

SAN DIEGO  
MESA COLLEGE



## Program Review

Summary and Reflections with Unit Goals, Action Plans,  
and Updates

Student Services - Student Health Services

### Executive Summary

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#### **Describe the successes and challenges your unit has faced since the last comprehensive review.**

Student Health Services (SHS) has successfully navigated through the tremendous challenges faced during the COVID Pandemic. There have been success as well as challenges. SHS emerged as the leader for Public Health Nursing care and guidance on our campus. We worked many hours, including weekends to provide students with the gold standard of medical and nursing care while they were ill, kept our campus up-to-date on all of the State and County Health Orders and cleared students to return to campus. We acted rapidly to identify and isolate potential COVID outbreaks in classrooms and athletics. Excluding athletics, we were able to prevent all but 2 classroom outbreaks.

The new mandates to move to electronic health records presented a particular challenge to our office. Amid COVID the HEERF funding paid for the software (financial limitations prevented us from doing

so).

Moving to work in our homes crated a tremendous challenge. We had to suddenly develop a telehealth program without any expertise. It was a very sudden conversion. We successfully created a protocol with policies and procedures. We created new avenues of communication between all of our staff/faculty. We investigated HIPPA and FERPA compliant telehealth systems and figured out methods that met the student at their comfort level. We all had to train each other on new computer systems and we did quite well. Mental Health groups and frequent on-line events kept students/staff/faculty engaged in learning and growing.

We were tasked to speak to every student who had COVID at least twice, plus comfort their parents. We kept accurate records for reporting to the County of San Diego Epidemiology. We consulted with Professors to prevent outbreaks and to inform them of every step to take to keep their students/staff/faculty safe. We fielded many questions from students/parents/staff/faculty on COVID and the ever-changing public Health Orders. Contact tracing involved surveying/testing groups of students to ensure that COVID was not spreading in the classroom/athletics. We were able to gain the trust of faculty and students to ensure that we found any and all associated COVID positive students. This is laborious work that challenged our low staffing levels.

In addition to managing all students with COVID, we managed the Athletes and many questions related to false positives, additional clearance criteria for cardiac abnormalities and special guidelines for COVID and athletic games.

COVID vaccination was a large portion of the COVID circle of protection. We were able to provide 8 Zoom presentation on COVID related issues including mental health and vaccinations.

We provided COVID testing via at home testing with all of the particulars involved. We still are responsible for delivery of COVID tests. We continue to clear all COVID positive students via Zoom and update our methods to match the CDC, OSHA, California Department of Health Services and the County of San Diego. This can be quite complex.

The College no longer requires students to pay the Student Health fee, which is our main source of income. At a time of a worldwide pandemic there were only 2 Nurse Practitioners serving all of the students with COVID. This was an enormous task. The Student Health fee should be mandatory so that adequate staffing can be provided.

We did receive a Mental Health Grant however; we were faced with difficulty finding a Therapist who wanted to work for SDCCD and low pay. We were able to coordinate many events to address equity in mental health: Urban Restoration Counseling Center is a Black Women's Counseling Center we contracted with to provide on-campus and off-campus services with all students, especially Black students, Black Student Forum is a weekly support group for Black students hosted by 2 Black Therapists, Come As You Are is a weekly group for LGBTQI supported by one of our Therapists who is in the LGBTQI group, Getting Real Inside and Out is produced by Professor

## Summary and Reflection

Veronica Gerace's Cultural Communications class providing static poster presentations on mental health issues, Resilience and Strength Through Music and Storytelling was focused on the Black experience among our students, Sexual Violence presentation by our Black Therapist and co-owner of the URCC, Student Support Through Tough Times was presented by our Therapists on Zoom twice for all students/Staff and Faculty, We Are Listening George Floyd and the Chauvin Conviction presented by our Therapists, Cultivating Healthy Relationships with EOPS, Feelin' Groovy Health Fair presented preventive practices geared toward mental health for all campus constituents, Domestic Violence and Substance Abuse presentation, Managing Early Psychosis, Women's Basketball and both Track Teams received a Mental Health and Stress Reduction workshop from a Black Therapist from URCC-she covered grief, school pressure on athletes, uncertainty of the future and relationships and much more. We collaborate often with EOPS and Equity and Student Success programs and services to support mental health events including stress reduction, massage and crafting.

We endeavored to increase the Black population in our Mental Health 1:1 services. Unfortunately, COVID came and disrupted our plans. We are just getting back on track now and our semester totals do not reflect any increase in Black student treatment because our data tracking systems are flawed. By observation, we are seeing a huge increase in Black students receiving care. However, hand counting has revealed the following statistics:

	Fall 2019	Fall 2022
Male	35%	36%
Female	65%	63%
Black	8%	14%
Asian PI	17%	25%
Hispanic	30%	27%
Caucasian	30%	22%
Middle East	4%	3%
Other/Decline	12%	21%

Students may choose more than 1 ethnicity

As you can see, we have increase the enrollment of Black students into our 1:1 Therapy program by 6%. This was a prior goal that we have worked very hard to achieve.

**If applicable, describe any major curricular or service changes your unit has engaged in and the impact of those changes since the last comprehensive review.**

We discontinued SARS. We moved all of our medical/nursing/mental health paper based charting to MEDICAT electronic health records. Scheduling was also moved to MEDICAT. We soon realized that managing MEDICAT is almost a full time job thus impacting our whole department. We are stretched to the limit of what we can accomplish everyday. We now use Zoom for telehealth services and MEDICAT for appointment scheduling.

The Urban Restoration Counseling Center contract is designed to attract and promote mental health among the Black student community at Mesa. Student Health pays for presentations on campus and the therapy students receive at URCC through the Mental health Grant.

**If applicable, describe the impact of any new resources (human, fiscal, etc) on the unit and/or action plan implementation.**

The HEERF fund support permitted us to hire 2 front office project assistants, Medicat, COVID tests/tissues/filters/air purifiers/Nurse III/COVID presentation funding.

The California Community College Chancellors Office provided Mental Health Funding. Unfortunately, there was a shortage of therapists/therapists who were vaccinated/therapists who would work for less than they could make at large telehealth conglomerates. The money remains largely unspent. A horrible feeling.

**If you assess OUTCOMES, please confirm that the outcomes have been reviewed for accuracy. If you do not assess Outcomes, skip this question.**

Reviewed & Accurate

## Summary and Reflection

### Related Documents for Charts and Graphs

#### Executive Summary Complete

Yes

## Data Reflection

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### Trends observed in program/service area's data.

Trends in our data are by observation for these reasons:

1. Providers are reluctant to lock their electronic files, which causes the patient data to be hidden from statistics.
2. People Soft feeds one way data (demographics including ethnicity) into Mediat daily however the issue is that files from People Soft have to be manually dropped into Mediat which doesn't always happen.
3. When students register to become a SDCCD student they often opt out of their ethnicity reporting in People Soft. Therefore, we see a lot of "decline to state" and "unknown/other". This is a prevalent problem that doesn't allow for accurate data from Mediat. We do ask for ethnicity data as students enter our office however, faced with a very limited budget/staff, we struggle to gather and analyze that data at the end of the year.
4. The Student Health Fee has not been required of students for 3+ years now so our budget is impacted. We don't receive any General College funds.
5. Over the past 3 years, while we were working from home and students were off campus, we almost exclusively saw COVID patients. Students were not interested in Zoom appointments for counseling or physical health. We were absolutely inundated with COVID patients. Since Fall of 2022 we have seen students return to in-person medical/nursing appointments. Most students are reluctant to engage in Zoom Therapy despite our reassurances that it is safe. Unfortunately, our full time contract Therapist resigned due to her refusal to return in-person to work. When we tried to find her replacement we were unable to find any suitable Therapists (contract or adjunct). Most of the adjunct applications were from non-COVID vaccinated Therapists who had excellent resume's but the District would not hire them. We finally have a full time contract Therapist who is in the onboarding process.

### Describe any equity gaps in the data. Are there differences and/or patterns observed by demographics (e.g.race/ethnicity, gender, age, etc.)

We do see resistance to hiring disabled adults to work in our office. There seems to be a negative tone when talking about hiring this specific group. We are engaged in creating an office training on Disabled persons in the workplace with the California State Disability office.

### Related Documents for Charts and Graphs

### Describe the discussion(s) that took place about the unit's learning outcomes assessment data.

The discussions that we had about our learning outcomes is that they remain appropriate and very helpful. We gauge learning at events and in personal meetings with students. As part of professional medical/nursing/therapy practice assessing learning and agreement to the plan of care is part of each meeting.

#### Data Reflection Complete

Yes

## Practice Reflection

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### Describe current practices your program/service area has engaged in that you believe impact the above data trends and equity gaps.

Our current practice focuses on addressing inequities with the Black student and their physical and mental health needs. We have been fortunate to hire 2 Black Adjunct therapists and a third Black contract Faculty is in the

## Summary and Reflection

onboarding process. We have seen an increase in the number of Black students utilizing our services, we believe, because the providers are Black and they feel safe with them. When Shanelle and Janel, Black Therapists from URCC, provide presentations on campus, the Black students from those presentations come to our office asking to see them.

**What other factors (internal or external) might also impact the above data trends and equity gaps?**

N/A

## Related Documents for Charts and Graphs

### Practice Reflection Complete

Yes

## Mid-Cycle Updates

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### YEAR 2 Updates (2023 - 2024)

**Provide any edits or updates to the prompts originally documented in the Executive Summary section for Year 2.**

**Provide any edits or updates to the prompts originally documented in the Data Reflection section for Year 2.**

**Review Outcomes Report. Review the unit's outcomes assessment process for 2022 - 2023. Discuss connections to unit goals/action plans/resource requests.**

**Provide any edits or updates to the prompts originally documented in the Practice Reflection section for Year 2.**

### YEAR 3 Updates (2024 - 2025)

**Provide any edits or updates to the prompts originally documented in the Executive Summary section for Year 3.**

In our first year, we faced significant challenges with COVID-19, transitioning to remote work, and adapting to the electronic medical records system, Mediat. Now, we have entered the health promotion phase of COVID, with a strong focus on vaccination efforts and outbreak prevention. As we return to the office, we are rebuilding both our health education team and the broader sense of community within our organization.

A key development was the hiring of a Mental Health Coordinator, followed by a decision to separate Mental Health from Student Health services. This decision has introduced considerable role confusion. The expectation to "collaborate" with Mental Health has been interpreted in various ways, resulting in unclear roles and responsibilities. Additionally, budgetary decisions were made outside of our standard processes, further complicating operations and communication.

This lack of clarity has led to ongoing role confusion, contributing to a fragmented office environment. Individuals have pursued separate goals, making it difficult to align our efforts. While our attempts to rebuild community connections have been slow, we have seen some intentional moments of unity. Informal leadership has at times hindered progress, delaying the formation of a cohesive and healing community.

Despite these challenges, we are working to establish professional relationships that strengthen our team and support our shared goals. Our primary focus remains on creating a healing environment for students, which is crucial to the success of our community.

We have also faced difficulties resuming events after COVID, but our persistence has paid off. Our outcomes showcase a diverse range of event topics that frequently involve collaboration with Mental Health and generally achieve their intended goals, including collecting accurate learning data.

However, managing events has presented its own challenges. Experienced staff and faculty occasionally step in with last-minute changes, disrupting carefully planned and structured learning experiences. In one instance, such a change led to the loss of nearly all learning data from an event. This taught us the importance of clear and proactive communication with all stakeholders before an event, ensuring that unplanned alterations are avoided.

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By learning from these experiences and fostering collaboration, communication, and intentional leadership, we are making strides toward a more unified and effective community that supports the health and well-being of both our students and staff.

### **Provide any edits or updates to the prompts originally documented in the Data Reflection section for Year 3.**

The data analysis for Year One highlights a notable increase in Black student representation within our patient population. However, since the separation of Student Health and Mental Health, a direct comparison of statistics between the two services is not possible. Mental Health has been conducting its independent program review without collaboration with Student Health, which limits our ability to gain a holistic view of service impact.

Our team discussions have consistently emphasized inclusivity in all aspects of office operations. While challenges remain with Mediat, our electronic medical records system, we are making significant progress toward resolving data collection issues. The recent addition of a Nurse Informatics professional to our team has been a game-changer. This expertise has enabled us to work more effectively with Mediat, bringing us closer to achieving accurate and reliable data for future analysis.

### **Review Outcomes Report. Review the unit's outcomes assessment process for 2023 - 2024. Discuss connections to unit goals/action plans/resource requests.**

We have tied in our unit outcome assessment process for 2023 with connections to unit goals and action plans. We have reimagined the event process to ensure that we collect accurate data. This, in turn, provides data to show that we are serving students with inclusivity minded action plans. Our data shows that students respond to outdoor events making health education easily accessible. We intentionally leave large posters and displays out on campus as an easily accessible way to educate passively. Although we can't actually count these passive learning experiences we can see that students are looking at the posters and reading them. Next year (2025) we will begin to place QR codes on all of our posters so students can react to a passive learning experience. Currently we have used these QR codes on the Narcan boxes so students can learn about Narcan. The next step is to add a survey so students can opt in and leave their demographic data. We would like to see that the data always shows inclusivity with ethnicity. We are writing the book, so to speak, on health education on a large community college campus. We are advancing quickly and other campuses are keen to follow our lead. Our resource requests have not yet been added however we plan to add a request for a technician soon.

### **Provide any edits or updates to the prompts originally documented in the Practice Reflection section for Year 3.**

Equity-minded access to wellness education ensures that everyone has the opportunity to learn and thrive, with a focus on addressing inequities and removing barriers to participation. Our outcomes report demonstrates success in implementing equity-minded approaches through in-office and event-based education. These efforts emphasize recognizing differences, addressing disparities, eliminating barriers, and centering marginalized groups.

We offer low-cost and free services tailored to meet the unique needs of various ethnic communities while remaining accessible to all students. Mobile health screenings are a key component of our approach, providing free and convenient access to students campus-wide. Our events are designed to accommodate different learning styles, offering both static and active formats. Students can engage in one-on-one interactions for personalized learning or access printed materials to achieve the event's educational objectives.

We host events that address and dispel myths about physical health issues, recording and posting them on our website to expand accessibility and reach a broader audience. This strategy fosters greater connectivity between students and our services. Additionally, we now gather reliable sexual orientation data to help providers better prepare for their interactions with clients, ensuring more personalized and inclusive care. The event planning includes another approval department. Communication with the event approval department has resulted in cancellation of an event and moving event sites around several times. Community Health theory and practice requires education be accessible to everyone, including those who would not usually attend an event. We have seen concerns arise over static events due to worries that some might not respond well to what they see. Static events are one of the major pillars of community health education and should be included in every event. We are working toward negotiating the event approval process for smoother, consistent and timely communication.

Our commitment extends to providing equal access to preventive and curative health services for the entire Mesa community, regardless of residence, gender, economic status, race, or other factors. Through these efforts, we

## **Summary and Reflection**

strive to create an inclusive and supportive environment that promotes wellness for all.

### **YEAR 4 Updates (2025 - 2026)**

**Provide any edits or updates to the prompts originally documented in the Executive Summary section for Year 4.**

**Provide any edits or updates to the prompts originally documented in the Data Reflection section for Year 4.**

**Review Outcomes Report. Review the unit's outcomes assessment process for 2024 - 2025. Discuss connections to unit goals/action plans/resource requests.**

**Provide any edits or updates to the prompts originally documented in the Practice Reflection section for Year 4.**

# Unit Goals, Action Plans, and Updates

## Goal 1: Gender Affirming Care

**Unit Goal:** Goal 1: Create education and referral pathways for gender affirming mental and physical health care by 9.1.23

**Goal Status:** Completed

**Beginning Year:** 2022 - 2023

**Projected Completion Year:** 2023 - 2024

### Mapping

Mesa College Strategic Plan: Roadmap to Mesa2030: (X - Highlight the X to Align)

- **Community - Objective 2:** Develop activities, spaces, and programs that support a sense of belonging with a focus on antiracism, historically minoritized groups, and inclusion. (X)
- **Community - Objective 3:** Build a culture of communication that is evidence based, race conscious, institutionally focused, systemically aware, and equity advancing (X)
- **Community - Objective 4:** Remove barriers to equitable participation by developing, incentivizing and creating structures for all employees to engage in and design professional learning (X)

Action Plans	Action Plan Update
<p><b>Action Plan Status:</b> Active</p> <p><b>Action Plan:</b> Develop 2 presentations and 2 activities that support a sense of belonging with a focus on inclusion of the spectrum of genders by 9.1.23</p> <ol style="list-style-type: none"> <li>1. Develop 2 presentations that support a sense of belonging for LGBTQIA students</li> <li>2. Develop 2 activities that support the creation of an LGBTQI community.</li> </ol> <p><b>Action Plan Cycle:</b> 2022 - 2023, 2023 - 2024</p>	

## Goal 2: Black Student Success

**Unit Goal:** Provide mental health services in collaboration with the School of Student Success and Equity to plan and implement group events for Black students to improve their rates of persistence (semester to semester) by increase of 25%.

**Goal Status:** Completed

**Beginning Year:** 2023 - 2024

**Projected Completion Year:** 2024 - 2025

### Mapping

Mesa College Strategic Plan: Roadmap to Mesa2030: (X - Highlight the X to Align)

## Unit Goals, Action Plans, and Updates

- **Community - Objective 2:** Develop activities, spaces, and programs that support a sense of belonging with a focus on antiracism, historically minoritized groups, and inclusion. (X)
- **Community - Objective 3:** Build a culture of communication that is evidence based, race conscious, institutionally focused, systemically aware, and equity advancing (X)
- **Completion - Objective 2:** Develop cross - functional teams that support student success and include integrated career and transfer counseling. (X)
- **Completion - Objective 3:** Design and promote programs and services that intentionally target a reduction in equity gaps in completion outcomes (X)
- **Pathways and Partnerships - Objective 3:** Increase community engagement, experiential learning, integrated career planning, and workforce training to prepare students for future careers (X)

Action Plans	Action Plan Update
<p><b>Action Plan Status:</b> Active</p> <p><b>Action Plan:</b> The Counseling Coordinator, in conjunction with the School of Equity and Success will track the students who participate in the Black Student Success programs to determine if persistence (semester to semester) improves by 25%.</p> <p><b>Action Plan Cycle:</b> 2024 - 2025</p>	<p><b>Submission Date:</b> 11/20/2023</p> <p><b>Action Plan Update:</b> Derrick White LMFT will work with the School of Student Equity and Success to gather statistical data on student persistence.</p> <p><b>Update Year:</b> 2024 - 2025</p> <p><b>Action Plan Progress:</b> On Track</p>

### Goal #3: Promoting Wellness

**Unit Goal:** Ensure all students have equity-minded access to wellness education.

**Goal Status:** Active

**Beginning Year:** 2022 - 2023

**Projected Completion Year:** 2025 - 2026

#### Mapping

Mesa College Strategic Plan: Roadmap to Mesa2030: (X - Highlight the X to Align)

- **Community - Objective 1:** Use technology to improve communication and accessibility across campus. (X)
- **Community - Objective 2:** Develop activities, spaces, and programs that support a sense of belonging with a focus on antiracism, historically minoritized groups, and inclusion. (X)

Action Plans	Action Plan Update
<p><b>Action Plan Status:</b> Active</p> <p><b>Action Plan:</b> Hire a Professional Health Coach to run the Community Health Program.</p> <p><b>Action Plan Cycle:</b> 2023 - 2024</p>	<p><b>Submission Date:</b> 12/02/2024</p> <p><b>Action Plan Update:</b> Hired a Mesa college graduate from the professional Health Coach program at Mesa. This allowed us to implement two new program that were a Narcan dispensing box and coordinate major events on campus.</p> <p><b>Update Year:</b> 2024 - 2025</p>

## Unit Goals, Action Plans, and Updates

Action Plans	Action Plan Update
	<b>Action Plan Progress:</b> Completed

### Create sufficient support

**Unit Goal:** Create sufficient support for the Nurse Practitioner healthcare team.

**Goal Status:** Active

**Beginning Year:** 2023 - 2024

**Projected Completion Year:** 2025 - 2026

Action Plans	Action Plan Update
<p><b>Action Plan Status:</b> Active</p> <p><b>Action Plan:</b> Hire 12 month contract Nurse Practitioner and a contract SSSA.</p> <p><b>Action Plan Cycle:</b> 2023 - 2024, 2024 - 2025</p>	<p><b>Submission Date:</b> 12/02/2024</p> <p><b>Action Plan Update:</b> In 2023-24 we went through all of the contract hiring steps. In the end, the selected candidate rejected the offer of employment. We are going to try again in Spring 2025.</p> <p><b>Update Year:</b> 2023 - 2024</p> <p><b>Action Plan Progress:</b> On Track</p>