



## HSACCC Annual Survey 2023-2024

### Welcome to the HSACCC Annual Survey 2023-2024

**Thank you for participating in the HSACCC Annual Survey!**

**In answering these questions, please refer to information from the 2023-2024 Academic/Fiscal Year (i.e., July 1, 2023 to June 30, 2024).**

**It is recommended you complete a hard copy worksheet of the entire survey for your reference to make it easier to complete the final survey in the live link provided. Although it is possible to complete the survey in increments (saving after each entry), it is recommended that it be entered/completed in one sitting.**

**Please complete by November 22nd, 2024**

**If you have questions, please contact Nicole Johnson, HSACCC Research Committee Chair at: [nicole\\_johnson7@cuesta.edu](mailto:nicole_johnson7@cuesta.edu).**



## HSACCC Annual Survey 2023-2024

### I. Demographics

\* 1. College Name  
(Multi-college districts should complete *one survey per college*.)

\* 2. District Name

**\* 3. Primary Contact for Health Services (Director, Coordinator, College Nurse)**

Name:

Title(s) per Job  
Description:

Email:

**4. What is your classification? (according to your formal H.R. job description)**

- Administrator
- Faculty
- Classified
- Confidential
- Other (please specify)

**\* 5. Primary Contact for Mental Health Services**

Same as above/Q3  
(YES/NO)

Name:

Title(s) per Job  
Description:

Email:

**6. What is the classification of the primary contact for mental health services? (according to the formal H.R. job description)**

- Administrator
- Faculty
- Classified
- Confidential
- Other (please specify)

7. Unduplicated headcount of students eligible to receive health services Fall 2023: (e.g. students charged the health fee; students NOT exempted/waived per Title 5 and local Board Policy)

- <5,000
- 5,001 - 10,000
- 10,001 - 15,000
- 15,001 - 20,000
- 20,001 - 25,000
- 25,001 - 30,000
- >30,000

8. What percentage of Fall 2023 students were ONLINE STUDENTS ONLY? (insert whole number ONLY, no percent % sign)

9. Does your clinical facility include the following?

	Yes	No
ADA Accessibility	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated Exam Room	<input type="checkbox"/>	<input type="checkbox"/>
Sink/Running Water in Exam Area	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom In-house	<input type="checkbox"/>	<input type="checkbox"/>
Student Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>
Director/Coordinator/College Nurse Office	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Provider Office	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated Confidential Therapy Room	<input type="checkbox"/>	<input type="checkbox"/>
Work Room or Team Space	<input type="checkbox"/>	<input type="checkbox"/>
Group Therapy Space	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

10. Please describe the integration of clinical and mental health services.

- Co-located; fully integrated as a cohesive team, facilitate warm handoffs and case manage students.
- Co-located or in close proximity; interact regularly and work together.
- Not co-located or in close proximity
- There is no specific "house" for mental health services, so students come to clinical services for their needs, including mental health (crisis intervention/referrals).
- Facilities provide no capacity for co-location.



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**II. Title 5, HIPAA, Legislative Compliance**

11. We are interested in learning more about the health services leadership. What degree(s)/license(s) does your Health Services Director/Coordinator hold (this is the person in charge/administering the Health Services Program). Check all that apply.

- The director/coordinator has an RN license, Public Health Nurse certificate (PHN), and a Master's degree in Nursing or other health related field.
- The director/coordinator is a nurse practitioner.
- The director/coordinator has a doctorate degree (DNP, PhD, EdD, MD, DrPH).
- Mental Health Professional (e.g. LCSW, LMFT, PsyD, LPCC, PhD, etc.)
- Other non RN medical professional (MD, PA, DO)
- Other, please specify

12. TITLE 5 COMPLIANCE: Did your college use Health Fee funds to support any portion of the following expenses? (Skip if your college does not charge a Health Fee.)

	Yes	No
Student Accident Insurance premiums for the general student population	<input type="checkbox"/>	<input type="checkbox"/>
Student Accident Insurance premiums for athletes	<input type="checkbox"/>	<input type="checkbox"/>
Health Services targeted specifically for athletes or other special populations (screenings, exams, clearances)	<input type="checkbox"/>	<input type="checkbox"/>
Academic Counseling budget expenditures	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Student Programs and Services budget expenditures	<input type="checkbox"/>	<input type="checkbox"/>
COVID or other communicable disease related expenses	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) and/or Comments

13. HIPAA COMPLIANCE: What is your primary means for obtaining consent and sharing confidential health information securely?

- Student Portal of Electronic Health Record (EHR)/or working on this)
- Adobe DocuSign
- FormStack
- Verbal consent, documented by providers
- Email/Electronic transfer of forms

14. CAMPUS SAVE ACT COMPLIANCE :

Prevention of and Response to Sexual Misconduct by the college (consider contacting your campus safety and/or Title IX officer).

Reference: <http://thecampussaveact.com/faq/>

	Fully compliant	Partially compliant	Not compliant
Clear reporting procedures for college employees on reporting sexual misconduct to Title IX officer, including off campus student incidents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear student conduct code and procedures for handling sexual misconduct incidents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear written procedures to ensure that victims of sexual assault are provided information and offered treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide educational and prevention information about sexual violence and sexual harrassment at all established orientations for new students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a website with sexual violence prevention and education content.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board approved regulations addressing these mandated activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

15. CAMPUS SAVE ACT: Please indicate actions your college has taken to address campus violence (check all that apply).

- A coordinating and/or oversight committee or task force has been established to develop prevention programming, response procedures and/or evaluate college compliance.
- Funding has been provided for staff development and training.
- Funding has been provided for staff positions to provide mandated services (investigations, student orientations, prevention programming, staff trainings, campus climate survey, web page development)
- A campus climate survey has been implemented.
- We have fully clarified the reporting procedures and mandates of staff working in the confidential health center(s).
- Our college has purchased an online product for Title IX/Sexual Assault prevention training for students and/or staff.

16. The DRUG FREE SCHOOLS AND COMMUNITIES ACT (DFSCA) COMPLIANCE - Requires higher ed. institutions receiving Federal financial aid funds to certify that program components are in place regarding Alcohol & Other Drugs (AOD). (Consider contacting your Financial Aid office.)

Reference - <https://www.congress.gov/bill/101st-congress/house-bill/3614/text>

Please indicate level of compliance:

	Fully compliant	Partially compliant	Not compliant
Student conduct code outlines sanctions for illegal use of AOD on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual Notification to all students regarding legal sanctions (Fed., State, Local) pertaining to AOD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual Notification to students regarding health risks of AOD use and treatment resources available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annual notification that college AOD policies will be enforced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biennial review is conducted of the college's AOD prevention program for effectiveness (likely in collaboration with Financial Aid Office)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Senate Bill (SB) 367, known as the Campus Opioid Safety Act (Act), aims to reduce opioid-related overdoses and deaths through public colleges and universities providing life-saving education, information, and federally approved opioid overdose reversal medication on campus. The law is in effect as of January 1, 2023. Reference:

<https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Campus-Opioid-Safety-Act.aspx>

Please indicate level of compliance:

	Fully compliant	Partially compliant	Not compliant
Apply to use the California Department of Public Health (CDPH) statewide standing order for naloxone (standing order) to distribute dosages of a federally approved opioid overdose reversal medication, such as naloxone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in the Department of Health Care Services' (DHCS) Naloxone Distribution Project (NDP) to obtain a federally approved opioid overdose reversal medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational and preventive information about opioid overdose is made available to students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use and location of opioid overdose reversal medication is made available to all students of the college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A campus health center shall distribute a federally approved opioid overdose reversal medication obtained through the NDP in accordance with its terms and conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



III. Funding Stability

18. Does your college charge a Health Fee?

- Yes
- No

19. Amount of health fee charged: (if your college is on QUARTERS please leave SEMESTER blank, and vice versa). [Link to CCCCCO memo on health fees.](#)

SEMESTER: Fall & Spring (maximum allowable \$26)

QUARTER: Fall/Winter/Spring (maximum allowable \$22)

SUMMER or INTERSESSION: (maximum allowable \$22)

20. Education Code Title 5 requires that students who: 1) rely exclusively upon prayer for healing; and 2) attend an approved apprenticeship program, are exempt from the health fee. What ADDITIONAL waivers (per local board policy) are granted at your college? (Check all that apply)

Reference: <http://www.gamutonline.net/district/novato/displayPolicy/134495/>

- Non-credit students
- Students exclusively enrolled in online courses
- Students exclusively enrolled in weekend courses
- Students exclusively enrolled in offsite courses
- Study Abroad students
- Incarcerated students
- High School concurrent enrollment students
- Middle College High School students
- California Promise students
- None of the above

21. Indicate the amount of revenue received specifically for use by Health Services from the sources below. (Please enter WHOLE NUMBERS ONLY - NO COMMAS; Enter zero "0" if none.)

Health Fee Revenue	<input type="text"/>
District Funds	<input type="text"/>
Student Charges (Meds, Labs, IZs, PEs)	<input type="text"/>
Local Education Agency (LEA) Billing Option Program	<input type="text"/>
Family PACT Reimbursement	<input type="text"/>
<b>Mental Health Grant Funding</b> (e.g. MHSA from County, CCCCCO, SAMHSA, etc.) <b>Do not include mental health on-going funds in this section - see next item.</b>	<input type="text"/>
Mental Health Apportionment	<input type="text"/>
HEERF/CARES Act Funds	<input type="text"/>
Student Equity and Achievement	<input type="text"/>
Student Government	<input type="text"/>
Other	<input type="text"/>

22. If District funds are received, is your program expected to provide services for employees or other specific cohorts due to receiving this revenue source?

- Yes
- No
- If yes, do you want to explain here:

23. How are you charging students for lab/other fees?

- N/A - lab services are not offered at this time
- We are waiving charges at this time
- Students are charged via procedure between SHSP and Cashier/Accounts Payable Office (or other); student pays by cash, credit card or is billed
- Students are able to pay at point of service in student health office

Other (If charging at point of service please share name of payment platform)



24. What were your program's total budget expenditures for the past fiscal year?

- <\$100,000
- \$100,001 - \$200,000
- \$200,001 - \$300,000
- \$300,001 - \$400,000
- \$400,001 - \$500,000
- \$500,001 - \$600,000
- \$600,001 - \$700,000
- \$700,001 - \$800,000
- \$800,001 - \$900,000
- \$900,001 - \$1,000,000
- >\$1,000,000
- I don't know

You may also add here the EXACT amount of expenditures for the year, if available, in addition to response above.

25. What percent of Health Services expenditures was funded by Health Fee revenue?

- 100%
- 90 - 99%
- 75 - 89%
- 50 - 74%
- 1-49%
- Zero

26. Please indicate the Health Services reserve fund/fund balance at the end of the past year, 6/30/23. (i.e. health fee revenue collected and unspent, rolled over into an account for future use)

- \$0
- \$1 - \$50,000
- \$51,000 - \$99,000
- \$100,000 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$749,999
- >\$750,000

Comments on the health of your reserve fund:

27. Please indicate if health fee revenue was used to pay for any portion of the items below:  
(Check all that apply)

- Custodial services
- Computer hardware
- Software maintenance contracts (**do not include EHR and other program-specific contracts**)
- Facilities remodel or repairs
- Lease of office equipment (copier, shredding service contract)
- Rent
- None

28. Indicate the Health Services Director/Coordinator/College Nurse's role with college budget development and management. (Check all that apply)

- Has full visibility and access to all fiscal transactions related to the Health Fee and Health Services budget.
- Develops and manages the Health Services budget.
- Has first approval of all expenditures within Health Services.
- Oversees the budget for all health services provided within the college, including mental health services.
- Does not develop or oversee the Health Services budget.
- Does not develop or oversee the budget for State Mental Health State Allocation
- Has some or all oversight of the budget for the State Mental Health Allocation

29. Do you have a Student Health Services Advisory Committee ?

- Yes
- No

If yes, does this committee review and advise on budget matters?

30. Does your district have a Board Policy that states the Health Fee will automatically increase when allowable?

- Yes, and the process is indeed "automatic".
- Yes, and college/district practice is to proceed through participatory governance to obtain ascent (or similar).
- Yes, yet the fee is not always increased even with the stated Board Policy.
- No

Other (please specify)



IV. Professional Staffing & Reporting Structure

31. Indicate TOTAL full-time equivalency (FTE) of all staff paid by Health Services budget (include management, faculty, classified, professional experts, contractors and students) at the end of last Spring semester/quarter. 1 FTE equals 40 hours, OR contract-defined hours, per week. (May enter number with decimal)

32. How many Full Time staff do you currently have?  
(May enter number with a decimal)

33. How many Part Time staff do you currently have?  
(May enter a number with decimal)

34. Please describe the classification of your clinical/nursing providers (indicate those employed by the college or contracted with). Check all that apply.

- Faculty
- Classified
- Management
- Confidential
- Temporary (not contracted)
- Contracted services with community providers (MOUs, etc.)
- Other (please specify)

35. If you employ clinical/nursing health providers on campus (do not include contracted providers) for health services, please indicate number and types of providers: (If none, skip to next question)

	Number of Full-Time	Number of Part-Time
Registered Nurse	<input type="text"/>	<input type="text"/>
Nurse Practitioner	<input type="text"/>	<input type="text"/>
Physician Assistant	<input type="text"/>	<input type="text"/>
Medical Assistant	<input type="text"/>	<input type="text"/>
Physician	<input type="text"/>	<input type="text"/>
Certified Health Education Specialist	<input type="text"/>	<input type="text"/>
Other Clinical Positions	<input type="text"/>	<input type="text"/>

Please specify Other if applicable from above

36. If you employ mental health providers on campus (do not include contracted providers) for mental health services, please indicate number and types of providers: (If none, skip to next question)

	Number of Full-Time	Number of Part-Time
Licensed Clinical Psychologist	<input type="text"/>	<input type="text"/>
Licensed Marriage and Family Therapist (LMFT)	<input type="text"/>	<input type="text"/>
Licensed Clinical Social Worker (LCSW)	<input type="text"/>	<input type="text"/>
Licensed Professional Clinical Counselor (LPCC)	<input type="text"/>	<input type="text"/>
Psychiatrist Nurse Practitioner	<input type="text"/>	<input type="text"/>
Psychiatrist	<input type="text"/>	<input type="text"/>

37. Please describe the classification of your mental health providers (indicate the types of providers you employ or contract with). Check all that apply.

- Faculty
- Classified
- Management
- Confidential
- Temporary (not contracted)
- Contracted services with community providers (MOUs, etc.)
- Other (please specify)

38. To whom does the Health Services Director/Coordinator/College Nurse report?

- Vice President/Vice Chancellor of Student Services
- Other Vice President (not Student Services)
- Dean or Director
- Associate Dean
- Other (please specify)

39. Indicate the percentage of time the Health Services Director/Coordinator/Lead College Nurse spends providing direct clinical services. (Separate from time spent for program oversight, planning, supervision, etc.)

- 0 percent
- 1-25%
- 26%-50%
- 51%-75%
- 76%-100%

Comment



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V. Scope of Services - Clinical

## Nursing/Medical, Health Education, Prevention and Promotion

40. Clinical services provided during the past year: (Check all that apply)

- Nurse Practitioner services
- Immunizations provided FREE by the County Health Department
- Blood draws on-site for lab work
- Physical Exams/Clearances for Health Sciences/Allied Health program students
- Tuberculosis blood tests

41. Scope of practice of paid physician working for Health Services: (Check all that apply)

- We do not have a physician working for Health Services
- Provides practice oversight (standardized protocols/procedures) and consultation for clinicians
- Provides direct care services for students in the health center
- Provides direct care services for students outside the health center
- Provides services to Athletics
- Provides AED program oversight
- Other

Please specify Other:

42. What are the top three (3) requests/needs that students are communicating at this time?

- TB Screening Employment related (not related to program requirements)
- Basic Needs - food, housing
- Mental Health
- Injury/Illness visits
- Sexual & Reproductive Health
- Referral for Healthcare Coverage
- Tobacco, Alcohol, and Substance Misuse treatment services
- Academic/Certificate Program Health Pre-reqs (e.g. PE, IZ, titers, TB screenings, etc.)
- Prescription Refill
- Covid-19 specific - information/education, testing requests, other
- Other (please specify)

43. Level of medication dispensing/furnishing.

(Check all that apply)

- Do not provide medications
- Over the Counter Medications - without a clinical visit
- Over the Counter Medications - with a clinical visit
- Prescription medications - pre-purchased and furnished on site
- Prescription medications - faxed, called in, or written prescription provided (escripts required beginning Jan 1, 2022)
- Prescription medications - samples
- Psychotropic medications
- Controlled Substance medications
- Facilitate Patient Assistance Program applications

44. Level of CLIA (Clinical Laboratory Improvement Amendments) certification held:

Reference: <https://www.cdc.gov/clia/law-regulations.html>

- No CLIA certification - we don't perform any lab tests onsite
- No CLIA certification - we do perform lab tests onsite
- Level 1 - CLIA waived lab tests performed onsite
- Level 2 - Moderately complex lab tests performed onsite

45. Does your SHSP include conducting clinical teaching? (i.e. nursing students, allied health students, health/mental health-related certificate students, etc.)

- Yes
- No

If yes, please describe:

46. Sexual & Reproductive health services provided: (Check all that apply)

	Provided by clinical staff directly employed by the college	Provided on site by a collaborative outside agency	We do not provide this service in the health center
Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Control (hormonal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Infections (Dx/Tx)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Hep C Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Acting Reversible Contraception (LARC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Health Services Implementation of the Family PACT Program (Reference: <https://familypact.org/providers/enrollment/>)

- We used to be enrolled in Family PACT but are currently not enrolled.
- We have never enrolled in Family PACT.
- We are enrolled and provide Family PACT services on site and *do billing in-house*.
- We are enrolled and provide Family PACT services on site and *contract for billing services*.
- Family PACT services are provided on-site *by an outside agency*.

48. Assistance provided for students to access/obtain health insurance and/or Medi-Cal coverage:

(Check all that apply)

- On campus staff connects students to healthcare coverage enroller.
- Refer uninsured students to Covered California and/or MediCal.
- Web links on Health Services web page
- None
- Other (please specify)



49. Type and level of screening activities conducted in the health center:

Check all that apply and indicate if:

	Universal screening	Targeted or selective
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Adverse Childhood Experiences (ACE)	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>
Homicide	<input type="checkbox"/>	<input type="checkbox"/>
Academic Risk	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

50. Which Alcohol Screening items are included? (check all that apply)

- None - we do not screen for alcohol use
- Ask about how **much** alcohol is used
- Ask about how **often** alcohol is used
- Ask about any problems related to drinking alcohol

51. Which tool is used for Alcohol Screening?

- None - we do not screen for alcohol use
- AUDIT - Alcohol Use Disorders Identification Test
- CAGE - Questionnaire for excessive drinking and alcoholism
- Other (please specify)

52. Which Tobacco Screening items are included? (check all that apply)

- None - we do not conduct Tobacco Screening
- Ask about tobacco use
- Advise to quit
- Assess willingness to make a quit attempt
- Assist in quit attempt
- Arrange for follow-up

53. Which Marijuana Screening items are included? (check all that apply)

- None - we do not conduct marijuana Screening
- Ask about marijuana use
- Ask about medical marijuana use
- Ask about any problems related to marijuana use

54. Which Mental Health Screening tool(s) is/are used for:

Anxiety

Depression

Suicide

Trauma

55. What best describes your structured peer health support and education program? (Check all that apply).

- We do not have a structured peer health support program
- Peer Educators/Counselors orchestrated by a designated department/division
- Student Health and Wellness Club or similar
- Active Minds
- Student Wellness Ambassador Program - campus sponsored (orchestrated by CCC Foundation)
- Student Mental Health Navigators
- Student Mental Health Ambassadors
- Other - Please describe

56. Indicate types of health education and awareness events provided:

	Classroom presentations	Campus-wide event	Workshop/seminar	Clinical/mental health screening	Other clinical/mental health services
Annual Health Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Care Act/Health Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colds/Flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet and Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders/Healthy at Every Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness/Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Needs - Food/Shelter/Clothing Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet/Gaming Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health First Aid Certification Trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual & Reproductive Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Control/Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence Prevention (e.g. domestic violence, gun violence, sexual assault, self-defense skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga/Meditation/Mindfulness Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. Specific health support services provided:

- Electronic distribution of health information/materials in collaboration with faculty
- Web page with health education, resources, videos, podcasts, etc.
- Online mental health screenings
- eCHECKUP TO GO online prevention interventions
- Online violence/harassment prevention training (Campus SAVE Act)
- Student Health 101 (Campus WELL) online health magazine
- Kognito online training for at-risk students
- "Ask a Clinician" interaction, via email and/or phone
- Telehealth visits
- Telemental health visits
- Wellness Central portal
- Social media presence
- Curriculum infusion products (e.g. online modules, etc.)

58. Direct services provided for District staff:

(Check all that apply)

- Work related tuberculosis assessment/screening/clearances
- Work related Hepatitis B immunizations
- Work related occupational health services for injuries
- Personal healthcare services and referral (e.g. BP checks, brief consultation)
- Flu vaccine
- COVID (or other communicable diseases) related services
- We do not provide any direct services for District staff

59. If you provided direct services to District Staff for work related issues, did you receive reimbursement from the District for those services? (If not applicable skip to next question.)

- Yes
- No

60. Per your college's emergency response procedures for physical and mental health crisis, does Health Services staff physically leave the health center to respond to medical assistance calls on campus?

(Check all that apply)

- Yes, we are called first, and physically leave the health center to respond.
- Yes, we co-respond with campus security.
- No, we do not physically leave the health center to respond.
- Our college procedure isn't clear.

61. Health Services staff participate in the following risk management activities:

(Check all that apply)

- Provide blood borne pathogens training to staff working outside the health center
- Provide CPR-1st Aid training to staff working outside the health center
- Provide N-95 mask fit-testing to staff working outside the health center
- Maintain campus First Aid Kits
- Facilitate the processing of Student Accident Insurance claims
- Participate on Safety Committee
- Participate/Consult in planning or other processes specific to Covid-19
- Subpoena processing
- Participate in the Disaster/Emergency preparedness planning process
- Participate in Behavioral Incident/Threat Assessment Team(s)
- Other Risk Management Activities (Incident Reports, other)

62. Status of the campus Behavioral/Crisis Intervention Team:

(Check all that apply)

- Do not have a team
- Team is developing, scope isn't clear
- Team is/was developed but is inactive at this time
- Receives, responds to and tracks Behavioral Incident Reports
- Provides threat assessment services and reporting
- Faculty/Staff consultation regarding at-risk students/situations
- Facilitates faculty-student meetings to address behavior in the classroom
- Conducts Student case management coordination, including referrals and follow-up
- Provides Staff development trainings and workshops
- District Policy and Procedure review and recommendations made
- Conducts Student Conduct Code violation meetings, grievance hearings, etc.
- Handles Title IX-related processes

63. If you have a Behavioral/Crisis Intervention Team, what is the position job title of the Chair or Coordinator of the team?

- VP level
- Dean or Director
- Faculty
- Other Management
- Classified
- Confidential

64. Does your college have well-defined policies and a threat assessment protocol for students at risk for harm to self or others?

- Yes
- No

Comment

65. If Yes to above, what software program does your college use as a designated management platform for this?

- We do not have/use a designated conduct management platform
- Maxient
- Advocate Simplicity
- Starfish
- In-house developed program
- Other (please specify)

66. Have you had an advisory role in the college's response to Public Health Crises?

- I am leading the effort with an established task force
- I am a participant in the effort with an established task force
- I am a participant in the effort as part of participatory governance/already standing groups (i.e. no new group was formed specifically to address Covid-19 and other public health threats)
- I have have no or limited involvement in the college's response
- Our college does NOT have a designated group to plan and address public health crises.
- Other (please specify)

67. Do Health Services staff participate in College/District participatory governance committees?

- Yes
- No

68. Do Health Services staff participate in local community activities that support the mission of the college?

- Yes
- No



## HSACCC Annual Survey 2023-2024

### VI. Scope of Services - Mental Health

69. Are mental health services provided at your college?

- Yes
- No

70. Please indicate types of mental health services provided by licensed mental health providers:

(Check all that apply)

- Individual therapy
- Couples therapy
- Family therapy
- Mandated therapy
- Crisis drop-in visits
- Group therapy - closed groups
- Group therapy - open groups
- Psychoeducational groups
- Psychological testing
- Threat assessment per college protocol
- Community referrals
- Classroom presentations

71. If group therapy or psychoeducational groups were offered during the past year, please indicate topics offered; comment on what ones were *successful* (i.e. attendance, participation, learning outcomes, etc.)

Group Therapy Topics:

Group Therapy Successes:

Psychoeducational Group Topics:

Psychoeducational Group Successes:

"Other" Groups/Topics:

"Other" Groups Successes:

\* 72. Have you had a mental health counseling training program during the past year? (If NO, skip to next question.)

Yes

No

Other (please specify)

73. If you had a mental health training program please indicate number and types of interns and whether they were paid: [\*note - if some are paid and some are not within a category please add those as paid and note in comments] (If none, skip to next question)

	Number of Full-Time	Number of Half-Time	Number of "Other" Time	Paid
Pre-doctoral Psychology interns	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-doctoral Psychology interns	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marriage and Family Therapist (MFT) trainees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical Social Work trainees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marriage and Family Therapist (MFT) associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical Social Work associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



74. Does your college employ individuals who worked as Academic Counselors or LD Specialists AND as Mental Health providers?

- Yes
- No

If Yes, indicate if individual is licensed and describe assignment details

75. What is the per-student session limit for mental health counseling visits?  
(Check all that apply)

- Individual client exceptions are made
- We have not set a firm limit on number of sessions. The limit depends on multiple variables.

If you have session limits, enter the number here (whole numbers)

76. Indicate frequency of MOST ongoing therapy sessions:

- Weekly
- Every 2 weeks
- Varies; dependent on student need, desire and schedules/agreement between student and provider

77. Indicate the average wait time from first request for services to initial mental health visit:

- < 1 week
- 1 - 2 weeks
- 3 - 4 weeks
- > 4 weeks
- Accommodation made for crisis visits

78. Did you have a "wait list" for individual therapy sessions during the past year?

- Yes
- No

If YES, what is the average wait time before a student from the wait list is seen.

79. The professional oversight of mental health services can best be described as follows:

- Permanent college/district employee hired (Licensed Psychologist, LMFT or LCSW), to supervise mental health services, and reports to the Health Services Director/Coordinator.
- Permanent college/district employee hired (Licensed Psychology, LMFT or LCSW), to supervise mental health services, and reports to someone other than the Health Services Director/Coordinator. (e.g. Dean, Vice President, etc.)
- Contracted licensed mental health provider, with administrative oversight by the Health Services Director/Coordinator.
- Contracted licensed mental health provider, with administrative oversight by someone other than the Health Services Director/Coordinator. (e.g. Dean, Vice President, etc.)

Comments:



## HSACCC Annual Survey 2023-2024

### VII. Outcomes Measurement

80. During the past year did you implement a Student Learning Outcomes (SLO) or Service Area Outcomes (SAO) assessment project in your health services program ?

- Yes
- No

If Yes, briefly describe

81. Indicate the electronic health record (EHR) system used at your Health Services:

- None - we do not use an EHR system
- PyraMED
- Point and Click
- Medcat
- Other

If other, please specify:

82. Please indicate service areas of EHR utilization during the past year:

	Yes	No	NA
Scheduling for all appointment types (clinical, mental health, and other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Self Check-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing/Medical Clinical services provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health services provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical and Mental Health visit information accessible across disciplines (per patient/client consent as part of general intake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Portal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other and/or Comment:

83. During the past year, what type of data have you been able to collect, by any kind of data system, in support of your health services? (Check all that apply)

- Types of Appointments/Visits by Provider Type (RN, NP, MFT, MD, etc.)
- Diagnostic Codes (ICD, DSM or other)
- Procedure Codes (CPT or other)
- Satisfaction Surveys (evaluation)
- Demographics (with equity lens)

Other (please specify)

84. What telehealth/telemental health platform(s) are you using to provide services?

- Zoom (e.g.'s- HIPAA compliant via CCCO; interface with EHR,
- Secure messaging/chat function of EHR
- Doxy.me
- SimplePractice
- Cranium Cafe
- Starfish
- Other please specify:

85. Do you have a contract for supplemental Telehealth OR Telemental services (i.e., TimelyCare, ProtoCall, Virtual Care Group, etc.)

- Yes
- No

86. If yes, please indicate total number of professional service visits for this supplemental provider. If no, skip to next question.

87. If yes, what is the utilization rate of service, defined as the number of students using the service divided by the number of students who have access to the service. (Please enter WHOLE number, no decimals.) If no, skip to the next question.

88. Please indicate total number of professional service visits provided by ALL types of college providers during the past year (do NOT include visits by supplemental telehealth providers listed above. DO include all in-person and telehealth/telemental health visits provided by your staff in the appropriate column). (Enter WHOLE number, no commas, decimals, or non-numerical characters.)

Total In-Person  
Clinical/Nursing Visits

Total Telehealth  
Clinical/Nursing Visits

Total Clinical/Nursing  
Visits (In-person and  
telehealth)

Total Unduplicated  
headcount for  
Clinical/Nursing Visits  
(Include Telehealth  
and In-Person)

Total In-Person Mental  
Health Visits

Total TeleMental  
Health Visits











Total Mental Health  
Visits (In-person and  
telehealth)

Total Unduplicated  
headcount for Mental  
Health Visits (Include  
Telehealth and In-  
Person)

89. What is the greatest challenge your health services program is facing this next year?  
Please rank order from greatest to least challenge.

1= Least Challenge

5= Greatest Challenge

		Budget/Funding Constraints
		Changes to HOW/IF the health fee is collected. For example, group waivers (Promise students); unable to update health fee policy/collecting less than the max. fee; or other barriers.
		Staffing to address needs/changes
		Facility space/appropriateness for services
		Lack of institutional support

90. What is the greatest accomplishment of your health services program this past year?

91. Please indicate whether or not your campus participated/will participate in the following student surveys. Check all that apply.

- ACHA-NCHA: 2023-2024
- Planning ACHA-NCHA: 2024-2025
- Healthy Minds Study: 2023-2024
- Planning Healthy Minds Study: 2024-2025
- RealCollege Survey: 2023-24
- Planning RealCollege Survey; 2024-2025
- Other (please specify)

92. How do you recruit students to complete student health surveys? (Check all that apply)

- Email to students
- Reminder/Announcement on College's Learning Management System
- Flyers
- In-person class announcements
- Tabling on-campus
- Incentives for survey completion
- Raffle drawing

Other (please specify)

93. If you collected student survey data, would you be willing to share data with HSACCC-approved researchers? (Customarily our research collaborators share aggregate data *only* and *do not* identify individual colleges.)

- Yes
- No
- Not sure

94. Is there additional information that would help the research team understand your survey responses or comments you'd like to share?