

## Student Success and Support Programs

### Comprehensive Program Planning and Review (CPPR) for 2025

**Only to be completed by those programs scheduled for the year according to the institutional comprehensive planning cycle (i.e., every two or five years).**

**Program:** STUDENT HEALTH SERVICES      **Planning Year:** 2025

**Last Year CPPR Completed:** 2020      **Cluster:** SSSP **Current Date:** March 2025

**Narrative: Student Success and Support Programs, College Centers CPP8i**

Please use the following narrative outline:

The program review for the community college student health program was conducted through a collaborative process involving all health services team members. The review aimed to assess program effectiveness, identify areas for improvement, and align services with student needs.

#### Process Overview

1. **Planning & Staff Involvement** – Goals were established, and staff provided input through team meetings, one-on-one discussions, and ongoing communication via email and Microsoft Teams.
2. **Data Collection & Analysis** – Service utilization, student feedback, and operational reports were reviewed, along with best practices from peer institutions.
3. **Findings & Recommendations** – Strengths, challenges, and opportunities were identified, and recommendations were developed based on staff input and data analysis.
4. **Finalization** – A draft was shared with the team for feedback before finalizing the review. Leadership and stakeholders ensured alignment with institutional priorities.

This inclusive process allowed for a comprehensive evaluation, guiding improvements to better support student health and well-being.

#### I. General Program Information

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#### A. Program mission

Student Health Services promotes the physical and mental well-being of students through accessible, high-quality care, empowering them to make informed health decisions that support academic success and personal growth. Our services include medical and mental health care, health counseling, injury treatment, and community referrals. Committed to equity and wellness, we strive to reduce non-academic barriers and foster a thriving campus community.

#### B. Brief history of the program

The Health Services Program was established in January 1989 with the hiring of a Coordinator of Health Services, funded by the mandatory Health Services Fee. The program has evolved to include clinical and medical care, public health nursing, mental health services, and other special services. Initially, services were contracted through external providers, offering physician and nurse practitioner clinics along with nursing assessments and screenings.

The program was originally student-funded on the San Luis Obispo campus and received significant support from the Associated Students of Cuesta College (ASCC), who helped fund the first Student Health Center. In 1998, a second Health Center was opened at the North County Campus. In March 2007, the San Luis Obispo campus moved to a new, dedicated Student Health Center.

#### C. Include the broad history of the program and significant changes/improvements since the last Program Review.

Since its inception in 1989, clinical services were initially contracted to physicians and nurses, providing physician and nurse practitioner clinics along with nursing assessments, interventions, and screenings for students. A Faculty Coordinator provided oversight for the program and this position was changed in 2019 to Director of Student Health Services. For over 30 years, Health Services has delivered essential clinical care.

A mental health consultant was hired to assist in developing mental health policies and procedures, leading to an expansion of services that included individual and group therapy, mental health seminars, classroom presentations, workshops, screenings, crisis intervention, health education, staff consultations for students of concern, and community referrals.

Historically, mental health consultants were contracted based on the Health Services budget. In 2004, the VP of Student Services advocated for general funding to support mental health due to increasing demand. As a result, the Cuesta College Board of Trustees approved a temporary, part-time (60%), 18-contact-hour Faculty Mental Health Counselor under the Counseling Department's general fund. As demand for services increased, the position increased and

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eventually Student Health Services were provided with a FT Faculty Therapist who remained under the Counseling Department's general fund.

The Student Health Center continuously evaluates past and current performance to refine and enhance services while maintaining fiscal responsibility. With a commitment to serving a diverse student population, the center aims to go beyond illness response and become a leading campus resource for physical and mental wellness.

**The following changes have been implemented since the 2020 CPPR:**

*Staffing Changes:*

• **Retirements and Vacancies:**

- The Part-Time Nurse Practitioner retired in 2020, and the position was not immediately filled due to decreased appointment usage during remote operations.
- The Full-Time Health Services Assistant also retired in 2020. During this time, the director evaluated staffing needs before refilling the position and in the interim we temporarily increased hours for the Part-Time Program Specialist to support operations. In 2021, the position was reclassified to a Program Specialist, filled through an interdepartmental transfer. This was essential to support the program's evolving needs, including telehealth services and the newly adopted Electronic Health Record (EHR) system.
- In Fall 2022, the department recruited a new Student Health Services PT Front Office Assistant at 0.8 FTE.
- Part-Time Classified RN resigned in 2022, and a Part-Time Temporary Physician Assistant was hired to restore the scope of medical services, as the Nurse Practitioner position had been vacated. Although the RN position remains vacant, the expanded hours of the Physician Assistant have helped meet student demand.
- The Full-Time Program Specialist resigned in September 2023, and the position was filled by Starr Cloyed in January 2024.
- Frances Wheeler, PT Classified Registered Nurse NCC resigned in September 2024. This position has been filled pending board approval in March 2024.

• **Mental Health Staffing:**

- Dr. Ashley Hart was hired in 2020 as a Part-Time Faculty Mental Health Therapist under a grant to address the growing demand for mental health services. Following the end of the grant, ongoing state funds continued to support her position.
- In 2024, the Full-Time Tenure-Track Faculty Mental Health Therapist position became vacant following the retirement of Tonya Leonard. Replacing the position was advocated for in the prioritization process and the prioritization committee recommended replacement which was approved by the President. We recruited for the FTTT therapist position in Summer of 2024. Dr. Hart was offered and accepted

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the position, and she assumed the role in January 2025 after approval by the Board of Trustees.

- Dr. Hart's acceptance of the FTTT position left a vacancy (for the PT position). In addition, we continue to see a need for additional mental health support and these factors led to the opening of a Part-Time Pool in Fall 2024, although recruitment was unsuccessful. As a result, Jessica Raybon and Tonya Leonard (a retired therapist) were temporarily hired to provide support services for Spring 2025.
- As of Spring 2025, mental health services are supported by 1.9 FTEs, including one associate, Tia Semmes, who joined the team in December 2024. We are opening the Part-Time Pool again this Spring.

- **Clerical Staffing:**
  - The Clerical Student Worker position was not rehired after remote operations began in 2020. The Director continues to evaluate the need for this role, with the Program Specialist currently providing back-up support to the front office assistant.
- **Temporary Hires and Peer Educators:**
  - Medical Assistants were temporarily hired to staff the COVID-19 testing site funded by one-time Covid relief funds in 2020. The site closed once testing requirements were lifted.
  - A Part-Time NEAT Peer Educator was rehired in Spring 2022 to assist with nutrition education. However, this position remained vacant in 2023 after the educator left, and no replacement has been found yet.

*Programming Changes:*

- **Organizational Shifts:**
  - Following the restructuring of SSSP in 2022, Student Health Services began reporting to the Dean of Student Success and Support Programs, Dr. Maria Escobedo.
- **Electronic Health Record (EHR) Adoption:**
  - The PyraMED EHR system was implemented in Fall 2020. This transition significantly altered appointment documentation, intake procedures, and scheduling, and was integrated with HIPAA-compliant Zoom accounts for telehealth services.
  - In Summer 2021, the EHR system was expanded to include a patient portal, which allows students to schedule appointments and complete forms online securely.
- **Telehealth and In-Person Service Modality:**
  - The program initially shifted all appointments online in response to the pandemic. Fall 2021 saw the return of in-person medical consultations by appointment, followed by the resumption of in-person therapy services in Fall 2022.

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- Virtual lobbies, initially set up during the pandemic, were found to be underutilized and were discontinued in favor of offering more walk-in appointments including telehealth for students needing remote appointments.
- **Expanded Health Services:**
  - Health Services began offering employee and student TB risk assessments through telehealth. This practice required in-person consultation before 2020, but the pandemic shifted public health approaches, and we continue to meet California Education Code requirements for TB risk assessments using this new model.
  - In 2024, in alignment with all SSSP programs, Health Services integrated with ConexED, a case management system, to improve referral and student support services while maintaining our scheduling and documentation in PyraMED, the Electronic Health Record.
  - The program began contracting with Quest Labs in 2024 for discounted outpatient labs when services are unavailable in-house.
  - The department also partnered with the Chancellor's Office and launched the Student Wellness Ambassador Program to promote wellness resources and assist with outreach.
  - Applied for FamilyPACT (Medi-Cal entity) in order to bill for sexual and reproductive services and offer these services for free to students in our clinic.
  - Provide physicals for students at a lower cost.
  - Integrated Clinical/Mental Health services with medication consultation.
- **COVID-19 Response:**
  - Health Services operated an on-site COVID-19 testing site during the pandemic, providing PCR and antigen tests for students, employees, and visitors in compliance with health orders. The testing site closed when the requirements to be on campus changed and did not require testing and/or vaccination.
  - Staff assisted with contact tracing, COVID-19 vaccine documentation, and compliance with the Cleared4 platform.
- **Expanded/Improved Mental Health Support:**
  - In Spring 2022, the program piloted the Think Hopeful online peer support and wellness coaching program, which was contracted for the 2022-2023 academic year and continues to date.
  - In Fall 2023, BetterMynd Teletherapy was contracted to provide telemental therapy services, broadening access to include evenings, weekends, and holiday breaks, and offering bilingual support.
  - Converted our storage room to an additional therapy room.
  - Revamped all therapy spaces to create a more therapeutic and inviting environment, moving away from a traditional office feel.

*Regulatory Changes:*

- **SB 367 Compliance (2023):**
  - Health Services became compliant with SB 367, which mandates the distribution of opioid overdose reversal medication, including Narcan, in campus health centers. Narcan is available at the Student Health Center and promoted via the website and campus outreach.
- **AB 461 Compliance (2024):**
  - Health Services began stocking and distributing fentanyl test strips as required by AB 461, which mandates community colleges to inform students about their availability and location.
- **AB 1524 (2025):**
  - In alignment with [Assembly Bill 1524](#), starting January 1, 2025, California Community Colleges are required to provide free drug testing devices on campus. These devices, including test strips and other tools for detecting controlled substances, must be available at campus health centers and accompanied by clear, visible notifications for students.
- **E-Prescribing:**
  - The program adopted e-scripts through PyraMED for electronic transmission of prescriptions to pharmacies, in accordance with California law.
- **Communicable Disease Compliance:**
  - The department continues to remain compliant with public health guidelines, including those related to COVID-19 and other communicable diseases.
- **Fee Calculation Update:**
  - The methodology for calculating the Health Services Fee was updated from 2020 to 2025, resulting in an increase in the allowable fee for student health services.
  - The current fee allowance is set at 26.00 for a semester and 22.00 for summer session but will increase to 27.00 and 22.00 for Fiscal Year 2025-26.

**II. Program Support of District's [Mission Statement](#), [Institutional Goals](#), [Institutional Objectives](#), and/or Institutional Learning Outcomes**

**A. Identify how your program addresses or helps to achieve the [District's Mission Statement](#).**

Student Health Services directly supports Cuesta College's mission by promoting the physical and mental well-being of students, ensuring they have the health resources needed to achieve their educational goals. By providing accessible medical and mental health care, health counseling, and referrals, we reduce non-academic barriers that may hinder student success.

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Our commitment to equity and wellness aligns with Cuesta's inclusive approach, ensuring that all students—regardless of background—can thrive academically, personally, and professionally.

Through proactive health education, culturally responsive care, and innovative support services, we contribute to a campus environment where students are empowered to excel in their studies, engage in their communities, and prepare for future careers. Our comprehensive services include:

### **1. Medical Services:**

- In-person and telehealth consultations with a registered nurse or physician assistant
- Select sexual/reproductive services and referrals
- TB assessments, flu vaccination clinics, and diagnostic testing (COVID-19, strep, influenza)
- Physicals
- Basic first aid
- Online health education
- Communicable disease prevention and management

### **2. Mental & Emotional Support:**

- Individual therapy and mental health workshops
- Crisis Intervention
- Mental health trainings
- Think Hopeful Wellness Program and BetterMynd teletherapy
- Stigma-reduction events, social media wellness content, and staff consultations for students of concern

### **3. Social Support:**

- Peer support programs (NEAT Peer Education, Wellness Ambassadors, Think Hopeful)
- Social support workshops, campus event participation, and referrals to student organizations like Cuesta PRIDE and Wired Like This
- Collaboration with the Wellness Committee to promote campus wellness initiatives

### **B. Identify how your program addresses or helps the District to achieve its Institutional Goals and Objectives, and/or operational planning initiatives.**

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Health Services staff actively contribute to Cuesta College Institutional Goals 1-5 by addressing non-academic barriers to success for disproportionately impacted student groups.

### **Institutional Goal 1: Access – Expanding Student Access to Higher Education**

The Health Services Program is designed based on best practices, theoretical frameworks, professional guidelines, and data from health risk appraisals and surveys. It offers a comprehensive approach that integrates clinical treatment, education, and prevention. Access to health resources and basic needs is the foundation for addressing higher-level needs like education.

To expand access, the program leverages Telehealth services and online health education resources, such as Wellness Central in Canvas and CampusWell, and promotes them through social media and other digital platforms. These efforts ensure that all students, including those in distance education, have equitable access to health services. Additionally, with community health resources at capacity and often difficult to access, our program provides essential services that students may not otherwise be able to obtain.

Health Services also prioritize support for nontraditional students, including evening-only and re-entry students, by offering telehealth and bilingual support, thereby reducing barriers to care. Additionally, the program provides essential resources for basic needs, undocumented student health support, and culturally inclusive services through dedicated web pages, presentations, and participation in events for diverse student populations.

### **Institutional Goal 2: Completion AND Institutional Goal 3: Transfer**

Health Services plays a critical role in student success by addressing nonacademic barriers that impact learning. Through access to acute medical care, health promotion activities, and social and emotional support, the program enhances student well-being and academic persistence. By actively engaging with student organizations, campus departments, and community partners, Health Services ensures a comprehensive support network for students. Success metrics included in this review will highlight the program's contribution to student completion.

Training and professional development are key components of the program's impact. Health Services offers QPR (Question, Persuade, Refer) suicide prevention training, Mental Health First Aid, and Flex activities, which educate faculty, staff, and students while reducing stigma around mental health. Providers and support staff participate in ongoing cultural sensitivity and equity training, ensuring inclusive and affirming care. Notably, the program includes an LGBTQ+ Certified Affirming Therapist on staff.

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Health Services also maintains direct partnerships with campus and community organizations, such as:

- Student Life and Leadership
- Monarch Center Dream Team
- Student Success Center
- Affinity Center
- STEM and Teacher Pathways programs
- Lumina Alliance (Sexual and Intimate Partner Violence Prevention)
- The Center (Sexual and Reproductive Health Alliance)
- SLO County Behavioral Health and Transitions Mental Health Association (TMHA)

Through these comprehensive efforts, Health Services enhances student well-being, fosters inclusivity, and removes barriers to completion, ultimately supporting students in achieving their academic and career goals.

Health Services staff contribute to campus and community initiatives, including:

**On-Campus Involvement:**

- **Director:** Serves on multiple committees, including the Student Equity Plan, College Council, Management Senate, Wellness Committee, and CCMS Mentor Program. She also participates in hiring committees and consults on students of concern for the district.
- **Program Specialist:** Actively participates in campus committees and health initiatives, contributing to service improvement, including the Wellness Committee and monthly Need-to-know meeting by bringing back information to the staff.
- **FTTT Therapist:** Provides consultation to the campus regarding student mental health concerns and participates in the SIRT process and provides QPR training.
- **PT Faculty Therapist (Jessica Raybon):** Remains Undocu-Ally Certified to bridge gaps in services for undocumented students. Provided the following:
  - 1/30/24 Somatic Anxiety Reducing Techniques/SHC Services Information to nursing students. (25 in attendance)
  - 7/17/24 Somatic Anxiety Reducing Techniques/SHC Services Information to nursing students

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## Off-Campus & Statewide Involvement:

- **Director:** Serves as President of the HSACCC Board of Directors and HSACCC Research Chair, SLO Suicide Prevention Council and Multi-County Suicide Prevention Summit. She worked with the CCCCO planning group for Mental Health Action Week.
- **Faculty MFT:** Works with the County Crisis Stabilization Unit and the SLO Mental Health Advisory Board and GALA Pride and Diversity Task Force to stay updated on community mental health resources. Member of the California Association of Marriage and Family Therapists (Central Coast Chapter).
- **PT Faculty MFT (Jessica Raybon):** Serves as the DEIA+ Director on the Central Coast Chapter California Association of Marriage and Family Therapists board.
- **Associate MFT (Tia Semmes):** Member of The California Association of Marriage and Family Therapists
- **Program Specialist:** SLO Opioid Prevention Coalition and Suicide Awareness and Prevention Committee

Health Services is committed to DEIA and actively works to reduce equity gaps by analyzing student demographics and service usage data. Recent expansions, such as BetterMynd, have improved accessibility. Additionally, we assess the impact of our services on student success metrics by disaggregating our data.

## Key DEIA Initiatives:

- Health Minds Study (HMS) Survey (Spring 2022): A comprehensive survey measuring student mental health, service utilization, and campus climate. This survey includes a module on diversity and inclusion and its impact on academic persistence. The results inform our program development and resource allocation. The survey will be readministered in Spring 2025.
- Equity-Focused Professional Education (October 2023): Hosted a presentation by a UCLA researcher analyzing data from the 2022 Healthy Minds Study (HMS).
- State-Level Involvement: Contributed to **policy briefs** that address student mental health and equity, utilizing data from the 2022 HMS CCC Consortium.
- Training Initiatives: Conducted QPR (Question, Persuade, Refer) and Mental Health First Aid training for staff and students to enhance campus-wide mental health literacy.
- Accessibility Training: Two staff members are trained in AIM to improve accessibility to digital content.
- Community Outreach: Partnered with on- and off-campus organizations to reach underserved communities and participated in cultural events to reduce stigma and increase service outreach.

**Institutional Goal 6: Facilities and Technology Integrate and improve facilities and technology to support student learning, and the innovations needed to serve our diverse communities**

- Promoted online resources, including Mindwise, Campus Well, Wellness Central on Canvas, social media content and a digital relaxing room.
- Refined the EMR and incorporated additional functions to remain compliant with regulations and/or improve the student experience.
- Continued contract with a digital peer support program, “Think Hopeful”. This online wellness program provides a 3-tiered approach to mental wellness, which includes (i) Self-care, (ii) 1:1 wellness coaching, and (iii) Community features.
- Entered a new contract with BetterMynd to enhance Teletherapy and make services available to a more diverse student body.
- Promote free and confidential mental health app.

**C. Identify how your program helps students achieve Institutional Learning Outcomes, if applicable.**

*1. Personal and Professional Development*

- **Health and Well-Being:** By providing access to medical care, mental health counseling, and wellness resources, students learn to prioritize their well-being, leading to improved focus, attendance, and academic performance.
- **Stress Management & Resilience:** Programs such as mental health workshops, mindfulness training, and stress reduction activities equip students with coping strategies that enhance self-efficacy and emotional regulation, both essential for personal and academic success.

*2. Communication and Collaboration*

- **Peer Education & Outreach:** Student Health Services trains peer health educators and partners with student organizations to provide health advocacy, sexual health education, and mental health awareness programs, encouraging effective communication and peer support.
- **Interdisciplinary Collaboration:** The department works with faculty and staff from instruction and SSSP to integrate health services into student success initiatives, ensuring a holistic approach to student learning.

### *3. Critical Thinking and Problem-Solving*

- **Health Literacy & Decision-Making:** Through workshops on nutrition, substance use prevention, sexual health, and self-care, students develop the ability to evaluate health-related information and make informed decisions that impact their academic and personal lives.

### *4. Social Responsibility and Civic Engagement*

- **Basic Needs & Equity Initiatives:** By connecting students to basic needs resources (food pantries, CalFresh, housing support, and financial assistance), Health Services promotes equity, social responsibility, and access to education for all students, particularly those from historically underserved communities.
- **Diversity, Equity, and Inclusion:** Programs such as LGBTQ+ health support, trauma-informed care, and culturally responsive mental health services ensure that all students feel seen, supported, and empowered to persist in their educational goals.

#### **D. Describe and/or outline how the program's Strategic Goals are aligned to the SSSP Division Strategic Goals.**

Updated department goals have been identified in alignment with the Vision 2030 Framework and Cuesta College's Student Success & Support Programs goals. Health Services strategies and priorities will focus on the following in 2024-2025:

##### **Goal 1: Equity-Minded Services**

- a. Implement comprehensive health education programs, workshops, and resources that meet students where they are, promote healthy lifestyles, mental well-being, and proactive health management. This will foster an environment where all students can achieve their full academic potential.
- b. Ensure access to comprehensive health services through multiple modalities for a diverse student population, in alignment with the Vision 2030 framework. These efforts will help students stay on track and ensure ongoing learning and success.
- c. Continuously assess and improve department procedures to eliminate barriers.

Student Health Services will strive to create a more inclusive, accessible, and equitable environment, where all students can easily access the services, they need without unnecessary obstacles.

##### **Goal 2: Equity in Access**

- a. Continue to refine and utilize the electronic health record system, PyraMED, to

streamline student access to services and enhance the management and accessibility of health records. This will ensure timely and equitable healthcare support for all students.

b. Foster a safe and inclusive environment that promotes the health and wellness of all students. We will focus on supporting students' physical, mental, and emotional well-being through education, prevention, and intervention programs that respect and celebrate diversity.

### **Goal 3: Equity in Support**

a. Enhance the well-being of our students through cross-collaboration with campus support programs and community partners, ensuring a holistic approach to health and wellness. By integrating resources and expertise, we aim to create a seamless network of support that addresses students' physical, mental, and emotional health needs.

b. Develop and implement data-informed programming that effectively assesses and addresses the unique health needs of historically underserved student populations. This will foster an inclusive and supportive campus environment and improve outcomes for minoritized students.

### **III. Describe Program Data Analysis and Program Specific Measurements**

**This should be an update on the data analysis from the last CPPR**

Please review the data and provide analysis of the factors affecting your program, paying particular attention to recent changes.

#### **A. Number of Students Served and Student Demographic Data**

##### **23/24 Total Number of Students –Mental Health Services through Cuesta (Disaggregated by Gender and Ethnicity)**

| Ethnicity                     | # Served | % Served | College Avg. |
|-------------------------------|----------|----------|--------------|
| Asian                         | 4        | 2.25%    | 2.88%        |
| Black/African American        | 2        | 1.12%    | 1.99%        |
| Hispanic/Latinx               | 71       | 39.89%   | 36.89%       |
| American Indian/Alaska Native | 1        | 0.56%    | 0.41%        |

|  |      |        |        |
|--|------|--------|--------|
| Native Hawaiian/Other Pacific Islander | 3    | 1.69%  | 0.2%   |
| Two or more races                      | 11   | 6.18%  | 5.72%  |
| White                                  | 86   | 48.31% | 46.93% |
| Male                                   | 66   | 37.08% | 45.47  |
| Female                                 | 98   | 55.06% | 49.94  |
| Unknown Gender                         | 14   | 7.87%  | 4.58   |
| Non-binary                             | *    | *      | 0.02%  |
| <b>Total Served (Unduplicated)</b>     | 178  |        |        |
| <b>Total Appointments</b>              | 1135 |        |        |

\* Lack of data can be contributed to the following: Data collection in Banner for non-binary students has only recently been collected and many students are not aware they can change their gender designation.

#### **23/24 Total Number of Students –Medical Consultations through Cuesta (Disaggregated by Gender and Ethnicity)**

|                                      | # Served | % Served | Cuesta Avg. |
|--------------------------------------|----------|----------|-------------|
| <b>Asian</b>                         | 16       | 3.69%    | 2.88%       |
| <b>Black/African American</b>        | 2        | 0.46%    | 1.99%       |
| <b>Hispanic/Latinx</b>               | 145      | 33.41%   | 36.89%      |
| <b>American Indian/Alaska Native</b> | 2        | 0.46%    | 0.41%       |

|   |     |        |        |
|---|-----|--------|--------|
| <b>Native Hawaiian/Other Pacific Islander</b> | 1   | 0.23%  | 0.2%   |
| <b>Two or more races</b>                      | 36  | 8.29%  | 5.72%  |
| <b>White</b>                                  | 229 | 52.76% | 46.93% |
| <b>Unknown Ethnicity</b>                      | 3   | 0.69%  | 4.53%  |
| <b>Female</b>                                 | 262 | 60.37% | 49.94  |
| <b>Male</b>                                   | 146 | 33.64% | 45.47  |
| <b>Non-Binary</b>                             | *   | *      | 0.02%  |
| <b>Unknown Gender</b>                         | 26  | 5.99%  | 4.58%  |
| <b>Total Served (Unduplicated)</b>            | 434 |        |        |
| <b>Total Appointments</b>                     | 826 |        |        |

\* Lack of data can be contributed to the following: Data collection in Banner for non-binary students has only recently been collected and many students are not aware they can change their gender designation.

### 23/24 Average Success Metrics for Students Using Medical and Mental Health Services

|                          | Medical Services | Mental Health Services | Cuesta Average |
|--------------------------|------------------|------------------------|----------------|
| <b>Total Retention</b>   | 92%              | 86.94%                 | 93.92%         |
| <b>Total Persistence</b> | 77%              | 86.96%                 | 66%            |
| <b>Total Success</b>     | 85%              | 74.76%                 | 76.69%         |

### 23/24 Persistence by Disaggregated by Ethnicity for Students Using Medical Services

|  | Cuesta Health Services/Medical | Cuesta Average |
|--|--------------------------------|----------------|
|  |                                |                |

|   |        |       |
|---|--------|-------|
| <b>Asian</b>                                  | 66.67% | 68.8% |
| <b>Black/African American</b>                 | 0.00%  | 46.2% |
| <b>Hispanic/Latinx</b>                        | 70.59% | 61%   |
| <b>American Indian/Alaska Native</b>          | n/a    | 40%   |
| <b>Native Hawaiian/Other Pacific Islander</b> | n/a    | 40%   |
| <b>Two or More Races</b>                      | 100%   | 64.8% |
| <b>White</b>                                  | 78.95% | 66.8% |
| <b>Unknown</b>                                | n/a    | 17.4% |

## **B. Student Engagement and Academic Support Activities**

During the 2023-2024 academic year, we engaged with over 2,700 students through events and tabling.

| <b>Event</b>                         | <b>Topic</b>                         | <b># of Participants reached</b> |
|--------------------------------------|--------------------------------------|----------------------------------|
| <b>STEM Mixer</b>                    | Health Center meet and greet         | 16                               |
| <b>STEM Mixer</b>                    | Health Center resource table         | 5                                |
| <b>NCC Cuesta Connects</b>           | Health Center resource table         | 7                                |
| <b>SHC table for Valentine's Day</b> | Self-Love and Love Language          | 20                               |
| <b>Student Social</b>                | Self-Love and Love Language/Wellness | 10                               |
| <b>SLO- QPR Training</b>             | QPR                                  | 21                               |
| <b>NCC- QPR Training</b>             | QPR                                  | 11                               |
| <b>Student Social</b>                | Queer Connections                    | 12                               |
| <b>Mid-Term Jam NCC</b>              | Health Center resource table         | 10                               |
| <b>Mid-Term Jam SLO</b>              | Health Center resource table         | 10                               |
| <b>Human Library SLO</b>             | Health Center resource table         | 150                              |
| <b>Mid- Term Jam SLO</b>             | Health Center resource table         | 12                               |
| <b>Student Social -Pi Day</b>        | Health Center resource table         | 10                               |
| <b>Softball Team</b>                 | BetterMynd                           | 14                               |
| <b>Educate</b>                       | Health Center resource table         | 250                              |
| <b>Baseball Team</b>                 | BetterMynd                           | 35                               |
| <b>Volleyball- Sand</b>              | BetterMynd                           | 15                               |

|   |   |     |
|---|---|-----|
| <b>Track and Field Men and Women</b>                          | BetterMynd  | 40  |
| <b>NCC Wellness Celebrations</b>                              | Health Center resource table  | 40  |
| <b>SLO Wellness Celebrations</b>                              | Health Center resource table  | 120 |
| <b>NCC Pride</b>  | Health Center resource table  | 10  |
| <b>SLO Pride</b>  | Health Center resource table  | 45  |
| <b>NCC Pride</b>  | Health Center resource table  | 20  |
| <b>SLO Pride</b>  | Health Center resource table  | 35  |
| <b>SLO Cougar Welcome Days</b>                                | Health Center resource table  | 15  |
| <b>NCC Cougar Welcome Days</b>                                | Health Center resource table  | 30  |
| <b>NCC Cougar Welcome Days</b>                                | Health Center resource table  | 50  |
| <b>SLO Cougar Welcome Days</b>                                | Health Center resource table  | 50  |
| <b>SLO Cougar Welcome Days</b>                                | Health Center resource table  | 50  |
| <b>Studython</b>  | Health Center resource table  | 50  |
| <b>SLO Welcome Hut</b>  | Student engagement  | 7   |
| <b>NCC Welcome Hut</b>  | Student engagement  | 5   |
| <b>SLO Welcome Hut</b>  | Student engagement  | 15  |
| <b>SLO Welcome Hut</b>  | Student engagement  | 12  |
| <b>STEM Welcome Event</b>                                     | Student engagement/SHC info.  | 20  |
| <b>Women's Water polo</b>                                     | SHC information and basic needs. PA Lalia assisted with Lifestyle Nutrition resources | 12  |
| <b>Men's Water polo</b>                                       | SHC information and BetterMynd  | 30  |
| <b>NCC Connect at Cuesta</b>                                  | SHC information and resources   | 25  |
| <b>SLO Connect at Cuesta</b>                                  | SHC information and resources   | 35  |
| <b>ASCC social hour- Danza Azteca</b>                         | SHC information and resources   | 50  |
| <b>CASA event</b>   | SHC information and resources   | 25  |
| <b>ASCC social hour- Patriots Day</b>                         | SHC information and vaccination clinic details  | 150 |
| <b>Women's Indoor Volleyball</b>                              | SHC information and BetterMynd  | 14  |
| <b>NCC CASA event</b>   | SHC information and focus group   | 55  |
| <b>Constitution Day and National Voter Reg. Campus PD BBQ</b> | SHC info. & Focus group   | 120 |
| <b>Salsa Y Salsa Nat. Hisp Heritage</b>                       | SHC info& and Wellness Committee activities w/ Elizabeth                              | 70  |
| <b>Day of the Bilingual Child</b>                             | SHC info. & Focus group   | 100 |
| <b>Salsa Y Salsa Nat. Hisp Heritage NCC</b>                   | SHC info. & Focus group   | 75  |

|  |   |             |
|--|---|-------------|
| <b>Salsa Y Salsa Nat. Hisp Heritage- SLO</b> | SHC info. & Focus group                               | 165         |
| <b>Midterm Jam</b>                           | SHC info. & Focus group                               | 150         |
| <b>Club Loteria NCC</b>                      | SHC information and Awareness Gallery promo           | 73          |
| <b>Club Loteria SLO</b>                      | SHC information and Awareness Gallery promo           | 175         |
| <b>NCC Awareness Gallery</b>                 | SHC information & Community Partners                  | 60          |
| <b>SLO Awareness Gallery</b>                 | SHC information & Community Partners                  | 200         |
| <b>NCC Halloween Social</b>                  | SHC information                                       | 60          |
| <b>SLO Halloween Social</b>                  | SHC information                                       | 140         |
| <b>Promise Day</b>                           | SHC information SOLUNA, BetterMynd, CCHotline         | 540         |
| <b>NCC First Gen</b>                         | SHC information                                       | 50          |
| <b>SLO First Gen</b>                         | SHC information                                       | 100         |
| <b>Affinity Mixer</b>                        | SHC information                                       | 15          |
| <b>Cougar Social</b>                         | SHC information and student project on Blood Pressure | 120         |
| <b>Studython</b>                             | SHC information and cards for the underserved.        | 40          |
| <b>Total Outreach</b>                        |   | <b>2708</b> |

Recently we've seen an increase in our social media presence on Instagram. By actively tabling and partnering with other departments, we enhance our visibility and connect with students.

#### **Here's a breakdown of the key metrics from Instagram in 2025:**

- **Views:** The content received a 139% increase compared to the previous period. All views are from organic sources, with 0% from ads.
- **Reach:** The content reached 647 users, showing a 54% growth. This indicates a wider audience engagement.
- **Content Interactions:** There were 192 interactions, reflecting a 242.9% increase. This suggests that users are actively engaging with the content through likes, comments, or shares.

#### **C. Other Relevant Program Data**

Please provide any other data unique to your program.

##### **1. BetterMynd Telemental Health (September 2023-February 2025):**

- **634 successful appointments** (Average of 4.5 sessions per user)
- **55 workshops attended by students**

- **Demographics (Gender)**
  - 68% Female
  - 24% Male
  - 2% non-binary
  - 1% Preferred not to answer
  - 1% Transgender-Male
  - 1% Not Listed / Self-Identify / Other
  - 1% Transgender-Female
  - 1% Exploring/Unknown
- **Demographics (Ethnicity)**
  - 46% White
  - 29% Hispanic
  - 9% Multiracial
  - 8% Preferred not to answer
  - 3% Asian
  - 2% Black or African American
  - 2% Other
  - 1% American Indian or Alaskan Native

**Most common concerns:** General anxiety (64%), depression (54%), academic stress (43%), relationship issues (34%), and trauma (34%)

**Other BetterMynd Findings:**

- Lower participation among males (24% of versus 45%) but this is common among males seeking mental health support regardless of modality.
- Lower participation among Hispanics (30% versus 37%). Hispanic students who used traditional mental health support with a therapist access In-Person services at a higher rate than teletherapy.
- Higher participation among Black or African American students in telehealth than in-person services with 2% of users identifying as Black (matches the college average).
- Average BetterMynd Counselor rating by Cuesta students was 9.91/10

**2. Think Hopeful Online Coaching Program:**

- Avg. number of students served per month was 51. Reports are provided quarterly, but we can estimate from the reports that 500-600 students were served per year.
- Accessibility for 1:1 support was daily until 11pm including weekends and holidays. Personal wellness platforms are accessible 24/7.
- Served students during the Winter holiday break, nights and weekends.
- Majority of the students are Hispanic/Latinx (60%). Followed by White (20%), Asian (10%), and Black/African American (2%) and 8% choose not to reply. It was also used by non-traditional aged students.
- Conducted multiple group support around anxiety, healthy relationships, self-esteem and financial concerns.

- Satisfaction survey results were excellent. 90 % of students reported that accessibility was a major factor in reaching out for support. Below are factors that were highlighted as most beneficial:
  - Afterhours and weekends accessibility
  - No disruption in services during afterhours, winter/ spring/ summer breaks
  - Ease of access – no wait times or paperwork to fill up when using support.
  - Availability of 1:1 support on the same day/ accessibility to chat (text-based sessions).
  - Fall 2024 report found [here](#).
- **Most common concerns:** relationship stressors, self-esteem and loneliness, Stress about school including generalized anxiety, stress about finances, and imposter syndrome.

3. HSACCC is our professional organization for Health Service Programs within California Community Colleges. HSACCC administers an annual survey of SHS programs. Highlights from the 23/24 survey are found in [the Landscape Analysis](#).

4. Cuesta College 2022 [Healthy Minds Study Survey Descriptive Statistics](#). This is a comparison between Cuesta and national survey data.

- [Economic analysis of mental health services](#) at Cuesta College from HMS 2022:

D. **Describe departmental outcomes that have occurred as a result of programmatic discussion regarding data presented.**

- **What equity gaps have you identified in your program?**
  - Persistence, retention, and success rates are generally higher for students who use Health Services. However, when disaggregated by ethnicity, students of color show lower success rates, mirroring broader college trends. Addressing these disparities remains a priority through targeted program design.
  - Males and Black/African American students underutilize mental health services.
  - LGBTQ+ student data, particularly for those whose gender differs from their sex at birth, is underreported due to Banner system limitations. While students can now update their gender in Banner, many may not have done so yet.
  - Meeting the mental health needs of students has become increasingly challenging. Our program was originally designed to provide short-term support for mild to moderate mental health concerns. However, for several years—both locally and nationwide—students have been presenting with more complex and severe mental health needs. As a result, we are frequently providing crisis support and care coordination to connect students with long-term services, though finding available providers in the community remains a significant challenge.
  - Additionally, the shortage of primary care providers in San Luis Obispo County further impacts access to care, particularly for chronic conditions and medication management. Since primary care is often the first point of contact for mental health, these shortages create additional barriers. Limited access to affordable assessments for learning disabilities, ADHD, and autism—combined with provider shortages in

both primary care and mental health—directly impacts the effectiveness of our short-term service model.

- **What strategies have you implemented to address equity gaps in your program?**

- We partner with student groups to target our services among students who are underutilizing services.
- We expanded the number of counseling sessions available to students from six to eight per semester to better support the increasing complexity of their mental health needs.
- To address capacity challenges and the shortage of bilingual and after-hours care, we partnered with BetterMynd and Think Hopeful, which provide a diverse network of therapists, bilingual services, and evening/weekend support.
- Additionally, our physician assistant worked in partnership with the therapist for client referrals when medication management was necessary to treat mild to moderate mental health concerns. It is noted we have a limited scope for medication management and continue to refer students to long-term care providers and psychiatry when medication is warranted and desired.
- We partner with student groups and departments build alliances with underserved student groups.

- **What type of professional development opportunities are your program staff participating in to address, equity, and inclusion?**

- Five staff members attended SafeZone training in January of 2025.
- All staff remained compliant with District trainings for Mandated reporting, Sexual Violence and Awareness for Employees, Sexual Harassment Prevention and Safety Data Sheets.
- Each year we sponsored staff/faculty training, offering QPR (suicide prevention training) and Mental Health First Aid.

Additional Staff Trainings Completed:

- **Tonya Leonard (Faculty Therapist):** Foundations of a Somatically Based and Process-Oriented Approach to Therapy, Suicide Prevention: New Interventions That Work, Law and Ethics: Practicing in Perilous Times, Telesupervision and Clinical Supervision: Supervising in a Trauma-informed Mode, and EEO for Cuesta College.
- **Jessica Raybon (A-MFT):** Jessica Raybon (LMFT, Part-Time Faculty Therapist): Passed MFT Clinical Licensing exam, attended continuing education trainings for working with Obsessive Compulsive Disorder, Neuroscience Mindfulness and Movement,

Ethics and Telemental Health, How Food Functions in the Brain, and Self-Harm Interventions for Clients with Eating Disorders.

- **Ashley Hart (Clinical Psychologist):** Clinical Supervision and Professional Development of the Substance Abuse Counselor, California Law and Professional Ethics (Spring 2025), and Affirmative Counseling for Transgender and Gender Diverse Clients (Spring 2025)
- **Tia Semmes (AMFT):** SAFE-Zone training and training in level one and two of Dyadic Developmental Psychotherapy (DDP).
- **Nicole Johnson (Director):** SafeZone, Completed the 2024 Leadership Academy, HSACCC Annual Conference, Basis Life Support for Healthcare Providers, The Urgency of Now: The Need for Black Community Allyship in Today's Climate, Equity Starts Today: Professional Learning Series on Advancing Racial Equity Series from the CCCCO, Cuesta Professional Development Speakers on Equity, Stop the Bleed Campaign Training, Active Shooter Training, and Mental Health Evaluation Team Presentation for County Services.
- **Lalia Barnes (Physician Assistant):** 115 Continuing Medical Education Units (CME), SafeZone training, and Basic Life Support (BLS) Recertification and Basic Life Support (BLS) Recertification November 2024.
- **Starr Cloyed (Program Specialist):** Classified Staff Flex Training: Building Effective and Dynamic Teams, Imposter Syndrome, VRC Trainings: Email and Messaging, EEO, Simple Problem-Solving Techniques, DEI, Cybersecurity Overview, Safe ZONE Training, HubSpot Social Media Training, Monthly Public Safety Trainings: Bite and Sting Prevention, American Heart Month
- **Leanne Reimer (Front Office Assistant):** SafeZone, Flex Training-Building Effective and Dynamic Teams, EEO training.
- **What resources might you need to minimize equity gaps?**

Minimizing equity gaps in college mental health requires a multifaceted approach that includes increasing staffing, expanding access to care, and addressing systemic barriers. Key resources include:

1. **Increased Staffing & Funding:**
  - More full-time mental health providers to reduce wait times.
  - Expansion of part-time positions to increase capacity.
  - Funding for administrative support to sustain billing and service coordination.
2. **Diverse & Culturally Responsive Services:**
  - Hiring bilingual and culturally competent providers.
  - Training staff in trauma-informed and culturally responsive care.
  - Partnerships with community organizations serving diverse student populations.

**3. Alternative & Flexible Service Delivery Models:**

- Continue telehealth options for increased accessibility.
- Embedded counseling in different campus departments (e.g., cultural centers, athletics, academic advising).
- Peer support programs and mental health ambassadors.

**4. Improved Access to Specialized Care:**

- Partnerships with local clinics and hospitals for crisis intervention and psychiatric services.
- Subsidized or free access to assessments for learning disabilities, ADHD, and autism.
- Consider wellness vending machines to provide access to essential health items 24/7.
- Streamlined referral processes for long-term care and medication management.
- Participate in case management for high touch/high needs students

**5. Proactive Outreach & Education:**

- Mental health workshops, peer-led discussions, and stigma-reduction campaigns.
- Integration of mental health education into first-year experience courses.
- Faculty and staff training on recognizing and responding to student distress.
- Presentations on services during new employee orientation and Tenure Track Luncheons.

**6. Policy & Systemic Support:**

- Increased state and federal funding for college mental health services.
- Implementation of billing systems that allow for sustainable funding models with increased administrative support.
- Advocacy for improved access to community-based mental health care.

**IV. Program Outcomes, Assessment and Improvements: Narrative**

**A. Describe your student success/program outcomes.**

**Student Learning Outcomes-Health Services:**

1. By June 1st, 2025, Health Services Program will be able to: (a) identify three groups under-utilizing services within the health center; (b) develop two strategies for targeting underserved students within the health center; (c) begin implementing strategies to reduce barriers to access within these targeted groups.

2. Students will increase their knowledge about stress during office visits, or campus workshops, by identifying: (a) normal and abnormal stress, (b) three ways to reduce stress, and (c) where to access help if their stress is impacting their day to day living.
3. Increase the number of students who report that their healthcare provider always gave them easy-to-understand instructions about how to take care of their health condition.

**Department Outcomes-Health Services:**

1. By June 1, 2025, Health Services will review department procedures, identify gaps, and develop and/or revise operating procedures to improve the efficiency of our operations.

Assessment measures:

- Document the number of department procedures reviewed.
- Identify and list specific gaps or inefficiencies found.
- Track the number of new procedures created.
- Track the number of existing procedures revised and updated.
- Ensure documentation of all updated policies is accessible and in use.

2. By June 1, 2025, Health Services will increase student engagement by expanding outreach efforts through social media, resulting in a 10% increase in student interactions (likes, shares, comments, direct messages, or event RSVPs) on health center platforms over the next academic year.

Assessment Measures:

- Track social media analytics (engagement rates, reach, and follower growth).
- Monitor attendance at events promoted via social media.
- Conduct student surveys to assess awareness of health services due to online outreach.

B. Summarize assessment results for program outcomes.

- Our department outcomes were revised and new for 2024-2025. This review should serve as a benchmark for assessing outcomes each year, but we need additional time to report out our outcomes. We did identify improvement efforts at the halfway mark, in December, 2024 and they are outlined below.

C. Describe improvement efforts that have resulted from SSO/PLO assessment.

- In 2024 we updated SSO/PLO within SSSP to align with the vision of the college and design outcomes that are specific to our areas. The new SSOs outlined in the 2025 CPPR should serve as a baseline/benchmark moving forward.
- Student surveys had very low responses in Summer and Fall of 2024, which created a challenge in evaluating student learning outcomes two and three. We have since made changes to how we collect our data for SLOs. We need additional time to evaluate SLO's two and three.
- To address low survey participation, we developed new strategies as a team. Medical surveys are now attached to every appointment, since students are less likely to have multiple medical appointments in a row. If they receive a survey directly following an appointment, they might be more likely to complete it. We also have a QR code with the survey at the front desk and the providers discuss the survey with patients.
- We reevaluated student intake forms and consent paperwork to streamline processes and reduce redundant paperwork, improving access without compromising necessary information. As a result, we reduced the number of forms and clarified consents.
- To address high no-show and late cancellation rates, we implemented text reminders through PyraMED and added phone call reminders the day before appointments. Additionally, we requested a new PyraMED feature to allow students to confirm or cancel appointments via text (pending development).

**D. Recommend additional improvements to the program based on assessment of outcomes and progress towards Institutional Goals and Objectives and/or Institutional Learning Outcomes.**

Through increased staffing we can provide psychoeducational workshops, skill building workshops, and training. These are integral in a comprehensive mental health program but require sufficient trained staff to conduct them.

Improve the process for collecting data, specifically surveys that require student assessments to improve response rates.

**E. Recommend changes and updates to program funding based on assessment of program outcomes.**

For elements that require funding, complete Section D - the Resource Plan Worksheet ([download from this folder](#)) and review the [Resource Allocation Rubric](#).

- The college initially contracted with Think Hopeful for online wellness coaching but has since partnered with BetterMynd for telemental health support, which also offers non-traditional hours. Additionally, California's free Soluna app

provides similar services. Given BetterMynd's contract, Soluna's availability, and Think Hopeful's cost, we are considering reallocating these funds to hire additional part-time therapists to better meet the demand for in-person services.

- Since 2021, districts have received state funding to expand mental health services, but budgeting for new staff remains a challenge. In response, the CCCCO increased the base funding to 100,000 to support staffing stability. Beyond the base, colleges are funded based on a formula that factors in enrollment and need based (Pell Grant eligibility).
- The director recommends maintaining a telehealth contract like BetterMynd while increasing in-person providers to meet student demand for in-person services.
  - Note, our Spring 2025 HMS survey will reassess student preferences for online, in-person or hybrid modalities to mental health support.
- The director recommends updating BP/AP 5200, specifically:
  - Increase the student health fee to the state allowed maximum and allow for automatic increases. We need input from the district on which student groups should be allowed waivers. This was included in the 12-month operational plan proposal submitted to the VPSSSP.
  - In order to consider billing for services, we will need additional administrative support (see personnel request for medical assistant).

**F. Identify and describe any budget requests that are related to student services outcomes assessment results or institutional/programmatic objectives.**

Additional mental health therapist. This is addressed below.

**V. Anticipated Service Challenges/Changes**

**Suggested Elements:**

**A. Regulatory changes**

- Recent legislative efforts, like SB 367, AB 461, and AB 1524 require CCC Districts to have Narcan, fentanyl test strips, and drug testing devices available through college health programs. This demonstrates a growing trend at the state level to mandate services within CCC health programs but the cost for these mandates is not reimbursed. The district needs to consider how such products are funded versus placing the burden on the students by using student health fees. These costs are included in the resource worksheets.

- California Community College (CCC) health programs are increasingly adopting payer sources like Medi-Cal, Family PACT, and LEA billing to offset costs and reduce students' financial burden. While this approach can provide much-needed funding, it also creates significant administrative challenges. Current staffing structures are not equipped to manage the additional workload of billing processes. To successfully implement these initiatives, increased administrative staffing is essential.

#### **B. Internal and external organizational changes**

- As the number of healthcare providers in the program increases, we've observed a corresponding rise in the workload for front office support staff. This includes managing a higher volume of students checking in and out for appointments, answering phone calls, and coordinating scheduling. It's crucial that we monitor these trends over time to assess how increased service demand is impacting support positions. While we are exploring the installation of self-check-in stations to help alleviate some of this burden, it's still uncertain how much of a difference this will make. Additionally, with the potential future need to bill for services, the administrative load will likely increase further. As a result, we must proactively plan for additional support staff to ensure smooth operations and continued service delivery.
- As noted earlier, shortages in community resources for mental health providers, assessments for students with disability needs (Autism, ADHD, LD, and other mental health disorders), and shortages in primary care have a significant impact on our services. These shortages have made it essential for our program to increase mental health providers and increase staffing with a physician assistant/nurse practitioner who can provide a broader scope of service than the RN.
- Staff turnover continues to place a burden on the director of health services who is often pulled from their duties to provide coverage for vacancies.

#### **C. Student and staff demographic changes**

- One of the greatest changes we've seen in student demographics is the increase in DE and dual enrollment. This impacts the campus because there may be less students attending classes on campus making access to service a challenge and dual enrollment students do not pay the health fee, which impacts our budget. This may also play a role in no-show and late cancellations.
- Secondly, staff turnover over the past five years has affected our ability to provide bilingual services. Despite efforts to expand our applicant pool with bilingual candidates, this remained a challenge. As a result, our bilingual staff decreased from 2–3 employees to none in permanent positions.

#### **D. Community economic changes – workforce demands**

- Mental health providers are in high demand, making recruitment for these positions increasingly competitive. To remain competitive in the market, we need to examine and prioritize the position in the college. While faculty position salaries are set by established schedules and are not open for negotiation, the precedent for this role as a faculty position at Cuesta was established many years ago. As the role continues to evolve, it's important to revisit the current structure, particularly within the context of the CCFT contract, as the position is currently categorized under academic counseling. Given the unique demands of the position, the Director recommends exploring an MOU to amend the contract. This would better align with the department's needs for fully in-person therapists and ensure that faculty therapists have sufficient time allocated within their contract to manage the increased responsibilities, including legal documentation, diagnosis, referrals to community providers, and case management/care coordination.

#### **E. Role of technology for information, service delivery and data retrieval**

- Implementing an Electronic Health Record (EHR) was a key step in modernizing operations. However, maintaining an EHR requires ongoing administrative tasks, including system updates, privacy compliance, and workflow improvements. While the shift from paper to electronic records has increased operational capacity, it also demands significant resources to keep pace with evolving healthcare and technology standards.
- PyraMED EHR and telehealth contracts have enhanced data collection, allowing for a deeper understanding of the student population and the identification of equity gaps.
- The integration of a case management system within SSSP programs presents challenges related to service delivery and technology. Managing multiple software platforms (ConexED, PyraMED, Microsoft Teams, Banner, etc.) increases staff workload and time spent on documentation. Additionally, ConexED referrals require close monitoring. As referral processes expand to faculty, there is potential for a significant impact on health services, which currently lacks the staffing capacity to manage an influx of individual support requests.

#### **F. Distance Education impact on services**

- Distance Education (DE) has had a significant impact on health services programming, highlighting the need for continued adaptability in our service delivery. To ensure that our program remains accessible to a diverse and evolving student body, it is essential to offer services through multiple modalities. This necessity became particularly evident with the expansion and growth of our telehealth services from 2020. The shift to DE has underscored the importance of flexibility in healthcare delivery, allowing us to meet students' needs regardless of their physical location. By embracing both in-person and telehealth options, we can

provide comprehensive care that accommodates students enrolled in online courses, contributing to a more inclusive and equitable health services model.

#### **G. Providing service to multiple off-campus sites**

- It is challenging to allocate equitable resources to multiple sites that have varying needs. During the last five years, particularly since returning to hybrid services following the pandemic, student usage in NCC dropped while services in SLO, like in-person mental health therapy was in high demand. It became difficult to staff the NCC campus with limited resources.
- Beginning Spring of 2025, and with the approval of 2 PT MFTs, we are serving NCC with in-person therapy one day per week. Meanwhile, Medical/Nursing consultations drastically dropped due to a vacancy. In the interim, the Director provides coverage one day per week until the recommended hire is approved by the BOT in March 2025. Our goal is to trial nursing consultations three days per week on the NCC campus, promote services on NCC with outreach and increase student usage on this site. However, it should be noted here that there is on-going challenge to provide equitable services considering shortages in staffing and resources and higher demand for services in SLO.
- Wellness vending machines offer supplies to each site outside of health service office hours and improve accessibility to essential items. This is included in the budget requests this year.

#### **H. Anticipated staffing changes/retirements**

- There are no pending retirements, however, it is noted above that we can expect a growing need for clerical and administrative support as we increase the number of providers on each campus and if/when billing for services becomes necessary.

### **VI. Program Development Forecast**

#### **Suggested Elements:**

A. Description of forecasted program development and objectives, based on information collected in I – IV

Based on the challenges and opportunities outlined in previous sections, Student Health Services will continue to adapt to meet the evolving needs of students while addressing increasing regulatory mandates, staffing limitations, and service demands. Key areas of program development include:

- Expanding access to harm reduction resources (Narcan, fentanyl test strips, drug testing devices) while advocating for sustainable funding models.

- Enhancing billing capabilities for Medi-Cal, Family PACT, and LEA services to generate additional revenue without burdening students.
- Increasing mental health staffing and medical provider roles to meet rising student demand, with a focus on hiring a physician assistant/nurse practitioner.
- Strengthening hybrid service delivery by balancing in-person and telehealth offerings to accommodate Distance Education (DE) and dual enrollment students.
- Implementing self-check-in technology and other administrative efficiencies to support growing service needs.

## B. Plans for improvement

To improve service delivery and program operations, the department will:

- Monitor the effectiveness of self-check-in stations to determine their impact on front office workload.
- Advocate for additional administrative staffing to support expanded billing processes and increased provider workload.
- Increase outreach efforts for underutilized services at off-campus sites, particularly the North County Campus (NCC).
- Enhance student survey participation via the Electronic Health Portal to gather meaningful feedback, evaluate program outcomes and improve service quality.
- Develop equity-focused hiring strategies to restore bilingual service capabilities.

## C. Support for Institutional Goals and Objectives

Student Health Services aligns with institutional goals by:

- Removing health-related barriers to student success, contributing to retention, persistence, and completion rates.
- Supporting the college's equity and inclusion initiatives by providing accessible, culturally responsive healthcare.
- Strengthening mental health support services, ensuring students have access to timely interventions.
- Expanding technology integration to improve efficiency, collect data, and streamline service delivery.

## D. Student and program outcomes evaluations

- Refining the student survey process via the Electronic Health Portal to improve response rates and ensure data-driven service improvements.
- Assessing no-show and cancellation rates to identify barriers to service utilization.

- Evaluating the impact of new billing models on financial sustainability and service accessibility.

E. Recommendations from external agencies

- Compliance with state mandates related to harm reduction resources and medication-assisted treatment options.
- Continued alignment with Medi-Cal and Family PACT guidelines to ensure proper implementation of billing systems.
- Integration of best practices from accreditation and professional organizations such as HSACCC and ACHA to enhance service delivery.

F. New service coordination and collaboration – internal and external programs

- Strengthening community partnerships to address mental health and primary care shortages, ensuring students have access to specialized services.
- Expanding on-campus partnerships with faculty and student services to improve case management and referral coordination.
- Enhancing collaboration with Basic Needs programs (CalFresh, housing support, food pantries) to provide holistic student support and with community partners to streamline referral processes.
- The district should consider how to address the demand for ADHD, Autism, and LD assessments. We receive a lot of requests; however, these are highly specialized assessments and out of our scope of service.

G. Anticipated job description revisions based on program changes

- Modifying CCFT contract with an MOU to reflect the mental health provider roles to ensure we have in-person providers and included contract should reflect increased case management, legal documentation, and referral responsibilities.
- Updating administrative support roles to include billing and electronic record-keeping responsibilities.
- Health Services submitted a proposal at the request of the VPSSSP in 2023/24 that included a 12-month operational plan. This plan includes recommendations for moving all classified and management positions on 10- and 11-months calendars to 12 months and reinstating a PT Faculty Nurse Practitioner/College Nurse (per JD in the faculty handbook) OR by independent contract.
- In anticipation of increased clerical and clinical support, the director may recommend creating a medical assistant position, especially if we begin to bill for services. This person could assist the front desk with clerical support and provide support to nursing/medical providers so that their time can be better spent seeing additional patients.

H. Staff training/professional development needs

- Billing and compliance training for administrative staff to support Medi-Cal, Family PACT, and LEA billing implementation.
- Cultural competency and DEI training for all staff, with a focus on meeting the needs of bilingual and historically underserved populations.
- Ongoing training for electronic health record (EHR) system enhancements and compliance with privacy regulations.
- Crisis intervention and harm reduction training to align with new state regulations and best practices in student health services.
- Tobacco cessation training and functional medicine training for the physician assistant to align with student demand for these services.
- The director has the opportunity to attend and present at the American College Health Association (ACHA) Annual Conference in May 2025. As the only national organization dedicated to college health and mental health, ACHA provides an unparalleled professional development experience. Unlike local or state-based conferences, ACHA offers comprehensive, high-impact training and networking opportunities with experts from across the country. Given its significance, the director is requesting funding to attend in 2025 and periodically in the future, as needed and as resources allow.

## VII. Overall Budget Implications

*Will be reflected in District planning and budget process*

### Elements:

#### A. Personnel

##### 1 FT Therapist paid by the Mental Health Funding

- Continue recruitment efforts for PT Pool/MFT and prioritize a bilingual provider
- Without an additional FT position, I recommend continuing to support services with two part-time therapists. This allows for in-person services for North County Campus (NCC) but will require continued monitoring for sustainability.

##### 1 FT Medical Assistant/Clerical Support

- With the expansion of healthcare providers and potential implementation of billing systems, additional front office support will be needed to manage student check-ins, appointment coordination, and administrative functions.
- This aligns with the need for enhanced efficiency as services grow, particularly with the integration of payer sources like Medi-Cal and Family PACT.

#### B. Equipment/furniture (other than technology)

- Fentanyl test strips and drug testing devices as required by state law.

- Wellness Vending Machine
- Vision Screener (Welch Allen)
- Staff refrigerator
- Massage chair for relaxation space
- Vaccine storage refrigerator

C. Technology

- Five (5) iPads are requested to support self-check-in stations and streamline front desk operations.
- Ongoing funding for EHR system maintenance and updates is critical for ensuring compliance with privacy laws and improving workflow efficiency.

D. Facilities

Most of our facilities requests will be completed as part of the 3100 building upgrades in the bond project and are not a part of the funding requests. In consultation with Brian McAlister, health services will receive:

New paint and countertops in exam rooms, lab, and staff breakroom, LED lighting upgrades (institutionally approved). *Not included in our funding request.*

We are requesting the following improvement that will not occur as part of the bond project:

- Vinyl flooring insert at the waiting room entrance (\$5,000 estimate).

## Signature Page

Dean, Director(s), Manager(s), and/or Staff Associated with the Program

**Student Success and Support Programs, College Centers and Administrative Services  
Programs: All full-time director(s), managers, faculty and/or classified staff in the program  
must sign this form.**

Nicole Johnson



2-25-25

| Division Chair/Director Name | Signature   | Date                                |
|------------------------------|---|-------------------------------------|
| Leanne Reimer                | Leanne Reimer   | Front Office Assistant Feb 25, 2025 |
| Name                         | Position  | Date                                |
| Starr Cloyd                  | Starr Cloyd   | Program Specialist Feb 25, 2025     |
| Name                         | Position  | Date                                |
| Ashley Hart                  | Ashley Hart, Psy.D.<br>Ashley Hart, Psy.D. (Feb 21, 2025 11:23 PST) | FT Faculty Therapist Feb 27, 2025   |
| Name                         | Position  | Date                                |
| Jessica Raybon               | Jessica Raybon  | PT Faculty Therapist Feb 25, 2025   |
| Name                         | Position  | Date                                |
| Lalia Barnes                 | Lalia Barnes<br>Lalia Barnes (Feb 25, 2025 10:09 PST)               | Physician Assistant Feb 25, 2025    |
| Name                         | Position  | Date                                |
| Tia Semmes                   | Tia Semmes<br>Tia Semmes (Feb 27, 2025 14:30 PST)                   | Associate MFT Feb 27, 2025          |
| Name                         | Position  | Date                                |
| Dr. Maria Escobedo           | Dr. Maria Escobedo  | Dean, SSSP Feb 27, 2025             |
| Tonya Leonard                | Tonya Leonard<br>Tonya Leonard (Feb 26, 2025 15:46 PST)             | PT Faculty MFT Feb 26, 2025         |

24 San Luis Obispo County Community College District | Student Success and Support Programs, College Centers Comprehensive  
Program Planning and Review  
Approved Document to be Used for Submission Spring, March 3, 2025

## Dean's/Manager's Analysis of Comprehensive Program Planning and Review (CPPR)

**Program:** \_\_\_\_\_ **Planning Year:** \_\_\_\_\_

**Last Year CPPR Completed:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Cluster:** \_\_\_\_\_

### **A. CPPR Pre-Meeting**

It is strongly recommended that the Vice President and/or Dean meet with Division Chair/Director/designee and the program faculty and/or staff involved in preparing the CPPR prior to the completion of the review documents. The discussion should include an overview of the CPPR document and expectations of what should be considered and focused on when developing the CPPR.

If a Pre-CPPR meeting occurred, please list those in attendance, when the meeting occurred and a summary of what was discussed.

### **B. Narrative Analysis of CPPR Sections**

Please provide an analysis and comments of programmatic information for each of the CPPR sections below.

- **General Information and Program Outcomes (Required for Instruction/Student Success and Support Programs, College Centers/Administrative Services):**
- **Program Support of Institutional Goals and Objectives, and/or Institutional Learning Outcomes (Required for Instruction/Student Success and Support Programs, College Centers/Administrative Services):**
- **Program Data Analysis and Program-Specific Measurements (Required for Instruction/Student Success and Support Programs, College Centers/Administrative Services):**

- **Curriculum Review (Required for Instruction and may be Applicable to Student Success and Support Programs, College Centers):**
- **Program Support of Institutional Goals and Objectives and Student Learning Outcomes (Required for Instruction/Student Success and Support Programs, College Centers/Administrative Services):**
- **Program Data Analysis, Assessment and Improvements (Required for Student Success and Support Programs, College Centers/Administrative Services):**
- **Program Outcomes, Assessments and Improvements (Required for Instruction/Student Success and Support Programs, College Centers/Administrative Services):**
- **Anticipated Service Challenges/Changes (Required for Student Success and Support Programs, College Centers/Administrative Services):**
- **Program Development Forecast (Required for Instruction/Student Success and Support Programs, College Centers/Administrative Services):**
- **Overall Budget Implications (Required for Student Success and Support Programs, College Centers/Administrative Services):**
- **End Notes/Additional Comments (Required for Instruction/Student Success and Support Programs, College Centers/Administrative Services):**

### **C. Commendations/Considerations:**

Please provide a list of commendations and considerations based on the CPPR.

**Commendations:**

Comments in this area summarize how the program has demonstrated its effectiveness.

**Considerations:**

Comments in this area constitute advice to help the program meet or surpass expectations for effectiveness.

**D. Applicable Signatures:**

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**Vice President/Dean** **Date**

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**Division Chair/Director/Designee** **Date**

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**Other (when applicable)** **Date**

The above-signed individuals have read and discussed this review. The Director/Coordinator, Faculty, and staff in the program involved in the preparation of the CPPR acknowledge the receipt of a copy of the Vice President/ Dean's narrative analysis. The signatures do not necessarily signify agreement.