

**IUPUI
Counseling and Psychological Services
(CAPS)**

**Annual Report
Abbreviated Version**

2009-10

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IUPUI Counseling and Psychological Services (CAPS)

VISION

CAPS is valued and recognized by the campus community for promoting psychological health, well-being, and success for all students.

MISSION

CAPS provides direct professional psychological services, including crisis response, counseling, assessment, and referral, that are accessible to, and provide for, the general well-being of all IUPUI students. Services also include consultation to the campus community and training experiences for graduate student counselors.

VALUES

In providing a student-centered service, CAPS VALUES:

Professional and Ethical Practice

- Adherence to standards of Confidentiality
- Genuine and Competent service providers

Accessibility & Inclusiveness

- Sensitivity and Accommodation to individual differences, including but not limited to race, age, gender, ethnicity, sexual orientation, religion, socioeconomic status, and physical abilities

Adherence to Best Practices

- Recruitment and Retention of Qualified service providers
- Accountability to professional standards
- Continuing professional development

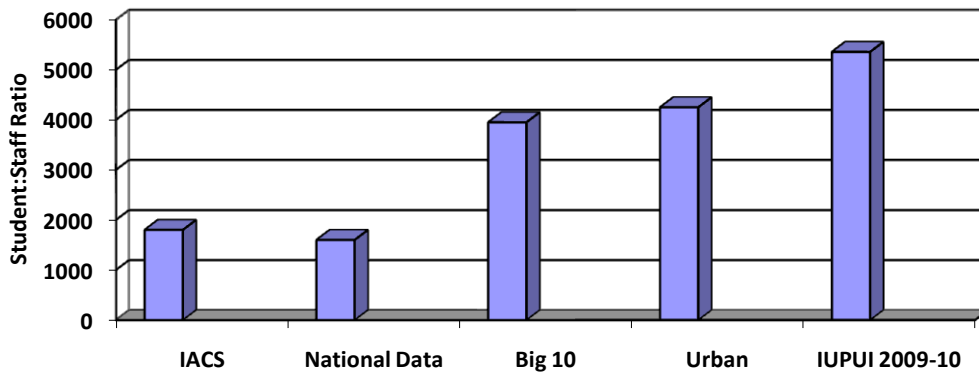
Cooperative Partnerships

- Consultation and program development with educational partners

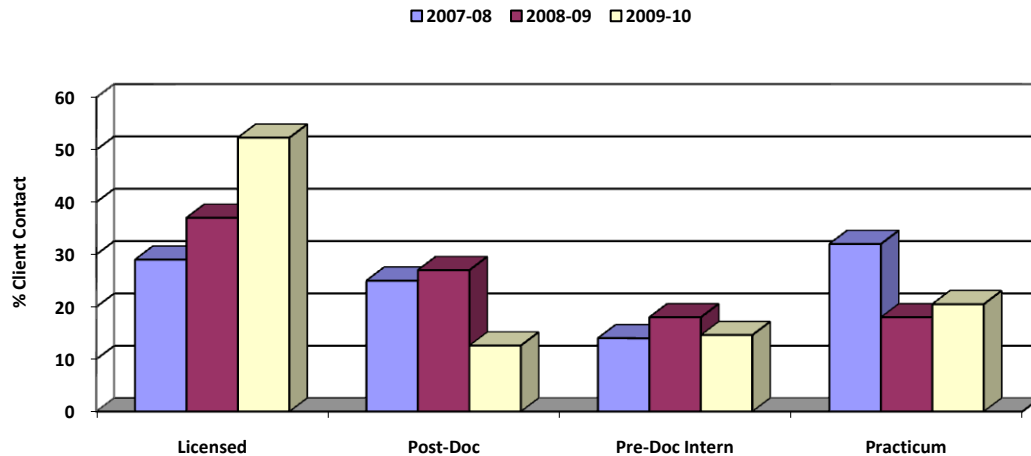
Staffing levels

CAPS began the fall 2009 semester with an increase in full-time clinical staff to 6 FTE. Unfortunately, additional staff and budgetary changes led to completing the year with 5.6 FTE. However, this remains well above the prior staffing levels. In addition to full-time staff, counselors included one post-doctoral fellow, two unpaid pre-doctoral interns, and four practicum students. Projections for 2010-11 include sustainment of 5.6 clinical FTE, two post-doctoral fellows, two pre-doctoral interns, and 5.5 practicum students (1 for summer/fall only).

Despite the current and anticipated gains in staffing, IUPUI CAPS remains significantly understaffed. Currently, the goal for full-time licensed professional staff at IUPUI CAPS is 12-15, which would bring the Student: Staff ratio to 2000-2500 to 1. IACS guidelines recommend staffing levels of 1800:1.



Due to understaffing, CAPS continues to rely heavily on trainees to provide clinical services. However, the amount of clinical contact provided by licensed staff increased from <30% to ~37% in 2008-09, and jumped to ~52% in 2009-10.



Budget

CAPS was historically funded only through base funds from the State budget allocation, with minimal income through fees for services. During that time, >91% of funds were used for compensation of staff; therefore, operational, outreach, and professional development funds were minimal. In 2007-08, CAPS became one of several units receiving additional funds through a General Services Fee assessed to students. In addition, Chancellor Bantz ordered an increase to CAPS funding following a campus review based on the standards developed following the Virginia Tech shootings. Those funding levels have been maintained, with the funds initially allocated by the Chancellor being transitioned into General Service Fee resources. Unfortunately, a reduction in State funding resulted in an overall decrease in the CAPS' budget this past year.

A budget summary for the past year follows:

INCOME	2009-10	Budgeted EXPENSES	2009-10	
			Base + Rev	GSF
Base Funds	\$282,395	Compensation	250,992	253,550
General Service Fee	\$310,000	Operations	23,828	
Additional GSF Award	\$13,000	Outreach	750	4450
Revenue - budgeted	\$ 28,000	Training		
		Travel/Prof Dev	6,825	
Total Funds	\$633,395	Psychiatry		52,000

With regard to Revenue, CAPS has been required to include increasing amounts of revenue through fees for services in order to meet the funding required for all base budget categories.

	2009-10
Revenue through service fees	\$ 66,722
Revenue to meet budget	\$ 28,000
Overage Costs - Psychiatry	\$ 17,216
Cash Carryover	\$21,506

Revenue has exceeded the budgeted amount each of the past few years, allowing for unallocated cash reserves in the following budget cycle for future one-time expenditures. Accumulated cash carryover will be used to fund a second post-doctoral fellow during the 2010-11 academic year.

CAPS provides optional fee reductions for Individual Counseling based on the client income. For the 2009-10 year, 20 fee reductions were granted (6 for alumni, 14 for enrolled students).

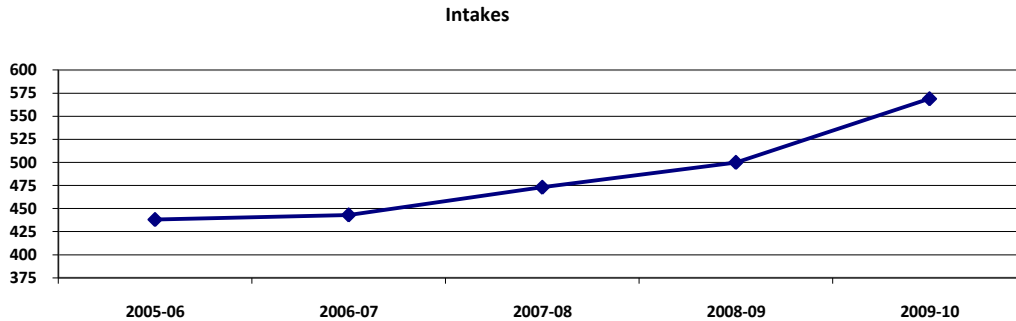
While the CAPS budget has more than doubled over the past two years, the projected budget for a fully operational IUPUI CAPS is ~\$1,509,400 (See: IUPUI Student Health, "A Vision for the 21st Century", Spring 2008).

Service Provision

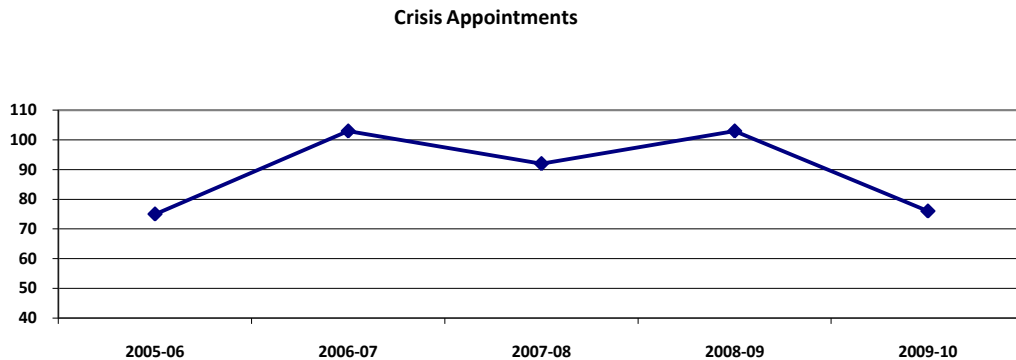
(Note: fiscal year data can be found in the Unit Summary at the end of this document)

Clinical Appointments

The requests for CAPS’ services continue to increase in all clinical areas. The number of clients seeking counseling services and seen for intake increased nearly 14% in 2009-10 over the prior year, to ~570. As can be seen in the graph below, the rate of increased demand for services is accelerating, as prior increases were typically 5-6% per year.



The number of individuals presenting for “crisis” appointments, those in need of immediate or same day services, appears to have reached somewhat of a plateau. A significant modification to our crisis process made last year, the addition of a clinical screening session option, has increased the efficiency of addressing imminent need and client safety.



Over the past few years, CAPS has been required to use a wait list following initial assessment so that those most in need of services were seen in a timely manner. Record numbers were placed on the wait list in 2009-2010:

	Wait List			
	Summer	Fall	Spring	Total
2006-07	1	20	14	35
2007-08	1	4	2	7
2008-09	0	4	62	66
2009-10	7	87	62	156

As noted in the 2008-09 report, the number of individuals that did not return for counseling services when contacted after being assigned a counselor and contacted was 47%. This was compared to CAPS' typical no-return after intake rate of 25-33%. A relatively high attrition rate for wait listed clients is consistent with prior experiences at CAPS' and is well documented in the literature.

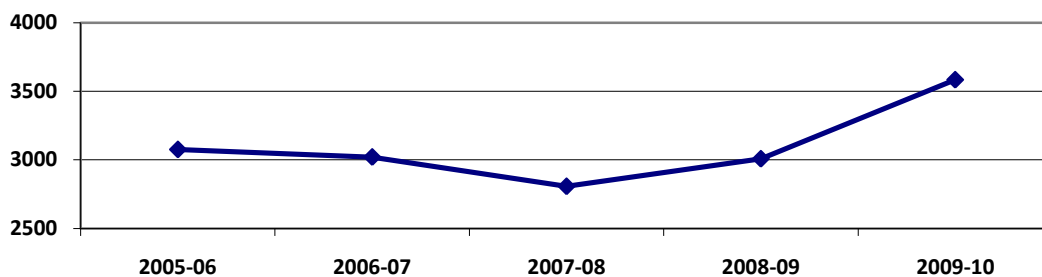
In addition to the attrition of clients placed on a wait list, the lack of counselor availability became a significant factor in 2009-10. Of the 156 individuals placed on the wait list in 2009-10, 95 were eventually assigned to a counselor, leaving 54 (~35%) unable to be offered services during the semester sought. The per-semester numbers are listed below:

	Summer 2009	Fall 2009	Spring 2010
Start Date		Oct- 1	Feb- 19
Placed on Wait List	7	87	62
Assigned During Semester	7	54	41
Not Assigned	0	33	21

While CAPS uses a triage protocol in an attempt to prevent clients at risk of harm or with significant functional impairment from being placed on the wait list, the fact that a significant number of clients were never seen for services makes for a high level of unaddressed need.

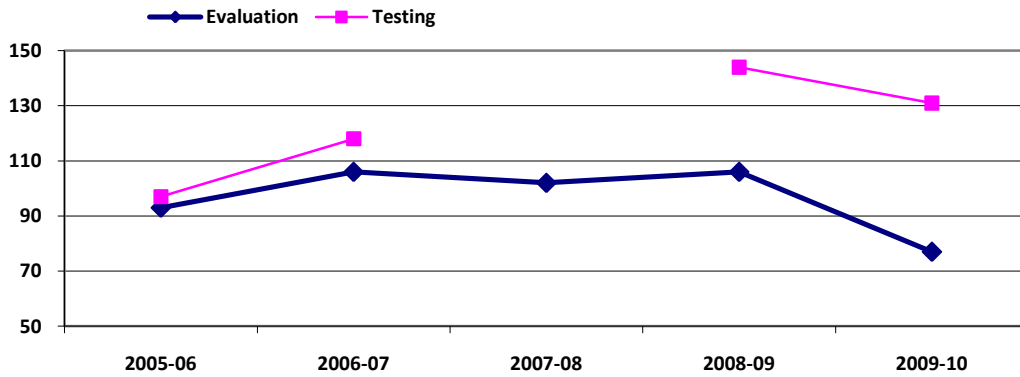
Even though a record number of students were placed on the wait list this past year, the number of counseling sessions provided in 2009-10 increased >19% over the prior year.

Counseling Sessions

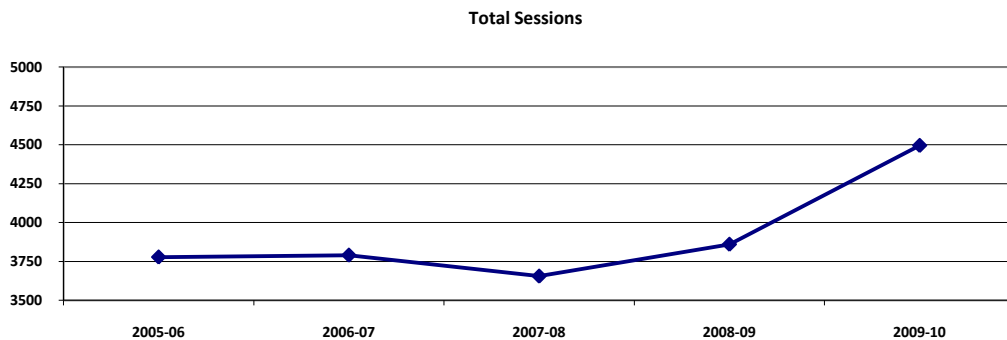


As noted above, despite this increase in service provision, a record number of clients were placed on a wait list and did not receive services beyond intake. Our client assignment process allows for individuals with more severe presentations and impairments to be given priority in beginning counseling, while those functioning relatively well are placed on the wait list. As a result, *the average number of counseling sessions attended increased from 5.9 in 2008-09 to 6.5 in 2009-10* and the percentage of students persisting more than 3 sessions increased from 51% to 54%. This stands to reason, as the clients seen for counseling were those with the most significant symptoms at intake.

The demand for psycho-educational evaluations actually decreased this year. However, the number of testing sessions per person increased slightly, reflecting more extensive testing requirements based on client presentation. In fact, *the actual number of hours spent in evaluation and testing activities increased ~3.5% over the prior year (378 hours vs. 365 hours)*. While the evaluation and testing process is time intensive, the academic accommodations available based on formal diagnosis of a learning problem undoubtedly contributes to student success.



In total, the number of clinical sessions provided by CAPS in 2009-2010 increased by 16.5% over the prior year. Previously, the number of clinical sessions provided had reached a plateau as counselors were working at maximum capacity. The significant increase in sessions provided this year can be attributed to: 1) increased demand for services, 2) increase in full-time staff, and, 3) exceptional productivity of staff and graduate student counselors in training.

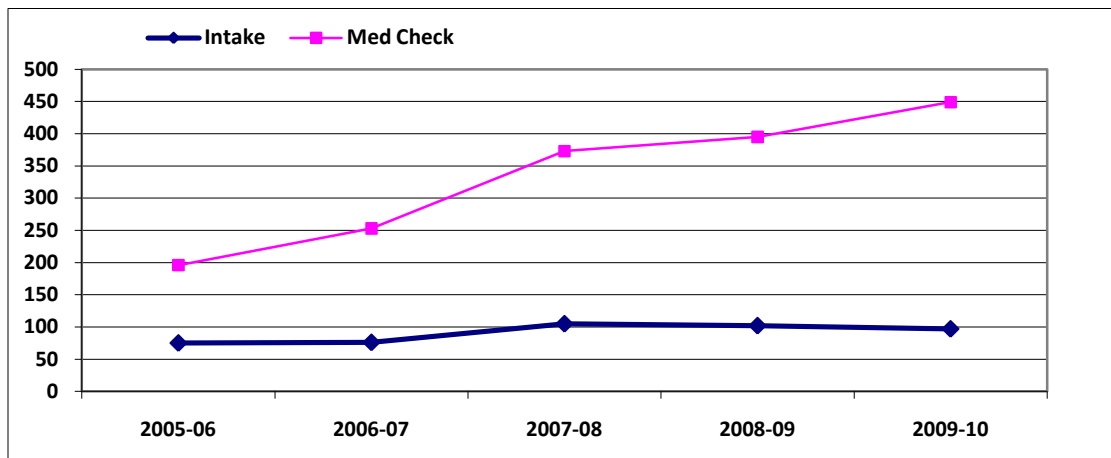


Client attendance to sessions is relatively good at IUPUI CAPS, with the No Show rate ranging between 8-10% of scheduled sessions and the Cancellation/Reschedule rate ranging between 15-20%. Data for the prior two years can be found in the table below, demonstrating a slight increase in percentage of scheduled appointments attended over the prior year:

Appointment Status	2008-09	2009-10
Client No Show	9.6%	8.9%
Client Cancel	6.8%	7.2%
Client Reschedule	8.6%	8.8%
Counselor Cancel or Reschedule	3.4%	2.2%
Attendance	70.5%	72.7%

Psychiatric services were first offered through IUPUI CAPS in 2004. The demand and provision of services have steadily increased since that time. Through 2007-08, services were provided by 3rd and 4th year residents, moonlighting for direct pay for service. Beginning in 2008-09, services were provided through a contract with the Department of Psychiatry, IU School of Medicine. IUPUI CAPS served as a rotation site for residents and on-site supervision and direct services were provided by a faculty member. Due to a variety of reasons, the contract with the Department of Psychiatry was terminated at the end of March 2010 by CAPS. A contract was established with Dr. DeLynn Williams to provide services.

During the past few years, the number of new individuals obtaining medication management services through CAPS has remained relatively constant (~ 100 intakes). However, the total number of students receiving services continued to increase this year (5.2% to 181), as did the total number of psychiatric appointments (8%).



While the current fees of \$55 per Intake and \$40 per Med Check do not fully recover the costs of the contract, these rates are considered to be near the top of the range that our students can bear.

Service Provision: Annual Change

		2008-09	2009-10	% Change
Summer	Individual Intake	68	98	44.1
	Relationship Intake	8	12	50.0
	Individual Counseling	702	748	6.6
	Relationship Counseling	44	30	-31.8
	Evaluation	24	18	-25.0
	Testing	54	34	-37.0
	Feedback		17	
	Crisis	12	13	8.3
	Clinical Screening		10	
Fall	Individual Intake	193	243	25.9
	Relationship Intake	12	22	83.3
	Individual Counseling	1031	1302	26.3
	Relationship Counseling	12	38	216.7
	Evaluation	47	23	-51.1
	Testing	60	43	-28.3
	Feedback		16	
	Crisis	43	28	-34.9
	Clinical Screening		48	
Spring	Individual Intake	189	185	-2.1
	Relationship Intake	30	9	-70.0
	Individual Counseling	1148	1448	26.1
	Relationship Counseling	70	18	-74.3
	Evaluation	35	36	2.9
	Testing	30	54	80.0
	Feedback		26	
	Crisis	48	35	-27.1
	Clinical Screening		32	
Year	Individual Intake	450	526	16.9
	Relationship Intake	50	43	-14.0
	Individual Counseling	2881	3498	21.4
	Relationship Counseling	126	86	-31.7
	Evaluation	106	77	-27.4
	Testing	144	131	-9.0
	Feedback		59	
	Crisis	103	76	-26.2
	Clinical Screening		90	
	Total	3860	4496	16.5
By Service Type	Intake	500	569	13.8
	Counseling	3007	3584	19.2
	Testing/Assessment	250	208	-16.8
	Crisis	103	76	-26.2
By Semester	Summer	912	980	7.5
	Fall	1398	1763	26.1
	Spring	1550	1843	18.9

Students Served

As reflected by the increased demand and provision of services, the number of students served has increased steadily. In 2009-10, the number of individuals receiving counseling services increased by 5.6% over the prior year, and this number has increased ~29% since 2002-03.

Service Type	Number of Students Receiving Services	
	2008-09	2009-10
Couples Counseling	50	44
Individual Counseling	592	677
Evaluation/Testing	108	91
D/A Evaluation	3	0
Total Clinical Served	743	791
Psychiatric Services	168	181
Total Served	788	845

Students receiving services at IUPUI CAPS have been consistently a more diverse (less White/Caucasian) group than the campus at large. This is significant in that non-white and non-European individuals are generally less likely to seek mental health services for a variety of cultural and social reasons. CAPS seeks to maintain and enhance services to traditionally underserved populations. Males from all cultures tend to seek counseling services at a lower rate than females; this trend is reflected in the CAPS' data.

	IUPUI	CAPS		IUPUI	CAPS	
	2008	2008-09		2009	2009-10	
	% Enrolled	#	% Served		#	% Served
Asian/Pacific Islander	4.0	35	4.7	3.9	46	5.8
Black/African-American	9.1	70	9.4	9.5	94	11.9
Hispanic/Latina(o)	2.5	30	4.0	2.7	24	3.0
Native American	0.3	4	0.5	0.3	5	0.6
White/Caucasian	73.8	530	71.3	73.0	546	69.0
International	4.7			4.6		
Multiracial and Other		36	4.8		32	4.1
No Answer/Unknown	5.7	38	5.1	6.0	36	4.6
Total	28,772	743			791	

Female	56.5	456	64.0	57.1	500	63.2
Male	43.5	256	36.0	42.9	270	34.1

*NA 21 2.7%

Students seeking services at CAPS also tend to be older and further along in their educational pursuits than the average student. It is also of note that doctoral students sought services from CAPS at a rate higher than their campus representation. The average age of clients served at CAPS remained steady compared to 2008-09 at 28.65 years.

CAPS				
	2008-09		2009-10	
Student Status	#	%	#	%
Freshman	91	12.3	91	11.5
Sophomore	136	18.4	123	15.5
Junior	164	22.2	141	17.8
Senior	129	17.4	170	21.5
Masters	75	10.1	108	13.7
Doctoral	27	3.6	35	4.4
Dental	10	1.4	14	1.8
Medical	3	0.4	12	1.5
Law	36	4.9	39	4.9
Other	6	0.8	12	1.6
Non-Degree	6	0.8	12	1.5
Not Available	57	7.7	34	4.3

IUPUI Enrollment		
	2008	2009
Freshman	15.8%	15.2%
Sophomore	15.5%	16.1%
Junior	13.3%	13.8%
Senior	21.6%	22.5%
UG Special/Unclassified	3.3%	3.8%
Masters	17.3%	14.8%
Doctorate	1.7%	2.0%
Professional	9.2%	9.5%
GR Special/Unclassified	2.4%	2.2%

Age	CAPS 2008-09		CAPS 2009-10	
	#	% Served	#	% Served
18-22	210	28.0%	209	26.4%
23-25	161	21.5%	202	25.5%
26-30	202	27.0%	176	22.3%
31-40	94	12.6%	95	12.0%
41-50	28	3.7%	31	3.9%
>50	19	2.5%	23	2.9%
No Answer	35	4.7%	55	7.0%

CAPS initiated and maintained an Alumni transitional treatment policy in 2008-09. In 2009-10, 15 alumni were provided services to assist in the transition and maintenance of progress.

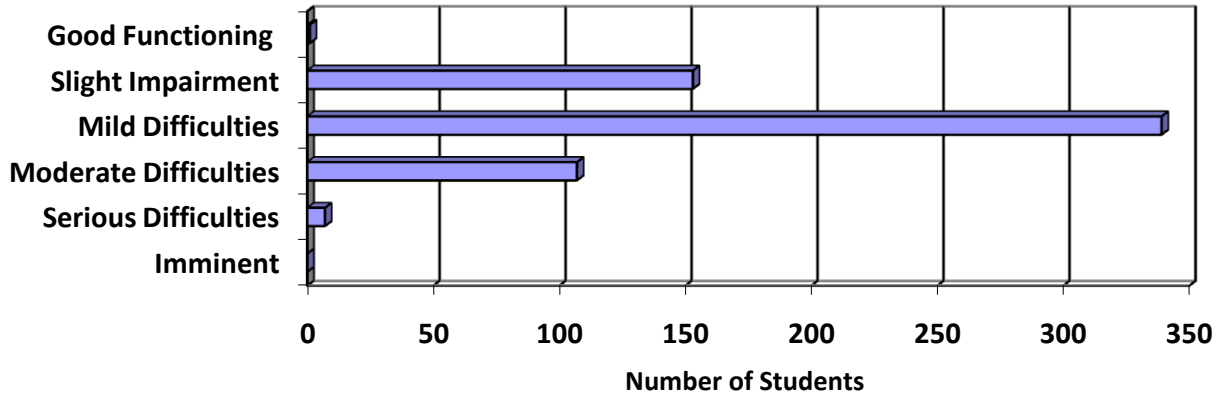
Consistently, most students find their way to CAPS through faculty and staff recommendations or referrals. The web-site and word of mouth from friends also account for a significant number of contacts. Resource allocations relative to outreach efforts will be adjusted based on the following data:

	2008-09		2009-10	
	#	%	#	%
Friend	134	18.1	133	16.8
Faculty/Staff	250	33.8	245	31.0
Advertisement	20	2.7	23	2.9
Learning Community	2	0.3	1	0.1
Screening/Awareness Day	2	0.3	3	0.4
Student Health Center	3	0.4	6	0.8
Other Outreach	2	0.3	5	0.6
Spouse/Family Member	7	0.9	20	2.5
Other	54	7.3	49	6.2
Web Site	160	21.6	190	24.0
Orientation	44	5.9	49	6.2
AES	9	1.2	11	1.4
No Answer			56	7.1

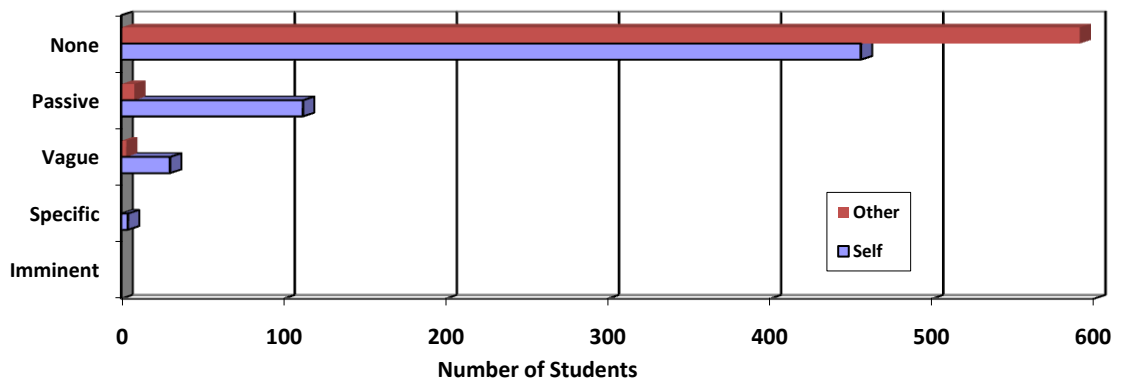
Clinical Severity and Outcomes

Students presenting to CAPS typically are experiencing mild to moderate difficulties maintaining daily function. Some are experiencing suicidal or homicidal ideation (Threats of Harm). Many report that their academic functioning is impaired as a result of their presenting concerns. The following graphs are based on information from 622 new clients that established services during the 2009-10 year.

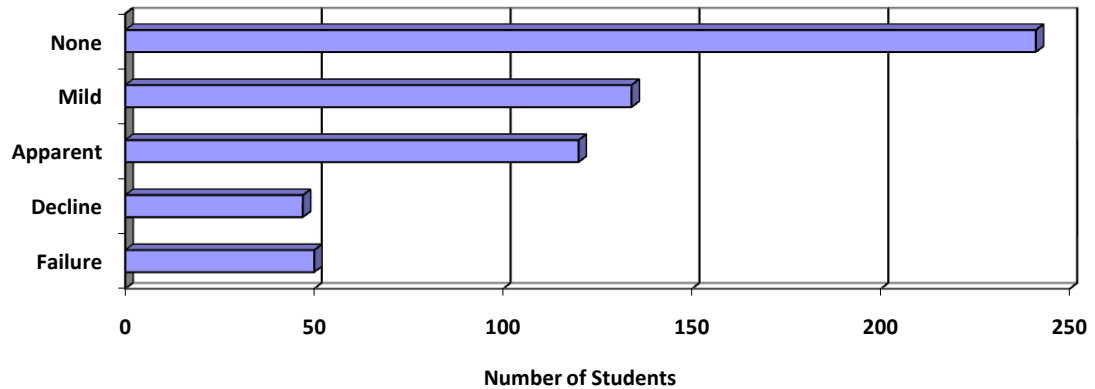
Level of Functioning (GAF)



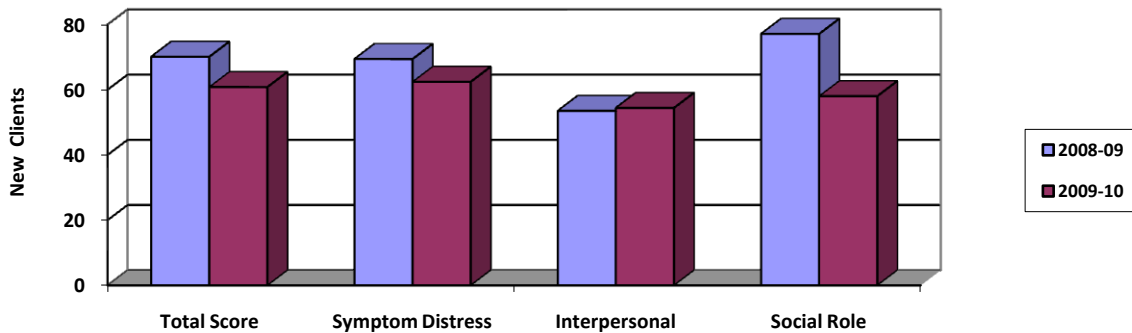
Threat of Harm



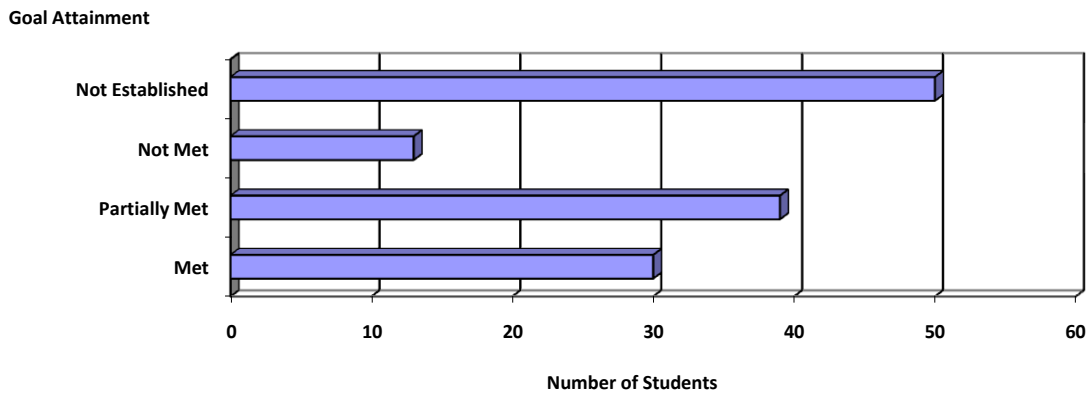
Academic Impairment



Impairment at the initial session is also assessed by administration of the OQ-45.2, a self-report instrument asking questions regarding distress and functioning. Although the following data is incomplete due to the timing of data entry, it appears that the percent of students reporting levels of distress at or above the cutoff scores for this instrument decreased slightly over the prior year. It should be noted, however, that these numbers disproportionately reflect clients whose files have been closed, including some not seen for services beyond intake. In any case, more than 60% of those presenting for all clinical services endorsed levels of distress above the typical cutoff scores.



Most students that pursue counseling meet some or all of their goals for treatment. Goals are typically established during the first few sessions and documented after three counseling sessions. Some individuals cease counseling before goals are clarified. For those persisting in treatment beyond the third session, ~37% reached all of their counseling goals with an additional 48% reaching some of their goals.



While many clients remain engaged in counseling and termination information is incomplete, the percentages of students with functional impairments or considered at risk are significantly lower at termination than intake. These data include students that may have terminated prematurely from treatment.

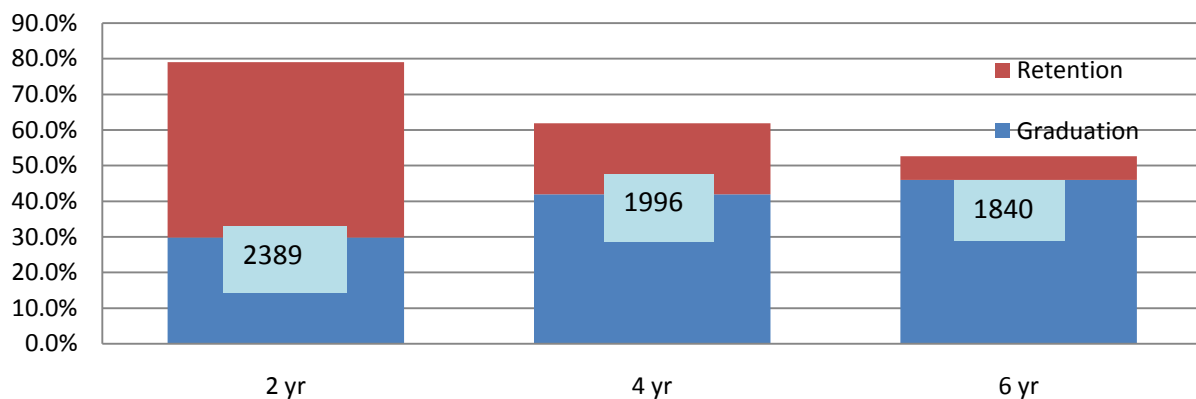
	Incoming N=607	Termination N=154
Moderate-Severe Functional Impairment	18.8%	12.2%
Threat of Harm to Self	24.2%	9.2%
Threat of Harm to Other	1.8%	1.3%
Academic Impairment	59.3%	42.1%

Impact on Academic Success

In July 2009, CAPS obtained academic progress information from IMIR on students that had accessed services over the prior 10 years. This request was submitted through Rob Aaron, Director of Planning and Assessment for Student Life, so that the specific nature of the request was not known to IMIR data processors.

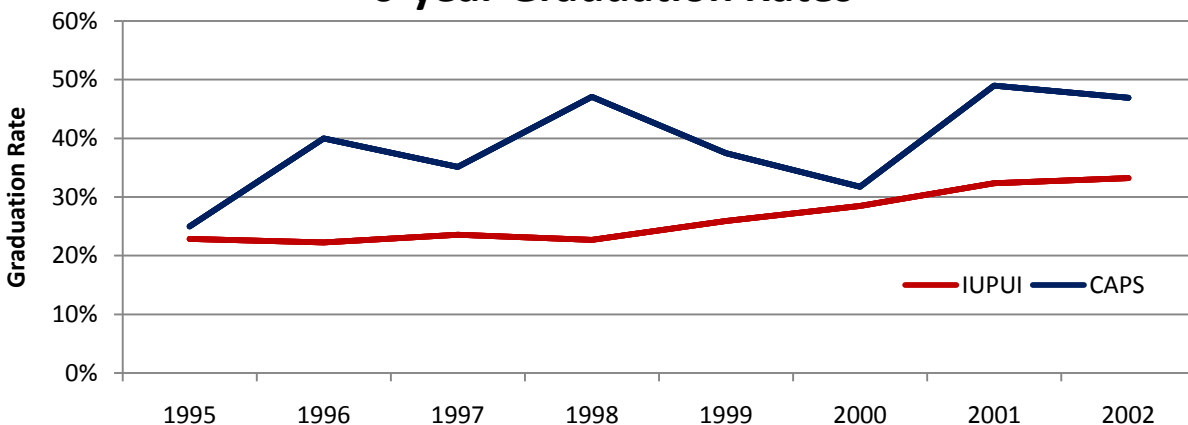
As with prior analyses, the data indicated that students accessing CAPS' services have relatively high retention and graduation rates, compared to the IUPUI norm. Persistence and graduation statistics for CAPS' clients 2, 4, and 6 years after accessing our services, are represented below.

Student Status after Accessing CAPS' Services



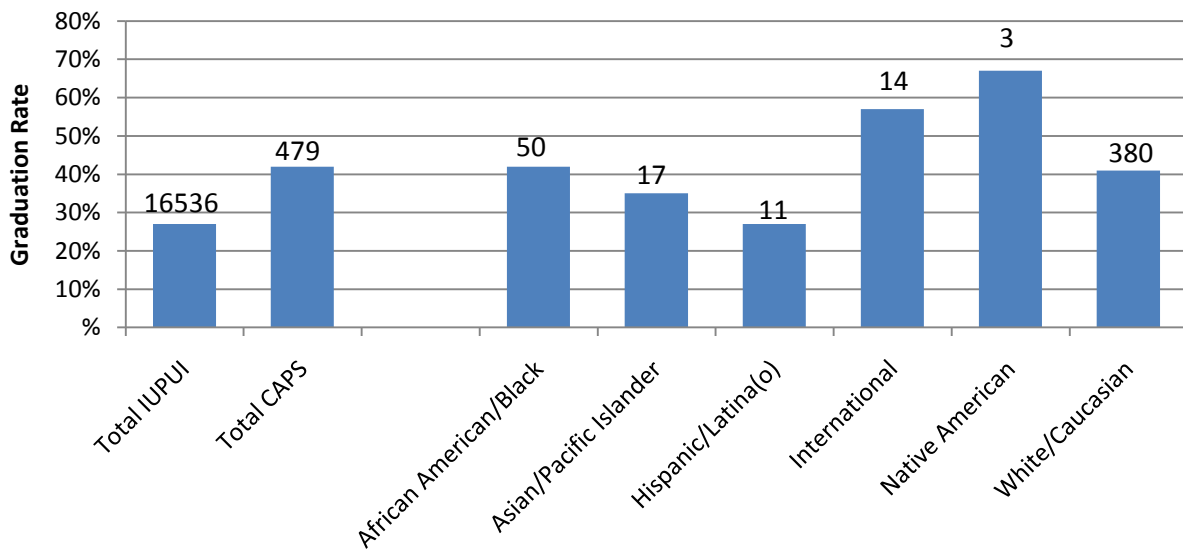
For the first time, we were also able to compare the 6-year graduation rates of First-Time Full-Time students accessing CAPS' with that of their cohort. The annual data by entry year (graduation years 2001-2008) is presented below. Students accessing CAPS' services have consistently had higher graduation rates than their respective cohort.

First-Time Full-Time Cohorts 6-year Graduation Rates



The data from the prior graph are pooled for the 8 year period and presented below. Graduation rates are also specified according to race/ethnicity of student identities. For the compiled data, students accessing CAPS' services had a 6-year graduation rate of 42%, compared to their cohort at 27%. It is particularly notable that African-American/Black students accessing CAPS' services had equivalent 6-year graduation rates to their White/Caucasian counterparts that also accessed CAPS' services (42% vs., 41%). In addition, the graduation rate of African-American/Black students accessing CAPS' services was substantially higher than the IUPUI total. This is particularly relevant in light of the historically low graduation rate of African-American/Black students at IUPUI.

CAPS First-Time Full-Time Combined 6-year Graduation Rates



Client Satisfaction

Based on a Client Satisfaction Survey administered anonymously each semester, most students seeking CAPS' services were pleased with their experience. In all, 189 surveys were completed, 87 in the fall and 102 in the spring semesters, respectively.

- 89% found the visits useful (#12);
- >80% experienced improvement in their condition (#13);
- 49% indicated that CAPS' services helped them to remain at IUPUI (#14); and,
- 54% believed CAPS' services helped to improve their academic performance (#15).

The Satisfaction Survey was administered for the first time this past year through Survey Monkey. All students seen in the first half of the semester were sent an e-mail invitation and link to the Survey. Additional surveys were completed on-line from the CAPS' waiting area. As a result, the number of surveys completed was approximately 2-3 times that of prior years. It is likely that this more comprehensive assessment of client satisfaction contributed to the slight decrease in percentages responding affirmatively to questions related to persistence and academic impact (14 and 15) compared to prior years. However, these data support prior information indicating that students utilizing CAPS' services are more likely to persist and graduate than the general student population.

Open ended question responses reflected concern about the wait list and delays in service provision. Positive comments indicated feeling comfortable, being able to deal more effectively with stressors, being grateful for the services, identifying a positive impact on retention and graduation, increased focus on emotional health, professionalism of staff, increased insight into behaviors and difficulties, skill development, and appreciation of the safe environment.

Outreach

In 2005, CAPS' staff made a decision to limit outreach efforts in order to meet the rising clinical demand. A more significant reduction was made in 2009-10, as Learning Community class presentations were deferred to use of on-line Power Point resources. A summary of outreach activities follows.

Screening

CAPS has participated for several years in the national screening days for depression and anxiety, and more recently began screening for alcohol use and body image issues. The following numbers represent actual surveys completed and feedback given, and do not include the many individuals that collected information and talked informally with staff.

Type of Screening	2008-09		2009-10	
	Total Screened	Recommended for Services	Total Screened	Recommended for Services
Alcohol	44	4	38	4
Depression	32	19	25	15
Body Image	29	6	19	3
Anxiety	48	29	36	22

Resource Tables

CAPS participates in several resource and health fairs on campus, and was involved in Orientation for the first time in the summer of 2008. During these events, CAPS' staff answers questions and provides informational brochures, highlighters, and information cards. During the past year, CAPS participated in:

- 23 Orientation sessions in the summer of 2009, reaching more than 4000 students,
- 20 Orientation sessions are planned for the summer of 2010,
- 9 other health or resource fairs reaching more than 1000 students, faculty, and staff.

Presentations

CAPS also provides invited presentations to classes, student groups, and faculty/staff. The presentations for 2009-10 are summarized in the tables below. The number of presentations and number of individuals reached directly was only ~30% of that in the prior year, as CAPS made the strategic decision to reduce outreach in order to increase clinical service delivery. This data is reviewed on an annual basis to make decisions regarding service priorities. Outreach can serve as a means of prevention and education, and, with more staff, CAPS would like to resume a full compliment of outreach activities.

Number of Presentations

	Summer	Fall	Spring	Total
Presentation	6	14	7	27
Workshop		1		1
Panel Discussion		2	1	3
Total	6	17	8	31

Number of Participants

	Summer	Fall	Spring	Total
Presentation	185	315	143	643
Workshop 1.5-3 hours		6		6
Panel Discussion		340		340
Total	185	661	143	989

Presentation Topics

Adjusting to College	
Assertive Communication	
CAPS' Services	5
Conflict Resolution	
Coping with a Tragedy/Debrief	
Anxiety/Depression/Other	4
Diversity	
Healthy Relationships	2
GLBT Issues	3
Relationship Abuse	3
PTSD Reactions	
Stress Management	5
Leadership	
Life Balance/Healthy Living/Time Mgmt	3
Study and Test Taking Skills	
Test Anxiety	
Time Management	1
Working with Students - various	4
Working with Students in distress	1

On-Line Resources

CAPS provides internet access to many self-assessment and psycho-educational resources.

Online Screening

In 2009-10, 607 screenings were completed on-line, which is a significant increase over the prior year (225 students completed depression screening). A high percentage (71%) of those completing the screenings scored in the positive range, suggesting they likely or very likely were experiencing a clinical level of symptoms and impairment (81% depression, 91% anxiety, 34% bipolar disorder, 55% PTSD). Even if only a fraction of the 433 students endorsing symptoms were to seek services at CAPS, there would be a significant impact on service demand.

Online Screening	#	%
Depression (Total)	251	
Unlikely	47	18.73
Likely	116	46.22
Very Likely	88	35.06
Generalized Anxiety (Total)	172	
Negative	15	8.72
Positive	157	91.28

Online Screening	#	%
Bipolar Disorder (Total)	137	
Negative	91	66.42
Positive	46	33.58
PTSD (Total)	47	
Unlikely	5	10.64
Positive-Partial	16	34.04
Positive-Full	26	55.32

Substance Use/Abuse

E-Chug: Electronic Check-Up to Go is an online self-assessment that provides students with confidential, accurate, detailed, and personalized feedback on their use of alcohol. Fewer students completed E-Chug this year compared to last (~400), likely due to lessened involvement of the Athletics Department. However, the data clearly reflect a need for ongoing education in this area. Plans are being made to incorporate E-Chug in client service at CAPS and to encourage use of E-Chug in Learning Community classes. A similar program addressing marijuana use (E-Toke) will also be added in 2010-11.

EChug	#	%
Students Completing	147	
Number who drink	140	95%
Typical week BAC	0.07	
Level I Risk	24	16%
Level II+ Risk	14	9.5%

Consultation Services

CAPS continues to provide consultation services to faculty, staff, and students regarding their concerns about others. A new tracking system for consultations was implemented in January 2010. While many informal consultations occur in the process of engaging the campus community, CAPS' staff performed at least 20 formal consultations in the spring 2010 semester. Information regarding those consultations is presented below.

	Consultee	Person of Concern
Faculty	9	
Staff	6	1
Undergraduate Student	2	10
Graduate Student		3
Parent/Family	1	
Other	2	2
Self		4

Nature of Consultation	Number
Harm to Self	5
Harm to Others	
Abusive Relationship	
Academic Problems	4
Sexual Assault	1
Substance Abuse	1
Odd Behavior	4
Job Performance	
Making a Referral to CAPS	5
Other	6

Staff Service and Professional Development

CAPS' staff served on the following campus and division committees:

Celesta Duvalle

- Critical Incident Stress Management Team
- Student Life Financial Committee
- Student Life Communication Committee

Julie Lash

- Behavioral Consultation Team (Core member)
- Critical Incident Stress Management Team (coordinator)
- Critical Threat Assessment Team
- Campus Advising Council
- Student Life Diversity Council

Ciara Lewis

- Behavioral Consultation Team (Core member)
- Critical Incident Stress Management Team
- Critical Threat Assessment Team
- Student Life Assessment Group

Luana Nan

- Critical Incident Stress Management Team
- Student Life Retreat Committee (Fall 2010)

Misty Spitler

- Critical Incident Stress Management Team
- Student Life Retreat Committee (January 2010)

Unchana Thamasak

- Critical Incident Stress Management Team
- Student Life Emergency Preparedness Group

Staff Awards

Cissy DuValle - Student Life Team Member of the Semester

Training

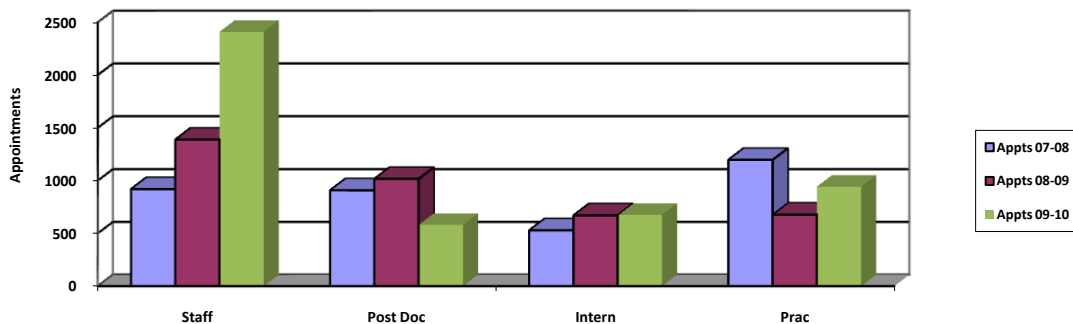
Master's and Doctoral level students in various mental health fields provide clinical services at CAPS under supervision of licensed senior staff. CAPS has sustained relationships with several academic programs throughout Indiana and Illinois. The number of trainees from various institutions include:

	Masters		Doctoral		Intern		Post-Doc	
	08-09	09-10	08-09	09-10	08-09	09-10	08-09	09-10
Adler Institute					2			
Ball State								
Indiana University - Bloomington								
Purdue University				2				
University of Chicago								1
University of Indianapolis		1	3	2		2	2.5	

For 2010-11, trainees will include:

	Masters	Doctoral	Intern	Post-Doc
Ball State	1			
Indiana State University	1			
Indiana University - Bloomington		1		
Purdue University		1		
University of Indianapolis		2	2	2

While the training program requires significant time commitments on the part of staff, it also meets our mission of training future professionals. Pragmatically, our graduate students in training provide a significant percentage of clinical service. Due to unforeseen changes in staffing, the percentage of clinical services provided by practicum students increased to 20.5% in 2009-10, from a low of 18% the prior year; this reflects a 40% increase over the prior year in the actual number of clinical sessions provided by practicum students.



Comments from Exit Interviews and results of the Anonymous Exit Evaluation with the 2009-10 training class reflect a high level of satisfaction with the training experience and report encouraging classmates to apply to our site.

Strategic Planning and Goals

Strategic Plan

During the winter and early spring of 2007-08, CAPS completed a 3-5 year strategic plan with the guidance of Rob Aaron, Director of Assessment and Planning for the Division of Student Life. CAPS identified five primary goals:

1. Prevention – prevention and wellness activities in outreach efforts
2. Engagement – recognition by and involvement of students
3. Professional Practice – policies and procedures to support professional practice
4. Community Building – partnerships with campus and community groups
5. Professional Development – staff training and support

Several goals and objectives were met or exceeded in 2009-10.

- Clinical contact hours were increased by 16.5%.
- Psychiatric service provision was increased (13.7% increase in appointments attended, 7.7% increase in students served).
- Number of students presenting for services increased by >6% (48).
- A higher percentage of students presenting for services were of mild impairment.
- 15 alumni were provided services.
- Clinical staffing levels were increased to 5.6 FTE.
- The number of fee reduction awards increased to 20.
- Income generated by counseling/testing services increased by ~\$4,000.
- Data reflecting a 50% higher 6-year graduation rate for CAPS' clients was publicized to faculty and staff.

Strategic plan goals that were not met in 2009-10 included:

- Although the number of students presenting for services increased, a comparable increase was seen in the number of students remaining on wait list status.
- The number of outreach presentations decreased due to the high clinical demand and limited number of staff. Most notably, CAPS provided on-line alternatives to in person presentations in first-year courses.
- The number of students screened face-to-face remained <50 and decreased relative to the prior year. However, the number of individuals accessing on-line screening increased.
- The number of students completing on-line alcohol education (E-Chug) decreased significantly due to decreased involvement of Athletics.
- While there was a slight decrease in overall client satisfaction with CAPS' services, the number of clients sampled increased significantly due to implementation of on-line survey techniques.
- There was a slight decrease in the number of referrals by faculty and staff.
- Decreases in State funding resulted in a decrease in CAPS' budget of ~\$20,000
- The Student Life Reputation Survey indicated that <15% of student have used/experienced CAPS

The progress toward specific goals established for 2009-10 is noted below:

- Minimize number of students placed in wait list status.
 - Number of students placed on wait list actually increased dramatically due to increased demand for services.
- Expand testing services to include spectrum and NVLD disorders.
 - Assessment in these areas has been performed.
 - Will work toward standardizing diagnosis and assessment process.
- Expand on-line, web-based resources for faculty, staff, and students.
 - Made Power-Point with and with/out voice over available on topics of: CAPS' Services, Stress Management, Test Anxiety, and Higher Education.
- Develop and implement workshops to provide information to faculty and staff regarding the mental health needs of students.
 - Made presentations related to Dealing with Students in Distress, Autism Spectrum Disorders, and LD/ADHD/Autism Spectrum issues in the work place
- Develop collaborative relationships with campus partners to expand outreach to underserved populations.
 - Made efforts to collaborate with Scholars groups. A needs assessment was performed; however, students did not register for events, so presentations were cancelled.
- Develop partnerships related to Veteran services.
 - Made connections with Manager of Veteran Services and discussed counseling options.
 - Received information regarding VA interest in counseling services to students.
- Seek additional funding.
 - Received \$13,000 of unallocated student fee monies for adding resources: Risk-Aware gatekeeper training, E-Chug, E-Toke, netbooks for Titanium Web-component, cognitive training software.
 - State funding reductions led to an overall reduction in CAPS' budget.
- Refine plans for possible new facilities.
 - Space requirements were reviewed and refined.
 - New space options were explored due to impending demolition of current facility. No new space has been identified.
- Expand wellness programming through collaboration with Division partners.
 - Not pursued at this time.
- Develop and implement campus-wide CISD team through collaboration with IUPUI Police.
 - Training was completed in March and May 2010 for 31 team members.

Primary goals for 2010-11 will include:

- Emphasize web-based outreach and screening options.
 - Publicize online resources for prevention and psychoeducation
 - Implement Kognito gatekeeper training for training faculty, staff, student leaders
 - Determine role of CAPS' E-Newsletter
 - Add retention/graduation information to web
 - Develop social networking options (Facebook, Student Link)
 - Add counselor profiles to web-page
- Limit face-to-face outreach presentations
 - Continue health fair involvement but minimize presence at other "fairs"
 - No open presentations or engagements <30' in length; refer LC requests to web
 - Focus on training faculty, staff, student leaders and workers how to make referrals
 - Will continue 4 screening days this year with outcome to determine future years
- Increase in-house substance use prevention work
 - All clients endorsing alcohol and/or cannabis use will complete E-Chug and/or E-Toke
 - Will publicize E-Chug and E-Toke to faculty for possible classroom use
- Develop proposal and pilot guidelines for fee reduction for testing service
- Identify space and staffing options
 - Increase psychiatry medication management hours as funding allows
 - Expand clerical assistance
 - Identify space for 2011-12
- Evaluate all satisfaction and outcome surveys to ensure PUL domains are assessed
- Begin exploration of potential partners and funding for supported education

Note: The entire Strategic Plan is available in another web document.