Administrative Services, President's Cluster, and Student Success and Support Programs, College Centers
Annual Program Planning Worksheet for 2026

Program: Student Health Services   **Current Year:** 2025-2026

Last Year CPPR Completed: 2024-2025

Current Date: March 10, 2026   **Cluster:** Student Sucess and Support Programs

The Annual Program Planning Worksheet (APPW) is the process for:
- Reviewing, analyzing and assessing programs on an annual basis
- Documenting relevant program changes, trends, and plans for the upcoming year.
- Identifying program needs, if any, that will become part of the program's Resource Plan (**download from this folder**) (Please review the **Resource Allocation Rubric** when preparing the resource plan)
- Highlighting specific program accomplishments and updates since last year's APPW

Please complete the following information. Please note that responses are not required for all elements of this document.

I.   General Program Update

Describe changes and improvements to the program, such as changes to the mission, purpose or direction. Indicate any changes that have been made to address equity gaps.

Organizational Structure and Staffing Changes:

In response to personnel changes, the needs of new and expanding programs, and other logistical considerations, the Vice Presidents of Instruction and Student Success and Support Programs implemented a departmental and divisional reorganization affecting this area, effective July 1, 2025.

Aligned with a focus on Title 5 compliance and holistic student support, the following programs were placed under the responsibility of the SLO Dean position:

- Academic Counseling
- Career and Transfer Services, including a new Associate Director of Career and Transfer Services to support alignment with Vision 2030 and the Student Equity and Achievement program, including oversight of Work Experience.
- Admissions, Student Records, and Registration

- Outreach and the International Student Program
- Financial Aid and Veteran Services
- Disability Student Programs & Services (DSPS)
- Student Health Services

These changes coincided with the retirement of our former Dean of Student Success and Support Programs (SSSP) in May 2025. An Interim Dean was appointed, and Christopher Mutshnick was permanently hired as Dean of SSSP in November 2025.

Student Health Services (SHS) hired a new Registered Nurse (RN) for the North County Campus (NCC) in April 2025. Following a medical leave, they resigned in January 2026, and the position is currently vacant. The Director provides coverage at NCC one day per week, and a substitute RN is being hired to ensure continued access while permanent recruitment begins in February 2026, with an anticipated hire by May 2026.

The Health Services Assistant for SLO resigned in August 2025. A substitute was onboarded in November 2025 and a recruitment for a permanent replacement was prepared. Recruitment will begin in February 2026, with an anticipated hire by May 2026.

In Spring 2025, we established a Faculty Pool for Mental Health Therapists to improve the timeliness and efficiency of hiring when vacancies occur or when service demand increases. This model allows the department to onboard qualified clinicians more quickly, reducing gaps in care and minimizing service disruptions. The Faculty Pool also provides flexibility to scale mental health services in response to rising student demand, supporting continuity of care and advancing the Educational Master Plan's (EMP) priorities of access, equity, and student success.

Operations:

SHS continues to advance an integrated, equity-centered model of care that supports student well-being as a foundational driver of academic success. Grounded in the EMP's commitment to access, retention, completion, and closing equity gaps, the department provides coordinated clinical, mental health, prevention, and referral services designed to remove health-related barriers that impede persistence and timely completion of educational goals.

A key operational goal for SHS is aligning more closely with other Student Support and Success Programs (SSSP) by transitioning from a 10-month to a 12-month operational model. This shift is designed to improve access to care, ensure continuity of services during summer and intersessions, and better support student persistence and retention.

To advance this goal, the Director developed a comprehensive proposal and implementation timeline in collaboration with the Dean, which was subsequently reviewed by the Executive Team. Central to this effort is an update to AP 5200 to ensure long-term sustainability of the 12-month model. The Director introduced the proposal to ASCC in Fall 2025, where it received strong initial support. The proposal was approved on first read at College Council in February 2026, and the Director will continue advancing the item through the shared governance process in Spring 2026, including follow-up engagement with ASCC.

This operational transition is critical to sustaining the department and its services in support of holistic student care. The health fee has not increased since 2014, and the need to update AP 5200 to ensure financial and programmatic sustainability has been documented in prior Annual Program Planning Worksheets (APPWs) and Comprehensive Program Planning and Review (CPPR) cycles. Aligning operational structure with institutional priorities will strengthen long-term service delivery and ensure continued access for students.

Over the past year, we have strengthened our integrated care model to ensure students experience coordinated, streamlined support rather than fragmented services. Through structured interdisciplinary consultation among the Director, full-time psychologist, part-time therapists, physician assistant, and nursing staff, the department has formalized shared-care planning for students experiencing complex medical, psychological, academic, or social stressors. This coordinated approach supports early intervention, improves continuity of care, and aligns with EMP priorities to proactively address barriers before they result in course withdrawal or stop-out.

SHS is fully integrated into the college's broader Cougar Compass case management framework, ensuring that health and wellness concerns are addressed as part of a coordinated student success strategy rather than in isolation. Through established referral systems, cross-departmental consultation, and participation in case management, SHS collaborates with Academic Counseling, Basic Needs, Admissions, Student Records and Registration, faculty, and other student support areas to identify and respond to students experiencing academic, behavioral, medical, or psychosocial distress. When referrals are initiated, SHS provides timely response, intervention, crisis support, and coordinated follow-up, while maintaining appropriate confidentiality standards. This integrated approach strengthens continuity of care, reduces duplication of effort, and advances the EMP's emphasis on proactive intervention, equity-centered support, and removal of barriers to student success.

To expand access while maintaining fiscal sustainability, the department continues to leverage a tiered mental health support structure that includes in-person counseling, telehealth services, wellness coaching partnerships, and associate-level clinicians under supervision. This model increases capacity, shortens wait times, and ensures students,

particularly disproportionately impacted (DI), post-traditional, and first-generation students, have multiple entry points for care. By balancing direct services with scalable partnerships, the department advances equitable access while maintaining responsible use of student health fee resources and state mental health allocation funds.

At the end of Spring 2025, we were accepted as a Medi-Cal program through the Department of Health and Human Services. This step was necessary to apply for participation in the Family PACT (Planning, Access, Care, and Treatment) program. In February 2026, the department was notified that our Family PACT application was approved. This represents a significant advancement in expanding access to sexual and reproductive health services on campus while allowing reimbursement for eligible services.

We also expanded proactive outreach and early intervention efforts. Through campus-wide de-escalation training, suicide prevention training, distress recognition education for front-facing staff, and structured referral systems, the department supports EMP goals related to student belonging, safety, and persistence. The department also collaborates with campus partners to ensure students in distress are identified early and connected to appropriate resources, reducing crisis escalation and supporting academic continuity.

Data-informed practice remains central to departmental improvement. The department participates in statewide benchmarking initiatives, student surveys, and internal utilization analyses to monitor service demand, equity gaps in health access, and emerging student needs. These data guide staffing models, program development, outreach priorities, and resource allocation, ensuring alignment with institutional strategic planning and student equity objectives.

In Spring of 2025, we participated in the National Healthy Minds Survey (HMS) in partnership with a large consortium of California Community Colleges. The data provides valuable insight into current student health and mental health trends, allows comparison with other CCCs, and enables analysis of changes since Cuesta last administered the survey in 2022. Participation in the Healthy Minds Survey aligns with EMP by providing data that helps the college strengthen holistic student support services and improve student well-being and success.

SHS is also participating in an ongoing tobacco screening and cessation intervention study with 10 California Community Colleges in partnership with the Public Health Institute and the California Youth Advocacy Network (CYAN). This project aims to improve tobacco use and cessation support within college health services, addressing a significant public health concern that disproportionately impacts marginalized populations. Participation in the study supports EMP by enhancing prevention and early intervention efforts to improve student health and remove barriers to student success. Together, these data-informed

initiatives reflect SHS's commitment to evidence-based practice and continuous improvement in advancing student health and well-being.

Operationally, we continue to modernize systems and improve access and efficiency. Efforts include strengthening scheduling processes, updating student forms to improve the user experience, clarifying academic-year staffing structures to align with the 16-week calendar, adjusting to staffing needs through scaffolding support, substitute and temporary staffing, and enhancing digital access points through online appointment scheduling and comprehensive web-based resources. These improvements support EMP goals of streamlined student services and reduced administrative barriers.

During the 2024–2025 academic year, Mental Health Services implemented targeted operational improvements to reduce late cancellations and no-show appointments, which directly impact timely access to care. The department ensured that all students received automated text reminders (unless opted out), added personalized reminder calls the day prior to appointments, and consistently enforced the established late cancellation and no-show policies. As a result, the no-show rate decreased from 21% to 16% by the end of the academic year.

These efforts align with the EMP's commitment to operational excellence and student-centered service delivery, as well as Vision 2030's focus on improving access, persistence, and equitable outcomes. By maximizing appointment utilization and reducing preventable gaps in care, the department increased access to mental health services for students in need. This measurable improvement reflects a strong culture of continuous quality improvement and highlights the critical role of administrative support staff in advancing institutional goals.

The department remains deeply committed to trauma-informed and culturally responsive care. Training initiatives emphasize understanding neurodiversity, mental health stigma reduction, LGBTQIA+ safe and inclusive practices, and the impact of trauma on learning and behavior. By equipping staff across campus with practical tools for supportive engagement, the department contributes to a safer, more inclusive learning environment that fosters belonging and resilience. In February 2026, SHS staff, in collaboration with partners from Disability Support Programs and Services, the Office of the Vice President of Student Success and Support Programs (SSSP), and Outreach and Enrollment, facilitated a professional development training for all SSSP staff on supporting students in crisis. Additionally, we sponsored Safe Zone, suicide prevention (QPR), and Mental Health First Aid (MHFA), reflecting our commitment to Inclusion, Diversity, Equity, Anti-Racism, and Accessibility.

We also serve as strategic campus partners, collaborating with Academic Counseling, Basic Needs, the Library, Student Success Center, Veteran's Services, Nutrition Department,

Nursing Allied Health, Athletics, Campus Safety, and other departments to align health interventions with student success initiatives. Participation in shared governance committees and institutional planning bodies ensures that health and wellness perspectives inform broader decision-making related to retention, equity, and institutional effectiveness.

Transfer preparation and completion efforts are indirectly strengthened through this work. Students experiencing stabilized mental and physical health are more likely to persist, complete degree requirements, and successfully transition to transfer institutions. The department collaborates with campus and external partners, including SLO County Behavioral Health, Transitions Mental Health Association (TMHA), Gay and Lesbian Alliance (GALA), Community Action Partnership of San Luis Obispo (CAPSLO), and Lumina Alliance to maintain a holistic approach to student development that extends beyond the classroom.

Professional Development and Learning

To advance EMP priorities and enhance service quality, staff engaged in the following professional development and learning activities:

Professional Development & Conferences

- Nicole Johnson (Director):
    - Health Services Association of California Community Colleges (HSACCC) Annual Conference (several CEU workshops in LGBTQIA+, trauma informed practices, and health attended)
    - American College Health Association (ACHA) Annual Conference (several CEU workshops attended)
    - Annual Suicide Prevention Summit
    - Training: Basic Life Support for Healthcare providers, Eating Disorder Symposium, FamilyPACT certification
    - Cuesta Compliance Trainings
- Starr Cloyd (Program Specialist):
    - One More Question: Communication for Understanding
    - The Art and Science of High Performing Teams
- Dr. Ashley Hart (Mental Health Therapist):
    - California Law and Ethics
    - Clinical Supervision and Professional Development of the Substance Abuse Counselor
    - Burnout and Wellness in Social Workers, Psychologists, and Counselors
    - Ethics And Boundary Issues
- Tia Semmes (Mental Health Therapist Associate):
    - From Awareness to Action: Campus Eating Disorder Assessment and Treatment Strategies

- What Mental Health Providers Can Do to Reduce Firearm Violence and Suicide
    - Telehealth: Law & Ethics, Technology, and Best Practices for Connecting with Your Clients
    - Member of California Association of Marriage and Family Therapists, since 2021.
- Tonya Leonard (Mental Health Therapist):
    - Multicultural Competency-Based Clinical Supervision
    - Somatic and Process-Based Approaches to Therapy
    - Understanding Your Parts and Leading a Self-Led Life as a Therapist
    - Your Subconscious Mind Has the Power to Work for You
    - Understanding the Gut–Brain Connection: Stress, Appetite, Digestion, and Mood
    - Treating Six Forms of Anxiety
    - Law and Ethics: California Basics for Renewal
- Lalia Barnes (Physician Associate):
    - Lifestyle medicine and food as medicine course, Basic life support for health care providers certification renewal, Primary care now virtual conference, Latent TB infection opportunities for preventing Tuberculosis, Patient Centered Approaches to Contraception in Perimenopause, Implementing Quality Improvement Strategies to Improve Vaping screening: a Training for Healthcare Providers, Anti-Vaping UCLA Champion Course, FAMPACT IUD clinical training program for NEXPLANON, FAMPACT site certifier provider training, Eating Disorder Symposium, Cuesta trainings for Cybersecurity overview and email and messaging safety, and Community of Practice led by UCLA Tarjan Center for Supporting Neurodivergent students on campus.
        - She began the first quarter of a 3-year long board examination required for PA certification maintenance.

Committees and Taskforces:

Campus

- Student Equity Plan Planning Team
- College Council
- Behavioral Intervention Team (BIT)
- Campus Safety
- Employee Wellness Committee
- Benefits Committee
- Management Senate

Community

- Suicide Prevention Council
- Multi County Suicide Prevention Summit Planning Team
- SLO Opioid Safety Coalition

Collaboration, Presentations & Workshops

- Faculty and Staff QPR (Suicide Prevention Training) and Mental Health First Aid (MHFA)
- Presentation of Student Health Services (SHS) resources and BetterMynd to various athletic teams and classroom
- Workshops (Therapist Led): You're not Alone; Thriving, Not Just Surviving; Burned Out or Just Tired; Building Resilience (targeted to athletes/teams); Healthy Relationships
- Fall Vaccine Clinics hosted by RN/PA (students and employees)
- Events:
    - Awareness Gallery SLO/NCC: multi-department collaboration with SLO Behavioral Health that creates awareness/stigma reduction for health-related topics (mental health, substance use, harm reduction, nutrition, etc.)
    - Human Library Event NCC/SLO: Multi-department collaboration with SLO Behavioral Health that aims to reduce sigma and create connection using human books to openly discuss topics with students, staff, and community in a safe space.
    - Narcan Education and harm-reduction workshops, Lifestyle Nutrition Resources presented by Lalia Barnes, PA to athletes (water polo)
    - Blood Drives and Vaccination Clinics
    - Healthy Minds Study (HMS) Lunch and Learn

Inreach & Outreach

- Campus Events and Partnerships: Promise Day, Welcome Week, Connect at Cuesta (NCC/SLO), new student orientations and welcome events (Affinity, STEM, Veterans, Biology class tours, etc.); Open CASA/HSI week; Midterm Jams, Study Jams, and Studyathon (NCC/SLO); Club Loteria (NCC/SLO); NCC CASA event; ASCC Social hours (NCC/SLO); Constitution Day and BBQ; Affinity Mixer; First Gen event (SLO/NCC), ASCC BBQ, Open Casa HIS week, STEM event, Affinity Welcome event, Spring Wellness Event for students and staff
- Targeted outreach to first-year students and DI student groups
- Collaboration with Affinity Center, Academic Counseling, Basic Needs, the Library, Student Success Center, Veteran's Services, Nutrition Department, Nursing Allied Health, Athletics, Campus Safety, EOPS, STEM, DSPS, Student Life and Leadership, ASCC, Psychology Department

II. Data Analysis and Program-Specific Measurements

Programs are often impacted by institutional or other organizational change. Please review program-relevant institutional data sources, such as institutional enrollment trends, which along with some other relevant program data, is available on the **SLOCCCD Institutional Research website**. Other organizational or departmental measurements may provide useful information for planning in your program; please describe those measurements and the data below.

Data Summary:

<u>Describe data collection tool(s) used.</u>

Data in the tables below are drawn from the Student Health Service's Electronic Health Record (EHR) and then analyzed using confidential, de-identified methods to compare persistence, retention and total success for students accessing medical and mental health services on campus compared to the demographics of the college.

In addition, student contacts are disaggregated by ethnicity and gender, looking at the demographics of the students using our services and through BetterMynd Telehealth and Think Hopeful platforms, then compared to the institutional reporting system college averages. Lastly, persistence is disaggregated by gender and ethnicity and compared to the college average.

24/25 Health Services Student Contacts: Mental Health (Disaggregated by Gender and Ethnicity)

Ethnicity	In-Person Service Utilization	BetterMynd Teletherapy Utilization	Think Hopeful Utilization by Ethnicity	College-Wide Demographic
Asian	1.34%	*6.0 %	10%	2.6%
Black/African American			2%	1.8%
Hispanic/Latinx	34.23%	33.05%	55%	37.8%

Ethnicity	In-Person Service Utilization	BetterMynd Teletherapy Utilization	Think Hopeful Utilization by Ethnicity	College-Wide Demographic
American Indian/Alaska Native				0.4%
Native Hawaiian/Other Pacific Islander				0.2%
Two or more races	5.4%	4.2%		6.1%
White	58.39%	47.8%	25%	45.3%
Prefer not to answer		3.9%	8%	5.8%
Other		4.92%		
Gender	In-Person Service Utilization	BetterMynd Teletherapy Utilization	Think Hopeful Utilization by Ethnicity	College-Wide Demographic
Male	36.24%	28.14%		44.1%
Female	53.69%	65.93%		48.1%
Unknown Gender	8.72%	0.34%		7.8%
Non-binary	1.34%	3.56%		

* BetterMynd reports a single "Asian" category and does not separately identify American Indian/Alaska Native (AIAN) or Native Hawaiian/Other Pacific Islander (NHP) populations, which may influence the percent of "Asian" students reported.

24/25 Health Services Student Contacts: Medical (Disaggregated by Gender and Ethnicity)

Ethnicity	Service Utilization (Percentage)	College-Wide Demographic
Asian	3.5%	2.6%
Black/African American	0.39%	1.8%
Hispanic/Latinx	34.76%	37.8%

American Indian/Alaska Native	0.58%	0.4%
Native Hawaiian/Other Pacific Islander		0.2%
Two or more races	6.21%	6.1%
White	53.59%	45.3%
Prefer not to answer		5.8%
Male	35.34%	44.1%
Female	57.67%	48.1%
Unknown/Prefer	5.63%	7.8%
Non-binary	1.36%	

24/25 Success Metrics for Students Utilizing Services

	Medical Services	Mental Health Services	Cuesta Average
Total Retention	85.64%	83.69%	90.15%
Total Persistence	73.17%	72%	58.3%
Total Success	84.48%	76.41%	77.24%

Student Health Services Contact Data

Service Type	2022-2023	2023-2024	2024-2025	Change Analysis from 23/24 to 24/25
Medical Appointments, attended	502	760	1074	N=+314, **+41.32%**
Mental Health Appointments, attended	1279	1094	1126	N=+32, **+2.93%**

BetterMynd		271*	604	N= +333, **+122.9%**

*Data for 2023–24 reflects a partial year, as the BetterMynd contract began in October 2023.

Satisfaction Survey Results

Mental Health:

Survey Question	Top Responses	Key Result
Satisfaction with care from mental health provider	16 Very satisfied, 2 Satisfied	**100% satisfied overall**
Concerns heard and understood by provider	13 Strongly Agree, 5 Agree	**100% felt heard and understood**
Left appointment with clear next steps	14 Yes, 4 Unsure	**78% clear understanding of next steps**
Satisfaction with front office staff	16 rated Very satisfied, 2 rated satisfied	**Very high satisfaction with support staff**
Access to services supports educational success	14 rated very satisfied, 4 rated satisfied	**Strong agreement services support academic success**
Preferred appointment modality	13 Mostly In-Person, 5 Both equally (Hybrid)	**In-person preferred, but hybrid options valued**
Portal accessibility for scheduling	Majority rated satisfied to very satisfied	**Generally accessible**

		portal experience
Portal accessibility for forms	Majority rated satisfied to very satisfied	**Positive experience completing digital forms**

Medical:

Survey Area	Response Breakdown	Key Result
Satisfaction with Nursing/Medical Consultation Services	15 Very satisfied, 2 Satisfied, 5 Neutral	77% satisfied or very satisfied; 0% dissatisfied
Satisfaction with Support Staff	17 Very satisfied, 3 Satisfied, 2 Neutral	91% satisfied or very satisfied; 0% dissatisfied
Overall Satisfaction with Student Health Services	16 Very satisfied, 4 Satisfied, 2 Neutral	91% satisfied or very satisfied; 0% dissatisfied
Services support academic success	13 Strongly agree, 4 Agree, 5 Neutral	77% agree or strongly agree; 0% disagree
Would recommend Health Services	16 Strongly agree, 4 Agree, 2 Neutral	91% would recommend; 0% disagree
Awareness of telehealth services	17 Aware, 5 Not aware	77% are aware of telehealth options
Preferred appointment type	16 In-person, 6 Both equally	73% prefer in-person care
Portal ease of use (forms)	Majority Agree/Strongly Agree	Generally positive experience
Portal ease of use (scheduling)	Majority Agree/Strongly Agree	Generally easy to

		schedule online

Social Media Data

Metric	Change	Interpretation
Overall Views	-8.4%	There was a slight decrease in total content views compared to the previous year.
Reach	+8.2%	More unique users were exposed to Health Services content.
Non-Follower Visibility	+78%	Significant increase in content being seen by users who do not already follow the account, expanding awareness beyond the existing audience.
Interactions/Engagements	+41.7%	Students engaged more with posts (likes, comments, shares, etc.), indicating that content is resonating and encouraging interaction with health information and resources.
Follows	+200%	Substantial growth in new followers, reflecting increased student interest and connection to Health Services.

Total Contacts through Presentations, Workshops, and Events

- Over the course of the reporting period, the department provided over 4,400 student contacts through workshops, campus events, tabling, etc.

A. Data Interpretation:

<u>Describe results from previous improvement efforts to the program based on institutional or departmental changes.</u>

Mental Health Utilization Trends:

Comparison of disaggregated utilization data between in-person mental health services and BetterMynd teletherapy services shows both similarities and differences in the student populations accessing each modality. In both service types, White and Hispanic/Latinx students represent the largest groups of users, though White students account for a higher proportion of in-person services (58.39%) compared to BetterMynd (47.8%), while Hispanic/Latinx utilization is similar across both modalities (34.23% in-person vs. 33.05% BetterMynd). Students identifying as Two or More Races show comparable representation across both services (5.4% in-person vs. 4.2% BetterMynd).

Gender patterns differ slightly between service types. Female students represent a larger proportion of BetterMynd users (65.93%) compared with in-person services (53.69%), while male students represent a smaller share of teletherapy users (28.14%) compared with in-person services (36.24%). Additionally, gender-diverse students appear more represented in teletherapy services, with non-binary students accounting for 3.56% of BetterMynd users compared with 1.34% of in-person services, suggesting that virtual modalities may offer a more accessible or comfortable option for some students.

Asian students appear more represented in the BetterMynd dataset (6.0%) compared with in-person services (1.34%); however, this difference should be interpreted cautiously because the BetterMynd platform does not disaggregate American Indian/Alaska Native (AIAN) or Native Hawaiian/Other Pacific Islander (NHPI) populations. As a result, students identifying with these groups may be included within the broader Asian category in the teletherapy dataset.

The Think Hopeful wellness coaching platform extends mental health support beyond campus hours and breaks, serving a diverse population of students through a coaching application, with no wait times or session limits, and provides culturally relevant, stigma-free support. The service primarily reaches students who may not access traditional mental health care, with 55% of users identifying as Hispanic/Latinx, followed by 25% White, 10% Asian, 2% Black, and 8% preferring not to report ethnicity. Survey data show that 95% of participants report improved understanding of their wellness, demonstrating that the platform is a high-impact complement to in-person services and an effective strategy for reaching disproportionately impacted students.

National data consistently demonstrate disparities in mental health service utilization among historically marginalized student populations, including Asian, Hispanic/Latinx, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander communities. Research indicates that cultural stigma, language barriers, limited representation among providers, mistrust of systems, and differing cultural conceptualizations of mental

health can significantly influence help-seeking behaviors. These broader trends provide important context for local utilization patterns and reinforce the need for culturally responsive outreach, inclusive practices, and barrier-reduction strategies to promote equitable access to care.

Utilization of the BetterMynd teletherapy platform increased by 123% from 2023–24 to 2024–25, indicating that virtual mental health services are a popular and accessible option for some students seeking care. This trend aligns with the EMP, which emphasizes strengthening holistic student support services and reducing barriers to access. The continued growth in usage suggests that teletherapy is meeting a need within the student population, particularly for students who may prefer remote services or require flexible appointment availability.

Mental health services utilization increased, though modestly, with a 2.93% rise, indicating steady and sustained demand for counseling support. Total mental health appointment counts should be interpreted with caution when reviewing year-to-year trends, as fluctuations may reflect changes in staffing capacity rather than student demand. Because the program operates with one full-time therapist and one to two part-time clinicians, the total number of available appointments is directly tied to FTE availability; therefore, increases or decreases in annual appointment totals may primarily reflect provider capacity rather than actual utilization or student need.

Overall, these findings suggest that offering multiple modalities of mental health support may help reach different student populations, with teletherapy appearing to particularly expand access for female and gender-diverse students while maintaining comparable utilization among Hispanic/Latinx students. Continued monitoring of disaggregated data across both service types will help inform targeted outreach and ensure equitable access to care.

Medical Services Utilization Trends

Disaggregated Medical Services utilization data from 2023–2024 to 2024–2025 show varied shifts across student populations. Utilization declined among Asian students (–5.2%), Black students (–15.2%), and students identifying as Two or More Races (–25.1%), while Hispanic/Latinx students increased by 4% and White students increased slightly by 1.6%. American Indian/Alaska Native students showed a 20% increase; however, the cohort size remains very small, limiting meaningful comparison. Gender trends indicate increased utilization among male students (+5.1%) and decreases among female (–4.5%) and unknown (–6%) categories. Non-Binary students represent 1.36% of service utilization this year; prior years lacked sufficient data due to recent improvements in Banner data collection.

Again, given the small population size for several of the demographic cohorts, year-to-year comparisons for some groups should be interpreted cautiously as minor numerical shifts may appear as substantial percentage changes.

Overall, medical services utilization increased significantly by 41.32% from 2023/2024 to 2024/2025, representing a substantial rise in student demand for medical appointments. This increase is particularly notable given that staffing capacity was reduced for part of the year due to a vacancy, indicating that remaining staff absorbed a significantly higher service load. Medical utilization had declined during and immediately following the pandemic, so this growth likely reflects a continued return to campus and renewed student demand for in-person healthcare services.

Satisfaction Surveys

Student satisfaction surveys for both medical and mental health services indicate very high levels of satisfaction and perceived value. Over 90% of respondents reported satisfaction with services and would recommend the health center to a peer, and the majority indicated that access to SHS supports their academic success. Students reported positive interactions with providers and support staff and a user-friendly patient portal, while expressing a strong preference for in-person care alongside continued access to telehealth options. These findings also reflect the department's role in fostering a campus environment where students feel safe, supported, and a sense of belonging when seeking care.

Success Metrics

Students who utilize Student Health Services demonstrate significantly higher persistence compared to the overall college average. While the college-wide persistence rate is 58.3%, students accessing medical services persist at a rate of 73.2%, which is 14.9 percentage points higher (approximately 25.6% greater persistence). Similarly, students utilizing mental health services persist at a rate of 72.0%, representing a 13.7 percentage point increase (approximately 23.5% greater persistence) compared to the institutional average. These findings suggest that access to health and mental health support plays a meaningful role in helping students remain enrolled and continue their academic progress.

Further analysis indicates that continued engagement with services is associated with even stronger outcomes. Students who participated in three or more mental health sessions had a success rate of 79.36% and a persistence rate of 73.33%, both exceeding the institutional averages. Likewise, students who attended three or more medical appointments demonstrated particularly strong outcomes, with a success rate of 87.39% and a persistence rate of 77.78%. These patterns suggest that sustained

engagement with health and mental health services may further support student success and persistence.

2024-2025 Social Media Engagement Data

Overall views on Instagram decreased by 8.4% compared to the previous year, driven by a 4.8% decline in views from followers, despite a 23.5% increase in views from non-followers. Reach increased by 8.2% overall, with a 15.3% decrease among followers but a significant 78% increase among non-followers, indicating expanded visibility beyond our existing audience.

Engagement showed strong growth, with total interactions increasing by 41.7% (87% from followers, 13% from non-followers). Follows increased by 200%, though unfollows also rose by 83%.

Overall, while follower-based visibility declined slightly, the data reflects substantial growth in new audience reach and meaningful engagement.

Identify areas, if any that may need improvement for program quality and growth.

Medical and Mental Health Services

Aligned with the Student Equity Plan and Vision 2030 framework, the department will advance this work through its medical and mental health services by continuing to integrate equity-centered, data-informed practices into program planning, outreach, and service delivery. Disaggregated utilization trends highlight the need for targeted engagement among disproportionately impacted student populations, including students from historically marginalized racial/ethnic groups and gender-diverse communities.

The department will strengthen culturally responsive outreach through expanded partnerships with affinity-based and equity-centered programs (e.g., EOPS, CalWORKs, Affinity Center, and LGBTQIA+ student groups). Outreach strategies will include culturally relevant health education, embedded workshops within identity-based spaces, classroom presentations, and collaboration with student leaders to co-create messaging that reduces stigma and normalizes help-seeking.

Student Health Services (SHS) will also continue to evaluate structural barriers to care across both medical and mental health programs, including appointment access, modality (in-person and telehealth), clinic hours, insurance navigation, and awareness

of low- and no-cost services. Efforts will focus on reducing barriers that may impact persistence and retention, consistent with the EMP and Vision 2030's student-centered redesign priorities.

Continued improvements in Banner demographic data collection will support more accurate identification of disproportionately impacted groups, particularly related to gender identity reporting. Staff professional learning and development will reinforce trauma-informed, culturally responsive, and gender-affirming practices to ensure students experience belonging, safety, and trust in clinical settings.

Ongoing disaggregated data reviews will remain embedded in the department's continuous quality improvement cycle to monitor trends, assess the effectiveness of targeted interventions, and strategically allocate resources to close equity gaps in healthcare utilization.

Low response rates resulted in small sample sizes for the satisfaction surveys; increasing student participation in future survey cycles will improve the statistical significance and reliability of the data used to inform program improvements.

Recommend any changes and updates to program based on the analysis above.
For elements that require funding, complete the Resource Plan Worksheet (download from this folder**) and review the** Resource Allocation Rubric.

Based on the analysis above, the department will continue to use data-informed and equity-focused strategies aligned with the Student Equity Plan, Vision 2030, and the EMP to strengthen outreach and access to services. Disaggregated utilization trends highlight the need for continued targeted, culturally responsive outreach in partnership with equity-centered campus programs and student groups to reduce barriers and increase awareness of available health and mental health services. This may include embedded services, targeted workshops, and partnerships with programs serving disproportionately impacted (DI) groups.

While most students continue to utilize in-person mental health services, BetterMynd teletherapy usage increased by 123% from 2023–24 to 2024–25, indicating strong demand for remote options among a subset of students. The department will evaluate the financial sustainability of the program, including whether to expand the budget to meet demand or implement strategies such as session limits and referrals to community providers when appropriate. SHS should also collaborate with Information Technology

to implement SFTP integration to ensure platform access is limited to students enrolled in the current term.

Social media data show increased reach and engagement with new audiences, suggesting that digital outreach is an effective strategy for promoting health resources. The department will continue to expand targeted digital communication efforts to improve awareness and utilization of services.

III. Annual Program Outcomes (ASOS and SSOS), Assessment and Improvements

Your program has established either Administrative Service Outcomes or Student Service Outcomes. Those outcomes are assessed and tracked in the Course or Program Assessment Summary. Review CPAS documents for ASO or SSO assessment results for program outcomes.

A. Current Program Outcomes:

In the prior CPPR cycle (2025), SHS focused on advancing equity-minded service delivery, access, and support aligned with institutional priorities and the Vision 2030 framework. Key goals and outcomes included:

- Expanding health education and prevention programming to promote healthy lifestyles, mental well-being, and proactive health management.

  - Delivered multi-modal health education programming including wellness, harm-reduction, and mental health workshops, expanded social media outreach, and distribution of evidence-based content through Student Health 101 to promote informed, proactive student health behaviors.

- Improving access to comprehensive health services through multiple modalities, ensuring services meet the needs of a diverse student population.

  - Expanded multimodal access to care through in-person services, telehealth, and augmented platforms (Think Hopeful and BetterMynd), increasing flexibility and ensuring diverse student needs are met.

- Reducing structural barriers to care by continuously evaluating department procedures and improving accessibility and inclusivity of services.

  - Reduced structural barriers to care by reviewing and updating departmental operating procedures to improve accessibility, clarity, and inclusiveness of services.

- Enhancing the use of the PyraMED Electronic Health Record system to streamline student access to services and improve management of health records.

    o Enhanced the PyraMED Electronic Health Record and patient portal by updating digital patient forms and improving system structure to streamline student access and strengthen health record management.

- Strengthening cross-campus and community partnerships to provide holistic support for student health and wellness.

    o Strengthened cross-campus and community partnerships with Basic Needs, Affinity Center, Academic Counseling, and other student support programs, as well as community providers (TMHA, SLO Behavioral Health, etc.) and digital partners (BetterMynd and Think Hopeful), to coordinate referrals, expand mental health access, and provide integrated support for student health and wellness.

- Using data-informed approaches to better identify and address the needs of historically underserved and disproportionately impacted student populations.

    o Applied data-informed strategies by analyzing service utilization and demographic data to better identify and address the needs of historically underserved and disproportionately impacted student populations. Partnered with campus groups to offer targeted outreach to DI students.

B. Describe your program assessment:

The department evaluates progress toward measurable objectives related to medical care, mental health services, prevention programming, and health education initiatives. These objectives align with the California Community Colleges Chancellor's Office Vision 2030, the college's EMP, and the Student Equity Plan, with a focus on improving student well-being, reducing barriers to care, and supporting student success. Progress toward these goals is monitored through utilization data, health education outcomes, and program performance measures, in addition to required reporting and compliance activities.

To support transparency and accountability, the department maintains regular meetings with the Dean and division leadership, along with department meetings that review program goals, service delivery trends, and operational priorities. Participation in campus teams, such as the Behavioral Intervention Team (BIT) team and case management efforts provides opportunity to offer tailored support and wraparound

services to vulnerable students. Ongoing collaboration with campus partners and participation in divisional meetings help inform program planning and identify opportunities for improvement.

Both quantitative and qualitative data are routinely reviewed, including service utilization trends, disaggregated demographic data, outreach engagement metrics, and student feedback. These data inform continuous quality improvement efforts and guide strategic planning to ensure services remain accessible, responsive to student needs, and aligned with institutional goals for equity, wellness, and student success.

C. Describe any results from improvement efforts arising from ASO or SSO assessment in the last year:

Progress toward last year's goals includes:

- **Expanding health education and prevention programming**: The department launched a new series of mental health and nurse-led workshops and partnered with campus programs and San Luis Obispo Behavioral Health to host events that reduce stigma, promote connection, and increase student education around mental health and wellness.
- **Improving access to services through multiple modalities:** Utilization of the BetterMynd teletherapy platform increased by 123%, demonstrating strong demand for virtual care. The department also expanded access to support services through Think Hopeful wellness coaching, providing additional early-intervention and well-being resources for students.
- **Reducing structural barriers to care:** Over the summer, the department updated forms, workflows, and communication materials to improve the student experience and ensure language and processes remain accessible, inclusive, and responsive to evolving student needs.
- **Enhancing the PyraMED Electronic Health Record system:** Continued refinement of the PyraMED system has helped streamline appointment access, improve record management, and support more efficient coordination of student care.
- **Fostering an inclusive environment for student well-being:** Health Services continued to support students' physical, mental, and emotional health through integrated medical care, mental health services, prevention programming, and campus wellness initiatives.
- **Strengthening campus and community partnerships:** The department expanded collaboration with campus support programs and continued partnerships with community providers to provide coordinated and holistic health and wellness support for students.

Using data-informed approaches: Disaggregated service utilization data, program engagement metrics, and student feedback continue to guide targeted outreach, program planning, and equity-focused improvements to better serve historically underserved and disproportionately impacted student populations.

Social Media engagement: Social media engagement data also indicate increased reach and meaningful interaction with new audiences, supporting efforts to expand awareness of health services and available resources among the broader student population.

Using outcomes and lessons from 24/25, we developed goals for this year, in alignment with Student Success and Support Program goals and the EMP.

Goal 1: Strengthen Student Outcomes

Objective	Proposed Activity/Action	Result
Goal 1a – Equity-Minded Services: Implement comprehensive, culturally responsive health education initiatives—including workshops, events, and resource campaigns—that meet students where they are, promote lifelong physical and mental wellness, and foster student engagement.	Implement culturally responsive health education initiatives including identity-centered workshops (e.g., stress management for first-generation students, culturally responsive mental health discussions, sexual health campaigns), classroom presentations, social media outreach, and collaboration with affinity-based programs (EOPS, CalWORKs, Umoja, Puente, LGBTQIA+ groups).	**On-Going:** Increased student engagement and participation in prevention programming; expanded digital outreach and student awareness through strategic social media engagement (8.2% increase in reach, 41.7% increase in interactions, and 200% growth in followers, with a 78% increase in visibility among non-followers); strengthened partnerships with equity-centered campus programs; and enhanced awareness and access to services among disproportionately impacted (DI) student populations.
Goal 1b – Equity-Minded Services: Expand and optimize access to physical	Expand multi-modal service delivery (in-person,	**Complete**: Reduced the mental health no-show

Objective	Proposed Activity/Action	Result
and mental health services through multiple modalities (in-person, telehealth, outreach, embedded services, and case management) to meet diverse student needs.	telehealth, BetterMynd, embedded outreach, case management). Monitor no-show rates, improve reminder systems, and refine scheduling practices to increase appointment utilization.	rate from 21% to 16%; BetterMynd utilization increased by 123% year over year demonstrating improved appointment access to afterhours and culturally competent care and continuity of services; improved operational efficiency supporting student persistence.
Goal 1c – Equity-Minded Services: Expand and optimize access to physical and mental health services through expanded programming using a 12-month year-round model to meet diverse student needs.	Develop and advance 12-month operational model aligned with SSSP programs; draft AP 5200 revisions; engage ASCC, College Council, and Executive Team in governance process	**In Progress:** Proposal reviewed favorably by executive team. AP 5200 is moving through governance Spring 26; positive initial ASCC support; positioned health services for year-round access model to reduce summer service gaps and improve retention.

Goal 2: Refine and Expand Educational Pathways

Objective	Proposed Activity/Action	Result
Goal 2a – Equity in Access: Continue implementation and refinement of the PyraMED Electronic Health Record (EHR) and related systems to streamline service delivery, improve continuity of care, and support timely, equitable access to health services.	Continue implementation and optimization of PyraMED Electronic Health Record (EHR), refine workflows, update documentation templates, improve reporting capacity, and strengthen integration with other systems.	**On-going**: Improved continuity of care, more accurate demographic reporting (including gender identity), enhanced data-informed decision-making, and streamlined student intake and follow-up processes.
Goal 2b – Equity in Access: Foster a safe, welcoming environment through daily practice, operational programming, and prevention efforts that support student	Reinforce trauma-informed, culturally responsive, and gender-affirming care practices through staff training and resources),	**On-going**: The findings from the satisfaction surveys demonstrate the department's role in fostering a campus environment where

well-being, especially for disproportionately impacted groups.	inclusive signage, and prevention campaigns.	students feel safe, supported, and a sense of belonging when seeking care. The findings also reflect how the department strengthens equitable service delivery aligned with Vision 2030 priorities; Provided multiple staff/faculty trainings (QPR, MHFA, Responding to Crisis)

Goal 3: Foster a Culture that Values Individuals, Innovation, Effectiveness, and Efficiency

Objective	Proposed Activity/Action	Result
Goal 3a – Equity in Support: Expand cross-campus and community collaborations to ensure coordinated, whole-student care from an equity lens, linking students to basic needs, counseling, and off-campus providers.	Expand collaboration with Basic Needs, Counseling, DSPS, Athletics, Academic Counseling, and community providers; formalize referral pathways and warm handoffs.	**On-going**: Improved coordinated care; reduced fragmentation of services; strengthened whole-student support model aligned with Vision 2030.
Goal 3b – Equity in Support: Strengthen internal case coordination practices among health services' providers, including regular case review meetings, shared care plans, and clear protocols for interdisciplinary communication.	Conduct regular interdisciplinary case review meetings; clarify documentation standards and communication protocols between medical and mental health providers.	**Complete:** Improved internal care coordination; enhanced risk management; more consistent student follow-up and shared care planning.
Goal 3c – Equity in Support: Coordinate case management through Cuesta Connect with other Student Success and Support Programs, with student consent, to ensure integrated care.	Coordinate case management through ConexEd (with student consent) to integrate the department with other SSSP programs and early alert systems.	**On-going:** Increased cross-department communication; improved tracking of high-need students; strengthened retention and persistence support efforts.

Goal 3d – Equity in Support: Use disaggregated data and health trend analyses to design targeted programming for DI students.	Analyze disaggregated service utilization and health trend data to identify DI groups; design targeted outreach campaigns and prevention programming.	On-going: Data-driven identification of equity gaps; implementation of targeted engagement strategies; participation in tobacco study/screening and brief intervention models; improved alignment with Student Equity Plan objectives.

Goal 4: Fiscal and Operational Sustainability

Objective	Proposed Activity/Action	Result
Goal 4a – Fiscal & Operational Sustainability: Collaborate with governance, students, administration, and district stakeholders to revise Student Health Services Board Policy and Administrative Procedures and ensure fiscal stability and alignment with evolving needs.	Collaborate with governance bodies to revise Board Policy and AP 5200; engage students and stakeholders in discussion of sustainability; document need through CPPR and APPW processes and with an operational proposal.	**In-Progress**: Strengthened pathway toward fiscal stability; alignment with institutional planning documents; governance advancement toward sustainable 12-month model.
Goal 4b – Fiscal & Operational Sustainability: Extend Medi-Cal provider status to include Family PACT certification for reimbursement to expand sexual and reproductive health services, improving access while supporting a sustainable fiscal model.	Extend Medi-Cal provider status to include Family PACT certification; complete enrollment processes and billing workflow adjustments; train staff on documentation requirements.	**In-Progress:** We were accepted to the Family PACT program; next step is implementation in order to expand access to sexual and reproductive health services; improved reimbursement revenue; enhanced fiscal sustainability without increasing student cost burden.

D. Recommend changes and updates to program based on assessment of program outcomes. For elements that require funding, complete the Resource Plan Worksheet (**download from this folder**) and review the **Resource Allocation Rubric.**

Assessment of program outcomes indicates that students who access medical and mental health services demonstrate strong retention, persistence, and course success outcomes compared with overall college averages, reinforcing the important role SHS plays in supporting student success. To sustain and expand these outcomes, the department will continue to prioritize accessible, multi-modal care, including in-person and telehealth services.

To support a transition toward a 12-month operational model, several staffing adjustments will be necessary. The Front Office Assistant position will need to increase from 0.8 FTE (10 months) to 1.0 FTE (12 months) to support year-round operations and the growing administrative workload associated with Medi-Cal program participation. This position is currently vacant and recruitment is underway. Additionally, the department will need to hire a full-time Registered Nurse on the SLO campus and fill the currently vacant part-time RN position on the North County Campus to ensure adequate clinical coverage. The Director position will also need to transition from 10 to 12 months to support year-round program oversight, compliance requirements, and operational continuity.

Mental health staffing will continue to evolve to meet growing demand, including scaffolding therapist coverage to expand appointment availability. In addition, the part-time Physician Assistant position, which has temporarily been filled through a temporary contract, has demonstrated increasing demand and should be filled by a permanent position to ensure continuity of care and program stability.

Program planning must also account for anticipated increases in operational costs, including adjustments to the Medical Director contract and the significant cost increases associated with the BetterMynd teletherapy platform, which has experienced a 123% increase in utilization over the past year. Continued evaluation of teletherapy usage, budget capacity, and session management strategies will be necessary to ensure the long-term sustainability of this important service.

These staffing and resource adjustments will support the department's ability to maintain high-quality services, meet growing student demand, and continue contributing to institutional priorities related to equity, retention, and student success.

IV. Anticipated Service Challenges/Changes

Provide a brief description of challenges or changes anticipated in the next year and any needs that have emerged consequently.

Suggested Elements:

A. Regulatory changes

- Starting January 1, 2026, *every* California Community College (CCC) campus must provide incoming students with educational information about the Donate Life California Organ and Tissue Donor Registry. Colleges can deliver this content through orientation, student health centers, social media, websites, newsletters, or other campus communication tools. Meeting this regulation is a collaboration between SHS and the greater Student Success and Support Programs.

While not specific to CCC health centers, these state and federal health policy shifts could have indirect effects on campus health programs — especially as Student Health Services interfaces with broader public health systems:

- Federal Healthcare Policy Changes**:** Alterations to Medicaid and SNAP eligibility at the federal level (e.g., impacts from the "One Big Beautiful Bill Act") may affect students' access to health coverage and nutrition supports — which campus health services frequently help navigate.
- Mental Health System Initiatives: California has been advancing the Children and Youth Behavioral Health Initiative (CYBHI), expanding behavioral health support infrastructure statewide. CCC student mental health services may align with or leverage these expanded resources.

B. Internal and external organizational changes

SHS is entering a period of strategic growth and operational transition driven by both internal program development and external regulatory and funding changes.

Medi-Cal Enrollment and Family PACT (Planning, Access, Care, and Treatment) Implementation

Acceptance into Family PACT represents a significant advancement in expanding access to sexual and reproductive health services on campus and enabling reimbursement for eligible services. However, implementation requires:

- Billing infrastructure development
- Compliance oversight
- Dedicated administrative coordination
- Ongoing program monitoring and reporting

Successful implementation will be challenging without the Health Services Assistant position filled. Administrative capacity is critical to ensure regulatory compliance, billing accuracy, and sustainable program growth.

As service volume increases under Medi-Cal and Family PACT, the program will also need to evaluate the addition of a Medical Assistant position. Currently, clinicians perform both higher-scope clinical functions and lower-scope medical support tasks. Introducing a Medical Assistant would allow:

- Delegation of appropriate clinical support duties
- Increased appointment capacity
- Improved efficiency
- Better alignment of staff roles with scope of practice
- Meet need for additional human capital to support the Electronic Health Record (EHR)) and billing for services

Without this adjustment, clinician productivity and access expansion will remain constrained. Participation in Medi-Cal and Family PACT introduces heightened documentation, billing, and compliance requirements. Ongoing changes at the state level may further impact reporting and reimbursement structures.

Expansion of Preventive and Peer Education Programming

SHS is reestablishing its partnership with the Nutrition Program and faculty to relaunch the Peer Education Nutrition Action Team (NEAT). This peer education model is jointly supported by SHS and Nutrition faculty, expanding student engagement in preventative health education and wellness promotion.

While this initiative strengthens campus collaboration and aligns with prevention-focused public health models, it also requires coordinated supervision, structured training, and ongoing program oversight. Rebuilding this infrastructure will require dedicated staff time and cross-departmental planning to ensure sustainability and measurable impact.

Increased Demand for Mental Health Services and Rising Teletherapy Costs

The BetterMynd teletherapy and Think Hopeful coaching platform provides essential after-hours, weekend, and overflow mental health support, significantly improving access to care and reducing barriers for students.

However, increased utilization results in rising contractual costs. Each renewal cycle includes cost increases, and additional credits must be purchased annually to meet student demand. While teletherapy remains an integral component of our integrated mental health model, we must anticipate continued cost escalation and plan accordingly in future budget projections.

Rising Student Mental Health Acuity

The department continues to see increasing complexity in student presentations, consistent with statewide and national trends. Healthy Minds findings indicate sustained elevations in symptoms of anxiety, depression, and suicidal ideation, with disproportionately impacted student populations reporting higher rates of psychological distress and unmet need for care.

In alignment with Vision 2030 and the Student Equity Plan, these trends underscore the intersection between mental health, basic needs insecurity, academic persistence, and equity gaps. Students from disproportionately impacted groups, including first-generation students, low-income students, LGBTQIA+ students, students of color, and students with disabilities, are more likely to experience co-occurring stressors such as housing instability, financial strain, trauma exposure, and systemic barriers to care.

As a result, supportive student services increasingly require:

- Crisis assessment and safety planning
- Coordination with campus case management and response to early alert systems
- Trauma-informed, culturally responsive engagement
- Follow-up contacts to support retention and persistence

Higher acuity presentations require longer appointments and expanded coordination across departments, impacting overall service capacity while reinforcing the essential role of health services in advancing equitable outcomes.

Current staffing patterns require clinicians to function independently without clinical support staff. As service expansion continues (reproductive health services, mental health integration, peer programs), sustainability will depend on right-sizing operational support positions.

Inflationary Pressures on Clinical Supplies and Contracts

Rising costs of medical supplies, laboratory services, and contracted mental health services require ongoing budget monitoring. The services are not sustainable without increasing the student health fee. If the student health fee should increase with the passing of AP 5200, we need to account for rising costs in addition to plans to increase operations.

Student Expectations for Access

Students increasingly expect rapid scheduling, telehealth availability, after-hours services, and culturally responsive care. Meeting these expectations requires continued investment in staffing, training, and technology infrastructure.

SHS is transitioning from a primarily fee-supported campus clinic to a more complex integrated health model. While this expansion increases sustainability and access, it also requires strengthened administrative infrastructure, potential clinical support staffing, and careful fiscal planning to manage rising contracted service costs.

Proactive investment in staffing and operational capacity will be essential to ensure regulatory compliance, maintain service quality, and meet increasing student demand.

C. Student and staff demographic changes

Student demographic shifts continue to influence both the volume and complexity of services delivered by SHS. Increasing numbers of first-generation, low-income, working adults, parenting students, and disproportionately impacted (DI) student populations often present with intersecting academic, financial, medical, and mental health stressors. These realities require expanded coordination with Basic Needs, campus case management and referral systems, Disability Support Programs and Services (DSPS), Academic Counseling, and community partners to address social determinants of health that directly impact persistence and completion. As students' needs evolve, services must remain culturally responsive, trauma-informed, and flexible in delivery, including telehealth, brief intervention models, and scalable mental health partnerships to ensure equitable engagement.

In alignment with the EMP and Student Equity Plan, the department is strengthening its use of data to better understand and respond to demographic trends and emerging disparities in access to care. In partnership with Institutional Research and through participation in statewide benchmarking initiatives, SHS examines patterns related to persistence, retention, and total success disaggregated by ethnicity and gender; case management follow-up; service utilization of our telehealth partners; crisis utilization; and late cancellation/no-show rates to inform program development and outreach strategies. This shift toward equity-centered inquiry allows the department to identify institutional barriers, adapt service delivery models, and ensure that health-related interventions meaningfully support student retention, academic stability, and timely completion of educational goals.

D. Community economic changes – workforce demands

Community economic shifts and evolving workforce demands continue to affect both student needs and the operational capacity of the department. As the regional cost of living rises, more students are balancing employment, caregiving, and academic responsibilities, often delaying care until concerns become more acute. Increased financial stress, housing and food insecurity, and burnout contribute to more complex medical and mental health presentations. In response, the department must maintain flexible access models, including brief interventions, telehealth, and strong referral partnerships, to minimize disruption to academic progress and support persistence.

At the same time, local healthcare workforce shortages create recruitment and retention challenges for licensed clinicians and nursing staff. Sustaining high-quality services within student fee and categorical funding constraints requires strategic staffing models, including supervised associates, substitute pools, faculty pools, and external partnerships. These efforts align with the EMP's focus on workforce responsiveness, career readiness, and equitable student success.

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

Technology continues to play a critical role in clinical service delivery, care coordination, compliance, and data retrieval within the department. SHS relies on its EHR and PyraMED to document encounters, monitor utilization trends, ensure regulatory compliance, and support continuity of care. Each year, we conduct a comprehensive review and update of the EHR templates, intake forms, consent documents, health history questionnaires, and clinical workflows to reflect the best current practices, legal requirements, and evolving student needs. These updates improve efficiency, enhance risk management, and ensure that documentation supports quality improvement and accurate reporting. In parallel, the department actively utilizes and refines ConexED as part of the Cougar Compass case management framework and the Director works through Maxient in her role overseeing student injuries and accidents, alongside the VP of the Administrative Services department.

As mentioned, collaboration with the Information Technology department to implement Secure File Transfer Protocol (SFTP) within the BetterMynd platform will be important to ensure that platform access is limited to students enrolled in the current term, improving compliance and cost management.

Looking ahead, anticipated challenges include maintaining data integrity across multiple platforms, integrating health data trends into broader institutional planning conversations, and ensuring staff are adequately trained as systems evolve.

As the department expands the collection fee for certain augmented services (e.g., physical exams and employee TB testing), there is a growing need to implement a point-of-service payment system. Currently, most students do not carry cash, and while charges can be applied to student accounts, this workaround can create unintended barriers if balances remain unpaid and impact students' ability to register for classes. Developing a more efficient payment solution will be important to reduce administrative burden and prevent potential barriers to student enrollment.

F. Providing service to multiple off-campus sites

SHS provides integrated medical and mental health services across both the San Luis Obispo and North County Campuses. Delivering consistent services at multiple sites requires coordinated staffing, reliable scheduling, and cross-campus communication to ensure access regardless of location. Over the past year, staffing vacancies—particularly in nursing and administrative support roles—have directly impacted the consistency and predictability of on-site services in North County. When positions remain unfilled, coverage must be adjusted, appointment availability may be reduced, and staff workload increases, creating strain on staff, service delivery, and response times.

While the department proactively opened a Faculty Pool last spring to streamline recruitment and more efficiently fill mental health provider vacancies, this hiring model is not available for classified positions, like our nursing and administrative support positions. As a result, recruitment timelines for these roles are longer and less flexible, increasing vulnerability when turnover occurs. Looking ahead, continued challenges in healthcare workforce recruitment and retention may affect the department's ability to maintain balanced coverage across both campuses.

Additionally, wellness vending machines are an emerging model in higher education for improving access to basic needs and health supplies such as over-the-counter medications, menstrual products, pregnancy tests, harm reduction products, and sexual/reproductive supplies. Exploring this option could provide a convenient and equitable way to increase access to essential health resources outside of clinic hours and may represent a worthwhile investment for future program development.

G. Anticipated staffing changes/retirements

Current staffing patterns require clinicians to operate independently without dedicated clinical support staff. As service expansion continues, including Medi-Cal participation, Family PACT implementation, mental health integration, and peer education programming, sustainability will depend on right-sizing operational and clinical support positions, such as a Medical Assistant and administrative coordination support.

Recruitment and retention of licensed clinicians in the community college setting remains challenging, as educational institutions often compete with hospital systems and private practices that offer higher compensation. Staff turnover disrupts continuity of care, reduces appointment availability, increases training demands, and can impact student trust and staff workload. Maintaining a stable clinical workforce is essential to sustaining service quality, compliance, and equitable access to care.

V.   Overall Budget Implications

Provide a brief description of the immediate budget request(s) made in your Resource Plan (**download from this folder**) (after having reviewed the **Resource Allocation Rubric)**. These elements are reflected in the District planning and budget process.

Elements:

A. Personnel
- 1PT (0.45 FTE) Registered Nurse (SLO)
- 1 PT (0.67 FTE) Faculty Physician Assistant/Nurse Practitioner
- Peer Nutrition Educators

B. Equipment/furniture (other than technology)
- Vaccine grade refrigerator
- Wellness vending machines
- (2) stands for check-in stations

C. Technology
- System for collecting fees at point of sale
- PyraMED Electronic Health Record
- iPads

D. Facilities
- Replace carpet at entrance with vinyl flooring
- Replace countertop under the current 3150 remodel/Bond project

Signature Page

List the names and titles of managers, faculty, and classified staff who contributed to the annual planning and program review process.

Christopher Mutshnick   Dean

Name	Position
Nicole Johnson	Director of Student Health Services

Name	Position
Starr Cloyd	Program Specialist

Name	Position
Ashley Hart	FTTT Therapist

Name	Position
Tonya Leonard	PT Faculty Therapist

Name	Position
Tia Semmes	MFT Associate

Name	Position
Lalia Barnes	Physician Assistant

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

Christopher Mutshnick   Dean

Name	Title	Signature
	Date 3-9-26	

Nicole Johnson   Director

Name	Title	Signature
	Date 3-9-26	

Starr Cloyd   Program Specialist   *Starr Cloyd*

Name	Title	Signature
	Date 3-9-36	

Ashley Hart   Mental Health Therapist   *Ashley Hart, Psy.D.*

Name	Title	Signature
	Date 3-2-26	

FINAL Draft_ SHS APPW 2025_2026_March10 (1)

Final Audit Report

2026-03-10

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