1. Program or Unit Description

Program or Unit Mission or Purpose Statement
What is the target student or service population?

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.

All students that are registered in credit courses are eligible for mental health services during their time of enrollment. Due to the need to provide continuity of services, students who demonstrate an intent to register for the following semester are seen on a continuous basis, as discharging them prematurely or taking breaks in services between semesters would create ethical and liability concerns. Student served by MWPD are typically at high risk for not meeting their academic goals as they are experiencing significant levels of distress for a range of reasons (diagnosable mental health, life stressors, limited support systems, unhealthy support systems, etc.

2. Analysis of the Program/Unit

Discuss the Program’s or Unit’s strengths and areas to improve in terms of Demand, Efficiency, and Effectiveness based on an analysis of the program’s Quantitative Indicators or comparable unit-developed measures or program-developed metrics. Include a discussion of relevant historical-trend data on key measures (i.e., last three years).

Discuss significant program or unit actions (new certificate(s), stop outs, gain/loss of position(s), results of prior year’s action plan, etc.). Include external factors affecting the program or unit.

Instructional programs must include ARPD health indicators with benchmarks to provide a quick view on the overall condition of the program; CTE programs must include an analysis of Perkins Core indicators for which the program did not meet the performance level.

MWPD service aims to service Hawai‘i CC on many facets. MWPD offers direct and indirect resources to students (online resources, online mental health screening, therapeutic services, workshops and mental health awareness activities). MWPD also offers support to the campus as a
whole through professional development opportunities, newsletters, and consultations. The data for these activities will be analyzed under the following categories:

A. Direct Student Services
B. Student Focused Campus Services
C. Indirect Student Services
D. Analysis of Student Focused Services
E. Faculty/Staff Focused Services
F. Prior Action Plan Results

A. Direct Student Services:

Direct student services consist of therapeutic services. Students currently enrolled in credit programs are eligible for therapy services. MWPD services students from all Hawaii CC campuses. During 2019-2020, the MWPD therapist supervised a Masters of Social Work clinical intern who was housed at Pālamanui (16 hours a week) for the duration of the academic year. MWPD therapist was at Pālamanui twice a month to supervise the interns work and to work with students. Despite MWPD having an increased presence at Pālamanui through the intern, services to West Hawaii residents remains a small fraction of the overall services (>10 students serviced/year).

Figure 1. Students Serviced:

<table>
<thead>
<tr>
<th>STUDENTS SERVICED</th>
<th>Total # of Students Serviced</th>
<th># of New Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2019</td>
<td>48</td>
<td>45</td>
</tr>
<tr>
<td>Spring 2020</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Summer 2020</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>84</td>
<td>66</td>
</tr>
</tbody>
</table>

During AY 2019-2020, 84 students were serviced by MWPD. Based on the census data, enrollment for Hawai‘i Community College in AY2019 was 2615 students. MWPD serviced 3.2% of the student population, which is in line with national averages (1-5%). Over the last four years, MWPD has serviced an increasing percentage of the college.

Figure 2: Percentage 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>2019</td>
<td>84</td>
<td>2615</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

This increase was likely influenced by a change in efficiency in the scheduling process. With the assistance of the support position of Hā‘awi Kōkua, student intake appointments, scheduling, and
rescheduling became more consistent and responsive to student needs. This percentage will likely decrease as this support position was lost as a result of the removal of temporary positions during the summer of 2020.

**Figure 3: Session Data by Type**

<table>
<thead>
<tr>
<th></th>
<th>Intake</th>
<th>Psychotherapy</th>
<th>Walk-In</th>
<th>Crisis</th>
<th>Cancelled</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2019</td>
<td>31</td>
<td>148</td>
<td>14</td>
<td>2</td>
<td>28</td>
<td>223</td>
</tr>
<tr>
<td>Spring 2020</td>
<td>18</td>
<td>140</td>
<td>8</td>
<td>2</td>
<td>29</td>
<td>197</td>
</tr>
<tr>
<td>Summer 2020</td>
<td>1</td>
<td>63</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>71</td>
</tr>
</tbody>
</table>

**Figure 3** represents session data by type. Each type is defined as:

1. **Intake Session**: Initial session where consent forms and psychosocial/diagnostic assessments are completed.
2. **Psychotherapy**: Standard therapy session.
3. **Walk-In**: Sessions that were scheduled within a 24 hour period of occurring.
4. **Crisis**: Sessions during which a recent trauma, suicidal or homicidal attempts are addressed. Crisis session typically involve community based crisis services.
5. **Cancelled**: Sessions where students did not show up as scheduled. These appointment times are counted as preparation and documentation go into them, despite the student not attending.

During AY 2019, MWPD session data was projected to exceed the previous academic years, but due to COVID-19, MWPD did not experience the typical increase in sessions provided during the spring semester. In fact, services decreased at the end of the spring semester as some of the existing program participants discontinued services when they were transitioned to telehealth services due to COVID-19 related safety concerns. During AY 2019, 84 students received 491 sessions. While serviced did decrease during the spring semester, a handful of students did carry-over into the summer, during which a total of 71 sessions were provided to 7 students.

Summer services typically decrease as majority of students are able to meet their treatment goals by the end of the spring semester. Those serviced in summer are typically extended from spring semester as they have unmet treatment goals that require more intense focus. Often in depth work, such as trauma processing, is reserved for the summer months as this is when students have less on their plate and are able to focus more of their energy on their mental well-being and healing process.

As a part of direct services, I am legally required to keep medical records on every student that enters services. Documentation time can be significant, and so Figure 4 is provided as a means of demonstrating the time spent on documentation.

**Figure 4: Estimated Clinical Documentation Time**

<table>
<thead>
<tr>
<th>Session Type</th>
<th>Estimated Clinical Documentation Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard Documentation Time</td>
</tr>
<tr>
<td></td>
<td>Estimated Total Documentation Time (Hours)</td>
</tr>
</tbody>
</table>


Documentation of 491 sessions took approximately 162 hours. It’s important to note that session length varies and can range anywhere from 30 (walk-in’s) minutes to 3 hours (crisis sessions).

**Initial Distress Data**

Various metrics are used by MWPD to better understand the concerns students are presenting with. During AY 2019, majority of students seeking services, reported experiencing anxiety/stress, depression, and/or relationship concerns (see Figure 5).

---

**Figure 5: Student Identified Issues/Concerns at Intake**

This data falls in line with national trends that show that majority of students seeking services from college mental health providers’ report concerns regarding anxiety and depression. In addition, it was reported from MWPD participants that they struggle with (in order of prominence) 1) difficulty concentration, 2) lack of motivation, and 3) frequent tiredness (see figure 6). Of significance, 4.8% of student reported experiencing suicidal feelings.

---

**Figure 6: Self-Reported Symptoms**

<table>
<thead>
<tr>
<th>Self-Reported Symptoms</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Feelings</td>
<td>4.8</td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
<td>42.9</td>
</tr>
<tr>
<td>Difficulty Sleeping</td>
<td>19</td>
</tr>
</tbody>
</table>
In addition to self-reported data that is collected during the intake process, MWPD participants also complete an online assessment called the CCAPS. 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. While not all students completed this assessment, the data is still meaningful. In the past, students at Hawaii CC typically scored higher than their peers in areas such as depression, hostility, and substance use. During AY19, students reported statistically meaningful differences from their peers (national comparison) in social anxiety, and lesser so in depression, family distress, generalized anxiety, distress, and hostility. This data demonstrates that in majority of categories, MWPD services students are experiencing mental distress at levels higher than their peers across the country.

**Figure 7: CCAPS Initial Distress National Comparison**

<table>
<thead>
<tr>
<th>Subscale</th>
<th>CCAPS Average Scores</th>
<th>Effect size, Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Local Average: 2.09</td>
<td>National Average: 1.68</td>
</tr>
<tr>
<td></td>
<td>1.68</td>
<td></td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>Local Average: 2.08</td>
<td>National Average: 1.72</td>
</tr>
<tr>
<td></td>
<td>1.72</td>
<td></td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>Local Average: 2.43</td>
<td>National Average: 1.91</td>
</tr>
<tr>
<td></td>
<td>1.91</td>
<td></td>
</tr>
<tr>
<td>Academic Distress</td>
<td>Local Average: 2.03</td>
<td>National Average: 1.88</td>
</tr>
<tr>
<td></td>
<td>1.88</td>
<td></td>
</tr>
<tr>
<td>Eating Concerns</td>
<td>Local Average: 1.00</td>
<td>National Average: 1.01</td>
</tr>
<tr>
<td></td>
<td>1.01</td>
<td></td>
</tr>
<tr>
<td>Hostility</td>
<td>Local Average: 1.26</td>
<td>National Average: 1.03</td>
</tr>
<tr>
<td></td>
<td>1.03</td>
<td></td>
</tr>
<tr>
<td>Family Distress</td>
<td>Local Average: 1.67</td>
<td>National Average: 1.31</td>
</tr>
<tr>
<td></td>
<td>1.31</td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td>Local Average: 0.69</td>
<td>National Average: 0.74</td>
</tr>
<tr>
<td></td>
<td>0.74</td>
<td></td>
</tr>
<tr>
<td>Distress Index</td>
<td>Local Average: 1.99</td>
<td>National Average: 1.73</td>
</tr>
<tr>
<td></td>
<td>1.73</td>
<td></td>
</tr>
</tbody>
</table>

**Mandated Violence Risk Assessment**
In collaboration with Student Conduct, CARE Team, and Title IX, MWPD is responsible for administering Violence Risk Assessments on students who have demonstrated patterns of concerning behavior that may or may not put them at risk of engaging in violence towards another. These assessments are rare and none were performed during AY 19-20.

**B. Student Focused Campus Services**

In alignment with national best practice, MWPD offers a range of prevention and awareness events that are focused on mental wellness.

**Figure 8: Campus Prevention/Awareness Events**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Presentation</td>
<td>9/12/19</td>
<td>Provided classroom presentations on the MWPD program. Shared information about how to connect to services and crisis services available.</td>
</tr>
<tr>
<td></td>
<td>1/22/20</td>
<td></td>
</tr>
<tr>
<td>Stress Reduction Workshop</td>
<td>9/12/19</td>
<td>The Stress Reduction workshop helps students identify personal strengths and areas of functioning that could enhance their resiliency. Student practice utilizing stress reduction techniques.</td>
</tr>
<tr>
<td></td>
<td>2/10/20</td>
<td></td>
</tr>
<tr>
<td>Decompress This</td>
<td>3 events</td>
<td>Campus centered tabling event where students can engage in self-care activities (rock painting, vision boarding, coloring, etc.).</td>
</tr>
<tr>
<td>Fresh Check Day</td>
<td>11/5/19</td>
<td>Campus festival that consists of interactive booths that offer awareness and skill building exercises around suicide prevention, coping, emotional insight, and building a sense of community.</td>
</tr>
</tbody>
</table>

**C. Indirect Student Services**

MWPD services student indirectly by developing and collaborating with external resources to provide resources to students via the web. During this report year, MWPD updated its website, promoted ULifeline.com, and obtained a subscription to TalkCampus.

ULifeline offers mental health information and a self-screening tool. ULifeline provides data reports specific to users who designate Hawai‘i CC as their campus. Due to data report changes, information is only available from August 2019-June 2020. During this time, the Hawaii CC ULifeline account received 472 visits. The most frequently used help page was “Get Help Now”. Two individuals completed the self-evaluation and they both were flagged for suicidal with major depression, social phobia, and/or PTSD, panic disorder, anorexia, and alcohol withdrawal. After completed the self-evaluation, student are given general information regarding the areas they received elevated scores in, in addition to referrals information for MWPD and local crisis resources.

TalkCampus is a new resource that was launched spring 2020 in response to COVID-19 dynamics. Due to the increase in isolation and mental health issues, MWPD researched and implemented an agreement with TalkCampus. Through the TalkCampus app, students gain access
to a worldwide network of peers who are there to talk about stress, mental health, and other college related topics. During the spring, Hawaii CC had 17 students utilize this platform. TalkCampus is particularly beneficial as it has a built in method of escalating those who share concerning posts. Students who may be at risk of self-harm are connected to peer mentors and clinicians. If the individual is deemed high risk they are given local crisis resources and MWPD and the CARE Team at Hawaii CC will be contacted.

D. Analysis of Student Focused Services

Over the course of the 2019 academic years, MWPD provided direct and indirect services and support to the students of Hawaii CC. MWPD provided services to 66 students who had not received MWPD services in the past. 18 students carried over or re-entered services from previous semesters. The total number of students serviced is in alignment with national standards (1-5% of the campus population). The ability to maintain alignment with national standards is a strength of the program and a testament to the need for increased mental health services at Hawaii CC. The meeting of national standards occurred despite a major staffing shortfall, which was only increased in response to COVID-19 (loss of the support of a shared APT B position with Hā’awi Kōkua).

Figure 9: Best Practice vs. Hawaii CC

The American College Counseling Association has identified 1 therapist to 1000 students as the best practice ratio. Based on this ration, MWPD should have an additional 1.5 positions to service the number of students enrolled in 2019 (see figure 9). This best practice ratio does not take into account our college’s unique format of having multiple sites 1-2 hours away. When in person sessions are occurring, travel time reduces the current clinicians’ availability to provide clinical services. During COVID-19, the virtualization of services has actually increased equitable access to services for students from Kō and Pālamanui. While telehealth services will always remain an
option (now that it’s been integrated), it is still not always the most appropriate modality for services and so in person services will still be needed at times.

**Figure 10: Clinical FTE by School Size**

![Clinical FTE of Center by School Size](image)

The Association for University and College Counseling Center Directors Annual Survey (2018) collected a vast amount of data on what mental health services look like on college campuses. A total of 571 counseling centers responded to the annual survey. One of the areas assessed, was how many clinical FTE were designated based on campus size. During 2019, Hawai‘i CC enrollment was 2615. The mean Clinical FTE for the comparable schools was 3.84. For Colleges with less than 1501 students enrolled, the mean Clinical FTE was 2.32. While Hawaii CC falls above the minimum designated FTE for mental health centers, we are still well below the mean of 3.84 designated FTE when compared to other colleges of our size. In addition, of those surveyed, only 3.7% of counseling centers are considered “one-person counseling centers” (where the director of the program is also the only clinical staff member). So while having 1 clinician per college is the norm within the University of Hawai‘i Community Colleges, it is vastly out of alignment with national standards.

Demand, efficiency, and effectiveness demonstrate progress and success within existing limitations. MWPD counts all student interactions towards program data. What the data does not speak to are the number of students that don’t progress as far into services as they would have should MWPD have been able to be more available and responsive to their needs. As a 1 person unit, the availability of the therapist is limited and accessing services can be difficult. In an attempt to mediate the barrier around access to scheduling, MWPD partnered with Hā’awi Kōkua staff and trained their APT B position to assist with scheduling, completing intake paperwork with students, administering computer based assessments, and completing all outreach to students who miss appointments. MWPD credits the increased number of students’ serviced fall 2019 to this added
support. As a result of the COVID-19 budgets related issues, this APT B position was loss. While a
direct comparison cannot be made between the loss of this position and the change in program data
due to the added complexity of switching to virtual services, MWPD can attest to the fact that
students are suffering as a result of this loss. Response to students requests to schedule are not being
responded to as quickly, intake paperwork is being completed with less support, and it takes longer
for a student to receive that initial feeling of support and/or progress. For many students, getting
scheduled and completing their intake paperwork is a significant marker of progress as it signifies
that their help seeking behavior is resulting in progress (an scheduled session).

Due to the limited staffing of MWPD, decisions on how to prioritize time are often made.
While we would like to always prioritize direct services to students, there are times where the
clinicians schedule is limited due to other duties such as prevention programming, report writing,
data collection, budget meetings, etc. In an effort to increase the clinical capacity (availability to
provide sessions) MWPD has accepted Master level interns every year since 2017. While interns
can slightly increase clinical availability, they have shown more effectiveness in increasing
MWPD’s prevention/education programming (Fresh Check Day, Mindful Mondays, etc.).

E. Faculty/Staff Focused Services

In addition to services for students, MWPD provides services to faculty/staff with the ultimate
goal of creating a healthier campus culture by building up our colleges capacity to support and refer
students who may be showing signs or symptoms of mental health concerns. Services provided to
faculty/staff consist of: clinical consultation regarding students of concern, CARE Team
membership, and offering professional development opportunities.

**Individual Consultation:** Occurs regularly throughout the year as instructors, APT staff, and
administrators seek support in addressing students’ behaviors and reports of concern related to
mental health.

**CARE Team:** MWPD clinician sits on the CARE team and provides consultation on every
case. See the [CARE team reports](#) for additional data. As a part of CARE Team, MWPD advocates
for effective campus processes and responses to students that represent some of our most vulnerable
populations. During 2019 CARE Team met weekly for 1.5 hours and held ad hoc meetings as
necessary to address emergency concerns.

**Professional Development:** Multiple workshops were offered by MWPD to the campus. See
figure 11 for workshop data.

### Figure 11: Professional Development:

<table>
<thead>
<tr>
<th>Title</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student with Disabilities and Mental Health Services Overview</td>
<td>1 Training was completed during the Spring 2020 convocation. Four participants attended from Pālamanui and Manono campuses.</td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>6 courses were scheduled. 3 were cancelled due to low enrollment and 3 were cancelled due to COVID-19 despite having minimum enrollment.</td>
</tr>
</tbody>
</table>

F. Prior Action Plan Results
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.

*This goal was not met as significant time was spent redesigning MWPD services during the Spring and Summer semesters in response to COVID-19 related changes. In lieu program policies, consent forms, and processes were re-written to align with the integration of virtual/telehealth services.*

2. Network and maintain MWPD as a viable clinical learning site for master level interns from various counseling programs.

**HGI Action Strategy 2:** This goal will provide a diverse offering of clinicians that can work with students. It is critical that the diversity of the students we service be mirrored in order to continue the de-stigmatizing of mental health and wellness. The community college services not just ethnically diverse students, but also students from many different cultures and socioeconomic backgrounds. While clinicians are trained to be flexible and responsive to the cultural needs of the clients, personal experience and the perception of relevancy of a clinician does help.

**HGI Action Strategy 4:** Due to the limited FTE of clinical staff/faculty, maintaining MWPD as a learning site is key to increasing services beyond the current 1 FTE capacity.

**HI2 Action Strategy 2:** By offering internship opportunities, MWPD aims to enhance the educational opportunities of University of Hawaiʻi students. It is often difficult for master level students to find clinically grounded placements. My working collaboratively with the Masters of Social Work Program at Mānoa, MWPD has become one of the few truly clinical internship sites on Hawaiʻi Island (which also addressed HI2 Action Strategy 3).

*This goal was met as MWPD maintained a MSW intern at Pālamanui, and a HSER intern at Manono during 2019-2020 and redesigned the placement opportunity to offer safe learning in response to COVID-19 dynamics. MWPD continues to partner with UH Manoa’s MSW program for interns and has created a learning experience that allows for virtual and in person learning opportunities.*

### 3. Program Student Learning Outcomes or Unit/Service Outcomes

a) List of the Program Student Learning Outcomes or Unit/Service Outcomes

b) Program or Unit/Service Outcomes that have been assessed in the year of this Annual Review.

c) Assessment Results.

d) Changes that have been made as a result of the assessment results.
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/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.

Unit outcomes 1 and 2 were assessed this year. Unit three was not assessed as it is intended for it to be modified once the new Unit Assessment Plan is created.

Assessment Results

UO1: Measures

A. The following outputs will be tracked and analyzed for the purpose of determining student participation in services:
   a. # of students who completed an intake appointment
      i. **50 students completed an intake appointment.**
   b. # of walk-in appointments
      i. **22 walk-in sessions were provided**
   c. # of sessions provided
      i. **351 psychotherapy sessions were provided**
   d. # of assessments completed
      i. **50 assessments were completed (intake=assessment)**

B. Student participation will be measured against national averages and will be expected to increase over time.
   a. **See figure 2. National standards met and percentage of campus services has increased every year.**

C. Evaluations will be collected from students via an anonymous drop box and/or anonymous online survey. Surveys will be administered on a random basis at various points of services. The following data will be collected:

Figure 12: Student Evaluations

<table>
<thead>
<tr>
<th></th>
<th>Number Completed</th>
<th>Number Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2019</td>
<td>5 (29%)</td>
<td>17</td>
</tr>
<tr>
<td>Spring 2020</td>
<td>8 (31%)</td>
<td>26</td>
</tr>
</tbody>
</table>

a. Students will report an increased understanding of their current stressors
   i. **100% of students reported feeling as though they left services with an improved understanding of their stressors and what brought them into services.**

b. Students will report that services helped them identify barriers to moving forward
i. **100% of students reported** that services helped them identify barriers to moving forward. Increase awareness of barriers lays the foundation for them to be addressed through planning and treatment.

c. Students will report that they recognize the personal skills/resources they possess that will help them move forward
   i. **77% of students surveyed** reported that yes they feel that services helped them develop the skills/resources to move forward.
   ii. **7% of students surveyed** reported that no they feel that services did not help them develop the skills/resources to move forward.
   iii. **16% reported** feeling that “I think I do, but I’m not sure I can do this on my own yet” in regards to feeling that services helped them develop the skills/resources to move forward.

**UO2: Measures**

**A. 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 to campus resources
   i. **36 referrals were made** to campus resources (Hale Kea, Counseling, TLC, Financial Aid)
   b. # of referrals to community resources
   i. **24 referrals were made** to community resources (UH Hilo Medical, Private practice therapist, PCP’s, Quest, SNAP)

**B. Student evaluations will be analyzed to determine if students’ report possessing the knowledge of the campus/community resources available to them.**
   a. **15% (n=2) of students surveyed** responded that they are not confident in their ability to access campus and community resources.
   b. **85% reported** that they are confident of extremely confident in their knowledge of campus and community resources.

In response to the assessment results, a new annual assessment plan is to be written. While the output data is meaningful and demonstrates national alignment, and the growth of services, student evaluation data and UO2 related data are not as meaningful. MWPD has consistently met its goals in terms of receiving positive student feedback and demonstrating the enhanced ability of students to access resources by knowing their campus and community supports. At this point, it will be more meaningful for MWPD to provide data in terms of clinical disposition at intake and markers of change over the course of services. The student evaluation is to be redesigned to seek information on students’ access to services and clinical psychometric measures are to be implemented so that meaningful clinical data can be provided. Output data regarding UO3 should be maintained in some form, but again this portion of the unit assessment plan needs to be revisited.

**4. Action Plan**

Based on findings in Parts 1-3, develop an action plan for your program or unit from now until your next Comprehensive Review date. Be sure to focus on areas to improve identified in ARPD data, student learning or unit/service outcomes, results of survey data, and other
data used to assess your program or unit. This plan should guide your program/unit through to the next program/unit review cycle and must detail measurable outcomes, benchmarks and timelines. Include an analysis of progress in achieving planned improvements.

* CTE programs must include specific action plans for any Perkins Core Indicator for which the program did not meet the performance level.

Specify how the action plan aligns with the College’s Mission and Strategic Plan.

Discuss how these recommendations for improvement or actions will guide your program or unit until the next Comprehensive Review. Be sure to list resources that will be required, if any, in section 5 below.

*The action plan may be amended based on new initiatives, updated data, or unforeseen external factors.

---

- **Establish new unit assessment plan by end of the Fall 2020 semester.**
  
  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 MWPD services have on student’s ability to persist towards their academic goals. Demographic data is to be gathered regularly to assess MWPD impact on the persistence of specific populations such as: Native Hawaiians, Filipinos, Pacific Islanders, Veterans, Adult Learners, and part-time students.

- **Redesign the intake process to increase access to services given the new set of barriers inherent in the virtual delivery of services.**
  
  HGI Action Strategy 2: By adjusting the structural process of accessing services, student will experience a decrease in barriers and will be more likely to engage in MWPD services. Access to MWPD services is essential for those serviced to persist towards their academic goals.

5. **Resource Implications**

Detail any resource requests, including reallocation of existing resources (physical, human, financial)

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

I am not requesting any additional resources at this time, but am documenting the continued need for additional positions in the future once the University is fiscally able to support the expansion of its services.
Office Assistant Position (1FTE): In previous assessments, MWPD has requested the move of MWPD and HK to be in the same space so that staffing could be shared with the vision of increasing access to services and support to students through a Wellness Center. Now that we are located in the same location, Hāʻawi Kōkua lose their Instructional Support Specialist as they were in a temporary position. The assistant would assist with scheduling and supporting students as they complete their intake paperwork for both programs. This would allow for physical and virtual waiting areas to be monitored and student need to be responded to in a timely manner. Hāʻawi Kōkua and MWPD both serve higher risk students that require additional support to engage. At this time, student employees are being tasked with assisting students and they are not skilled enough to fully do so. Engaging with MWPD clientele requires skills in de-escalation, strength-based communication, and person-centered services. Student employees are not able to master these skills in a timely enough manner to truly take on the support tasks needed in regards to scheduling and assisting with paperwork. In addition, student employees can create somewhat of a conflict due to them serving as peers rather than as trained staff.

Case Manager Position (1FTE): This position is needed to service all campuses. Due to the increased MWPD and Care team referrals, it has been identified that there are many students on our campus who are in crisis or on the brink of it and our campus has no designated person to provide them resources and care. CARE team is staffed by faculty who have full-time duties and who are primarily on CARE to assist with assessment. A case manager position would support both CARE and MWPD by being the primary follow-up person. This position would allow for services to be scaled based on students assessed level of risk. For example, if a student scores at moderate risk they could be required to meet with a case manager “x” number of times. Since this is not a clinical service, informed consent and confidentiality would not be a barrier, allowing for the case manager to communicate back to the CARE team, VCSA, Student conduct officer and MWPD therapist freely. This position is needed to reduce liability to the campus as we do have a responsibility to attempt to support students in crisis and prevent escalation. This position would provide key follow-up to issues that do not rise to the level of therapeutic intervention. This position could also serve a key role in connecting students to community resources and providing thorough follow-up as many of our students struggle with fully executing next steps to seeking support/services.

Mental Health Professional (1FTE): As discussed in the program analysis section, MWPD is grossly understaffed. This is a health and safety issue as MWPD often services high risk individuals. The amount of suicidal students has increased each year. Our community has very limited mental health resources and so it is essential that Hawaiʻi CC offers these services to students. By adding 1 additional mental health professional, MWPD’s availability to coordinate and facilitate critical programming around mental health stigma reduction, suicide prevention, and Drug and Alcohol Abuse would improve. MWPD is already stretched thin and additional staffing is needed in order for programming improvements to be made. An additional clinician would also increase accessibility to in person mental health providers for Pālamanui and Kō while minimizing the impact on existing programming and services at Manono.