1.A.

**Description of Program Services**
Brief description of services/activities provided by department, including department’s mission statement.

**Judgment**
☐ Compliant  ☐ Non-Compliant  ☐ Not Applicable

**Narrative**
The members of Counseling and Psychological Services (CAPS) strive to enhance the academic environment of the university by promoting the well-being of Humboldt State University students, offering a range of services that include counseling, consultation, outreach, research, education, and the training of new professionals. Counseling services are offered with recognition and appreciation of each student’s individual and unique personality. We strive to create and maintain an environment that is warm and welcoming, values diversity and difference, provides a feeling of safety, and promotes intellectual and emotional growth while fostering personal and social learning and development. Additionally, we aspire to be a highly visible and appreciated member of the broader university community by serving the campus outside of our offices and being accessible to all facets of university life. We view our mission as being one of mental health promotion (through education and outreach) as well as the treatment and care of mental health problems (through counseling, consultation, and referral). We believe we play an important role in helping to create a campus climate that fosters emotional, psychological, intellectual, and interpersonal growth.
1.B.

Description of Program Goals for Year Under Review

Judgment
☐ Compliant  ☐ Non-Compliant  ☐ Not Applicable

Narrative

Goals for 2011-12:
1) Write Cal MHSA grant proposal, and attain grant award, to bring mental health programming and resources to HSU 2012-14.
2) Assess effectiveness and efficiencies in counseling program and make modifications as appropriate (e.g., to reduce wait times for counseling as well as providing more same-day service).
3) Serve a high proportion of HSU students through outreach (prevention & support efforts), counseling, and crisis intervention.
4) Increase collaboration with Health Educator to establish more wellness resources and programming on campus.
5) Develop and offer more psycho-educational presentations/resources on CAPS website.
6) Take the final step in the transition to a paperless record system (e.g., have clients complete intake forms electronically in the waiting room).
1.C.

Enrollment/Participant Data
Demographic profile of student enrollment/participants by majors, class level, and enrollment status (part-time vs. full-time). Data to be disaggregated by ethnicity, gender, abilities, veteran status, remediation, foster youth, first generation, income level.
Brief summary discussing data.

Judgment
☐ Compliant  ☐ Non-Compliant  ☐ Not Applicable

Narrative

Demographic Profile of CAPS Clients (Self-Report)
Average age: 22.49 for those seen in crisis; 23.19 for those seen for a standard appointment

Gender: 64.9% Female; 31.9% Male; .7% Transgender; 2.5% No answer

Race/Ethnicity: 2.7% No Response; 2.9% Black/African American; 1.4% American Indian or Alaskan Native; 2.7% Asian American/Asian; 57.7% Caucasian/White; 13.9% Hispanic/Latino; .8% Native Hawaiian or Pacific Islander; 7.1% Multiracial; 9% Prefer not to answer; 1.7% Other

Sexual Orientation: 4.1% No Response; 70.5% Heterosexual; 2.4% Lesbian; 1.7% Gay; 9.8% Bisexual; 1.4% Questioning; 10.2% Prefer not to answer

Academic Status: 17.1% Freshman/First year; 18.7% Sophomore; 28.5% Junior; 27.7% Senior; 5.1% Graduate/Prof. Degree Student; .5% Non-student; No Response or Other: 2.4%

International Students: .7%
Transfer Students: 40.1%

Most Common Majors: 9.1% Biology; 8.4% Psychology; 5.5% Other; 4.9% Wildlife; 4.8% Art; 4.7% English; 4.4% Business; 4.1% Environmental Science and Management; 3.2% Kinesiology & Rec. Admin; 3.2% Undeclared; 2.8% Child Development 2.7% Social Work; 2.6% Sociology; 2.6% Environmental Resources Engineering

Housing: 28.7% On-Campus Residence Hall/Apartment; 66% Off-Campus Apt/House

Registered for Disability: 8% (Of these, 88.5% declined to identify the disability, although Learning Disorders, Psychological Disorders, and ADHD were the most common disabilities for those that did answer)

First Generation: 30.4%

Current Financial Stress: 13.8% Always Stressful; 26% Often Stressful; 37.7% Sometimes Stressful; 15.3% Rarely Stressful; 4.8% Never Stressful; 2.5% No Response

Prior Counseling: 38% Never; 27.3% Prior to College; 14.1% After Starting College; 17.8% Both before and after starting college; 2.7% No Response

Prior Psychotropic Medications: 35.2%
Prior Psychological Hospitalization: 10%
Past Need to Reduce Drug and Alcohol Consumption: 43%
Prior Drug/Alcohol Treatment: 8.3%
Self-Injury: 62% Never; 17.8% Prior to College: 5.9% After Starting College; 11.4% Both Before and After Starting College

Considered Suicide: 63.8% Never; 16% Prior to College; 6.1% After Starting College; 10.9% Both Before and After Starting College

Suicide Attempt: 84.7% Never; 7.5% Prior to College; 2.2% After Starting College; 2.2% Both Before and After Starting College

Considered Harming Someone Else: 85.4% Never; 4.8% Prior to College; 2% After Starting College; 4.1% Both before and After Starting College
Harmed Another: 93.5% Never; 1.9% Prior to College; .5% After Starting College; .7% Both Before and After Starting College
Unwanted Sexual Experience: 63.5% Never; 18.2% Prior to College; 7.8% After Starting College; 6.1% Both Before and After Starting College

Experienced Harassment or Abuse: 47.2% Never; 26.1% Prior to College; 6.3% After Starting College; 16.6% Both Before and After Starting College

PTSD Experience: 47% Never; 25.1% Prior to College; 10.2% After Starting College; 12.4% Both Before and After Starting College

Perceived Lack of Family Support: 26.3% [53.2% felt at least some family support] Perceived Lack of Social Support: 21.9% [53.5% felt at least some social support]

Health Insurance: 69% Yes [12% of the Yes Answers had Kaiser; 4.9% Medi-Cal]; 28.6% No

Referrals to CAPS: 8.7% No Response; 1.5% Career or Learning Center; 10.2% Faculty; 8.4% Friend; 12.7% Health Center; 3.8% Housing Staff; 46.3% Self; 2.8% Therapist; 6.1 University Staff (non-housing)

Problems Interfering with Class Attendance: 25.6% Not at All; 26.5% Slightly; 19.8% Fair to Moderate Amount; 12.3% Significant Amount; 13.5% A Great Deal

Extent Thinking About Withdrawing from School: 49.3% Not at All; 21.9% Slightly; 10.7% Fair to Moderate Amount; 6.8% Significant Amount; 8.8% A Great Deal

**Clinical Profile of CAPS Clients (Therapist Report)**

**Client Concerns at Time of Intake:**

- Academic Concerns 39.2%
- Anxiety (w/out Panic Disorder Sxs) 42%
- Break up 14.3%
- Depressive Symptoms 47%
- Disordered Eating 8.1%
- Grief/Loss of a Loved One 9.7%
- Homesickness 5.4%
- Insomnia 10%
- Mood Swings 7.9%
- Other 38.4%
- Panic Symptoms 9.2%
- Psychotic Symptoms 1%
- Relationship Problems 29.2%
- Self-Esteem Problems 14.5%
- Social Isolation/Loneliness 20.6%
- AOD Abuse or Dependence 17%

**History of Mental Health Diagnoses/Issues:** 59% of CAPS clients

- History of Depression: 35.4%
- History of Anxiety: 24.2%
- History of Bipolar Disorder: 3.1%
- History of Eating Disorder: 4%
- History of Substance Abuse/Dependence: 11.4%
- History of Another MH Problem: 12.7%

**Alcohol and Drug Use**

- Marijuana: 14.2% reported frequent (5-7x/week) use; 6.9% reported using often (2-4x/week); 8.4% reported occasional (2-5x/month) use.
- Alcohol: 6.1% reported frequent use; 15.7% reported using often; 24.7% reported occasional use.

**Current Suicidal Ideation:** 27.2%

- History of Suicide Attempt/s: 13.3%
- History of Self-harmful Behavior: 30.5%

**History of Prior Therapy:** 66.1%

**Percentage of CAPS intakes that were added to CAPS waitlist for therapy:** 25%

**Percentage of CAPS intakes that were referred for therapy outside of CAPS:** 8.6%

**Brief Discussion of Data:**

The majority of students that came to CAPS last year for counseling were Caucasian (58%), female (65%), heterosexual (71%), lived off-campus (66%), and had a history of counseling (59% to 66%). A high percentage (40%) were transfer students, and most were in their junior (29%) or senior (28%) year and were self-referred (46%) when they began therapy at CAPS. Many of our clients: were the first-generation in their family to attend college (30%), reported financial stress (78%), were taking or had previously taken psychotropic medication (35%), had considered suicide (33%), and had engaged in self-harmful behavior such as cutting or burning (35%). A surprising number of our clients reported a PTSD experience (48%) either before and/or during their college years. A similar number reported having experienced harassment or abuse (49%) before and/or during their college years. Surprisingly, 10% of our clients reported a history of psychiatric hospitalization prior to college, and many of our clients (8%) had been in alcohol or other drug treatment prior to college. Many of our clients reported currently using marijuana and/or alcohol several times a week (21% to 22%). At the time of intake, a significant percentage (46%) of our clients reported that their problems were interfering (more than a "slight" amount) with their class attendance, while 26% reported that they were thinking (more than a "slight" amount) of withdrawing from school.
According to clinician report, 39.9% of our clients expressed academic concerns, 42% reported anxiety problems with no symptoms of panic disorder (and an additional 9.2% reported panic symptoms), 47% reported symptoms of depression, 29% reported relationship problems, 21% reported loneliness and social isolation, 17% reported substance abuse or dependence, 15% reported significant self-esteem problems, and 14% reported a recent breakup. Many of our clients arrived at CAPS with a history of mental health diagnoses/issues, such as depression and anxiety. Because of a significant change in programming last year, far fewer clients were referred for therapy outside of our center last year (8.6%) compared to the year prior (23.1%).
1.D.

Student Retention & Engagement
(e.g. graduation rates, satisfaction surveys). Data to be disaggregated by ethnicity, gender, abilities, veteran status, remediation, foster youth, first generation, income level).
Briefly summary discussing data.

Judgment
☑ Compliant  □ Non-Compliant  □ Not Applicable

Narrative
Student satisfaction with counseling services was evaluated through anonymous questionnaires that were given at and end-points of therapy and collected by our receptionist. A 7-point Likert-type scale was used to answer questions with "strongly disagree" (1) at the far left of the continuum and "strongly agree" (7) at the far right end of the continuum.
Here is a summary (for all therapists combine)
My therapist:
   A. creates a safe atmosphere where I can explore my concerns......................... 6.8
   B. is helpful................................................................. 6.6
   C. seems competent..................................................... 6.8
   D. understands my concerns............................................. 6.7
   E. helps me gain a better understanding of my personal concerns..................... 6.6
   F. helps me to recognize my part in creating positive change......................... 6.5
   G. helps me become more aware of alternatives/tools.................................... 6.3
   H. helps me set appropriate and reachable goals for counseling..................... 6.2
I am better able to deal effectively with my issues............................................. 5.8
I have been benefitting/have benefitted from counseling.................................... 6.4
I am satisfied with my counseling experience..................................................... 6.4
If the need were to arise, I would return to the Counseling Center..................... 6.7
The problem that brought me to counseling is being addressed.......................... 6.5
My problem was interfering with my class attendance before I came to counseling... 4.4
Counseling has helped me to improve my class attendance................................. 4.4
I was thinking of withdrawing from school before I came to counseling............... 3.4
Counseling has influenced my ability to remain in school................................. 4.1
1.E.

Student Learning Outcomes
Interpretation of outcome results, can include effectiveness of outcome measurement.

Judgment
☐ Compliant  ☐ Non-Compliant  ☐ Not Applicable

Narrative
Students generally found therapy to be quite helpful. The majority of students indicated that they benefitted from counseling (average 6.4) and most felt that they were better able to deal with their issues (avg of 5.8). Almost all students found their therapists to be safe (6.8), helpful (6.6), and competent (6.8); and said that they were satisfied with their counseling experience (6.4) and would return to CAPS if the need were to arise (6.7). At the time of their arrival at CAPS, most students (71%) indicated that they were not (or were only slightly) thinking of withdrawing from school. Thus it is not surprising that counseling showed little effect (avg. of 4.1) on attitudes toward remaining in school (since most clients were not coming in for this reason). To view a meaningful statistic in this regard, we would have to be able to look at the outcome of the counseling experience only for those students who indicated that they were in fact thinking of withdrawing from school. This was not possible due to the anonymous nature of our outcome measure. Overall, counseling was quite effective in helping students to better understand themselves (6.6), set appropriate goals (6.2), better recognize their responsibility in creating positive change (6.5), and broadening their alternatives and tools (6.3).
2.A.

Staff Engagement in Institutional Efforts and Activities
(e.g., committee participation, club advisor, collaboration with another department)

Judgment
☐ Compliant  ☐ Non-Compliant  ☐ Not Applicable

Narrative

Eliot Altschul: member of Academic Senate; liaison to Queer Student Union, SDRC and Social Work; Safe Space Trainer

Lori Brown: member of Sexual Assault Prevention Committee; liaison to INRSEP and ITEPP

Blair Davis: Chair of ADAPT; member of Judicial Norming and liaison to Housing and Student Rights and Responsibilities

Brian McElwain: member of CDOR and Diversity Programming Funding Committee; liaison to Health Education, Multicultural Center, and RAMP.

Jen Sanford: member of Crisis Prevention and Assessment Team (university wide), Student Affairs (SA) Leadership Team and SA Council; liaison to University Police Department, VPSA and Dean of Students, liaison to Psychology Dept

Jodi Smith: liaison to CNRS
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.)

**Judgment**
☐ Compliant  ☐ Non-Compliant  ☐ Not Applicable

**Narrative**
Budget comes from Student Health & Counseling Fees. Budget 11-12: $672, 166

<table>
<thead>
<tr>
<th>CAPS Staff:</th>
<th>Gender</th>
<th>Race</th>
<th>Classification</th>
</tr>
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<tbody>
<tr>
<td>Time Base</td>
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<td>AY</td>
<td>M</td>
<td>Asian</td>
<td>Student Assistant (Fed. College Work Study)</td>
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<td>Student Assistant</td>
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<td>Student Assistant</td>
</tr>
</tbody>
</table>

**Sources**

11-12 D40007 CAPS Funding
11-12 D40007 CAPS Staffing
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.

**Judgment**
- Compliant
- Non-Compliant
- Not Applicable

**Narrative**
Headcount 2011-12: 8,046; Clinical Staff (excluding residents): 4.85; Clinical Staff (including residents): 7.85.
(Figures include MPP position at 25% clinical time).
Student to Staff Ratio, SSR (excluding residents): 1:1,659
SSR (including residents): 1:1025.

<table>
<thead>
<tr>
<th>Break-down of clinical services</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual and Couples</td>
<td>Groups</td>
</tr>
<tr>
<td>523 drop-in sessions</td>
<td>20 sessions of Emotional Support Grp</td>
</tr>
<tr>
<td>438 intake sessions</td>
<td>21 sessions of Grief &amp; Loss Grp</td>
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<tr>
<td>25 judicial assessments</td>
<td>11 sessions of Understanding Self &amp; Others</td>
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<tr>
<td>4 eating disorder assessments</td>
<td>3 sessions of Healthy Attachments</td>
</tr>
<tr>
<td>14 couples assessments</td>
<td>2 sessions of Social Skills Training</td>
</tr>
<tr>
<td>1970 individual counseling sessions</td>
<td>8 sessions of “Other”</td>
</tr>
<tr>
<td>68 couples counseling sessions</td>
<td>27 One Breath (Meditation) group</td>
</tr>
<tr>
<td>190 crisis sessions</td>
<td>27 Rainbow (LGBT) group</td>
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<tr>
<td></td>
<td>26 Walk and Talk group</td>
</tr>
</tbody>
</table>

3,261 total individual/couples sessions (including crises).
Average number of individual sessions per student in 2011-12: 5
145 sessions of group counseling or support, with an average of 5 people attending a group

**Outreach:** 86 hours of outreach activities were logged for 2011-12, serving approximately 1324 individuals.

**Consultations:** 37 unique faculty/staff consults were logged for 2011-12 [this figure is much lower than what likely occurred due to counselor under-reporting]
4.A.

General Conclusions about Past Year Performance

Judgment

☐ Compliant  ☐ Non-Compliant  ☐ Not Applicable

Narrative

CAPS served a high proportion (up to 1,129 students or 14%) of HSU’s student population through our counseling services last year. (Because of the way statistics are tracked in our client management system, the above figure is an approximation.) We also served about 1,324 individuals through our outreach programming. Students continue to provide very positive evaluation of our services.

We met every one of our goals for the year, with a successful CalMHSA grant award of $155,000 for the next two years, a paperless client management system, an increase in the number of helpful psycho-educational presentations on our website, increased use of social media (e.g., Facebook) in reaching students, increased collaborations with our health educator, and changes to our programming that allowed us to better serve students. In relation to the latter, we moved to a “same-day services” model for first time appointments and provided immediate counseling to all students that could benefit from 1-3 sessions (e.g., they were not placed on a wait list), reserving the “waitlist” for students that needed longer-term counseling. While the new model did not result in the absence of a waitlist, it did significantly reduce the number of community referrals and provided more counseling “in-house.” That is, only 8.6% of students were referred out in 2011-12 compared to 23.1% in 2010-11. Both students and staff are happy with these changes.
5.A.

Recommendations, Goals and Student Learning Outcomes for Next Year

Goals should be established utilizing CAS Standards for the program as well as the university vision and HSU Student Outcomes. Goals must include objectives for a specific or focused area of student support (e.g., admissions, financial aid, housing and residential life, learning support services, student conduct, etc.), a combination of support elements for a specific target population, state or federally mandated activities or other activities directed at providing support to students.

Judgment
☐ Compliant  ☐ Non-Compliant  ☐ Not Applicable

Narrative

Goals have been expanded to encompass our objectives and plans in relation to the CalMhSA grant award that will extend from 2012 to 2014. We plan to bring a great deal of suicide prevention and wellness programming to campus, offer 24/7 support and crisis coverage, offer on-line self-assessment tools, work on mental illness stigma reduction (e.g., by mentoring a student group in establishing an Active Minds chapter on campus and through campus-wide stigma reduction marketing campaigns), collaborate with the Health Educator on peer education training and programming, etc. In addition, we will collaborate with others across campus to institute a "Student Mental Health Initiative Advisory Board" and to develop a "Life Skills" course for new freshman.

We continue to have the goal of providing helpful and timely counseling services to a large contingent of the student population, and to expand our services outside of our center (e.g., through virtual workshops, such as "Prezis," posted on the CAPS website). We wish to continue keeping the number of outside referrals low and our waitlist times as short as possible. For 2012-13, in particular, we would like to do more outreach with the Latino/Hispanic student population as last year's numbers indicate that they were underrepresented at CAPS (i.e., 14% of CAPS clientele versus 20% representation at HSU). In collaboration with Health Services and IELI, we are also working to establish a student health fee for international students so that they can more readily access our services while attending IELI.

CAPS Counseling: Student Learning Outcomes

Students will learn to address and modify their issues through individual, couples, or group therapy. Most individual and couples' therapy occurs once a week for 1 hour sessions. Individual therapy generally lasts from 2-8 sessions, while couples therapy may be from 2-12 sessions. Group therapy is generally once a week for 1 ½ hours and can last up to the entire academic year (anywhere from a few sessions through about 24 sessions). Therapy helps students to release, better understand, and manage painful emotions; develop insight into behavioral patterns that are problematic for them; generate motivation to change; and develop new skills or behaviors that will aid their healthy functioning.

Students will be helped to:
1) address their problems
2) gain a better understanding of their personal concerns
3) recognize their part in creating positive change
4) become more aware of alternative behaviors
5) set appropriate and reachable goals for counseling
6) learn to deal more effectively with the issues that brought them to counseling

better attend classes and remain in school