

# **Student Health And Counseling Services (SHACS) Grinnell College Program Review**

Program review dates: October 6-8, 2013  
Final report submitted: December 14, 2013

## Goal

The goal of our review team was to thoroughly understand and assess the current structure and operations of Grinnell College's Student Health And Counseling Services (SHACS) program, and to record our observations, commendations, and recommendations for SHACS' future. SHACS is led by Harriett Dickey-Chasins (director of student health & counseling & lead psychologist), reporting to Joyce Stern (dean for student success and academic advising), and is a part of the Division of Student Affairs (DSA), led by Houston Dougharty (vice-president for student affairs). This review is a standard part of the DSA operating procedure, under which all DSA programs undergo review every five years.

## Review team members

- Opeyemi Awe '15, Student Government Association Vice-President for Student Affairs
- Doug Cutchins '93, Assistant Dean and Director of Post-Graduation Transitions
- Evelyn Freeman, Assistant Professor of Physical Education; Head Women's Cross Country and Track/Field Coach
- Latoya Johnson, Residence Life Coordinator
- Marit Lysne, Director of Student Health and Counseling, Carleton College (external reviewer)
- Sam Rebelsky, Professor of Computer Science
- Tyler Smiley '14, student at-large

## Methodology

After a thorough review of the extensive SHACS self-study documents, our team gathered on the evening of Sunday, October 6 to tour the SHACS space and receive a charge for our work from Houston Dougharty. We then held a series of meetings over the day of Monday, October 7 with all members of the SHACS team, constituents from across campus (including students, faculty, staff, and other members of the DSA), and collaborative partners from the community of Grinnell. We finished our meetings on the morning of Tuesday, October 8 by meeting with top DSA administrators and Harriett Dickey-Chasins. Overall, we found that these meetings gave us an extensive and complete view of SHACS' operations and structure, as well as its current strengths and challenges.

Before dispersing, we discussed the major themes that we had encountered during our on campus meetings, and divided them into the five sections that make up this report:

- Space (pp 3-5)
- Counseling Services (pp 6-11)
- Student Health Services (pp12-14)

- Coordination, Communication, and Outreach (pp. 15-16)
- Administration and Policies (pp17-20)

Following the earlier pattern established by DSA reviews, each of the five sections contains observations, commendations, and recommendations.

Overall, we were highly impressed by SHACS' operations and staff. They are caring, committed professionals who always work with the students' best interests in mind, and are universally held in high regard.

SHACS has two main challenges that were obvious to us and nearly everyone that we spoke with: limitations of their space, and not enough counseling hours. As currently housed and structured, SHACS lacks the space and staffing to meet campus health needs. Solving these two challenges are SHACS' greatest priorities, and should be made among the highest priorities for Grinnell College in the coming year. While we have many other small recommendations to improve SHACS' services and programs, these are relatively low priorities and, in some cases, cannot be addressed until the space and counseling hours challenges are solved.

#### Thanks

We would like to thank the members of the SHACS staff; community practitioners; and all of the Grinnell College students, staff, and faculty who met with us throughout our visit in order to help inform this document. We would also like to praise the overall structure of this assessment exercise and the commitment to routine, thorough self-study that Houston Dougharty and the DSA has committed to, which we see as a model for the rest of the College.

## SPACE

### Observations

- SHACS' current space is the largest challenge and the central issue to address following this review. The limitations caused by SHACS' current location in the Forum are their primary issues and inhibit their ability to improve other aspects of their work. Most other recommendations in this document cannot be implemented unless Grinnell first addresses SHACS' space issues. It is a questionable representation of College priorities that others who have space in the Forum have benefitted from significant expansion and improvements in the building while SHACS continues to struggle with the implications of cramped, inadequate facilities, which lack space for expansion and additional staff.
- There are many specific limitations of SHACS' current space. These significant limitations include, in no specific order:
  - Large windows that face public spaces, causing privacy concerns for students during medical and counseling appointments. Blinds can be drawn, but doing so creates darker, uninviting spaces.
  - Lack of sinks in nurses' offices
  - Limited storage space with dangerously low ceilings
  - Thin walls, which raise additional privacy concerns as voices carry to other rooms
  - A lack of a generator backup for the refrigerator that keeps medication cold
  - Limited escape routes in the event of an emergency -- two exits are on the same wall and are close to one another
  - Hallways that are difficult to navigate for people with mobility difficulties
  - A very small kitchen
  - Carpeting on the floors, which can be difficult to disinfect from body fluid spills
  - Very small offices that double as counseling spaces
  - Two exam tables for three nurses
  - Lack of privacy in the reception area, with a common waiting room for all services.
  - Air quality that is sometimes compromised by plumbing/sewage problems, garbage truck smells, and people smoking outside of the building. Further, the windows do not open for ventilation.
  - No lab space
  - Medical supply closet that is too small for the volume of products
  - Restrooms that are not equipped to handle urine samples
  - Lack of space for growth; they have utilized every available space
  - The east entrance (the only accessible entrance for people with mobility challenges) is dank and unwelcoming
  - Insufficient office space; outside providers, like Dr. Van Cleve, share what is supposed to be a student work space, displacing student workers

- It is hard to see the receptionist from either entrance, which does not make for a welcoming environment
- Renovations to their current space in the Forum are possible, but would not solve all of SHACS' challenges. Even with an expanded or renovated space in the Forum, the current space would likely continue to have significant limitations that cannot be adequately addressed, such as compromised air quality.
- In the long-term, SHACS needs a new, centralized space. Many on campus feel that a more centralized space would be beneficial and would reduce the stigma of mental health services.
- A new space for SHACS should be a priority for Grinnell. Most people on campus are generally aware of the need for a different or better space for SHACS, but are unaware of how dire the situation is, or how limited SHACS is to improve its services until the space needs are addressed.

### **Commendations**

- SHACS' staff are doing their best given the limitations of their space. Facilities Management has also done a good job of helping the SHACS staff make better use of the minimal space to meet needs, such as carving out a room that can be used for staff conferences or group therapy, and moving a wall to create a kitchenette/break room. Students appreciated checking-in for appointments on the self-service kiosk to enhance privacy. Overall, the SHACS staff, especially at the front desk, is conscientious of protecting privacy and confidentiality. The students we talked to like the location of SHACS. It is centrally located and they feel comfortable in the space for the most part. They did not seem too concerned that it was small or that students seeking both health and mental health services were sharing the same space.
- The merger of Health Services and Counseling Services has been beneficial and successful. A few years ago, Grinnell moved its counseling services on campus. Although not without controversy or dissent at the time, in general, that seems to have been a good strategy. Getting students to counseling is much more convenient than in the past, and it is clear that the counselors who are available are well-suited to our students. The shared waiting room is a plus because it helps decrease the stigma of mental health patients.

### **Recommendations**

- Begin addressing SHACS' long-term space needs immediately, and create a "band-aid" solution in the short-term. Our top priority and key recommendation is to quickly address SHACS' space needs. All other recommendations flow out of this critical need.

Grinnell cannot, for example, consider a doctoral internship program to help ease our counseling hours challenge without more space. It would be ideal to design and build a larger, more accommodating, accessible, welcoming, intuitive space for SHACS, either as a stand-alone function or with other campus services. However, given the lengthy timeline for locating, designing, and building a new space, and the urgency of the need, we recommend that the College institute a short-term fix (expanding and improving SHACS' current space) as well as a long-term fix (building a new space that addresses all of their needs). This needs to be addressed immediately, and should be one of the highest space priorities on campus. Further, this is a need that must be addressed by the College as a whole, including significant, holistic collaboration with other committees and parts of campus, such as the academic space planning committee. Both the short- and long-term solutions to SHACS' space challenges must not only address the lengthy list of challenges in the "Observations" section as best they can, but must also allow for the growth of services in the future.

- Repurpose parts of the lower half of the Forum to meet SHACS' short-term needs. In the short term, the middle third of the lower level of the Forum should be repurposed as SHACS space. Much of this is an ITS "burn-in room," which seems to be infrequently used, and three or four offices of ITS administrators along the east corridor. Given the amount of open, airy space that ITS has in the rest of the Forum, the number of empty desks we observed in some of those areas, and the dire needs of SHACS -- both in terms of space and expanded counseling services -- this intermediate accommodation can be of great benefit, allowing our students to more easily access these services. In the current space, an emergency route needs to be developed and the necessary changes made to the layout so that said route can be executed.
- Retain the model of combined services. Keeping the model of combined health and counseling services is important and should be retained in a new space.

## COUNSELING SERVICES

### Observations

- Students, SHACS staff, and many people on campus are frustrated by the fact that student demand for counseling appointments outpaces the hard-working counselors' ability to see students. Increasing the number of counselors available to students is the second most important issue to address. Although we have three full-time counselors on staff, this does not mean that we have 120 hours per week of face-to-face counseling services available to students. Because they all have other necessary and important administrative duties and professional obligations (such as taking notes for each client they see), together these three provide about 70 hours per week of direct counseling services. The wait time for students to see a mental health counselor for a non-urgent appointment is an issue on campuses around the country, but appears to be particularly acute at Grinnell. Students must typically wait two to three weeks or longer for non-urgent care, which everyone we spoke with unanimously agreed is too long and may jeopardize student mental health. During this waiting period, a student's particular condition can easily degenerate. There are several factors, including ongoing Title IX discussions on campus, that indicate that student demand for counseling services will increase in the coming years, which may exacerbate this challenge. This is a significant challenge that the College must address immediately.
- The counseling staff is overworked and stressed. Some counselors are working significantly over their caseload capacity, which can lead to not completing paperwork in a timely manner and/or staff burnout, ultimately leading to issues of staff retention and decreasing departmental morale. Even staff outside of SHACS noted and commented on how the counseling staff appears visibly exhausted as the term progresses. Staff morale seemed already to be flagging when we talked with them in early October, well before the end of the semester. Providing them relief seems paramount to retaining our excellent staff members.
- Students who need long-term counseling are referred to off-campus providers, a practice that raises a host of other concerns. Given staffing limitations, when a student needs longer-term mental health counseling, SHACS recommends that they seek these services off-campus at a provider in the community. However, there does not really seem to be any kind of follow-up to see if those that are referred off-campus actually make appointments with other counselors in town, or how effective this counseling is at meeting students' needs. This is of particular concern because those who are referred off-campus are sometimes students with the greatest mental health needs. Students also expressed some frustrations with being referred off-campus "too quickly." Further, the limited number of counseling providers in the community means that students may face similarly long waits for an intake appointment (three weeks is not unusual). Lastly, students must pay for these outsourced mental health appointments, which may not be covered by their health insurance, which they may not be able to afford, and have to take the time to travel off-campus, which is a disincentive to seek needed care. An additional

disincentive to off-campus counseling is that even if such care is covered by insurance, use of insurance may alert parents or guardians, as the policyholders, that the student is seeking counseling services, which limits students' confidentiality.

- The campus has pinned a lot of hope on the possibility of creating a Ph.D. internship program to solve its counseling problems. Counseling services has begun planning a doctoral internship program that looks like it will serve not only our community well, but also serve the broader counseling profession by providing much-needed training opportunity for Ph.D. counselors. While a majority of our committee had some initial concerns about how one-year internships would impact the continuity of care for our students, the students and other professionals we talked to clearly felt that knowing in advance that the intern's time was limited would not lead to students expecting more continuity than could be provided. The main benefit of such a program would be to provide more counseling hours for students, thus decreasing the wait time for an appointment. Such an internship program would include the additional benefit of decreasing the stress levels of our current counseling staff members. Further, the diversity of experiences and perspectives that interns would bring could be important and useful to our students who seek counseling, and could be of educational benefit to current counseling staff. It appears that most people agreed that, if the costs were the same, it would be more desirable and financially feasible to add two annual interns rather than one long-term, permanent counselor. It is also possible that an intern could decide to reside long-term in our community after their internship, which would also help address the challenge of not having enough long-term counseling staff in the town of Grinnell.
- Psychiatric services are limited. Students have access to excellent psychiatric care, but Dr. Van Cleve lacks the time and space to fully care for students. The timeline from a student's first contact with SHACS to when they finally get a psychiatric appointment is too long, and there is too much potential for the situation to progress to an emergency issue. It may be possible for local physicians to provide medication management services more than they have been asked to do to date. We also heard concerns about transitions of psychiatric care throughout the summer months.
- After-hours services are poorly understood and not well-utilized. Although the College contracts with ProtoCall (counseling services) and Fonemed (health services) for after-hours and weekend services, we found that many constituents and partners (including, disconcertingly, some RLCs) do not fully understand these services, how to access them, or when to access them. Further, those who have accessed these services gave very mixed reviews of its effectiveness. We also heard concerns about transitions of counseling and psychiatric care throughout the summer months.
- Group counseling has yet to gain traction among Grinnell students, but holds promise in the long-term. Both students and SHACS staff gave mixed reviews for the use of group counseling sessions. These sessions are new to Grinnell, so part of the challenge is simply introducing the concept to the campus, and overcoming normal resistance to change and trying something new. Both students and SHACS staff indicated that group counseling might work depending on the topic, but that group counseling should be used

as a supplement to and not replacement of individual counseling. One point of resistance that students raised was entering into group counseling on such a small campus, where students are likely to have pre-formed relationships with others in the group. However, the SHACS staff holds out hope that successful group counseling meetings might relieve the constant pressure for more individual counseling sessions.

- There is a perceived need for drug & alcohol counseling services. Many different constituencies recommended that students have access to a counselor with a specialty in drug and alcohol abuse, either on the SHACS staff or in the community. We heard from many people that alcohol and drug screening work would be of great benefit to Grinnell College students, but that there would be no space to then responsibly provide follow-up care after such a screening.
- Others in the DSA would like SHACS counseling staff to hold on-call duties for consultation in cases of off-hours mental health emergencies. Student Affairs administrators would like SHACS staff to be on-call to assist them to a greater degree, which the counselors are resistant and reluctant to take on, especially given current caseloads.
- Counseling services may not be meeting the needs of students with specific challenges: A currently-enrolled undocumented student wrote the committee to detail her challenges and frustrations with counseling services at Grinnell. Although our review committee recognizes that it is difficult for a small counseling staff to be knowledgeable about and able to address all needs of a diverse student body, we also recognize that there may be significant challenges present in the lives of micro-populations on our campus that SHACS should seek to address.

## **Commendations**

- Students are incredibly well-served by our counseling staff, and are happy with the services they receive. Our notes overflowed with positive adjectives describing the counseling services students receive from our SHACS staff: “competent, capable, reliable, high-quality, useful, warm, committed, amazing, go the extra step, great...” Once students get an appointment with SHACS, they tend to be very happy with the quality of care they receive. Students recognize the space limitations forced on the SHACS counselors, and appreciate the warm, comfortable therapeutic spaces in their offices. Students also appreciate the outreach that SHACS has done around mental health issues, and commented on how this work has been instrumental in addressing the stigma associated with seeking counseling.
- We have astonishingly good diversity among a small staff of counselors. The great diversity of our student body must be reflected in the lives and experiences of our counseling staff, and our committee commends Harriett, the SHACS staff, and the DSA for making this a priority and achieving this goal.



- The counseling staff has a “magical” ability to open up times to see students in crisis. Despite their over-full caseloads, the counseling staff seems to always be able to find a way to triage or assess students in crisis. We were impressed by their dedication and commitment to meeting the most emergent needs on campus as efficiently as possible. Our committee also recognized that this “magic” is anything but magical, though, and that it comes from the hard work and sacrifice of our counseling staff, which leads to long-term concerns about stress, overwork, burnout, staff morale, and staff turnover.

## Recommendations

- Significantly reduce the length of time students must wait to receive on-campus counseling services by expanding the counseling staff, whether through permanent hires, a doctoral internship program, or a combination of permanent hires and a doctoral internship program. While adding permanent staff would allow the College to seek professionals with specific expertise (such as substance abuse counseling), and would allow us to be relatively confident that we could retain staff for more than a year, given the limitations of budget and the great need to add more counseling hours, it seems more efficacious to begin a doctoral internship program. We recommend that the internship program begin with at least two interns, preferably three. As noted above, the internship program could add to staff diversity in important ways; perhaps bring in someone with substance abuse experience; add to the profession by creating a much-needed internship position at a small liberal arts College; and, through supervisory responsibilities, would give our permanent staff an interesting new challenge that would help keep them engaged and clinically sharp. Our greatest concern about adding an internship program, expressed by many people we spoke with, is that SHACS would need to take great care in transitioning students between interns from year to year.
- Further reduce the length of time students must wait to receive on-campus counseling services by continuing to promote group therapy. Although SHACS’ initial steps towards creating opportunities for group therapy have not been hugely successful, we would encourage the counseling staff to keep trying this method. In order to overcome initial student reluctance, the benefits of group counseling should be properly explained to both students and staff; SHACS should consult with students to create a campaign that will be well-received and properly understood by the campus community. We recommend that SHACS staff populate these groups from their caseloads, but also advertise these services campus-wide to allow student to self-refer, and to allow faculty and staff to refer students to these groups.
- Reduce student demand to see counselors by promoting support services outside of SHACS. Grinnell College has a number of non-SHACS professionals who are deeply skilled professionals who can give non-clinical support to students. This includes RLCs, the CRSSJ staff, Academic Advising, Campus Advocates, the Dean of Students’ office,

and others. The DSA should create a marketing program to help students and the rest of campus see that SHACS is not the only support resource for distressed students.

- As the counseling staff expands, explore ways to reduce counseling staff stress and increase job happiness. For example, the DSA should explore making the Director's position a full-time administrative position (more on this in the "Administration and Policies" section), or directing counseling staff to carve out a large block of administrative/paperwork time each week. This will be particularly important if the internship program is implemented, since that addition will take significant administrative time.
- Re-examine the model of sending our highest-need students to off-campus providers; at a minimum, establish a tracking system to ensure that their needs are being met by community-based counselors. Given current staffing levels and student demand for counseling, we understand why SHACS decided to outsource long-term care to community providers, but this policy has far-reaching implications for our students who need the most mental health care. Even with an expanded staff, it is likely that students will require long-term counseling off-campus. SHACS and the College need to provide leadership in ensuring that our students have appropriate access to care, that reasonable providers are available to our students, that students are referred to appropriate counselors, and that students are indeed following-up with a referral counselor. If SHACS' space limitations are addressed, the College could even examine the possibility of having fee-based, long-term counselors hold on-campus appointments. This would save students the time and inconvenience of traveling to appointments, which increases the likelihood of follow-through.
- Continue to seek ways to add to the diversity of counselors. There will naturally be turnover in the counseling staff in the future, and we hope that there will be an expansion of the staff through permanent hires or interns. As Grinnell College seeks to hire these staff members or interns, it should make every effort necessary to maintain a high level of diversity among its small staff, including hiring a counselor with substance abuse counseling experience and knowledge.
- Improve after-hours services. This recommendation breaks down into two parts:
  - The counseling staff is, unsurprisingly and justifiably (given their current workload), highly reluctant to begin regular on-call duties during nights and weekends. However, if more staff is added (and only if more staff is added), either through permanent staff or an internship program, it is reasonable for the College to require that counseling staff also have on-call duties, much as their DSA colleagues do.
  - ProtoCall and Fonemed need to be better explained and marketed across campus, beginning with the DSA and student body. If there is dissatisfaction with

ProtoCall, work with the provider to further customize these services to provide more community-specific, less-generic responses.

- Expand access to psychiatric services, including utilizing local physicians for routine medical adjustments. We found broad consensus that more psychiatric hours are needed. Dr. VanCleve also indicated that she could provide some additional hours to SHACS, but we also recognize the high cost of psychiatric services, which must be balanced against other budget needs. As an alternative, we would recommend that SHACS more routinely recommend that students see community physicians for medication management issues.

## STUDENT HEALTH SERVICES

### Observations

- SHACS is able to refer students off-campus for services as needed and provides free local transportation via student drivers and the Security office. This is true for a variety of medical services, including trips to doctors' offices, dental appointments, pharmacies, and sexual and reproductive health and sexual assault care via Central Iowa Family Planning.
- The nursing staff is not very diverse. Our current student health staff is all-female. Having at least one male nurse would be helpful, perhaps especially for some of our male international students who may be more comfortable with a nurse of the same gender. Some people we spoke with also suggested that it would be helpful for SHACS to have a nurse practitioner, but there seem to be space, equipment, and liability challenges to accomplishing this goal.
- SHACS' student health services staff feels that the rest of campus does not fully understand their work. The student health staff indicated that their medical work is not fully recognized by the mental health counselors, some members of the DSA, or some other sections of campus. There seemed to be a low level of tension between the student health staff and the athletics trainers.
- SHACS provides some student health outreach services. SHACS staff would like to do more outreach activities, but must balance this desire with the constant flow of sick students that they are caring for. SHACS staff noted that they consistently educate students on an individual basis during medical appointments.
- As with after-hours counseling services, after-hours student health services are not utilized well and are poorly understood by the campus community. Students and DSA staff we spoke with indicated that they have not had very many good experiences with the after-hours call-in service, Fonemed.
- Dr. Van Cleve uses a SHACS nurse when she is on-campus, which takes that nurse out of rotation to help with other duties. This practice limits the nursing staff's ability to see sick students, or to expand their outreach efforts during the times that Dr. Van Cleve is seeing students.
- The nursing staff is very busy and working at capacity, but is managing their workload. The nurses certainly have very full schedules, but are able to manage the students who seek their services. Staffing is adequate for current needs, but if the College wishes to increase or expand their services, this will require additional staff. SHACS' main staffing needs are on the counseling side, not the student health side.

## Commendations

- The student health staff does outstanding work. We do not think we heard a single word of dissent in terms of student satisfaction with the quality of health care that they receive from SHACS. SHACS staff members are very welcoming and personable, convey their sincere care about students' health and overall well-being, and connect well with our students. Students described them as competent, capable, reliable, helpful, friendly, well-liked, and highly-regarded. Local health care professionals we spoke with had similar assessments, particularly praising their clinical intuition and judgment.
- The two sides of SHACS effectively communicate and collaborate with one another and with providers in town. We are fortunate to have a thoughtful and competent team of student health services professionals who are collaborative in their approach. They are thoughtful about caring for students, and have adapted well to the addition of counseling services to the student health realm; the two sides have been careful to give great thought to how they interact for the benefit of students. There seems to be a good relationship between the SHACS student health staff, the medical director (Dr. Wehr), and other off-campus medical providers. SHACS staff does excellent work of helping students navigate the complexities of insurance and arranging health care.
- Students are able to be seen promptly. Students universally know how to access SHACS' services, and are able to be seen the same day or next day, which they truly appreciate and see as a great convenience.
- Despite the limitations of their space, SHACS provides an impressive array of health services to students, which students understand and take full advantage of. We were impressed by the range of services, how students understand and accept what is available, the accessibility of these services, how much students take advantage of these services, the quality of these services, and that students understood what services are not available and how to access those services in the community.
- Students really appreciate the effort that SHACS staff puts into on-campus outreach programs. The most commonly-named outreach efforts that students appreciate are the flu shots and sexual health outreach.
- Students are thankful that SHACS provides free transportation to local appointments.

## Recommendations

- If it ain't broke, don't fix it. Overall, we think that the student health services are doing an outstanding job and should keep doing what they are doing. This is not to say that there are not areas of improvement; we have listed a few minor ones below. But SHACS' priorities should be on its space issues and in expanding mental health counseling, not on nitpicking the small number of student health challenges that exist.

- As possible, add to the diversity of staff members. As SHACS hires future nursing staff members due to normal staff turnover, they should to seek to hire at least one male nurse. Similarly, if space allows and the challenges of equipment and liability can be addressed, it may be helpful to add a nurse practitioner, and/or arrange to have an MD, PA, or NP come to campus a certain number of hours per week.
  
- Continue student health services' collaborative practices, and expand on these practices. In particular, student health services could expand their collaboration with athletics training staff and the Hall Wellness Coordinators (more on this is in the section on "Coordination, Communication, and Outreach"). Additionally, since some of SHACS' work relates to student financial matters, such as student insurance, better coordination with the Cashier's office is also appropriate.
  
- Balance the trade-off between providing a nurse for Dr. Van Cleve and expanding outreach practices on campus. Our committee was not fully convinced that Dr. Van Cleve needs a nurse assistant while she is on-campus; if that practice were to be discontinued, that staff time could be put towards expanding outreach practices on campus. Because SHACS student health staff is already working at capacity, they should not be asked to expand outreach activities without something, such as supporting Dr. Van Cleve, coming off their duties.
  
- Institute several minor changes:
  - Nurses could briefly and formally assess for mental health needs via PHQ-9, Beck Depression Inventory, or other methods.
  - Advertise Fonemed more generally on campus.
  - Better publicize online appointments to decrease number of walk-ins and further ensure that students get their appointments of choice.
  - Provide better signage to identify the sign-in kiosk
  - More consistently send emails or find other ways to inform students if there is a certain illness making its way around campus.

## COORDINATION, COMMUNICATION, AND OUTREACH

### Observations

- Students would like faculty to be more educated about SHACS; SHACS' efforts to reach out to faculty in the past have been poorly received. There is a great diversity of experience and knowledge about SHACS among the faculty, some of whom are very confident about their ability to help students access SHACS' services, and others who do not have this same level of competency. A common set of knowledge and procedures of how to help students does not exist among the faculty. SHACS' efforts to reach out to faculty in the past have been poorly received and meetings lightly attended. Some faculty seemed to be unaware that student counseling services had moved on campus, for example, or that Wellness is a separate entity from SHACS, housed in a completely different part of campus (organizationally and physically).
- Communications between SHACS and its partners on and off campus can be improved. Several of SHACS' partners, both on-campus and off-campus, indicated that they would welcome a higher degree of communication and collaboration, and that students would be better-served by such practices. Specifically, these practices could be improved with Wellness, off-campus mental health providers, the Athletics department, Central Iowa Family Planning, and the rest of the DSA.
- Some on campus would like SHACS to perform more outreach. Because SHACS' outreach efforts, especially around student health issues, have been so successful, some on campus would encourage them to conduct more of these efforts. SHACS seems to generally share this goal, but is wary of taking on this role without adequate staff time to plan and carry out these efforts. In particular, we heard a desire for more outreach on the topics of suicide prevention, drug and alcohol abuse education, sexual abuse education, and the call-in health programs (ProtoCall and Fonemed).

### Commendations

- SHACS' basic communications needs with their key partners, such as Wellness and DSA, are met, and SHACS is perceived by most of campus as accessible in times of a crisis. SHACS covers all of the basics that must be covered. Phone calls to faculty and staff members are returned in a timely way, and Harriett's DSA colleagues had great praise for her accessibility during regular work hours and in true emergencies after hours. The DSA generally indicated that SHACS staff members are great colleagues and helpful consultants. The basic structure of the relationship with other partners is solid and reliable.
- The outreach efforts that SHACS currently performs are outstanding. Students appreciate their large-scale efforts, and professors and Posse mentors praised the small-group

presentations that SHACS has put together. SHACS is beginning to venture into social media for continued outreach, which is appropriate.

## Recommendations

- Consider further outreach efforts to faculty. While our committee was convinced that students would be better-served by a faculty that has more information about SHACS and its services, we also recognize that SHACS cannot force this knowledge onto the faculty, and that the faculty has a responsibility to value and seek out this information. SHACS should consider the time and energy that continued outreach activities will take if faculty members seem unwilling to meet them halfway. It may be useful, initially, to go to faculty, rather than asking faculty to come to a SHACS presentation. The SHACS director could present briefly on SHACS health and counseling services at faculty department meetings or at large all-faculty trainings/retreats. This serves to get accurate information out to faculty while they are a “captive audience.”
- Realistically discuss further collaboration efforts with key partners. While we have no doubt that further collaboration and communication with Wellness, Athletics, the DSA, and off-campus mental health and physical health clinicians would better-serve our students, we also are convinced that the basics of these relationships are already in place, and that our students’ health and well-being is not jeopardized by the state of these relationships. Improving communication and collaboration will take additional time and energy from SHACS staff, which may or may not be the best use of these already spread-thin resources.
- If improving collaboration or communication is a key desire of decision-makers, additional staff should be added for this purpose. Making significant changes in these areas will require additional staffing, whether through hiring a Case Manager to help ease student flow to off-campus practitioners or additional student staff to help with outreach and marketing efforts (although this latter suggestion would also require more time from SHACS staff to direct or manage these student workers).
- SHACS staff should not be expected to perform additional marketing, outreach, prevention, or collaboration efforts without equal reductions in their other work or additions in staffing. While our committee does see benefits accruing to the campus community through increased marketing, outreach, prevention, and collaboration from SHACS, we also met a staff that is overworked on the counseling side and at capacity on the student health side. They have adequately and appropriately prioritized hands-on health efforts and face-to-face time with students, and are providing excellent service in these ways, which should be encouraged.



## ADMINISTRATION AND POLICIES

### Observations

- Several constituencies on campus, especially students, would like SHACS to offer hours in the evenings, weekends, and during breaks. Given that neither health nor counseling emergencies are confined to work-day hours, as well as how busy student calendars are during the day, students would like to have an option to be seen in evenings or on weekends. This would mean either manipulating the hours of current staff members or adding staff to accommodate this wish. Students also noted that since SHACS is closed during the summer, but a significant number of students are on campus, it would be helpful to have someone in SHACS who would be available to help them make appointments with and access services in the community. These desires, we believe, are also tied to our earlier observations that students and the College community in general does not fully understand or take advantage of Fonemed and ProtoCall.
- Formal counseling policies are, for the most part, lacking, but the SHACS staff is currently writing these documents. We did not find record of written counseling policies, such as how to process intakes, schedule appointments, manage caseloads, handle emergencies, create counseling groups, or limit the number of counseling sessions for students before referring them into the community. The counseling staff seemed to be aware of this challenge and is working to write these policies.
- Specifically, the campus community lacks understanding of how students make counseling appointments, how to get a student in quickly who needs urgent care, or how to define emergency/crisis/urgent care needs. The SHACS counseling staff works hard to both encourage students to schedule appointments and to see students with emergencies as soon as possible, which are admirable goals. But this two-part system has led to a lack of understanding of who gets seen, when, how quickly, and under what circumstances. Further, campus lacks a consistent, working definition of what constitutes a mental health emergency.
- The SHACS director is asked to both provide direct counseling and manage SHACS' operations; this split position limits her ability to do both tasks well, let alone strategize, hone, and grow the SHACS department. As with many positions that are split between two very different duties, asking Harriett to be both a counselor and an administrator hinders her ability to do both jobs exceptionally well, which is frustrating to her.
- SHACS does not currently collect feedback from students on its direct nursing and counseling services, and does not follow-up to ensure positive outcomes on either the health or counseling sides. We did not find that SHACS utilizes any sort of evaluative tool to assess student happiness with their direct nursing and counseling services, and that there is not a routine way to collect outcomes or changes in therapy.

- SHACS staff and DSA staff share a mutual frustration over differing perceptions of what information should be shared between them, such as hospitalization notification. DSA staff shared that there is an expectation from the highest levels of the College that they are informed when students are hospitalized. SHACS staff has concerns over violations of HIPPA privacy requirements and legal confidentiality protections in sharing the protected health information of adult students without the student's written permission.
- SHACS has a small advisory committee. The committee, made up of students, faculty, and staff, exists to provide feedback to SHACS on macro-level decisions, and meets just once or twice per semester.
- SHACS' budget has not grown over time. Although we were not provided with SHACS' current or past budgets, we were told that the budget has not changed at all in several years, even though medical expenses continue to increase.

## Commendations

- SHACS staff and others in DSA and across campus collaborate well in supporting students at risk through the "Care Committee" meetings. These meetings seem to be well-coordinated and bring together necessary conversations, while also being small and closed enough that they do not violate reasonable student privacy expectations.
- SHACS has developed a robust manual on student health policies and procedures. The student health manual seems to be an excellent and comprehensive document that can serve as a model as SHACS develops parallel policies for its counseling services.
- The hiring of a part-time receptionist this year has been beneficial, especially in keeping patient information away from student workers. Though this move may have been difficult to manage since no additional dollars were allocated for it, it was a necessary and important shift that we applaud.
- Counseling staff is operating well despite not having written policies. While we recommend below that SHACS' counseling staff continue to prioritize the development of written counseling policies, the lack of these policies does not seem to have broadly impacted student mental health outcomes.
- There are basic provisions for 24/7/365 coverage of health and counseling care. Although ProtoCall and Fonemed may not be widely-known or well-used, SHACS does provide these services and is positioned to improve usage of them on-campus.
- The director is currently doing an excellent job of managing SHACS while also maintaining a steady caseload of counseling sessions. We heard a lot of praise for

Harriett's work as SHACS director, both in terms of her skill as a counselor and her administrative skills. She has a complicated, difficult job that she handles with aplomb and care.

- SHACS' move away from sending notes to faculty for sick students was positive. Although a small move, and not without critics or controversy, both faculty and students now praise SHACS' decision to remove itself from the practice of certifying student illnesses to professors. This has also subtly sent a message of self-governance, putting students in charge of their own health decisions and outcomes, which we applaud.

## **Recommendations**

- SHACS should examine the possibility of providing evening and weekend hours; this is especially true if counseling services are expanded. Students would be well-served by having access to staff during one or two evenings per week, and for a few hours on Saturday afternoons. Given staffing limitations, it may not be possible to make this change right now, but if counseling staff is added, it may be reasonable to expand service hours also. Our committee also recognizes that a new community-based After Hours Clinic may be opening soon, and it will be important for SHACS to inform students of this new option.
- Once more counseling hours are added, either through hiring permanent staff or adding an internship program, the Director's job description should be adjusted to become a 90% administrative position. We wish to be clear that, given the great demands already for counseling appointments, the Director should not give up any counseling hours until and unless more counseling positions are added. At that point, though, a shift towards having the Director focus more on administrative work would allow her to expand outreach programs, engage in strategic planning for SHACS, and be available for emergency care sessions. We do note, in this specific case, that we and others on campus would greatly lament losing Harriett's exceptional counseling skills on a regular basis.
- SHACS should institute plans to evaluate its services, including student satisfaction and long-term mental health outcomes. Although we found anecdotally that student satisfaction with provided services is high, SHACS should institute an evaluation system – on an annual basis at a minimum -- to ensure continued happiness among Grinnellians. Further, given that students who need high levels of medical care or long-term mental health are sent to off-campus providers, SHACS should have a way to ensure that none of these students are falling through the cracks once their care is transitioned.
- The Director and DSA Vice-President need to reach a mutually-acceptable understanding of what student treatment information will be shared and with whom, and the College president needs to sign off on this agreement. All parties in this low-level tension are acting with the best interests of students in mind, but are coming from differing

perspectives of how to do so. We recommend an open and honest conversation between the SHACS director and DSA vice-president to hammer out a policy that both gives DSA professionals the information they need to adequately provide for students, and SHACS the ability to follow applicable federal laws and licensure regulations. This policy should be agreed to by the College president to ensure that the DSA is not asked to provide information that they do not have, and the College attorney should sign-off on it to ensure compliance with applicable laws.

- SHACS' counseling team needs to continue its already-started process of creating written procedures for counseling practices. Although a time-consuming process, SHACS' counseling staff has already begun crafting consistent, written counseling procedures and policies. We encourage this practice and would like to see it concluded and shared with campus in a timely way.
- As demands on SHACS increase, there should be attendant increases in SHACS' budget. For example, supplies for outreach efforts must come from somewhere, so if there are increased outreach efforts, the budget should similarly increase.