BASIC PROGRAM INFORMATION

Program Review is about documenting the discussions and plans you have for improving student success in your program and sharing that information with the college community. It is also about linking your plans to decisions about resource allocations. With that in mind, please answer the following questions.

Program/Department Name: Psychological Services

Division Name: Student Services

Please list all team members who participated in this Program Review:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laureen Balducci</td>
<td>Student Services</td>
<td>AVPSS</td>
</tr>
<tr>
<td>Alexis Donato</td>
<td>Psychological Services</td>
<td>Psychological Counselor</td>
</tr>
<tr>
<td>Frances Rescipio</td>
<td>Psychological Services</td>
<td>Adjunct Psychological Counselor</td>
</tr>
<tr>
<td>Lisa Slede</td>
<td>Psychological Services</td>
<td>Psychological Counselor/Instructor</td>
</tr>
<tr>
<td>Patricia Meza Parada</td>
<td>Psychological Services</td>
<td>Administrative Asst. II</td>
</tr>
</tbody>
</table>

Number of Full Time Faculty: 3  Number of Part Time Faculty: 1

Please list all existing Classified positions: Example: Administrative Assistant I

3 full-time Psychological Counselor/Instructors; 1 part-time Psychological Counselor; 1 Administrative Assistant II

SECTION 1: PROGRAM REFLECTION

1A. Program Update: Based on the program review data, please tell us how your program did last year. We are particularly interested in your proudest moments or achievements related to student success and outcomes.

Summer 2015 : 48 Students= 2 CNSL 5

Fall 2015 Trainings/Workshops/Outreach:
569 Students = International Student Orientation; 5 CNSL 5; Open House; Psychology Club; CAPS; STEM Center Instructors; Stress Less Fest Tabling

Winter/Spring 2016:
390= 9 CNSL5; Winter Wellness Healthy Relationships; Winter Wellness Happiness 101; Winter Wellness Self Care; Winter Wellness Taming Your Anxiety; 4 QPR (Part I, II); New Faculty Orientation

7574 Visits to the Psych Services resource website
1009 Unduplicated count of individual counseling session (50-minute sessions)
163 Number of student crisis and drop-in sessions
  5 Faculty and staff consultations provided via phone, drop-in and email
  3 Involuntary psychiatric hospitalizations which involves campus police

Psychological Services has collaborated with El Camino Hospital, Mental Health Urgent Care, Community Mental Health Agencies in Santa Clara and San Mateo County and private practioners to assist with
those students requiring a higher level of mental health care.

Psychological Services continues to offer a robust amount of counseling sessions, conducts campus workshops and connects with faculty and staff on issues concerning the mental health of students. Our website continues to be a focal point and useful resource for faculty, staff and students in that the number of those that visit the website has increased. The website acts as a community resource of mental health issues, offers self-help interactive programs such as a virtual wellness center, wellness activity cards program, active minds, Student Health 101, etc.

We offer CNSL 72 classes on Stress and Welleness, and continue to offer QPR training (when staffing allows).

With the many social issues and global concerns lately, we believe that the campus community is seeking out our services more and more and we welcome the chance to help. With that said, we have hired our much-needed 3rd full-time faculty counselor to assist with the influx of new counseling appointments.

1B. Program Improvement: What areas or activities are you working on this year to improve your program? Please respond to any feedback from the supervising administrator from last year’s program review.

With Medicat (our electronic medical record keeping system) we have been able to chart student records and have a database in which to generate stats of who we are seeing and for what purpose. With this analysis we can look at trends and the need for any specific kinds of issues that students may be struggling with. This year we are adding texting notifications to students so as to decrease the number of no-shows the counselors get from time-to-time.

In regards to last year’s program review, we decided to eliminate student interns in favor of hiring a full time counselor and keeping one part-time counselor. Office space will be an issue should we decide there is a need to bring back student interns.

1C. Measures of Success: What data or information will you use to measure your success (e.g. student success rates, changes in student or program learning outcomes)?

Data from Medicat to indicate continued student appointments. Also, SAOs/SLOs.

1D. EMP Goal: The 2015-2020 Educational Master Plan (EMP) includes the following goal: “Create a culture of equity that promotes student success, particularly for underserved students.”

Based on the program review data, tell us some of the things your program will be doing this year to support this goal. You will be asked to report on any accomplishments on your next comprehensive program review.

We will continue to equitably offer prevention programs, crisis intervention, outreach to the college community, brief therapy, suicide assessments, faculty and staff consultations, and general student wellness counseling.
2A. New Program Objectives: Please list any new objectives (do not list your resource requests).

<table>
<thead>
<tr>
<th>Program Objective</th>
<th>Implementation Timeline</th>
<th>Progress Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Offer 2 New Courses to Meet Demand</td>
<td>Winter 2016 Term</td>
<td>Course Enrollment</td>
</tr>
<tr>
<td>Implement more marketing to the campus as well as workshops that meet the needs of students.</td>
<td>Fall 2016</td>
<td>Market and advertise to a diverse psych counselor population.</td>
</tr>
<tr>
<td>Offer CNSL 72 every quarter</td>
<td>On-going</td>
<td>To help meet the needs of student demand in taking the CSU/UC transferrable course.</td>
</tr>
<tr>
<td>Create more online professional development workshops for faculty and staff</td>
<td>Fall 2016-Spring 2017</td>
<td>Online workshops and QPR trainings</td>
</tr>
<tr>
<td>Hire part-time psych counselor</td>
<td>Fall 2016-2017</td>
<td>To support student mental health</td>
</tr>
</tbody>
</table>

2B. Resource Requests: Using the table below, summarize your program’s unfunded resource requests. Refer to the Operations Planning Committee (OPC) website for current guiding principles, rubrics and resource allocation information.

<table>
<thead>
<tr>
<th>Resource Request</th>
<th>$</th>
<th>Program Objective (Section 2A)</th>
<th>Type of Resource Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing materials</td>
<td>3,000</td>
<td>1 and 3</td>
<td>Full-Time Faculty/Staff Position</td>
</tr>
<tr>
<td>Part-time Faculty</td>
<td>60k</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

2C. Unbudgeted Reassigned Time: Please list and provide rationale for requested reassign time.

N/A

SECTION 3: LEARNING OUTCOMES ASSESSMENT SUMMARY
3A. Attach 2015-2016 Course-Level Outcomes: Four Column Report for CL-SLO Assessment from TracDat. Please contact the Office of Instruction to assist you with this step if needed.

3B. Attach 2015-2016 Program-Level Outcomes: Four Column Report for PL-SLO Assessment from TracDat. Please contact the Office of Instruction to assist you with this step if needed.

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**SECTION 4: FEEDBACK AND FOLLOW-UP**

This section is for the Dean/Supervising Administrator to provide feedback.

4A. Strengths and successes of the program as evidenced by the data and analysis:
The Psychological Services and Personal Counseling program continues to play an important role in serving students. By offering individual appointments, drop-in, crisis counseling, and a continued resource for the college regarding psychological issues in general, we are able to effectively serve the college regarding psychological issues and concerns. We remain an integral educational part of the campus as well with teaching CNSL 72 courses, implementing our informational and resource website, and with faculty and staff professional development.

I continue to support the need for expansion of the program, as the need for students to receive psychological counseling grows, and the need for us to market and offer prevention education and services increases.

4B. Areas of concern, if any:
One area of concern is that in our plans to want to expand the program, space may be an issue. The other area of concern is that we need to have a part-time counselor to supplement seeing students when the full time counselors are teaching, conducting workshops, etc.

4C. Recommendations for improvement:
None at this time.

4D. Recommended Next Steps:
- [x] Proceed as Planned on Program Review Schedule
- [ ] Further Review / Out-of-Cycle In-Depth Review

Upon completion of Section 4, the Program Review document should be returned to department faculty/staff for review, then submitted to the Office of Instruction and Institutional Research for public posting. Please refer to the Program Review timeline.
Mission Statement: To provide culturally relevant brief mental health and personal counseling, outreach and prevention services to the Foothill student community. Services are designed to empower student ability to prevent, ameliorate and overcome problems that impede academic achievement and mental health wellness. The provision of education and training to the faculty and staff of our broader campus community is an important part of our core mission. By increasing awareness, skill and knowledge of student mental health we are able to identify students and provide services that may enhance retention and success.

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

<table>
<thead>
<tr>
<th>Service Area SLOs (SA-SLOs)</th>
<th>Means of Assessment &amp; Target / Tasks</th>
<th>Assessment Findings/Reflections</th>
<th>Action &amp; Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA - Psychological Services - Risk Reduction</td>
<td>Students identified at risk for suicide will work collaboratively to create a safety plan, improve mood and suicidal thoughts.</td>
<td><strong>Assessment Method:</strong> Burns Brief Mood Survey, pre and post test</td>
<td>01/27/2015 - We continue to meet our target goal as reflected by our outcomes. Almost 100% of depressed students presenting with suicidal ideation cooperated in safety planning. Foothill police escorted three students on a 5150 though this number does not reflect students who went on a voluntary basis or agreed to off campus psychiatric services. Most students who did not drop out of counseling demonstrated an improvement in mood as indicated via their Burns Brief Mood Survey, Evaluation of Therapy Session Form (collected after every brief therapy session). Unfortunately, we only have 2 licensed counselors on staff and could serve more students with the addition of one more full-time licensed counselor.</td>
</tr>
<tr>
<td><strong>Start Date:</strong> 11/18/2011</td>
<td><strong>Assessment Method Type:</strong> Survey</td>
<td><strong>Target:</strong> 80% of students who participate in Psychological Services will demonstrate a decrease in suicidal thinking and an improvement in mood.</td>
<td><strong>Result:</strong> Target Met <strong>Year This Assessment Occurred:</strong> 2013-2014 <strong>Resource Request:</strong> Hire 1 full-time licensed mental health counselor and 5-6 interns. Additional office space.</td>
</tr>
<tr>
<td>SA-SLO Status: Active</td>
<td></td>
<td></td>
<td><strong>12/18/2013 - Recruit 2 additional part-time interns for 2014 - 2015 academic year.</strong></td>
</tr>
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thoughts that contribute to depressed mood and hopelessness leading to suicidal ideation. Students displaying suicidal ideation cooperated in developing safety plans with their counselors. Students who were hospitalized on a 5150 or voluntary admission were stabilized prior to discharge with improved mood and resources for continued care.

**Result:**
Target Met

**Year This Assessment Occurred:**
2012-2013

**Resource Request:**
- Recruit 2 additional interns for 2014-2015 (Total 48 hours)
- Funds to bring in 2 additional part-time counselor interns

10/23/2012 - Winter Quarter 2012: Out of a random sample of 112 students serviced during winter quarter 2012, 32 had suicidal thoughts at the time of their appointment request. Fifteen (15) of these students improved in mood and 2 remained the same. Some of the remaining students were identified as having suicidal fantasies vs. suicidal ideation. Those with suicidal ideation, pending on the severity and additional factors, were either hospitalized, referred out or worked collaboratively to establish safety plans and in most cases continued treatment.

**Bottom Line:** We had no Foothill student suicides among those we identified at-risk. Early intervention is the best intervention.

**Results:** Most students that are able use our services and keep appointments do show an improvement. The appointment no shows and those requesting a referral only (rather than service) skews our results. An electronic record keeping system will also help us to strengthen our
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| SA - Psychological Services - 2 - Suicide Risk | **Assessment Method:** Request for Appointment Triage Form and Dr. David Burns Brief Mood Survey (See Appendix)  
**Assessment Method Type:** Data  
**Target:** To improve suicide prevention techniques utilized by students. | ability to collect data given the increased demand for services while allowing for greater efficiency.  
**Result:** Target Met  
**Year This Assessment Occurred:** 2011-2012  
**Resource Request:** Electronic Mental Health Record Keeping System/Database | 01/27/2015 - While we continue to screen all students seeking our services using industry standard assessment instruments, we have expanded our efforts to identify students at risk for suicide and violence towards others. We established a campus Suicide Prevention Committee during Winter Quarter 2014 represented by a cross section of students, faculty and staff.  
All of our interns and newly hired mental health counselor completed the QPR Suicide Prevention Gatekeeper Instructor Training and were certified. Our combined teaching efforts resulted in 9 workshops taught and 199 Foothill Suicide Prevention Gatekeepers trained. By broadening the safety net, the identification of at-risk students has become a shared responsibility and supports the identification of students who could go unnoticed. One intern completed a research study on the effectiveness of QPR training among Foothill’s Latino population for her Master’s Thesis. We also provided an in-service for Foothill’s Counselors on Kognitio –At Risk Students, Veterans and LGBT communities.  
Our 2 licensed mental health clinicians completed the NABITA training for violence risk assessment and participated in the development of the campus BEST Team.  
We have provided assessment and developed... |
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<td></td>
<td>interventions for students deemed at risk for violence towards others.</td>
<td><strong>Result:</strong>&lt;br&gt;Target Met&lt;br&gt;&lt;br&gt;<strong>Year This Assessment Occurred:</strong>&lt;br&gt;2013-2014</td>
<td>11/26/2013 - Administer a more detailed suicide assessment instrument for students to complete. Our existing Brief Mood Survey (BMS) will still be used, however, pending student responses, they will be asked to complete the Burns Suicidal Urges Inventory. This easy to use form will gather written responses in 6 major categories that include 1) Thoughts and Fantasies, 2) Urge, 3) Plan, 4) Deterrents, 5) Specific Risk Factors, 6) Openness and Honesty. As is standard practice, students will also be provided a face-to-face clinical assessment as needed.</td>
</tr>
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<td></td>
<td><strong>Resource Request:</strong>&lt;br&gt;Hire 1 full-time licensed mental health counselor and 5-6 interns. Additional office space.</td>
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<td>11/26/2013 - <strong>Result:</strong>&lt;br&gt;Target Met&lt;br&gt;&lt;br&gt;<strong>Year This Assessment Occurred:</strong>&lt;br&gt;2012-2013</td>
</tr>
<tr>
<td></td>
<td>11/26/2013 - While we have been successful in identifying students at risk for suicide and violence towards others, it has been challenging due to the high demand for drop-in services requiring safety checks. While some students are seriously suicidal, there many students who have fantasies without any intention of acting on them. Our limited staff resources for service delivery and triage have been stretched.</td>
<td>10/23/2012 - We continue to identify all students at risk for suicide and violence towards others. We screen all students who request appointments or are referred by their instructors, counselors, staff and administrators. This screening process can be time/staff intensive but has helped us to</td>
<td>10/23/2012 - <strong>Continue to track students at risk.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Result:</strong>&lt;br&gt;Target Met&lt;br&gt;&lt;br&gt;<strong>Year This Assessment Occurred:</strong>&lt;br&gt;2012-2013</td>
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<td></td>
<td>keep our students and campus safer.</td>
<td></td>
<td></td>
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</table>

**Result:**

Target Met

**Year This Assessment Occurred:**

2011-2012

**Resource Request:**

Purchase of Mental health electronic data keeping system called "Medicat" to print reports and for efficiency and allow staff more time for students.

10/13/2011 - * 100% of students requesting Foothill mental health services were screened and identified for suicidal ideation and violent urges upon their request for an appointment. This effort was made possible via our department Appointment Request Form? s triage questions, our Brief Mood Survey and the availability of department staff for immediate safety checks.

* Greater numbers of students indicate suicidal ideation with fewer having thoughts of violence towards others. Diverse cultures have varied views about suicide and sometimes wish to speak in their native language when distraught. International students present with varied English language proficiencies.

* Early identification helped save lives. Many students had suicidal fantasies and were not in imminent danger. Immediate safety checks, though necessary, sometimes resulted in interruption of sessions of students who had scheduled appointments. This occurred only when all staff was in sessions with scheduled students and no extra staff was available.

* Our QPR Suicide Prevention Gatekeeper Training Program has trained 260 Foothill students to date on how to recognize the warning signs of suicide, how to persuade

10/13/2011 - * Institutionalize and expand QPR Suicide Prevention Gatekeeper training for Foothill students, faculty, staff and community. Suicide prevention must be a shared responsibility and students also identified in their natural environments.

? Maintain diverse Psychological Services staff and interns that includes varied races, ethnicities, sexual orientations, cultures and language capabilities.

? Provide drop-in services, and establish community partnerships.

? Re-design and make suicide prevention more prominent on our web homepage.

10/13/2011 - * Institutionalize and expand QPR Suicide Prevention Gatekeeper training for Foothill students, faculty, staff and community. Suicide prevention must be a shared responsibility and students also identified in their natural environments.
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</table>
|                           | fellow students to get help and how to refer them for help. Training gatekeepers expands opportunities for early identification and intervention for persons at risk. We have received referrals and inquiries from students as a direct result of exposure to the training. | **Result:**
**Target Met**
**Year This Assessment Occurred:**
2010-2011
**Resource Request:**
* Commitment from additional faculty, staff, administrators and students to attend QPR Suicide Prevention Gatekeeper Training. This can be done via a collaboration that allows suicide prevention training to be brought to faculty classes. Continued pr | must be a shared responsibility and students also identified in their natural environments.
? Maintain diverse Psychological Services staff and interns that includes varied races, ethnicities, sexual orientations, cultures and language capabilities.
? Provide drop-in services, and establish community partnerships.
? Re-design and make suicide prevention more prominent on our web homepage. |
