



Counseling and Psychological Services  
**Program Review Response**

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## Introduction

Demonstrating its commitment to continuous quality improvement, Cal Poly Pomona's Division of Student Affairs implemented a 5-year plan to conduct program evaluations for each of its departments. On October 16<sup>th</sup> and 19<sup>th</sup> of 2009, Dr. Bert H. Epstein, Associate Director for Research and Assessment at Psychological Counseling Services at California State University, Sacramento, and Dr. Denise Hayes, Director of Student Health and Counseling Services at the Claremont University Consortium, conducted a thorough program review of Counseling and Psychological Services in advance of our pending IACS Accreditation visit.

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## Overall Impressions

The reviewers' overall evaluation was that "CAPS is clearly an outstanding counseling center... that provides high-quality service, both in prevention and in direct treatment." The reviewers also noted areas "in need of a few relatively minor adjustments," which they outlined in 13 recommendations [R] and 17 areas for discussion [D]. Each of the 30 items is categorized below under the time frame in which the steps have, can or will be taken to consider and address them: immediate adjustments, short term changes, long-term plans for improvement, or not applicable.

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## Immediate Adjustments

### *Finding related to CAPS Website*

- Fix the non-working parts of the CAPS website, especially the Emergency Information sections. Expand on-line quizzes and other self-help material. [R6]

### *CAPS Response*

- Prior to receiving the reviewers' report with this recommendation, the Emergency Information page on the CAPS website was fixed. Other aspects of improving and expanding the CAPS website are noted under the long-term response time frame.

### *Finding related to Counselor Professional Development Leave*

- Clarify precisely how many days of leave for professional development staff may use. [R8]

### *CAPS Response*

- At a staff meeting shortly after receiving the reviewer's report and recommendations, the CAPS Director reviewed with clinical staff the existing/continuing practice of allowing each counselor 5 days or 40 hours of paid work time to attend continuing education seminars or participate in other professional development activities. In addition, the electronic record, maintained by the CAPS Administrative Assistant, of days/hours used for professional development by each clinician was made available for all to view via the department's shared file server.

### *Finding related to Communication with Student Health Services*

- Determine if it is possible and advisable for SHS clinicians to leave messages on CAPS clinician's voice mail. [D2]

### *CAPS Response*

- The CPP voicemail system currently allows SHS clinicians to leave messages for CAPS counselors. Our office protocol, however, is to route all calls through the main reception desk at ext. 3220 to prevent interrupting counseling sessions currently in progress and eliminate the need for our colleagues to seek out or remember multiple phone numbers. The receptionist can forward all calls directly to the counselor's voicemail box. Based on the feedback from the review team, this process and rationale was reiterated with our SHS colleagues.

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## Short Term Changes

### *Finding related to Policy and Procedures Manual*

- The Policy and Procedures Manual is in draft stage. Given the importance of this document, we would recommend some time be devoted to producing a more finalized version. [R2]

### *CAPS Response*

- Vital policies and procedures are maintained electronically and are readily accessible for all to view via the department's shared file server. The hard copy Policy and Procedures Manual is under continuous development. Finalizing the manual for review by the IACS Accreditors will take place over the coming summer when clinical demand drops and administrative schedules allow.

### *Findings related to Issues of Confidentiality*

- Provide several brief trainings on confidentiality issues specific to the counseling center. Create a form related to this and have all sign. Provide separate trainings for senior staff, trainees, support staff, and IT staff. [R9]
- Add a line to Authorization to Release Information form (and perhaps also the general Informed Consent form) noting that CAPS cannot guarantee the confidentiality of faxed information. [R11]

### *CAPS Response*

- At a staff meeting shortly after receiving the reviewers' report, this recommendation was discussed and two CAPS Counselors volunteered to design and deliver the suggested confidentiality training. Drs. Nguyen and Ruzek are at work compiling the training content and suggested form. Trainings for each of the levels will be implemented over the coming summer months.
- Given all CAPS consent and authorization to release forms are printed on 3-part NCR paper, the cost for replacing existing stock is not insignificant. The recommended revisions have been requested for all relevant forms and are being implemented as reprints are needed.

### *Findings related to Intakes, Case Assignment and Wait Times*

- Provide more information to campus partners about times when there is high traffic or wait times so that they can make the best campus referrals. [R5]
- CAPS may wish to consider an alternative to the current intake and client assignment system because of the resource time required of the Clinical Services Coordinator and front desk staff. [D8]

### *CAPS Response*

- At a clinical staff meeting held shortly after receiving the reviewer's report, revisions were made to the CAPS intake and case assignment process. The essential change made involves allowing licensed and full-time staff counselors to choose, at the close of an initial intake screening, to self-assign the case to their own case load or forward it to the Clinical Services Coordinator (CSC) with recommendations for assigning the case to another counselor or intern. If a counselor assigns the client to themselves at intake, they also schedule the student's first therapy appointment before that student leaves their office. This more streamlined approach cuts down on time spent by the CSC reviewing intakes and assigning cases, and on time spent by the front office contacting students, once assigned, to schedule their first therapy appointment. It also spares the student from having to "start all over" with another counselor at their first therapy session, making that first session more effective because the student and therapist can "pick up where they left off" at the intake session. Positive impact has already been seen, in that CAPS was able to keep from starting or keeping a wait list for individual counseling in the recent Winter and current Spring quarters.

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## Long Term Plans for Improvement

### *Finding related to CAPS Website*

- Fix the non-working parts of the CAPS website, especially the Emergency Information sections. Expand on-line quizzes and other self-help material. [R6]

### *CAPS Response*

- Prior to receiving the reviewers' report with this recommendation, the Emergency Information page on the CAPS website was fixed. Other sections continue to be under development. Funding for a mental health educator focused on developing the CAPS website and online self-help resources is planned for in year one of the proposed health fee increase.

### *Finding related to SAITS*

- Brainstorm ways to engender positive feelings from IT personnel. [D14]

### *CAPS Response*

- CAPS staff acknowledge the inherent challenges of relying on external IT personnel to support all of our computing needs including: hardware, software, web, network, etc. Concerted efforts are underway to objectively assess and improve communication in order to engender the same effective collaborative relationships with SAITS, as we enjoy with all our campus partners.

### *Findings related to Inadequate Staffing and Crisis Coverage*

- Determine a way that the student receptionist does not have access to chart notes—or replace this person with a non-student. [R10]
- We recommend increasing FTE for CAPS. Currently, they are not able to perform all the functions of the excellent counseling center they strive to be, and this is unfortunate. Increasing funding for interns, along with adequate senior staff to supervise, may be the most economical method of increasing FTE. [R13]
- Consider hiring a Case Manager. [D4]
- Consider using part of the new student fee for an after-hours crisis service, such as ProtoCall. [D7]
- Future Hires. CAPS might consider hiring a social worker for a future position in order to further diversify staff experience. In addition, expanding the trainees' hours from half-time to full-time would be particularly efficient in that the vast majority of training activities currently offered would not need to change. Salaries for trainees are also much less expensive, and clinical capacity would increase, as long as adequate senior staff to supervise is available. [D15]

### *CAPS Response*

- CAPS student receptionist does not have access to case notes. All clinical/case notes are entered into Titanium by counselors and cannot be accessed by the student employee. The student receptionist does have access to scheduling information and front office communications regarding students being assigned to counselors and scheduled for their first therapy appointment. This student employee also scans and attaches hard copy intake forms (consents, etc.) under a general note type, which does not allow her access to clinical case notes or their contents. She handles hard copy paper files, which contain such forms, until they are scanned and shredded. These functions, and many others for which CAPS relies on its student assistant, should be fulfilled by a University clerical support employee. Funding for this is planned for in year 2 of the proposed health fee increase.
- Funding for all of the other positions and functions noted above is also planned for in the proposed health fee increase. Hiring a Case Manager and implementing the ProtoCall telephone triage crisis service during evenings and on weekends is planned for in year one. Year two funds will support 3 paid pre-doc and 3 paid post-doc internship positions along with additional psychologists required to provide excellent training and supervision.

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## Long Term Plans for Improvement (continued)

### *Findings related to CAPS Mission, Vision and Methodologies*

- Increase collaboration on workshop presentations with Wellness staff. [R4]
- Analyze data to determine if first-generation students are less likely to participate in the Wellness 101 Group. If so, consider alternative treatment methods for these students. [R7]
- Consider using DSM diagnoses. [D3]
- Consider using peer educators from campus partners' departments for outreach. [D6]
- Personnel/Center Philosophy [D9]
  - a. Review the match between the mission/vision statements and the realities of daily work.
  - b. Consider RTP guidelines and job descriptions.
  - c. Consider reworking some activities and the timing of those activities such as tightening eligibility and session limitations in summer to free staff to do project work, possibly leaving more time during the academic year for direct service, or pare back staff coordination duties (or move to times of the year when the center is less busy).
- Consider expanding alternative methods of service delivery where less clients require 50-minute, weekly sessions. [D10]
- Given the large amount of staff time required, consider charging a fee for LD testing, with some mechanism for fee reduction for those students who would have difficulty paying the full amount (e.g., using Financial Aid scoring system). [D12]
- Consider shortening the Intake note and also encourage staff to be precise in recording details of risk factors. Shortening this note could allow for decreased documentation time. Currently, the amount of time allocated appears to be greater than at other centers. Staff may wish to consider ways to reduce this indirect service allocation. [D13]
- Consider reducing time spent in supervision preparation, particularly in Winter and Spring terms. Less video review may be possible after ascertaining a trainee's qualifications and making necessary adjustments. [D16]

### *CAPS Response*

- At a lengthy all-staff meeting held shortly after receiving the reviewer's report, discussions began on the items above. In general, the staff universally reflected some level of fatigue, possibly even burnout, as a result of both trying to keep up with demand and, as the reviewers pointed out, trying to do too many things given our staff size and resources. Beyond this, the CAPS Director also met with each staff member to follow-up individually regarding shifting workloads and opening more client hours. The staff affirmed their commitment to the DSA values of being student-centered and interconnected, and for delivering high quality mental health services with passion, integrity, and a richness of diversity. Much more discussion will take place during the summer months, when counselors have more available time; however, a few initial steps had already been or were taken as a result of these preliminary discussions. One such step was to notify our campus partners in SHS and DRC that CAPS would no longer be accepting referrals for psychological testing. Another was creating our CAPS "Menu of Topics" from which Outreach requests must now be chosen, as opposed to counselors attempting to create customized programming for each request.

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## Not Applicable

A few items noted by the reviewers did not apply well to CAPS programs or services. It is likely the evaluators did not have a full understanding of all aspects of CAPS given their very brief conversations with staff on campus and at the counseling center.

### *Finding related to CAPS Website*

- Replace endorsement quotes from past and current trainees on website with offer to make such trainees available for phone consult for future applicants. [R12]

### *CAPS Response*

- The quotes referred to are all from past pre-doctoral interns, none are from current interns. They were unsolicited reflections on the former interns' training experiences. Permission to use them was requested and freely granted by the former trainees, thus there is no conflict in having them on the CAPS website.

### *Findings related to CAPS Mission, Vision and Methodologies*

- Clarify CAPS' mission with SHS leadership. [R3]
- Consider how referral form with SHS can be sent electronically. [D1]
- Consider developing a list of community therapists who will see some students on a pro bono basis, perhaps in exchange for priority access and/or no-cost admission to CAPS' CE trainings. [D5]
- Consider eliminating session limits, but keeping a brief therapy model. [D11]
- Discuss ways the main receptionist can be assisted during busy times. Discuss whether "knocking on the wall" for help is ideal, and if not, whether there are other solutions. [D17]

### *CAPS Response*

- Follow-up conversations with staff at Student Health Services failed to reveal any specific misunderstanding of CAPS mission or needed clarification. In discussions around referral forms both SHS and CAPS staff expressed satisfaction with the current system of faxing referrals between departments. This ensures immediate delivery of each clinician's thoughts and recommendations about the student, as well as provides a signed release giving permission for the two clinicians to exchange further details, if necessary.
- CAPS consistently seeks to expand low and no cost therapy options in the community to which CPP students can be referred for longer-term counseling and more severe issues. The reviewers praised our referral lists which are organized by geographic regions and specialties, and easily accessed from any computer in the center. CAPS offers APA and BBS approved CE courses very occasionally (once or twice per year at most) and have yet to sell-out a workshop. Thus, the option of trading "priority access and/or no-cost admission" for "pro bono" services by community therapists is not likely to draw many volunteers. Beyond this, we already know that the majority of students who are referred off campus don't pursue those referrals, but transportation and inconvenience are far more commonly noted as obstacles by students than is cost.
- CAPS already operates from a brief therapy model. Students are purposefully not given a specific number of sessions, but instead, are asked to identify short-term goals. Numbers of sessions are tracked by counselors to ensure treatment remains brief, and to gauge when students' needs warrant longer-term care. Students who present with more severe or chronic issues needing long-term treatment are quickly referred to a community provider.
- The Reviewers' likely did not fully understand what was meant by the phrase "knocking on the wall." The CAPS clerical support staff were consulted and expressed satisfaction with their current systems for providing one another additional assistance in high traffic times.

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## Not Applicable (continued)

### *Finding related to Inadequate Staffing and Crisis Coverage*

- While 24-hour access to CAPS counselors, as requested by some students, is unrealistic, we would recommend that CAPS stay open an extra two hours one or two days a week, which appears to be fairly common nationally and in the CSU system. [R1]

### *CAPS Response*

- Funding for 24-hour, telephone triage and crisis counseling is planned for in year one of the proposed health fee increase. It should also be noted that the CAPS Director or Associate Director are “on call” via cell phone after business hours and on weekends and able to respond to campus emergencies. Recent experience of our campus Student Health Services would indicate that utilization of services may not justify the costs associated with providing extended hours, given the clinical and front office staff required to stay open “two extra hours one or two days a week.” Thus, CAPS is not considering this at the present time.

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## Conclusion

CAPS is grateful to Drs. Epstein and Hayes for their careful review of our programs and services. The Reviewers highlighted many strengths and significant accomplishments of our team and center. Beyond this, their feedback has enabled CAPS to make some immediate and significant improvements, most notably in our intake and case assignment process, allowing us to not start or keep a wait list for individual counseling in the most recent Winter and current Spring quarters. This Program Review feedback will also help us to be well-prepared for our upcoming IACS Accreditation visit, and offer guidance for future long-term development of the department.

