



2020

ANNUAL REVIEW OF PROGRAM DATA

Hale Mālama Care Center



UNIVERSITY of HAWAI'I®
KAUA'I
COMMUNITY COLLEGE

1. Program or Unit Description

Our Mission Statement: The Hale Mālama Care Center is dedicated to the health, safety, overall well-being, and quality of life for all students at Kaua'i Community College. We believe students who are able to uncover their voice, discover their purpose, and recover their individual truth will not only take their place in society as strong and resilient individuals but will also have the academic passion to create positive change.

The Hale Mālama Care Center was established with the goal of improving student mental health and well-being through support services, counseling, campus activities, and providing access to services to better meet their basic needs. With this added net of support, KCC students have a better foundation to take on their academic and career goals, improving retention rates and creating an inviting and supportive culture on our beautiful campus. Additionally, the Hale Mālama Care Center provides an invaluable learning experience and practicum hours to bachelors and masters-level behavioral health students who will someday be our island's own mental health professionals.

Hale Mālama was created to service all students who are in need of support regarding basic needs, mental health, finances, case management, access to community resources, and any other barriers they face which may impact their academic journey.

2. Analysis of the Program/Unit

The Hale Mālama Care Center is in the initial phase of development as of this program review. As such we are in the process of developing administrative and therapeutic goals and outcomes to fulfill our mission statement. Because this is a brand new concept at KCC in terms of having a consolidated place to support students there is no existing program data to follow or duplicate. As such everything from the mission statement, intake forms, data collection, and outcome measurements are currently being worked on and developed.

Mental Health is one component of the Hale Mālama Care Center. Mental Health and Disabilities operated as one department for many years at KCC. The Hale Mālama Coordinator was hired in February 2020 and was tasked with separating from disability services. This process began with the hiring of the full time disability coordinator in the Fall of 2019. Shared forms, files, and overall programming had to be separated and recreated to best serve each population individually. Of course there is an overlap of students and the services being provided but the focus of the work is very unique to each department.

PONO Check up is another Hale Mālama Care Center program in the developmental stage with the goal of sharing the importance of balance to the KCC student population and how mental health is just a part of that. The goal is to use the Native Hawaiian concept of “pono” and create a campaign that reaches students before they experience significant interference in their lives. The idea of “pono check up” was to normalize this process of looking at ourselves to identify strengths and areas of improvement similar to going to the doctor for a “medical check up”. We will be using the Lokahi Wheel as our primary tool to help educate the student population on the importance of balance and being “pono”.

As part of our first-year program development and planning, we created a strengths-based pilot program grounded in cultural values and executed it with our campus nursing students. The Hale Mālama team implemented a Pre/Posttest design with the Spring 2020 first and second-year nursing students utilizing scales to measure depression, anxiety and perceived stress (PHQ-9, GAD-7 and PSS, respectively). 96% of the 1st year nursing students completed the program and 31% of these students identified as Native Hawaiian. The pre and posttest comparison revealed decreases in anxiety and depression and a slight increase in perceived stress. To reference the nursing program data and information regarding the scales used see Figure 1.1 in the Index. This may have been a result of the end of the semester or the beginning of the COVID-19 pandemic and subsequent restrictions. Additionally, we acquired anonymous qualitative feedback at every session to help with adapting the program for future success. The feedback we received was overwhelmingly positive. The program has ultimately resulted in a number of our nursing students reaching out for additional support and individual counseling sessions. We hope to use this model to reach out to students across our campus in the future.

National data shows about 35% of students are dealing with some sort of mental health issue while only 9-11% actually seek out services. Based on campus-wide survey results showing the demand and need for services, we are creating more support groups for students and increasing our campus presence. The survey was sent out to all students in the Spring Semester of 2020, there were 37 responses. 57.1 % of these students reported feeling “hopeless, helpless or overwhelmed (n=20). 56.8 % (n=21) reported that they were feeling sadness, moodiness or depressed. 82% (n=31) of these students reported that they had never sought out services on campus to address these stressors. Though this was less than ideal response rate, we will continue to administer surveys to our students during both the Spring and Fall Semesters (during Fall of 2020 we were able to obtain more results through providing entries to win prizes based on completed surveys). We will also continue to utilize our Pre and Posttests to show program efficacy in our groups, and receive anonymous feedback forms from group participants. This information will be used to keep up with demand and tailor our programs to best fit the needs of our students. Our Mental Health Coordinator has collaborated with mental health providers from the other UHCC campuses and assisted in the development of virtual support groups for both students and faculty.

In the Spring semester of 2020, like all campus programs we had to quickly adapt our services to the virtual world due to the COVID-19 pandemic. We acquired licensed versions of Zoom and were able to continue our pilot program for nursing students and our individual mental health sessions with no breaks. Though services continued, we did receive some feedback from students feeling less comfortable with this type of setting for therapy. As a result we are now offering socially distanced, in-person sessions on campus for those students who benefit from it.

Demand Quantitative Indicators:

The demand for mental health services prior to Spring 2020 is difficult to quantify because mental health and disability services were combined. In the Spring of 2020, the process of creating the Hale Mālama program and separating from disabilities started with the hiring of the FTE Mental Health Coordinator position. What we discovered is a gap in our data in terms of identifying students seeking only mental health services separate from those with disabilities seeking

accommodations. In order to create a baseline for demand we have identified the following four areas.

Intake surveys are given to students as part of their admissions process. Within this survey students are able to check multiple areas of interest one of which is mental health and wellness. When a student selects this an email is generated to the Mental Health Coordinator. Students will then be contacted by one of our Hale Mālama team members and provided with a survey to collect some basic demographics and other pertinent information.

Individual participation are those students who are seeking formal services regardless of how they were referred. This will include those students referred by faculty and staff, self-referrals, high risk students identified by our BIT (Behavioral Intervention Team), and HINET referrals that have met at least once with one of our Hale Mālama team members. Our goal is to grow the Hale Mālama program to be servicing 9-11% of the total student population.

Group participation are those students participating in groups on campus or in collaboration with other campuses, and students in our nursing pilot program who have attended at least one session with one of our Hale Mālama team members.

Potential Participation is an area where we can see potential demand and gives us an idea of those who may be interested in receiving support but don't actually follow through with formal services. Understanding this component gives the Hale Mālama team an opportunity to improve outreach services and increase the overall student participation. We currently have 3 surveys. It includes one initiated by HINET, one from our "Pono Check up" program, and finally the student intake survey conducted during the student registration process. The "webpage views" captures total views but also breaks down the "unique views" to our mental health intake packet, community resources, mental health apps, making appointments, etc..which are subsections of our Hale Mālama page.

DEMAND INDICATORS**

Individual participation
 actual # of students
Group participation
 actual # of students
Potential Participation
 intake survey inquiry
Website page views
 Website unique page views

**Demand indicators will be collected beginning 2020-2021

Strengths and weaknesses:

no data collected in the last 3 years so will assess strengths and weaknesses beginning in academic school year 2020-2021

Efficiency Quantitative Indicators:

When dealing with students who are experiencing academic and personal barriers, timeliness is a critical component to not only their academic success but their overall well-being. There is existing data showing the difficulty in students reaching out for help so it's important that Hale Mālama is capitalizing on the current demand. There are also different touch points throughout the process where timeliness is important to create a consistent and meaningful experience.

Timeliness of response: As discussed in the demand section, inquiries provide a captured audience to follow up on and identify how Hale Mālama can provide support. The goal is to respond within 72 hours to an initial inquiry either by phone, email, or in-person. This initial contact sets the tone for effective and meaningful connections with students which allows for rapport building and the building of trust. If an apparent crisis situation occurs on campus, our staff will administer our Level of Service Form as well as an en Encounter Form in order to screen for symptoms or other indicators and determine the appropriate level of care. As Hale Mālama is not an emergency response program, students or faculty needing immediate crisis support outside of our normal hours of operation will be directed to the Cares Line of Hawaii. This information is available on our website and on our phone answering messages.

Timeliness of Services: Our goal is to establish a holistic care plan for every student who is engaged in Hale Mālama services. The care plan will be established during the initial meeting with Hale Mālama staff and a follow-up will be conducted one-week after the initial visit. For students needing ongoing-support beyond an initial visit, the care plan will include a list of goals, activities and mutually agreed upon dates for completion. Student and staff collaboration on the care plan is a crucial part in helping students to visualize their goals and intended outcomes, while also helping our staff assess for any other areas of need. It creates a timeframe for staff to ensure students are involved with the process in a timely manner. Discharge planning is something that happens from the very beginning as we anticipate the eventual termination of services. This is a critical component of teaching students about closure while also giving them the opportunity to identify additional resources that can stretch beyond their academic journey.

EFFICIENCY INDICATORS**	
Staffing	
Full time position	1
Practicum Student	3
Timeliness of response	
# of intake survey inquiries	not collected
# of responses within 72 hours	not collected
Efficiency %	not collected
Timeliness of services	

# of students receiving services	not collected
# of care plans within 1 week	not collected
Efficiency %	not collected
# of discharge plans	not collected
Efficiency %	not collected
**Data is from Spring 2020 only, additional Efficiency Indicators will be collected 2020-2021	

Strengths and weaknesses:

no data collected in the last 3 years so will assess strengths and weaknesses beginning in academic school year 2020-2021

Effectiveness Quantitative Indicators:

Effectiveness is something that can be measured in a variety of ways. Effectiveness within Hale Mālama is based on our ability to fulfill our mission statement. With this in mind we have identified five areas to measure the effectiveness of our program.

Academic Factors: When students feel supported and are able to find balance in their lives, this will hopefully translate into a positive educational experience that allows them to thrive academically. The following chart identifies 6 focus areas: % fall to spring persistence, % fall to fall persistence, % completed at least one class, average GPA, % completion average, and % of completion success.

Risk Factors: Risk factors will be identified via pre and post test surveys for students receiving services. Identified risk factors include the following six areas: anxiety, depression, isolation, lack of basic needs, lack of coping strategies, and self-worth. Pre and post tests will be compared with the goal of positive change scores. Survey scores for each category will be calculated using a 5 point likert scale.

Resiliency Factors: Resiliency factors will be identified via pre and post test surveys for students receiving services. Identified resiliency factors include the following six areas: adapting to change, secure relationships, reaching out for help, handling unpleasant feelings, sense of purpose, and pride in achievements. Pre and post tests will be compared with the goal of positive change scores. Survey scores for each category will be calculated using a 5 point likert scale.

Awareness of campus resources: Awareness of campus resources will be identified via pre and post test surveys for students receiving services. Pre and post tests will be compared with the goal of positive change scores. Survey scores for will be calculated using a 5 point likert scale.

Student referrals to Hale Mālama: Via post surveys given to students who have received services through Hale Mālama our goal is to have 85% of them indicate they would refer other students for Hale Mālama services. This would give us an indication from the student perspective that our Hale Mālama services were valued and effective.

EFFECTIVENESS INDICATORS**

Academic Factors	Risk Factors
% Fall to Spring Persistence	avg. pre test score
% Fall to Fall Persistence	avg. post test score
% Completed at least one class	change score
Average Cumulative GPA	
% Average Completion	
% Completion Success	
Resiliency Factors	Awareness of Campus Resources
avg. pre test score	avg. pre test score
avg. post test score	avg. post test score
change score	change score
Other Indicators	
% of students referrals to HM	
**Effectiveness Indicators will be collected beginning 2020-2021	

Strengths and weaknesses:

no data collected in the last 3 years so will assess strengths and weaknesses beginning in academic school year 2020-2021

Staffing Changes. During the initial year of the program, we achieved our initial goal of hiring a full time mental health counselor. Additionally, we have provided field experience to three mental health practicum students (2 master’s level and one bachelor’s level).

Adapting to Challenges. Due to the COVID-19 pandemic, services were quickly adapted in March of 2020 to be made available virtually, however this created barriers to services for some students. The move to off campus telework and online classes affected our ability to obtain necessary HIPAA-protected documents from students and created difficulties in providing campus outreach and events.

3. Program Student Learning Outcomes or Unit/Service Outcomes

The Hale Mālama Care center Program Learning Outcomes (PLO) are described below:

1. **PLO #1-** Have 75% of the student population aware of Hale Mālama services by creating a comprehensive outreach campaign to educate the campus which will be measured via campus surveys indicating knowledge increase. As mentioned in the introduction Hale Mālama is in the developmental phase as of this program review so no current data or assessment results.
2. **PLO #2-** Create a data collection system that will allow all Hale Mālama services to be integrated into one unified voice in terms of reporting demand, efficiency and effectiveness for 100% of students who are serviced. This will allow for improved program evaluation and an expedited reporting process. As mentioned in the introduction Hale Mālama is in the developmental phase as of this program review so no current data or assessment results.
3. **PLO #3-** Increase student participation in KCC support groups by 35%. This allows us to address student barriers to their academic success while also is an effective way to create relationships with students and increase the chance of future participation in Hale Mālama services. As mentioned in the introduction Hale Mālama is in the developmental phase as of this program review so no current data or assessment results.
4. **PLO #4-** 90% of referred Native Hawaiian students will have a comprehensive care plan on file. The overall goal is to increase Native Hawaiian success at KauCC by providing integrated, holistic student support services through a Hale Mālama Care Center case-based management support system that aligns with the Achieving the Dream objectives. As mentioned in the introduction Hale Mālama is in the developmental phase as of this program review so no current data or assessment results.

4. Action Plan

The next scheduled Comprehensive Program Review (CPR) is scheduled for 2025.

In the next months, the Hale Mālama Program will continue its path of program design and implementation by working towards the following goals.

Goal #1 (implement in 2020-2021):

Create a comprehensive outreach campaign to educate the KCC campus regarding Hale Mālama services which will be measured via campus surveys indicating knowledge increase. The goal is to complete the creation of the campaign material by the end of fall 2020 semester and be able to collect the necessary data in spring 2021. (KauCC Priority 1,2,3,4,5,6,7,10)

Activity:

1. Reducing mental health stigma- Will create a video campaign with the help of our Creative Media and Marketing Students. Campaign will include both informational and testimonial videos to address the stigma involved when trying to reach out for support services on campus. Initial introductory video regarding available services will be completed in Spring 2021. Follow up testimonial videos will be completed by Fall 2021.
2. Pono Check up Campaign- Will create flyers and other resources to distribute via email and website with the help of our Creative Media and Marketing Student. The goal is to introduce the Lokahi wheel and the importance of balance in terms of being successful students and to improve quality of life. This will be completed by fall of 2021.
3. Maximizing webpage reach- The ultimate goal is to create a webpage that is more student-friendly and interactive. Part of this process starts with exploring our Hawai'i counterparts in terms of their online presence and exploring mainland colleges and universities. Will also develop a platform to allow students to complete all intake forms in a HIPPA compliant way via the webpage. With those ideas we plan on making a sample page and then working with our IT department to create a brand new look that ultimately fulfills our mission statement. This will be completed by spring 2021.

Unit of measure, benchmark and goal: The unit of measure will be campus surveys and data collected from website. The survey will be given at the beginning and end of each semester. A five point likert scale will be used as the primary indicator. The goal is to have increased knowledge along with increased participation in Hale Mālama services. Website data will be collected at the beginning and end of each semester to measure effectiveness. The benchmark is to have at least 75% of the student population aware of available services.

Goal #2(implement in 2020-2021) :

Create a data collection system that will allow all Hale Mālama services to be integrated into one unified voice in terms of reporting demand, efficiency and effectiveness for 100% of students serviced. (KauCC Priority 1,2,3,4,5,6,7,10)

Activity:

1. Will develop relevant data points across the different services that are also in alignment with this program review and internal program outcomes. This will be completed in fall 2021.
2. Will create a manual system to collect the necessary data which will later be uploaded into an electronic format. This will be completed in fall 2021.
3. Research existing case management and data collection systems in order to duplicate at a smaller scale. This will be completed in spring 2021.
4. Work with UH IT to ensure information being stored meets all security requirements in terms of HIPPA and FERPA. This will be completed in fall 2021.

Unit of measure, benchmark and goal: The unit of measure will be actual data to address demand, efficiency, and effectiveness indicators established in section II. Our goal is to capture identified touch points and use the data to create a baseline to measure future success. The benchmark will be completed data tables for demand, efficiency, and effectiveness indicators for 2020-2021 academic school year that captures 100% of students serviced.

Goal #3 (implement in 2020-2021):

Increase student participation in KCC support groups by 35%. Currently this seems to be an effective way to create relationships with students and increase the chance of future participation in Hale Mālama services. (KauCC Priority 1,2,3,4,5,6,7,10)

Activity:

1. Utilize existing data from student surveys to help identify what they are looking for and in need of regarding support groups. This will be completed by fall of 2021
2. Will explore how to build closer relationships with faculty and get direct access to students to advertise existing support groups and the importance of participating during this time of COVID. This will be completed by fall of 2021
3. Will work with our media department to increase presence on KCC social media platforms to strengthen outreach. Will be initiated in fall of 2020 and first phase completed in spring 2021.
4. Will continue to partner with the nursing program to increase participation in support groups. This was initiated in spring 2020 and will continue as a yearly program. Data will be reviewed and reported each year.

Unit of measure, benchmark and goal: The unit of measure will student participation in groups offered. The goal is to meet and exceed current student participation in subsequent years leading up to the next review in 2025. The benchmark will be measured by a minimum of a 35% increase in group participation by 2025.

Goal #4 (implement in 2020-2021):

Increase Native Hawaiian participation in Hale Mālama services. The overall goal is to increase Native Hawaiian success at KauCC by providing integrated, holistic student support services through a Hale Mālama Care Center case-based management support system that aligns with the Achieving the Dream objectives. (KauCC Priority 1,2,3,4,5,6,7,10,15,18)

Activity:

1. Will work with 1st year experience programs on campus such as Wai`ale`ale and Kīpaepae to introduce Hale Mālama services during their onboarding and orientation periods. These programs have a significant Native Hawaiian student population. Will also work with program mentors to help with the relationship building process to increase program participation. This will be initiated with onboarding for the 2021-2022 academic school year and will be continued throughout each school year.
2. Collaborate with the Makaloa Council in order to better meet the needs of our Native Hawaiian students. This will be completed Fall of 2020 and will continue throughout each school year.
3. Participate in events sponsored by the Hawaiian Studies or the Hawaiian Club (such as hosting a booth or table). This will be initiated Spring of 2021 and will be continued throughout each school year.

Unit of measure, benchmark and goal: The unit of measure will be the number of Native Hawaiian students receiving services. The goal is to better align services with those programs with a high percentage of Native Hawaiian students and to increase participation from year to year. The benchmark is to capture at least 9-11% of the total Native Hawaiian student population on campus.

5. Resource Implications

I am requesting additional resources for my program/unit.

Requesting a HIPPA protected case management system to document and track progress of students dealing with mental health and disability issues that comply with state and federal laws.

Titanium Estimated cost:

Basic program w/license for 5 users:

\$1600 1st year

\$1320 after 1st year

Calendar Sync:

\$250 1st year

\$125 after 1st year

Text reminders:

\$125 annual fee plus

\$1/month and \$0.01/message

with minimum \$50 prepay

Currently Honolulu CC, UH Maui Camus, Hilo CC, and UH Hilo use the Titanium program.

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Figure 1.1 Nursing Pilot Program Spring 2020 Data

First Year student Demographics:

- Pretest: *n*=23
 - 4 male, 19 female
 - 30% Native Hawaiian (*n*=7)
- Posttest: *n*=22
 - 3 male, 17 female, 1 preferred not to disclose gender
 - 31% Native Hawaiian (*n*=7)
- Retention Rate: 96%

Average Scores for 1st Year Nursing Students: Pre and Posttest Comparison**			
	Perceived Stress Scale Score: (0-40)	GAD- 7 Score:	PHQ-9 Score:
Pretest Average	21	10.9	11.8
Posttest Average	22	9	9.7

**The following evidence-based tools were used to measure students mental health indicators:

- Patient Health Questionnaire (PHQ-9): The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression: The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool.
- Perceived Stress Scale (PSS): The PSS is the most widely used psychological instrument for measuring the *perception of stress*. It is a measure of the degree to which situations in one's life are appraised as *stressful*. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives.
- GAD 7, Generalized Anxiety is a sensitive self-administered test to assess generalized anxiety disorder, normally used in outpatient and primary care settings for referral to psychiatrist pending outcome.