De Anza College

Program Review – Annual Update Form

1. Briefly describe how your area has used the feedback from the Comprehensive Program Review provided by RAPP members.

    A.) We have used the feedback from the original CAS standards analysis to make sure we are continually improving our services. We are also using the feedback to ensure we are giving priority to the most important changes. Specifically, we have:

    a. Updated the mission statement with additional information regarding the services we provide to students and the campus as a whole.

    b. Additional info was added regarding who is served and how outcome assessments are used.

    c. Information regarding specific outcome assessments was added to OKR and SLO documents.

    d. We used the feedback to look more closely into the campus-wide bias reporting system via the Student Complaints or Concerns webpage. We will discuss as a team how to best incorporate this information.

2. Describe any changes or updates that have occurred since you last submitted program review.

    A.) We have begun collecting feedback from students who have completed services, including quantitative and qualitative feedback. Surveys are completed after students complete their final session with MHWC (5 sessions minimum) and assess the performance of front desk staff and therapist, as well as SLOs.

    B.) We have streamlined the intake assessment procedure, making it easier for students and staff. Now the intake assessment, the CCAPS-34, can be released to a student's my portal and they can fill it out anywhere. Upon completion, the form is automatically scored and the assessment results are waiting for the therapist to review in the electronic health record.

    C.) We have begun selecting didactic presentation for our therapists based on their preferences.

    D.) Based on feedback that the name Psychological Services was too clinical and was likely to decrease overall use due to stigma, we have successfully changed the name of our department. After soliciting community feedback from students and staff, we became the Mental Health and Wellness Center in May 2023.

3. Provide a summary of the progress you have made on the goals identified in your last program review.

   A.) Goals are the same as OKRs from previous document. To review progress for OKRs from MHWC, please see attached OKR update form (MHWC OKR Doc 01 06 2025).

4. If your goals are changing, use this space to provide rationale, or background information, for any new goals and resource requests that you'll be submitting that were not included in your last program review.

   A.) There are 2 additional goals that we will be pursuing in the next 5 years. One is adding a prescriber for psychotropic medications. Presently, we rely on a separately funded online platform for prescribing. The prescriber will be changing in April 2025 as we switch to a new vendor. It would be more useful for the clinic to have a part-time prescriber as part of the MHWC team to coordinate care directly with client and therapist.
   B.) We are looking to create a peer support group in the upcoming years, with topics being selected by students. We envision such groups being co-facilitated by a therapist and a psychologically-minded student. We will be coordinating with on-campus leadership groups to identify students to co-facilitate, after which we will provide training.

5. Describe the impact to date of previously requested resources (personnel and instructional equipment) including both resource requests that were approved and were not approved. What impact have these resources had on your program/department/office and measures of student success or client satisfaction? What have you been unable to accomplish due to resource requests that were not approved?

   A.) Although we have not requested any positions through RAPP, increased staffing is still important, especially regarding full-time staff. MHWC is looking to hire 2 additional full-time, licensed faculty in the next few years, with the goal of increasing outreach and taking the lead on projects such as the peer support group mentioned in Question 4. Funding for a part-time prescriber is also something that would be helpful in the future.

6. How have these resources (or lack of resources) specifically affected disproportionately impacted students/clients?

   A.) The staffing of MHWC has changed very little since the previous report was submitted. Presently, much like 2 years ago, MHWC relies on 1 full-time faculty, 1 full-time classified professional, 5 part-time faculty (between 5-15 hours/week), and 9 interns (between 5-20 hours/week). While the part-time faculty and interns allow MHWC to provide individual and group therapy to a greater number of individuals, the nature of

their position makes it difficult for them to assist with longer term projects, as well as those projects that require intimacy with the campus and relationships with other departments. There is hope for the structure changing beginning in the 2025-26 academic year, but continued investment from the school will be necessary.

7. Refer back to your Comprehensive Program Review under the section titled Assessment Cycle as well as the SLO website (https://www.deanza.edu/slo/). In the table below provide a brief summary of one learning outcome, the method of assessment used to assess the outcome, a summary of the assessment results, a reflection on the assessment results, and strategies your area has or plans to implement to improve student success and equity.

A.) Please see table below for SSLOs.

Table 1. Reflection on Learning Outcomes

Learning Outcome	Students know how to find mental health support if they are experiencing a mental health crisis.
Method of Assessment (please elaborate)	MHWC End of Session Survey Feedback document given to students after they have completed individual therapy (minimum 5 sessions; maximum 10 sessions).
Summary of Assessment Results	Results given on 1-5 scale, with 1 indicating "Definitely not" able to find MH support if in a crisis and 5 being "Definitely Yes" able to find MH support if in a crisis. 25/27 (~92.6%) students who completed the assessment during the 2023-2024 academic year endorsed either a 4 or a 5 on the SSLO outcome measure.
Reflection on Results	This result exceeds the 80% established goal. This is the highest of the SSLO outcome questions.
Strategies (aka: Enhancements) Implemented or Plan to be Implemented	Ensure that utilizing formal (therapist or other mental health or health professional) or informal (friend/family member/partner/other college staff) support system is part of therapy.

Learning Outcome	Students can utilize internal and external coping skills to reduce distress if experiencing a mental health crisis.
Method of Assessment (please elaborate)	MHWC End of Session Survey Feedback document given to students after they have completed individual therapy (minimum 5 sessions; maximum 10 sessions).
Summary of Assessment Results	Results given on 1-5 scale, with 1 indicating "Definitely Not" able to use appropriate coping skills if in a crisis and 5 being "Definitely Yes" able to use appropriate coping skills if in a crisis. 23/27 (~85.2%) students who completed the assessment during the 2023-2024 academic year endorsed either a 4 or a 5 on the SSLO outcome measure.
Reflection on Results	This result exceeds the 80% established goal.
Strategies (aka: Enhancements) Implemented or Plan to be Implemented	Ensure that review and practice of coping strategies is a part of therapy.

Learning Outcome	Students' experience in individual or group therapy has contributed to improved academic performance and/or engagement.
Method of Assessment (please elaborate)	MHWC End of Session Survey Feedback document given to students after they have completed individual therapy (minimum 5 sessions; maximum 10 sessions).
Summary of Assessment Results	Results given on 1-5 scale, with 1 indicating therapy has "Definitely Not" helped student perform better academically and 5 being therapy has "Definitely Yes" helped student perform better academically. 23/28 (~82.1%) students who completed the assessment during the 2023-2024 academic year endorsed either a 4 or a 5 on the SSLO outcome measure.
Reflection on Results	This result exceeds the 80% established goal. This is the lowest of the three SSLO outcome questions.
Strategies (aka: Enhancements) Implemented or Plan to be Implemented	Ensure that discussion of academic goals and barriers to achieving them is part of therapy.

2024-25 OKR Worksheet Update Form – Mental Health and Wellness Center (MHWC)

Objective	Key Results	Activities	Progress on Key Results & Activities	Follow-up Action Plan (If Applicable)
1.2 • Update mission statement.	• Create updated mission statement	• Review mission statement and determine if the current mission fully encompasses the services provided. • Receive input from Mental Health and Wellness Center team.	• Mission statement reviewed and amended,	
2.1 • Develop plan for reviewing, revising, and adding goals.	• Create process to annually review and evaluate appropriateness of goals.	• Explore outcome data relative to goals. • Review activities and collaborations to determine if they are aligned with goals. • Review activities to determine if additional goals are needed. • Receive input from Mental Health and Wellness Center team.	• End of year meeting with staff completed to review SSLOs	• Will need to find ways to include CCAPS-34 outcome measure into end of year meeting; aggregated data not presently available.
4.1 • Streamline client intake assessment and data collection process.	• Integrate assessment form into electronic health records.	• Coordinate with PyraMed help desk. • Train team on new data entry method • Update assessment instructions within staff manual.	• CCAPS-34 clinical outcome measure now available to be sent to students and scored virtually.	• Determine how to create aggregated data report

4.1.2	• Improve data collection, including for support and psychotherapy groups	• Increase number of clients who complete at least 2 CCAPS-34 administrations. • Create assessment measures when coordinating with other departments for support/psychotherapy groups.	• Begin reminding staff early in each quarter regarding need for additional outcome assessments. • Hold training in middle of winter quarter demonstrating how to send clients outcome assessments. • Find outcome assessments other programs use for group therapy. • Review outcome assessments other programs use for group therapy. • Select outcome assessment OR create new assessment	• 49 students completed at least 2 CCAPS-34 administrations in 2022. Number of students who completed 2 CCAPS-34 administrations for 2023 is unavailable due to switch to new administration method. • Have been unable to find group outcome metrics, due in part to shifting group settings.	• Contact PyraMed tech support and see if they can help us get raw numbers of completion. • 2 groups (LGBTQ+ and Art Therapy) are ongoing and would make for good test cases between now and end of 2024-2025 academic year
4.4	• Add qualitative outcome measure for individual therapy.	• Create anonymous qualitative outcome measure for individual therapy clients to complete.	• Determine how to make form anonymous. • Determine if form will be within electronic health records or not. • Determine how many questions to be asked. • Determine what questions to be asked. • Determine timeline for when qualitative measure will be given. • Review qualitative feedback forms used by other college counseling sites.	• Qualitative outcome measure has been added to end of service survey by asking for comments at the end of each section. Almost 50 comments have been received, ranging from comments about the therapist's style to suggestions for improved services. All comments are logged and reviewed by the director.	

4.5 • Improve organization of outcome assessment data.	• Determine if it is possible to disaggregate data based on demographic information. • Create database where client information is sortable by demographic categories	• Coordinate with PyraMed help desk. • Coordinate with CCMH customer support • Add information into therapist training manual	• Request made for PyraMed to help us create a searchable database of demographic information. Presently we have a database, but cannot search or sort by demographic data. Also cannot find clinical outcomes by demographic variables.	• Follow up with PyraMed teach support to try to create searchable and sortable database.
4.6 • Improve selection of didactic project topics.	• Use evidence from outcome assessments to inform didactic trainings.	• Review specific psychological outcomes and • Identify ones that are below average • Reach out to experts in the field of psychology for those particular topics and inquire about giving didactic presentation	• Preferences of current intern cohort now considered when selecting didactics. • Especially regarding theory vs practice. • This year we have many advanced interns who feel comfortable with the background/theory but want to know more about how to preform the intervention.	
6.1 • Improve communication with constituents about current issues affecting the program.	• Determine appropriate frequency for communicating issues affecting program with administrators. • Create process for informing administrators of successes and difficulties within the department.	• Create template for email communications. • Create spreadsheet for each quarter detailing successes and difficulties.	• Prioritized communication with Dean. • Prioritized communication with other departments. • Send information to administrative assistant for monthly newsletter.	

6.2 • Improve knowledge of budgeting and departmental fiscal resources.	• Create annual procedure for budget review.	• Locate budget template. • Work with administrators on creating comprehensive list of expenditures, grant money, and money collected from student health fees	• Have increased understanding of how much money the department has and its best uses to provide services.	• Will reach out to Dean to get more thorough understanding of how annual budget works.
6.4 • Improve use of the strategic planning process to set goals, set objectives, and support ongoing assessments.	• Create annual plan for assessing departmental outcomes and goals.	• Keep list of departmental goals and objectives on hand. • Ensure staff are aware of departmental goals and objectives via staff meetings and emails. • Review outcome measures other college counseling sites use. • Select outcome assessment OR create new assessments.	• Goals and objectives are present in student survey and mission statement. • Goals and objectives are reviewed at the beginning of the academic year.	
7.1 • Ensure appropriate staffing based on De Anza student body population.	• Increase staffing levels to be more in line with counseling center recommendations.	• Continue to advocate for the creation of new positions. • Focus on hiring qualified professionals for currently vacant positions. • Hiring more professionals with mental health licenses to enable department to take on more staff who require supervision.	• Staffing continues to be an issue, but temporarily resolved due to ability to recruit and retain unpaid interns and part-time faculty.	• Goal is to hire 1 full-time, licensed, psychologist in 2024-25 academic year, and 1 full-time licensed psychologist in 2025-2026 academic year.

7.2 • Always have staff qualifications available.	• Create database for staff to upload current CVs.	• Determine appropriate virtual location to house staff CVs. • Inform staff via email where to send/upload their current CV. • Add to staff handbook the need to replace old CV with current one when updated.	• Staff qualifications at yet available virtually. Staff biographies available online for public to review.	• Create virtual database within Microsoft teams to house all updated staff CVs.
8.2 • Ensure department's mission and goals are available to general public and stakeholders.	• Update website and other promotional materials include information regarding the department's mission and goals.	• Reach out to Marketing department and provide them with text of the mission and goals. • Ask Marketing to upload that information to the website. • Ensure that any newly created document coming out of psychological services has missions and goals stated, if appropriate.	• Mission statement and values are present in a binder in MHWC office – RSS 258.	• Will reach out to marketing to add Mission statement and values to website for public to review.
9.1 • Ensure statements regarding conflicts of interest, management of funds, acceptance of gifts, confidentiality and use of assessment data, and student rights and responsibilities are made clear in CS materials.	• Such statements will be made clear on website and other materials provided to the school community.	• Determine appropriate phrasing for expressing policies. • Contact marketing to add such phrasing. • Consider pros and cons of adding such language to informed consent form.	• No such statement exists on the website.	• Write statement on: confidentiality and use of assessment data; student rights and responsibilities (to be taken from informed consent paperwork each student completes when making first appointment).

10.1 • Ensure department has consistent and sustainable revenue stream.	• Department will be less vulnerable to decrease in enrollment or ending of grant money.
	• Use the budget to plan out how to better reach underserved populations.
	   o Identify underrepresented demographics within department.
	   o Unspent funds from budget review will be prioritized for use with underserved populations.
		• Advocate to administrators for additional, more consistent revenue streams to support the department.
		• Review how other community colleges fund their mental health counseling departments.
		• Determine appropriate frequency for budget review.
		• Create a procedure to create and review budget reports consistently.
		• Work with marketing and PyraMed care center to create data set regarding demographic representation among Psychological Service clients.
				• Will continue to advocate for consistent funds
				• Continue to create outcome data showing strengths and needs areas for department.
				• Director will work to have better understanding of revenue streams and budget allocations.
				• Use data/experience from Steve Fund Equity in Mental Health initiative to better reach underserved populations.

11.1.1 • Evaluate confidentiality of electronic health records and how information is backed up	• Determine if and how data is backed up on electronic health records system. • Determine access to backed up data in electronic health records	• Coordinate with PyraMed help desk • Implement software updates when made available by electronic health records system (e.g., updating system to support virtual computer access using Citrix when available)	• Confidentiality is secured by password protection and encrypted data with PyraMed system. • Information is backed up on encrypted cloud.	

11.1.2 • Ensure forms are accessible to people with disabilities	• Determine if forms are forms are able to be read and completed by people with disabilities. • If not, make forms accessible within electronic health records and/or create other methods of completing forms.	• Create a procedure to test and review how forms look on PyraMed using a test profile created by PyraMed • (If not accessible) Consult with DSPS and/or communications department to create a formatted template of each form that adheres to accessibility standards		• Check with PyraMed and ETS regarding the accessibility of forms within MyPortal.
12.1 • Ensure new space being planned for Psychological Services Department will meet needs regarding maintaining privacy.	• Eventual creation of new Psychological Services location where privacy needs have been addressed. • Ensure new space being planned for Psychological Services Department will meet needs of each therapist to having a private office where they can see clients in person and virtually.	• Attend meetings relating to creation of new Student Services building. • Advocate for a new space that allows for privacy, both in waiting room and office, and in the case of a psychiatric emergency. • Advocate for a space that has enough offices for Psychological Services to meet the needs of the student body based on De Anza enrollment.	• Attended meetings and advocated for MHWC needs in new space.	• New space seems to be on hold. No further action required at present.

SAMPLE OBJECTIVE

Verb + What you're going to do + In order to / so that (business value) Implement Strategy …

Implement a Strategy in order to Make More Money for the Owners

SAMPLE KEY RESULTS

Verb + What you're going to track/count + From X to Y Implement a Strategy in order to Make money for the Owners Win Super Bowl during the 2019-2020 season

Increase ticket sales from 70% to 88%