Personal Counseling Services
Comprehensive Program Review

Original Draft Submitted December 2013 - Report Updated December 2014
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EXECUTIVE SUMMARY

The need to develop clear learning outcomes, a policy and procedures manual, and increase personnel are primary objectives generated as a result of conducting the Comprehensive Program Review (CPR) self-study. The action plan created through this assessment process provides a structure for Personal Counseling Services (PCS) strategic planning and overall program outline. As the University grows, PCS will explore programming that is more efficient in addressing some of the less severe, yet common college issues such as stress management, time management, study skills, etc. PCS will review budget allocations with the Associate Vice President (AVP) to discuss hiring a full-time health educator. A health educator will provide more time for counselors to conduct needs assessment and create strategies that concentrate on programs and services related to the more severe psychological issues and learning disabilities.

Effective management of PCS includes the assessment and utilization of relevant data. Individual staff members learn about relevant research and data routinely through attending conferences, obtaining continuing education units and analysis of journal articles. Employees currently discuss relevant research/information informally (e.g. through staff meetings, and professional development programs) and with other mental health professionals working in the area. However, PCS has not systematically deliberated on annual goals and objectives, relevant fiduciary goals, resources of interest, local surveys, and research information (i.e. data specific to CI). In addition to the action plans listed, during the summer PCS will create a list of on-campus resources that may be able to provide demographic data that are available through Institutional Effectiveness, the Student Health 101 Annual Assessment of incoming freshmen, the Annual AlcoholEdu Executive Summary, and Client Satisfaction Surveys. The Alcohol Tobacco and Other Drugs (ATOD) Advisory Committee and PCS counselors have also asserted the need for the University to assess all students, including residential and commuters, on a regular basis.

The criteria for Human Resources are minimally met. This is the primary area of concern from a service, a risk management and a retention issue for the University. While PCS is staffed with very capable, qualified and committed personnel, the quantity of the staff in terms of clinical FTE has been deficient. At the time that this report was written (fall 2013) staffing included: one interim director of health and counseling services (.5 FTE), one University Psychologist and two licensed counselor positions (one of the two became vacant in summer 2013 and was still vacant throughout the fall). PCS also shared with Health Services an administrative assistant and an analyst (both located in Health Services at another location). Five student assistants were shared by PCS and SHS and performed all of the duties related to PCS reception (i.e. take calls, make appointments, make reminder calls and assist new clients with on-line intake forms). To fully meet the Human Resources component, PCS will need to acquire additional staff to provide the proper level of administrative oversight, a counselor to student ratio not to exceed 1:1,500 (preferably 1:1,200).

The current structure and management within PCS is purposeful and is managed to the best of its ability within the resources provided. It is designed to glean the most output through utilizing limited staff resources in the most effective and efficient manner; however, these anticipated needs do not reflect innovative thinking that would promote greater cost effectiveness with a responsibility for quality service.
From both a macro and a micro perspective, there are clear and identifiable needs for acute care and prevention programs. Based upon this information, it is evident that the immediate and long range PCS needs should become a priority for the University.
SECTION ONE: INTRODUCTION

The Division of Student Affairs (DSA) at CSU Channel Islands (CI) implements a Comprehensive Program Review (CPR) process for each program within the Division every five to seven years. The CPR assists in long-range planning and is valuable in helping to set priorities for the program, department, Division and the University. The CPR results assist in setting future goals and assure that program and service decisions, as well as resource allocations, are based on real and verifiable data, student needs, and institutional priorities.

In addition to meeting Division-wide assessment standards, the Personal Counseling Services (PCS) CPR is being conducted to meet a compliance mandate with California State University (CSU) Executive Order (EO) No. 1053 “Policy on Student Mental Health.” EO 1053 states: “Each campus mental health service program shall undergo regular external review at least every five years” (Reed, C.B., 2010).

As documented in EO No. 1053, this directive can be met in the following manner: “Each campus mental health service program shall undergo a regular external review at least every five years. This can be accomplished by maintaining accreditation by the International Association of Counseling Services (IACS), Accreditation Association of Ambulatory Health Care (AAAHC), or another external accrediting group. Alternatively, an external review may be conducted using applicable standards set by a professional organization such as the Council for the Advancement of Standards in Higher Education (CAS)...” (Reed, C.B., 2010).

Using CAS to meet system wide standards, EO No. 1053 further requires the following: “If a campus is utilizing an applicable standard for an external review, said campus will be required to ensure that it (a) utilizes a recognized standard as a tool or criteria in the review (e.g., CAS Standards), (b) utilizes subject experts outside the campus in facilitation and completion of the external review, and (c) provides an Executive Summary of the report to the Chancellor’s Office upon completion of the external review” (P. Blake, personal communication, November, 2013).

Additionally, PCS chose to use the CPR process that utilizes the Council for the Advancement of Standards (CAS) because of (a) CAS’ focus on the breadth of program evaluation and (b) its focus on student learning and development outcomes. Many counseling centers are familiar with and utilize CAS. For example, the American College Counseling Association (ACCA) is a long-term association member of CAS. In its review, PCS also referenced standards prescribed by the International Association of Counseling Services (IACS) that pertain to clinical and staffing issues. IACS is an invaluable guide in this regard because of its exclusive focus on the clinical functioning of university counseling centers.
Committee, Timeline and Report Development Process

PCS began the first (self-study) phase of the CPR process in April 2013. The Self-Study Team was comprised of two PCS full-time professional counselors *(Neil Rocklin, Ph.D. and Erika Vakilian, MFT), one shared full-time administrative analyst (Louise Siefert), one shared full time administrative assistant (Geri-Lyn Himebaugh), and two student assistants (Kirsten Kelly and Carli Lovell). Administrator Deborah Gravelle, Ed.D., the Assistant to the Associate Vice President for Student Life served as chair of the Team. Every member of the review team met individually with the chair (May-July) to gain a clear picture of his or her role and responsibilities. At each meeting, it was also explained to each member how the CAS self-assessment tool is utilized during the CPR process. (See Appendix A for individual meeting agenda and individual rating instructions, see Appendix B for first group meeting & CAS Work Forms A-C, and see Appendix C for CPR Planning and Information Sheet complete list of review team(s).

This report is organized into five major sections: I-V.

**Section I:** The introduction, overview of the PCS review process, the committee members and timeline.

**Section II:** Overview and brief history of Personal Counseling Services (PCS), as well as the PCS mission, purpose, and philosophy.

**Section III:** CAS review findings and recommendations that encompass four major parts:

*Part 1.* Overview of the assessment rating process and how a list of program strengths, weaknesses, and satisfactory ratings were generated and identifies significant items needing further review such as identification of discrepancies (ratings with a difference of 2 or more points by one or more reviewers).

*Part 2.* Compilation of the lowest scores identifying areas needing improvement (after all discrepancies were reviewed and ratings adjusted) in each of the 12 program areas were reviewed.

*Part 3.* A complete list of changes needed in all 12 program areas reviewed as a result of the findings and proposed plan of action.

*Part 4.* Closing Remarks

**Section IV:** Executive Updates and supporting documents provide:
A snap shot of outstanding deficiencies and significant changes in progress or has been completed following the self-study review completed in December 2013. Updates provide progress from December 2013-October 2014.

**Section V:** References:
The CAS Self-Assessment guide (SAG) and work forms A-C were used to gain informed perspectives on the strengths and deficiencies of Personal Counseling Services and its programs. The SAG and CAS Work Forms were also used as a foundation to help develop plans for improvements.

*A third full time counselor participated in the individual rating process but left the university before the first team meeting. Her ratings were not included in the team evaluation process.*
SECTION TWO: HISTORY OF PERSONAL COUNSELING SERVICES

Description of the Division of Student Affairs

Vision
To be recognized nationally as university leaders who provide students with excellent needs-based programs and services that cultivate learning, diversity, leadership, wellness, personal and civic responsibility.

Mission
Placing students at the center of their educational experience, the Division of Student Affairs supports and enhances learning and development in and beyond the University community through quality co-curricular programs, services, activities, and facilities.

Goals
• To recruit, enroll, retain and graduate a diverse student body at both the undergraduate and graduate levels.
• To encourage a learning community in and beyond the classroom that promotes academic excellence and personal development of students. Leadership participation and community involvement will be emphasized. Understanding and appreciating diversity will be embraced in order to prepare students for life after the university experience.
• To offer programs and services for students that enhances their quality of life at CI. In addition, the Division of Student Affairs will offer programs and services that foster positive relationships between members of the campus and surrounding communities.
• To prepare students for life-long learning and ongoing personal development; provide opportunities for the learning and development of the whole person; and to continually evaluate and improve the quality of programs and services offered to students.

Core Values
• Collaboration
• Commitment
• Diversity
• Excellence
• Integrity

(Source as cited in the Division of Student Affairs Comprehensive Program Review Manual, 2014)
Personal Counseling Services

Mission Statement:
Personal Counseling Services (PCS) helps students meet the personal challenges associated with identifying and accomplishing academic, career and life goals. PCS welcomes students of all backgrounds, value systems and lifestyles.

Personal Counseling Services (PCS) is a mental health center committed to providing CI students with accessible and professional psychological services. Being part of a student centered University, PCS is sensitive to the diversity of our student population and strives to support students while they are experiencing the types of psychological or behavioral difficulties that may impede their academic success. PCS informs the administration of high-risk students who present imminent danger to themselves or others on campus. In addition to psychological services, PCS provides professional consultation and psycho-educational programs.

Services
Our services include short-term counseling for individuals, couples and groups (group sessions are offered but not implemented) as well as referral services, psycho-educational workshops and crisis intervention. Services are provided by mental health professionals and advanced doctoral psychology interns under the supervision of licensed psychologists (doctoral psychology intern services offered but not implemented). PCS welcomes students of all backgrounds, cultures and values.

Learning Outcomes
Students who receive counseling services should, upon completion of sessions: have a positive and realistic self-appraisal, recognize triggers and obstacles that hamper goal achievement, demonstrate healthy help seeking behaviors, and develop at least three personal goals and objectives that address problems or concerns. Additionally, students will be able to demonstrate behaviors and choices that promote health and reduce risk, and identify personal skills and strengths to use in problem solving (PCS, 2013-2014 Planning Document).

A. Brief Overview and History of Personal Counseling Services

2002: (FTES = 500) CI successfully established a $60.00/semester mandatory category I “Student Health Fee” to fund Student Health Services (SHS). Executive Order 814 “Policy on University Health Services” guided both SHS and PCS. When CI opened its doors in 2002, the Director of Career, Health, Disability Accommodations and Personal Counseling (C.H.A.P.s) served in a dual role as the director and as the university psychologist to approximately 500 transfer students (CSU Channel Islands Historical Timeline).

2003: (FTES=1,312) (ERS Student Census Files, CI IR, 2012) The inaugural freshman class was admitted to the University. The Director of C.H.A.P.s still served as the university psychologist for appointments and on-call services.

2004: (FTES=1,706) (ERS Student Census Files, CI IR, 2012) The first phase of student housing opened providing on campus lodging for approximately 350 students (CSU Channel Islands Historical Timeline). This is also when the Director of C.H.A.P.s assumed the newly created Dean of Student Life role. The Dean also served as the university psychologist.

2005: (FTES=2,123) (ERS Student Census Files, CI IR, 2012) Staffing remained the same as 2004.
2006: (FTES=2,617) (ERS Student Census Files, CI IR, 2012) The University hired a full-time licensed psychologist as the Coordinator of Counseling Services/University Psychologist. This allowed the Dean to act as a back-up psychologist only.

2007: (FTES=2,940) (ERS Student Census Files, CI IR, 2012) The University Psychologist joined Student Health Services (SHS) in a modular unit (now known as Yuba Hall). This, then, became the Student Health and Counseling Center (SHCC). PCS worked closely with SHS to provide comprehensive health care. CI opened the second phase of student housing offering on campus housing space for an additional 450 students. The lone Psychologist was responsible for all psychotherapy services; including after-hours crisis response, campus Alcohol and Other Drug programming, peer education programming and service on related committees.

Yuba Hall, where Student Health Services is housed, underwent a substantial remodel in order to: create office spaces for counseling services, update office furniture, update communications and update safety systems. CI also began staffing the SHCC with university administrative personnel. This served to streamline operations, enhance psychological services, optimize customer service, provide proper stewardship of student health fees and enhance PCS presence on campus. At the advice of the SHCC physician, a psychiatrist was contracted for 8 hours per month to assist with mental health needs and psychotropic prescription drug management. Reception staffing migrated to student assistants for the whole center.

Staff began reporting to the Assistant to the Dean as a temporary measure. The Assistant to the Dean also had numerous other responsibilities, which included oversight of additional departments (in addition to the SHCC). Other responsibilities included; serve as one of four campus judicial officers, oversight over policies and procedures for the area of Student Life, provision of training and consultation for Title IX compliance for the area of Student Life and acting as “Administrator on Call” (AOC) in the Dean’s absence. This arrangement continued through the time this report was written.

2008: (FTES=3,152) (ERS Student Census Files, CI IR, 2012). The PCS psychologist took charge of the AlcoholEdu program in collaboration with Housing and Residential Education.

Having only one Psychologist responsible for 3,000 students created an unacceptable case load which caused delays in student appointments by several weeks.

2009: (FTES= 3,143) (ERS Student Census Files, CI IR, 2012) PCS hired a licensed Marriage and Family Therapist to achieve appropriate counselor to student ratios. Emergency mental health services migrated to the CI Police Department.

In an effort to create greater campus presence, counselors became increasingly involved in outreach programs and in providing campus trainings. Also, PCS counselors serve in an advisory capacity on the Student Health Advisory Committee, are active members of the Threat Assessment Team, chair the campus Alcohol and Other Drug (AOD) Committee and sponsor the weeklong Safe Spring Break event each year.

In Fall semester 2009, PCS was moved to Lindero Hall for six months to avoid client and counselor accidental exposure to the H1N1 flu virus. During this time, it became necessary to hire additional Student Assistants to staff the PCS reception area. This separation from SHS emphasized the need for a separate PCS entrance and waiting room area to help preserve confidentiality. Counselors also began lobbying for professional reception staff as it became apparent that due to confidentiality issues, using student assistants in that position was no longer a feasible solution for the area.

The move to Lindero Hall also highlighted the loss of collaboration between PCS and SHS providers. Due to this, it was deemed necessary to return PCS to Yuba Hall. However, arrangements were made to provide a
separate entrance and reception area for PCS at that location. Student assistants continued to provide reception services for both SHS and PCS.

2010: (FTES = 3,271) (ERS Student Census Files, CI IR, 2012) The California State University (CSU) system established the new Executive Order (EO) 1053-Policy on Student Mental Health. It specifically mandates that CSU universities provide “basic mental health services” (Reed, C.B., 2010) and that a mandatory student mental health fee could now be assessed. However, CI opted against charging students an additional fee for counseling services. The University continues to fund both counseling services and health services with the Student Health Services Fee.

2011: (FTES=3,590) (ERS Student Census Files, CI IR, 2012) Titanium Scheduling Software was implemented in the center at the beginning of the fall semester. The technology assisted with preserving confidentiality and provided a streamlined method to collect dependable statistics on patient activity.

2012: (FTE=3603) (ERS Student Census Files, CI IR, 2012) During the summer of 2012 the university psychologist retired. In fall 2012, a new psychologist was hired along with an additional MFT – bringing the total counselors to three. The additional staff was justified by the number of visits to PCS and by the unacceptable counselor to student ratios. The International Association of Counseling Services (IACS), the major accrediting board of collegiate counseling centers, recommends a ratio of 1-counselor/1,000 students or 1-counselor/1,500 students (International Association of Counseling Services, Inc., 2010). In AY 2011/2012, the ratio at CI was 1-counselor/2,113 students thus warranting a third counselor.

Due to the additional staffing, Yuba Hall could no longer house both SHS and PCS. Counselors were moved to Bell Tower East – a suboptimum location in terms of privacy and confidentiality. A more conducive location remains to be determined. Counselors once again lobbied for professional reception staff. The separation of services made it even more apparent that confidentiality was greatly compromised by using student assistants as reception staff. Counselors asserted that the use of student assistants potentially violated the patients’ confidentiality, was not consistent with professional codes of ethical conduct and was not within the standard of practice of CSU counseling services.

Also in 2012, a Student Health Service Fee increase was proposed. An incremental increase was approved as follows: Fall 2013, increase fees from $120.00/year to $160.00 per year; Fall 2014, increase fees to $190.00/year.

2013: (FTE=4147) (Newman, D., Town Hall Budget, 3-13) Channel Islands Personal Counseling Services (PCS) currently employs one (1) Psychologist and two (2) Marriage and Family Therapists. PCS provides services to a student population of 4,920 students (data derived from personal correspondence with Ginger Reyes, Interim Associate Vice President for Enrollment Services). Approximately 1,000 of these students reside on campus (fall 2013).

i. How PCS Currently Fits Into the Division of Student Affairs.

EO 1053 mandates that each California State University (CSU) within the CSU System provide mental health services to matriculated students and the “services shall include accessible, professional mental health care; counseling, outreach and consultation programs; and educational programs and services” (Reed, C.B., 2010). All registered students pay a mandatory health service fee, which covers the cost of services offered at SHS and PCS. There are no additional charges for any of the clinical services offered at PCS (CSU Channel Islands Student Business Services, 2014).
PCS is a department within the DSA. PCS is staffed by a professional psychologists and counselors trained to help students acquire more effective skills for coping with the challenges and problems related to the transition to college. The staff is committed to meeting the special needs of individuals from diverse backgrounds, including differences of culture, race, gender, ability and sexual orientation.

PCS provides psychotherapy and counseling to students coping with educational, personal, and/or interpersonal issues; and crisis intervention.

The office provides sexual assault counseling and advocacy for students. It also provides preventative alcohol and drug information to the campus community. The counseling staff is committed to helping students adjust to living and learning in a university environment and to realize their worth and potential. Student counseling is conducted in a private setting, and all information remains confidential according to California law.

ii. Major Changes in PCS Organizational Structure and Relationships within the Division

One of the two MFT’s resigned her position during the summer of 2013. Due to the vacancy, the student ratio in Fall 2013 semester increased to 1-counselor/2,489 students. The shortage resulted in appointment delays, wait lists, and increasing concerns over using student assistants as reception staff.

In Fall 2013, the contracted psychiatrist resumed providing services at CI at 4 hours per week - twice the amount of hours per month as offered before. Students are currently not charged an additional fee for this augmented service.

B. Structure

i. List of staff by Category of Administrative, Professional, Classified and Students

   i. Administrative Staff
   
   a. Assistant to the Dean of Students (Oversee PCS and SHS as a portion of the position)

   ii. Professional Staff
   
   a. University Psychologist
   b. Personal Counselor
   c. Personal Counselor

ii. Expenditures Including: Salaries, Wages and Operations and Facilities

   a. Salaries and Benefits = $373,015
   b. Student Assistants = $14,000
   c. Operations = $20,000

iii. Physical Space - The current space is four offices and a reception/waiting room.

The psychologist and counselors occupy space in the east wing of the Bell Tower. The physical space consists of three counselor offices and one reception area. While the counselor offices are located in a wing, they can be accessed by anyone at any time. The area is shared with staff from another program. The offices are not sound proof so two soft white noise machines were purchased and placed in the hallway of the wing in an effort to maintain confidentiality during one-on-one counseling sessions. Reception area is small with no other waiting area available; confidentiality while filling out “new client” forms, setting up and receiving clients arriving for appointments is difficult to maintain.
C. Programs and Services

Services:

Crisis Services: Services that require immediate or same day attention. Such circumstances may include, but are not necessarily limited to: extreme anxiety or panic, extreme sadness, death of a friend or loved one, thoughts of self-harm, thoughts of harming someone else, experiencing a traumatic event, having odd or intrusive thoughts, and sexual assault. For immediate assistance after hours or on weekends, students are instructed to call campus police.

Outside Referrals: Because of limited resources, students requiring long-term counseling are referred to an off-campus professional. If a PCS counselor determines that a student’s needs exceed his or her ability to provide adequate services, PCS has an ethical responsibility to refer the student to another counselor. While PCS does not endorse or recommend any one particular counselor, a list of qualified local counselors is maintained to meet students’ needs. The cost of off-campus counseling is strictly the responsibility of the student.

Couples Counseling: College years are not just about learning in the classroom; for some it may be a time to expand into the world of relationships for the first time. Many students are involved in current relationships while others begin new relationships. PCS can assist students with relationship issues. This support is not only for intimate relationships but includes all types of relationships such as friends, classmates and family.

Group Counseling: Therapy groups provide a safe environment for students to learn more about themselves and their interactions with others. Each semester PCS offers a variety of group meetings (while the group sessions were offered students did not participate). If interested in a group session, students can come in or call to schedule a screening appointment (due to no demand these services have not been offered in over four years).

Psycho-educational Programs: PCS counselors are available for on-campus and community support through psycho-educational programs. These programs can include presentations on different psychological and AOD (alcohol and other drug) issues; programs provided by PCS to students on-campus; programs provided to faculty and staff; programs provided to community partners; presentations at state and national conferences.

Programs:

AlcoholEdu for College is an interactive multimedia education program which has been offered each Fall semester (since 2006) to all students residing in CI on-campus housing.

AlcoholEdu for College provides annual demographic and behavioral information on incoming freshmen, the summer before and 30-45 days after their arrival to campus. After the course is completed, an annual executive summary is provided to university administrators.

Safe Spring Break (SSB) is a three-day program intended to educate the CI community on having a safe spring break through a variety of health awareness events. This has been accomplished through week long scheduled activities such as:

National Alcohol Screening Day (NASD)
“Mock DUI”
“Safe Spring Break Pledge”
SSB began as a collaborative effort between PCS, CI Public Safety and Student Health Services. In recent years, Housing and Residential Education, the Nursing Program and community agencies have also contributed to SSB.

i. **Student Needs**
PCS strives to provide individual, couples and group counseling focused on a range of common concerns shared by students. This includes programs educating students on the following student needs: adjusting to life at college, time and stress management, alcohol and other drug concerns, relationship issues, eating disorders, suicidal behavior, and test anxiety.

ii. **Delivery and Marketing**
PCS markets its services through the following venues: Website, Facebook, brochures, outreach presentations, event participation and flyers.

Delivery of Services include:
Client Appointments, Individual Student Counseling, Counseling Groups, Outreach Presentations, Task Force Participation, Psychological Assessment, Free Alcohol Screening and Participation on Advisory Committees.

iii. **Collaborative Efforts**
One or more of the PCS staff is a part of the following teams: Behavioral Intervention Team (BIT); Chair of Alcohol Tobacco and Other Drugs Committee (ATOD); Student Health Advisory Committee (SHAC). PCS has collaborated with the following campus areas and community agencies on special projects and presentations: Housing and Residential Education, Campus Recreation, Campus Police, Student Organizations, Academic Affairs, Multicultural Women’s and Gender Student Center, Student Veterans Center, Career Center, Disability Resource programs, New Student Orientation and Transition Programs, Student Assistant Training, and EOP Summer Bridge. Off campus collaborations include; Ventura County Behavioral Health, Center for Disease Control, Planned Parenthood, and Straight Up.

iv. **Other Resources**
A complete list of on and off campus resources can be found in the supplemental Appendix.

v. **Assessment and Report Findings, Challenges and Changes Implemented**

Assessment and Evaluation Activity

For the past several years, PCS has taken the lead on planning and implementing CI’s weeklong annual Safe Spring Break (SSB) event. In 2012, the Student Health Advisory Committee assisted PCS in conducting focus groups to assess what students had learned from the SSB event and what future programming they would like to see. As a result of the focus groups, the following changes were implemented to the SSB program planner: solicit student organization to be a part of the event and provide peer to peer information, deliver alternate programs every other year to provide variety, include social norms campaign, and invite community members to participate.

AlcoholEdu provides an annual executive summary (on CI incoming freshman students residing in on campus housing). In 2012 AlcoholEdu provided the following: just over 9% of students reported a medical professional had diagnosed them with a psychological disorder. A little more than 6% of students reported that they are currently taking medications for a psychological disorder. Just less than 6% reported that they are in treatment with a mental health professional. These numbers significantly under-represent the mental health needs of CI students. They are not inclusive of third and fourth year students, a time in life during which individuals,
because of environmental, biological, and sociological factors are likely to be first diagnosed with mental illness or have their prior medical state worsen.

**Chancellor’s Office Mandated Reports**
- Mid-year Report
- Annual Report
- Biennial Alcohol Policy Report
- Biennial Mental Health Services Report

**Chancellor’s Office** - The California State University Student Mental Health Services Advisory Committee’s goal is to survey all CSU campuses and collect data that are informative and useful to the CSU system and individual campuses. The hope is that the data will assist the advisory committee in understanding the mental health needs of students on each campus and in assessing the campuses’ efforts to meet those needs. The committee aims to compare the data across CSU campuses and with campuses across the United States.

**Important Dates**
- Preliminary data collection 2011-2012 - Due September 28, 2012
- Expanded data collection 2012-2013 - Due September 30, 2013
- Future biennial reports will be due September 30th of every even-numbered year.

**D. Professional Development, Research and Creative Activity:**

i. **Publications or Funded Projects:**
   - Alcohol Traffic and Safety Grant
     10/01/07 - 9/30/2008. The grant supported SSB, AWARE III simulator, Every 15 Minutes, National Alcohol Screening Day, AOD, That Tune Show, Peer Education Activities (in collaboration with Ventura County Alcohol and Drug Program) and TIPS Training.
   - California Mental Health Services Grant (CalMHSA)
   - PCCHA Mini Grant
   - CalMHSA Grant – August 2011-June 2014
     - Health Educator
     - Suicide Prevention Training for faculty and staff (Kognito)
     - Suicide Prevention Training for students (Kognito)
     - Applied Suicide Intervention Skills Training (ASIST) for faculty, staff and students
     - Mental Health First Aid for faculty, staff and students
     - Screening for Mental Health – In-person (includes screenings for depression, eating disorders and alcohol) and online screenings (includes screenings for depression, generalized anxiety disorder, PTSD, bipolar disorder, eating disorders, and alcohol abuse disorders)
     - Student Health 101 on-line magazine

ii. **Teaching:**
   The university psychologist taught a 4-unit peer mentor class one year. The class required a one-year student commitment (two semesters) in order to become a Bacchus “Certified Peer Educator” (The Bacchus Network, 2011). Due to low enrollment through the second semester, the class was cancelled.
pending further research on how to increase enrollment so as to support campus peer mentor program needs. This idea has been placed on hold pending additional resources and demand.
SECTION THREE: COMPREHENSIVE PROGRAM REVIEW
FINDINGS AND RECOMMENDATIONS

The Council for Advancement of Standards in Higher Education (CAS) was identified by the Division of Student
Affairs as the ideal measure through which to critically review programs and service operations. Utilization of
alternative standards would be considered if compelling evidence could be provided to substantiate that their
rigor and professional credibility matched CAS.

PCS sought to utilize performance-indicator benchmarking and/or best-practice data to assess existing
practices. The intent was to identify areas in need of improvement and to develop corresponding action plans
to improve the efficiency and effectiveness of programs in order to yield greater benefit to students. Program
data was collected from January-April 2013 (document list appendix B). A CPR planning and information sheet
(Appendix A) was created and submitted to the Vice President for Student Affairs for review and approval.
Utilizing the CAS SAG, the self-study team rated each criterion statement individually. In September 2013, the
team began their collective review process. A listing of PCS program area strengths, weaknesses and
satisfactory ratings was created. A brief description of next steps, program weaknesses, and action plan
development ensued.

Two Student Assistants (SAs) participated in the self-study phase; their ratings were highlighted in red. The chair of the
self-study team met with the SAs apart from the professional staff for the first three meetings due to the following

1. Professional staff requested the chair meet with the SAs separately for the first few group meetings. The
team felt they could not be completely honest and forthcoming regarding front office operations with SAs
attending the meeting.

2. SAs ratings created a discrepancy for almost every criterion statement in all 12 categories. The chair met with
SAs in order to clarify these differences.

3. There were several criterion statements that received an Exemplary rating from the two Student Assistants
(SAs) who participated in the self-study phase. When SAs met with the chair and criterion statements were
discussed in more detail, the SAs felt they were not qualified to rate many of the criterion statements related
to program development, and policy and procedures. SAs agreed to participate in the process by rating only
those statements they felt they had enough experience to provide feedback on.

Council for Advancement of Standards (CAS) Self-Assessment Guide (SAG)

The Self Evaluation Process

The team met bi-weekly from September 2013 through November 2013; meetings generally lasted 60-90
minutes. The Evaluation Team invited Jennifer Miller Ph.D., Director of Student Affairs Assessment,
Research, and Staff Development to observe the review process.

Each team member reviewed the SAG individually (May 2013 thru July 2013) and assigned a number rating
to each of the 12 program area criterion statements listed (see Work Forms Self-Assessment Guide rating
scale instructions and program area sections). Once each of the team members completed their
independent reviews, the chair of the evaluation team collected each of the participants’ individual rating
documents and listed all team member ratings on one document. The combined group-rating document
was then color-coded (SAG Work forms) in order to identify discrepancies, strengths, and weaknesses.
Following the SAG instructions, the self-study team began step one of the self-evaluation process; the self-review team reviewed the combined individual ratings. They examined the ratings of each criterion statement, which created an organized list of the following:

- **Discrepancies**: Item number(s) for which there was a substantial rating discrepancy (two or more numbered ratings apart). These items needed to be discussed further by all team members in hopes of reaching a consensus.
- **Strengths**: Item number(s) for which all participants had given a rating of 4 or 5, indicating agreement that the criterion Exceeds the standard or is Exemplary.
- **Needed Improvements**: Item numbers for which all participants had given a rating of 1 & 2, indicating agreement that the criterion Does Not Meet or Partly Meets the standard.

Items not listed within the three categories indicated consensus among the raters that practice in that area was satisfactory, indicating, “meets the standard” having been rated a three. Items rated zero because of “Insufficient Evidence/Unable to Rate” where also listed as “Needed Improvements” (Council for the Advancement of Standards in Higher Education, 2012).

During the team meetings, team members shared their individual scores and discussed discrepancies in an attempt to arrive at consensus regarding each individual’s scored differences. Once discrepancies were reviewed and a consensus was reached the team began to identify and prioritizing program area deficiencies needing improvement. Once “areas needing follow up” were identified (SAG Work Form A, Step 2) an action plan was outlined including a projected timeline for completion and identification of responsible person(s) (SAG Work form B, Step 3). The final stage of the self-study review included an action plan summary, (SAG Work form C, Step 4).

The following is a summary of PCS program strengths, weaknesses and discrepancies

**Exemplary Program Performance Linked to CAS Criterion Statements**

There were no criterion statements that received a rating of “5” (Exemplary) from any of the self-study team members.

Criterion statements that received a number rating of 4 “meets or exceeds the standard”:
There were 15 criterion statements that received a rating of “4” “meets or exceeds the standard”

**Satisfactory Program Performance Linked to CAS Criterion Statements**

Work form A, Step1 generated a listing of 86 criterion statements that received a consensus rating of satisfactory (rating of 3), “Meets the standard.”
(For complete category and criterion ratings see supplemental worksheets)

**Program Discrepancies (differentiation among committee)**

There were 99 discrepancies that the Self-Study Team reviewed in order to reach a consensus before they could proceed. This part of the review was the most tedious and time consuming but the Self-Study Team was committed to the process and eager to develop a detailed strategic action plan as a result of their efforts.
The group worked through each statement initiating hearty and thought provoking discussion. Each committee member listened and responded respectfully to their team member’s point of view. Their commitment to the process enabled them to effectively work through each of the items in question and come to an agreeable consensus for all 99-criterion statements that required their attention (for complete section and criterion ratings supplemental worksheets).

**Program Criterion “Not Met”**

There were 105 criterion statements that received a number rating of 1 (does not meet), 2 (partly met) or ND (does not apply). (For complete rating of sections see supplemental worksheets)

**Program Weaknesses Requiring Follow-up**

**Action Plan Development and Implementation:**

* Represents deficiency that is in progress of being met or has been met since the initial report was created.

**Criterion 1. Mission Statement:** The Primary mission of the Counseling Service (CS) is to assist students in defining and accomplishing personal, academic, and career goals.

*Deficiency 1.4.0-1.4.4: The CS mission is consistent with professional standards, appropriate for student populations and community settings and references learning and development.

*The Site-Review team found more than one mission statement. The Mission Statement on the website is not the same as on the brochure. One mission statement should be consistently communicated to all constituents. We do not review the mission statement on a regular basis.*

**Mission action plan #1**

PCS will consider holding an annual retreat at which the staff reviews its mission statement, diversity and ethics statements; client evaluations; procedural operations; and strategic plans. All staff, including support staff and graduate assistants, should attend this retreat as active participants.

PCS is deliberate and thoughtful about student learning and development. However, PCS does not have systematic, regular opportunities to discuss, implement, and update evaluations on an ongoing basis. Consequently, PCS does not have evaluations to document learning outcomes (LO) in all relevant areas. Thus, it is unclear to stakeholders that PCS practices a holistic approach.

**Mission action plan #2**

To receive a higher score in this section, PCS must be consistent in (a) systematically/regularly discussing/reviewing then identifying the Learning Outcomes (LO) that are important to measure, (b) disseminating the assessments to our constituents on a consistent basis and thus, (c) documenting departmental effectiveness more thoroughly.
SECTION 1. UPDATE - The Mission Statement for PCS was reviewed by the AVP for Wellness & Athletics in the spring of 2014. During this time it became clear that the statement should be renamed as a Purpose Statement to be consistent within Student Affairs and the name of the program was changed to Counseling and Psychological Services (CAPS) to be more reflective of the services provided. One statement was chosen and the website and marketing materials were updated to reflect the change. CAPS will hold a meeting in December (after finals) to finalize the new Purpose Statement. A review of prospective assessment instruments will be the focus of CAPS during the Spring 2015 semester.

Criterion 2. Program: The formal education of students, consisting of the curriculum and the co-curriculum, must promote student learning and development outcomes that are purposeful, contribute to the students’ realization of their potential, and prepare students for satisfying and productive lives.

Deficiency 2.3.0-2.3.5: The CS assesses relevant and desirable student learning and development; provides evidence of impact on outcomes; articulates contributions to or support of student learning and development in the domains not specifically assessed; articulates contributions to or support of student persistence and success; and uses evidence gathered through assessment to create strategies for improvement.

PCS has not been able to devote much time to assessing relevant and desirable student learning and development or provide evidence of impact through evidence-based assessment. Limited resources and staff have hampered PCS’ ability to develop strategically focused programming.

Program action plan #1
PCS currently uses Titanium’s web version of Counseling Center Assessment of Psychological Symptoms (CCAPS) as an assessment of “self-reported” clinical presentation. PCS plans to further use CCAPS as an outcomes measure. PCS will review procedural matters and evaluation results during May 2015 retreat. At the retreat, PCS will discuss any other instruments that could be used.

Deficiency 2.4.0: CS is intentionally designed, using multiple formats, strategies, and contexts.

PCS services (counseling, outreach, etc.) are based on learning and developmental models. PCS recognizes that students are at various stages of development and self-awareness. Thus, PCS adheres to a generalist model that applies strategies that are appropriate to the particular student and situation (e.g. in terms of individuation, identity status, cognitive learning theories, Kohlberg’s developmental theories, etc.). However, thus far, PCS has been reactive rather than pro-active. While programs and services are developmental in design and are offered in multiple formats such as group and couples counseling, there has been little time to review and develop further programming with intentionality. PCS counselors are trained to conduct psychotherapy and psycho educational groups.

PCS has been unable to get a group program going because of lack of resources and staff. Preliminary/preparatory work to develop groups exists but implementation and follow through requires more staff resources.

*Program action plan #2
Discuss with AVP the need for a full time permanent Health Educator position to develop and run ongoing health education groups, seminars and workshops.

*Program action plan #3:
During the May 2015 retreat, PCS will discuss the need for additional laptop computers to assist with a web-version intake process - after PCS has had a chance/time to evaluate utilization during spring 2015.

**Deficiency 2.5.0:** When distance education is provided, CS assists learners in achieving their education goals by providing access to counseling, advising, or other forms of assistance.

PCS has had minimal experience or training in providing alternative mechanisms for delivery of programs and services (i.e. tele-psychology). PCS does not have sufficient resources to provide adequate services to distance learning students. Subsequently, PCS is not able to devote time and resources to providing counseling services to distant-learner students. As a result, PCS has had no contact with distant-learner coordinators who are in a position to assist PCS with providing these services.

**Program action plan #4**

PCS will continue to improve its website. PCS will: (1) add self-help information to the website and (2) review and consider “The Virtual Pamphlet Collection” as an on-line resource.

**Deficiency 2.6.2-2.6.5:** CS provides group interventions, psychological testing and other assessment techniques, outreach efforts and outreach and counseling support for students from diverse backgrounds.

PCS recognizes that group counseling is an important, viable, efficient and effective means of providing treatment to students. As such, PCS has offered group counseling/therapy the past several years; however, efforts have not been successful because PCS does not have the resources necessary to sustain the development of groups, especially the concerted and continual advertising that is necessary to develop a viable group counseling program. Wherever possible, PCS has referred students to support groups that are offered in the community (e.g. sexual assault support group, AA, etc.). However, students have expressed an unwillingness to take advantage of these off campus resources because of the perception that these groups cater to a different population (i.e. their programming is not relevant to college age youth). Lack of convenient transportation is another impediment. In addition, students have little time for groups because many of them work full time with family commitments while attending school. “I am not like those people” (who attend the group) is a common retort that symbolizes a more pervasive and intransigent resistance.

**Program action plan #5**

PCS recognizes that PCS needs strong group support programming; however, to fully meet this measure, PCS will need additional staff and resources. Counselors will discuss with the area AVP, the need for a full time permanent Health Educator who could provide ongoing health education groups, seminars and workshops. Furthermore, PCS will develop a graduate student triage-training program to conduct triage assessment for all new client appointments to establish need priority and identify appropriate resource/program referrals.

PCS does not routinely provide psychological evaluations or screenings to students. Extensive psychological testing is outside the scope of the campus’ basic mental health services. The counselors have sporadically, upon special request by university staff regarding specific situations, conducted student assessments. Screenings and evaluations are important in the context of comprehensive treatment and/or student referrals. Assessments are also important for effective collaboration (referrals to and from) with the Disabilities Resource Programs, Housing and Residential Education Programs, Student Conduct cases and Advising Center.

PCS has not been able to consistently provide needed referral to community services due to lack of resources and the time needed to cultivate such resources within the surrounding community.
Locating low-cost referrals in a timely manner has been difficult. When clinically indicated, mental health professionals make every effort to ensure that students follow up on those referrals. However, some students have expressed an unwillingness to take advantage of these off campus resources for various reasons, i.e. financial, lack of transportation or because of the perception that community resources cater to a different population (i.e. their programming is not relevant to college age youth).

Program action plan #6
The PCS clinical staff may want to have available basic psychological assessment instruments, which can be used as a part of the counseling process when appropriate. PCS will discuss identifying well-standardized instruments with specific purposes used by clinical staff and overseen by the University Psychologist because of his/her breadth and extensive training in psychological assessment.

Program action plan #7
To fully meet this measure, PCS will need to add staff that can be devoted to this need. Counselors will discuss with the area AVP the need for a full time permanent Health Educator to cultivate community resource relationships and develop a referral base. Additionally, PCS must develop a triage-training program so as to have graduate students conduct triage assessment for all new client appointments in order to establish need priority and identify appropriate resource/program referrals.

Program action plan #8
PCS has a strong consultative relationship with SHS. The consultative relationship would be enhanced by PCS and SHS having integrated electronic medical records (EMR). Students in need of uncomplicated psychiatric support are provided short-term psychiatric appointments, which may include prescribed medications and their monitoring, through the contracted part-time psychiatrist. However, students with complex needs including multiple medication management (these students also tend to have had long-term assistance) need long-term services with off-campus providers. Private practice psychiatry is expensive and students without insurance (and there are many) are unable to afford this service. Primary health care providers prescribe most psychotropic medications. One likely outcome of the Affordable Care Act (ACA) is that counselors will be able to prescribe an increased number amount of referrals.

Psychiatry remains one of the most concerning gaps in the provision of student mental health services. In order to fully meet this measure, PCS has a contractual agreement with a psychiatrist who provides part-time services to students at no extra cost to them. PCS will collect and evaluate data twice per year on presenting needs and number of individual student psychiatric visits to determine future scope and cost of this service. Future scope and cost would include the consequence of an increase in mentally ill students becoming disruptive because access to psychiatry is more difficult.

Deficiency 2.6.10: CS provides services directly or referral or in collaboration regarding disaster preparedness and response

Campus Police oversees the disaster preparedness plan for the university and provides campus wide training opportunities. PCS participates in the training, which includes detailed involvement as it relates to specified scenarios and counseling needs.
Deficiency 2.6.11: CS provides outreach service and response to staff/faculty development programs directly or referral or in collaboration

Utilization of consultation services by faculty/staff requires that PCS establish relationships with both groups. Certain faculty and staff do not know who the counseling staff are and are unaware of the services that are available to them. Outreach efforts should include educating faculty and staff on the availability of counseling services. However, increased consultation with faculty and staff requires adequate PCS staff so that time devoted to one-on-one student counseling sessions is not unduly affected. To fully meet this criterion will require additional staff and resources.

Program action plan #9

PCS provides minimal services through the PCS website. However, there is a dearth of programs specific to faculty and staff available. For example, programs on how to recognize symptoms of suicide (e.g. Kognito), or programs on the demystification of mental health would be especially useful to encourage an environment that supports help seeking and counseling referral behavior in the community. PCS will review on-line programs and work with the health educator (once hired) to present on-line training to campus community.

Program action plan #10

To support utilization of web resources requires the development of help-seeking behavior. Counselors will discuss with the AVP a plan to collaborate with the Provost to systematically and reliably train academic faculty in the demystification of mental illness, in the recognition of suicidal/homicidal behaviors and other mental health issues, and in the facilitation of effective referral of students to appropriate mental health resources. This plan will include a definition of the roles of and collaboration between the university’s BIT and PCS.

SECTION 2. UPDATE - The website is currently being revised to include additional on-line resources for students to obtain assistance. Kognito is now available for students, faculty and staff. As stated by the company “Kognito drives positive change in health behaviors through the use of immersive learning experiences with virtual humans.” A program action request was to hire a full-time health educator. Funding was acquired for the AY 14-15 and we are currently reviewing applications for an Assistant Director of Wellness Promotion and Education (WP&E), which is classified as a Health Educator with an anticipated start date in January 2015. The WP&E program was created in the summer to address the growing educational needs of the campus community regarding mental health issues, sexual assault awareness, nutrition, body image, stress management, etc. Assessment tools are being collected and will be reviewed by the new Director of Counseling and Health Services. This position is new for AY 14/15 and the applications are currently being evaluated by the search and screen committee. Anticipated completion by February 2015. The part-time psychiatrist resigned in the summer of 2014. CI contracted with Global Medical to hire a replacement. Funding was acquired to expand the position from 5 to 8 hours per week. In November a qualified candidate was found and the candidate is anticipated to begin in December.

Criterion 3. Organization and Leadership: To achieve student and program outcomes, CS must be structured purposefully and organized effectively. CS must have clearly stated goals, current and accessible policies and
procedures, written performance expectations for employees and functional work flow graphics or organizational charts demonstrating clear channels of authority

**Deficiency 3.1.0-3.1.4:** CS has clearly stated goals, current and accessible policies and procedures, written performance expectations for employees, functional work flow graphic for CS or organizational charts demonstrating clear channels of authority

*PCS has developed some procedures and created a draft policy. Documents that address policies and procedures have been written but these have not been consolidated into a cohesive whole. It should be noted that creation of a Policies and Procedures Manual has been an ongoing two year project for the interim director but has not been accomplished due to the demands on director time.*

**Organization and Leadership action plan #1**
Meeting this criterion will require that PCS first transcribe its policies and procedures into written form and then create a Policies and Procedures Manual. This is to be developed and completed through regular staff meetings. Secondly, PCS will incorporate biannual reviews of the manual into the existing structure (e.g. through annual retreats). PCS will establish a plan, with a set timetable, to complete the PCS Operations Manual. The completion of the manual will involve the entire PCS staff. PCS will begin to discuss the development of this plan and timetable at the initial PCS staff meeting in January/February - TBD by the AVP.

*Formal performance expectations are in place and are delineated through Position Descriptions. These, as well as performance evaluations, are reviewed and updated annually. The performance evaluation process is managed through the University’s Academic Affairs Human Resources Department. According to the CSU Bargaining Units, Counselors are considered faculty and as such, go through the same evaluation process as within their unit. This process does not consistently address the counselor’s position description or adequately assess their performance as it relates to the expectations and needs of the area.*

**Organization and Leadership action plan #2**
The Student Health and Counseling Center (SHCC) Director (once hired) will develop a supplemental evaluation plan designed to assess counselor performance as is relates to the expectations and needs of the area.

**Organization and Leadership action plan #3**
A Division organizational chart that includes PCS exists. However, an organizational chart that includes workflow as it relates to PCS is needed in writing. To fully meet this criterion and program action items #2 & # 3, will require a written Policies and Procedures Manual that incorporates the organizational chart and workflow. This manual will be created throughout the year during staff meetings and reviewed on an annual basis at annual retreats.

**Deficiency 3.2.0-3.2.4:** In providing strategic planning, CS leaders: articulate a vision and mission that drive short- and long-term planning; set goals and objectives based on the needs of the population served and desired student learning or development and program outcomes; facilitate continuous development, implementation, and assessment of goal attainment congruent with institutional mission and strategic plans; and promote environments that provide meaningful opportunities for student learning, development, and engagement.

*PCS does not have a director whose sole responsibility is to provide leadership and management to Student Health and Counseling Center. The many other responsibilities that are part of the interim director’s job pull*
attention away from fully attending to PCS. As such, it is unlikely that the interim director’s role can consistently and fully attend to the needs of a robust and growing center - especially as PCS endeavors to meet the goals delineated in the campus wide strategic plans.

*Organization and Leadership action plan #4
To fully meet the criterion in this section, a full-time PCS program director will need to be hired, with clear expectations accompanying this role. This position would meet with the AVP regularly to discuss this position and all that it entails.

*Organization and Leadership action plan #5
PCS will discuss with the AVP the need to create an administrative leadership (director position) for PCS who will be under the supervision of the AVP.

**Deficiency 3.3.0-3.3.4:** Director of CS will provide supervision for: human resource processes including recruitment, selection, development, supervision, performance planning, evaluation, recognition, and reward, empower professional support and student staff to accept leadership opportunities, offer appropriate feedback to colleagues and students on skills needed to become more effective leaders.

Clear channels of recruitment, selection, authority and accountability systems are in place. Viable communications are attained through weekly staff meetings, weekly clinical meetings, and yearly staff retreats. PCS espouses an open door policy promoting educational advancement and opportunity to grow professionally. Evaluation systems are in place. Staff recognition and awards are in place through formal procedures such as the DSA Celebration of Excellence (COE). The COE is an annual award ceremony to recognize personnel who provide exceptional service.

It should be noted that as a fairly young university, possible levels for advancement are not present or clearly defined. Although advancement and position descriptions exist on a system wide level, they are not as clearly defined or attainable at the campus level.

*Organization and Leadership action plan #6
*To fully meet the criterion in this section, a full-time PCS program director must be hired, with clear expectations accompanying this role. This position would meet with the AVP regularly to discuss this position and all that it entails.

Meetings with the AVP to discuss additional recognition through a promotion and title change (i.e. from Professional Counselor to Senior Professional Counselor) have not been established.

**Deficiency 3.4.0-3.4.4:** CS leaders plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technical resources; use current and valid evidence to inform decisions and incorporate sustainability practices in the management and design of programs, services, and facilities.

**Deficiency 3.5.2-3.5.5 & 3.6.2:** CS leaders advance the organization: advocating for programs and services, advocating for representation in strategic planning initiatives at appropriate divisional and institutional levels, initiate collaborative interactions with internal and external stakeholders who have legitimate concerns about and interest in the functional area, facilitate processes to reach consensus where wide support is needed and share data used to inform key decisions in transparent and accessible ways.

*Organization and Leadership action plan #7
PCS will regularly make available developmental goals, annual goals, and objectives, relevant fiduciary goals, resources of interest, relevant research data and progress to all staff (e.g. through
annual reports). PCS will also schedule time to discuss these issues with the AVP to systematically incorporate relevant data into PCS functioning.

It is worth noting that while utilization of information and data is crucial and is certainly a function of careful staff reflection: this is currently markedly mitigated by inadequate time and staffing (i.e., discussion of research issues often feels like a luxury for counselors and staff, due to demanding clinical needs). To fully meet this criterion, PCS is dependent on University and Division priorities and initiatives that recognize the need for restructuring of the area so it acquires (a) an independent director (b) an increase in staff, resources and (c) an appropriate facility.

SECTION 3. UPDATE - The new director position is currently in the applicant screening process and will be hired in the spring of 2015. Counselors currently undergo an annual evaluation process. This process is currently being evaluated for relevancy and in collaboration with the Faculty Affairs office research is being conducted to determine the process other CSU institutions utilize. Organizational charts reflecting the new CAPS structure have been created. The review and modification of the present aims, goals, and objectives for CAPS will be discussed with the CAPS team in December 2014 (after finals).

Criterion 4. Human Resources: CS must be staffed adequately by individuals qualified to accomplish mission and goals, establishing procedures for staff recruitment and selection, training performance planning, and evaluation. CS must set expectations for supervision and performance, assess performance, provide access to continuing education and advanced education and appropriate development opportunities to improve leadership ability, competence, and skills of all employees.

*Deficiency 4.1: CS is staffed adequately to accomplish mission and goals within institutional guidelines.

Staffing is not adequate to meet the needs of PCS and the demands placed on counselors by students and other constituents. In the wake of the Virginia Tech catastrophe of 2007 and the increasing number of incidents across the country since, demands are being placed on PCS to provide and bolster prevention programs and diminishing stigma. The average ratio for campus counseling staff is 1,600 students to 1 counselor. CI PCS is significantly understaffed and not adequately meeting demand for needed services.

Up until Spring 2014, PCS had managed reception using student assistants. A full-time professional receptionist is a necessary addition to staff in order to adhere to professional, ethical and International Association of Counseling Services (IACS) guidelines. No other CSU campus employs student assistants in this role.

PCS is in need of a front office with separate check-in and waiting room areas. The current location of the PCS waiting room and front office area greatly inhibits compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements and confidentiality. This becomes particularly challenging when the area is busy and the student (client) stress level is high (due to mid-terms and finals). This deficit will become more apparent as PCS increases its services and staffing. To fully meet this criterion will necessitate the acquisition of or relocation to an adequate front office/waiting room space and corresponding staff that is dedicated exclusively to PCS functions. To satisfy this requirement, CI will need to designate a facility that is to be used exclusively by PCS.

To fully meet this criterion will require the acquisition of additional staff that includes a director (and at the time of this report), at least two additional full-time counselors and at least one I.T. Student Assistant staff member to address technology needs.
Human Resources action plan #1

PCS currently has clinical staff consisting of one Senior Professional Psychologist at .83 FTE, two full FTE Personal Counselors (one of these positions not filled at the time of this report), an interim director who devotes approximately .0 FTE to clinical work, and a contracted psychiatrist who is approximately equivalent to .4 FTE. In total there is approximately 2.5 FTE for a University enrollment of approximately 5,200. This represents an approximate clinical staff to student ratio of 1:3,125. The International Association of Counseling Services recommends a ratio of 1:1,500. PCS will discuss with the AVP the need to develop a university plan to increase clinical staffing to a minimum of 4.5 FTE based upon enrollment of 7,000 students. This plan will include targeting an FTE that matches the projected increases in enrollment over the next several years.

Deficiency 4.2.1 & 4.2.2: CS establishes procedures for staff recruitment and selection, training, performance planning, and evaluation, sets expectations for supervision and performance.

Formal performance expectations are in place and are delineated through Position Descriptions. These, as well as performance evaluations, are reviewed and updated annually. The performance evaluation process is managed through the University’s Academic Affairs Human Resources Department. Counselors are considered faculty and as such go through the same evaluation process as their peers. This process does not consistently address the counselor’s position descriptions or adequately assess their performance as it relates to the expectations and needs of the area (Section 3).

Deficiency 4.3.2-4.3.5: CS institutes recruitment and hiring strategies that encourage applications from underrepresented populations, develops promotion practices that are fair, inclusive, proactive, and non-discriminatory; considers work life initiatives, such as compressed work schedules, flextime, job sharing, remote work, or telework; and has technical and support staff members adequate to accomplish the mission.

The Diversity of PCS staff should be evaluated in the context of PCS’ small staff. PCS currently has 2 counselors on staff and one administrator who is not a licensed psychologist. Of these, one is a female counselor. Given the short staff, PCS has been able to achieve as much diversity as is plausible.

Human Resources action plan #2:

Additional staff should include clinical staff of LGBTQIA and Hispanic origin if possible. Further expansion of staff resources should include efforts to attract diverse employees.

Human Resources action plan #3:

PCS will discuss with the AVP the need to develop a university plan to acquire graduate students or undergraduate students with advanced technology training/experience to address technology development and management pertaining to the PCS website and social media pages.

Deficiency 4.5: CS acquires Degree - or credential-seeking interns or graduate assistants.

Human Resources action plan #4:

PCS does not have a training/internship program. PCS is currently deliberating on strategies to implement an effective training program. The acquisition of a robust, sustainable and effective program will depend on adequate resources, particularly staffing. Many vibrant counseling centers include a counseling/psychology training program. PCS will discuss with the AVP the need to develop a University plan to acquire graduate student staff that can be used to conduct intake and triage counseling.
SECTION 4. UPDATE - The counseling staff levels have increased dramatically since January 1, 2014. Two new licensed counselors were added (one of which was a new position) in January 2014. The University Psychologist became 1.0 FTE in fall 2013. A full-time receptionist began in April 2014. An additional receptionist was assigned to CAPS, in August, to provide coverage on a limited basis so the hours of the center could be expanded. The Psychiatrist position was expanded from 5 to 8 hours per week. A director for the area will begin in the spring of 2015 and funding for an addition University Psychologist will be included in the FY2015/16 budget request. At the present time CAPS will not explore a graduate inter program due to the limited staff to provide the necessary oversight. The viability of this program will be re-assessed in 2016.

Criterion 5. Ethics: CS must review relevant professional ethical standards and must adopt or develop and implement appropriate statements of ethical practice.

Deficiency 5.1&5.2: CS reviews relevant professional ethical standards and implements appropriate statements of ethical practice; publishes and adheres to statements of ethical practice; ensures periodic review by relevant constituents

PCS counselors understand “relevant professional ethical standards” and historically have sought conformity from the University administrators who are not licensed as service providers and who are not educated or obligated by licensure to adhere to them. Limitations of space and costs are identified as barriers to justify failure to implement standards of practice that are consistent with ethical practice. A “Statement of Ethical and Legal Practices” incorporated into the PCS Policies and Procedures Manual would obligate compliance with lack of funds for proper facilities unlikely being a justified explanation for lack of compliance.

When potential violations of dual relationships and confidentiality occur, they are discussed by PCS clinicians and shared with administrators to prevent an ethical violation. Further education through periodic review about the distinction between Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) and the obligation of PCS counselors to conform to State law would promote adherence to ethical practice standards.

*Ethics action plan #1:
At their first session/intake, students will be given a hard copy of the “Statement of Policies, Procedures and Information” in addition to the file copy that is provided electronically at intake.

*Ethics action plan #2:
PCS will develop a “Statement of Ethical and Legal Practices” that will be incorporated into the PCS Policies and Procedures Manual.

SECTION 5. UPDATE - Students are now provided at their first session a hard copy of the “Statement of Policies, Procedures and Information.” In addition, a copy is provided during their intake registration which remains in their file. CAPS, in collaboration with Student Health, has developed a Statement of Ethical and Legal Practices which is posted in the waiting area.
**Criterion 6. Law, Policy and Governance:** CS must be in compliance with laws, regulations, and policies that relate to their respective responsibilities and that pose legal obligations, limitations, risks, and liabilities for the institution as a whole.

**Deficiency 6.1.1-6.1.8:** CS informs staff members, appropriate officials, and users of programs and services about existing and changing legal obligations, risks and liabilities, and limitations; has written policies on all relevant operations, transactions, or tasks that have legal implications; regularly reviews policies to ensure that they reflect best practices, available evidence, and policy issues in higher education; and has procedures and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations.

*PCS does not have procedures and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations.*

**Law, Policy and Governance action plan #1:**

In order to fully meet this criterion PCS will first transcribe its policies and procedures into written form and create a Policies and Procedures Manual. Secondly, it will require that PCS incorporate annual reviews of such a manual into the existing structure. Although the DSA has annual retreats and training, an annual PCS retreat is proposed. PCS clinicians have advanced degrees and state licenses to practice in their field and this distinctly differentiates their training needs from other DSA professionals. The need to train has to be balanced with the demands for service so that the time spent to train PCS providers has a direct benefit to the students and justifies time spent away from clinical service.

**Law, Policy and Governance action plan #2:**

PCS will discuss with the AVP a University plan to develop guidelines consistent with institutional policy for responding to threats, emergencies and crisis situations (to be included in policies and procedures manual).

**Deficiency 6.2.2&6.3:** CS staff members are informed about institutional policies regarding risk management, personal liability, and related insurance coverage options; and are referred to external sources if the institution does not provide coverage; and provided access to legal advice for PCS staff members as needed to carry out assigned responsibilities.

*University Counselors do not have consistent and timely access to legal advice.*

**Law, Policy and Governance action plan #3:**

PCS will discuss with the AVP the need to develop guidelines for counselor access to legal advice in a timely manner. This is to be included in the operations manual. Upon its creation PCS staff has relied upon their professional organizations’ risk management attorneys for advice. Access to legal advice with specific expertise in mental health issues needs to occur in a timely manner.
SECTION 6. UPDATE - In spring 2014 the AVP began meeting with the CAPS staff on a biweekly basis. During these meetings policies, procedures, and the needs of the counselors are discussed. Specific training for CAPS and W&A staff have been developed to meet these needs, including emergency procedures. Additional training opportunities will need to be created in the future. The AVP has created staff retreats which will be conducted each semester for W&A staff. Topics will include policies, procedures, emergency planning, crisis situations, how to deal with difficult people, etc. The counselors now have access, through the AVP, to University Counsel in the Chancellor’s Office.

Criterion 7. Diversity, Equity and Access: Within the context of each institution’s unique mission and in accordance with institutional polices and all applicable codes and laws, CS must create and maintain educational and work environments that are welcoming, accessible, and inclusive to persons of diverse backgrounds and free from harassment. CS must not discriminate on the basis of ability; age; cultural identity; ethnicity; family educational history; gender identity and expression; nationality; political affiliation; race; religious affiliation; sex; sexual orientation; economic, marital, or veteran status; or any other basis included in institutional policies and codes and laws.

**Deficiency 7.3.7-7.3.8&7.3.10:** CS provides staff members with access to multicultural training and holds staff members accountable for integrating the training into their work; responds to the needs of all students and other populations served when establishing hours of operation and developing methods of delivering programs, services, and resources; and recognizes the needs of distance learning students by providing appropriate and accessible services and resources or by assisting them in gaining access to other appropriate services and resources in their geographic region.

*Multicultural training is not consistently provided or integrated into annual training of staff.*

**Diversity, Equity and Access action plan #1:**

PCS will discuss with the AVP the need to implement diversity and equity training regarding alternative methods of counseling for distance learning students.

SECTION 7. UPDATE - The University has very few distance learning classes at the present time. There are two campus centers apart from the main campus. These centers, Thousand Oaks and Santa Barbara, have limited offerings. Students from these centers are welcome to participate in services on the main campus. The AVP has recently (November 2014) begun discussions with campus constituents to determine additional services students at the centers may require. A final report on these services will be completed by Summer 2016. Multicultural training will be provided annually for all staff within the area of W&A beginning Spring 2015.

Criterion 8. Institutional and External Relations: Programs and services must reach out to relevant individuals, groups, communities, and organizations internal and external to the institution to establish, maintain, and promote understanding and effective relations with those that have a significant interest in our potential effect on the students or other constituents served by the programs and services.
**Deficiency 8.2&8.3** CS establishes and maintains close working relationships with community mental health resources where adequate mental health resources are not available on campus and has procedures for the referral of students who require counseling beyond its scope.

*PCS has not established consistent working relationships with community mental health resources where adequate mental health resources are not available on campus.*

*Institutional and External Relations action plan #1*

A Health Educator is integral in establishing community relations and creating working relationships with community mental health resources. PCS will discuss with the AVP the need to establish funding for a permanent full time Health Educator.

**Deficiency8.4.1-8.4.4** CS has procedures and guidelines consistent with institutional policy to: communicate with the media, contract with external organizations for delivery of programs and services, cultivate, solicit, and manage gifts and apply to and manage funds from grants.

*PCS has not established guidelines consistent with institutional policy to: communicate with the media, external organizations for delivery of programs and services, cultivate, solicit, and manage gifts and apply to and manage funds from grants.*

*Institutional and External Relations action plan #2*

The campus has established policies through University Advancement, Media Relations and Research and Sponsored Programs that PCS will adapt (or reference appropriate campus wide policy) in its Policies and Procedures Manual in order to communicate with media, cultivate or solicit gifts or apply for and manage funds from grants.

**SECTION 8. UPDATE** - The assistant director of Wellness Promotion & Education (the health educator role) is in the process of being hired. Anticipated start date is early Spring 2015. CAPS will follow the University Guidelines as they relate to media inquires and the request for grants and donations. CAPS will not create separate guidelines.

**Criterion 9. Financial Resources:** CS must have funding to accomplish the mission and goals. In establishing funding priorities and making significant changes, a comprehensive analysis must be conducted to determine the following elements: unmet needs of the unit, relevant expenditures, external and internal resources, and impact on students and the institution.

**Deficiency 9.1, 9.2&9.3:** CS has adequate funding to accomplish its mission and goals, demonstrates fiscal responsibility, responsible stewardship, and cost-effectiveness consistent with institutional protocols and conducts analysis of expenditures, external and internal resources, and impact on the campus community before establishing funding priorities and making significant changes.

The previously cited is fully supported by a mandatory Student Health Fee and Health Facilities Fee. Up until last year when students voted to increase the Student Health Fee, the fees had not been increased since the University opened its doors 11 years ago. However the student population has continued to grow. The lack of funding...
continues to affect the ability of PCS to expand services, create new programming and increase resources. The current Health Service Fee funding source is not adequate to fund PCS and is not structured to meet PCS needs.

Financial Resources action plan #1:

PCS will discuss with the AVP the need to develop a University plan to establish a budget that will provide adequate funding for counseling services. Options for discussion would include (a) setting aside a set portion or percentage of the Health Service Fee to cover PCS needs (b) establishing a separate fee dedicated to mental health services, (c) consider other options, such as a combination of (a) and (b), etc. The plan will include projected steps to raise revenue that will help hire staff to meet recommended staffing levels.

Students are resistant to increased fees. This may be due in part to the fact that a significant amount of our student population works while attending school and has family obligations. PCS may need to consider establishing an additional fee-for-service price list. Many, if not all, of our mental health services will have billable codes. Students would be obligated to a copayment, so perhaps the fee charged by the university could be used to reduce (if not eliminate) the copayment.

SECTION 9. UPDATE - CAPS funding for AY 2014/15 included new funding from the General Fund to cover 50% of the salary and benefits for the new Director position. New funds were also placed in the budget to support professional development opportunities for the counselors and psychologist. An increase in funding was also allocated to increase the hours from five/week to eight/week for the psychiatrist. Annual assessment of needs will be conducted to determine if funding is appropriate. A five-year funding model will be developed by the AVP and the director during spring 2015.

Criterion 10. Technology: CS must have adequate technology to support the achievement of their mission and goals. The technology and its use must comply with institutional polices and procedures and be evaluated for compliance with relevant codes and laws.

Deficiency 10.3-10.5: CS explores use of technology to enhance delivery of programs and services, especially for students at a distance and external constituencies and uses technology that facilitates learning and development and reflects intended outcomes

Technology action plan #1:

PCS will develop an internal plan for replacing and updating existing hardware and software as well as integrating new technically based programs that reflect current best pedagogical practices used to facilitate student learning and development.

Deficiency 10.6.2&10.2.3: CS has plans in place for protecting confidentiality and ensuring the security of information when using Internet-based technologies, develops plans for replacing and updating existing hardware and software as well as for integrating new technically-based or supported programs.

Steps have already been taken to protect confidentiality by placing software containing confidential client information on its own secure server. Access to software is strictly limited. Security of information will be further enhanced as PCS moves fully to electronic records maintenance. Private industry provides implementation, training and secure storage for EMR that is being rapidly adopted by individual providers as
well as by small groups of providers. Given the size of the PCS and SHS staff, the cost of contracting for the service may be less expensive.

*Technology action plan #2:
In collaboration with the campus Director of Enterprise Services and Security, PCS will develop a plan for protecting confidentiality and the security of information when using new internet-based technologies and include it in the PCS Policies and Procedures Manual, when created.

**Deficiency 10.8.1, 10.8.3&10.8.4:** CS provides: access to policies on technology use that are clear, easy to understand, and available to all students; instruction or training on how to use technology, and information on the legal and ethical implications of misuse as it pertains to intellectual property, harassment, privacy, and social networks.

**Technology action plan #3:**
Campus wide policies exist pertaining to use and availability of technology. Training on the proper use of technology and information regarding the legal and ethical implications of misuse as it pertains to intellectual property, harassment, privacy, and social networks is also available campus wide. As PCS makes its presence known on varying social networks, PCS will create guidelines for campus community posting on their websites and social network pages. These guidelines will be included in the PCS Policy and Procedures Manual.

**Deficiency 10.12:** CS selects technology that reflects current best pedagogical practices when technology is used to facilitate student learning and development.

Consistent and timely training on how to use technology for PCS staff is needed to provide technology that is easy to understand and available to all students, especially for students at a distance and external constituents.

**Technology action plan #4:**
PCS will discuss with the AVP the need to develop a university plan to acquire graduate students or undergraduate students with advanced technology training/experience to address technology development and management pertaining to the PCS website and social media pages.

As we approach fall 2014, storage of hard copy files will not meet requirements to transition all medical files to an EMR system that ensures access to and security of student records.

**SECTION 10. UPDATE** - The AVP has developed a funding model to replace staff computers on a four-year cycle. All staff computers were replaced during the Spring of 2014. Security measures have been put in place by the IT security team to safeguard and backup all personal data. CAPS will not develop an internal procedure but follow the University’s procedure regarding social media use for University business. The AVP has centralized all website development and maintenance by hiring staff in the AVP office to serve all programs within Wellness & Athletics. This centralization will provide greater support and consistency.

**Criterion 11. Facilities and Equipment:** CS must have adequate, accessible, and suitably located facilities and equipment to support the mission and goals. If acquiring capital equipment as defined by the institution, CS must take into account expenses related to regular maintenance of life cycle costs. Facilities and equipment...
must be evaluated on an established cycle, including consideration of sustainability, and be in compliance with codes and laws to provide for access, health, safety, and security.

**Deficiency 11.1.1-11.2.2:** CS has adequate, accessible, and suitably located facilities and equipment to support its mission and goals and are evaluated regularly for compliance in relation to legal and institutional requirements that ensure access, health, safety, and security of students and other users.

**Deficiency 11.3.1-11.6:** CS staff members have workspace that is well equipped, adequate in size, and designed to support their work; access to appropriate space for private conversations; the ability to adequately secure their work; facilities guarantee security and privacy of records and ensure confidentiality of sensitive information; the location and layout that are sensitive to the needs of persons with disabilities as well as with the needs of other constituencies; and maintains a physical and social environment that facilitates optimal functioning and ensures appropriate confidentiality

**Facilities and Equipment action plan #1:**

PCS will develop a formal process for evaluating all equipment. The capital expenditure budget is aimed at purchasing major equipment needs for department. PCS will utilize the annual budget process to request equipment replacement based on a formal evaluation of all equipment.

**Facilities and Equipment action plan #2:**

PCS facilities and equipment are not evaluated regularly. To fully meet this criterion will necessitate that PCS acquire separate front office and waiting spaces that are devoted exclusively to PCS functions. An architectural barrier is needed between the student seeking services and PCS reception while the student is completing forms or is waiting for their therapist.

**Facilities and Equipment action plan #3**

Discuss with the AVP the development of a three phase plan that includes: (1) updates to the temporary location to be completed during the summer of 2014, (2) relocation to an area that has been updated to meet student needs and student population growth through 2017 until, (3) building a new location designed to meet the needs of the student population at maximum capacity by 2020.
PCS maintains a physical and social environment that facilitates optimal functioning and ensures appropriate confidentiality (see Facilities and Equipment action plan #2)

SECTION 11. UPDATE – In summer 2014, CAPS moved the receptionist and waiting area to be adjacent to the counselors. During the first September it became apparent the receptionist should not be located in the waiting area. To provide greater security and enhanced confidentiality the receptionist was relocated to the adjoining office and a desk was placed to provide an added barrier. A new door will be installed in the CAPS hallway to provide additional privacy and noise reduction. Planning is underway to relocate CAPS in 2016. The new location will allow CAPS to collocate with SHS to provide more effective and efficient services.

Criterion 12. Assessment and Evaluation: CS must have a clearly articulated assessment plan to document achievement of stated goals and learning outcomes, demonstrate accountability, provide evidence of improvement, and describe resulting changes in programs and services. CS must have adequate fiscal, human professional development, and technological resources to develop and implement assessment plans.

Deficiency 12.1-12.1.4: CS has a clearly articulated assessment plan to: document achievement of stated goals and learning outcomes, demonstrate accountability, provide evidence of improvement and describe resulting changes.

PCS does not use follow-up assessments to gauge level of change as a result of counseling and does not conduct formal outcomes assessments.

Assessment and Evaluation action plan #1:
PCS will incorporate more direct and indirect outcomes measures into its assessment program by incorporating the CCAPS. The CCAPS has been implemented through Titanium. Other direct measures will be added after the adequacy of CCAPS has been evaluated after this spring, (to be discussed at the Fall 2014 retreat). In addition to other agreed upon data, this report should provide a summary of what is learned from client feedback, what improvements are needed to address concerns, and what resources are needed to make the improvements.

Deficiency 12.2.1&12.2.2: CS has adequate resources in the following dimensions to develop and implement assessment plans fiscal and human.

PCS does not have adequate fiscal or human resources to implement a cohesive and on-going assessment plan.

Assessment and Evaluation action plan #2:
Pending adequate fiscal and human resources, PCS will prepare an annual brief report of its assessments. The report will provide a summary of at least the following: (a) clinical and satisfaction information from client feedback, (b) improvements needed to address concerns raised by assessments, and (c) description of resources needed to address these improvements.

Deficiency 12.3.1-12.3.3 CS employs direct and indirect evaluation and qualitative and quantitative methodologies to determine achievement of learning and development outcomes and whether they are met effectively and efficiently and ensure comprehensiveness.
The PCS mission statement, as well as effectiveness of other program practices and procedures are not reviewed regularly (e.g. diversity, ethics, client evaluations, process operations, and strategic plans, etc.).

**Deficiency 12.4&12.5:** Data are collected from students and other constituencies; assessments are shared appropriately with multiple constituencies.

**Deficiency 12.6.1-12.7** Assessment and evaluation results are used to; identify needs and interests in revising and improving programs and services, recognize staff performance, maximize resource efficiency and effectiveness, improve student learning and development outcomes, improve student persistence and success and changes resulting from assessment and evaluation are shared with stakeholders.

PCS does not review assessments regularly and systematically; assessments are not consistently discussed with staff and other constituencies to suggest service improvements.

Assessment and Evaluation action plan #3:

PCS will develop a plan to coordinate the assessment and reporting of learning outcomes data (e.g. learning outcomes that should be evaluated through counseling sessions versus satisfaction surveys or outreach efforts). This plan will include the development of new learning outcome evaluations as needed. It will be developed in regular staff meetings during the spring semester. The following nine learning outcomes that will be addressed:

1. Enhanced Self Esteem
2. Realistic Self-Appraisal
3. Clarified Values
4. Healthy Behavior
5. Meaningful Interpersonal Relationships
6. Satisfying and Productive Lifestyles
7. Appreciating Diversity
8. Spiritual Awareness
9. Personal and Educational Goals

The nine learning outcomes have face validity; however they need to be operationalized to have internal validity as well as reliability. Standardized instruments that measure these nine learning outcomes will need to be identified. To achieve this goal, experts in the area of assessment and evaluation should be consulted.

**SECTION 12. UPDATE - CI conducted a mental health services survey sponsored by CalMHSA in the Fall of 2013. The purpose of the survey was to learn more about experiences and attitudes related to student mental health and well-being, and perceptions of overall campus climate toward supporting student mental health. We will be conducting the ACHA-NCHA survey in the Spring of 2015 to gain a greater awareness of student perceptions and needs related to personal wellness. New assessment tool are being researched to provide the counselors with evaluations that are reflective of their roles and accomplishments. Current assessment tools are inadequate to properly assess the effectiveness of the services and programs offered through CAPS.**
Closing Remarks

While there were no criterion statements that the self-study team assigned a top rating of “5” (Exemplary), there were 15 criterion statements that received a rating of “4” (meets or exceeds the standard). The following criterion statements that received above average ratings reflect the essential components needed to provide appropriate university counseling services: timely and appropriate response to crisis intervention; services that are student centered promoting student learning and development that are purposeful and relevant to the needs of the individual client; placing the highest priority on client confidentiality unless the client provides written permission to divulge information; professional staff members are skilled at taking the appropriate and reasonable action needed when a client’s condition indicates serious and foreseeable harm to self or others; professional staff are provided access to continuing education and professional development; professional staff possess the appropriate credentials and training needed in order to provide counseling services; counseling services provides a welcoming, accessible, and inclusive environment that is free from harassment, equitable and non discriminatory to persons of diverse backgrounds; advocates for sensitivity to multicultural and social justice concerns by the institution and its personnel, and takes an active role in modifying or removing any policies or practices, systems or technologies and facilities or structures that may limit access, discriminate, or produces inequities; actively promotes respect about commonalities and differences among people within their historical and cultural context, fostering communication that deepens understanding of identity, culture, self-expression, and heritage.

The criterion statements that received above average ratings reflect the culture and philosophy of the personal counseling services, promoting academic effectiveness and personal development by helping students address academic, relationship, personal and career concerns. Individual counseling provides a brief, focused model to help students identify areas for improvement, set goals for change, and achieve these goals within a specific time period.

In its findings, it should be noted that while PCS meets some of the CAS standards, several critical areas of need and improvement were identified. PCS is committed to addressing all recommendations and action plans emanating from this review in order to improve the efficiency and effectiveness of its programs and services to students. As PCS implements these action items, it is recommended that concurrent efforts be directed toward attaining accreditation from professional associations, such as IACS. The inherent benefit of utilizing such external professional entities to conduct regular audits to maintain high performance standards cannot be overstated.
SECTION FOUR: POST SCRIPT AND EXECUTIVE UPDATES

The primary goal of PCS is to meet the growing and changing psychological needs of our students. The self-study presented in the following pages was conducted in the Spring and Summer of 2013. At the time PCS was a program within the area of Student Life. Dr. Debbie Gravelle, Assistant to the Dean of Students, who also had additional administrative responsibilities, directed the program. The Area Head was Mr. Damien Peña, Associate Vice President for Student Affairs and Dean of Students. The staff dedicated to the program consisted of one University Psychologist and two Licensed Counselors. An administrative analyst and an administrative assistant provided limited assistance due to being assigned and located in SHS.

With the goal to meet the growing and changing needs of our students and campus community, the DSA, in Fall 2013, created a new organizational area known as Wellness & Athletics.

PCS, SHS, Campus Recreation and in Summer 2014 a new program known as Wellness Promotion & Education were brought together to create a wellness model. I, Mr. Edwin Lebioda, was asked by Dr. Sawyer to assume the role of Associate Vice President for this new area in October 2013. Upon assuming the duties of this new role, I set out to gain a greater understanding of the needs of each program, the skills of the current staff, and to provide a vision of the future.

One outcome of my initial assessment was to request immediate funding for an additional counselor (which we received). At the time there were two counselor positions (one vacant since May) and one University Psychologist and our counselor to student ratio exceed recommended standards. During the search for the vacant counselor position we were able to obtain additional funding and hired two counselors, which effectively doubled the Fall semester counseling staff.

Based on a need to provide a professional environment and increase confidentiality, we also secured funding for a full-time administrative assistant to serve as the point of contact for all PCS clients. This effectively removed student assistants from the reception area in April 2014 when the position was filled.

The assessment also determined there is a critical need for a full-time experienced director to provide daily oversight, guidance, assessment and quality improvement for both Student Health and Counseling Services (this role was being filled in part by the Assistant to the Dean of Students). We determined our number one priority for the W&A area in the 2014-2015 fiscal year was to obtain funding for this new administrator position. The position was approved and opened for applicants in late September. The position is an administrator position and will have limited contact with students as a counselor. However, we are requiring the position to be licensed in the State of California to provide counseling assistance as necessary in a crisis situation or at extremely peak times. in the next year or two, we project the counseling budget request will include an additional University Psychologist properly credentialed, allowing our campus to provide internship opportunities for future counselors. A goal is to become accredited by the American Psychological Association and/or hold membership in the Association of Psychology Postdoctoral and Internship Programs.

The assessment demonstrated the need for written procedures related to the care of individuals. In late spring 2014, I instructed the Assistant to the Dean and the administrative assistant to begin researching procedures from other campuses and to create a procedure manual for CI. I also requested the counselors to create a list of priorities, related to procedures, as they deemed appropriate.
The assessment also determined a greater need for additional space. Plans are currently being developed to move Counseling and Student Health to one location. This will allow for greater collaboration and shared resources.

As demonstrated, the PCS, now known as CAPS (Counseling and Psychological Services) program has made a number of changes in the past 12 months to become a model program (our counselor ratio is now one of the best in the CSU). There are still a number of changes required to fully meet the standards we have set for the program. With the leadership of an experienced director the program will be in full compliance within a year. Our future goal is to become accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and/or by the International Association of Counseling Services (IACS) anticipated by 2017.

The tables below present the following

Table 1. Presents significant changes that are in progress or have been completed following the Self-Study review completed in December 2013. Updates provide progress from December 2013-October 2014

Table 2. Provides a list of outstanding deficiencies including an action plan and 2 year timeline for completion
## EXECUTIVE UPDATES: DEFICIENCIES MET OR IN PROGRESS

### TABLE 1 SELF STUDY ACTION PLAN
**YEAR 1 DEC. 2013-DEC 2014 IN PROGRESS OR COMPLETED**

<table>
<thead>
<tr>
<th>CRITERION MEASURED</th>
<th>CORRECTIVE ACTION COMPLETED</th>
<th>IN PROGRESS/ PROPOSED DATE OF COMPLETION</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td><strong>1. Mission</strong></td>
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<tr>
<td><strong>Deficiency 1.4.0-1.4.4:</strong> The CS mission is consistent with professional standards, appropriate for student populations and community settings and references learning and development.</td>
<td>The Mission Statement for PCS was reviewed by the AVP for Wellness &amp; Athletics in the spring of 2014. During this time it became clear that the statement should be renamed as a Purpose Statement to be consistent within Student Affairs and the name of the program was changed to Counseling and Psychological Services (CAPS) to be more reflective of the services provided. One statement was chosen and the website and marketing materials were updated to reflect the change.</td>
<td>CAPS will hold a meeting in December (after finals) to finalize the new Purpose Statement. A review of prospective assessment instruments will be the focus of CAPS during the spring 2015 semester.</td>
<td>The CAPS Counselors and the AVP reviewed, discussed and modified the Purpose Statement for CAPS in December 2014. “Counseling and Psychological Services (CAPS) provides short-term mental health services to assist students in achieving their academic and personal pursuits.”</td>
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<tr>
<td><strong>2. Program</strong></td>
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<td><strong>Deficiency 2.4. CS is intentionally designed, using multiple formats, strategies, and contexts.</strong></td>
<td>Two I-Pads were purchased to assist with a web-version intake process. Kognito is now available for students, faculty and staff. The WP&amp;E program was created in the summer to address the growing educational needs of the campus community regarding mental health issues, sexual assault awareness, nutrition, body image, stress management, etc.</td>
<td>Full time permanent Health Educator position to develop and run ongoing health education groups, seminars and workshops. Website is currently being revised to include additional on-line resources for students to obtain assistance. Anticipated completion by February 2015. The part-time psychiatrist resigned in the summer of 2014. CI contracted with Global Medical to hire a replacement. Funding was acquired to expand the position from 5 to 8 hours per week. In November a qualified candidate was found and the candidate is anticipated to begin in December.</td>
<td>A program action request was to hire a full-time health educator. Funding was acquired for the AY 14/15 and we are currently reviewing applications for an Assistant Director of Wellness Promotion and Education (WP&amp;E), which is classified as a Health Educator with an anticipated start date in January 2015.</td>
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</table>
### 3. Organization & Leadership

**Deficiency 3.2.0-3.2.4:** In providing strategic planning, PCS leaders: articulate a vision and mission that drive short- and long-term planning; set goals and objectives based on the needs of the population served and desired student learning or development and program outcomes; facilitate continuous development, implementation, and assessment of goal attainment congruent with institutional mission and strategic plans; and promote environments that provide meaningful opportunities for student learning, development, and engagement.

Assessment tools are being collected and will be reviewed by the new Director of Counseling and Health Services. This position is new for AY 14/15 and the applications are currently being evaluated by the search and screen committee.

### 4. Human Resources

**Deficiency 4.1:** CS is staffed adequately to accomplish mission and goals within institutional guidelines.

<table>
<thead>
<tr>
<th>Hired 2 additional Personal Counselor</th>
<th>The Counseling Service (CS) is staffed adequately to accomplish mission and goals</th>
<th>Completed Search December 2013. Hired Jan 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Search Screen in progress for Director of Counseling &amp; Health Funding Procured for 2014/2015</td>
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<td>University Psychologist Future position to maintain Counselor to student ratio of 1:1,500</td>
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<td></td>
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<td>In Search - January 2015</td>
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</tbody>
</table>

### 5. Ethics

### 6. Law, Policy, and Governance

### 7. Diversity, Equity, and Access

### 8. Institutional & External Relations

**Deficiency 8.2&8.3** Personal Counseling Service (PCS) establishes and maintains close working relationships with community mental health resources where adequate mental health resources are not available on campus and has procedures for the referral of students who require counseling beyond its scope.

<p>| Full time permanent Health Educator position to develop and run ongoing health education groups, seminars and workshops. | A program action request was to hire a full-time health educator. Funding was acquired for the AY 14/15 and we are currently reviewing applications for an Assistant Director of Wellness Promotion and Education (WP&amp;E), which is classified as a Health Educator with an anticipated start date in January 2015. | |</p>
<table>
<thead>
<tr>
<th>9. Financial Resources</th>
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<tr>
<th>10. Technology</th>
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<tbody>
<tr>
<td><strong>Deficiency 10.6.2&amp;10.2.3:</strong> PCS has plans in place for protecting confidentiality and ensuring the security of information when using Internet-based technologies, develops plans for replacing and updating existing hardware and software as well as for integrating new technically-based or supported programs</td>
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<tr>
<th>11. Facilities &amp; Equipment</th>
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<tr>
<th>12. Assessment &amp; Evaluation</th>
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## TABLE 2 SELF STUDY ACTION PLAN

<table>
<thead>
<tr>
<th>CRITERION MEASURED</th>
<th>CORRECTIVE ACTION COMPLETED</th>
<th>CORRECTIVE ACTION COMPLETED</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td></td>
<td>Year 2 Jan 2015-Dec 2015</td>
<td>Year 3 Jan 2016-Dec 2016</td>
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<tr>
<td>1. Mission</td>
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<tr>
<td>2. Program</td>
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<tr>
<td>Deficiency 2.3.0-2.3.5: The CS assesses relevant and desirable student learning and development; provides evidence of impact on outcomes; articulates contributions to or support of student learning and development in the domains not specifically assessed; articulates contributions to or support of student persistence and success; and uses evidence gathered through assessment to create strategies for improvement.</td>
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<tr>
<td>Deficiency 2.6.2-2.6.5: CS provides group interventions, psychological testing and other assessment techniques, outreach efforts and outreach and counseling support for students from diverse backgrounds.</td>
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<tr>
<td>Deficiency 2.6.11: CS provides outreach service and response to staff/faculty development programs directly or referral or in collaboration</td>
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<td>x</td>
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<tr>
<td>3. Organization &amp; Leadership</td>
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<tr>
<td>Deficiency 3.1.0-3.1.4: CS has clearly stated goals, current and accessible policies and procedures, written performance expectations for employees, functional work flow graphic for PCS or organizational charts demonstrating clear channels of authority</td>
<td>x</td>
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<tr>
<td>Deficiency 3.3.0-3.3.4: CS will provide supervision for: human resource processes including recruitment, selection, development, supervision, performance planning, evaluation, recognition, and reward, empower professional support and student staff to accept leadership opportunities, offer appropriate feedback to colleagues and students on skills needed to become more effective leaders.</td>
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<tr>
<td>Deficiency 3.4.0-3.4.4: CS leaders plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technical resources; use current and valid evidence to inform decisions and incorporate sustainability practices in the management and design of programs, services, and facilities.</td>
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<td>x</td>
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<td>Deficiency 3.5.2-3.5.5 &amp; 3.6.2: CS leaders advance the organization: advocating for programs and services, advocating for representation in strategic planning initiatives at appropriate divisional and institutional levels, initiate collaborative interactions with internal and external stakeholders who have legitimate concerns about and interest in the functional area, facilitate processes to reach consensus where wide support is needed and share data used to inform key decisions in transparent and accessible ways.</td>
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<th>4. Human Resources</th>
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<tr>
<td>Deficiency 4.2.1 &amp; 4.2.2: CS establishes procedures for staff recruitment and selection, training, performance planning, and evaluation, sets expectations for supervision and performance.</td>
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<td>Deficiency 4.3.2-4.3.5: CS institutes recruitment and hiring strategies that encourage applications from under-represented populations, develops promotion practices that are fair, inclusive, proactive, and nondiscriminatory; considers work life initiatives, such as compressed work schedules, flextime, job sharing, remote work, or telework; and has technical and support staff members adequate to accomplish the mission</td>
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<td>Deficiency 4.5: CS acquires Degree - or credential-seeking interns or graduate assistants.</td>
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<th>5. Ethics</th>
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<th>6. Law, Policy, and Governance</th>
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<tr>
<td>Deficiency 6.1.1-6.1.8: CS informs staff members, appropriate officials, and users of programs and services about existing and changing legal obligations, risks and liabilities, and limitations; has written policies on all relevant operations, transactions, or tasks that have legal implications; regularly reviews policies to ensure that they reflect best practices, available evidence, and policy issues in higher education; and has procedures and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations.</td>
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<td>Deficiency 6.2.2 &amp; 6.3: CS staff members are informed about institutional policies regarding risk management, personal liability, and related insurance coverage options; and are referred to external sources if the institution does not provide coverage; and provided access to legal advice for PCS staff members as needed to carry out assigned responsibilities.</td>
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<td>7. Diversity, Equity, and Access</td>
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<td><strong>Deficiency 7.3.7-7.3.8 &amp; 7.3.10:</strong> CS provides staff members with access to multicultural training and holds staff members accountable for integrating the training into their work; responds to the needs of all students and other populations served when establishing hours of operation and developing methods of delivering programs, services, and resources; and recognizes the needs of distance learning students by providing appropriate and accessible services and resources or by assisting them in gaining access to other appropriate services and resources in their geographic region.</td>
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<th>8. Institutional &amp; External Relations</th>
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<tr>
<td><strong>Deficiency 8.4.1-8.4.4:</strong> CS has procedures and guidelines consistent with institutional policy to: communicate with the media, contract with external organizations for delivery of programs and services, cultivate, solicit, and manage gifts and apply to and manage funds from grants.</td>
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<th>9. Financial Resources</th>
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<tr>
<td><strong>Deficiency 9.1, 9.2 &amp; 9.3:</strong> CS has adequate funding to accomplish its mission and goals, demonstrates fiscal responsibility, responsible stewardship, and cost-effectiveness consistent with institutional protocols and conducts analysis of expenditures, external and internal resources, and impact on the campus community before establishing funding priorities and making significant changes.</td>
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<th>10. Technology</th>
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<td><strong>Deficiency 10.3-10.5:</strong> CS explores use of technology to enhance delivery of programs and services, especially for students at a distance and external constituencies and uses technology that facilitates learning and development and reflects intended outcomes.</td>
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<td><strong>Deficiency 10.8.1, 10.8.3 &amp; 10.8.4:</strong> CS provides: access to policies on technology use that are clear, easy to understand, and available to all students; instruction or training on how to use technology, and information on the legal and ethical implications of misuse as it pertains to intellectual property, harassment, privacy, and social networks.</td>
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<td><strong>Deficiency 10.12:</strong> CS selects technology that reflects current best pedagogical practices when technology is used to facilitate student learning and development.</td>
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<th>11. Facilities &amp; Equipment</th>
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<tr>
<td><strong>Deficiency 11.1.1-11.2.2:</strong> CS has adequate, accessible, and suitably located facilities and equipment to support its mission and goals and are evaluated regularly for compliance in relation to legal and institutional requirements that ensure access, health, safety, and security of students and other users.</td>
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### Deficiency 11.3.1-11.6: CS staff members have workspace that is well equipped, adequate in size, and designed to support their work; access to appropriate space for private conversations; the ability to adequately secure their work; facilities guarantee security and privacy of records and ensure confidentiality of sensitive information; the location and layout that are sensitive to the needs of persons with disabilities as well as with the needs of other constituencies; and maintains a physical and social environment that facilitates optimal functioning and ensures appropriate confidentiality

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### 12. Assessment & Evaluation

#### Deficiency 12.1-12.1.4: CS has a clearly-articulated assessment plan to: document achievement of stated goals and learning outcomes, demonstrate accountability, provide evidence of improvement and describe resulting changes

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#### Deficiency 12.2.1&12.2.2: CS has adequate resources in the following dimensions to develop and implement assessment plans fiscal and human.

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#### Deficiency 12.3.1-12.3.3 CS employs direct and indirect evaluation and qualitative and quantitative methodologies to determine achievement of learning and development outcomes and whether they are met effectively and efficiently and ensure comprehensiveness.

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#### Deficiency 12.4&12.5: Data are collected from students and other constituencies; assessments are shared appropriately with multiple constituencies.

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#### Deficiency 12.6.1-12.7 Assessment and evaluation results are used to; identify needs and interests in revising and improving programs and services, recognize staff performance, maximize resource efficiency and effectiveness, improve student learning and development outcomes, improve student persistence and success and changes resulting from assessment and evaluation are shared with stakeholders.

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SECTION FIVE: REFERENCES


