

UNIVERSITY of HOUSTON

Division of Student Affairs and Enrollment Services
Counseling and Psychological Services

CAPS is respectfully requesting the following **FY23 Base request for a Clinical Care Coordinator**

Position	Annual Salary	Fringes	Professional Development	6% Admin	Total Request Amount
Care Coordinator	62,000	21,700	2,500	5,172	91,372

Justification for Request

1. With our implementation of the Stepped Care model, CAPS has shifted its resources from a one-size-fits all model to assessing specific, unique students presenting concerns who are the best fit for a short-term, generalist counseling center. This shift has been necessary to help better manage the imbalance between demand for counseling services and our limited clinical resources. In other words, a student who is in need of intensive, long-term or specialized services will be provided with appropriate referrals to an appropriate (external) provider. A recent report by the Center for Collegiate Mental Health has estimated that 20% of students with the highest needs use up about 50% of available counseling center resources. By providing added support to refer these students out for longer-term, more frequent, or more specialized therapy rather than seeing these students in-house, resources are redistributed and made available to see more students overall and a waitlist for services can be eliminated. A Clinical Care Coordinator will help ensure that students requiring more support are thoughtfully connected with a provider that is able to offer them the appropriate level of treatment. A subset of students referred out to higher levels of care may present with chronic or treatment resistant mental health conditions, impaired functioning, or high levels of distress and have a high risk of not following through with referrals unless proper support and guidance is provided. The Clinical Care Coordinator will serve as a supportive bridge between CAPS and the appropriate treatment provider.
2. In FY 21, CAPS offered 112 triage follow-up appointments related to case management. This amounts to 56 hours of face-to-face case management time that would be redistributed to a Clinical Care Coordinator and allow existing clinicians to be available for new and existing clients. As students have returned to campus and seeking more in-person (and virtual) appointments, we expect that the number of hours will steadily increase, and the addition of a Clinical Care Coordinator will become vital to help manage the expanded hybrid model of service delivery.
3. The addition of a dedicated Clinical Care Coordinator to CAPS will help centralize knowledge of community resources in one person, and their specialization will facilitate efficiencies which will hopefully enhance the overall student experience.

UNIVERSITY of HOUSTON

Division of Student Affairs and Enrollment Services
Counseling and Psychological Services

CAPS is respectfully requesting the following **FY 23 Base requests for Two Licensed Clinicians**

Position	Annual Salary	Fringes	Professional Development	6% Admin	Total Request Amount
Psychological Counselor/Psychologist	70,000	24,500	2,500	5,820	102,820
Psychological Counselor/Psychologist	70,000	24,500	2,500	5,820	102,820
Grand Total Request	140,000	49,000	5,000	11,640	205,640

Justification for Requests

1. The International Association of Counseling Services (IACS) recommends **1 staff: 1,000-1,500 students**. CAPS' current staff to student ratio is 1: 2,616 (based on 18 licensed clinicians and an enrollment of 47,090 as of fall 2020). After the most recent reaccreditation process (July 2019), IACS indicated the following in its feedback report: *"There remain two concerns regarding staffing and space. You report that your current staff to student ratio is 1:2316. This remains well above the recommended IACS range of 1: 1000-1500. The Board encourages you to continue to advocate for additional staff members to assist in managing the demand, and wait, for services. You also report that you still expect to be able to expand into new space."* Given this feedback and the continued rise in students arriving to college with pre-existing mental health concerns, we ask for SFAC's support to maintain and grow our staffing to avoid jeopardizing our accreditation status. If SFAC supports our base funding requests, our staff to student ratio would improve to 1:2242.
2. According to the 2020 Center for Collegiate Mental Health's (CCMH) Annual report, lifetime history of counseling continued to increase, with approximately 60% of students seeking services reporting prior mental health treatment. Lifetime experience of traumatic events continued to show mild increases for the past six to eight years. Anxiety and depression continued to be the most common presenting concerns assessed by clinicians.
3. Without argument, the COVID-19 pandemic has significantly disrupted work, education, health care, the economy and relationships. Notably, a disproportionate number of BIPOC have been negatively impacted. The pandemic has been a traumatic experience for many who have lost loved ones, been directly affected by the disease, impacted financially and face an uncertain future. The potential long-term consequences of the unrelenting stress appear most serious for our youngest individuals, known as Gen Z teens (ages 13-17) and Gen Z young adults (ages 18-23). As students have returned to campus fall 2021, we are starting to observe a resurgence in the demand for CAPS services. In line with previous years in which students were on campus, we expect that our utilization rates will increase significantly in FY 22.
4. The August 2020 Stress in America survey conducted on line by the Harris Poll on behalf of the American Psychological Association (n =3,409 adults age 18+ who reside in the U.S.) indicated that Gen Z teens and adults are facing unprecedented uncertainty, are experiencing elevated stress and are already reporting symptoms of depression. With the return to in-person learning we must be prepared for the accumulated stress and trauma students have experienced over the past 19 months as well as potential stressors introduced by the uncertainty of the new landscape. Mobilizing and maximizing mental health resources is essential.