

U N I V E R S I T Y of  
**HOUSTON**

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**STUDENT AFFAIRS & ENROLLMENT SERVICES**  
Counseling and Psychological Services

**Student Fees Advisory Committee**

**Report of FY 21 (2020-2021)**

FY 2023 Program Questionnaire

FY 2023 Budget Request



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## *I. Executive summary of questionnaire responses*

Counseling and Psychological Services' (CAPS) mission is to promote the well-being of the diverse campus community by balancing high quality mental health services and clinical training with accessibility to foster student success through self-discovery, learning, and interpersonal engagement. To achieve this mission, CAPS offers individual, group, and couples psychotherapy; single session therapy; Essential Skills Workshops; 24/7 crisis intervention; preventative and developmental outreach programming; consultation to faculty/staff/students; and training of doctoral interns and practicum trainees. CAPS supports students by offering affordable and accessible mental health services. We serve as primary responders for crises during and after business hours; offer education, training, and prevention on a variety of mental health issues via outreach programming; provide valuable consultation to faculty and staff who are concerned about their students; and assist students to meet their educational requirements for UH's Counseling and Clinical Psychology graduate programs via our practicum training program. While CAPS is best known for providing mental health treatment to promote psychological and emotional well-being, this responsibility cannot fall solely, or primarily, on CAPS. We are part of the Health and Well-being portfolio, which together, cultivates a community of care to promote and enrich the health and well-being of our students to become successful scholars and engaged global citizens. 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 interact. CAPS believes in a comprehensive, public health approach to bolster and protect the mental health of the student body and UH community. This approach requires campus-wide responsibility. It must embody robust prevention and intervention efforts to facilitate the greatest potential for a truly "healthy campus".

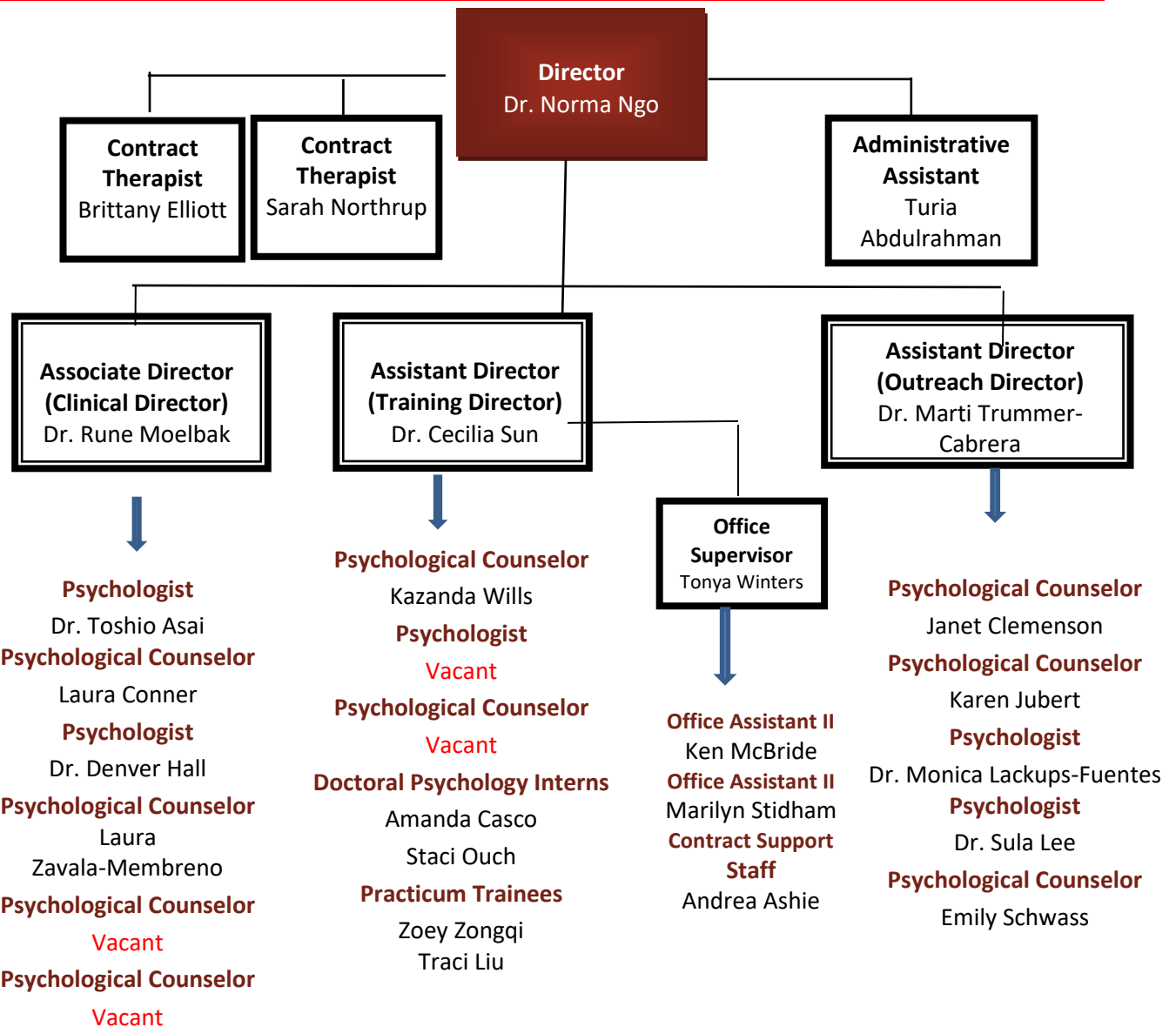
From FY15 – FY19, CAPS experienced an upward trajectory in demand for mental health services. This demand year over year resulted in a waitlist for individual counseling. To address this growing waitlist, CAPS implemented a new clinical service delivery model fall 2019 considered best practice at university counseling centers across the nation: *Stepped Care*. It is first important to understand that CAPS operates from a short-term, generalist model. We are best equipped to treat concerns that can be addressed in the short-term. If a presenting concern requires more intensive (longer term) or specialized treatment, CAPS will provide appropriate referrals. This is analogous to the primary care physician who refers a patient to a neurosurgeon for brain surgery. Stepped Care added two new service types to our service offerings beyond our resource-intensive individual counseling. It also prioritizes the least intensive but most effective treatment option and does not assume that every student is comfortable, needs, or benefits from traditional individual counseling. Students are thoroughly assessed at the first point of contact (triage session) and directed toward the most appropriate tier/step of service depending on their goals, severity of presentation, motivation level, etc. Treatment intensity can be either stepped up or down depending on unique client factors. Stepped care is *not* a, "one size fits all" model. It emphasizes strengths, promotes resiliency, and is more solution-focused. At the conclusion of fall 2019, CAPS was successful in eliminating the waitlist! March 2020 not only changed the world, it fundamentally changed the way that counseling centers carried out all of the direct and indirect services we typically provide. Over the past 19 months, counseling centers have had to contend with multiple areas including addressing the logistical constraints of moving from in-person treatment to telehealth in the matter of weeks, addressing interstate and temporary licensure issues, identifying what forms of care were most appropriate and deliverable in this context, ensuring staff employment, supervising clinical staff remotely, resignations due to staff burnout, zoom fatigue, and the many school/work logistics of coming back to in-person services this fall.

As of fall 2021 (FY22), CAPS has resumed in-person services but also retained virtual therapy and outreach options, effectively moving forward with a hybrid model of service offerings. Like others, CAPS is continuing to adapt after the traumatic events of these last 19 months, and we are experiencing again pre-pandemic clinical demand. CAPS should be equipped with the number of licensed clinicians that the



International Accreditation of Counseling Services (IACS) recommends and is needed to serve a 47k + student population. We would like to offer devoted care that directly connects our Tier 3 clients to other appropriate treatment providers. We would like to work collaboratively with our partners in the Health and Well-being portfolio to lead a university wide effort to promote a Healthy Campus via the [Jed Campus](#) program. Accordingly, CAPS is kindly requesting SFAC to consider the following FY 23 base and FY 22 one-time requests to support the critical needs of our clinical and outreach infrastructure: 1) Base funding for two clinicians starting FY23 (which SFAC had previously approved OT FY22 funding); 2) Base funding for a Clinical Care Coordinator for FY 23; and 3) OT funding to cover a portion of the program fee to implement Jed Campus.

## II. Organizational Chart



- **FY22 One-time funded position**  
 Funding being used for contractual clinical staff  
 (Sarah Northrup and Brittany Elliott) for FY 22
- **FY22 One-time funded position**  
**VACANT**



**III. List your unit's strategic initiatives and action steps identified for the 2020-2021 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 initiatives/actions steps.**

**1) Enhance the Student Experience at CAPS - to continually improve upon quality, efficiency and access of all our services to better serve our UH community (\*DSAES SSI, 2, 3; R1, 2, 3; UH Goal 1)**

**a. Evaluate the effectiveness of new service options by assessing their impact on well-being, symptom reduction, and client satisfaction**

**Status update:**

- Between Jan 1, 2021 and May 15, 2021, students attending a Single Session therapy were sent an electronic survey link to complete after their session. Due to lower utilization of SST in the Spring as well as a lower return rate of electronic surveys in general, only 7 students out of 28 students responded to our SST satisfaction survey. Out of these: 1 out of 7 students reported having a negative experience of SST whereas the 6 other students generally had a positive experience (“Overall I had a positive experience of SST”: 85.7% Strongly Agreed, 14.3% strongly Disagreed). The student having a negative experience cited feeling rushed through the session. Students having positive experiences reported learning useful coping mechanisms, gaining clarity about their situation, and getting help to think through solutions.
- Clients attending an Essential Skills Workshop in Spring 2021 were sent an electronic survey link to complete after the last workshop session. Only the Anxiety Toolbox workshop was offered in the Spring and out of the 23 students who attended only 9 students responded to the survey. Of these 88.9% stated they learned what they needed to effectively address their concerns (Slightly True, Very True), 100% stated they felt helped by the workshop (Slightly True, Very True), and 100% stated they would recommend the workshop to a friend (Slightly True, Very True).

**b. Evaluate satisfaction with and effectiveness of telehealth services**

**Status update:** Two surveys were administered in Fall 2020. First survey assessed student satisfaction with receiving telehealth counseling services. Second survey assessed clinician experience with providing telehealth counseling services. Results indicated high satisfaction and effectiveness rates for our telehealth services.

**c. Explore ways to improve the referral process for Tier 3 clients to ensure better continuation of care.**

**Status update:** After an extensive review of data from a year of implementing the Stepped Care model for clinical service delivery, CAPS concluded that it is critical to have a clinical care coordinator as the point person to connect clients who require a referral to long-term or intensive treatment options (Tier 3) with external providers. Subsequently, CAPS created a “Clinical Care Coordinator” job description and hopes to obtain funding support to hire this individual as soon as

possible, especially in light of the increased complexity of a hybrid treatment option (virtual and in-person) now available to students.

- d. ***Create accessible online mental health outreach programming to support UH online campus environment. Gather student input on outreach programming content.***

**Status update:** The Coogs Conquer webpage was created with on-demand workshops and quick coping videos available for students. A review of outreach requests submitted by student resulted in stress management and mindfulness as the most desired programming content.

- 2) **Enhance the effectiveness of the CAPS team – to equip staff with the necessary skills, knowledge, awareness, support, and resources required to effectively serve the current needs of the UH community (\*DSAES DC2, 3, 4; R1, 2; UH Goal 1&3)**

- a. ***Establish an internal committee to explore training, accountability, policies and procedures, and building solidarity to counter systemic racial injustice and oppression.***

**Status update:** The “TAPS force” is:

**T** = trainings on anti-racism, anti-oppression, privilege and more

**A** = accountability measures for micro-aggressions that have occurred and will occur

**P** = policies/procedures review and reform

**S** = solidarity building ideas and strategies

This committee was established at CAPS June 2020. A monthly newsletter was created to recognize important diversity events, dates, people, stories, trainings, etc. The “TAPS force” is also responsible for creating monthly social connection activities to facilitate healing and build solidarity between CAPS staff.

- 3) **Collaborate within DSAES and with Academic Affairs – identify and empower campus partners to advocate for CAPS and engage in advancing the mental and emotional well-being of the UH community (\*DSAES P1, 2; UH Goal 1&3)**

- a. ***Continue to engage with student-athletes and UH Athletics marketing team via the Powerful Minds Campaign (American Athletic Conference mental health campaign) to increase support and awareness of CAPS***

**Status update:** CAPS collaborated with the Student Athlete Advisory Committee to produce a social media video for the Powerful Minds Campaign about suicide prevention including CAPS service information, which garnered the 2nd most content interactions on CAPS Instagram account.

- b. ***Partner with Professor Tinsley and students from the Jack J. Valenti School of Communication to identify ways of improving CAPS marketing strategy to increase student awareness and engagement of CAPS services.***

**Status update:** Six groups of 4+ undergraduate students submitted detailed public relations outreach plans for CAPS at the end of Fall 2020. Recommendations included, 1) hosting a wellness week with student group collaborations, give-aways and a fundraising campaign; 2) a social media campaign to increase followers using mental health content for target audiences. Target audiences included Black and



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Latinx students, alumni, staff and faculty. CAPS will continue to work this the students in this class to implement the ideas generated.

- c. ***Increase collaboration with UH Psychiatry and explore and implement an enhanced information sharing mechanism.***

**Status update:** CAPS instituted a monthly case conference option for clinicians who would like to discuss mutual cases with UH Psychiatry. CAPS also implemented new policies for sharing information between CAPS and UH Psychiatry when a referral is made from CAPS to UH Psychiatry.

- d. ***Work with UH Wellness to explore feasibility of becoming a JED Campus as part of an overall Healthy Campus initiative. Collaborate with Advancement to explore donor funding and UH department funding assistance.***

**Status update:** CAPS communicated with JED Campus consultants to learn about requirements and benefits of becoming a JED Campus. Along with UH Wellness, CAPS participated in a grant initiative (e.g. SAMHSA Grant entitled Garret Lee Memorial Act) in an effort to secure funding for Jed Campus. Unfortunately, we were unable to secure the SAMHSA grant. CAPS then explored the possibility of funding via the Morgan Stanley Scholarship with the assistance of Jed consultants. With the assistance from the Development Officer, CAPS has applied for the Morgan Stanley Scholarship.

- e. ***Collaborate with PHLS to develop and conduct program evaluations of CAPS services to further psychological research and enhance quality of services.***

**Status update:** CAPS collaborated with PHLS to develop program evaluation of our telehealth counseling services and completed the survey administration in Fall 2020

- f. ***Engage with the Health and Well-being (HWB) Influencers to enhance campus culture of HWB through student-led initiatives.***

**Status update:** The HWB Influencers committee members from Wellness, CAPS, Campus Recreation, and Cougars in Recovery developed a program and recruited nine students to serve as influencers to communicate HWB information to the UH community. Influencers have established an Instagram account and have used it to share information about the six departments within the HWB portfolio.

***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 adheres to the highest standards regulated by our accrediting agencies, the International Accreditation of Counseling Services (IACS) for our psychological services and the American Psychological Association (APA) for our doctoral internship training program. CAPS has arguably one of the most thorough and comprehensive self-evaluations of any department on campus. This is due in part to 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. 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 field visits in order to maintain accreditation. The CAPS Director is a member of The Association for University and College Counseling Center Directors (AUCCCD), an international organization comprised of universities and colleges from the United States and its territories. AUCCCD membership is comprised of over 900 universities and colleges throughout the United States, Canada, and Europe and Asia. In 2006, AUCCCD first developed and administered the Annual Survey to its membership as a means to increase the objective understanding of factors critical to the functioning of college and university counseling centers. CAPS routinely utilizes the AUCCCD Annual Survey to benchmark issues such as, institutional demographics and services, as well as staffing and service trends.

CAPS also engages in outcome assessments for our clinical services, outreach, and training programs, and conducts satisfaction surveys throughout the academic year.

With regard to our training program, supervisors rate practicum trainees and doctoral interns according to a specified skills rubric. Trainees in turn provide specific feedback regarding their seminars, data which is later used to make programmatic changes as needed.

To assess our clinical services, CAPS utilize the *Counseling Center Assessment of Psychological Symptoms* (CCAPS), a psychometric instrument assessing various dimensions of mental health for all clients initiating services. The CCAPS was created out of the Center for Collegiate Mental Health (CCMH), 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. CCMH's 2020 Annual report summarized data contributed by 153 colleges/universities describing 185,440 unique college students seeking mental health treatment and 1,395,685 appointments. 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 instrument provides 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. Currently we administer the CCAPS-34 (short version) at triage appointments and at follow-ups during individual counseling, and the more extensive CCAPS-62 (long version) at the student's first individual counseling appointment. Both versions are valid and reliable with subscales for Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Hostility, and Substance Use (alcohol only).

At triage and at the start of individual counseling CAPS measures a student's distress in a number of different areas by administering the CCAPS. The CCAPS-62 is a 62-item instrument with eight distinct subscales related to psychological symptoms and distress in college students, and incorporates a general Distress Index. The CCAPS is used by most counseling centers nation-wide and allows each counseling center to compare their own student averages to the averages in a national sample. The FY 21 CCAPS-62 data indicated that University of Houston students who present for individual counseling exhibited more distress in 7 of 8 areas (highlighted in red) when compared to the national sample and had a slightly higher overall distress score.



**CCAPS-62 (FY21):**

<b>CCAPS-62 Subscales</b>	<b>University of Houston (625 clients) Distress Level (0-4)</b>	<b>National Sample (338,346 clients) Distress Level (0-4)</b>
Depression	1.83	1.78
Generalized Anxiety	1.86	1.83
Social Anxiety	2.12	2.03
Academic Distress	2.19	1.88
Eating Concerns	1.07	1.03
Frustration	1.08	0.99
Family	1.63	1.33
Substance Use	0.53	0.66
Distress	1.86	1.79

CAPS also gathers information from students through 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 principal 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 with work-flow efficiency and allow us to run statistics on the utilization of our services and number of clients served.

**CUSTOMER SATISFACTION DATA (TELEHEALTH)**

FY 21 marked CAPS' first full year of providing our entire range of services via telehealth (videoconference or phone). Although we had initial concerns that transitioning our counseling services to telehealth would have a negative impact on treatment effectiveness or customer satisfaction we were pleased to learn that most students reported benefitting greatly from their telehealth counseling sessions. A survey administered to 86 students following their second individual counseling visit revealed that:

- 90.8% were satisfied with their experience of receiving services via telehealth
- 87.4% felt a connection with their counselor even though sessions were conducted via telehealth
- 83.9% believed telehealth was an adequate alternative to in-person sessions
- 79.3% believed the impact of having telehealth sessions was the same as would have been achieved in-person
- 78.1% indicated that receiving services via telehealth was important to their academic success



We believe this data validates that CAPS was able to successfully offer needed help through telehealth counseling while at the same time protecting the safety of our staff and students during the pandemic. In FY 21, not only did we offer all our clinical and outreach services remotely, we also provided in-person crisis services at our Health 2 location where we met in person with students in crisis. At Health 2, we also offered students the ability to access our remote services from one of our private and technology-equipped telehealth-stations. Although the majority of students continued to prefer accessing our services via tele-therapy, we are proud that we were able to accommodate all students, including those who did not have access to privacy or technology at home.

### UTILIZATION DATA (CLINICAL SERVICES)

**CAPS Utilization Data (FY21):**

Service	FY 19 9/1/2018- 8/31/2019	FY 20 9/1/2019- 8/31/2020	FY 21 9/1/2020- 8/31/2021	%-Change (1 year)	%-Change (2 years)
All Clinical Services (unique clients)	2807	2172	1371	-36.9%	-51.2%
All Clinical Services (no of appointments)	13029	8544	6563	-23.2%	-49.6%
All Clinical Services (unique clients) UHSL	64	32	5	-84.4%	-92.2%
Triage appointments (unique clients)	2470	1889	1202	-36.4%	-51.3%



Triage appointments (no of appointments)	2909	2138	1293	-39.5%	-55.6%
Triage appointments (Sugar Land)	43	19	2	-89.5%	-95.3%
Individual Counseling (unique clients)	1436	832	744	-10.6%	-48.2%
Individual Counseling (attended appointments)	7020	4156	4141	+0.0%	-41.0%
Individual Counseling (attended appointments) UHSL	127	38	3	-92.1%	-97.6%
Single Session Therapy (unique clients)	N/A	244	79	-67.6%	N/A
Single Session Therapy (attended appointments)	N/A	249	79	-68.3%	N/A
Essential Skills Workshops (unique clients)	N/A	146	46	-68.5%	N/A



Essential Skills Workshops (no of appointments)	N/A	312	79	-74.7%	N/A
Group Therapy (unique clients)	271	174	66	-62.1%	-75.6%
Group Therapy (#contact hours)	3518	1442	776	-46.2%	-77.9%
After Hours Contacts/ Protocol (no of calls)	188	272	215	-21.0%	+14.4%
Hospitalizations	41	10	8	-20.0%	-80.5%

Consistent with national trends, changes in utilization patterns following the onset of the COVID-19 pandemic led to lower overall utilization of our services. It is important to note that this decrease in demand is expected to be temporary and that utilization is expected to return to normal levels once COVID-19 concerns subside and we transition back to pre-pandemic conditions (i.e., students back on campus). This is supported by the trends we are observing in our Summer/ Fall 2021 utilization numbers which are described next.

**Summer 2021/ Fall 2021 Trends:**

In line with the gradual re-opening of campus in summer 2021, the return of students to campus, and the resumption of in-person options for all of our services, CAPS has witnessed a resurgence in the demand for counseling. Compared to September 2020, we have experienced a 66% increase in students wanting to initiate services this Fall.

	September 2020	September 2021	%-Change
Number of students triaged	154	256	+66.2%

At the same time, due to more than typical staff departures and challenges hiring new qualified staff due to a competitive market, CAPS has seen a reduction in overall staff size which has made it more difficult to accommodate the influx of students.

CAPS is diligently working to provide solutions to this imbalance, both by hiring more staff on a



contractual and permanent basis and by continuing to adhere to our Stepped Care Model (which was implemented fall 2019 resulting in the elimination of our annual waitlist).

Our Stepped Care model is based on the fact that not all students need to be serviced through more time intensive individual counseling. Students with less distress, less functional impairment, and less risk factors (i.e., Tier 1) might benefit as much from a less time intensive service such as a Depression or Anxiety Workshop (i.e., Essential Skills Workshop), or a single problem solving session (i.e., Single Session). By referring a subset of students to these services first, we are better able to accommodate the students who require individual counseling. On the other end of the spectrum, some students present with more severe and long-standing issues or increased risk factors that require more frequent appointments, long-term, or more specialized care (i.e., Tier 3). CAPS will provide appropriate referrals to Tier 3 clients to ensure they receive the specialized care they need but will provide interim support until this referral has been made. Tier 2 clients are those who are a better fit for short-term bi-weekly counseling.

In Fall 2021 (Aug 24-Oct 8), CAPS referred the following percentages to Tier 1, Tier 2, or Tier 3 Services:

	<b>Number of Students</b>	<b>%</b>
Tier 1	74	16.6
Tier 2	276	61.9
Tier 3	52	11.6
Not Applicable*	44	9.9
	446	100

In Fall 2021 (Aug 24-Oct 8), CAPS referred students to the following services:

	<b>Number of Students</b>	<b>%</b>
No CAPS Service/ Close File	60	13.5
Skills Workshop – Anxiety	25	5.6
Skills Workshop – Depression	9	2.0
Single Session	29	6.5
Individual Counseling	246	55.2
Group Counseling	27	6.1
Triage Follow-Up Appointment	38	8.5
Not Applicable*	12	2.6
	446	100

*\*Not applicable refers to students who were determined to need services we don't provide, referred to another UH office, having consultation questions about others, etc.*



## CUSTOMER SATISFACTION DATA (TRIAGE)

How did students feel about their triage (initial) appointment and the service recommendation they received in our Stepped Care system?

Out of 150 students surveyed in Spring 2021 through an electronic survey link administered immediately following their triage visit:

- 99.33 % reported they were satisfied with the service recommendation they received from their triage clinician
- 94.29 % agreed that they were satisfied with their triage experience

## UTILIZATION DATA (OUTREACH)

CAPS outreach arm provides educational and preventative programming to the University of Houston community. Areas of outreach include suicide prevention trainings, informal “drop-in” mental health consultations (Let’s Talk), debriefing/defusing services (intervention after a traumatic campus event), and mental health workshops/trainings (on a variety of topics offered by CAPS and requested by the UH community).

Service	FY 19 9/1/2018- 8/31/2019	FY 20 9/1/2019- 8/31/2020	FY 21 9/1/2020- 8/31/2021	%-Change (1 year)	%-Change (2 years)
Suicide Prevention Training/ QPR (individuals trained)	524	551	518	-6.0%	-1.1%
Let’s Talk Consultations (unique clients)	159	121	159	+31.4%	0





Let's Talk Consultations (appointments)	182	145	173	+19.3%	-5.0%
Debriefing/Defusing Services (individuals served)	5	15	26	+73.3%	+420%
Coogs Conquer Attendees	N/A	113	101	-10%	N/A
Number of total Outreach Presentations	294	288	288	0	-2.0%

“Let's Talk” is a service that provides easy access to informal confidential consultations with therapists from CAPS. Consultations are available to the entire UH community – students, staff, and faculty. Consultations are free of charge, and no appointment or paperwork is needed. In FY 21, Let's Talk grew in popularity, and we served 31.4% more students than FY 20. Changing the format to telehealth and marketing it heavily on social media and to campus stakeholders may have increased awareness making it more convenient and accessible.

CAPS continued with the Coogs Conquer (C2) workshop series. In order to increase efficiency, the popular *C2 Stress Management* and *C2 Emotional Rollercoasters* were offered on demand. *C2 Racial Trauma is Real* has become a monthly live workshop offering.

### CAPS Social Media

Over the last year we have increased efforts to create campaigns and collaborations occurring primarily over Instagram. Of the social media outlets used by CAPS, Instagram has been shown to be the most relevant to college students. Use of common hashtags and collaborations with departments and student groups has led to increases in followers. CAPS has shifted the focus of social media efforts away from the use of Facebook. This change came after consultation with DSAES Marketing Director and with UH Valenti School of Communications, Public Relations students.

Social Media	FY 19 Followers	FY 20 Followers	FY 21 Followers	Change (1 year)	Change (2 years)
Instagram	0	445	804	80.7%	804%
Twitter	Not Tracked	396	457	15.4%	NA
Facebook	738	805	902	12%	22.2%



***V. Please discuss any budget or organizational changes experienced since your last (FY2022) SFAC request, their impact on your programs, and your reason for implementing them.***

Since our last (FY 2022) request (in which we had one staff departure and one promotion but were unable to conduct a search due to the pandemic), CAPS has continued to experience organizational changes. Between March – October 2021, we have had seven additional staff departures which continues to threaten our ability to avoid a waitlist. In addition, we reduced our doctoral psychology interns from four to two in order to redistribute their stipends to achieve a more competitive rate (from \$24,918 to 35,568) given that our intern salary has not changed since 2011 and remains the lowest of all of the university counseling center doctoral psychology internships in Texas. Earlier this summer, CAPS successfully completed a nationwide search by filling 5 vacancies. CAPS is also currently using some of the funds from the two, OT positions approved by SFAC (for FY 22) to hire temporary staff to assist with clinical coverage.

***VI. If your unit concluded FY2021 with a SSF Fund 3 addition to SSF Reserve in excess of \$5,000, please describe the conditions which caused the addition and provide a line-item identification of the budgetary source(s) of the addition.***

CAPS had a \$234,201 addition to fund equity due to lapsed salaries and benefits (\$215,766) and M&O (\$68,435). Line-item, *Salary/wage/fringe and Maintenance & Operations/Travel*.

***VII. Please list your 2022-2023 strategic initiatives and action steps in priority order and cite the specific DSAES values and University of Houston Strategic Goals to which they relate.***

- 1) Enhance the Student Experience at CAPS - to continually improve upon quality, efficiency and access of all our services to better serve our UH community (DSAES SS2, SS3, SS4; UH Goal 1)**
  - a. Hire a Clinical Care Coordinator to ensure continuity of care for CAPS clients (Tier 3) who are referred to an external treatment provider.
  - b. Continue to examine student utilization trends at Sugar Land and Katy to inform growth and expansion initiatives.
  - c. Provide new service and outreach initiatives to better reach and serve marginalized, underserved, or oppressed client populations.
  - d. Improve quality of QPR trainings by making changes to curriculum based on staff feedback.

- 2) **Enhance the effectiveness of the CAPS team** – *to equip staff with the necessary skills, knowledge, awareness, support, and resources required to effectively serve the current needs of the UH community (DSAES, DC2, DC3; UH Goal 1 & 3)*
  - a. Continue to explore DEI Training options and implement new initiatives recommended by the TAPS Force.
  - b. Increase staff morale and build solidarity via social connection activities.
  
- 3) **Collaborate within DSAES and the UH Community** – *identify and empower campus partners to advocate for CAPS and engage in advancing the mental and emotional well-being of the UH community (DSAES DC 4, P1, P2, SS1, SS2, SS3, SS4; UH Goal 1 & 3)*
  - a. Initiate the 4-year JED Campus process by building a multi-disciplinary team of campus stakeholders as part of an overall Healthy Campus initiative.
  - b. Build awareness and identify new collaborations with faculty and staff to empower a community that cares for Cougars.
  - c. As appropriate, increase cross-referrals between CAPS and Health and Wellbeing partners to bolster supportive resources for clients.

***VIII. Please provide a narrative of how your unit would accommodate a reduction of 5% in your total approved FY 2023 base Student Service Fee budget and provide a line-item explanation of where budgetary cuts would be made.***

CAPS would accommodate a reduction of 5% (120,794.55) in the Student Service Fees base budget of, \$2,415,891 under the following line items:

- 1) Advertising = 1,800
- 2) Business Meals= 1,500
- 3) Facilities/work orders = 2,500
- 4) Parts/Furniture = 1,000
- 5) Printing/postal/freight = 1,000
- 6) Travel = 30,000
- 7) Travel Guest = 30,000
- 8) Programs/events= 32,994.55
- 9) Temporary Staffing = 20,000



***IX. 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.)?***

In collaboration with the DSAES Development Officer, CAPS has been exploring funding support for the one-time fee to implement the JED Campus program. The office of the Vice Chancellor/Vice President for Student Affairs and Enrollment Services has already committed \$12,600 toward the program fee. The Development Officer has also identified two potential alumni donors and we are waiting to hear back regarding their interest. Lastly, CAPS will be applying for a grant via the Morgan Stanley Scholarship. The amount we will apply for depends on how much donor support we receive. If we do receive additional funding support, and if approved by SFAC for one-time funding, we would like to request to retain the dollars to support future program initiatives beyond the one-time Jed Campus fee.

Overall, it is important to note that CAPS cannot engage in traditional fundraising activities such as actively soliciting direct support from alumni and family who have used our services due to mental health laws and ethical parameters of mental health practice. However, through the assistance of Advancement CAPS has been set up for potential donations via “TEXT to Give”. We continue to partner with the Powerful Minds campaign [part of the American Athletic Conference Student Athlete Advisory Committee (SAAC)] to increase awareness of mental health issues and resources available to student-athletes with the goal of ending the stigma related to seeking help. By continuing to spread awareness about the critical mental health needs of students on campus, we hope these needs will be made more known to a potential donor. CAPS’ greatest need is in the area of staffing and facilities to accommodate future growth. We hope that as our staff continues to grow we may be able to allocate quality time to explore other funding sources, but we are now predominantly focused on meeting the immediate demands of our clients.

***X. 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.***

CAPS is a vital department within the Health and Well-Being (HWB) portfolio. We work closely with our HWB partners, which include Campus Recreation, Cougars in Recovery, Justin Dart, Jr. Student Accessibility Center, Student Health Center and UH Wellness. Supporting the mental health and emotional well-being of our students requires a collective campus effort. It cannot be the sole responsibility of the counseling center. We work in tandem with our campus partners, to not only effectively address students’ mental health concerns, but proactively intervene to possibly avert mental health crises. The HWB portfolio offers unique services while collectively and in collaboration offer education, prevention, consultation, intervention, and treatment to promote and lead a truly healthy campus initiative.

Specifically, the CAPS clinical staff of licensed psychologists, licensed professional counselors, licensed clinical social workers, and graduate trainees and the psychiatrists at the Student Health Center collaborate on treatment via cross-referrals and consultation in order to offer a continuity of care to our patients. 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 growing proportion of students have pre-existing mental health concerns and are being prescribed psychotropics prior to arriving to college. They desire treatment that involves counseling in addition to their medications, and 3) counseling is more effective for a number of presenting concerns common among university students (e.g. relationship concerns, identity concerns, and certain mood conditions). CAPS and UH Wellness collaborate on a number of educational/preventative programming. Together, we address both education, prevention, and treatment. CAPS supports the Dart Center with documentation of a student's mental health concern, promotes students' physical health by referring to Campus Recreation, and consults with Cougars in Recovery around students' substance use issues. The Psychology Research and Services Center (PRSC), now subsumed under the Lone Star Clinic, is sometimes confused with CAPS. PRSC is also located on campus and provides counseling to students and the greater Houston community. The 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 a variety of psychological services by licensed professionals to only UH enrolled students, staff and faculty.

