. If audited, failure to comply with the Drug-Free Schools and Campuses Regulations may cause an institution to forfeit eligibility for federal funding.

In order to certify its compliance with the regulations, an IHE must adopt and implement a drug prevention program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by all students and employees both on school premises and as part of any of its activities. Creating a program that complies with the regulations requires an IHE to do the following:

1. Prepare a **written policy** on alcohol and other drugs.
2. Develop a sound method for **distribution of the policy** to every student and IHE staff member each year.
3. Prepare a **biennial review report** on the effectiveness of its alcohol and other drug (AOD) programs and the consistency of policy enforcement.
4. Maintain its biennial review report on file, so that, if requested to do so by the U.S. Department of Education, the campus can submit it.
Bill number: AB 1088

CHAPTER 647
FILED WITH SECRETARY OF STATE OCTOBER 7, 2005
APPROVED BY GOVERNOR OCTOBER 7, 2005
PASSED THE ASSEMBLY SEPTEMBER 6, 2005
PASSED THE SENATE SEPTEMBER 1, 2005
AMENDED IN SENATE JULY 1, 2005
AMENDED IN ASSEMBLY MAY 27, 2005
AMENDED IN ASSEMBLY MARCH 29, 2005

INTRODUCED BY Assembly Member Oropeza (Coauthors: Senators Alquist and Soto)

FEBRUARY 22, 2005
An act to add Section 67385.7 to the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

AB 1088, Oropeza Public postsecondary education: mandatory orientation for students.

(1) Existing law, the Donahoe Higher Education Act, sets forth, among other things, the missions and functions of California's public and independent segments of higher education, and their respective institutions of higher education. Among other things, the act requires the governing board of each community college district, the Trustees of the California State University, the Regents of the University of California, to the extent the regents make the act applicable, and the governing board of independent postsecondary institutions, as defined, to adopt rules requiring each of their respective campuses to enter into written agreements with local law enforcement agencies that clarify operational responsibilities for investigations of Part I violent crimes, as defined, occurring on each campus.

The act also requires the governing board of each community college district, the Trustees of the California State University, the Board of Directors of the Hastings College of the Law, and the Regents of the University of California, to the extent the regents make the act applicable, to each adopt, and implement at each of their campuses or other facilities, a written procedure or protocols to ensure, to the fullest extent possible, that students, faculty, and staff who are victims of sexual assault, as defined, committed at or upon the grounds of, or upon off-campus grounds or facilities maintained by the institution, or upon grounds or facilities maintained by affiliated student organizations, receive treatment and information.

This bill would express findings and declarations of the Legislature with respect to the incidence of sexual assault on college and university campuses.

The bill would require the governing board of each community college district and the Trustees of the California State University, and request the Regents of the University of California, in collaboration with campus-based and community-based victim advocacy organizations, to provide, as part of established on-campus orientations, educational and preventive information about sexual violence to students at all campuses of their respective segments.
The bill would require each campus of the California Community Colleges and the California State University, and would request each campus of the University of California, to post sexual violence prevention and education information on the campus Internet Web site.

To the extent that these requirements would impose new duties on community college districts, the bill would constitute a state-mandated local program.

The bill would require the Board of Governors of the California Community Colleges and the Trustees of the California State University, and would request the Regents of the University of California, to develop and adopt regulations setting forth procedures for the implementation of the bill by campuses in their respective segments.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

The Legislature finds and declares all of the following:

a) Women on American college campuses who are from 18 to 24 years of age are at greater risk for becoming victims of sexual assault, domestic violence, and stalking than women in the general population or women in a comparable age group. Research over the past 20 years has consistently estimated the rate of sexual assault among women who are in the age group traditionally considered to be college-aged as one in four.

b) Studies have consistently shown that sexual assault primarily affects women and youth, and that most perpetrators are friends, acquaintances, or someone else who is known by the victim:

1) In 1994, the Ms. Report on Recognizing, Fighting and Surviving Date and Acquaintance Rape demonstrated that one in four college women had been the victim of a completed or attempted rape, and that, in 84 percent of the attacks, the victim knew the perpetrator.

2) The National Violence Against Women Survey of 1998 demonstrated that 83 percent of rape victims were less than 25 years old when they were assaulted.

3) In 2000, the Sexual Victimization of College Women survey estimated that a college with 10,000 students could expect more than 350 rapes per year to occur on that campus.

4) Additionally, half of all stalking victims are between the ages of 18 and 29, and women between the ages of 16 and 24 experience the highest rate of domestic violence victimization.

b) While sexual assault primarily affects young women, they are not the only targets. Men, individuals with disabilities, members of cultural and religious minority groups, and lesbian/gay/transgendered individuals also experience sexual assault.

c) Sexual assault is a critical issue for all college and university campuses. Even though many campuses officially report zero sexual assault, it is known to be
an historically underreported crime. Thus, crime reports alone cannot provide the basis for determining the extent of the problem on any given campus.

e) Given the prevalence of the perpetration of sexual violence against college women, it is essential that institutions of higher education establish comprehensive victim services programs and preventive education programs.

f) Institutions of higher education can best serve members of their communities by ensuring access to appropriate services and creating an environment that is intolerant of sexual assault.

SECTION 2.

Section 67385.7 is added to the Education Code, to read: 67385.7.

(a) 1) The governing board of each community college district and the Trustees of the California State University shall, and the Regents of the University of California are requested to, in collaboration with campus-based and community-based victim advocacy organizations, provide, as part of established campus orientations, educational and preventive information about sexual violence to students at all campuses of their respective segments. For a campus with an existing on-campus orientation program, this information shall be provided, in addition to the sexual harassment information required to be provided pursuant to subdivision (e) of Section 66281.5, during the regular orientation for incoming students.

2) Each campus of the California Community Colleges and the California State University shall, and each campus of the University of California is requested to, post sexual violence prevention and education information on its campus Internet Web site.

(b) The educational and preventive information provided pursuant to this section shall include, but not necessarily be limited to, all of the following:

1) Common facts and myths about the causes of sexual violence.

2) Dating violence, rape, sexual assault, domestic violence, and stalking crimes, including information on how to file internal administrative complaints with the institution of higher education and how to file criminal charges with local law enforcement officials.

3) The availability of, and contact information for, campus and community resources for students who are victims of sexual violence.

4) Methods of encouraging peer support for victims and the imposition of sanctions on offenders.

5) Information regarding campus, criminal, and civil consequences of committing acts of sexual violence.

(c) Campuses of the California Community Colleges and the California State University shall, and campuses of the University of California are requested to, develop policies to encourage students to report any campus crimes involving sexual violence to the appropriate campus authorities.

(d) Campuses are urged to adopt policies to eliminate barriers for victims who come forward to report sexual assaults, and to advise students regarding these policies. These policies
may include, but are not necessarily limited to, exempting the victim from campus sanctions for being in violation of any campus policies, including alcohol or substance abuse policies or other policies of the campus, at the time of the incident.

(e) The Board of Governors of the California Community Colleges and the Trustees of the California State University shall, and the Regents of the University of California are requested to, develop and adopt regulations setting forth procedures for the implementation of this section by campuses in their respective segments.

SECTION 3.

If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code
Governing Board of the Peralta Community College District
Board Resolution 10/11-7
Assessing Student Health Supervision and Services Fee ("Student Health Fee")

Whereas, to further the equality of the educational opportunity and success for all Peralta students, the student health services program will facilitate the physical, emotional and social well-being of students so as to contribute to student retention and academic success;

Whereas, the Peralta Community College District commissioned a needs assessment survey to assess the need for expanded campus-based health services. The survey, which was conducted in the spring of 2009, polled enrolled students asking them about where and how they currently get health care, how likely they would be to use expanded Peralta health care, and how much extra they would be willing to pay each semester to use campus-based health services. There was overwhelming support from survey participants for a student health program;

Whereas, the Board student services committee and the college nurses have collaborated to develop a health services program to benefit Peralta students;

Whereas, the Peralta Community College District and Alameda Health Care Services Agency have collaborated on the design and development of comprehensive health programming for Peralta students. Included was an analysis of revenue and reimbursement streams, capital needs, epidemiological and demographic data, review of best practices, and the regulatory requirements of any fee driven effort to expand services;

Whereas, the vision of Wilma Chan was to provide a quality health services program to Peralta students, the Associated Students of a Merritt College, Laney College, and College of Alameda passed a referendum in support of expanded and improved student health services. A Memorandum of Understanding (MOU) between Peralta Community College District and Alameda Health Care Services Agency (HCSA), regarding the development of health services at one or more of the Peralta campuses, was signed by the Board of Trustees. A Request for Interest was released to county indigent care facilities and one letter of response was received proposing collaboration between Asian Health Services, LifeLong Medical Care and La Clinica de la Raza. The letter of interest was approved by the Board Student Services committee.

Whereas, the State Legislature authorizes a community college governing board to require community college students to pay a fee for health supervision and services, including direct or indirect medical and hospitalization services, with the operation of the student health center or center's, or both in accordance with California Education Code Section 76355 and California Code of Regulations Sections 54700 et al;

Whereas, the student health services will include medical, dental, mental health, and health education, and that the burden of supporting a student health program is shared by all students through a general fee, the programs and services for which the funds are expended are sufficiently broad to meet health care needs of the general student body.

Whereas, the health services program is designed to contribute to the educational success of students, including student attendance, student retention, and student discipline;

See PCCD Board of Trustees meeting minutes of 3/9/10 for an amendment to the above.
Whereas, the student health fees will meet the health care needs of the general student body, and not just meet the health care needs of a select few to the exclusion of the general student body. Nothing shall prevent an exclusive service to a select group of students or service to the college faculty or staff; however, these services must be supported from sources other than the student health fee;

Whereas, $2,000,000 from measure A has been set aside for renovation of a facility to house the health clinic, HCSA agrees to provide $35,000 of support a year for two years for the RFI contingent upon a dollar for dollar match from Peralta, HCSA agrees to award a SingleStop USA award to the winning bidder of the RFI. SingleStop awards represent an annual commitment of $250,000;

Therefore, be it resolved that The Peralta Community College District Board of Trustees hereby assesses each student seventeen dollars ($17) for each semester and fourteen dollars ($14) for each summer session or intercession of at least four weeks, effective 2010 fall semester. For every year afterwards, Board shall assess an increase by one dollar ($1) whenever the Implicit Price Deflator for State and Local Government Purchase of Goods and Services calculation produces an increase of one dollar above existing fee.

Be it resolved that the Board hereby also assesses ten dollars ($10) for part-time students (that is, students enrolled less than nine units per semester, summer session, or intercession). For every year afterwards, Board shall assess an increase by one dollar ($1) whenever the Implicit Price Deflator for State and Local Government Purchase of Goods and Services calculation produces an increase of one dollar above existing fee.

Be it resolved that this student health fee shall be mandatory for full-time and part-time students, including students taking only online classes, low-income students, and students who may choose not to use the health services.

Be it resolved that the following students are exempt from this student health fee: (1) Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization; (2) students who are attending a community college under an approved apprenticeship training program; and (3) non-credit students. The Board directs the Chancellor to establish procedures, including a student waiver form, to allow for these students to be exempted and to ensure reasonably that exempted students are aware of such exemption.

Be it resolved that the Chancellor deposit all student health fees collected in a special restricted fund of the Peralta Community College District as designated by the California Community Colleges Budget and Accounting Manual, and the recording of income and expenditures shall be in accordance with the uniform system of accounting as prescribed by the California Community Colleges "Budget and Accounting Manual."

Be it resolved that the student health supervision and services fees shall be expended only to cover the direct and indirect costs necessary to provide any, all of, or a portion of the student health programs and services, include the following:

(a) Clinical Care Services
   (1) assessment, intervention, and referral for health services
   (2) first aid and basic emergency care
   (3) health appraisal
   (4) communicable disease control
(b) Mental Health Services
(1) crisis management  
(2) short-term psychological counseling  
(3) alcohol/drug counseling  
(4) eating disorders counseling  
(5) stress management  
(6) suicide prevention  
(7) sexual harassment/assault recovery counseling program  
(8) mental health assessment  
(c) Support Services: A variety of services supporting the clinical and mental health efforts including, but not limited to: maintenance of health records in a confidential and ethical manner, laboratory, radiology, and/or pharmacy services.

(d) Special Services  
(1) health education and promotion  
(2) teaching and research  
(3) student insurance programs  
(4) environmental health and safety, including illness and injury prevention programs.

Be it resolved that the student health fees may be expended for the following costs related to the provision of health services:

(a) Costs incurred in the planning, supervision, and evaluation of student health programs and services;  
(b) Administrative salaries (below the level of Dean or its equivalent);  
(c) Cost of instructional materials for health education;  
(d) Consultants directly involved in student health service programs;  
(e) Rental and lease of space for the conduct of student health programs and services;  
(f) Cost of equipment and medical supplies;  
(g) Salaries of student health personnel directly involved in the delivery of student health services (including fringe benefits);  
(h) Student health and/or hospitalization insurance; and  
(i) Travel with student health services funds is limited to student health personnel and only for student health related activities.

And that these identifiable expenses incurred which directly benefit the student health service program are allowable charges to the student health fund for the health services authorized by the Board. Where the expense is not exclusively for the student health program, only the prorated portion applicable to the student health service program may be charged against this fund.

Be it resolved that no student shall be denied a service supported by student health fees on account of participation in athletic programs.

Be it resolved that the student health fees shall not be expended for the following expenses:

(a) Salaries of personnel not directly involved in the delivery of student health services;  
(b) Administrative salaries (assistant dean level or its equivalent and above);  
(c) Athletic trainers’ salaries;  
(d) Athletic insurance for the intercollegiate athletic team;  
(e) Medical supplies for athletics;

(f) Physical examinations for intercollegiate athletics;
(g) Ambulance services and salaries of health professionals for athletic events;
(h) Any deductible expenses for accident claims filed for athletic team members;
(i) Sabbatical expenses for health service personnel; or
(j) Any other expense that is not available to all students.

Be it resolved that for the protection of a student's health and welfare, the parent or legal
guardian of a minor must keep current at the minor's college(s) of attendance, emergency
information including the home address and telephone number, business address, and
telephone number of the parents or guardian, and the name, address, and telephone
number of a relative or friend who is authorized to care for the student in any emergency
situation if the parent or legal guardian cannot be reached.

Be it resolved that the District may use funds from other District funds as startup costs,
and may recover all or part of those funds from health fees collected within the first five
years following the commencement of charging the fee, 2010 fall semester.

Be it resolved that the District's Measure A facility bond funds, currently allocated at $2
million, shall be expended to construct, renovate, and refurbish a clinical site for the health
program at Laney College.

Be it further resolved that this resolution shall be codified as board policy, and Chancellor
is directed to establish procedures. Such Board Policy and Administrative Procedures on
student health supervision and services fee will be available to all students for review.

APPROVED by majority vote at the regularly scheduled meeting of the Governing Board on
January 26, 2010, unless the Board minutes reflect otherwise.

_______________________________
Elihu Harris
Chancellor and Secretary of the Board
Planned Scope of Services (from Asian Health Services 3/10/2010)

Scope of Services per MOU

Scope of Services

AHS shall perform all services prescribed including, but not limited to, the following:

A. Medical Services
   - Free Doctors Visits
   - Free Evaluation Of Minor Illnesses And Injuries
   - Free First Aid
   - Free Pregnancy Testing (Limit Three Times /Year)*
   - Free Birth Control Counseling And Prescriptions
   - Sexually Transmitted Diseases Screening*
   - Free TB Testing
   - Free HIV Testing
   - Free Condoms
   - Health Insurance Enrollment Information

B. Mental Health Services
   - Free Brief Therapy and Individual Counseling
   - Free Crisis Intervention
   - Free Relationship Counseling
   - Free Substance Abuse Counseling and Referral
   - Free Stress Management
   - Free Depression Counseling

C. Health Education
   - Pregnancy Prevention
   - HIV/STD Prevention
   - Substance Abuse Prevention
   - Violence Prevention and Safety
   - Family Planning
   - Smoking Cessation Education

D. Support Services

A variety of services supporting the clinical and mental health efforts including, but not limited to: maintenance of health records in a confidential and ethical manner, laboratory, radiology, and/or pharmacy services.

*Services covered by Family PACT upon on-site application and immediate approval.

Disclaimer:

There may be additional fees for some services. If you are eligible or have existing coverage, your Medi-Cal account may be billed.
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Executive summary

To assess the need for expanded campus-based health services, the Peralta Community College District commissioned a needs assessment survey. The survey, which was conducted in the spring of 2009, polled enrolled students asking them about where and how they currently get health care, how likely they would be to use expanded Peralta health care, and how much extra they would be willing to pay each semester to use campus-based health services.

A stratified cluster sample of classes offered at the four Peralta Colleges during Spring Semester 2009 was selected. All students in the selected classes were invited to participate in the survey. Class instructors aided in the data collection by distributing and collecting the questionnaires. A total of 393 completed questionnaires were analyzed.

Although a large portion of the sample reported having some type of health care coverage, many respondents were uncertain about the services included in their coverage. More than a third said they had received a full physical exam in the past year and more than half reported being able to get the physical health care they needed in the past year at least some of the time. Respondents’ self-report of their current health status indicated that most felt that their physical, mental and dental health was either excellent or good.

The ability to use campus-based health services for health information and physical exams generated the most interest among the sample; students were less interested in using Peralta Health Services for personal counseling or family planning. A third of the respondents were unwilling to pay anything extra each semester for the use of expanded health care services, however, more than a quarter of the sample said they would be willing to pay up to $15 extra each semester.

Survey objectives

The following project objectives were identified by the Peralta staff:

1. To explore the types of physical, mental and dental health services currently being used by the District’s student population.
2. To investigate the Peralta student population’s need for additional physical, mental and dental health services.
3. To gauge student interest in enhanced student health centers on the campuses of the Peralta Community Colleges.
4. To estimate how much of a fee students would be willing to pay for expanded campus-based health services.
5. To explore the extent to which campus-based health services might be used by students’ immediate family members.
6. To investigate the extent to which health issues affect student attendance in classes.
7. To estimate the likelihood that students would use Peralta health services located on a campus other than the one where they attend classes.

Questionnaire

A survey questionnaire designed to address the project objects was created in consultation with the Peralta staff. The self-administered questionnaire contained 39 multiple-choice questions designed to be completed using a standard Scantron form. Respondents answered questions about health insurance, their ability to get health care...
services when they needed them, their general physical, mental and dental health, and the likelihood that they would use expanded health care services at a Peralta college campus. The questionnaire also contained a question asking how much the respondents would be willing to pay each semester for expanded health care services. A standard set of demographic questions concluded the questionnaire. All questions were optional and the questionnaire took approximately 15 minutes to complete.

**Sample & procedure**

A stratified cluster sample of classes was selected from among all Peralta classes being offered in Spring 2009. The classes were first stratified by college, and then a random sample of classes from each of the four colleges was selected for participation in the survey. Online classes and classes that did not have a regular meeting time were not included in the sampling frame. There were no other exclusion criteria; all other types of classes were included. The sampling procedure yielded the following result:

- College of Alameda: 10 classes
- Berkeley City College: 6 classes
- Laney College: 17 classes
- Merritt College: 7 classes

All students in the selected classes were invited to participate in the survey. The survey questionnaires, along with an explanatory cover letter, Scantron forms for recording answers and pencils were distributed to the instructors of the selected classes. The instructors were asked to allot 15-20 minutes during one of their class sessions for the students to participate in the survey. They were given a two-week window within which to complete the survey. Student participation was voluntary and no incentive was offered for participation. At the close of the survey fielding period, 393 usable questionnaires had been completed.
Likelihood of using Peralta health services

One of the primary goals of this survey was to determine how likely students would be to use expanded health services offered on a Peralta campus. We first asked if the students themselves would be likely to use each of six types of services: medical services (such as physical exams); personal counseling (for example, psychological counseling); health information services (health-related literature); dental care (such as semi-annual check-ups); family planning services (for example, contraception); and vision care (vision assessments).

Of the six types of services the greatest interest was in using expanded Peralta Health Services for health information; 68.5% of the students responding to the survey said they would very likely or likely use Peralta to get health information. There was also sizeable interest in using Peralta for physical exams, more than 63% of the respondents said they would very likely or likely use Peralta to get a physical check-up.

Respondents indicated interest in using Peralta Health Services for vision care, 61.2% of the participants said they would very likely or likely use vision care services. Likewise, nearly 60% of the students said they were very likely or likely to use Peralta Health for dental care.
Although there was less interest in the personal counseling services, more than half of the respondents said they were very likely or likely to use Peralta Health for personal counseling. Family planning services generated the least amount of interest with 44.9% of survey respondents saying that they were likely to utilize expanded family planning services if they were offered at Peralta.
Because students would not be the only beneficiaries of campus-based health care services, the questionnaire asked respondents how likely it was that members of their immediate family would use the services. Approximately half said that it was very likely or likely that members of their immediate family would use Peralta-based health care services.

A follow-up question asked which family members would be likely to use the services. The responses were fairly evenly split among spouse/partner, children, and parents.
More than half of the sample said they would be willing to travel to a Peralta campus other than the one where they currently take classes to use health care services. About four out of ten said they would travel to Laney College for health services and just more than 11% were willing to travel to Merritt College.

![Likely to travel to a different campus](chart_1.png)

One third of the students surveyed said they would be unwilling to pay anything extra each semester for the use of expanded campus-based health services, however, 13% said they would be willing to pay $15 or more extra each semester.

![Which campus likely to use](chart_2.png)

How much willing to pay
n=376

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<th>Price Range</th>
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<td>$0</td>
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</tr>
<tr>
<td>Up to $4.99</td>
<td>17.6%</td>
</tr>
<tr>
<td>Between $5.00 and $9.99</td>
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<tr>
<td>Between $10.00 and $14.99</td>
<td>14.1%</td>
</tr>
<tr>
<td>$15.00 or more</td>
<td>13.0%</td>
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</tbody>
</table>
Health services and insurance

An essential part of the needs assessment process was to determine what students currently do when they need health care. To investigate this we asked survey respondents where they usually go for health care services. More than 40% of the participants reported going to a private doctor for health care. One quarter of the sample said they visit a community clinic when they need health care. Less than 1% said they use the health care services at one of the Peralta Colleges.

More than three quarters of the respondents reported currently having health insurance.
The respondents who reported having medical insurance were asked about the type of insurance they have and some follow-up questions about the services covered by that insurance. About half were covered by a Health Maintenance Organization such as Kaiser Permanente, HealthNet or Blue Shield, another third said they were covered by Medi-Cal or another health insurance plan, and 16% didn’t know what type of health insurance they had.

![Type of health insurance](image)

Although covered by a health insurance plan, some students may fail to seek care if a copayment or deductible presents a financial burden. A little more than one quarter of the participants, who answered this question, indicated that their insurance plan’s copayment prevented them from seeking medical, dental or mental health care when they need it.

![Does copay prevent you from seeking care?](image)
Items covered by health insurance plan

The respondents who said that they had health insurance were directed to a series of questions about the types of services covered by their plan. The graphs that follow display participants’ answers about their insurance coverage. There was substantial amount of uncertainty among the students regarding the details of their health coverage. Note that the “don’t know” responses to the questions about coverage range from 15.8% (does the health insurance include dental coverage) to 42.8% (does the insurance cover personal counseling).

Insurance cover physical exams?

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<th>Don't know</th>
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<tr>
<td>N</td>
<td>298</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>62.1%</td>
<td>13.1%</td>
<td>24.8%</td>
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</table>

Insurance cover personal counseling?

<table>
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<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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<tbody>
<tr>
<td>N</td>
<td>299</td>
<td></td>
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<tr>
<td></td>
<td>35.1%</td>
<td>22.1%</td>
<td>42.8%</td>
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</table>
Receiving health care

One third of the students who took part in the survey said they had a full physical check up within the past year, another 29.1% said their last check up was one or two years ago, and almost a quarter said it had been three or four, or more years since they had a full physical. The remainder didn’t remember when they last had a physical check up.

![Bar chart showing the percentage of students who had a full physical check up at different intervals.](chart.png)

- 34.4% within the last year
- 29.1% 1 or 2 years ago
- 14.8% 3 or 4 years ago
- 9.7% More than 4 years ago
- 12.0% Don't remember
The next series of questions was aimed at estimating how often students received health care when they needed it. These questions were asked of all respondents regardless of their health insurance status. The respondents were asked to reflect on the past year when answering the questions. Almost 63% said they either always or sometimes got medical care when they needed it; 16.1% never got the care they needed; the remainder didn’t remember or didn’t need medical care in the past year.

Compared to medical care, a larger percentage of students said they didn’t need personal counseling in the past year; however, the percentage saying that they never got services when they needed them is more than double the percentage who never got medical care when they needed it.
About four in ten students said they didn’t need family planning services in the past year. Almost 20% said they always or sometimes received the services they needed and 30.3% did not get the care they needed in the past year.

More than half of the respondents said they always or sometimes got dental care when they needed it in the past year. Another quarter said they never got care when they needed it. Less than 10% didn’t remember if they received dental care when they needed it and 10% reported not needing dental care in the past year.
When it comes to vision care, 45.8% of the respondents said that during the past year they always or sometimes received the care they needed while 29.0% said they never got the care they needed in the past year. A little more than 20% said they didn’t need vision care services in the past year.
**Overall health status**

When asked to rate their current physical, mental and dental health on a scale from excellent to poor, most participants reported being in “good” health along all three dimensions. While 20.7% rated their physical health as excellent, and 32.3% said their mental health was excellent, only 18.3% rated their dental health as excellent. Nearly 12% of the students said that their overall dental health was poor.
To determine how students’ health status might be impacting other aspects of their lives, we asked the survey respondents to tell us how often in the past year health issues caused them to miss classes. More than half of the participants (55.7%) reported missing class at least once in the past year as a result of a health issue.

![How often missed classes in past year due to health](chart)

<table>
<thead>
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<th>Frequency</th>
<th>Percentage</th>
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<tbody>
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<td>Never</td>
<td>44.3%</td>
</tr>
<tr>
<td>1 or 2 times</td>
<td>30.3%</td>
</tr>
<tr>
<td>3 or 4 times</td>
<td>14.8%</td>
</tr>
<tr>
<td>5 or 6 times</td>
<td>4.8%</td>
</tr>
<tr>
<td>More than 6 times</td>
<td>5.9%</td>
</tr>
</tbody>
</table>
Sample description

Of the 385 students who answered the question about their level of enrollment, more than half were full-time students. The survey sample was evenly split between men and women.
The largest percentage of students (40.3%) reported being between 18 and 22 years old. Almost 30% said they were 33 years old or older.

The largest ethnic group participating in the survey was Asian. Nearly equal percentages recorded African-American or White for their ethnicity, another 11.9% said Latino/Hispanic and the remaining said “other.”
Most of the survey participants who answered the financial aid question said that they were not currently receiving financial aid.

Respondents were asked to report their annual household income. More than half of the participants indicated incomes of less than $20,000 a year.
Seven out of 10 survey respondents said they were not currently receiving Medi-Cal benefits and 10.7% didn’t know if they received these benefits.

Students overwhelmingly preferred to receive information about programs and services available to them at the Peralta Colleges by email. The percentage of respondents who reported this preference was more than double the second favored communication method, personal mail sent to one’s home.
Summary

This project sought to investigate Peralta Community College students’ health insurance status, how and from which sources they receive health care services, their likelihood of using expanded health services at a Peralta College campus and how much they would be willing to pay for campus-based health care services. We saw that while the majority of the survey respondents had health insurance coverage, many were uncertain about the details of their coverage. Moreover, for about a third of these students their insurance coverage’s copayment prevented them from seeking care when they needed it.

There was considerable interest in using Peralta Health Services for health information, physical exams, vision and dental care, but less interest in using Peralta Health for personal counseling or family planning services. Students were generally willing to travel to a campus other than the one where they take classes to get health care, and the campus they were most willing to travel to was Laney College.

Although many of the student respondents had access to health care, large percentages said that within the past year they never received personal counseling, family planning, dental and vision care when it was needed.

About a third of the respondents said they would not pay anything extra each semester for the use of expanded health services, however, the remainder was willing to pay from $5 to $15 or more.
Appendix: Survey questionnaire

Peralta Health Services Assessment

Thank you for participating in this survey. We’d like to know your opinions about expanding the current level of health services provided at Laney, College of Alameda and Merritt College, and adding health services at Berkeley City College.

The survey takes about 15 minutes to complete. Your answers will be kept confidential and you will not be asked to identify yourself.

First, some general questions about where you receive health care services.

1. Where do you go for health care?
   - A. The health services center on a Peralta college campus
   - B. A hospital emergency room
   - C. Private doctor
   - D. Community clinic
   - E. I don’t go anywhere

2. Do you currently have medical insurance?
   - A. Yes
   - B. No (Go to Question #11)

3. What type of health insurance do you have?
   - A. Health maintenance organization such as Kaiser Permanente, HealthNet, Blue Shield or Blue Cross
   - B. Medicare provided insurance
   - C. Another health insurance plan
   - D. Don’t know

4. Does your health insurance have a copay or deductible that prevents you from seeking medical, dental or mental health care?
   - A. Yes
   - B. No
   - C. Don’t know

5. Does your health insurance cover physical exams?
   - A. Yes
   - B. No
   - C. Don’t know
### Peralta Health Services Assessment

6. Does your health insurance cover counseling for personal issues?
   - [ ] A. Yes
   - [ ] B. No
   - [ ] C. Don't know

7. Does your health insurance cover family planning services?
   - [ ] A. Yes
   - [ ] B. No
   - [ ] C. Don't know

8. Does your health insurance cover dental services?
   - [ ] A. Yes
   - [ ] B. No
   - [ ] C. Don't know

9. Does your health insurance cover vision care?
   - [ ] A. Yes
   - [ ] B. No
   - [ ] C. Don't know

10. Does your health insurance cover prescription medications?
    - [ ] A. Yes
    - [ ] B. No
    - [ ] C. Don't know

11. When did you last have a full physical check up?
    - [ ] A. Within the last year
    - [ ] B. 1 or 2 years ago
    - [ ] C. 3 or 4 years ago
    - [ ] D. More than 4 years ago
    - [ ] E. Don't remember
Peralta Health Services Assessment

12. In the past year, how often did you receive medical services (physicals, exams, health screenings) for illness or injury when you needed them?
   - A. Always
   - B. Sometimes
   - C. Never
   - D. Don't remember
   - E. I didn't need medical services

13. In the past year, how often did you receive counseling for personal issues when you needed it?
   - A. Always
   - B. Sometimes
   - C. Never
   - D. Don't remember
   - E. I didn't need psychological counseling

14. In the past year, how often did you receive family planning services when you needed them?
   - A. Always
   - B. Sometimes
   - C. Never
   - D. Don't remember
   - E. I didn't need reproductive health services

15. In the past year, how often did you receive dental care when you needed it?
   - A. Always
   - B. Sometimes
   - C. Never
   - D. Don't remember
   - E. I didn't need dental care
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. In the past year, how often did you receive vision care when you needed it?</td>
<td>A. Always, B. Sometimes, C. Never, D. Don't remember, E. I didn't need vision care</td>
</tr>
<tr>
<td>17. Thinking about your physical health lately, how would you rate your overall physical health?</td>
<td>A. Excellent, B. Good, C. Fair, D. Poor</td>
</tr>
<tr>
<td>18. Thinking about your mental health lately, how would you rate your overall mental health?</td>
<td>A. Excellent, B. Good, C. Fair, D. Poor</td>
</tr>
<tr>
<td>19. Thinking about your dental health lately, how would you rate your overall dental health?</td>
<td>A. Excellent, B. Good, C. Fair, D. Poor</td>
</tr>
<tr>
<td>20. In the past year, about how many times did you miss classes because of a health, dental or personal issue such as stress or anxiety?</td>
<td>A. Never, B. 1 or 2 times, C. 3 or 4 times, D. 5 or 6 times, E. More than 6 times</td>
</tr>
</tbody>
</table>
21. If the student health services at the Peralta College where you attend classes now were expanded, how likely would you be to use it to get services such as a physical exam?
   - A. Very likely
   - B. Likely
   - C. Unlikely
   - D. Very unlikely

22. If the student health services at the Peralta College where you attend classes now were expanded, how likely would you be to use it to use it to get counseling for personal issues?
   - A. Very likely
   - B. Likely
   - C. Unlikely
   - D. Very unlikely

23. If the student health services at the Peralta College where you attend classes now were expanded, how likely would you be to use it to get information about a health issue?
   - A. Very likely
   - B. Likely
   - C. Unlikely
   - D. Very unlikely

24. If the student health services at the Peralta College where you attend classes now were expanded, how likely would you be to use it to get dental care?
   - A. Very likely
   - B. Likely
   - C. Unlikely
   - D. Very unlikely

25. If the student health services at the Peralta College where you attend classes now were expanded, how likely would you be to use it to get family planning services?
   - A. Very likely
   - B. Likely
   - C. Unlikely
   - D. Very unlikely
Peralta Health Services Assessment

26. If the student health services at the Peralta College where you attend classes now were expanded, how likely would you be to use it to get vision care?
   - A. Very likely
   - B. Likely
   - C. Unlikely
   - D. Very unlikely

27. If a Student Health Services Center was available to them, how likely is it that members of your immediate family would use it?
   - A. Very likely
   - B. Likely
   - C. Unlikely (Go to question 28)
   - D. Very unlikely (Go to question 28)

28. Which members of your immediate family are likely to use a Student Health Services Center? (Mark all that apply.)
   - A. Spouse/partner
   - B. Child(ren)
   - C. Parent(s)

29. How likely would you be to use campus-based student health services located at a Peralta campus OTHER than the one where you attend classes now?
   - A. Very likely
   - B. Likely
   - C. Unlikely (Go to question 30)
   - D. Very unlikely (Go to question 30)

30. To which campus(es) would you be likely to travel to use a Student Health Services Center? (Mark all that apply.)
   - A. Berkeley City College
   - B. College of Alameda
   - C. Laney College
   - D. Merritt College
### Peralta Health Services Assessment

31. How large of a fee would you be willing to pay each semester for access to expanded health care services such as physical exams, family planning and personal counseling?

- A. 0
- B. up to $4.99
- C. between $5.00 and $9.99
- D. between $10.00 and $14.99
- E. $15.00 or more

These last questions are about you. Remember that all of your responses will remain confidential.

32. Are you a part-time or full-time student?

- A. Part-time
- B. Full-time

33. Are you male or female?

- A. Male
- B. Female

34. How old are you?

- A. Under 18
- B. 18 to 22
- C. 23 to 27
- D. 28 to 32
- E. 33 or older

35. What is your ethnicity?

- A. African American
- B. Latino/Hispanic
- C. White
- D. Asian
- E. Other

36. Are you currently receiving financial aid?

- A. Yes
- B. No
Peralta Health Services Assessment

37. What is your annual household income level?
   - A. Less than $9,999
   - B. $10,000 to $19,999
   - C. $20,000 to $29,999
   - D. $30,000 to $39,999
   - E. More than $40,000

38. Are you currently receiving Medi-Cal benefits?
   - A. Yes
   - B. No
   - C. Don’t know

39. How do you prefer to receive information about programs and services available to Peralta Community College students?
   - A. Email
   - B. Postal mail sent to my home
   - C. Announcements in classes
   - D. The campus newspaper
   - E. From other students

Summary of Preliminary Report on the Feasibility of School Based Health Clinics at the Peralta Community Colleges
Wilma Chan,
Health and Education Solutions
August 30, 2007

The Problem:

The issue for the Board of Trustees to consider is the priority of expanding access to health services for the Peralta Students. In particular, should Peralta open one or more full service school based health centers on campus?

Health surveys conducted over the past 2 years indicate that between 30-40% of Peralta students are without health insurance, and that the health status of students can seriously affect academic achievement.

What Services Exist at Peralta:

Laney, Alameda and Merritt have limited clinics staffed by nurses on campus approximately 30 hours/week, and Berkeley has mental health counseling. These positions are paid out of the general fund. In the 2005-2006 academic year, the Laney clinic saw 1558 students, Merritt 379 and Alameda 90.

Every campus expressed the need for more services. The primary services used are mental health counseling, health education, preventative services, family planning and substance abuse intervention.

The School Based Health Center Model

Alameda County has eleven school based health clinics located at high schools across the County. These clinics surmount the barriers that prevent young people from accessing care by offering full medical and mental health services on school grounds. In the 2001-2002 school year, seven clinics provided more than 14,000 visits.

These clinics, rather than seeking separate licensing, use the license and partner with an existing provider among the community based health clinics such as Asian Health, La Clinica and Tiburcio Vasquez.

Their funding comes from seed money from Alameda County of 100K/year, the school districts and by billing third party payors.

Funding for a Peralta Clinic

Based on a May 2007 survey of Community College Districts statewide, 77 of 109 districts charge student health fees to expand services to their students. The fees range from $5 to $16 per semester. For example, Los Angeles charges $11 per semester and SF charges $15 per semester. A survey taken in May 2006 indicate that 85% of students wanted health services on campus and 51% would be willing to pay $5/semester for the service.
Under the State Education Code fees “must address the health care needs of the general student population.” Colleges spend the fees to expand an array of emergency, mental health and counseling programs. Others, like SF City, have used the fee to open a full service medical clinic on campus.

Based on the existing high school clinics and the SF City Model, a very rough gross cost estimate to operate a full service clinic on campus would be $800,000/year. This could possibly be covered through the student fee, County contribution, and billing. In addition, there would be one time capital costs to upgrade the clinic.

Questions:

1. What is the priority of expanding health services for Peralta students?
2. Should Peralta access a student fee?
3. If so, what should the fee pay for? i.e. a full service clinic, expanded health education, more mental health services, etc.
4. What are the pros and cons of a full service campus clinic?

Possible Next Step:

If there is interest in this project, the Board may want to convene a subcommittee to study this further. This would include a site visit to SF City, the convening of interested parties (such as the County and community clinics) to discuss options, and perhaps another student survey on fees and the need for health services.
Summary of Needs Assessments (Thadani, Director PWC at Laney College): 2011

Health Needs Assessment Summary* from a student’s perspective. Merritt and Laney had majority populations that did not have health insurance, for BCC and COA there was a large percentage of students with health insurance. Generally more females vs. males completed the survey, which is also consistent with Health Activity reports at Laney. The majority of students are in the age range of 16-30 years. The top five health areas: weight management, stress, finances, mental health and dental. It is interesting to note that clinical services (MD or NP visits, STI checks, HIV testing, etc) were not in the top five across the District and so the need is to do some program development around the topic areas chosen by students.

*This survey was a casual, informal survey, which is to be considered when comparing it to other surveys and when evaluating results.

<table>
<thead>
<tr>
<th>Topic/service</th>
<th>Laney</th>
<th>COA</th>
<th>Merritt</th>
<th>BCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight management</td>
<td>31% (92 out of 298 respondents)</td>
<td>27% (36 out of 135)</td>
<td>40% (87 out of 217)</td>
<td>22% (31 out of 144)</td>
</tr>
<tr>
<td>Stress management</td>
<td>27% (83 out of 298)</td>
<td>25% (34 out of 135)</td>
<td>56% (121 out of 217)</td>
<td>39% (56 out of 144)</td>
</tr>
<tr>
<td>Finances</td>
<td>28% (85 out of 298)</td>
<td>23% (31 out of 135)</td>
<td>28% (61 out of 217)</td>
<td>33% (48 out of 144)</td>
</tr>
<tr>
<td>Dental</td>
<td>22% (66 out of 298)</td>
<td>33% (27 out of 135)</td>
<td>No data</td>
<td>23% (33 out of 144)</td>
</tr>
<tr>
<td>Depression</td>
<td>13% (38 out of 298)</td>
<td>12% (16 out of 135)</td>
<td>22% (47 out of 217)</td>
<td>10% (15 out of 144)</td>
</tr>
</tbody>
</table>
Health Care Services Survey, Spring 2011
Please circle the appropriate answer(s):

1) Male or Female
2) Student or Employee
3) 16-20 years, 26-30, 36-40, 50-60,
   21-25, 31-35, 40-50, 60 years+
over
4) Number of units you are enrolled
   0-3 4-6 7-9 Greater than 9 units
5) Health Status
   Excellent Very good Good Not sure Poor
6) Student Health Insurance
   Yes No
7) Other Health insurance
   Yes No
8) Ethnic Background
   White Asian African-American Hispanic
   Other:
9) Approximately how many times a semester do you use the
   Health Services Center?
   1 time 2-4 times Greater than 4 times
10) Do you have concern about
    Weight Alcohol use Stress Blood pressure
    Drug use Loneliness Home life Depression
    Finances Communicating Transportation
    Other:
11) Would you like information/services on:
    Weight management Heart health H1N1
    Birth control Mental health Cancer minor infections
    sexually transmitted infections general health check ups
    Dental information Sexual behavior
    Other:
    Name and address (optional) if you want information sent to you. You can also
    schedule an appointment at Peralta Wellness Center by calling
    464-3134, or go to:
### 2011-2012 Goals, Objectives, Strategies and Outcomes

#### Culturally Relevant Care: Strategic Planning Worksheet

<table>
<thead>
<tr>
<th>Goal</th>
<th>The Peralta Health Services Initiative will recognize the diverse needs of the Peralta student population and provide culturally appropriate care.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td><strong>Strategies</strong></td>
</tr>
<tr>
<td>Build staff capacity to provide culturally relevant services</td>
<td>Recruit and retain staff that reflect the student population (i.e. age, ethnicity, home community, etc.)</td>
</tr>
<tr>
<td></td>
<td>Provide trainings for staff</td>
</tr>
<tr>
<td>Increase language access to services</td>
<td>Hire staff with language capabilities</td>
</tr>
<tr>
<td></td>
<td>Collaborate with Work Study Program to recruit work study students with language capacity, so that they can be trained to work in the PWC</td>
</tr>
<tr>
<td></td>
<td>Produce/provide multilingual health education materials</td>
</tr>
<tr>
<td>Identify and address health disparities in student population</td>
<td>Conduct needs assessments to identify population specific health issues</td>
</tr>
<tr>
<td>Increase knowledge of student community</td>
<td>Collaborate with student organizations (AS, Interclub Council, clubs, etc) on health promotion activities Ex: Diabetes and nutrition education in Latino community LGT8Q)</td>
</tr>
<tr>
<td></td>
<td>Targeted outreach to student/campus communities</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Develop promotional tools e.g. short powerpoint presentation for Academic Senate, Student Senate, Classified Senate, student orgs to use for promotion** | **To have Academic Senate, Student Senate, Classified Senate adopt resolution to present/promote Health Services Initiative, PWC, health education events, etc.** | **communities.** |
**Comprehensive, Integrated Model of Care: Strategic Planning Worksheet**

**Goal:** The PCCD health services initiative has been implemented to provide expanded health services for PCCD students. Asian Health Services has been charged with assessment of evolving student needs, and will, working collaboratively with current health professionals at PCCD, expand and develop services to meet these needs.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies</th>
<th>Short Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong></td>
<td><strong>What are the SMART (Specific, Measurable, Attainable, Relevant, Timeframe) ways to achieve your goal?</strong></td>
<td><strong>What can be done to achieve the objective?</strong></td>
<td><strong>What are specific, short term ways to measure having achieved your objective?</strong></td>
</tr>
<tr>
<td>Insure compliance with all state and federal mandates as appropriate for college campuses and a federally qualified health center:</td>
<td>1. Dudley will seek opinion from PCCD legal counsel. Sakashita will advise from past experience.</td>
<td>1. Legal opinion received</td>
<td>1. Direction as to scope and delivery of care on campuses is achieved and plans for integration of health care services with community provider can be achieved.</td>
</tr>
<tr>
<td>1. Compliance with Title V: Section 76355: A legal opinion will be sought to determine the ramifications for the delivery of health services in the district and at the campuses by April 2011.</td>
<td>2. Lee will draft initial document delineating procedures to ensure sequestration of funds used for open treatment, including a process for unequivocal student identification.</td>
<td>2. Clinic staff will understand and practice identification of non-students. The monthly update of PWC revenues will include this item and an explanation of fund sequestration.</td>
<td>2. Compliance with Title V, Section 76355 is clearly identified and in compliance.</td>
</tr>
<tr>
<td>2. Clear procedures for assuring compliance with open treatment and Title V: 76355 by May 2011.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All students entering into clinical services of the PWC will participate in on-going needs assessment. Satisfaction and quality of care assessments will be performed annually. Assessment findings will be reported to the SHSWG at the end of spring semester annually. Assessments will start by June 2011.</td>
<td>Lee will develop appropriate assessment tools. Lee will instruct PWC staff in administering the surveys. Lee will supervise and insure the administration of the tools.</td>
<td>Feedback will be provided to the SHSWG as to students’ needs and satisfaction.</td>
<td>Services will be configured to address students’ needs and satisfaction.</td>
</tr>
<tr>
<td>PCCD and AHS will jointly develop an operational manual, to be initiated during the Summer 2011</td>
<td>Dudley will collaborate with the AHS director of clinical services to identify needs and survey present clinical policies.</td>
<td>Develop five polices by Fall 2011.</td>
<td>A complete policy and procedure manual is developed for clinical services at PCCD.</td>
</tr>
<tr>
<td>Facilities for expanded services at all four colleges will be identified and funding for renovation explored.</td>
<td>Include representatives from all four colleges in decision making processes.</td>
<td>Representatives from the Health Services Initiative will meet with the Facilities Committees of all four colleges to explore physical plant options by Spring 2012.</td>
<td>Plans will be developed for expanded physical facilities on all four campuses.</td>
</tr>
</tbody>
</table>
# An Integrated Mental Health Program

## Mental Health Services

**Goal:** A network of urban community colleges, PCCD serves a “non-traditional” student population disproportionately affected by the life stressors of poverty, community violence, family trauma, unstable housing, crime, and academic under-preparedness. Left unchecked, these challenges all too frequently become barriers to student success, resulting in poor attendance, low scholastic performance, and high dropout rates. Peralta’s mental health services component, therefore, exists to help students develop the internal and external resources they need to achieve their academic goals.

<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
<th><strong>Strategies</strong></th>
<th><strong>Short Term Outcomes</strong></th>
<th><strong>Long Term Outcomes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>PCCD’s mental health professionals (MHPs) will help students develop healthy, positive coping strategies to mitigate their life difficulties.</td>
<td>MHPs will develop referral protocols for instructors, counselors and staff: e.g. how to ID at-risk students, how to intervene proactively, how/when to refer students for MH services.</td>
<td>Students are made aware of Peralta’s MH services and proactively seek help, either by self-referral or via intervention by instructors, counselors and staff following established referral protocols.</td>
<td>Each campus shows increased capacity to identify and proactively assist at-risk students, thereby averting potential crises and improving student retention and persistence.</td>
</tr>
<tr>
<td>MHPs will research and implement best-practice models to address students’ presenting issues (e.g. Cognitive-Behavioral Therapy, Solution-Focused Therapy, etc.)</td>
<td>Students recognize and take steps to change unhealthy behavior patterns, replacing these with pro-social habits and coping strategies.</td>
<td>Students report a reduction in symptoms, reduced stress levels, and improved mood, cognition, and functional capacity.</td>
<td>Efficacy studies show enhanced commitment to attendance, term-to-term persistence &amp; improved overall performance among students served.</td>
</tr>
<tr>
<td>MHPs will develop workshops and psycho-educational groups to address common student needs (e.g. stress reduction techniques, coping with grief/loss, effective communication, etc.)</td>
<td>Students attending these workshops/groups report increased awareness of options, solidarity with fellow students, and relief of symptoms/stress.</td>
<td>Each campus demonstrates consistent and normalized use of Peralta’s MH services; info on MH services becomes a routine component of New Student Orientation.</td>
<td>Peer support groups form on each campus, offering an ongoing refuge for students in crisis.</td>
</tr>
<tr>
<td>MHPs will offer mediation and crisis intervention to address conflicts among students and/or conflicts among staff and students.</td>
<td>Students show improvement on pre-/post-tests and SLOs indicate that learning has taken place.</td>
<td>Students and staff are aware of and make use of these services, reporting an overall reduction in tension and enhanced classroom harmony.</td>
<td>Campuses see a reduction in disciplinary referrals.</td>
</tr>
<tr>
<td>PCCD’s MHPs will raise campus awareness of and sensitivity to mental health issues by providing health education on mental health topics.</td>
<td>MHPs will present “guest lectures” in classes, at campus events (e.g. Health Fair, Welcome Day) and to student groups (e.g. ASMC, BSU.)</td>
<td>Students show improvement on pre-/post-tests and SLOs indicate that learning has taken place.</td>
<td>Campuses demonstrate increased understanding of mental health issues, their potential impact on student success, and how/when to get help.</td>
</tr>
<tr>
<td>MHPs will research and prepare “info sheets” on common mental health issues, posting them on campus websites and in flyer form.</td>
<td>Website traffic indicates that mental health info pages have been viewed; supplies of flyers are depleted and replacements are requested.</td>
<td>Campuses see a reduction in dropout rates related to such life stressors as homelessness, inability to pay for books/bills, legal issues, substance abuse and domestic violence.</td>
<td></td>
</tr>
</tbody>
</table>

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| MHPs will facilitate students’ enrollment into campus-based support programs appropriate to their needs, e.g. EOPS, CARE, DSPS, Learning Center, MAP, Puente, scholarship opportunities. | Enrollment in these support programs increases as students take advantage of the many campus services available to assist them. |
## Continuous Outreach and In-reach

### Goal: Improvement of In and Out reach-marketing

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies</th>
<th>Short Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure 8000 students and 200 employees have the PWC card info sheet in their possession and know how to access health services.</td>
<td>Create at least 8000 copies of the fold out info sheet for students and employees before December 10, 2011. Ensure weekly supply of at least 100 are in each health center. Provide 22 in reach sessions at Laney College for the Spring Semester 2011. Director of Peralta Wellness Center (DPWC) to ensure that College health personnel or Associated Students provide in reach sessions at other colleges.</td>
<td>Each college will participate vigorously in out and in reach to their colleges. Enrollment of students into public health insurance will increase. Banner for PWC to do tabling by July 2011.</td>
<td>Clinic visits at all colleges will increase by 35%</td>
</tr>
<tr>
<td>Twitter, facebook and Health Services website is current. The health Services video will be uploaded by July 2011.</td>
<td>Health Services Director (HSD) to check currency every week.</td>
<td>Students and employees will get current information on all activities related to health services. Video will be shown at orientation and pamphlets will be provided.</td>
<td>“hits” on site increases 50%</td>
</tr>
<tr>
<td>All Peralta publications: catalog, schedules, newsletters will have current information about all health services.</td>
<td>VP of Student Services at each college to be consulted 2 months prior to each semester by HSD. HSD to contact PIO to put updates on newsletters.</td>
<td>Students and employees will get current information about days, times, services of Peralta Health Initiative.</td>
<td></td>
</tr>
<tr>
<td>A short program about health services will be put on Peralta TV by the Fall 2011.</td>
<td>A subcommittee of the Student Health Services Work Group will meet with Peralta TV and / or Jeff Heyman, Director of Marketing at district offices.</td>
<td>% of students learning about Peralta Health services will increase.</td>
<td></td>
</tr>
</tbody>
</table>
Health Education

**Goal**

A key goal of health services is provide health education for our diverse students, education that contributes to retention, persistence and lifelong learning, that promotes healthy development and healthy behaviors across every stage of life; and that leads to the creation of personal, social and physical environments that promote health, safety and learning.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies</th>
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<th>Long Term Outcomes</th>
</tr>
</thead>
</table>
| Education and training regarding drug and alcohol abuse, to achieve compliance with Federal regulations Part 86, the Drug-Free Schools and Campuses Regulations, as evidenced by an on-going program on each campus by 2013. | ● Research best practices re: drug and alcohol abuse education and counseling  
● Determine a timeframe for implementation  
● Attend appropriate workshops  
● Develop a written policy and share district-wide.  
● Every student who enters the PWC completes screening tool. | ● Screening tool used at the Peralta Wellness Center (Laney College) is scrutinized for reliability and validity. | ● Increase awareness of the use and abuse of drugs and alcohol on campus.  
● Drug and alcohol counseling is part of mental health services offered by the health services provider.  
● Student learning outcomes that demonstrate that learning has taken place. |
| Education and support re: sexual assault, as evidenced by an on-going program on each campus, per AB 1088, (Amended Title V, Section 67385.7) by 2013. | ● Research best practices re: sexual assault prevention.  
● Read and critique written district procedures and protocols that ensure campus procedures are in compliance with state regulations. | ● District and campus policies and procedures are examined for feasibility and compliance. Further procedures are developed and followed.  
Campus presentations are made for faculty, staff and administration.  
● The district website is in compliance.  
● Student learning outcomes that demonstrate that learning has taken place. | ● A peer support group is formed and continues.  
Awareness of the incidence, symptoms and follow-up for sexual assault is significantly improved district-wide. |
| Regular and consistent assessment of the level of health knowledge of students is conducted, starting in Spring 2013. | ● The American College Health Association - National College Health Assessment is administered every three years. | ● Data reflects student knowledge base, and direction of new educational programs is ascertained. | ● New educational programs that meet student needs are conducted. |