

**COLLEGE OF HEALTH AND BEHAVIORAL STUDIES  
INSTITUTE FOR INNOVATION IN HEALTH AND HUMAN SERVICES  
ANNUAL REPORT  
2022-2023**

**1. Academic Unit Head**

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**2. Year of Report**

Academic Year 2022-2023

**3. Unit Mission**

IIHHS is an interdisciplinary community-engaged hub that brings together students, staff, faculty, and the community to advance a culture of health and equity through education, clinical practice, research, innovative programs and advocacy.

**4. Executive Summary**

IIHHS is a leading center at JMU in helping the university achieve its vision of being the national model of an engaged university. Furthermore, we are a significant contributor to the strategic goals of Academic Affairs and the College of Health and Behavioral Studies by offering high quality, community-engaged educational experiences for JMU students and opportunities for community-engaged research and scholarship for faculty while meeting the needs and building the capacity of vulnerable members of the Harrisonburg/Rockingham County community and people throughout the Commonwealth of Virginia. In addition to offering 19 community-based programs and partnering with academic units to support ten clinics, IIHHS serves as a hub for robust interprofessional/interdisciplinary education at CHBS, and community engagement learning that exposes students to the strengths, struggles and resilience of a diverse array of people and communities in the Commonwealth.

This report provides information on the statistics that represent the quantitative dimensions of student, faculty, and community engagement at and through IIHHS. It also describes the major program and clinic accomplishments achieved in the past year as well as highlights related to community engagement, civic engagement, and engaged learning, among other things. Appendix A summarizes some of the core achievements that align with the CHBS Strategic Goals. However, the significant contributions described in this report make clear that the collective work of IIHHS contributes significantly to CHBS goals, and it is challenging to summarize, parse out, or select only a few examples.

## *IIHHS By the Numbers*

IIHHS engagement with students, faculty, and the community remained strong as noted by the statistics below:

- 999 students engaged in IIHHS programs, representing 39 undergraduate and graduate degree programs.
- 42,725 hours of student engagement in direct services, program support, service learning, and other collaborative endeavors.
- 850 students participated in IPE workshops and simulations.
- 200 students enrolled in IPE courses offered through IIHHS.
- 103 faculty members were engaged with IIHHS programs, representing 24 academic disciplines.
- 15,465 clients received Institute services.
- 5,340 clinical encounters at IIHHS sites.
- 2,218 clinical encounters at community sites.
- \$463,993 in clinic cost recovery to sustain training and services.
- 2,941 program outreach visits with a community focus.
- 1,035 events coordinated for the community.
- 109 formal reports prepared and submitted.
- 21 scholarly publications and presentations.
- \$7,963,276.03 in new grant awards to drive community engagement.

IIHHS programs provided an extensive range of opportunities for JMU undergraduate and graduate students through our community engagement and clinical programs:

- 43 students were placed with IIHHS programs as interns.
- 418 students volunteered with our programs in a variety of capacities.
- 463 students completed their required practicum with IIHHS programs.
- 4 received graduate/teaching assistantships.
- 65 fulfilled class-required community service learning requirements.
- 6 students were employed by IIHHS programs.

Overall, our partnership network grew from last year, changing from 433 to 525 partners from last year, representing a 21% growth. This growth was experienced in all sectors<sup>1</sup> except for schools, where we had 56 fewer school connections. This decrease is partially explained by the changes in the Area Health Education Center, which experienced a leadership and grant-cycle transition that caused a pause in program outreach efforts to advance our high school pathway to health careers programming.

Yet the Institute's ongoing partnership network has continued to grow. Programs and clinics reported hundreds of continuing relationships, many of which are of long duration, and also

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<sup>1</sup> We track connections in the categories of nonprofits, hospitals and health care providers, schools and school districts, and "other," which includes social service agencies, ministries, government agencies, and businesses.

reported on a large number of engaged contacts newly identified this year. Our inventory of non-profits, schools, school districts, hospitals, health care providers, faith communities, social service agencies, businesses, other colleges/universities and government agencies numbered 525 this year.

- For 95 non-profits we reported 166 program connections.
- For 129 schools & school districts we reported 260 program connections.
- For 115 hospitals & health care providers we reported 189 program connections.
- For the 186 “other” organizations (social service agencies, ministries, government agencies, businesses) we reported 254 program connections.

In all, 869 distinct program connections in the community were tracked this year:

- 15% (129) of these were new.
- 49% (422) were multi-year but under 10 years.
- 37% (318) were over 10 years old.

The growth, density, and duration of our community connections speaks to our commitment to the community, the quality of our work, and the relationships we have established and nurtured over time, all of which help to advanced JMU’s reputation in the community and the achievement of its vision to be the national model of the engaged university.

## 5. Major Unit Accomplishments

As noted by the numbers above, IIHHS programs and clinics continued their extraordinary achievements, making gains from pandemic decreases in community partnerships, hours of student engagement, clinic recoveries, and grant awards. Some of IIHHS’ key overarching accomplishments are noted first, followed by specific highlights from IIHHS programs and clinics.

### *IIHHS As-A-Whole*

- **High Quality Programs and Clinics – Rebounding from COVID Conditions:** Staff and faculty have navigated through the tumultuous waters of the pandemic and significant leadership and staff transitions to come back strong. Table 1 shows trends in a few indicators from the past four years highlighting IIHHS’ remarkable resilience and the steadfast contributions of staff and faculty to maintain and grow our community collaborations, innovate opportunities for student engaged learning, and cultivate and deepen collaborations with faculty. Staff continued to persevere in grant writing bringing in just under \$8M to advance IIHHS’ community engagement efforts. Our grant awards increased by \$1,351,666.95 from last year, and this is our largest grant award total in history. These grants include \$1,110,966 in funding for the university in indirect costs. Clinical services is slowly making gains to achieve the service levels provided prior to the pandemic. Staffing challenges associated with two of the most active clinics have impacted overall recoveries,

but five of the seven clinics that bill for services showed gains from last year, bring our recoveries from clinical services to \$463,993.

Table 1. Four-Year Trends on Key IIHHS Indicators

Fiscal Year	2022-2023	2021-2022	2020-2021	2019-2020
<b>Indicators</b>				
Students Engaged in IIHHS Programs	999	724	604	1024
Hours of Student Engagement	42,725	30,268	34,369	36,166
Faculty Engaged with IIHHS Programs	103	87	63	74
Clients who received IIHHS services	15,465	15,712	14,986	13,257
Inventory of Community Partner Agencies Collaborating with IIHHS Programs and Clinics	525	433	465	364
Clinical Services Recoveries	\$463,993	\$452,240	\$392,727	\$550,664
New Grant Awards	\$7,963,276	\$6,611,609	\$7,134,668	\$7,006,831

- IIHHS Evaluation Initiative:** The IIHHS Evaluation Initiative successfully launched on September 9, 2022. The Claude Moore Precious Time program, led by Eric Schmucker, and the Shenandoah Valley Migrant Education Program (SVMEP), led by JoLynne Bartley were selected to participate as the pilot cohort. In response to the IIHHS Call for Collaborators, Health Sciences Faculty, Dr. Suzanne Grossman (SVMEP) and Dr. Raihan Khan (Precious Time), were selected as faculty collaborators. Two senior Health Sciences students were employed, and each assigned to a program. Each program held monthly meetings with their faculty collaborator, Dr. Kim Hartzler-Weakley the IIHHS Associate Director for Research and Public Health, and their student to develop a logic model, create an evaluation plan, develop instruments, and submit an IRB protocol. Both programs will participate in the Initiative for a second year to collect and analyze the data and disseminate the findings.

The Evaluation Initiative will grow its portfolio of projects in the coming year as the Virginia Department of Health’s Chronic Disease Programs selected JMU/IIHHS as its Evaluator Group for several upcoming grant awards. This exciting development will create an opportunity to greatly increase the number of faculty and students (undergraduate, graduate, and doctoral) involved with research and evaluation activities at IIHHS over the next five years. Dr. Kim Hartzler-Weakley will lead this initiative.

- Academic Program Review Response Implementation:** In Fall of 2021, IIHHS completed its Academic Program Review (APR). In January 2022, IIHHS prepared a response to the recommendations provided by the consultants who served on external review team. Recommendations were made in three core areas: 1) Physical Space, 2) Shoring Up Infrastructure Support, and 3) Strengthening and Evaluating our Model of Community Engagement for Equity, Reciprocity, and Mutuality. In 2022-2023, IIHHS has made important strides in responding to those recommendations and those are briefly described in Appendix B.
- Strategic Planning Process:** As part of the Academic Affairs (AA) strategic planning efforts, all colleges and units were asked to formulate strategic goals that align with the new Academic Affairs goals. In September 2021, the IIHHS Leadership Team undertook a three-session process to formulate new goals that align with the new AA and CHBS goals. In May

and June of 2022, IIHHS staff engaged in a series of meetings at the program and IIHHS-levels to identify action steps to implement the objectives for these goals. Dr. Rob Alexander from the Institute for Constructive Advocacy and Dialogue facilitated those sessions. In July and August of 2022, the IIHHS Leadership Team synthesized the ideas generated by staff and created a three-year action plan, included as Appendix C. IIHHS is in the midst of implementing action items for Year 1, and will doing a review of our progress during the summer and make any adjustments or recalibrations as needed.

- **iTALKS and New Promotion Video:** In October 2022, IIHHS held an “iTALKS” event, emulating a Ted Talk model, to raise up and give visibility to the amazing work of IIHHS. We showcased three areas of work: rural behavioral health; efforts with newcomer/immigrant communities; and the Vision of You program. Prior to the talks, guests were invited to visit posters from each IIHHS program and clinic to learn about the range of our work, talk with staff, and explore ideas for collaboration. We also unveiled our new IIHHS Promotion Video created by HEDG and mascot, Iggy (see Figure). In the video, Iggy walks visitors through IIHHS spaces, and together, they learn about our collective work along the way. The video can be accessed on the front page of the IIHHS [website](#).



### *Community-Based Programs and Clinics*

Some highlights from each of the Institute programs and clinics are provided below:

- **Appalachian Replication Project (ARP):** The Appalachian Replication Project (ARP) made great strides in growing its program reach and expanding its partner network in this final year of project funding. Program implementation sites increased from 10 to 20 and student participation nearly doubled. ARP’s focus on equity strives to reach rural southwest Virginia where smaller populations are often underserved. ARP staff applied for the next round of funding from the Office of Population Affairs in hopes of continuing this work. Beyond increasing programming, ARP outreach efforts culminated in the shOUT summit where over 70 participants representing 25 local and regional organizations gathered to network, strengthen their youth engagement skills, and chart a new path towards youth wholeness and health in southwest Virginia and northeast Tennessee. This community building event was the result of three years of relationship building in the region and will serve as the foundation of ARP’s system-focused work moving forward.
- **Baird Center:** This year the Baird Clinic started offering a scholarship to clients with financial challenges to expand their services. They also began services for Spanish-speaking families who have children with autism. Partnering with faculty in the medical Spanish minor helped make possible the extension of these services to the Spanish-speaking population.
- **Blue Ridge Area Health Education Center (AHEC):** BRAHEC is working with a CHBS committee of faculty and Associate Deans to plan a day-long health career event for area high school students. All seven units from the College of Health and Behavioral Studies will participate and students from area-high schools will rotate to different

sessions offering various hands-on and engaged learning opportunities to learn about health and human service career options.

- **Brain Injury Connections of the Shenandoah Valley (BIC):** Brain Injury Connections expanded its services to include Rappahannock County, increasing their service footprint to include eight counties in Greater Shenandoah Valley and beyond. BIC partnered with the Commonwealth Community Trust (CCT) and submitted 10 grant requests (\$1,000 each) for low-income clients and families needing equipment, services, and therapies not covered by insurance. Eight of ten applications were approved.
- **Campus Suicide Prevention Center of Virginia (CSPC):** The Campus Suicide Prevention Center doubled the size of its staff to expand their services. They hired a part-time Community College Specialist, which will allow them to better meet the needs of our community colleges across the Commonwealth, who are grossly underresourced and where students as well as faculty and staff struggle with mental health challenges to an even greater degree than our four-year institutions. CSPC also hired a new technical coordinator/webmaster, and two new employees (a Project Director and a Training and Development Coordinator) for our new ARPA-funded High School Transitions Office. The High School Transitions office was funded by 1.1 million dollars of ARPA pass-through funds to create a program for high school students to help them think about managing their mental health as they prepare for the transition to college and/or the workforce. This funding was originally set to go through June 2024, but has been extended to June 2026.
- **Caregivers Community Network (CCN):** In light of the need for respite for family caregivers and that population of caregivers increasing, it has been a goal of VPAS to expand CCN to other colleges and universities. Over the past year, they have been in dialogue with Bridgewater College, and have been planning and brainstorming ways to bring CCN to their campus. By adding a one-credit lab to an already established three credit course on aging, CCN will be adapted and offered in the department of Health and Human Sciences in the Fall of 2023. IHHHS has been an important partner in piloting this program so that it can be replicated and extended to more members of the community.
- **Counseling and Psychological Services Clinic (CAPS) and Page County Behavioral Health Clinic:** In the past year, CAPS and the PCBH program provided testing and assessment services for children, adolescents, and adults. All services are provided by advanced-level graduate students from the Clinical and School Psychology Doctoral Program in the Department of Graduate Psychology and directly support educational goals for required course work. Referral Sources have included physicians, schools, JMU Office of Disability Services, JMU Counseling Center, Valley Health Page Memorial Hospital, Sentara RMH, Healthy Families, the CSB, JMU Young Children's Program, JMU Department of Athletics, Mary Baldwin University, Blueridge Community College, Page County Department of Social Services, Page County Free Clinic, and the Child Development Clinic.

The PCBH Program participated in the HRSA-funded RISE-UP (Rural Interdisciplinary Service and Education- Unlimited Potential) initiative, led by Project Director Dr. Amanda Evans, over the last two years. The program supports student training in high need rural

communities, providing many hours of service to the communities and preparing students to continue working in rural communities upon graduation. During the 2022/2023 academic year, RISE UP provided stipends to four interns from JMU's Clinical Mental Health Counseling Program. Through the PCBH Program, the interns provided over 650 hours of direct counseling service in Page County.

- **Claude Moore Precious Time (CMPT):** Due to its Access to Respite Care and Help (ARCH) Innovative and Exemplary Respite program status, Precious Time was eligible to apply for and received an ARCH evaluation grant to participate in a Learning Collaboratory to further develop the evaluation plan and conduct research on caregiver well-being. The \$13,139 grant award will enable Precious Time to study the program's effect on caregiver's stress, sense of freedom, self-care, depression and anxiety, sense of burden or guilt, and time available for other family members. In addition, after a five semester break due to COVID, Precious Time was able to restart the nursing elective class that is built around participating in CMPT—NSG 326 Care and Consideration for Children with Special Needs. This allowed CMPT to involve 19 additional students, serve 8 additional families, and provide 376 additional student hours of respite care this semester. This will also give them more opportunities for data collection in the evaluation.
- **Disability-inclusive Sexual Health Network (DSHN):** In partnership with HEDG and I'm Determined at JMU, DSHN coordinated its first in-person community event this past March, titled the Visibility Film Festival. The evening brought together 135 community members to view three films that focus on disability-specific issues, including ableism, personal agency, and inclusion. Two discussion panels took place throughout the evening which featured individuals involved in the production of each film, including members from the disability community. In April 2023, Prevention Science Journal published a manuscript submitted by DSHN entitled Innovations in Sexual Health Education Programs for Youth with Disabilities: Lessons from Year 1 of the SexEdVA Disability-Inclusive Sexual Health Network (DSHN). The article discusses DSHN's Monthly Reporting Instrument (MRI), a unique reporting tool developed for our program, which supports the facilitation of our network by increasing communication and engagement while collecting valuable data.
- **Futuro Latino Coalition (FLC):** Futuro Latino Coalition worked diligently with community partners to co-sponsor a Youth Leadership Summit. The Summit goal is to impart youth leadership with tools they need to influence not only those around them, but the culture regarding substance abuse and mental health as a whole. Youth were invited to hear lectures from community leaders and participate in events promoting the fight against substance abuse. Another big accomplishment for FLC was obtaining a grant from Community Coalitions of Virginia to help educate and promote awareness regarding Opioid overdose and prevention. This grant enabled us to provide more Narcan Revive trainings to the community in both English and Spanish and use a wide variety of outreach approaches including commercials and radio shows we will be able to promote community and family involvement in Opioid prevention.
- **Gus Bus:** The Gus Bus celebrates its 20th year of serving Harrisonburg and the surrounding areas by providing academic enrichment to support student success and a love for learning in

2023. This banner year culminates in expansion into schools and neighborhoods who have yet to be officially served by the Gus Bus, breaking ground on a pollinator garden at Spotswood Elementary school, in partnership with the National Park Service at Shenandoah National Park, to support citizen science education and social/emotional learning, Great Outdoors Landscaping, LLC generously tilled flower beds and provided mulch cover for the garden. With the help of Gus Bus staff, park rangers and JMU volunteers, Gus Bus students have pulled weeds, laid mulch, and planted flowers to cultivate the garden. Gus Bus students conducted research, created informational posters, and presented their findings to National Park rangers, school administration, and other community stakeholders to share their learning and observations of the pollinator garden. In the future, the garden will continue to support important pollinators to our area as well as serve as a social/emotional learning space for Spotswood Elementary school to utilize. Administrators and instructors at Spotswood may utilize the space as a “calm-down” area, where students may observe the garden, connecting with their senses and becoming grounded before processing emotions. The school-day staff may also continue to use the space to observe pollinators and continue the citizens science work began by the Gus Bus program. The pollinator garden will serve as a physical mark of the presence and impact of Gus Bus and its community partners on the school environment for years to come.

- **Health Education Design Group (HEDG):** HEDG reworked its Institute for the Advancement of Family Support Programs (IAFSP) module production and added more interactions to the newer modules, including animated elements that make the modules more engaging. Between June 1, 2022 and May 31, 2023, 45,374 people completed the modules produced by HEDG that are located on the IAFSP site. HEDG also produced a short film in collaboration with DSHN “Follow You, Follow Me” that was shown in several independent film festivals, and won an award for “Best Screenplay” at one of the festivals. HEDG also has been preparing materials to enhance the education content in the online CHBS Interprofessional and Interdisciplinary Introductory Module. They are scripting and filming IPE and IDE scenarios, creating an animated character to help navigate the users through the module and some illustrated stories for student analysis.
- **Healthy Families:** Both Page and Shenandoah County sites were selected for in-person site visits as part of the national Healthy Families accreditation process. Reviewers were very impressed with the involvement of our community advisory boards and the numerous partnerships Healthy Families have that build capacity where available resources are limited. Six families graduated from Healthy Families this year. To graduate, enrolled children must be at least 3 years old; most will be entering preschool or kindergarten in the fall on-target developmentally and ready to learn. Graduating parents must demonstrate increased parenting skills, family stability, and/or achievement of other personal goals to graduate from the program. Some have gotten married, others bought their first home, graduated high school, or maintained sobriety for more than one year.
- **Healthcare for the Homeless Suitcase Clinic:** This year, PA faculty member, Sharon Maiewski assumed the directorship of the Suitcase Clinic. Sharon has been a long-time volunteer provider in this program. Under her leadership, the Suitcase Clinic completed an IRB-approved, in-depth interview survey to assess patient satisfaction and use of medical



services. The Clinic also partnered with Health Service Administration students and a biology student to create an awareness campaign that was covered by the Madison Magazine and the Daily News Record.

- **Interprofessional Education:** IIHHS continued to offer its signature workshops, Life in a State of Poverty Simulation and the Building Cultural Humility Workshop, educating a total of 850 students from 11 different disciplines. IIHHS also continued to coordinate the three IPE courses on the topics of Ethics, Family Caregiving, and Trauma that educated 111 students altogether and drew on the work of nine faculty. Two of those courses were taught by an interprofessional faculty team to model IPE practice and facilitate an interprofessional learning process for students. We also awarded two Carraway endowed scholarships of \$1,250 each to students completing their Family Studies minor, gerontology track.
- **Interprofessional Services for Learning Assessment (ISLA):** ISLA provides a comprehensive and interprofessional approach to addressing the learning needs of college students. ISLA also prepares students in Graduate Psychology and other health-related disciplines for interprofessional practice, and an integrative approach to client care. ISLA provided opportunities for students in the Department of Graduate Psychology to engage in interprofessional practice through clinical practice, observation, and other experiential learning opportunities. ISLA continued to support interprofessional alliances and partnerships within the JMU community to support an integrative approach to client care and student education. ISLA provided individualized assessment of learning and educational needs of college learners. ISLA Triage: This past year, faculty and students from six different disciplinary perspectives met together once a month for case review and planning for Interprofessional Services for Learning Assessment. At each Triage, the graduate assistant for the JMU Office of Disability Services Screening and Referral Program shared two complex (de-identified) student cases. In each case, the identified student experienced one more challenges that interfered with their academics. Challenges may be related to mental health concerns, cognitive or learning problems, head injuries, trauma, medical concerns, situational stressors etc. Each presentation consisted of a thorough clinical interview, the results of a broad social emotional assessment, grades, and test scores. Students and faculty from the six disciplines represented discussed the cases in disciplinary huddles and then came together as a large group to share their recommendations for applicable resources on and off campus and next steps. Faculty and student involvement is directly related to learning objectives for a variety of courses. Comprehensive psychological testing and assessment services are offered through ISLA. In the past year, ISLA provided testing and assessment services for 9 college students. All testing and assessment services were provided by advanced level graduate students from the Doctoral Clinical and School Psychology Program, supervised by licensed faculty, in the Department of Graduate Psychology and directly support educational goals for required course work.
- **Occupational Therapy Clinical Education Services (OTCES):** OTCES made programmatic advancement to provide intensive summer programming for pediatric clients in collaboration with student volunteers. OTCES also re-engaged with the Interprofessional Autism Clinic, and collaborated with other programs at IIHHS to offer Level 1 field placement opportunities for 19 Occupational Therapy students.

- **Personal Responsibility Education Program (PREP):** This year our PREP team became extremely understaffed towards the beginning of the school year. As we pushed through two rounds of hiring, our limited team of 3 plus the assistance of some former PREP facilitators at SexEdVa were able to still make it through the entire school year while serving each school originally promised. This included facilitation for Draw the Line for 6th, 7th and 8th Graders in Harrisonburg City, Page County and Luray, and Safer Choices for 9th and 10th graders in Harrisonburg City, Rockingham County, Page County, and Luray.
- **Promotores de Salud (PDS):** Due to our longstanding efforts in Waynesboro related to educating the Latino community about the mercury contamination and Fish Advisories in the South River, the Promotores de Salud program was awarded a 3-year grant to provide more sustainability and consistency to our efforts. We hired an engaging PDS Outreach Worker, and we expect the program to thrive.
- **Research and Public Health:** Vision of You has been designated an evidence-based program and is included in the Teen Pregnancy Prevention Evidence Review list! Vision of You met the rigorous established criteria for the quality and execution of their research design for a high-quality rating. Vision of You was the only program to demonstrate a statistically significant impact on two outcomes of interest reflecting sexual behavior or reproductive health.

Since 2009, the U.S. Department of Health and Human Services (HHS) has sponsored a systematic review of research on teen pregnancy prevention to identify programs with evidence of effectiveness in favorably impacting (1) teen pregnancy and sexually transmitted infections (STIs) and (2) sexual behaviors. As of April 2018, when the last findings were released, the HHS Teen Pregnancy Prevention Evidence Review had identified 48 programs meeting the review criteria for evidence of effectiveness based on a review of studies released from August 2015 to October 2016. These criteria require programs to show evidence of at least one favorable, statistically significant impact on at least one outcome of interest reflecting sexual behavior or reproductive health. In addition, the supporting research studies must meet established criteria for the quality and execution of their research designs. Mathematica has recently updated the review findings to include research released from October 2016 to May 2022. As part of this update, the review team identified and assessed studies of 25 programs. Of these 25 programs, 9 were new programs with evidence of effectiveness. Vision of You is one of the nine new programs with evidence of effectiveness and is now included publicly on the list of evidence-based interventions. This summer, the full profile of Vision of You will be added to the interactive database on the TPPER website. <https://tppevidencereview.youth.gov/pdfs/TPPER-FindingsTechnicalBrief.pdf>

- **Rural Engagement and Capacity Building Hub (REACH):** REACH officially became part of IIHHS, and on June 1<sup>st</sup> REACH received notice that it was awarded a \$100,000 HRSA Rural Health Network Development Planning grant. The REACHING OUT AND BEING THERE project will increase access to, and coordination of, healthcare and health-related services in rural Page County, Virginia by creating a formalized network of individuals with personal and professional connections in Page County. JMU faculty and students will have opportunities for impactful community engagement and engaged learning

opportunities that will build capacity for addressing community identified needs within Page County.

- **Rural Health Psychology Clinic (RHPC):** The RHPC became active this year, and received its first recoveries billed through insurance. RHPC implements the IMATER initiative, a partnership between Valley Health Page Memorial Hospital, the Page Free Clinic, and JMU, implemented the first comprehensive Medication Assisted Treatment program in Page County, VA. The program directly addresses the Opioid Use Disorder crisis and has supported an interprofessional team and greater coordination among providers, with the aim of lowering the costs associated with emergency behavioral health treatment, and increasing the number of clinicians who are prepared to work in rural primary care behavioral health. A Valley Health psychiatrist and addictions medicine specialist prescribes Suboxone for Opioid Use Disorder and receives in-office assistance with direct care and care coordination from a JMU RN preceptor and nursing students. Additionally, a clinical psychology resident, supervised by licensed faculty, provides coordinated therapy services on the PMH hospital campus. There are regular interprofessional care coordination meetings and opportunities for regular consultation.
- **Sexual Risk Avoidance Education (SRAE):** Our middle school youth that participate in our Teen Outreach Program have reported that TOP is the best part of their week. An overall accomplishment of SRAE is that throughout our program we are able to reach and connect with students who have been consistently labeled 'unreachable' and have been told by multiple teachers/admin that our presence has had a positive impact for their students.
- **Shenandoah Valley Child Development Center (CDC):** Over the past year, we have struggled to fill our Clinical Psychologist position. We also lost our Licensed Clinical Social Worker mid-year. Because of this, our two current psychologists have needed to do extra evaluations in order to keep the number of clients we see within a reasonable distance to our expected goals. Because of the important of social histories to our client populations, the clinical team have divided up the social history questions and continue to ask these in pertinent cases. The psychologists then create a conclusion of this information and develop appropriate recommendations. Our evaluations have continued to be comprehensive and appropriate for our client's needs, which is a tremendous accomplishment.
- **Shenandoah Valley Migrant Education Program (SVMEP):** Over the past two years, SVMEP has put a lot of work and effort into creating a more sustainable model for the program. The program has undergone many changes with its data processes, service model, and training systems. The biggest change included the program transitioning into dividing Family Education Specialists by service region rather than serving all service regions together. This transition has proven fruitful in the growth of communication and collaboration interest from smaller regions, where it was formerly lacking connections. Additionally, coupled with the shift in model, SVMEP is currently creating new processes to better track data that will support the program in reporting growth in future programming. SVMEP is proud to see its efforts bearing fruit so early on and hope to be able to report bigger accomplishments down the road tied to these changes.

## 5.2 Engagement

The IIHHS mission statement reads: “IIHHS is an interdisciplinary community-engaged hub that brings together students, staff, faculty, and the community to advance a culture of health and equity through education, clinical practice, research, innovative programs and advocacy.” IIHHS is the institutional expression of JMU’s vision to be the national model of the engaged university, as it incorporates all three facets noted as core to JMU’s definition of engagement: community engagement, civic engagement, and engaged learning. The next sections describe examples of how IIHHS has contributed to the engagement vision of the university in those three areas.

### 5.2.1 Community Engagement

As noted in the Executive Summary, IIHHS clinics and programs made 869 distinct program connections in the community last year. Among those connections, 85% (740) were multi-year, with 37% (318) being more than 10 years old, and 15% (129) of these were new. The longstanding nature of the majority of the partnerships underscores the value the community holds for these relationships with JMU programs, staff, and students.

The figures below provide a quantitative dimension to IIHHS community engagement. These are impressive giving evidence to the enduring strength of these relationships and collaborations through the pandemic and beyond.

- 999 students engaged in IIHHS programs, representing 39 undergraduate and graduate degree programs.
- 42,725 hours of student engagement in direct services, program support, service learning and other collaborative endeavors.
- 103 faculty members were engaged with IIHHS programs, representing 24 academic disciplines.
- 15,465 clients received Institute services.
- 5,340 clinical encounters occurred at IIHHS sites.
- 2,218 clinical encounters occurred at community sites.
- 2,941 program outreach visits with a community focus were conducted.
- 1,035 events were coordinated for the community.

These numbers reflect the deep engagement that IIHHS programs have within the local community and throughout the Commonwealth. These longstanding relationships with community partners speak to the trust and quality of the relationships based on mutual respect and collaboration. Below are just a few examples of ways in which our programs are engaged with the community during this past year:

- The **Healthcare for the Homeless Suitcase Clinic** partnered with Open Doors and Asbury Methodist Home to provide an additional clinic for the summer when Open Doors is closed.
- The Appalachian Highlands Sexual Health Outreach Coalition (shOUT), a collective impact initiative founded by the **Appalachian Replication Project (ARP)** and its partners, hosted its first annual Healthy Youth to Healthy Adults summit. Over 70 participants representing

25 local and regional organizations gathered to network, strengthen their youth engagement skills, and chart a new path towards youth wholeness and health in southwest Virginia and northeast Tennessee. Participants gained clarity on the gaps and barriers to achieving holistic youth health and brainstormed ways to connect their organizations across issues. Work done by participants will form the strategies and priorities of ARP and shOUT moving forward. This community building event was the culmination of three years of relationship building in the region and will serve as the foundation of ARP's system-focused work moving forward.

- The **Shenandoah Valley Child Development Center** continues to offer expedited evaluations to schools, courts, and Department of Social Service agencies throughout our catchment areas. This allows children who are within the legal and foster care system to get timely recommendations, as well as those who are seeking second opinions for special education services. As part of our homeschool evaluation initiative that our Education Consultants started last year, they have been encouraging homeschooling families to share the results of the academic evaluation with their local school districts as proof of academic progress, which is a requirement of homeschooling. Our two psychologists participated in a Statewide Virginia Autism and Developmental Delay Assessment Waitlist Workgroup. The goal of this workgroup was to explore the diagnostic capacity of agencies around the state, identify the volume of patients needing diagnostic assessment services, and explore strategies for reducing waitlists around the state, including at our own CDC. This workgroup was led by a developmental pediatrician and other clinicians at UVA, and included a variety of agencies around the state who serve infants, children, and adolescents.
- The **Rural Health Psychology Clinic** is the site for the Interprofessional Medication Assistant Treatment Expansion Rural (IMATER) initiative which supports rural health care services through training and enhances service delivery by increasing access to Medication Assisted Treatment (MAT) services in Page County, Virginia, a Health Professional Shortage Area (HPSA) for the discipline of mental health (HRSA, 2017). The Rural Health Psychology Clinic partners with a federally designated rural health care clinic and the Page Free Clinic to provide counseling and nursing services required to maintain and increase access to MAT services offered by Valley Health Page Memorial Hospital (PMH) physicians. In addition, the IMATER initiative produces and disseminates professional development modules to students and professionals related to rural interprofessional primary and behavioral healthcare.
- The **Gus Bus** is proud to be a program that is engaged with the local community to serve the whole child and whole family. In addition to working with public schools, administrators, and more, the Gus Bus has created a web of partners and resources that provide goods and services to its targeted demographics as well as the rest of the community. In the 22-23 School Year, Gus Bus and JMU School of Nursing partnered together to provide hands-on experiences for nursing students as they worked alongside Gus Bus staff with children, youth, and families in the Harrisonburg community. This partnership fulfills the volunteer needs of the Gus Bus for extra support at after-school programming sites as well as provides nursing students the opportunity to understand community healthcare and the complexity of the social determinates of health. As nursing students supported the learning of our elementary school students, they got a clearer picture of how individuals that they will be

serving in the future play, eat, learn, and live. This allows the nursing students an opportunity to develop skills in building rapport with younger patients and their parents. In the Spring semester, nursing student cohorts also planned and implemented activity stations for Gus Bus family engagement nights that allowed nursing students to practice sharing health information to youths and parents. Gus Bus After-School sites benefited tremendously from having the nursing students at the program to help support students' participation and engagement as well as occasionally leading small groups of students in activities. Additionally, a partnership between Gus Bus and the National Park Service at Shenandoah National Park formed in Fall 2022. Rangers visited our after-school program sites at Spotswood and Stone Spring Elementary schools about twice monthly as guest lecturers on pollination and pollinators in the Shenandoah Valley. At Spotswood Elementary School, the rangers aided in assisting Gus Bus and Spotswood staff identify an area for a pollinator garden and provided information and direction in forming flower beds. The rangers provided flowers for students to plant, and the garden was planted and is thriving. Shenandoah National Park will also serve as a field trip site for Gus Bus summer camps in Summer 2023 to further develop the relationship between the agencies and build on citizen science learning implemented at the after-school sites.

- The **Occupational Therapy Clinical Education and Services (OTCES)** partnered with the Greenhouse pre-school to provide educational and support to the preschool teaching staff. One of the OT students, a Level II Fieldwork student, provided and inservice to their preschool teaching staff to help them with a child who is an OTCES client and presents with significant sensory challenges, which has impacted their performance and enrollment at the school. The inservice was to provide education and support to meet the sensory needs of their students. It was also a means to foster our relationship and support a community need.
- The **Baird Center** is collaborating with local public schools in the Shenandoah Valley Regional Program of the Virginia Institute of Autism to extent autism services to a wide array of constituencies.
- **HEDG** strengthened our collaborative process for IAFSP module development with Early Impact Virginia, meeting several times in-person with EIV and IAFSP partners KU CPPR and Iowa Department of Public Health staff and leadership. These partnerships resulted in a \$2.1 million HRSA MIECHV Innovation grant to JMU.
- The **Futuro Latino Coalition** partnered with the Harrisonburg Rockingham Community Service Board to offer a series of REVIVE trainings in both Spanish and English. These trainings will help leaders in the community learn how to handle an opioid overdose situation while also supplying them with the tools they need to properly help an overdosed individual.
- The **Disability Inclusive Sexual Health Network (DSHN)** works with 12 diverse partners throughout the state of Virginia to develop novel programming to address gaps sexual health education for youth with intellectual and developmental disabilities; therefore, community engagement is a critical part of our structure and purpose. As part of our network, all programs are led through an innovative process developing ideas into operational programs that serve youth in their communities. In cooperation with DSHN JMU staff, DSHN partners

have continued to offer, expand, and improve programming they offer to the community. For example, this past year, DSHN worked with two local Arcs chapters organized an online resource hub for I/DD youth and their caregivers to explore high-quality, curated sexual health resources and learning tools. This new resource has been widely disseminated amongst Arc chapters throughout the country and has attracted local news attention. Furthermore, this past year, our team has aided two community partners in applying for and receiving IRB approval. These partners are now able to formally collect data to test the effectiveness of programming they have developed as part of our network. With the ability to engage in a higher level of data collection and evaluation, DSHN has helped build capacity for the sustainability of partners' community programming.

- The **Personal Responsibility Education Program (PREP)** travels to middle schools in Harrisonburg City, Page county, Luray, and High Schools in Rockingham County, Page County, Luray and Harrisonburg City. At each school, we provide a comprehensive evidence-based program on reproductive health for each grade. Last year, students were returning to school after two years of virtual learning. Many of them were very difficult to engage with during in-person classes. Students were constantly on their phone or Chromebook and had no shame in ignoring the environment around them. Our team took note of this behavior and worked all summer to make sure we could make our lessons as engaging as possible. Last year at Broadway, we had full classes where only 4-5 students responded to any questions verbally. This year at Broadway, there was a notable increase in engagement in every class. The best part about teaching 10th grade is our last lesson. It focuses on how sex is portrayed in the media, and how it influences our decisions. At the end of the content portion of the lesson, students are instructed to create their own positive media message about making Safer Choices in regard to their sexual health. They can choose any topic we covered in class, and they are encouraged to get creative in any way they wish to. Every time I taught this lesson, I was very pleased to find out that even the few students who were still seemingly not paying attention during our programming would produce something creative and prove they did learn something important.

Another highlight would be the many messages our facilitators receive in our anonymous question box. At the end of each class, the facilitators hand out a small piece of paper to give students the opportunity to ask a question they may have not felt comfortable asking during class. Even if they do not have a question, they have to write something on the paper to ensure the question box feels truly anonymous. In many cases, when students do not have a question, they'll provide a compliment to their facilitator. One received said: "Thank you so much for teaching us this stuff and encouraging me to bring it up to my parents first. I had an amazing conversation with my mom this weekend and now I have an appointment to get vaccinated against HPV and talk to my doctor about birth control to help with my irregular periods. My mom learned something too! :)" Sometimes teaching the same content in the same way multiple times per day can feel repetitive and boring to the facilitator, but it is little moments like this that keep us going. The Facilitators are the only people who read submissions to the anonymous question box. We understand each one of those students will likely walk away with life changing knowledge. We also understand many of them will not implement what they've learn until long after we've left the school. Witnessing their growth

in the short amount of time we're at each school is truly impactful for each of our facilitators, and we are just as thankful to those students for sharing with us while we're there.

- The **Healthy Families Program** responded to food insecurity and lack of transportation, with funding from the national No Kid Hungry organization. In partnership with Blue Ridge Area Food Bank, and Shenandoah Community Health Clinic, Healthy Families facilitated Fresh Food Markets in Summer 2022 focused on making healthy and shelf-stable foods available on-site at three subsidized housing complexes throughout the county. Food was available to others in the community as well. Because of the success of the project, No Kid Hungry allocated funds for nine additional Food Markets for Summer 2023. BRAF will again provide food for families with children and will add additional food for distribution to seniors unable to easily access food. Local farmers/gardeners have expressed interest in making vegetables available as well. Additional community volunteers, including JMU and high school students, and Open Door Food Pantry will assist with the markets this year. These markets also provide opportunities for Healthy Families to engage with individuals who could benefit from other services such as home visiting or connection to other resources. Healthy Families staff and interns continued to assist with home meal deliveries in Page County this year in collaboration with Page Alliance for Community Action as well.
- **REACH** facilitated the involvement of nursing and social work faculty and students in Page County's first RAM Clinic in summer 2022. This provided valuable experience and insight into the unique healthcare challenges faced by rural communities during this two-day event that served over 200 people . REACH members have actively participated in monthly RAMPAGE planning meetings for the 2023 RAM clinic in Page County. It is expected that an even more students and faculty from a wider range of disciplines will be involved in the RAM clinic this year with Community Service-Learning also actively promoting this rural community engagement opportunity to be held in September. REACH also facilitated three in-person community listening sessions in Page and Shenandoah Counties and followed up with several other communities in which listening sessions were held pre-pandemic, to learn what issues residents and community organization representatives felt were most important to them and how/if these issues have changed since COVID. REACH members also participated in two community forums hosted by Page County Public Schools focused on increasing innovative partnerships to address increased mental and behavioral health issues of younger children. Board the listening sessions and forums provided important information, insight and relationship-building to further REACH collaboration in these communities.

In addition, REACH partnered with several JMU department, centers, and colleges, as well as community groups in the Commonwealth Collaboration for Community Veterans with REACH member Dr. Margaret Sloan representing our group in work that resulted in over 400 community connections (participants/recipients). Activities included trainings, mentoring, hosting veteran breakfast, picnic, encouraging use of Hubbard's Cupboard. REACH will look to replicate some of this work with veterans and partners in Page County in the coming year.

- During the 22/23 academic year, the **JMU Counseling and Psychological Services (CAPS) Clinic** began a partnership with JMU Athletics where student athletes self-refer to doctoral



Clinical and School Psychology students who have a concentration in Sports Psychology. These students are supervised by Dr. Bob Harmison, Sports Psychologist.

### 5.2.2 Civic Engagement

Many of the community-engaged experiences offered to JMU students through IHHHS programs prepare students for civic life, participating in a democracy, and advocating for the public good. Some examples of direct connections between our programs and civic engagement activities are provided below:

- **Caregiver's Community Network** has a direct impact on how students see and understand the world around them. In this course, students catch a glimpse of what it means to grow older in our country and the resources that are available and not yet available to those who are 60 and older. One CCN team visited a couple in their home where the husband cared full-time for his wife who was living with dementia. As the semester progressed, the husband was less and less able to sleep at night due to his wife's need to walk about the house, and thus, he finally decided to move her to nursing care at a local facility. He put in a special request that this team of students be granted permission to continue to visit his wife in the nursing facility as they had cultivated a wonderful rapport with her and he felt their visits would support her transition. The students visited with his wife for about 4 weeks in the nursing facility where they were granted yet another opportunity to observe this different approach to care. What came to their attention quickly was the lack of training staff had regarding dementia. One staff member actually asked them questions about dementia during their visits. They students could not believe that people working directly with those living with dementia didn't have the basic understandings of best practices for this population. In experiencing this for themselves, they became more determined to support dementia education in their career paths and with those in their own personal circles. They realized that it's not just about noticing the gaps and concerns, but working towards policy and program remedies that contribute to the greater good.
- **Gus Bus** students at Spotswood and Stone Spring participated in citizen science activities in partnership with Shenandoah National Park. Park rangers visited the after-school programs at each school to support students learning about pollinators and their importance to the environment. Students participated in educational activities to study key steps to environmental conservation such as composting. Students at Spotswood took steps to promote the preservation of pollinator species by studying various insects and animals who act as pollinators and working the open space in the courtyard of their school to build a pollinator garden. This garden serves as a new habitat for pollinators to visit year after year, which is especially important as land development, pesticides, and other pollutants deteriorate pollinator habitats. Through this project, students gained insight into the growing issue of climate change and how individuals may take tangible steps to protect the environment in their local community. Students at Stone Spring participate in a weekly book club, where students read and reflect on chapter books in small groups. This spring, fourth and fifth grade students read *Class Act* by Jerry Craft, which prompted discussions on race, racism, and how the two intersect with interactions with forms of authority such as police. Additionally, Gus Bus provides access to inclusive texts in the Mobile Classroom Vehicles

and during its read-alouds that may prompt honest, age-appropriate discussions about racism and anti-racist approaches rooted in empathy, acceptance, and kindness for those in our classrooms and community. These books may include stories about children who are similar to some of our students in the Harrisonburg area, including families who speak languages other than English, families who live in other countries and/or have moved to the United States from other countries, and families who are different from a typical nuclear form.

- **Healthy Families** staff and interns participated in and attended board of supervisors and school board meetings in Shenandoah and Page Counties, as well as Page County Public Schools Community Partnership Forums, each providing insight into rural inequities and needs. Involvement in the Community Partnership Forums show promise for further community engagement and engaged learning opportunities for JMU students and faculty. Students gained insight into the importance of civic engagement on a local level for change and as a catalyst for participation on higher levels in democratic society.
- The **Shenandoah Valley Migrant Education Program** partnered with the JMU Center for Civic Engagement to educate students about Migrant Labor and Democracy in the Latinx Community. Stephania Cervantes served on a panel and also contributed her work to an art show that was included as part of the event.
- The **Disability Inclusive Sexual Health Network's (DSHN's)** Youth Advisory Board is comprised of youth with disabilities who are passionate about and engaged around sexual health issues. One member, Abby, is particularly interested in legislation affecting sexual health. Over the last year, there has been much change among legislation affecting the reproductive health of citizens. As part of Abby's involvement on YAB, she organized a presentation for her fellow team members to educate on the legislative process and discuss what legislative advocacy looks like.
- The **Futuro Latino Coalition** has participated in local and statewide coalitions that share information on substance abuse that has led to recent legislation legalizing over-the-counter purchase of Narcan, a substance used in the resuscitation of individuals overdosing on Opioids.
- The **Campus Suicide Prevention Center** worked with the Student Government Association President and Student Representative to the Board of Visitors at JMU to host an intercollegiate discussion among students from several campuses across the state. In an online presentation, they provided a presentation of data they had collected on college student mental health from campuses across the state, then had a discussion with the students about whether the data was representative, what they felt was needed to improve student mental health, and what they felt was working well on their campuses. A goal of this meeting was for the students (most of whom were in campus leadership roles) to be better equipped to go to their administration and/or government representatives to advocate for better supporting student mental health.

- **Brain Injury Connections of the Shenandoah Valley (BICSV)** attended the General Assembly for this year's Brain Injury Awareness Day to inform legislators about brain injury and advocate for support.

### 5.2.3 Engaged Learning

A core component of the IIHHS mission is to connect students (and faculty) with communities through innovative programs that advance the quality of life and to provide interprofessional learning opportunities for our students. Moreover, IIHHS clinical services and programs provide student placement opportunities that are in very short supply. With many institutions competing for a limited supply of student placements in the area, IIHHS serves a vital role for our academic programs in students completing their academic programs. Some of the numerous engaged learning opportunities offered through our clinics, interprofessional education (IPE) offerings, and community-based programs are described below:

#### 5.2.3.1 IIHHS Clinical Services

Ten clinics exist within IIHHS to support the educational goals and objectives of students at JMU. Counseling and Psychological Services (CAPS), the Page County Behavioral Health (PCBH) Program, Interprofessional Services for Learning Assessment (ISLA), the Baird Center Applied Behavioral Analysis Clinic (ABA), Interprofessional Autism Clinic (IPAC), the Child Development Clinic (CDC), Healthcare for the Homeless Suitcase Clinic (SC), the Occupational Therapy Clinical Education Services (OTCES), the Audiology Clinic, and the Rural Health Psychology Clinic (RHPC) were developed to address student training needs while simultaneously addressing critical unmet needs in the community. This is particularly important in an environment like ours where clinical sites are increasingly difficult to secure. JMU faculty, staff and students work collaboratively to meet the community needs through a variety of clinical services, many of them interprofessional. Below are a few examples of how our clinics are vehicles for engaged learning for our students.

- **Counseling and Psychological Services (CAPS) and the Page County Behavioral Health (PCBH) Clinic:** The CAPS Clinic promotes an integrated approach to mental health and well-being for the whole person through student education and training, community partnerships, and research. CAPS supported the education and training goals of the Department of Graduate Psychology through practica, internship, observation, and experiential learning opportunities in the areas of counseling and assessment services. All new student clinicians participate in a weekly CAPS Seminar which consists of orientation to the clinic, managing challenging client situations (broadly and in our specific setting), and presenting clinical work. Practicum students and interns in the Clinical Mental Health Counseling Master's Program, practicum students and interns in the Counseling and Supervision Doctoral Program, and Practicum students in the Clinical and School Psychology Program provide counseling and assessment services supervised by licensed faculty members. Students practice skills learned in their courses and engage in activities such as tape review, treatment planning, examination of transference, and role play in supervision. Students in the Page County Behavioral Health clinic engage in biweekly interprofessional care coordination meetings to discuss treatment plans and progress with

primary care providers. Care coordination also occurs through phone calls, “as needed” meetings, faxes, and asynchronously via Valley Health PMH electronic health record messages.

- **Interprofessional Services for Learning Assessment (ISLA):** This past year, faculty and students from six different disciplinary perspectives met together once a month for case review and planning for Interprofessional Services for Learning Assessment. At each Triage, the graduate assistant for the JMU Office of Disability Services Screening and Referral Program shared two complex (de-identified) student cases. Each presentation consisted of a thorough clinical interview, the results of a broad social emotional assessment, grades, and test scores. Students and faculty from the six disciplines represented discussed the cases in disciplinary huddles and then came together as a large group to share their recommendations for applicable resources on and off campus and next steps. Faculty and student involvement is directly related to learning objectives for a variety of courses. Comprehensive psychological testing and assessment services are also offered. In the past year, ISLA provided testing and assessment services for 9 college students. All testing and assessment services were provided by advanced level graduate students from the Doctoral Clinical and School Psychology Program, supervised by licensed faculty, in the Department of Graduate Psychology and directly support educational goals for required practicum course work. For the first time, ISLA partnered with Occupational Therapy to support a level 1 fieldwork experience for 3 students.
- **Baird Center:** The Baird Center’s partnership with the Shenandoah Valley Regional Program allows their student clinicians to gain practical experience collaborating with OT, PT, SLP, and teachers/administrators. Student clinicians complete an intensive practicum that meets the requirements for their specific programs, degrees, and licensure. Each clinician receives individual and group supervision by a licensed professional in the respective fields. Students in our programs deliver direct ABA or psychological services with clients and work to complete reports and write treatment plans and goals. Further, they have opportunities to complete assessments for clients. These experiences directly impact the community members by allowing the clinic to provide behavior analytic services to individuals with disabilities. The Baird Clinic partnered with the medical Spanish minor to offer engaged learning opportunities for those students this year.
- **Child Development Clinic (CDC):** All students who are a part of the SVCDC engage in hands-on, experiential learning. Student clinicians are meeting with parents, evaluating children, and engaging in experiences to develop their clinical skills. Students observe evaluation components as well. All students are expected to reflect on what they have observed or the information data they have gathered to develop an understanding of the many facets of a child’s life, the interplay of past experiences, and the services they have received in the community. They are encouraged to develop an understanding of community-based services and how these might assist the families. During the school psychology summer practicum (summer 2022), one student completed an evaluation with a child who suffered from hearing loss and malformation of the ears. The student rigorously researched ways to accommodate the child in the clinic during the evaluation and connect the family with local resources to help them find connection with their peers (a main concern for parent). The

student learned a great deal about how to work with children that have special needs, and the family was incredibly appreciative of the above and beyond work the student did during the evaluation.

- The **Occupational Therapy Clinical Education Services (OTCES) Clinic:** OTCES provided many opportunities to bridge classroom to clinic for the JMU Occupational Therapy Program, including Level I and Level II Fieldwork experiences for 51 graduate OT students. We also participated in interprofessional education (IPE) to support OT Program curriculum, and voluntary experiential activities to support student learning.
- **Rural Health Psychology Clinic:** Five students enrolled in the JMU BSN program received training with an RN preceptor through the IMATER initiative at the RHPC. Students participated in or observed activities such as administration of self-report behavioral assessments, collection of vitals, pill counts, Urinary Drug Screen analysis, acting as a telepresenter for telehealth appointments with the psychiatrist/addictions medicine specialist, and care coordination. A behavioral health resident (clinical psychology resident/graduate of the Clinical and School Psychology Doctoral Program) provided counseling support and coordinated care with psychiatry and nursing. During this period, the resident has obtained licensure as a clinical psychologist in the state of Virginia and continues to receive supervision from Dr. Kelly Atwood and Dr. Tim Schulte toward certification with the National Register of Health Service Psychologists.
- For the **Healthcare for the Homeless Suitcase Clinic**, students in the Physician Assistant Studies (32 students) and Nursing (40 students) programs provided individual client services, under faculty supervision. This includes data gathering, health history taking, vital signs, physical assessment of clients, and assessment of issues related to social determinants of health (housing, employment, Medicaid status). Through the Madison Trust Grant, students partner with clients to identify preventative health and wellness goals and then work together to achieve these. Students also take part in population/ wellness activities such as foot clinics and health fairs. Students perform population-specific assessments of homelessness in Harrisonburg.

Undergraduate volunteers for the Suitcase Clinic partnered with Oasis Fine Arts and multiple community partners to raise awareness in a project called “Ask Me About the Suitcase” during the lead up to The Great Community Give. Community businesses decorated suitcases and displayed them at their businesses and Oasis displayed the suitcases created by non-business partners. Program highlights were presented and donations collected in the suitcases. The campaign received county-wide attention.

#### 5.2.3.2 Interprofessional/Interdisciplinary Education (IPE)

**Interprofessional education (IPE)** at CHBS’s IIHHS aims to model best practices, focus on IPEC (2016) core competency development and the development of a professional identity that values interprofessional collaboration as the way to optimize clinical and community outcomes for individuals, families, communities, and populations. Educational and clinical experiences

offered through the IIHHS foster the development of knowledge, skills, and attitudes that prepare students to be collaboration ready as they enter the workforce. Furthermore, interprofessional collaborative practice, IPEC core competency development, building cultural humility, ethical practice and development of a professional identity that includes all of these elements intersects perfectly with JMU’s engagement mission in that the mission, vision, values and competencies are essential for effective engagement. Details about each of the IPE Engaged Learning opportunities is provided below:

- **IPE Workshops:** IIHHS coordinates with faculty across CHBS to offer two workshops that are embedded into student courses.
  - The *Life in the State of Poverty Simulation* is a three-hour experience where students take on roles and visit stations to get a general sense of the challenges families face when they are in poverty. The simulation is preceded by didactic material on poverty, including local statistics presented by community partners. After the simulation is complete, students engage in a guided debriefing to share and reflect on their experiences.
  - The *Building Cultural Humility Workshop (BCHW)* convenes students from health and human services to explore vital issues of diversity, power, and privilege. The purpose of the BCHW is to provide a forum for students and faculty across disciplines to acknowledge personal, professional, organizational dynamics, and systemic issues that influence the quality of the services they provide to people in the community and their interactions with colleagues.

A total of 850 students (undergraduate and graduate) participated in these workshops during the 2022-2023 academic year, 454 in the poverty simulation and 330 in the BCHW experience. Fifty-seven (57) graduate students and several faculty also helped to facilitate the BCHW as it is a program requirement for graduate psychology and occupational therapy. Since 2002, there have been 14,571 participants in the workshops, and of that number, 2,092 were graduate student or faculty facilitators.

- **IPE Courses:** 200 students were enrolled in IPE courses this year. Each course is listed in the table below.

Semester	Course Number & Credit	Faculty	Number of Students
Fall 2022	IPE 415/NSG 415 (1 credit), 2 sections, Ethical Decision-making in Health Care: An Interprofessional Approach	Akerson, Bryson, Stewart, Choshi, and Walsh	65
Spring 2023	IPE 415/NSG 415 (1 credit) Ethical Decision-making in Health Care: An Interprofessional Approach	Akerson, Stewart, Fasching-Maphis, Hunter	34
Fall 2022	IPE 490 (1 credit), section 1 Issues and Applications of Family Care Giving: Interprofessional Perspectives	Guisewite	25
Fall 2022	IPE 490 (2 credit), section 2	Guisewite	7

Semester	Course Number & Credit	Faculty	Number of Students
	Issues and Applications of Family Care Giving: Interprofessional Perspectives		
Spring 2023	IPE 490 (1 credit), section 1 Issues and Applications of Family Care Giving: Interprofessional Perspectives	Guisewite	21
Spring 2023	IPE 313 (2 credits), section 1 Issues and Applications of Family Care Giving: Interprofessional Perspectives	Guisewite	7
Fall 2022	IPE 313 (1 credit), section 7201 Introduction to Interprofessional Approaches to Trauma Informed Care	Stewart, Sutherland	14
Spring 2023	IPE 490 (1 credit), section 7201 Introduction to Interprofessional Approaches to Trauma Informed Care	Stewart, McGuire, Sutherland	27
<b>Total Students</b>			<b>200</b>

The IIHHS IPE and IDE offerings aim to support students as they address the complex issues that affect the quality of life for individuals, families, communities and populations. The IIHHS Leadership is working with CHBS faculty from across academic units to explore ways to capture the impact of interprofessional education and collaborative practice on core competency development, professional identity, effective community engagement and clinical outcomes for individuals, families and populations.

In addition to the IPE and IDE courses and workshops, many of the programs and clinics have IPE and IDE embedded in their functioning. Below are a few examples where this is present.

- The **Child Development Clinic** has an interprofessional approach to the evaluations they provide. The clinical team is comprised of psychologists, educational specialists, social workers, and nurses. Depending on the concerns, two or more disciplines are a part of each assessment. Students involved in the clinic are able to learn from multiple disciplines as well as participate in team conferences where each clinician presents their findings and diagnoses and recommendations for clients are discussed.
- This past year, faculty and students from six different disciplinary perspectives met together once a month for case review and planning for **Interprofessional Services for Learning Assessment**. At each Triage, the graduate assistant for the JMU Office of Disability Services Screening and Referral Program shared two complex (de-identified) student cases. Each presentation consisted of a thorough clinical interview, the results of a broad social emotional assessment, grades, and test scores. Students and faculty from the six disciplines represented discussed the cases in disciplinary huddles and then came together as a large group to share their recommendations for applicable resources on and off campus and next steps. Faculty and student involvement is directly related to learning objectives for a variety of courses.

- The **Interprofessional Autism Clinic (IPAC)** includes collaborative teams of faculty and students from School and Clinical Psychology, Applied Behavior Analysis, Speech-Language Pathology, and Occupational Therapy in providing services to our clients.
- **Healthy Families** recognizes the value and importance of interprofessional work, not only in addressing complex community needs, but also in preparing students to be empathetic and collaborative professionals. As described above, Healthy Families facilitates creative partnerships to enhance student experiences and address the wide array of needs in our communities. We also have interprofessional reflective case discussions together with interns from various majors as part of their on-site experiences, asking how their classroom knowledge would direct their work with families and/or what other information they would want to have to inform service planning, based on their major. Having a “healthy family” means different things to different people- and through interprofessional education and practice we can find ways to address community need more effectively.
- The **Occupational Therapy Clinical Education Services (OTCES)** hosted and participated in IPE events with the PA program, and Department of Architecture as noted. Current collaborations with pending IPE events include two events with CSD, and re-engagement in Inter-professional Autism Clinic.
- JMU students who volunteer with **Gus Bus** range in their fields of study from education and health sciences to sports management, biology, and math. They develop skills for working children in school and community-based settings, including effective ways to redirect challenging behaviors, managing conflict resolution, and many of the “soft” skills necessary to succeed in any professional work setting. JMU student volunteers at the Gus Bus gain exposure to Harrisonburg’s richly diverse communities and experience regular interaction with children and families from culturally and economically diverse backgrounds. Many volunteers come to understand the real-world barriers faced by under-resourced families in their access to academic support, educational enrichment, quality childcare, and mental healthcare.
- In the **Rural Health Psychology Clinic (RHPC)** medication management and counseling services are coordinated in an interprofessional team. A biweekly treatment team meeting is held with psychiatry/addictions medicine, clinical psychology (trainee and providers), and nursing in attendance. Additionally, warm hand off’s, “as-needed” ad hoc consultations, and correspondence through the medical record occur on a regular basis. Program level coordination also occurs with meetings involving representatives across health care disciplines as well as representatives in administrative and community organization roles.
- The **Baird Center** uses an interprofessional model to increase adaptive skills while reducing maladaptive behaviors. Despite a pause with our staffing of our own OT and SLP, members of our team were able to consult with other SLPs and OTs on strategies to incorporate into our practice. In addition, our team collaborated with our client’s school team members including OTs, SLPs, and SPED teachers. Further, we collaborated with clinical psychology doctoral students to conduct assessments that influenced treatment goals and plans.



- In the **Healthcare for the Homeless Suitcase Clinic**, undergraduates from 3 different majors (health services administration, biology and sociology) worked together providing clinical and nonclinical services to the Suitcase Clinic. All students attended the clinics and strategized how best to work together to accomplish their semester long projects.
- Students involved with **Brain Injury Connections of the Shenandoah Valley** have been able to observe and participate in our monthly Triage team, a group of inter-disciplinary professionals who meet monthly to support case managers and discuss challenging or difficult cases.
- The **REACH** Leadership team itself represents Interprofessional and Interdisciplinary Practice with members from multiple CHBS disciplines, COB, and CS-L as well as community health partners. It is through this interprofessional work that REACH is building relationships and credibility within rural communities to further opportunities for interdisciplinary education and practice.

#### 5.2.3.3 Community-Based Programs

IIHHS has 19 community-based programs that provide a wide range of engaged learning opportunities for JMU students at both the graduate and undergraduate levels. Some examples of these opportunities are provided below:

- This year, **Gus Bus** and JMU School of Nursing partnered together to provide hands-on experiences for nursing students as they worked alongside Gus Bus staff with children, youth, and families in the Harrisonburg community. This partnership fulfills the volunteer needs of the Gus Bus for extra support at after-school programming sites as well as provides nursing students the opportunity to understand the complexity of the social determinates of health. As nursing students played with and supported the learning of our elementary school students, they got a clearer picture of how individuals that they will be serving in the future careers play, eat, learn, and live. This also allows the nursing students an opportunity to develop skills in building rapport with younger patients and their parents. In the Spring semester, nursing student cohorts also planned and implemented activity stations for Gus Bus family engagement nights that allowed nursing students to practice sharing health information to youths and parents. Gus Bus strives to support the development of the whole child—academically, emotionally, and health-wise—so the presentations planned and implemented by nursing students allowed us to support this goal. Gus Bus After-School sites benefited tremendously from having the nursing students at the program to help support students’ participation and engagement as well as occasionally leading small groups of students in activities. The Gus Bus also matches JMU students who volunteer as tutors to elementary students in need of additional academic support to meet for up to two hours weekly. During their tutoring time, JMU volunteer tutors assist students’ success by providing additional practice for key skills in reading, writing, math, and other content areas. Additionally, the JMU volunteer tutors and students are encouraged to develop mentorship-like relationships to support the social/emotional development of the students. The relationships JMU volunteers foster with the student and the students’ family serve as an

invest in their community, allowing them to engage in reflective learning as they prepare exercises for their students each week and chart the progress/challenges of the students in weekly reports.

- **Blue Ridge Area Health Education Center (BRAHEC)** provided three Occupational Therapy students Level 1 field placements to advance their knowledge and skills in psychosocial practice. The students designed and implemented a presentation about the Occupational Therapy Program at JMU for high school students and presented this at Harrisonburg High School. Also, they created brochures and flyers in English and Spanish to educate about and promote the OT program. In addition, they attended the Mexican Consulate Event in Harrisonburg and the Embrace Community clinic (Augusta mobile clinic) in Waynesboro to educate about Occupational Therapy services.
- At **Healthy Families**, interns shadow home visitors and intake/assessment staff as well as other local human service providers involved in the systems of care approach to service delivery. Healthy families had 7 students do internships engaged with rural families and communities.
- The **Claude Moore Precious Time (CMPT)** program connects nursing students with families who have children with disabilities. This engaged learning experience is provided through an elective course, NSG 326 Care and Consideration for Children with Special Needs, and 240 nursing students participated this year as a practicum. This year, we are highlighting a story of mutual support between a student and child, and a story of how a child and student meaningfully impacted each other.

This semester we had a nursing student with Type 1 diabetes who requested to be matched with a child with type 1 diabetes. The nursing student started the JMU Chapter of the College Diabetes Network and remains a passionate advocate in the community. The student worked hard to empower the child and give positive examples of individuals living well with Type 1 diabetes, including introducing her to other JMU students with Type 1 Diabetes. The family reported being very appreciative of her efforts. The student and the child also shared in so many activities, grew close and cemented their bond crying together after watching the movie Sing 2, which is a Disney movie that has an overarching theme of grief. An excerpt from the student's final reflection paper describes the mutual and transformative power of this course: "This class and my experience with [the child] have made a huge impact on me. [the child] reminds me a lot of myself with her struggle with anxiety, even if we struggle with anxiety in different ways. I hold a huge respect for [the child] as she manages her disabilities and is so young. I aspire to have the confidence, boldness, and fearless personality that [the child] radiates. On our last visit, we took her to our dining hall. Even after eight months in college, I struggle to walk through the dining hall around that many people without wanting to run and hide. [The child] walked through there without a care in the world and like she was a student herself. It was so comforting to see and I thought to myself, if [the child] can, so can I."

- The **Caregivers Community Network (CCN)** matched 60 students with Caregiver families this year. These are highly engaged learning opportunities for students to learn from families

and to learn about the issues of dementia and caregiving. Our students are trained to offer respite to family caregivers of those 60 years old and older. They give that caregiver a break, and they plan activities for the care recipient. So, engaged learning is the heart of CCN. In her final reflection paper, one student wrote: “Words can’t even express what I saw and experienced with the CCN families. I was truly amazed and inspired by them. When the visits came to an end, I created a mindset to stay driven until the very end of my life. In a sense I became inspired to live vicariously and like there’s no tomorrow. My initial thoughts before starting CCN was that I thought the general elderly population weren’t that active and preferred to stay indoors. I was completely wrong because one, Miss S was extremely active (her walking adventures), and two, Mr. G had a competitive nature in sports whether it would be indoors or outdoors. Although Mr. G would tend to get tired easily, he had a huge competitive side to him. I was so thankful they both had passions in games or just walking in general because I also love being active in the ways Miss S and Mr. G are. Age is definitely not a barrier, and I hope that in the future I can continue my running/ outdoor hobbies. I wish our society understood that the older population needs (more like wants) as much exercise/ outdoor activities just as young adults do. Perhaps due to our society being so technology driven, the outdoor and raw nature component is missed. I really do hope there will be more research and advocating on ways to help older adults engage their physical qualities through outdoor activities. I have a deeper heart for those living with [dementia], and feel even more passionate to pursue my career to specialize in their population. I realized how much of an impact they’ve made on my life and it makes me want to give back double. The kind hearts and inner peace they have, taught me to regulate my emotions in any situation. Truly I have been humbled to be more optimistic and not take life events too seriously. In other words, just live life!

- **Brain Injury Connections of the Shenandoah Valley** provided a field placement for 1 student, graduate assistantships for two students, and volunteer opportunities for 94 other students doing a variety of things to support the BICSV mission to the community.
- In Spring 2023, the **Shenandoah Valley Migrant Education Program (SVMEP)** social work intern intern took on a new transportation project aimed at supporting migrant families in understanding Harrisonburg’s public transportation. Through this project the student was able to connect with families and provide them with an education opportunity that would aid them in navigating the city without a vehicle. In addition, SVMEP collaborated with Dr. Jennifer Walsh, Dietetics professor for a “Nutrition for All Initiative” where dietetics students provided nutrition assessments/cooking demos/food distribution for families in the program.
- At the **Disability-Inclusive Sexual Health Network (DSHN)**, a team of three Masters in Occupational Therapy (MOT) students completed their level 1 fieldwork with DSHN. Students were able to collaborate with both JMU staff as well as community partner organization, Ease, to discuss gaps and opportunities for development within programming offered by Ease. These students first conducted a needs assessment, which involved asking targeted questions to identify areas in need of further exploration and research. Students then compiled research, resources, and developed curriculum components for Ease to incorporate in the future. By completing their field placement with DSHN, students were able to utilize

their emerging skillsets, explore topics of interest to them, form meaningful connections with community organizations, and engage in research that helps address health gaps for youth with disabilities.

- **Health Education Design Group (HEDG)** staff member and SMAD professor Evan Robinson invited SMAD students to the HEDG office where HEDG staff give technical demonstrations of professional film production equipment and techniques, greatly enriching the SMAD student experience.
- The **Futuro Latino Coalition** had five student volunteers that helped them directly with events in the community. This allowed them to learn hands on what advocacy work and non-profit outreach is like. Alongside that we had students help us create graphics that were shared with large amounts of people on Take Back Day, a nationwide event planned alongside DEA and local law enforcement agencies.
- The **Campus Suicide Prevention Center** became a field site for three first year Occupational Therapy students. Their participation in our program enabled them to reflect on nontraditional roles for OTs, particularly in the realm of mental health and prevention. Additionally, they used their learning to provide training in lethal means management for their peers, as well as to lay the foundation for their research project next year on suicide intervention training for allied health professionals. Secondly, we continue to provide suicide prevention/intervention training for a number of graduate programs in helping professions (e.g., counseling, school psychology, occupational therapy, clinical psychology). More programs are expressing interest and/or becoming involved in these trainings, and more programs are beginning to integrate the training into their curriculum. The trainings emphasize working with community resources, and helps students reflect on both the strengths of individuals and collaboration, as well as the weaknesses in our current structures and systems for caring for those in distress.
- The **Sexual Risk Avoidance Education** completed a variety of community service projects (a key component of our Teen Outreach Program). The projects that were most impactful for our youth as well as the community was our book drive for Luray Middle School, where we donated over 75 books and built a new table for the Library.
- The JMU Social Work intern with the **Personal Responsibility Education Program** was very active facilitating sessions with middle and high school students during our spring semester. During her internship she was exposed to a variety of facilitation styles, classroom content, and school districts. Through co-facilitation, she was able to interact with a vastly diverse population in both middle school and high school settings in our service area. Through her social-work background, she was able to apply many of her observations in the classroom to her coursework at JMU. This largely impacted her expectations of the community she planned to serve post-graduation.
- **Rural Engagement and Capacity Building Hub (REACH):** JMU students from four CHBS programs (social work, undergrad and graduate psychology and graduate OT) as well as students from the College of Education, SCOM, Architectural Design, WRTC and

business spent over 1500 hours engaging as interns, volunteers or in class projects at Community Care and Learning Center (CCLC) this year. CCLC, a non-profit childcare center in New Market, Virginia, providing accessible, affordable, and quality childcare for families with a emphasis on serving low-income families from diverse backgrounds. Children and staff benefitted from the knowledge, skills, and enthusiasm the students brought to the center. Faculty became more interested in the variety of opportunities for community engagement through these collaborations, including an understanding that such organizations can provide great experiences for students from many different disciplines as students engaged in providing staff training and support, classroom/building design plans, student assessments, social-emotional development activities, mentoring, and website development and well as interacting directly with children in the classroom. This interdisciplinary community partnership will serve as an example of capacity-building opportunities for other groups in surrounding rural communities. --- REACH connected WTRC students with Page Free Clinic to create chronic infographics and brochures related to chronic disease and understanding health insurance eligibility and availability. These brochures were distributed to Free Clinic patients and other places in the community.

### 5.3 Access, Inclusion and Diversity

JMU, the Division of Academic Affairs, and the College of Health and Behavioral Study has a stated commitment to inclusive excellence and sets expectations for colleges and their respective units to take concrete and meaningful action steps forward toward strengthening inclusive excellence. IIHHS continues to make strides toward advancing Inclusive Excellence. This year, the IIHHS Anti-Racism/Anti-Discrimination (ARAD) changed its name to Culture, Community, and Belonging Collective (CCBC) to clarify that the goals and purpose of the CCBC are to ensure IIHHS is a place where people can bring their authentic selves to work and to thrive in the workplace. The CCBC will advance initiatives that advance our third strategic goal: “Identify and dismantle oppressive, racist, and discriminatory policies. Practices, and processes to strengthen its climate and culture so all those engaged with IIHHS programs and clinics can thrive and flourish.”

Members who served on the IIHHS CCBC Team this year are:

Emily Akerson	Dana Lehman
JoLynne Bartley	Jillian Lopez
Stephania Cervantes Albarrán	Kayla McKean
Josh Diamond	Reem Mohammed
Rachel Gagliardi	Linda Plitt Donaldson

The IIHHS Plan for Inclusive Excellence is included in Appendix D and reports on our efforts throughout the year, and describes some of the professional development activities taken by staff in the last year. The 14 core action areas are listed below and more detail on their status can be found in Appendix D.

Action Areas
1. Cultivate regular and ongoing in-house events around topics for discussion to build knowledge and

Action Areas
skill among staff around a variety of DEI topics.
2. Include Inclusive Excellence Training as part of New Staff Onboarding
3. All IIHHS staff to incorporate at least 3 Inclusive Excellence opportunities into professional development plans, reported in evaluations and annual report survey
4. Add standard language highlighting Inclusive Excellence into all IIHHS Job Descriptions
5. Develop a Safe Process for Collecting and Acting Upon Concerns Raised by Staff Related to Inclusive Excellence, i.e., “Brave Doors.”
6. Expand Leadership Team to include greater racial and ethnic diversity.
7. Hold an IIHHS Summer Picnic for staff with games and relationship building.
8. Design IIHHS-specific supervisor Training that includes inclusive excellence elements.
9. Make a list of BIPOC organizations and associations and begin setting up relational meetings to serve as a grounding for partnerships and staff recruitment.
10. Provide opportunities for students to provide feedback, specially related to Inclusive Excellence, each semester.
11. Conduct an environmental scan of our physical spaces with the goal of having our spaces be inclusive and inviting.
12. Implement Community Engagement Equity Rubric.
13. Add a form of community board to the organizational structure of the Institute
13. Form a working group to define and operationalize our community engagement framework/model.
14. Partner with community organizing partners to build power and solidarity in dismantling oppression.

### *IIHHS Program Efforts to Address Inclusive Excellence*

IIHHS programs and clinics were asked to identify steps they were making to change processes and practices to strengthen Inclusive Excellence efforts. Programs talked about different committees they are working on to strengthen IE within the Institute. Some described greater use of the Language Line to reach more diverse communities, incorporating more population-specific trainings in their offerings, partnering with the JMU medical Spanish minor and other foreign language professors to address outreach and access strategies.

- Adding diversity to our staff teams has enabled us to expand our outreach, engagement, and service efforts to wider communities. For example, one of our new program coordinators is Iraqi, and through her efforts we were able to implement four outreach and engagement events focused on Muslim Community centers and Arabic/Kurdish families.
- The SVMEP is always working on making its materials accessible to all. This past year, they translated more materials in French and continued to maintain our translations in Spanish, Swahili, Arabic, and Kurdish.
- One entire IIHHS staff team and partners are trained to be inclusive educators. The training covers inclusive facilitation skills, language, and practices as well as provides guidance for responding to sensitive questions. Another team did a full curriculum review this summer to ensure maximum inclusion for the school year’s facilitation. This included going through each lesson and applying “green light” adaptations to ensure there was a wide range of representation throughout any examples, graphics, videos, or scenarios used in the lessons.

The Gus Bus Library is updated frequently to include new picture books which feature the cultures, home languages, and lifestyles our students and their families are part of.

- Brain Injury Connections' staff members added pronouns to their e-mail signatures. They are also translating brochures and materials into Spanish, developing partnerships with Safe Space communities and events.
- By adding a community college specialist, the Campus Suicide Prevention Program is hoping to better reach and support students who are better represented in the community college population (e.g., non-traditional students, first-generation students, low SES).
- CAPS has established a partnership with the Suitcase Clinic for the Homeless in an effort to make mental health services accessible to those who are otherwise unable to afford mental health services or may have difficulty accessing transportation. Through the partnership, individuals receive free counseling and may gain access to care through telehealth, using technology supplied by the Suitcase Clinic.
- In the last year, DSHN has expanded outreach efforts to connect with more groups within the disability community, including caregivers and educational professionals. Outreach to these groups has centered on spreading information about program resources, conducting focus groups, conducting surveys, and forming new connections to benefit the overall work of the network.

Together we are making small steps, and next year, our Community Engagement for Equity Rubric will provide a more formalized and comprehensive way for programs to report on their efforts. The strategic plan has some action steps to help strengthen our outreach and partnership with more diverse stakeholders.

#### *Diversity of IHHHS Program Participants*

Through its clinics and programs, IHHHS works with a diverse population with a variety of experiences that affect their life situation. We serve people across the lifespan, from infancy to older adults. Nearly 100% of our programs and clinics serve community members who experience poverty and therefore have limited access to health insurance, except Medicaid and Medicare, in some cases. While we are headquartered in Harrisonburg and serve many communities within the City limits, many of the populations we serve live in rural communities in nearby counties and across the State.

The populations we serve are racially and ethnically diverse. In addition to BIPOC native-English speakers, 18 other languages are the primary language spoken by people in our programs including Spanish, Arabic, Swahili, Russian, Eritrean, Zambian, and many more. Some of the people we serve struggle with hearing and visual challenges, as well as brain injuries, dementia, substance use and mental health challenges.

The demographics reflect the populations that we serve, i.e., early-English learners, children who are neurodivergent and or have physical and behavioral health care needs, older adults with

dementia and their caregivers. We also serve people who are experiencing homelessness, those precariously housed, and people from the LGBTQPIA+ communities. All of the people in our programs have dignity and worth, demonstrate strength, creativity, and resilience, and inspire and challenge the IIHHS staff, students, and faculty on a daily basis.

### *Strategic Rural Engagement*

IIHHS has a longstanding presence in rural Virginia through a number of our programs. The Health Place, which opened in February 2000, is a satellite of IIHHS in rural Page County and serves as a rural hub for active and growing interprofessional practices. Healthy Families is one of two programs that is fully operated from operated from The Health Place, and the other is the Rural Engagement and Capacity Building Hub (REACH). By having a long-time physical presence in these rural communities, Healthy Families is seen as part of the community as well as a conduit to other JMU departments and resources. This has resulted in numerous new student and faculty collaborations within these neighboring rural communities that advance IIHHS's rural engagement.

The Counseling and Psychology Services Clinic established the Page County Behavioral Health Clinic on Fridays at the Health Place to make services more accessible to rural communities. They also started a Rural Health Psychological Clinic in partnership with Valley Health to provide mental health treatment for those receiving medication-assisted treatment for substance use disorders. Brain Injury Connections also uses the space at the Health Place to facilitate service access to clients in Page County and beyond.

REACH moved under the umbrella of the Institute this year, and the goal is for REACH to collaborate with rural communities addressing their identified barriers and inequities in order to improve health and overall quality of life, and to build on and establish projects and partnerships involving JMU faculty, staff and students, and serve as a connection point and resource for community members, organizations, universities and others across the state. By connecting graduate and undergraduate students and faculty with Remote Access Mobile (RAM) Clinics in Page County, facilitating internships, practicums, group projects, and volunteer experiences with a rural non-profit childcare center, and involving students in community listening sessions and forums, REACH advances the mission, vision, and goals of both IIHHS and the university. REACH will continue to explore diverse opportunities to build capacity.

In addition to the programs operating out of the Health Place, several other IIHHS programs are active with rural communities:

- The **Appalachian Replication Project** intentionally serves rural southwest Virginia and northeast Tennessee with the goal of bringing evidence-based sexual health programming to a historically underserved population and the **Sexual Risk Avoidance Education** program has Teen Outreach Programs (TOP Clubs) at Page & Luray middle school as well as Project AIM Cohorts in both schools, and **Personal Responsibility Education Program (PREP)** provides sexual health education programming to students in Page County and Luray Middle and High Schools, and Rockingham County High Schools.



- The **Blue Ridge Area Health Education Center** serves a wide geographic area that extends from Winchester to Charlottesville and includes some very rural communities. AHEC is engaged in outreach to Scholars and high school students who live in rural communities. The new CHW Training and certification, that will be offered through the AHEC program, will have targeted outreach to rural communities, in addition to other areas covered in our region. Members of the community targeted by the **Promotores de Salud** program live and work in rural communities.
- The **Shenandoah Valley Migrant Education Program** has been actively attending events in Clarke and Frederick Counties to increase our presence in those regions and increase recruitment into the program. BookNook set up in Rockingham County by SVMEP to encourage literacy through accessibility.
- The ECHO Program trainings offered by the **Campus Suicide Prevention Center** are particularly helpful in reaching and providing ongoing support to professionals at rural campuses who have limited community resources and limited opportunities for professional collaborations with peers at other universities. A number of rural campuses in Virginia have been heavily involved in our ECHO program. The ECHO program also gives those professionals greater opportunities to contribute to state level discussions.

#### 5.4 Rankings and Recognitions

IIHHS reflects an integrated model of that builds its programs and clinics on respectful relationships among faculty, students, and community partners. To that end, IIHHS benefits from the embeddedness of many of the nationally-ranked academic programs in its work, including nursing, the Applied Behavioral Analysis program, Occupational Therapy and Physician Assistant Studies.

- The Applied Behavioral Analysis program was [ranked](#) number 4 in the country by the online ABA Programs Guide. The **Baird Clinic** is one of the core training sites for students in JMU's graduate ABA program.
- In November 2022, the Access to Respite Care and Hope (ARCH) National Respite Care Network announced that they would continue to recognize **Claude Moore Precious Time** program as an Innovative and Exemplary program for an additional three years; citing our thoughtful and careful changes to our respite model during the pandemic (using tele-respite to serve caregivers and children), the benefits we provide to student learning, and the "wonderful work [we] do to support children and families."
- The short documentary film "Follow You, Follow Me" produced in collaboration between **Health Education Design Group (HEDG)** and the **Disability Inclusive Sexual Health Network (DSHN)** Youth Advisory Board members won Best Screenplay at the 2022 Swan Perth International Women in Film Festival.

## 5.5. Honors College Support

IIHHS hosted seven honors students this year, one of which did their honors thesis working with the Suitcase Clinic, entitling it “Inequity: A Framework for Addressing Disparities in Healthcare.”

## 5.6 Ethical Reasoning in Action

The IIHHS Director, Linda Plitt Donaldson, used the 8 Key Questions as one of the angles by which her students in her Nonprofit Studies Minor Capstone course analyzed their capstone project. In addition, the IPE 415 course, Ethical Decision-Making in Healthcare: An Interprofessional Approach, applies the eight key questions very thoroughly and consistently in each class.

## 5.7 Efficiencies

Some of the adaptations programs and clinics made while navigating the pandemic created some efficiencies that have continued through this year. Some programs and clinics instituted new work flow processes to streamline their efforts. Some of the efficiencies are noted below.

- The **Community Caregiver’s Network** (CCN) empowered students and families to work directly in planning home visit schedules. This has typically been the responsibility of the program coordinator, but in order to become more efficient in coordinating student teams and family schedules, this direct approach has been marvelous. It sets a tone from the very beginning for students to take initiative, contact the family directly, and make plans for home visits in a timely fashion.
- The **Healthcare for the Homeless Suitcase Clinic** instituted a new streamlined database to track patient encounters.
- As part of a state-wide initiative to reduce waitlists for evaluation services, the **Child Development Center** implemented several changes in their referral process. This year, to reduce the time families were waiting for an evaluation, they stopped taking referrals for five months in order to shorten our waiting list. They began to prioritize evaluation slots particularly for children under the age of seven and for children/adolescents who had never been evaluated before. The CDC strengthened their triage procedures through this process to include reviewing records prior to the clients being scheduled to determine if referrals to specific services were appropriate to ensure continuity of care while children were on our waitlist. Because the CDC continues to be short staffed, they streamlined our evaluation services through several changes. The psychologists returned to interviewing parents/legal guardians prior to the evaluation and pass along important information related to the evaluation to other clinicians prior to the client coming into the clinic. The social history portion of our evaluations is now shared by all clinicians, with each asking specific questions related to family functioning. Finally, the care coordinator for each evaluation edits all sections of the reports for their assigned case and communicates any

inconsistencies/corrections to each clinician to consider to create a cohesive document. This has reduced the amount of time our administrative staff have needed to use to edit reports, allowing them to be more efficient in their own responsibilities.

- Three Occupational Therapy students completed their level 1 field work experience with **Interprofessional Services for Learning Assessment (ISLA)** in the Spring of 2023. The students participated in the ISLA Triage meetings and met with stakeholders in the program to identify opportunities for further contribution. Upon reflection of program workflow and processes, the students developed a Resource Guide, including both JMU and local community resources, accessible to Triage team members, Screening and Referral personnel, and JMU students. This guide enhances awareness of available resources.
- The **Healthy Families** program is transitioning in new staff, with retirement of our 23-year full-time employee and another employee headed to JMU grad school. The process of training new staff has been streamlined by working closely with HFA for required trainings and offering opportunities for new staff to shadow current staff, providing a ‘warm handoff’ that will increase retention and help establish new helping relationships.
- **REACH** realized that a designated, paid Coordinator is essential for moving the initiative forward and truly connecting faculty to community identified needs. By using existing funds from the College of Health and Behavioral Studies for a .05 FTE position, filled by a current REACH member, we anticipate increased innovation and community-faculty involvement. Increased funding will be needed as REACH broadens its scope of collaborative capacity-building and faculty-student engagement in rural communities.
- The **Shenandoah Valley Migrant Education Program** limited the division of roles within the program, such as limiting the tutoring process to one person so that said person is aware of everything and can oversee tutors efficiently. As mentioned before, we’ve also transitioned into dividing the Family Education Specialist’s by service regions to be more efficient with our services and understand our regions well enough to adequately support families. Lastly, we’ve created a tracking spreadsheet to keep track of all of the community engagement we do, the services we provide to families, and to keep all data in one location rather than individual folders.
- This year, the **Personal Responsibility Education Program (PREP)** introduced the use of Program Packets to increase student engagement. The packets were made by the PREP team over the summer and implemented in schools for the 2022-2023 academic year. These packets included a pen, small dry-erase board, Expo marker, eraser, post-it notes, and 3 “pinch cards” with images to allow students the opportunity to participate in class without feeling the need to speak up in front of everyone. The PREP team noticed a significant increase of overall classroom engagement in the program due to this implementation and were able to adjust activities for quieter classes. This also allowed for the PREP team to teach in a more inclusive way, allowing for students to offer their ideas in drawings, words, or phrases if they felt more comfortable learning and engaging in that way.

- For the second year in a row, the **Campus Suicide Prevention Center** hosted a SafeTALK Training for Trainers. They were able to train 21 new representatives from 17 different campuses to be able to lead SafeTALK trainings on their own campuses. Several campuses (JMU included) are now using this training for all of their resident assistants; embedding trainers on individual campuses makes this possible. Additionally, it reduces the number of trainings they were being asked to travel across the state to lead, which can often be very inefficient and costly, as well as limiting because they have very few qualified trainers available.
- One of the most important data points the **Gus Bus** collects is student attendance, which is a key objective of our 21st CCLC grants. We strive to see at least 50 unique students weekly per grant site (150 total) across four elementary schools in Harrisonburg. Previously, Gus Bus staff recorded student attendance on paper checklists while at programming, then in a digital spreadsheet after returning to office, and in an online software required by VDOE. This method produced many redundancies and left plenty of margin for error, resulting in delayed entries and inaccurate data records frequently. This year, the Gus Bus designed a new system for staff in which they collect data on site, enter in the online software required by VDOE, and submit the paper attendance for review by the Data Manager every four weeks to ensure regular and accurate entry of this important data point.

To minimize redundancies in data storage and to assist new staff in familiarizing themselves with Gus Bus policies and procedures, the Gus Bus has centralized its data and records to the JMU N:Drive. Additionally, this provides more security for students' and families' personally identifiable information in order to protect the data of the folks we serve. Gus Bus staff at Spotswood After-School have begun implementing a new method of instruction during our one hour of enrichment. Previously at our after-school programs, 15-20 students participated in instruction led by one staff member for one hour. This year, to foster student engagement, effectively utilize planning time, and support student conduct/behavior, the staff at Spotswood After-School shifted their lesson plans to offer three stations for students to rotate between during the hour. Each station is 15-20 minutes and is led by a staff member and/or our trained JMU volunteers.

The Gus Bus implemented a new method for designing and drafting our unique lesson plans called Book CAFÉ (Comprehension, Accuracy, Fluency, Expanding Vocabulary). The lessons all begin with a read-aloud of a picture book and then jump into a variety of content areas in order to support students' reading/comprehension skills and academic knowledge. An example lesson would include reading a story book like "How Big Were the Dinosaurs?" After reading and discussing, students would practice measuring skills by drawing lines in sidewalk chalk equal to the length of dinosaurs in feet and inches, or study cast vs. mold fossil types by creating each of the versions with clay. These lessons have historically served as our curriculum at neighborhood sites on Gus Bus vehicles but have expanded into use at after-school programs as well. The Gus Bus staff used to take turns planning 4-5 lessons every month for all staff to use. This year, staff planned 30 lesson plans during summer months and winter breaks (when little to no direct service took place) in order to foster collaboration during planning and minimize planning time during busier months.

- The **BRAHEC** teams are now using shared files on the JMU N Drive and the **Health Education Design Group (HEDG)** overhauled the module production process to make the module quality better.

## 5.8 Comprehensive Campaign

N/A

## 5.9 Noteworthy Accomplishments

Below is a list of additional noteworthy accomplishments at IIHHS during 2022-2023.

- **Vision of You**, and intervention developed and tested by the SexEdVA team, has been designated an evidence-based program and is included in the Teen Pregnancy Prevention Evidence Review list! Vision of You met the rigorous established criteria for the quality and execution of their research design for a high-quality rating. Vision of You was the only program to demonstrate a statistically significant impact on two outcomes of interest reflecting sexual behavior or reproductive health.

Since 2009, the U.S. Department of Health and Human Services (HHS) has sponsored a systematic review of research on teen pregnancy prevention to identify programs with evidence of effectiveness in favorably impacting (1) teen pregnancy and sexually transmitted infections (STIs) and (2) sexual behaviors. As of April 2018, when the last findings were released, the HHS Teen Pregnancy Prevention Evidence Review had identified 48 programs in the United States meeting the review criteria for evidence of effectiveness based on a review of studies released from August 2015 to October 2016. These criteria require programs to show evidence of at least one favorable, statistically significant impact on at least one outcome of interest reflecting sexual behavior or reproductive health. In addition, the supporting research studies must meet established criteria for the quality and execution of their research designs.

Mathematica recently updated the review findings to include research released from October 2016 to May 2022. As part of this update, the review team identified and assessed studies of 25 programs. Of these 25 programs, 9 were new programs with evidence of effectiveness. Vision of You is one of the nine new programs with evidence of effectiveness and is now included publicly on the list of evidence-based interventions. This summer, the full profile of Vision of You will be added to the interactive database on the TPPER website.

<https://tppevidencereview.youth.gov/pdfs/TPPER-FindingsTechnicalBrief.pdf>

- Both **Healthy Families** sites received accreditation site visits and were re-accredited by Healthy Families America for the next 5 years.
- Several IIHHS programs brought in significant grant support, with our total grant funding for this year being **\$7,963,276** this represents **\$1,110,966** in funding for the university for indirect costs.

## 6. Individual Faculty/Staff Honors and Accomplishments

- **Sharon Maiewski**, Director of the **Suitcase Clinic**, was recognized with the Alger Family Faculty Endowment Award, which recognizes one faculty member per year for their outstanding community engagement efforts.
- **Ashley Dunlap**, Lead Case Manager of Brain Injury Connections was recognized for achievement in becoming Certified Brain Injury Specialist
- **Kim Hartzler-Weakley**, achieved the \$30 Million Dollar funding tier and Highest Awarded Total in FY22. Kim Hartzler-Weakley was also selected to participate in an expert panel to discuss expanding the types of outcomes that are eligible for showing program effectiveness under the Teen Pregnancy Prevention Evidence Review and potential revisions to the standards. The panel members were selected by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Office of Population Affairs (OPA), and Mathematica.
- **Linda Plitt Donaldson's** co-authored article, "Understanding Young Adults Experiencing Homelessness Through a Qualitative Approach" was selected as the 2022 Best Qualitative Articles published with Families in Society, one of the premier journals in the social work profession.

### *Scholarly Publications and Presentations at Professional Conferences by IHHHS faculty and/or Staff*

- Atwood, K., Anderson, R., & Gardiner, L. (November 2022). Expanding Mental Health Service Capacity in Rural Communities: A Collaborative Approach. Presentation accepted at the Virginia Counselors Association Annual Convention.
- Balac, J., Fowler, M., Hochberg, M., Lechner, A. (2023, May 11 -12). Sex Education for Students with Intellectual and Developmental Disabilities, Adolescent Health Initiative Conference, Virtual
- Burns, T., Duer, E., Griggs, A., McKean, K., Thune, K. (2022, July 27 – 28). Piloting Real Solutions: Innovative Strategies in sexual health education for youth with disabilities, Teen Pregnancy Prevention Grantee Conference, Virtual
- Davis, B., Stokes, T.F., Lockwood, H. & Clark, A. (2023, April). Evaluating the temporal location of feedback on performance. Poster presented at the 19th annual conference of the Virginia Association for Behavior Analysis, Harrisonburg, VA.
- Davis, B., Stokes, T.F., Lockwood, H. & Clark, A. (2023, May). Examining the effects of feedback timing on performance. Poster presented at the 50th annual convention of the Association for Behavior Analysis International, Denver, CO. Pankey, V.P.

- Diamond, J. (2022). The relationships are the system: Building strong partnerships for systems change work for optimal youth health in the Appalachian highlands [Conference presentation], Teen Pregnancy Prevention Grantee Conference, Virtual
- Gibbs, D. & Nunley, T. (2023, May 16-17). Supporting the mental health of incoming students. Presentation at the 2023 Higher Education Suicide Prevention Coalition Annual Conference, Philadelphia, PA.
- Griggs, A., Hartzler-Weakley, K. & McKean, K. (2022). Foundations for supporting innovative and inclusive sexual wellness for youth with disabilities to garner buy-in from stakeholders [Research roundtable]. 2022 American Public Health Association Annual Meeting, Boston, MA.
- Griggs, A. & McKean, K. (2022, October 17 -20). How-To Tips to Make Your Sex Ed More Accessible to Youth with Disabilities, along with Their Parents, Caregivers, and Educators, Healthy Teen Network Conference, Miami FL, United States.
- Guisewite, K. (2023). Caregiver Support: Meeting the Diverse Needs of Family Caregiver, Virginia Governor's Conference on Aging.
- Hartzler-Weakley, K., Duer, E., & McKean, K. (2023). Developing a Tool for Monitoring and Evaluating a Network Approach to Innovation: Lessons from Year 1 of the SexEdVA Disability-Inclusive Sexual Health Network (DSHN). *Prevention Science*, 1-11. <https://doi.org/10.1007/s11121-023-01516-2>
- Hartzler-Weakley, K. & McKean, K. (2022). Let's take it to the next level: Evaluating the impact of an online, gamified sexuality education program on adolescent sexual health risk behaviors [Research paper], 2022 American Public Health Association Annual Meeting, Boston, MA.
- Hartzler-Weakley, K. & McKean, K. (2022) Navigating the system: Overcoming implementation challenges in juvenile detention centers to deliver sexual health programming to adjudicated youth [Research paper]. 2022 American Public Health Association Annual Meeting, Boston, MA
- Histand, L., Stokes, T.F., Setchel, S. & Mabery, M. (2023, April). Using free-operant preference assessments and reinforcer evaluations to measure the stability of preferences over time in individuals with developmental disabilities. Poster presented at the 19th annual conference of the Virginia Association for Behavior Analysis, Harrisonburg, VA.
- Leventhal, M.K & Stokes, T.F. (2023, May). The effects of a self-recording procedure on student's on-task behavior. Poster presented at the 50th annual convention of the Association for Behavior Analysis International, Denver, CO.

Nunley, T. & Gibbs, D. (2023, May 16-17). The missing link: How higher education case managers fill in the gaps. Presentation at the 2023 Higher Education Suicide Prevention Coalition Annual Conference, Philadelphia, PA.

Ruiz, J., Lesson, A., & Diamond, J. (2022). Shifting your mental models to unlock change – practical application of systems thinking in teen pregnancy prevention [Conference presentation], Healthy Teen 2022: Dare to Dream of a New Era, Miami, FL.

Sloan, M., Hartzler-Weakley, K., Charles, C., & Butler, J. S. (2022) Testing the influence of public motivation theory and the transformational leadership on nonprofit employee satisfaction. Transatlantic Dialogue (TAD) conference, Roskilde, Denmark.

Starry, R., Stokes, T.F., Longerbeam, M., & Richardson, E. (2022). Incorporating merged treatment procedures for children with autism: A case report. *Journal of Interprofessional Care.* <https://doi.org/10.1080/13561820.2022.2076658>.

Stokes, T.F. (2022, December) Development and promotion of evidence-based early interventions for families and children with attention and learning challenges. Presentation at the 2022 Virginia Autism Hope Summit, University of Virginia, Charlottesville.

Stokes, T.F. (2022, December). Interprofessional collaboration in pre-service training of therapists within a university autism clinic. Invited presentation at the 2022 Virginia Autism Hope Summit, University of Virginia, Charlottesville.

*IIHHS Staff Representation on External Boards, Coalitions, and Committees*

Below is a list of some of the local boards, coalitions, and committees IIHHS staff are engaged with to contribute to the community.

<p>Blue Ridge Free Clinic Board          Safety Net Coalition;          Healthcare for the Homeless Coalition          Harrisonburg RAM Board – Medical Lead.          VA Sexuality Network          The shOUT Coalition, sexual health coalition in Southwest Virginia.          Rockingham Community Services Board          Sentara Healthy Families of the Blue Ridge Advisory Board          Hand-in-Hand Advisory Board          Suicide Prevention Interagency Advisory Group          Nonprofit Council          Health Community Collaborative          Aging in Place Council</p>	<p>Page County Alliance for Community Action          United Way ALICE Coalition;          Out of School Learning Coalition          Family Youth Initiative          Ready Regions, Mixed Delivery Leadership Team          Harrisonburg-Rockingham Food Coalition;          Patchwork Panty          Tobacco Free VA          Faces 4 Change          Rockingham Harrisonburg, ASAP          Latino Health Council of Augusta County          Corona Comite Salvadoreno Paisanos Unidos (COSPU)          South River Watershed Coalition          Partnership for Elderly and Disabled (Shen Co)          TRIAD (Shen Co)</p>
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## 7. Conclusion

IIHHS is an exemplar Institute at JMU in cultivating and stewarding relationships among community, faculty, and student for positive impact. Institute staff and faculty from the wide variety of clinics and programs have demonstrated masterful creativity, innovation and resilience as we have emerged from the depth of the pandemic. The trends shown in Table 1 of Section 5.1 show the resilience of IIHHS with 2022-2023 recording our largest dollar amount of grant awards in our history, \$7,963,276, and showing higher numbers in most indicators than our most recent pre-pandemic year (2019-2020). In the midst of these times, we created a 3-year strategic plan and have made strides in accomplishing our objectives. We are making good progress on the recommendations from our Academic Program Review, and will continue to demonstrate our record of high quality education and services to advance JMU and CHBS' missions to educate enlightened citizens who make meaningful contributions to the world.

## IIHHS' Contributions to CHBS Strategic Goals Appendix A

**IIHHS** is an engine of innovation for student engaged learning beyond the classroom and into community-based programs and clinics that serve surrounding neighborhoods and the Commonwealth. We are strong contributors to the three CHBS Strategic goals, and the whole of this report gives evidence for how we, and each of our programs, contribute to them. The table below includes a few highlights to give some examples of how IIHHS supports the CHBS Strategic Goals.

**CHBS Goal 1:** Expand our status as a national leader in student-centered education, scholarship and practice that is interprofessional, interdisciplinary, and community-engaged in order to addresses complex problems.

- IIHHS is a driver of engaged learning for CHBS students. Last year, **999** students engaged in IIHHS programs, and this translated into **42,725** hours of student engagement in direct services, program support, service learning, and other collaborative endeavors. IIHHS programs provided an extensive range of opportunities for JMU undergraduate and graduate students through our community engagement and clinical programs:
  - o 43 students were placed with IIHHS programs as interns.
  - o 418 students volunteered with our programs in a variety of capacities.
  - o 463 students completed their required practicum with IIHHS programs.
  - o 4 received graduate/teaching assistantships.
  - o 65 fulfilled class-required community service learning requirements.
  - o 6 students were employed by IIHHS programs.
  
- IIHHS is a hub for Interprofessional and Interdisciplinary learning at IIHHS. Last year, **850** students participated in our signature IPE and IDE workshops (Life in a State of Poverty and Building Cultural Humility), and **200** students enrolled in the three IPE courses offered through IIHHS providing interprofessional approaches to ethics, trauma, and caregiving.
- IIHHS provides an opportunity for community-engaged scholarship and service. Last year, **103** faculty members were engaged with IIHHS programs, representing 24 academic disciplines, the majority of which were from CHBS.
- IIHHS was selected to lead the Virginia Department of Health Evaluation for multiple five-year CDC grants focused on chronic disease in the Commonwealth. This will provide meaningful research and scholarship opportunities for faculty, graduate and undergraduate students.
- IIHHS faculty and staff published or presented 21 publications and presentations from their work connected to IIHHS.
- The IIHHS inventory of non-profits, schools, school districts, hospitals, health care providers, faith communities, social service agencies, businesses, other colleges/universities and government agencies numbered 525 this year, and included 869 distinct program connections demonstrating the way that IIHHS is an extender of CHBS into the community collaborating with organizations to address complex problems.
- IIHHS hired an Associate Director for Interprofessional and Interdisciplinary Education who will add considerable capacity to the College's efforts to facilitate the showcasing of our work in IPE and IDE, and grow our efforts related to interprofessional and interdisciplinary education. This person will start in July 2023.

**CHBS Goal 2:** Identify and dismantle oppressive, racist and discriminatory policies, practices, and processes by prioritizing resources to move the college into inclusive excellence that promotes a culture where every member can flourish.

- Appendix D is the IIHHS Unit Plan for Inclusive Excellence that describes our considerable contributions to advancing this important goal.

**CHBS Goal 3:** Explore, assess, and implement innovations in teaching, scholarly activities and work processes to positively impact the world.

- IIHHS generated \$7,963,276.03 in new grant awards to drive community engagement. These grants include \$1,110,966 in funding for the university in indirect costs, 50% of which is shared between the Provost, the Dean's office, and IIHHS to invest in research and other innovations.
- Vision of You met the rigorous established criteria for the quality and execution of their research design for a high-quality rating, and achieved designation as an evidence-based program and is included in the Federal Teen Pregnancy Prevention Evidence Review list. Vision of You was the only program to demonstrate a statistically significant impact on two outcomes of interest reflecting sexual behavior or reproductive health.
- The Clinical Billing Office processed \$463,993 in clinical services cost recoveries to support the innovative teaching efforts in those clinics that bill for services. In May 2023, IIHHS hired an Interim Associate Director for Clinical Services, whose role will include supporting clinics in establishing innovative work flow processes to strengthen ability to dedicate more time to service provision. A major innovative undertaking for Clinical Services in 2023-2024 will be the implementation of Mediat, a long-awaited electronic medical record system that will improve record access, facilitate referral tracking, synthesize data outcome reporting and many other efficiencies.
- An important innovation was to establish the Rural Engagement and Capacity Building Hub (REACH) under the umbrella of IIHHS to build on the seed funding from CHBS and COB. In January 2023, REACH applied for and was awarded a \$100,000 Rural Network Development Planning Grant, which will bring capacity to REACH's efforts in rural communities.
- IIHHS and the Department of Health Professions formalized their collaboration to give greater stability and sustainability to the Healthcare for the Homeless Suitcase Clinic. A PA faculty member, Sharon Maiewski, started as the Director this past year and has made important strides in enhancing the program that have benefited students and the community in meaningful ways already.

#### **Alignment of CHBS and IIHHS Strategic Goals**

The strategic goals for IIHHS are defined below with a note in parenthesis that shows their specific alignment with the three CHBS strategic goals.

1. Identify and expand areas of research and scholarship to strengthen individual program goals and elevate the community-engaged work done through and facilitated by IIHHS. (Aligned to CHBS Goals 1 and 3)
2. Grow as a model for participatory, equitable, and reciprocal community engagement where community members, scholars, students, and staff work together to build on community strengths and to address community-identified needs using a social determinants of health framework with an equity lens. (Aligned to CHBS Goals 2 and 3)
3. Identify and dismantle oppressive, racist, and discriminatory policies, practices, and processes to strengthen its climate and culture so all those engaged with IIHHS programs and clinics can thrive and flourish. (Aligned to CHBS Goal 2)
4. Foster innovation in community-based programming, clinics, and interprofessional/interdisciplinary education and collaborative practice. (Aligned to CHBS Goals 1 and 3).

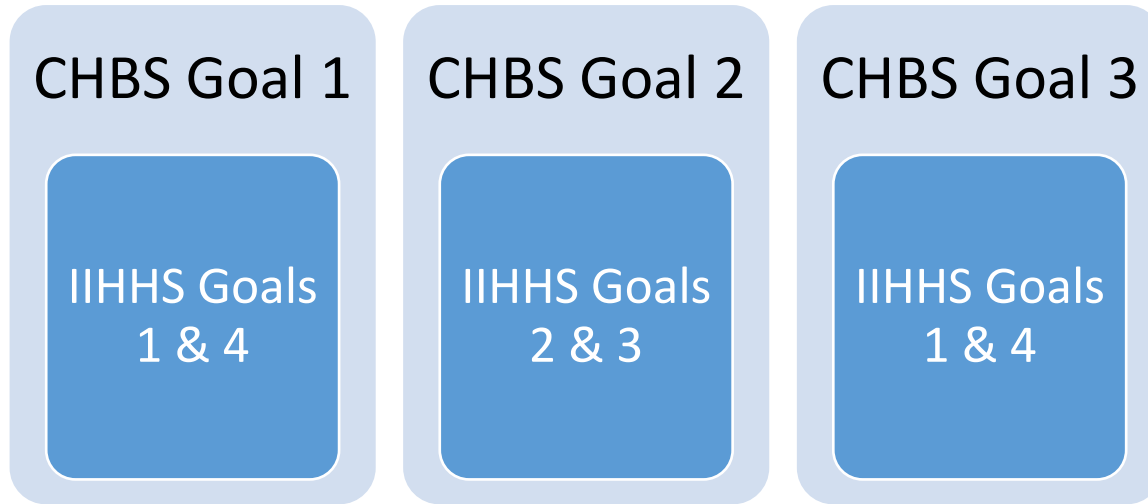


Figure 1. IIHHS and CHBS Goal Alignment

Figure 1 shows the relationship between CHBS and IIHHS strategic goals, i.e., which IIHHS strategic goals directly align with the CHBS strategic goals. Appendix C provides the specific action steps related to each of the IIHHS strategic goals.

**APPENDIX B**  
**INSTITUTE FOR INNOVATION IN HEALTH AND HUMAN SERVICES**  
**ACADEMIC PROGRAM REVIEW**  
**EXTERNAL REPORT RESPONSE**  
**STATUS UPDATE**  
**2022-2023**

**BACKGROUND**

In 2021, the IIHHS Leadership Team (LT) undertook a self-study and wrote a report that reflected our history, current structure, accomplishments, and needs for the future. Based on our recommendations, JMU assembled a consulting team that included Karen Ford, JMU Chair; Wendy Shaia, Executive Director of the Social Work Community Outreach Service at University of Maryland School of Social Work; Katie Robinson, Sentara RMH, and Kerry Thomson, Executive Director of the Center for Rural Engagement at Indiana University.

The External Consultants (EC) noted strengths and challenges in three core areas identified by the IIHHS LT as areas where they needed additional guidance. (These Core Areas were: 1) Physical Space; 2) Shoring up infrastructure support, and 3) Strengthening and evaluating our model of community engagement for equity, reciprocity, and mutuality. The EC offered several recommendations for IIHHS to move forward in these areas. The purpose of this Appendix is report on the status of the actions we said we would make in response to the APR recommendations.

Before addressing the three core areas, it's important to note two overarching strengths of IIHHS noted by the EC. First, they found that "IIHHS is the most critical part of the university being able to claim itself as a 'community engaged' campus", and they challenged us to "claim that space." They also noted that IIHHS has an important place in the university to address anti-oppression through a community-engaged approach. Their recommendations in each of the core areas address strategies to strengthen our work, our visibility and the equitable approaches we use for community engagement.

**PHYSICAL SPACE**

The EC noted several strengths related to our physical space:

1. The expansion to new space in 220 University Blvd has enabled IIHHS to find office space for staff in new grant-funded programs.
2. The Campbell building has clinic exam rooms that are well-suited to their educational and clinical needs.

3. The co-location of multiple programs provides excellent opportunities for staff to collaborate around ideas, innovation, and share insights on best practices.
4. IIHHS also has programs that are in-the-field such as the Gus Bus and the Health Place, which extends JMUs reach into Page County.

Recommendation from External Site Review Team	Status Update
<p>1. IIHHS should relocate administration, staffing and the Harrisonburg clinics to a single university building.</p>	<p>In the past year, the University initiated the pre-planning phase of a second building to house expanding academic programs in the College of Health and Behavioral Services. Clinical services housed with and supported by IIHHS have been involved in conversations about space needs in the new building with the expectation that most clinical services located at Campbell will move to the new space. This will free up space in Campbell to allow a consolidation of program staff and reduce some of the overcrowding currently being experienced in shared offices. The University awaits budget approval before breaking down on this initiative. If funded, it will likely be 3-5 years before any impact will be felt by IIHHS.</p>
<p>2. IIHHS should carefully consider utilizing satellite locations for therapy, treatment, and outreach.</p>	<p><b>No Action Needed:</b> The Health Place is IIHHS’ satellite location in Page County. IIHHS programs offering services at the Health Place include the Counseling and Psychological Services Clinic, Brain Injury Connections, Healthy Families, and the Rural Engagement and Outreach Hub (REACH), and the Rural Health Psychology (RHPC) operates in Page County in property owned by Valley Health. Aside from the clinics that are shared with CHBS academic units, most of the programs at IIHHS are already operating in the communities where services are being delivered. All of the sexual health educational programs are being done in the schools, Gus Bus provides services in schools or in neighborhood settings, Futuro Latino conducts its work at community sites in Harrisonburg and Rockingham County, several programs provide services in people’s homes (Healthy Families, Precious Time, Caregivers Community Network, Migrant Education), and the two additional clinics (RHPC and PGBH) are . So we argue that the majority of IIHHS programming is already embedded in community settings. Therefore, at this time, we do not feel a need to examine additional community-based locations to serve as satellite locations for IIHHS. As we continue to work with academic units on growing clinic capacity for training more clinicians while also serving more people in the community, we will encourage the exploration of additional satellite locations that may make behavioral health services more accessible.</p>

## SHORING UP INFRASTRUCTURE SUPPORT

The EC identified the following strengths showing IIHHS' core role in advancing academic and overall mission of University and College and need for additional infrastructure support.

1. IIHHS provides valuable student learning experiences, important clinical services, and health promotion programming needed by the community, and opportunities to elevate community-based research.
2. Community members perceive significant value to the Harrisonburg-Rockingham community and beyond from IIHHS programs and services.
3. IIHHS has succeeded in bringing in a considerable portion of JMU's total grant revenue. As JMU transitions to R2 status, IIHHS will continue to be a key mechanism for research.
4. Collaboration between faculty and IIHHS programs and clinics increases the quality and comprehensiveness of services provided to clients.
5. IIHHS leadership and staff have developed and maintained meaningful relationships with community partners; community members articulated appreciation for the faculty, staff, and work of the Institute.

Given these strengths, the External Site Reviewers recommended that IIHHS make a stronger case for University support given the centrality of IIHHS' community engaged work to the mission of both the University and the College. Below are responses and actions to date on the recommendations they offer to help IIHHS make that case.

Recommendation from External Site Review Team	Status Update
1. The Institute must strengthen the impact evaluation of IIHHS and services outcomes, beyond the scope of grant reporting requirements.	In Fall 2022, IIHHS initiated a pilot initiative where we paired two HBS faculty collaborators with two IIHHS programs to design a logic model, and evaluation plan that may lead to a publication, presentation, and/or a grant submission. IIHHS is still in the process of preparing the findings for this initiative. The expectation is that we will build on and expand on this pilot program next year and beyond and will also include impact evaluation for IIHHS as a whole, among the evaluation projects.
2. The Institute must also strengthen the impact evaluation of student learning outcomes associated with field placements with IIHHS programs/services, including IPE offerings coordinated through IIHHS.	At JMU, academic units and the Center for Assessment and Research Studies (CARS) take initiative on evaluating student learning outcomes, including the learning from student field placements at IIHHS. However, we believe there is a role for IIHHS to further examine student learning outcomes in light of their individual placements and experiences with IIHHS programs beyond what is done within academic units. In the summer of 2023, IIHHS will convene a meeting with staff from CARS to talk about specific strategies to address student learning

Recommendation from External Site Review Team	Status Update
	<p>outcomes. We also plan to consider longitudinal approaches to measuring longer impact of student experiences at IIHHS on their lives and careers post JMU as part of our Evaluation Initiative, but starting in 2025.</p> <p>In addition, IIHHS has already taken steps to strengthen its approach to measuring student learning outcomes in its Interprofessional Education (IPE) workshops, <i>Life in a State of Poverty</i>, and <i>Building Cultural Humility</i>. In the summer of 2023, IIHHS will hire a new Associate Director for IPE and IDE who will continue the work of developing a stronger evaluation plan related to student learning outcomes for the two signature workshops and other IPE courses coordinated through IIHHS. These will focus on specific changes in knowledge, attitudes and behaviors using a variety of instruments, including pre and post-test measures. We expect to implement these changes with at least one of the workshops in the Fall of 2024.</p>
<p>3. Develop a coordinated, Institute-wide marketing and communications plan that communicates IIHHS' outcomes and value to the University and the community.</p>	<p>Over the past year, IIHHS formed a Social Media Communications Team and they have developed a social media posting calendar, identified tools to facilitate posting to multiple platforms, some sample postings, and other material to strengthen IIHHS communication efforts. We plan launch the social media plan in the summer of 2023, posting once a week throughout the year, which will require each program to post, at a minimum, twice per year. Furthermore, IIHHS did host an iTALKS event to raise awareness about and give visibility to IIHHS programs and clinics in October 2022.</p>
<p>4. Evaluate opportunities for using grant indirects to increase faculty and community involvement in programs/services rather than solely supporting infrastructure costs.</p>	<p>As noted above, IIHHS launched its Evaluation Initiative in the Fall 2022, and invested \$10,600 from our IDC budget to support the initiative: \$6,000 for faculty stipends, \$3,935 for student research assistants, and \$125 in miscellaneous supply costs. IIHHS will continue to use IDC to encourage collaborative research, and expanding these stipends and grants to community partners will be explored by the IIHHS Leadership Team in the coming year.</p>
<p>5. With more infrastructure support, IIHHS could take on additional responsibilities for training and preparing students for their field placements, relieving the burden on academic faculty.</p>	<p>We believe that academic units are the best place for students to be prepared for their field placement and practicum experiences because they know best the values, codes of ethics, and accreditation standards that guide their disciplines. However, IIHHS has formed a planning team based on our strategic planning process to develop onboarding for students at IIHHS that includes knowledge and skills related to Inclusive Excellence, which we hope to roll out in Fall 2024.</p>
<p>6. Consider whether IIHHS would function more effectively as a more independent center rather than as a unit of CHBS. Functioning at a university level</p>	<p>No Action. At the present moment, we feel IIHHS is best positioned to remain as a unit of CHBS. Most IIHHS programs and all of our clinic activities are linked to CHBS programmatically and/or to health domains. Furthermore, our college</p>



Recommendation from External Site Review Team	Status Update
might open more opportunities for visibility and collaboration.	leadership is supportive of our work, and encourages collaboration with faculty from other colleges; we do not feel that our placement within CHBS limits our collaborative reach across the university.
7. IIHHS needs to consider how to move to “a fully community-engaged” model, to make relationships with community partners more egalitarian and mutually beneficial.	In spring/summer 2022, IIHHS staff engaged in a strategic planning process that examined questions raised related to strengthening our approach to a more fully community-engaged model. Specific action steps were identified to extend this effort and are described in Appendix B, under Goal 2, “Grow as a model for participatory, equitable, and reciprocal community engagement where community members (external), scholars, students, and staff work together to build on community strengths and to address community-identified needs using a social determinants of health framework with an equity lens.”

**STRENGTHENING AND EVALUATING OUR MODEL OF COMMUNITY ENGAGEMENT FOR EQUITY, RECIPROCITY, AND MUTUALITY SHORING UP INFRASTRUCTURE SUPPORT**

Strengths

The EC identified a number of strengths on which IIHHS can build to enhance its model of community engagement.

1. IIHHS has a range of important programs serving the community, crossing several counties and delving into sensitive topics. Students are offered valuable opportunities to engage in community services in action.
2. IIHHS has an articulated commitment to equity and is already working on an equity audit, and developed opportunities for staff to engage in conversations related to DEI with support from the CHBS DEI Director.
3. Community members are consulted to shape programs through advisory boards, and client/community feedback processes.

Recommendation from External Site Review Team	Status Update
1. Organizations who truly value representation at the highest forms of leadership make it a priority to ensure that representation of many types if present at all levels of the organization. IIHHS should make a concerted effort that the next person hired into the leadership team is a person of color. In the meantime, it would make sense for IIHHS to devote a portion of a staff member’s salary to assume higher-level administrative tasks which will allow them to become a permanent part of the leadership team.	In May 2022, we changed the structure of the IIHHS Leadership Team to add three new staff positions as full members making clear in the application process that we were seeking perspectives not already represented on the Leadership Team. We initiated an application and selection process and invited three new members to the Leadership Team. All were people of color. However, two have already transitioned out of their roles, one to relocate to DC and another to take a more lucrative, remote position. The LT will examine how to strengthen staff representation on LT to enhance inclusive excellence. We will be hiring three new Director positions that are structurally embedded into the IIHHS Leadership Team. We expect that one out of three of those new Directors will bring racial and ethnic diversity to the LT.

Recommendation from External Site Review Team	Status Update
<p>2. The focus on mutuality and reciprocity with the community does not appear to be equitable. IIHHS should focus on seeing the community as a seat of rich knowledge, experience, perspectives, etc. How can they help shape the Institute, e.g., involvement in boards that are not simply advisory; help to develop/teach curriculum; participate in research review activities; lead CBPR activities?</p>	<p>The Institute intends to examine the meaningful role and engagement of community in the coming year, including establishing a form of board for community members to contribute to IIHHS in a continuous way. IIHHS also hopes the Evaluation Initiative will evolve to include a more CBPR approach, where community partners are engaged in all phases of the research process, and to put resources toward breaking down barriers to implementing that model.</p>
<p>3. The IIHHS Steering Committee is made up primarily of faculty and staff. This could be an important place to include community partners and service recipients. This would allow partners to sit at the table during the planning phase of projects instead of simply as the recipients of Institute’s expertise.</p>	<p>In 2022-2023, the IIHHS LT reimagined the Steering Committee and has defined a clarified, membership roles, and meeting schedule. This new structure will be implemented in Fall 2023. In 2023-2024, we will develop a plan to include community voices in the IIHHS structure, anticipating an implementation of Fall 2024. We decided to have an internal board and an external board, with opportunities for overlap over mutually shared interests. More information about this structure will be describe in the next annual reporting process.</p>
<p>4. The Institute has a valuable opportunity to support service recipients and other community members in engaging in organizing, advocacy, and other activities that build their power and shape society. Without this shift in power, the Institute will continue to serve the next generations of the same families in perpetuity</p>	<p>IIHHS has a vision to address power and structural change in conjunction with our community in two primary ways. First, programs could use their program and evaluation data to package information that could inform public policy and budget priorities. Taking these additional steps has not been a stated expectation for our programs, and we are gradually building this capacity through our Evaluation Initiative.</p> <p>Second, IIHHS has a desire to co-collaborate with the community on a grant whose purpose is to foster a ‘culture of health’ broadly defined. The Robert Woods Johnson foundation has a grant opportunity that we have been considering for this purpose. The pandemic has set back efforts engaging in the community conversations that would identify community leaders with whom we could invite to the table to begin planning. A focus of our efforts in the coming year are to consider how to strengthen community voices in the work of IIHHS, and a collaborative grant could be one opportunity.</p> <p>Third, our strategic planning process has surface a number of actions that IIHHS will undertake to live out our solidarity with the community. Specific action steps are described in Appendix B, under Goal 2, “Grow as a model for participatory, equitable, and reciprocal community engagement where community members (external), scholars, students, and staff work together to build on community</p>

Recommendation from External Site Review Team	Status Update
	strengths and to address community-identified needs using a social determinants of health framework with an equity lens.”
5. The Institute would be well served by determining which anti-oppressive framework will be used widely across the organization, training and reinforcing that message at every opportunity.	The Strategic Planning process of 2021-2022 identified some process goals related to more clearly defining our frameworks. We hope to embark on those processes in 2023-2024 to more clearly define our framework related to both community engagement and inclusive excellence.

**Appendix C  
IIHHS Strategic Plan  
1-3 Year Plan  
September 2022**

**Timeline Definitions**

Year 0 – Time before Fall 2022 when plans were already in progress

Year 1 – Fall 2022-through Summer 2023

Year 2 – Fall 2023 through Summer 2024

Year 3 – Fall 2024 through Summer 2025

**Goal 1:** Identify and expand areas of research and scholarship to strengthen individual program goals and elevate the community-engaged work done through and facilitated by IIHHS.

<b>Action Ideas (Research, Scholarship, Evaluation, Assessment):</b>	<b>Design Timeline</b>	<b>Implementation Timeline</b>
<p><b>1. Pilot IIHHS Evaluation Initiative:</b> This is an initiative led by Kim Hartzler-Weakley where programs are paired with faculty and journey together over the course of a year to develop and implement an evaluation plan that leads to a publishable article or grant. The pilot kicked off in Fall 2022.</p>	<b>Year 0</b>	<b>Year 1</b>
<p><b>2. Develop and deliver research and evaluation related workshops for IIHHS staff.</b> Building on the Pilot Evaluation Initiative, IIHHS wants to build capacity for research and evaluation among staff. The pilot will inform some of the offerings for workshops for staff to strengthen their evaluation skills.</p>	<b>Year 2</b>	<b>Years 3</b>
<p><b>3. Work with office of Research and Scholarship, the honors College and faculty to connect students with research/independent study opportunities at IIHHS.</b> This action item is related to establishing pathways and timelines for inviting students into our work to support the University’s goal of strengthening undergraduate research. Connections to graduate students may also be included in this action item.</p>	<b>Year 1</b>	<b>Years 2 and 3</b>
<p><b>4. Every two years, hold an IIHHS event where faculty can meet with programs to discuss potential research and other type of collaborations.</b> The iTALKS event is one example of an event where faculty can talk with program staff about collaborations. This intended purpose of this group is to consider other ideas to bring program staff and faculty together to discuss potential collaborative research or community-engaged projects. The College of Health and Behavioral Studies provides an opportunity for faculty to apply for “Collaborative Grants” to support such projects. Guidelines are <a href="#">here</a>.</p>	<b>Year 0</b>	<b>Year 1 (iTALKS)</b>

<b>Action Ideas (Research, Scholarship, Evaluation, Assessment):</b>	<b>Design Timeline</b>	<b>Implementation Timeline</b>
<p><b>5. Develop ways to share more digestible information from the IIHHS Annual Report (data visualization):</b>  The format for the IIHHS annual report is bound by JMU guidelines. We would like to find ways of sharing the information in shorter, more digestible, and more interesting ways. There can be more than one way to do this. The purpose of this group is to brainstorm and execute ideas related to sharing data/stories about the Institute that can be shared with a variety of audiences, including the external community.</p>	<b>Year 1</b>	<b>Year 2</b>
<p><b>6. Conduct research that measures IIHHS’ impact on the community, students, and faculty and other topics of interest.</b> We are interested in developing strategies that measure the long-term impact of IIHHS on the community, students and faculty. As we build a ‘culture of evaluation’ and a capacity for research and evaluation across the Institute, it will be good to incorporate some longitudinal studies and other strategies to measure our impact.</p>	<b>Year 3</b>	<b>Post Year 3</b>

**Goal 2:** Grow as a model for participatory, equitable, and reciprocal community engagement where community members (external), scholars, students, and staff work together to build on community strengths and to address community-identified needs using a social determinants of health framework with an equity lens.

<b>Action Ideas (Reciprocal and Equitable Community Engagement):</b> *For this goal, community refers to people, agencies, and neighborhoods external to JMU	<b>Design Timeline</b>	<b>Implementation Timeline</b>
<p><b>1. Increase IIHHS’ presence at community events:</b> We are trying to raise the visibility of IIHHS in the external community. One way to do this is to ‘table’ at events in the community, i.e., go to events (Health/Resource Fairs, Festivals, First Fridays, etc). This group would identify a list of these events, recommend events to prioritize, in terms of IIHHS presence, and identify/create materials for us to bring to these events. They would create a calendar of events.</p>	<b>Year 1</b>	<b>Years 2 and 3</b>
<p><b>2. Form a working group to define and operationalize our community engagement framework/model:</b> We are trying transform into an organization that is led by community-identified priorities, where we co-create, co-write, co-imagine how we build a culture of health and equity in our community. We need to clearly identify the elements of this framework, define them, and show how they fit together, and what they might look like at IIHHS and its programs.</p>	<b>Year 1</b>	<b>Years 2 and 3</b>
<p><b>3. Create a Rural Engagement and Outreach Coordinator position that operates out of the Health Place:</b> This is an extension of the Rural Engagement and Capacity Building Hub project out at the Health Place. A plan is in place</p>	<b>Year 1</b>	<b>Done</b>

<b>Action Ideas (Reciprocal and Equitable Community Engagement):</b> <b>*For this goal, community refers to people, agencies, and neighborhoods external to JMU</b>	<b>Design Timeline</b>	<b>Implementation Timeline</b>
to hire a very part-time person who can get this program going. Someone is already identified to serve in this role, so a group or committee isn't needed right now unless they want to work on a grant-writing team.		
<b>4. Plan and design a Community Award Banquet that would take place every 2 or 3 years where we celebrate our community partners and give out awards to them.</b> This team would be the nuts and bolts of a Community Award Banquet. First they would consider whether or not there should be categories and what criteria should be used to determine what community partners would be selected to receive an award. They would determine the selection process, and what the awards would be. Who would be invited to the Community Awards Banquet? They would plan the format of the Community Award Banquet. Is it really a banquet or something else? How often should it be and when it's time, they would actually plan the event.	<b>Year 2</b>	<b>Year 3</b>
<b>5. Develop a program where we would provide small grants to community groups (residents of communities) where they could pursue an innovative idea that would benefit their community. – tie this to community award banquet.</b> (The idea for this was based on the " <a href="#">Grants for Blocks</a> " program in Savannah.) We could make small grants (\$500 to \$1000) available to neighborhood groups to improve quality of life in neighborhoods/communities. How do we let people know? Who would qualify? What kinds of projects would qualify? How would they apply? Who would serve on the selection committee? Should there be any accountability (like a visit?) Can we provide small community grants or how could we do that? Would we need to connect it more formally to a program? <a href="#">[Here's more detail on the Grants for Blocks program.]</a>	<b>Year 2</b>	<b>Year 3</b>
<b>6. Make a list of BIPOC organizations and associations and begin setting up relational meetings to serve as a grounding for partnerships and staff recruitment.</b> Efforts to diversify our staff teams, diversify our community collaborations, and targeted programming would benefit by building deeper relationships with more BIPOC organizations and associations in our community. So first, we need to identify who the organizations/associations are, identify points of contact, and then develop a process for building these relationships. Who, when, and how, and to what end?	<b>Year 1</b>	<b>Years 1, 2 and 3</b>
<b>7. Partner with X-Labs on a community-identified project with students. Make this a regularly scheduled opportunity (every 2 years or something).</b> As we develop a process of dialoging with community groups, join with them in a project with the X-Labs where the community presents a 'wicked problem,' and X-Labs faculty with the community, IHHHS, and students work together to develop responses and maybe even a prototype to respond.	<b>Year 2</b>	<b>Year 3</b>

**Goal 3:** Identify and dismantle oppressive, racist, and discriminatory policies, practices, and processes to strengthen its climate and culture so all those engaged with IIHHS programs and clinics can thrive and flourish.

<b>Action Ideas (DEI &amp; Inclusive Excellence):</b>	<b>Design Timeline</b>	<b>Implementation Timeline</b>
<p><b>1. Implement Community Engagement Equity Rubric.</b> In 2021-2022, a committee at IIHHS developed the Community Engagement Equity Rubric. The instrument is designed to help IIHHS programs examine and reflect on their own program’s progress toward equity and inclusion. The implementation team will determine how to put the rubric into action, what the follow-up will be, and developing systems of accountability.</p>	<b>Year 0</b>	<b>Year 1</b>
<p><b>2. Implement Brave Doors.</b> Brave Doors is an internal asynchronous training designed for and by IIHHS staff in partnership with Dr. Darius Green. Brave Doors training is intended to prepare staff for difficult, trauma-informed conversations with colleagues around DEI concerns by deeming someone who completes the training a “Brave Door”. Once the training curriculum is complete, IIHHS staff will need to oversee the registration and completion of the Brave Door training which will include enrolling participants in the Canvas course and providing them with Brave Doors materials once the training is completed. Furthermore, this group will host three in-person Brave Doors practice sessions annually to offer those who are trained time to role play challenging conversations. The committee will need to think through sustainability and how to keep it fresh, updated, and on a cycle of continuous training and support for those who hold the Brave Doors.</p>	<b>Year 0</b>	<b>Year 1</b>
<p><b>3. Hold an IIHHS Summer Picnic for staff with games and relationship building.</b> This committee will plan and implement a Summer Picnic for all of IIHHS. Planning will include finding space, organizing activities, ordering food, and managing day of logistics.</p>	<b>Year 1</b>	<b>Year 2</b>
<p><b>4. Design IIHHS-specific Supervisor Training.</b> Currently, those who become a supervisor or are hired to be in a supervisory role at IIHHS receive training within their own program, with little overlap and consistency across programs. A committee will form to develop an IIHHS-wide supervisor training that will become an expectation for all new supervisors across IIHHS. The team working on this action item will determine content for the training and work to produce a training/plan for new supervisors.</p>	<b>Year 1</b>	<b>Year 2</b>
<p><b>5. Design a staff orientation</b> Currently, new hires at IIHHS receive training within their own program, with little overlap and consistency across IIHHS, with the exception of the New Staff Welcome. A committee will form to develop an IIHHS-wide staff orientation that will become an expectation for all new hires across IIHHS. The team working on this action item will determine content for the orientation and work to produce a training/plan for new hires.</p>	<b>Year 1</b>	<b>Year 2</b>

Action Ideas (DEI & Inclusive Excellence):	Design Timeline	Implementation Timeline
<p><b>6. Cultivate regular and ongoing in-house events around topics for discussion to build knowledge and skill among staff around a variety of topics related to diversity, equity, and inclusion. The IIHHS DEI Library may be a good resource for this.</b> Similar to Lunch &amp; Learns, this group will plan for PD opportunities that are offered to IIHHS staff. This could include, but isn't limited to, finding guests to speak about topics of interest, promoting use of the DEI library, and hosting informal discussions for staff.</p>	Year 1	Year 2
<p><b>7. Partner with community organizing partners to build power and solidarity in dismantling oppression (part of community engagement framework).</b> In alignment with the community engagement framework to be developed, this group will cultivate meaningful partnerships with community organizations and IIHHS programs in order to advocate for community-defined needs and dismantle oppressive systems. So first, we need to identify who the organizations/associations are, identify points of contact, and then develop a process for building these relationships. Who, when, and how, and to what end?</p>	Year 2	Year 3
<p><b>8. Provide opportunity for students to provide feedback, specifically related to Inclusive Excellence, each semester.</b> Develop a process across IIHHS programs to gather feedback from JMU student volunteers and interns who work with IIHHS each semester. This might include developing a standardized survey, sharing findings, and generating a report for programs or in aggregate for all of IIHHS.</p>	Year 2	Year 3
<p><b>9. Conduct an environmental scan of our physical spaces with the goal of having our spaces be inclusive and inviting.</b> Identify a model for completing an environmental scan and implement the assessment of all of our physical spaces at IIHHS, to include the Campbell Building, 220 University Blvd., the Gus Bus mobile classroom vehicles, Virginia Ave., the Health Place, and the Healthy Families Shenandoah County Woodstock offices. The group might also recommend changes based on the findings from the scan.</p>	Year 2	Year 3

**Goal 4:** Foster innovation in community-based programming, clinics, and interprofessional/interdisciplinary education and collaborative practice.

Action Ideas (Innovation):	Design Timeline	Implementation Timeline
<p><b>1. Create mechanism/process for staff and faculty to share ideas (e.g., innovation after hours; innovation hour each week, IIHHS Think Thank for Innovation, monthly brown bags where staff can present on innovative ideas they are doing in their programs, etc.)</b> Staff have expressed a desire to have dedicated, carved out time to offer or think together about innovative ideas. Or to share and/or get feedback on innovative</p>	Year 1	Year 2



Action Ideas (Innovation):	Design Timeline	Implementation Timeline
<p>things they are already doing in their programs. The goal could be to create something new or to get feedback on an existing project. This group would think about how to structure time to invite this sharing.</p>		
<p><b>2. Consider staff and faculty awards for innovation (See Goal 3, #8):</b> Should we have an IIHHS staff/faculty award for innovation? If so, what should the selection criteria be? What should the process be? What should be the process? Who should be on the selection committee? Would people apply or be nominated? What should the application/nomination process look like? When should the award(s) be given? Should there be one for staff and one for faculty? Just one? This group would think through these and other questions related to this, and make a recommendation to the Leadership Team.</p>	Year 2	Year 3
<p><b>3. Offer IIHHS mini-grants for innovation projects that are internal to IIHHS:</b> If IIHHS were to offer a mini-grant (\$1,000) program (similar to the one offered at CHBS), what would that look like? What kinds of projects would qualify? How would people apply? What would the application look like? What is the expectation of these grants in terms of outcomes? How would it be announced? This group would answer these and other questions and make a recommendation to the Leadership Team.</p>	Year 2	Year 3
<p><b>4. Support Innovation in Interprofessional/Interdisciplinary Education and Collaborative Practice</b> [Facilitate and support faculty ideas for IPE/IPCP to include community representation (including staff at IIHHS) for course or workshop development, implementation and evaluation] Part of the CHBS strategic goals includes offering more explicit opportunities for IPE and IDE workshops, courses, and projects that engage students. This group would give some consideration to how to strengthen and support these kinds of collaborative student learning opportunities.</p>	Year 0	Years 1, 2, 3
<p><b>5. Support Innovation with Strategic Clinical Placements</b> (Work with clinic directors, departments and staff to develop Interprofessional Collaborative Practice (IPCP) and other clinical placements responsive to community priorities and student learning needs.) We are a College that prepares students for clinical professions, but we live in community with limited opportunities for students to do their clinical placements and practicums. IIHHS has been a place for academic programs to send students to complete their internships, clinical placements and practicums. Could we be offering more opportunities for students in our programs in terms of placement and internship options. If so, what steps should take to expand and/or communicate our offerings</p>	Year 0	Years 1, 2, 3
<p><b>6. Work with the Center for Faculty Innovation, departments, and faculty to connect faculty and students with innovative learning and practice opportunities at IIHHS.</b> This action step furthers the actions steps 4 and 5 above.</p>	Year 0	Years 1, 2, 3

**APPENDIX D**  
**IIHHS Plan for Inclusive Excellence**  
**End of Year Report**  
**2022-2023**

In the Fall 2022, the **IIHHS Anti-Racism and Anti-Discrimination (ARAD) Team** changed its name to the **Culture, Community, and Belonging Collective** to clarify that the goals and purpose of the CCBC are to ensure the IIHHS is a place where people can bring their authentic selves to work and to thrive in the workplace. The CCBC will advance initiatives that advance our third strategic goal: “Identify and dismantle oppressive, racist, and discriminatory policies, Practices, and processes to strengthen its climate and culture so all those engaged with IIHHS programs and clinics can thrive and flourish.” This team will advance IIHHS’ Inclusive Excellence efforts in the Unit.

Below are Action Steps that are in process at IIHHS. This includes relevant items from our overall 3-year strategic plan as well as other items that were in process prior to our Strategic Planning process.

Action Steps	Status
<b>Faculty and Staff</b>	
1. Cultivate regular and ongoing in-house events around topics for discussion to build knowledge and skill among staff around a variety of DEI topics.	<ul style="list-style-type: none"> <li>• IIHHS organized a training facilitated by Associate Dean and Director of Inclusive Excellence BJ Bryson entitled “Building Authentic and Equitable Relationships with JMU Students/Volunteers”</li> <li>• Due to capacity issues, IIHHS did not sponsor any additional DEI Professional Development events and encouraged staff to take advantage of the offerings in the College, the University, and from their own professional organizations.</li> </ul>
2. DEI Training as part of New Staff Onboarding	IIHHS has a new staff orientation team that is planning a holistic orientation for all new staff, and Inclusive Excellence will be included as part of that orientation. The expected implementation of this orientation is in the Fall 2024.
3. All IIHHS staff to incorporate at least 3 DEI development opportunities into professional development plans, reported in evaluations and annual report survey	Staff continue to be expected to participate in development opportunities that strengthen their capacity for Inclusive Excellence. A list of some of the professional development activities is included below.
4. Add standard language highlighting DEI into all IIHHS Job Descriptions	Standardized language is used in all job postings. It reads: “IIHHS is an anti-racist and anti-discrimination organization which is against all forms of violence and is committed to identifying and dismantling systems of oppression, racist and discriminatory policies, practices, and processes to build healthier and safer

Action Steps	Status
	<p>communities where all individuals can thrive. IIHHS is interested in candidates whose experience and qualifications support an ongoing commitment to this core quality.”</p> <p>All interviews with prospective IIHHS staff include a discussion of our statement and a question related to how they will contribute to our work in this area.</p>
5. “Brave Doors” - Develop a Safe Process for Collecting and Acting Upon Concerns Raised by Staff Related to DEI	The Brave Doors Canvas Modules are on schedule for implementation in Fall 2023.
6. Expanding Leadership Team	<p>Three members of IIHHS staff were welcomed to the Leadership Team after a competitive application process. All were BIPOC. Terms started May 4, 2022. Two of three new staff members of the LT have left the Institute, one due to job relocation and one due to finding a more financially lucrative and remote position. No staff member applied for the open positions in January 2023 when solicitations for new LT members were announced and encouraged. The LT will give consideration to other strategies to continue to diversify perspectives represented on the IIHHS LT. In the meantime, three new people will be added to the LT in the summer of 2023, Kelly Atwood joined in May in her role as Interim Associate Director of Clinical Services. We expect to hire a new Associate Director of IPE and IDE in June and a new Assistant Director of Community Health Education in July. We hope that at least one of those three new members will be racially or ethnically diverse.</p>
7. Hold an IIHHS Summer Picnic for staff with games and relationship building.	The first summer picnic is planned for June 23, 2023.
8. Design IIHHS-specific supervisor Training	A committee has been formed to design a supervisor training that is specific to IIHHS. Due to capacity concerns, the committee work was paused, but hopes to pick up in Fall 2023. Issues of Inclusive Excellence will be addressed in this supervisor training.
9. Make a list of BIPOC organizations and associations and begin setting up relational meetings to serve as a grounding for partnerships and staff recruitment.	Due to staff capacity issues, this team has been put on hold and we hope to pick it up in 2023-2024.
<b>Students</b>	
10. Provide opportunities for students to provide feedback, specially related to Inclusive Excellence, each semester.	A staff team from CCBC is organized to develop an instrument and implementation strategy. This should be implemented in Fall 2024.
<b>Spaces</b>	

Action Steps	Status
11. Conduct an environmental scan of our physical spaces with the goal of having our spaces be inclusive and inviting.	<ul style="list-style-type: none"> <li>• An art exhibit showcasing the work of students in the Teen Outreach Program was installed in June 2022.</li> <li>• The environmental scan of our space is on hold due to capacity issues.</li> </ul>
<b>Community</b>	
12. Implement Community Engagement Equity Rubric. In 2021-2022, a committee at IIHHS developed the Community Engagement Equity Rubric. The instrument is designed to help IIHHS programs examine and reflect on their own program's progress toward equity and inclusion. The implementation team will determine how to put the rubric into action, what the follow-up will be, and developing systems of accountability.	<ul style="list-style-type: none"> <li>• Reviewing rubric language related to Inclusive Excellence</li> <li>• Working on training and implementation plan for rubric.</li> <li>• Plan to implement the rubric in annual reporting process for 2024.</li> </ul>
13. Add a form of community board to the organizational structure of the Institute	<ul style="list-style-type: none"> <li>• In 2023-2024, IIHHS will discuss and consider adding a board (not advisory) to the IIHHS structure comprised of community members to help guide and strengthen the equitable dimensions of our work.</li> </ul>
13. Form a working group to define and operationalize our community engagement framework/model.	<ul style="list-style-type: none"> <li>• We are trying transform into an organization that is led by community-identified priorities, where we co-create, co-write, co-imagine how we build a culture of health and equity in our community. We need to clearly identify the elements of this framework, define them, and show how they fit together, and what they might look like at IIHHS and its programs.</li> <li>• We expect to begin working on this effort in the 2023-2024 academic year.</li> </ul>
14. Partner with community organizing partners to build power and solidarity in dismantling oppression (part of community engagement framework).	<ul style="list-style-type: none"> <li>• This goes hand-in-hand with defining our community engagement framework and will be a task to actively engage with in more intentional ways in the next two years.</li> </ul>

## *IIHHS Professional Development Efforts*

IIHHS staff participated in a number of varied trainings, workshops, and book groups related to Inclusive Excellence, including the Everfi Training required by JMU. Some of the titles of these professional development opportunities are listed below. This is not a comprehensive list, but a sample to demonstrate the type and variety of topics around which staff sought professional development.

### Examples of Workshops and Trainings Taken:

- JMU Diversity Conference Workshops
- Virginia Inclusive Communities entitled “Foundations of Diversity and Inclusion.”
- Recovery Ally Training Workshop with Tom Bannard, MBA, CPRSS, CADC at CHBS.
- JMU Talent Development Workshops:
  - TD2239 How to Have Good Interactions; TD1829 Gateways to Inclusion; TD1753 Emotional Intelligence; TD2558 “We Can Talk About Race at Work”, TD6066 “Create Social Justice”, TD6074 “Disability Page and Podium”, TD6081 “Disability Accommodations” TD6063 “Equity Allyship”, enroll in TD1153 “Confronting Bias”, TD2608 “Increase DEI Competency TD2356 “Insider-Outsider Dynamics of Inclusion”; JMU LGBTQ+ Trainings; JMU Green Dot Training
- ASIST Suicide Prevention Training;
- STAR training (Trauma) offered through EMU.
- Healthy Communities Collaborative – DEI Workshops: Foundations of Diversity and Inclusion, Facilitating Difficult Conversations, Understanding and Interrupting Microaggressions.
- Opening Minds through Art – to become a facilitator to do art with people with dementia and other cognitive concerns.
- Talking About Race” modules from the National Museum of African American History and Culture;
- Collective Impact Forum’s Advancing Equity in Collective Impact workshop;
- Completed the #DoTheWork 30-Day Challenge
- Attended Healthy Teen Conference which brings a strong equity and inclusivity focus to all they do.
- SOGIE training, “Breaking the Class Ceiling; LGBTQ+ Best Practices.
- Sessions at the Virginia Association for Clinical Psychologists Fall and Spring: The Audacity to Persevere: Black Women and Self-Care
  - The State of Toxic Stress and Resilience Research: Policy and Practice Implications
  - When Trauma Means Trauma: Approaches to Boost Resilience in Vulnerable People.
- Linked-In Learning Courses: Diversity, Equity, Inclusion, and Belonging for All Training (5 hours and 47 minutes) Included modules -
  - \*Communicating About Culturally Sensitive Issues
  - \*Confronting Bias - Thriving Across Our Differences (Part 1)
  - \*Diversity, Inclusion, and Belonging
  - \*Equity First - The Path to Inclusion and Belonging
  - \*Inclusive Mindset
  - \*Unlocking Authentic Communication in a Culturally Diverse Workplace;
  - Diversity and Inclusion for Marketers
  - A Manager’s Guide to Inclusive Teams –
- Resiliency Training: A prevention focused approach for college students with transdiagnostic risk for psychiatric illness
- Various Trainings offered through the CPSC Echo program and professional conference sessions related to working with BIPOC and other groups.

### Examples of Books and Articles Read by Staff, some the focus of group discussions:

<p>Hillbilly Elegy by J.D. Vance; My Vanishing Country by Bakari Sellers; A Cup of Water Under My Bed by Daisy Hernandez; How to Be an Anti-Racist by Ibram X. Kendi; Rest is Resistance by Tricia Hersey; Feminism is for Everybody: Passionate Politics by bell hooks; Nice Racism: How Progressive White People Perpetuate Racial Harm; Tomorrow Will Be Different, love. Loss, and the fight for trans equality; Disability Visibility by Alice Wong.</p> <p>Articles included: “Kicked Out: UVA Researchers Probe Inequitable Preschool Discipline” and “Why, Really, Are So Many Black Kids Suspended?”</p> <p>'Proud &amp; Thriving Report and Framework - Supporting the Mental Health of LGBTQ+ High School, College, and University Students'</p>
<p>Examples of articles read and discussed:</p>
<p>Examples of Podcasts listened to: 1619 podcast; Nice White Parents; the Diversity Gap;</p>
<p>Examples of Movies, Documentaries, Videos watched: I'm Still Alice, and Supernova; Videos watched included: “Push Out: The Criminalization of Black Girls in School – Mini Documentary” and “Black Girls Breaking Silence on School Push-Out.” Attended Visibility Fest co-sponsored by HEDG and DSHN.</p>
<p>Some staff participated in the Harrisonburg’s PRIDE event.</p>