

Mental Wellness and Personal Development



ANNUAL

REPORT OF PROGRAM DATA

2021

July 1, 2020 through June 30, 2021



UNIVERSITY of HAWAII®
HAWAII
COMMUNITY COLLEGE

Program or Unit Name:

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1. Program or 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.

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

2. Analysis of the Program/Unit

During the 2020-2021 Academic Year, COVID-19 continued to be a driving factor that shaped and impacted all services. During this reporting period, MWPD operated with 1 FTE faculty, 1 clinical intern, and the support of Hā'awi Kokua's two student employees. MWPD employees operated out of the Manono office and provided island-wide therapy services through telehealth technology in alignment with modified federal expectations regarding confidentiality. Due to health and safety concerns, in person clinical services were limited to high risk students, which occurred only after an initial assessment and informed consent process.

One of the positive outcomes during this transformative year was that MWPD improved its utilization of our record keeping software. This allowed MWPD to gather an increased amount of data on the students serviced. This data demonstrates the diverse student population MWPD serves and provides meaningful insight into the mental health challenges our students face.

Demographic Data

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Data presented reflects MWPD services during the 2020-2021 Academic Year (AY 20-21). During this time period, MWPD held 57 cases and serviced 34 new clients (as opposed to those who carried over from the previous AY). The following chart reflects data collected from new MWPD clients. Some categories may have contained additional options (i.e. Sexual Orientation also contained Gay), but 0% response rates were omitted to assist with readability.

CATEGORY	RESULTS						
GENDER	Female 81%			Male 19%			
RACE	Nat. Hwn/Pac Isl. 38.1%	White 19%	Asian 14.3%	African American 9.5%	Multi-racial 9.5%	Hispanic 4.8%	
INTERNATIONAL STUDENT	9.5%						
SEXUAL ORIENT.	Heterosexual 71.14%		Asexual 14.3%	Bisexual 9.5%	Lesbian 4.8%		
RELATIONSHIP STATUS	Committed Relationship 38.1%		Married 33.3%	Single 23.8%	Civil Union/domestic partnership 4.8%		
TRANSFER STUDENT	23.8%						
FIRST GENERATION	23.8%						
HOUSING WHO DO YOU LIVE WITH	Off-Campus 95.2%						
EMPLOYED	Spouse/Partner 52.4%	Parent(s)/Guardian(s) 33.3%	Family 33.3%	Children 28.6%	Alone 9.5%	Roommate(s) 9.5%	
# HOURS WORK/WEEK	6-10 4.8%	11-15 14.3%	16-20 9.5%	21-30 9.5%	31-35 9.5%	40+ 14.3%	

Overall, MWPD serviced a diverse set of students that included: international students, transfer students, and first-generation students. Majority of MWPD clients reside with their families and/or

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spouses in off campus housing. Half (52.4%) of the students MWPD serviced worked; 14.3% work full-time. Due to this being the first full AY that this demographic data is available, there is no data to offer a comparison. It is hoped, that moving forward MWPD will be able to compare annual data and identify potential trends.

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

The data presented below reflects the demand for services and the effectiveness of said services. As a one-person unit, MWPD is extremely efficient and in fact services are often limited due to limited resources not limited demand. In an effort to further service the Kauhale, MWPD has made it standard practice to accept master level interns. The presence of interns increases the programs capacity to meet the broad needs of the campus.

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 the 2020-2021 academic year, the MWPD therapist supervised 1 MSW clinical intern who was housed at the Manono campus for 16 hours a week. Program data presented represents the supervised clinical work of the intern as well as the work of program faculty.

Figure 1. Students Serviced:

STUDENTS SERVICED	Total # of Students Serviced	# of New Students
Jan. '20-Dec. '20	29	14
Jan. '21-June '21	28	20
TOTAL	57	34

During AY 2020-2021, 57 students were serviced by MWPD. Based on the census data, enrollment for Hawaii Community College in AY 2020 was 2430. MWPD serviced 2.3% of the student population, which is in line with national averages (1-5%).

Figure 2: Percentage of Campus Serviced

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Census Year	MWPD Caseload (unduplicated)	Hawaii CC Enrollment	Percent of Campus Serviced
2016	64	2956	2.2%
2017	53	2819	1.9%
2018	70	2632	2.6%
2019	84	2615	3.2%
2020	57	2430	2.3%

Historical trends reveal that services decreased over the 20-21 AY. This was likely impacted by COVID-19. Factors that likely impacted this decrease include: marketing difficulties, services mostly limited to virtual, decreased student engagement/initiating services, and complications with the digital intake process. While many are comfortable with the clinical services via telehealth, the virtual intake process was difficult to manage and many students disengaged prior to their first appointment. This issue was improved upon once IT approved the utilization of a different intake process that decreased the number of steps students must complete to access services. At the end of AY 20-21, MWPD advocated with Hā'awi Kokua to obtain COVID-19 related funding for a casual hire position. This position was granted and as of Fall 2021 this position has been tasked with managing the intake process and tracking students to decrease dropouts.

Figure 3: Session Data by Type

	Intake	Psychotherapy	Walk-In	Crisis	Cancelled	TOTAL
Jul.-Dec. '20	10	89	4	2	24	129
Jan.-June '21	19	124	2	1	57	203
	29	213	6	3	81	332

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

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

During AY 20-21, MWPD serviced 57 students, which is 67.8% of the caseload held during AY 19-20. Upon review of the data, the amount of services provided to clients remained consistent, as session data also reflects 67% of the number of sessions held in AY19-20. The session data is typical in that Spring semester is more busy than Fall. This trend is believed to reflect the fact that many students carryover from the Fall to the Spring semester. Crisis and walk-in sessions remained consistent from AY19-20 to AY20-21, but cancellations increased drastically in the Spring '21 semester.

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As a part of direct services, MWPD is 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

Estimated Clinical Documentation Time		
Session Type	Standard Documentation Time	Estimated Total Documentation Time (Hours)
Intake (29)	60	29
Psychotherapy (213)	15	53.25
Walk-In (6)	15	1.5
Crisis (3)	30	1.5
Cancelled (81)	15	20.25
Total Estimated Time on Documentation		105.5

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 2020, majority of students seeking services, reported experiencing anxiety/stress, depression, and/or relationship concerns (see Figure 5). This data falls in line with national trends and shows that the majority of students seeking services from college mental health providers' report concerns regarding anxiety and depression. During the 2020 AY, the following issues of concern were added and tracked: learning disability, sexual assault, and sexual orientation. In AY 2020, students identified multiple concerns as compared to 2019 (Table 6). The only concern that was identified as less of an issue was alcohol/drug use which goes against national trends and may reflect under-reporting. In addition to anxiety and depression, significant amounts of students reported experiencing concerns with body image, trauma, and family concerns.

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TABLE 5: % STUDENT SELF-REPORTED CONCERNS

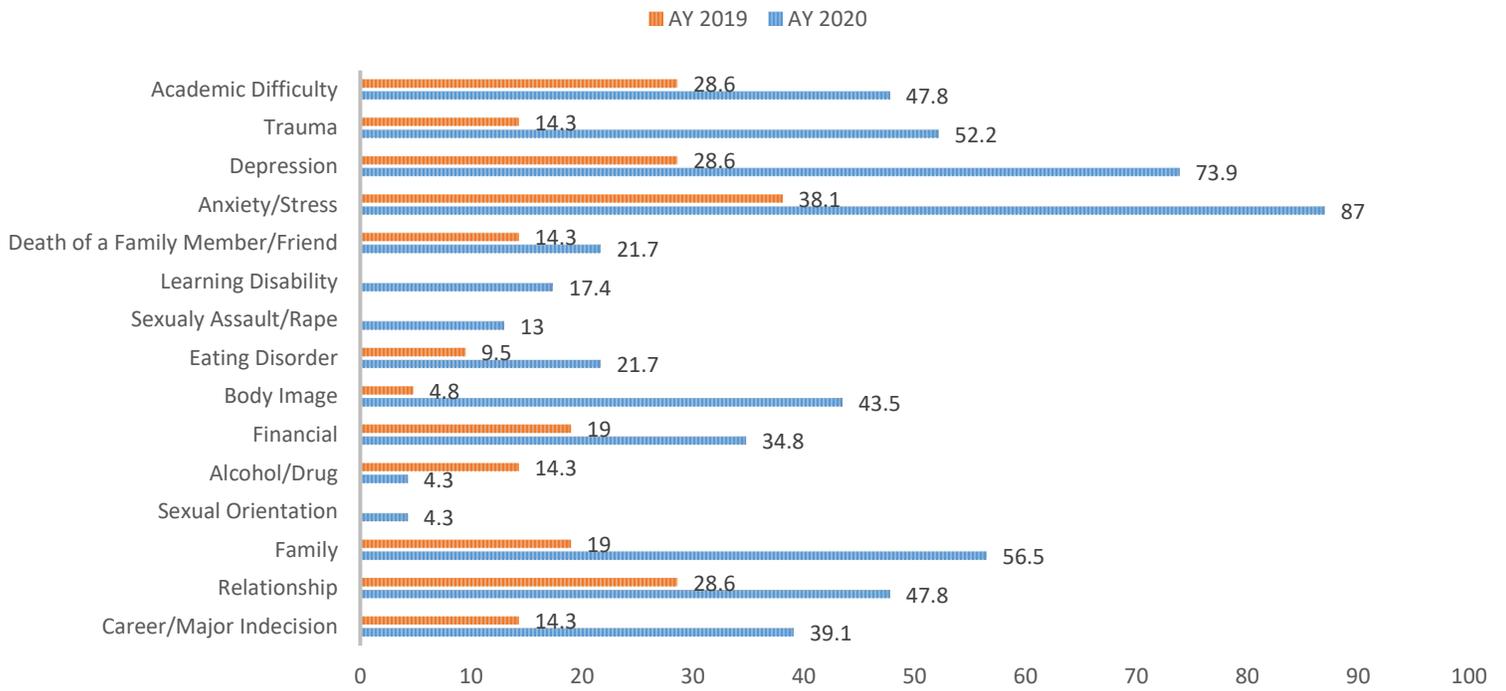
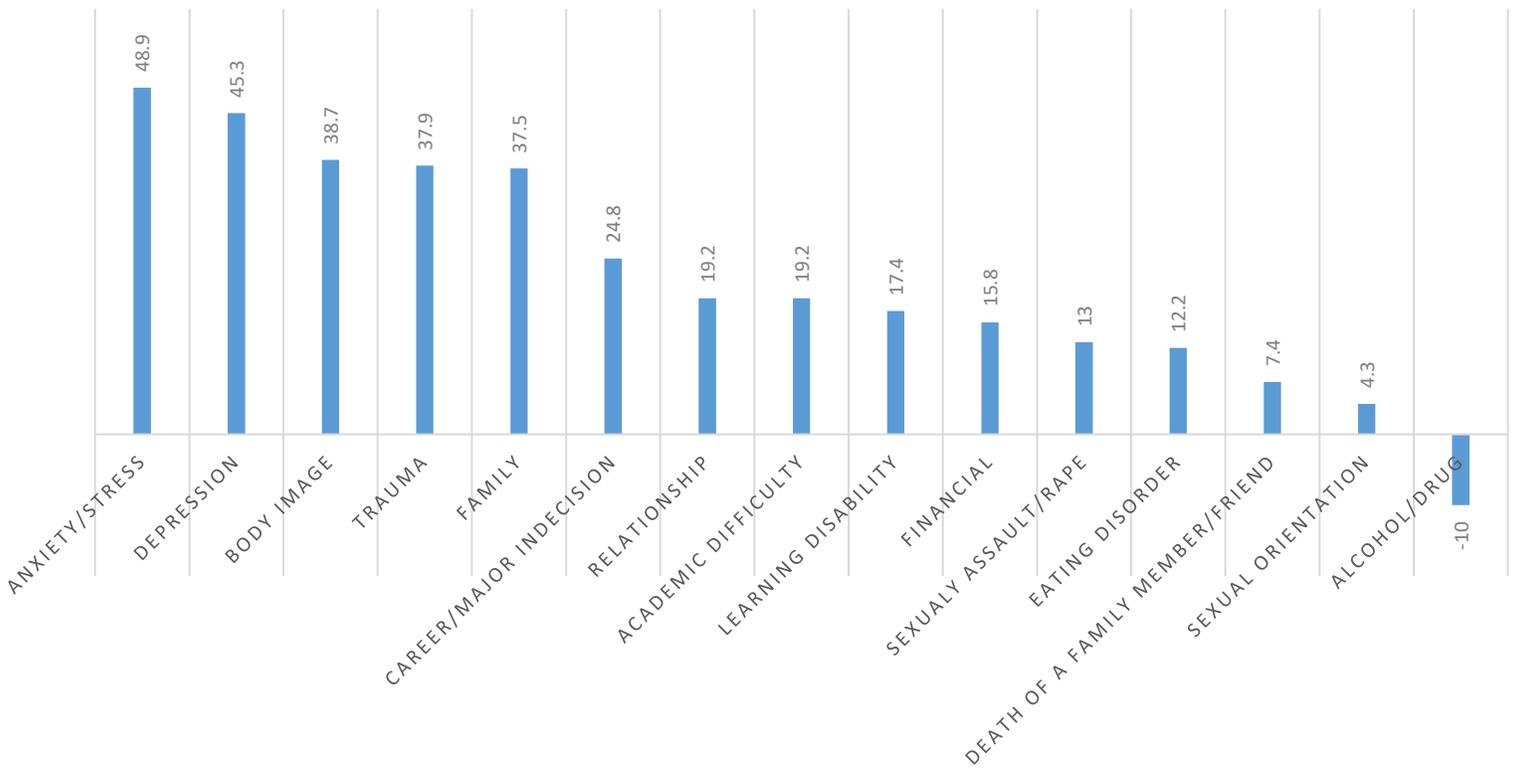
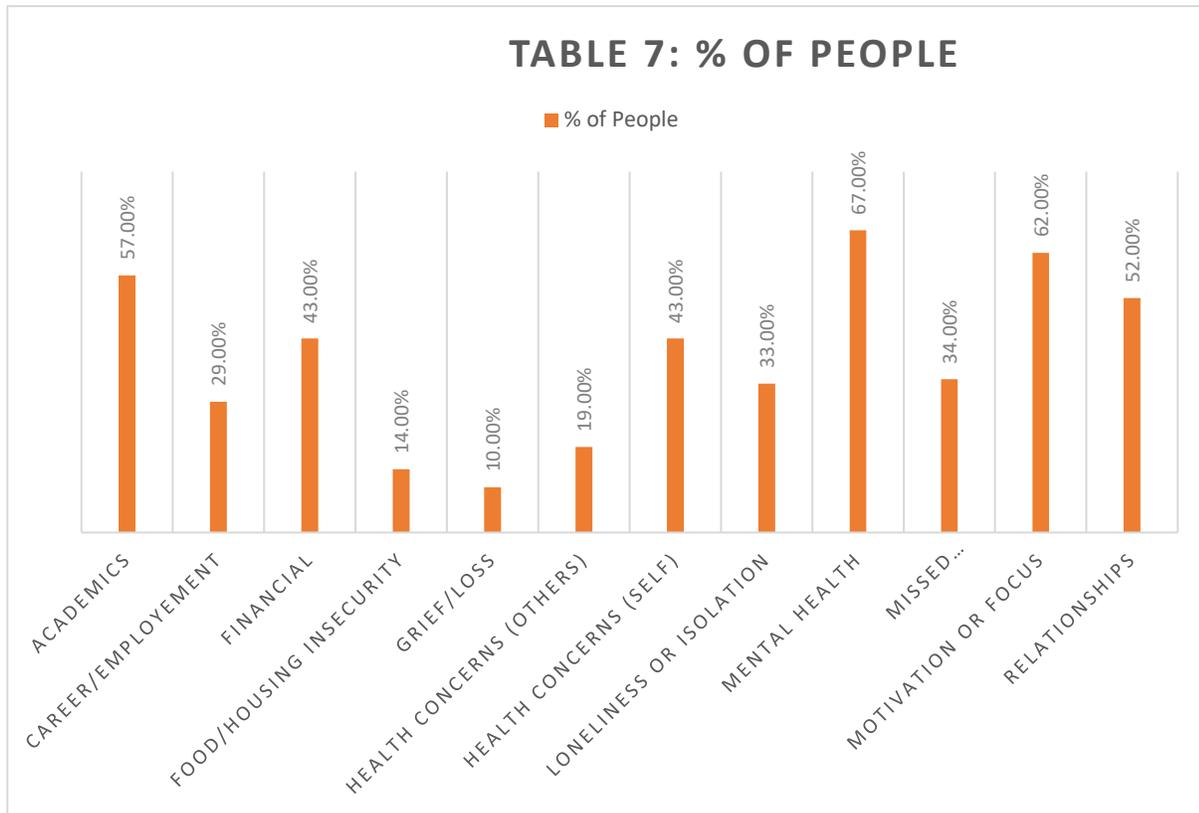


TABLE 6: 2019-2020 CHANGE



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During AY 2020, additional data was collected from clients to determine what areas of their lives they felt were negatively impacted by COVID-19. These areas are reflected below in Table 7.



Despite only 9.5% of clients seeking MHPD services due to COVID-19, 67% of new clients reported that COVID-19 impacted their mental health amongst other concerns. Upon reaching out for services, clients are asked to complete a triage form to determine what type of services they are looking for and to identify any crisis scenarios that would warrant the scheduling of an emergency session. This data is presented in Table 8 below.

Crisis Situations:	% of People Responded Yes
I have been thinking about suicide	10%
I have a relative or close friend that recently passed away	10%
I have recently been physically or sexually assaulted	5%
I recently experienced a major traumatic event	5%
My alcohol and/or drug use is significantly affecting me and I want help	5%
I was referred and told I need to come meet with MHPD immediately	10%

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Non-Crisis Situations:	% of People Responded Yes
Looking for someone to talk to for a few sessions	45%
Looking for longer term therapy	45%
Not sure what type of services I need, but I want support	90%
Concerned about someone else (friend, family, classmate)	5%
In need of a referral for medication/psychiatric services	5%
In an abusive relationship, but I'm not in immediate danger	10%
Seeking confidential Title IX advocate services	5%

Data from the triage form shows a standard of about 10% of clients accessing services due to crisis situations. Majority of students do not know what type of services they need and 5-10% of students are accessing services due to Title IX related issues.

Once a student is in services, they are asked to complete a CCAPS assessment. This is a psychometric measure that is utilized at college settings across the country. Data from the CCAPS is normed across national averages and in Table 9. The CCAPS data table demonstrates that students accessing MWPD services consistently enter with distress levels higher than the national average. This holds true for each category assessed (depression, generalized anxiety, etc.) and also for suicidal ideation and thoughts of hurting others. As Table 9 shows, the national average for suicidal ideation is .80, while MWPD experiences an average of 1.05. In addition, the national average for thoughts of hurting others is .17 and the local average is .39.

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CCAPS Data Table

Subscale	National average	National SD	Local Average	Local SD	Raw Average Difference	Raw SD Difference	Pooled SD	Cohen's <i>d</i>	% of Clients Above National Average
Depression	1.78	0.91	2.21	0.93	0.433260	0.018569	0.919132	0.471379	63.06%
Generalized Anxiety	1.83	0.93	2.36	1.11	0.529143	0.179425	1.020970	0.518275	64.30%
Social Anxiety	2.03	0.94	2.40	0.98	0.367297	0.035269	0.962320	0.381679	60.64%
Academic Distress	1.88	0.99	2.37	0.83	0.481977	0.162989	0.916368	0.525965	64.50%
Eating Concerns	1.03	0.86	1.31	0.87	0.281880	0.004448	0.865867	0.325547	59.10%
Frustration / Anger	0.99	0.83	1.41	0.81	0.419631	0.022074	0.818469	0.512702	64.15%
Family Distress	1.33	0.98	1.75	1.08	0.425862	0.106443	1.030366	0.413311	61.50%
Substance Use	0.66	0.82	0.76	0.87	0.097252	0.056182	0.844414	0.115171	53.25%
Distress Index	1.79	0.82	2.21	0.89	0.412210	0.078065	0.855715	0.481714	63.33%

CCAPS Data Table Legend:

National average: the composite average scores for all CCMH member institutions

National SD: the composite standard deviation of average scores for all CCMH member institutions

Local average: the average scores at your center for a given subscale

Local SD: the standard deviation of average scores at your center

Raw average difference: the absolute value of the difference between the local and national averages

Raw SD difference: the absolute value of the difference between the local and national standard deviations

Pooled SD: a combination of local and national standard deviations, used in calculation of Cohen's *d*

Cohen's *d*: the strength of the difference between a local center's average and the national average

% of clients above the national average (probability of superiority): the likelihood that a student entering your clinic has a starting subscale score higher than what is expected for the national mean. A center with mean subscale scores equivalent to national means would have a 50% probability; percentages above and below 50% indicate comparatively higher and lower mean subscale scores compared to national means.

SI/THO Item Analysis

Item	% Responses > 0 (Local / National)	Item Average (Local / National)	Local Response Frequencies (# / %)				
			0	1	2	3	4
"I have thoughts of ending my life (SI)"	63.6% / 39.8%	1.05 / 0.80	8 / 36.36%	7 / 31.82%	6 / 27.27%	-	1 / 4.55%
"I have thoughts of hurting others (THO)"	21.7% / 10.8%	0.39 / 0.17	18 / 78.26%	3 / 13.04%	-	2 / 8.70%	-

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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, but 2 were completed during the 2020 AY. These two assessments were indicated due the level of risk these students were assessed at by the Care Team which resulted in their temporary suspension from campus pending the obtainment of a violence risk assessment and the implementation of a Care plan to mitigate any potential risk of violence. The assessment process is lengthy and requires coordination with student conduct and campus security.

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 9: Campus Prevention/Awareness Events

Event	Number	Impact
Classroom Workshop	3	2 Bystander Intervention Training; 1 Suicide Prevention Workshop. Students learned more about these topics, became familiar with resources available to them and ways to support others.
Campus Event	29	2 Food Distributions (USDA Partner Agency; 1 Bystander Intervention Training; 9 Mindful Mondays; 2 Student Success Conference workshops; Digital Wellness Fair-15 workshops).

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 and sustained a subscription to TalkCampus.

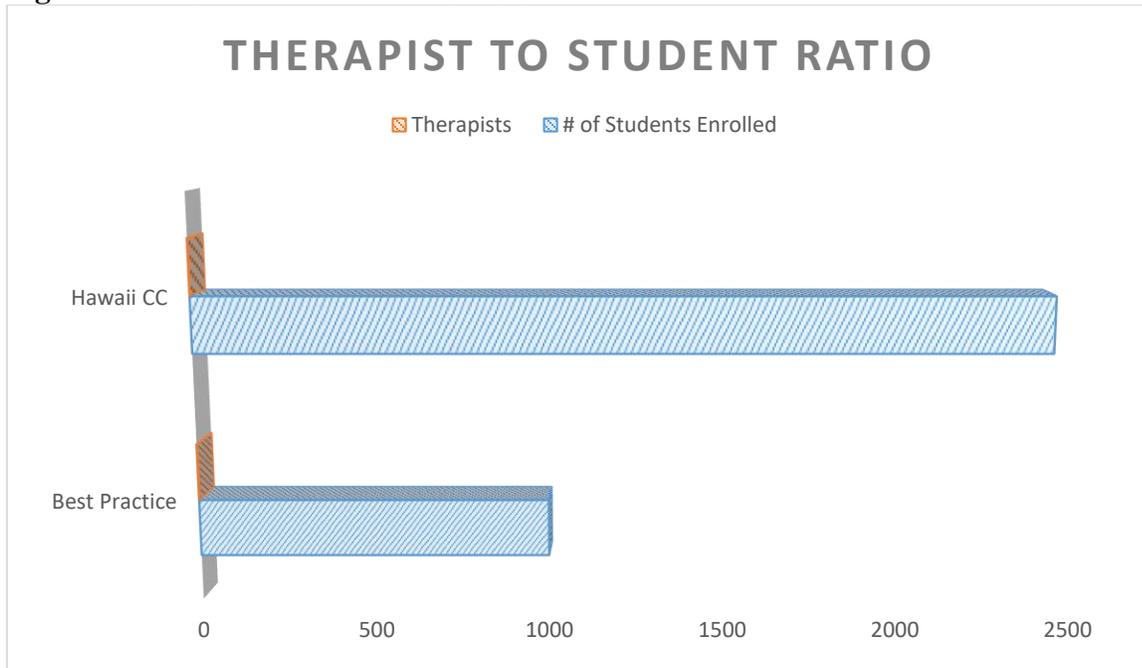
TalkCampus is a new resource that was launched spring 2020 in response to COVID-19 dynamics. Due to the increase in isolation and mental health issues, MWPD researched and implemented an agreement with TalkCampus. Through the TalkCampus app, students gain access to a worldwide network of peers who are 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

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Over the course of the 2020 AY, MWPD provided direct and indirect services and support to the students of Hawaii CC. MWPD provided services to 34 students who had not received MWPD services in the past. 23 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).

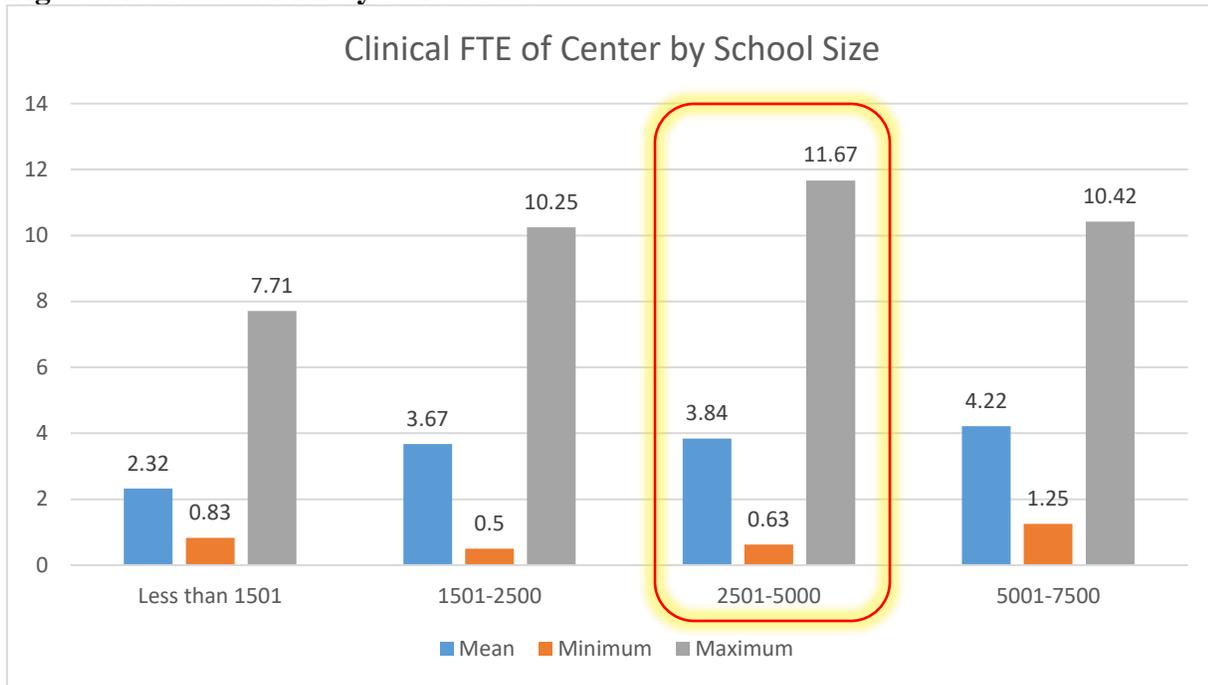
Figure 10: Best Practice vs. Hawaii CC



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 1.4 positions to service the number of students enrolled in 2020 (see figure 10). 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 Pāalamanui. 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.

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Figure 11: Clinical FTE by School Size



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 2020, Hawai'i CC enrollment was 2430. 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

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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 2020 CARE Team met weekly for 1.5 hours and held ad hoc meetings as necessary to address emergency concerns.

F. Prior Action Plan Results

Establish new unit assessment plan by end of the Fall 2020 semester

This action plan goal has not been met. A new unit assessment plan is in the process of being finalized and this annual review is based on the proposed measures and goals. These goals are designed to refocus MWPD on its core responsibility to provide clinical services.

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.

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The intake process has been redesigned to be 100% virtually delivered. The key to the management of this process is having support staff to manage the MWPD email account and respond with pre-made templates to students. Responses are designed to guide students through the intake process and to ensure that all legally required forms are completed prior to the intake session.

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.

3. Program Learning Outcomes or Unit/Service Outcomes

New UO's not approved/finalized, but this section will present all new UO's and details on those that were assessed during AY 2020.

New Proposed UO's

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

- A. CCAPS will be administered to students every other session.
- B. The CCAPS National Comparison (Pre-Post Change) Report will be generated annually.

UO2: Student utilization of MWPD clinical services will remain in alignment with national standards.

- A. The following outputs will be tracked and analyzed annually:
 - a. Number of students serviced per reporting period (July-December and January-June).
 - b. Campus enrollment data will be gathered from the campus factbook.

UO3: MWPD will contribute to campus dialogue and knowledge around topics such as mental health, wellness, and healthy relationships.

- A. The following outputs will be tracked and analyzed annually:
 - a. # of prevention/education activities MWPD contributes to during the reporting period
 - b. Workshop evaluations will be collected for each in person instructional event offered.
 - c. # of Care Team meetings attended.

During AY2020 UO1 and UO 2 were assessed.

UO1.A: The CCAPS was not administered every other session consistently. The program found that it was difficult to remember to remind students to complete the online assessment. A new process has

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been developed for AY 2021 which depends on a temporary HEERF funded position to assist by sending all clients text message reminders to complete the CCAPS every other session.

UO1.B: The data collected from AY 2020 CCAPS are reflected in figure 12 below.

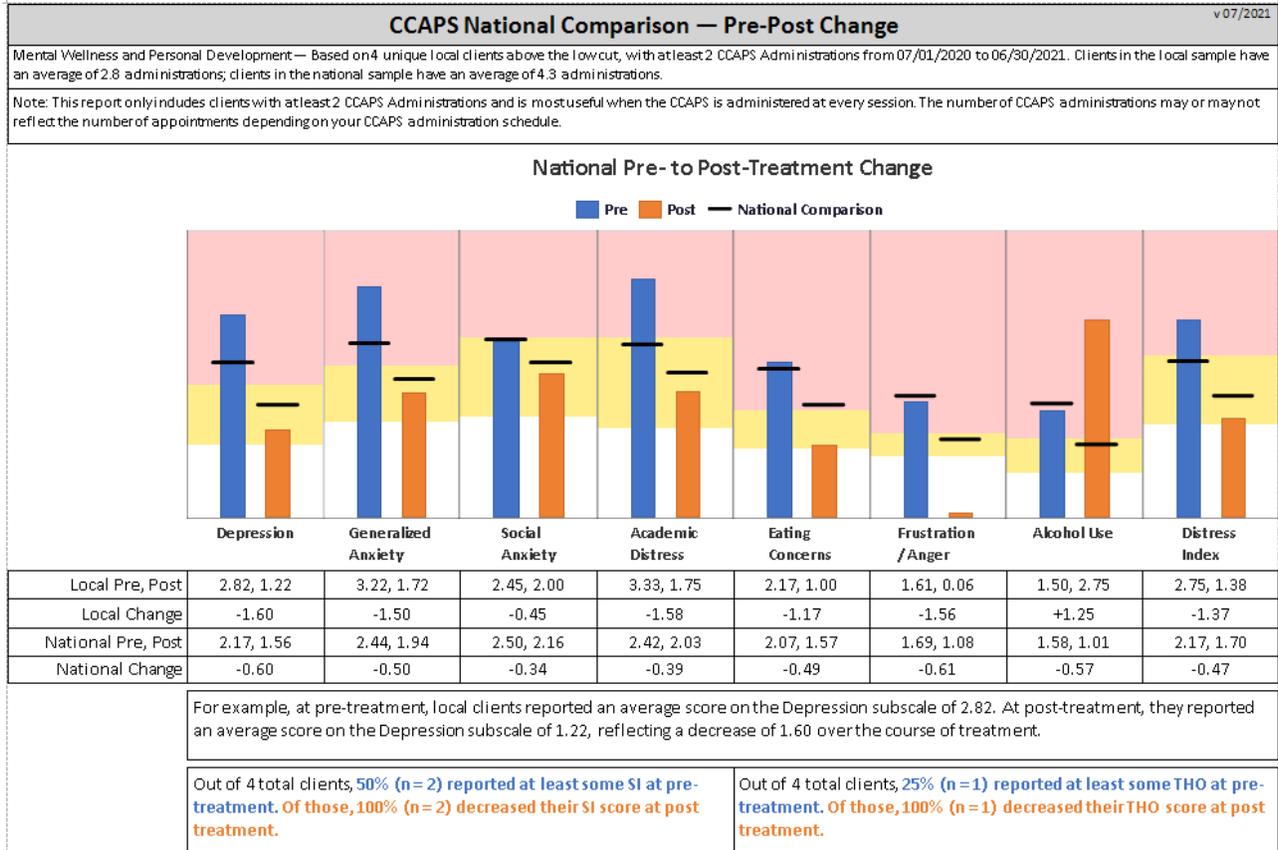


Figure 12 reflects the clinical change indicated by the CCAPS scores for clients who completed at least 2 CCAPS. This chart compares the change seen locally as a result of MWPD’s clinical intervention (blue and orange) in comparison to the national standards (black lines). As noted, MWPD typically services clients that present with more distress than the national average. In all categories other than alcohol use, MWPD clients demonstrated a decrease in symptomology that is greater than the national average. This shows that MWPD clinical services were very effective for those who completed this assessment. The alcohol use actually increased and this is likely the result of an initial under-reporting, as evidenced by the initial numbers being below the national average when Hawaii typically reports higher than average alcohol use when compared nationally.

UO2: Student utilization of MWPD clinical services will remain in alignment with national standards.

A. The following outputs will be tracked and analyzed annually:

- a. Number of students serviced per reporting period (July-December and January-June).
- b. Campus enrollment data will be gathered from the campus fact book.

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MWPD serviced 57 students (34 new) during AY 2020. Based on the census data, enrollment for Hawaii Community College in AY 2020 was 2430. MWPD serviced 2.3% of the student population, which is in line with national averages (1-5%).

4. Action Plan

*The action plan may be amended based on new initiatives, updated data, or unforeseen external factors between now and the next Comprehensive Review.

The following action plan will be implemented to address areas of growth for MWPD:

1. Finalize new unit assessment plan. New plan will be submitted to VCSA for approval and routed to the Assessment Coordinator.
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.
2. CCAPS will be administered every two sessions and completion data will be tracked and reported.
3. A new suicide intervention protocol will be researched, drafted, and implemented.
HGI Action Strategy 3: Anticipate and align curricula with community and workforce needs.: This new intervention curriculum will help align MWPD with best practices and student need. More students have been presenting with suicidal ideation and these high-risk clients require very specific types of care. The institution also needs to be protected since it is impossible to prevent all loss of life when working with suicidal clients.
HI2 Action Strategy 3: Continue to support programs that suit Hawai'i Island's location and environment as well as address critical gaps: due to the high numbers of suicides on Hawaii Island (higher than state and national averages) the availability of evidence informed clinical services in the college setting is critical. Our community does not have the capacity nor the resources to service all suicidal individuals at an inpatient level and so community level/outpatient care has become necessary and the chosen intervention supports this approach.
4. In response to COVID-19 impacts on mental health and behavior concerns, MWPD faculty will design clinical supervision and training protocol for master level interns to ensure quality internships and services to students.
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.

Program or Unit Name:

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 Hawai'i 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 Hawai'i Island (which also addressed **HI2 Action Strategy 3**).

5. Resource Implications -

*** ONE-TIME BUDGET REQUESTS ONLY ***

Detail any ONE-TIME resource requests that are not included in your regular program or unit operating "B" budget, including reallocation of existing resources (physical, human, financial).

*Note that CTE programs seeking future funding via UHCC System Perkins proposals must reference their ARPD Section 4. Action Plan and this ARPD Section 5. Resource Implications to be eligible for funding.

I am NOT requesting additional ONE-TIME resources for my program/unit.

I AM requesting additional ONE-TIME resource(s) for my program/unit.

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

6. Optional: Edits to Occupation List for Instructional Programs

Not applicable.