

COMPREHENSIVE

REPORT OF PROGRAM DATA

2023

A photograph of a campus landscape featuring a winding paved path, green grass, and modern buildings in the background. The image is overlaid with a large, stylized white geometric shape resembling a diamond or a stylized 'X'.

UNIVERSITY of HAWAI'I
HAWAI'I
COMMUNITY COLLEGE

From the last Comprehensive Review through June 30, 2023

Mental Wellness Services

**Submit this Review document in WORD via the
[Hawaii CC - Program & Unit Review Submission portal](https://hawaii.kualibuild.com/app/60ef56c477b0f470999bb6e5/run)**

<https://hawaii.kualibuild.com/app/60ef56c477b0f470999bb6e5/run>

attachments and supporting documentation may be uploaded in WORD, PDF, or EXCEL

1. Program or Unit Mission

The Mental Wellness and Personal Development Service assists students of Hawai'i CC to enhance their resiliency while building on existing strengths and honoring individuality. Services are available for all students on Hawai'i Island. Mental health services benefit campus communities by assisting students to manage stress and become more engaged in their education. This ultimately leads to increased student retention and program completion rates. Therapeutic services are brief in nature and referrals to community resources will be given as appropriate. Mental Wellness and Personal Development Services is also the Confidential Resource for any Title IX related concerns. Students can access this service to receive confidential support and information regarding Title IX. All students that are registered in credit courses are eligible for mental health services during their time of enrollment. Due to the need to provide continuity of services, students who demonstrate an intent to register for the following semester are seen on a continuous basis, as discharging them prematurely or taking breaks in services between semesters would create ethical and liability concerns. Student services by MWPD are typically at high risk for not meeting their academic goals as they are experiencing significant levels of distress for a range of reasons (diagnosable mental health, life stressors, limited support systems, unhealthy support systems, etc.).

2. Program Student Learning Outcomes or Unit/Service Outcomes

From 2020-2023 the Mental Wellness Services Unit Outcome measures consists of two different sets of outcomes, as UO's were updated in 2021 to further the assessment process. This section contains an outline of the UO's; assessment dates for each UO; and a history of how each UO has evolved over time. The presentation of the UO related data will be under section three as much of the UO data and analysis overlaps with the analysis of the overall program.

Unit Outcomes 2020-2021
<p>UO1: Through participation in the Mental Wellness and Personal Development service, students will report that they have increased insight into their concerns and the personal resources/skills they can utilize to move forward.</p> <p>A. The following outputs will be tracked and analyzed for the purpose of determining student participation in services:</p> <ul style="list-style-type: none">• # of students who completed an intake• # of walk-in appointments• # of sessions provided• # of assessments completed

<p>B. Student participation will be measured against national averages and will be expected to increase over time.</p> <p>C. Evaluations will be collected from students via an anonymous drop box and/or anonymous online survey. Surveys will be administered on a random basis at various points of services.</p> <ul style="list-style-type: none"> a. Students will report an increased understanding of their current stressors. b. Students will report that services helped them identify barriers to moving forward c. Students will report that they recognize the personal skills/resources they possess that will help them move forward.
<p>U02: Students will have the ability to seek out campus and community services as necessary.</p> <p>A. The following outputs will be tracked and measured to determine if staff are assisting in increasing students' awareness of campus and community resources:</p> <ul style="list-style-type: none"> a. # of referrals to campus resources b. # of referrals to community resources <p>B. Student evaluations will be analyzed to determine if students' report possessing the knowledge of the campus/community resources available to them.</p>
<p>U03: Faculty/staff will report that they feel supported and encouraged to seek clinical consultation with the Mental Wellness and Personal Development service as they develop a deeper understanding of mental health/abuse-related issues and how they impact students.</p> <p>A. The following outputs will be tracked to determine the amount of services the MWPD has provided to faculty/staff:</p> <ul style="list-style-type: none"> a. # of clinical consultations b. # of trainings provided c. # of psycho-educational materials shared with faculty/staff <p>B. Evaluations will be distributed to faculty/staff who have engaged in training or clinical consultation with MWPD. Data will be collected and assessed on the following questions:</p> <ul style="list-style-type: none"> a. How did you hear about our services? b. Do you feel that you have a better understanding of how the issue may impact your students? c. How likely are you to seek out consultation/training again in the future?

Assessment Schedule:

	UO1	UO2	UO3
2020	x	x	

Unit Outcome Evolution 2020-2021:

UO1A: Output data has been established as a program measure that is to be collected annually and so it is no longer needed as a unique Unit Outcomes.

UO1B: The comparison of national and program data in regard to what percentage of the campus population MWS has served, has also been established as a standard data point within the program and it is no longer assessed as a part of the Unit Outcomes.

UO1C: The student evaluation was eliminated in 2020. This decision was made because after collecting this data through a wide range of delivery methods, student completion rates were low, rendering the results insignificant and not representative. The data that was collected was overwhelmingly positive, which could be interpreted two ways: 1) Students were consistently benefitting from services over the past 4 years and this is not expected to change, or 2) student evaluations are skewed towards positive feedback so significantly that this may not be an effective measure. These reasons are what contributed to the choice to discontinue the student evaluation and move towards an outcome that looked more at clinical signs of progress, rather than student perception of satisfaction or effectiveness.

UO2A and UO2B: Referrals to campus and community resources had remained steady with little variation across the years this UO was assessed. Program staff demonstrated sufficient ability to identify referral sources and connect students to said resources. In addition, student feedback through the student evaluation consistently indicated that students felt confident in their ability to identify and seek out assistance from campus and community resources at the completion of MWS services. This UO was considered met and so it was discontinued in 2021.

UO3A: Clinical consultations to faculty/staff/administrators were tracked prior to 2019, but in 2019 much of the consultation requests were referred to Care Team. The Care Team was established and increasing its efforts on campus which allowed for a more circular communication with faculty and staff regarding students of concern. When an employee contacts MWS for consultation, it is limited to supporting said employee identify next steps or ways to support the student. Due to confidentiality and the preference that students initiate seeking out mental wellness services, these consultations wouldn't result in support to the student from MWS, or when it did, no confirmation of said services could be provided to the employee due to confidentiality practices. Trainings provided to employees have been provided annually. The topics have varied based on campus requests and identified needs.

UO3B: Employee evaluations were consistently collected for trainings and continue to be collected. Overall feedback is positive and evaluations have been helpful in identifying future training needs. The employee evaluation for consultation was ended as it was burdensome to ask for an evaluation to be completed every time a simple consultation occurred.

UNIT OUTCOMES 2021-2023
UO1: Clinical services will demonstrate pre-post treatment change in alignment with national trends.

<ul style="list-style-type: none"> • CCAPS will be administered to students every other session. • The CCAPS National Comparison (pre-post change) report will be generated annually.
<p>UO2: Student utilization of MWPDP clinical services will remain in alignment with national standards.</p> <p>The following outputs will be tracked and analyzed annually:</p> <ul style="list-style-type: none"> • Number of students serviced per reporting period (July-December and January-June). • Campus enrollment data will be gathered from the campus factbook
<p>UO3: MWPDP will contribute to campus dialogue and knowledge around topics such as mental health, wellness, and healthy relationships.</p> <p>The following outputs will be tracked and analyzed annually:</p> <ul style="list-style-type: none"> • # of prevention/education activities MWPDP contributes to during the reporting period • Workshop evaluations will be collected for each in person instructional event offered. • # of Care Team meetings attended.

Assessment Schedule:

	UO1	UO2	UO3
2021	x	x	
2022		x	x
2023	x	x	x

Unit Outcome Evolution 2021-2023:

UO1: The utilization of the CCAPS tool to determine pre-post change has been a challenge during the past four years. Data collected is presented in section three of this review. The barriers to collecting this information has been 1) staffing changes and limitations; 2) lack of student participation in post administration of the tool; and 3) inconsistent administration. Due to low numbers of completion of both the pre and posttest, the results do not reflect overall program effectiveness. They do however, offer a snapshot of effectiveness from a random sample of students. This outcome should continue to be utilized and the program will identify action steps to address the challenges around administering the CCAPS tool and gaining student participation in both pre and post measures.

UO2: According to the ACCA Community College Survey from 2023, 37% of Community College counseling (mental or personal health focused) centers service less than 5% of their campus population. MWS aligns with this ratio consistently (see data and further analysis in section 3 of this report). While this data reflects alignment with the largest percentage of other community colleges (lower percentages of colleges service higher amounts of their student population), MWS would like to strive to break the 5% served. Rational for achieving this goal is that we live in what is considered a rural area with very limited health and mental health resources. Campus services are often reported as crucial by students in services because they experience significant barriers in accessing community-based services. Potential barriers to MWS increasing the percentage of the

student body served include staffing limitations (MWS is understaffed in comparison to national averages and standards-see section 3 for more detail), low number of in person courses which results in increased isolation of students/student not viewing the campus as an overarching resource for their success and wellbeing. Colleges that have on campus housing, and therefore increased student life, are shown to have the highest utilization rates of mental health services.

UO3: See section 3 for data on this UO. This outcome continues to be central to MWS and ongoing attempts to expand MWS staffing has been made. In AY2023, MWS obtained HEERF funding to increase the capacity of the program by hiring a full-time therapist. Unfortunately, the funding and hiring process were slow and so hiring wasn't completed until January 2023, and funding expired May 2023. The position also could not be filled at full-time status as the only qualified applicant cited an inability to accept full-time employment without health benefits. Due to their need to prioritize attaining health benefits, they chose to sustain previous employment, which decreased their availability to work for MWS to 20 hours a week. This in turn impacted the program in that the faculty position had to retain a higher number of cases, thus decreasing the amount of availability for prevention/education events. At the end of Spring 2023 a request for additional funding through SSARP funds was submitted and approved. At the time of this report, this position has been changed from having a clinical focus to a prevention/education focus due to barriers with hiring clinical positions under RCUH. The position is posted and yet to be filled. In summary, MWS continues to offer prevention/education activities, but the program would like to create and implement a more comprehensive prevention/education plan utilizing a public health approach. The utilization of a public health approach (multi-level prevention and intervention-community level thru individual services) approach is indicated because the institution does not have the capacity to fund enough clinical positions to truly meet the extensive needs of the students. The action plan will address changes to this UO now that prevention/education events have been consistently offered and deemed beneficial. The updated UO will focus on designing and implementing a sustainable plan utilizing the public health model.

3. Analysis of the Program/Unit

From 2019-2023 MWS structure has fluctuated as it is based on the availability and ability of unpaid interns and a shared staff position with Disability Services. The chart below outlines the staffing that the program had for each report year. Each level of intern is capable of performing different tasks. Bachelor interns are utilized for prevention/education, case management, and development of marketing materials. Generalist MSW students perform case management tasks, lead prevention/education activities, develop workshops, and may provide direct clinical services (dependent on developmental readiness). Specialist interns provide clinical services to students at varying level of need and various capacities. To improve the capacity of the program to supervise interns and design an intentional learning environment, the faculty member completed a year long certificate in advanced psychodynamic clinical supervision.

2023 Hawai'i Community College ARPD
Program: Mental Wellness Services, Hawaii Community College

Academic Year	Bachelors of Social Work	Masters of Social Work: Generalist	Masters of Social Work: Specialist	Masters of Counseling: Specialist
2020			*2	
2021				1
2022	.5	1	2	
2023	1	1	1	

*1 intern was dismissed from the placement at the end of Fall semester due to not passing their first evaluation.

In addition to support from interns, MWS received varying levels of support from the Disability Services staff. In 2020 and 2021, the staff position was lost and duties were filled by casual hires. Due to the transient nature of this staffing, their ability to support MWS processes varied based on comfort level navigating mental health needs, ability to support purchasing processes, and ability to fully support the student scheduling and intake process. In February 2022, Disability Services wrote a joint position description for the newly allotted APT B position that has allowed for clear expectations and consistent support to MWS. This position has since become responsible for responding to all student outreach, scheduling, and assisting students through the intake process (which includes triaging for crises).

Reliable and consistent staffing is very important for MWS because most students “drop out” of services during the intake phase. This phase of help seeking is particularly precarious because many students engage in help seeking behavior in an inconsistent manner due to stigma, readiness to change, fear, and other barriers around scheduling and transportation. Managing the intake process requires staff to be timely in their communication, capable of gauging how to follow a student’s pace, and the ability to set clear expectations regarding the process. In addition, staffing directly impacts how many hours of services the program is able to offer. The average community college mental health office offers 20 hours of clinical hours per 1 full time staff. The MWS faculty strives to offer 20 hours a week, but realistically, due being tasked with so many director type duties in addition to campus services, this is often capped at 15. Interns who are delivering clinical services, are capped at 4-8 hours per week depending on their level of development.

Demand

Since 2020, the demand for services has been measured through the tracking of how many students were served. For our program’s purposes during this report period, “served” means a student made it through the intake process to the point of at least scheduling an intake appointment. During this reporting period, services were delivered in person and via telehealth. While both options were available, majority of sessions were delivered in person. During the reporting period, no student was denied access to a request for in person services and only 1 student was denied access for telehealth services as their clinical needs were inappropriate for that format of treatment.

Students Served and National Comparison Data			
Academic Year	# Of Unique Students Served	Enrollment	Percentage Served

2023 Hawai'i Community College ARPD
Program: Mental Wellness Services, Hawaii Community College

2020	84	2615	3.2%
2021	57	2430	2.3%
2022	78	2248	3.5%
2023	54	2127	2.5%

The number of students serviced during each reporting year appears to reflect the changes the staffing changes the program experienced in regards to the number of clinical interns. In 2020 the program serviced a larger number of students (84) with the assistance of two specialist interns. The remaining students are serviced by the program faculty. In 2020, program faculty held a very high case load which resulted in significant reduction in availability to develop and offer prevention/education activities. In 2021, those served dropped to 57 when the program was only able to attain 1 specialist intern. A potential impact on the number of students served, may be that MWS was relocated mid-year. This caused a disruption in services as clinical spaces were reduced (3 confidential office spaces at Manono reduced to 2). This caused scheduling issues and disrupted services. For clinical purposes, it is important to maintain a consistent space that a client is met in. Shifts in the space can alter the rapport a client may have with a clinician, may cause a halt in progress, and may compromise the sense of safety a client has established. In 2022, clinical services again rose to serve 78 students and in addition case management services were added in support of Care Team. Again, the faculty maintained a high case load, but the BSW intern offered assistance with prevention/education efforts. In 2023 services dropped again, but this appeared to partially be a reflection of a change in demand. During 2023, MWS provided more intense services to fewer students. Students presented with higher levels of clinical need (higher risk cases and more complex cases). During all reporting years, the program remained in line with the largest percentage of community colleges that participated in the ACCA Community College Survey, by serving less than 5% of the student population.

Session Data by Session Type						
	Intake	Psychotherapy	Walk-In	Crisis	Canceled	TOTAL
2020	50	351	22	10	58	491
2021	29	213	6	3	81	332
2022	48	295	2	8	118	423
2023	29	342	4	4	60	439

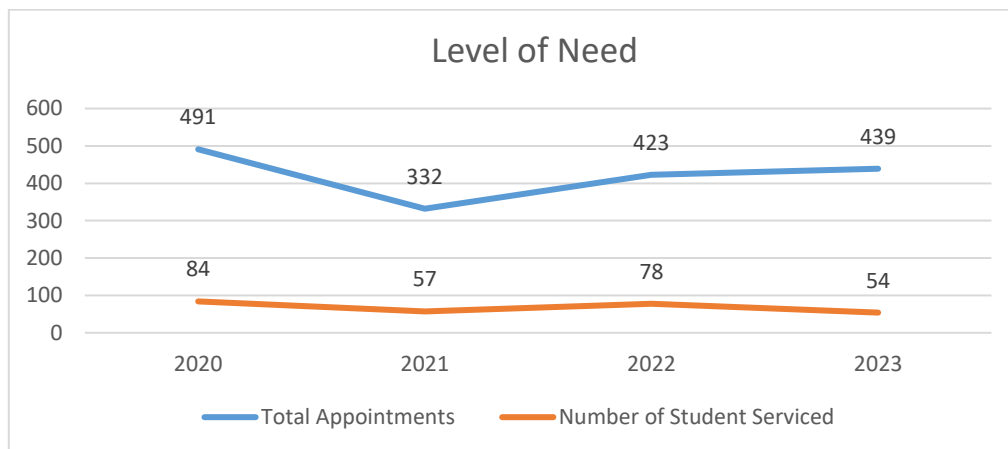
Each type is defined as:

1. Intake Session: Initial session where consent forms, psychosocial/diagnostic assessments are completed and treatment goals are developed.
2. Psychotherapy: Standard therapy session.
3. Walk-In: Sessions that were scheduled within a 24-hour period of occurring.
4. Crisis: Sessions during which a recent trauma, suicidal or homicidal attempts are addressed. Crisis session typically involve community-based crisis services.

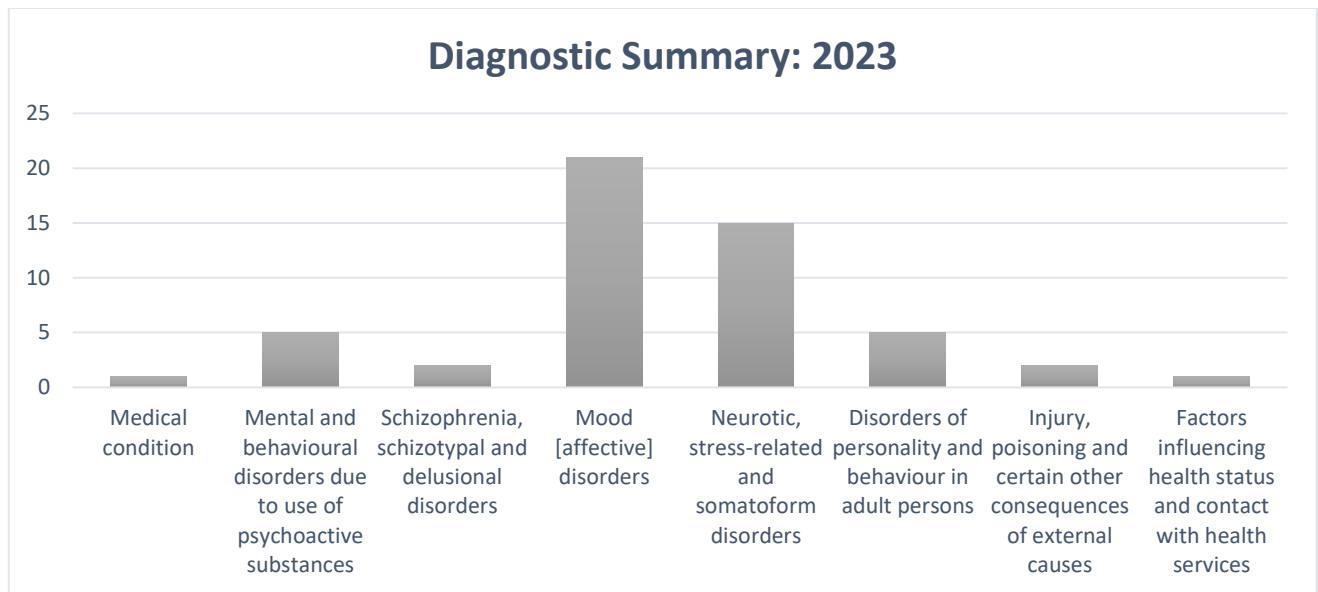
5. Cancelled: Sessions where students did not show up as scheduled. These appointment times are counted as preparation and documentation go into them, despite the student not attending.

In review of the Session Data by Session Type, it is concluded that the number of intakes fluctuated in alignment with the number of students serviced. The walk-in appointments decreased as the program moved away from walk-in services once as the campus moved out of COVID-19 dynamics and into a more predictable format of services. Of note, cancellations spiked to 118 in 2022. The program can't cite a specific reason for this, but that is the year the office moved twice, was temporarily closed for renovations, and it was the first-year majority of sessions returned to in person. These factors all may have contributed to this spike. In 2023, the cancellation returned to what appears to be typical.

The session data is interesting in that the amount of psychotherapy appointments increased in 2023, despite the fact that the program served a lower number of students. In the level of need chart below, we would typically expect the orange and blue lines to move parallel to each other. In general, we see this in 2020, 2021 and 2022, but in 2023 the lines move away from each other rather than in tandem. This change, represents the fact that MWS saw a significant increase in severity of clinical concerns and so a smaller number of students received more involved and intensive services. While this increase in severity is being seen across the country, there is concern that this reflects a ripple effect of COVID-19 related isolation. Due to isolation, there was a shift in help seeking behavior, resulting in individuals not seeking professional help until issues became more severe. This is a challenge in that this complicates treatment. Due to this, adjustments should be made to prevention, education, and marketing strategies to encourage early help seeking behaviors.

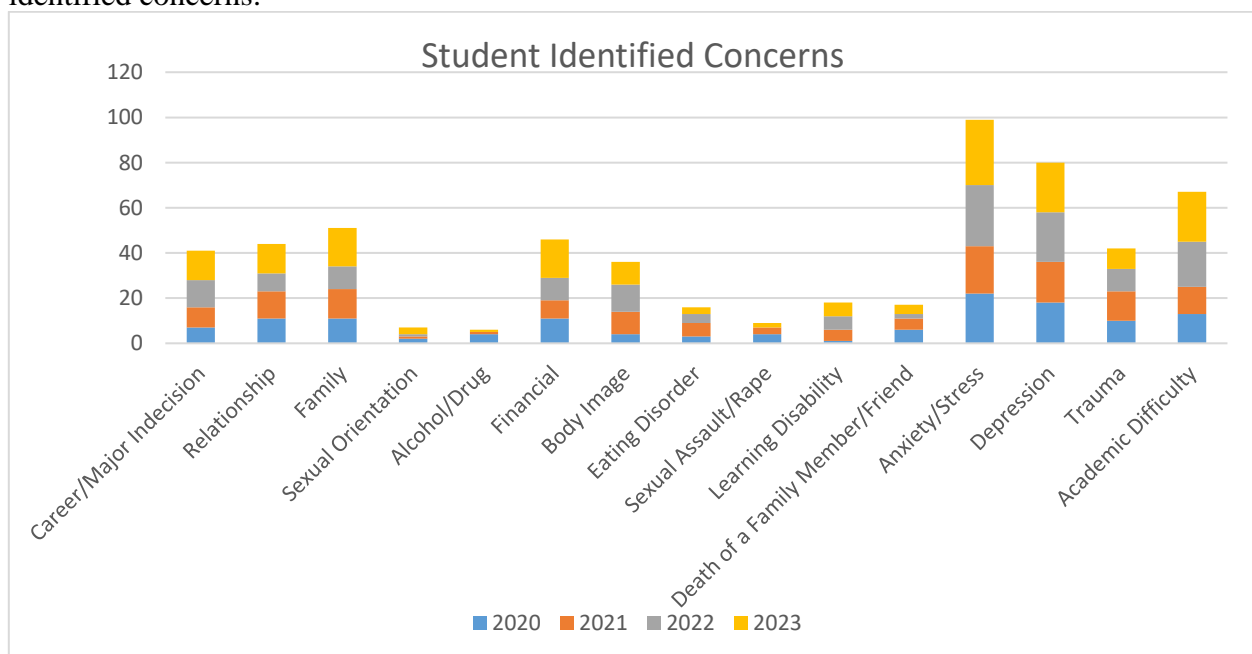


In AY 2023, MWS implemented a new policy which required that all clients who complete an intake assessment receive a diagnosis. This policy change was in response to higher education related case law in which an institution was held liable for a student's death due to suicide because they were providing treatment that was found to be based on a wrong diagnosis. This legal decision strengthened the case that therapy services are a medical intervention and the treatment must align with the diagnosis/assessment results. If these aspects of the medical record and treatment process are not maintained, a malpractice suit could result. The following chart is a summary of the diagnosis of 52 of the 54 students serviced in 2023.



The most common diagnosis during 2023 was Mood Disorders, which is primarily depression. The second most common diagnosis is Neurotic, stress-related and somatoform disorders. This includes anxiety, Post Traumatic Stress Disorder and adjustment disorder. The prevalence of depression and anxiety is in line with national community college data, as these are consistently the most treatment disorders in college counseling centers. Diagnosis is based on the clinician's assessment and provides a snapshot of the type of symptoms individuals are experiencing. Diagnosis does not always align with student perception.

The Student Identified Concerns chart below helps MWS compare diagnostic data to student identified concerns.



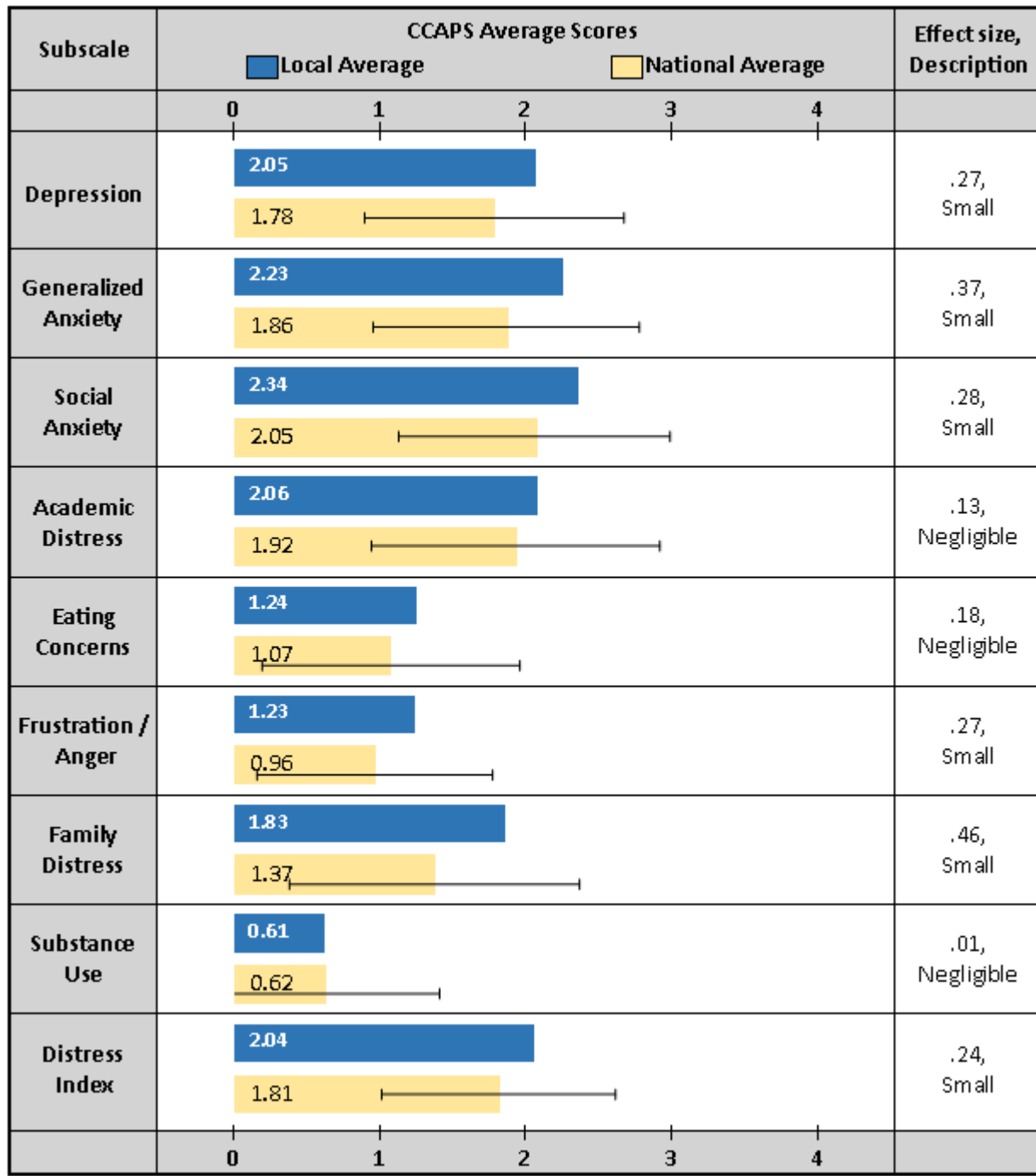
What we see is that across the four reporting years, Anxiety and Depression are the primary concerns, which is consistent with diagnostic data. The data for each category may represent duplicate students, since they are asked to indicate “all” related concerns. Due to this it is helpful to look at the higher bars as representing more frequently experienced issues, but also as potentially compounded issues. MWS consider anxiety, depression, and academic concerns as compounded issues (a student may experience all three at once).

In addition to student identified concerns and diagnosis, MWS also utilizes national comparison data to identify any potential trends. This data comparison is pulled from an assessment tool called the CCAPS, which measures students across the following domains:

- Depression
- Generalized Anxiety
- Social Anxiety
- Academic Distress
- Eating Concerns
- Frustration/Anger
- Family Distress
- Substance Use
- Distress Index (an overarching measure of distress)
- Suicidal Ideation
- Thoughts of Hurting Others

This data is utilized to compare initial scores of distress to national trends amongst college students (this tool is only utilized in higher education settings). It is also utilized to assess client change (pre-post scores-see effectiveness data below). The CCAPS Average Scores chart demonstrates at what level of concern students are presenting across the domain and how this compares to the national average.

2023 Hawai'i Community College ARPD
Program: Mental Wellness Services, Hawaii Community College



In 6 of the 9 domains on this chart show that the students accessing MWS show that they are experiencing higher levels of concern in comparison to their peers across the country. Small is defined as statistically significant, while negligible is not. Overall, Hawaii CC students who are seeking out services are more likely than their peers across the country to experience family distress, generalized anxiety, social anxiety, depression, frustration/anger, and general distress. The CCAPS data also summarizes scores related to suicidal ideation and thoughts of hurting others.

Over the reporting period, 51% of students assessed reported some level of suicidal thought, while 12% reporting experiencing some level of thoughts of hurting others. In the last four years, 9 of those who indicated suicidal thoughts, did so at a level that required an assessment of imminency as their score indicated the highest levels of distress in this area.

Demand Summary

In conclusion, in terms of demand, MWS has served a fluctuating number of students. Factors that contributed to this was staffing (therefore program capacity), and peripheral dynamics that cause general instability in the program and in the accessing of the program (moves). It is recommended that further data be collected on how many students request to start services so that analysis of that demand can be compared to how many students actually make it to their first intake appointment. Once students do make it in to services, it is expected that services will focus on anxiety, depression, and family/relationship problems. Peripheral or compounding identified concerns will also need to be addressed. Based on national comparison data, the program can expect to service students with a slightly higher level of need in comparison to counseling centers across the country. Due to this, program staffing would ideally consist of highly trained and experienced clinicians to ensure that student needs are being met in the most ethical and clinically appropriate manner.

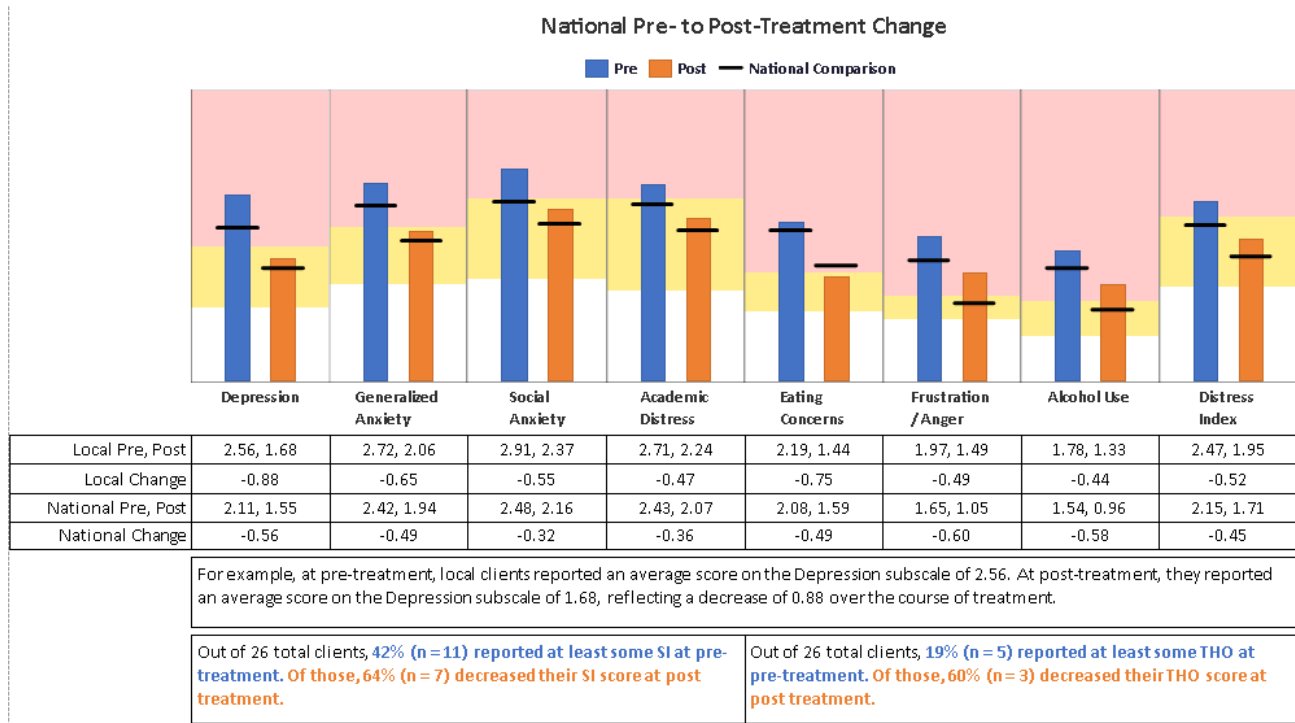
Efficiency

During the reporting period, the program was not able to collect efficiency data. For efficiency we would like to look at data related to how quickly or how smooth did the accessing of services go. Now that we have permanent staff to assist with the intake process, we'd like to develop operating procedures to ensure consistency, and utilize the record keeping system to track how long a student stays on the waitlist. The waitlist is a feature within our record keeping system that allows a client file to be flagged. Once a client completes all intake paperwork they are marked as having completed this step. The next step is to complete the intake appointment which will then result in them being removed from the waitlist because the next steps are based on clinical need (referral out or in house treatment established). The collection of this data will be added to the program action plan.

Effectiveness

The main measure of effectiveness that MWS utilizes is the CCAPS pre-post change. Earlier in this report, the data regarding initial presentation was reviewed in comparison to national data. The program collects CCAPS data at multiple points during a student's services and this allows us to identify clinical changes in each of the previously referenced domains.

2023 Hawai'i Community College ARPD
Program: Mental Wellness Services, Hawaii Community College



As indicated by the change in levels between the pre (blue) and post (orange) administrations of the CCAPS (2019-2023), students assessed are demonstrating positive changes across all domains. In most cases, these changes are more significant than those seen in the national comparison. This shows that those who completed the assessment are engaging in clinically effective services. The limit to this data is in the numbers of administrations. This tool has not been implemented consistently and an operating procedure to determine ideal frequency should be developed and implemented.

Another measure of effectiveness that the program considers is if the demographics of the students served are representative of the campus population. The data below is the average of all 4 reporting years in comparison to the average of same years campus data.

Data Point	MWS Data 2019-2023	Campus Data 2019-2023
Gender Identity		
• Woman	57%	59%
• Man	37%	38%
Race/Ethnicity		
• Native American	4%	0.5%
• Asian American	18%	18%
• Hispanic	5%	2%
• Native Hawaiian/Pacific Islander	32%	44%
• Multi-Racial	13%	14%

2023 Hawai'i Community College ARPD
Program: Mental Wellness Services, Hawaii Community College

• White	12%	15%
• Self-Identified/Other	7%	1%
First Generation	32%	49%

MWS services primarily females (57% across 2019-2023) which is proportionate with the overall student body during the same reporting years. The race and ethnicity categories varied in how they were defined across reporting years (within the program) and between MWS and campus categories. The data from unaligned categories were grouped for clarity. MWS serviced a slightly larger percentage of Native American, Hispanic, and Self-Identified/Other students compared to the proportion this population makes up of the student body. MWS service slightly lower percentage of Native Hawaiian/Pacific Islander, multi-racial, and white identified students in comparison to their representation within the larger campus population. It is recommended that MWS develop a marketing, prevention, and education plan that incorporates a wider range of cultural understandings of wellness and healing to ensure that all populations are being serviced, but through a broader variety of offerings.

Effectiveness Summary

Overall, MWS is clinically effective in that students who access services and who completed the CCAPS pre/post assessment, demonstrated clinical change and in fact, often demonstrated larger levels of change in comparison to the national comparison data. In addition to being clinically effective, the program also strives to encourage equitable access across all populations. MWS is succeeding in this area, but could improve a little bit on intentionally designing programming to ensure if it addressing culturally diverse understandings of wellness and healing.

Additional Program Data

MWS holds itself to a standard that is in line with best practices, which means that services strive to service not just individuals, but the general campus as well. Campus-wide services often occur through campus events, publications, and workshops. The following is a summary of these types of events that have occurred within the reporting period.

Campus Event Data		
2020	16	<ul style="list-style-type: none"> • Wellness Wednesday • What is TIX • Fresh Check Day • MH Support at other events • MHFA • Program Presentation • USDA Food Distribution (in partnership with Lili'uokalani Trust)
2021	15	<ul style="list-style-type: none"> • USDA Food Distribution

2023 Hawai'i Community College ARPD
Program: Mental Wellness Services, Hawaii Community College

		<ul style="list-style-type: none"> • Bystander Training • Mindful Mondays • Student Success Conference Workshops • MWPD Digital Wellness Fair (16 unique workshops) • MH Support at other events (suicide prevention training)
2022	14	<ul style="list-style-type: none"> • Stress Reduction workshop (FYE) • Compassion for Self and Others workshop • Mindfulness (FYE) • Program Presentation (I Ola Haloa, IEP, IS101) • Balancing Life workshop • Community Provider In-Service • INCEL Training to Care Team • Building Better Bridges • MHFA
2023	15	<ul style="list-style-type: none"> • Suicide Prevention Tabling • MHFA • Mindfulness Workshop • Student Success Conference • Program Presentation • Caffeine Awareness Tabling • Trauma Informed Approaches (faculty and staff training) • Alcohol Awareness Tabling • Healthy Relationships (Elama/Hilo One)

		<ul style="list-style-type: none"> • MH Support person for events • Goodwill (program presentation)
--	--	---

During this reporting period, MWS provided 76 campus events. The program averages 15 per year. Each program events varies in size. Some events are focused on campus outreach and engagement, while others are more involved and strive to offer thorough training (Mental Health First Aid, Digital Wellness Fair, employee trainings).

4. Action Plan

Over the last four years, MWS UO's have evolved in response to identified needs for data and a focusing on new aspects of services. In the 2022 action plan, the following action steps were identified. See feedback to each action step below:

1. Develop new measures (evaluation, datapoints, or benchmarks) that reflect effectiveness of clinical services.

New UO's were implemented which established data on the pre-post CCAPS data. The review of this data shows that the program is clinically impactful for students and in comparison, to national trends.

2. Submit draft suicide postvention policy to VCSA.

The Student Death Policy was assigned for review to MWS. The program has researched comparable policies and has drafted recommendations to include protocols around death due to suicide. The draft is in its final stages and is set to be presented at College Council Spring 2024.

3. Sustain the minimum clinical capacity of the program at 24 hours per week.

During AY 2023 the program received a lot of support from 2 clinical interns and a part-time casual hire therapist and so this goal was met. The ability to continue to meet this goal is dependent on ongoing access to quality interns, and funding to assist with the hiring of additional employees.

4. Gather data to determine the time frame between students request for services and initial appointment. This will reflect program efficiency.

This measure was not consistently tracked.

5. Identify and gather data to reflect total length of time students are in services so that the program can decide if session caps are needed as a means of increasing capacity

Clients received an average of 8.46 sessions. In the past 4 years, 55% of clients received 1-5 appointments, 29.4% received 6-10 appointments, 9.7% received 11-15, 4.2% received 16-20, and 11.1% received 21 plus appointments. Majority of services are short-term while 25% are considered long-term. This data does not indicate a need for session caps, but the additional waitlist data would help indicate if clients are able to access services sufficiently. If the faculty position is carrying the higher risk cases that require longer term services, that may hinder access to services as intern caseloads are capped at 4-8. Waitlist data should be gathered to determine if needs are being met in a timely manner. The program is not lacking in demand,

but rather is capped by its own staffing capacity. Due to this priority should be placed on triaging students and ensuring their needs are met in a timely manner.

2024 Action Plan:

The following items are identified as new action steps:

1. Develop Standard Operating Procedures for the Intake Process to ensure that the following data points are consistently tracked:
 - Date of initial request for services
 - Tracking of case closure if it occurs prior to the first intake appointment
 - Timeline from initial request to intake appointment.
2. Develop Standard Operating Procedure for the administration of the CCAPS (at a minimum the pre and post administration)
3. Collaborate to design and implement culturally informed approaches to marketing, prevention/education, and clinical services.
4. Continue to work with administration to identify potential funding opportunities to expand Mental Wellness Services.

5. Resource Implications

Special Resource Requests not included in operating "B" budget *

☒ I am NOT requesting additional resources for my program/unit.

☐ I AM requesting additional resource(s) for my program/unit.

Total number of items being requested: _____ (4 items max.)

***Needed funding is not a one-time ask and so requests will occur through administration.**

Needs are a position and access to ongoing funding for professional development. CEU's are required for ongoing maintenance of program faculty's clinical license and since licensure is a is required for the performance of my primary duties (and this expense and standard is not required for other faculty positions), the institution should continue to provide funding so that program faculty may meet these requirements.