A. DESCRIPTION AND PURPOSE

Student Services

1. Describe the program's purpose and mission. Limit 250 words.

Student Health and Wellbeing (SHW) at Santa Monica College encompasses a wide range of programs and services. Services include physical health offered through Student Health Services (SHS), mental health offered through Center for Wellness and Wellbeing (CWW), housing, and food and emergency financial assistance offered through the Basic Needs Department. For the purposes of this PR, I will focus on SHS and CWW as the Basic Needs Department is new and still formalizing its operations and services to students. They will be included in future years.

The mission of the CWW is to "provide a holistic range of timely, inclusive, culturally appropriate and effective mental health services to our diverse student body. The CWW also provides professional consultation to faculty and staff and promotes the personal wellbeing of students". This office provides a spectrum of services that meet students varying mental health needs including outreach, 1:1 therapy, telephonic crisis support, and partnering with SMC PD and the Care and Prevention Team on more complex situations including hospitalization.

The mission of Student Health Services is to "promote primary evidence based care, health promotion, illness prevention and education for our culturally diverse student population. (We) provide guidance to faculty and staff through consultation and outreach to promote a healthy campus. (We) advocate, inform, and empower students in making holistic sound health care decisions and healthy lifestyle choices. SHS provide a range of services to meet students physical health needs that range from non-urgent to urgent in nature

2. Which of the following Institutional Learning Outcomes does the program support? Select at least one.

ILOs

- [x] #1 - Acquire the self-confidence and self-discipline to pursue their intellectual curiosities with integrity in both their personal and professional lives
- [ ] #2 - Obtain the knowledge and skills necessary to access, evaluate, and interpret ideas, images, and information critically in order to communicate effectively, reach conclusions, and solve problems
- [ ] #3 - Respect the inter-relatedness of the global human environment, engage with diverse peoples, acknowledge the significance of their daily actions relative to broader issues and events
- [ ] #4 - Assume responsibility for their own impact on the earth by living a sustainable and ethical life style
- [x] #5 - Demonstrate a level of engagement in the subject matter that enables and motivates the integration of acquired knowledge and skills beyond the classroom

B. STUDENTS SERVED

3. Describe 1-3 salient demographic composition of students served by the program and include an analysis of how it aligns with the students your program is intended to serve. (500 words)

In the area of SHS and CWW, we assessed demographics based on students served for the following terms to get a full year: Summer 2024, Fall 2024, Winter 2025, and Spring 2025. We looked at students age, gender and race/ethnicity. Our hope is to mirror who the college serves and used the 2023 Fast Facts as our guide when assessing whether we are serving who we intend to serve with the three selected demographics, with the understanding that there may be variations based on access to healthcare data using the same demographics.

During the time period mentioned above, SHS served approximately 2970 students who indicated their date of birth. 18.6% reported their age to be 19 or younger which is lower than the colleges 33.2% of young students suggesting we may need to do more outreach or students are connected to healthcare through the parents/caregivers. 9.8% of students reported their age to be 40-49 which is a higher percentage than students reported in that same age range served by the college (4.7%). The increase could be a result of added healthcare issues that come from aging, in addition to lack of access to care. We see a similar trend with 11.1% of students who reported their age to be 50 or older (compared to 4.4% served by SMC) and

expect that their health issues have increased so they would visit the office more frequently. When looking at race/ethnicity, the most notable differences are with serving Asian students (38% compared to SMC 8.5%) and Latinx/e students (21.4% compared to SMC serving 40.8%). The significant increase in serving Asian students may be a result of F-1 students increased access to Student Health Services for a variety of reasons including immunizations for transfer and heavier reliance on SHS for general healthcare needs. The significant decrease in Latinx/e students is concerning suggesting we may need to dive deeper to understand the gap. When looking at gender, we are slightly overserving females at 58.9% compared to 53.5% and underserving males at 33.3% compared to 43.2%. In healthcare, males tend to access healthcare less than females so that could explain this gap.

Out of 621 students seen at CWW, 484 indicated their DOB. 36.9% reported their age 20 or younger compared to SMC 33.2%. This suggests outreach efforts with this age group have been successful. Similarly, CWW served 45.1% compared to SMC 45.9% ages 20 to 29.

Regarding race/ethnicity, Asian students were overrepresented: (19.2% compared to SMC 8.5%). Asian F-1 students from countries lacking in mental health resources may account for this disparity. Latinx/e students and their White counterparts were underrepresented. (Latinx/e 26.2% and SMC 40.8%) and White (13.5% CWW compared to SMC 26.2%). This may suggest creating new forms of outreach for these groups are warranted. 9.3% of CWW clientele identifies as Black while comprising 9.0% of SMC's student population. This suggests less stigma and more effective outreach efforts. Regarding gender, CWW treated 57.3% female, 28.5 % male and 1.1% trans and 3.5% non-binary. The only significant disparity was with male students (SMC 43.2%), suggesting that more mental health outreach, specifically for male students, is warranted.

4. Describe how the program does outreach to, and provides access for, the intended student population. (250 words)

The CWW provides a range of outreach to promote mental health awareness. Prior to COVID-19 we offered a menu of workshops ranging from how to deal with stress, anger, ADHD, and more. They were very well attended and instructors often encouraged students to attend for extra credit. During COVID-19 we pivoted to remote workshops that were less attended so we created a YouTube channel and continued to post small talks and topics about mental health. There interest for these Youtube talks dropped in the past two years as we were pivoting back to in person workshops and events. Over the past year we have started hosting a weekly mindfulness drop in for students and staff as well as a weekly drop in for Dialectical behavior therapy for students through a community partner. In the past we also used Active Minds to promote the CWW, which is a nationally recognized peer led student club that aims to de-stigmatize mental health. It should be noted that in 2020 we won the Active Minds Healthy Campus award. We host several large mental health outreach events throughout the year with one in May being the largest as May is mental health month.

The SHS Center provides outreach during events throughout the year, our Instagram account, SMC Go App, Direct Connect, and classroom presentations (Counseling 20, Nursing, and more). Our annual Health and Wellness fair is a college staple hosting over 60 external community partners. We have recently started hosted more programming related to alcohol, tobacco, and other drugs with the help from community partners and pass out free Narcan and fentanyl test strips.

5. When considering student outcomes, SMC produces the largest equity gaps for Black and Latinx students. How does the program address equity gaps within the scope of work that it performs? (500 words)

The CWW and SHS actively engages in IDEAA on a consistent basis and are always looking to improve, grow and do better to support marginalized student groups, specifically Black and Latinx/e students.

In the CWW, we have strategically placed therapists in places where some Black and Latinx/e students may feel more comfortable accessing services. Therapists are in most special programs including STEM, IEC and satellite campus locations. We also newly have a therapist in the SEC, Pride Center. Not only do these therapists provide therapy in the more traditional sense, but they also tailor services to provide less "clinical" spaces which can resonate more from a cultural lens. This can help break down stigma as well as get students comfortable who may have had a negative experience in the past. In past years we have had therapists provide healing circles/spaces that center joy that include students and staff. This and other practices start to decolonize mental health in some spaces. In the area of professional development, we have had trainings annually for most therapists on cultural humility, decolonizing mental health, antiracist mental health practices, burnout and compassion fatigue, supporting undocumented students, supporting LGBTQIA students, and more. Licensed therapists are required to engage in professional development to keep their licenses active so we often bring trainers to campus and encourage therapists to attend outcome conferences that are relevant to the populations they serve.

CWW also routinely engages in outreach across the campus to spread awareness about the mental health services we provide and how those services can benefit students struggling with pre-existing mental health issues or more susceptible to mental health struggles due to economic, racial, or immigration challenges. Based on the gap in serving Latinx/e students, it would benefit the department to better understand this disparity as well as continue to increase outreach efforts with Latinx/e students.

In the area of SHS, we have recently changed the ambiance from a more traditionally clinical space to a welcoming space with art installations from SMC Art students. We also are continuing to work on improving our website to resonate more for students (less wordy) and expand community partnerships to include more workshops on things like sexuality and health, tobacco, vaping and other drugs, and more. We are engaging in a year long process this year with two consultants from UCSD to provide Gender Affirming Care training to better support transgender and intersex BIPOC students. We have also partnered with SEC Pride to enhance our student intake form to be more affirming and more accurate. A similar concern is the representation of Latinx/e students seen in the office, which is disproportionate to the Latinx/e students served by the institution. There is an opportunity to partner with Adelante or the racial justice center to conduct a focus group with Latinx/e students to better understand this gap for both SHS and CWW. As a start, the Dean of SHW (interim) has reached out to the Dean of EPI and the Program Lead for Latino Center to identify best next steps to meet with a center student voices in the Latinx/e community. Understanding the students perspective could help us better inform next steps.

6. If applicable, describe any instructional partnerships or collaborations that impact the students served by the program. (500 words)

We collaborate with instructional programs in a variety of ways. First, SHS regularly presents to classes on health topics that they request. We present regularly to the Nursing Program and Counseling 20 and have also partnered with the library serving as a panelist following The Ripple Effect. We have hosted several substance abuse workshops each year which often include a film and panel and have offered to partner for extra credit for faculty who are interested. In the clinical space, SHS provides assessments for CNA students and is always looking for ways to collaborate more with Nursing and Respiratory Therapy. We have started this year partnering with the Gender Equity Center to gather campus-wide feedback on our lactation rooms, and plan to enhance them and expand them across all campus locations following community feedback.

In the area of CWW, we also conduct classroom presentations and offer workshops for students asking faculty to give extra credit for students who attend. We also have therapists on the CPT who are involved in the de-escalation trainings that have been provided to hundreds of faculty and staff. We have curated these trainings for many departments over the course of the year and will target specific departments next year (e.g. fashion, communication and media studies, modern languages). We have partnered with the film department showing a film done by students about mental health and suicide and have included panelists from Active Minds, a student club that aims to destigmatize mental health. We also have therapists at satellite campus locations and STEM to collaborate more with instruction in the areas of Noncredit, Nursing,

CMD and Dance. Our therapists are frequently asked to curate presentations and we are always willing to collaborate if we have the expertise to offer workshops, groups or other types of spaces. In the area of professional development, we have also recently partnered with faculty in the psychology department to host a training on de-colonizing mental health where psychology faculty were invited to attend.

SHW has also been involved in helping to support the new Homeless Services Certificate Program and have been involved in supporting that new cohort of students. As part of this program, students will get wraparound support, mentoring, and career support and our area has served as the main source of the wraparound support with Counselors that specialize in the homeless service sector. Many students in the program have lived experience of being homeless or seeing it in their community or with family. Our services aim to connect students to everything they need on and off campus to support retention efforts.

C. ASSESSMENT AND EVALUATION

7. Describe any changes that have been implemented as a result of the recommendations of the last program review. (500 words)

SHS Recommendations for Program Strengthening (2017/2018)

To improve its various services and programs, the Program Review Committee recommends that the Health Services Office:

1. Develop a plan for merging the two centers with staffing and budget realistically based

on the projected FTES.

We have merged the budgets successfully. We have not merged the offices.

2. Consider a name change that reflects the integration of the Health Services Office with the Center for Wellness and Wellbeing (e.g., Center for Health and Well Being).

The areas are located separately so that would not make sense at this time.

3. Provide evidence of how data is used to inform decision making.

I hope this current program review shows an improvement of using data to make decisions.

4. Evaluate the number and level of services that can be provided effectively given the decline in enrollment and concomitant decrease in health fee revenue.

We have built in other revenue streams such as billing international student health insurance for immunizations which has helped to offset our deficit. We also charge a percentage of our time to COVID-19 district budget.

5. Consider the pros and cons associated with the MediCal program, in light of the number of students who are covered by Medical.

We put a pause on evaluating the MediCal LEA program. We are starting conversations now for Family PACT because the revenue stream is healthy.

6. Work with Institutional Research to develop a survey of all students to capture the specific reasons they seek services from the Health Services Office.

We developed a survey for students and this was administered.

7. Explore options for improving the efficiency and effectiveness of services to optimize the use of staff.

This is ongoing as the pandemic changed job duties for staff so we are working to improve efficiency.

8. Work with Institutional Research on the development of Unit Outcomes that can provide for effective data collection, assessment, evaluation and program improvement.

We did work with IR for Unit Outcomes, however post pandemic it is important to review and re-review.

CWW Recommendations for Program Strengthening (2017/2018)

To improve its various services and programs, the Program Review Committee recommends that the Center for Wellness and Wellbeing:

1. Implement the student satisfaction surveys on an annual basis and use the findings to effect program improvements.

We started to do this and then the pandemic happened. We decided to regroup post pandemic and rethink our satisfaction survey questions, which have been adjusted.

2. Ensure that mental health services provided by programs outside the Center are coordinated with the Center to provide an integrated, coordinated continuum of services to students.

Services that students are referred to from the CWW are vetted and only include agencies who are low or no cost.

3. Implement an interoffice satisfaction survey to ensure that each program is meeting the needs of other offices on campus.

While we didn't implement a survey, we did host a time limited advisory group where programs gave us feedback on what we could do to improve.

4. Work with Institutional Research on Unit Outcomes that are useful for ongoing program assessment, evaluation and improvement.

We worked on Unit Outcomes for ongoing program assessment as a result of this r

8a. Identify and describe one or two outcomes students are expected to experience after receiving services from, or participating in, the program. (200 words)

In the area of CWW, we created intentional outcomes for students to achieve given the short-term nature of the work (1 session would be the minimum). Our outcomes to assess are the following: (1) Students feel as though their therapist understood their concerns; (2) Students have learned coping skills as a result if their session with their therapist.

In the area of Student Health Services, we created student outcomes that align with what we expect students to learn/achieve while visiting the Health Center. Our outcome are that (1) students are very satisfied with the services they received in SHS and that (2) all the healthcare concerns brought to staff at the SHS, were addressed during their visit. It is important for the staff at SHS that student remain happy with the services and that the team have answered their questions and provided education about the health concern they came in to address.

8b. Describe how the identified student outcomes are assessed. (e.g., a survey of program participants is administered at week 12 of each semester) (200 words)

In the area of Student Health Services and CWW, 2 surveys were developed as a team and we partnered with IR to ensure they were measuring our proposed outcomes. Each area developed a survey that was only two questions with one open ended opportunity for program improvement or feedback. We began collecting survey data at the beginning of winter 2025 through spring 2025 and received 179 responses in SHS and 78 in CWW. The survey was administered to as many students as possible with a target goal of reaching 100 completed surveys. We did not reach out target goal in CWW, so next year we will offer the survey for a longer period of time to capture more students. Surveys in CWW were also offered to student

served by therapists in CWW and in special programs and other campus locations. Student health surpassed the goal reaching 179. This suggests we need to administer the survey in CWW for a longer period of time given they see less students overall than SHS.

8c. What is the “effectiveness” target goal for each of the expected student outcomes identified? (e.g., 90% or more of students attending the FAFSA workshops successfully complete the financial aid application within four weeks) (200 words)

For SHS, the effectiveness target goal is 90% of students will report being very satisfied with the services they received and 90% of students will report that the SHS completely addressed their health concerns. Both target goals were met or exceeded. There was also an open ended question which was all positive with the exception of two comments on wait times and having better signage. One comment read "I was treated and taken care of well by the staff members, and they were so nice and caring. They explained to me a lot of things about my insurance and urgent cares."

For CWW, the effectiveness target goal is 90% of students will report their therapist completely understood their concerns, and 90% of students will report that they strongly agree that after their session they learned at least one new tool to address the concerns they shared in session. In the area of CWW, neither target goal was met. Only 68.4% of student reported that their therapist completely or mostly agreed that their therapist understood their concerns and 61.8% strongly agreed that they learned at least one tool to address concerns they shared.

8d. Analyze the program’s performance on the data collected to assess the program’s student outcomes. Is the program meeting the target goals? What context is needed to understand the results? (500 words)

The performance of the SHS is overall very good. Satisfaction of students remains high. Follow up items include assessing the lack of representation of Latinx/e students in SHS when compared to the SMC student population. This is a good opportunity to use skills from SMC's Data Coaching Program to dive deep into data sense making and obtain student input. One consideration for this might be in partnering with the Adelante Program and offering incentives for students to participate in a focus group on their thoughts, feelings and experiences accessing SMC's SHS. Without having access to this data, it is difficult to determine what changes need to be made, so the first step for us to learn more about why we are seeing this disparity. Once we have a better idea, we can be more intentional in our outreach efforts and any changes made to the department.

The performance of the CWW needs improvement based on the data collected to assess the programs student outcomes. The data suggests that therapists may need to clarify with students whether their concerns were understood. This is a way to partner with students and bring them into the therpeutic process in a more intentional way. Sometimes paraphrasing the presenting problem and repeating it back and then following up with "Did I understand your concern correctly?" can allow for the student to respond and correct the therapist or add more clarification. Student would be given the opportunity to say "Actually, no that isn't what my concern is....and here is my concern...." . Similarly, asking the student in session about the effectiveness of the tools presented, could allow for an opportunity for them to respond and then engage in more dialogue. There also needs to be more dialogue with the therapists about other ways to improve outcomes.

9. Based upon the outcomes assessment, satisfaction evaluation and/or other data, provide two notable examples of how the program serves students effectively and briefly explain why they are successful. (500 words)

In SHS, students overall seem to be very satisfied with services and report SHS have addressed their healthcare concerns. The overall comments are very positive noting kind staff, addressing their needs, and efficiency. SHS is largely serving students by race/ethnicity at proportionate levels with the exceptions of Latinx/e students. Additionally the office seems overserve older students while underserving younger students, which is a general trend of healthcare access. SHS has engaged the campus community outside the office through numerous fairs, film screenings, and classroom presentations. Lastly, the professional development over the last few years post COVID-19 has enhanced the teams skillset to provide Gender Affirming Care and we hope to continue our learning in this space. This work will continue, while paying close attention to areas of improvement so that we can enhance our representation.

Based on a satisfaction evaluation, the results of CWW's questionnaire reflect that SMC students who seek services at CWW obtain a therapeutic experience that mostly or completely serve them, despite not meeting our target outcomes. Even though CWW didn't meet its target outcomes, 96% of students at least mostly feel their therapist understood their concern. We can always strive for improvement, however this gives us an indication that we are on the right track. Two notable examples for why we met this goal is that we interview and recruit counseling interns from quality training institutions and provide those interns with weekly individual and group supervision, which, in turn, develops their clinical skills. Additionally, 82.9% of student at least mostly agree that after session they learned one new tool to address the concerns shared. This also tells us that despite not meeting our target goal, that we are on the right track. We believe that the cohesion of our team plays a role in the success of serving students. The constant flow of communication and collaboration with special program therapists through outreach events and weekly or bi-weekly staff meetings, provide therapists from various special programs the opportunity to communicate with each other recent challenges, trends, and clinical breakthroughs with students. Coupled with an open-door policy that encourages consultation, therapists across campus know they can always reach out to senior CWW faculty for guidance and vice versa. Moreover, the requisite training in clinical best practices, law, and ethics, which all licensed therapists must complete every two years through the fulfillment of 36 continuing education units, helps ensure that students receive the most effective, evidence-based clinical interviewing and therapeutic interventions for SMC students, regardless of the treatment approach utilized. We also feel as though the added focus on cultural humility helps our students as most of our part time and all of our full time staff have been able to engage in these trainings over the years. We are intentional in these trainings and select topics that are relevant to the times with trainers that are experienced and reccomended.

10. Based upon the overall assessment and evaluation of the program, describe 2-5 areas that require attention or improvement. (500 words)

SHS has several areas of growth including (1) increasing Latinx/e student representation, (2) continue to increase DEIA trainings/workshops/discussions and identify those that feel relevant to the healthcare team, and (3) representation of students under the age of 19. There needs to be a better understanding of why SHS is underserving Latinx students so a deeper dive into that data as well as some focus groups with students to better understand their thoughts, feelings and perspectives on accessing SHS is important. The SHS engaged in a lot of training this year, and this is something that needs to continue. I have found that tailored DEIA trainings for the healthcare professionals is beneficial so they feel and understand the relevance to their daily work. We have funding we can access for this so more time will be spent implementing a healthcare equity training series for the team. Finally, doing more targeted outreach to our students 19 and younger is important. Younger students have different healthcare needs and interest and it may resemble more education in the area of sexual health, and tobacco, vaping and other drugs. Understanding the gap here is important as well as targeting out outreach efforts through various platforms will be critical.

Based on the survey feedback,. the CWW needs to improve in the area of students gaining tools to address their concerns and feeling understood by their therapist. A few therapeutic techniques could be

implemented to try and address this, which we will try and assess.

Based on an assessment of the open ended feedback portion of the outcome assessment, students at CWW have one overriding request: more sessions. This has been an ongoing challenge due to the relatively large student-to-therapist ratio that has existed for years. The only remedy to this, of course, is to lower this ratio by hiring more therapists. However, due to existing budget constraints, this is unlikely to occur for some time.

Another area CWW may improve is to understand better why Latinx/e and White students are less likely to initiate therapy at CWW. More outreach that targets explicitly these demographics could be helpful, or it may be that one or more of these groups enjoy a wider array of mental health options in the community and are, therefore, less likely than other groups to seek mental health support at CWW. We will begin dialogues with special programs and experts in the area to help in identifying students for focus groups to better understand this lack of representation.

D. THE FUTURE OF THE PROGRAM

11. Based on the findings from your assessment/evaluation, describe the goals/priorities and accompanying action plan(s) you will pursue to improve your program. (500 words)

CWW's goals include, but are not limited to, (1) continuing to foster and build upon our social work internship program. The therapy interns from this program have proven to be a reliable source of competent and motivated clinicians eager to learn, grow, and significantly contribute CWW's success serving a diverse student population. (2) We also plan to increase outreach efforts. The program's future will see an uptick in outreach with psychoeducational workshops that are engaging and relevant to the challenges that college students currently face. As of this writing, a DBT (Dialectical Behavioral Therapy) Group meets twice per week (one in person and one remotely), and the goal of the drop-in workshop is to help students better negotiate life stressors, interpersonal conflicts, and emotional dysregulation. A weekly mindfulness meditation group also meets once per week. Attendees learn how mindfulness meditation can increase performance while lowering stress levels. Expanding on such programming will provide more opportunities for more SMC students to take advantage of psychoeducational workshops, thereby utilizing a holistic approach, with the goal of preventatively bolstering the mental health of students, en masse. (3) We will also nurture existing and form new relevant partnerships to meet the needs of our students. As an institution with nearly 30,000 students, we have recognized that many college students seeking mental health services desire and expect to meet with a therapist with little delay. In response to this, we have partnered with tbh (To be Honest). This therapy app provides SMC students with evidence-based virtual mental health services that work as an extension to the services we provide, without the wait times that can occur during times of the year when demand for services intensifies. (4) We will work to gather student feedback on the lack of representation among Latinx/e students and make adjustments to the program and its outreach efforts accordingly. (5) Continue professional development around clinical concerns that are common among out student population as well as how to best serve minoritized student populations (specifically Latinx/e). (6) continue to support the newly developed de-escalation trainings offered across campus.

SHS goals include, but are not limited to (1) Continue to partner with the Gender Equity Center to gather campus-wide feedback and revamp the lactation rooms across all campuses, (2) Continue to engage in collaboration with the Pride Center on best practices for Gender Affirming Care information and referrals for students, (3) Continue to enhance community partners and outreach efforts related to alcohol tobacco and other drugs, (4) similar to CWW, we will work to gather student feedback on the lack of representation among Latinx/e students and make adjustments to the program and its outreach efforts accordingly, and finally (5) we will be enhancing the professional development for healthcare staff. Pre COVID-19, staff would engage in more clinically relevant trainings but this has really taken a back seat. We would like to prioritize this so nursing and health and education assistant skillsets can be continually enhanced. Examples include

training on college reproductive health, alcohol tobacco and other drugs and mental health best practices in Student Health College settings.

E. EMPLOYEES/PROGRAM STAFF AND DEPARTMENTAL CULTURE

12. List and describe program staffing, including FTE, faculty, classified professionals, managers, and student/intern support. (250 words)

In total, SHW has 9 FTE classified staff, 9 FTE faculty, 3 FTE administrators and 11 graduate level interns. This also includes Basic Needs and the Care and Prevention Team. There are also approximately 25 student workers across all areas. More specifically for CWW and SHS, see below.

In the area of CWW we have the following staff which include 3.5 FTE faculty and 1 FTE classified staff.

Danilo Donoso, Psy.D., Coordinator, Licensed Psychologist (full time faculty)
Alison Brown, Ph.D., Licensed Psychologist (full time faculty)
Michelle Pereira, LCSW, Licensed Clinical Social Worker (part time faculty)
Chyna Tucker, ACSW, Associate Clinical Social Worker (part time faculty)
Claudia Cardenas, ASW, Postgraduate Psychologist (part time faculty)
Leyla Arenas, Student Services Assistant

We also have 4 social work graduate level interns who received a stipend through SEA budget

and in special programs and other areas we have the following staff which include 4.5 FTE faculty:

Jennifer Bulger, Psy.D.
STEM Program (part time faculty)

Eva Grenier, ACSW, J.D.
Student Equity/Pride Center (part time faculty)

Julyssa Guevara, LCSW
DREAM/Rising Scholars/Pico Partnership (part time faculty)

Kenji Jones, LMFT, Psy.D.
Black Collegians/Adelante (part time faculty)

Marianna Oganesyan, LMFT
Satellite campuses (part time faculty)

Shelley Pearce, LMFT
Center for Students with Disabilities (part time faculty)

Maria Reynoso, Ph.D.
Black Collegians/Adelante Program (part time faculty)

Susana Stewart, LCSW
EOPS/Guardian Scholars/CalWorks (part time faculty)

Isra Yaghoubi, Psy.D.
International Education Center (part time faculty)

In the area of SHS we have the following staff which include 5.5 FTE classified staff:

Fauzia Hassan, Registered Nurse (Full time classified)

Kasiani Gountoumas, Nurse Practitioner (Full time classified)

Maria Arango, Registered Nurse (Full time classified)

Stephanie Aninyei, Health and Education Assistant (Full time classified)

Ana Velasquez, Health and Education Assistant (Full time classified)

Harald Austin, Health and Education Assistant (Part time classified)

Dr. Brian Madden, (Medical Director on contract)

Departmental culture is positive. Staff report having good morale, taking care of themselves when they need to and taking care of each other (e.g encouraging people to take breaks, celebrating events and birthdays in others' lives). The SHS is very good about supporting each other in a fast-paced setting where it is hard to take breaks. Staff encourage each other to eat, drink water, and leave when they are ill. The CWW has a similar culture but have a more intense focus on self-care. Graduate interns rarely want to leave, which is a testament to the support and care provided. As a leader, I am transparent, fair, and actively listen to their needs. We work on departmental goals for the years together and create boundaries with requests that come in as needed to protect the health and wellbeing of our ecosystem.

13. Analyze staffing levels in the context of the program's mission and purpose. Are there any gaps or needs to be addressed? (250 words)

The mission for CWW is to “provide a holistic range of timely, inclusive, culturally appropriate and effective mental health services to our diverse student body. The CWW also provides professional consultation to faculty and staff and promotes the personal well-being of students."

We always have more demand for services than we do staffing at CWW. The length of therapeutic services is determined based on the presenting problem, and we cannot always accommodate students for the duration they require due to our small team of professionals. There is a best practice in the world of higher education clinical counselors made by the International Accreditation of Counseling Services that says: “Every effort should be made to maintain minimum staffing ratios in the range of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students, depending on services offered and other campus mental health agencies”.

In the area of CWW, excluding outside special programs, our ratio is approximately 1:10,285. With special program therapists (who are not available to all students), the ratio is approximately 1:4,500. These high ratios are what lead to a variety of concerns, such as waitlists, short session duration, and fewer sessions students can access. It also contributes to burnout and compassion fatigue, two dire things we need to try and avoid as helping professionals.

This high ratio has led to the addition of our 24/7 emotional support hotline and the contracting of a new service called tbh, which provides free coaching, mental health support, and self-guided resources. We will continue to advocate through the Mental Health and Wellness Association (MHWA) and Chancellors’ Office for more dollars to be allocated to mental health at the state level.

In the area of SHS, our mission is to: “promote primary evidence-based care, health promotion, illness prevention, and education for our culturally diverse student population. We provide guidance to faculty and staff through consultation and outreach to promote a healthy campus. We advocate, inform, and empower students in making holistic sound health care decisions and healthy lifestyle choices."
We are adequately staffed for the most part, except an unexpected COVID-19 surge.

14. Describe how the program provides ongoing professional development opportunities for staff. (500 words)

Each year we offer professional development opportunities to staff in CWW and SHS separate from those offered at the college (of which all are open to staff). Because these areas require specialized training,

college wide trainings often don't support all their PD needs so we are intentional in how training is brought to the team. In the area of CWW, we host annual trainings on specialized clinical interventions with a focus on DEIA. We also strongly encourage all staff including adjuncts to attend MHWA and other related conference, which we reimburse for through our grants.

In the area of SHS, we strongly encourage staff to attend PD offered through the college and strongly encourage staff to attend more relevant clinical trainings offered through the Health Services Association (HSA) for CCC's. We are also hosting a gender affirming care series this academic year specifically for SHS. Our gender diverse student population often have medical trauma that is related to negative and harmful experiences in medical settings. SHS staff would benefit from being more well versed in how to support this student group and we have partnered with two gender affirming care experts from UC San Diego to help us along this learning journey.

Both areas have access to PD funds through grants and our auxiliary accounts and staff are strongly encouraged to attend trainings, conference and workshops. Staff will cover them while they are out so the work doesn't pile up while they are gone. Past PD topics have included substance abuse, family planning, mental health for special populations like undocumented students, Latinx students, suicide risk assessment, and many more. The two associations we are members of MHWA and HSA CCC both hold trainings twice her year that also give continuing education credits and staff do attend those as well. As a leader, I also will close the office for important trainings so that staff can be fully present.

15. What equity-centered practices and training have been implemented in the program? If applicable, provide examples and discuss strengths and areas for growth. How can the institution better support the program and staff in developing an equity minded work culture? (500 words)

Each year, SHW engages in really critical professional development including DEIA training and professional development. Last year, the CWW received training from June Bergkamp, PhD on Decolonizing Mental Health where we discussed the impacts of colonization on mental treatment as we know it today. In this training there was opportunity for dialogue and self assessment as well as opportunities to discuss how we might start to make shifts in our own area ands start de-colonizing work. The area of CWW also received training from Rick Williamson, PhD on Burnout and Selfcare and how the impacts of compassion fatigue and things like Racial Battle Fatigue impacts an individual. This workshop also included opportunities for self exploration, sharing and dialogue for how things like burnout and compassion fatigue can impact students of color. Past trainings in the area of CWW include Safe Zone, understanding the history of racism within mental health treatment, and more. We are committed to receive DEIA trainings each year and this upcoming year our big focus is on how to provide better gender affirming care for trans, non binary, and gender non conforming students.

In the area of SHS, while we have engaged in DEIA trainings at the college level, there has not been as intentional a focus. This year 2024/2025 we will be engaging in a year long professional development training with gender affirming care specialists from UC San Diego where staff will learn the history of medical trauma for gender non-binary and gender non-confirming students, what are best practices for gender affirming care, and what changes we can make to support of gender diverse students. I plan to have a more intentional focus for SHS each year on areas like Health Equity to ensure trainings are resonating with staff.

The areas of SHW are specialized and while the DEIA trainings that are open to all college professionals, are relevant, they don't always resonate in the same ways that a specialized training might. I think one thing that college could do to support creating an equity-minded work culture, is to give departments designated PD days that are planned by staff in that department and their respective leaders. These days could be outside of PD that is often overwhelming with material to get to. These days could provide that balance so departments don't have outside forces pulling them in different directions, but rather create an internal focus so departments can focus on equity-minded practices, trainings and workshops, an d team building to create and nurture a culture of care and support.

16. If applicable, describe if the program has a succession plan to ensure that it is minimally impacted by staffing transfers, departures, and/or retirements? (250 words)

As the lead for SHW I am always thinking about succession planning and developing staff to become their best professional selves and reaching their fullest potential. In my 1:1 meetings with staff, I spend time focusing on professional (and personal) goals and ways I can support staff reach their goals. Often this means getting advanced degrees and moving up within the institution, but not always. Whatever the staff goals are, I work to support them and provide opportunities for professional development, working out of class, working overtime and overall development. I am also interested in changing job descriptions if there are program needs that align with professional goals. One example is in SHS we have a Health Assistant with a Bachelors in Public Health who is very much interested in healthy campus wide initiatives. This is a gap for us in SHS and we would love to do more events that bring awareness to issues like alcohol, tobacco and other drug use, as well as sexual and reproductive health (two common concerns for college age youth). Additionally, we have times during the year where we are overstaffed at the front desk and time could be spent doing more work to support this kind of outreach. As a result, I have been working with the PC to adjust job descriptions so that the duties showcase more outreach and advocated for a title change from Health Assistant to Health and Education Assistant.

17. Describe the program's workplace culture, climate, and morale, and discuss how it impacts the program's ability and capacity to effectively serve students. Describe how the college can support and improve the environment and/or morale in your department. (500 words)

There is a high level of collaboration in SHW programs. SHS, CWW, Basic Needs, CPT and SJA meet as a department once per term (fall and spring). We also have holiday parties as a way to celebrate, unwind and connect. Each area has biweekly or weekly team meetings and the culture and morale ranges by area.

In the area of SHS, the 2.5 Health Assistants are relatively new within the last 2 years so they are still finding their rhythm working together. I meet with health assistants together to ensure there is clarity on job descriptions as well as to build community together as their jobs and very different than our nurses and nurse practitioners. Their most critical responsibility is serving students, so while they have other tasks this always takes priority. The nurses and nurse practitioner have been working together for more than a decade and work very effectively together. There are times when the health center can get very busy and stressful due to the nature of what students are coming in with as well as just overall volume. While the clinical staff may not always agree, they treat each other with respect and are sensitive to each others needs. The team as a whole work very well together. Our last professional development/staff retreat was with career services where we all took the Meyers Briggs (this is the second time we have done this as a team). The team really appreciated learning about each others preferred styles of communication and often reference it with each other. For example, we learned most of us are introverts with one extroverts, so we are more patient with each other as it relates to perceived behavior. Staff also come from very different cultural backgrounds and there is a sharing of these cultures through potlucks and during holiday traditions. Staff also regularly bring each other gifts back from trips to other countries or country of origin, and this is another form of sharing and building community.

In the area of CWW, the morale is high. Workplace culture is a place of sharing, respect, curiosity and learning/growth. The climate is also one that allows for questions, new ideas and pivoting when things don't work. We are often changing the process when things don't work anymore because of new student trends and behaviors. These are often coming out of discussions held in weekly group supervision which is a space to talk about clinical issues coming up in sessions with students. Staff are not only often sharing information about their own lives in group supervision, individual supervision and with each other and how it might impact the student experience (counter transference), but they are also always eager to learn more about a student's lived experience and culture and how it might be different from their own. Being aware of

therapeutic dynamics stated above are critical for positive therapeutic outcomes where student clients gain insight into their given challenge(s) and obtain tools to effectively deal with them.

F. BUDGET PLANNING

18. Describe how the current program budget aligns with the program's goals and outcomes over the next three years. If it doesn't align, what would be needed to supplement the current budget allocation? (250 words)

The budget for SHW includes 3 different budgets: student health fees, mental health ongoing funds from the Chancellors office, and auxiliary funds. We have also used some Basic Needs ongoing funds from the Chancellors office to support therapist salaries, but this isn't the norm. Additionally, some therapists in special programs are p[aid for by the respective area. For example, The Umoja grant in Black Collegians pays for their therapist, the Student Equity and Achievement grant pays for the therapist in the Latino Center, the STEM program pays for their therapist, and a few others are covered by Guardian Scholars, and Pico Partnership. In SHW, Health fee budget holds almost entirely staff salaries, whereas mental health Chancellors office funding allows us to do the extra activities such as therapists in special programs, professional development, activities on campus for students, etc. Auxiliary funds are used for events we host on campus, and purchasing of extra things we need like furniture, technology, etc. This year we created a strategic plan for both CWW and SHS and our funding from these three areas does support our strategic planning goals and objectives. Most of the focus does not cost us anything but time. These include things like reviewing our mission, creating our vision and goals, enhancing professional development in the areas of health equity and gender affirming care, and analyzing our service delivery model. The one area we will need to look at is our SHS staffing, oh which 25% is charged to COVID-19 budget through the district which significantly helps our overall budget. Once that stops, we will be looking at a deficit and will not backfill positions that leave or retire in SHS. While the office is incredibly busy during fall and spring, intersessions are less busy and we are overstaffed. I have been looking at jib descriptions and making adjustments to incorporate more outreach and education so that time can be devoted to these areas more heavily during the slow months.

19. Are there any special projects or initiatives that will require additional budgeting or a reallocation of existing resources for the program? Consider the following: human resources, reducing racial equity gaps, student success and completion, community relations, professional development opportunities, and federal, state or district initiatives. (500 words)

Two areas come to mind. In the area of CWW, we are working on a new classification for a full time case manager (classified staff), which would reallocate resources from some of our adjunct therapists in the CWW office and in IEC. We would not take away therapists in areas that primarily serve Black and Latinx students, because that was a concern. This position would enhance coordination of care as a full time staff person. They would also serve as a first point of contact for students in crisis, meeting the campuses overall need/request to have someone available at the CWW to assess students in crisis. We see this as a response to a growing campus need and could help us to manage the high risk behaviors we see in the office. This is not an approved PBAR but its ready to be submitted and will be once the hiring freeze is over.

In the area of SHS, we have a gap in the area of outreach. Our strategic plans indicates goals and objectives of focusing on two areas of outreach based on public health data for college age youth. First, the area of tobacco, alcohol and other drugs is an area we do not focus enough on but data suggests use is high among college age youth. We have also been seeing an uptick in this behavior in CPT and SJA. The second area of concern is around sexual health including family planning and STI education. Data suggests that students would benefit from education in both these areas and they tend to be areas the UC's and Cal States as well as other residential colleges focus on. While we do offer limited services in these areas, we can tap into community agencies that do support services in a more holistic way. In SHS, we have 2.5 Health Assistants and while some of their time is devoted to outreach, it often gets pushed to the side due to COVID-19 and direct contact work in the SHS office. I believe there is a way to address this by having one of the Health

Assistants reclassified to have more of their job focused on outreach. Recently, the PC has gone through a cyclical review of SHS job descriptions and some small adjustments were made to the title from "Health Assistants" to Health and Education Assistants" to create a greater focus on education and outreach. The next step is for one of the positions to shift to be focused 75% on outreach and education. We have someone in one of the positions with a BA in public health who is interested in growing in this space and who has a lot of ideas for ways to improve out campus educations in these areas from a population health perspective. I hope to reclassify one our current positions to address these concerns after the hiring freeze.

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