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The Community Counseling, Education, and Research Center (CCERC) Model: Addressing Community Mental Health Needs Through Engagement Scholarship

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Abstract

Providing access to high-quality health services for all people is a national problem further compounded when the focus is mental health. Long-term primary prevention strategies and solutions, foundational to best practices in public health, are often considered at odds with short-term profit-driven private sector approaches within the capitalistic economy of the United States. Engagement scholarship, then, provides a uniquely viable, adaptable, responsive, customizable, and sustainable set of structures, mechanisms, and processes to address pressing societal needs. The CCERC model of engaged scholarship offers an example of community engagement, transformative and exceptional in addressing these societal and structural health care problems, with potential for customizable and contextual scalability. Specifically, world-class health care as a human right and an organizational value can be operationalized with engagement scholarship, which has the creativity and capacity to transform institutional values into purposeful and practical vehicles of community change.

Keywords: engagement scholarship, counselor education, community counseling, multicultural and social justice counseling

Introduction

Lack of access to high-quality health services for all people is a national problem further compounded when the focus is mental health *(World Health Organization, 2013)*. Long-term primary prevention strategies and solutions, foundational to best practices in public health, are often considered at odds with short-term profit-driven private sector approaches supported within the capitalistic economy of the United States *(WHO, 2013)*. Engagement scholarship, then, provides a uniquely viable, adaptable, responsive, customizable, and sustainable set of structures, mechanisms, and processes to address pressing societal needs *(Arrieta et al., 2017)*. Specifically, world-class health care as a human right and an organizational value can be operationalized with engagement scholar-

ship, which has the creativity and capacity to transform institutional values into purposeful and practical vehicles of community change *(Grimmett, Beckwith, Lupton-Smith, Agronin, & Englert, 2017)*.

United States health care services systems, in general, are not designed for preventive and developmental approaches to human health and wellness that enhance quality of life *(WHO, 2013)*. Rather, these systems are made to respond to illness, pain, and suffering. Although such services are vital within the provision of health care, there is little room within the structure of insurance-controlled services for keeping one well. Essentially, health care providers have to start with someone who is *ill* in order to help them to be *well*. Understandably, an appropriate diagnosis is important for high-quality mental health care. A serious problem, barrier, and disincentive is apparent, however, when both insurance and diagnosis are needed for a person who wants to be proactive about their holistic well-being or does not have insurance for mental health care services. These challenges were evident within the Wake County Community Health Needs Assessment (Wake County, North Carolina), which is the local context for the Community Counseling, Education, and Research Center (CCERC) model of engagement scholarship.

Community Health Needs Assessment

Wake County, North Carolina has just over one million residents, consisting of White American (68.4%), African American (21.1%), Asian (7.2%), American Indian or Alaska Native (0.8%), and Hispanic and/or Latino (10.2%) people *(U.S. Census Bureau, 2018)*. Although the median household income in 2016 was $70,620, the per capita income, or the mean income for every man, woman, and child in a particular group (i.e., family), was about half that at $35,752. The unemployment rate in Wake County is 4.2%, the poverty rate is 9.2%, and 10% of residents do not have health insurance. In North Carolina, approximately 25% of adults had a diagnosable mental, behavioral, or emotional disorder in the past year, and one in twelve adults was dependent on or abusing alcohol or other drugs *(Substance Abuse and Mental Health Services Administration, 2015)*.

According to the Wake County Youth Wellbeing Profile of 2015, youth account for 25% of the population, with a rapidly changing composition. For youth to thrive, more programs and services are needed in areas such as relationship, communication, self-management, and workforce development. Along with the development

of personal skills, emotional factors have an active role in youth's ability to thrive. Over 29% of all high school students surveyed reported feelings of sadness or hopelessness *(Krause, Rennells, & Weatherly, 2015)*. To provide the appropriate services needed for today's youth, it is most important to develop community resources for those individuals who are uninsured or unable to pay.

The 2016 Wake County Community Health Needs Assessment identified four priority areas, based on data gathered from residents and community organizations: (1) health insurance coverage, (2) transportation, (3) access to health services, and (4) mental health and substance abuse. Access to health insurance coverage was identified as the issue that most affects the community's quality of life *(Gintzig & West, 2016)*. The concern applied to people who were uninsured (i.e., approximately 10% of Wake County's population, or 100,000 residents), as well as those who have insurance. For the insured, critical concerns included limitations of insurance; how insurance works and how to use it; postinsurance financial obligations; and access barriers to Medicaid and Medicare, as some providers have limited or suspended their acceptance of those insurance types.

The top community need that was most frequently identified in both telephone and Internet-based surveys by individual respondents was mental health and substance abuse concerns. Similarly, when asked about the health behavior for which residents need more information, emotional and mental health was the most frequently selected across all survey methods utilized in the assessment. Finally, many surveyed believed that access to providers and facilities, particularly for the uninsured, remains a significant concern. Consequently, the North Carolina Institute of Medicine *(NCIOM, 2016)* reported:

> The fragmentation of the mental health and substance use service systems contributes to unnecessary disability, school failure, homelessness, and incarceration. Fragmentation and disarray are primarily driven by payment policies that create huge disparities in access to high-quality, effective prevention, treatment, and recovery services as well as the lack of integration between mental health and substance use services and physical health services, and the nearly constant changes over the past 15 years to North Carolina's public mental health and substance use system. This fragmentation creates significant systemic barriers to delivering

> the prevention, treatment, and recovery services that are needed. *(p. 437)*

Many of the identified community mental health needs matched both the training needs and social justice mission of the NC State University Counselor Education Program. The CCERC model of engaged scholarship, then, emerges from university–community partnerships that were collaboratively developed to address our mutual goals *(Gelmon, Jordan, & Seifer, 2013)*. A thorough description of the model is presented here in order to provide a clear understanding of the conceptual foundation, how these concepts are practically applied in a given context, and what is truly required to perform and replicate this type of engagement scholarship. The model itself is presented as a *best practice* for engagement scholarship to provide excellent community counseling while creating an optimal learning experience for training counselors.

The CCERC Model of Engaged Scholarship

Developing University–Community Partnerships

The NC State University Counselor Education Program has long recognized the need for a program-based, community-located counseling center that would provide both counseling services to community clients and an optimal training experience for graduate students. The clinical training for students in the graduate program has included students providing counseling services in a clinic housed in offices located within the College of Education, as well as placement in schools, agencies, and college programs in the community. A university-located community counseling clinic, however, was a significant access barrier for community clients due to parking, navigating a large campus, and overall sense of comfort and belongingness within a large university environment. Finding sites that meet the requirements of practicum and internship courses and Council for Accreditation of Counseling and Related Educational Programs (CACREP) accreditation standards has been increasingly difficult due to underfunded mental health services at the state level, particularly for the clinical mental health counseling students *(CACREP, 2016)*.

Over the years, counselor education faculty members continued to search for a setup that would match the goals for well-rounded training experiences and the provision of community counseling services aligned with the multicultural and social jus-

tice identity of the program. A recently graduated counselor education doctoral student (now counselor educator) who internalized the hopes of the program for a community counseling center (i.e., formerly clinic; *Grimmett et al., 2017*) facilitated a meeting between the executive director of a local nonprofit organization (the Wade Edwards Foundation and Learning Lab, WELL) and counselor education faculty members. The meeting resulted in a memorandum of understanding between NC State University and the WELL in fall 2015, an agreement under which the WELL now houses the first location of the Community Counseling, Education, and Research Center (CCERC).

The CCERC model was first described by Grimmett et al. *(2017)* as a conceptual and applied model for multicultural and social justice counselor education with

> three foundations—identity, community, and structure—consisting of 14 synergistic and layered components that operationalize the identity and values of the counselor education program in which it is housed, as well as reflect the overarching professional values of counseling and counselor education. *(p. 164)*

An expansion of the model, the CCERC model of engaged scholarship, was needed to reflect a responsive and dynamic evolution for responding to contextual and community needs. This expansion includes (a) comprehensive descriptions of the foundations and components, with examples of corresponding applications, (b) integration of trauma-informed practices, and (c) clearer emphasis on the centrality of outreach and engagement scholarship. Figure 1 illustrates the expanded CCERC model, now with 17 components, making the previously implicit *trauma-informed* and *community engagement classification* components, explicit in the description. In addition, *counseling services* initially described, though not counted among the original components in Grimmett et al. (2017), is accounted for in the expanded model that has overall emphasis on specific engaged scholarship practices. Community outreach, for example, was renamed *outreach and engagement* to more accurately reflect this focus. The CCERC model of engaged scholarship, therefore, offers an example of engagement scholarship, transformative and exceptional in addressing these societal and structural health care problems, with potential for customizable and contextual scalability. The expanded model remains organized around three foundations: (1) identity, (2) community, and (3) structure.

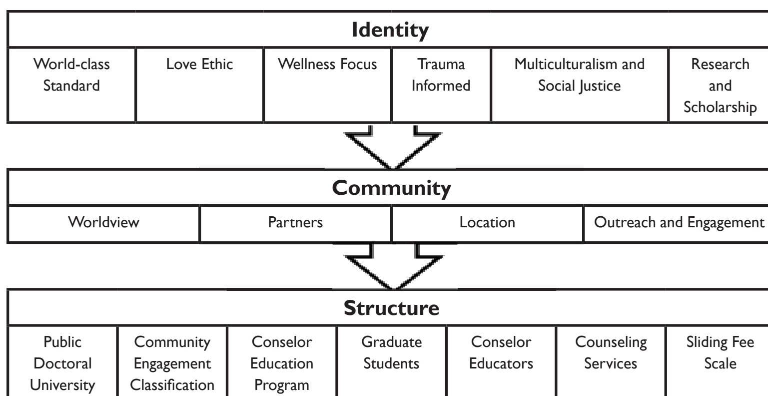

***Figure 1*. The CCERC Model of Engaged Scholarship**

Identity

Identity embodies the core values of CCERC: (a) world-class standard, (b) love ethic *(hooks, 2000)*, (c) wellness focus *(Myers & Sweeney, 2008; Prilleltensky, 2012)*, (d) trauma-informed *(SAMHSA, 2018)*, (e) multiculturalism and social justice *(Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015)*, and (e) research and scholarship *(CACREP, 2016)*.

World-class standard. CCERC defines world-class community counseling as an aspirational ideal to (a) provide excellent mental health services within communities, informed by the CCERC identity core values, and (b) make positive contributions to community mental health models across the world *(Grimmett et al., 2017)*. During the first CCERC orientation for practicum and internship counseling students, an explanation was requested for the practical meaning of *world-class standard*, given the frequent use of the term by one of the CCERC codirectors and its apparent importance. The answer involved asking the new counselors-in-training to consider the quality of service the President of the United States, who was then Barack Obama, and his family would receive at the White House. In addition, they were also asked to imagine the unlimited access and resources of the office. Finally, it was conveyed that our ultimate goal for our community counseling services was to equal or exceed what would be available to the President and his family, or any person of extraordinary financial means or social influence.

In a capitalistic society, wealth, connections, and resources are key determinants of quality of life, including where people live, schools attended, and access to health care *(Woolf et al., 2015)*. The world-class standard at CCERC operates on the principle that health care is a human right; therefore, income, class, or back-

ground should not restrict access to excellent mental health services. Engagement scholarship creates opportunities to match the professional experiences and talents of enthusiastic, smart, talented, experienced, and focused graduate students with optimal and fulfilling service-learning experiences that address critical social needs. Most important still, from both an education and a service standpoint, is that students are to think and practice from the ideal circumstance, best and emerging practices, and world-class standards, instead of making compromises related to financial limitations. Ultimately, the students are providing counseling services as a part of the class, where theory, research, innovation, and collaboration determine the standard, not insurance companies or the ability to pay for services.

Engagement scholarship is a space for excellence and equality, where *world-class* means teaching and serving to the most optimal standard possible. Our commitment to a world-class standard that encompasses engagement scholarship is expressed in the CCERC mission and vision:

> The CCERC mission is to develop counselors and supervisors for multicultural and social justice counseling and to provide world class community counseling. The CCERC vision is to be a national model for world class, multicultural, and social justice—counseling, supervision, education, training, research, and advocacy. *(Grimmett et al., 2017, p. 164)*

Love ethic. hooks *(2000)* explains love ethic as utilization of all dimensions of love—care, commitment, trust, responsibility, respect, and knowledge—in the everyday work of the center, which presupposes that everyone has the right to be free, to live fully and well. There is a clear expectation for a love ethic to guide our work with each other, with our clients, and with our community partners. These dimensions are thoughtfully incorporated into every aspect of CCERC operations: the design of informational materials (e.g., website, flyers), wording on client information forms (i.e., intake assessment), how phones are answered, and response time for counseling requests. All CCERC staff are continuously trained (e.g., weekly staff meetings, individual and group clinical supervision) and engage in frequent dialogue related to ensuring understanding and application of the CCERC identity. A summary of a recent staff discussion demonstrates how the love ethic is practiced in concert with multiculturalism and cultural competency.

A practicum student brought up a concern related to the center client information (intake) form at a staff meeting with faculty codirectors, doctoral student center coordinators, and master's interns and practicum students present. The student expressed reservations about asking clients to indicate their sexual identity on the form (i.e., voluntarily self-report option), particularly high school–aged minors, related to the minor's client confidentiality and their right to choose when and with whom to disclose their sexual identity (i.e., including to their parents or legal guardians, who have legal rights to their counseling information). In the discussion that followed, the rationale for the sexual identity options on the client information form was provided, which focused on an explicit affirmation and normalization of all sexual identities for clients receiving counseling services at CCERC. The codirector acknowledged his responsibility in having designed the form in consultation with other professionals and informed by the literature, while also acknowledging the valuable perspective offered by the practicum student. As a result, one of the doctoral student center coordinators found additional resources from the literature to inform the process for completing the client information form with minor clients in the initial counseling session *(Brooks, Fielder, Waddington, & Zink, 2013)*.

This anecdote is an example of love ethic, where respect for the student and client were taken into account, ownership and responsibility were modeled by the codirector, and feelings and thoughts were shared transparently in a safe place, which is trust building. Additionally, the commitment to the vision and its infiltration through every detail of operation is represented. Simultaneously, knowledge is shared on a deep level about what it takes to be a multicultural and social justice counselor.

Wellness focus. A wellness focus in counseling attends to the physical, psychological, social, cultural, emotional, relational, and spiritual developmental needs, rather than focusing solely on mental illness. Wellness centers around the idea of a higher level of health beyond the absence of illness *(Keyes, 2006; McDonald, 2011; Myers, 1991; Roscoe, 2009)*. Myers, Sweeney, and Witmer *(2000)* define wellness as "a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community" *(p. 252)*. Wellness, however, is not only an individual goal, nor should the individual be the primary conduit for wellness *(Prilleltensky, 2012)*. Achieving wellness is dependent on contextual variables, such as the reciprocity and mutuality of one's rela-

tionships, the safety of one's community, the degree of inequality present in society, and the health of the environment *(Arcidiacono & Di Martino, 2016)*. Prilleltensky and Prilleltensky *(2003)* write of the harmful effects of "poverty, marginalization, exclusion, exploitation, and injustice" on personal, relational, and collective well-being *(p. 276)*. Any focus of wellness must include social justice promotion and an analysis of the broader context in which an individual lives in order to be successful *(Prilleltensky, 2012; Prilleltensky & Prilleltensky, 2003)*.

A more complete contextualization of wellness can be found in the community psychology literature. Using a psychopolitical validity framework, which acknowledges the oppressive, structural injustices many members of society face, Prilleltensky and Fox *(2007)* emphasize that wellness depends on whether resources and opportunities exist on the personal, relational, and collective levels. An individual cannot achieve wellness on their own and must advocate for their needs.

The concept of *personal wellness* includes individual characteristics such as self-control, self-esteem, meaning, and spirituality. *Relational wellness* includes social support, respect for diversity, solidarity, and democratic participation *(Prilleltensky & Fox, 2007)*. *Collective wellness*, the third level in Prilleltensky and Fox's model, includes access to health care, clean water, freedom, environmental sustainability, and equality. This level is necessarily more aspirational and requires psychopolitical literacy, or "people's ability to understand the relationship between political and psychological factors that enhance or diminish wellness and justice" *(Prilleltensky & Fox, 2007, p. 799)*. Social justice advocacy is required in order to seek equal opportunities and liberation from oppression.

The center uses a wellness plan that helps provide direction for the client regarding what specifically they would like to work on and a path for reaching their wellness goals. With this type of service approach, counseling work is collaborative, transparent, accessible to the client, and framed as holistic wellness. Additionally, CCERC counselors are encouraged to identify and take care of their own wellness needs.

Trauma-informed. Best practices for all human services organizations and helping professionals are to integrate trauma-informed principles into systems and interventions *(SAMHSA, 2018)*. Our working definition of trauma is a human response to a distressful event or set of harmful conditions *(SAMHSA, 2014)*. A trauma-informed approach understands that trauma does not

go away; rather, it can be managed and have more or less relative significance in a person's life depending on a host of variables (e.g., time, setting, people, conditions). The students working at CCERC are taught trauma-informed practices at the start of their initial training where they learn that *How are you?* is not a casual question to be asked offhandedly in passing in the waiting room area or hallway. Rather, using a trauma-informed approach, *How are you?* is an essential therapeutic question to be asked intentionally and purposefully, understanding that most clients have experienced some form of trauma, directly or vicariously, which directly or indirectly affects their wellness (see Safety in Table 1). CCERC, therefore, in service-learning, outreach, and engagement, as well as research and scholarship, uses the following trauma-informed key principles while providing counseling services to clients: (a) safety; (b) trustworthiness and transparency; (c) peer support; (d) collaboration and mutuality; (e) empowerment, voice, and choice; and (f) cultural, historical, and gender issues. These principles are necessarily intertwined, working in concert, with the mission and vision of CCERC.

In addition to basic safety precautions, such as crisis response plans for staff and/or a client who may be dangerous to self or others, safety is enabled by trustworthiness and transparency related to sharing information easily between codirectors, doctoral supervisors, and practicum and internship students. Collaboration is expected from all of the staff, and clients are regarded as partners, given the noteworthy contribution they provide to the education of the counseling students. Mutuality also refers to bidirectional, though different, benefits of the counseling relationship, where the professional development of the counseling student runs parallel to the personal development of the client. With respect and adherence to ethical principles that maintain therapeutic focus on client need, mutuality, from a trauma-informed and multicultural counseling perspective, also makes room for counselors to be affected by client experiences, as does the counseling relationship itself. Ultimately, trauma-informed systems and interventions are working toward empowerment, voice, and choice: support for the restoration of agency. Our goal is to honor clients through the love ethic by keeping them informed, connected, and hopeful. Finally, an understanding of the historical, cultural, and social context related to trauma is necessary to make meaning, recover, and heal.

CCERC also works intentionally to incorporate the following SAMHSA *(2018)* guidelines at the systems level to (a) realize the widespread impact of trauma and understand potential paths for

recovery; (b) recognize the signs and symptoms of trauma in clients, families, staff, and others involved in the system; (c) respond by fully integrating knowledge about trauma into policies, procedures, and practices; and (d) seek to actively resist retraumatization.

Multiculturalism and social justice. Multiculturalism at CCERC is operationalized through valuing and inclusivity of all people. Counselors and supervisors are trained to welcome, respect, and support diverse cultural backgrounds and personal identities of clients. Connected to practicing multiculturalism is an understanding of social justice. Vera and Speight *(2003)* explain the connections between multiculturalism, social justice, marginalization, and oppression:

> Social justice is at the heart of multiculturalism in that the existence of institutionalized racism, sexism, and homophobia is what accounts for the inequitable experiences of people of color, women, gay, lesbian, and bisexual people (among others) in the United States. Moreover, discrimination and prejudice are intimately connected to quality-of-life issues for these groups of people. . . . [and] any multicultural movement that underemphasizes social justice is likely to do little to eradicate oppression and will maintain the status quo to the detriment of historically marginalized people. *(pp. 254–255)*

Graduate courses in multicultural counseling, gender issues in counseling, and clinical mental health counseling come to life in CCERC orientations, staff meetings, training, supervision, outreach and engagement, research, and counseling sessions, where discussions of power and marginalization are expected, critical, and necessary for the practice of multicultural and social justice counseling. Operating from a collective understanding of power as “the capacity and opportunity to fulfill or obstruct personal, relational, or collective needs” *(Prilleltensky, 2008, p. 119)*, CCERC is conceived as an antidote to the oppression of inaccessible, unaffordable, or low-quality mental health services. Whereas oppression is a state of asymmetric power relations characterized by domination, subordination, and resistance whereby the controlling person or group exercises its power by processes of political exclusion and violence and by psychological dynamics of deprecation *(Prilleltensky, 2008)*, CCERC is a vehicle for wellness liberation.

Related to the necessity of including diverse and complex identity markers on the client identity form discussed earlier is an understanding of multiple marginalization. A by-product of the intersections of oppression, multiple marginalization is the experience of identification with several groups that are considered devalued by society. CCERC counselors, therefore, require multicultural and social justice competence that includes intersectionality, "an analytic sensibility, a way of thinking about identity and its relationship to power" *(Crenshaw, 2015, para. 5)*.

Multiculturalism and social justice methods are integrated into procedures and counseling application. CCERC staff recognizes the need for trust development for all clients and specifically for individuals from populations that are underserved and who may have negative perceptions of and experiences with counseling. Accessibility is a primary and concrete social justice practice achieved through several means: (a) relative ease of submitting a request for services (e.g., website, phone, e-mail); (b) quick response time for scheduling an appointment (i.e., initial contact from CCERC staff within 24 hours); (c) clients are not required to be formally diagnosed with a mental disorder as insurance is not used; and (d) clients can afford services based on their self-reported annual income or receive counseling services at no cost based on a sliding scale. Unlike many traditional counseling methods, CCERC counselors practice multiculturalism and social justice, understand their privilege and power as counseling students among their other privileged identities, welcome questions, and will ask clients what they would like to know about them in order to build trust. Counseling becomes a process in which the client is considered an equal partner guided by multicultural, feminist, and trauma-informed principles of collaboration, mutuality, and empowerment. Environmental impact on the wellness of clients is appreciated and addressed, rather than focusing primarily on internal issues or locating client issues exclusively within the self. Finally, the CCERC website includes a variety of counseling areas: identity; LGBTQQIA+; marginalization; sexual violence; substance use, dependency, recovery, and support; and oppression, as well as anxiety, depression, family, relationships, work, and career.

Research and scholarship. Community-engaged scholarship (CES) and psychopolitical validity (PPV) form the conceptual framework *(Engaged Scholarship Consortium, 2017; Prilleltensky, 2003)* for research and scholarship at CCERC. "CES entails the application of institutional resources to solve problems facing communities through collaboration with those communities" *(Gelmon, Jordan, &*

Seifer, 2013, p. 59). PPV focuses on the extent to which studies in the community integrate two types of validity: (a) epistemic validity, or knowledge of oppression, and (b) transformative validity, or strategies for promoting psychological liberation in personal, relational, and institutional domains. Barriers to mental health services, including accessibility, affordability, and inclusivity, are characteristic of structural oppression within mental health services systems. The wellness of marginalized community members is adversely affected by such barriers; therefore transformative strategies, such as the CCERC model, are required to provide accessible, affordable, high-quality counseling services. PPV is used to understand how access to mental health counseling services impacts client wellness and satisfaction with services and to provide social justice counseling training to graduate counseling students. Clients are also considered CCERC research partners, which is clearly communicated through the informed consent process for client services and participation in ongoing CCERC research studies.

Community

A community worldview is based on collective social responsibility and an affirming recognition of the interconnection and interdependence between human beings and the environment. A community focus drives the dynamic for CCERC operations and sustainability, including (a) partners, (b) location, and (c) outreach and engagement.

Partners. The community partner component of the CCERC model is essential for sustainability. Our primary strategy for developing community partnerships is preparation and readiness to present, at any time and any place, the CCERC model of engagement scholarship as a viable, sustainable, and uniquely capable part of addressing community mental health needs. We operate from the belief that potential partners are ever present with unlimited collaborative possibilities; however, these partners are not always readily apparent. CCERC team members, therefore, are continuously trained to look for opportunities to inform others about our model and services. Through impromptu one-on-one conversations, community groups, conference presentations, professional meetings, rallies, protests, marches, and any other relevant spaces or forums, the CCERC model is communicated. Successful partnership development, therefore, involves (a) sharing the CCERC mission and vision; (b) building relationships with community partners based on shared interests and goals; and (c) nurturing and sustaining those partnerships through information, commu-

nication, collaboration, and appreciation. Resources are provided and shared within partnerships, so that both partners are able to realize the positive impact of their investment on the welfare of people within the community.

CCERC has established collaborative partnerships with many individuals and local community organizations. Some of our primary partners are described here and reflect the diversity, potential, and impact of engagement scholarship. CCERC is currently in partnership with a number of clients: the Wade Edwards Learning Lab (WELL), the Boys and Girls Club Teen Center, the Goodnight Educational Foundation, the Wake County Public School System, and the Women's Center of Wake County. All these collaborations are founded on sharing resources and providing comprehensive wellness services to the community, as depicted in Figure 2.

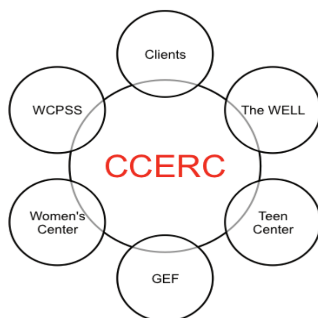

Figure 2. **CCERC Primary Community Partners**

Clients. When community members contact CCERC for counseling services, they receive an initial orientation to engagement scholarship. New clients are informed that graduate student counselors provide the services. By receiving counseling at CCERC, clients are both addressing their own wellness needs and supporting the training and development of professional counselors. Clients are essential partners in preparing world-class community counselors, as well as conducting socially relevant, practical, psychopolitically valid research and scholarship. CCERC largely serves an adult client population that matches the demographic profile of Wake County, presented in Table 1. Of the most-reported presenting issues at CCERC, 46% would not be covered by insurance (i.e., family and relationship issues), which underscores the importance of this type of engagement scholarship.

Table 1. CCERC Client Demographic Profile (*N*=183)

Demographic	%	Demographic	%
Age		**Presenting Issues***	
14-17	8	Anxiety	34
18-24	21	Depression	20
25-34	40	Family	16
35-44	16	Relationships	30
45-54	5	**Mental Health History***	
55-64	10	Previous counseling experience	71
Racial/Ethnic Identity*		Hospital admission for mental health issues	10
African-American/Black	23	Alcohol or other drug problems	13
Asian	6	**Safety***	
Hispanic/Latino	6	Thought seriously about hurting self or someone else	32
Multiracial/Multiethnic	< 3	Intentionally hurt self or someone else	16
White American	61	Experienced physical violence from intimate partner	8
Gender Identity*		Experienced psychological or emotional abuse	34
Female	72	Experienced nonconsenual sexual contact	32
Male	27	**Sliding Scale****	
Sexual Identity*		Fee clients	53
Bisexual	8	Non-fee clients	47
Gay	3		
Heterosexual	78		
Lesbian	< 3		
Religious/Spiritual Practices*			
Agnostic	21		
Atheist	11		
Christian	53		

*Percentages may not add up to 100 as clients can select more than one option and/or self-identify, and not all demographics apply.

**Clients completed an average of 7 sessions. Fee clients paid an average of $13 per session.

The Wade Edwards Foundation and Learning Lab. The first community partner for CCERC was the WELL (CCERC @ the WELL), which provides tutoring and after-school enrichment programming for youth and community members with opportunities for achievement, enrichment, and service in preparation for per-

sonal and academic success. The primary CCERC office is located on the first floor of the WELL building. As part of our partnership, CCERC provides workshops and psychoeducational groups for the organization. The WELL offers essential community support for CCERC and promotes our services among its after-school program networks. When CCERC expanded to a second location (i.e., CCERC @ Cox Avenue), the partnership with the WELL continued, and WELL members are able to seek free counseling at either location. Individual, couples, and family counseling services are offered by CCERC @ the WELL.

CCERC also leads an adolescent group called Teen Talk with community partner Interact, a nonprofit domestic violence and sexual assault services organization, which is conducted at the WELL for members. Teen Talk topics focus on relationship concerns, ways to prevent and deal with bullying, communication in the social media age, career exploration, and college readiness. The WELL members who attend CCERC's Teen Talk meetings generally identify as African American, Asian, or Latino and are mostly sophomores and juniors in high school.

Boys and Girls Club Teen Center. The Teen Center for high school students became the second community partnership through outreach and engagement of the CCERC staff with the directors. In an effort to secure direct counseling hours for practicum and internship students, a CCERC codirector simply went to the Boys and Girls Club website, found the director's phone number, and called to set up a meeting, which ultimately resulted in partnership. The students at the Teen Center needed assistance with various personal and career development needs, including applying for after-school jobs, preparing for scholarship interviews, and searching for college admissions information. Intentional time was planned to build trust and rapport with the Teen Center administration and the students served.

Multicultural and social justice competence was particularly important in establishing the partnership with the Teen Center due to a number of factors: (1) location within a historically Black neighborhood; (2) CCERC affiliation with a predominantly White institution; (3) tenuous university–community foundation based on historical knowledge of exploitative research practices; (4) predominantly White CCERC staff; and (5) predominantly Black Teen Center staff and students. All of these factors were centered and processed in trainings with CCERC staff that supported previous and ongoing training of counseling students in the Counselor Education Program. As a result, CCERC staff, including codirec-

tors, doctoral student center coordinators, and practicum and internship students, went to the Teen Center on Fridays to attend the after-school program with the students, play games, engage in casual conversation, and provide support. This was the opening to collaboration for future projects with the staff and the students. Over time, these discussions transformed into CCERC counselors conducting strengths-based workshops to aid students in exploring and learning about themselves in order to prepare for job and college interviews. Since 2016, CCERC has provided a total of 638 free group counseling hours for community teens.

Goodnight Educational Foundation. The Goodnight Educational Foundation awarded a grant to provide structural and capital support for the expansion of CCERC. This grant resulted from an impromptu conversation between a CCERC codirector and the executive director of the foundation when they were both serving on a university committee. Specifically, this grant is being used to cover the lease and overhead expenses related to opening the second location of CCERC. The original CCERC location (i.e., CCERC @ the WELL) consists of two counseling rooms with a capacity of 60 clients per week. When CCERC expanded to a second location (CCERC @ Cox), four counseling rooms, a conference room, and a flex-room were acquired. The additional capacity allowed for five new practicum students to be placed at CCERC. In addition to the four existing internship students and two doctoral student center coordinators, the graduate student staff increased from five to 12. Client capacity also increased from 60 to 180. The expansion of CCERC is a significant and necessary step for meeting the current demands for placing clinical mental health counseling students (face-to-face and distance education program) at high-quality internship sites, while also increasing the capacity to provide counseling services to more community members.

Wake County Public School System (WCPSS). Students often come to school with personal, family, and community issues that cause stress and affect their school performance. The emphasis on achievement in schools is heavily weighted toward academic and career development. Personal, emotional, and social developmental needs of students, therefore, receive relatively less attention in school curricula and by school professionals. When developmental and situational issues experienced by students are not properly addressed, they can expand and deepen into mental health crises that impair successful functioning in school *(Brown, Dahlbeck, & Sparkman-Barnes, 2006)*.

Professional school counselors typically have caseloads and responsibilities that do not allow them to provide all students with the mental health counseling services they may need. The average caseload for a professional school counselor at a public high school in the United States is 389 students *(Bridgeland & Bruce, 2011)*. Students who require mental health care often have to be referred to counselors outside the school. Outside services present accessibility problems for students and families, as more steps are necessary to receive services. Specific foreseeable challenges related to outside referrals include transportation, counseling fees, inadequacies in insurance coverage, appointment scheduling difficulties, and establishing trust between the student and their family with an outside source for mental health services *(Owens et al., 2002)*. Many students and their families may not want to go outside the school to receive services due to misperceptions about mental health, misinformation about mental health services, or previous unsatisfactory experiences with mental health care providers.

Counseling services endorsed and facilitated by school personnel help to lessen many of the significant barriers to mental health services *(Brown et al., 2006)*. Access to mental health services would be facilitated by existing professional relationships between students, school professionals, and the school counseling program. Counseling offered by a school-approved counseling program would build on the working trust established between students and their families and the school. The CCERC codirectors met with the WCPSS student services directors and explained the mission and vision of CCERC, as well as the services provided. There was mutual understanding regarding student needs for counseling services and the apparent fit with CCERC; however, fidelity to school system policy required that services could be recommended by the school system only if students would not be charged. Alignment of multicultural and social justice principles between CCERC and WCPSS, together with a continuous assessment plan, also provided a nexus for collaborative partnership. After months of communication and groundwork, CCERC entered into an official memorandum of understanding with WCPSS that allows school personnel to refer students ages 14 and older for counseling services at no cost with unlimited sessions.

Location. A shared and accessible (i.e., bus route, sidewalks, parking, first floor) physical space (i.e., building) with community partners located within the local community (i.e., not on the university campus) is vital to our engagement scholarship. Large universities are like small cities and can function as a physical, social,

and cultural barrier to unaffiliated local residents seeking on-campus services. Partnering with organizations with established relationships and positive reputations for serving community members (e.g. the WELL), through integration of shared missions and physical spaces, bestows on CCERC these same benefits and offers the community needed services. Similarly, the building that houses CCERC @ Cox (named for its address on Cox Avenue), for example, is also home to the Women's Center of Wake County (WCWC).

Outreach and engagement. Intentional and structured community outreach, relationship development, information sharing, and advertising are necessary to make the public aware of services and to form mutually beneficial partnerships around shared goals. Following the outreach and engagement component of the CCERC model, a CCERC codirector and doctoral student center coordinator met with the clinical program manager at the Women's Center to discuss a collaborative partnership. The Women's Center vision of a "community in which all women and their families thrive in safe and stable homes" *(WCWC, 2018)* aligns directly with the multicultural and social justice component of the CCERC model. Similarly, the WCWC mission "of preventing and ending homelessness for women in partnership with individuals, agencies and organizations throughout the community" *(WCWC, 2018, para. 1)* was a natural fit with the counseling services offered by CCERC.

Structure

Structure is the vehicle for maintaining alignment, collaboration, and integration among institutional and community resources to address mental health services needs of the community. The CCERC structure combines (a) a public doctoral university; (b) the Carnegie Foundation community engagement classification; (c) a counselor education program; (d) counselor educators; (e) graduate students; and (f) a sliding fee scale.

Public doctoral university. The mission and vision of CCERC are supported by being a part of a public, doctoral, highest research activity university *(Carnegie Classification of Institutions of Higher Education, 2018)*. NC State University began as a land-grant institution grounded in agriculture and engineering, historically referred to as the Peoples University. A structural and cultural tension exists when the university describes itself as "a pre-eminent research enterprise that excels across disciplines" *("About NC State," n.d., para. 1)* while also maintaining its commitment to outreach and engage-

ment. Engagement scholarship, then, forms a conceptual and practical bridge between teaching, research, and service for universities, administrators, and faculty with relatively positivist understandings of research and scholarship *(Babones, 2016)*. The university and community necessarily benefit from an active understanding of engagement scholarship.

NC State, as a public doctoral university, has the capacity to offer the following resources: (a) motivated, knowledgeable, and trained graduate students; (b) expert faculty; and (c) structural (e.g., organizational and physical), capital (i.e., funding for graduate assistants), and technological (e.g., computers, tablets, wireless networks) support. Human resources and budget management support, for example, are provided for CCERC by the College of Education, home to the Counselor Education Program, which directs CCERC. Without these types of resources, services, supports, and relationships, CCERC would not be possible nor sustainable. Specifically, it was necessary that the dean of the College of Education prioritize engagement scholarship and provide the financial, structural, and administrative support required.

Community engagement classification. The Office of Outreach and Engagement noted that "in 2014, the Carnegie Foundation for the Advancement of Teaching recognized NC State's continued culture of student service and engagement by again classifying the university as a community engaged institution" *(2018a, para. 1)*. An institutional focus on community engagement, within a highest research activity university, is fertile ground for academic and social impact *(Zuiches, 2008)*. Moreover, the Office of Outreach and Engagement is the institutional structure, with the College of Education, where the CCERC mission transforms the university mission into practice. The CCERC model adheres to the principles of the Office of Outreach and Engagement *(2018b)* in that "we respectfully work with our community partners, believing that collaboration and partnership strengthen our teaching, research, and public service and helps us fulfill our land-grant mission to make our knowledge more accessible to others" *(para. 6)*.

Counselor Education Program. The NC State University Counselor Education Program is accredited by the Council for the Accreditation of Counseling and Related Educational Programs *(CACREP, 2016)*, which requires the successful completion of a minimum of 60 credit hours for a master's degree in clinical mental health counseling. In alignment with the fundamentals of engagement scholarship, CACREP *(2016)* accreditation standards require that program objectives "reflect current knowledge and projected

needs concerning counseling practice in a multicultural and pluralistic society" *(Section 2, Professional Counseling Identity, para. 1)*. Eight common core areas of foundational knowledge, therefore, are required for all counseling programs: (1) professional counseling orientation and ethical practice, (2) social and cultural diversity, (3) human growth and development, (4) career development, (5) counseling and helping relationships, (6) group counseling and group work, (7) assessment and testing, and (8) research and program evaluation. These knowledge foundations are the first step in the preparation of counselor education students for counseling practice.

Professional practice education and training follows, in the form of practicum and internship, which "provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community" *(CACREP, 2016, Section 3, Professional Practice, para. 1)*. CCERC serves as a practicum and internship site for NC State Counselor Education master's and doctoral students. Master's students are required to complete a minimum of 100 supervised clock hours of counseling practice experiences (40 direct counseling with clients) over one semester, followed by 600 clock hours of supervised counseling internship (240 direct) over two semesters to earn a counseling degree. The CCERC model is inherent to the professional identity of counselor education, in alignment with CACREP standards, which fit comfortably in the conceptual framework of community-engaged scholarship.

Graduate students. Master's and doctoral student intern counselors, supervisors, coordinators, and research assistants provide all CCERC services under the supervision of counselor education faculty. CCERC also has three center coordinators, who are all doctoral students in the Counselor Education Program. As licensed professional counselors, the coordinators provide clinical supervision of the master's student counselor interns, conduct the screening and assignment of new clients seeking services, collaborate with partner organizations to develop activities and projects, manage the day-to-day functioning of the center, and develop outreach plans. To date, 18 master's and 15 doctoral students have trained and provided services at CCERC.

There are currently five clinical mental health counseling master's students who are completing their first one-semester clinical experience of 100 hours (40 direct counseling, 60 indirect training and administration) practicum at CCERC as part of their gradu-

ation requirements. These students provide the bulk of the counseling services at CCERC. Simultaneously, there are currently four interns at CCERC, in the final year of their master's program, who are each required to complete 120 hours of direct counseling per semester for two semesters. By the end of their master's programs, the current nine practicum and internship students will have provided a minimum total of 5,400 hours of counseling services (counseling, outreach, and engagement) to the community, with 2,520 being direct individual, couples, family, and group counseling. A conservative estimate of the financial value of the counseling services alone provided by CCERC staff is $252,000, when at least $100 per hour-long counseling session is typical in the area for comparable services.

Counselor educators. CCERC follows a codirector model, led by two counselor education faculty members. Codirector faculty provide overall leadership, direction of counseling and research activities, faculty supervision, and financial management of CCERC; in addition, they establish and maintain university, community, and private collaborative partnerships. The founder and codirector of CCERC is an associate professor whose primary responsibilities include implementation of the CCERC mission and vision, adherence to the CCERC model, leading research and scholarship, and sustainability. Partnered leadership between the codirectors reflects the

> relational-collaborative organizational structure [that] is practiced within CCERC, which follows multicultural and feminist principles of value and equality of all staff members. CCERC responsibilities and tasks are divided flatly according to staff roles (i.e., faculty co-directors, graduate assistants, interns), rather than hierarchically, with the clear expectation that all members are expected to contribute their unique talents to our working community. *(Grimmett et al., 2017, p. 167)*

The clinical director for the counselor education program is a codirector whose work focuses on training, policies, and procedures, while also coleading the CCERC research team. In addition to directing the center, the codirectors provide administrative supervision and clinical supervision. They also work directly with clients, as consultants and cotherapists with counselor interns.

Counseling services. CCERC provides short-term counseling to individuals, couples, and families ages 14 and older. Counseling

sessions are unlimited with clients completing from five to over 20 sessions, with the average number just over seven sessions. It is within the counseling sessions that the love ethic, multicultural, and social justice principles are practiced at the relational level. The client information form (i.e., intake), for example, which clients complete with the counselor during the initial session, allows the client to provide and discuss the multiple dimensions of their personal identity, in order for the counselor to make meaning of their presenting issues and to better understand the social-cultural-historical context from which they emerge. At the same time, the counselor, through their own ongoing training and engagement in multicultural counseling and supervision, integrates awareness and intentionality regarding the dynamics of their intersectional identities and worldviews in working with clients. Centering identity and context demonstrate both transparency and authenticity necessary to form trusting, collaborative, and transformative working relationships with clients. Crenshaw *(2015)* adds that "intersectionality has given many advocates [counselors] a way to frame their circumstances and to fight for their visibility and inclusion" *(para. 5)*.

Sliding fee scale. The final structural component of the model is a sliding fee scale. Cost of counseling services is an inherent and well-established barrier for access *(Gintzig & West, 2016)*. Since the practicum and internship are graduate courses, what is essentially a tuition subsidy makes both the counseling services and the sliding scale possible. In the very first counseling session, the graduate student counselor-in-training reviews the scope of services offered by CCERC with the client. It is during this informed consent process that the fee for counseling services is also discussed and confirmed. A collaborative partnership between the counselor and client, based in mutuality, is communicated through the fee discussion. There is an explicit acknowledgment and understanding that both the counselor and client have equal value in the professional counseling relationship. The discussion also respects client autonomy, establishes the financial value of counseling services, and supports client engagement in the counseling process. Client participation in counseling services facilitates counselor education and training. Graduate students enrolled in the practicum or internship provide counseling services to community clients for their holistic wellness. The sliding fee scale, therefore, is a critically valuable and practical tool, enabled by engagement scholarship, for mutually beneficial professional relationships.

Measuring the Impact of the Project

Counselor and supervisor training, as well as counseling services, are regularly assessed to enhance quality and effectiveness. Assessment information is used for community-engaged scholarship, research, dissertations, counselor education, advocacy, and innovation. CCERC uses the World Health Organization Quality of Life–BREF (WHOQOL-BREF; *The WHOQOL Group, 1998*), an assessment that monitors the quality of life and wellness in the physical, psychological, social, and environmental domains of clients who receive services at CCERC. This assessment helps determine where clients are in their own wellness and serves as a counseling tool to help identify counseling goals and interventions toward those goals. It is included in a three-part study, Institutional Review Board approved, presently being conducted at CCERC in which clients complete an intersectional demographic questionnaire and the following instruments: (a) the WHOQOL-BREF; (b) the CCERC client questionnaire (CCQ), quantitatively assessing client satisfaction with services; and (c) the CCERC model questionnaire (CMQ5), qualitatively assessing client experience of the CCERC model. The research study is administered by doctoral student center coordinators to maintain separation from the master's student counselor interns providing the counseling services. Data is collected every fifth counseling session using password-protected and encrypted laptops and Qualtrics survey software.

Findings

Impacts and preliminary findings are included for specific components of the model where relevant. Space does not allow for both a robust description of the model and a presentation of the corresponding research. Informal findings, however, from students, clients, community partners, and faculty colleagues, have been invaluable to enhancing the model.

Love Ethic

The following is excerpted from an e-mail from a CCERC client to a CCERC doctoral student supervisor, demonstrating the impact of *love ethic:*

> Having CCERC accessible to me has helped to keep me alive. I cannot overstate this declaration. [Counselor education graduate student CCERC interns] have had a profound impact on my life. For the most part, I can

> only guess to the perception of my progress during these 15 months [no limit on number of sessions at CCERC]. I could write a standalone memoir outlining what I have been able to understand and consider since being accepted as a client of CCERC. The environment created by the clinic permitted me the ability to do so. None of you gave up on me. None of you removed me from the conversation, even when I admitted being suicidal. None of you treated me as less than because of the life to which I have been subjected. All of you have treated me with dignity and respect.

Trauma-Informed

One of the open-ended qualitative items on the CMQ5 asks, "How does coming to CCERC make you feel?" Responses are anonymous, and preliminary indications support that trauma-informed practices are in place at CCERC. One client responded, "It has made me feel more in touch with my feelings and emotions. I feel supported emotionally and I enjoy being able to express my feelings in a safe space." Another client expressed,

> It makes me feel better, more positive. I find it difficult to be introspective, so having the structured environment to investigate my feelings and thoughts is very helpful and empowering. Also, since I don't have a lot of people to talk to, my mood is improved by receiving validation from someone else.

Research and Scholarship

Engagement in research activities has been received favorably by clients based on preliminary qualitative data, such as, "We need research to improve education and also improve people's lives, so I'm happy to participate in counseling research." A different client wrote, "I think it is important for places like this to exist and help further research." The impact study has only recently started; however, all of the research participation data available at this point is positive. We believe the mutuality fundamental to the CCERC model and engagement scholarship engenders a collaborative partnership with clients, where they are invested in our mutual success.

Conclusion

The CCERC model is continuously growing and evolving, systematically garnering and incorporating feedback for best practices, which are briefly summarized here.

1. *Primacy of university–community partnerships.* This model of affordable, accessible, and high-quality counseling services requires university–community partnerships to share knowledge, student, and faculty resources by embedding and joining with the community. Graduate students under the supervision of university faculty, who are trainers and researchers, facilitate engagement scholarship. Outreach led to important partnerships with the school system, community colleges, and community-based organizations to break down barriers and provide services. Finally, physical location and space have been crucial to the evolution and success of the CCERC model.
2. *Multiculturalism and social justice are integral to wellness counseling.* Every operational decision in the CCERC model is made with consideration of the mission and philosophy of a wellness, social justice, and multicultural foundation of services. Understanding client environmental stressors is critical for accurate conceptualization and effective help, which is a principal strategy of social justice counseling. Counselors help clients recognize and deconstruct internalized societal oppressive messages, for example, to create new ways of thinking. Multicultural issues and social justice concerns are discussed readily and openly to facilitate trust and collaboration *(Mosher et al., 2017)*.
3. *Engagement scholarship is transformative.* Students are trained to integrate the CCERC model into their work. Trainings occur through orientations, individual and group supervision, staff meetings, and workshops. Intentional and ongoing readings and multimedia sources (e.g., documentaries, podcasts, social media) are assigned on model-related topics. An understanding of the role of worldview, language, and behavior in facilitating connection with clients and community partners is emphasized.

In summary, the CCERC model addresses a community need for counseling services that would otherwise go unmet given existing resources. There are simply no other places in the service area where a relatively healthy person, without health insurance or the money to pay out of pocket, can receive unlimited, world-class

counseling services for holistic wellness. With an emphasis on prevention, health, and wellness, a proactive, supportive, and developmental approach is practiced. The beauty, promise, and power of the CCERC model of engagement scholarship is working from and toward an ideal. Students are trained to do what is optimally in the best interest of the client based on the best available information. Creativity, exploration, and imagination are encouraged and celebrated within the CCERC staff and among community partners. Informed by theory, research, scholarship, best practices, counselor education, client experiences, and community partners, the model is progressive, responsive, and replicable. Again, our goal is to be world class in every possible way, and engagement scholarship, at its best, moves through limitations and creates liberation.

References

About NC State. (n.d.). Retrieved from https://www.ncsu.edu/about/

Arcidiacono, C., & Di Martino, S. (2016). A critical analysis of happiness and well-being. Where we stand now, where we need to go. *Community Psychology in Global Perspective, 2*(1), 6–35. doi:10.1285/i24212113v2i1p6

Arrieta, M., Fisher, L., Shaw, T., Bryan, V., Hudson, A., Hansberry, S., . . . Crook, E. (2017). Consolidating the academics end of a community-based participatory research venture to address health disparities. *Journal of Higher Education Outreach and Engagement, 21*(3), 113–134. Retrieved from http://openjournals.libs.uga.edu/index.php/jheoe/article/view/1882

Babones, S. (2016). Interpretive quantitative methods for the social sciences. *Sociology, 50*(3), 453–469. doi:10.1177/0038038515583637

Bridgeland, J., & Bruce, M. (2011). *2011 National survey of school counselors: Counseling at a crossroads.* New York, NY: College Board Advocacy and Policy Center.

Brooks, B., Fielder, K., Waddington, J., & Zink, K. (2013). Minors' rights to confidentiality, when parents want to know: An ethical scenario. *VISTAS* 2013, Art. 26. Retrieved from https://www.counseling.org/docs/default-source/vistas/minors-rights-to-confidentiality-when-parents-want-to-know-an-ethical-scenario.pdf?sfvrsn=14

Brown, C., Dahlbeck, D. T., & Sparkman-Barnes, L. (2006). Collaborative relationships: School counselors and non-school mental health professionals working together to improve the mental health needs of students. *Professional School Counseling, 9*(4), 332–335. Retrieved from https://www.jstor.org/stable/42732694

Carnegie Classification of Institutions of Higher Education. (2018). *Carnegie classifications.* Retrieved from http://carnegieclassifications.iu.edu/lookup/view_institution

Council for Accreditation of Counseling & Related Educational Programs. (2016). *2016 CACREP standards.* Retrieved from http://www.cacrep.org/for-programs/2016-cacrep-standards/

Crenshaw, K. (2015, September 24). Why intersectionality can't wait. *The Washington Post*. Retrieved from https://www.washingtonpost.com/news/in-theory/wp/2015/09/24/why-intersectionality-cant-wait/?utm_term=.60264dc088f9

Engagement Scholarship Consortium. (2017). *What is engagement scholarship?* Retrieved from https://engagementscholarship.org/what-is-engagement-scholarship/what-is-engagement-scholarship

Gelmon, S. B., Jordan, C., & Seifer, S. D. (2013). Community-engaged scholarship in the academy: An action agenda. *Change: The Magazine of Higher Learning, 45*(4), 58-66. doi:10.1080/00091383.2013.806202

Gintzig, D., & West, J. (2016). *Wake County Community Health Needs Assessment: Opportunities and challenges*. Retrieved from http://www.Wakegov.com/wellbeing/Documents/2016%20Wake%20County%20CHNA%20Full%20Document%20Final.pdf

Grimmett, M. A., Beckwith, A., Lupton-Smith, H., Agronin, J., & Englert, M. (2017). A community counseling center model for multicultural and social justice counselor education. *Journal for Counselor Leadership and Advocacy, 4*(2), 161–171. doi:10.1080/2326716X.2017.1347390

hooks, b. (2000). *All about love: New visions*. New York, NY: HarperCollins.

Keyes, C. L. M. (2006). Subjective well-being in mental health and human development research worldwide: An introduction. *Social Indicators Research, 77*(1), 1–10. doi:10.1007/s11205-005-5550-3

Krause, J., Rennells, R., & Weatherly, S. (2015). *Wake County: Youth well-being profile*. Retrieved from http://www.Wakegov.com/humanservices/data/youthprofile/Documents/Wake%20County%20Well-Being%20Report%202015.pdf

McDonald, K. E. (2011). Transcultural wellness: An exploratory study. *Journal of Multicultural Counseling and Development, 39*(4), 241–254. doi:10.1002/j.2161-1912.2011.tb00638.x

Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C., & Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations, 2*(4), 221–233. doi:10.1037/pri0000055

Myers, J. E. (1991). Wellness as the paradigm for counseling and development: The possible future. *Counselor Education and Supervision, 30*(3), 183–193.

Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development, 86*(4), 482–493. doi:10.1002/j.1556-6678.2008.tb00536.x

Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development, 78*(3), 251–266.

North Carolina Institute of Medicine. (2016). *Transforming North Carolina's mental health and substance use systems: A report from the NCIOM Task Force on Mental Health and Substance Use*. Morrisville, NC: Author. Retrieved from http://nciom.org/wp-content/uploads/2017/07/MHSU-FULL.pdf

Office of Outreach and Engagement. (2018a). *Carnegie community engagement*. North Carolina State University. Retrieved from https://oe.ncsu.edu/carnegie/

Office of Outreach and Engagement. (2018b). *Welcome message*. North Carolina State University. Retrieved from https://oe.ncsu.edu/welcome-message/

Owens, P. L., Hoagwood, K., Horwitz, S. M., Leaf, P. J., Poduska, J. M., Kellam, S. G., & Ialongo, N. S. (2002). Barriers to children's mental health services. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*(6), 731–738.

Prilleltensky, I. (2003). Understanding, resisting, and overcoming oppression: Toward psychopolitical validity. *American Journal of Community Psychology, 31*(1), 195–201. doi:10.1023/A:1023043108210

Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: The promise of psychopolitical validity. *Journal of Community Psychology, 36*(2), 116–136. doi:10.1002/jcop.20225

Prilleltensky, I. (2012). Wellness as fairness. *American Journal of Community Psychology, 49*(1–2), 1–21. doi:10.1007/s10464-011-9448-8

Prilleltensky, I., & Fox, D. R. (2007). Psychopolitical literacy for wellness and justice. *Journal of Community Psychology, 35*(6), 793–805. doi:10.1002/jcop.20179

Prilleltensky, I., & Prilleltensky, O. (2003). Synergies for wellness and liberation in counseling psychology. *The Counseling Psychologist, 31*(3), 273–281.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice counseling competencies.* Retrieved from https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf

Roscoe, L. J. (2009). Wellness: A review of theory and measurement for counselors. *Journal of Counseling & Development, 87*(2), 216–226.

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. (SMA) 14-4884). Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration. (2018). *Trauma-informed approach and trauma-specific interventions.* Retrieved from https://www.samhsa.gov/nctic/trauma-interventions

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2015). *National Survey on Drug Use and Health 2013 and 2014, Table 77*. Rockville, MD. Retrieved from http://www.samhsa.gov/data/sites/default/files/1/1/NSDUHsaeNorthCarolina2014.pdf

United States Census Bureau. (2018). *Quick Facts Wake County, North Carolina.* Retrieved from https://www.census.gov/quickfacts/fact/table/wakecountynorthcarolina/PST045217

Vera, E. M., & Speight, S. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31*(3), 253–272. doi:10.1177/0011000003031003001

WHOQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine, 28*(3), 551–558. doi:10.1017/S0033291798006667

Women's Center of Wake County. (2018). *Mission*. Retrieved February 21, 2018 from https://www.wcwc.org/

Woolf, S. H., Aron, L., Dubay, L., Simon, S. M., Zimmerman, E., & Luk, K. X. (2015). *How are income and wealth linked to health and longevity?* The Urban Institute. Retrieved from https://www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf

World Health Organization. (2013). *Mental health action plan 2013–2020*. Retrieved from http://www.who.int/mental_health/publications/action_plan/en/

Zuiches, J. J. (2008). Attaining Carnegie's community-engagement classification. *Change,* 42-45. Retrieved from https://community-wealth.org/content/carnegies-engagement-classification

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