

HAWAI‘I COMMUNITY COLLEGE ANNUAL UNIT REVIEW (AUR)

Mental Wellness and Personal Development (MWPD)

Date December 15th, 2017

Review Period
July 1, 2016 to June 30, 2017

Initiator: Interim VCSA, Dorinna Cortez
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Program/Unit Review at Hawai‘i Community College is a shared governance responsibility related to strategic planning and quality assurance. Annual and 3-year Comprehensive Reviews are important planning tools for the College’s budget process. This ongoing systematic evaluation and assessment process supports achievement of Program/Unit and Institutional Outcomes.

Evaluated through a college-wide procedure, all completed Program/Unit Reviews are available to the College and community at large to enhance communication and public accountability. Please see <http://hawaii.hawaii.edu/files/program-unit-review/>

Please remember that this review should be written in a professional manner. Mahalo.

PART 1: UNIT DATA AND ACTIVITIES

Unit Description (required by UH System)

<p>Provide the short description as listed in the current catalog. If no catalog description is available, please provide a short statement of the unit's services, operations, functions and clients served.</p>	<p>The Mental Wellness and Personal Development Service assists students of Hawai'i CC 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 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.</p>
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Comprehensive Review information (required by UH System)

<p>Provide the year and URL for the location of this Unit's last Comprehensive Review on the HawCC Program/Unit Review website: http://hawaii.hawaii.edu/files/program-unit-review/</p>	
<p>Year</p>	<p>n/a</p>
<p>URL</p>	<p>n/a</p>
<p>Provide a short summary of the CERC's evaluation and recommendations from the unit's last Comprehensive Review. Discuss any significant changes to the unit that were aligned with those recommendations but are not discussed elsewhere in this report.</p>	<p>No CERC recommendation available as this is the unit's first annual report.</p>

ARPD Data: Analysis of Quantitative Indicators (required by UH System)

Unit data can be found on the ARPD website: <http://www.hawaii.edu/offices/cc/arpd/>

Please attach a copy of the Unit's data tables and submit with this Annual Unit Review (APR).

a) **If you will be submitting the AUR in hard copy, print and staple a copy of the data tables to the submission; the icon to print the data tables is on the upper right side, just above the data tables.**

OR

b) **If you will be submitting the AUR in digital form (WORD or PDF), attach a PDF copy of the data tables along with the digital submission; the icon to download the data tables as a PDF is in the upper right of the screen, just above the data tables.**

Analyze the Unit's ARPD data for the review period.

Describe, discuss, and provide context for all 2016-17 ARPD data categories and indicators that are relative to the Unit's provision of services.

The ARPD data for 2016-17 reflects campus wide data. The Mental Wellness and Personal Development (MWPD) Service contributes to data gathered under the CCSSE section. While MWPD services are separate from Ha'awi Kokua (Disability Services), 20% of students served under MWPD during AY16-17, also receive services from Ha'awi Kokua. MWPD and Ha'awi Kokua work closely together to ensure that students receive the appropriate services and support. MWPD provides support to Ha'awi Kokua by offering diagnostic assessment to students that have no documentation of their mental health concerns and would otherwise be deemed ineligible for Ha'awi Kokua services. MWPD provides documentation to students that assist them in qualifying for accommodations in compliance with ADA standards. The MWPD therapists works closely with Ha'awi Kokua staff to ensure ongoing treatment and support is provided to the students who receive services from both programs. MWPD services also support the frequency of services received in other units by acting as a referral resource. Referrals to campus services are made regularly by MWPD to ensure that there is a continuity of care provided to our students. MWPD aims to increase students' sense of self agency and assertiveness by helping them increase their ability to engage in help seeking behaviors by seeking out services as necessary.

What else is relevant to understanding the Unit's data? Describe any trends, internal/external factors, strengths and/or challenge that can help the reader understand the Unit's data but are not discussed above.

According to the American College Counseling Association's (ACCA) 2016-17 survey of Community Colleges, majority of campuses (33.3%) service 1-5% of their college's student body. MWPD serviced 2% of the student population at Hawai'i CC during the reporting period ([ACCA 2016-2017 Survey of Community Colleges](#)). Factors that impacted the percentage of the population served are rooted in the fact that MWPD was a brand new service to the campus. This writer entered into the therapist/manager position as a C2 ranked non-instructional faculty. This writer was tasked with researching best practice, designing, and implementing a mental health service to the students of Hawai'i CC. The development process was ongoing throughout AY16-17. Best practices indicate that direct

services and campus wide prevention are the primary avenues for impact. This structure laid the foundation for AY16-17 services and will continue to be the model for MWPD services moving forward.

The timing of the creation of this unit was beneficial as this writer has been part of campus-wide prevention and intervention initiatives such as Title IX, the CARE team and the threat assessment processes. These initiatives are vital to campus safety and health as research by the HOPE Lab has shown that 49% of community college students surveyed report experiencing at least one mental health condition ([Hope Lab-Too Distressed to Learn](#)). Additionally the ACCA 2016-17 survey notes that 40% of clinicians surveyed feel that the intensity/severity of clinical issues have increased since the previous year. Locally, the severity of mental health concerns is reflected in the attached CCAPS National Comparison chart ([CCAPS National Comparison-Initial Distress](#)) The CCAPS assessment was implemented Spring 2017 by MWPD and so for the sake of providing more meaningful data, the reporting period reflects Spring 16-Fall 17 data. This data demonstrates that when compared to national averages, HawCC students surveyed presented with higher levels of distress than the national average in the areas of Depression, Generalized Anxiety, Social Anxiety, Eating Concerns, Family Distress, Substance Use, Hostility and Distress.

Given the breadth of services provided through MWPD's direct service and prevention initiatives, the main challenge this unit faced was time. According to the International Association of Counseling Services (IACS), at least 1 mental health professional per 1,000-1,500 students is recommended ([Campus Based Practices for Promoting Student Success](#)). Based on 2016-17 enrollment numbers, our college would benefit from additional 1-1.5 additional mental health professionals. In addition to the barrier of staffing limitations, and especially during the initial developmental stage of services, the various areas of expertise required to independently design, implement and continually develop prevention and direct services is vast. Finding the time and funds to engage in ongoing professional development is key to this position. Due to the need to serve on Title IX and CARE teams, MWPD must maintain up to date knowledge of domestic violence/sexual assault prevention and treatment, political and legal trends related to gender discrimination in higher education, violence risk assessment and campus threat assessment in addition to the many clinical techniques, ethical guidelines, and mental health awareness campaigns that make up the core of MWPD's direct services.

UNIT ACTIVITIES

Report and discuss all major actions and activities that occurred in the unit during the review period, including meaningful accomplishments and successes. Describe how these unit activities helped contribute to student success.

Also discuss the challenges or obstacles the unit faced in meeting its goals and supporting student success, and explain what the unit did to address those challenges.

During this reporting period, MWPD provided direct services to students, campus-wide

prevention/awareness events, clinical consultation to faculty/administration, and faculty trainings. The fact that this breadth of services was provided during the development stage of the program is in itself an accomplishment.

Direct services contribute to student success by working with students to enhance their resiliency, personal skills and access to resources. Many students enter services feeling overwhelmed and hopeless. Through this writer's observation and based on student surveys, majority of students serviced experienced positive changes in their lives as result of MWPD services. Of particular success, although not quantified, is the fact that many of the students serviced referenced hearing of others positive experiences in services and noting that the experiences of their peers encouraged their engagement in MWPD. An additional accomplishment that occurred in regards to direct services was the modification of program policy to allow for student needs to be better met through the provision of extended services on an as-needed basis.

During this reporting period, in an effort to offer more well-rounded services with limited resources, MWPD has created a partnership with Ha'awi Kokua. MWPD and Ha'awi Kokua work closely together to ensure that MWPD students who may need 'step-down' services or additional supports will get a coordinated response from the two programs. For certain students (with written consent) MWPD has been able to provide support and guidance to peer mentors and Ha'awi Kokua staff to ensure that students with complex needs are getting their needs met.

Additional successes include the rollout of the Stall Thoughts for All newsletters, the development and offering of the Emotional Crisis training for faculty/staff, and the many prevention/awareness events offered in collaboration with PAU Violence. Based on the previous VCSA's concerns, prevention efforts have focused primarily on Title IX related topics (sexual abuse, domestic violence, stalking, etc.). This writer has hosted events such as Escalation (domestic violence prevention), and The Masks You Live In movie night (deconstructing masculinity). In addition, this writer has also offered Healthy Relationship and Stress Reduction events.

The primary obstacles MWPD faced while implementing services has been limited manpower. The MWPD unit consists of one staff member. This has made it difficult for further services to be developed. MWPD would like to offer more mental health specific prevention events and faculty trainings. These require significant time and this writer has not been able to prioritize these tasks as of yet. In order to mediate this challenge, MWPD collaborates on many prevention events with PAU Violence and utilizes Ha'awi Kokua Staff and student workers to assist with tasks such as managing travel processes, posting flyers and setup/break down at events. While these collaborations have been helpful, due to the specific knowledge required to design and implement certain events, the confidentiality of program participants, and Ha'awi Kokua's staffing restraints, this writer isn't always able to use these supports. With enhanced support in the prevention/education areas, MWPD would be able to offer more faculty trainings/resources and prevention programming to the campus. Campus-wide

initiatives are key to creating mass change and ensuring that a culture of support and help seeking is developed. Due to the stigma around mental health, and locally around help seeking, the development of this side of services is important in ensuring that MWPD services are being culturally informed and sensitive to the needs of our Kauhale.

UNIT WEBSITE

Has the unit recently reviewed its website? Please check the box below that best applies and follow through as needed to keep the unit's website up-to-date.

The unit does not have a website.

Unit faculty/staff have reviewed the website in the past six months, no changes needed.

Unit faculty/staff reviewed the website in the past six months and submitted a change request to the College's webmaster on 10/13/17 (date).

Unit faculty/staff recently reviewed the website as a part of the annual unit review process, found that revisions are needed, and will submit a change request to College's webmaster in a timely manner.

Please note that requests for revisions to Unit websites must be submitted directly to the College's webmaster at

<http://hawaii.hawaii.edu/web-developer>

PART 2: UNIT ACTION PLAN

AY17-18 ACTION PLAN

Provide a detailed narrative discussion of the unit's overall action plan for AY17-18, based on analysis of the unit's AY16-17 data and the overall results of Unit Outcomes (UOs) assessments conducted during the AY16-17 review period (reported below). This Action Plan should identify the unit's specific goals and objectives for AY17-18 and must provide benchmarks or timelines for achieving each goal. Please provide attachments and additional documentation as appropriate.

The action plan for MWPD for AY16-17 targets three areas of potential improvement. These areas are

1. Awareness and utilization of MWPD
2. Assessment of students who received services

3. Faculty/Staff training in areas related to MWPD

As MPWD moves into its second year of services, ongoing marketing, outreach, and prevention efforts must continue in order to encourage student engagement. This goal will be ongoing, but for AY17-18, MWPD will aim for a 10% increase in students serviced. In order to encourage increased accessing of the MWPD service, MWPD will continue marketing and prevention efforts as a means of introducing the services to campus members and decreasing stigma around help seeking behavior and issues that are often silenced (domestic violence, sexual abuse, suicidal ideation, etc.). Based on the severity of the issues students are entering into services with (see CCAPS information under ARPD data), direct services should constitute the majority of the clinicians time.

The assessment process will be modified to create more meaningful data. Each student that utilizes services will be given the survey one time at case closure, or once a semester for students that are engaged in longer term services. This frequency of administration, in addition to the offering of the survey via paper should raise survey completion to 75%. In addition, the assessment will be adjusted so that student confidence in their ability to access campus and community resources will be measured, rather than their satisfaction with resources given. The adjustment of this question will reflect the likelihood of students completing services to advocate and take action towards increased well-being.

Upon assessing the data connected to UO3, it is clear that faculty/staff training and consultations have been beneficial and effective. For AY 17-18 MWPD would like to increase its offerings of training and supportive materials to faculty/staff. MWPD will commit to offering a minimum of 1 faculty/staff trainings per semester in addition to increasing the resources available to faculty/staff on the MWPD website. Resources will focus on increasing faculty/staff knowledge around the referral process, how to have supportive and safe interactions with students in distress and increased understanding of the mental health related issues the students of HawCC are facing.

ACTION ITEMS TO ACCOMPLISH ACTION PLAN

For each Action Item below, describe the strategies, tactics, initiatives, innovations, activities, etc., that the unit faculty/staff plan to implement in order to accomplish the goals described in the Action Plan above.

For each Action Item below, discuss how implementing this action will help the College accomplish its goals for student success.

For each Action Item below, identify how implementing this action will help the unit achieve its Unit Outcomes (UOs).

Action Item 1:

Increase student awareness and utilization of MWPD

A. A minimum of 2 newsletters/mass emails from MWPD will be distributed to students per semester.

B. MWPD in collaboration with PAU Violence will offer a minimum of 2 student workshops/events per semester (Bringing in the Bystander, Relaxation Event, Healthy Relationship Event, etc.).

C. MWPD program cards will be distributed to all units of Student Affairs and made available to instructional faculty/staff for distribution.

Action Item 1 will increase awareness of MWPD and the mental health related issues students face. This will decrease stigma and empower students to engage in help seeking and self-care behaviors. By increasing students overall functioning and enhancing their resiliency, they will be more effective learners and will be more able to cope with the demands of an educational setting.

UO1 will be impacted through the implementation of Action Item 1 as student engagement in MWPD should increase as a result of these efforts, which will lead to a larger impact.

Action Item 2:

Improve student survey and design and implement a more effective administration strategy.

A. Update student survey question numbers 5 and delete question 6. Question to state “How confident are you in your knowledge of and ability to access campus or community resources in the future?”. Question will be measured on a 4 point Likert Scale.

B. Administer via paper/electronically (based on student preference) the student survey 1 time per semester (fall and spring). For students who receive ongoing services across semesters, administer the survey once at the end of the semester.

Action Item 2 will impact student success by assessing how likely students who complete MWPD services will be to engage in help seeking behaviors moving forward. Students who seek out support earlier when facing challenges are more likely to successfully resolve their concerns and view their efforts as positive. By increasing students ability to access their support networks long term stabilization is more likely to occur, therefore minimizing negative impacts of personal stressors or internal conflicts on educational goals.

The modifications to Action Item 2 will assist in MWPD meeting UO2 by more accurately

assessing ability to seek out services from campus/community resources if needed.

Action Item 3:

Offer consistent information and training around students and mental wellness/health to faculty/staff.

- A. Design and implement a new faculty training focused on trauma-informed practices in a higher education setting.
- B. Create a faculty/staff section on MWPD website.
- C. Post to website psycho-educational resources for faculty/staff focused on enhancing their ability to refer and provide appropriate support to students who are experiencing mental health concerns.

Action Item 3 will increase student success as further faculty/staff training and access to psycho-educational materials will enhance their ability to engage in supportive interactions with students that will result in referrals to the appropriate resources and appropriate creation of boundaries. Based on the consultations provided during AY16-17, many faculty are not confident in their ability to communicate with students who report having mental health or trauma issues. In addition, many faculty/staff have reported witnessing signs of mental health and being unsure about how to refer students to the appropriate services, or when/how to draw appropriate boundaries with students who are presenting with high levels of need. By enhancing faculty/staff's access to resources, it is hoped that they will feel better prepared to navigate and be sensitive to the needs of their students while maintaining the role of an educator. Students will benefit from more appropriate interactions as re-traumatization due to repeated disclosures should decrease and perceptions of support and hope will be more consistently communicated.

Action Item 3 will help MWPD meet UO3 as new means of providing support to and education faculty/staff will be created. In addition, by having information available on the MWPD website, faculty/staff will have access to a base level of information during hours when MWPD are closed.

RESOURCE IMPLICATIONS

NOTE: General "budget asks" are included in the 3-year Comprehensive Review. Budget asks for the following three categories only may be included in the APR: 1) health and safety needs, 2) emergency needs, and/or 3) necessary needs to become compliant with Federal/State laws/regulations.

Provide a brief statement about any implications of or challenges due to the unit’s current operating resources.

MWPD Services are currently operated by one faculty member with informal support and collaboration from Ha’awi Kokua and PAU Violence. Due to the limited staffing, prevention efforts and faculty training have been limited and inconsistent. In order to create a service that is viewed as students as available and accessible, the clinician must be available during a wide range of hours. During the times when the clinician is providing prevention events/training, MWPD direct services are closed. In addition to this limitation, the short staffing has made it extremely difficult for prevention and educational materials to be created and distributed on a consistent basis (Stall Thoughts for All, Resources on MWPD website, class presentations, and student events). Due to MWPD reliance on collaboration with PAU violence, majority of prevention events have focused on domestic and sexual violence as this is a shared concern. Further programming around reducing the stigma of mental health and integrating the need for wellness across all units of service has not been able to occur. MWPD is interested in developing a Wellness Center for the students of HawCC. Due to staffing limitations and the need for a designated space, the development of this resource has not been possible as of yet. The sharing of space by Ha’awi Kokua and MWPD will increase the support and safety of staff/faculty in both programs. HK and MWPD both work with high risk students who require behavioral interventions and de-escalation at times. By concentrating the amount of trained faculty in a designated space, students, student workers and staff will experience increased safety and support.

In addition to staffing limitations, MWPD has had difficulty identifying a long-term option for storing confidential electronic files. A satisfactory method has been established temporarily, but due to limited funding, more permanent software/hardware options have not been implemented. ACU is in the process of determining what hardware requirements will be needed in order for confidentiality standards to be ensured as current equipment used for record keeping is connected to the University network. While a specific cost has not been determined yet, it is expected that additional funding will be required in the near future. As a licensed practitioner (which is a requirement for this position), I must comply with the standards set by the National Association of Social Workers (see [NASW code of ethics](#) and [NASW technology standards](#)). The keeping of confidential records falls under the confidentiality and privilege protections of [HRS 504.1](#) and [HRS 467E-15](#).

BUDGET ASKS

For budget ask in the allowed categories (see above):	
Describe the needed item(s) in detail.	Office Assistant/Outreach Specialist (1 FTE): This position would decrease reliance on other unit’s staff. This position would be responsible for purchasing program supplies;

	<p>travel documentation; scheduling of direct and prevention services; development, maintenance, and distribution of psycho-education materials; administration of faculty/student surveys; data collection; inputting attachments into client files; staffing of the wellness center; development of a human service based resource center; and scheduling of workshops on community resources for students. Due to the confidential nature of MWPD services, a student worker would be inappropriate support for a large portion of these duties.</p> <p>Wellness Center: The funds and space to move Ha’awi Kokua , Title IX advocates and MWPD to a shared space will allow for the development of the Wellness Center. This center will give students a space to go and spend time that will meet their psychosocial needs. This space will house stress reduction activities, community social service resources (applications for programs, information about community based services, etc.), and can be utilized for the implementation of counseling groups. The sharing of space will increase safety of HK and MWPD staff as both units work with high risk students who are often escalated. Being more near each other will allow for an increased presence of trained faculty/staff to be present at all times.</p> <p>Funding to purchase software/hardware required to maintain confidential electronic records (once recommended by ACU) as required by state statute.</p>
<p>Include estimated cost(s) and timeline(s) for procurement.</p>	<p>Office Assistant Position: 1 FTE, ~\$27,132 salary plus approximately \$15,766 for fringe benefits. 6 Months estimated procurement process.</p> <p>Wellness Center space: cost unknown-dependent on modifications/furniture needed.</p> <p>Record keeping software/hardware: Unknown at this time. To be determined by ACU.</p>

Explain how the item(s) aligns with one or more of the strategic initiatives of 2015-2021

Strategic Directions:

<http://hawaii.hawaii.edu/sites/default/files/docs/strategic-plan/hawcc-strategic-directions-2015-2021.pdf>

HGI Action Strategy 2: Implement structural improvements that promote persistence to attain a degree and timely completion.

-Additional staffing will improve the provision of prevention services which will aim to increase student's self-care and help seeking behaviors. The provision of additional resources (campus and community based) should increase student stabilization, which will decrease the withdraw/dropout rate.

HGI Action Strategy 4: Solidify the foundations for Hawai'i CC at Pāalamanui, our newest campus, and establish large-scale student support services for Native Hawaiians, low-income students, and the under-represented populations served.

-Additional staffing will increase the amount of prevention services implemented at Pāalamanui. Division of unit duties will increase clinician's availability to offer direct services to Pāalamanui via in person sessions or via telehealth system.

-Electronic health record software or hardware will increase clinician's ability to complete documentation for Pāalamanui in a timely manner. This process will improve the quality of services offered to students and is key to the equitable implementation of services.

HI2 Action Strategy 3: Continue to support programs that suit Hawai'i Island's location and environment as well as address critical gaps.

-The development of the Wellness Center will fill a gap in services. Due to the transportation barriers in both East and West Hawaii, many students have difficulty engaging in services across a wide range of locations. This is partially why campus based therapy has been so beneficial. By creating a wellness program that can house social service related materials, students will be able to access forms and brochures related to community resources without having to execute multiple stops. The centralizing of these resources at the Manono campus will hopefully enhance student access to these much needed resources (substance abuse

	<p>treatment information, QUEST application, HUD-VASH application, food pantry schedules, and further information about the various program in our community).</p> <p>21CF Action Strategy 3: Provide safe, healthy, and discrimination-free environments for teaching, learning, and scholarship for students, employees, and visitors</p> <p>-Additional staffing for MWPD will assist clinician by increasing availability for clinical hours. As the confidential resource for Title IX, availability to students experiencing crises is key in supporting appropriate campus response. In addition, increased clinical hours will assist in ensuring clinician availability for crises that will require clinician to complete Risk Violence Assessments for the CARE Team.</p> <p>-The current availability of the space designated for the community based confidential advocates (created under Title IX) will be ending as this space belongs to another program. The creation of a Wellness Center in which HK and advocates are all relocated to be together will enhance safety for advocates as well as enhancing safety and confidentiality for students accessing their services.</p>
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PART 3: UNIT OUTCOMES ASSESSMENTS

For all parts of this section, please provide information based on assessments of Unit Outcomes (UOs) and/or Student Learning Outcomes (SLOs) conducted in AY16-17

Unit Outcomes

Provide the full text of the unit’s current approved Unit Outcomes (UO) and Student Learning Outcomes (SLOs); indicate each UO’s/SLO’s alignment to one or more of the Institutional Learning Outcomes (ILOs). The College’s ILOs may be found on the Assessment website: <http://hawaii.hawaii.edu/files/assessment/outcomes.php#ilo>

UO #	UNIT OUTCOMES (text)	Aligned to ILO #
1	Through participation in the Mental Wellness and Personal Development Service, students will report that they have increased	1, 2, 4, & 5

	insight into their concerns and the personal resources/skills they can utilize to move forward.	
2	Students will have the ability to seek out campus and community services as necessary.	2, 4, & 5
3	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.	1, 2,3, & 5
SLO#	STUDENT LEARNING OUTCOMES (text)	Aligned to ILO #
	(not applicable)	

Assessment Strategies

For each UO/SLO assessed in AY16-17, discuss the assessment strategy, including a description of the type of assessment tool/instrument used, e.g., student surveys provided to all student participants in an activity or event, or a log/count of services provided, etc.

UO #	Assessment Strategies
1	<p>Measures:</p> <ul style="list-style-type: none"> a) The following outputs will be tracked and analyzed for the purpose of determining student participation in services: <ul style="list-style-type: none"> i) # of students who completed an intake appointment ii) # of walk-ins serviced iii) # of sessions provided iv) # of assessments completed b) Student participation will be measured against national averages and will be expected to increase over time. c) Evaluations will be collected from students via an anonymous drop box and/or an anonymous online survey. Surveys will be administered on a random basis at various points of services. The following data will be collected: <ul style="list-style-type: none"> i) Students will report an increased understanding of their current stressors. ii) Students will report that services helped them identify barriers to moving forward. iii) Students will report that they recognize the personal skills/resources they possess that will help them move forward.
2	<p>Measures:</p> <ul style="list-style-type: none"> a) The following outputs will be tracked and analyzed to determine if staff are assisting in increasing students' awareness of campus and community resources: <ul style="list-style-type: none"> i) # of referrals to campus resources

	ii) # of referrals to community resources b) Student evaluations will be analyzed to determine if students report possessing the knowledge of the campus/community resources that are available to them.
3	Measures: a) The following outputs will be tracked to determine the amount of services the Mental Wellness and Personal Development Service has provided to faculty/staff: i) # of clinical consultations provided ii) # of trainings provided iii) # of psycho-educational materials shared with faculty/staff b) Evaluations will be distributed to faculty/staff who have engaged in training or clinical consultation with the Mental Wellness and Personal Development Service. Data will be collected and assessed on the following questions: i) How did you hear about our services? ii) Do you feel that you have a better understanding of how the issue may impact your students? iii) How likely are you to seek out consultation/training again in the future? (5pnt Likert Scale)

Results of Unit Outcomes and Student Learning Outcomes Assessments

For each UO/SLO assessed in AY16-17 listed above, provide:

- a statement of the quantitative results;
- a brief narrative analysis of those results.

UO/SLO# 1:

DIRECT SERVICES	Intake Session	Walk-In Session	Standard Session	Assessments Completed	Total
Fall 2016	19	35	48	15	102
Spring 2017	8	17	51	4	76
Summer 2017	3	4	18	0	25

STUDENTS SERVICED	Amount	Unduplicated
Fall 2016	43	43
Spring 2017	21	18

EVALUATED RESULT Latest ▾		
MWPD Unit annual		
Exceeded	<div style="width: 0%; background-color: #ccc; height: 10px;"></div>	0% 0
Met	<div style="width: 100%; background-color: #92d050; height: 10px;"></div>	100% 23
Partially Met	<div style="width: 0%; background-color: #ccc; height: 10px;"></div>	0% 0
Not Met	<div style="width: 0%; background-color: #ccc; height: 10px;"></div>	0% 0
Create Assessment		
Summer 2017	9	3
TOTAL	73	64

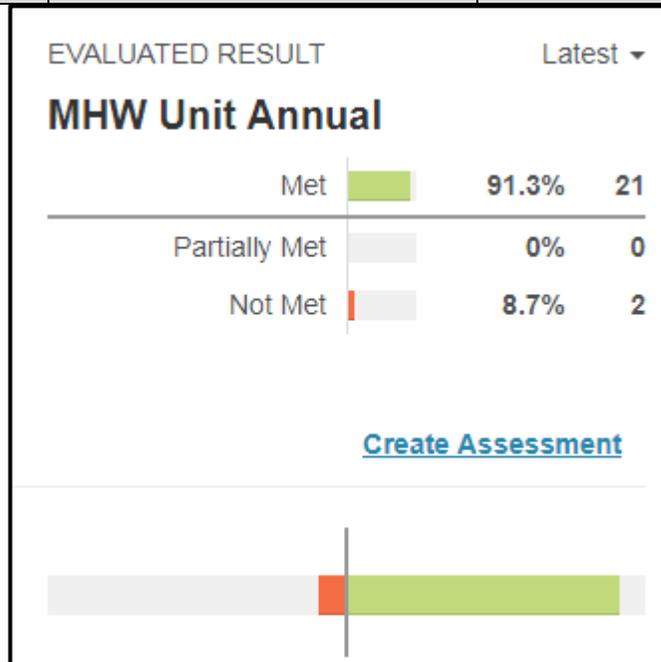
During this reporting period, 203 counseling/therapy sessions were provided to 64 students. The number of session and students serviced decreased significantly from Fall 16 to Spring 17. Without having multiple years of data to compare against, it is hard to determine if this decrease was due to annual trends or the phenomenon of the service being better established and becoming more specified during the Spring semester. When services first started, many students were referred for vague reasons and as the campus became increasingly familiar with the limits of services and how they were to be provided, intake and walk-in sessions decreased. In this writer’s experience, this high rate of walk-in sessions is often indicative of inappropriate referrals. This theory is further demonstrated by the increase in the amount of standard sessions provided in the Spring, despite the significant decrease (43 to 18) in students serviced. From Fall 16 to Spring 17, program marketing via marketing materials and classroom presentations (n=17) was increased. In addition, program policy which allowed this writer to more fully service students in house occurred and therefore the number of referrals to community based providers decreased. In Spring 17 and Summer 17 a total of 21 unduplicated students were provided a cumulative of 101 sessions. Total sessions and total students served numbers in the Fall reflect the provision of a well-rounded, thorough service that meets the needs of the campus.

During the reporting period, via a survey administered to students through google forms, 100% of students reported having increased insight into their concerns or increased knowledge of the personal skills and resources they can utilize to move forward. Personal improvement is a general measure as clinical change is a complex measurement that is extremely dependent on each

individual's clinical presentation.

UO/SLO# 2:

REFERRALS	Campus Resource	Community Resource
Fall 2016	5	17
Spring 2017	3	7
Summer 2017	1	1
TOTAL	9	25



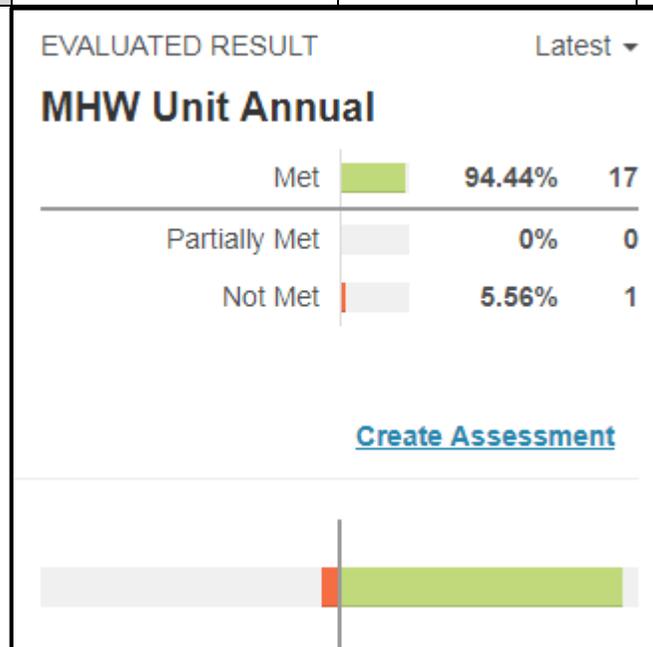
As seen in the above Referral table, 25 referrals to community resources were completed. Consistent with other data presented in relation to UO1, the data for UO2 presents with a decrease in the amount of referrals made from Fall 16 to Spring 17. As more well-rounded and appropriate services were offered in house, the need to complete referrals to the community decreased. The threshold of when a student is referred to a community based provider adjusted in response to the ability of the provider to allow more sessions. Referrals to campus based services remained somewhat consistent as this is based on students presenting with additional needs that fall outside the purview of mental wellness and personal development.

Results of the student survey, as seen in the MHW Unit Annual graph above, indicates that 91.3% of students felt that the referrals they received were adequate and that they possess the knowledge to seek out campus and community resources. Individual achievement goals in each of these areas were also met (75% adequate referrals and 90% awareness of resources).

UO/SLO# 3:

The chart below reflects the outputs measures for UO#3 during the 2017-2017 academic years. Clinical consultations remained somewhat consistent between the fall and spring semesters. The training provided to the faculty/staff of both campuses was focused on the enhancement of faculty/staff skills in responding to students who present with emotion based crisis situations.

FACULTY SERVICES	# Clinical Consultations	# Trainings Provided	# Psycho-educational Materials Shared
Fall 2016	10	2	2
Spring 2017	8	3	2
Summer 2017	0	0	0
TOTAL	18	5	4



The MHW Unit Annual graph above summarizes faculty/staff evaluations given following consultation and training opportunities. 94/4% of faculty/staff surveyed reported having a better understanding of the issue of concern after training/consultation and will likely seek out the support from MWPD service in the future.

Other Comments

Include any additional information that will help clarify the unit's assessment results, successes and challenges.

See links throughout this report for additional evidence.

Discuss, if relevant, a summary of student survey results, CCSSE, special evaluations, or other special assessment projects that are relevant to understanding the unit's services, operations, functions and clients.

Ulifeline is an online resource where students from HawCC can go to find information about general mental health, stress related and/or relationship issues that may impact college students ([Ulifeline 16-17](#)). This website offers an online assessment platform that explores areas such as anxiety, depression, eating disorders, substance use, etc. Based on the website analytics 329 individuals, who identified HawCC as their home campus, visited this website. The top three search topics were Emotional Health, Depression, and Cutting. This data demonstrates the want for more information. While Ulifeline is beneficial, more direct prevention programming is needed.

CCAPS is a psychological assessment that is normed against national data ([CCAPS National Comparison-Initial Distress](#)). It measures students across a range of domains that are most commonly seen to impact college aged students (depression, social anxiety, academic distress, hostility, etc.). This tool was implemented by MWPD Spring 17 and was administered only to students that entered into longer term services. Due to the low amount of administrations during this report period, the attached data reflects 7/1/16-12/15/17 in an effort to present more meaningful numbers. Based on this, HawCC students who entered into longer term services with MWPD are score above national averages of initial distress in the following areas: Depression, Generalized Anxiety, Social Anxiety, Eating Concerns, Hostility, Family Distress, Substance Use and Distress Index. These categories represent all but one assessed domain of functioning which is Academic Distress. Based on this report, it would appear that the level of distress HawCC students are experiencing when entering into services is significant, and in most cases 2 standard deviations above the national average. The need for the clinician to be available for clinical services is significant. In addition the need for the clinician to have sufficient time to prepare and document sessions is key as the students being services are high risk. Based on CCAPS data, 57% of students surveyed presented with suicidal thoughts and 35% presented with thoughts of homicide. Both of these statistics are higher than national averages.

This information demonstrates the need for a wellness program that has the capacity to emphasize both prevention and intervention. Based on the student and faculty surveys, MWPD is an effective and beneficial service, but campus impact is limited by the capacity of having only one employee designated to this program.

Next Steps – ASSESSMENT ACTION PLAN for AY17-18

Describe the unit's intended next steps to support improvements in student success and achievement of its UOs/SLOs, based on the unit's overall AY16-17 assessment results.

Include any specific strategies, tactics, activities or plans for improvement to the unit's future assessments of its services, operations or functions

As reflected in this Unit's Action Plan and Items, MWPD will be modifying its student assessment process to better reflect student capacity to engage in help seeking behaviors once services are completed. In addition, prevention material and events will continue to be developed and offered to students at a capacity based on current staffing. A new faculty workshop and online resources will also be developed and implemented over the course of the next reporting period. Continued utilization of Ulifeline and CCAPS will occur in an attempt to provide population specific assessment and campus trends.