

ANNUAL
REPORT OF PROGRAM DATA

2022

UNIVERSITY of HAWAI'I

HAWAI'I
COMMUNITY COLLEGE



July 1, 2021 through June 30, 2022

Mental Wellness Services

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1. Program or Unit Description

Catalog Statement/Target Population:

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 2021-2022 reporting period, the MWPD program consisted of 1 FTE faculty, 2 clinical interns, 1 generalist intern, and support from Disability Services staff from February 2022 thru June 2022. Services were housed at the Manono campus and services were offered island wide. As the world transitioned out of COVID-19, services were delivered in person and via telehealth (video). Telehealth services were offered when the student requested it *and* they were determined an appropriate candidate for that format of treatment. The data tracked that reflects demand for services is the number of students serviced from semester to semester (see Figure 1).

Figure 1. Students Serviced:

Students Serviced	# of Students Served	# of New Students Served
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July 2021-December 2021	41	33
January 2022-July 2022	37	13
TOTAL	78	46

In figure 1, the number of students served represents the number of clients the program worked with each semester. Students are allowed to carry over services across semesters and across academic years. The data shows that 46 new students sought out services during AY21-22, with the majority of those entering services in the Fall semester. The number of students served (column 2) indicates the number of cases held each semester, these numbers may be duplicated Fall to Spring and as you can see, 8 of the Fall students had carried over services from the previous academic year.

A national benchmark used for tracking, indicates that on average, campus mental health program service 1-5% of their campus population. Figure 2 reflects this data in light of campus enrollment.

Figure 2 Percent of Enrolled Students Served:

Academic Year	MWPD Caseload	Hawaii CC Enrollment	Percent of Campus Served
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%
2021	78	2248	3.5%

The 21-22 AY represents the highest percentage of the campus served. This is due to a general increase in need for mental health services due to the impacts of COVID-19, but also due to the increase in the program's clinical capacity.

Clinical capacity has been a struggle for the MWPD program to maintain. The faculty position requires significant work outside of the provision of clinical services and so this position typically can service 16-20 students per week dependent on the scheduling availability of the students. Each clinical intern is expected to offer an additional 4 clinical slots per week. Based on these expectations, the programs clinical capacity for the 21-22 AY was 20-28 (1 clinical intern started Spring semester). This level of demand for services indicates a need for additional staffing to specifically support increasing clinical capacity. The program functioned at capacity, if not above for both the Fall and Spring semesters. Disability Services APT position does partially support MWPD by assisting with scheduling, assisting students through the intake process, completing purchases. This assistance has significantly helped in that it has reduced email response time and expedited scheduling processes, which has ultimately improved program efficiency. The program is expected to continue to expand more as society continues to have a high need for mental health services, safety standards

have expanded to more clearly require mental health support within campuses, and current numbers are based on minimal marketing due to concerns over capacity.

Additional data is collected from students regarding their demographics and clinical need. During the reporting period, MWPD serviced primarily female identifying students (female=69%, male=24%, non-binary=4.8%). Majority of students serviced identify as Native Hawaii or Pacific Islander (31%) and heterosexual (57%). Most students (81%) were not transfer students and 47.6% of them identify as first-generation students. 50% of the students' serviced reported being employed and working anywhere from 11-40+ hours per week). The breakdown between hours worked is not significantly different. In alignment with national trends, 23.8% of students sought out services due to depression, while the next highest cited concerns (in descending order) were academic distress, anxiety, general stress, other non-crisis mental health concern, trauma, relationship concerns and brief. In regards to a question which asked which area of their life was most impacted by COVID-19, students responded (highest to lowest): mental health (66.7%), academics (66.7%), motivation/focus (61.9%), career/employment (54.8%), loneliness (52.4%), missed experiences/opportunities (52.4%), relationships, financial, health, food/housing insecurity (28.6%), grief, discrimination/harassment (4.8%). While these impacts were noted, only 31% of students felt that they were directly seeking out services in response to the impacts of Covid-19.

According to program triage information, there has been a significant increase in students reporting being in crisis at the point of seeking out services. To be designated as in crisis, students indicate one or more of the following:

- I am very upset and am not sure I can keep myself safe
- I have been thinking about suicide
- I have a relative or close friend that recently passed away
- I have not slept in 2 or more days
- I am having strange experiences such as hearing voices or seeing things other people do not
- I have recently been physically or sexually assaulted
- I recently experienced a major traumatic event
- I need to make a major life decision in the next 2-3 days
- My alcohol and/or drug use is significantly affecting me and I want help
- I was referred and told I need to meet with MWPD immediately
- Other: None of the above situations apply to me, but I need to be seen today.

According to triage data, 25% of students in seeking services indicated being in crisis, this is a uptick from 10% the previous year. Appointment data reveals that MWPD provided 8 crisis sessions (harm to self or others was imminent prior to session) during the reporting period. Previous data is not available on this, but anecdotally this appears to be a significant increase as faculty typically has 2-4 crisis sessions per year.

In collaboration with the Care Team, MWPD clinician is responsible for administering violence risk assessments to students identified at elevated risk (to self or others). During the reporting period, two violence risk assessments were completed and feedback on mitigating factors (risk and protective) were provided to the Care Team to help guide their decision-making processes.

To ensure effectiveness of services, clinical interns receive weekly clinical supervision. Clinical supervision includes a review of all assigned cases in which treatment goals, therapeutic intervention, barriers to treatment, clinician development, and ethical issues are identified and discussed. As a means of enhancing the effectiveness of supervision, the MWPD faculty engaged in and completed a 1-year certification program in clinical supervision. During the reporting period, MWPD faculty provided 67 clinical supervision appointments.

In addition to clinical services, MWPD also provides workshops and participates in the campus Care Team. During the reporting period, MWPD provided 5 classroom presentations/workshops focused on introducing students to the program, Title IX and mindfulness. In addition, the program offered a FYE workshop on Compassion for Self and Others and had 11 participants. The MWPD faculty sits on the campus Care Team and consults as the mental health expert, provides case management, and oversees documentation of the meetings.

3. Program Student Learning Outcomes or Unit/Service Outcomes

Unit Outcomes:

U01: 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.

U02: 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.

U03: 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.

U01 was not reviewed as the post administration of the CCAPS was inconsistent due to the lack of support staff for most of the academic year. Typically, the support staff is in charge of contacting appointments via email to request that students complete subsequent completion of this tool. Data compiled was not informative due to the low completion rate. The program is reviewing new evaluation measures to determine what will be the most effective method of measuring post treatment change. Initial pre-treatment CCAPS data reveals that students are scoring slightly higher (in comparison to national data) in depression, generalized anxiety, social anxiety, eating concerns, frustration/anger, and distress. MWPD students scored moderately higher than their peers across the country for family distress. In addition, the pre-treatment data also shows that 40.6% of respondents positively indicate experiencing suicidal thoughts (as opposed to 37.2% nationally) and 18.8% indicate experiencing thoughts of hurting others in comparison to 9.2% nationally. This data indicates that the students seeking out services are coming in at slightly higher levels of concern across various categories in comparison to their peers across the country. It is hoped that the addition of permanent support staff will enhance the programs ability to consistently gather evaluation/treatment effectiveness data.

U02 was assessed and it was determined that 3.5% of the campus population was served during this reporting period. As discussed in section 1 of this document, this is an increase and it likely reflects increased program capacity and increased need for mental health services. As mentioned before, the program has engaged in minimal marketing due to concerns over capacity. It is hoped that further resources can be obtained to increase the clinical capacity of the program as we would like to launch a marketing program to increase student awareness and utilization of services.

U03 was assessed and it was found that the program participated in 7 prevention/education activities throughout the reporting period. Evaluations for these activities were administered and 37 responses were received. Overall the evaluation responses were positive. Constructive feedback was reviewed and in response presenters received the feedback and through supervision, strategies for presentations were reviewed. During this reporting period 61 Care team meetings were scheduled and 83% were attended. Care team meetings are canceled when there are no cases to be reviewed or when quorum cannot be obtained. In an effort to increase the consistency of how the team operates, funding was sought out by the team to receive certification from NaBITa (a national trainer in behavior intervention teams) to ensure that campus protocols are clearly laid out and are being met. This training occurred in Fall of 2022 and so it is expected that next academic year's numbers will be more consistent.

4. Action Plan

2020-2021 Action Plan:

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.

Response: The unit assessment plan was developed (see UO's in this document), but has not been routed for final approval. The UO on the CCAPS needs to be updated as it has been assessed twice now and even with modifications there have been too many barriers to achieve it. Barriers have included student survey burnout, lack of relevance to treatment goals, previous lack of staffing for administration, and lack of effective means of communication with students. See below action item for more information on next steps.

2. CCAPS will be administered every two sessions and completion data will be tracked and reported.

Response: This tool is administered at intake and was intended to be administered every two sessions thereafter. Staff was assigned to email reminders for this assessment, but changes in staffing made it inconsistent during this reporting period. The program attempted to have clinician and clinical interns administer it, but it negatively impacted the therapeutic relationship as students felt that they were disappointing the clinicians when they didn't complete the assessment. Various clinical measures are used throughout treatment to assess treatment progress, but these are clinical tools, not meant for data reporting purposes. In the past, satisfaction surveys were gathered, but the completion rate was low and often responses were insignificant as it seemed that most respondents just checked the most positive mark and didn't provide critical feedback. Clinical interns and faculty are working to identify a new measure this year.

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 needs. 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.

Response: This action item is still in progress. Multiple suicide postvention policies have been identified along with research. A draft policy is in process and is expected to be submitted Spring 2023 for review.

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 serve 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.

Response: Faculty completed certification in clinical supervision. Since that time, a supervision contract has been developed which outlines supervisor and supervisee responsibilities. In addition, a new orientation process has been developed which ensures that all interns are trained in relevant institutional policies in addition to state and federal laws. Common clinical dynamics are taught and clinical interns' theoretical approach is developed through readings and one-to-one supervision. Biweekly case consultation has been implemented and this provides clinical interns the opportunity to conceptualize and present their cases for feedback from their peers.

New Action Plan:

1. Develop new measures (evaluation, datapoints, or benchmarks) that reflect effectiveness of clinical services.
2. Submit draft suicide postvention policy to VCSA.
3. Sustain the minimum clinical capacity of the program at 24 hours per week.
4. Gather data to determine the time frame between students request for services and initial appointment. This will reflect program efficiency.
5. Identify and gather data to reflect total length of time students are in services so that the program can decide if session caps are needed as a means of increasing capacity.

5. Resource Implications

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

Detail any special, one-time or personnel resource requests in the categories listed in the table below that are not included in your regular program or unit operating "B" budget.

*Note: 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 resources for my program/unit.

2022 Hawai'i Community College ARPD
Program or Unit Name

**X I AM requesting additional resource(s) for my program/unit.
Total number of items being requested: 1 (4 items max.)**