UNIVERSITY of HOUSTON

STUDENT AFFAIRS & ENROLLMENT SERVICES

Counseling and Psychological Services

**SFAC
Report of FY 14 (2013-2014) &
Requests for FY 16 (2015 – 2016)**
FY 2016 Program Questionnaire
FY 2016 Budget Request

CAPS

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I.   Provide an executive summary of your questionnaire responses

Counseling and Psychological Services (CAPS) has a mission to provide psychological, educational, and social support services to the university community, which assists students to be more successful in their academic, personal, and social pursuits. To achieve this mission, CAPS offers individual, couples, and group psychotherapy; crisis intervention; preventative and developmental outreach programming; consultation to faculty/staff/students; assessment; and training of pre-doctoral interns and practicum trainees. CAPS employs multiple measures to determine our effectiveness in accomplishing our mission. We engage in outcome assessments for our clinical and outreach services, as well as our training program. In addition, we also measure client satisfaction via survey questions. We adhere to the highest standards regulated by our accrediting agencies, the International Association of Counseling Services (IACS) for our psychological services and the American Psychological Association (APA) for our pre-doctoral internship training program. Through our key component services, we are committed to helping students succeed in and outside of the classroom by supporting their emotional and psychological well-being. Students with emotional and behavioral problems not only struggle at the individual level, but may negatively impact their classmates, roommates, faculty, and staff with whom they come in contact. We believe that helping students with their mental health issues can promote student success and benefit the university community overall. Specifically, we support students by making mental health services accessible on campus at low-cost. We serve as front-line for crisis services during and after business hours, and are one of the first responders after a campus tragedy. We assist students to meet the educational requirements for UH's Counseling and Clinical Psychology graduate programs via our practicum training program. We help educate the campus through our outreach programming on suicide prevention and how to identify signs and symptoms of individuals who may be struggling or in distress. We offer valuable consultation to our faculty and staff who may need to consult about a student of concern. In summary, we establish partnerships within DSAES and Academic Affairs to promote a caring campus for our students.

With the addition of Cougar Village II and Cougar Place in fall 2013, and the anticipation of additional students from the Sugarland campus, it is expected that our total student population will experience a tremendous growth in the next year. Subsequently, we must strive to increase our staff and to expand our facilities in an attempt to keep up with this growing demand. IACS recommends a staff to student ratio of 1:1500. Based on an approximate student population of 39,540 for fall 2013, CAPS had a staff to student ratio of 1: 3766 (fall 2013) and 1:3595 (spring 2014). Given this serious discrepancy, we respectfully ask that SFAC give strong consideration to our request for base augmentation to add two, new clinicians to CAPS starting FY 16.

II. Provide an organization chart of your unit (As of Fall 2014)

Director
Norma Ngo

Administrative Assistant
Ma. Nadine Dimaliwat

Financial Coordinator
Michelle Le

**Associate Director
(Clinical Director)**
Christopher Scott

**Assistant Director
(Training Director)**
Cecilia Sun

Psychologist II
Susan Chanderbhan-Forde
Psychological Counselor
Janet Clemenson
Psychological Counselor
Mona Drucker
Psychologist I
Laura Frame
Psychologist II
Carolina Jimenez
Psychologist I
Joshua Knox
Psychologist II
Rune Mølbak
Psychologist II
Thomandra Sam
Psychologist II
Jennifer Smith

Graduate Assistant
Whitney Gealy

Office Coordinator
Tonya Winters
Office Assistant II
Pamlark Clark

Pre-doctoral Interns
Sheetal Kini
David Ranschaert
Margaret Trummer
Vincent Walford

Practicum Trainees
Alexandra Marshall
Andrea Potthoff

CAPS

III. List your unit's strategic initiatives and action steps identified for the 2013-2014 academic year and cite the specific Division of Student Affairs Strategic Initiatives and University of Houston Strategic Goals to which they relate. Please comment on your success in achieving these strategic iniatives/actions steps.

A. 2013-2014 Strategic Initiatives and Action Steps Overall for the Department

S.I. 1   Enhance the human, fiscal and facility resources that will increase our potential to contribute to student success (DSAES S.I. # **2**; UH Goal #2)

      a. Continue to address the low staff to student ratio as recommended by the International Association of Counseling Services (IACS) by converting the existing postdoctoral positions into positions that will be occupied by licensed clinicians.

      b. Create the Multicultural Coordinator role that will help lead the department to build upon and maintain its high level of multicultural competence to effectively address the diverse student body at UH

      c. Create the Referral Coordinator role that will serve as the liaison between CAPS and community resources in order to connect students with the optimal level of care on and off campus

      d. Explore the feasibility of a new building for CAPS and the Health Center by serving on the Health and Counseling Center Feasibility Committee that will generate ideas and recommendations which will be forwarded to the Vice Chancellor/Vice President for Student Affairs

      e. Explore interim space options until a new facility can be actualized

      f. Examine our fee structure to build upon our self-generated income

      g. Set up a voluntary "donate" button on our website as an opportunity for students and alumni to make donations to CAPS

S.I. 2.   Examine CAPS identity within the Division of Student Affairs (DSAES S.I. # 5; UH Goal #2)

      a. Align CAPS Mission, Vision, Values with that of DSA to promote a united vision

      b. Participate in a broad range of DSA committees in order to foster a shared identity.

S.I. 3.   Maintain technological responsibility given the reliance on our electronic record keeping system (DSAES S.I. # 2 & 4; UH Goal #2)

a. Determine how CAPS specialized IT needs will be met as soon as possible given that CAPS houses 3 servers that maintain our website and store confidential health information

Success in Achieving these Strategic Initiatives/Action steps

S.I. #1
a. Achieved
b. Achieved
c. Achieved
d. The Feasibility committee did convene and recommendations were forwarded to the VC/VP of DSAES.
e. Achieved. The identified interim space will be on the 3rd floor of the Student Services Center 1 building and will commence Fall 2015.
f. In process.
g. Revised as the DSAES has a new Director of Advancement who is leading a broader initiative/campaign for support of the DSAES programs and services.

S.I.#2
a. In process
b. Achieved. CAPS staff participated in a wide variety of committees within and external to DSAES. CAPS staff have delivered professional development presentations for DSAES staff.

S.I. #3
a. Achieved. CAPS has benefited from the consolidation of IT resources within the DSAES. These IT professionals are in the process of assisting us in migrating our servers to secure UH Servers for better oversight and management.

B. 2013-2014 CAPS Strategic Initiatives for Clinical Services

S.I. 1.   Integrate/align the mission and strategic initiatives of the Division of Student Affairs into our clinical service model (DSAES S.I. # **1**; UH Goal #2)

a. By engaging more students in our clinical services that will provide them with the necessary emotional/psychological support and constructive feedback regarding necessary behavioral changes that will lead to persistence and graduation
b. By continually evaluating how our resources might be best allocated to maximize opportunities to support student success

S.I. 2.   Enhance the group therapy program (DSAES S.I. #**1**; UH Goal #2)
   a. by offering a higher number and variety of groups
   b. by offering more groups that impart skills that contribute to student success. For examples, skill based groups that will help students to cope with stress, increase self-efficacy, and increase interpersonal effectiveness.
   c. by providing training and case conference opportunities for staff in order to enhance group therapy and assessment skills
   d. by using assessment measures at regular intervals (e.g. CCAPS, GRQ, GQ) to improve the quality and effectiveness of groups

S.I. 3.   Measure/evaluate learning outcomes and customer experiences for our clinical services (DSAES S.I. #**4**; UH Goal #2)
   a. Use Campus Labs to evaluate these learning outcomes and customer experiences
   b. Develop further strategic initiatives based on these learning outcomes and customer experiences

S.I. 4.   Leverage technological resources to reduce client wait time related to completing paperwork, reducing data entry error, and increasing clinician time with clients during initial consultation appointments (DSAES S.I. #**3**; UH Goal #2)
   a. Install Titanium web component
   b. Configure waiting room to allow for laptop stations to be set up for students to enter their own clinical data into Titanium

S.I. 5.   Decrease wait time for students seeking initial appointments (DSAES S.I. #**3**; UH Goal #2)
   a. Use data to guide revisions to clinical program structure based on high demand days/times.

S.I. 6.   In an effort to make our services available to more students, we will attempt to reduce late cancellation/no-show rates, especially for first appointments (DSAES S.I. #**2, 4**; UH Goal #2)
   a. Implement late cancellation/no show fee

S.I. 7.   Continue with the transition process to entirely paperless record keeping system (DSAES S.I. #**2**; UH Goal #2)

   a. Scan all new client paperwork
   b. Follow systematic scanning system to convert all paper records from the past 10 years into the electronic records

    c. Use the Titanium web component will aid us considerably in going paperless. It will eliminate the majority of paper that goes into the client record.

Success in Achieving these Strategic Initiatives/Action steps for Clinical Services

S.I. #1

a. Not achieved.
- Fewer students engaged in our clinical services in 2013-2014 than the previous year.

b. Achieved.
- Student feedback was utilized to revise appointment options to better assist commuter students.
- Additional initial consultation appointment options started to be offered in late Spring 2014.

S.I. #2

a. Not achieved.
- Fewer groups were offered in 2013-2014 than the previous year.

b. Partial Success.
- Significantly more themed groups were initially offered last year when compared with 2012-2013; however, we were only able to successfully launch one additional themed group.

c. Achieved.

d. Achieved.

S.I. #3

a. Achieved

b. Achieved.

S.I. #4

a. Achieved.

b. Revised.
- We decided to utilize tablets rather than laptops as this was a much more cost effective option for our department.

S.I. #5

a. Achieved.
- More appointments are offered on Mondays as that is the day with the highest volume of initial consultations.

S.I.#6

a. Achieved. The no-show/late cancellation fee was implemented as well as reminder text messages for appointments.

- Overall no show rate went down 2.8% in 2013-2014 when compared with the previous year.
- Initial consultation no-show rate went down 6.2% when compared with the previous year.

S.I.#7

a. Achieved.

b. Revised.

- Texas law regarding records retention was revised from 10 years to 7 years from last contact. Given this change a lot of our backlog of paper files were destroyed simply because we were no longer required to retain them.
- We have since ceased scanning old paper records and focused on implementing a paperless system going forward.

c. Achieved.

C. CAPS Strategic Initiatives for Outreach Services

S.I. 1.   Measure/evaluate learning outcomes and customer experiences for our outreach services to determine future programming efforts (DSAES S.I. #4; UH Goal #2)
  a. Work with Campus Labs to evaluate these learning outcomes and customer experiences, and document student/faculty/staff involvement
  b. Develop further strategic initiatives for outreach services based on these learning outcomes and customer experiences

S.I. 2.   Increase number of attendees for QPR training (a nationally recognized suicide prevention program designed to educate persons to recognize and respond to the signs of suicidal thinking or behavior) (DSAES S.I. #6; UH Goal #2)
  a. Plan to see a 25% increase in use of QPR training (goal = 100 participants)

S.I. 3.   Utilize outreach programming to help students to acquire new knowledge, skills and behaviors, CAPS outreach will incorporate preventative education as part of major outreach events (DSAES S.I. #1; UH Goal #2)
  a. Focus on National Screening Days
  b. Focus on Diversity Institute

S.I. 4.   Enhance technology interface with students (DSAES S.I. #2; UH Goal #2)
  a. Use Facebook to link students to articles of interest
  b. Develop recommended books section of current CAPS website

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    c.   Leverage fiscal and technological resources by linking self-help resources to offerings available through the UH libraries.

S.I. 5   Enhance collaborative partnerships with campus stakeholders (DSAES S.I. #6; UH Goal #2)

    a.   Continue to evaluate the success of the "Let's Talk" program and explore expansion to other campus locations

    b.   Continue to evaluate the success of our liaison relationships and explore developing new liaison relationships

    c.   Seek out opportunities to educate campus about role and function of CART

    d.   Clarify how CART and CAPS can work together to address students of concern while maintaining confidentiality and preserving the therapeutic relationship if the student is also a client.

S.I. 6   Continue Campaign to decrease the stigma of seeking mental health treatment (DSAES S.I. #1; UH Goal #2)

    a.   Increase visibility of CAPS on campus by building our relationship with the campus community via our outreach programming

    b.   Maintain our "user friendly" website and social media outlets to reach those who may be ambivalent about accessing services

S.I. 7   Work with Student Housing Residential Life (SHRL) to identify specific programs that will assist resident students (DSAES S.I. #6; UH Goal #2)

    a.   Develop workshops on mental health topics to residents and comprehensive trainings throughout the year for resident advising staff

    b.   Explore possibilities for offering workshops/trainings at convenient times for SHRL staff and residents throughout the day and evening

<u>Success in Achieving these Strategic Initiatives/Action steps for Outreach Services</u>

S.I. #1
a. Partial success.
- While data was gathered via campus labs we lacked follow-up responses from students regarding our learning outcomes.
- We were not being able to make any meaningful interpretations of our data.
b. Not achieved due to insufficient follow-up data from workshop participants.

S.I. #2
a. Achieved.

- Our goal was to have 100 faculty/staff/students QPR trained and we exceeded that goal by training 270 people in QPR suicide prevention skills.

S.I. #3

a. Not achieved.
- National Screening Day attendance feel slightly in 2013-2014 from the previous year (300 screened in 2012-2013, while 293 were screened in 2013-2014)

b. Achieved.
- We had 75 attendees for Diversity Institute 2014 vs. 46 attendees from Diversity Institute 2013.

S.I. #4

a. Achieved.

b. Not achieved.

c. Not achieved.

S.I. #5

a. Achieved.
- Based on information from 2013-2014 four new Let's Talk locations were launched in fall of 2014.

b. Not Achieved.
- No new liaison relationships were developed.

c. Achieved.
- CAPS consultants on duty routinely educated faculty/staff/students about cart when consulting about students of concern.

d. Achieved.

S.I.#6

a. Partial Success.
- CAPS saw a small increase in its presence on campus with tabling events however the largest growth of Outreach has been through phone consultation with CAPS Clinician's on Duty.

b. Achieved.

S.I.#7

a. Achieved.
- QPR suicide prevention training and recognizing and referring students in distress presentations were updated and presented to staff at SHRL.

b. Achieved.
- Several presentations were done for SHRL staff to assist with training and continuing education.

D. CAPS Strategic Initiatives for Training

S.I. 1. Foster an enhanced learning environment for graduate clinical and counseling psychology students (DSAES S.I. 2; UH Goal #2)
   a. Collaborate with UH faculty to utilize available expertise in the field and to stay current with program requirements

S.I. 2. Summarizing data each year in preparation for the APA self-study (next one due 2016) (DSAES S.I. # 4; UH Goal #2)
   a. Create and distribute end of year evaluations via Campus Labs
   b. Summarize data (mean scores) and use the scores to evaluate overall seminar effectiveness, recommended seminars, and those that should be discontinued

S.I. 3. Operationalize the expected outcomes of the training program to align with best practices in the field of psychology training (DSAES S.I. # 4; UH Goal #2)

   a. Meet with training team to review "Competencies Benchmarks" document
   b. Review training program goals
   c. Generate expected outcomes / skills in each program goal area using competencies language
   d. Utilize Campus Labs for evaluations

Success in Achieving these Strategic Initiatives/Action steps for Training

S.I. #1
a. Achieved. Utilized faculty partners to provide consultation and didactic training (e.g., Dr. Nikki Coleman, Dr. Rodney Goodyear).
S.I.#2
a. Partially achieved. Seminar data were collected via paper. (Training Director was on leave and Admin Assistant had not yet used Campus Labs.)
b. Achieved. Seminar data were summarized and analyzed via Excel. Scores were used to evaluate seminar effectiveness. 2014-2015 seminar schedule was planned based on these data.
S.I.#3
Not achieved. Due to Training Director being on leave, this training program goal/ competencies review was postponed.

IV. *Please discuss the means that you are utilizing to evaluate both your success in achieving the aforementioned objectives and their importance as compared to other objectives that you might pursue. Where data exists, discuss the number of persons served by each of your programs and any assessment measures and/or learning outcomes used to evaluate the program success. Please provide the method for collecting these data.*

CAPS has arguably one of the most thorough and comprehensive self evaluations of any department on campus. This is due in part because of the confidential nature of our services and the ethical and legal responsibilities associated with it, as well as the implications of outcome, making evaluation and accountability essential. We evaluate all of our services (e.g., clinical, outreach, and training/supervision) utilizing multiple means. First, CAPS is reviewed by external agencies, which evaluate the center to determine if it is meeting standards of practice and maintaining ethical and legal responsibilities to which it is held. This includes annual updates and site visits in order to maintain accreditation by the International Association of Counseling Services (IACS), which accredits CAPS for its clinical services. The American Psychological Association (APA) accredits CAPS for its pre-doctoral internship training program. Furthermore, the licensed staff are accountable to state licensing boards. Failure to meet ethical standards can result in suspension and/or loss of license to practice.

The Center for Collegiate Mental Health (CCMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students in order to serve the needs of mental health providers, administrators, researchers, and the public. Data was contributed by 132 college and university counseling centers describing more than 95,000 unique college students seeking mental health treatment, 3,000 clinicians, and over 500,000 appointments. Participating counseling centers use the *Counseling Center Assessment of Psychological Symptoms* (CCAPS) as a psychometric instrument assessing various dimensions of mental health for all clients initiating services at participating counseling centers. In addition to very strong psychometric properties and a balanced rational/empirical design that is highly relevant to clinical work in counseling centers, the CCAPS instruments provide regularly updated peer-based norms drawn from very large samples. Because of the size and diversity of the norming group, clinicians can feel very confident that a scored CCAPS profile provides an up-to-date, relevant, and accurate evaluation. The CCAPS norms will be continually updated and improved as data becomes available. As recommended by the Center for Collegiate Mental Health, we administer the CCAPS-62 (long version) for the initial consultation visit and the CCAPS-34 (short version) for follow-up visits. Both versions are valid and reliable with subscales for Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Hostility, and Substance Use (alcohol only).

Also as a part of CCMH, CAPS utilizes the *Standardized Data Set* (SDS), which is a set of questions and answers used by counseling centers during routine clinical practice. The SDS contains a number of "core" or required items and a larger number of optional items. Over 100 counseling centers participated in the creation of the Standardized Data Set (SDS) beginning in 2006. The principle goal of the SDS is to encourage the collection and pooling of standardized information that can be compared at the national level. CAPS also utilizes a number of tools integrated with our electronic health record system (Titanium) that help us with work-flow efficiency and allow use to track utilization and critical incidents (e.g. after hours calls, hospitalizations, etc.).

FY 14 Learning Outcomes for our Key Component Areas

Customer Satisfaction
Learning Outcome: **Assess key areas of customer satisfaction for students.**

CAPS clients agreed/strongly agreed to the following questions. Each percentage represents a semester they were surveyed:
- *CAPS fees are reasonable*: 94% & 90% in the fall 2013/spring 2014; 95% in the summer 2014.
- *Counseling has helped me learn ways to better cope with my feelings*: 76% in the fall 2013/spring 2014; 82% in the summer 2014.
- *Counseling helped me become a more successful student:* 53% & 55% in the fall 2013/spring 2014; 55% in the summer 2014.
- *My individual counseling sessions are frequent enough to meet my needs:* 71% & 65% in the fall 2013/spring 2014; 88% in the summer 2014.

Changes based on findings:
We will revise practice recommendations to encourage more frequent individual counseling visits for ongoing clients during the fall and spring semesters. Service agreements for clinicians have been modified to equally incentivize seeing ongoing clients more frequently.

Individual Counseling

Learning Outcome: **Students will experience reduction of symptoms through our individual counseling services**
- Out of the 160 clients who met the high cutoff for significant academic distress during this time period 26% indicated statistically significant (.05 level) reliable reduction of academic distress.

Group Counseling
***Learning Outcome*: Student will be able to decrease their social anxiety symptoms as a result of participating in group therapy for a semester at CAPS**

- The data shows that the learning outcome was achieved, as evidenced by the CCAPS reports. The data showed that 33% of clients reliably improved (% of students that improved on this subscale, on CCAPS) on the social anxiety subscale. Social anxiety is a main presenting concern for clients who participate in our group therapy program, so this is a good indicator of effectiveness. Also data showed that 47% of clients reliably improved on the depression subscale.

Group clients who were surveyed agreed/strongly agreed to the following:

- "*Group helped me improve my ability to communicate and interact with others*" – (96% in fall, 90% in spring semester)
- "*At the end of group, my overall well-being had improved*" –(81% fall, 88% spring)

Changes based on findings:
The group program will be changing to a more ongoing and long term model of group therapy instead of our more time-limited model in years past. We are also hoping that allowing students to "rollover" into the same group will reduce the time/energy spent starting the groups up each semester; therefore, increasing the amount of weeks our groups run and maximizing impact. Our psycho-educational groups will remain time-limited (run for one semester at a time).

LD/ADHD Assessment
***Learning Outcome*: Clients who complete ADHD/LD testing will better identify their academic strengths and weaknesses and identify strategies which will improve their academic success**

- 94% of clients who responded to the post-assessment survey indicated that they either agreed or strongly agreed that they were able to better identify academic strengths and weaknesses

- Students expressed that giving them a clear overview of the assessment process helps them to be mentally and emotionally prepared for the assessment process.

Changes based on findings:
Clinicians providing assessments will increase time spent talking to clients at the beginning of the assessment process about the instruments to be administered and the possible emotional implications of undergoing an ADHD/LD assessment.

Outreach Services
Learning Outcome1: **70% of workshop attendees will demonstrate understanding of the FFTW by being able to identify one new skill that was learned during the FFTW**

- *Share specific data points from the assessment.*
    - 89% of FFTW attendees indicated they had learned one new skill to some extent.

Learning Outcome 2: **70% of Diversity Institute participants that respond to an electronic assessment will self-report improved understanding of the diversity issues that present on the campus.**

- 73% of Diversity Institute attendees reported that they are likely to incorporate an identified multicultural related behavior in their life into their lives as a result of their attendance.

Changes based on findings:

- The plan is that the next Diversity Institute will include a panel discussion component.

Training
Learning Outcome: **CAPS practicum trainees will demonstrate competence in the following core skills: individual therapy, sensitivity to diversity, ethical sensitivity and professionalism, and use of supervision/training**

For the two practicum trainees in AY2014, the aggregate scores for each period were as follows:

December 2013
Individual Therapy: 3.89
Sensitivity to Diversity: 3.38
Ethical Sensitivity and Professionalism: 4.66
Use of Supervision and Training: 4.10

April 2014
Individual Therapy: 4.43
Sensitivity to Diversity: 3.75
Ethical Sensitivity and Professionalism: 4.78
Use of Supervision and Training: 4.91

Overall 2013-2014 Scores
Individual Therapy: 4.16 (AY13 comparison: 3.85)
Sensitivity to Diversity: 3.56 (AY 13 comparison: 3.94)
Ethical Sensitivity and Professionalism: 4.72 (AY 13 comparison: 4.37)
Use of Supervision and Training: 4.5 (AY 13 comparison: 4.2)

Individual Therapy overall scores were the lowest of the four core skills last year, whereas Sensitivity to Diversity overall scores were the lowest this year. This was likely due to this year's trainees having significantly more prior individual therapy experience (3 years vs. 0 - 1 years) compared to last year's cohort. Indeed, this more experienced cohort achieved higher scores overall except in the area of Sensitivity to Diversity.

It may be useful for the coming years to provide specific training around multicultural competence for our practicum trainees, beyond what is provided within individual and cohort supervision. In AY15, we will again have 2 practicum trainees, one advanced (3 years experience) and one beginner (0 years experience).

Utilization Data

Number of Unique Clients Seen at CAPS

| 2012 –2013	2013 – 2014	Change:
1,498	1,317	-12% Decrease
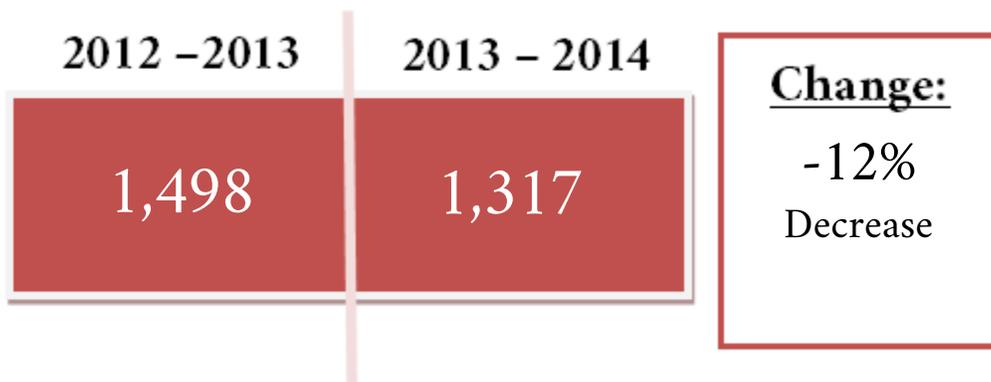
In 2012-2013, CAPS made a number of system changes to enchance accessibility (e.g. same day appointments). Subsequently, we saw a greater growth in utilization. At the same time, we recognized the need for balance in accessiblity with managing therapists' caseloads and quality of care. In addition, in fall 2013, we were down 1.5 FTE and 1 FTE for spring 2014, which affected our utilization numbers across the board in most service areas. Since then, we have experimented with making more gradual steps at increasing student accessibility while trying to manage clinician case loads and other programmatic commitments.

*Hospitalizations

2012 –2013	2013 – 2014	Change:
9	13	+ 44% Increase
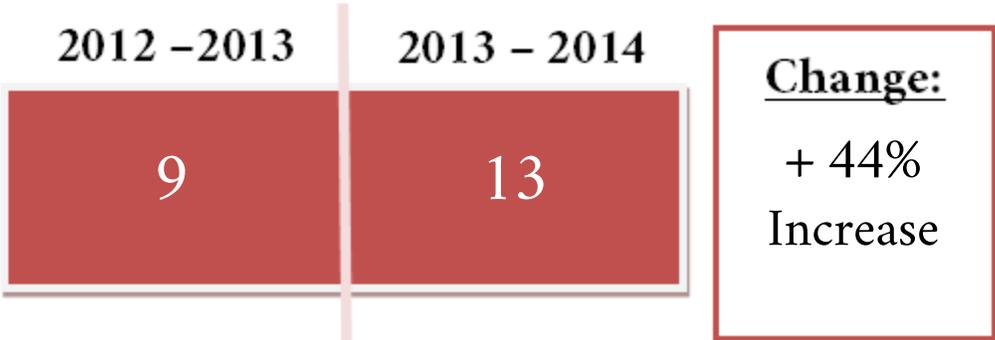
*Emergency psychiatric hospitalizations continue to increase as campus residency increases.

After Hours Contacts

| 2012 –2013	2013 – 2014	Change:
21	24	+ 14% Increase

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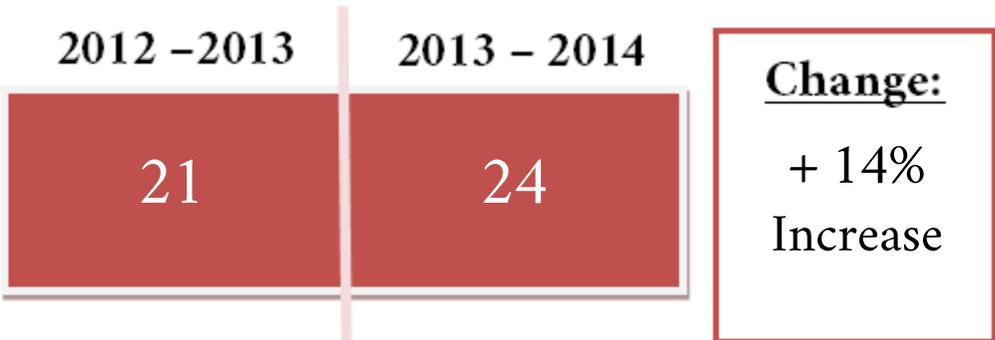
Number of *attended* individual appointment *hours* with clinicians (initial appointments, treatment planning, individual counseling, assessments)

2012 – 2013	2013 – 2014	Change:
6,013 Hours	5,017 Hours	-17% Decrease

***Number of *attended* Couples Counseling appointments**

2012 – 2013	2013 – 2014	Change:
259	157	-39% Decrease

***Attended* Group Counseling appointments**

2012 – 2013	2013 – 2014	Change:
1,615	1,546	-4% Decrease

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*Number of Groups offered

2012 –2013	2013 – 2014	Change:
35	34	-3% Decrease
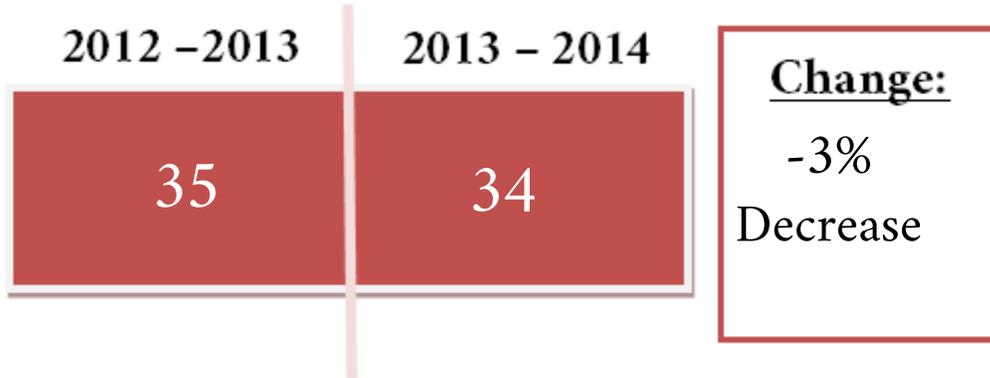
Total number of LD/ADHD assessments (for students seeking accommodations) conducted:

| 2012 –2013	2013 – 2014	Change:
60	50	-17% Decrease
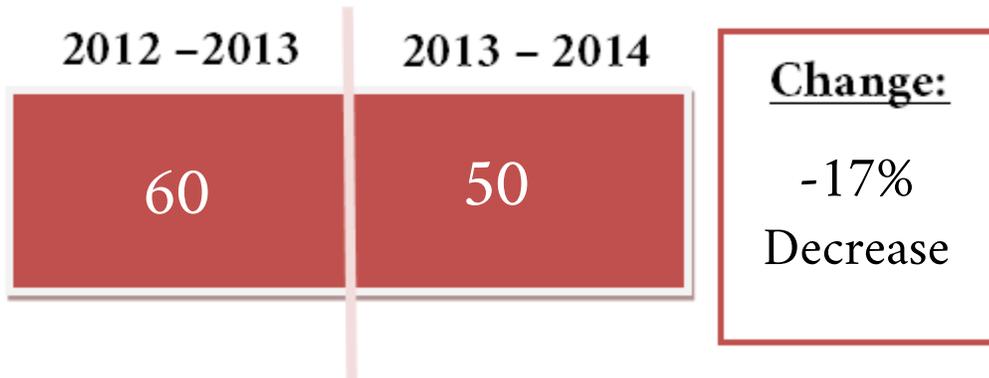
Historically, CAPS has provided Learning Disability and Attention Deficit Hyperactivity Disorder (LD/ADHD) assessments to students for the purpose of securing accommodations through the Center for Students with Disabilities (CSD). Demand for this service has continued to increase while recent changes in best practices requirements in the field of learning disability evaluation have made these assessments more time consuming. This resulted in CAPS implementing a target number and waitlist system to manage the increased time required to complete LD evaluations as well as the increased demand for other services (e.g., counseling, crisis services). The implementation of the target number and waitlist system resulted in an approximate 17% decrease (from 60 in FY 13 to 50 in FY 14. However, given continuing time and resource constraints, CAPS has decided to phase out LD/ADHD assessment services at the end of the 2014-2015 academic year. The rationale being that an LD/ADHD assessment requires specialized

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training and a heavy time commitment (*an additional 11-20 hours from start to finish per student*). In fact most university counseling centers do not provide LD/ADHD assessments because of this added time commitment. We have had to weigh the cost/benefit of providing these assessments, as they do impact the extent by which CAPS is able to provide other clinical services (e.g., counseling, crisis intervention).

CAPS has worked closely with our partner office, Center for Students with Disabilities, to manage this transition in a way that is considerate of the needs of UH students. We have worked hard to develop a resource list of community referrals for ADHD/LD assessments, some of which can provide fee reduction. We will also continue to collaborate with the psychiatrists in the Student Health Center to assist students who are seeking medication for ADHD. CAPS assists UH students by providing the brief screening evaluation and diagnosis of ADHD required in order for UH Health Center psychiatrists to prescribe ADHD medications to UH students. In contrast to ADHD evaluations for accommodations, this screening evaluation takes only 3.5 hours to complete, so at this time, it has less of an impact our ability to provide other clinical services.

ADHD Psychiatry Screenings (for students seeking medication management with UH Psychiatry)

2012 –2013	2013 – 2014	Change:
40	35	-13% Decrease

LD Assessments

2012 –2013	2013 – 2014
30	17

Change:

-43%
Decrease
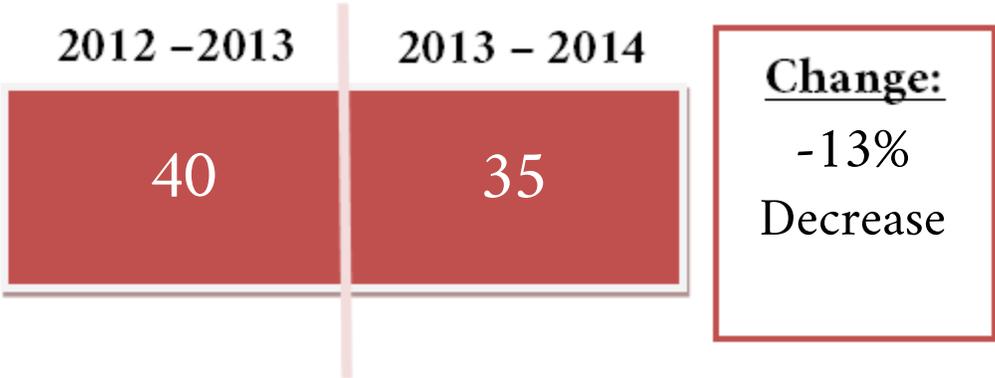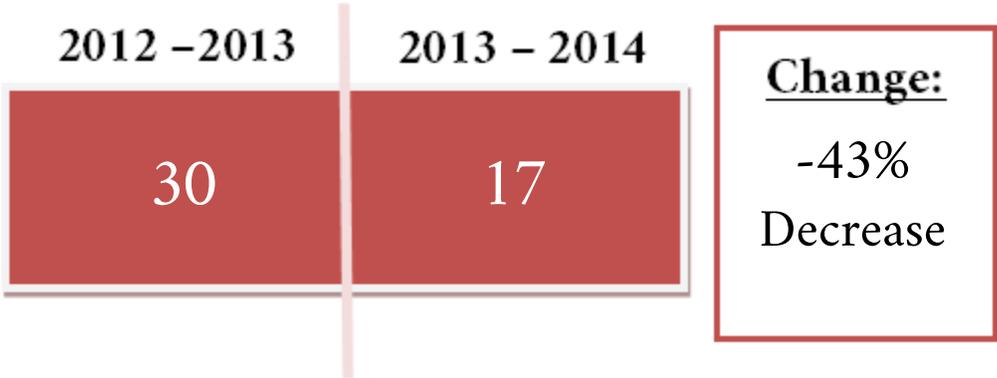
*Total IC, GC, CC, and assessment appointments *scheduled* (includes attended, no shows, and cancellations).

2012 –2013	2013 – 2014
10,877	8,543

Change:

-21%
Decrease

Consultation

2012 –2013	2013 – 2014
104	217

Change:

+108%
Increase

CAPS
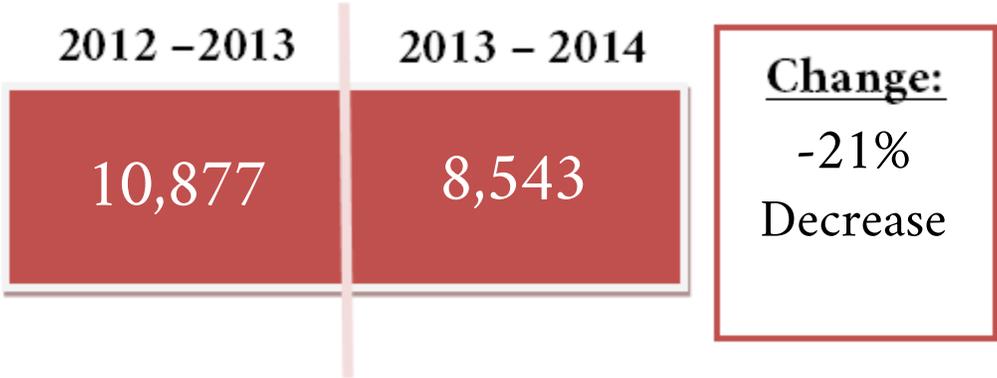
Total Outreach numbers

OUTREACH	HOURS 2013-2014	PEOPLE 2012-2013	PEOPLE 2013-2014	CHANGE IN PEOPLE SERVED
• Let's Talk	242	34	36	+6%
Table at Campus Events	35	1092	1188	+9%
Debriefing	2	38	55	+45%
FFTW	25	261	266	+2%
Screening Days	18	300	293	-2%
Campus Presentations	47	1683	1280	-24%
QPR	8.5	277	270	-3%
Diversity Institute	9	46	75	+63%

> **V. Please discuss any budget or organizational changes experienced since your last (FY2015) SFAC request, their impact on your programs, and your reason for implementing them. If your unit concluded FY 2014 with a Fund 3 addition to the Fund Equity, please describe the conditions which caused the addition.**

In FY14, we filled the Administrative Assistant position (1 FTE), GA positon (.5 FTE), and three licensed clinician positions (by converting 2 existing postdoctoral fellows and new base request approved by SFAC). One of our Psychologist 1 transitioned from 1 FTE to 19 hours per week starting August 13, 2013 through December 20, 2013. In addition, we promoted three Psychologist 1 to Psychologist 2 effective September 1, 2013. We promoted an additional two Psychologist 1 to Psychologist 2 effective April 1, 2014.

> **VI. Please list your 2015-2016 strategic initiatives and action steps in priority order. Under each strategic initiative, please state the specific action steps (programs, activities, services, policies/procedures, etc.) that you plan to implement to accomplish your stated initiatives.**

1. Enhance the accessibility and quality of CAPS Clinical Services (DSAES #1, 2; UH Goal #2)
   a. Hire two new clinical staff, one for Sugarland and one for Main campus
   b. Request clinical and/or Let's Talk staff (that will start Fall 2016) to continue to increase the staff to student ratio as recommended by IACS

    c. Request one support staff that can be housed in the interim space that will support CAPS future expansion

    d. Enhance and expedite the initial client contact process by adding specific client paperwork to the website that can be downloaded and completed prior to appointment (e.g. Informed Consent; ROI)

2. Enhance the effectiveness of the CAPS team (DSAES #2; UH Goal#2)
    a. Identify a "Let's Talk" Interim Coordinator

3. Enhance effectiveness of CAPS education and prevention efforts (DSAES #1; UH #2)
    a. Increase to 20 hours of Let's Talk per week
    b. Identify one new Let's Talk location

4. Provide student employment and externship/internship opportunities in partnership with Academic Affairs (DSAES #2, 6; UH Goal #2)
    a. Increase practicum training program by 2 trainees (for a total of 4)
    b. Where possible, recruit practicum trainees from UH School Psychology and Social Work Departments

> **VII. What are the other possible sources of funding available to your unit and what efforts are being made to access them (i.e. grants, donations, etc.)?**

There are few opportunities for external funding for our department. Due to the legal and ethical considerations of our field we are limited in our ability to engage in many traditional fundraising activities such as seeking support from alumni who have used our services in the past. In the surrounding community, mental health service providers sustain themselves by charging fees for their services comparable to that of other health care providers (upwards of $80-$200 per hour). CAPS is sensitive to the fact that many of our students are uninsured/underinsured and are not receiving adequate medical and psychological health services. In recognition of this large number of uninsured students at the University of Houston, CAPS keeps its rates significantly lower than providers in the surrounding community. We generate a small amount of revenue from fees for Learning Disability and Attention Deficit Hyperactivity Disorder assessments; however, these fees are nominal given the significant time commitment to complete these assessments. We anticipate as our staff continues to grow and we become better equipped to meet the basic clinical demands, we will be able to allocate more time to explore the possibility of grants and other funding sources.

> ### VIII. Please describe any services that are similar to yours and/or any overlap between your unit and any other unit(s) providing services to students and the rationale for the overlap.

The CAPS counseling staff and the psychiatrists located in the University Health Center collaborate on many shared clients to provide continuity of care. Empirical research supports both medical and behavioral interventions for the treatment of mental health concerns. In some instances, counseling is an adjunct or alternative to psychiatric interventions because: 1) There is a body of evidence that shows that in certain instances a combination of counseling and medication is the best approach 2) A large constituency of students want the option of counseling in addition to psychiatric treatments for mental health concerns, 3) Counseling is more effective for a number of presenting concerns common among university students (e.g. relationship concerns, identity concerns, substance use problems). The Psychology Research and Services Center (PRSC) located on campus provides counseling to students and the greater Houston community. The main difference between PRSC and CAPS is that the former functions primarily as a training clinic for its clinical psychology students while CAPS is primarily a service provider and offers various psychological services by licensed professionals to UH students, staff and faculty. CAPS and Wellness collaborate on a number of outreach programming offered to students throughout the year such as national screening days. Finally, CAPS provides limited study skills workshops while Learning Support Services provides more comprehensive services in this area.