SUNY Potsdam
Administrative Unit
Assessment Summary Form

Administrative Unit: College Counseling Center   *Unit Contact Name: Amy L. Richardson*   *Date: 10/11/22*

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PURPOSE
This annual assessment summary form provides the opportunity for units to follow-up on their previous assessment work and reports and to highlight actions taken to improve processes and/or efficiencies in functioning that lead to outcomes that benefits students, staff, or the college. These could be process changes or improvements in efficiency, skill level of staff, opportunities for the college, or other aspects over which the unit has a certain amount of control.

SECTION 1: PRIOR YEAR ASSESSMENT PLAN FOLLOW-UP
A key component of the continuous improvement assessment process is following up on prior year assessment plans and reports. Review your prior year plan and report and select one of the desired goals and outcomes to comment on any changes or improvements resulting from actions taken.

Prior Year Assessment Plan – Desired Goal and Outcome(s)
Copy/Paste or enter the goals and outcomes from your prior plan that you wish to highlight and summarize. Also list any relevant results data and planned actions that may have been previously listed.

Students will know where to find support for mental health challenges and be treated by licensed therapists.

Client numbers will remain higher than the national average for a school our size therefore attesting that we continue to serve as many students as previous years.

Utilize the AUCCCD Annual National Survey and Counseling Center EHR to obtain numbers. Target % of clients to be 18% of the population or higher. This number remains dependent on having same or larger staff as Fall 2019.

Based on the outcomes, collected data/results, and the planned actions, please describe what specific actions were taken and the resulting impact, if any.

The College Counseling Center (CCC) has been tracking the number of clients served for several years. If you look back across the past four academic years, the CCC has seen 18% of the population or higher for the last four academic years despite the change in staffing levels they have

encountered. The CCC went from a fully staffed clinic with 6 therapists, 2 Counselors in Residence, and 1 Psychiatric Nurse Practitioner down to having 6 Therapists and 1 Psychiatric Nurse Practitioner. The CCC continued to meet this goal despite working through a pandemic which saw its services move abruptly to an online platform and saw a number of its students choosing to remain at home and complete their education through distance learning and forego counseling services. Last year the CCC exceeded its goal despite facing two unfortunate tragedies including the death of Officer in Charge Graham and the murder of a beloved college student. This all occurred at a time when the CCC was down to 5.6 therapists due to a therapist out on maternity leave and the replacement therapist working 2-3 days per week. If you add in the 172 students who see the Psychiatric Nurse Practitioner, a separate service provided to the counseling services, the CCC percentage would be at 28% for 2021/2022 academic year. For these statistical purposes the Psychiatric Nurse Practitioner numbers are taken out of the average which lowers our total number of students seen from 658 to 486 for last year and the preceding years. This brings the average numbers down with it as some students are only seen for medication management services and not for counseling services and are not captured in this representation of services.

The percentages of students seen in an academic year are as follows:
Fall 2018 - Spring 2019: 20%
Fall 2019 - Spring 2020: 22%
Fall 2020 - Spring 2021: 19%
Fall 2021 - Spring 2022: 22%.

Due to the limitations of the measurability of the goal, the CCC used the data available to analyze the data and determined the need to rework the goal in the future. Based on the percentages of students seen, the CCC continues to exceed the AUCCCD national average of clients seen. This goal will be reworked to make it more measurable, representative and inclusive of all types of services offered to students.

SECTION 2: ADDITIONAL ASSESSMENT HIGHLIGHTS (optional)

Assessment activity can take place that is not directly tied to previously submitted plans and reports. Please use this space to share any assessment success stories from this past year. What did you assess and how? What were the results? What did you learn from it and do as a result?

I came on board as the Director of Counseling in August 2021 to SUNY Potsdam. One of my first acts as Director was to assess our current Electronic Medical Records system. More specifically, I needed to assess the system's ability to track trending with mental health diagnosis, track clinician's caseloads, track number of unique clients seen, number of sessions attended, show the breakdown of our diverse students seen, show suicidal/crisis hours spent on students, and the system's ability to update forms in a timely manner. This assessment involved this writer taking a deep dive in several hours of combined self training and acquired trainings from the software company on the software's tools and exploring the tools capabilities and limitations. It was determined that the software had several limitations. Some of those limitations were due to the software being setup improperly by the previous Director or the setup was incomplete. This include the diagnosis feature which saw the setup not complete which rendered the clinic unable to measure how many students or what

percentage of students shared a particular diagnosis. Since then, this Director has rectified this problem and has started this academic year with the diagnosis problem setup. The limitation with this feature is that the diagnosis feature is duplicated for every time a student is seen. This presents as a problem and adds extra steps for the Director to sort out duplicate diagnosis when coming to the percentage of students who share a particular diagnosis. Another limitations of the software is the inability to breakdown the demographics to see what the diversity of our students might look like within a certain diagnosis. This puts us at a disadvantage when considering trending. Another limitation is how cumbersome it is to try to create a form in the software. The entire software package appears to be behind in its field. After several changes made to the current software, it was determined that this software package is just not conducive to a College Counseling Center and it was more appropriate to return to the former software program Titanium which is one of the leading College Counseling Center Software programs and was working find for the clinic prior to the switch 3 years ago. The switch was made in an attempt to have one system for Student Health Services and the College Counseling Center but that switch has blinded the College Counseling Center in terms of tacking the trends with their students. Based on all of this data we are going to continue to advocate for the Titanium software and readdress our measurement tools for our goals.