COLLEGE OF HEALTH AND BEHAVIORAL STUDIES
INSTITUTE FOR INNOVATION IN HEALTH AND HUMAN SERVICES
ANNUAL REPORT
2023-2024

1. Academic Unit Head

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2. Year of Report

Academic Year 2023-2024

3. Unit Mission

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

4. Executive Summary

IIHHS is a leading center at JMU in helping the university achieve its vision of being the national model of an engaged university. Furthermore, we are a significant contributor to the strategic goals of Academic Affairs and the College of Health and Behavioral Studies by offering high-quality, community-engaged educational experiences for JMU students and opportunities for community-engaged research and scholarship for faculty while meeting the needs and building the capacity of vulnerable members of the Harrisonburg/Rockingham County community and people throughout the Commonwealth of Virginia. In addition to offering 16 community-based programs and partnering with academic units to support nine clinics, IIHHS serves as a hub for robust interprofessional/interdisciplinary education at CHBS, and community engagement learning that exposes students to the strengths, struggles and resilience of a diverse array of people and communities in the Commonwealth.

This report provides information on the statistics that represent the quantitative dimensions of student, faculty, and community engagement at and through IIHHS. It also describes the major program and clinic accomplishments achieved in the past year and highlights related to community engagement, civic engagement, and engaged learning, among other things. The significant contributions described in this report make clear that the collective work of IIHHS contributes significantly to the mission and goals of CHBS and the University as a premier institute for higher education.

IIHHS By the Numbers

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

- 706 students engaged in IIHHS programs, representing 39 undergraduate and graduate degree programs.
- 25,898 hours of student engagement in direct services, program support, service learning, and other collaborative endeavors.
- 729 students participated in IPE workshops and simulations.
- 221 students enrolled in IPE courses offered through IIHHS.
- 75 faculty members were engaged with IIHHS programs, representing 19 academic disciplines.
- 10,379 clients received Institute services.
- 5,021 clinical encounters
- $412,131.14 in clinic cost recovery to sustain clinical training and services
- 5,973 community engagement visits (program outreach)
- 198 events coordinated for the community, with 3,802 attendees
- 10 scholarly publications and presentations.
- $7,167,531.33 in new grant awards to drive community engagement.

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

- 10 students were placed with IIHHS programs as interns.
- 73 students volunteered with our programs in a variety of capacities.
- 207 students completed their required practicum with IIHHS programs.
- 2 received graduate/teaching assistantships.
- 392 fulfilled class-required community service-learning requirements.
- 10 students were employed by IIHHS programs.

Our ongoing partnership network has continued to grow. Programs reported hundreds of continuing relationships, many of which are of long duration, and also reported on a large number of engaged contacts newly identified this year. Our inventory of non-profits, schools, school districts, hospitals, health care providers, faith communities, social service agencies, businesses, other colleges/universities and government agencies numbered 385 this year.

- For 87 non-profits we reported 140 program connections.
- For 119 schools & school districts we reported 269 program connections.
- For 105 hospitals & health care providers we reported 188 program connections.
- For the 74 "other" organizations (social service agencies, ministries, government agencies, businesses) we reported 146 program connections.

In all, 743 distinct program connections in the community were tracked this year:

- 20% (148) of these were new.
- 38% (286) were multi-year but under 10 years.
- 42% (309) were over 10 years old.

The growth, density, and duration of our community connections speak 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 advance 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

IIHHS continues to support programs and clinics that make meaningful and important contributions to the community and JMU's academic mission. Some highlights from each of the Institute programs and clinics are provided below:

- **Baird Center:** The Baird Clinic is continuing to offer services for Spanish-speaking families who have children with autism. Partnering with faculty in the medical Spanish minor helped make possible the extension of these services to the Spanish-speaking population. This is meeting a critical need in the community.

- **Blue Ridge Area Health Education Center (AHEC):** The BRAHEC launched the CHW Training program and graduated our first four cohorts (two English-speaking; two Spanish-speaking) for a total of 26 and 22 respectively. In addition, in collaboration with CHBS academic units, the BRAHEC hosted a High School Pathway Event in October to provide diverse students and opportunity to learn about various health career options. Ninety-three (93) students attended the event from Henrico High School and Harrisonburg High School. Faculty from 12 different programs (Nursing, Health Sciences, Psychology, Kinesiology, Physician Assistant, Athletic Training, Audiology, Health Services Administration, Occupational Therapy, Speech-Language, Dietetics, and Social Work) provided information regarding their program, possible job opportunities, and hands-on activities for the students. BRAHEC also supported the delivery of a similar event for middle school students.

- **Brain Injury Connections of the Shenandoah Valley (BIC):** This year, the BIC Case Manager in the Southern Region developed a strong working relationship with Valley Mission, a homeless shelter serving the Staunton, Waynesboro, and Augusta County. This partnership was created due to the amount of people with brain injury that they encounter who are homeless. Our Southern Region Case Manager worked with a client for about a year after she was referred to our agency from the Valley Mission. In that year's time, this particular client was able to move into secure housing and obtain Disability Insurance. BICSV partnered with Valley Mission and together were able to broker services to walk alongside the client as she achieved stability and independence. Another success story involves one of our clients in Rockingham County. Our Central Case Manager, along with a partnership with VAIL, helped this client with much needed bathroom repairs in his home. Now that the bathroom repairs are complete, this client is able to safely and

independently perform his activities of daily living which in turn increases his quality of life. Both of these success stories exemplify BICSV's mission of enhancing the lives of those affected by brain injury and cultivating community connections.

- **Campus Suicide Prevention Center of Virginia (CSPC):** The Campus Suicide Prevention Center extended its work to include postvention work, i.e., the work that occurs in a campus community after a death by suicide occurs. This year CSPC was able to offer training for five of their campus communities as well train five CSPCV staff and one prevention partner as Connect Postvention Trainers. This means they are now able to offer campuses technical assistance for prevention programming, intervention skills training, and now also postvention training. Another big accomplish was completing a video series on the nine-part model referred to as the "Nine Gears of a Comprehensive Suicide Prevention Plan". The CSPCV team created a video series that includes an educational video, printable or fillable worksheets, and resources for each gear. The tool was pilot tested in a four-hour training and one of the campus participants wrote in her evaluation: "This was by far the best four hours I have spent professionally this year. I look forward to taking this video series back to my campus and working with our administration to create a team and develop our own comprehensive campus wellbeing plan."

- **Caregivers Community Network (CCN):** This year a student requested to repeat this course, because she found something here her soul had been thirsty for as evidenced by this quote from her "By caring for others, I have discovered a new side of myself. I realized how compassionate and empathetic I truly am, which is something I have never seen in myself before. I never imagined that helping other people, would help me help myself, but it truly did. My whole outlook on life has shifted, and I am more grateful than ever. I appreciate every little moment, and will continue to do so forever, and I owe that to everyone I've met through CCN." This course offers students a good starting point regarding topics of aging, caregiving, and dementia, but what this course is genius at is engaging the heart and the beauty of the human spirit.

- **Counseling and Psychological Services Clinic (CAPS) and Page County Behavioral Health Clinic:** Psychological testing and assessment services are offered through CAPS and the PCBH program as part of a comprehensive approach to client care. In the past year, CAPS and the PCBH program provided testing and assessment services for children, adolescents, and adults. All services are provided by advanced level graduate students from the Clinical and School Psychology Doctoral Program in the Department of Graduate Psychology and directly support educational goals for required course work. CAPS and the PCBH program provided counseling services for children, adolescents, adults, families, and couples. All services are provided by advanced level graduate students from the Department of Graduate of Psychology as part of educational course work. Referral Sources have included physicians, schools, JMU Office of Disability Services, JMU Counseling Center, Valley Health Page Memorial Hospital, Sentara RMH, Healthy Families, the CSB, JMU Young Children's Program, JMU Department of Athletics, Mary Baldwin University, Page County Department of Social Services, Page County Free Clinic, and the Child Development Clinic.

- **Claude Moore Precious Time (CMPT):** JMU's Claude Moore Precious Time program is a pediatric respite care program for families that have children with disabilities. For the first time in the history of the program, they were able to offer two sections (instead of one) of our Nursing 326 elective course: Care and Consideration for Children with Special Needs. This allowed us to involve 38 additional students, serve 19 additional families, and provide 344 additional student hours of respite care over the course of the academic year. Our social work student intern was also able to independently start and facilitate a support group for caregivers that have children with disabilities. The caregivers had overwhelmingly positive feedback about the group and hope to continue meeting indefinitely.

- **Futuro Latino Coalition (FLC):** Futuro Latino focuses works to reduce substance use and misuse in Latino youth. They expanded their reach this past year by connecting with the Spotswood Trailer Homes community to whitewash the cross vault in the middle of their neighborhood to remove all gang graffiti and create a clean slate for the community youth to come and paint positive message/picture or memorialize a loved one who lost their life to drug overdose. They provided transportation and food support to encourage youth to participate in this creative outlet for them to express their feelings and emotions.

- **Gus Bus:** The Gus Bus provides academic enrichment to Harrisonburg City elementary aged students through afterschool programs, neighborhood bus stops, and summer day camps. They have continued their 21st CCLC programs at Smithland, Waterman, and Stone Spring elementary schools. This year, the Gus Bus expanded to implement afterschool and bus stop programs at two new schools, Bluestone and Keister Elementary. Keisters' 1-year program has been funded by a brand-new funding source available only to Community-Based Organizations (CBO's) by the Virginia Assembly. They have seen great success in each program, both in attendance by students as well as progression toward the grant objectives. Currently, both programs are on track to meet their grant objectives by the end of the school year. Another major accomplishment for the year is the collaboration with the Shenandoah National Park Service at Keister. NPS applied for a second year of funding from NEEF, the National Environmental Education Foundation. The grant's focus is citizen science, where rangers pair with local afterschool programs in order to teach about citizen science. Along with the local art teacher who has been working to create outdoor learning spaces at the school, Gus Bus and the NPS continued efforts for the school's vision for its spaces. Through this opportunity, Gus Bus students at the Keister afterschool program were able to learn about outdoor habitats and wildlife, as well as participate in activities led by the National Park Service, such as building bird houses, homes for toads, and other activities for the community.

- **Health Education Design Group (HEDG):** HEDG delivered 11 modules for the Institute for the Advancement of Family Support Professionals (IAFSP) this year – almost four times the number of IAFSP modules produced by our program in a typical year (3). HEDG was able to accomplish this increase in volume while at the same time improving the module development process, and raising the quality of the modules with interactive elements. This is also the first year that HEDG delivered modules in Spanish. Of the 11 modules delivered, 10 are in Spanish.

- **Healthy Families:** Healthy Families is a nationally accredited, evidence-based home visiting program for overburdened families with young children. They serve both Page and Shenandoah Counties. Healthy Families Page County, housed at IIHHS's Health Place, has seen significant success with families who participate in our ongoing home visiting services. This year, a single mother who started in the program when her third child was born over four years ago, accomplished goals she could only imagine when she enrolled. When her baby was born, the mother was in active addiction, a victim of domestic violence, and in need of various kinds of support from her home-visiting parent educator. Through consistent support provided from her home visitor, she established an observable attachment to her child, became sober from all substances, sought professional mental health services, acquired housing, and after three rejection letters, finally get accepted into a local LPN program. This mom, who previously frequented suboxone clinics and therapy sessions, now attends college classes and nursing clinical training. Her children are doing well in school and preschool. In a few weeks, this young woman will graduate from Nursing School, and after much determination, will be able to attain full-time employment to provide for her children. Healthy Families is proud to have been part of this journey with her.

  Our program was honored to be able to work with a mother from Shenandoah County who was forced to leave her 3-year-old daughter with family 5 years ago in another country to legally come to the United States to build a better life for her family. In that time, this mother worked, married, and had three little boys, never forgetting the child she'd left behind. In the first few years, the home visitor helped the parents and boys in learning English, preparing for and enrolling in preschool, and gaining connections within the community. Last year, when this mother began to work on getting her older child safely to the US, she struggled with understanding and navigating the immigration system. Her home visitor supported her in many ways- making calls, translating, attending court hearings with her, and emotionally supporting the family. When the child finally arrived, the home visitor helped enroll her in school and advocated for special services to overcome the trauma and academic deficits the child had suffered during the years away from her mother. The whole family is doing very well, and the family credits their home visitor with helping to reunite their family.

- **Healthcare for the Homeless Suitcase Clinic:** The Suitcase Clinic shows up at the local shelters in order to meet people where they are, often at their worst moments. For example, there was Sarah*, a non-traditional college student who suddenly found herself homeless and unable to pay for her psychiatric medications in the middle of the spring semester; Adam*, a 22 year old transplant from Tennessee, who was living in a tent and riding his bike to work when he injured his back; Terri*, who was ashamed to look for a job because she had lost all of her teeth; and James*, a chronically homeless alcoholic who was at risk of sepsis from a non-healing leg wound. The Suitcase Clinic paid for Sarah's medications so she could finish the semester, arranged for chiropractic treatment for Adam so he wouldn't miss work, financed dentures for Terri after which she found work at a restaurant, and changed James' wound dressing every other day for a month until it healed. There are at least 100 similar stories that could be tole. However, they Suitcase Clinic staff are proud that they are able to positively impact the health of their patients because JMU, Sentara RMH, the City of Harrisonburg and individual donors support them. (*not their real names)

- **IIHHS Clinical Services:** In the fall of 2023, the Institute clinics began the Medicat electronic health record (EHR) implementation. Across clinics, the electronic health record will allow for resiliency in the face of challenges like the pandemic. If needed, staff, faculty and students could access patient records remotely, and communicate seamlessly without face-to-face contact. Billing can perform their work remotely, and also have access to records needed for verification of coding of services for billing insurance companies. The use of EHRs is now common practice and use in training will better prepare students for practice. Additionally, an electronic health record will improve the way the clinics operate and enhance learning and teaching in the following ways:

  o Ability to access EHR across clinic sites and campus (Harrisonburg, Stanley, and Luray offices as well as faculty offices on campus)
  o Ability to efficiently track referrals
  o Ability to use a variety of templates for progress notes so clinics can tailor by program and/or supervisor to better scaffold learning
  o Calendar/To do list to enhance quality assurance- by providing notification for missing documentation
  o Outcome monitoring measures available to track client progress and trajectory over time
  o Ability to synthesize data for outcomes, annual reporting, and research purposes
  o Ease of records management (secure storage that takes up less physical space)
  o Automatic backup
  o Client portal allows for paperwork to be shared securely, electronically with clients and obtain client signatures online

- **IIHHS Evaluation Initiative**: The IIHHS Evaluation Initiative is designed to build a capacity for research and evaluation at the Institute. Two programs are participating in the first cohort of the initiative:

  Claude Moore Precious Time

  o In fall 2023, Julianne Secrist assumed the role of our faculty partner on the evaluation initiative for CMPT. Hyuntae Kim also replaced Eric Schmucker as the Program Director in August 2023. Julianne and Hyuntae began attending the monthly ARCH Learning Community of the Innovative and Exemplary Respite Services for grantees. In January 2024, the evaluation team began meeting every other week to work on planning for the evaluation and IRB protocol submission.
  o The evaluation seeks to understand how caregivers are impacted by CMPT respite, and if they felt they met their own goals for their respite time. Furthermore, the evaluation aims to understand how CMPT respite prepares future nurses for working with populations with special healthcare needs and/or disabilities.
  o The evaluation team is actively working to submit the IRB protocol for approval. The evaluation plan includes an analysis of the caregiver end-of-semester survey, the student care plan assignments, the final student reflection paper, and a post-speaker survey for caregivers who participate as guest speakers. The team anticipates obtaining IRB approval over the summer and will implement the formal evaluation during the 24-25 academic year.

Shenandoah Valley Migrant Education Program

- o Dr. Suzanne Grossman has continued to work on the SVMEP evaluation project for the 23-24 academic year. After submitting an IRB protocol last year, the evaluation team faced many follow-up questions about consent and assent within the original evaluation plan. To streamline the evaluation process and IRB approval, the team agreed to limit the evaluation to one survey for adult parents/caregivers.
- o The evaluation team recently submitted a new IRB protocol for approval. The team is actively working through the IRB's follow-up questions/edits and preparing to resubmit. The SVMEP plans to offer the survey via iPads at their summer PAC event in late July 2024 to maximize the number of participants who complete the survey.

- **Interprofessional and Interdisciplinary Education:** IIHHS continued to offer its signature workshops, Life in a State of Poverty Simulation and the Building Cultural Humility Workshop, educating a total of 729 students from 10 different disciplines. IIHHS also continued to coordinate the three IPE courses on the topics of Ethics, Family Caregiving, and Trauma that educated 221 students altogether and drew on the work of eight faculty. Two of those courses were taught by an interprofessional faculty team to model IPE practice and facilitate an interprofessional learning process for students. We also awarded two Carraway endowed scholarships of $2,400 each to students completing their Family Studies minor, gerontology track.

- **Interprofessional Services for Learning Assessment (ISLA):** ISLA provides a comprehensive and interprofessional approach to addressing the learning needs of college students. ISLA is also committed to preparing students in Graduate Psychology and other health-related disciplines for interprofessional practice, and an integrative approach to client care. ISLA provided opportunities for students in the Department of Graduate Psychology to engage in interprofessional practice through clinical practice, observation, and other experiential learning opportunities. ISLA continued to support interprofessional alliances and partnerships within the JMU community to support an integrative approach to client care and student education. ISLA provided individualized assessment of learning and educational needs of college learners. This past year, faculty and students from three different disciplinary perspectives met together once a month for case review and planning for Interprofessional Services for Learning Assessment. At each Triage, the graduate assistant for the JMU Office of Disability Services Screening and Referral Program shared two complex (de-identified) student cases. Each presentation consisted of a thorough clinical interview, the results of a broad social emotional assessment, grades, and test scores. Students and faculty from three disciplines discussed the cases in disciplinary huddles and then came together as a large group to share their recommendations for applicable resources on and off campus and next steps. In addition, this year ISLA provided testing and assessment services for 12 college students. All testing and assessment services were provided by advanced level graduate students from the Doctoral Clinical and School Psychology Program, supervised by licensed faculty, in the Department of Graduate Psychology and directly support educational goals for required course work.

- **Occupational Therapy Clinical Education Services (OTCES):** OTCES made programmatic advancement to provide intensive summer programming for pediatric clients in collaboration with OT student interns.

- **Personal Responsibility Education Program (PREP):** This year, staff from the PREP Team were recognized by several area schools for their excellent facilitation of the Safer Choices program with 9th and 10th-grade students. School staff highlighted the facilitators' friendliness, knowledge, and ability to connect with students.

- **Promotores de Salud (PDS):** Azucena de Leon, our PDS Coordinator, completed CHW Training and her fulfilled her 2,000 hours to become a fully certified CHW. She has also began teaching the Spanish PDS Training Program and new graduates will start shadowing her on river visits which will count toward their hours for full certification.

- **Research and Public Health:** Vision of You™ is an asynchronous, online sexual health education program for high school aged youth developed at SexEdVA in collaboration with the Health Education Design Group (HEDG) at IIHHS. In the fall of 2023, Vision of You™ (VOY) was added to the list of evidence-based prevention education programs on youth.gov after a rigorous evaluation showed promising findings for reducing the number of sexual partners and increasing the use of contraceptive use among adolescents who completed the program. Recipients of federal funds for pregnancy and sexually transmitted infection prevention education must choose an evidence-based program from this list. Vision of You™ has now been adopted by six federal grant recipients across the country including PRO Youth & Families in Sacramento, CA; Healthy Futures of Texas in Austin/Dallas/Houston, TX; Fact Forward in Columbia, SC; Johns Hopkins Center for Indigenous Health in Baltimore, MD and Flagstaff, AZ for implementation with youth in the Navajo Nation; University of Montana in Missoula, MT for implementation with youth in the Rocky Boy's Reservation; and Texas Southern University.

  With funding from the Virginia Department of Health, the Research and Public Team entered its first year as the evaluator group for VDH Chronic Disease interventions for the Commonwealth. With this funding, RPH hired an outstanding OT student (Kendall Farr), and assembled an experience research team to engage in comprehensive evaluation activities over the course of the year, and are receiving high accolades for their work.

- **Rural Engagement and Capacity Building Hub (REACH):** REACH successfully facilitated the development of the Page County BEING THERE Rural Health Network this year, made possible by the receipt of a one-year HRSA Rural Health Network development and planning grant. BEING THERE has met monthly, with workgroups also meeting to focus on 3 primary community-identified needs: accessible transportation, affordable, safe housing, and mental health providers and support (for adults and children) Two new JMU faculty members reached out to the REACH to develop capacity-building opportunities for JMU students and rural communities applied for a second HRSA Rural Health Network planning grant this year to support southern The REACH Team was also awarded another HRSA to set up Rural Health Network in Shenandoah County which will be a focus for next year.

- **Rural Health Psychology Clinic (RHPC):** The IMATER initiative, a partnership between Valley Health Page Memorial Hospital, the Page Free Clinic, and JMU, continues its operations of the first comprehensive Medication Assisted Treatment program in Page

County, VA. The program directly addresses the Opioid Use Disorder crisis and has supported an interprofessional team and greater coordination among providers, with the aim of lowering the costs associated with emergency behavioral health treatment, and increasing the number of clinicians who are prepared to work in rural primary care behavioral health. A Valley Health psychiatric nurse practitioner prescribes Suboxone for Opioid Use Disorder and receives in-office assistance with direct care and care coordination from a JMU RN preceptor and nursing students. Additionally, a clinical psychology resident, supervised by licensed faculty, provides coordinated therapy services on the PMH hospital campus. There are regular interprofessional care coordination meetings and opportunities for regular consultation.

- **Sexual Risk Avoidance Education (SRAE):** This year, the Sexual Risk Avoidance Education program hired three new staff who all began work in the mid-fall. This meant that programming for the school year had a later start than usual and staff needed to hit the ground running once training was complete. Despite a hurried start, SRAE staff have formed strong relationships with school staff and students and are looking forward to sustaining these relationships in the next year.

- **Shenandoah Valley Child Development Center (CDC):** The CDC provides a thorough review of any medical, psychological, social, and educational services a child has received and this enables us to connect children with needed services. Through this comprehensive review, they sometimes uncover some information that the parent has not fully understood, which helps to explain the struggles a child is having. For example, this year our nurse and psychologist worked on a case for a child with complex medical issues who also qualified for Developmental Disability. The parents spoke Spanish at home, but the child was instructed in English. They had very little awareness about the type and availability of resources, so our psychologist worked with the mother on the day of the evaluation to connect her with the CSB and Baird/ABA services to initiate those things, and she was able to get services started immediately. In another example, one non-English speaking family came into the clinic with a great deal of behavioral and learning concerns for their child. Upon reviewing the medical records, the clinicians discovered that this child had been diagnosed previously with a rare genetic disorder, which was largely contributing to his difficulties. Although the parents had taken their child for this medical appointment with a medical provider, they did not have full comprehension of this disorder; therefore, did not communicate this health condition to the school. Since the school did not know about the child's medical condition, they did not find him eligible for special education services and did not understand the reason behind his behavioral, social, and educational struggles. Once they communicated their summary of the child's genetic condition to his parents (through an interpreter) they seemed to understand the reason why he was struggling in multiple areas. They were eager to share our report which contained the child's history as well as his updated evaluation results with the school to get him the services and acceptance he required to move forward in a positive direction.

- **Shenandoah Valley Migrant Education Program (SVMEP):** SVMEP welcomed a migrant family from Ecuador last summer. The family reached out to our program for support in finding summer programs/activities for their son. They wanted to keep him occupied in his free time and to immerse him in an English learning environment. SVMEP

collaborated with JMU Youth Programs to secure scholarships for programs he could attend. The child was enrolled in the JMU "Intro to Engineering & Simple Technology" in the winter and attended in Spring 2024. He is enrolled in the JMU Esports Camp for summer 2024. We are thrilled to have one or our migrant students active in the JMU community, while exposing him to STEAM-related careers. Additionally, his mom was referred to the Community Health Worker program offered through the IIHHS BRAHEC. They are proud that she successfully attended, completed, and graduated from the course last month, and she has become a strong advocate for the Latinx families in the community.

5.2 Engagement

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

5.2.1 Community Engagement

As noted in the Executive Summary, IIHHS clinics and programs made 743 distinct program connections in the community last year. Among those connections, 80% (595) were multi-year, with 42% (309) being more than 10 years old, and 20% (148) of these were new. The longstanding nature of the majority of the partnerships underscores the value the community holds for these relationships with JMU programs, staff, and students.

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

- 706 students engaged in IIHHS programs, representing 40 undergraduate and graduate degree programs.
- 25,898 hours of student engagement in direct services, program support, service learning and other collaborative endeavors.
- 75 faculty members were engaged with IIHHS programs, representing 24 academic disciplines.
- 10,379 clients received Institute services.
- 5,021 clinical encounters occurred.
- 5,973 program outreach visits with a community focus were conducted.
- 198 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 **Blue Ridge Area Health Education Center (BRAHEC)** launched its Community Health Worker Training Program that has opened the door for meaningful community engagements. They have invited numerous guest speakers to share about their experience and subject expertise; School Liaisons from Harrisonburg High School, CHWs from Virginia Health Department, Mental Health and Substance Use Disorder Counselors from Harrisonburg Rockingham Community Services Board, and individuals from Sentara RMH to speak about Heart Disease, Diabetes and Community Health. This provides a rich opportunity for their participants to learn but also make valuable connections with local resources to share with their community. It has also provided an opportunity for local community partners to learn more about the program and start thinking about how Community Health Workers could be beneficial within their organizations. They have also invited individuals from Valley Health Community Health and Sentara RMH Community Health to join our BRAHEC Advisory Board and they are both interested in sending individuals to our training, providing shadowing opportunities, and job possibilities for our graduates.

- **Brain Injury Connections** developed a strong working relationship with the Augusta Health Mobile Clinic and the Valley Mission. Through those relationships, BIC has successfully helped transition 2 homeless clients into permanent supportive housing and helped transition clients living on the streets to the Mission.

- The **Campus Suicide Prevention Center** engaged with 23 of our 24 community colleges and created a "Community College Advisory Group" made up of members from several campuses. This group was designed to tackle systems level concerns and work as a group to either advocate for systems level change or support each other in overcoming obstacles related to challenges within the Virginia Community College System. This has also proven to be a great resource for connecting and sharing resources within the system.

- The **Claude Moore Precious Time** program launched its first support group for current families in our program. The purpose of this group was to connect caregivers going through similar situations and allow them to relate to one another while sharing resources, advice, and give them a safe space to talk without feeling judged. In reaching out to every active family in the program, they received amazing feedback about how groups like these are so difficult to find, especially for free. This support group also gave our social work intern an opportunity to facilitate a support group, which helped her strengthen her leadership skills and growth in knowledge around working with caregivers, her post-graduation career interest.

- For the past 21 years, the **Counseling and Psychological Services and Page County Behavioral Health Clinics** have provided behavioral healthcare in coordination with Valley Health Page Memorial Hospital. Students are trained in rural, integrated Primary and Behavioral Healthcare, a holistic approach to healthcare that includes behavioral health. Integrated primary and behavioral healthcare models allow providers to take a team

approach. Students experience the advantages of providing quality patient care and better coordination and communication, while working toward one set of overall health goals. Additionally, these models can increase access to services, decrease provider burnout, and be cost-effective. Throughout the year, students met with medical professionals to develop shared treatment plans and monitor progress. They observed that attention to behavioral health needs can improve physical wellness, reduce reliance on substance use as a coping strategy, positively impact relationships and functioning at school and in the workplace, and help families provide a stable and nurturing home environment. Students also witnessed barriers to care including difficulty getting an appointment, transportation concerns, difficulty identifying a provider, financial inconveniences, and stigma related to mental health. Social determinants of health such as insurance, geographic location, transportation, employment, and childcare influence who can use mental health services.

Although they are unable to solve the mental health provider shortage as a training clinic, CAPS/PCBH Program is able to help provide services in alignment with training goals. The University Health Center proposed a pilot integrated primary care behavioral health model involving CAPS student clinicians and supervisors. Discussions with the UHC and Counseling Center are ongoing about the possibility of an integrated training experience. Augusta County Schools has also proposed a partnership and we are currently developing a formal working agreement. Augusta County is down 2 school psychologists and is interested in contracting with Counseling and Psychological Services to offer school-based training experience to student clinicians, while meeting the learning needs of the children enrolled in Augusta County Schools. During the 23/24 academic year, CAPS continued a partnership with JMU Athletics. Student athletes self-refer to doctoral Clinical and School Psychology students who have a concentration in Sports Psychology. These students are supervised by Dr. Bob Harmison, Sports Psychologist. The Athletics Department funds these services. Individuals who receive healthcare through the Suitcase Clinic, who would benefit from mental health services, are referred to JMU CAPS. The Suitcase Clinic has grants that fund counseling services, which CAPS offers for a reduced fee. Clients may be seen at the clinic or for those with transportation barriers, services may be provided via telehealth (technology access coordinated through the Suitcase Clinic).

- The **Futuro Latino Coalition** collaborated with Face 4 Change, Harrisonburg Rockingham Community Services Board, Boys and Girls Club, and Harrisonburg Parks and Rec to provide the Youth Leadership Summit. The summit allowed students to explore substance prevention, alternatives to drug use and coping skills. It was a safe space for where they could engage with other students and other adults and participate in engaging talks and education through a number of multimedia resources and activities.

- The **Gus Bus** collaborated with the Morrison Bruce Center (MBC) and the Blue Ridge Area Food Bank (BRAFB) during the month of March for our family engagement events. At these events, the BRAFB set up a Neighborhood Produce Market at a Gus Bus neighborhood stop or afterschool program and would provide fresh produce for families. At the events, volunteers from the MBC set up and held activities about physical activity and nutrition to engage and teach students and their families. With these particular events, Gus Bus staff have

seen more engagement from both students and adults alike and feel that the families had a better understanding of the Gus Bus's mission to educate and support them through.

- **Healthy Families** partnered with Response, a local domestic violence shelter, in hosting a parent group, 'Where We Live' once/week for four weeks with dinner and childcare provided. 'Where We Live' educates and engages parents in prevention of child sexual abuse with topics such as boundaries, self-esteem, safe intervention, healthy relationships, and healthy sexuality. Seven HFSC parents participated in the program, including two fathers. This was a positive experience for families, and in addition to teaching parents about sexual abuse prevention, parents increased their social connections and self-confidence. Staff also facilitated participants attending other support and educational groups hosted by Response and Shenandoah County Department of Social Services, including Nurturing Parenting (parent education course teaching emotional intelligence, self-worth, alternatives to spanking, and more) and Fourth R (group focused on positive mental health and promoting healthy relationships). These types of community engagement help families to be more aware of and open to services and builds capacity for increased collaboration among community partners.

- The **Promotores de Salud** program partnered with the South River Watershed Coalition to create a river event for the Latino community. The event was a canoe float down a portion of the river with scientist from the SWRC to educate on the various efforts to sustain the health of the river. Our PDS was also going to provide Fish Consumption Advisory Education during the event. As the event date approached, the water levels were too low for canoes, so we collaborated with the SRWC scientist to pivot to a walking tour. But the event had to be canceled due to the weather being rainy, windy, and cold, but they created an exciting, fun and informative event that they are excited to offer again this year with hopes of good water levels and nice weather!

- **REACH**, through the developing BEING THERE Rural Heath Network, successfully brought community partners, local government and regional stakeholders together to submit a proposal to the Virginia Department of Rail and Public Transportation for a public transportation feasibility study to address the unique transportation barriers in the county. While similar efforts had been initiated before, this was the first time Page County partners were able to collaboratively secure required match funds needed for the feasibility study, if approved. REACH also brought school division stakeholders and JMU Graduate/Doctoral Psychology faculty together, leading to the development of an MOU that will build capacity in Page County schools for mental health support for elementary students and staff.

- The **Research and Public Health** department at IIHHS was awarded a five-year grant from the Virginia Department of Health for Evaluation of their Chronic Disease grants in the fall of 2023. The JMU team works closely with the VDH team on this project and have worked hard to establish and cultivate a positive working relationship with VDH staff and partners across the state. Their outstanding work led to the invitation to partner on another five-year grant related to stroke prevention, which will be a new 5-year grant starting in Fall 2024.

- The **Shenandoah Valley Migrant Education Program's** collaboration with the JMU TESOL program in the JMU College of Education was the most beneficial and best

community engagement for us this year. In the Spring they had a total of 3 TESOL tutors and in the fall they had a 24! Having tutors who are TESOL majors is extremely valuable for the migrant program because they have all of the skills needed to be able to work with migrant students who often times have large language barriers, may not understand the culture, or are experiencing many new things in their life aside from school and learning a new language. They are valuable assets to our tutoring program and we appreciate all of the work they do for our students.

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:

- As part of a larger brain injury network, **Brain Injury Connections** spent significant time in Richmond advocating for additional funding for Brain Injury Service Providers so that we may increase our services in our underserved areas. The General Assembly and Governor agreed and additional funding will be coming for FY 25, allowing us to add a case manager for Rockbridge, Lexington, Buena Vista, and Bath counties. Furthermore, the City Councils of Harrisonburg and Staunton both issued proclamations for Brain Injury Awareness month in March due to our advocacy and education.

- The **Campus Suicide Prevention Center** has partnered with the Suicide Prevention Interagency Advocacy Group for several years. This group has created recommendations for legislature as well as state organizations around suicide prevention. The goal of this group is to bring together all of the state Suicide Prevention organizations in an effort to collaborate on advocacy, research, training, and communication with the state. This year the group decided to become more focused on training and outreach. This will be accomplished by creating two work groups. In April, this group identified two work group chairs for each work group. Lee Duffy-Ledbetter agreed to be a co-leader of the outreach workgroup. With this appointment Lee will be on the forefront of state and regional outreach efforts in the Suicide Prevention community.

- The **Gus Bus** mobile classroom vehicles include a selection of books for children to check out using our online library system. The Gus Bus program staff who teach on those buses are very intentional with including books that have diverse characters and talk about different social issues or cultures. Along with this, every month, the books on a Spotlight Shelf are switched out to include a selection of books that talk about specific topics, such as holidays or people groups celebrated during that month, historic figures focused on during that month, current events, etc. The Gus Bus team is constantly recommending and looking for books that will be inclusive and educational for our students.

- The **Healthy Families** Supervisor/Resource Specialist, Brittany Silvestri, created and led an advocacy group, Parents for Outdoor Play, to encourage the Shenandoah County school system to incorporate more outside recess time for children, in response to recent parent and

teacher concerns (i.e. discipline, lack of attention, stress, etc.) and numerous studies indicating the benefits of outdoor play. Previously recess time was only about 20 minutes per day for elementary students. Through brainstorming, planning, and community support, Silvestri proposed a plan for more recess and presented it to principals, Elementary Education Director, and the School Board. As a result, the school division increased K-3 to two recesses per day (20 minutes each) and grades 4-5 to 30 minutes per day. Silvestri continues to advocate for additional protocols and culture-change in the schools (play in all weather, restoring outdoor recess areas, providing adaptive equipment for students with disabilities, etc.) and hopes to see a policy regarding mandated recess time implemented.

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 scarce. With many institutions competing for a limited supply of student placements in the area, IIHHS serves a vital role for our 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: 1) Counseling and Psychological Services (CAPS)/the Page County Behavioral Health (PCBH) Program, 2) Interprofessional Services for Learning Assessment (ISLA), 3) the Baird Center Applied Behavioral Analysis Clinic (ABA), 4) Interprofessional Autism Clinic (IPAC), 5) the Child Development Clinic (CDC), 6) Healthcare for the Homeless Suitcase Clinic (SC), 7) the Occupational Therapy Clinical Education Services (OTCES), 8) the Audiology Clinic, and 9) the Rural Health Psychology Clinic (RHPC). Eight out of nine of the clinics 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 community needs through a variety of clinical services, many of them interprofessional. Table 1 shows the number of graduate students educated in our clinics this year as well as the number of clients served.

Table 1. Students and Clients Served in CHBS Clinics in the 2023-2024 Academic Year

Clinic	Number of Distinct Graduate Students	Total Hours	Distinct Clients Served
Counseling & Psychological Services (CAPS)	21	14,518	154
Interprofessional Services for Learning Assessment	31	615	12

Rural Health Psychology Clinic	1 Resident 6 Undergraduate nursing students	615	22
Occupational Therapy Education and Clinical Services	38	1,198	59
Applied Behavioral Analysis	10	184	18
Interprofessional Autism Clinic	12	249	8
Audiology Clinic	unreported	unreported	198
Shenandoah Valley Child Development Clinic	10	350	10
Healthcare for the Homeless Suitcase Clinic	74	420	241
Totals	203	18,149	711

In addition to providing clinical training for our graduate students, our clinics also support the engaged learning that occurs in CHBS educational courses. Those courses are delineated in Table 2 below.

Table 2. Courses Supported by the Clinics

Clinic	Course
ABA (Baird) and IPAC	Psych 695 Practicum, Psychological Sciences (ABA concentration) Psych 403 Independent Study: Research
Audiology	CSD 510 Seminar in Audiology CSD 519 Audiology Clinical Practicum A CSD 539 Audiology Clinical Practicum B CSD 619 Audiology Clinical Practicum C CSD 629 Audiology Clinical Practicum D
CAPS & PCHBS	Psych 695 Practicum, Clinical Mental Health Counseling Psych 790 Internship, Clinical Mental Health Counseling Psych 878 Clinical Practicum, Clinical and School Psychology Doctoral Program
Child Development Clinic	Psych 878 Clinical Practicum, Clinical and School Psychology Doctoral Program Psych 695 Practicum in School Psychology
ISLA	Psych 878 Clinical Practicum, Clinical and School Psychology Doctoral Program Psych 695 Practicum, Clinical Mental Health Counseling
OTCES	OT 555 Level I Fieldwork One OT 610 Occupational Therapy Intervention in Pediatrics OT 620 School-Based Practice OT 665 Level II Fieldwork One - 12-week placement OT 691 Occupational Tutorial Group II
RHPC	NSG 453L Population-Centered Care in the Community

Suitcase Clinic	NSG 453L Population-Centered Care in the Community
	PA 520 Clinical Medicine I
	PA 621 Clinical Medicine II
	PA 626 Clinical Medicine III

The IIHHS Clinical Billing Department is staffed by two individuals who both hold the credentials of Certified Professional Coder and Certified Professional Biller. The sustainability of training clinics is made possible through the recovery of fees for services rendered in each of the nine clinics. The billing process includes obtaining pre-authorizations, data entry of all clinic encounters, sending claims and private pay invoicing, appealing denials and follow-up of remittance advices, posting of payments, and the deposit of funds into the clinic budgets.

Table 3. Clinical Billing Data

Clinical Recoveries	$412,131.14
Running Recoveries since FY05-06	$5,854,291.77
Number of Billing Providers Supported	39
Number of graduate student clinicians supported.	29
Number of clinical encounters processed	5,147
Number of active insurance contracts	23
Number of claims submitted	1,361 electronic; 1,616 private pay; 537 appeals and denials
Number of Trainings Provided to students, faculty, staff	3- Clinical Billing Orientations for graduate student clinicians in Counseling and Psychological Services, the Page County Behavioral Health Program, and Interprofessional Services for Learning Assessment

Additional information about the engaged learning that occurs in the clinics is described below:

- **Child Development Clinic (CDC):** During the summer of 2023, one school psychology evaluation yielded results that found a child eligible for the diagnosis of intellectual developmental disorder. This was the first time that any of the students identified a child eligible for this diagnosis, and they were anxious about presenting this information to the family. However, with the aid of supervision from the psychologist and the education consultants, the students were aptly able to discuss the diagnosis, its implications for student development, and connect the family with needed services such as waivers, special education teams, and community resources. It was a wonderful learning opportunity for all the students in the practicum course. In a separate student case, two doctoral practicum students developed a wonderfully detailed behavior plan to address chronic constipation and stooling issues for the family of an elementary student. This behavior plan was especially important to the family because a) there are no pediatric psychologists in the Valley (pediatric psychology is a specialty of psychology that directly works with comorbid health and psychological issues in children) and b) It allowed the students to draw behavioral principles from Applied Behavioral Analysis (ABA) and integrate them into a cohesive, adaptable plan for the child that could work at both home and school. Because the plan was so comprehensive, any therapist would be able to pick up the report and help the family implement it on a long-term basis. This type of detailed behavior plan likely prevented more significant unnecessary medical intervention for the child as she grew older, and addressed ongoing social concerns. As a clinic, they were really proud of the student initiative to provide such comprehensive care for the child and family and integrate pediatric psychology principles into our report.

- **Counseling and Psychological Services (CAPS) and the Page County Behavioral Health (PCBH) Clinic:** CAPS includes a 1-hour weekly meeting for all new clinicians, which consists of orientation to the clinic, managing challenging client situations (broadly and in our specific setting), and presenting clinical work. Practicum students and interns in the Clinical Mental Health Counseling Master's Program, and Practicum students in the Clinical and School Psychology Program provide counseling and assessment services supervised by licensed faculty members. Students practice skills learned in their courses and engage in activities such as tape review, treatment planning, examination of transference, and role play in supervision. Students in the PCBH program engage in biweekly interprofessional care coordination meetings to discuss treatment plans and progress with primary care providers. Care coordination also occurs through phone calls, "as needed" meetings, faxes, and asynchronously via Valley Health PMH electronic health record messages.

- **Interprofessional Services for Learning Assessment (ISLA):** This past year, faculty and students from three different disciplinary perspectives met together once a month for case review and planning for Interprofessional Services for Learning Assessment. At each Triage, the graduate assistant for the JMU Office of Disability Services Screening and Referral Program shared two complex (de-identified) student cases. Each presentation consisted of a thorough clinical interview, the results of a broad social emotional assessment, grades, and test scores. Students and faculty from three disciplines discussed the cases in disciplinary huddles and then came together as a large group to share their recommendations for applicable resources on and off campus and next steps. Faculty and student involvement is directly related to learning objectives for a variety of courses.

- The **Occupational Therapy Clinical Education Services (OTCES) Clinic:** OTCES provided many opportunities to bridge classroom to clinic for the JMU Occupational Therapy Program, including Level I and Level II Fieldwork experiences for graduate OT students. We also participated in interprofessional education (IPE) to support OT Program curriculum, and voluntary experiential activities to support student learning.

- **Rural Health Psychology Clinic:** Six students in the JMU BSN program received training with the RN preceptor. Students participated in or observed activities such as administration of self-report behavioral assessments, collection of vitals, pill counts, UDS analysis, acting as a tele-presenter for telehealth appointments with the psychiatrist, and care coordination.

- **Healthcare for the Homeless Suitcase Clinic:** M, a senior political science major with a minor in public policy did her internship with the Suitcase Clinic to help with the final revisions of our Policy and Procedure Manual and to organize the clinic's Clinical Agreement Checklist files. As part of her experience, she became part of the Wednesday night clinic at open doors. M had never worked in a clinic and had never had contact with anyone who was homeless. She was speechless during her first visit but warmed up very quickly and eventually became an integral part of clinic. During the debriefing with her minor advisor, M said her experience at the clinic completely changed her perspective on homelessness, especially the circumstances or homeless veterans. She plans to work on homeless healthcare policy in her future career as a politician. Kaitlin Gentile was pre-med

and an honors sociology major when she came to us last spring to "volunteer" as a medical assistant. She had already completed an extensive qualitative survey of residents of the Valley Mission in Staunton as part of her honors work, so we asked her to create and implement a patient satisfaction survey for Suitcase Clinic patients. This project turned her volunteer position into an elective course for her major. She completed the survey and graduated from JMU. Due to her experience with the Suitcase Clinic, she decided to go into public health rather than medicine. She just completed her first year in the MPH program at UVA.

5.2.3.2 Interprofessional and Interdisciplinary Education (IPE and IDE)

Interprofessional and Interdisciplinary Education (IPE and IDE) at CHBS's IIHHS aims to model best practices, focus on IPEC (2023) core competency development and the development of a professional identity that values interprofessional and/or interdisciplinary 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 intersect with JMU's engagement mission; the vision, values and competencies fostered through these opportunities are essential for effective engagement. Details about each of the IPE and IDE Engaged Learning opportunities is provided below:

IPE and IDE 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. After the simulation is complete, students engage in a guided debriefing to share and reflect on their experiences. Student also reflect about the role and responsibilities they will have in relation to poverty as future professionals. The Poverty Simulation was offered three times during the Fall 2023 semester and three times during the Spring 2024 semester. Student enrollment per academic program and per semester is presented in table below.

Academic Program	Student Enrollment **FALL 2023**	Student Enrollment **SPRING 2024**	**TOTAL 2023-2024**
Athletic Training (CHBS)	13		13
Communication Sciences and Disorders (CHBS)	11	5	16
Dietetics (CHBS)	19		19
Nursing (CHBS)	112	101	213
Occupational Therapy (CHBS)	19		19

Physician Assistant (CHBS)	32		32
Social Work (CHBS)	35	41	76
College of Education (COE)	4		4
Health Sciences (CHBS)		2	2
PHETE/Kinesiology (CHBS)		15	15
Bridgewater College		16	16
Total	**245**	**180**	**425**

A number of improvements were made to the Poverty Simulation this year:

- **Preparation of volunteers:** This academic year we introduced the online volunteer orientation, in addition to the on-site orientation.
- **Poverty Simulation workshop design**: We strengthened and distilled our pre-workshop materials in Canvas to decrease lecture time and make space for more IPE and IDE group activities before and after the simulation, including a greater focus on how their professional disciplines may connect with families struggling in poverty.
- **Canvas site for Poverty Simulation:** In addition to streamlining our pre-workshop materials for students and faculty, we included two lessons from the IPE and IDE Introductory Module, and knowledge checks were added.
- **Responding to emotional triggers:** We established a role for one staff to be available in case a student needs support through the experiential part of the simulation.

- 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 interprofessional and interdisciplinary services they provide to people in the community and their interactions with colleagues. The BCHW was offered three times during the Fall 2023 semester and three times during the Spring 2024 semester. Student enrollment per academic program and per semester is presented in table below.

Academic Program	Student Enrolment Fall 2023	Student Enrolment Spring 2024	TOTAL 2023-2024
Nursing	113	97	210
Physician Assistant	33		33
Athletic Training	13		13
Dietetics		26	26
CSD		7	7
PHETE/Kinesiology		15	15
Total	**159**	**145**	**304**

Improvements to the BCHW included enhancing the workshop design to decrease lecture time and increase facilitated small group conversations. We streamlined the BCHW workshop materials on

Canvas, increased the intentional focus on the IPE and IDE content and process, and strengthened the workshop evaluation to include measures related to workshop objectives and learning versus satisfaction.

A total of 729 students (undergraduate and graduate) participated in these workshops during the 2023-2024 academic year.

IPE Courses: 221 students were enrolled in IPE courses this year. Each course is listed in the table below.

Semester	Course Number & Credit	Faculty	Number of Students
Fall 2023	**IPE 415/NSG 415** (1 credit), 2 sections Ethical Decision-making in Health Care: An Interprofessional Approach	Bryson, King, Stewart, and Walsh	73
Spring 2024	**IPE 415/NSG 415** (1 credit) Ethical Decision-making in Health Care: An Interprofessional Approach	Kang, King, Stewart, and Walsh	40
Fall 2023	**IPE 313 (1 credit),** section 1 Issues and Applications of Family Care Giving: Interprofessional Perspectives	Guisewite	22
Spring 2024	**IPE 313 (1 credit)**, section 1 Issues and Applications of Family Care Giving: Interprofessional Perspectives	Guisewite	21
Spring 2024	**IPE 313 (2 credits)**, section 2 Issues and Applications of Family Care Giving: Interprofessional Perspectives	Guisewite	7
Fall 2023	**IPE 490 (1 credit)**, section 2 Introduction to Interprofessional Approaches to Trauma Informed Care	Stewart, McGuire, and Sutherland	31
Spring 2024	**IPE 490 (1 credit)** Introduction to Interprofessional Approaches to Trauma Informed Care	Stewart, McGuire, and Sutherland	27
		Total Students	221

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 **Blue Ridge Area Health Education Center (BRAHEC)** Scholars are required to complete didactic modules on 8 core topics, one of them being IPE/IDE. They had 11 students complete the module this year, 4 of which are JMU students.

- The **Caregiver's Community Network** program may include teams of students from multiple disciplines. This year a Social Work major was paired with a Health Sciences major for their work providing respite care to a caregiver in the community. The social work student wrote the following about her experience: "Visiting these families this semester, I now better understand how crucial it is for professionals to work together to support and enhance the experiences of caregivers and care receivers, as many challenges arise in the caregiving process. I feel that there must be alliances and understanding between helping professionals so that there be a holistic understanding of caregiving families from a mental, emotional, social, and health-related standpoint. I have found that, as a social work major, having a partner who is a health science major to work with and bounce ideas off of during our visits this semester helped broaden my understanding of these families and provided me with perspectives I would have never considered from a discipline other than my own. Having a sense of interprofessional teamwork and understanding is a crucial support for caregiving families to ensure that needs are met on all levels."

- 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.

- Students from a variety of majors take the Nursing elective (NSG 326) connected to the **Claude Moore Precious Time** program. In that class, students are paired up and assigned a family to work with throughout the semester. Some of the pairs had students from different majors and they worked together to create a care plan and provide respite care for children with disabilities.

- In the **Counseling and Psychological Services (CAPS) and Page County Behavioral Health (PCBH) clinics**, 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 PCBH Program.

- This past year, faculty and students from three different disciplinary perspectives met together once a month for case review and planning for **Interprofessional Services for Learning Assessment**. At each Triage, the graduate assistant for the JMU Office of Disability Services Screening and Referral Program shared two complex (de-identified) student cases. Each presentation consisted of a thorough clinical interview, the results of a broad social emotional assessment, grades, and test scores. Students and faculty from the

three disciplines represented discussed the cases in disciplinary huddles and then came together as a large group to share their recommendations for applicable resources on and off campus and next steps. Faculty and student involvement is directly related to learning objectives for a variety of courses.

- The **Interprofessional Autism Clinic (IPAC)** involves students from the ABA Master's program, clinical and school psychology PsyD program, and the communication sciences and disorders Master's program. Our students work together for the same clients and discuss and collaborate on assessment and intervention.

- The **Occupational Therapy Clinical Education Services (OTCES)** hosted an IPE event with Physician Assistant Studies students with hands-on stations throughout the clinic. 33 PA students and 12 OT students participated in a 4-hour event that focused on early-intervention.

- The **Gus Bus** has recruited student volunteers studying a variety of majors related to youth, such as elementary education or social work, as well as volunteers from majors that are not typically associated with children, such as finance, biotechnology, or business management, among many other diverse areas of studies. They also have had an ongoing collaboration with the College of Nursing and have worked with a professor to consistently have groups of nursing students come to one of our after-school sites each week to work with students and give short presentations on different areas related to community health. Through their Family Engagement Events, they have an ongoing relationship with student volunteers from the College of Education and Kinesiology students through the Morrison Bruce Center, who have all helped work with Gus Bus families to help educate them interdisciplinarity on literacy and health topics.

- In the **Rural Health Psychology Clinic (RHPC)** medication management and counseling services are coordinated in an interprofessional team. A monthly treatment team meeting is held the nurse practitioner, clinical psychology (trainee and providers), and nursing. Additionally, warm hand off's, "as-needed" ad hoc consultations, and correspondence through the medical record occur on a regular basis. Program level coordination also occurs with meetings involving representatives across health care disciplines as well as representatives in administrative and community organization roles.

- The **Health Education Design Group (HEDG)** collaborated with CHBS faculty to create videos, illustrations, and animations for the IPE and IDE modules in Canvas. In the process of creating the videos, they worked with faculty and lab staff to ensure accuracy in portrayal of medical professionals, social workers, and patients/clients on-screen.

5.2.3.3 Community-Based Programs

IIHHS has 16 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:

- As the **Blue Ridge Area Health Education Center (BRAHEC)** was developing the curriculum and presentation slides for the Community Health Worker Program classes, 2 students from the Spanish English Translation Interpreting Minor helped to translate the slides to Spanish, allowing them to put their learning into practice.

- **Brain Injury Connections of the Shenandoah Valley** provided a field placement for a social work intern who was able to get a hand on learning experience in multiple areas of our agency. She was part of our fundraising committee for our annual gala. She also participated in many outreach events, more specifically creating a presentation about brain injury to a local community group in Highland County. Our practicum student also participated in many support groups and had the opportunity to plan and run one of the groups. Lastly and most importantly, our student had the opportunity to work with many of our clients, brokering services and advocating on their behalf. Our agency was also able to support her practicum project as she worked with a client developing a case study and walking through the engagement process.

- At Stone Spring Elementary, the **Gus Bus** continues to host nursing students from JMU along with their professor to work with their elementary-aged students and teach them about health topics like hygiene, nutrition, exercise, etc. The nursing students came twice a week to engage the students in their presentations and provide hands-on ways for them to learn and grow in different areas of health. While this was helpful for the Gus Bus students, it also helped the nursing students get a better idea of community health and how an individual's activity in their community affects their health.

- At **Healthy Families,** the Social Work intern planned and facilitated a community-based English-learning group for Spanish-speaking mothers. This experience greatly increased the self-confidence and bilingual skills of the moms in the class and social work intern. The intern also helped develop an "outreach" policy and procedure for participants who could not be enrolled in Healthy Families due to full caseloads. With supervisory support, the student piloted this new one-on-one outreach support with several families. One mother, referred from the local Dept. of Social Services, needed immediate assistance with her home environment, parenting education, and connection to mental health resources. The student completed eight home visits with the family, helping mom clean and goal-plan, and providing child development education and support (i.e. potty training, bottle weaning). She also referred the mom and her children for counseling and preschool services. The outreach engagement with this family made a difference in their lives, helping prevent removal of the children from their mother's care, and enabling her to create a safe and nurturing home. The experience also provided the intern with clarity and vision for her social work career.

- The **Caregivers Community Network (CCN)** matches students with Caregiver families. These are highly engaged learning opportunities for students to learn about aging, dementia, and caregiving beyond the confines of the classroom. The greatest teachers in this course are the family members they visit throughout the semester. Each week, students visit in the homes of those who are 60+ years old. This semester, we had two people who were 100 (Imagine students in their 20s visiting with those 80 years their senior!!). Students gain historical insights they never imagined. Students learn so much from the stories, values, and

perspectives of those who are much older and have more 'life experience'. In addition, students work directly with those living with concerns around mobility, sight, hearing, speech, and chronic illnesses. They learn from those recovering from strokes. They learn from those who have Parkinson's Disease or Alzheimer's Disease. They learn from the people living with, caring for, and loving those who are ill. They experience their sense of being overwhelmed, the sheer joy, and the sadness. They see with their own eyes the humanity of these people and their experiences. Here are two insights shared by students in this Spring semester: "Recognizing the personhood of those living with dementia and validating their emotions and needs can enhance the quality of their life, but also teaches us empathy and understanding." And the second one: "We can be better advocates for individuals with dementia by assuming competence."

- The **Shenandoah Valley Migrant Education Program (SVMEP)** offered engaged learning for JMU students who participated in our tutoring program. One of the Migrant Education student participants had been consistently facing behavioral challenges in middle school and having a hard time connecting with his peers since arriving in 2022. This student did not have formal schooling in his home country of Honduras and missed school frequently. As he and his family were navigating the new school system, the requirement to attend school, and learning a new culture and language, this student was falling behind. Additionally, his mother, a single parent, was often working late, leaving him alone with his older brother with whom he did not have a great connection. His brother was going through depressive episodes, as the recent move was harder for him to overcome. Last year, the family received notices from the school regarding absences, detention, and behavioral concerns. This family quickly became a top priority for the program. This semester they placed a male tutor with this student so that he could support him with his schoolwork but also to serve as a positive role model for him and it may have been one of our best placements yet. The tutor initially had a hard time getting the student to open up but once he did, it was evident in all areas that the relationship they established was benefiting him. His grades, attendance, and school participation increased. He was no longer receiving behavioral notes from the school or concerns about absences. The tutor made such a positive impact on the student that the brother even joined in on their sessions within the first month. Eventually, the program also placed a tutor with his brother. This was a very impactful engaged learning experience for the JMU student.

- A significant task for the **Campus Suicide Prevention Center's** High School Transitions program was the data collection process to create and complete a needs assessment. In order to do this, the CSPCV staff solicited help from two Psychology students to engage in the development and facilitation of focus groups for course credit. This included survey development, IRB approval, and focus group facilitation. In total 204 students responded to the survey and 14 participated in focus groups. The information gained from these surveys and focus groups were included in the finished needs assessment which was presented to the Virginia Department of Health in April.

- In the fall of 2023, our **PREP** Health Sciences Intern was 1 of 1,000 students selected by Advocates for Youth as a campus representative for the Condom Collective project. She applied to the Collective as a representative of SexEdVA at JMU and once selected,

organized the distribution of 500 Trojan brand condoms to JMU students. She engaged students with thought-provoking questions about their health education experiences and what they wished they knew about sex ed before college.

- The **Research and Public Health** department had three Undergraduate Research Assistants and one Graduate Assistant who worked on our Virginia Department of Health Chronic Disease Evaluation Project. Through regular check-ins and reflections, the students have demonstrated new skills they have developed through hands-on experience about collaborative projects involving multiple partners, and research and evaluation processes.

- **Rural Engagement and Capacity Building Hub (REACH):** JMU undergraduate and graduate students from several departments experienced engaged learning through the Community Care and Learning Center in New Market. Through Child Find effort and free school physicals, JMU Nursing and Communication Disorders students and faculty identified students in need of additional services and provided best-practice guidance for childcare staff and parents regarding speech and language development. MOU's are in place for these, and other JMU programs to increase community-based engaged learning opportunities while support vulnerable populations living in childcare deserts.

5.3 Access, Inclusion and Diversity

JMU, the Division of Academic Affairs, and the College of Health and Behavioral Studies has a stated commitment to inclusive excellence and sets expectations for colleges and their respective units to take concrete and meaningful action steps forward toward strengthening inclusive excellence. IIHHS continues to make strides toward advancing Inclusive Excellence. One of IIHHS' four strategic goals is related to Inclusive Excellence, and the ten specific action items related to this strategic goal are listed in Table 4 below. The status of each of these action items is included in our IE Report, included as Appendix D.

Table 4. Action Items for IIHHS Strategic Goal 3

Action Areas
1. Implement Community Engagement Equity Rubric (a self-assessment tool for programs to report on progress toward equity and inclusion.)
2. Implement "Brave Doors" training, a training designed to build capacity among staff to listen to and support others who have experienced a harm in the workplace.
3. Hold an IIHHS Summer Picnic
4. Deign IIHHS-Specific Supervisor Training
5. Design an IIHHS-specific staff orientation.
6. Cultivate regular and ongoing in-house events to build knowledge and skill among staff around a variety of topics related to Inclusive Excellence.
7. Provide opportunities for students to provide feedback, specially related to Inclusive Excellence, each semester.
8. Conduct an environmental scan of our physical spaces with the goal of having our spaces be inclusive and inviting.
9. Expand Leadership Team to include greater racial and ethnic diversity.
10. Build relationships within BIPOC organizations to strengthen staff recruitment efforts, and to enrich community partnerships.

IIHHS Program Efforts to Address Inclusive Excellence

IIHHS programs and clinics were asked to identify steps they were making to change processes and practices to strengthen Inclusive Excellence efforts. Some of the steps they have taken are enumerated below.

- **Brain Injury Connections** is currently updating its website, brochures, and evaluating client intake forms to enhance ADA compliance. Our Client Handbook was revised this year with the same objective. We actively recruit student volunteers and interns from diverse backgrounds.

- Several of our clinics (**CDC, CAPS, ISLA**) have invested in contracts with the Language Group to provide translation services to make our services more accessible for a wider number of families.

- The **Campus Suicide Prevention Center** has made a more conscious effort to stop and think about what we need to consider in our language, space reservations, and virtual program development with greater intentionality. We have also considered multiple culturally recognized dates and times before scheduling programs and training. By doing this, we have found ways we can be more inclusive and welcoming to all members of the community.

- The **Gus Bus** team has been taking opportunities to attend professional development sessions about diversity and inclusion. We also worked closely with Ken Hill, the Director of Special Education for Harrisonburg City Public Schools, to receive training and learn about resources to support our students with disabilities from his staff. Our program teachers also regularly communicate with school day staff, including behavioral specialists, and families to do their best to implement best practices with students who have special needs or challenging behaviors.

- The **Health Education Design Group** continues to build upon and improve its video casting with a lens toward Inclusive Excellence. In December our video production team worked with subject matter experts (SMEs) at Early Impact Virginia, and cultural advisors to film a series of videos featured in the Home Visiting 101 series of modules to accurately cast and portray the home life of a Latino family.

- In **SexEdVA**, the Sexual Risk Avoidance Education (SRAE) surveys and program materials have been translated into Spanish to be more accessible for local students. Program slides have also been adapted to make them more age-appropriate, visually appealing, and culturally relevant.

- The **Shenandoah Valley Migrant Education Program** staff recently attended the IT accessibility training to learn how we can create inclusive materials going forward.

Together we are making small steps, and next year, our Community Engagement for Equity Rubric will provide a formalized and comprehensive way for programs to report on their efforts and develop plans for improvement to be implemented in the next reporting period.

Diversity of IIHHS Program Participants

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

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

The demographics of the populations we serve also include early-English learners, children who are neurodivergent and or have physical and behavioral health care needs, older adults with dementia, and their caregivers. We also serve people who are experiencing homelessness, those precariously housed, and people from the LGBTQPIA+ communities. All of the people in our programs have dignity and worth, demonstrate strength, creativity, and resilience, and inspire and challenge the IIHHS staff, students, and faculty on a daily basis.

Strategic Rural Engagement

IIHHS has a longstanding presence in rural Virginia through a number of our programs. The Health Place, which opened in February 2000, is a satellite of IIHHS in rural Page County and serves as a rural hub for active and growing interprofessional practices. Healthy Families and the Rural Engagement and Capacity Building Hub (REACH) are two of three programs that are fully operated from The Health Place.

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

- The **Blue Ridge Area Health Education Center** serves a wide geographic area that extends from Winchester to Charlottesville and includes some very rural communities. The mission of AHEC is to expand the healthcare workforce, while maximizing diversity and facilitating distribution, especially in rural and underserved areas. The program aspires to have AHEC Scholars fulfill some of their rotation placements in local rural and underserved areas and develop a desire to stay locally, providing services in these communities, as well as provide continuing education to medical professionals to educate and continually address the emerging needs of these communities. The **CHW Training Program** also targets outreach to rural areas, helping to overcome transportation and access barriers.

- **Brain Injury Connections** has undergone a major outreach effort to families in Page, Shenandoah, and Rappahannock counties, and they have partnered with Healthy Families to secure office space with them in Woodstock.

- The **Campus Suicide Prevention Center** established the ECHO program to be able to connect and provide services for campuses located in rural communities. The ECHO program through CSPCV supports that mission by providing educational opportunities as well as safe spaces for campuses from all parts of Virginia to connect, engage, and learn from each other. This program meets bi-weekly during the academic year and selects topics based on feedback from campuses. If a campus is struggling with a topic, no matter where their geographical location or campus demographics, we attempt to find experts and/or current research to help that institution work through their challenges. Additionally, we promote an "all teach/all learn" model in order to foster a collaborative and supportive community for those who may be less resourced to seek help and support.

- The **Claude Moore Precious Time** program serves families up to a one-hour one-way drive distance from JMU. We have many families from the rural communities surrounding JMU.

- **Healthy Families** (Page and Shenandoah Counties) services revolve around rural community engagement- with underserved families and with other community partners working to meet health and well-being needs in Page and Shenandoah Counties. Not only does the program serve families in these counties, staff work diligently, creatively, and collaboratively with rural community partners to build capacity for new and expanded services. Healthy Families is the only home visiting program available in these rural communities and are often called on to fill gaps in services when there's no one else to do so. Though caseloads are full in Shenandoah County, the program developed outreach services this year, requested by community partners. Our involvement of JMU interns in this work has increased students' interest and passion for work in rural communities which can strengthen rural engagement in other areas as well.

- The **Promotores de Salud** (PDS) program focus on the rural areas along the South River and South Fork Shenandoah River. The PDS walks along various sections of the river to make sure those who are fishing the mercury effected parts of the river are aware of the Fish Consumption Advisory to protect their health. The PDS also leaves literature in Spanish in various Spanish stores and restaurants near the river and attends other Latino attended events to help spread the word.

5.4 Rankings and Recognitions

IIHHS reflects an integrated model 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. In addition, "Pulling Threads," a feature film produced by the **Health

Education Design Group in collaboration with I'm Determined, was nominated for Best Feature Film in the Sundar Prize Film Festival.

5.5. Honors College Support

IIHHS hosted two honors students this year, both of whom were engaged with the Shenandoah Valley Migrant Education program. Our Associate Director for IPE and IDE, Dr. Vesna Hart, co-taught an Honors College course: HON 200 Spirituality, Faith, and Belief as Social Identity: Intergroup Relations and Intergroup Dialogue.

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. IIHHS Associate Director Vesna Hart uses a scaffolded approach to development of ethical reasoning with first year students in Madison International Residential Learning Community, in UNST 151 course. Vesna Hart also participated in ethical reasoning essay rating for the purpose of university-wide assessment efforts in January and May 2024.

5.7 Efficiencies

Many of the programs instituted new efficiencies to streamline workflow processes to streamline their efforts. Many of these efficiencies involve instituting new technology to create efficiencies or to hire new staff positions and streamline workflow processes. For example, IIHHS hired a second Fiscal Administrator to help manage the grants and process ePARS and other tasks for the 65+ grants that fund Institute programs. This has added some important efficiencies to our processes and has balanced the workflow in our fiscal office. We also developed a staff-orientation page available through our [website](#) that all programs can include when onboarding new staff and existing staff can access at any time. Additional program efficiencies gained this year are noted below.

- **Medicat Implementation:** The IIHHS Clinics have begun to participate in the implementation of Medicat, an electronic medical record system, that should add efficiencies to their processes. The **Child Development Clinic** was the first of the nine clinics for the implementation, followed by the Clinical Billing Office and the **Rural Health Psychology Clinic and Faculty Practice**. The implementation schedule will proceed through the next fiscal year.

- **Brain Injury Connections** has began using Docusign for all internal documents—allowing all remote staff to act in real time. They've also started using shared calendars and documents, and moved over to Quickbooks online for accounting, and Network for Good to manage their donor/email lists.

- The **Claude Moore Precious Time** program updated their intake form to gather a more accurate picture of the children in our program and better assist in the family matching process with JMU students. We have also updated our matching surveys that we send to students.

- In the **CAPS/PCBH** clinics, phone Screens were implemented broadly this academic year to better match developmental training needs and client needs. CAPS worked with IT Security and Procurement to implement the use of cloud-based assessment platforms. Many assessments have moved to cloud-based administration and scoring platforms, as opposed to paper protocols, and because we work with PHI, a careful review of systems and policies was conducted. CAPS will have these systems available for student use in the fall of 2024, allowing the clinic to stay current with assessment practices. A Clinic Leadership Team was established. The team consists of directors from programs that have students placed in the clinic, as well as clinicians in residence and a representative from the PCBH program. The Leadership Team provides administrative and operational leadership to CAPS by informing policies and procedures that align with the mission and goals of the organization in a manner that contributes to clinic growth, success, and stakeholder satisfaction. A panic system (panic buttons and protocol) has been developed for The Health Place for use in emergent situations that require police intervention.

- This year, the **Gus Bus** streamlined operations by adding a new position of Administrative Coordinator. Previously, program teachers oversaw their specific school, as well as other administrative tasks related to the programs (communications, data, etc.). By adding a new position, this helped program teachers have more time to focus on their lesson implementation and increased direct service hours by assigning many of the administrative tasks to one person. This has helped with consistency in procedures across the program as well as efficiency in the office. Additionally, the Gus Bus also implemented a new lesson plan structure. Prior to this year, teachers were responsible for planning lessons for their respective schools, but since some teachers use the same curriculum across schools, the team has come up with a new way of scheduling and delegating lesson planning so that the responsibility is shared across the team and their time can be used more effectively, resulting in more diverse and higher quality lessons and activities.

- The **Health Education Design Group** hired Samantha Blake as a full-time Project Manager in November 2023. Samantha has been instrumental in implementing and operationalizing the improved processes developed by HEDG and our grant partners at Early Impact Virginia (EIV).

- The **Healthcare for the Homeless Suitcase Clinic** developed an online HIPPA compliant database for critical patient information and, because they had sufficient assistance from interns, they were able to keep it consistently updated. In addition to making information easy to access, this also resulted in reducing the weight of their mobile files thereby mitigating the risk of injury to our staff, all of whom must lift the file boxes and suitcase that are used in the clinics.

- The **Interprofessional Services Learning Assessment (ISLA)** Clinic worked with IT Security and Procurement to implement use of cloud-based assessment platforms. Many assessments have moved to cloud-based administration and scoring platforms, as opposed to paper protocols, and because we work with PHI, a careful review of systems and policies was conducted. ISLA will have these systems available for student use in the fall of 2024, allowing for integration of current assessment practices.

- The **Promotores de Salud** program has confirmed the river locations of greatest interest to the funder, and they have developed a schedule to ensure site visits are occurring on a regular basis at each location. They have also developed a better tracking system to collect data for events and river visits.

- **Research and Public Health** used SignUpGenius for volunteers to sign up for specific time slots to administer the Youth Data Survey. This eliminated the need to email back and forth with potential volunteers about available time slots - they could log in and see what days/times were still available and sign up on their own. This saved a lot of time on both sides.

- The **Shenandoah Valley Migrant Education Program** established an SVMEP Handbook to document all of our processes and it has made it easier to onboard new staff. Additionally, they've created online training modules for new staff to use when getting trained rather than requesting that staff make time to train that person during the first week of employment. In-person trainings are still held for certain topics but some of the basic trainings are now available online on SharePoint.

5.8 Comprehensive Campaign

N/A

5.9 Noteworthy Accomplishments

The stories from each of our programs and clinics represent significant and noteworthy accomplishments. To achieve these noteworthy accomplishments, staff brought in significant support, with our total grant funding for this year being $7,167,531.33.

6. Individual Faculty/Staff Honors and Accomplishments

Scholarly Publications and Presentations at Professional Conferences by IIHHS faculty and/or Staff

Bonham, J.P., Hubshman, O., Stewart, M., & Wessel, I. (2023, October). Building capacity through self-regulation in interprofessional teams. Poster presented at the Virginia Occupational Therapy Association Annual Conference, Virginia Beach, VA, United States.

Gardner, H. (2024, April). *The Impacts of Teacher's PRIDE Skill Acquisition on Student Challenging Behavior* [Poster Presentation]. Virginia Association for Behavioral Analysis Annual Convention.

Gibbs, D. (2023, September). Taking campus mental health outside the clinic and into the campus community with project ECHO." Presentation at META ECHO Global Conference, Albuquerque, NM.

Lockwood, H. (2024, April). *A Component Analysis of Behavioral Skills Training in Teaching and Maintaining Social Skills in an Adolescent with Autism Spectrum Disorder* [Poster Presentation]. Virginia Association for Behavioral Analysis Annual Convention.

Sloan, M. F., Switzer, T., Trull, L. H., Switzer, C., Eaton, M., Atwood, K., & Akerson, E. (2024). Changes in Need, Changes in Infrastructure: A Comparative Assessment of Rural Nonprofits Responding to COVID-19. COVID, 4(3), 349–362. https://doi.org/10.3390/covid4030023

West, C. (2024, April). *Varied Versus Non-Varied Behavior-Specific Praise on Student On-Task Behavior* [Poster Presentation]. Virginia Association for Behavioral Analysis Annual Convention.

Wiggins, J & Nunley, T. (2024, February 20 & March 5). Campus based suicide prevention planning. Presentation for Yes We Must Coalition, Two session virtual webinar.

Williams, A. & Nunley, T. (2024, April 10). It really is free! A no-cost resource for promoting and supporting campus wellness. Presentation for Virginia Community College System New Horizons Conference, Roanoke, VA.

IIHHS Staff Representation on External Boards, Coalitions, and Committees

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

Aging in Place Council	Healthy Community Collaborative
ALICE Coalition	Latinx Health Council of Augusta County
Blue Ridge Free Clinic Board	Out of School Learning Coalition
Community Care and Learning Center (Page Co)	Page County Alliance for Community Action
Faces 4 Change	Ready Regions Blue Leadership Team (Page Co)
Family Youth Initiative	SafeKids Coalition
Harrisonburg/Rockingham Community Services Board	Shenandoah County Parent Advisory Council
	Shenandoah Nonprofit Council
Harrisonburg-Rockingham Food Coalition;	shOUT Coalition
Harrisonburg/Rockingham Safety Net Coalition;	South River Watershed Coalition
Healthy Community Health Centers (HCHC) Board of Directors	Suicide Prevention Interagency Advisory Group
	VA Sexuality Network
Healthcare for the Homeless Coalition	VA Partnership of Out-of-School Time
Homeless Services Continuum of Care Coalition	

7. Conclusion

IIHHS is an exemplary Institute at JMU in cultivating and stewarding relationships among community, faculty, and students for positive impact. Institute staff and faculty from the wide variety of clinics and programs have demonstrated creativity, innovation and resilience in their work. We continue to bring in significant grants, $7.2 million this year and we are making significant impacts in the lives of our community, student, and faculty partners.

IIHHS' Contributions to CHBS Strategic Goals
Appendix A

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

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

- IIHHS is a driver of engaged learning for CHBS students. Last year, 706 students engaged in IIHHS programs, and this translated into 25,898 hours of student engagement in direct services, program support, service learning, and other collaborative endeavors. IIHHS programs provided an extensive range of opportunities for JMU undergraduate and graduate students through our community engagement and clinical programs:

  - 10 students were placed with IIHHS programs as interns.
  - 73 students volunteered with our programs in a variety of capacities.
  - 207 students completed their required practicum with IIHHS programs.
  - 2 received graduate/teaching assistantships.
  - 392 fulfilled class-required community service learning requirements.
  - 10 students were employed by IIHHS programs.

- IIHHS is a hub for Interprofessional and Interdisciplinary learning at IIHHS. Last year, **729** students participated in our signature IPE and IDE workshops (Life in a State of Poverty and Building Cultural Humility), and **221** students enrolled in the three IPE courses offered through IIHHS providing interprofessional approaches to ethics, trauma, and caregiving.
- IIHHS provides an opportunity for community-engaged scholarship and service. Last year, 75 faculty members were engaged with IIHHS programs, representing 19 academic disciplines, the majority of which were from CHBS.
- The IIHHS inventory of non-profits, schools, school districts, hospitals, health care providers, faith communities, social service agencies, businesses, other colleges/universities and government agencies numbered 385 this year, and included 743 distinct program connections demonstrating the way that IIHHS is an extender of CHBS into the community collaborating with organizations to address complex problems.

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

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

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

- IIHHS generated $7,167,531.33 in new grant awards to drive community engagement.
- The Clinical Billing Office processed $412,131.14 in clinical services cost recoveries to support the innovative teaching efforts in those clinics that bill for services.
- The clinics have begun the implementation process for Medicat, an electronic medical record system, that will improve record access, facilitate referral tracking, synthesize data outcome reporting and many other efficiencies.

- Vision of You™ (VOY) was added to the list of evidence-based prevention education programs on youth.gov after a rigorous evaluation showed promising findings for reducing the number of sexual partners and increasing the use of contraceptive use among adolescents who completed the program. Recipients of federal funds for pregnancy and sexually transmitted infection prevention education must choose an evidence-based program from this list. Vision of You™ has now been adopted by six federal grant recipients across the country including PRO Youth & Families in Sacramento, CA; Healthy Futures of Texas in Austin/Dallas/Houston, TX; Fact Forward in Columbia, SC; Johns Hopkins Center for Indigenous Health in Baltimore, MD and Flagstaff, AZ for implementation with youth in the Navajo Nation; University of Montana in Missoula, MT for implementation with youth in the Rocky Boy's Reservation; and Texas Southern University.
-

Alignment of CHBS and IIHHS Strategic Goals

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

1. Identify and expand areas of research and scholarship to strengthen individual program goals and elevate the community-engaged work done through and facilitated by IIHHS. (Aligned to CHBS Goals 1and 3)

2. Grow as a model for participatory, equitable, and reciprocal community engagement where community members, scholars, students, and staff work together to build on community strengths and to address community-identified needs using a social determinants of health framework with an equity lens. (Aligned to CHBS Goals 2 and 3)

3. Identify and dismantle oppressive, racist, and discriminatory policies, practices, and processes to strengthen its climate and culture so all those engaged with IIHHS programs and clinics can thrive and flourish. (Aligned to CHBS Goal 2)

4. Foster innovation in community-based programming, clinics, and interprofessional/interdisciplinary education and collaborative practice. (Aligned to CHBS Goals 1 and 3).

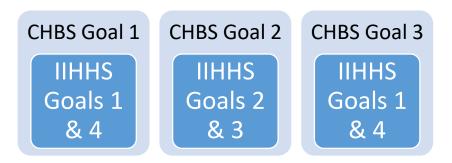| CHBS Goal 1	CHBS Goal 2	CHBS Goal 3
IIHHS Goals 1 & 4	IIHHS Goals 2 & 3	IIHHS Goals 1 & 4

Figure 1.IIHHS and CHBS Goal Alignment

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

APPENDIX B
INSTITUTE FOR INNOVATION IN HEALTH AND HUMAN SERVICES
ACADEMIC PROGRAM REVIEW
EXTERNAL REPORT RESPONSE
STATUS UPDATE
2023-2024

BACKGROUND

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

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

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

PHYSICAL SPACE

The EC noted several strengths related to our physical space:

1. The expansion to new space in 220 University Blvd has enabled IIHHS to find office space for staff in new grant-funded programs.
2. The Campbell building has clinic exam rooms that are well-suited to their educational and clinical needs.
3. The co-location of multiple programs provides excellent opportunities for staff to collaborate around ideas, innovation, and share insights on best practices.
4. IIHHS also has programs that are in-the-field such as the Gus Bus and the Health Place, which extends JMUs reach into Page County.

Recommendation from External Site Review Team	Status Update
1. IIHHS should relocate administration, staffing and the Harrisonburg clinics to a single university building.	In 2022-2023, the University initiated the pre-planning phase of a second building to house expanding academic programs in the College of Health and Behavioral Services. Clinical services housed with and supported by IIHHS have been involved in conversations about space needs in the new building with the expectation that most clinical services located at Campbell will move to the new space. This will free up space in Campbell to allow a consolidation of program staff and reduce some of the overcrowding currently being experienced in shared offices. For FY25, the State has approved funding for a first phase of

	planning for the new building. If funded, it will likely be 3-5 years before any impact will be felt by IIHHS.
2. IIHHS should carefully consider utilizing satellite locations for therapy, treatment, and outreach.	**No Action Needed:** The Health Place is IIHHS' satellite location in Page County. IIHHS programs offering services at the Health Place include the Counseling and Psychological Services Clinic, Brain Injury Connections, Healthy Families, and the Rural Engagement and Outreach Hub (REACH), and the Rural Health Psychology (RHPC) operates in Page County in property owned by Valley Health. Aside from the clinics that are shared with CHBS academic units, most of the programs at IIHHS are already operating in the communities where services are being delivered. All of the sexual health educational programs are being done in the schools, Gus Bus provides services in schools or in neighborhood settings, Futuro Latino conducts its work at community sites in Harrisonburg and Rockingham County, several programs provide services in people's homes (Healthy Families, Precious Time, Caregivers Community Network, Migrant Education), and the two additional clinics (RHPC and PGBH) are . So we argue that the majority of IIHHS programming is already embedded in community settings. Therefore, at this time, we do not feel a need to examine additional community-based locations to serve as satellite locations for IIHHS. As we continue to work with academic units on growing clinic capacity for training more clinicians while also serving more people in the community, we will encourage the exploration of additional satellite locations that may make behavioral health services more accessible.

SHORING UP INFRASTRUCTURE SUPPORT

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

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

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

Recommendation from External Site Review Team	Status Update
1. The Institute must strengthen the impact evaluation of IIHHS and services outcomes, beyond the scope of grant reporting requirements.	In Fall 2022, IIHHS initiated a pilot initiative where we paired two HBS faculty collaborators with two IIHHS programs to design a logic model, and evaluation plan that may lead to a publication, presentation, and/or a grant submission. We have made progress on this initiative and it is reported on in the first section of the annual report.
2. The Institute must also strengthen the impact evaluation of student learning outcomes associated with field placements with IIHHS programs/services, including IPE offerings coordinated through IIHHS.	At JMU, academic units and the Center for Assessment and Research Studies (CARS) take initiative on evaluating student learning outcomes, including the learning from student field placements at IIHHS. However, we believe there is a role for IIHHS to further examine student learning outcomes in light of their individual placements and experiences with IIHHS programs beyond what is done within academic units. In the summer of 2023, IIHHS will convene a meeting with staff from CARS to talk about specific strategies to address student learning outcomes. We also plan to consider longitudinal approaches to measuring longer impact of student experiences at IIHHS on their lives and careers post JMU as part of our Evaluation Initiative, but starting in 2025. 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*. The new Associate Director for IPE and IDE has taken some important strides to improve the evaluation of the two IPE workshops.
3. Develop a coordinated, Institute-wide marketing and communications plan that communicates IIHHS' outcomes and value to the University and the community.	In FY23, IIHHS formed a Social Media Communications Team that developed some important materials for a social media communications plan. Efforts toward that end have stalled given some unexpected circumstances that have squeezed staff bandwidth. We hope those will be resolved by the start of the 24-25 academic year and we can return to those efforts soon.
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, IIHHS launched its Evaluation Initiative in the Fall 2022, and invested $10,600 from our IDC budget to support the initiative: $6,000 for faculty stipends, $3,935 for student research assistants, and $125 in miscellaneous supply costs. In FY24, we invested $12,033.30and IIHHS will continue to use IDC to encourage collaborative research with faculty and community partners.
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, IIHHS has designed and implemented a survey on student experiences at IIHHS that will inform faculty/staff training around knowledge and skills related to Inclusive Excellence with students. We are planning to implement one staff development opportunity in FY25 based on the student survey findings.
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.	**No Action.** At the present moment, we feel IIHHS is best positioned to remain as a unit of CHBS. Most IIHHS programs and all of our clinic activities are linked to CHBS programmatically and/or to health domains. Furthermore, our college leadership is supportive of our work, and encourages collaboration with faculty from other colleges; we

		do not feel that our placement within CHBS limits our collaborative reach across the university.
7.	IIHHS needs to consider how to move to "a fully community-engaged" model, to make relationships with community partners more egalitarian and mutually beneficial.	In spring/summer 2022, IIHHS staff engaged in a strategic planning process that examined questions raised related to strengthening our approach to a more fully community-engaged model. Specific action steps were identified to extend this effort and are described in Appendix B, under Goal 2, "Grow as a model for participatory, equitable, and reciprocal community engagement where community members (external), scholars, students, and staff work together to build on community strengths and to address community-identified needs using a social determinants of health framework with an equity lens."

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

Strengths

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

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

Recommendation from External Site Review Team	Status Update
1. Organizations who truly value representation at the highest forms of leadership make it a priority to ensure that representation of many types if present at all levels of the organization. IIHHS should make a concerted effort that the next person hired into the leadership team is a person of color. In the meantime, it would make sense for IIHHS to devote a portion of a staff member's salary to assume higher-level administrative tasks which will allow them to become a permanent part of the leadership team.	In May 2022, we changed the structure of the IIHHS Leadership Team to add three new staff positions as full members making clear in the application process that we were seeking perspectives not already represented on the Leadership Team. We initiated an application and selection process and invited three new members to the Leadership Team. All were people of color. All three have transitioned out of these roles. Two moved to other positions out of the area, and one left due to pregnancy. Two new staff (BIPOC) will be starting on the Leadership in FY25.
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?	The Institute intends to examine the meaningful role and engagement of community in the coming year, including establishing a form of board for community members to contribute to IIHHS in a continuous way. IIHHS also hopes the Evaluation Initiative will evolve to include a more CBPR approach, where community partners are engaged in all phases of the research process, and to put resources toward breaking down barriers to implementing that model. We hope to give some form to this recommendation in FY25.

Recommendation from External Site Review Team	Status Update
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.	In 2022-2023, the IIHHS LT reimagined the Steering Committee and has defined a clarified, membership roles, and meeting schedule. This new structure was implemented in Fall 2023 and renamed as the IIHHS Innovation Collaborative. The Innovation Collaborative will be the body that evaluates new mini-grants that will be offered to staff to encourage Innovative ideas through three $1,000 grants awarded each year. The first set of grants will be awarded in the Fall of 2024, to be expended in the 2025 calendar year. The LT will spend time in FY25 considering how to strengthen community member voice and participation in IIHHS activities.
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, and we are gradually building this capacity through our Evaluation Initiative. 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. We were not able to focus on this in FY24, but hope to focus on this in FY25, building on ideas generated in our strategic planning process that surfaced a number of actions that IIHHS can take to live out our solidarity with the community. Specific action steps are described in Appendix B, under Goal 2, "Grow as a model for participatory, equitable, and reciprocal community engagement where community members (external), scholars, students, and staff work together to build on community strengths and to address community-identified needs using a social determinants of health framework with an equity lens."
5. The Institute would be well served by determining which anti-oppressive framework will be used widely across the organization, training and reinforcing that message at every opportunity.	The Strategic Planning process of 2021-2022 identified some process goals related to more clearly defining our frameworks. We did not attend to this in 2023-2024 but hope to more clearly define our framework related to both community engagement and inclusive excellence in the coming year.

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

Timeline Definitions

Year 0 – Time before Fall 2022 when plans were already in progress
Year 1 – Fall 2022-through Summer 2023
Year 2 – Fall 2023 through Summer 2024
Year 3 – Fall 2024 through Summer 2025

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

Action Ideas (Research, Scholarship, Evaluation, Assessment):	Design Timeline	Implementation Timeline	Status (2024)
1. **Pilot IIHHS Evaluation Initiative:** This is an initiative led by Kim Hartzler-Weakley where programs are paired with faculty and journey together over the course of a year to develop and implement an evaluation plan that leads to a publishable article or grant. The pilot kicked off in Fall 2022.	**Year 0**	**Year 1**	Kicked off and in process.
2. **Develop and deliver research and evaluation related workshops for IIHHS staff.** Building on the Pilot Evaluation Initiative, IIIHHS wants to build capacity for research and evaluation among staff. The pilot will inform some of the offerings for workshops for staff to strengthen their evaluation skills.	**Year 2**	**Years 3**	On hold.
3. **Work with office of Research and Scholarship, the honors College and faculty to connect students with research/independent study opportunities at IIHHS.** This action item is related to establishing pathways and timelines for inviting students into our work to support the University's goal of strengthening undergraduate research. Connections to graduate students may also be included in this action item.	**Year 1**	**Years 2 and 3**	We've met with REDI. Our continued outreach with them is on hold.
4. **Every two years, hold an IIHHS event where faculty can meet with programs to discuss potential research and other type of collaborations.** The iTALKS event is one example of an event where faculty can talk with program staff about collaborations. This intended purpose of this group is to consider other ideas to bring program staff and faculty together to discuss potential collaborative research or community-engaged projects. The College of Health and Behavioral Studies provides an opportunity for faculty to apply for "Collaborative Grants" to support such projects. Guidelines are here.	**Year 0**	**Year 1 (iTALKS)**	Based on this cycle an event would occur in FY25. Nothing is planned yet.

Action Ideas (Research, Scholarship, Evaluation, Assessment):	Design Timeline	Implementation Timeline	Status (2024)
5. Develop ways to share more digestible information from the IIHHS Annual Report (data visualization): The format for the IIHHS annual report is bound by JMU guidelines. We would like to find ways of sharing the information in shorter, more digestible, and more interesting ways. There can be more than one way to do this. The purpose of this group is to brainstorm and execute ideas related to sharing data/stories about the Institute that can be shared with a variety of audiences, including the external community.	**Year 1**	**Year 2**	On hold.
6. Conduct research that measures IIHHS' impact on the community, students, and faculty and other topics of interest. We are interested in developing strategies that measure the long-term impact of IIHHS on the community, students and faculty. As we build a 'culture of evaluation' and a capacity for research and evaluation across the Institute, it will be good to incorporate some longitudinal studies and other strategies to measure our impact.	**Year 3**	**Post Year 3**	On hold.

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

Action Ideas (Reciprocal and Equitable Community Engagement): *For this goal, community refers to people, agencies, and neighborhoods external to JMU	Design Timeline	Implementation Timeline	Status (2024)
1. Increase IIHHS' presence at community events: We are trying to raise the visibility of IIHHS in the external community. One way to do this is to 'table' at events in the community, i.e., go to events (Health/Resource Fairs, Festivals, First Fridays, etc). This group would identify a list of these events, recommend events to prioritize, in terms of IIHHS presence, and identify/create materials for us to bring to these events. They would create a calendar of events.	**Year 1**	**Years 2 and 3**	We have purchased materials for event tabling. We have not yet developed a schedule.
2. Form a working group to define and operationalize our community engagement framework/model: We are trying transform into an organization that is led by community-identified priorities, where we co-create, co-write, co-imagine how we build a culture of health and equity in our community. We need to clearly identify the elements of this framework, define them, and show how they fit together, and what they might look like at IIHHS and its programs.	**Year 1**	**Years 2 and 3**	On hold.
3. Create a Rural Engagement and Outreach Coordinator position that operates out of the Health Place: This is an extension of the Rural Engagement and Capacity Building Hub project out at the Health Place. A plan is in place to hire a very part-time person who can get this program going. Someone is	**Year 1**	**Done**	**Done.**

Action Ideas (Reciprocal and Equitable Community Engagement): *For this goal, community refers to people, agencies, and neighborhoods external to JMU	Design Timeline	Implementation Timeline	Status (2024)
already identified to serve in this role, so a group or committee isn't needed right now unless they want to work on a grant-writing team.			
4. **Plan and design a Community Award Banquet that would take place every 2 or 3 years where we celebrate our community partners and give out awards to them.** This team would the nuts and bolts of a Community Award Banquet. First they would consider whether or not there should be categories and what criteria should be used to determine what community partners would be selected to receive an award. They would determine the selection process, and what the awards would be. Who would be invited to the Community Awards Banquet? They would plan the format of the Community Award Banquet. Is it really a banquet or something else? How often should it be and when it's time, they would actually plan the event.	Year 2	Year 3	Planning to do this as part of 25th anniversary (2028).
5. **Develop a program where we would provide small grants to community groups (residents of communities) where they could pursue an innovative idea that would benefit their community. – tie this to community award banquet.** (The idea for this was based on the "Grants for Blocks"program in Savannah.) We could make small grants ($500 to $1000) available to neighborhood groups to improve quality of life in neighborhoods/communities. How do we let people know? Who would qualify? What kinds of projects would qualify? How would they apply? Who would serve on the selection committee? Should there be any accountability (like a visit?) Can we provide small community grants or how could we do that? Would we need to connect it more formally to a program? [Here's more detail on the Grants for Blocks program.]	Year 2	Year 3	Will consider in FY25
6. **Make a list of BIPOC organizations and associations and begin setting up relational meetings to serve as a grounding for partnerships and staff recruitment.** Efforts to diversify our staff teams, diversify our community collaborations, and targeted programming would benefit by building deeper relationships with more BIPOC organizations and associations in our community. So first, we need to identify who the organizations/associations are, identify points of contact, and then develop a process for building these relationships. Who, when, and how, and to what end?	Year 1	Years 1, 2 and 3	On hold
7. **Partner with X-Labs on a community-identified project with students. Make this a regularly scheduled opportunity (every 2 years or something).** As we develop a process of dialoging with community groups, join with them in a project with the X-Labs where the community presents a 'wicked problem,' and X-Labs faculty with the community, IIHHS, and students work together to develop responses and maybe even a prototype to respond.	Year 2	Year 3	On hold given X-Lab reorganization.

Goal 3: Identify and dismantle oppressive, racist, and discriminatory policies, practices, and processes to strengthen its climate and culture so all those engaged with IIHHS programs and clinics can thrive and flourish. (See Appendix D for status on the action items for Goal 3.)

Action Ideas (DEI & Inclusive Excellence):	Design Timeline	Implementation Timeline
1. **Implement Community Engagement Equity Rubric.** In 2021-2022, a committee at IIHHS developed the Community Engagement Equity Rubric. The instrument is designed to help IIHHS programs examine and reflect on their own program's progress toward equity and inclusion. The implementation team will determine how to put the rubric into action, what the follow-up will be, and developing systems of accountability.	**Year 0**	**Year 1**
2. **Implement Brave Doors.** Brave Doors is an internal asynchronous training designed for and by IIHHS staff in partnership with Dr. Darius Green. Brave Doors training is intended to prepare staff for difficult, trauma-informed conversations with colleagues around DEI concerns by deeming someone who completes the training a "Brave Door". Once the training curriculum is complete, IIHHS staff will need to oversee the registration and completion of the Brave Door training which will include enrolling participants in the Canvas course and providing them with Brave Doors materials once the training is completed. Furthermore, this group will host three in-person Brave Doors practice sessions annually to offer those who are trained time to role play challenging conversations. The committee will need to think through sustainability and how to keep it fresh, updated, and on a cycle of continuous training and support for those who hold the Brave Doors.	**Year 0**	**Year 1**
3. **Hold an IIHHS Summer Picnic for staff with games and relationship building.** This committee will plan and implement a Summer Picnic for all of IIHHS. Planning will include finding space, organizing activities, ordering food, and managing day of logistics.	**Year 1**	**Year 2**
4. **Design IIHHS-specific Supervisor Training.** Currently, those who become a supervisor or are hired to be in a supervisory role at IIHHS receive training within their own program, with little overlap and consistency across programs. A committee will form to develop an IIHHS-wide supervisor training that will become an expectation for all new supervisors across IIHHS. The team working on this action item will determine content for the training and work to produce a training/plan for new supervisors.	**Year 1**	**Year 2**
5. **Design a staff orientation** Currently, new hires at IIHHS receive training within their own program, with little overlap and consistency across IIHHS, with the exception of the New Staff Welcome. A committee will form to develop an IIHHS-wide staff orientation that will become an expectation for all new hires across IIHHS. The team working on this action item will determine content for the orientation and work to produce a training/plan for new hires.	**Year 1**	**Year 2**
6. **Cultivate regular and ongoing in-house events around topics for discussion to build knowledge and skill among staff around a variety of topics related to diversity, equity, and inclusion. The IIHHS DEI Library may be a good resource for this.** Similar to Lunch & Learns, this group will plan for PD opportunities that are offered to IIHHS staff. This could include, but isn't limited to, finding guests to speak about topics of interest, promoting use of the DEI library, and hosting informal discussions for staff.	**Year 1**	**Year 2**
7. **Partner with community organizing partners to build power and solidarity in dismantling oppression (part of community engagement framework).** In alignment with the community engagement framework to be developed, this group with cultivate meaningful partnerships with community organizations and IIHHS programs in order to advocate for community-defined needs and dismantle oppressive systems. So first, we need to identify who the organizations/associations are, identify points of contact, and then develop a process for building these relationships. Who, when, and how, and to what end?	**Year 2**	**Year 3**

Action Ideas (DEI & Inclusive Excellence):	Design Timeline	Implementation Timeline
8. Provide opportunity for students to provide feedback, specifically related to Inclusive Excellence, each semester. Develop a process across IIHHS programs to gather feedback from JMU student volunteers and interns who work with IIHHS each semester. This might include developing a standardized survey, sharing findings, and generating a report for programs or in aggregate for all of IIHHS.	**Year 2**	**Year 3**
9. Conduct an environmental scan of our physical spaces with the goal of having our spaces be inclusive and inviting. Identify a model for completing an environmental scan and implement the assessment of all of our physical spaces at IIIHHS, to include the Campbell Building, 220 University Blvd., the Gus Bus mobile classroom vehicles, Virginia Ave., the Health Place, and the Healthy Families Shenandoah County Woodstock offices. The group might also recommend changes based on the findings from the scan.	**Year 2**	**Year 3**

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

Action Ideas (Innovation):	Design Timeline	Implementation Timeline	Status (2024)
1. Create mechanism/process for staff and faculty to share ideas (e.g., innovation after hours; innovation hour each week, IIHHS Think Thank for Innovation, monthly brown bags where staff can present on innovative ideas they are doing in their programs, etc.) Staff have expressed a desire to have dedicated, carved out time to offer or think together about innovative ideas. Or to share and/or get feedback on innovative things they are already doing in their programs. The goal could be to create something new or to get feedback on an existing project. This group would think about how to structure time to invite this sharing.	**Year 1**	**Year 2**	To be considered in FY25.
2. Consider staff and faculty awards for innovation (See Goal 3, #8): Should we have an IIHHS staff/faculty award for innovation? If so, what should the selection criteria be? What should the process be? What should be the process? Who should be on the selection committee? Would people apply or be nominated? What should the application/nomination process look like? When should the award(s) be given? Should there be one for staff and one for faculty? Just one? This group would think through these and other questions related to this, and make a recommendation to the Leadership Team.	**Year 2**	**Year 3**	To be considered in FY25.
3. Offer IIHHS mini-grants for innovation projects that are internal to IIHHS: If IIHHS were to offer a mini-grant ($1,000) program (similar to the one offered at CHBS), what would that look like? What kinds of projects would qualify? How would people apply? What would the application look like? What is the expectation of these grants in terms of outcomes? How would it be announced? This group would answer these and other questions and make a recommendation to the Leadership Team.	**Year 2**	**Year 3**	Will be implemented in Fall 2024, with grants to be expended in calendar year 2025.

Action Ideas (Innovation):	Design Timeline	Implementation Timeline	Status (2024)
4. Support Innovation in Interprofessional/Interdisciplinary Education and Collaborative Practice [Facilitate and support faculty ideas for IPE/IPCP to include community representation (including staff at IIHHS) for course or workshop development, implementation and evaluation] Part of the CHBS strategic goals includes offering more explicit opportunities for IPE and IDE workshops, courses, and projects that engage students. This group would give some consideration to how to strengthen and support these kinds of collaborative student learning opportunities.	**Year 0**	**Years 1, 2, 3 (ongoing)**	See annual report for reporting on these activities.
5. Support Innovation with Strategic Clinical Placements (Work with clinic directors, departments and staff to develop Interprofessional Collaborative Practice (IPCP) and other clinical placements responsive to community priorities and student learning needs.) We are a College that prepares students for clinical professions, but we live in community with limited opportunities for students to do their clinical placements and practicums. IIHHS has been a place for academic programs to send students to complete their internships, clinical placements and practicums. Could we be offering more opportunities for students in our programs in terms of placement and internship options. If so, what steps should take to expand and/or communicate our offerings	**Year 0**	**Years 1, 2, 3**	See annual report for reporting on these activities.
6. Work with the Center for Faculty Innovation, departments, and faculty to connect faculty and students with innovative learning and practice opportunities at IIHHS. This action step furthers the actions steps 4 and 5 above.	**Year 0**	**Years 1, 2, 3**	To be revisited.

The table below reports on our progress with action steps related to advancing inclusive excellence at IIHHS.

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

Action Ideas (DEI & Inclusive Excellence):	Status	Domain of Change
1. **Implement Community Engagement Equity Rubric.** In 2021-2022, a committee at IIHHS developed the Community Engagement Equity Rubric. The instrument is designed to help IIHHS programs examine and reflect on their own program's progress toward equity and inclusion. The implementation team will determine how to put the rubric into action, what the follow-up will be, and developing systems of accountability.	In process will be implemented in Fall 2024 for 2025 annual reporting process.	Staff and Community and Spaces and Policy
2. **Implement Brave Doors.** Brave Doors is an internal asynchronous training designed for and by IIHHS staff in partnership with Dr. Darius Green. Brave Doors training is intended to prepare staff for difficult, trauma-informed conversations with colleagues around DEI concerns by deeming someone who completes the training a "Brave Door". Once the training curriculum is complete, IIHHS staff will need to oversee the registration and completion of the Brave Door training which will include enrolling participants in the Canvas course and providing them with Brave Doors materials once the training is completed. Furthermore, this group will host three in-person Brave Doors practice sessions annually to offer those who are trained time to role play challenging conversations. The committee will need to think through sustainability and how to keep it fresh, updated, and on a cycle of continuous training and support for those who hold the Brave Doors.	In process All revisions are complete. Scheduled for implementation in November 2024.	Faculty and Staff and Spaces
3. **Hold an IIHHS Summer Picnic for staff with games and relationship building.** This committee will plan and implement a Summer Picnic for all of IIHHS. Planning will include finding space, organizing activities, ordering food, and managing day of logistics.	Ongoing 2024 picnic was on 5/29/24.	Staff

Action Ideas (DEI & Inclusive Excellence):	Status	Domain of Change
4. Design IIHHS-specific Supervisor Training. Currently, those who become a supervisor or are hired to be in a supervisory role at IIHHS receive training within their own program, with little overlap and consistency across programs. A committee will form to develop an IIHHS-wide supervisor training that will become an expectation for all new supervisors across IIHHS. The team working on this action item will determine content for the training and work to produce a training/plan for new supervisors. IE components will be woven into this training.	In process This activity was folded into a new "Staff Development committee" We expect to have something in place by the end Sprig 2025.	Staff and Policy
5. **Design a staff orientation** Currently, new hires at IIHHS receive training within their own program, with little overlap and consistency across IIHHS, with the exception of the New Staff Welcome. A committee will form to develop an IIHHS-wide staff orientation that will become an expectation for all new hires across IIHHS. The team working on this action item will determine content for the orientation and work to produce a training/plan for new hires. IE elements will be woven into this process.	In process. A Staff Orientation page was created in Canva and placed on the IIHHS webpage. The IIHHS LT is in the process of institutionalizing a process to direct staff to that page (e.g., a checklist), and we will be incorporating it into the Supervisor Training.	Staff and Policy
6. **Cultivate regular and ongoing in-house events around topics for discussion to build knowledge and skill among staff around a variety of topics related to diversity, equity, and inclusion. The IIHHS DEI Library may be a good resource for this.** Similar to Lunch & Learns, this group will plan for PD opportunities that are offered to IIHHS staff. This could include, but isn't limited to, finding guests to speak about topics of interest, promoting use of the DEI library, and hosting informal discussions for staff.	Staff were encouraged to attend the JMU Diversity conference. The CCBC will plan one staff development activity based on results of student survey.	Staff
7. **Provide opportunity for students to provide feedback, specifically related to Inclusive Excellence, each semester.** Develop a process across IIHHS programs to gather feedback from JMU student volunteers and interns who work with IIHHS each semester. This might include developing a standardized survey, sharing findings, and generating a report for programs or in aggregate for all of IIHHS.	Complete. The CCBC designed a survey and it was deployed to all students at IIHHS in April 2024, and will be deployed each semester henceforth.	Students
8. **Conduct an environmental scan of our physical spaces with the goal of having our spaces be inclusive and inviting.** Identify a model for completing an environmental scan and implement the assessment of all of our physical spaces at IIIHHS, to include the Campbell Building, 220 University Blvd., the Gus Bus mobile classroom vehicles, Virginia Ave., the Health Place, and the Healthy Families Shenandoah County Woodstock offices. The group might also recommend changes based on the findings from the scan.	On Deck	Staff, Community, Spaces
9. **Address Structural Issues Related to Representation of Leadership Team with an Eye Toward Inclusive Excellence.** The IIHHS Leadership will discuss how to recruit and build incentives for staff service on the LT.	Ongoing – Two staff members (BIPOC) will be joining the LT in Fall 2024.	Staff

Action Ideas (DEI & Inclusive Excellence):	Status	Domain of Change
10. Build relationships within BIPOC organizations to strengthen staff recruitment efforts, and to enrich community partnerships. The LT will form a committee to begin developing a plan for this outreach and relationship-building initiative.	On hold. Hope to start working on in FY25	Staff and Community