Response to Joint Program Review for
Student Health Services and
Counseling and Psychological Services
in November 2012

IUPUI Division of Student Affairs
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Introduction

This report is a response to the recommendations from the joint program review for Counseling and Psychological Services (CAPS) and Student Health Services in the IUPUI Division of Student Life conducted in the fall semester of 2012. Each of the review committee’s recommendations is listed in order followed by a response from either CAPS, Student Health, or both units.

The initial response was drafted in the spring of 2013. Since then several updates have occurred that warranted noting in this report. Therefore, two appendices have been included as addenda to the original report: the first discusses Student Health initiatives and the second discusses CAPS initiatives that have occurred since spring 2013.

Recommendation 1: Launch Campus – Wide Health and Wellness Initiative

A. Create a new unit within the Division of Student Affairs that encompasses health promotion and advocacy

We agree that health promotion and advocacy is critically important for this age group. We support a new unit encompassing health promotion and advocacy because it would facilitate collaboration among Student Health, CAPS, Educational Partnerships and Student Advocacy (EPSA) and other departments within Student Affairs.

B. Establish a campus wide IUPUI Health and Wellness Task Force

We agree with the formation of such a Task Force charged with the following:

1. Develop short term plans to improve the health and wellness of students, faculty and staff and to meet space requirements of IUPUI health and wellness related units.
2. Develop long term plans to improve the health and wellness of students, faculty and staff and to meet space requirements of IUPUI health and wellness related units.

A planning group consisting of Student Health, CAPS, Student Affairs leaders and faculty has met to initially discuss the formation of the Task Force. The goal is to have the Task Force complete its work and write a report during the 2013-14 academic year. The Chair should be a respected academician. Two potential chairs are Eric Wright, Director, Center for Health Policy and Jay Gladden, Dean of the School of Physical Education and Tourism Management.

C. Create a sexual assault advocate position

We concur with increased efforts to decrease the risk of sexual assault on campus. Given the new requirements of the Campus Sexual Violence Elimination Act, it will be important for IUPUI to engage more actively in sexual assault prevention and victim advocacy. Student Affairs will collaborate with the IUPUI Sexual Assault Prevention, Intervention, and Response task to identify specific campus needs and will consider incorporating this position in future plans for an office of health promotion.
D. Considering adding a student assistant or student worker to staff to facilitate operations of the new health promotion and student advocacy unit, possibly in conjunction with the School of Public Health or Education.

We agree with this recommendation, as the only staffing in health promotion is the Health and Wellness Coordinator. In addition, a peer educator program has been established and for-credit options are available through Psychology and Public Health.

E. Participate in the National College Health Assessment (NCHA) to be administered every two to three years for program planning.

We strongly support this recommendation. Dr. Wintermeyer has had discussions with Mary Hoban, Director of the NCHA, regarding best strategies for implementing the survey. Dr. Wintermeyer has also had discussions with Rob Aaron regarding the logistics of implementing the survey at IUPUI. The plan is to implement the survey in the Spring 2014 semester, since spring is the semester when the majority of universities who use NCHA carry it out. We will perform the survey in February, 2014, so as to be as consistent as possible with other universities and not bias our results with spring break findings. We plan to implement the survey annually or biannually in the spring to obtain longitudinal data.

F. Develop a long term space plan

We strongly agree. We have 3,550 square feet in Coleman Hall and 571 square feet at Campus Center Student Health (CCSH). As noted previously, we do not have enough space for all our staff to work at the same time. Our biggest bottleneck to seeing more students is space. The recommended size of a college health centers is 1.0 to 1.4 ft² per student, which is 7 to 9 times greater than the 0.15 ft² that we have. Increased space is the single most important step in allowing SHS to be able to provide appropriate services in the future. The Office of Counseling and Psychological Services is located in Walker Plaza and can easily support 10 full-time staff members in the current space. However, once staff levels reach 11-12 full-time clinicians, office space will be an issue.

Recommendation 2: Financing for Student Health and Wellness

A. University sponsored health insurance program

We do not feel the proposal to consolidate student health insurance products into a single IU plan is useful for two reasons:

1. Approximately 10% of IU students have IU sponsored health insurance with Aetna. Thus, only a relatively small number of students are involved.
2. The insurance plans involve students throughout the entire system. There are more students at Bloomington covered by Aetna, so decisions regarding the student health insurance plan are driven by Bloomington. Given the very different student health models at IUPUI and IU Bloomington, the likelihood the decision makers at IU Bloomington would agree to this recommendation is minimal. Dr. Wintermeyer has had discussions with Susan Brewer and Christian Royer of IU Human Resources, who confirmed this was the case.
B. Explore the possibility of mandatory health insurance requirements for all students.

Student Health agrees with this recommendation, although we feel any major effort to mandate health insurance should wait until we see the full impact of the Affordable Care Act changes in our students.

However, CAPS is cautiously reluctant to be an insurance based provider as it would significantly limit our ability to provide services to students with non-student insurance.

C. Eliminate cash payment system as primary means of payment for services at the health center and either bill insurance directly or use mandatory health fee to cover basic services.

We agree cash payment (and unclear costs) is a major barrier to our students. We feel billing insurance directly is a better option versus a mandatory health fee for the following reason:

Seventy percent of students have non-IU sponsored health insurance. Thus, if we were to take these insurance plans, a major barrier to students using student health would be removed. Such a decision would provide these students with a convenient, in-network provider focused on student health.

By not asking student fees to be used for direct care, the fees that are used by SHS can go to various preventive wellness and public health services, such as the following:

- Additional health/wellness programing
- Educational materials
- Contagious disease surveillance (i.e., tuberculosis)
- Exposure investigations (e.g. measles, pertussis)

D. Develop infrastructure to bill third party insurers by credentialing providers and establishing operations for claims management

We agree this is an important service to have. Because our staff only has very limited experience in billing, we are looking at outsourcing this function. We contacted IU Health Physicians (IUHP) to see if it could do billing for us. IUHP informed us that they do not do billing for outside entities. We have contacted two universities (Louisville and North Carolina at Chapel Hill) with similarities to our situation. University of Louisville is one of our Peer Institutions. The author of the Program Review is the Director of Student Health at the University of Louisville and suggested we contact his billing director. The University of North Carolina at Chapel Hill uses the same electronic medical record, eClinicalWorks (eCW) as we do. We have received recommendations regarding third party billing vendors from these sources. We will pursue an agreement with one of them to allow us to bill other insurance companies. Due to the long time needed to enter providers into insurance networks, our timetable is to become network providers by August, 2014.
E. Explore instituting a health fee to cover non-billable services such as health promotion, sexual assault advocate, bloodborne pathogen exposures, and expand psychological and psychiatric services

We agree that a specific health fee dedicated to covering non-billable services such as health promotion, sexual assault advocate, other wellness services and expanded psychological and psychiatric services is appropriate.

However, we do not feel such a general fee among all students should be used to cover bloodborne pathogen exposures. The IU School of Medicine (IUSM) specifically funds SHS for such services for its MD students. This system works well for the MD students, who do not need to worry about financial issues when they experience a blood borne pathogen exposure. The other health schools at IUPUI should do the same. There are approximately 3,000 healthcare students among the 27,500 students on campus. We do not feel a fee everyone pays should support a benefit that is potentially useful to only 11% of students.

F. Create a development plan for student health and counseling services so as to increase private donor resources

We agree such a plan is an excellent idea. IUPUI Health Services, of which Student Health is a component, has a foundation account. The balance of this account is usually less than $1,000. Dr. Wintermeyer and his administrator, Doris Mays, have met with Andrea Anderson to develop a strategy in improve the ability of Student Health to raise money from donations. We are adding a second foundation account, to be dedicated to Student Health. Once this account is opened, we will publicize it as an option during campus campaigns and make sure that specific donors interested in Student Health are aware of it. Given that IUPUI is improving its campus life and school spirit, it is reasonable to expect that donations will increase in the future. Thus, this is the perfect time to establish such a foundation account.

A foundation account does exist for CAPS. This account was created from donations made to an “emergency fund” that was subsequently disbanded. Additional information is shared in CAPS responses in Recommendation 4U.

Recommendation 3: Enhance and Expand Student Health Services (SHS)

A. Expand services at the Campus Center Student Health office which has been well received by students

We strongly agree. Students have received CCSH well. The two nurse practitioners there both want to work more. However, CCSH is only 571 ft² in size with one exam room. Obtaining more space, such as the JagTag space or moving to Ray’s Salon space, will be critically important if we are to expand services significantly.

We will be increasing the hours of CCSH in August, 2013. CCSH will open at 9am each morning, instead of 10am. CCSH will also stay open on Tuesdays and Wednesdays to 6pm, rather than 4pm.
We are also moving a full-time nurse to CCSH, both to assist the Nurse Practitioner and to provide basic nursing services, such as injections, immunizations and TB surveillance. The nurse will also continue to do free Wellness Screens for students.

B. Engage a consultant to review current space utilization and work flow so as to optimize existing space within the Coleman facility.

Although we believe we are using our space efficiently, we are happy to engage a consultant to review our current space utilization. Dr. Wintemeyer has enlisted Deuce Lukemeyer to serve as a consultant in this area. Mr. Lukemeyer works for IUHP. He has extensive experience in planning and managing outpatient clinical facilities. He was involved in the IUPUI HS renovation project in Coleman Hall in 2005. He has not evaluated our space needs since then, so he has the valuable perspective of knowing what we wanted to accomplish with our renovation in 2005 while seeing it with fresh eyes in 2013.

We feel that one major constraint to seeing more students at Coleman Hall is due to the fact that we see employees. We use two exam rooms for non-provider activities (employee biometric screening, employee and student fit testing). We also see injured employees in the exam rooms, which are also used to see students. We need to continue to see employees since Employee Health is a large part of our core mission for the University.

We look forward to Mr. Lukemeyer’s report regarding how we may be better able to utilize our space.

C. Consider adding additional providers (MD or mid-level) in order to be able to bill commercial insurance for services currently provided by RNs. This would increase service capacity for services provided to students and decrease competition between student and employees for service availability.

We disagree with the premise that we should add providers to bill for RN work. In order to be as efficient and as low cost to students as possible, we should use staff able to do their job but not over qualified. As we look into billing, we will certainly look at ways to legally and ethically maximize our reimbursement from insurance companies.

D. Upgrade finishes in waiting area to modernize space and allow for the hallway door to elevator lobby to remain closed for privacy.

We agree with the premise that the waiting room space should be as private as possible. We plan to put signage up to allow us to keep the door to the elevator area closed for privacy. We plan to add a kiosk for check in between the two existing check in windows so follow-up patients can check in without having to verbally exchange potentially confidential information with receptionists.
E. Develop computer interfaces between the University PeopleSoft system and eClinical Works to improve / simplify patient registration process for both students and employees.

We strongly agree that we need to develop a computer interface between University PeopleSoft and eCW. We have set up a system with the IUPUI Registrar in which the Registrar allows us access to a roster of active IUPUI students. The roster is updated weekly. We currently are working with eCW to upload this roster into eCW. The next step is to establish an interface with regular updates from PeopleSoft to eCW.

Unfortunately, the IU Human Resources (HR) department has not agreed to provide us with a roster of IUPUI employees. We continue to work with HR to see if we can work out an agreement. Of course, this issue does not directly impact our ability to serve students. It only hinders our ability to serve employees.

F. Develop a marketing plan for SHS including primary care, travel medicine, women’s health and occupational exposures.

We agree with the need to develop such a plan. One aspect of a marketing plan is to update our website, both in terms of content and appearance. Amanda Snow, Nurse Practitioner, Emily Werner, Health/Wellness Coordinator, and Lee Bernard, Nurse Practitioner, have been involved in the process of applying the Student Affairs website “refresh” to Student Health and Health/Wellness. Amanda and Emily are also developing printed brochures to convey information on SHS services.

Another nurse practitioner, Annie Patrick, has taken the lead in improving our Travel Medicine services. She is working with the Office of International Affairs to improve services for our students, faculty and staff going on Study Abroad programs. She plans to start giving talks to Study Abroad students in the 2013-14 academic year. She has given information to Amanda to incorporate into our updated website.

As noted previously, occupational exposures, such as blood exposures, should focus on health care students. We have increased our marketing to such students by providing all of them with laminated cards informing them of the procedures to follow if they have a blood exposure. The students carry their card with their Student ID, following standard practice of health care professionals. Amanda is also working on updating our website with this information.

There is also an area of “occupational” exposures for students beyond blood exposures among health care students. Such exposures include those injuries occurring while students are working in a lab or studio. The university has a policy on the management of such injuries. Though such injuries are rare, we will work to better publicize this presently obscure policy.

In addition to these plans, our staff will take part in the IUPUI Opening Day on August 17th, the Campus Center Open House on August 29th and IUPUI Regatta on September 21st.
Recommendation 4: Enhance and Expand Capacity at Counseling and Psychological Services (CAPS)

A. Review wait list policy and procedures to allow for ongoing and frequent assessment (telephone, email, in-person) with waitlist clients to assure timely and appropriate access for CAPS clients and to reduce liability.

Staff indicated it does not seem feasible to make in-person phone contact with each person on the wait list, given the time demands of staff. There are many steps in place to minimize the risk and liability related to students placed on the wait list for counseling services. Namely, students endorsing risk when completing initial paperwork are screened by a clinician for safety prior to leaving the office. A follow-up intake is scheduled based on the immediacy of the need; additional intakes are added to counselor schedules to accommodate students at risk or in significant distress. In addition, once an intake has been completed, students endorsing risk factors are assigned immediately to an ongoing counselor, or at a minimum are followed by the intake counselor to ensure stability. When clients are assigned to the wait list, they are provided a list of local community providers, reminded of group counseling options, and encouraged to contact CAPS if their situation changes.

In the spring of 2013, following the review, the number of students presenting for walk-in or crisis services at CAPS increased dramatically over the prior year and the wait list continued to grow. At that time, it was no longer possible to establish on-going counseling services for those students in imminent need. In response, CAPS enacted a temporary change in service structure which focused on crisis management, stabilization, and referral to community resources. Group counseling was offered as a primary mode of treatment when appropriate. Students were also made aware of new workshops focusing on test anxiety and stress management offered during the final two weeks of the academic semester, as well as the ongoing drop-in skills group.

During the summer of 2013, CAPS staff will review this recommendation in light of the spring 2013 experiences. Staff plan to emphasize group counseling as a primary mode of treatment when appropriate, and this will hopefully allow for service to a greater number of students. We will also review the efficacy of the triage process and determine parameters under which that policy will be implemented in the future. In addition, a plan will be developed to intermittently email students assigned to the wait list at 2-3 week intervals to remind them of alternative treatment options; portions of this task will be assigned to the person filling the AOD position in the summer 2013 and staff will continue to review the need for a case manager at CAPS.

B. Increase psychiatry service hours in counseling center by hiring psychiatric nurse practitioner or consulting psychiatrist.

See strategic plan, which identifies a goal of 16-20 hours/week of psychiatric services by 2017. Discussions between the Director and Dr. Williams (psychiatrist) will be initiated to explore various options for increasing medication management services. Additional
psychiatric services would require additional funding, as the current fee structure results in recovery of ~25-30% of the contract with Dr. Williams.

C. **Avoid segregating psychiatry and counseling records or the appearance that they are segregated, by eliminating the request for patient consent to share records with professional staff at CAPS.**

Staff does not see this as a barrier and have not experienced any client concerns regarding the signing of an Authorization for Release to exchange information between the CAPS’ counselors and Dr. Williams. As an independent contractor, Dr. Williams is not technically an IU employee. Therefore, the approach to getting specific consent to exchange information was implemented for two primary reasons: 1) to be clear that Dr. Williams is on contract, not an IU employee, and, 2) to provide clarity and support client agency in the sharing of their health information.

That said, staff agree that the internal referral process, including referrals to Dr. Williams, group, and testing should be consistent across modalities. Clarification that information will be freely exchanged between CAPS’ staff and Dr. Williams will be added to the Consent to Treatment for Psychiatric Services form and this will be reviewed by counselors at the time of referral. In consultation with the HIPAA compliance officers for IU, it has been determined that a “business associate” agreement is not required in this situation. Therefore, the following processed will be enacted in fall 2013:

- A statement will be added to the **CAPS Medication Management: Informed Consent form** that indicates that records will be freely shared between CAPS counselors and Dr. Williams.
- Referring counselors will be required to review the Informed Consent with each client prior to escorting them to the front desk staff for scheduling.
- Completion of this form will be documented in the electronic medical record (Titanium).

D. **Develop policy and procedures whereby staff do not walk or drive students in crisis to emergency room so as to reduce liability associated with current transport procedures.**

CAPS’ staff has never driven a student to an emergency facility or to any other location; this is prohibited by CAPS’ policies. On rare occasions, at least two clinical staff members have walked a client to a behavioral health unit for evaluation and hospitalization. These facilities include: 1) Midtown Mental Health facility with crisis and inpatient services at Wishard Hospital (2 blocks from CAPS), and, 2) Methodist Hospital Behavioral Care unit. In these cases, clients were voluntarily seeking admission to the hospital, in agreement to pursue inpatient care, and not displaying impulsive or erratic behaviors. Furthermore, these clients were unable to contact a friend or family member to accompany them to the facility. When facilitating voluntary hospitalization, the client typically is interacting with CAPS’ staff for well over an hour (often ~3 hours) while direct admission to the destination inpatient unit is arranged. In addition, most clients seeking voluntary hospitalization have established relationships with CAPS’ staff. Therefore, clinical staff have had many opportunities to assess the intentions of the client.
CAPS readily contacts IUPUI Police for assistance with transport when the client is non-cooperative, demonstrating erratic behavior, threatening harm to others, or is otherwise considered unstable. The IUPUI Police have been clear that they do not have the resources to transport in non-emergent cases. The option of ambulance transport is often discussed; however, as many of our students do not have health insurance, the additional costs serve only to increase client stress. It should also be noted that when ambulance services have been called for possible medical emergencies at CAPS, the attitudes and service of the responders regarding mental health issues have been derogatory and stigmatizing. The Director wrote a letter to the medical director of the county services regarding such concerns.

E. **Eliminate students from front desk roles to maintain privacy and confidentiality of clients.**

Part-time front office staff positions are not specified as student positions. However, given the needs of our student body, we often have students apply for these positions. We have had minimal turn-over in the part-time staff, which provides consistency in worker performance and familiarity with clients. No clients have expressed concern about privacy issues when recognizing a front-desk staff person. We have not encountered privacy or security breaches related to these employees. The front-desk staff employees must engage in HIPAA training and Treasury training regarding privacy of student records and financial information. The staff typically report any dual relationships or knowledge of a client outside of the CAPS’ facility to the Office Coordinator (their direct supervisor) or the Director and concerns related to privacy and confidentiality are discussed and reinforced. Within the electronic medical record (Titanium), clerical staff does not have access to clinical notes (Intake, Progress Notes, etc.) such that information is limited to the minimal necessary to arrange establishing appropriate and timely services and schedule ongoing sessions. It should also be noted that student staff in other University departments are required to have access to the Student Information System (SIS), which includes detailed academic records protected by FERPA. CAPS front desk staff does not have access to SIS and the type of information accessible in Titanium is of similar privacy classification. We will continue to require all front desk staff to initially and annually complete HIPAA and Treasury trainings, as per the policy of the institution. The Office Manager and Director will also continue to monitor front desk operations for privacy and confidentiality. Breaches will be addressed through disciplinary action.

F. **Create new permanent administrative position to replace the part-time student positions.**

As noted above, the issues of part-time staff currently being students has not been an issue to date. However, staff do recognize the potential for dual relationships. Creation of a new administrative support position is not a top priority in terms of budget allocation, but will be considered as the issues of clinical staffing and salaries noted in other areas of the review are addressed. Additional factors to be considered include:

- Administrative support is needed for three nights per week, until 8:00 pm. Therefore, the hours required to provide dual coverage during the day as well as
evening coverage would be at least 49 hours/week and part-time employment would still be required.

- Funding of a full-time administrative support staff member would not only require funding of the hourly rate, but also paying of benefits at a rate of salary * 42%. Therefore, additional funds would need to be available to support the benefit compensation of a full-time employee.

G. Adjust all CAPS salaries so that they meet average salary levels as indicated by similar sized institutions in the Association for University and College Counseling Center Directors Survey.

Staff support consideration of such salary adjustments, and these issues are addressed in the current strategic plan. Tasks identified to address the goal of “Offer a competitive employment package to recruit and retain quality mental health and support professionals at IUPUI CAPS (salary, professional development, schedule flexibility, career advancement opportunities)” includes collecting benchmark data related to salaries and seeking funding to make appropriate adjustments. Please note the following table from the self-study, indicating that CAPS’ clinical staff salaries range from 80-90% of the national averages:

<table>
<thead>
<tr>
<th>Position</th>
<th>Salary</th>
<th>Professional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Data</td>
<td>IUPUI CAPS</td>
</tr>
<tr>
<td>Director</td>
<td>$ 99,220</td>
<td>$ 80,835</td>
</tr>
<tr>
<td>Training Director (4-6 years)</td>
<td>$ 67,804</td>
<td>$ 59,043</td>
</tr>
<tr>
<td>Counselor with Doctorate (4-6 years)</td>
<td>$ 64,468</td>
<td>$ 51,726</td>
</tr>
<tr>
<td>Counselor with Doctorate (1-3 years)</td>
<td>$ 56,991</td>
<td>$ 50,750</td>
</tr>
<tr>
<td>Counselor with Masters (1-3 years)</td>
<td>$ 45,520</td>
<td>$44,000</td>
</tr>
</tbody>
</table>

A more detailed proposal related to salary adjustments was provided to Vice Chancellor Davenport and Assistant Vice Chancellor Lewis in March 2013.

H. Establish goal to increase the percentage of doctoral and master level professional staff that do not have prior training experience with IUPUI CAPS to 50%.

Staff is unclear as to the relevance of this issue. However, current staffing at the time of the review was approaching the level of this recommendation:

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Training at CAPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lash</td>
<td>Master’s Internship</td>
</tr>
<tr>
<td>Lewis</td>
<td>Pre-doctoral Internship, Post-Doc</td>
</tr>
<tr>
<td>Nan</td>
<td>No CAPS training roles</td>
</tr>
<tr>
<td>Spitler</td>
<td>No CAPS training roles</td>
</tr>
<tr>
<td>Stempel</td>
<td>Practicum student, Pre-doctoral Internship, 6 months as Post-Doc</td>
</tr>
<tr>
<td>Hines</td>
<td>6 months as Post-Doc</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Katte</td>
<td>Master’s Internship</td>
</tr>
<tr>
<td>Carey</td>
<td>No CAPS training roles</td>
</tr>
<tr>
<td>Kulkarni</td>
<td>Current Post-Doc, No prior CAPS training roles</td>
</tr>
<tr>
<td>Doeden</td>
<td>Current Post-Doc, Pre-doctoral Internship</td>
</tr>
</tbody>
</table>

While some staff members have been in training at CAPS prior to their degree completion, they have also engaged in many other clinical experiences outside of IUPUI CAPS. These experiences include other college counseling centers, community mental health centers, and various other clinical placements. Therefore, the breadth and depth of experiences of the current staff allow for expression of multiple perspectives and innovative initiatives in our work.

I. **Fill currently vacant Assistant Director for Clinical Services position immediately.**

The Assistant Director for Clinical Services is an existing position, but is not associated with a budget line; therefore, it would not be possible to fill this position “immediately.” When the position was vacated by the prior (and only) employee to have held this position, the budget line was reallocated to hire a full-time clinician in order to meet the demand for services. As consistent with CAPS’ values, the priority was placed on providing for client care, rather than administrative positions.

Many of the tasks in the original Assistant Director of Clinical Services job description have been assumed by staff members. For example, the coordination of group counseling is performed by Dr. Spitler, screening day coordination was managed by Dr. Nan and is now being managed by Dr. Carey, and coordination of outreach presentations has been managed through the liaison relationships and implementation of a tracking process and data base to manage requests. Client assignments and wait-list management currently is performed by the Director, and is a task that could be delegated to a staff member. Additional specialty/administrative areas have also been identified, such as JagsCARE co-coordinator (Dr. Stempel), health and wellness promotion (Dr. Hines), and Housing and Residence Life collaborations (Dr. Lewis).

During strategic plan development, these issues were discussed. Currently, the plan is to assess the various administrative roles within CAPS and identify what areas may warrant a “coordinator” designation that may be associated with additional salary. Many staff view these roles as opportunities for professional development, within the relatively flat administrative structure of the unit.

As a result of recent job expectation exercises and this recommendation, the following steps will be taken:

- Clinical staff will identify a baseline expectancy of clinical contact for each position.
- Staff will identify what additional roles and responsibilities are expected within a general clinical staff position.
- Staff will identify the “coordinator” roles that are currently in place, and any expected to develop in the near future.
• Staff will review the job description of the prior Assistant Director of Clinical Services and determine
  o What tasks are not being addressed
  o What tasks might fall to this role in the near future
• Staff will make a recommendation to the Director regarding the delegation of responsibilities and the organizational structure of the unit.
• If an Assistant Director for Clinical Services is recommended, a new job description will be developed and funding will be pursued.
• Staff will develop a rubric for reductions in clinical contact expectations for staff that engage in “coordinator” roles or serve functions other than those defined in the baseline expectancy.
• Staff will recommend if salary considerations should also be made regarding individuals fulfilling administrative roles.

J. **Hire certified and licensed substance abuse counselor.**

While recently there have been no more than ~3 referrals per semester for outside treatment of substance abuse, staff does recognize that we continue to see clients with significant substance-related issues. Students may not have the resources, or may be resistant to referral to outside agencies. Certainly, when detox programs are indicated, clients are informed that their needs are beyond the scope of our services and a referral is made. However, many clients that do not need such acute services are in need of substance related interventions. It should be noted that recent job postings for CAPS positions have indicate that “experience in substance abuse and/or eating disorder treatment is preferred.”

Many staff expressed the opinion that additional generalist providers are a more pressing need than a substance abuse specialist. As noted above, a generalist with some experience and expertise in substance abuse would be an ideal candidate for current and future positions. This clinician could not only provide services to clients with substance abuse issues, but also provide consultation to other staff that may be working with clients with similar concerns.

Staff also posed questions about how the addition of the currently posted Alcohol and Other Drug Education and Prevention Coordinator would impact this recommendation. The Educator would engage in prevention and Tier 1 and Tier 2 interventions, however, more intensive treatment would not be addressed. It is expected that the AOD will establish referral relationships with community resources to facilitate more intensive treatment. The person in this position will also be expected to work with clinical staff to identify the parameters for assessment and determination of appropriate level of care for counseling clients.

CAPS will reassess this recommendation in 2014 or 2015, after the AOD has been established. The following data will be considered: clinical assessments, campus and Housing disciplinary cases related to substance use, impact of the Alcohol and Other Drug Education and Prevention Coordinator, student surveys related to substance use, and the defined scope of services and community referral options.
K. Develop workload expectations for counselors based on national working averages from the Association for University and College Counseling Center Directors Survey.

General guidelines for workload expectations are provided in each job description. The levels of clinical productivity as well as fulfillment of other job responsibilities are reviewed with each staff member during the annual review process.

As a result of the recent job clarification processes established in Student Affairs, each staff member has developed a clear set of workload and performance expectations which will be used as a basis for future annual reviews. The general areas of responsibility were identified by the clinical staff as a whole, with room for each staff member to identify specific areas of focus. The next step in this process will be to use national data to establish a “standard” clinical workload expectation, and to then identify “clinical equivalent” allotments for additional duties, e.g., supervision of trainees, group coordinator, and service to specific initiatives. This will provide a means for each staff member to prioritize their time and energy in a manner consistent with their workload expectations.

L. Explore possibility of establishing a Counselor in Residence within an IUPUI residential community to provide non-clinical programming and after-hours consultation services.

Staff does not consider this recommendation feasible or a priority at this time. Clinical demands outpace the current resources and in-office service provision remains a clear need. In addition, it is not reasonable to ask a staff member to serve as a “counselor in residence” and live in the residence halls. Further, trainees at IUPUI CAPS are not students at IUPUI, and there is no basis for these graduate students to live on the IUPUI campus.

CAPS has a positive working relationship with Housing and Residence Life and will be involved in the planned revision of their programming model in the next year. This will allow for development of very intentional educational programs within the residence hall facilities.

The staff of Housing and Residence Life are highly respected professional partners and consult with CAPS’ staff regularly when there are concerns about the safety or well-being of a resident. We view the need for “after-hours consultation services” to be minimal. In cases where such consultation is needed, it would be related to a problem of magnitude to be addressed by a senior staff member, likely the Director or Assistant Director, and these staff members are available by phone.

M. Reduce Director’s clinical case load and duties to allow her to dedicate more time to administrative duties and responsibilities.

This is supported by the staff. As a result of the recent job clarification process established in Student Affairs, the Director established an expectation of 6-8 clinical contact hours per week, which would be a reduction of 20-30% compared to the 2012-13 year. The Director will take steps to reach this stated goal in client contact over the next two years.
N. Develop professional development plan for professional staff that includes clinical issues, diversity/social justice and administrative skills.

Staff expressed appreciation of the current structure for professional development. Each staff member is encouraged through individual meetings with the Director to identify and pursue areas of professional interest. Funds are allocated each year to support professional development and training opportunities. Professional development goals are included each year in the annual review process. Staff are required to attend workshops that are approved for continuing education credits in order to maintain licensure. Staff are also encouraged to participate in campus activities related to diversity and social justice. Nearly all clinical staff are involved in training and clinical supervision of graduate student counselors, such that development of administrative skills is supported. In addition, where appropriate, administrative duties are assigned to staff based on areas of clinical interest (e.g., group coordinator). Staff have discussed and will implement a plan to have regular discussions based in readings related to diversity or social justice concerns.

O. Increase Directors or Assistant Directors participation with relevant professional organizations to increase support in the performance of their administrative roles (e.g., AUCCCD, ACCTA, ACCCCS, or ACHA).

Both the Director and Assistant Director find it difficult to justify significant time away from the center to engage in professional organization activities, given the current level of demand for services. Staff stated they believed the Director and Assistant Director were able to remain current in relevant trends in the profession, such that IUPUI CAPS is aware of and strives to implement best practices. Both administrators are actively engaged in list-serves supported by the organizations listed above, as well as other forms of networking. At the present time, neither the Director nor Assistant Director have aspirations to serve in leadership roles of national organizations. It should be noted that Dr. Lewis did attend the annual American Psychological Associate conference this past year and engaged in activities related to the Director of Training role. A plan will be developed to encourage the Director and Assistant Director in attending at least one local, regional, or national conference related to their administrative role every 1-2 years.

P. Develop short-term space plan to accommodate initial surge in utilization as new residential halls come on line.

The current space in Walker Plaza consists of 18 clinician offices in addition to one office for the psychiatrist and two testing rooms. We currently have 8 clinical staff members, 2 post-doctoral fellows, and 2 pre-doctoral interns for a total of 12 full-time clinical staff. With the planned addition of an Alcohol and Drug Prevention Coordinator, 13 offices will be occupied by staff in the fall of 2013.

IUPUI CAPS typically trains ~6 practicum students each year, most spending ~20 hours/week at CAPS. It is perfectly reasonable for these students to share office space, requiring dedication of ~3 offices to practicum training. Schedule conflicts can be accommodated by use of the psychiatrist office and testing rooms for therapy sessions.
Therefore, CAPS can easily support 10 full-time staff members in the current space. An additional 1-2 full-time staff could be accommodated by revisioning office utilization by practicum students. Once staffing levels reach 11-12 full-time clinicians, not only will office space be an issue, but also waiting area room and front office support. One short-term option for expansion might include relocating the Dentistry Continuing Education offices such that the entire second floor of Walker Plaza is occupied by CAPS; this would require renovations to support efficient space reallocation and safety/security/privacy concerns. In the long-term, CAPS hopes to be located in a health and wellness facility near the center of campus which would allow for easy access by students and facilitate outreach and consultation services. Facility planning should include space for at least 15 full-time clinical staff, 4 full-time trainees, 6 part-time trainees, one half- to full-time psychiatrist, outreach and case manager staff, an office manager, testing and client education rooms, group rooms, conference room space, and adequate waiting room and reception space.

Q. Consider providing mandated counseling and assessment services to expand CAPS involvement in securing campus safety/integrity.

The International Association of Counseling Services states in their standards that “Counseling centers may provide mandatory assessment and related services with informed consent of clients, as well as other consultations to campus units, but must not make or be responsible for admissions, disciplinary, curricular or other administrative decisions involving students” (page 2 http://www.iacsinc.org/IACS%20STANDARDS%20rev%2010-3-11.pdf).

CAPS has drafted plans for a brief assessment and psychoeducational intervention model for students found responsible for repeat violations of the alcohol polices. A similar model has been developed for students exhibiting disruptive behaviors and in need of anger management skills. While these models exist, they have not been implemented. With regard to alcohol violations, the Dean of Students and Housing and Residence Life rarely engaged repeat offenders. Given the apparent limited need, CAPS has not worked to expand these services.

With the addition of on and near campus housing options, alcohol and other drug violations as well as student conflicts will likely increase. CAPS’ staff recommend that the new Alcohol and Drug Coordinator identify best practices related to mandated drug and alcohol interventions and assume primary responsibility for this area of service. Although clinical staff would support these efforts as indicated, they expressed hesitation to prioritize these services given that many students voluntarily seeking counseling are placed on a wait list. The need for and efficacy of similar programs for anger management or other behavioral issues would need to be further assessed before CAPS is willing to invest significant clinical resources in this area.

R. Expand CAPS generalist clinical staff by a minimum of 2 FTE mental health professionals.

CAPS staff completely support the expansion of generalist clinical staff. While 2 FTE would enhance service provision, that would bring the total number of clinical staff to 10 and a staff to student ratio of 1:3,000. The International Association of Counseling Services recommends a staff to student ratio of 1:1,800 and, as indicated in the self-study prior to this review, national data indicates that institutions of similar size have
staff to student ratios of ~1:2,600. Therefore, with the current enrollment levels, CAPS’ clinical staff should number 12-17.

It should be noted, however, that current staff salaries are 80-90% of the national average for comparable positions. This information is addressed in Item G. In order to recruit and retain quality clinical staff, this salary discrepancy must be addressed. The AVC and Vice Chancellor of Student Affairs have advanced a proposal to secure the necessary resources to address this deficit.

S. Provide after-hours coverage for mental health emergencies.
CAPS staff do not consider this a current area of need. CAPS publicizes the local Crisis and Suicide Hotline number for crisis situations, and encourages ongoing clients with a mild to moderate level of risk to use this resource. Many have done so with very positive results. (It should be noted that Midtown Mental Health, the community mental health agency that serves individuals with severe mental illness residing in the city has recently contracted with the Crisis and Suicide Hotline to cover after-hour emergencies for their clients). Additional national 24-hour crisis numbers are also listed on the CAPS’ web-site. Clients determined to be at significant level of risk are assessed for possible hospitalization; when hospitalization is not indicated, these clients are engaged in safety planning, provided with the Hotline number, and scheduled for ongoing follow-up at CAPS.

After-hours crises on campus are currently addressed by Housing and Residence Life and the IUPUI Police. Protocols for accessing emergency psychiatric services are in place and these offices have the home numbers of the Director and Assistant Director should additional consultation be required. In cases of high level risk, contacting a CAPS’ staff member or other consultant would serve to only delay calling for emergency services. Some campuses currently contract with Proto-Call, which provides 24/7 services for “brief stabilization and support.” An inquiry was made to identify the base costs of such service. Proto-Call noted that there is a one-time set up fee of $1200-$1500. Subsequently, there is a monthly charge based on the size of the institution. The starting package, including up to 50 calls for schools with enrollments under 15,000, costs $850/month ($10,200/year). Certainly, the costs would be greater for IUPUI. Review of the Proto-Call web-site (http://www.protocallservices.com/student-counseling-services/) suggests that many calls received are not truly “mental health emergencies.” CAPS would be willing to reconsider this suggestion if there is evidence for the need of 24/7 counseling service.

T. Create a case manager position for the Behavioral Consultation Team and/or psychological services.
Considering the potential role of a case manager at CAPS is part of the current strategic plan. However, staff consider the need for clinical staff to be much greater than the need for a case manager. Part of the rationale is that the current role of a case manager would likely be to monitor wait list services and follow-up with clients that do not show for their scheduled intake appointments. Additional clinical staff would minimize the number of students placed on the wait list and allow clinicians to follow-up with their clients as indicated. It should also be noted that the new AOD will assume some case management responsibilities to assist in the short-term.
The two CAPS staff members that serve on the Behavioral Consultation Team (Director and Assistant Director) support the need of a case manager for that team, separate from the need at CAPS.

U. Create foundation accounts for counseling, health wellness and health service to support service provision and general operations.
   A Foundation Account does exist for CAPS. This account was created from donations made to an “emergency fund” that was subsequently disbanded. Unfortunately, the new account was formed with limited input from the current Director and monies are specified for use to cover the counseling fees of students in financial need. CAPS already has a sliding scale contingency in place for counseling services, and staff have been considering developing parameters for these funds to cover the costs of testing services for students that cannot otherwise afford these services. Clearly, a more flexible account would benefit CAPS and allow faculty, staff, and students to support our efforts.

Recommendation 5: Student Insurance Coverage

A. Conduct a study of the extent and nature of health insurance coverage and needs of all IUPUI students
   We concur that such a survey would provide useful information. However, the issues raised in this recommendation vary widely, from the financial support of uninsured students to the Affordable Care Act to risk management issues related to students in the course of being a student, and to impact on retention.

   Some of these issues will be good to follow in serial NCHA surveys. Some may be useful to do now. We will discuss this suggestion with Rob Aaron and ask for his recommendations as to the best way to pursue going forward.

B. Initiate a student health insurance task force which would include director of counseling center and health center at IUPUI to evaluate current student insurance programs and University and / or IU Bloomington level.
   Dr. Wintermeyer has had discussion with Human Resources and IU Bloomington. There is no interest in consolidating the current insurance plans on campus. However, in light of the recommendation from the Program Review, we will consider exploring this option again.
Appendix 1: Addendum to IUPUI Student Health Services Program Review Response

This document is brief addendum to the IUPUI Student Health Services Program Review Response submitted in July, 2013. There are only two items that require an addendum:

**Recommendation 1: Launch campus-wide health and wellness initiative**

  B. Establish a campus wide IUPUI Health and Wellness Task Force

  The July document discussed several potential Chairpersons for the IUPUI Health and Wellness Task Force. Since then, Dr. Silvia Bigatti has been asked to become Chair of this Task Force. She has expressed a desire to accept the position.

**Recommendation 3: Enhance and expand SHS**

  F. Develop a marketing plan for SHS including primary care, travel medicine, women’s health and occupational exposures.

  Since July, the Student Health website has been completely revised in the style of the new Student Affairs website. In addition, new Student Health brochures have been printed and distributed.
Appendix 2: Addendum to IUPUI CAPS Program Review Response

This document is brief addendum to the IUPUI Counseling and Psychological Services Program Review Response submitted in April, 2013.

Recommendation 4: Enhance and Expand Capacity at Counseling and Psychological Services (CAPS)

A. Review wait list policy and procedures to allow for ongoing and frequent assessment (telephone, email, in-person) with waitlist clients to assure timely and appropriate access for CAPS clients and to reduce liability.

As noted in the original response, ongoing contact with waitlist clients would require significant time taken from clinical service. We planned to assign some of these responsibilities to the new AOD coordinator. However, the person best suited for that position has no mental health training. While this person has completed HIPAA training, he does not have access to electronic medical records. As we reviewed our original thoughts, it does not seem prudent to make wait list management a duty of non-clinical staff.

As we started a wait list on 9/27/13, more than a month earlier than ever before, we are taking steps to limit the number of students placed on the wait list by: (1) considering external referral options at the time wait list is implemented, (2) developing a streamlined process for clients to enter group counseling, and, (3) referring clients from individual to group counseling when appropriate. We are also publicizing the wait time to the campus community and making the list of community providers easily available from our web site.

B. Increase psychiatry service hours in counseling center by hiring psychiatric nurse practitioner or consulting psychiatrist.

No additions

C. Avoid segregating psychiatry and counseling records or the appearance that they are segregated by eliminate the request for patient consent to share records with professional staff at CAPS.

The new policies and procedures outlined in the prior response have been implemented and are working well.

D. Develop policy and procedures whereby staff do not walk or drive students in crisis to emergency room so as to reduce liability associated with current transport procedures.

No additions.

E. Eliminate students from front desk roles to maintain privacy and confidentiality of clients.

No additions.

F. Create new permanent administrative position to replace the part-time student positions.

Due to the high demand for our services and the increasing business and management responsibilities of the Office Coordinator, the decision was made to increase staffing levels for these support positions. A part-time position was created for ~24 hours per week, and the person hired is not a student. This individual works Monday through Thursday, morning through...
mid-afternoon. Student staff continue to work evenings, Fridays, and during peak daytime hours to provide efficient client service and clerical support, allowing the Office Coordinator to focus on her other duties. The flow of service is sufficient to warrant this support. As noted in the original response, additional consideration will be given to this recommendation as other budgetary priorities are addressed.

G. **Adjust all CAPS salaries so that they meet average salary levels as indicated by similar sized institutions in the Association for University and College Counseling Center Directors Survey.**

The comparison of IUPUI CAPS’ staff salaries to national averages and in-state institutions was updated and submitted to the Vice Chancellor of Student Affairs in fall 2013 with a proposal to increase clinical staff salaries to at least 90% of the national average for comparable positions. If granted, CAPS would be able to contribute a portion of the budget requirements through income for services. It should be noted that one staff member resigned from CAPS in the fall 2013 due to being offered another job with a significant pay increase.

H. **Establish goal to increase the percentage of doctoral and master level professional staff that do not have prior training experience with IUPUI CAPS to 50%.**

No additions.

I. **Fill currently vacant Assistant Director for Clinical Services position immediately.**

As noted in the initial response, it is not possible to fill this position immediately as there is no corresponding budget line allocation. Two coordinator functions have been identified (Community/Outreach/Wellness and Group) and the Director is currently consulting with Human Resources to identify various options for compensating staff for these additional responsibilities. An addition to the strategic plan is to re-define the role of an Assistant Director for Clinical Services and seek to fill this position over the next 3-5 years. Staff have expressed a current desire to explore an internal search process to preserve the continuity of CAPS functions.

J. **Hire certified and licensed substance abuse counselor.**

In addition to the original comments, CAPS is revising the internal approach to working with students presenting for counseling with co-occurring substance abuse issues and is collaborating with Student Conduct to provide psychoeducational intervention for Level 2 sanctions related to substance use/abuse. One clinical staff member has requested to pursue this line of professional development. Training and certification processes will be supported by the unit. Furthermore, new initiatives related to AOD prevention will allow data collection to inform the staff regarding the need for specialized post-vention services. The new AOD Education and Prevention Coordinator will assist in development of early Level 1 psychoeducational interventions.

K. **Develop workload expectations for counselors based on national working averages from the Association for University and College Counseling Center Directors Survey.**

Clinical staff reviewed national data related to clinical provider case load in a college setting. Staff used this information to specify baseline expectations for clinical staff at CAPS, considering responsibilities common to all staff. Staff also developed standard “clinical equivalent” values for additional responsibilities. Each staff member has included specific client contact expectations in their job clarification document and these will be used for annual performance
review criteria. It should be noted that most staff have realized they were exceeding the standard established. This process has allowed the staff more freedom to decline additional assignments to enhance a healthier work-life balance.

L. **Explore possibility of establishing a Counselor in Residence within an IUPUI residential community to provide non-clinical programming and after-hours consultation services.**
   No additions.

M. **Reduce Director's clinical case load and duties to allow her to dedicate more time to administrative duties and responsibilities.**
   Unfortunately, the loss of a staff member in the fall of 2013 has resulted in the Director maintaining a relatively high case load over during the current year. However, the goal of reducing client contact to 6-8 hours per week will be maintained, with a planned attainment date no later than the end of fall semester 2014.

N. **Develop professional development plan for professional staff that includes clinical issues, diversity/social justice and administrative skills.**
   In addition to establishment of professional development goals during the annual review process, each senior staff member is now meeting 1-1 with the Director at 4-6 week intervals to address professional development. These discussions include identifying clinical specialty trainings, management of non-clinical programs and initiatives, development of clinical supervision skills, and consultation related to clinical work.

   CAPS staff implemented a monthly social justice dialogue in the fall of 2013. The responsibility for identifying a topic area and short reading is rotated among all participants. The specified staff member is also responsible for initiating the discussion during the meeting. These sessions are intended to provide a safe space for staff to explore areas of difference and matters of social justice in an experiential, rather than didactic, fashion. CAPS staff are also engaging in the Student Affairs discussion series related to diversity.

O. **Increase Directors or Assistant Directors participation with relevant professional organizations to increase support in the performance of their administrative roles (e.g., AUCCCD, ACCTA, ACCCCS, or ACHA).**
   No additions.

P. **Develop short-term space plan to accommodate initial surge in utilization as new residential halls come on line.**
   No additions.

Q. **Consider providing mandated counseling and assessment services to expand CAPS involvement in securing campus safety/integrity.**
   The International Association of Counseling Services states in their standards that “Counseling centers may provide mandatory assessment and related services with informed consent of clients, as well as other consultations to campus units, but must not make or be responsible for admissions, disciplinary, curricular or other administrative decisions involving students” (page 2 www.iacsinc.org/IACS%20STANDARDS%20rev%2010-3-11.pdf).
As noted in the response to Item J, CAPS staff are currently engaged with the new Director of Student Conduct and leadership of Housing and Residence Life to standardize mandated psychoeducational sessions for individuals violating substance use policies.

It should also be noted that CAPS staff regularly consult with faculty and staff regarding issues related to behaviors of concern impacting the campus community. On-call counselors answer phone calls regarding acute concerns. Other staff provide consultation to specific units for less immediate concerns based on ongoing relationships. The Director and Assistant Director are core members of the campus Behavioral Consultation Team and provide recommendations regarding potential safety and mental health concerns of persons identified in this manner.

The Director has been collaborating with the Director of Student Conduct to clarify expectations and options for students that may be referred for psychological evaluation or treatment for disciplinary reasons. CAPS will remain an option for assessment and psychoeducational interventions for substance abuse and anger issues. Community resources will also be provided. CAPS will not engage in mandated treatment.

R. **Expand CAPS generalist clinical staff by a minimum of 2 FTE mental health professionals.**

An additional clinical staff position was funded in the summer of 2013 and a search is currently in progress. CAPS is also exploring options for employing a part-time clinical staff member. Unfortunately, another staff member resigned in order to take an more lucrative position. As the staff vacancy and new position are filled over the next few months, CAPS will have 9 senior staff members. As previously noted, based on the current enrollment and national averages, IUPUI CAPS should have 12-17 senior staff. The Director will continue to lobby for additional funding to expand the clinical staff.

S. **Provide after-hours coverage for mental health emergencies.**

No additions.

T. **Create a of case manager position for the Behavioral Consultation Team and/or psychological services.**

In the original response to this recommendation, it was noted that some case management responsibilities for CAPS would be assigned to the new AOD coordinator. However, as mentioned in Item A in this Addendum, the person hired for this position has no mental health training. Given the current circumstances, it does not seem prudent to assign case management responsibilities to a non-clinical staff member.

Case assignment and wait-list management responsibilities are being transferred from the Director to a Senior Staff member. This staff member is not currently engaged in graduate student supervision or any other major CAPS initiatives and requested the opportunity to contribute in this manner. Additional case management tasks will continue to be performed by the clinical staff engaging with each client.
U. Create foundation accounts for counseling, health wellness and health service to support service provision and general operations. Options related to foundations account(s) for CAPS will be discussed with the new fiscal officer for Student Affairs.