

**Cerritos College**  
**Fall 2020 Student Health Services (SHS)**  
**SELF-STUDY EXECUTIVE SUMMARY**

**Student Health Services Mission**

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Our mission is to strengthen student learning and student success by providing quality health care services to a multi-cultural population through the promotion of health education, prevention and wellness.

**SHS Program Review Process**

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SHS participated in the Program Review self-study process throughout the Fall 2020 semester utilizing the CAS Standards. The purpose of the review was to identify the strengths and weaknesses of the department and develop a plan for improvement. From the 12 content areas of the CAS standards, 35 indicators were reviewed in detail to determine the degree to which the program met each standard.

The Self-Study team was led by Elizabeth Miller, Dean of Student Services. Her role was to facilitate an honest, nonjudgmental discussion with the team to arrive at a fair rating of each of the various sections.

Members of the team included:

- Dr. Elizabeth Miller, Dean of Student Services, Self-Study Lead
- Dr. Hillary Mennella, Associate Dean of Health & Wellness
- Celeste Phelps, Dean of Student Accessibility & Wellness Services
- Dr. Humberto Hernandez, College Psychologist
- America Amador, Medical Assistant
- Monica Chora, Medical Assistant
- Elika Roybal, Nurse Practitioner
- Dr. Patricia Robbins Smith, Interim Director of EOPS/CARE/LINC
- Elizabeth Rodriguez, Administrative Secretary (note-taker)

Following an introductory meeting the team met five times to review evidence, and during a final meeting reviewed preliminary findings and the draft final report. Evidence for each indicator was gathered prior to the meeting for which that indicator was reviewed, and during the meetings the team reviewed the evidence, discussed if the standard was met, and held general discussion about opportunities to improve or enhance services to meet the standards. For the rating of each indicator, the group provided individual scores, which were then discussed and a consensus score was determined. At the end of this summary is a chart with the summary of ratings for each indicator reviewed.

**Summary of Findings**

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**Main Conclusions**

SHS provides comprehensive services to support student’s health and wellbeing, and this is accomplished through sincere dedication to serving students, and a strong team dynamic that enhances the efficiency and quality of services.

**Self-Study Limitations**

A limitation to the self-study, discovered after the review was underway, was that the review indicators were based on the Clinical Health Services self-assessment guide which centered the review on largely physical health services. This resulted in a somewhat limited review of mental health services, which is covered under the Counseling Services self-assessment guide. While two indicators from section 2 – Programs and Services, were brought in for review, a majority of the review was centered on physical health by nature of the assessment guide, and by make-up of the committee.

The CAS indicators do not vary widely between the functional areas for most of the 12 review criteria. It is recommended in the future that a mini-review is completed for mental health-specific services related to section 2 – Programs and Services, and Section 3 – Student Learning Outcomes, and Section 7 – Human Resources. SHS shall consider performing this mini-review by the end of spring 2022. It is further recommended this smaller group include additional representatives who contribute to or support (through regular referral) the mental health services on campus beyond the College Psychologist and SHS staff, such as practicum intern(s), the Case Manager, Campus Victim’s Advocate, or other closely related positions.

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**Primary Strengths**

The following were identified as strengths of SHS.

**2.2 Program Information and Services**

SHS provides comprehensive services for physical, mental, and emotional health, and has established a strong referral process to serve students with specialized needs. Of note is the department's focus on health equity, and the use of individualized care plans that screen for health concerns including food and housing insecurity. The department is prepared to provide materials in multiple languages, utilize technology to ensure language is not a barrier, and is trained to support Deaf/Hard of Hearing students. The department has also initiated 'check-outs' at the end of the day where the team from the physical health and mental health sides consult on cases to ensure full holistic service was provided to students. Additionally, SHS provides specialized services that are rare at many colleges, such as registered dietician appointments, dermatology clinics, and chiropractic services.

**6.1 Leadership & 6.2 Supervision**

There is strong leadership within the department, as evidenced by collaborative goal development, annual planning, and review. The leadership for the department plans and facilitates department meetings, an annual retreat, and engages in regular email updates to the team. Of note is the goal development process, in which each team member is able to discuss what they can do to better serve students and set both individual and group goals.

Supervision within SHS is a strength of the department, and is supported by frequent communication, performance feedback, and professional development. One example of clear communication is obtaining staff signatures on documents in the office that have been updated, such as the procedure manual or communication on new laws/regulations. This allows those who are present at different hours to confirm they have received information. In addition, regular feedback is provided to staff members on their performance – such as the chart checks conducted by the Medical Director on the records completed by the Nurse Practitioners.

**7.3 Personnel Training and Development**

SHS team members participate in ongoing professional development, which ensures a high level of service is provided to students. SHS keeps record of the development activities of staff and encourages them to participate in any sessions offered by the campus. The team is also encouraged to train each other on their areas of specialized knowledge and expertise, and these sessions are open to all. For example, the Medical Director presented on suturing, and the Medical Assistant reported that while she does not perform the procedure, knowing more about it helped her understand what is needed for ordering supplies (and why). An additional example is the "Evidence-based practices" presentations that the Nurse Practitioners provide at staff meetings.

**9.2 Ethical Practice & 9.4 Policies and Procedures**

SHS personnel act within the scope of their experience and training, and this is documented through the SHS Policy & Procedure Manual. Within mental health, the College Psychologist conducts ongoing training and supervision with interns regarding level of competence/readiness and ability to understand their scope of expertise. For both the medical and mental health services there is a formalized process for referral when scope is exceeded.

There is clear documentation within SHS related to current clinician licensure, and clinicians are required to sign off on the SHS Policy & Procedure Manual each year, to confirm they have reviewed it. The Policy & Procedure Manual is reviewed and updated annually, and is comprehensive to include campus policy and procedure, scope of practice guidelines for nurses and medical assistant, confidentiality of client information, and clinical (medical procedures) and non-clinical (i.e. ordering, maintaining medical supplies, personal protective equipment, how to document a student accident, etc.).

**12 Facilities and Infrastructure**

In fall 2020 SHS moved into a brand new facility, which offers triage, treatment rooms, lab, counseling and meeting rooms, nurse's station, and offices, making it an accessible, efficient facility where students can receive quality health care services.



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SHS was highly involved in the planning of the building and special care was taken to consider the security (physical, technological, and records) and safety needs of the department, and implement solutions to ensure a comfortable and confidential space. In the design of the building the Associate Dean advocated for an isolation room to be included, and the incredible foresight to this need was quickly realized when COVID-19 emerged in Spring 2020.

Additionally, SHS maintains a clinical equipment management schedule to ensure all materials are in good operating order. This includes equipment quality control schedules and use of professional services to maintain equipment. SHS also has developed procedures and practices to ensure OSHA, medical waste, and hazardous materials are handled appropriately. This upkeep is critical for health providers, and SHS has an excellent process to ensure maintenance is tracked.

### **Primary Weaknesses**

The following were identified as weaknesses of SHS, as they were scored as 'Partly Meets or 'Does Not Meet'.

#### **1.1 & 1.2 Mission Statement**

The SHS mission is posted on its website and has been reviewed annually via email exchange. There was limited documentation of a review in meeting minutes or other evidence of discussion in the department. The mission references student learning and quality services, both important foundations to college health programs. Discussion was held that the mission generally meets the services/purpose of the department, however, seems to focus solely on preventative care and not provision of acute care or treatment. The mission was scheduled to be reviewed next in January 2021, and the service component will be added.

#### **2.2 Program Information & Services – Mental Health Services**

The only item not fully meeting the standards was in relation to disaster preparedness from the Mental Health self-assessment guide, specifically the item "Mental Health Services must provide disaster preparedness and response". A plan or protocol does not currently exist for incidents larger than an individual student crisis, which is addressed through normal MHS protocol. Discussion was held regarding responsibility for this plan, and its inclusion in the Emergency Operations Center personnel team and plan. The Associate Dean sits on this committee, and will bring this issue forward.

#### **3.1 & 3.2 Student Learning, Development, and Success**

Student learning outcomes (SLO's) are a new initiative for SHS, and development of them began in Fall 2019. The department currently partly meets this standard, and is engaging in work that has defined SLO's and is in progress of measuring them. No current data or outcomes exist, since that phase of the initiative is still in process. SHS offers a great deal of activities that likely contribute to student learning, but a map to student learning is not defined. Developing SLO's and assessment measures will help determine if these activities are achieving intended goals/outcomes, and if they are meeting the intended impact. Discussion was held that the department found the concept of SLO's challenging, since staff come from a primarily clinical perspective, rather than an educational one. Conceptually SHS views their role as predominantly service-focused, and until very recently did not have an intentional emphasis on learning and development (that is then measured).

#### **4 Assessment**

Similar to the prior section, SHS partly met or did not meet the 5 indicators reviewed under this criteria. SHS has identified goals and outcomes to guide its work, which are regularly reviewed. The department uses the annual program review process to document these goals, however an assessment plan does not exist to systematically and intentionally tie program activities and data to program improvement. The department expressed feeling that assessment efforts were present on a day-to-day basis, as surveys and assessments of students are taken, but it was not clear how that information tied back to program goals and outcomes. There does not exist a current process to interpret or evaluate data, other than informal discussions that are not documented.



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**5.2 Organizational Aspects of Access, Equity, Diversity, and Inclusion (AEDI)**

AEDI efforts had many strengths for SHS, however two areas were found that did not meet the standards. This indicator references operational hours of the services, and the extent to which they provide adequate access based on student need. In discussing the hours of the center, which are 8am-4pm (Mon-Fri), the absence of evening hours was brought up. Evening hours were last attempted in 2015 and 2016, however it is not known if the current hours meet the needs of students for in-person services. SHS does keep track of calls received after hours, and 24 services are available through provided Nurse Practitioner links on the website, and the Protocol system for mental health crises after hours. A more current exploration of service hours is needed, to ensure it meets the need of the student population.

**5.4 Implementing AEDI**

This indicator focuses on identifying and addressing actions, policies, and structures that may perpetuate systems of privilege and oppression. Within SHS the team discusses addressing issues in an ad-hoc basis, as it comes up in discussions or staff meetings. It was determined this measure was not met because goals were not established. SHS will move forward to more formally and intentionally establish goals for diversity, equity, and inclusion (DEI). Once goals are established, progress in this area can be measured.

**11.1 & 11.2 Technology**

A robust discussion on technology was held, and the partly meets score balanced many strengths in this area, with critical needs the department has to remain current. The two areas of weakness regarding technology are related to the implementation of the Point N Click (PnC) software that supports medical records/documentation, and the loss of the ability to use the CCAPS (Counseling Center Assessment of Psychological Symptoms) symptom checklist for mental health due to campus funding limitations.

SHS reports that their technology meets industry standards, but that receiving IT support from the campus has been a challenge. The issue is pressing, as PnC has alerted campuses that they will move away from the desktop system in the near future, and only be web-based. Currently staff utilizing PnC remotely must use GoToMyPC, to log into their campus computers remotely and access the system. Accessing PnC this way slows down the system and feels like using the system 'under water' due to the delayed response time.

The second area of technology that is limited due to campus processes is the ability to use the CCAPS (Counseling Center Assessment of Psychological Symptoms) symptom checklist for mental health. Access to this screening tool is tied to membership in CCMH (College Counseling Mental Health) association, however the District does not permit payment for individual professional associations memberships. Although the membership is for an individual, it provides access to anyone in the institution to CCMH resources, and the incompatibility with college practice may be due to how the association names it's memberships. Due to this restriction however, the license for the CCAPS screening tool is unavailable to our students.

**SHS Best Practices**

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There were many areas of strength within SHS that are identified as best practice in the field. The following list showcases notable efforts by the department.

- Securing Protocol services, which provide direct mental health crisis support to students after-hours. This service allows hand-off to SHS counseling staff, and seamless coverage for students in crisis. Cerritos College is only the second campus in the California Community College (CCC) system to secure this service.
- Inclusion of wellness services including meditation and yoga sessions open to all students and employees.
- The initiation of an end of day 'check-out' between the Nurse Practitioners and the College Psychologist, which allows for consultation and referral to serve student's holistic needs.
- Professional development that involves the entire SHS team, inclusive of clinical, non-clinical, administrative, and management team members. Inclusion of all staff members helps the team understand the impact and process of procedures or information

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from a wider perspective. This also creates a strong team dynamic, clear communication, and enhanced skills, which strengthens the quality of care provided to students.

- In 2019 SHS began offering Dermatology clinics to students, a service that is not common in the CCC system.
  
- The leadership within the department, the Associate Dean and College Psychologist, came to Cerritos College from 4-year universities, where SHS services tend to be more robust. Their experience and perspective has enhanced the services available at Cerritos College.
  
- SHS has created strong partnership with providers in the community, such as Partners in Health (PIH). Through an MOU PIH is providing low-cost diagnostics (such as radiology, EKG) for Cerritos College students, and urgent care services when necessary (both by referral). The Associate Dean has maintained a strong relationship with the organization, which eventually led to a \$10,000 donation by PIH to the Cerritos College Foundation to support basic need insecurities of students.

### **Final Recommendations**

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List, in order of priority, and briefly describe improvements needed and the actions to be taken, noting completion dates and responsible position(s), as well as resources needed.

1. Document the review of the mission statement in meeting minutes or other documentation. Align mission to reflect major services of the department – encompassing both treatment and prevention.
  - a. Related Standard: 1.1 & 1.2
  - b. Completion Target: January 2021
  - c. Responsible Position: Associate Dean of Student Health
  - d. Resources Needed: None
  
2. Continue implementation of the SLO process that has been initiated, and to build a plan for regular review of SLO's. Since the development of SLO's may be outside the typical work of student health department members, continued professional development and education in this area would be beneficial.
  - a. Related Standard: 3.1 and 3.2
  - b. Completion Target:
    - i. First review of SLO outcomes and process in Spring 2021.
    - ii. Annual assessment review calendar to be established by end of Spring 2021.
  - c. Responsible Position: Associate Dean of Student Health
  - d. Resources Needed: None
  
3. Create a formal process for review, analysis, and interpretation of assessment data. This would include documentation of how the evidence from assessment activities is used for program improvement.
  - a. Related Standard: 4
  - b. Completion Target:
    - i. Draft procedure for review, analysis, and interpretation of assessment data by July 30, 2021.
    - ii. Finalize procedure by December 31, 2021.
  - c. Responsible Position: Associate Dean of Student Health
  - d. Resources Needed: None
  
4. That SHS will formalize inclusion of goals related to DEI in their annual program planning and review process, to intentionally increase/document efforts in this area.
  - a. Related Standard: 5.4
  - b. Completion Target: Spring 2021.
  - c. Responsible Position: Associate Dean of Student Health
  - d. Resources Needed: None



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5. Seek final campus decision about ability to use PnC, knowing current desktop option will be ending in the near future. Facilitate a discussion with the Dean, Associate Dean, and Vice President for Student Services regarding the PnC implementation issues, to request assistance with resolution at the executive leadership level.
  - a. Related Standard: 11.1 & 11.2
  - b. Completion Target: June 2021
  - c. Responsible Position: Associate Dean of Student Health & Dean of Student Accessibility & Wellness Services
  - d. Resources Needed: None
  
6. Follow up on exemption request to the District Executive Council for CCMH membership for the College Psychologist, to allow access for resources and CCAPS assessment. This includes clarification of the membership terminology, CCHM may require an individual to sign up, but allows access to the campus for resources.
  - a. Related Standard: 11.1 & 11.2
  - b. Completion Target: June 2021
  - c. Responsible Position: Associate Dean of Student Health
  - d. Resources Needed: None
  
7. Create an internal standard operating procedure outlining contingencies for responding to or supporting disaster relief (as appropriate to SHS capacity/role). Collaboration with the Campus Safety committee is needed to coordinate response with the larger Emergency Operations Center Personnel Team
  - a. Related Standard: 2.2
  - b. Completion Target: Draft by Spring 2022
  - c. Responsible Position: Associate Dean of Student Health
  - d. Resources Needed: None
  
8. That SHS will conduct a survey or needs assessment related to hours of service to determine if 'evening' (after 4pm) hours would serve student needs.
  - a. Related Standard: 5.2
  - b. Completion Target: May 2022.
  - c. Responsible Position: Associate Dean of Student Health
  - d. Resources Needed: None



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**Summary of Ratings**

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| <b>Part</b> | <b>Indicator</b>   | <b>Rating</b> |
|-------------|--|---------------|
| 1.1         | Program and Services Mission                                       | Partly Meets  |
| 1.2         | Mission Statement  | Partly Meets  |
| 2.1         | Program and Services Goals   | Meets         |
| 2.2         | Program Information and Services: Physical Health Services         | Meets         |
|             | Program Information and Services: Mental Health Services           | Partly Meets  |
| 2.3         | Program Structure and Framework                                    | Meets         |
| 2.4         | Program Design   | Meets         |
| 3.1         | Program Contribution to Student Learning, Development, and Success | Partly Meets  |
| 3.3         | Assessment of Student Learning and Development                     | Partly Meets  |
| 4.1         | Establishing a Culture of Assessment                               | Partly Meets  |
| 4.2         | Program Goals, Outcomes, and Objectives                            | Meets         |
| 4.4         | Gathering Evidence   | Partly Meets  |
| 4.5         | Review and Interpret Findings                                      | Does Not Meet |
| 4.6         | Reporting Results and Implementing Improvement                     | Partly Meets  |
| 5.1         | Inclusive and Equitable Educational and Work Environments          | Meets         |
| 5.2         | Organizational Aspects of Access, Equity, Diversity, and Inclusion | Partly Meets  |
| 5.3         | Advocating for Access, Equity, Diversity, and Inclusion            | Meets         |
| 5.4         | Implementing Access, Equity, Diversity, and Inclusion              | Does Not Meet |
| 6.1         | Leadership   | Meets         |
| 6.3         | Supervision  | Meets         |
| 6.4         | Strategic Planning   | Meets         |
| 7.1         | Staffing and Support   | Meets         |
| 7.3         | Personnel Training and Development                                 | Meets         |
| 8.1         | Collaboration  | Meets         |
| 8.2         | Communication  | Meets         |
| 9.1         | Ethical Statements   | Meets         |
| 9.2         | Ethical Practice   | Meets         |
| 9.4         | Policies and Procedures  | Meets         |
| 10.1        | Funding  | Meets         |
| 10.2        | Financial Planning   | Meets         |
| 11.1        | Systems Management   | Partly Meets  |
| 11.2        | User Engagement  | Partly Meets  |
| 12.1        | Design of Facilities   | Meets         |
| 12.2        | Work Space   | Meets         |
| 12.3        | Equipment Acquisition  | Meets         |
| 12.4        | Facilities and Equipment Use                                       | Meets         |

