1. Unit Description

Catalog Statement:
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.

Unit Outcomes:

1. 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 and skills they can utilize to move forward.
2. Students will have the ability to seek out campus and community services as necessary.
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.

2. Analysis of the Unit

For the three-year review period, discuss the unit’s strengths and weaknesses in terms of demand, efficiency and effectiveness based on an analysis of the unit’s data.

Include Significant Unit Actions and results of the unit’s three previous consecutive annual action plans.

The Institution’s ARPD data 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 Hā`awi Kōkua (Disability Services), 20% of the students served under MWPD also receive services from Hā`awi Kōkua. MWPD and Hā`awi Kōkua work closely together to ensure that students receive the appropriate services and support. MWPD provides support to Hā`awi Kōkua by offering diagnostic assessment to students that have no documentation of their mental health concerns and would otherwise be deemed ineligible for services. MWPD provides documentation to students that assist them in qualifying for disability services. The MWPD therapist works closely with Hā`awi Kōkua staff to ensure ongoing treatment and support is provided to the students who receive services from both programs.
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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 and support provided to our students. MWPD aims to increase students’ sense of self agency and assertiveness by helping them increase their ability to engage and access resources and supports throughout their academic journey.

Mental health services in a college setting are particularly key since up to 49% of community college students (Hope Labs) have been found to face mental health issues during their academic journey. For many, the average age of onset for mental health issues are 15-24 years old. For traditional college students, who are facing the many challenges that come with increased independence and a transition in their social network, mental health concerns can become quite concerning. The main factors that influence the prognosis of mental health conditions are early identification and treatment. These factors create a prime opportunity for college mental health providers to have a significant impact with those who are experiencing the onset of a mental health condition. In addition, mental health services also benefit non-traditional students who are juggling the demands of family, socioeconomic stress, and the range of identity concerns that may come with returning to school. By engaging in a service that is geared towards enhancing individual strengths, processing barriers, and strengthening resiliency-students are more likely to persist and graduate. This impact has been documented over and over in a range of studies.

For MWPD, the past three years of data represent program inception through implementation. The challenges that this program has faced have been primarily related to the limited staffing. As a one-person unit, MWPD has aimed to create a service model that is in alignment with best-practice. The challenges that have been experienced are more fully explored in the data section below.

In an effort to improve, MWPD has completed annual assessments consistently and has worked to address the following action plan items.

<table>
<thead>
<tr>
<th>2016-2017 Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Item</td>
</tr>
</tbody>
</table>
| Increase student awareness and utilization of MWPD | Completed | • All three items have been sustained over the past 3 years.  
• Program cards, flyers, and brochures have been consistently updated to comply with nondiscrimination statement revisions. |

A. A minimum of 2 newsletters/mass emails from MWPD will be distributed to students per semester.
<table>
<thead>
<tr>
<th>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.)</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. MWPD program cards will be distributed to all units of Student Affairs and made available to instructional faculty/staff for distribution.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

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

- Survey has been administered and updated (see data in section 3 of this report).
- Electronic administration via google form has been effective and will be the ongoing method.

| 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. | Completed |
### 2019 Hawai‘i Community College COMPREHENSIVE Unit Review (CUR)

**Unit: Mental Wellness and Personal Development**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td><strong>Offer consistent information and training around students and mental wellness/health to faculty/staff.</strong></td>
<td></td>
<td>• This has been an ongoing effort. All content has been compiled and the first phase was sent to the web designer Spring 2019.</td>
</tr>
<tr>
<td>• Due to the updates being done to the main campus webpage, the creation of this page has been delayed by the web designer for a year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Participated in a workgroup between Hawaii CC and UH Hilo that is working with a contractor to provide a multi-phased trauma-informed training to our campuses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A. Design and implement a new faculty training focused on trauma-informed practices in a higher education setting.</strong></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td><strong>B. Create a faculty/staff section on MWPD website.</strong></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td>Incomplete</td>
<td></td>
</tr>
</tbody>
</table>

### 2017-2018 Action Items

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2019 Hawai‘i Community College COMPREHENSIVE Unit Review (CUR)

**Unit: Mental Wellness and Personal Development**

<table>
<thead>
<tr>
<th>Provide direct services to the students of Hawai‘i CC.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Faculty will reserve 20 appointment slots per week to ensure students continued access to a range of appointment times.</td>
<td>Completed</td>
</tr>
<tr>
<td>B. Blocking of direct service time will include record keeping time. Record keeping time was not blocked as clinician’s schedule was often back to back. Documentation of clinical sessions was behind and the office was forced to close for partial days to complete medical record documentation requirements.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

- This action item was met, but barriers arose as campus programming, intern supervision, and committee meetings increased each semester.
- All session slots have been extended to include documentation time. Office has not had to close for record keeping purposes since.

<table>
<thead>
<tr>
<th>2. Violence Risk Assessment trainings to be sought out and completed.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. MWPD will enhance its ability to provide Hawai‘i CC with assessments aimed at mitigating threats of mass violence.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

- HCR-20 training was completed and mandated threat assessment process has been clarified with administrators and CARE team.

<table>
<thead>
<tr>
<th>Mental health awareness to be increased.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. MWPD has obtained the certification to provide Mental Health First Aid.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

- Instructor certification in Mental Health First Aid for adults was obtained.
- Collaborative relationship with EdVance has been created.
- 3 trainings for campus and community members
B. MHFA to be strategically launched.

In process

were completed with more to come.
- Higher Education curriculum addendum has been purchased.

2018-2019 Action Items

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish new learning outcomes for upcoming assessment cycle in coordination with assessment coordinator and VCSA.</td>
<td>In Process</td>
<td>• Upon the completion of this comprehensive assessment, a new unit assessment plan will be developed.</td>
</tr>
<tr>
<td>Network and maintain MWPD as a viable clinical learning site for master level interns from various counseling programs.</td>
<td>In Process</td>
<td>• MWPD has provided clinical internship for 5 Master level students (MSW and MHC) and 3 Undergraduate interns. These internships have occurred in collaboration with UH Hilo and Mānoa. These trainees support the program by increasing its capacity to offer outreach educational activities and increased availability for therapy.</td>
</tr>
</tbody>
</table>

3. Unit Outcomes (UOs) & Student Learning Outcomes (SLOs)

a) List of the Unit Outcomes and, as applicable, Student Learning Outcomes (SLOs) with their alignment to the College’s Institutional Learning Outcomes (ILOs).
b) UOs/SLOs that have been assessed during the three-year review period.
c) Discussion of the unit’s UO/SLO assessment results.
d) Discussion of the unit’s strengths and challenges in meeting its service/support goals, and changes that have been made as a result of assessments.
All unit outcomes were assessed annually during the past three years. Each UO is assessed based on the outcomes and outputs listed in the Unit Assessment Plan. The results of the last three years are summarized and analyzed below. Changes that were made were addressed in the action plan section (see section 2 above). The following data will follow the flow of each UO’s assessment plan.

Unit Outcome 1:

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 and skills they can utilize to move forward (Aligned to ILO 1, 2, 4, and 5).

UO1 Assessment Plan:

The following outputs will be tracked and analyzed for the purpose of determining student participation in services:

1. # of students who completed an intake appointment
2. # of walk-ins serviced
3. # of sessions provided
4. # of assessments completed

a) Student participation will be measured against national averages and will be expected to increase over time.

b) 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:

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.
During AY16-AY18, a total of 187 students were serviced. The 64 students serviced during AY16-17 is an anomaly in that those numbers reflect all students who came to MWPD for an appointment. During Fall 2016 many students were sent for services without understanding what MWPD services entailed. During the second semester of services (Spring 2017) the referral numbers stabilized and trends in the data have since shown a steady increase.

**Figure 2: Caseload and Session Data by Semester**

Figure 2 demonstrates the natural incline in direct service sessions the MWPD program has provided from AY16-18 as the program has become established. Students’ serviced are typically lower in the Fall semester with a 26%-35% increase to Spring semesters (excluding
the AY16 data). As services have become more defined and processes fine-tuned, session numbers have increased semester to semester.

**Figure 3: Direct Service Session: AY Comparison**

![Total Sessions per Academic Year](image)

The number of sessions provided increased by 103% from AY16-AY17. From AY17-AY18 it increased 22%. This growth is representative of an increase in program awareness and referrals. According to the American College Counseling Associations 2017-2017 Survey of Community Colleges, majority (33.3%) of campuses service 1-5% of their college’s student body. Figure 4 shows that the growth MWPD experienced from AY17-AY18 put’s the program well within that average.

**Figure 4: Percent of Campus Serviced**

<table>
<thead>
<tr>
<th>Census Year</th>
<th>MWPD Caseload (unduplicated)</th>
<th>Hawaii CC Enrollment</th>
<th>Percent of Campus Serviced</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>64</td>
<td>2956</td>
<td>2.2%</td>
</tr>
<tr>
<td>2017</td>
<td>53</td>
<td>2819</td>
<td>1.9%</td>
</tr>
<tr>
<td>2018</td>
<td>70</td>
<td>2632</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>187 (unduplicated)</strong></td>
<td><strong>8407 (duplicated)</strong></td>
<td><strong>2.2%</strong></td>
</tr>
</tbody>
</table>

Over the course of AY16-AY18, MWPD has serviced on average 2.2% of the campus population. This number is slightly deceptive though as MWPD’s numbers are unduplicated while the total students enrolled across a three-year period represent a duplicated number (many of the same students’ year to year) and so the percentage of the unduplicated population that MWPD serviced over a three-year period is likely much higher than 2.2%.

In order to remain in compliance with ethical expectations and state standards, all services must be documented in a medical record. This process takes significant time and the
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draft below provides an estimated calculation of how much time has been spent on documentation.

Figure 5: Estimated Clinical Documentation Time

<table>
<thead>
<tr>
<th>AY16-AY18 Session Totals</th>
<th>Standard Documentation Time</th>
<th>ESTIMATED TOTAL Documentation Time Performed (Standard Time x Number of Sessions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake=109</td>
<td>15</td>
<td>27.25 hours</td>
</tr>
<tr>
<td>Walk-In=112</td>
<td>15</td>
<td>28 hours</td>
</tr>
<tr>
<td>Standard=784</td>
<td>15</td>
<td>196 hours</td>
</tr>
<tr>
<td>Assessment=135</td>
<td>60</td>
<td>135 hours</td>
</tr>
<tr>
<td><strong>TOTAL 386.25 Hours</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In total, over the 3 years covered by this report, 386.25 hours have been spent on documentation (9.65 work weeks). This information is presented to help readers understand that direct services do not simply consist of the provision of the service, it includes documentation and also includes preparation. Preparation varies based on case issues and averages from 10-60 minutes.

CCAPS Initial Distress Data

The CCAPS is a commonly used psychometric measure that is designed specifically for college counseling centers. One of the reports offered by CCAPS is a measure of students’ initial distress at the first administration of the tool. This measure assesses students’ scores...
in comparison to current national trends. Data was collected from 2017, 2018, and 2019 academic years (up to the date of this annual report). Unfortunately, in 2018 MWPD transitioned record keeping systems and this led to the loss of the 2018 CCAPS data. Attached to this report are the 2017 and 2019 (August-October 2019) statistics. Although the data shows differing levels when you do a categorical comparison (2017 Depression vs. 2019 Depression) the group of surveyed students have consistently scored higher than the national average in all areas at one point or another. This shows the strength of MWPD in that not only is the unit servicing numbers that align with national expectations, but the individuals we service are often experiencing higher levels of distress than what is seen in counseling centers across the country. This higher level of concern is evident in categories such as depression, generalized anxiety, hostility, family distress, and general distress. The CCAPS scores are compared to constantly updated averages from scores collected nationally through the center that designed and hosts the CCAPS assessment (web-based assessment).

**Mandated Violence Risk Assessment**

In collaboration with Student Conduct and Care Team, MWPD is responsible for performing Violence Risk Assessments on students who have demonstrated patterns of concerning behavior that may or may not put them at future risk of engaging in violence towards members of the campus or the campus community as a whole. From AY16-AY18, this process has been developed and training has been obtained in this area. One assessment was completed during this report period. MWPD collaborated with a Psychologist from West Oahu for this. Moving forward, MWPD will administer assessments and will collaborate with outside professionals as needed. Mandated risk assessments require a very specific knowledge base and it is a new process that is occurring on a few campuses across the University of Hawaii.
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Violence Risk Assessments take 4-6 hours to administer and approximately 4 hours for the assessment to be written up and recommendations to be made.

Student Evaluations

Student evaluations were collected from 2016-2018 academic years. Bulleted below are the changes that have been made to the survey in an effort to reduce survey exhaustion and more accurately assess program impact.

- 2017: Survey was no longer administered randomly. Survey was administered twice a semester and students were encouraged to only complete it once.
- 2017: Question 5 was updated to more accurately assess the impact of campus and community referrals.

**Figure 6: Completion Data (Student Evaluation)**

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Number Completed</th>
<th>Number Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-2017</td>
<td>22 (45%)</td>
<td>48</td>
</tr>
<tr>
<td>2017-2018</td>
<td>22 (43%)</td>
<td>51</td>
</tr>
<tr>
<td>2018-2019</td>
<td>19 (28%)</td>
<td>68</td>
</tr>
</tbody>
</table>

Student evaluations were administered 1-2 times per semester starting in AY 2017. In 2018, the percent of completed evaluations decreased. The survey was only administered once during the Fall semester and it seems that without the repeat reminder, student participation decreased.

**Figure 7: Summary of Student Evaluations**

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel you left session with an improved understanding of what brought you in?</td>
<td>YES</td>
<td>82%</td>
<td>91%</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>18%</td>
<td>9%</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Do you feel that services helped you identify barriers to moving forward or progressing?</td>
<td>YES</td>
<td>82%</td>
<td>95%</td>
<td>69%</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>I think I do, but I have no barriers.</td>
<td>9%</td>
<td>5%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>9%</td>
<td>0%</td>
<td>21%</td>
<td>10%</td>
</tr>
<tr>
<td>Do you feel that you have personal strengths/resources/skills that can help you address your concerns?</td>
<td>Yes</td>
<td>73%</td>
<td>73%</td>
<td>79%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>I think I do, but I’m not sure I can do this on</td>
<td>27%</td>
<td>27%</td>
<td>10%</td>
<td>21%</td>
</tr>
</tbody>
</table>
In summary, the student evaluations are demonstrating students’ perception of the effectiveness of MWPD services. Based on this evaluation it is fair to say that the majority of students are leaving MWPD services with increased insight into their concerns, increased sense of personal strength/resiliency and skills, and improved knowledge of campus and community services that can support them in the future. While student perceptions are important, they do not necessarily represent clinical progress as therapy is not something that is typically measured through a satisfaction survey type assessment. In regards to clinical change, MWPD can attest to the transformation seen in students. Through hard work, consistency, vulnerability and hope, many of the students who have received services have experienced impactful change as they’ve addressed new and old mental health concerns, complex and acute trauma, and a range of familial and social concerns. Students have shown a level of resiliency that has been inspiring. Their commitment to better themselves so that they can succeed academically shows how hard they are willing to work to turn their academic journey into a life changing experience. The success of the students is something that MWPD staff are privileged to witness and be a part of. To discuss program outcomes without mentioning the amazing qualities of the students would be an injustice as therapeutic successes are not solely a reflection of the clinician or the program. It is the reflection of committed individuals taking advantage of an opportunity to do some serious self-work.

**Comparison of MWPD Capacity to National Data**

When looking at MWPD in terms of demand, efficiency, and effectiveness, it is important to compare the structure and outputs of MWPD to national data reports/trends. The ability to create demand and then meet it is dependent on MWPD’s capacity to provide direct services and to spend time marketing services through prevention/awareness events. Based on the growth seen over this reporting period and the preliminary numbers of AY2019, MWPD
is maxing out its capacity to service the campus based on the current staffing limitations and program structure.

In the college mental health world, there are three program structures (AUCCCD Director Survey). The absorption model is what is currently being utilized. This model means that clinical staff will evaluate all students that request services and they will absorb new cases into their caseload, despite clinician availability or caseload size. Based on the AUCCCD data, campuses whose enrollment range from 2501-5000 average 3.84 FTE clinical staff that spend 65.7% of their time on direct student services (actively providing services to students). The data shows that these same schools have a clinical capacity (how many hours are available for sessions) of 92.1 hours per week (mean). MWPD has remained in line with national expectations that community college mental health programs will service 1%-5% of a college population while operating with only 1 FTE, who is not solely a clinical staff. MWPD is a 1-person unit, which means that the clinician is also designated with "director"/manager duties. Director/manager duties involve data analysis, supervising interns, managing program budget and purchasing as well as designing and implementing prevention/awareness programming. According to AUCCCD, a clinician/directors spend on average 43.6% of their time on direct services. In response to previous annual reviews, MWPD has committed to reserving 50% (20 hours) per week for clinical services (more than the national average of 43.6%). In comparison to colleges ranging from 2501-5000 in enrollment, MWPD’s capacity to provide clinical services is 22% of the national average because of limited staffing. In addition to the staffing limitations, these services have been provided on a budget that is approximately 11% the size of the mean budgets of those surveyed who service 2501-5000 students. In summary, MWPD is meeting national standards in terms of servicing the campus with less staff and less money. Given the need of the students, based on data like the ALICE report, much more could be done with sufficient staffing.

Unit Outcome 2:
Students will have the ability to seek out campus and community services.

UO2 Assessment Plan:

1. The following outputs will be tracked and measured to determine if staff are assisting in increasing students’ awareness of campus and community resources:
   a. # of referrals made to campus resources.
   b. # of referrals made to community resources.

2. Student evaluations will be analyzed to determine if students report possessing the knowledge of the campus/community resources available to them.

UO2 Data and Analysis:
Over the course of this reporting period, UO2 has been modified. The tracking of the number of referrals made was discontinued as this didn’t speak to how relevant or needed the referrals were. In addition, the data was not reflecting if students felt as though they have the social skills needed to seek out future support/engage in help seeking behavior. As a result of this realization, the student evaluation question related to campus/community resources received the following modifications:

- Version 1: Are you aware of campus or community resources that you can reach out to in the future should you wish to do so?
- Version 1a: Do you feel that the referrals you received were helpful?
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- Version 2: How confident are you in your knowledge of and ability to access campus or community resources in the future?

Assessment results can be seen above in Figure 7. Majority of students are reporting feeling extremely confident/or confident in their knowledge and ability to access campus or community resources in the future.

Unit Outcome 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.

Unit Assessment Plan:

The following outputs will be tracked to determine the amount of services the Mental Wellness and Personal Development Service has provided to faculty/staff

1. # of clinical consultations provided
   a. # of trainings provided
   b. # of psycho-educational materials shared with faculty/staff

2. 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:
   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? (5pt Likert Scale)

UO3 Data and Analysis:

<table>
<thead>
<tr>
<th>Faculty Services</th>
<th># Clinical Consultations</th>
<th># Trainings Provided (for faculty/staff)</th>
<th># Psycho-educational Materials Shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-2017</td>
<td>18</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2017-2018</td>
<td>11</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2018-2019</td>
<td>No longer assessed</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>

Over the past three years, MWPD has worked with the campus to support the development of the CARE Team. MWPD staff sits on the CARE team to consult on mental health cases. Through this consultation, analysis of concerning behavior is provided and recommendations for follow-up are made. Due to the development of this team, direct clinical consultation has decreased significantly and all consultation requests are redirected to the CARE team for official documentation. During AY 2017 Care Team met twice a month. For AY 2018, Care Team met weekly with additional ad hoc meetings as needed.

Over the past three years, MWPD has provided/co-facilitated/coordinated 17 trainings for faculty/staff. These trainings have consisted of the following topics:

- How to Support Those in Crisis
- Students with Disabilities and Mental Health Services
- SafeTalk: Suicide Prevention Training
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- Tips for New Faculty
- Mental Health First Aid

Psychoeducational materials that have been developed have included:

- Stall Thoughts Newsletter (campus resource)
- New Student Resource Sheet
- MWPD Faculty/Staff Newsletter
- New Program Brochure

The evaluations referenced in the unit assessment plan were not completed 100% of the time. Often, trainings were provided in collaboration with the Faculty/Staff Development (FSD) Committee which has their own evaluation. In an effort to not overwhelm participants, FSD evaluations were given in lieu of the MWPD evaluation that is outlined in the assessment plan. The same issue came into play with the SafeTalk and Mental Health First Aid trainings because they are national trainings that come with their own assessment.

Unit Strengths and Challenges

Based on the Unit Assessment Plan, MWPD is meeting its goals. MWPD is providing effective clinical services to students at multiple campuses at a rate that is in line with national standards. An act that is being done with 1 employee. The collaboration and network of support that’s been built at Hawaii CC has helped. MWPD has built a strong relationship with Hā‘awi Kōkua, which assists MWPD by scheduling appointments and assisting students’ complete intake paperwork. In addition, through the faculty/staff consultation and trainings, mental health awareness at Hawaii CC has increased and the ability of our campus to support students has improved. Due to these relationships and the recognition that MWPD is a resource, students are being referred for services primarily by faculty and counselors, and students are being left with the sense that they are being supported by a campus network.

In addition to meeting the identified unit outcomes, MWPD provides the campus with a range of interactive psychoeducational events and resources. These events/trainings have not been discussed previously as they were not assessed. The data is listed here as these events represent a significant contribution MWPD has made to the well-being of our Kauhale. Below is a summary of the workshops/events that MWPD designed/solely facilitated. MWPD participated in additional workshops/events as a confidential support, but those are not listed here as those are seen as general service to the campus.

<table>
<thead>
<tr>
<th>Workshop/Event</th>
<th>Number Completed</th>
<th>Estimated Student Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bringing In the Bystander</td>
<td>12</td>
<td>174</td>
</tr>
<tr>
<td>Escalation: Dating Violence Workshop</td>
<td>3</td>
<td>70</td>
</tr>
<tr>
<td>Stress Reduction: A Holistic Perspective</td>
<td>5</td>
<td>75</td>
</tr>
<tr>
<td>Fresh Check Day</td>
<td>2</td>
<td>160</td>
</tr>
<tr>
<td>Healthy Relationship Events</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Classroom Presentations</td>
<td>29</td>
<td>430</td>
</tr>
<tr>
<td>De-Compress This Events</td>
<td>12</td>
<td>120</td>
</tr>
</tbody>
</table>
Having mental health and wellness based programming is a standard that has been established as best practice amongst college mental health programs. MWPD has met this need by designing and facilitating workshops/events with the support of a range of instructors, RISO’s, interns, student employees, and other units.

MWPD has worked hard to develop a well-rounded approach to mental health prevention and treatment at Hawaii CC. Due to the challenges and needs of our students, it feels as though more could be done. With the limited staffing though, MWPD cannot offer more. As a 1-person unit, that is now responsible for serving three campuses, it has been a struggle. MWPD has attempted to expand its presence and capacity through the recruitment of master level interns. During the past three years, MWPD has supervised 4 master level students who served our campus by providing clinical services and mental health/wellness programming. In addition, MWPD also supervised two bachelor level interns. While these students have been a major asset to the program, supervising interns requires a time commitment by clinical staff and so this is not the ideal modality to expand services. MWPD has struggled to find the perfect balance between direct clinical services, campus-wide programming, advocacy for Title IX, and consulting services for faculty/staff and administrators. Balancing these areas, while being mindful of the need to serve three campuses has been impossible. MWPD is at capacity and it has gotten to the point where running an event, or traveling between campuses is coming at the cost of providing sessions. More mental health designated staff are needed in order for the program to grow and truly service the need of our campuses.

In response to the unit assessment results and the strengths and challenges discussed, action steps have been developed annually and have been completed (see section 1 of this assessment).

4. Action Plan

Provide a detailed action plan to improve the unit’s success in its service and support operations over the next three years. Discuss how the action items within the plan support the college’s Mission with specific reference to the Strategic Directions plan: HawCC_Strategic Directions Plan 2015-2021.pdf

Action Plan Step 1:

Establish new learning outcomes for upcoming assessment cycle in coordination with assessment coordinator and VCSA.
**HGI Action Strategy 2**: This action will support, strengthen, and align the unit assessment process to reflect meaningful data as it relates to the impact Mental Health services have on students’ ability to persist. Demographic information is to be gathered regularly to assess MWPD’s impact on the persistence on specific populations such as: Native Hawaiians, Filipinos, Pacific Islanders, Veterans, Adult Learners, and Part-time students. In addition, measures regarding the impact of services on student functioning are to be included.

**Action Plan Step 2:**

Develop a wellness center that will act as a resource center for students and a safe calm space where students can access self-care exercises.

Step 1: Relocate Hā’awi Kōkua and MWPD to be in 1 large space.

-This will increase the safety of staff/faculty in these programs as they will be less isolated. Due to the high risk nature of the students serviced, it is beneficial to have other highly trained individuals available for support.

-This relocation will reduce the amount of students that are met with a closed door at MWPD. Because the MWPD program has no formal support and is physically isolated from other student affair offices, students who are seeking services in person are often met with a closed door when the clinician is in sessions or meetings. A waiting room with staff that can check students in; assist with scheduling appointments; triage students based on need; and assist students’ complete intake paperwork, would benefit students and improve client retention. In the past, students who have struggled to get scheduled with MWPD have been lost due to clinical riffs and program barriers should never be the reason for them to not get services.

Step 2: Develop and gather resources that will help stabilize students.

-MWPD aims to be a link to community resources because general stabilization of a student’s basic needs is essential to growth and learning. MWPD and Hā’awi Kōkua staff will gather and have available resources related to medical insurance, DHS benefits, housing, community support groups, etc. Other wellness based resources will be available. These will include sensory based items (squishes, essential oils, fidget toys), meditation activities (virtual mindfulness videos, calm music, coloring activities), and comfortable safe space.

Step 3: Hire support staff and a case manager position to support the wellness center.

-**Prevention/Education Coordinator**: Many college campuses have a prevention/education coordinator that is in charge of offering campus programming related to mental wellness, Title IX prevention/education, and substance abuse prevention (a requirement under the Drug-Free Schools and Communities Act Amendments of 1989, DFSCA). Having a prevention/education coordinator will allow for MWPD clinician to increase their capacity to focus on clinical services. Hawaii Island has high amounts of substance use and mental health concerns with limited access to community services. If we as a community want to see a change in this issues, we must offer substantial prevention programming, not just intervention. Prevention programming is key.
to reducing stigma. Stigma and shame are often cited as the reason people don’t seek out and engage in therapy.

-Case Manager: The Care Team has seen a very large increase in cases as it has become more established. In an effort to establish more support for our students, MWPD is proposing the creation of a case manager position. A case manager could operate as the key person that can provide non-confidential follow-up with students and support them in accessing services. For many students, stabilization involves establishing increased access to food, safe housing, insurance, medical providers, transportation etc. Once students are brought to the attention of MWPD or Care Team, services and resources are offered and shared, but the action of following up with them and creating substantial lasting change is left on the student. For many of our students, this is too much. This is why they caught the attention of our institution in the first place. A case manager is a trained professional (Bachelors of Social Work or Masters in Social Work) that can offer support and skills that will help students persist. This piece is typically separate from therapy and at this time the MWPD clinician is attempting to do both for the existing MWPD caseload. When we think about the role Care Team and support services play in preventing escalation and risk, this ask is aimed at increasing the safety of our students and our campus. We have had many suicidal students on our campus who need wrap around support and stabilization so that they can preserve as much academic progress as possible and persist with their education while addressing their personal issues. Many students in crisis end up dropping out and this is a disservice to them and it is a liability for the institution. Across the nation, colleges are being held liable for students that complete suicide or that engage in acts of violence on campuses. There is a gap in formalized support once students are identified as being at risk and a case manager can help fill this gap. By centralizing the supports that address non-academic issues under one unit, students will receive more thorough and coordinated support. The tracking of the provision of these services will help mitigate risk and reduce liability to the institution.

-Mental Health Professional: As demonstrated in the section regarding national data, colleges comparable in size, typically staff 3.84 clinicians and have a clinical capacity of 92 hours per week. With three campuses to serve (which requires travel time), and a vast range of duties to cover, additional mental health professional positions are needed. Hawaii Island as a whole has very limited community resources and getting to these resources is difficult for many students. Offering services, where students are, is key to helping them increase their life skills, decrease barriers, and encourage them to persist towards their academic dreams and goals. With MWPD being at capacity, it is expected that the clinical growth that has been seen over the last three years will slow. With 49% of community college students reporting that they are experiencing mental health issues (Hope Labs), MWPD hopes to serve a higher percentage of our Kauhale.

HGI Action Strategy 1: With increased staffing, the Wellness program will be able to offer a more encompassing approach to mental wellness and resiliency. This improved
capacity would allow for MWPD to contribute to strengthening the college pipeline by offering community oriented groups or workshops on college readiness from a mental wellness standpoint. The JED foundation offers a wonderful curriculum called Ready, Set, Go. This curriculum could be offered to parents and youth as a way to help families prep for the emotional, developmental, and mental health challenges that college brings.

**HGI Action Strategy 2:** Case manager position and additional clinical staff will help improve the CARE Team structure and the ability for our campus to respond to student need. Having employees that are designated to support, follow-up, and track students would enhance the effectiveness of crisis prevention efforts and would hopefully help reduce the number of students that experience crisis (suicidal behavior, aggressive/violent outbursts, severe depression, conduct issues, etc.). Designated employees would also be able to assist with developing and modifying policies and procedures to ensure that they are in alignment with best practice standards regarding threat assessment, violence mitigation, and suicidal students.

**HGI Action Strategy 4:** Additional staff (prevention/education coordinator, case manager, and mental health professional) would enable MWPD to have a greater presence at the Pālamanui and Kō campuses. MWPD services are primarily utilized by under-represented populations and so increasing capacity would “solidify the foundations for Hawaii CC…and establish large-scale student support service...”. Having multiple clinicians would reduce the amount of community referrals and would increase the ability of MWPD to service a larger percentage of the campus population.

**HI2 Action Strategy 1:** A long-term goal of MWPD is to contribute to the national conversation regarding the mental health concerns, and intervention for diverse populations. The mental health field is very Western and interventions for diverse populations is an under-represented category at conferences. With increased staffing, MWPD will be able to assess program data, design/implement innovative interventions, and complete meaningful assessments that can hopefully contribute to the national dialogue around how to support diverse populations persist to their degree of choice.

**HI2 Action Strategy 2:** MWPD has been an internship site for multiple years. Meaningful internships are offered to University of Hawaii master level students. The supervised development of clinical skills is critical and Hawaii Island has limited placements that allow this (due to limited credentialed supervisors). With more licensed mental health professionals staffed, the capacity to offer internships island wide will increase and our campus will play a role in the advancement of our students and the betterment of our community.

**21CF Action Strategy 3:** MWPD plays a critical role in the provision of a “safe, healthy, and discrimination-free environment...”. MWPD Mental Health Professional acts as a confidential advocate for Title IX issues and serves as a part of the Title IX team, advocating for safe, trauma-informed responses to incidents. MWPD also supports safety as services are utilized to stabilize high-risk students who may otherwise engage in acts of violence against themselves or others. In addition, MWPD is responsible for providing the campus with threat assessments once a student is mandated to receive one. Increased staffing and resources will assist with MWPD’s ability to continue to execute these duties.
5. Resource Implications

(physical, human, financial)

Provide a detailed discussion of the unit’s current resources, resource gaps and requests for new or re-allocated resources. Provide detailed documentation for each resource request including projected costs and timeline for procurement to meet the unit’s needs. Resource requests must align to and support the action plan above.

Attach additional documentation and evidence as necessary to clearly support each request.

**Budget:** Over the last 3 years, MWPD has operated on a budget ranging from $4000-$6000. This budget supports program supplies, subscription for psychological assessment tools, electronic health record system, professional development, travel for Title IX meetings, and marketing materials. Each year, MWPD has had to request for additional funding to support purchases for electronic equipment (laptop, server, computer software), and professional development (which is required for the maintenance of the therapists’ clinical license). Additional funds for event supplies have been requested and provided by Student Activity Fees and Student Government. Including these additional funds, MWPD operates on a budget of $8,000-$11,000. It would be fiscally responsible to build these consistent expenses into the program budget, which would require that the annual allotment be increased to $6000-$8000 (keeping professional development separate due to fluctuating funding limitations). A larger budget would also support the needs of increased staffing, should that be granted.

The program budget is negotiated each year with the VCSA as it comes from DSA funds. Budget needs will depend on the institution’s fiscal standing. The need for an increased budget has been recognized by the VCSA.

**Wellness Center:** Multiple spaces have been explored with the collaboration of Hā’awi Kōkua, VCSA, and VCAA. Once a space is secured, funding for renovations will be needed. This amount cannot be quoted at this time as the cost will depend on the space and the work to be done. Essential needs will be sound proofing. The confidentiality of MWPD sessions is a legal requirement and the space must be sound proof enough to ensure compliance with this expectation. Procurement of a space should occur Spring/Summer 2020.

**Staffing:** It is hoped that all positions will be obtained over the next 3 years. A request by the University System was taken to the Legislature in 2020 to request a large amount of funding for psychologist positions. This request was approved, but final amount to be designated is unknown at this time due to the economic crisis resulting from COVID-19. It is recommended that MWPD seek a master level therapist as they are more cost effective than PhD or PsyD clinicians.

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*Prevention/Education Coordinator (.5 FTE, APT A):* At part-time, a prevention/education coordinator should be able to design and implement trainings for all three campuses (virtually and in person). The hours and pay would align with similar positions that have been held at UH Hilo.
Unit: Mental Wellness and Personal Development

- **Case Manager (1FTE, APT B):** A case manager would require a Bachelor’s degree with experience or a Master’s Degree. APT B would align the pay range with case managers from other state divisions and non-profits.

- **Mental Health Professional (1FTE):** Depending on the desired program structure, additional mental health professional could range from an APT C to faculty. If a faculty position is designated, this would allow the new professional to operate completely independently.