

**AGENDA ITEM #VIII-D-5
JUNE 18, 2025
HIGHLAND COMMUNITY COLLEGE**

**AGREEMENT WITH TRANSFORMATIVE COMMUNITY HEALTH
FOR THE PROVISION OF CAMPUS-BASED MENTAL HEALTH SERVICES**

RECOMMENDATION OF THE PRESIDENT: It is recommended that the Board of Trustees approves the attached one-year agreement between Highland Community College and Transformative Community Health (TCH) at a cost of \$106,247 for the provision of student mental health counseling, consultation, training, data collection and analysis, and supervision of a peer mentor program.

BACKGROUND: Highland Community College issued a Request for Proposals (RFP) for mental health related services in 2024. The RFP outlined a number of services to be provided by a partnering organization that would help Highland achieve components of the Mental Health Early Action on Campus Act (MHEAC), including on-campus therapy services, consultation with the Behavioral Intervention Team (BIT), staff training, a peer support program, mental health awareness campaign, and evaluation of the programs. Transformative Community Health (TCH) was selected as the provider and served students throughout FY25 on campus and remotely.

TCH will continue to provide a licensed mental health professional and interns to provide counseling services, administration, consultation, and training. An additional TCH staff member will oversee further development and supervision of the peer support program. TCH will be responsible for maintaining appropriate records, providing records management software, and insurance to cover their staff and services.

Transformative Community Health continued to provide counseling services on two other Illinois community college campuses.

Highland Community College applied for and received an innovation grant, which will partially fund these services. Additional funds are included in the FY26 budget for these services. Additionally, any FY26 allocations that are provided by the Illinois Community College Board (ICCB) to fund the services included in the Mental Health Early Action on Campus Act will be utilized.

BOARD ACTION: _____



March 15, 2025

Liz Gerber, Vice President/CSSO, Student Development and Support Services
Highland Community College
2998 West Pearl City Rd
Freeport, IL 61032-9341
Phone: 815-599-3531

RE: Provision of Mental Health Related Services for Highland Community College

Dear Ms. Liz Gerber,

We at Transformative Community Health, a federally recognized, minority run 501c3 Nonprofit organization are excited to propose a renewal to our groundbreaking partnership designed to enhance student support services at Highland Community College through an innovative peer counseling program.

Our expertise and dedication to mental health excellence position us uniquely to implement a strategy that has shown remarkable success on other community college campuses. Under the guidance of Dr. Jessica Swenson and Peer Coordinator Jen Brens, this program leverages the lived experiences of peers to offer relatable, accessible support for students grappling with challenges such as test anxiety, stress management, access to mental health resources, and the first-generation college experience.

The peer counseling model not only offers immediate, empathetic support but also serves as a bridge to professional help, ensuring that all students, especially those from systematically excluded communities, have the resources they need to thrive academically and personally.


We are eager to discuss how this program can be tailored to fit the unique needs of Highland Community College and look forward to the opportunity to contribute to the well-being and success of your student body.

Warmest regards,

Dr. Jessica Swenson
Chief Executive Officer,
Transformative Community Health

jessica@transformativegrowth.org

(312) 805-0006



Transformative Community Health

Rural Mental Health RFP

03.15.2025

Transformative Community Health

(DBA: Transformative Growth)

24W500 Maple Ave suite 216A

Naperville IL 60540

Overview

Transformative Community Health (*TCH. DBA/ clinically known as Transformative Growth*) has partnered with other organizations including universities, primary schools, community colleges, stakeholders, and local social service agencies, in order to implement the programs that are outlined in this proposal. TCH has ample experience with the creation and implementation of these programs in a similar setting to Highland Community College (HCC). TCH is confident that we will be able to help your school to meet the school's needs regarding behavioral health services and compliance within both Title IX, HIPPA and any grant reporting requirements you may have. TCH believes in working with underserved communities and ensures that our staff reflect the wide range of clients that we serve. The agency is minority led and understands the needs of these communities and offers culturally responsive services to heal community trauma.

Specifications

Transformative Community Health (DBA TCH) and Highland Community College will enter into a one year contract. Commencing on the first anniversary date, and continuing at each anniversary date thereafter, the agreement shall be renewable for an additional year for one year; provided, however if written notice of nonrenewal is provided to TCH 60 days prior to the anniversary date, the term of the agreement shall not renew.

Outline of Proposal

1. Description of Provider's qualifications and relevant experience
2. Therapeutic Behavioral Services
 - a. Testing Support
 - b. Counseling
3. Peer Support
 - a. Selection
 - b. Training
 - c. Goals
 - d. Evaluation
4. Testing support
5. Risk
 - a. Insurance
 - b. Compliance
 - c. Additional Expenses
6. Program Proposal
 - a. Format of Services Available
 - i. Weekly consultation with experienced program director
 - ii. Linkage Agreement
 - iii. Additional factors
 - b. Financial Model
7. Proof of Concept- Annual Report from Similar Institution

Description of Provider's Qualifications and Relevant Work Experience

Transformative Community Health, under the leadership of Dr. Jessica Swenson, exemplifies a holistic and accessible approach to mental health care within the community college setting. Their services at KCC and IVCC illustrate a commitment to providing personalized support that addresses a broad spectrum of mental health needs. From personal counseling services available for both students and staff to specialized support in areas such as career counseling, relationship stressors, and trauma, Transformative Community Health offers a model of care that is both comprehensive and tailored to the college community's unique challenges.

Key aspects of their program include:

- **Accessibility and Convenience:** Located within the student affairs department, offering flexible hours to accommodate the busy schedules of college students and staff.
- **Affordability:** Ensuring services are accessible, with free initial sessions and a sliding scale payment option, reflecting a commitment to removing financial barriers to mental health support.
- **Specialized Support Areas:** A broad range of counseling focuses, including support for LGBTQIA individuals, BIPOC persons, first-generation college students, and those dealing with grief or identity development, showcasing the depth of their understanding and responsiveness to varied student experiences.

The counseling, research staff and peer coordinator, including experienced therapists and counseling interns from prestigious institutions, bring a wealth of knowledge and compassion to their roles. Their approach is characterized by empathy, inclusivity, and a commitment to fostering positive change, demonstrating Transformative Community Health's ability to meet students where they are in their mental health journey. Our existing leadership is already familiar with the act and is implementing this same programming in two other rural colleges with similar demographics.

Insurance, Documentation, Compliance

Insurance

TCH will carry liability insurance to ensure coverage for lead clinician and all supervision requirements. Interns will also have liability insurance coverage through either their school or through independent coverage. HCC will not have to pay for liability insurance regarding lead clinician or interns.

ACT Compliance

TCH will manage the following:

Peer Coordinator & Peer Mentors: Management and training of peer staff, continuing education requirements and onsite peers.

Record Keeping: TCH will manage record keeping for peers and students, and compliance with HIPAA and FERPA. TCH will be responsible for maintaining appropriate records relating to all services rendered in the electronic software provided by TCH. Such records of counselors & interns shall be the sole property of TCH and the person receiving services. However, TCH shall make copies of such records available to the HCC, with a release of information by the HCC students, to ensure continuity of care or to verify financial information. TCH will retain such records as required by law and by the APA ethics code. TCH will manage progress notes, psychological testing, and treatment planning of all clients. TCH will cover the monthly and ongoing costs associated with all record keeping services.

MHFA:

TCH will offer Mental Health First Aid (MHFA) training, facilitated by our certified peer leader, to teachers and staff at HCC, enhancing their ability to identify and respond to mental health crises.

Counseling:

TCH will provide comprehensive counseling services, aligning with the ACT's mandates and ensuring continuous education, and maintaining an onsite presence for immediate support, BIT and crisis. Our meticulous record-keeping will adhere to HIPAA and FERPA regulations, ensuring confidentiality and security of student records. Additionally, TCH's clinical referrals and bi-annual reporting will demonstrate our commitment to meeting the ACT's caseload compliance requirements, ensuring HCC students receive the necessary mental health support and services.

Clinical referrals: TCH will ensure HCC meets criteria for the ACT's caseload compliance mentioned previously; and will provide reports every six months on HCC students served.

Lead on-site clinician- Management of state license, supervision, continuing education requirements and be available on site to consult and guide clinical interns.

Supervision: TCH will manage all legal aspects and risks of meeting any supervision requirements per the state and student's university, regardless of whom the intern is assigned to during their internship.

Clinical interns & peer support- Management of supervision hours/ requirements, supervision of documentation, training and clinical experience, and management of all contracts with other educational institutions to ensure that TCH has interns or peers available for HCC. Additionally TCH will manage/track internship requirements- supervision, training hours, clinical hours, ect.

Education: TCH will develop and coordinate with HCC to provide Mental Health education during orientation sessions with students. In addition TCH will engage with the student population during high stress times such as midterms and finals to educate them on the availability of mental health resources.

Expert Panel: TCH will provide a representative to be part of the expert panel mandated by the act to assess policies and procedures meant to educate faculty, staff and students on mental health conditions and protections provided under the law.

Therapeutic Behavioral Services

The critical need for mental health resources among youth at Highland Community College is underscored by national and state-level statistics revealing alarming trends in mental health challenges. In the United States, 11.5% of youth are experiencing severe major depressive episodes, with the rate of severe episodes nearly four times higher in some states compared to others¹. Furthermore, over half of adults with a mental illness (54.7%) receive no treatment, and nearly 60% of youth with major depression do not receive any mental health treatment². This lack of access to care is exacerbated by the fact that, nationally, 28.2% of all adults with a mental illness reported that they were not able to receive the treatment they needed, with cost of care being a significant barrier for many³.

Illinois shows a specific concern as it ranks 13th in the prevalence of mental illness and access to care for youth, indicating a higher prevalence of mental illness and lower rates of access to care compared to states with better rankings⁴. These statistics paint a stark picture of the mental health landscape faced by the youth in Illinois and across the nation, emphasizing an urgent need to address the escalating mental health crisis and safeguard the well-being of students at Highland Community College. By focusing on enhancing mental health resources, including the development of peer mentoring programs as proposed by Transformative Community Health, there's a significant opportunity to make a meaningful impact on the mental health and well-being of the college's student body.

MHEACA (the act) requires one clinician per 1,2500 students.

TCH is committed to assisting HCC in addressing the counseling needs of its students by providing in person and remote telehealth access to those in need. As HCC has previously identified, it is important to ensure services to students are affordable and accessible. In order to meet requirements without compromising care or overextending budgets, we recommend using a combination of a lead clinical therapist and clinical interns.

Operational Plan - Counseling

In our comprehensive proposal, TCH will deploy licensed mental health professionals and interns under this Memorandum of Understanding (MOU) to Highland Community College (HCC), providing an array of direct services to students, referred to as "clients" within the scope of this contract. A commitment is made to have a licensed clinician on campus Monday through Thursday from 9am to 4pm weekly and virtually Fridays from 9am to 4pm, along with the support of two virtual master's level interns. These resources will be dedicated to offering direct

counseling, overseeing the behavioral elements of the ACT, such as the Behavioral Intervention Team (BIT) and crisis responses. Our service delivery will be adaptable, based on the clinician's availability, the complexity and scope of the client's concerns, and the clinician's proficiency, with a protocol in place for referring clients elsewhere if their needs exceed our capabilities. Inclusion and bilingual services are pivotal to our approach, ensuring support for veterans, BIPOC, and LGBTQIA+ communities within an affirming environment.

To address the wide range of student needs, group counseling sessions will be designed around prevalent issues or interests among the HCC student body, such as grief support, resilience and trauma prevention, assistance for sexual assault survivors, and LGBTQIA+ support. TCH is ready to initiate and fulfill any group counseling needs identified by HCC.

Additionally, our proposal extends to on-campus, in-person evaluation, therapy, and referral services. This includes conducting mental health assessments, providing critical crisis intervention counseling, and assisting students in navigating longer-term care plans, including guidance on sliding fee services and insurance options. Our clinicians will also provide risk assessment documentation to college officials as required, uphold strict documentation and confidentiality protocols, and maintain comprehensive record-keeping. TCH will ensure all assigned mental health therapists are covered by insurance and receive the necessary training to deliver high-quality care.

In response to emergencies or campus crises, TCH is prepared to act in alignment with the College's Post-Crisis Support Plan, offering immediate services during such events and facilitating access to therapy and psychiatric services. Our team will promptly respond to communications via the counseling center's email and phone messages, adhering to Title IX and the College's policies on sexual misconduct and violence.

Ongoing training and supervision of the peer and counseling program and its participants form a crucial part of our initiative. This involves facilitating mental health workshops as part of the College's First Year Experience Seminar and mental health awareness efforts, supervising the peer support team, contributing to behavioral intervention team meetings, and participating on expert panels to guide the development and review of training materials, policies, and procedures.

TCH commits to providing liability insurance for mental health and social work services, along with secure software for the documentation and management of client records. In support of these services, HCC will provide at least two offices equipped for confidentiality and hardwired internet access, ensuring a conducive environment for therapy and counseling sessions. Through this holistic and collaborative approach, TCH aims to meet the diverse mental health needs of

HCC students, creating a supportive and inclusive campus atmosphere conducive to their well-being and academic success.

School Involvement, Access to Resources, Scholarship

School Involvement

Internal partnerships with all departments at HCC is a top priority for TCH. Ensuring that TCH members become a part of the HCC team and work with departments to support their efforts allows TCH to offer the highest quality services to students they are counseling. Additionally, forming partnerships with internal departments and community agencies that work with HCC allows TCH to navigate social work tasks that students/families may require from TCH counselors. Below is an initial assessment of departments that TCH would seek out immediately to ensure quality of care for students. (Additional partnerships will be formed within HCC)

Disability Services- TCH has experience working with disability staff / offices to coordinate services with students who are receiving counseling services and who require documentation/application for accommodations. Additionally TCH intends to form a relationship with the disability staff to learn which students they assist might need additional emotional support on campus.

Library Services- Building relationships with library staff. Collaborating to create custom workshops based on the goals of the library team in addition to what they view the students needs are. Creating opportunities for students to learn to manage things like personal mental health wellness, testing anxiety, time management, and resiliency.

Teachers- TCH has found that asking teachers at the start of each semester to allow TCH members to come into their class for 10-15 minutes to share about the counseling services available has created a large impact (based on similar k-12 and college experiences). In this 10-15 informal information session TCH educates students on available services and how to contact counselors to sign up. We can also do this during the start of semester events, conferences, open houses and other school events where we can interact with community members of the school. This also provides an opportunity to tell students and families what counseling is and is not, debunk any myths, and allow students to ask questions. Most importantly it makes TCH feel relatable and reduces anxiety when students sign up for services. Based on TCH's previous experience, teachers appreciate TCH members coming to speak, they feel supported in meeting students' needs. Teachers are often the first to spot a student with

unmet emotional needs and pains. We want to work to ensure that professors feel comfortable coming to TCH staff with concerning behavior which allows for early/immediate intervention. TCH coordinates with the BIT team if necessary, but overall it creates direct student referrals from professors.

Mental Health Psychoeducation

Awareness Campaigns and Outreach

TCH will launch a series of awareness campaigns and outreach programs tailored to meet the unique needs of the HCC student body. Utilizing a blend of digital and traditional media platforms, we will disseminate informative content on mental health topics, ranging from recognizing symptoms of common mental health conditions to effective coping strategies. Our campaigns will leverage social media, HCC website, information for your existing campus newsletters, and interactive workshops to foster a dialogic environment where students feel empowered to share their experiences and learn from others.

Mental Health Workshops and Seminars

In collaboration with HCC, TCH will organize workshops and seminars that provide students, faculty, and staff with valuable knowledge about mental health, emphasizing the importance of early intervention and the availability of support services on campus. Topics will include stress management, resilience building, and understanding mental health resources. These sessions will be designed to engage participants actively, incorporating scenario-based learning and Q&A segments to address specific concerns and misconceptions.

Testing Support

Peer and counseling staff will conduct audience-appropriate workshops on testing and time management, addressing anxiety sources and self-help strategies. Presentations will offer tips and quick skills for managing these issues, and students will receive informational packets with presentation materials, tips, and worksheets for skill-building. Counseling service information will be provided, with handouts

detailing one-on-one options. A Q&A session for students will ensure clarity. Post-workshop satisfaction surveys will be collected for end-of-year reporting.

Workshops will be held at least twice yearly during finals and midterms, as per The Act. If HCC identifies additional needs, TCH will ensure the peer delivers more psychoeducation programs accordingly. These low-stress, personalized workshops promote student comfort in discussing strengths and weaknesses. Peer mentors will provide helpful materials such as tips, tricks, and worksheets.

Collaboration with the Behavioral Intervention Team (BIT)

Reinforcing our integrated approach, the TCH lead clinician will serve as an active member of the BIT, contributing a mental health perspective to the team's activities. This clinician will participate in BIT meetings, offering insights and guidance on handling cases with potential mental health implications. Additionally, the clinician will play a pivotal role in the training and orientation of new BIT members, ensuring they are equipped with the knowledge and skills to identify and respond to mental health concerns effectively. TCH will also facilitate the involvement of external community resources that can enhance the BIT's capabilities, further enriching the support network available to students.

Peer Support

TCH's overall goal in providing mental health psychoeducation and developing peer to peer programming, is to help community stakeholders (leaders, educators, first responders, etc) reduce stigma around asking for and finding peer mentorship or mental health help. One of the best ways to reduce stigma and increase wellness is to create an involved community of care. Studies consistently show that communities that provide peer support and peer-led resources have greater civic involvement; greater graduation rates in high school and in college, increased ability to self-advocate; higher self-esteem; are more likely to vote, and to be involved in social justice work later in life (Rappaport & Seidman 2000). Our goal is to work with HCC and its leaders (police /EMT, local non-profits, etc) to increase access to all levels of care and personal safety; to create a program that offers a long-term solution to meeting peer act requirements and providing mental health care access.

The identified peer mentors will work within their availability to meet school needs. Peer mentors can be many types of people; from peers, community members, previous graduates, stakeholders, to students. In this work, TCH will be dedicated to recruiting and finding students within your existing community who are leaders in the community, campus, or offer leadership skills in other areas.

Below is an outline of what TCH recommends- TCH and HCC need to work together to discuss and collect data on what kinds of peer to peer topics and work is needed. What makes our peer programming different from other companies or organizations is that we customize the components to your schools demographics and the student population voice.

TCH's peer to peer team in collaboration with HCC will create, run, and manage programming while under contract to do so. This will include supervision, training, and data collection regarding the program.

- Peer Mentor training is 50 hours total, split across virtual and in-person training and conducted by our Peer Coordinator. This includes an HCC manual with all training materials and resources; like AA, this program is meant to be taught to existing HCC staff and handed off. The manual, after development and customization (appx one year), will contain everything HCC needs to run the peer program without the help of any outside resources.
 - Peer training topics covered can include:
 - Scope, FERPA and Confidentiality
 - Learning Strategies
 - Health Promotion

- Counseling VS Peer Mentoring
 - Culturally Sensitive Role play
 - School related Anxiety
 - Stigma reduction
 - Peer mentoring relationship guidelines
 - Confidentiality
 - Providing support with Medicare applications
- Peer Mentor Selection process
 - TCH will, in conjunction w/ HCC's feedback, find who will serve as a peer mentor.
 - HCC will decide how many peer mentors to hire; and may utilize federal work study to offset the cost of peer mentoring labor costs.
- Referral of students for the peer mentoring support:
 - Self-referred (Student may choose to seek out help on their own)
 - Made by counselors and teachers.
 - For students with ADHD, mood disorders, anxiety disorders, grief, and trauma.
 - Not intended for addictions, psychosis, autism, or a learning disability
 - Students would meet with the peer mentor to discuss their support needs and get resources for said needs.
 - Peer Mentor would schedule future appointments or refer the students for clinical mental health services
 - Peer Mentor refers any student to the on-site TCH clinician if their support needs are outside the scope of a peer mentor's ability.
- Goals of Programing
 - Become familiar with community resources available to meet their needs.
 - Develop academic skills and learning strategies essential to their success as a student.
 - Identify family and individual health habits that hinder their personal or academic success and practice implementing new strategies or healthy lifestyle habits.
 - Experience a sense of belonging, acceptance, and connection through their relationship with a Peer Mentor.
 - Experience a decrease in self-stigma related to their mental health problem or disability.
 - Develop help-seeking skills and personal support which may help them beyond the time-limited scope of the program.

- Identify and seek out needs; self advocacy.
- Evaluations
 - Qualitative and quantitative
 - Program evaluation and feedback after each cycle/semester and annually.
 - Training effectiveness survey for peer mentors-used to gauge quality of training
 - Students may be asked to complete effectiveness surveys

Operational Plan - Peer Support

At the heart of our Operational Plan for Highland Community College lies a commitment to maximum efficiency and productivity, ensuring that the College remains fully apprised of our progress through regular, bi-weekly check-ins and updates. This plan outlines a comprehensive strategy starting with an innovative recruitment approach for peer mentors, through social media engagement and campus-wide announcements, to rigorous training programs that equip peer mentors with the necessary skills for effective support. It further details our execution methodology, from the initial launch event to the regular counseling sessions designed to accommodate all students. A pivotal component of our plan is the meticulous monitoring and evaluation process, aimed at continuously refining our program based on real-time feedback. The plan also anticipates future expansion opportunities, ensuring the program's adaptability and growth. Through this operational blueprint, we aim to establish a sustainable, impactful mental health support system that resonates with the needs and well-being of the Highland Community College student body.

1. Program Launch Preparation:

- **Recruitment Strategy [Month 1 – 2]:** Utilizing social media platforms, college bulletin boards, and classroom announcements to reach potential peer mentor candidates. Example: Creating engaging posts, Reels, Stories, and short form videos on platforms frequented by students, like Instagram, Tik Tok, and X, highlighting the benefits of becoming a peer mentor.
- **Training Peer Content [Month 2]:** Covering evidence based essential skills in active listening, basic peer support techniques, confidentiality, and crisis management. Example: Role-playing scenarios where peer mentors practice responding to common student concerns.
- **Joint Planning Sessions [Month 3]:** Joint planning sessions with Highland Community College to finalize program specifics and integration into the college environment.

2. Program Implementation:

- **Launch Event [Month 4]:** Hosting a kickoff meeting online and on campus, featuring testimonials from previous successful peer support programs and interactive Q&A sessions with potential peer mentors and students. Example: A live webinar with Jennifer Brens, Peer Coordinator, and Dr. Jessica Swenson, explaining the program's goals and benefits, followed by a Q&A session.
- **Peer Support Starts [Month 5 – 6]:** Establishing both drop-in and appointment-based support sessions to accommodate students' varying schedules. Example: Setting up a dedicated space on campus and a virtual meeting room on Zoom for easy access to peer mentors.

3. Monitoring and Evaluation:

- **Feedback Collection Methods [Month 5 – 7]:** Surveys and focus groups with participants to gather insights on their experiences. Example: An anonymous online survey distributed to both peer mentors and counseled students to evaluate the program's impact.

- **Adjustment Strategies [Month 8 – 9]:** Implementing a continuous improvement process based on feedback, such as adding more training modules or adjusting peer hours to better meet student needs. Example: Introducing a module on managing online challenges if feedback indicates students face technical issues during peer mentoring sessions.
4. **Expansion and Scaling:**
- **Expansion Considerations [Month 10 – 11]:** Assessing the demand for clinical counseling services and the program's capacity to include more peer mentors or specialties (e.g., academic counseling, career advising). Example: Analyzing feedback and usage data to identify gaps in services and potential areas for expansion.
 - **Scaling Strategy [Month 11 – 12]:** Developing partnerships with other departments or services within the college to integrate peer counseling more broadly. Example: Collaborating with the career services department to offer specialized peer counseling for students facing career-related stress.
5. **Progress Updates:**
- **Update Mechanisms:** Establishing a clear reporting structure for monthly meetings and bi-monthly reports that include key performance indicators, such as the number of counseling sessions held and satisfaction rates.

How our operational plans will address diverse cultural populations, including any known risk and protective factors within the populations targeted in your plan.

To address diverse cultural populations in our project plan, Transformative Community Health (TCH) will incorporate the following:

1. **Inclusive Programming:** Leverage TCH's history of serving underserved populations, including small businesses and students, by offering programs tailored to these groups' unique needs. This approach ensures that our mental health efforts are relevant and accessible to all community segments.
2. **Multilingual Resources:** Reflecting TCH's commitment to inclusivity, provide resources and training in multiple languages, such as Spanish, to ensure broader reach and understanding across diverse cultural communities. Digital training can be translated into multiple languages to suit our audience.
3. **Cultural Sensitivity in Training:** Training will incorporate cultural sensitivity, addressing known risk and protective factors within specific populations. This includes understanding cultural stigmas around mental health and incorporating culturally relevant intervention strategies.
4. **Community Engagement:** Engage with community leaders and organizations within these diverse populations to understand their specific needs and tailor the training accordingly. This includes working with groups fighting for social justice and equity in education, healthcare, and economic assistance.

Commitment to Health Equity

Transformative Community Health is committed to enhancing health equity through this project by implementing strategies that directly address disparities in mental health access and outcomes. This commitment will be demonstrated through the completion of a health equity questionnaire checklist, ensuring all activities align with health equity goals. TCH agrees to actively enrich our project with best practices and the latest in mental health strategies. Furthermore, we will diligently track and report on required Performance Indicators as outlined by the RFP, ensuring transparency, accountability, and continuous improvement in our efforts to address mental health access to resources and disparities.

Local Partnerships

The assigned peers and counseling staff will network and create referral relationships with other mental health clinics, private practices, and hospitals in the community to ensure referrals are possible if needed. If needed or if opportunity arises, additionally community resources will be established through local partnerships to sure that students have access to food banks, housing support, grief support, LGBTQIA support, BIPOC support, sexual assault/domestic abuse, and support for the disability community. If community relationships are already established, the peers will continue to cultivate those relationships in partnership with the college.

Evaluation

TCH will provide monthly status updates, as well as an annual report regarding peer services provided. This will include, number of students served, prompting reasons for the visit, how many referred out to therapy services, and any additional demographic points that HCC has interest in. The annual report will also evaluate how peer services have impacted HCC student retention data. This report will be in conjunction with HCC (HCC providing the necessary data for TCH to complete the report).

TCH will also collect data regarding other services provided such as training and peer-to-peer programming. The data collected on these services will focus on impact on student body, efficacy of programming, participation satisfaction, and any other targets that HCC would like to capture.

Additional Expenses

TCH staff and HCC members shall provide and pay for their own professional fees (e.g. licensure), dues, continuing education, as well as access and maintenance of their own cell phone and own personal computer. TCH will pay any costs associated with administrative work, software, website, and additional office space outside HCC.

The MHFA 8-hour course, priced at \$750, accommodates up to 30 participants, offering comprehensive skills in recognizing signs of mental health issues and providing initial help. Additionally, if HCC is interested in obtaining MHFA certification, that can be done at a cost of \$35 per person, payable to the MHFA institution, not to TCH. This certification, while not mandatory under the act, signifies a commitment to advanced risk management and mental health support.

Breakdown of Clinical services, site management and interns.

TCH strongly advises the appointment of a full-time clinician- site manager to effectively serve the diverse needs of HCC's student body, their families, and educators. Our experience has shown that part-time clinical roles have higher turn-over rates, as candidates typically opt for full-time employment opportunities when available. Furthermore, the complexity and scope of the objectives outlined in your RFP cannot feasibly be met within a 20-hour workweek. A full-time, salaried position is not only more economically viable compared to the hourly rates of independent clinicians, which industry standards suggest range from \$45 to \$75, but also eliminates the recurrent costs associated with training part-time personnel who may not stay long-term.

Please see the below information and then continue on the document to reference our financial report from other institutions to see the growth models.

- **Lead Licensed Clinician:**
 - Will work 32 hours per week on site based on the contract and 8 hours virtually.
 - Lead clinician will work four days per week in person, dedicating 15-20 hours to student care, and the rest to charting, administrative tasks, ACT compliance, intern management, BIT, mental health education and stakeholder collaboration.
 - Once the lead clinical is at capacity, additional services from other providers, including TCH clinicians, will be offered to students. Students will maintain free services when working with TCH clinicians and interns.

- **Time Management:**
 - *Lead Clinician-* can see a maximum of four or five clients per day. A total of 15 to 20 clients per week served. These hours are managed by TCH to ensure we reserve those for the most critical, severe cases that require a high level of care.
 - i. The additional two to three hours per day will be dedicated to administrative work: classroom talks, workshops, supervision, BIT, data collection, creation of monthly awareness campaign materials, community relationship building, faculty training, etc.
 - ii. *Interns Caseload-* Average intern can only work 10-15 hours per week. Assuming each intern can only see four to five clients per day working three days per week, that means each intern can only see 10 clients per week maximum.

- iii. If more counseling services are needed, TCH will refer to TCH clinician not associated with HCC or local community resources.
- A dedicated team managed by TCH will manage this program development and evaluation. This peer to peer team will work in collaboration with the “on site clinical team” to implement programming on campus. However the peer to peer team is led by our Peer Coordinator, Jen Brens. Jen will be on HCC site throughout the school year to meet with staff and guide peers. When the programming gets to the point of onsite implementation, this format is subject to change over to virtual management of on-site peers.
- Comprehensive Training for New Interns and Peers:** All interns and peer support staff undergo a mandatory one-month training program to ensure preparedness before engaging with clients or assisting peers. Internship cycles typically span from August to May of the subsequent year (e.g., August 2022-May 2023), ensuring a structured and immersive learning experience.
- Internship Application and Integration Timeline: The application process for counseling and social work internships concludes each March, with selected candidates commencing their roles in August. While securing interns during summer for an August start can be challenging due to the competitive nature and timing, applicants in summer are more feasibly positioned to begin in January of the following year. Anticipating the inaugural summer of 2024, internships are expected to be conducted virtually, mirroring the reduced clinical demand observed at our other rural college collaborations.
- Evidence-Based Program Development: We are committed to tailoring our peer program training and support initiatives to meet the unique demographics and needs of your institution, drawing upon evidence-based practices validated in other states where peer-to-peer support is both mandated and regulated. Until the bespoke program for HCC is fully developed, we will implement a broadly accepted framework that satisfies the Act's requirements, ensuring immediate compliance and seamless transition to the customized solution.
- Proactive Adaptation to Legislative Changes: As engaged members of the Illinois Steering Committee for this Act, we remain abreast of impending legislative adjustments and requirements. This insider perspective guarantees that our programs at HCC are continuously refined and updated in alignment with the Steering Committee's directives, ensuring enduring compliance and relevance.
- Typically within the first year, the number of recurring counseling students served are low; with most of the time spent responding to crisis situations that were formerly handled by college staff.

- However, by the following year after, TCH has seen a large increase in the number of students served. This is due to building community trust and becoming a part of the community takes time.
- Natural flows of incoming clients range from high points at the start of each semester and generally become slower in the summer.
- TCH will see clients year round, due to the obligation to provide continuity of care.
- Up to three weeks of vacation/time off can be offered to lead clinician and interns. Primarily to be used for winter holidays and summer.
 - i. This approximates to 49 weeks in the year covered by TCH.
- Regardless of vacation, TCH clinicians have an obligation to meet their client's therapeutic needs. This means that TCH will be on call and will schedule limited sessions based on clients needs to ensure proper care.

Budget:

Clinical		FYE 26
Program Director	Incls. of taxes, UI, wages, benefits, etc	\$67,000
Weekly supervision for 2 interns**	Required by law	6,448
Admin hours	5 hours weekly, 52 weeks per year	6,500
EHR Software	HIPPA, required by law	5,460
Paging system/ Crisis line	\$189. per year	189
Office supplies (including decor, clinical tools, paper, ect)		1,000
Peer to Peer		
Students as Peer Mentors	Federal work study; recommend 3-5 peers	0
Peer Coordinator	Jennifer Brens	13,500
Program & Evaluation Costs		
Peer recruitment	40 hours at \$30/hr	1,200
Program Evaluations	80 hours at \$30/hour	2,400
MHFA Training	Jennifer Brens	750
Data Analysis, Monitoring, Reporting	60 hours at \$30/hour	1,800
Total		106,247

Additional Budgetary Notes:

- HCC will need to collaborate with TCH to determine how many hours per week will be dedicated to long term therapy onsite for students and how many shall be used for “open door” access to walk in during the school day.
 - Many colleges and universities offer a limited quantity of services or cap hours to ensure that counseling staff do not become immediately locked into long term therapy with no open door access while onsite. Some models include- only seeing a counselor for one semester of the time spent at the university, limited free or discounted services, or others offer only four to five sessions and once a student completed those sessions they will be referred out to another agency. HCC has expressed value in not having a financial burden to students; we can arrange that however you’d like and make changes as HCC determines the situation warrants.
 - TCH takes the burden of tracking this count, and managing those caseloads internally. TCH is flexible in learning and adjusting to HCC’s needs, as we go.
 - Any client who runs “out” of free services, and still wants to continue services are offered the ability to use their insurance or a sliding scale fee based on income, as any other client calling our agency would be.
 - The development, customization and implementation of the peer to peer program is a one time fee.
- **Additional Information** (from data compiled across our school sites*)
 - Lead clinician average total sessions per client is 11.82 sessions which is roughly three months of counseling per student.
 - Interns average total sessions per client is seven and a half sessions. Which is roughly two months of counseling per student.
 - A traditional semester is approximately three to four months. Meaning THC sees the average client for only one school semester before turn over and new slots become available for students.
 - The majority of students who seek low cost services are in a “donut” of no coverage; their families make too much money to get free or reduced or free health insurance coverage (medicaid), but too little to afford private health care or food.

2024 Summary Report of Services at School with Student Population of 1,600

Mental Health concerns within student populations are at an all-time high across the world. The partnership between Community College Number 1 and Transformative Community Health Counseling (TCH) in response to The Mental Health Early Action on Campus Act (The Act) has positively impacted student access to mental health programs, retention of students, and campus programs with a link to mental health services.

Access to Mental Health Services

To provide the most up to date numbers TCH will compare yearly for the previous four years. As Figure 1 shows, new clients rose from 16 in 2019 to 44 in 2021 to 49 in 2022 and finally to 58 in 2023 . The total number of clients served (including clients carried over and new clients) grew from 16 in 2019 to 54 in 2021, to 74 in 2022 and 90 in 2023 . TCH initially provided one clinician; however, TCH services were provided by 2 clinicians and 6 interns . In year 1 TCH saw students for a total of 91 sessions, and this number has increased to 1086 in the last year, as shown by Figure 2. Cost is a significant barrier to college students receiving mental health services.¹ A typical hour session at TCH is billed at \$175 an hour. TCH provides students with 4 free sessions along with deeply discounted rates following their free sessions. TCH has provided over \$190,050 in clinical services this year.

¹ Marsh, C. N., & Wilcoxon, S. A. (2015). Underutilization of mental health services among college students: An examination of system-related barriers. *Journal of College Student Psychotherapy*, 29(3), 227-243.

Retention of Students

One purpose of counseling is to increase resilience in the students that are served, which has been shown to positively impact student persistence to graduation. Studies consistently show that

Figure 1 - Client Growth

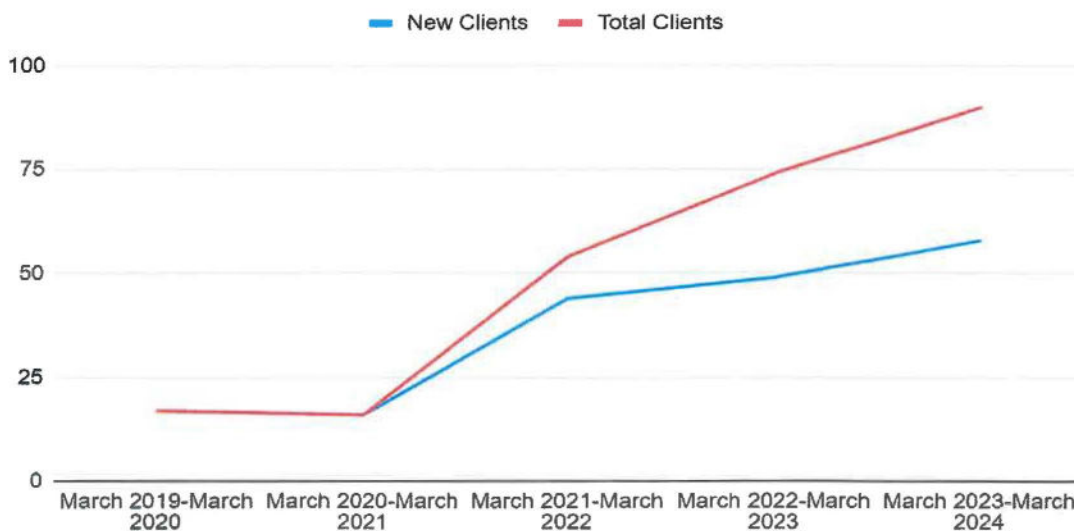
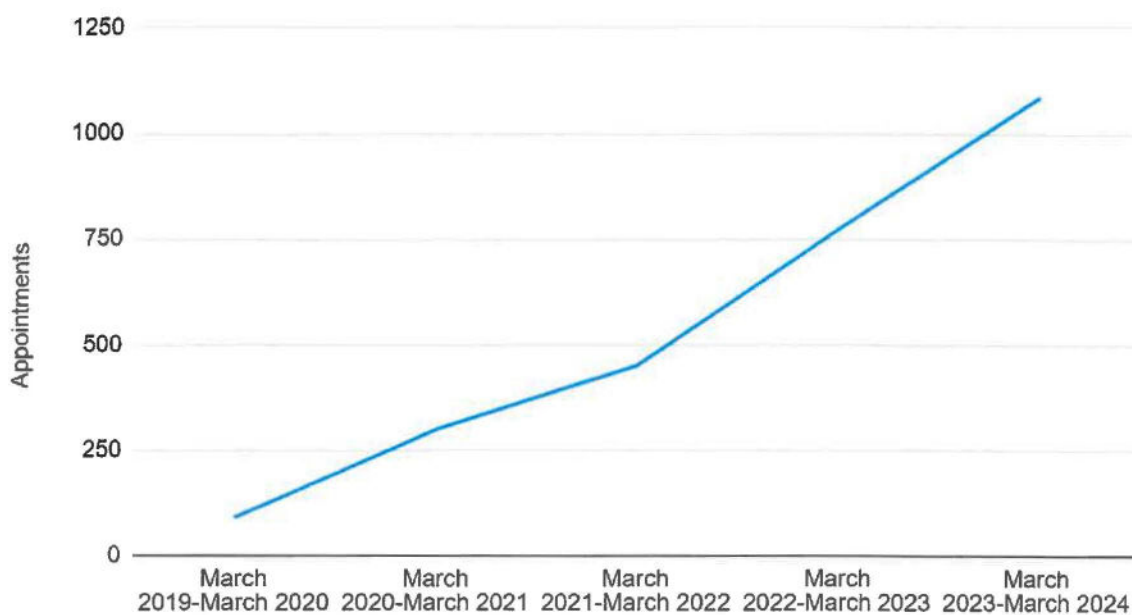
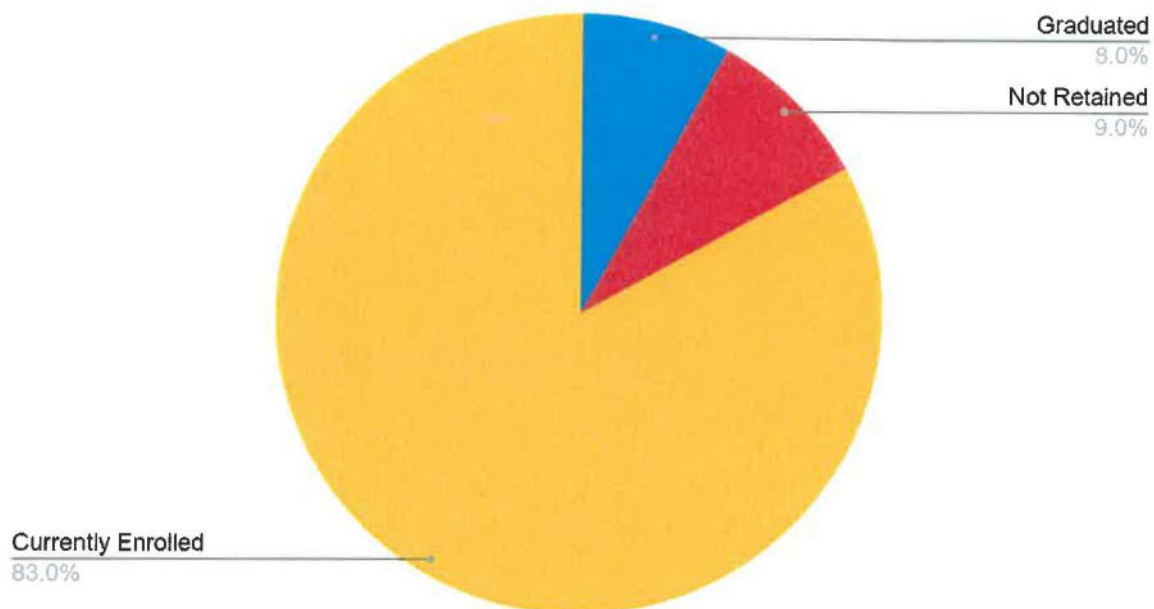


Figure 2 - Total appointment Growth



Students who seek counseling services show higher retention than the general population. Michael Illovsky of Western Illinois University found that retention of freshmen who sought counseling increased from 65% to 75% and all four grade levels combined increased from 68% to 75%.² Seventy percent of students surveyed reported that personal issues had an impact on academic performance and 60.7% of those receiving counseling reported that they believed counseling helped them to maintain academic performance.³ When comparing the retention of students that seek out mental health services to the whole student body, TCH has found that there is an increase in retention for the student that seeks services. We collected data on all students that have been served and those that were still enrolled or graduated were designated as retained. Figure 3 shows that 91% of students that have sought services have been retained which is approximately three times the general population retention rate. Of those considered retained, 8% have graduated.

Figure 3 - Retention



Additional Services

TCH provides several added services in addition to providing both zoom and in-person counseling at Highland Community College. These include:

- Continued membership of the Behavioral Intervention Team

² Illovsky. (1997). Effects of counseling on grades and retention. *Journal of College Student Psychotherapy*, 12, 29-44.

³ Lee, D., Olson, E.A., Locke, B., Michelson, S.T., & Odes, E. (2009). The Effects of College Counseling Services on Academic Performance and Retention. *Journal of College Student Development* 50(3), 305-319. doi:10.1353/csd.0.0071.

- Provides consultation for mental health resources
- On-site crisis management
- Holds professional liability insurance for mental health services provided at the college
- Monthly awareness topics as mandated by the Act
- Actively provides consultation for the peer-to-peer mentoring program that must be implemented per the Act
- Schedules and facilitates classroom visits to educate students about mental health resources available to them.
- Develops community partnerships with groups like Rosecrance and Sinnissippi Centers.
- Works with clubs, organizations, or classes on campus to educate students interested in careers within the mental health field.
- Created a mental health resource book for students experiencing issues such as homelessness, affordable legal services, childcare, etc.
- Coordination of services with Retention Success and Health Careers Supportive team.
- Data collection system to monitor the effectiveness of mental health programing and counseling services.

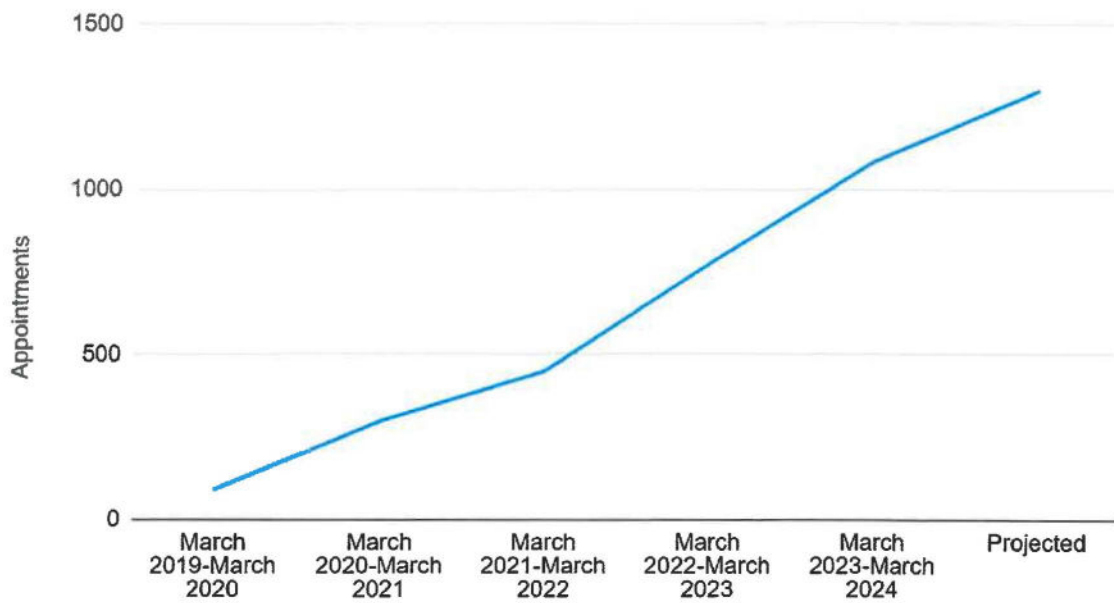
Looking Forward

With the growth and client retention observed over the past three years, a college counseling center could expect to serve approximately 90 students in 2023, as illustrated in figure 4. Given an average of just over 10 sessions per client, this would translate to more than 900 sessions in the following calendar year, as shown in figure 5. Assuming a retention rate between 70% and 90%, this would result in 63 to 81 students continuing services, compared to only 24 students retained if typical average college retention rates were applied. Such a caseload would represent approximately \$157,500 worth of clinical services provided to students. This example highlights the significant impact a counseling center can have on supporting student mental health and retention on a college campus.

Figure 4 - Projected Growth



Figure 5 - Total Appointment Growth Projection



References:

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