# 2022-23 Program Review Template

**Directions for Lead Writers**: Please use this template to complete your Unit's Program Review for this cycle. Instructions for submitting your completed template at the end of the spring semester will be provided in a few weeks. Click here to view our Glossary of Terms.

Other Resources:
Program Review Handbook
Acronym Dictionary
Resource Link Library
Mesa 2030
Program Review Archives

**DEI Discussions**: as part of your reflection with your unit, a workgroup has developed a Diversity, Equity, Inclusion, and Accessibility Discussion Guide. Please use this in your unit-level discussions as we move toward becoming more diverse, equitable, inclusive, and accessible through intentional and ongoing campus-wide reflections and revisions of policies and practices.
View the guide here. Have reflections or feedback to share? Click here.

| *Program Information & Executive Summary* | | |
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| Prompt | Guidance | Program Response |
| 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.<br><br>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 |

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| | | so).<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>We provided COVID testing via at home testing with all of the |

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| | | 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.<br><br>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.<br><br>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 |

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| | | 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.<br><br>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:<br>Fall 2019 Fall 2022<br>Male 35% 36%<br>Female 65% 63%<br>Black 8% 14%<br>Asian PI 17% 25%<br>Hispanic 30% 27%<br>Caucasian 30% 22%<br>Middle East 4% 3%<br>Other/Decline 12% 21%<br>Students may choose more than 1 ethnicity<br><br>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. | Optional | 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. |

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| | | 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. | Optional | 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.<br><br>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. |
| Please confirm that the department has reviewed the Course Learning Outcomes listed in CurricuNet for each course and verify accuracy. | Select One | ☒Reviewed and accurate<br>☐Reviewed not accurate, update in progress<br>☐Reviewed not accurate, need support |
| *Data Reflection* | | |
| Prompt | Guidance | Program Response |
| Describe the trends you see in your program/service area's data. | Instructional Data you may consider: enrollment trends, course & program learning outcomes, Institutional Learning Outcomes, course success and retention rates, degree completion, transfer, employment, labor market analysis, other data relevant to your unit's work<br><br>Service/Admin Area Data you may consider - service usage, service access, demand for services, student service/administrative unit outcomes, types of services offered and used, headcount of services usage, trends in reason for service use, other data relevant to your unit's work | Trends in our data are by observation for these reasons:<br>1. Providers are reluctant to lock their electronic files, which causes the patient data to be hidden from statistics.<br>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.<br>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 |

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| | | 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.<br>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.<br>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 you see in these data. Are there differences and/or patterns observed by demographics (e.g. race/ethnicity, gender, age, etc.)? | Equity gaps refer to disparities in educational outcomes and student success metrics across race/ethnicity, socioeconomic status, gender, and other demographic traits and intersectionalities. | 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. |
| Describe the discussion(s) that took place about the unit's learning outcomes assessment data. | Department Outcomes Coordinators (DOCs) facilitate a department wide discussion on learning outcomes data each year during "Outcomes Across Campus". DOC's may helpful in supporting this section. | 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. |
| *Practice Reflection* | | |
| Prompt | Guidance | Program Response |

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| Describe current practices your unit has engaged in that you believe impact the above data trends and equity gaps. | Items to consider: new actions specifically focused on issues of equity, major curricular changes, professional learning, policy or process changes, data-informed unit dialogue, community outreach. | 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. |
| What other factors (internal or external) might also impact the above data trends and equity gaps? | Items to consider: legislative changes, fiscal changes, staffing changes, recruitment, hiring, and retention practices. | |
| *Unit Goals and Action Plans* | | |
| Prompt | Guidance | Program Response |
| Unit Goals | Goals should connect to Data and Practice Reflections. Goals should be Specific, Measurable, Attainable, Relevant, and Time-bound. | Goal 1: Create education and referral pathways for gender affirming mental and physical health care by 9.1.23<br>Goal 2:<br>Goal 3: |
| Mesa2030 Roadmap Strategic Objective (SO) Alignment | Review Mesa2030 and the Roadmap to Mesa2030, only link to SO's that your goal clearly and intentionally is meant to contribute to, each goal should link to 1 or more SOs | Goal 1:<br>SO: 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<br>SO:<br>Goal 2:<br>SO:<br>SO:<br>Goal 3:<br>SO:<br>SO: |

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| Identify specific actions your program/service area will engage in to accomplish this goal. | Examples may include: policy or practice changes; unit initiatives, curricular changes, etc. | Goal 1<br>1. Develop 2 presentations that support a sense of belonging for LGBTQIA students<br>2. Develop 2 activities that support the creation of an LGBTQI community.<br><br>Goal 2<br>1.<br>2.<br><br>Goal 3<br>1.<br>2. |
| Does this Action Plan require resources | if yes, complete resource request form | ☐Yes<br>☒No |

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| Submission Date of Program Review Draft to Manager for feedback | |
| Submission Date of Program Review Final Draft to Office of Institutional Effectiveness | 3/29/2023 4:45:34 PM |