SAN DIEGO MESA COLLEGE

Program Review

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

Student Services - Student Health Services

Executive Summary

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 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.

Summary and Reflection

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

Related Documents for Charts and Graphs

Executive Summary Complete
Yes

Data Reflection

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 Medicat daily however the issue is that files from People Soft have to be manually dropped into Medicat 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 Medicat. 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

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 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.

2024-25 The contract with the Urban Restoration Center was canceled by the Mental Health Coordinator, Mental Health no longer shares data with Student Health. Statistics for gender, gender identity. ethnicity are included in the area below "related documents charts and graphs".

We went through all of the paper sign-in sheets and recorded the gender/ethnicity data into our electronic health records (EHR) by hand with poor reporting as the outcome. Students are reluctant to answer ethnicity and gender identity questions. We will work to have students answer all the questions on the sign-in sheets.

What other factors (internal or external) might also impact the above data trends and equity gaps?
N/A 2024-25 The current electronic record system is not gathering the data needed for accurate information on the ethnicity of the students seeking care at Mesa Student Health. We went through all of the sign-in sheet (required at admission to SHS and found that students, for the most part are leaving their race/ethnicity/gender identity blank or saying "unknown". Therefore, limited data only is available.

Related Documents for Charts and Graphs

Practice Reflection Complete
Yes

Mid-Cycle Updates

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, Medicat. 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.

Summary and Reflection

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.

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 Medicat, 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 Medicat, 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.

Summary and Reflection

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 require 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 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.

2025-26 updates: Community Health Team. We currently have added 2 new NANC employees for event planning and health education. One of our leads for the community health team was promoted to a contract SSSA in September 2025. We have accomplished stability in the community health program. We have added QR codes to all of our posters, Health and Wellness machine and Narcan boxes for easy, on the spot education making health education accessible to those who prefer to learn by reading. We are requesting a Community Health room due to the lack of space and desktop computer stations in the current room.

The separation of Student Health and Mental Health continues to be a challenge within the scope of role definition. We are working to define roles and responsibilities to support clear communication and a collaborative atmosphere in the office. We don't yet have agreement on this point from all the faculty and some faculty have clearly disregarded lines of communication and assigned authority. Our Administration is working to resolve any miscommunication and redefine assigned authority.

Student Health Center and Mental Health Services must work toward targeted strategies to strengthen interdepartmental communication and coordination of care. To improve communication between Student Health and Mental Health, Student Health Services has initiated and actively engaged in the development of written front-office policies and protocols intended to support clear, consistent communication and referral processes. While these policies and protocols have not yet been finalized as of January 2026, Student Health Services continues to collaborate with Mental Health Services to develop clearly defined communication pathways within these policies and protocols. Ongoing partnership and engagement between both areas will be important to ensure alignment of workflows and effective coordination of care. These efforts are intended to promote integrated, student-centered services, enhance continuity of care, and support equitable access to health and mental health resources. Progress must be monitored through ongoing assessment and continuous quality-improvement processes to ensure alignment with institutional effectiveness and accreditation standards.

Summary and Reflection

Student Health Services has a challenge with the use of our financial resources without advanced knowledge or planning. We remain concerned that there is little collaborative planning prior to use of Student Health funds. We also see that the funds used for the Mental Health Coordinator are being used in other ways besides providing care to students needing/requesting mental health care. The Student Health Director is the budget manager for Student Health funds. I assert that the upcoming new contract faculty Counselor position be funded from the Mental Health budget by replacing adjunct Counselors with the contract Counselor. I have not heard if this will be the case. Some believe that the Student Health budget revolving fund can be used for non-Student Health activities. Title 5 disagrees. Student Health funds are to be utilized for student mental health 1:1/couples visits instead of funding other department's needs. The Mental Health grant is broader and can support the use of the contract Counselor for other departments.

The issue of the revolving Student Health budget arises from the expert budget advisement that we keep 1-2 years of Student Health funding available in the case that we should experience another financial disaster such as happened when we ran out of our own funding and were unable to pay all of our adjunct, and NANCE personnel. If my recollection serves me well, approximately 12 people were laid off suddenly due to the budget shortfall (2008-09). After this, the services we we were able to provide were minimal at best. We then went to the budget manager only to find that the General Fund would not provide any financial support. Through education about budget theory and the advice of our financial manager in the VPA office we began to build our revolving fund to prevent service reductions and layoffs in the future. This has not been easy. We have been frugal. Our goal is to provide above the standard of care medical and psychological services and have a revolving fund available to keep us going in case of another (inevitable) budget shortfall and to foster growth in the office. In order to secure a new contract position, we had to prove that we had sufficient financial resources to support that new position for the past 2 years. Since we were able to do this, we secured 1 contract Nurse Practitioner faculty and 2 classified Senior Student Services Assistant positions. Our services keep students in class performing to their best potential. We also financially support 4 Mental Health positions because the Mental Health grant doesn't have sufficient funds. Transparency, planning and proper use of Student Health funding will prevent another shortfall. It appears that, perhaps, not everyone agrees with this budget plan outside of Student Health. We are aiming at making all of our laboratory and in-house pharmacy services free so that there are no provider limitations when caring for students. This may not be possible if we can't come to an agreement on how Student Health funds should be spent.

Our last 2 semi-annual Student Health retreats were attended by both Student Health and Mental health staff and faculty. We built rapport with activities that encourage collaboration and teamwork. I am building a culture of community, collaboration and teamwork.

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

Update 2025-26 We used time during a 1 hour staff meeting (Fall 2025) to have the discussion about assessment. Our assessment topics were new events such as the Healthy Lifestyle, Dia De Los Muertos, Domestic Violence, Narcan dispensers, clinical updates and work-based learning. The outcome of this meeting helped us to define our goals moving forward.

1) Domestic Violence education will be performed by the Mental Health team. 2) Identify and minimize equity gaps in serving students in the office. 3) hire a contract Nurse Practitioner and 2 contract SSSA's (completed) 4) Educate and support an MA in the back office (completed) 5) create a 3rd exam room with new equipment and adjunct office (completed)

The process for implementing changes is as follow:

1) Mental Health team accepted the DV event 2) We counted (manually) the ethnicity of all students being seen in our office and entered it into Medicat 3) Contract positions were all filled 4) NANCE employee is being trained and supported in the back office 5) The 3rd exam room and adjunct office redesigns are completed.

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

2025-26 update Our Outcomes report Action Plan included hiring 1 contract 12-month Nurse Practitioner which was completed in Summer 2025. This tied into the the goal to support the Nurse Practitioner team efforts to provide readily accessible care to students.

Summary and Reflection

Goal: Engage in professional development activities for contract and NANCE. One of our contract Nurse Practitioners began her membership on the Committee for Diversity, Action, Inclusion and Equity. 2 contract Faculty Nurse Practitioners and 2 Senior Student Services Assistants attended "Building a culture of care" 2 day workshop to strengthen our commitment to equity and inclusion for futures rooted in care and liberation. All 4 employees felt that this event helped shape their understanding of equity and inclusion. The resource requests for an NP and SSSA were fulfilled.

We counted gender and ethnicities by hand using our front office sign-in sheets. Unfortunately, students generally declined to state or left this area blank.

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

2025-26 Our team has discussed free services (lab, pharmacy on site and x-rays) and agreed that this would remove significant obstacles to appropriate care for students. Most students who are ill have no insurance when they come to us. We can't diagnose properly without labs and x-rays however the students claim they have no money to pay for lab/x-ray. This is an ongoing problem. We are in the planning stages of developing policies and procedures including how we can begin to provide free lab services for ill students.

We continue to research methods towards equity mindedness including the posters and flyers that we post. We ensure that students with disabilities are kept in mind to ensure equal access. We are working with the Director of Communications to ensure disability-mindedness with all of our advertisements.

Updating our webpage is a priority this year. We want to include all of the recorded presentations and post them on our webpage. With the help of Communications we have taken steps to ensure that Student Health Services events are on the webpage, Instagram and Facebook. We want to reflect all of our services including telehealth visits, events and much more.

We continue to offer equity minded public health advisories and education to the Mesa College community and the SDCCD community. We have served in a public health advisory position to our District with recommendations.

We offer Telehealth visits when appropriate. TimelyCare was purchased by the District. We were informed after the deal was completed. The funding is kept confidential by the District. TimelyCare provides telehealth services 24/7. This services runs while our office is open. We do not support this action because it mirrors our own services. Telehealth services should not supplant in-person care.

YEAR 5 Updates (2026 - 2027)

Provide any edits or updates to the prompts originally documented in the Executive Summary section for Year 5.

Provide any edits or updates to the prompts originally documented in the Data Reflection section for Year 5.

Review Outcomes Report. Review the unit's outcomes assessment process for 2025 - 2026. 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 5.

Unit Goals, Action Plans, and Updates

Goal 1: Gender Affirming Care

Unit Goal: Goal 1: Provide equitable access to LGBTQIA+ students that is equivalent to enrollment trends.

Goal Status: Active

Beginning Year: 2022 - 2023

Projected Completion Year: 2025 - 2026

Mapping

Mesa College Strategic Plan: Roadmap to Mesa2030:

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

Action Plans	Updates
Action Plan Status: Active **Action Plan:** 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 1. Develop 2 presentations that support a sense of belonging for LGBTQIA students 2. Develop 2 activities that support the creation of an LGBTQI community. **Action Plan Cycle:** 2023 - 2024, 2022 - 2023	
Action Plan Status: Active **Action Plan:** Examined sign in sheets to gather LGBTQIA+ data to ensure access.	**Submission Date**: 11/12/2025 **Action Plan Update**: Students reluctant to state their gender on sign-in forms. Added in "decline to state" to identify responses.

Unit Goals, Action Plans, and Updates

Action Plans	Updates
Action Plan Cycle: 2025 - 2026, 2024 - 2025	**Update Year**: 2025 - 2026 **Action Plan Progress**: Barriers Encountered

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:

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

Action Plans	Updates
Action Plan Status: Active	**Submission Date**: 11/20/2023 **Action Plan Update**: Derrick White LMFT will work with the School of Student Equity and Success to gather statistical data on student persistence. **Update Year**: 2024 - 2025 **Action Plan Progress**: On Track

Unit Goals, Action Plans, and Updates

Action Plans	Updates
Action Plan: 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%. **Action Plan Cycle:** 2024 - 2025	

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:

- **Community - Objective 1:** Use technology to improve communication and accessibility across campus. (✓)
- **Community - Objective 2:** Develop activities, spaces, and programs that support a sense of belonging with a focus on antiracism, historically minoritized groups, and inclusion. (✓)
- **Community - Objective 3:** Build a culture of communication that is evidence based, race conscious, institutionally focused, systemically aware, and equity advancing (✓)
- **Completion - Objective 3:** Design and promote programs and services that intentionally target a reduction in equity gaps in completion outcomes (✓)
- **Pathways and Partnerships - Objective 1:** Develop and implement frameworks to create communities that can provide more targeted delivery of educational resources and support services. (✓)
- **Scholarship - Objective 2:** Evaluate and improve Diversity, Equity, and Inclusion practice in classroom environments, campus activities, departments, schools, and administrative units (✓)
- **Scholarship - Objective 4:** Expand the use of innovative and high-quality teaching, learning, and support practices that achieve equitable outcomes and increase student success (✓)

Unit Goals, Action Plans, and Updates

Action Plans	Updates
Action Plan Status: Active **Action Plan:** Engage in Professional Development activities for contract and NANCE staff/faculty that addresses equity mindfulness, analyze equity data and look for gaps, design interventions for equity gaps (if any). Request space for community health workers and small group education (Resource request). **Action Plan Cycle:** 2025 - 2026, 2023 - 2024	**Submission Date**: 12/02/2024 **Action Plan Update**: 2024-25 Hired a Mesa college graduate from the professional Health Coach program at Mesa. This allowed us to implement two new programs that were a Narcan dispensing box and coordinate major events on campus. 2025-26 Add 11/25 Contract staff and faculty (n=4) attended "Building a Culture of Care" a dialogue -based experience rooted in compassion to strengthen our commitment to equity and inclusion. Farideh extracted the equity data from the front office sign-in sheets to enter data into Medicat. She will now extract the data looking for equity gaps. **Update Year**: 2025 - 2026 **Action Plan Progress**: On Track

Goal #4: Create sufficient support

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

Goal Status: Completed

Beginning Year: 2023 - 2024

Projected Completion Year: 2025 - 2026

Mapping

Mesa College Strategic Plan: Roadmap to Mesa2030:

- **Community - Objective 2:** Develop activities, spaces, and programs that support a sense of belonging with a focus on antiracism, historically minoritized groups, and inclusion. (✓)
- **Community - Objective 3:** Build a culture of communication that is evidence based, race conscious, institutionally focused, systemically aware, and equity advancing (✓)
- **Scholarship - Objective 2:** Evaluate and improve Diversity, Equity, and Inclusion practice in classroom environments, campus activities, departments, schools, and administrative units (✓)
- **Stewardship - Objective 6:** Develop a proactive hiring plan that includes a review of advertising, screening, and interviewing with a goal of establishing a diverse and competent workforce that is reflective of the student population and the local community (✓)

Unit Goals, Action Plans, and Updates

Action Plans	Updates
Action Plan Status: Completed **Action Plan:** Hire 12 month contract Nurse Practitioner and a contract SSSA. **Action Plan Cycle:** 2024 - 2025, 2023 - 2024	**Submission Date**: 11/20/2025 **Action Plan Update**: We hired the contract NP and 2 SSSA's in the Summer of 2025 **Update Year**: 2025 - 2026 **Action Plan Progress**: Completed
	Submission Date: 11/12/2025 **Action Plan Update**: One SSSA left her SSSA position and moved to a Program Technician position with Mental Health. The Nurse Practitioner position was hired in Summer 2025. **Update Year**: 2024 - 2025 **Action Plan Progress**: Completed
	Submission Date: 12/02/2024 **Action Plan Update**: 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. **Update Year**: 2023 - 2024 **Action Plan Progress**: On Track