

**De Anza College**

**Program Review – Annual Update Form – Fall 2025**

1. Mental Health and Wellness Center
2. William Firmender, Ph.D. – Director of MHWC
3. Briefly describe how your area has used the feedback from the Comprehensive Program Review and Annual Program Review Update provided by RAPP members over the past two years (if unsure, request the feedback form from your dean/manager).
  - a.) We have taken the first steps to creating a peer support network of student employees. We were awarded an innovation grant for 2025-2026 to help with up front costs and wages for 2 student peer support personnel.
  - b.) Last year we implemented an end-of-year annual review of our outcomes and formal discussion of our goals for the following year.
  - c.) Reviewed all quantitative and qualitative feedback and discussed with appropriate therapist.
  - d.) Assigned one person to keep Dean and other student services staff informed of changes/updates at MHWC.
  - e.) We hired an additional full-time faculty and now have 2 full-time faculty for the first time in the department's history.
4. Describe any changes or updates that have occurred since you last submitted program review (program review [submissions](#)).
  - a.) Added new affiliated communities to intake form.
  - b.) Changed supplemental telehealth provider to TBH/Uwill.
  - c.) Submit revisions for MH goals for equity plan.
  - d.) Added new support groups for students: Creative Expressions for Students, Support Circle, Transfer Center.
  - e.) New collaborations with student and faculty groups (Psychology Club, Creative Expressions for Faculty, Football Team).
5. Provide a summary of the progress you have made on the goals (i.e., OKRs for Student Services) identified in your last program review (as included in the comprehensive program review or annual program review update).

Goal title	Goal description	Responsible parties	Collaboration with....	What evidence have you used to monitor progress?	How have you assessed your goal?	What changes have been made based on the assessment?
SLO Completion	Increase completion of SLO outcome measure	Wil Puya Suzanna	All Staff	Completion rate is tracked by number of forms submitted in person and electronically	Completion dipped by about 50% in 24-25 compared to 23-24	Staff have been informed of purpose of outcome measure and importance in gathering the data. Staff have been informed of when and how to ask clients to complete outcome measure
Outcome measures in group setting	Use outcome measures in support groups	Wil Puya Carol	All staff	Tried a clinically validated outcome measure for group therapy	Since we provide support groups and not group therapy, the clinically validated outcome measures tried last year were unsuccessful in capturing important data about	We will edit the SLO outcome measure, which we created, to make it applicable to the experience in support groups.

					group experience	
Use and Contribute to Strategic Planning	Engage in the strategic planning process and provide input regarding campus mental health.	Wil Suzanna Puya	Institutional research  De of Student Svcs  VP of Student Svcs	Submitted multiple notes regarding campus mental health as part of the updated strategic plan. Met with institutional research to further elaborate on ideas to incorporate campus mental health into the strategic plan.	This was the first time MHWC staff has contributed to De Anza Strategic planning process	
Appropriate staffing	Ensure appropriate staffing based on De Anza student body population.	Wil Suzanna Puya	Dean of Student Development  VP of Student Svcs	Monitor when we run out of available slots for students for individual therapy and need to institute a waitlist.	For the 2025-26 academic year, we began the creation of a waitlist on November 20, 2025.	With the addition of a new licensed psychologist, we have the potential to take on additional interns for following years. An addition of an additional psychologist would allow for considerably more

						clients to be seen.
Appropriate location and space	Advocate for a new space that allows for privacy in waiting room and is easily accessible to emergency personnel. We will advocate for a door to our current waiting room	Wil Suzanna	Facilities Dean of Student Svcs VP of Student Svcs Office of President	Track number of times campus PD are called to location.	Campus police have been dispatched to MHWC 6 times over the past 1.5 years.	We continue to advocate for a change in our space.
Goal title	Goal description	Responsible parties	Collaboration with....	What evidence have you used to monitor progress?	How have you assessed your goal?	What changes have been made based on the assessment?

**Narrative:** MHWC has been working to improve outcome assessment participation and results for the past 2 years. We are in the process of creating a new outcome measure for our support groups, using our Creative Expressions/Art therapy group as a pilot. We are interested in expanding our staff with one additional full-time licensed psychologist, as well as moving to a more suitable location on campus.

- If your goals (i.e., OKRs for Student Services) are changing or you are adding a new goal(s), please include them below. If new goals require resources, please list requested resources that were not included in your last program review.

Goal title	Goal description	Responsible parties	Collaboration with....	What evidence will you use to monitor progress?	How will you assess achievement of the goal?
Student Support Ambassadors	Create 2 permanent positions for mental health ambassadors. Ambassadors will be students and the position will be paid. Activities involve outreach, cofacilitating support groups, providing ideas for events, and improving social media presence.	Wil Puya Suzanna	Multiple groups across campus, especially those departments with whom we may set up embedded therapist hours. This includes, but is not limited to, PRIDE center, Impact AAPI, Women's Center, Psychology Club, HEFAS/VID A...)	Number of events that include the peer support partners and number of people attending said events.  Also, we will use social media tracking information (likes, views).	We will set goals for the number of activities the ambassadors are involved in, as well as turnout for events.  For the first 3 months, we want to set a goal of one engagement/month, with the goals increasing by 5% a quarter for subsequent quarters.
Develop plan to build psychiatric support, with a preference for such support to be contained with MHWC	Have a prescriber of psychiatric medication (MD, DO, or PNP) present on campus at least one day/week.	Wil	PHP Programs in the Bay Area, specifically USF.	Number of students who book appointments, number of students who attend appointments, and change in symptoms.	We will keep track of quantitative data regarding attendance and will use the CCAPS-34 to track change over time of clinical symptoms.
Embedded therapists	Since students engage more readily in familiar, culturally	Wil Puya	Other departments listed in "goal	Number of departments with an embedded therapist and the number of	Tracking of departments with which we are embedded and

**Commented [RK4]:** Establish a baseline that is low - one engagement a month within the first 3-4 months, and then stated an increase of 5% quarterly. As an example.

**Commented [RK1]:** You mention the creation of peer support roles through the innovation grant - consider developing a tiered, stepped-care model:

- Tier 1: Prevention and Awareness**  
Peer ambassadors  
Social belonging workshops  
Mental health modules embedded in Canvas  
Pop-up "Mental Health Moments" events
- Tier 2: Skill-Building and Early Intervention**  
Short-term skills groups  
Therapy-adjacent workshops (academic stress, sleep, anxiety, relationships)  
Digital coping toolkits, videos, psychoeducation modules
- Tier 3: Clinical Support**  
Short-term individual therapy (current model)  
Embedded therapists (your new goal is aligned with best practice)  
Referral partnerships for long-term or specialized treatment

**Commented [RK3]:** Consider tracking contacts and social media engagement and followers. Using passive information can also have a significant impact and this can be tracked using scanned QR codes or analytics from visitors to websites.

**Commented [RK2]:** Consider connecting this with the Embedded therapists - that way you gain a deeper impact

**Commented [RK5]:** Students engage more readily in familiar, culturally affirming spaces. Embedded models are proving extremely effective for DI populations.

- Prioritize embedded counselors in:
- Men of Color programs (national data show lowest persistence among men of color)
  - Rising Scholars (justice-system impacted)
  - Guardian Scholars and NextUp
  - EOPS/CARE
  - Pride Center
  - Athletics
  - Women's Center

	<p>affirming spaces, embedded models can be effective in reaching historically underserved populations. Prioritize embedding therapists in the following programs:</p> <ul style="list-style-type: none"> <li>• Men of Color</li> <li>• Guardian Scholars</li> <li>• Rising Scholars,</li> <li>• EOPS</li> <li>• Resource Hub</li> <li>• Women's Center</li> <li>• Athletics,</li> <li>• Pride Center.</li> </ul>		description" grid.	students served by those embedded counselors.	number of students using the services.
<p>Strengthen fiscal stewardship and budget competency</p> <p>Build the leadership team's understanding of the program budget and improve ability to make informed fiscal decisions that support program priorities.</p>	<p>Director and core team will meet with Dean on at least annual basis for review of current years budget and budget prognosis for following year.</p>	<p>Wil Suzanna</p> <p>Puya</p>	<p>Dean of Student Svcs</p> <p>VP of Student Svcs</p>	<p>Goal is subjective – subjective increase in knowledge of budget-making process</p>	

**Commented [RK6]: Strengthen Fiscal Stewardship and Budget Competency**

Build the leadership team's understanding of the program budget and improve their ability to make informed fiscal decisions that support program priorities.

**Narrative:** The future goals center on reducing barriers to access care, decreasing stigma, and increasing equity in mental health across campus. Having a prescriber would eliminate the barrier to psychiatric care that current exists. Even though students have access to a psychiatrist via UWill, the process can be cumbersome and this would streamline it. Embedding counselors would more easily allow students that might be wary of mental health services to use them in a more comfortable space.

Through SLO measures, students have consistently shared that therapy directly improves academic performance, coping capacity, and help-seeking behavior. These data points reinforce what is already known nationally: integrated mental health support increases persistence and decreases drop-out. We want to continue to position MHWC as a core pillar for student enrollment management.

7. Describe the impact to date of previously requested resources (personnel and instructional equipment, facilities/upgrades) including both requests that were approved and were not approved. For example, what impact have these resources had on your program/department/office and measures of student success or client satisfaction and what have you been able to and unable to accomplish due to resource requests that were approved or not approved?
  - A.) MHWC added one full-time faculty member in Fall 2025 and we are still looking to hire at least one additional full-time, licensed faculty in the next few years. Full-time staff are essential for our department as they are invested in and knowledgeable about the campus. An increase in full-time staff will allow: the department to provide individual therapy to more students, increase outreach to other departments and student groups, and increase opportunities for innovative programs such as the peer support group mentioned in Question 4. Funding for a part-time (1 day/week) prescriber is also something that would be helpful in the future. This could be a psychiatrist or a Psychiatric Nurse Practitioner.
  - B.) Advocate for a purpose-built MHWC facility (Long-term capital project). A modern, integrated health center supporting student mental health and safety. The current office space is disjointed (offices are not together) and our lobby is small and does not have a door so students waiting for their appointment can be seen by anyone passing by. Our lobby, perhaps more than anywhere else on campus, frequently has emotionally labile students who are in crisis and the lack of privacy can be embarrassing and disconcerting. We have lobbied for years for a new door, but due to the angle of the doorframe, installation of a new door would be expensive and difficult. A new office space with 7 offices and a reasonably sized lobby (preferably that could also include wellness equipment) would be more appropriate for our needs. It would be helpful to have included in De Anza's Master Plan:
    - a. A centralized suite
    - b. A private waiting room with controlled access
    - c. Crisis intervention space

**Commented [RK7]:** Students shared that therapy directly improved academic performance, coping capacity, and help-seeking behavior. These data points support what we know nationally: integrated mental health support *increases persistence and reduces stop-outs*. Continue to position MHWC as a core pillar for SEM (Student Enrollment Management).

- d. Accessibility for emergency personnel
- e. Flexible and multipurpose wellness and group spaces

8. How have these resources (or lack of resources) specifically affected disproportionately impacted students/clients? If you have not requested or received resources, still describe how your area has been able to serve disproportionately impacted students/clients.

A.) For the first time since its creation over 10 years ago, staffing at MHWC has changed with the addition of a second full-time staff member. Presently, MHWC relies on 2 full-time faculty, 1 full-time classified professional, 3 part-time faculty (between 3-8 hours/week), and 5 interns (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 transient 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 that the structure change beginning in the 2025-26 academic year will continue and we will be able to add a third full-time psychologist with additional investment from the school.

9. Refer back to your Comprehensive Program Review and Annual Program Review Update from the past two years under the section titled Assessment Cycle or 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. If your area has not undergone an assessment cycle, please do so before completing the table below.

**Table 1. Reflection on Learning Outcomes (SLO, AUO, SSLO)**

Learning Outcome 1:

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	<p>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.</p> <p>13/14 (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 (“If I am with a mental health difficulty or crisis, I know how to reach appropriate support”).</p> <p>This is in line with 23-24 results (25/27 = 92.6%).</p>
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 2:

Learning Outcome	Students can utilize internal and external coping skills to reduce distress if experiencing a mental health crisis.
Method of Assessment (please elaborate)	<p>MHWC End of Session Survey</p> <p>Feedback document given to students after they have completed individual therapy (minimum 5 sessions; maximum 10 sessions).</p>
Summary of Assessment Results	<p>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.</p> <p>14/14 (100%) students who completed the assessment during the 2023-2024 academic year endorsed either a 4 or a 5 on the SSLO outcome measure (“If I am dealing with a mental health difficulty or crisis, I can use appropriate coping skills”).</p>

	This is a significant improvement on 23-24 results (23/27 = 85.2%).
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 3:

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.  13/14 (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 ("My experience in therapy has helped me perform better academically").  This is a significant improvement on 23-24 results (23/28 = 82.1%).

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.

**Please email this form to your dean/manager.**

10. Dean Manager Comments:

The Mental Health and Wellness Center has submitted a comprehensive program review that reflects both the depth of student need and the dedication of the staff who support them. The review highlights areas of meaningful progress, including increased outreach, expanded group programming, strengthened partnerships, and the ongoing development of peer support roles. It also honestly identifies the structural constraints that continue to limit the Center's ability to meet the rising volume and complexity of student mental health needs.

This program review affirms what we see across the state: students are navigating significant mental health challenges that directly affect their academic performance, persistence, and overall well-being. As De Anza continues to refine its Strategic Plan and enrollment strategies, it is critical that mental health be acknowledged as a core component of student success and retention. The Center's work is not ancillary. It is central to the college's mission and our commitment to equity and opportunity.

The recommendations outlined in the review are well aligned with institutional priorities and reflect emerging trends. The proposal to expand embedded clinical services, strengthen peer support, and develop a tiered care model demonstrates thoughtful planning and a clear understanding of how students access support. These approaches create more entry points for students, reduce stigma, and ensure that high-need students receive timely, culturally responsive care. Continued expansion of skills groups, workshops, and mental health education will also help reach students before they reach a point of crisis.

The review also raises urgent concerns about physical space, limited staffing, and the absence of psychiatric support. These concerns are valid and should be elevated in resource discussions. The current facility does not offer the level of privacy, safety, or trauma-informed environment expected for modern mental health services. Similarly, without adequate administrative and clinical staffing, the team is constrained in its ability to respond proactively, complete timely follow-up, and offer the continuity of care that disproportionately impacted students require. These limitations have direct academic consequences and should be

addressed as part of the college's resource planning, beyond funds from the Student Health Fee.

Overall, the Mental Health and Wellness Center has produced a program review that is reflective and forward-looking. The recommendations presented are not only appropriate but necessary for the college to meet the needs of its students. With strategic investment and institutional alignment, the Center is well positioned to expand its impact and further support student health, resilience, and success.

11. Vice President/Associate Vice President Comments:

The Mental Health & Wellness Center (MHWC) has demonstrated resilience in the midst of challenging circumstance and inadequate resource allocation since its inception. Despite receiving some funding from the state, the students' need and demand for services has far exceeded the available human and fiscal resources required to meet their needs. In addition, the program location is far less than ideal for providing confidential, HIPAA compliant services the student deserve. Nevertheless, the dedicated, professional staff and interns provide excellent mental health services to meet the varied needs of our diverse student populations. It is recommended that the department request a more appropriate facility space/location to ensure privacy. Moreover, an additional counseling position and a program coordinator position should be requested to ensure the program has adequate staffing to meet its mission and goals.

**Email the form to RAPP tri-chairs.**