

## SWOT ANALYSIS WITH SUMMARY

	STODENT HEALTH & WELLBEING SERVICES
INTERNAL FACTORS	
STRENGTHS (+)	WEAKNESSES (-)
<ul> <li>Counseling and Psychological Services (CAPS) and Student Medical Services both possess a team of highly-qualified and hard-working staff members dedicated to serving student needs on a daily basis.</li> <li>Our Health Education team leaders are exceptionally talented and our key programs in the areas of peer health education, food/nutrition, sexualized violence prevention, and suicide prevention are national models.</li> <li>SH&amp;WS has been re-integrated administratively; important changes have already been made and the team possesses a strong vision for the future.</li> </ul>	<ul> <li>CAPS, Medical, and Health Ed. staff are over-worked, under-paid, and recruitment is difficult. SH&amp;WS do not reflect the campus' diversity.</li> <li>Student demand for resources greatly exceed reasonable capacity, and staff are frequently asked by students to assist outside their scope of practice.</li> <li>The Student Health and Counseling (SHC) facility is running out of room for required operations and has over \$1 million in deferred maintenance costs</li> <li>SH&amp;WS core mission is driven by specific Chancellor's Office Executive Orders and staff are occupied from open to close each day limiting availability for participation in campus-wide programming.</li> </ul>

## **EXTERNAL FACTORS OPPORTUNITIES (+)** THREATS (-) CAPS, Medical, & Health Education services support student success; and SH&WS faces annual demand increase plus each 1% increase in enrollment sufficient funding will directly impact retention & graduation rates. we expect additional demand for CAPS and Student Medical Services to Expanding our peer health model presents the possibility to shift lowgrow by another 4-5% according to national data. Demand increases are almost entirely for complex issues that student complexity demand from higher cost specialty providers increasing impact. SH&WS as a unit has begun working even more closely including therapists (such as those students for the psychology program at the BSSB developing a behavioral health rotation; improving communication and clinic) and peer educators cannot address despite great efforts. referrals, reducing redundant activates/representation, and actively A significant number of students leave H.S.U. each year because they face protecting important medical/counseling model differences and roles can physical or mental health barriers and do not have the long-term treatment improve efficiency and student's experiences. resources available in the community to continue forward. Several Health Education programs are funded by external grants or onetime allocations which will end, causing important programming to stop.

## **ANALYSIS SUMMARY**

Student Health and Wellbeing Services, which includes Counseling and Psychological Services (CAPS), Student Medical Services, and Health Education is full of talented, hardworking staff inside the SHC building and exceptionally strong health education programs across campus. Following administrative reintegration in Jan 2017 the team is working actively to turn this synergistic opportunity into positive results, expanding our peer health model, improving internal communication and referrals, reducing redundant activates/representation, combating pressure for out of scope practice, and protecting important counseling differences and roles. Staff are strikingly racially homogenous and under-educated about implicit bias; recruitment of therapists, administrators, and medical staff especially is a challenge due to location and pay. SH&WS programs are further in danger due to dwindling reserves, temporary funding, and ever-increasing demand. The "Check It" bystander intervention programs funding will end after the 17-18 academic year; an increase in health fee revenues is require to sustain and add capacity to Counseling & Psychological Services (CAPS), Student Medical Services, and Health Education which could improve retention; and, increased health facilities fee revenues or central funding is needed to address critical deferred health center maintenance and space needs.