1. Academic Unit Head

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Associate Dean, College of Health and Behavioral Studies and
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2. Year of Report

Academic Year 2021-2022

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 continues to be a leading center at JMU in helping the university achieve its vision of being the national model of an engaged university. We continue to provide 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 18 programs and partnering with academic units to support eight clinics, IIHHS serves as a hub for robust interprofessional/interdisciplinary education at CHBS, including coordination of the CHBS poverty simulation, the Building Cultural Humility Workshop, and several courses designed to help students achieve the core competencies identified by the Interprofessional Education Collaborative.

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 particular accomplishments of and anecdotes from Institute programs and clinics. It is important to note that 2021-2022 remained a year when our programs continued to navigate the changing COVID context, yet were still able to provide students and faculty with meaningful experiences, while serving thousands of people in the community. This report reflects the major program and clinic accomplishments achieved during this challenging period as well as highlights related to our contribution to community engagement, civic engagement, and engaged learning, among other things.
IIHHS By the Numbers

Despite spending the entire year within a pandemic context and reeling from the violent loss of life due to suicide at JMU and an active shooter at Bridgewater College, IIHHS engagement with students, faculty, and the community remained strong as noted by the statistics below:

- 724 students engaged in IIHHS programs, representing 32 undergraduate and graduate degree programs.
- 30,268 hours of student engagement in direct services, program support, service learning, and other collaborative endeavors.
- 670 students enrolled in IPE workshops and simulations.
- 281 students enrolled in IPE courses offered through IIHHS.
- 87 faculty members were engaged with IIHHS programs, representing 24 academic disciplines.
- 15,712 clients received Institute services.
- 3,184 clinical encounters at IIHHS sites.
- 4,712 clinical encounters at community sites.
- $461,420.00 in clinic cost recovery to sustain training and services.
- 7,233 program outreach visits with a community focus.
- 271 events coordinated for the community.
- 101 formal reports prepared and submitted.
- 20 scholarly publications and presentations.
- $6,611,609.08 in new grant awards to drive community engagement.

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

- 25 students were placed with IIHHS programs as interns.
- 91 students volunteered with our programs in a variety of capacities.
- 473 students completed their required practicum with IIHHS programs.
- 10 received graduate/teaching assistantships.
- 119 fulfilled class-required community service learning requirements.
- 5 students were employed by IIHHS programs.

Overall, our partnership network showed a slight decrease (6.8%) from last year, changing from 465 to 433 partners. Hospitals and health care was the sector showing the largest decrease (18%) in partners. However, IIHHS reported a growth in hospital and health care partnership connections, meaning that although we had fewer partners, more IIHHS programs and clinics partnered with the remaining hospital and health care partners as compared to last year. The decrease in hospital and health care partners is largely explained by the service reduction and ultimate closing of the Community Health Interpreting, Testing, and Training Services (CHITTS) program. Several environmental factors led to the closure of CHITTS, including the presence of a national, for-profit language company that was able to gain internal efficiencies.
and offer remote interpreting options to the community in ways that were out-of-reach for our small program. Yet IIHHS programs and clinics reported hundreds of continuing relationships, many of which are of long duration. 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 433 this year.

- For 85 non-profits we reported 166 program connections.
- For 102 schools & school districts we reported 316 program connections.
- For 96 hospitals & health care providers we reported 164 program connections.
- For the 150 “other” organizations (social service agencies, ministries, government agencies, businesses) we reported 226 program connections.

In all, 872 distinct program connections in the community were tracked this year a slight (2%) reduction from last year:

- 11% (100) of these were new.
- 45% (390) were multi-year but under 10 years.
- 44% (382) were over 10 years old, which represents a 10% increase from last year.

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, despite navigating the pandemic, while extending JMU’s engagement in the community to fill important gaps in community service needs, and provide meaningful, engaged learning opportunities for our students. 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 in Continued Pandemic Conditions:** Ongoing pandemic conditions continued to require a differentiated response by various programs and clinics within IIHHS. The growing needs for mental health care, academic support, and social support among community members, JMU students, and staff remained challenges for many of our programs and clinics, yet all continued to respond with hope and persistence. For some programs and clinics, virtual options created opportunities, increased access, and creativity with offerings. For others, remaining virtual exacerbated feelings of isolation of program participants, created challenges in hiring and retention of staff, as well as retention and engagement of community members. One program coordinator noted that “COVID has evoked a spirit of tired among students, staff, and families.” Many programs continued following the same protocols that were developed in early 2020, and others gradually relaxed
those protocols and returned to full in-person programming and services. At this point, most of our programs and clinics are back to in-person programming and services, in addition to using virtual methods where it makes sense from a programming or pedagogical perspective. COVID’s impact on specific programs are further described in Appendix A.

**Academic Program Review Completion:** IIHHS completed its Academic Program Review (APR) this year. The external consultants held their site visit virtually from October 31st through November 2nd. The team was Chaired by Dr. Karen Ford (JMU), and included the following external members: 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 team offered important recommendations in the three core areas identified: physical space; shoring up infrastructure support; and strengthening and evaluating our model of community engagement for equity, reciprocity, and mutuality. As required in the APR process, the IIHHS Leadership Team prepared a response to the external consultants, which is included as Appendix B in this report. IIHHS has already taken steps to implement these recommendations, and is also undertaking a comprehensive strategic planning process that will fold in action steps that respond to APR recommendations.

**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. (See Appendix C for a list of the new goals for AA, CHBS, and IIHHS.) The new IIHHS strategic goals are:

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.

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.

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.

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

In May and June, IIHHS staff are engaged in a series of meetings at the program and IIHHS-levels to identify action steps to live into these goals. Dr. Rob Alexander from the Institute for Constructive Advocacy and Dialogue is facilitating these sessions which should be
complete by the end of June. In July and August, the IIHHS Leadership will translate these ideas into a one to three-year action plan.

- **Grant Funding:** In 2021-2022, in the context of the continuing global pandemic, IIHHS programs brought in $6,611,609.00 in grant awards, bringing in $846,115.28 in funding for indirect costs. These grants support the majority of programs in the areas of Research and Public Health, Children and Youth Programs, Health Education Design, and Community Health Education. Examples of some of our larger awards include:

  - SexEdVA is in the second year of a three-year Tier 2 Innovation Network Grant from the Office of Population Affairs to create the Disability-Inclusive Sexual Health Network (DSHN) to address the sexual health needs of youth with disabilities in the Commonwealth of Virginia. DSHN will develop, test, refine, and evaluate innovative interventions that will improve optimal health, prevent teen pregnancy, and address sexually transmitted infections within the key priority area of youth with disabilities. Awarded $1,262,480 each year for three years (total award $3,787,440).

  - SexEdVA is in the second year of a three-year Tier 1 Replication Grant from the Office of Population Affairs to replicate a systems-based, collaborative sexuality education program that emphasizes abstinence, contraception, and positive youth development to significantly reduce the number of teen pregnancies in ten priority counties in this high-need region of Virginia. Awarded $956,669 each year for three years (total award $2,870,007).

  - The Gus Bus is in the second year of two, three-year 21st Century Community Learning Center (CCLC) grants from the Virginia Department of Education to support out-of-school learning at Smithland, Waterman and Spotswood Elementary Schools. The Gus Bus will operate after-school programs at all three elementary schools annually, including summer months, providing enrichment via the Gus Bus mobile classroom in neighborhoods and in the school buildings. Between the two grants, Gus Bus was awarded $385,572 annually, for three years (total award= $1,156,716). The Gus Bus is also in the first year of a three-year 21st CCLC grant with Stone Spring Elementary School, Gus Bus was awarded $185,089 annually, for three years (total award= $555,267). In total, the Gus Bus has three unique 21st CCLC awards through VDOE.

  - The Health Education Design Group is continuing is partnership with Early Impact Virginia and the Department of Health to create online modules for home visiting. Total awards this year for HEDG were $504,393.00.

  - Our Community Health Education department received $255,899.00 in grant awards to continue our work as the Area Health Education Center, and to continue our efforts to prevent drug and alcohol use among Latino youth.

- **Recoveries from Clinical Services:** Clinics cover some of their costs through clinical billing, i.e., through payments made from services rendered, insurance and self-pay. Clinic recoveries for 2021-2022 were $461,420.00. Although this is more than last year, recoveries
have not yet returned to pre-pandemic levels. Table 1 shows total deposits billed through IIHHS Clinical Services from FY2019 to FY2022.

Table 1. Total Deposits Billed through Clinical Services from FY19 to FY22

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Funding from grants and clinic recoveries provide significant income to IIHHS that supports the community engaged learning and scholarship opportunities facilitated through IIHHS programs and clinics.

Community-Based Programs and Clinics

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

- **Appalachian Replication Project (ARP):** ARP serves rural southwest Virginia with the goal of bringing evidence-based sexual health programming to a rural and historically underserved population. After struggling to connect with school districts in the early days of the pandemic, this year ARP has successfully partnered with schools and community organizations to bring evidence-based sexual health programming to nine middle schools in southwest Virginia. These schools previously taught no sexual health education or were using outdated or makeshift curriculums. ARP trained over 20 program facilitators across several organizations and served over 3,000 6th – 8th grade students. Relationship building continues to be imperative to bringing inclusive, medically-accurate sexual health programming to this historically underserved and predominantly rural part of the state.

  Additionally, ARP launched its regional Sexual Health Outreach coalition (shOUT) in September of 2021. The growing coalition brings together over 15 organizations across southwest Virginia and northeast Tennessee working to transform community systems to better serve the sexual health needs of area youth. At the beginning of 2022, shOUT initiated a youth listening project to gather youth input and perspectives on sexual health to better serve their needs. Over 20 facilitators were trained and at least ten listening circles have been planned across the region.

- **Baird Center:** Despite the Covid-19 pandemic, our clinic maintained a high-quality continuum of care for each of our clients. We collaborated with local schools and agencies to ensure that the clients that we served were able to access the school curriculum and
participate in community activities with the support of school staff and families. We provided intense parent training for significant problem behaviors to ensure the best quality of life for our clients and families.

- **Blue Ridge Area Health Education Center -- Community Health Interpreting Testing and Training Service (CHITTS):** CHITTS made the very difficult decision to end services and close the program this year. The loss of our biggest customer due to a corporate contract resulted in a 75-80% reduction in work volume that the program was not able to make up for. CHITTS is not grant funded. CHITTS operates solely on revenue generated from work performed. After much consideration, it was determined that CHITTS is no longer a viable program due to environmental factors including a national language interpreting service that can offer services at a lesser cost and include remote interpreting options.

- **Blue Ridge Area Health Education Center Scholars Program:** The Blue Ridge AHEC Scholars program remained the top program (out of 8) in the Commonwealth for recruiting students into the Scholars program, with a total of 23 students. By using optimal recruitment strategies, we met our target number of 15 students by October 2021, just two months into the program year. Eight additional student applicants were accepted and placed on waitlist status. During April 2022, these eight students were officially accepted and guaranteed a stipend, resulting in 23 AHEC students recruited in the Blue Ridge AHEC Region.

- **Brain Injury Connections of the Shenandoah Valley (BIC):** Brain Injury Connections of the Shenandoah Valley successfully partnered with the Valley Community for its first ever gala event. Community leaders, board, staff and other key stakeholders gathered for this awareness and revenue-raising event, which raised more than $50K for the agency. Additionally, BICSV was surveyed by CARF International on more than 1,600 international health standards, this year (part of a triennial requirement) and achieved accreditation with zero recommendations. Our agency also partnered with Dr. Moran to implement the “Fitness For All” grant funded program which financially supports clients and other vulnerable community members in improving their physical wellness at the local RMH Sentara Wellness Center. In addition, BIC is building out a rural education and outreach program specific to our agency and hope to have additional funding to support implementation for the coming year and have results to report next year.

- **Campus Suicide Prevention Center of Virginia (CSPC):** CSPC expanded Project ECHO to more campuses across the Commonwealth. Originally launched in January 2020, Project ECHO for Campus Suicide Prevention provides biweekly training, mentoring and networking opportunities for staff, faculty, and administration from Virginia colleges and universities. It is specifically designed to help participants create suicide-safer environments and build campus suicide prevention infrastructure. Over the past year, we have had 311 individual attendees from 60 different Virginia campuses and 23 community agencies. This represents an increase of 97% with regard to the number of participants. Although we target Virginia, our ECHO program has begun to gain national attention and attracted attendees from a number of different states. Ours was the first Project ECHO hub dedicated
specifically to suicide prevention. Since launching in 2020, we have provided consultation to multiple organizations who are also considering using the ECHO model in their own networks. This year, we helped a group in West Virginia launch an ECHO very similar to ours.

As a center, one of our goals is to help campus leadership understand the importance of many different campus offices/roles being involved in the work of suicide prevention and mental health promotion on a campus. ECHO has given us access to a wider array of campus professionals than ever before. We have regular involvement from individuals representing diverse roles such as campus police/security, counseling centers, health centers, residence life, academic advising, tutoring, Title IX, Student Conduct, Disability Services, faculty, student success and retention, athletics, dean of students, registrar's office, academic deans, student development, campus recreation, fraternity and sorority life, career coaches, case managers, health promotion, LGBTQ Services, student activities, enrollment management and transfer services, president's office, finance and administration, human resources, provost's office/VP for academic affairs, university chaplain, and veterans services. Regular attendance by such a diverse array of professionals indicates that this shift in mindset is occurring, i.e., seeing mental health as the responsibility of the entire campus rather than the work of one or a small handful of offices. Additionally, such diverse participation leads to rich conversations and learning, as well as collaborative problem solving of common challenges that all higher education institutions face.

- **Caregivers Community Network (CCN):** In the midst of an ongoing pandemic, CCN has been able to function and maintain its integrity. Its mission is to offer respite to caregivers and to offer their loved ones’ activities that stimulate the mind and lift the spirit. The mission also includes educating students on the topics of caregiving, aging, and dementia in ways that break down barriers and stereotypes and provide lifelong tools that will serve them well both personally and professionally. CCN acutely felt the toll of the pandemic among the students. They were tired, stressed, and overwhelmed with the rippling effects of the challenges of the past two years. They pressed forward, but needed additional support, guidance, and encouragement. Even in the context of this strained world and personal trials, students and families have continued to form nurturing relationships, and have gained greater understandings about the human condition and spirit.

- **Counseling and Psychological Services Clinic (CAPS) and Page County Integrated Behavioral Health Clinic:** During the COVID-19 Pandemic, our training clinic moved from nearly 100% in-person services to nearly 100% telehealth services. This past year, as public health conditions allowed, we were able to offer both innovative tele-mental health and in-person clinical learning opportunities for students in our counseling and clinical psychology graduate programs. Students were able to gain important, relevant experience in technology-supported and in-person engaged learning opportunities that ensured clients had continuity of care. Graduate students were also able to extend care to those in even the most rural communities. Students acquired significant training and experience, meeting their program requirements, both in-person and through tele-mental health services.
• **Claude Moore Precious Time (CMPT):** CMPT provides quality respite care that is based on trust and is tailored to meet each family’s unique needs. After serving the community for 17 years, the trust families have in CMPT and the quality of services are profoundly evident through: (1) qualitative feedback, (2) the family retention rate, and (3) results from family evaluations of students, in which:

  o 100% of families reported that their children benefitted from the program
  o 97% of caregivers reported that they felt like they had a break
  o 100% of families report that students listened to and respected the family’s goals for care, and 100% reporting that they could trust the students
  o Overall, 100% of caregivers indicated that they were satisfied with the care their family had received.

During the 2021-2022 academic year, CMPT supported 61 families (adding 13 new families), engaged 203 students, and provided 2,842 hours (calculated per student) of free respite care involving 665 student/family visits.

• **Disability-inclusive Sexual Health Network (DSHN):** DSHN successfully incorporated three new partners into our network this past year. These new partners have expanded the network’s scope and will contribute novel interventions, ultimately increasing our impact on youth with disabilities. Additionally, DSHN program staff have provided critical support to pre-existing partners enabling them to move from the planning stage of intervention development into the implementation stage. This promising progress has highlighted strengths of the network and provides hopeful momentum moving into year three of our grant.

• **Futuro Latino Coalition (FLC):** Among the many events supported and coordinated by FLC was the 10th Annual Hispanic Festival, the Comité Salvadoreño Paisanos Unidos (COSPU) held Saturday, August 14, 2021, at Ralph Sampson Park. The Futuro Latino Coalition Coordinator is an active board member, organizer and supporter of this alcohol and drug free event where Latino culture and traditions are celebrated. The coalition staff devoted many hours to ensure a well-organized drug and alcohol event. Besides involvement by the coordinator, the following sectors also participated: law enforcement, business, health, civic organizations, media, youth and parents. During the Hispanic Festival 2021, the Futuro Latino Coalition staff and volunteers distributed infographics about opioids to hundreds of festival participants. Specifically, since many Latinos living in this area have expressed a need for more evidence-based opioid/opiate abuse related information, the coalition presented infographics on preventing over the counter and prescription drug opioid related overdoses: “Conoce los Signos, Salva una Vida”. Know the Signs, Save a Life. (how to intervene when someone has overdose). Festival goers appreciated receiving this drug related information. Futuro Latino also offered a virtual community health ambassador training to educate and provide resources to participants in different topics such as: opioids, marijuana legalization, vaping, alcohol, sexual education and substance abuse and mental health.

• **Gus Bus:** The biggest program accomplishment this past year has been the increase in student enrollment and family engagement. During the 2020-2021 program year, the Gus Bus
was faced with numerous challenges as a result of the COVID-19 pandemic. Virtual learning limited the opportunities for participation in Gus Bus programming for both students and parents.

During the 2021-2022 program year, The Gus Bus was able to resume 100% of its programming in-person. This meant that the buses were able to visit up to 20 neighborhood stops on a weekly basis. Afterschool programming was reinstated at Stone Spring Elementary schools three days a week and at Spotswood Elementary School four days a week. With more programming opportunities available to families, enrollment increased from 163 unique students to 377 unique students. Student attendance hours increased from 2,795 hours to 4,493 hours. The average weekly attendance (AWA) goal of seeing 50 unique students served by each individual grant and/or school per week was not achieved during the 2020-2021 program year. Although this goal of seeing 50 unique students per grant was not met every week, collectively it was met nine weeks during Fall 2021 and ten weeks during Spring 2022. Additionally, more neighborhood produce markets were scheduled, and the number of unique adult participants increased by 76 adults.

- **Health Education Design Group (HEDG):** HEDG filmed and performed postproduction work on a groundbreaking series of nine short films called “Person First” in partnership with I'm Determined, part of the Training and Technical Assistance Center (TTAC). The Virginia Department of Education funded this project. Our team reimagined and reengineered the module development process for IAFSP modules, and HEDG is making those modules more interactive and engaging for the e-learners. HEDG saw a four-fold increase in participation in virtual trainings on the IAFSP site, many of those participants are from rural areas, and had not been able to participate in in-person trainings in cities pre-pandemic.

- **Healthy Families:** Healthy Families received the federal Maternal, Infant, Early Childhood Home Visiting (MIECHV) grant, a five-year renewable grant that expands home visiting and outreach services in Page County to include higher risk families whose children are involved in DSS Child Protective Services (CPS) and at risk of removal from the home. Student interns now have opportunity for enhanced experiences in working with higher risk client population and service connections. This grant was particularly exciting in that it allowed us to hire our 2013 JMU Social Work intern, as Resource Specialist/Supervisor in Page County. Having worked in CPS since graduating and serving on Healthy Families Advisory Board for several years, she is well qualified and will be valuable asset to the program for years to come. We also hired our 2011 JMU Social Work intern, with very similar experiences, in the same role in Shenandoah County. Both women have long expressed a desire to be “Double Dukes” working with Healthy Families locally. We are so happy to have them join us.

The Healthy Families Program Manager worked with College of Education as part of a Virginia Early Childhood Foundation grant that included 78 fully-funded childcare/preschool slots in Page and Shenandoah Counties for low-income families. Healthy Families’ participants have long expressed a need for accessible, affordable childcare to increase family self-sufficiency and children’s school readiness which this grant helped to address. Healthy Families’ longstanding community relationships facilitated smooth connection to
engage childcare providers and reach families in need of childcare, particularly in light of the COVID pandemic. This partnership was a catalyst for JMU graduate and undergraduate faculty and students from College of Business, College of Arts and Letters, X-Lab and six of the eight departments in the College of Health and Behavioral Sciences becoming involved in various aspects of Healthy Families’ community outreach through The Health Place in Page County this year. Healthy Families was also instrumental in bringing the Rural Access Medical (RAM) clinic to Page County in early July 2022. Healthy Families brought community and university partners together at the same table for an initial meeting that resulted in shared commitment to the project- fondly named RAMPAGE. Many JMU faculty, students, and staff have been involved in the planning and more will be participate in the weekend long event that will provide critical access to a wide-range of healthcare services and resources to low-income and isolated individuals from many communities.

- **Healthcare for the Homeless Suitcase Clinic:** The tele-mental health clinics offered by the Suitcase Clinic and supported by our grant funding, were very successful and it was clear the need for mental health services is increasing. The Suitcase Clinic initiated tele-mental health services at Our Community Place and at Open Doors. Linda Miller, a psychiatric mental health nurse practitioner was able to see about five clients each week for assessment and medication management. Offering services at the shelter site reduced a significant barrier to accessing mental health services for our clients. In fall 2022, the Suitcase Clinic and Counseling and Psychological Services, a clinical service through IIHHS, will partner to offer ongoing counseling services for clients seen through the Suitcase Clinic tele-mental health program.

The Suitcase Clinic offers weekly services at Gemeinschaft House, a transitional housing site for persons recently released from jail or prison. Residents can stay in Gemeinschaft House until they find more permanent housing or for up to 90 days. When the provider sees a client at Gemeinschaft that needs follow-up, they are referred to the Blue Ridge Free Clinic for follow-up and case management, since their eligibility for services through the Suitcase Clinic is likely to change. A partnership has developed with the Blue Ridge Free Clinic in which follow up is scheduled with the Blue Ridge Free Clinic, and they partner with the Suitcase Clinic to stabilize the client’s health condition and establish the client’s care with a permanent medical home.

Throughout the past year, less than a dozen homeless individuals tested positive for COVID. This success in keeping the homeless population safe from COVID, despite living in shelter environments, has been attributed to the daily screening, sheltering in hotels of the more vulnerable homeless individuals, and constant collaboration with City and County agencies, including the Mayor’s office, Fire & Rescue, Sentara RMH and other local hospitals. These collaborative efforts were highlighted in the Harrisonburg Citizen.

- **Interprofessional Education:** The 2021-2022 took us into the third year of the pandemic, and this time has provided a case study in why interprofessional education and collaborative practice are essential for all students, and faculty too. Some of the highlights from this year are:
- Successful development and implementation of workshops and courses in a virtual and a hybrid format with additional departments eager to participate,
- Faculty innovation in teaching, assessment and research
- Offered the IPE course titled “Introduction to an Interprofessional Trauma-Informed Approach in the Health Professions” with new faculty involvement and very positive student evaluations.
- New faculty involvement in the assessment of the workshops including Cathy McKay and others
- Established a permanent number through the C & I process, IPE 313, for “Issues and Applications of Family Care-giving: Interprofessional Perspectives”
- Provided a capstone experience through IPE 313, section 2 for students enrolled in the Family Studies minor, gerontology track.
- Awarded two Carraway endowed scholarships of $1,250 each to students completing their Family Studies minor, gerontology track.

**Occupational Therapy Clinical Education Services (OTCES):** After a year of leadership and programming transition, OTCES is fully staffed, enabling them to help more people in the community and offer services to those who have been on the wait list for some time.

**Page County Behavioral Health Clinic:** The Interprofessional MAT Expansion Rural (IMATER) initiative is a project that was funded by HRSA in May of 2021. The proposed initiative was developed based on a community-identified need in rural Page County, VA. JMU has partnered with Page Memorial Hospital primary care providers for the past 18 years to provide integrated primary care behavioral health services. This model of care has increased access to mental health services, improved quality of services, improved client and provider satisfaction and reduced costs.

IMATER will promote rural health care services through training and enhance 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). James Madison University (JMU) has partnered 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 has produced and disseminated professional development modules to students and professionals related to rural interprofessional primary and behavioral healthcare. The IMATER initiative includes a special emphasis on expanding services for members of minority and marginalized communities within Page County.

In addition to enhancing direct services through expansion of MAT to the Page County community in general, the IMATER initiative incorporates elements designed specifically to expand services to minority and marginalized community members. Training modules, developed as part of the IMATER initiative’s sustainability strategy, focus on both increasing minority community member’s access to services and supporting service providers that are themselves members of underrepresented groups.
• **Personal Responsibility Education Program (PREP):** This year PREP was able to return to in-person facilitation in schools after a year of providing asynchronous and virtual lessons and teaching. The return to in-person instruction increased student engagement and the opportunity for in-depth discussions. Thanks to the addition of the Appalachian Replication Project, Rockingham County Middle School Health and PE teachers were trained to facilitate Draw the Line with their 6th, 7th, and 8th grade students. This allowed PREP to offer Safer Choices to 9th and 10th grade students at the four RCPS High Schools for the first time. The high school teachers and students appreciated our programming.

• **Promotores de Salud (PDS):** The Promotores de Salud Program Coordinator left in the Fall of 2021, and we have not been successful in recruiting a new person for this part-time position. However, through PDS we did support a Waynesboro Vaccine Clinic and the Harrisonburg Hispanic Festival. The program is moving to an outreach versus promotores model, and has been renamed the Waynesboro Outreach Program, where the purpose will remain educating community members about the mercury contamination in area rivers and the fish consumption advisories.

• **Research and Public Health:** The biggest accomplishment for Research and Public Health relates to the Virginia Personal Responsibility Education Innovative Strategies (VPREIS) initiative. The Federal Family and Youth Services Bureau (FYSB) and Mathematica recognized the JMU VPREIS project as the most effective program in the cohort. We have been invited to give a webinar about our study for all federal Teen Pregnancy Prevention grantees and were invited to present with Mathematica at two national adolescent pregnancy prevention conferences. We made nine scholarly presentations related to Vision of You this year at professional conferences. Our study was submitted for inclusion in the TPP Evidence Review, and we have two articles in progress.

In the process of collecting data for our bi-annual Youth Data Survey, we successfully orchestrated scheduling and logistics with 25 school administrators and central office staff, with the help of than 30 volunteers who surveyed over 105 classes in the midst of COVID. Our local schools have been under a tremendous amount of stress in the past two years due to COVID-19. Navigating all the challenges brought about by this heightened level of stress for our school administrators and teachers seemed a bit daunting at first, but we took an individually tailored approach when scheduling with each school and remained flexible and understanding in our communications.

• **Sexual Risk Avoidance Education (SRAE):** SRAE launched an afterschool TOP club at Luray Middle School and the students really enjoyed coming. The guidance counselor communicated the following feedback: “I want to extend to you all a heartfelt thank you for giving our students such an enriching and meaningful experience in the TOP Club. A few of the students looked so forward to meeting with you, and they told me it was the highlight of their week. I also appreciate all the help you gave me in launching the club at LMS, and I hope I will have the privilege of collaborating with you next year.”

• **Shenandoah Valley Child Development Center (CDC):** In a year when the CDC experienced significant staff transitions, leaves and shortages, the selflessness displayed by
the CDC team members has been incredible and a truly inspiring accomplishment. Throughout this stressful year, all members of the CDC team have volunteered, where appropriate, to help colleagues, assist in office duties, and manage the additional responsibilities when staff members were out and positions unfilled.

In addition, the SVCDC team explored new ways to market and expand their services to their surrounding communities, and sent communications to each of the 24 directors who lead special education departments in their respective school district to explain services provided. Furthermore as the number of homeschooling families have increased since the start of the COVID-19 pandemic, there was an opportunity for the SVCDC educational consultants, Dawn Hall and Jared Tschohl, to implement a new program for homeschooling families in Virginia. Per law, homeschool families must provide documentation of a child’s academic progress throughout the school year. Dawn and Jared created a process for children who are home schooled to receive a complimentary comprehensive educational evaluation that could be shared with their local school district as proof of academic progress.

- **Shenandoah Valley Migrant Education Program (SVMEP):** SVMEP increased its community engagement through community partnerships. For example, SVMEP partnered with JMU Civic where JMU students (future civics teachers) supplemented the USDA produce boxes with educational materials and delivered them to SVMEP families. Culturally appropriate activities were collected as data during the storytelling workshop community event with Scholars Latino Initiative. This collaboration was used as a pilot model that will be implemented next fall in a collaboration with Dietetics, Political Science and Nursing programs.

Steep fees and lack of transportation present a barrier for program participants when they try to join extracurricular activities or after-school program offerings. We were able to overcome this barrier by collaborating with Empowerment3. Empowerment3 provided free programming and transportation for 10 SVMEP students. Taking advantage of this enrichment opportunity greatly improved their quality of life and academic engagement.

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 expressions of JMU’s vision as 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 we have 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 872 distinct program connections in the community last year. This number of program connections is a remarkable
achievement as we entered the second full year of a global pandemic. Among those connections, 89% (772) were multi-year, with 44% (382) being more than 10 years old. The longstanding nature of the majority of the partnerships underscores the value the community holds for these relationships with JMU programs, staff, and students. Despite pandemic conditions, IIHHS programs and clinics were able to establish 100 new program connections, another excellent achievement.

The figures below provide a quantitative dimension to IIHHS community engagement. These are impressive given the that FY21-22 was a time with increased mental health challenges, pandemic uncertainty, and general grief and turmoil associated with the rippling effects of the pandemic.

- 724 students engaged in IIHHS programs, representing 32 undergraduate and graduate degree programs.
- 30,268 hours of student engagement in direct services, program support, service learning and other collaborative endeavors.
- 87 faculty members were engaged with IIHHS programs, representing 24 academic disciplines.
- 15,712 clients received Institute services.
- 3,184 clinical encounters occurred at IIHHS sites.
- 4,712 clinical encounters occurred at community sites.
- 7,233 program outreach visits with a community focus were conducted.
- 271 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 **Healthy Families Program Manager** worked collaboratively with the College of Education to receive a two-year renewable Virginia Early Childhood Foundation (VECF) grant that included 78 fully-funded childcare/preschool slots in Page and Shenandoah Counties. This partnership was a catalyst for additional JMU graduate and undergraduate faculty and students from College of Business, College of Arts and Letters, and six of the eight departments in the College of Health and Behavioral Sciences to become involved in early childhood research and direct service as well as other Healthy Families’ community outreach efforts based at IIHHS’s satellite location at the Health Place in Page County. Students and faculty will have new, creative internship and practicum opportunities in community-based preschool and childcare settings for years to come as a result of this responsive community engagement work.

Healthy Families also worked collaboratively with other community organizations to deliver meals and other support to families with children through two separate No Kid Hungry grants. Family stability and child health and safety are shared goals of community coalitions, school divisions, homeless prevention programs, domestic violence shelters, food banks, and Healthy Families. Healthy Families brought specific, but different, skills, resources and
knowledge to help both Page and Shenandoah Counties secure and implement No Kid Hungry grants and to worked with multiple partners to meet our desired outcomes. Over 500 Healthy Families participants and others in need, benefited from the collaborative support and weekly/bi-monthly food/diapers deliveries and support services provided through these grants. In response to community input, Healthy Families collaborated with Blue Ridge Area Food Bank this past spring to offer a series of outdoor Fresh Produce Markets in three accessible Shenandoah County locations. Available items also included oils, corn flour, and spices commonly used by many of the more culturally diverse families visiting the markets.

- The **AHEC Scholars** program’s focus is to prepare health majors students to provide optimal health related services to people who live in rural and underserved communities. Both the didactic and the experiential training materials focus on serving rural and underserved community members with the greatest need.

- The nature of the work of **Futuro Latino (FL)** is community engagement to educate and promote drug and alcohol prevention. FL engaged over 1000 community members at the Hispanic Festival, vaccine fairs, the Faces4Change Youth Summit, multiple weekend prevention workshops, and other events throughout the year.

- The **Sexual Risk Avoidance Education** staff partnered with On the Road Collaborative at Skyline Middle School to ensure that students could participate in both after school programs. We also opened our community service projects/field trips to On the Road students so more students could participate. In terms of rural engagement, SRAE has built great relationships with Page County (Luray middle school and Page middle school) and we serve/have an impact on an average 50-60 students per year.

- **Personal Responsibility Education Program (PREP)** has been working with Harrisonburg City Public Schools to assist in providing structure and consistency to Family Life Education (FLE) for K-12 students. This year they were able to provide the 5th grade Health and PE teachers training on the five lessons teaching about puberty, anatomy and physiology, decreasing the risk of sexual abuse, and healthy friendships. This helps to ensure that all students, regardless of teacher or school, are receiving the same information and teachers have the resources they need to feel comfortable teaching the content to the students. We also met with Eastern Mennonite Elementary School’s administrator to discuss the best ways to fill the Standards of Learning gaps that they have found in their current FLE curriculum. PREP also serves Page County Middle and High Schools and Rockingham County High Schools.

- The **Appalachian Replication Project**’s community relationship building efforts have led to the emergence of the shOUT (sexual health outreach) coalition which has facilitated linkages amongst organizations and services that otherwise weren’t working together. With a common goal of optimal youth health and a systems thinking approach, organizations are pushed to consider and even prioritize youth well-being and sexual health. For example, a regional transportation service is now providing rides for teens to medical appointments and health services, including a women’s health mobile unit, are providing contraception and resources specifically for youth.
Community engagement is a critical component of the Disability Sexual Health Network’s structure. As noted earlier, they added new partners to the network as a major contribution toward this effort. Adagio House, Ease, and Autism Society of Central VA submitted letters of intent to join the network in the fall of 2021 through the DSHN Call for Innovation Partners (CFIP) process. Existing DSHN partners and the DSHN Youth Advisory Board reviewed the letters and provided feedback to DSHN Staff. Letters were rated in the following categories: innovative approach, alignment with SexEdVA’s Sexual Health Philosophy, sustainability, organizational capacity, and proposed budget.

Additionally, a few of their innovative partners have piloted new interventions further engaging with the community and the target population. For example, Parent Educational Advocacy Training Center (PEATC) has begun offering a novel workshop for parents and caregivers of youth with Intellectual and Developmental Disabilities (IDD) and currently have a waitlist. Shenandoah Valley Autism Project has also piloted a novel workshop connecting community members with critical education pertaining to the sexual health of youth with IDD. Lastly, Special Olympics of Virginia, through a partnership with Mad Hatter Wellness, has successfully filmed a series of videos teaching healthy vs. unhealthy boundaries for athletes with IDD. These videos engaged actors across the country!

The Baird Center’s partnership with the Shenandoah Valley Regional Program allows our clinicians to gain practical experience collaborating with Occupational Therapy, Physical Therapy, Speech Language Pathology, and teachers/administrators. These experiences directly impact the community members by allowing us to provide behavior analytic services to individuals with disabilities.

Brain Injury Connections partnered with the Fitness for All program, a collaborative effort between BICSV, Empowerment3, and the RMH Wellness Center. Through this grant-funded program, persons with brain injury were able to participate in being paired with an exercise buddy, given access to MyGuide software (independence building app), virtual exercise offerings, in addition to receiving a 3-month membership to the RMH Wellness Center.

The Campus Suicide Prevention Center “community” includes 67 institutions of higher education across Virginia, their goal is to help each school create environments that reduce risk for suicide. A highlight of our past year is that we have built and enhanced relationships with key people on 60 campuses. That is, they have either provided training, resources, consultation and/or mentoring to someone on 90% of the campuses they serve. They are especially proud of the growth in our Project ECHO initiative, which included 311 individual attendees from 60 different Virginia campuses and 23 agencies, representing a 97% increase in the number of participants compared to last year.

The ECHO Program is 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.

- The **Occupational Therapy Clinical Educational Services (OTCES)** started a Neighbors Helping Neighbors initiative. This is an inter-professional collaboration between OTCES, JMU Architecture Design students, Occupational Therapy students, VA State Forestry Department, City of Harrisonburg Public Works, Communications Studies students and JMU Facilities Management who put together a proof of concept project in the form of a bicycle work station for children and families served by OTCES.

- The **Gus Bus** has created a web of partners and resources to provide goods and services to the community. This semester, Gus Bus partnered with Vine and Fig, a local social justice and ecological sustainability nonprofit, to provide curriculum support for Gus Bus Garden Club afterschool programming at Spotswood Elementary School. Vine and Fig employees and volunteers contributed gardening knowledge and best practices to create a successful school garden. This partnership taught students about growing, cooking, and preparing vegetables which increased student understanding of science concepts related to soil health, plant growth, and nutrition. Students also received a bag of fresh produce from Vine and Fig through their partnership with Radical Roots Farm each week. The food bags included recipes for the vegetables in the produce bags and students recorded their thoughts and observations about the produce they received in a weekly journal entry.

- In addition to the academic enrichment program that are part of the engagement conducted by the **Shenandoah Valley Migrant Education Program (SVMEP)**, the staff offered additional opportunities for the students, including:
  - Partnering with Telamon to support migrant families during the winter by providing them with gifts for their children during our Parent Advisory Council meeting, including age-appropriate art kits for the children.
  - Organizing a Fall clothing drive at the Apple Camps through a partnership with Vertical Connections Ministries who brought a mobile clothing closet to apple orchard migrant workers located in Winchester, Virginia.
  - Collecting hygiene products in partnership with the social work departments at CHBS and Blue Ridge Community College.
  - In collaboration with the Shenandoah National Park, we offered a summer enrichment program where 20 Middle/HS students visited Shenandoah National Park and received a hiking 101/Nature Preservation class from Park Ranger.
  - As part of a college exposure program, SVMEP transported nine Juniors/Seniors from our local high schools to tour the Virginia Tech campus and learn more about the school and requirements to attend VT.

- The **Healthcare for the Homeless Suitcase Clinic** partners with most of the shelters in the area, the Blue Ridge Free Clinic, and Sentara to offer medical care to its clients. Last year the Suitcase Clinic provided services to 323 unduplicated clients and offered 1143 medical encounters, not including COVID screenings; Suitcase Clinic staff and providers conducted
1928 COVID screenings last year. They continue to provide a vital service through their community engaged efforts.

- The **JMU Counseling and Psychological Services (CAPS) Clinic** has partnered with Page Memorial Hospital primary care providers for the past 17 years to provide integrated primary care behavioral health services. In May 2021, CAPS received a HRSA grant to fund the Interprofessional MAT Expansion Rural (IMATER) initiative to promote rural health care services through training and enhance 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). James Madison University (JMU) will partner 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 will produce and disseminate professional development modules to students and professionals related to rural interprofessional primary and behavioral healthcare. The IMATER initiative will include a special emphasis on expanding services for members of minority and marginalized communities within Page County.

- The majority of clients seen at the **Child Development Clinic** come from rural areas in the Shenandoah Valley. This is a main priority of the CDC to provide services and outreach to rural areas for clientele who may have difficulty finding similar resources in their respective geographical area.

5.2.2 Civic Engagement

Many of the community-engaged experiences offered to JMU students through IIHHS 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:

- A student in the **Caregivers Community Network** course said that her experience providing respite care for older adults inspired her to give a speech in her leadership on the ‘hole in the world.’ She defined this ‘hole’ as social isolation among caregivers and those living with dementia. She added that until her experience with the CCN, she had never thought about how social isolation impacts these families, and has shifted her career goals to work in this area, i.e., be a counselor for older adults. Her newfound passion has caused her to want to raise awareness about this issue and engage in political advocacy to support older adults. CCN promotes civic engagement by casting a warm light on intergenerational relationships and new-found understandings that come through experiential learning.

- The **Futuro Latino Coalition** educated the community about marijuana legalization in Virginia, providing information in Spanish about this topic. They held a virtual session to talk about that the marijuana legalization timeline and what we need to know as a community. Additionally, through the Community Coalitions of Virginia (CCoVA), Futuro Latino strengthened education and advocacy efforts for substance abuse prevention programs.
• Students engaged with Healthy Families became aware of how policies related medical needs (cost/access), safe housing (renter/landlord rights), domestic violence (protective orders, safe havens), childcare (policies that make it difficult for new centers to open or allow others to stay in business), child abuse and neglect (parent rights vs. child rights, inconsistencies in policy implementation) impact the daily lives of low-income families, and those who have been incarcerated (employment/housing barriers) and/or have substance abuse issues (lack of/affordability of Medical Assisted Therapy). Students reviewed and evaluated Healthy Families national accreditation updated policies/standards, Department of Education new policies for childcare subsidy and licensed centers and created materials to help community partners better understand coming changes and the potential impact of these changes. By understanding the impact of such policies, students, staff, and community members are better prepared and motivated to advocate and educate policy makers to insure appropriate services for rural, vulnerable communities.

• The Campus Suicide Prevention Center sponsored 12 students from campuses across the state (including JMU) to attend the Student Track sessions of the Higher Education Suicide Prevention Coalition annual conference. These sessions enabled students to learn from national leaders (from Active Minds and the JED Foundation) about how they can lead change on their respective campuses to enhance student mental health.

• All student clinicians who are new to the Counseling and Psychological Services (CAPS) and Interprofessional Services for Learning Assessment (ISLA) participate in a weekly seminar meeting. During this meeting time, students learn about the surrounding community prior to engaging in clinical service. It is important that students understand, for example, community-identified needs, perceived needs as well as quantitative analyses of service needs. Additionally, we discuss local demographics. Students are oriented to the ways in which CAPS/ISLA can address community need and student education. By engaging the community in this way, CAPS/ISLA are able to increase accessibility of needed mental health services at an affordable cost, while creating excellent interprofessional training opportunities.

• In the Page County Behavioral Health Clinic, students and faculty take the time to understand the history of Page County as a community prior to engaging in work. For example, they learn the history of the park displacement and the impact that has had on generations of Page County residents.

Students also engage in important discussions about rural culture. A shortage of health care providers, higher poverty rates, geographic isolation, and transportation limitations combine to create issues with access to health care. With primary care as a central access point for many health-related services, primary care mental health integration improves access to mental health services and creates opportunities for providers, clients, and families to work together as a team to learn with, from, and about one another, while providing coordination of services. Students review the Community Health Needs Assessment (CHNA) conducted in 2019, which identifies Page as a medically underserved area and a health professional shortage area, specifically for mental health providers. Students explore the impact mental
health services can have on physical wellness, reliance on substance use as a coping strategy, relationships, performance at school and work, and the health of families. They also learn about the strengths of this community as well.

- Spotswood elementary school students involved with the **Gus Bus** collected three boxes of shelf-stable food items as part of their Cultivating Creativity class. Students in the course participated in Project-Based Learning, where they utilize creativity, teamwork, and their own interests to come up with ideas for unique community projects, and the instructors assist them with goal-making, progress-tracking, and bringing in expert guest speakers.

Early in the semester, students came up with the idea of a food drive to support other students and families in their community who may lack access to food. Students created posters and decorated collection boxes to set up throughout Spotswood. Students were also able to meet with Ellen Braun from Harrisonburg local food pantry, Hope Distributed. Braun spoke with our students about why having access to food is important and how organizations like Hope Distributed help folks in our community.

- **HEDG** Director Brent Finnegan gave a guest lecture to Abe Goldberg's class on “Cities and Placemaking,” emphasizing the need for local zoning reform and encouraging students to engage in the local hearing process in their hometowns.

- The topic for this year’s **Youth Igniting Change** initiative (a **PREP** program) was 'Intersectionality and Identity'. Students learned the importance of understanding their identity and also being able to connect various parts of the identity together using an intersectional approach. Students worked with local artists to convey their identities through mediums such as portraits and music.

- The **Shenandoah Valley Migrant Education Program** partnered with JMU Civic and Scholars Latino Initiative to build capacity within the migrant population for crafting and sharing your immigration experience. SVMEP also collected 300 long-sleeve shirts during Farmworker Awareness Week, and donated them to the Association of Farmworker Opportunity Programs (AFOP) for distribution. SVEP also received an Impact Library Award to build a Little Free Library to build community, expand book access to migrant families, and to inspire readers in the migrant worker community.

- The **Healthcare for the Homeless Suitcase Clinic** educated many of the 4th semester BSN students for their mandatory community health clinical rotation. Many of the BSN students worked with the Suitcase Clinic 24 hours per semester. Not only do students work with the Clinic and its homeless client population, they learn about policies related to homelessness and housing, particularly at the local and state levels. They also understand more deeply the impact of the social determinants of health, and how important they are to health outcomes. As they work with people who are homeless, the importance of addressing the social determinants becomes very clear. Students 'catch a vision' for their developing identity as a change agent, facilitating health and well-being among the most vulnerable persons among us.
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

Nine clinics exist within IIHHS to support the educational goals and objectives of students at JMU. Counseling and Psychological Services (CAPS), Interprofessional Services for Learning Assessment (ISLA), 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 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) 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. Services were provided to both JMU students, who benefited from longer-term care than is feasible at the Counseling Center, and community members. CAPS offers a sliding scale fee structure, which makes mental health services more affordable and accessible for all, even those who do not have insurance. The CAPS clinic enables students in the Counseling and Clinical and School Psychology programs to provide the following services: screening intake and diagnostic interviewing; casement management and care coordination; consultation; and therapy and counseling. In additional clinical and school psychology students also engage in testing and assessment, psychological testing and assessment, emotional and behavioral evaluation and testing and neuropsychological screening and assessment.

- **Interprofessional Services for Learning Assessment (ISLA)** provides a comprehensive and interprofessional approach to addressing the learning needs of adult learners. ISLA is committed to preparing student clinicians 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
(assessment), observation, and triage meetings. One graduate assistant from the Department of Graduate Psychology provided screening and referrals to students through the Office of Disability Services. The GA is supervised by Kelly Atwood LCP and conducts a clinical interview and broad social emotional assessment for students who are experiencing some interference with learning. Referrals may be related to Attention and Concentration, Test taking and Memory Concerns, Cognitive and Learning Problems, Academic Testing in Reading, Math, and Written Language, Language and Auditory Processing Problems, Learning Disabilities, Traumatic Brain Injury, Concussions, and Epilepsy, and/or Emotional and Adjustment Concerns. This information as well as academic records are ultimately reviewed by an interprofessional team, which provides recommendations for appropriate resources and services. This past year, faculty and students from four different disciplinary perspectives met together once a month for case review and planning for ISLA. Faculty and student involvement is directly related to learning objectives for a variety of courses.

- **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.

- **Page County Integrated Primary Care and Behavioral Health (PCIPCBH) Clinic:** Dr. Tim Schulte and Dr. Kelly Atwood, who are both licensed clinical psychologists and licensed professional counselors, maintained medical staff credentials at PMH. Dr. Schulte and Dr. Atwood supervised and provided integrated mental health services in partnership with federally designated Rural Health Clinics through Valley Health Page Memorial Hospital. Faculty and students worked alongside physicians, nurse practitioners, nurses, and physicians assistants to improve access to mental health services in this health care worker shortage area. Two advanced graduate student clinicians provided counseling services, nursing students shadowed mental health intakes, and all students observed and participated in interprofessional communications and case presentations.

The Interprofessional MAT Expansion Rural (IMATER) initiative is a project that was funded by HRSA in May of 2021 that developed out of a community-identified need in rural Page County, VA. The proposed initiative was developed based on a community identified need in rural Page County, VA. JMU has partnered with Page Memorial Hospital primary care providers for the past 18 years to provide integrated primary care behavioral health services. This model of care has increased access to mental health services, improved quality of services, improved client and provider satisfaction and reduced costs.

A strong consortium including PMH, the Page Free Clinic and JMU’s Department of Graduate Psychology and School of Nursing will increase access to quality substance abuse and mental health services through enhanced capacity within the local rural community.
Funding supports the placement of one advanced student or resident clinician per year through JMU Rural Health Psychology Clinic in Page County, Virginia. The student will have received training in 1) rural health care, 2) interprofessional work, and 3) substance abuse intervention prior to their clinical placement. The internship will expand clinical and service capacity by allowing for one full time-equivalent behavioral health professional to provide CBT for MAT patients seen in federally designated rural health clinics.

JMU’s School of Nursing offers programs at the BSN, masters, and doctoral levels. The BSN program offers advanced learning opportunities through senior capstone courses during which students engage in 200 hours of applied practice. Funding supported the hiring of an RN preceptor to supervise the placement of two senior capstone nursing students each block, four per semester, to provide medical case management support in the rural health clinic. The students will have received training in 1) rural health care, 2) interprofessional work, and 3) substance abuse intervention prior to their clinical placement. The placement will expand clinical and service capacity by allowing for two nursing students to provide 140 hours of service each for MAT patients seen in federally designated rural health clinics.

- **Child Development Clinic (CDC):** Every summer, the CDC hosts a cohort of 10-12 graduate school psychology students. Each student is paired up, and they work together to complete an evaluation as part of the CDC team. Students are taught how to appropriately review a file, contact teachers, interview parents, collect data, administer tests, and complete an evaluation. Their summer practicum is a rigorous experience in which students receive real-time advanced training.

In addition to continuing to train graduate psychology students through the clinic, the CDC hosted a full-time JMU BSW student. The BSW student observed the clinic’s social worker conducting parent interviews, informings, and staff meetings while learning about how the clinic functions. The student was able to participate in interdisciplinary team meetings and also observe interviews and evaluations conducted by other disciplines. As the placement progresses, the student works toward being able to conduct their own interview(s), write the report(s), present information to the clinical team about the family functioning, and discuss results with parents and guardians. Social work students also support the overall functioning of the clinic by conducting follow-up calls with families after their evaluation as well as following up with families who have expressed interest in an evaluation. Social work students work on a project throughout the semester that pertains to an area of interest, but also has the purpose of providing support to the CDC.

Each semester, the CDC hosts a cohort of 3-6 graduate Clinical & School Doctoral psychology students. The students are paired up, and work together to complete an evaluation as part of the CDC team. Students are supervised by a Graduate Psychology faculty member as well as a CDC team member. The students act as the psychologists on the team doing activities such as reviewing the child’s records, interviewing parents, collecting data, administering tests, completing the evaluation, and writing the report. This experience provides real-time advanced training. This year, the CDC also hosted a Master’s Level I Occupational Therapy student. The student observed the clinic team conducting evaluations,
discussed test results with the psychologist, and offered occupational therapy-based interventions ideas for children.

- **The Occupational Therapy Clinical Education Services (OTCES) Clinic:** The OTCES Neighbors Helping Neighbors initiative was an inter-professional collaboration between OTCES, JMU Architecture Design students, Occupational Therapy students VA State Forestry Department, City of Harrisonburg Public Works, Communications Studies students and JMU Facilities Management to design a proof of concept project in the form of a bicycle work station for children and families served by OTCES.

- **PA and Nursing students in the Healthcare for the Homeless Suitcase Clinic** provide 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.

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 670 students (undergraduate and graduate) were enrolled in these workshops during the 2021-2022 academic year, 301 in the poverty simulation and 331 in the BCHW experience. Forty-eight (48) graduate students and faculty also helped to facilitate the BCHW as it is a program requirement for graduate psychology and occupational therapy. Since 2002, there have been 13,721 participants in the workshops, and of that number, 2,035 were graduate student or faculty facilitators.

- **IPE Courses**: 281 students were enrolled in IPE courses this year. Each course is listed in the table below.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number &amp; Credit</th>
<th>Faculty</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2021</td>
<td>IPE 415/NSG 415 (1 credit), 2 sections, Ethical Decision-making in Health Care: An Interprofessional Approach</td>
<td>Akerson, McGuire, Stewart, Choshi, and Walsh</td>
<td>105</td>
</tr>
<tr>
<td>Spring 2022</td>
<td>IPE 415/NSG 415 (1 credit) Ethical Decision-making in Health Care: An Interprofessional Approach</td>
<td>Akerson, Stewart, Choshi, and Walsh, Myers</td>
<td>62</td>
</tr>
<tr>
<td>Fall 2021</td>
<td>IPE 490 (1 credit), section 1 Issues and Applications of Family Care Giving: Interprofessional Perspectives</td>
<td>Guisewite</td>
<td>26</td>
</tr>
<tr>
<td>Fall 2021</td>
<td>IPE 490 (2 credit), section 2 Issues and Applications of Family Care Giving: Interprofessional Perspectives</td>
<td>Guisewite</td>
<td>6</td>
</tr>
<tr>
<td>Spring 2022</td>
<td>IPE 490 (1 credit), section 1 Issues and Applications of Family Care Giving: Interprofessional Perspectives</td>
<td>Guisewite</td>
<td>23</td>
</tr>
<tr>
<td>Spring 2022</td>
<td>IPE 313 (2 credits), section 1 Issues and Applications of Family Care Giving: Interprofessional Perspectives</td>
<td>Guisewite</td>
<td>4</td>
</tr>
<tr>
<td>Fall 2021</td>
<td>IPE 313 (1 credit), section 7201 Introduction to Interprofessional Approaches to Trauma Informed Care</td>
<td>McGuire, Stewart, Akerson</td>
<td>29</td>
</tr>
<tr>
<td>Spring 2022</td>
<td>IPE 490 (1 credit), section 7201 Introduction to Interprofessional Approaches to Trauma Informed Care</td>
<td>Myers, Stewart, Sutherland</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total Students</strong></td>
<td></td>
<td></td>
<td><strong>281</strong></td>
</tr>
</tbody>
</table>

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 Campus Suicide Prevention Center** believes that comprehensive suicide prevention planning must involve a wide range of roles on any college campus. To that end, they work with people in many different academic, administrative and student support roles and disciplines on each of the campuses they serve. Some of the roles represented include: Counseling Center staff, Case managers, Academic Advisors, Title IX Coordinators, Student Affairs Administrators, Administrative Assistants, Residence Life, Disability Services, Registrar, Graduate Medical Education, Academic Affairs Administrators, Campus Police / Public Safety, Department Chairs, Prevention / Health promotion, Student Success and Retention, Professors, Student Outreach and Programming, Student Conduct and Integrity, Finance and Administration, Human Resources, Career Coaches, Tutoring, Student Health Services, TRIO Program, Chaplain, Veterans Services, LGBTQ Office, and Enrollment Management. The ECHO series is inter-professional education, as are our ASIST trainings, which are designed for a diverse audience. The trainings provide opportunities for participants from diverse backgrounds to learn from one another.

- **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.

- **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.
- The **Gus Bus** JMU student volunteers range in field of study from education and health and behavioral services, to sports management, biology and math. They learn and get to practice skills for working with children, including the most effective ways to redirect challenging behaviors and conflict resolution, as well as many of the 'soft' skills necessary to succeed in any professional work setting.

JMU students also 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 trying to access academic support, educational enrichment, quality childcare, and mental healthcare.

- At the **Page County Integrated Primary Care and Behavioral Health Program** includes Clinical Mental Health Counseling interns, practicum students in the Combined Integrated Clinical and School Psychology Program, and several faculty members provide and/or supervise direct services including counseling and assessment to Page County residents. JMU students and faculty and PMH staff participate in interprofessional case consultations two times per month, with the following disciplines represented: physician, nurse practitioner, registered nurse, nursing students, clinical mental health counseling interns, licensed professional counselors, licensed clinical psychologists, and clinical psychology practicum students. Additionally there is a screening and referral process for new referrals to the PCIPCBH Program. JMU students, including nursing students, have the opportunity to observe and participate in triage and case planning for these referrals.

- 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** Physician Assistant and Nursing students work together to complete clinical assessments and Wellness 360 goals. Emphasis is place on understanding one’s own role and responsibilities, and those of one’s colleagues, and providing an opportunity to reflect on how we need each other to provide care that truly heals. It is seen as essential to valuing and respecting each other’s role in providing clinical care and care coordination. To do that, students reflect on their interprofessional communication and teamwork, so they can collaborate to implement a single care plan, that is coordinated, equitable, and inclusive.

5.2.3.3 Community-Based Programs

IIHHS has 18 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:
• **Futuro Latino** collaborated with the Occupational Therapy (OT) program to provide community-based occupational therapy resources and services to the Spanish-speaking population. The occupational therapists student interns conducted a community needs assessment and created resources for the coalition. Their materials focused on educating the community about resources, OT, self-awareness, nutritional balance, healthy sleep patterns, performance habits (routines, rituals, roles), and the importance of family involvement in SUD prevention.

• The **Gus Bus** tutoring program matches JMU students with elementary age students attending Harrisonburg City Public Schools. JMU students provide homework help and enrichment activities for their tutoring matches according to the academic needs of the elementary students. Enrichment activities include exercises in reading, writing, and math content areas.

JMU student tutors create meaningful relationships with their tutoring matches by providing social-emotional learning opportunities and creating enduring relationships by meeting twice weekly for a total of two hours each week. In addition to academic enrichment, these regularly scheduled meetings provide elementary students with opportunities to receive mentorship from JMU role models. The relationships between JMU student volunteers, students, and their families serve as an investment in the communities served. These meaningful relationships provide JMU student volunteers with opportunities to engage in reflective learning as they prepare weekly exercises for their tutoring matches and chart the progress and challenges of the elementary students in weekly reports.

• **Healthy Families** hosts numerous JMU students every year from a wide variety of majors. When preparing to work with business and political science majors to explore national/state legislation and agency policies related to childcare and early learning, I started out by asking them: “What was your childcare/early education experience prior to Kindergarten?” After minutes of silence and confused looks, students began to share; one stayed with grandparents, another rode the train with his mom to a childcare center in the city near her work, another attended a church program, and still another stayed home with his mother while his father worked. Most grew up in suburban neighborhoods. None recalled any concerns for the family surrounding childcare, though they admitted they may not have known if there were issues. As I described challenging scenarios facing families and children in rural areas, where childcare options are limited and parents’ struggle to find support in raising their children, I could see the students reflecting. This led to discussion of white privilege, inequities, and an increased interest and understanding as to why family policy discussions and advocacy are so important for our country’s future. As a result of these conversations, the students saw more purpose in the work they were doing with us. One student later said he’d never considered working with non-profits or government agencies but, as a result of this project, he saw new career opportunities that were now of interest to him.

Numerous students were involved in the planning, implementation, and evaluation of the No Kid Hungry collaborative projects to address food insecurity described above, community-based early childhood initiatives, and Healthy Families home visiting work. Each student
reflected upon at least one insightful and meaningful moment that helped fine-tune their future career path. A Political Science student discovered he had interest in government and organization policies that impact families. A Psychology student decided to pursue her Masters in Social Work after recognizing the impact of a child’s environment and family experience on their behaviors. A social work student aspired to open a non-profit childcare center that would provide on-site counseling and other therapies for children and parents after seeing the need for better access to services. And Occupational Therapy students gained hands-on experiences with children as they provided social-emotional activities and support in play and group interactions-a setting where OT is often misunderstood-and created a parent-friendly resource to better explain their role.

- 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. Developing mutually beneficial relationships between students and community serves as the primary vehicle through which student and family transformation occurs. CMPT’s emphasis on the mutuality of student/family relationships upsets the traditional power dichotomy inherent in typical service provider/client interactions, and makes it an innovative and exemplary respite service. Families are not simply passive recipients of student services; every caregiver and child serve as educators, equipping future professionals with the skills, experience, and knowledge needed to provide quality care.

In written journals/reflections, students consistently report that the experience and the relationship with the family has positively influenced them both professionally and personally. Quotes from some of the nursing student reflection papers this year are:

- “This truly was such a positive experience which I’m very grateful for. Something I’ll carry with me as a future nurse is knowing how important the relationship is with not only the patient, but the relationship with their family is equally as important. There is so much to be learned from family members that act as someone’s daily caretaker- so I know I will always be sure to develop therapeutic relationships with the family members of my future patients, but also use them as resources to help enhance my care of the patient.”

- [Child] has taught me that disability is not a disadvantage, but rather a different set of skills and an entirely different lens through which to view the world.

- Throughout this process I have learned so much not only about children with special needs, but with how the care for them is so spectacular in its own way. I can honestly say I have a greater appreciation for the parents and caretakers of these children as well as how involved the siblings were especially in my case.

- This experience I believe helped me better prepare as a nurse and grow as an individual, this program helped me recognize how important family oriented care is and how that needs to be implemented when providing care for a family. I also was able to see first
hand how a child's diagnosis can affect their siblings and they can feel like an outsider or feel left aside due to the required needs of their sibling.

- I have gained the skills and knowledge to care for this type of population and this will help me greatly as I come across children and even adults with this disability in my career.

- From this experience I gained skills based on communication, patience, creativity, and responsibility. Not only did I learn how to communicate better with a kid, but I learned how to communicate with the parents.

- In this experience, I gained more confidence and compassion. As a future nurse, I believe I will be better equipped with skills to provide care for those with disabilities, even if they are not always visible.

- I was blown away by just how much I learned about providing respite care as well as myself as a provider. Each time brought something new to the table, and I walked away on our final visit tearful, both out of gratitude and sadness that our relationship was coming to a close.

- I gained more than I had ever hoped to during this experience. Not only did I find a love for [the children], but I found a new appreciation for children with special healthcare needs, and a greater understanding that these children are not much different from their peers who have “normal” healthcare needs. I also gained a greater confidence in myself as a provider.

- The Caregivers Community Network (CCN) is honored every semester to work with amazing students and families. This semester, more than other semesters, students were struggling with their own challenges coping with grief, loss, isolation and other rippling effects from the pandemic. The information and activities they were sharing with the families had a particular meaning and resonance for them too. In her final paper, one student wrote:

  “[The materials I was preparing and sharing about self-care for the caregivers] became more real to me this semester than ever before. About midway through this semester, I began to experience crippling anxiety and stomach issues. Most days, the bravest thing I did was get out of bed and eat. It was one of the darkest seasons of my life. By learning different self-care practices as I researched for the weekly visits, I realized that how much I cared for myself would directly impact how long it would take me to get out of the cycle of crippling anxiety.”

Every single human was created to need and be loved by one another. We were never made to live life alone. This reality is especially true for older adults. They are people to be loved and want to love others in return. Both CCN families I visited have showered my teammates and me with kindness that we did not deserve. They have so much love for others and are desperate for an avenue to share that love. The other vital necessity for older adults and those
who care for them is people to listen. There is a lack of people to listen to caretakers and how
caring for their loved ones impacts them.

- In Spring 2022, the Shenandoah Valley Migrant Education Program (SVMEP) social
work intern planned and implemented a college tour. He gauged interest among the migrant
ed students in conducting this campus visit and he worked directly with Virginia Tech to plan
the event. JMU students have also been involved with SVMEP students as tutors. One
SVMEP student has had the same tutor for a year and a half. This tutor has supported
the student in exploring her field of interest, completing college applications, completing college
essays, mentoring her throughout the process, and searching & applying for scholarships.
They have made a lasting connection and plan to keep in touch after our SVMEP student
graduates and goes on to Eastern Mennonite University to pursue her degree in Nursing. The
Spanish language intern translated/reviewed Spanish documents for the program, helped
administer family surveys, and created informative videos for the parents.

- The Disability-Inclusive Sexual Health Network (DSHN) BSW intern gained meaningful
experience and insight in working with our network, contributing in a number of ways to
enhance her knowledge and skill. Ashley’s projects engaged her in examining the
intersections between people with Intellectual and Developmental Disabilities (IDD) and
LGBTQ+ concepts as well as the intersection between IDD and birth control. These
intersections represent gaps in educational tools intended for the supportive people who
surround youth with IDD. This keen identification of needs comes from deeply engaging
with a subject, reflecting on observations, and intentionally working towards a solution.

Ashley also worked with a community partner, Valley Associates for Independent Living
(VAIL), to develop a social media campaign titled “Reclaiming Relationships”. Once a week
for one month, VAIL and DSHN shared information on their Facebook and Instagram
accounts about dating, boundary setting, abuse and violence and disability.

- The Campus Suicide Prevention Center provided suicide prevention/intervention training
for a number of graduate programs in helping professions (e.g., counseling, school
psychology, occupational therapy, clinical psychology). Programs are beginning to integrate
the training into their curriculum. The training emphasizes 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.

- Interns doing their placements with the Personal Responsibility Education Program team
to out to the schools to observe facilitators, assist the facilitators and even co-facilitate
evidenced-based programming. Interns also help in preparing materials for the classes and
data entry.

5.3 Access, Inclusion and Diversity

The Provost’s Fall 2020 Anti-Racist and Anti-Discrimination Agenda establishes a commitment
to inclusive excellence and sets expectations for colleges and their respective units to take
concrete and meaningful action steps forward toward strengthening diversity, equity, and
IIHHS continues to make strides toward advancing DEI. The IIHHS Anti-Racism/Anti-Discrimination (ARAD) continues to meet to deliberate, plan, and implement DEI initiatives at IIHHS.

Current members of the IIHHS ARAD team are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Rachel Gagliardi</th>
<th>Stephania Cervantes Albarrán</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Akerson</td>
<td></td>
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<tr>
<td>JoLynne Bartley</td>
<td>Josh Diamond</td>
<td>Cheryl Carter</td>
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<tr>
<td>Darryl Boykins</td>
<td>Kayla McKean</td>
<td>Andrae Hash</td>
</tr>
<tr>
<td>Dana Lehman</td>
<td>Reem Mohammed</td>
<td>Linda Plitt Donaldson</td>
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</tbody>
</table>

The IIHHS DEI unit-level plan is included in Appendix D and reports on our efforts throughout the year. Highlights of DEI accomplishments from that report include:

- We completed an IIHHS Climate Survey in the Fall of 2021, and held a report-out session in April 2022. The survey was administered through an external agency, who also compiled the findings.
- Our “Brave Doors” committee has been working with a consultant to design and implement a training for staff to be safe and supportive presence for those who feel they have been harmed in some way. It is modeled after the Safe Zone training. This will be implemented in the Fall 2022.
- Four IIHHS staff participated in a 4-series training with Critical Service Learning Scholar, Tania Mitchell to develop a rubric to assess the extent to which IIHHS and our various programs/clinics reflect equity in our community engagement methods. We finalized the rubric and are planning an implementation strategy in 2022.
- We removed the dreamcatcher exhibit from one of the walls in the Campbell Building due to its culturally appropriative nature. We replaced the dreamcatchers with paintings created by students in our Teen Outreach Program. We held an ‘opening’ of the exhibit on June 8, 2022.
- We expanded our IIHHS Leadership Team to include three new voices from different parts of IIHHS. Our new members also add racial and ethnic diversity to the team.
- We partnered with JMU’s Center for Multi-Cultural Student Services (CMSS) to help IIHHS staff/faculty better understand how JMU is situated as a historically, culturally and politically predominantly white institution and how that is experienced by BIPOC students.
- We are moving toward standard language in all IIHHS Job Postings. This language will be approved by the IIHHS Leadership Team this year.

**IIHHS Professional Development Efforts**

IIHHS staff participated in a number of varied trainings, workshops, and book groups related to DEI, 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.
<table>
<thead>
<tr>
<th>The Program Coordinator for the Community Caregiver’s Network attended seven trainings and one conference related to dementia and caregiving that will help her to address the ageism and marginalization of those living with dementia.</th>
<th>AHEC Scholars staff held discussions about once a month about diversity and the strategies our AHEC Scholars program should implement to assist with the diversification of the health care workforce.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CDC clinical staff read two books Homegoing and Disability Visibility and several chapters from various publications regarding the emotional, physical, and health development of transgender youth. They held bi-monthly meetings to discuss the material read and make connections between the readings and the clinical setting in which we work.</td>
<td>A sampling of trainings taken by different CDC staff included:</td>
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<tr>
<td>- Microaggression Workshop</td>
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<td>- Equity in Education conference</td>
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<td>- Inclusivity in your everyday life workshop</td>
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<td>- Mental Health Allyship Town Hall-JMU</td>
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<td>- DEI Initiative “Recognizing and Addressing Our Implicit Biases, Dr. Joshua Pulos, College of ED, CHBS Sept 2021”</td>
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<td>- Psychological Assessment and the Importance of Context with Transgender and Gender Diverse Persons</td>
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<tr>
<td>- Equity in Assessment of Deaf and Hard of Hearing Populations</td>
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<tr>
<td>- Inclusivity in your everyday life workshop</td>
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<tr>
<td>- Child Abuse in minority and immigrant communities</td>
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<tr>
<td>The CAPS Director participated in the following continuing education programs through the National Register of Health Service Psychologists:</td>
<td>SRAE staff participated in the Wyman Facilitator Training; includes examples of how to ensure your programming is anti-racist, and inclusive. Provides staff with a “tool kit” for handling situations such as micro aggressions. Staff also participated in an “Identifying Microaggressions” workshop.</td>
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<tr>
<td>- Appropriate Therapeutic Responses to Questioning Sexual Orientation</td>
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<td>- Talking With White Clients About Race</td>
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<tr>
<td>- Talking Racial Stress: Assessing &amp; Treatment Planning for Experiences of Racial Discrimination</td>
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<tr>
<td>Health Families</td>
<td>Women, Race, and Class Book ARAD Lunch and Learn</td>
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<tr>
<td>- Webinar: Discarded America: Rural America’s Social Injustice and Mental Health Crisis- all staff</td>
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<tr>
<td>- Book Club with community partners: “The Least of Us” and “What Happened to You?”, both focused on substance use and trauma</td>
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<tr>
<td>- Webinar: The Diversity-Informed tenets for working with infants, families and children</td>
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<tr>
<td>The CHBS DEI leadership Training with Jamie Robinson.</td>
<td>Creating Equitable, Inclusive, and Diverse Leadership Pipelines in Organizations webinar with Dr. Jennifer Martineau.</td>
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<tr>
<td>How to Support Trans and Non-binary Youth webinar with D.M. Maynard/Virginia Sexuality Network</td>
<td>The SVMEP Program Team participated in one or more of the following trainings:</td>
</tr>
<tr>
<td>- Community Equity Workshop w/ Tania Mitchell Nonviolent Communication- 8/25/21 (TD) – Mental Health First Aid- 4/2022 (Facilitated by Katie Mitchell) – Gus Bus Team</td>
<td>- The Inclusivity in Your Everyday Life seminar (AC, NR, SC)</td>
</tr>
<tr>
<td>- Conference for Antiracist Teaching, Language, and Assessment – September 17, 24, and October 1, 2021</td>
<td>- Demystifying SNAP: Breaking Down Barriers to Increase Food Access in the Latino Community</td>
</tr>
<tr>
<td>Gus Bus staff attended one or more of these trainings:</td>
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<tr>
<td>Women, Race, and Class Book ARAD Lunch and Learn</td>
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<td>Topics</td>
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<tr>
<td>We Can Talk About Race @ Work- 4/21/22 (Talent Development)</td>
<td>Lessons from the Field - Supporting the Social and Emotional Learning</td>
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<tr>
<td>Creating a More Effective Community: Calling In, Rather Than Calling</td>
<td>Needs of Afghan and Other Newcomer Students</td>
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<td>Public Charge: Thawing the Chill for Immigrant Families</td>
<td>Word Problems and Emerging Bilinguals</td>
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<td>Building a Trauma-Informed Lens [Including Youth Voice in the</td>
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<td>Conversations About Diversity, Equity, and Inclusion] Speaking</td>
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<td>Justice</td>
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<td>Members of the PREP team attended FYSB Topical Trainings - Equity</td>
<td>Brain Injury Connections board and staff participated in a 21 day</td>
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<td>Paradigm; Cultural Humility &amp; Best Practices; and JMU Dr. Chris</td>
<td>challenge offered by our local United Way. The offering provide daily</td>
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<td>Hollinsed “Diversity &amp; Inclusion in the STEM Classroom: A perspective from Chemistry.”</td>
<td>educational DEI 10-15 minute video clips. We also had a group discussion after watching 'Where are You From?' videoclip highlighting micro-aggressions.</td>
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</table>

One or more members of the ARP Team participated in the following trainings:
- National Women and Girls’ HIV/AIDS Awareness Day Observance webinar: Articulating the barriers women of color, transwomen, women who misuse drugs/substances and rural women face when trying to obtain care;
- VDOE #EdEquityVA Webinar Series - Supporting Transgender Students; Incorporating Organizational Trauma-Informed Approaches webinar
- Safe Zone Training, & Mental Health First Aid trainer certification, DEI/social justice focused social work graduate program; Social Justice, Oppression and Privilege class
- Mental Health Allyship training

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<thead>
<tr>
<th>Topics</th>
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<tr>
<td>DSHN staff participated in:</td>
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<tr>
<td>Inclusivity in Your Everyday Life Workshop-</td>
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<tr>
<td>Equity Meets Design training</td>
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**IIHHS Program Efforts to Address DEI**

IIHHS programs and clinics were asked to identify steps they were making to change processes and practices to strengthen DEI efforts. With a couple of exceptions, responses to this question were rather weak. Next year, programs will be asked to assess their programs using the Community Equity Rubric developed by a team last year. Using an instrument will facilitate communication about specific program elements and how to strengthen them for DEI.

In the meantime, the example given by the Child Development Center is a good description of a step programs/clinics can take to address equity, so their structural change is included below:

In the past year, the Child Development Clinic has implemented several actions to be more inclusive of the LGBTQ+ youth population. Youth 12 years and older are given a questionnaire when coming to the clinic where they can list what pronouns they would like to be referred to as, as well as if they prefer a different name than their legally given name. These name and pronoun choices are then reflected in the written CDC report. Additionally, CDC forms have been reviewed, and will continue to be reviewed as necessary, to ensure
gender exclusivity. One CDC clinician team member will be meeting with SOGIE to review the main forms utilized by the CDC to ensure maximum inclusivity.

The CDC is seeking to add a full time clinical psychologist to the team. In addition to advertising with state and national level psychology organizations, the CDC advertised with the Association of Black Psychologists and the National Latinx Psychological Association, in order to secure a more diverse candidate pool.

Diversity of IIHHS Program Participants

Through its clinics and programs, IIHHS works with a diverse population with a variety of experiences that affect their life situation. We serve patients 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.

5.4 Program or Service Rankings

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.

5.5. Honors College Support

IIHHS programs typically serve as a focus of honors theses or projects. However, this past year, no honors students were involved with our programs.

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.

The Healthy Families Program Manager recently introduced local and state partners, including Virginia Early Childhood Foundation (VECF) staff, to Madison Collaborative’s Eight Key Questions. They used these as a guide for ethical decision-making in working on issues impacting community-based childcare programs. Partners were impressed with the approach and asked for more information. She shared Madison Collaborative resources and link to the website. Having participated in MC workshops in the past, the Program Manager uses the Eight Key Questions regularly with staff and interns in supervision to reflect upon the unique and complex situations that evolve in our work.

5.7 Efficiencies

Some of the adaptations programs and clinics made while navigating the pandemic created some efficiencies that were continued this year as we moved back to in-person services and programs. Some of the efficiencies are noted below.

- **CCN** continued to offer three branches of programming in order to meet family needs as we came out of the pandemic. This semester, we returned to in-home visits. We also continued to offer virtual visits to families who felt apprehensive of the in-home model. Additionally, we continued to offer the Care Package Program to families that neither the virtual or in-home model worked.

- The **Campus Suicide Prevention Center** trained 17 representatives from 14 different campuses in the SafeTALK program, so that they can deliver that training to their own campuses, as well as possibly other campuses close to them. Additionally, we receive funding for four new trainers through the ASIST Training for Trainers, three of whom will be able to provide trainings for campuses other than their own. By expanding our training network, we will be able to better meet the increasing demand for trainings across the state. Additionally, we are helping to build capacity on campuses to provide trainings for their own campus. CSPC also funded 13 individuals from 13 different campuses to complete the College and University Suicide Prevention Accreditation program through the American Association of Suicidology. This again helps expand the capacity for the work across the state.

CPSC has continued developing a video series to help build capacity for comprehensive suicide prevention on individual campuses. This will allow them to teach people in a way that is more efficient than what’s been done in the past, allowing campuses to access this education/guidance when and where they want it and to the extent that they want it (small doses or big chunks of information). Approximately half of the videos have been recorded.
and produced and are posted on our website, with the goal of finishing them over the next year.

CPSC is also in the process of developing an online training for faculty on responding to students in distress. This is a need we’ve identified and that has been confirmed by national research of faculty needs in responding to student mental health concerns. Once completed, it will be offered asynchronously to faculty on all Virginia campuses for free. CPSC hired a team of subject matter experts from around the state to help develop an outline for the content and had faculty from across the state review the outline to provide feedback. CPSC hopes to also complete this course's development and production over the coming year.

Finally, CPSC worked with the IIHHS Madison Engagement Fellow and Graduate Psychology to transition the Shenandoah Valley Mental Health Directory to an online 'living' document that could be more easily updated by local providers and thus more sustainable and user-friendly to the public. We hope this will aid students and community members alike in identifying providers and resources they can access to support their mental health needs.

- The Disability-inclusive Sexual Health Network (DSHN) has added our innovative partners to the Slack platform in order to increase communication and collaboration between partners and DSHN as well as between different partners organizations. We’ve also spent some time this year engaging partners in conversation and collecting feedback about ways we could improve efficiency in the future. We are hoping to try some of these new ideas next year.

- The Personal Responsibility Education Program (PREP) team, has continued is taking advantage of the school-issued technology issued to all middle and high school students to survey their students online. During the pandemic, they provided pre- and post- surveys to youth online instead of using paper copies, significantly cutting down on the amount of paper we use as well as time spent entering the data online.

- Gus Bus families were thrilled with the transition from virtual learning to in-person programming. In-person programming allowed the buses to get back in neighborhoods and schools. The Gus Bus thrives on having a presence in the communities served. Being virtual for nearly two years diminished the community presence. Staff worked hard to pivot and resume a variety of classes and bus stops to accommodate changes in school dismissal schedules shortly after beginning the fall term.

The staff’s ability to adapt to change while providing quality programming has proven to be one of the Gus Bus’s best efficiencies. The 2021-2022 program year began with one full-time position vacant and half of the staff had been hired during the pandemic while programming was 100% virtual, thus half of the staff was unfamiliar with the complexity of the in-person schedule. When Harrisonburg City Public Schools (HCPS) decided to dismiss schools one hour earlier than planned, every staff member had to adjust their schedules to accommodate the change. Bus stops were moved up an hour earlier. Some staff had to be reassigned to different bus stops and/or different times.
In the midst of these changes we also had a staff member that needed to be absent for medical reasons due to an injury sustained outside of work. Once again, staff shifted schedules, and in some cases, increased workloads to meet the demand of this new need. Additionally, this year the Gus Bus program created a fourth full-time position. The newly created Curriculum and Program Manager position spreads out the responsibilities of placing and overseeing tutors. Previously this role did not have a dedicated person for tutor placement making it difficult to manage the complexities of our tutoring program which places tutors both in after-school and in-home tutoring sites.

- **The Shenandoah Valley Migrant Education Program (SVMEP)** created efficiencies this year by expanding collaborations. Each year SVMEP hosts an end-of-semester event to celebrate the success of all of our tutors and students. Historically, SVMEP has planned and hosted these events independently. This past year, we collaborated with JMU’s Empowerment3 to host the event together, which allowed our program to spend less time on planning the event and allowed for a larger event for the community to participate in. In addition, to address food insecurity in our program, SVMEP staff has delivered food to families in the program for the past 4 years. This year, we collaborated with JMU Civic to support us in the deliveries of the food boxes which allowed staff to continue to serve families rather than shifting their focus to deliver the food boxes for the length of a day.

- **Futuro Latino Coalition** created new connections with local organizations that allowed us to increase our presence in the community to spread the word about the different resources available to help youth learn about the dangers of substance use and misuse. FLC continued to offer both in-person and virtual activities to continue educating the community and strengthen our existing connections.

- **The Healthcare for the Homeless Suitcase Clinic** initiated a nurse case management meeting between the nurse case managers at Sentara RMH and the two nurse case managers with the Suitcase Clinic. This has resulted in important strides forward on important projects that could result in significant reduction of repeat ED visits. The addition of Mim Yoder to the team has resulted in very positive outcomes as she has a very long working relationship with the nurse case managers at SRMH. Together they are working on a plan to provide medications to clients as they are released from the SRMH Emergency Department and prevent repeat ED visits. Clients often present 5-7 days after an ED visit with a prescription for needed medications that were never filled. By receiving medications before they are discharged from the ED, return visits are prevented and patient health is supported.

- **The Baird Center** has been able to continue training clinicians that work directly with people in the Shenandoah Valley through school placements and clinic work. They also bring families and school staff to the on-site clinic to coach them on how to facilitate skill development while reducing problem behaviors that significantly impact the lives of our clients and families.

- **The Child Development Clinic** continued to use telehealth options for parent/guardian interviews as well as Informings, in which the results are communicated to the parent/legal guardian. These options include phone and Webex, per the preference of the clients.
Additionally, clinicians took over the responsibility of editing each other’s reports. This resulted in the efficiency of reports being edited quicker, so Informings could be scheduled, and reports/results mailed out to the parent. Combined with parents/legal guardians receiving one copy of the report to distribute at their leisure, the timeline between the day of the evaluation and when results were received was reduced. We re-evaluated our procedures and what information we needed to collect from parents throughout the evaluation process and phone calls, ultimately reducing the time spent on phone calls and managing paperwork. We also asked staff members to assist in office tasks, such as preparing packets, making copies, records destruction, etc. to assist our administrative assistants.

- For CAPS/ISLA/PCBH, the introduction of telehealth services has allowed for an increase in access to services. Although there are many benefits to in-person services, we continue to offer telehealth as an option to reduce barriers to care, when clinically appropriate.

- Moving the Youth Data Survey to a web-based format instead of a paper/pencil survey has been a huge efficiency and time saver. In 2019, we were able to survey more than half of our schools through a web-based format, and in Fall 2021 we were able to survey all schools using Qualtrics.

5.8 Comprehensive Campaign

N/A

5.9 Noteworthy Accomplishments

Below is a list of additional noteworthy accomplishments at IIHHS during 2021-2022.

- The VPRIES initiative was recognized by the Family Youth Services Bureau as a highly effective intervention in the March 2022 Grantee Spotlight. Mathematica recognized Vision of Year as a highly effective program (most effective in the current cohort) and invited Kim Hartzler-Weakley to present with them at two national adolescent pregnancy prevention conferences.

- The Occupational Therapy Clinical Education Services program was voted “Best of Harrisonburg” from the Harrisonburg Award Program.

- Healthy Families is nationally accredited home visiting program, and one of only a few models in Virginia eligible for federal Maternal, Infant, Early Childhood Home Visiting (MIECHV) funding. Both Page and Shenandoah Counties completed intensive self-studies for Healthy Families America re-accreditation this year. As a result of our collaboration with PACA on the No Kid Hungry grant, Healthy Families was able to apply and receive direct funding for a No Kid Hungry grant to serve Shenandoah County. This led to new partnerships, and opportunities for other partners to continue to address food insecurity within this community after the Healthy Families project ends.
• Several IIHHS programs brought in significant grant support, with our total grant funding for this year being $6,611,609.08.

• IIHHS completed its Academic Program Review with the site visit in the Fall 2021.

6. Individual Faculty/Staff Honors and Accomplishments

• Onesimo Baltazar Corona, Program Coordinator for Futuro Latino, was selected for the prestigious National Hispanic and Latino Executive Leadership and Fellowship Program.
• Kathy Guisewite was awarded a full scholarship to participate in the Opening Minds through Art program.
• Ashley Dunlap, Lead Case Manager of Brain Injury Connections received the McSpotlight Contest Mentor in the Community award.
• Kim Hartzler-Weakley was asked to participate on a panel sponsored by the Office of Population Affairs. Networking Innovation Panel: Perspectives on the TPP20 IIN Grant Program.
• At the 2021 Nofsinger Celebration of Madison Scholarship: the following IIHHS staff were recognized:
  o Kim Hartzler-Weakley was recognized as in the $20,000,000 tier by the Office of Sponsored Programs ($29,127,391.51) and was recognized as having a "Notable Achievement" with the highest total grants awarded in FY21 ($5,104,097.13).
  o Trevor Stokes- $600,000 tier ($637,936.49);
  o Carmen Moreno- $1,000,000 tier ($1,046,774.12);
  o Jolynne Bartley- $3,000,000 tier ($3,741,836.45); and
  o Emily Akerson- $3,000,000 tier ($3,111,905.75).
  o Jolynne Bartley was also recognized as having a "Notable Achievement" with the highest number of grants awarded in FY21 (16 awards).

• Dr. Melissa Leisen successfully defended her dissertation on the experiences of undergraduate nursing students caring for children with special health care needs in the context of in-home pediatric respite care.

A list of scholarly publications and presentations at professional conferences by IIHHS faculty and/or staff is presented below:


- Guisewite, K. (March 2022) Dementia Friends, JMU Diversity Conference.


**IIHHS Staff Presence on Area Boards and Committees (External)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Akerson</td>
<td>Healthy Community Council Steering Committee; JMU-SRMH Collaborative Steering Team; Safety Net Coalition.</td>
</tr>
<tr>
<td>Onesimo Baltazar Corona</td>
<td>Harrisonburg-Rockingham ASAP Board Member; Harrisonburg Education Foundation Scholarship Review Committee</td>
</tr>
<tr>
<td>JoLynne Bartley</td>
<td>Page County Alliance for Community Action; United Way ALICE Coalition; Out of School Learning Coalition</td>
</tr>
<tr>
<td>Brenda Bechler</td>
<td>Virginia Sexuality Network</td>
</tr>
<tr>
<td>Josh Diamond</td>
<td>The shOUT Coalition is anchored by the Appalachian Replication Project, Ballad Health, YWCA of NETN/SWVA, and the VDH Mount Rogers Health District. Along with other partners throughout</td>
</tr>
</tbody>
</table>
southwest Virginia and northeast Tennessee, shOUT works to transform community systems to better serve the sexual health needs of area youth. Josh Diamond leads this effort.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brent Finnegan</td>
<td>Institute for the Advancement of Family Support Professionals RR – Virtual Home Visiting; MIECHV Alliance; Harrisonburg Planning Commission.</td>
</tr>
<tr>
<td>Yvonne Frazier</td>
<td>Community Care and Learning Center Board; Page Alliance for Community Action</td>
</tr>
<tr>
<td>Rachel Gagliardi</td>
<td>Harrisonburg/Rockingham Safe Kids Coalition</td>
</tr>
<tr>
<td>Danette Gibbs</td>
<td>Virginia Suicide Prevention Interagency Group</td>
</tr>
<tr>
<td>Ginger Griffin</td>
<td>Smart Beginnings of Harrisonburg/Rockingham</td>
</tr>
<tr>
<td>Adrienne Griggs</td>
<td>Patchwork Pantry and JMU Basic Needs Advisory Board</td>
</tr>
<tr>
<td>Kim Hartzler-Weakley</td>
<td>Virginia Sexuality Network</td>
</tr>
<tr>
<td>Becky Kipps</td>
<td>Family Youth Initiative</td>
</tr>
<tr>
<td>Melissa Leisen</td>
<td>Alliance for Disability in Health Care Education</td>
</tr>
<tr>
<td>Sharon Maiewski</td>
<td>Blue Ridge Free Clinic Board; Respite Care Services Meetings; Harrisonburg RAM Board.</td>
</tr>
<tr>
<td>Carmen Moreno</td>
<td>Harrisonburg Education Foundation board member and Sentara RMH Patient and Family Advisory Board</td>
</tr>
<tr>
<td>Kayla McKean</td>
<td>Virginia Sexuality Network</td>
</tr>
<tr>
<td>Cindy Noftsinger</td>
<td>Healthy Communities Council; Crisis Intervention Teams; Joining Forces/Red Cross.</td>
</tr>
<tr>
<td>Linda Plitt Donaldson</td>
<td>Health Community Council Steering Committee; Safety Net Coalition; Behavioral Health Subcommittee; HCC Equity Group</td>
</tr>
<tr>
<td>Eric Schmucker</td>
<td>Chair of Gemeinschaft Home Board of Directors Narrative 4 Story FacilitatorJuvenile Justice RJ co-Facilitator for Court Services, HPD JMU ICAD affiliate facilitator</td>
</tr>
<tr>
<td>Terri Stone</td>
<td>Harrisonburg Continuum of Care Group; Respite Care Services Meetings</td>
</tr>
<tr>
<td>Jane Wiggins</td>
<td>Active member of the Virginia Suicide Prevention Interagency Group, which is coordinated by the Virginia Department of Health under the Department of Injury and Violence Prevention.</td>
</tr>
</tbody>
</table>

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 perseverance, particularly during the prolonged and unprecedented experience of the COVID-19 pandemic. Despite these challenges, IIHHS continues to serve hundreds of people, and sustain and build on longstanding partnerships. This is a testament to the strength and commitment of our staff, our stakeholders, and our longstanding partnerships within the JMU and broader communities. In the coming year, we will continue to demonstrate our record of high quality education and services to extend JMU’s reach to more and different people in our community and the Commonwealth.
Appendix A
COVID Impact
2021-2022

An important feature of 2021-2022 is that IIHHS programs and clinics continued to function in the midst of a global pandemic. By Fall 2021, we had been working under these conditions and had worked through some important adaptations in terms of virtual and online programming and services. However, the pandemic was taking its toll in our clients, the staff, faculty, and students, all of whom were growing weary and living with grief, loss, and the rippling effects of the pandemic. The pandemic continued to impact all of us this year. Below are some of the descriptions of the core impacts are programs and clinics faced:

- **AHEC Scholars:** COVID-19 most impacted the AHEC Scholars Program by limiting recruitment to a virtual format. Although BRAHEC was successful at recruiting more than the required number of students, both the AHEC Scholars and the AHEC Coordinator missed out on getting to know each other more deeply. The AHEC Scholars Coordinator often lamented that she missed the lack of face-to-face interactions; the in-person conversations, and the opportunity to visit campuses for recruitment purposes. There were no great innovations nor adaptations, other than transitioning all recruitment activities and meetings to a virtual format.

- **Baird Center:** One thing we pride ourselves on is the fact that we were able to continue to provide high-quality services to our children and families despite the COVID-19 pandemic. One of the biggest challenges we have faced is the fact that the demand for our services has significantly increased. We have found ourselves having to be flexible with appointments to serve as many clients as we can while maintaining the highest quality of services for our clients. In addition, there are still families who are not comfortable getting out in public. For those families, we offered telehealth services. For other families, we have worked on community outings or in-home support.

- **Brain Injury Connections:** The pandemic initially caused our programming to move to an entirely virtual format, but the agency never closed. Innovation to resolve our need to continue client connections during the pandemic have helped us realize the value, with efficiencies and cost reductions, to offer virtual support groups as an alternative to in-person. Similarly, we have held hybrid board meetings and, when client or family requests, also client meetings.

- **Campus Suicide Prevention Center:** COVID continues to limit our ability to travel to regional and national level conferences, several of which have been cancelled or moved to abbreviated, virtual formats. Additionally, we are still building back our training program as campuses ease COVID restrictions. The Fall semester contained fewer trainings than pre-COVID, and numbers of attendees per training have generally been kept lower. A couple of trainings had to be cancelled due to COVID-related concerns (e.g., trainers had COVID, spike in cases on campus at time of training).
• **Caregivers Community Network:** COVID has evoked a spirit of tired among students, staff, and families. Families wanted very much to return to in-person visits and have CCN return to a sense of 'normalcy'. With COVID numbers still in flux, we opened up home visits to families who felt most comfortable with that and continued to offer both virtual visits and care package drop offs. Running three aspects of CCN is challenging, but families have really appreciated the flexibility in our offerings. Students also appreciated being able to meet family needs in a variety of ways. Mostly, this semester, I found that students were not at their best academically even though they were consistent in their work with CCN families. It is with great hope that the summer will revive the CCN participants and that we might fully resume in-home visits in order to best meet student need and family support. Themes of joy and storytelling were also helpful in planning for visits and created platforms upon which conversation and relationships could easily be developed.

• **The Child Development Clinic** continued to use procedures set in place in 2020 for evaluations. Parent meetings for interviews were conducted by phone or by Webex in preparation for their child’s in-person evaluation, while some were conducted in-person on the day of the evaluation. Clients continued to be screened 1-2 business days before their evaluation, as well as from their vehicle when they arrived for their appointment. If they reported any symptoms or exposure of COVID-19, their appointment was rescheduled. Once in the building, the client and parent had their temperature checked and were asked to wash their hands or use hand sanitizer. Across the year, evaluation slots were kept open in case of the need to reschedule due to COVID-19 exposure or other illness, and were filled at the last minute if no reschedulings were needed. Clients were limited to one to two parents/legal guardians accompanying them into the building. Assessment practices continued to be modified to mitigate any exposures. Informings have continue to be conducted by phone or Webex instead of in-person, as parents seem to like not having to travel to the CDC for a one-hour appointment.

• **Claude Moore Precious Time:** Precious Time went back to fully in-person services over the past academic year. A few students used Zoom to do an initial orientation meeting with families when there was a potentially positive case in the home, but no respite visits happened virtually. Some student visits were impacted during this Spring semester—one group was unable to work with a family because of 3 separate positive tests that happened over the course of the semester. This group ended up working with two other families instead.

• **Counseling and Psychological Services (CAPS) Clinic:** Students gained competency in telehealth services, learning about logistics (various platforms), HIPAA compliance, legal issues, ethics, and clinical techniques. Without secure messaging or EHR’s, student clinicians navigated issues of consent, and faculty taught telehealth competencies to students and assisted students in navigating logistics (various platforms), HIPAA compliance, legal issues, ethics, and clinical techniques. Support staff also had to fax, mail and assist in organizing drop offs for consent documentation required for telehealth services.

• **Disability inclusive Sexual Health Network (DSHN):** Several DSHN partners developed and began implementing online trainings and workshops for youth with disabilities because
of COVID-19. Partners have expressed that the feedback from parents has been positive regarding the convenience of attending online trainings and remarking that it is more accessible for their youth. One DSHN partner has conducted in-person trainings with limited participation because of COVID-19 and are planning to adapt their program to be online in the future. Some partners have had challenges hiring staff to coordinate DSHN work because of COVID-19 impacts on the job market.

- **Futuro Latino**: During the last year, the biggest impact of the pandemic was the low turnout at our in-person activities and the lack of access to schools to continue educating students. We have adapted our activities by providing more virtual opportunities, and creating small groups of parents and students to offer resources and promote the coalition projects.

- **Gus Bus**: During Summer and Fall 2021, The Gus Bus continued to operate on a modified schedule and limited the number of students allowed on the buses during neighborhood stops. This negatively impacted attendance. As mask mandates were lifted this Spring, The Gus Bus was able to return to normal operating procedures and we began to see an increase in the number of participants at certain stops. Other stops still struggled to maintain consistent attendance.

For the students, enrollment has increased. We believe this is due to the continued presence of the Gus Bus in our communities and schools as well as the public becoming more relaxed with COVID-19. We are learning to work in the midst of this pandemic which does not have a foreseeable end date at this time. Students are still transitioning back to a normal routine in school. Screen fatigue does not seem to be an issue at this time, but we saw an increase in behavioral issues. We wonder if this is due to students spending a year and a half in isolation due to the pandemic.

Gus Bus Staff worked through challenges as they arose. Flexibility was required and staff aided each other in terms of lesson planning, brainstorming attendance and behavioral issues, as well as, covering absences due to suspected COVID contact and possible burnout. Schedules were often adjusted to fit the needs of our bus stops. Staff morale suffered a little as these changes had to be made, but nevertheless, everyone came together to ensure that our students and families felt the least impact. On a positive note, due to excess in budget line items, staff were able to attend both the National Beyond School Hours Conference in Orlando, FL and the 21st CCLC Spring Institute in Williamsburg, VA in person. Both events provided staff with respite, bonding opportunities, and time to refocus and re-energize program efforts.

Gus Bus ended its virtual programming options at the beginning of the Fall 2021 term. Some innovations put in place during the pandemic, such as weekly book and kit deliveries, were discontinued since the focus, resources, and staff time was directed towards returning to in-person programming. The Gus Bus was able to resume weekly book checkouts during the Neighborhood bus stops.

Virtual learning had many challenges, but it also allowed for more innovation and interactive lessons since students had access to chrome books. Some online resources such as Epic Books, Blookit, and Jamboards have not been used often since returning to in-person
programming because we are limited on the number of iPads and hotspots available. With increased enrollment numbers, it is not feasible that every student can have access to technology during bus stops or after-school.

- **Healthcare for the Homeless Suitcase Clinic:** Beginning in March 2020, processes were developed to prevent the spread of COVID-19 among homeless persons and shelter residents. A number of processes and program adaptations were implemented and continued through this academic year. Vaccine clinics, in collaboration with the VDH, were held and many shelter residents were vaccinated. COVID-19 screening was done for all residents in the shelters, and testing was done as indicated. Persons who tested positive were provided quarantined spaces first at a motel, and later in a distant part of the shelter. As the quarantine space became tight and not available, services shifted to tele-health until the situation could be resolved. Masking was required. The Suitcase Clinic participated in all of these steps, and collaborated with the shelters, VDH, and other entities to insure the health and safety of all. It continued to be an important learning activity for students as prevention efforts were implemented to protect the homeless population.

- **Health Education Design Group:** COVID-19 impacted and continues to impact film productions as we have adopted filming best practices protocol that includes testing, masking, and social distancing. Several staff members contracted COVID in the past year, impacting work timelines and the long-term health of those employees. We have a station set up at the front of our office with masks, an instant read no-touch thermometer, and guidelines for COVID safety.

- **Healthy Families:** COVID created employment and enrollment challenges for many programs and Healthy Families is no exception. This year, two long-time employees left the program- one retired and one went to a less demanding job; both acknowledged the increased stress and uncertainty related to COVID in their decision to leave. While we were able to hire one experienced full-time employee (part of our succession plan), the program has been very challenged in finding applicants for part-time positions. COVID also made families hesitate to enroll in a home visiting program. We provided masks and other COVID protection supplies for staff and families to increase safety and comfort. Virtual visits were provided to maintain contact, but these made it difficult to form/maintain relationships and connections with families. In response staff made ‘drop-by visits’ to leave materials or other items and to give a friendly smile and wave through the window, to show support and assurance that we are still here to serve. Many referral programs also have limited in-person client contact, resulting in a reduction in referrals to HF. We have increased our community outreach activities and events in an effort to get our name/face out to the community more, and to help address families’ basic needs, hoping that once those needs are met, families will be more likely to accept support in addressing deeper needs for connection and support.

- **Sexual Risk Avoidance Education:** Due to the ongoing pandemic at the beginning of the school year, Page County Middle School was not allowing outside visitors to come in the building, this prevented us from being able to provide programming at PCMS this year. The behavior and attention of some students/schools has also been significantly affected by the pandemic and the lack of being in a structured school situation for over a year.
• **Shenandoah Valley Migrant Education Program**: The use of technology played a game-changing role in community engagement, recruitment, and identification of potential participants. Qualification interviews with families experiencing COVID-related symptoms/exposure could happen over the phone and signatures could be collected at a later date. Hiring a full-time recruiter allowed for more families to be identified and qualified during a period when global-health crises negatively affected conventional recruitment practices.

The pandemic exposed the inequities SVMEP families face regarding food insecurity. The juxtaposition of being regarded as “essential” workers while still experiencing hunger was something that, as a team, we felt we needed to address. This year, SVMEP continued to provide USDA food boxes to families in the program on a semi-monthly basis. Collaborations with JMU Civic allowed SVMEP to explore ways to outsource food distribution efforts using the help of JMU students. We hope that structuring food deliveries in this way will allow for a symbiotic relationship guaranteeing 2 things: JMU students’ engagement with local families while also providing a cost-effective solution to grant funding cuts in the forthcoming year.

The SVMEP tutoring program has been slowly shifting to an in-person format, but remained flexible when working with students who were not vaccinated and allowed them to volunteer in a virtual capacity. Advocates are now permitted to transport families, carefully monitoring transmission rates and gauging comfort levels both internally and with participants. While some families contracted COVID-19 and could not have close contact with SVMEP staff, they remained engaged via text or video calls.
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. The EC offered several recommendations for IIHHS to move forward in these areas. The purpose of this report is for the IIHHS Leadership Team to respond to the recommendations and to offer an action plan that maps out a timeline for implementing the recommendations.

Due to the substantive nature of the recommendations, the LT is planning an IIHHS-wide strategic planning process in the spring/summer 2022 to invite all staff to collectively share thoughts and actionable ideas to best respond to these recommendations. In addition, some plans are already in place or planned that respond to specific recommendations and are noted below.

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

Strengths

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.

Challenges
The EC noted that IIHHS has significant physical space challenges including capacity and proximity, and that these physical limitations create barriers to IIHHS’ ability to flourish in its engagement and educational mission.

1. The Campbell Building does not provide sufficient space for the staff and meeting needs of all of its programs. Staff currently in Campbell are doubled up and competing for limited conference room/meeting space. Due to the physical space challenges, staff have a ‘scarcity mindset’ in terms of program growth and grant seeking.

2. Although clinic rooms seem adequate to meet current educational needs and staffing levels, there is not sufficient space to grow the capacity in our clinics to add more student practicums or to schedule more services for community members. As JMU moves into its R2 identity, the expectations related to instruction, clinic, and therapy do not match with the space available.

3. Because staff are spread out over 4 locations (3 in Harrisonburg), maintaining a sense of identity and belonging to IIHHS remains a challenge; staff identify with their programs and often don’t see themselves as belonging to a greater whole. Furthermore, innovation from co-location is not able to occur on an organic basis.

4. Values do not align with physical space provisions. The ability of IIHHS to exemplify its values of strong partnership and solidarity are challenged by a space that is not welcoming to the public. The space is difficult to navigate, and there is limited space at Campbell to host community events.

Recommendations

The EC offered the following recommendations related to physical space. After each recommendation, the IIHHS Leadership Team crafted a response, including steps toward action if that seemed warranted.

1. **IIHHS should relocate administration, staffing and the Harrisonburg clinics to a single university building.**

   IIHHS Leadership will continue to advocate for a building that can house all of the Institute’s programs and clinics, including sufficient meeting and instructional space, faculty & staff offices, and more welcoming, accessible and navigable space for community members. JMU leadership makes decisions about building space, and IIHHS will continue to convey how IIHHS plays a pivotal role in addressing the university’s strategic priorities: 1) R2 status, 2) being the model of the engaged university, 3) serving as an anchor institution, and 4) enhancing rural engagement.

2. **IIHHS should carefully consider utilizing satellite locations for therapy, treatment, and outreach.**

   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). 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). 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. However, 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.

SHORING UP INFRASTRUCTURE SUPPORT

Strengths

The EC identified the following strengths related to IIHHS’ infrastructure:

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.

Challenges

1. IIHHS uses soft money funding sources to pay for administrative positions that support its core functions that help to advance the university’s academic mission and engagement functions.
2. The COVID-19 pandemic has highlighted the vulnerability of revenue streams critical to supporting the clinics. Prior to the pandemic lockdown in March 2020, the clinics were on track to grow significantly. However, the pandemic significantly reduced the fee-for-service revenue that supports staff positions in the clinical billing office. This is a prime example where University funding could ensure continuity and efficiencies in clinical operations of clinics shared between IIHHS and academic units, operations that are critical to our academic mission.
3. To maintain sustainability, grant-funded programs often feel a need to follow the funding stream versus the community need, hindering their ability to be nimble, flexible, and maximally responsive to community priorities.
4. Collaborating faculty expressed a challenge with preparing students for community-based learning experiences, and wondered if IIHHS could support those efforts.
5. Collaborating faculty and community partners cited staff turnover at IIHHS as a challenge for continuity of services and relationships.

Recommendations

IIHHS needs to make a stronger case for University support. It is important to note that IIHHS regularly states the need for university support in annual reports, and the Dean has requested additional E&G support for positions on multiple occasions.

1. The Institute must strengthen the impact evaluation of IIHHS and services outcomes, beyond the scope of grant reporting requirements.

In the Fall 2022, IIHHS will undertake a pilot evaluation initiative that will pair JMU faculty with three IIHHS programs to develop and implement an evaluation plan that extends beyond funder data collection.
and reporting requirements to address program impact. We will invest some of our IDC funds in faculty stipends. We expect to build on the learnings from this model to grow our program/faculty/community engagement research and evaluation processes. In the Fall 2023, we expect to run the model again, with additional programs, additional faculty, and community member participation, and will strengthen our IDC investments.

2. **The Institute must also strengthen the impact evaluation of student learning outcomes associated with field placements with IIHHS programs/services.**

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 outcomes. We also plan to consider longitudinal approaches to measuring longer impact of student experiences at IIHHS on their lives and careers post JMU.

In addition, IIHHS has already taken steps to strengthen its approach to measuring student learning outcomes in its Interprofessional Education (IPE) workshops, *Life in a State of Poverty*, and *Building Cultural Humility*. Beginning in spring 2021, IIHHS staff began working with CARS to plan and implement an assessment of student learning outcomes for the workshops and IPE courses that are not adequately assessed through the JMU student evaluations. These will focus on specific changes in knowledge, attitudes and behaviors using a variety of instruments, including pre and post-test measures. Those indicators of change and instruments to measure change will be identified and implemented for the Fall 2022 workshops.

3. **Develop a coordinated, Institute-wide marketing and communications plan that communicates IIHHS’ outcomes and value to the University and the community.**

The IIHHS LT will identify a point-person to convene a committee to draft a communications and social media plan that includes communicating IIHHS stories, outcomes, impacts, achievements, and updates on a regular and consistent basis using a variety of platforms, including our website and Facebook page. This plan will include targeting audiences that are internal and external to JMU. A detailed communications plan will be developed and reviewed by the spring 2023 with an expected implementation date of Summer/Fall 2023. IIHHS will work with CHBS Creative Services and the JMU Communications Staff in this process.

4. **Evaluate opportunities for using grant indirects to increase faculty and community involvement in programs/services rather than solely supporting infrastructure costs.**

As noted above, in the Fall 2022, IIHHS will use a portion of its IDC funding to support three faculty stipends of $3,000 to participate in our pilot evaluation initiative. We hope to grow these opportunities for faculty to collaborate with IIHHS programs and clinics on research and evaluation efforts. We will also develop strategies to include community members in all phases of our program evaluation research, and will consider the best of use of IDC funding to reduce barriers to access and participation by community members in our engaged-research efforts. We expect to have a plan in place to meaningfully engage our community partners, including applying a portion of IDC funding to this effort, in the second cycle of the evaluation initiative, i.e., Fall 2023.
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.

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, most IIHHS programs do offer a general orientation and training for students who volunteer or are placed in their programs. Furthermore, the IIHHS anti-racism and anti-discrimination (ARAD) team offers regular ‘lunch-and-learn’ opportunities that students can participate in. They are also planning an on-boarding experience for students placed at IIHHS specific to engaging with community members. We expect to roll this out in Fall 2023.

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 might open more opportunities for visibility and collaboration.

IIHHS appreciates the suggestion that IIHHS may function more effectively as an independent center rather than as a unit of CHBS. However, 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 programatically and/or to health domains. Furthermore, our college 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. Our Steering Committee is comprised of representatives from departments across the university. We also feel that there are other steps we could take to increase visibility and collaboration within and beyond CHBS. Developing and implementing a communications and social media plan is one example. Scheduling outreach visits and events for the campus and local community are other ways we could enhance our visibility and provide opportunities for collaboration. We hope to fold those ideas into an IIHHS communications and social media plan.

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 is going to engage its staff in a strategic planning process that will examine questions raised through this APR process, including an approach to developing a more fully community-engaged model. In addition, our movement toward using a community-based participatory model for program evaluation is one component of making our work more egalitarian, mutually beneficial, and relevant to community stakeholders.

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.

Challenges

1. There is a lack of diverse racial/ethnic representation on the IIHHS Leadership Team. While the IIHHS staff are somewhat diverse, the LT is overwhelmingly white. This is at odds with its articulated commitment to DEI.

2. The Institute impacts the community through services and the community impacts the Institute by articulating program needs and gaps, which still upholds a dependency (service/provider) model. True reciprocity and mutuality require a more equitable exchange of information, resources, and power. Some program leaders articulated the value of community members teaching students about their lived experiences, but this was not widely articulated across programs.

3. There is an over-focus on clinical/service/transactional approaches and little attention to macro/power-building/transformational approaches. It is easy for anchor institutions to see themselves as equipped and positioned to ‘help’ their local community. True community engagement requires careful thought about the balance of power and how to ensure the approach moves beyond services and often do not increase the community’s ability to be self-determined or to exercise agency over their lives.

4. IIHHS discusses a number of different anti-oppression frameworks interchangeably, including cultural humility, cultural healing, DEI, anti-racism/anti-discrimination, among others. There is a lack of clarity on which one they are using. Without a clear definition of the framework that guides anti-oppression work, it will be difficult to develop a consistent approach across the organization and to evaluate progress. For example, DEI frameworks do not address power.

Recommendations

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.

IIHHS agrees on the need for more diverse representation on the LT. We do not anticipate any vacancies on the current leadership team in the near-term, but will make a concerted effort to use those opportunities when vacancies occur to attract qualified diverse candidates to be considered in the applicant pool. In the meantime, we will examine other strategies to increase the number of people on the LT with an aim toward strengthening racial and ethnic diversity. Ideas for doing this will be a point of discussion during the IIHHS-wide Spring/Summer 2022 strategic planning process.

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?
IIHHS is implementing an evaluation initiative in the Fall of 2022 to encourage faculty/program collaboration to evaluate program impacts beyond grant requirements. The next iteration of the evaluation initiative (Fall 2023) is to meaningfully engage community partners at all phases of the research process, and to put resources toward breaking down barriers to implementing that model. IIHHS programs that are embedded in courses (e.g., Precious Time, Caregivers Community Network, Suitcase Clinic) currently advance a philosophy of recipients being educators. We can examine how that is articulated with greater intention and consider how to incorporate that view into a student onboarding process. In our strategic planning process, we will examine the question of program participant roles in shaping IIHHS and our programming. We will have a more concrete set of action steps at the conclusion of that process.

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.

This recommendation raises a fundamental question as to the role and purpose of the IIHHS Steering Committee. The current role of the Steering Committee is to serve as a ‘think tank’ for challenges facing IIHHS and to bring in additional thinking on overcoming barriers to achieving our goals. The Steering Committee does not set a vision or vet projects. The role and function of the Steering Committee will be one of the components examined in our strategic planning process.

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.

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, but we want to encourage programs to carefully consider strategies to share their experiences in ways that impact structural issues. More directive steps toward those efforts will be articulated after the strategic planning process.

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, but we hope to resume that plan in summer 2022.

Finally, we hope that our strategic planning process will surface some additional ideas on how IIHHS can engage with our community partners in ways that build their power and agency for the common good.

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.

We agree that we need to be more precise about what frameworks we are using and in what circumstances. We think it is important to have an overarching framework for IIHHS as-a-whole, and that we may use other frameworks for different activities. IIHHS will form a committee to examine set of anti-oppression/DEI frameworks and come to a decision about an organizing framework for our work and be intentional about deciding what other frameworks make sense in different circumstances. We will fold
these discussions into our strategic planning process (Spring/Summer 2022) and have a recommendation by the end of Summer 2022.
### Appendix C

**Alignment of IIHHS Strategic Goals with Academic Affairs and CHBS**

#### Academic Affairs Strategic Goals

1. There is a broad consensus that our future as a national university hinges on the establishment of a distinctive, JMU blend of liberal arts, research, and professional education.

2. The Academic Affairs anti-racist and anti-discrimination agenda is fully articulated, resourced and implemented and drives all other strategic goals.

3. Academic Affairs uses the division’s expertise and experience gained in the pandemic and beyond to learn, grow, and innovate together in order to positively impact the world.

#### CHBS Goals (Finalized 9/6/21)

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.

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.

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

#### IIHHS Goals (Finalized 9/29)

5. 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.

6. 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.

7. 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.

8. Foster innovation in community-based programming, clinics, and interprofessional/interdisciplinary education and collaborative practice.
The IIHHS Anti-Racism and Anti-Discrimination (ARAD) Team Status of Action Steps

The IIHHS ARAD Team was formed in 2020 to work intentionally on achieving the IIHHS stated objective: “To identify and dismantle oppressive racist and discriminatory policies, practices, and processes.”

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeline</th>
<th>Status</th>
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<tbody>
<tr>
<td>Faculty/Staff</td>
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<tr>
<td>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.</td>
<td>For 2022</td>
<td>• Anti-Racism/Anti-Oppression Lunch and Learns</td>
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<td>o We held two in Fall of 2021 and</td>
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<td></td>
<td></td>
<td>o January L&amp;L was snowed out</td>
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<td></td>
<td></td>
<td>o April focused on Climate Survey (see attached report)</td>
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<tr>
<td>2. DEI Training as part of New Staff Onboarding</td>
<td>On hold</td>
<td>Stand-alone training on hold – but DEI part of interviews, New Staff Welcome, and regular lunch and learns.</td>
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<tr>
<td>3. Demographics/Climate Survey</td>
<td>Spring 2022</td>
<td>• Survey complete</td>
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<td></td>
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<td>• Findings analyzed</td>
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<td></td>
<td></td>
<td>• Findings disseminated at an all-staff meeting on April 29, 2022</td>
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<td></td>
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<td>(see attached report).</td>
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<td>• 23 staff participated in the meeting.</td>
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<td>4. Developing a shared vocabulary around DEI</td>
<td>On hold</td>
<td>• Currently using Provost-provided link.</td>
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<td></td>
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<td>• Part of APR is to clarify which anti-oppression framework IIHHS is using.</td>
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<td>5. All IIHHS staff to incorporate at least 3 DEI development opportunities into professional development plans, reported in evaluations and annual report survey</td>
<td>Ongoing</td>
<td>Staff will be reporting on their DEI development opportunities as part of the annual report process (end of May)</td>
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</table>
| 6. Add standard language highlighting DEI into all IIHHS Job Descriptions    | Spring 2022      | 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 communities where all individuals can thrive. IIHHS is interested in candidates
whoose experience and qualifications support an ongoing commitment to this core quality.”

All interviews with prospective IIHHS staff include a discussion of our ARAD statement and a question related to ARAD.

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<tr>
<th>Action Steps</th>
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<tbody>
<tr>
<td>7. “Brave Doors” - Develop a Safe Process for Collecting and Acting Upon Concerns Raised by Staff Related to DEI</td>
<td>Fall 2022</td>
<td>Cheryl, JoLynne, Rachel, Stephania</td>
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<tr>
<td></td>
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<td>• Developed an MOU with Dr. Darius Green on developing Brave Doors training and curriculum.</td>
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<td>• Pilot should be implemented by Fall 2022</td>
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<tr>
<td>8. Expanding Leadership Team</td>
<td>Summer 2022</td>
<td>Three members of IIHHS staff were welcomed to the Leadership Team after a competitive application process. Terms started May 4, 2022. They are:</td>
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<td></td>
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<td>• Cheryl Carter, Data and Program Manager, Gus Bus</td>
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<td></td>
<td></td>
<td>• Stephania Cervantes, Family Recruiter, Shenandoah Valley Migrant Education Program</td>
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<td></td>
<td></td>
<td>• Julianna Jones, Safer Choices Specialist, PREP team, SexEdVA</td>
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<tr>
<td>9. Workshop for IIHHS Staff/Faculty on student experiences</td>
<td>Summer 2022, Part 2 in the Fall 2022</td>
<td>Josh and Kayla developed a workshop for IIHHS faculty and staff who work with students in community. It was held on May 5th from 10 to 11:30. Objectives included:</td>
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<tr>
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<td>• Participants will be able to situate James Madison University historically, culturally, and politically as a predominantly white institution.</td>
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<td>• Participants will gain knowledge of resources within JMU that support marginalized students in their career and personal development.</td>
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<td>Over 20 staff participated in the workshop from a range of programs. Part 2 will be offered in the Fall 2022.</td>
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</table>

**Students**

- Develop intentional knowledge and skill-building for students engaged with IIHHS programs related to DEI

  On hold

  Need to consider best on-boarding strategy for students at IIHHS. Need to find out what other units (academic units and CSL) are currently doing to not duplicate efforts.
<table>
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<tr>
<th>Action Steps</th>
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<tbody>
<tr>
<td><strong>Spaces</strong></td>
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<tr>
<td>Post Statement on Our Website and Wall that Reflects our Commitment to ARAD.</td>
<td>Spring 2021</td>
<td>Done. <a href="https://www.jmu.edu/iihhs/">https://www.jmu.edu/iihhs/</a></td>
</tr>
<tr>
<td>Conduct an environmental scan of our physical spaces with the goal of having our spaces be inclusive and inviting.</td>
<td>On hold</td>
<td>This activity is on hold.</td>
</tr>
<tr>
<td>Remove Dreamcatcher display, add Land Acknowledgement, and Hold first Exhibit</td>
<td>Spring/Summer 2022</td>
<td>• Display removed</td>
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<td></td>
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<td>• Land acknowledgement posted in March</td>
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<td>• TOPS Exhibit is scheduled for June 1st</td>
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<tr>
<td><strong>Community</strong></td>
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<tr>
<td>Examine how to build in anti-racist, anti-discriminatory, and health equity lens to IIHHS work overall? How could we evaluate this?</td>
<td>Fall 2022</td>
<td>• In process of implementing a rubric for holistic review of programs and IIHHS (Cheryl, Stephanie, Onesimo, Linda)</td>
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<tr>
<td></td>
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<td>• Working on training and implementation plan for rubric.</td>
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<td>• Working on restructuring IIHHS governance structure to reimagine “Steering Committee” and add a community board of some type with targeted invitation for membership.</td>
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