

Facilities Project Request (FPR)

SECTION 2 – Due October 1 and must be completed after Section 1

Date: 09/30/2021

FPR#: 22-03 (Office Use)

Requestor's Name: Matthew Ring, Julie Schanze

Phone: 619 644 7192

Department/Program: Student Affairs

Project Name: Mental Health Counseling

(Brief phrase identifying need such as "World Languages lab Expansion")

Project Location (building/room number): 60-130

A. Project Description *Please be specific and thorough. You may attach a diagram or sketch of the proposed project to help illustrate your project. Word count suggestion: 100 to 500 words.*

Office space needed. Our program has grown beyond the current space we have. We share two offices amongst seven therapists (two FT and five adjuncts). It is not uncommon for a student to present to MHC in crisis and if there are no available offices to treat and assess the student, therapists are faced with the dilemma of assessing students in non-confidential spaces vs. turning away a student with suicidal or homicidal ideation or behaviors.

B. Project Category (check all that apply)

- Technology: audiovisual, computers, data, software, or phones
- Construction: building or structure modification or new construction
- Electrical, mechanical, plumbing
- Landscape or outdoor project
- Furniture or space utilization:
 - Reconfiguration of furniture
 - Reconfiguration of the layout of a shared space
 - New furniture (For individual offices, a different process is used: please see your dean.)

C. Safety/Health Concern *Is your project an OSHA concern? (Occupational Safety and Health Administration)*

- Yes No Unsure

Comments: Our program has grown beyond the current space we have. We share three offices amongst seven counselors (two FT and five adjuncts). This poses a safety concern to our students and the campus at large. It is not uncommon for a student to present to MHC in crisis and there are no available offices to treat and assess the student. Counselors are faced with the dilemma of assessing students in non-confidential spaces vs. turning away a student with suicidal or homicidal ideation or behaviors.

D. FMO Impact *Will your project require extensive labor or time from Facilities, Maintenance, & Operations staff?*

- Yes No Unsure

Comments: Our project could require time or labor from Facilities though we are unsure to what degree at this point as this would depend on the space allocated.

E. **How will this FPR Benefit and Impact Students** *(Briefly explain how your project affects students, such as academic success, accessibility, retention, equity, and guided pathways). Word count suggestion: 100 to 500 words.*

In recent years, and especially in light of the pandemic, Grossmont College has experienced the ever-increasing demand for mental health services for its students. With the addition of several new part time employees, MHC is able to offer roughly 120 clinical hours to the campus each week. Remote services (through Zoom) have allowed us to meet student demand with no wait list during this global trauma. The addition of several new adjuncts has allowed MHC to offer more equitable services; our students are now served by a diverse staff of varying ethnic backgrounds and professional specialties. With additional state funding, MHC is finally in a position to grow and expand services for marginalized populations. MHC will need additional office space to meet this growing needs of our student population

F. **Campus Benefit** *List the other departments, programs, or services that may be impacted by this project.*

Understanding that sound mental health is critical to academic performance, MHC equips students to manage and/or mitigate the mental health-related symptoms that impact student retention and completion of academic goals, thereby allowing students to reach their full potential in the classroom and as global citizens. The presence and utilization of psychological services on college campuses is vital to both student success and achieving equitable outcomes

G. **How many students will benefit from your project?**

All students enrolled at Grossmont College

H. **Project Support**

Is your project previously recognized in the college planning processes? Check all that apply.

- | | | | |
|------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unsure | Recommendation from Program Review Committee (Link) _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unsure | Department or Program Annual Plan _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unsure | College or District Facilities Master Plan (Link) _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unsure | Grossmont College Strategic Plan (Link) _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unsure | Educational Master Plan (Link) _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unsure | Student Success and Equity (Link) _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unsure | Sustainability Impact (Link - Slides 17-25) _____ |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unsure | ADA Accessibility (Link) _____ |

I. **Budget**

Estimated Cost (if known): Unknown

Potential/Recommended funding source: General Fund

Is this a one-time cost project, or does it require ongoing support? One time

How long before this needs replacement? Unknown

J. **Timeline**

Ideal target date: 12/31/2021

Consequence if target date unmet: At present we do not have space to adequately serve students. We have several adjunct who are assisting in meeting the demand, but do not have a physical office on site. If they are not allowed to continue working remotely, there may be no option but to discontinue their services and fall short of meeting the service needs.

K. **Signatures** *Please secure signatures before submitting your Section 2 FPR to Joan Ahrens in the CPIE office. FPRs without signatures will be returned.*

Chair/Supervisor (print name & signature): Dr Matthew Ring, Julie Schanze Date 9/30/2021

Dean/Director (print name & signature): Sara Varghese Date _____

Vice President (print name & signature): Marsha Gable Date 11.1.2021

Office Use:

Signatures to proceed to College Council

FC Co-Chair (print name & signature): _____ Date 11/8/21

FC Co-Chair (print name & signature): _____ Date _____