

**Humboldt State University
Counseling and Psychological Center
2013-2014 Annual Report**

1.A. Mission/Brief Description of Services

State your department's mission (statement that outlines the purpose and/or guiding principles of your department) and briefly describe the services/activities provided. Explain the program's impact on student success and how the program supports the broader university's mission.

Narrative

CAPS Mission Statement

Counseling and Psychological Services (CAPS) contributes to the mission of the Division of Enrollment Management and Student Affairs and the University by promoting and supporting the well-being of HSU students through a range of services including counseling, consultation, outreach, education, research, and training. Our services are offered with recognition and appreciation of each student's unique personality and background, and we are honored to play a part in helping students to achieve emotional, psychological, social, and intellectual growth and development.

CAPS does a great deal of individual and group psychotherapy as well as outreach to the university community. We directly impact student success by helping students face, cope with or move through, life's challenges and stressors, whether these reflect developmental or transitional demands or emerging or chronic mental health problems. CAPS helps students to develop better emotional regulation, improve their coping, and be more resilient in the face of stress. These life tools, including the ability to adapt in the face of change or hardship, in turn, enable a student to better focus on his or her academics and the end goal of graduation.

1.B. Description of Program Goals and Learning Outcomes for Year Under Review

Goals (broad, general statements about what the program intends to accomplish) must include corresponding *objectives* (statements that describe ways to achieve goals) and/or *learning outcomes* (statements that describe ways to achieve desired learning). Discuss how the goals and WASC themes of the university (see University Vision, Mission, and Values-found in the University's Strategic Plan-link in the URL sources below) are integrated into the program. If the program goals have changed since the last self-evaluation, explain how and why they have changed. Goals may have objectives, learning outcomes, or in some cases both goals and objectives.

Narrative

CAPS Goals and Objectives

- To provide confidential, effective, and efficient psychological counseling, crisis, and referral services for students facing developmental, transitional, and/or mental health challenges
 - Objectives / Learning Outcomes
 - Provide same-day appointments for initial counseling requests
 - Provide 1-2 therapy (follow-up) appointments within a month for those who need acute care
 - Begin short-term therapy for those assessed as appropriate for such services within 3 weeks of intake
 - Provide in person on-call crisis intervention M-F from 8-5, and crisis counseling by phone after hours and on weekends
 - Provide a variety of therapy and support groups to help students with diverse concerns (e.g., sexual abuse or assault, problems with depression, grief, etc.)
 - Maintain an up-to-date referral list and make referrals to, and help students access these, services
 - Collect student satisfaction data throughout the academic year
 - Obtain good to excellent ratings on all counseling related questions
 - Collect counseling outcome data
 - Results should indicate positive change from pre- to post-counseling
 - CAPS will maintain electronic records that are efficient, confidential, and secure
- To promote and support the psychological (e.g., behavioral, emotional, social, intellectual) health of individual students and our campus community
 - CAPS will provide outreach and educational activities to promote and support the psychological health of individual students and the campus community, for example, including, but not limited to:
 - QPR
 - ASIST
 - MHFA
 - Mindsight
 - EBT and Stress Management
 - ACT
 - Director of CAPS will serve on the Student Crisis Team
 - CAPS staff members will serve on various campus committees (Sexual Assault Prevention Committee, ADAPT, etc.)
 - CAPS will provide a state of the art website that provides free psychological assessment to students (with appropriate referral), information and resources, and educational material to help with a variety of psychological issues (e.g., “Prezis”)
 - We will track use of the online assessment and “Prezi” views

- To create a therapeutic environment in which students of diverse backgrounds feel safe, valued, and supported
 - Students will report (on satisfaction surveys) that they feel safe, valued and supported
 - Data will be compared across racial and ethnic backgrounds (starting 2014/15)
 - Students accessing CAPS services should reflect the racial/ethnic composition of the HSU population (e.g., students of color, EOP students, LGBT students should be utilizing CAPS services at rates that reflect their #s on campus)
 - CAPS staff members will have liaison relationships with various campus departments and units (e.g., EOP, Multicultural Center, Latino Peer Mentoring, etc.) in order to provide outreach, education, and safe access to services

- To serve as a training site for graduate students and pre-licensed clinicians, offering training and supervision in direct client care and outreach
 - Objectives / Learning Outcomes
 - CAPS will recruit and select 2-3 postgraduate residents for each academic year and will provide a training program that includes weekly trainings, meetings, and supervision
 - CAPS residents will be involved in all aspects of CAPS clinical services, including provision of individual, couples, and group therapy; consultation; crisis intervention; outreach; etc.
 - CAPS will recruit and select 1-4 practicum students from HSU's psychology and social work programs. These students (who are working toward their master's degrees in the mental health field) will provide 5 or more individual counseling sessions per week and will participate in 1-3 hours of weekly supervision.
 - All therapists-in-training will have their clinical paperwork reviewed and approved by a licensed clinician
 - Supervisors of therapists-in-training will regularly review their client satisfaction surveys to assure satisfaction with services
 - Supervisors of therapists-in-training will complete bi-annual evaluations and will provide consistent and timely feedback throughout the year
 - Trainees will complete bi-annual evaluations of supervision and the training program and feedback will be considered in making changes to the training program

1.C. Enrollment/Participant Data

Demographic profile of student enrollment/participants by majors, class level, and enrollment status (part-time vs. full-time). Analysis of the data should disaggregate by ethnicity, gender, abilities, veteran status, remediation, foster youth, first generation, income level. Compare enrollment/participation with HSU enrollment and participant data. In your discussion and interpretation, consider how you use this data to make programmatic decisions and to what extent diversity goals are met.

Narrative

CAPS DATA

Top 5 Majors represented at CAPS

Major	# of CAPS clients	% of CAPS clients
Biology	120	11.9
Psychology	114	11.3
Wildlife	64	6.4
Environmental Science & Management	59	5.9
Art	41	4.1

Academic Status

Status	# of CAPS clients	% CAPS clients	% of Univ Stud's
No Response	37	3.6	N/A
Freshman / First year	195	18.8	22.8
Sophomore	132	12.7	12.3
Junior	307	29.5	24.5
Senior	303	29.2	33.8
Graduate / Prof Degree	66	6.4	6
Non-student	3	.3	N/A
Non-degree student	2	.2	N/A
Faculty or staff	1	.1	N/A
Other (e.g., IELI)	8	.8	N/A

Ethnicity

Race / Ethnicity	# of CAPS clients	% of CAPS clients	% of Univ. Stud's
No Response	31	3	8
African American / Black	34	3.3	4
American Indian or Alaskan Native	8	.8	1
Asian American / Asian	31	3	3
Hispanic /Latino/a	204	19.6	26
Native Hawaiian or Pacific Islander	5	.5	< 1
Multi-racial	94	9	6
White	592	57	50
Self-identified	57	5.5	N/A

CAPS had 13 (1.3%) international students and 417 (40.1%) transfer students. The university consists of 11.7% transfer undergrad students. Of CAPS clients, 313 (30.1%) lived on-campus.

Gender

Gender	# of CAPS clients	% CAPS clients	% Univ Stud's
No Response	22	2.1	N/A
Female	651	62.7	53
Male	358	34.5	47
Transgender	9	.9	N/A
Self-identity (e.g., queer)	14	1.3	N/A

Abilities: Documented Disability with SDRC

Disability Status	# of CAPS clients	% CAPS clients
No Response	29	2.8
No	923	88.8
Yes	103	9.9

ADHD, Learning Disorders and Psychological Disorders made up approximately 12% of these documented disabilities. Most (88.2%) did not identify the category of their disability.

First Generation

Status	# of CAPS clients	% CAPS Clients
No Response	54	5.2
No	625	60.2
Yes	376	36.2

AOD (at time of intake)

Alcohol Binge in last 2 weeks: 18.1% binged between 3 to 10+ times, while 50.6% did not binge at all.

Marijuana use in last 2 weeks: 17.1% used 10 or more times, another 15% used 3-9 times, and 53% did not use at all.

CAPS clients reporting that they have felt the need to reduce alcohol or drug use in the past: 42.7%.

A total of 6.7% clients reported having received past AOD treatment.

Mental Health and Related Histories (at time of intake)

Previous or Current Psychotropic Medication: 34.1%

Previous Psychiatric Hospitalization: 9.8%

Self-injury (w/out suicidal intent): 31.2%

Seriously considered suicide: 37.3%

Suicide attempt: 12.8%

Experienced non-consensual sex: 24.7%

Experienced harassment or abuse from someone: 44%
 Experienced a traumatic event: 53%
 Feel emotionally supported from family: 55%
 Feel emotionally supported from friends/social network: 54.8%
 Previously participated in therapy: 67.7%
 Previous clients of HSU CAPS: 27.7%

Health Insurance

Status	# of CAPS clients	% CAPS Clients	Notes
No Response	33	3.3	
No	306	30.4	
Yes	680	67.6	Kaiser accounts for 12.3% . Medi-Cal for 7.7%

CAPS programming is designed to meet the needs of our student population. We provide services ranging from on-line "Life Skills" courses (targeting freshman) to specialty therapy groups that target students that are coping with sexual assault/abuse histories or are grieving the loss of a loved one. Because our staffing cannot meet the demands for services, we do our best to make referrals out (or provide very limited services) to students with good health insurance, and make sure that we serve students without means or that are in acute need (e.g., with suicide risk, serious AOD issues, recent trauma, etc.) in a timely and responsive fashion. All staff are assigned liaison roles with departments that are likely to have higher need of, or access issues with, our services-- such as Housing, EOP, Multicultural Center, SDRC, etc.

With the aid of a Cal-MHSA grant, CAPS was able to have several key people on campus trained in suicide prevention, including Kim Hall (to help target veterans) and Patty O'Rourke-Andrews (to help target Housing). We have targeted several suicide prevention and mental health first aid trainings this year to staff of the SDRC, EOP, Student Affairs, etc.

We have plans to target the student population that we feel is slightly underrepresented at CAPS (Latino/Hispanic students) in the upcoming year so that we can discover if we are "falling short" in some way or if we need to do special outreach to help increase access to services.

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1.D.

Student Retention & Engagement

Reports can include graduation rates, satisfaction surveys, etc. Analysis of the data should disaggregate by ethnicity, gender, abilities, veteran status, remediation, foster youth, first generation, income level). Compare retention and engagement with HSU retention and engagement data. In your discussion and interpretation, consider how the data supports or conflicts with university retention efforts.

Narrative

CAPS Data

Reminder: CAPS keeps separate records from the university at-large. Our records are not connected to student records (People Soft) and thus disaggregating the data above is not possible.

Retention Concerns

Ratings at time of CAPS intake	# of CAPS clients	% CAPS Clients
Problems interfering with class attendance (extent rated from “ a fair amount” to “a great deal”)	465	46.2
Thinking about withdrawing from school (extent rated from “a fair amount” to “a great deal”)	225	22.4

Retention Data from Satisfaction Surveys

Ratings at time of client evaluation (mid or end point of therapy)	Average Rating on 7-point scale from “strongly disagree” to “strongly agree”
“Counseling has helped me to improve my class attendance.”	4.9
“Counseling has influenced my ability to remain in school.”	4.5

Considering that many students that come to CAPS for services are not concerned with class attendance or remaining in school (54% and 78% respectively), it is noteworthy that ratings for CAPS helpfulness with improving class attendance and staying in school are so robust. It would be more meaningful, in future analyses to be more precise in measuring our ability to affect change in retention efforts with the students that are at most risk of retention problems. It is

certainly our experience that we provide the needed help and support to students with acute and chronic mental health problems to aid them in staying in school.

1.E.

Student Learning Outcomes

Analysis of the SLO’s from section 1B. Based on the SLO’s from section 1B., describe to what extent the learning outcomes were met. Analysis should also include: interpretation of outcome results, how the program evaluates its effectiveness in meeting the university’s institutional mission effectiveness of outcome measurement and what program changes have been made based on the result of the assessed outcomes.

Narrative

CAPS Data

CAPS Counseling Evaluation for Individual Therapy. There were 292 evaluations with an average number of therapy sessions of 5.6.

Item	Average Rating on 7-point scale from “strongly disagree” to “strongly agree”
My therapist creates a safe atmosphere where I can explore my concerns	6.9
My therapist is helpful	6.8
My therapist seems competent	6.7
My therapist understands my concerns	6.7
My therapist helps me gain a better understanding of my personal concerns	6.6
My therapist helps me recognize my part in creating positive change	6.6
My therapist helps me become more aware of alternatives and tools	6.5
My therapist helps me set appropriate and reachable goals for counseling	6.5
I am better able to deal effectively with my issues	5.6
I have been benefitting/have benefitted from counseling	6.5
I am satisfied with my counseling experience	6.5
If the need were to arise, I would return to the Counseling Center	6.9
The problem that brought me to counseling is being addressed	6.0

CAPS Counseling Evaluations for Group Therapy (based on same scale as above from 1 (strongly disagree) to 7 (strongly agree)).

Item	Healthy Relationships	Survive & Thrive (sexual aslt)	Emotional Brain Trng	ACT for Substance Use	ACT for Anxiety & Depression	Grief & Loss
I am better able to deal effectively with my issues	5.8	6.7	7	5	6.5	5.5
I have been benefitting/have benefitted from counseling	6.4	6.7	7	6.5	7	6.5
I am satisfied with my counseling experience	6.4	6.7	6.5	6	6.5	7
If the need were to arise, I would return to the Counseling Center	6.8	6.5	7	7	7	7

Counseling Outcome Data: CCAPS Center Wide Change Report (based on clients that completed at least 2 CCAPS and participated in **at least 3** individual or group appointments)

Subscale	% Reliably Improved	% Reliably Worsened	# Clients
Depression	34	0	143
Generalized Anxiety	18	1	146
Social Anxiety	12	1	147
Academic Distress	17	2	124
Eating Concerns	24	2	96
Hostility	15	2	92
Substance Use	13	3	95

CCAPS National Comparison: HSU versus National Averages (based on 1012 unique CAPS clients) at time of initial intake (prior to counseling).

Subscale	HSU CAPS Average Score	National Average Score
Depression	1.85	1.51
Generalized Anxiety	2.06	1.69
Social Anxiety	1.99	1.73
Academic Distress	2.15	1.92
Eating Concerns	1.02	.92
Hostility	.89	.89
Substance Use	.81	.71

CAPS Website Prezi Counts (Number of times the interactive presentation has been viewed) as of 6/30/14

Prezi	Number of Views
Alcohol	?
Anger Management	310
Assertiveness	1373
Anxiety	1178
Body Image	894
Break-up	818
Career Indecision	162
Depression	1865
Happiness	1489
Healthy Relationships	?
Homesickness	351
Mood Management	80
Panic Attacks	497
Pot	?
Self-Harm	442
Sleep	716
Social Anxiety	418
Stress Less	177

Mental Health Screenings (CAPS Website)-- students assessed to have significant problems (e.g., with Depression, AOD, Anxiety, etc.) were referred to CAPS.

Month	# screenings completed
July, 2013	3
August, 2013	12
September, 2013	35
October, 2013	unknown
November, 2013	39
December, 2013	19
January, 2014	49
February, 2014	73
March, 2014	28
April, 2014	47
May, 2014	19
June, 2014	9

Wait List Averages [Clients that went on the waitlist were those that wanted/needed longer-term services and that were not high risk].

High priority waitlist clients waited an average of 6 days. Moderate priority clients waited 19.45 days. Regular priority clients waited 23.76 days.

Time to Intake

Most of our clients (97.6%) were able to take advantage of our same-day appointment system. We had 801 same day appointments for new clients.

Clients that scheduled intake appointments (outside of our same-day system) waited an average of 5.52 days. Those clients that did not need ongoing counseling were seen for 1-3 sessions of follow-up counseling within the next two weeks (74.6% had just one follow-up session and 24.4% had 3 such sessions. Only 1% had a third follow-up session). The system was being used as intended (intake plus 1-2 session follow-up).

Committee Work

CAPS staff members served on various campus committees: the Campus Crisis Team, Sexual Assault Prevention Committee, ADAPT... and in liaison roles with various departments and divisions such as Housing, Student Affairs, Multicultural Center, Disability, etc. This liaison and committee work involved regular meetings and contact.

Campus Outreach

The following trainings included course evaluations as well as pre-to-post data collection on key points such as being confident in one's ability to help students address mental health issues, being aware of the warning signs of mental health distress, willingness to call a crisis line for help, etc. All trainings were well received with high evaluations (averages between a 4 to 5 on a 5 point scale).

ASIST trainings:

7/15-16/2013 (16 people attended)—10 significant pre to post differences; 4 insignificant; (7 not analyzed)

1/13-14/2014 (19 people attended)—12 significant pre to post differences; 9 insignificant

2/27-28/2014 (21 people attended)—20 significant pre to post differences; 1 insignificant

4/23-24/2014 (32 people attended)—data not yet analyzed

safeTALK

11/8/2013 (11 people attended) —7 significant pre to post differences; 7 insignificant

12/18/2013 (26 people attended) —11 significant pre to post differences; 3 insignificant

2/26/2014 (15 people attended) —13 significant pre to post differences; 1 insignificant

4/1/2014 (13 people attended) —12 significant pre to post differences; 2 insignificant

Mental Health First Aid

6/24/2013 (20 people attended)—11 significant pre to post differences; 3 insignificant

11/21-22/2013 (14 people attended)—11 significant pre to post differences; 3 insignificant

3/19-20/2014 (10 people attended)—6 significant pre to post differences; 8 insignificant

(result makes sense given that the participants in this training were health care workers and likely had good pre-questionnaire knowledge)

5/28-29/2014 (10 people attended)—data not yet analyzed

6/5-6/2014 (26 people attended)—data not yet analyzed

Question Persuade Refer

10/18/2013 (9 people attended) —13 significant pre to post differences; 1 insignificant

2/13/2014 (38 people attended) —13 significant pre to post differences; 1 insignificant

3/5/2014—Data to come

ProtoCall (after-hours 24/7 counseling): well-utilized and useful in high-risk cases, helping to stabilize recently hospitalized clients and, a few times, helping to institute a welfare check for those at risk of suicide. From May to May, they took 476 of our calls.

Month	# of Calls
June, 2013	29
July, 2013	38
August, 2013	62
September, 2013	31
October, 2013	31
November, 2013	41
December, 2013	16
January, 2014	46
February, 2014	24
March, 2014	50
April, 2014	41
May, 2014	62

CAPS was very successful in our same-day intake appointment system with most (97.6%) of our clients utilizing this system for first-time sessions. Those clients that needed only 1-2 sessions of follow-up care were able to schedule these sessions immediately and did not get added to the CAPS waitlist for ongoing therapy. Those students that did have to wait for services had an average wait of 23 days. While this is sooner than most could access services in our community, we would like to improve this figure in 2014/15 and will work to do so. Support and therapy groups were well attended and well received (see ratings above). Individual therapy services also received very high marks from students.

CAPS maintained a referral list of community services and helped students access these services. We also added several resources to our CAPS website to provide the HSU community with useful tools and help. For example, we added several new Prezis and revamped all of our self-help sections of the website with new and up-to-date resources. The depression prezi is now up to 1,865 views!

CAPS counseling outcome data is somewhat mixed with many students showing reliable improvement within just a few sessions, but more than half of our clients did not show reliable improvement. This may be due to the short-term nature of the therapy work here, or could be due to a poor choice in outcome measures (the CCAPS). Clinicians often report that their clients do not follow the instructions of the CCAPS well and that they do not trust the results (as the verbal report from clients is often quite divergent from the numbers show). We plan to do some

research in the fall of 2014 to determine if we would like to utilize a different outcome measure as well as to do some benchmarking with other university counseling centers.

CAPS continued to do a great job with electronic records and peer-review of records indicated that they and upheld the standards of the profession.

CAPS did a great deal of outreach in 2013-14 with the aid of a mental health grant (Cal MHSA). In fact, ASIST, MHFA, safeTALK, and QPR reached over 300 participants in this past year. Evaluations of all of these courses were quite high and there were several statistically significant pre- to post- course improvements. We had over 350 students complete on-line mental health screenings and in the past year, our after-hours counseling services took 476 counseling center calls, providing counseling and crisis intervention to many students in need.

CAPS continues to be intimately connected to various units on campus and to be involved in ongoing committees and liaison roles (see above). We have also been quite successful in this past year in our recruitment and training of 3 postdoctoral residents and 3 practicum students. Supervisors completed weekly review of trainee client paperwork and written evaluations of their work each semester. Our trainees provided 1,568 individual counseling appointments for the campus this past year (about 40% of the clinical load at CAPS). Overall at CAPS, we saw a record high number of students, 1,586 unique individuals (or 19%) of the student population. This is well above the national average of 10.2% (AUCCCD Monograph, 2013).

2.A.

Staff Engagement in Institutional Efforts and Activities

Describe how the department engages all members in the discussion, review, assessment and revision of program SLOs and other services.

Narrative

We regularly discuss CAPS programming, goals and objectives at beginning and end of year retreats and at several points during the year in ongoing staff meetings. Our last discussion of goals, objectives, program needs and changes was in May, 2014 at an all-day retreat which included all CAPS staff members. Last year, we implemented peer review of client files and we have continued this review in the current year. This helps inform changes to be made.

3.A. Investments

Staff FTES by classification type, ethnicity and gender. Include budget expenditures distinguishing between temporary staff, student staff, permanent staff, and Operating Expense. (Budgets to include State General Fund, Trust Funds, Grants and Contracts, etc.)

Narrative

CAPS Data

Staff FTES

Classification	Ethnicity	Gender	Budget (salary+benefits)
MPP: 2	Both Caucasian	Both Female	245,269*
Tenure Track Faculty: 1	Caucasian	Male	95,078*
Temp Faculty: 3 FT and 2 PT	Caucasian	Female	285,967
Temp Faculty (intern/resident classification): 3	2 Caucasian, 1 Latina	Female	109,610
Admin Support Staff: 1	Caucasian	Female	56,934
Student Staff (reception): 4	3 Caucasian, 1 Vietnamese (2 are former foster youth)	2 Male, 2 Female	17,649
Fieldwork Students: 3 (1 was spring only)	2 Caucasian (1 was in the spring only), 1 Chinese	2 Male, 1 Female (spring only)	N/A (volunteer positions)
Operating Expenditures	N/A	N/A	55,771

*Budget for these positions (normally 100% student fee based) was supplemented by Cal MHSA grant: \$74,883. This funding allowed us to have an additional temporary therapist for 2013/14. Grant funding ends June, 2014.

Sources

- [XLS] 13-14 CAPS D40007 PREP Staffing rpt April 2014 (1)
- [XLS] 13-14 CAPS D40007 PREP Staffing rpt Nov 2013 (1)

3.B. Efficiency

Staff/student ratio (SSR) within the unit, scope and type of service, number of program participants by discrete service (distinguish between group presentations and one-on-one work with individual students), number of contact hours, and comparisons to benchmarks based on similar size campus and demographic data for student populations.

Narrative

CAPS Data

Ratio of Staff to Students: 1 to 829 (staff number includes non-clinical time—administrative and grant related time-base)

Student Headcount 2013-14: 8,293

CAPS paid clinical staff (including residents): 10 FTE

Clinical Services Provided	# of Appointments	# of Students Who Participated
1:1 Clinical Services Combined	4701	1586 unique individuals (19% of HSU student population)
Same Day Intake / Drop-In Service	848	827
Drop-in Follow Up Counseling	350	257
Crisis (on-call) Intervention	432	367
Individual Assessment (beyond drop-in)	237	213
Short-term Individual Therapy	2371	528
Planned Termination Session	174	160
Indiv. Consults for Tx Groups	163	153
Consultations (parents, faculty...)	71	23 (multiple contacts th/out year)
AOD / Mandated Assessments	55	42
Couples Assessment	11 attended	22 (11 couples)
Couples Therapy	28 attended, 6 cancelled or RS	56 (28 couples)
ACT group for Anxiety / Depression	16	14
ACT group for Substance Use	13	6
Emotional Brain Training Group	32	13
Grief and Loss Group	17	5
Healthy Relationships Group, Fri 3 pm (fall)	11	7
Healthy Relationships Group, Tues 2:30 pm (fall)	7	8

Healthy Relationships Group, Fri 11 am (spring)	15	9
Healthy Relationships Group, Wed 3 pm (spring)	15	6
Healthy Relationships Group, Fri 2 pm (spring)	12	7
Healthy Relationships Group, Tues 12 pm (spring)	12	9
Rape & Sexual Abuse Group	35	6

Comments: Total number of students seen for individual services at CAPS was at an all-time high this year at 19%. This was particularly noteworthy given the amount of outreach and education that CAPS was involved in.

Outreach Categories

Drop in Style Groups (weekly 1 hour meetings)	# of Appts	# of Hours	# of People
• Creative Self-Expression	26	26	Range 2-8, Avg 4.1 per meeting
• One Breath mindfulness Meditation	25	25	Range 2-12, Avg 6.3 per meeting
• Rainbow (LGBTQ) Discussion	22	22	Range 0-4, Avg 1.5 per meeting
• RAMP Support	10	10	Range 4-30, Avg 15.6 per meeting
• SMART Recovery (AOD issues)	12	12	Range 2-8, Avg 4 per meeting
• TED talks (wellness focus)	20	20	Range 0-6, Avg 2.2 per meeting (cancelled due to poor attendance)
Suicide Prevention & Mental Health First Aid Trainings (Cal-MHSA grant related)			
• ASIST	6	49	72
• Mental Health First Aid	10	44	80
• SafeTALK	3	12	52
• Question Persuade Refer	3	7	75

Provision of Information			
• General or NOS	3	4	120
• CAPS Services	5	5.8	882
• LGBTQI	3	4.8	116
• Substance Use/Abuse	2	3.5	9
• Trauma Related (Assault, DV...)	2	2.5	175
Psychoeducational Workshops			
• NOS/Other	4	11.8	84
• Racial &/or Ethnic Diversity	3	4.8	185
• Sexual Assault	1	.8	35
• Stress Management	2	2	8
• Substance Use	7	7.5	239
• Suicide (non-grant related)	3	10.8	47
Support / CAPS visibility	6	11	490
Training & Professional Development for Others (e.g., Psychology and Social Work Depts, Students/Staff in Helping Roles)			
• NOS / Other	8	9	25
• Diversity Related	2	2.8	24
• Mindfulness	4	5	40
• Stress Management	1	1	4
• Substance Use / Abuse	1	2	8

CAPS provided individual counseling services (1 or more sessions) to a record high number of students this past year: 1,586 unique individuals, or 19% of the student population. This is well above the mean national average of 10.2% of the student population combining the data of 344 different university counseling centers (see AUCCCD Monograph, 2013). We provided 3,926 individual sessions, again, well above the national average of 3,572 for centers with a school population of 7,501 to 10,001. We provided 1,353 group appointments (e.g., groups including SMART Recovery, Healthy Relationships, EBT, Sexual Abuse/Assault Survivors, etc.). (This figure is calculated as an appointment per each individual attending a group session, thus 10 members attending a 90 minute group would be considered 10 group appointments). The mean national average for group appointments is 287 for a school in the 7,501-10,001 range. This is a difference of 1,063 group appointments! Considering the amount of outreach we provided this past year (ASIST, MHFA, QPR, AOD education, etc.), these numbers are all the more impressive.

4.A. General Conclusions about Past Year Performance

Through analysis and personal observation, summarize your conclusions about the past year. Discuss to what extent your department has or has not met stated goals and any challenges faced in achieving goals? What activities has your program engaged in to improve the student success and the HSU environment? Describe notable achievements since your last self-evaluation.

Narrative

CAPS summary & conclusions

Our department has been very successful in meeting goals and objectives this past year. We saw a record high number of students for clinical services (19%), and provided a great deal of outreach to the campus at large through grant-related activities such as suicide prevention and mental health first aid trainings, and provision of resources and interactive presentations on our website. The on-line presentation on depression, for example, has now reached 1,865 individuals, and we have trained close to 300 people on suicide prevention and/or mental health first aid. We are in the second year of providing 24/7 counseling services and have been very successful in providing timely and effective crisis response (e.g., in responding to both “in-house” crises as well as campus-wide tragedies such as the horrific bus accident this spring). Our group program continues to be among the strongest in the CSU and nation-wide with a total of 1,353 total group appointments (well above the mean national average of 287).

Counseling evaluations continue to be strong, with clients viewing their therapists as competent, understanding, helpful, etc. Students strongly endorsed CAPS with almost all noting on their evaluations that they would return to the center if the need were to arise (rating of 6.9 on a 7 point scale). The center continues to be efficient with use of our time, offering same-day appointments that were well utilized and timely follow-up. Our electronic records system was updated successfully (with the help of IT), and peer-evaluations of record keeping indicate that we are capturing appropriate information with the right level of detail and attending to legal and ethical concerns appropriately. We hope in this next year to cut down on our wait-time for

ongoing therapy (beyond 1-2 sessions) by expanding our clinical staffing as well as hiring a case manager.

We also had a great deal of success this past year in reaching out to the athletics department and providing the athletes (239 of them!) hour-long workshops on substance use. We have continued to be active participants on campus in the areas of stress management, substance use, mindfulness practice, diversity-related topics and outreach, and trauma-related work. We continue to have representatives on relevant campus committees, such as the Sexual Assault Prevention Committee and ADAPT. We are just completing a 3 year (\$155,000) grant and now have several staff trained to provide the campus with regular trainings for years to come on topics of suicide prevention, mental health first aid, “mindsight” and emotional intelligence, emotional brain training (emotion regulation and stress management), and acceptance and commitment therapy. We are very proud of the accomplishments we have achieved related to the grant (e.g., development of an online Life Skills workshop series, development of EBT and ACT groups, establishment of online mental health screenings and 24/7 crisis coverage, broadening our array of Prezis... in addition to our work in the areas of suicide prevention and training campus on mental health first aid).

See above.

Additional goals for 2014-15

We plan to do more outreach to the Latino/Hispanic population in 2014-15.

We plan to better triage and manage our waitlist for services.

5.A. Recommendations, Goals and Student Learning Outcomes for Next Year

Summarize program modifications or changes to be made as a result of assessment. Show how the changes responded to changing demographics, technologies, external requirements, or other relevant factors. Goals may be carried over from year to year but changes must be informed by your data analysis and conclusions in 4.A.

Narrative

CAPS Goals for Next Year

1. We have just hired a case manager based on perceived need. One of her duties will be to track and tend to the CAPS client wait list and to check in with students regularly, provide resources, meet with those that have acute need, provide referrals, etc.
2. Given the increase in HSU students of Latino or Hispanic background, and that we are now a Spanish-serving institution, as well as our relatively lower rates of utilization in this group (19.6% versus the university demographic of 26%), we have plans to increase our outreach to this segment of our student body. Our new case manager is bilingual (fluent in Spanish and English) and has experience with cultural outreach. CAPS liaisons will have regular connection with relevant campus groups (e.g., EOP, Latino peer mentors, summer and fall bridge programs, multicultural center, etc.) to assess and design programming to better meet the needs of these students, increase CAPS visibility, provide outreach, etc.

3. In our last cycle of accreditation, we solidified our observation that AAAHC is not the best fit for CAPS in helping us critically evaluate our programming and better our services. We plan to shift accreditation to IACS and will be working to meet their standards prior to applying for IACS accreditation in 2015. We are currently accredited through AAAHC until September of 2016.
4. Other goals and objectives remain the same as stated above.