

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

DIVISION OF STUDENT AFFAIRS
Counseling & Psychological Services

SFAC
Report of FY 12 (2011-2012) &
requests for FY 14 (2013 – 2014)
FY 2014 Program Questionnaire
FY 2014 Budget Request

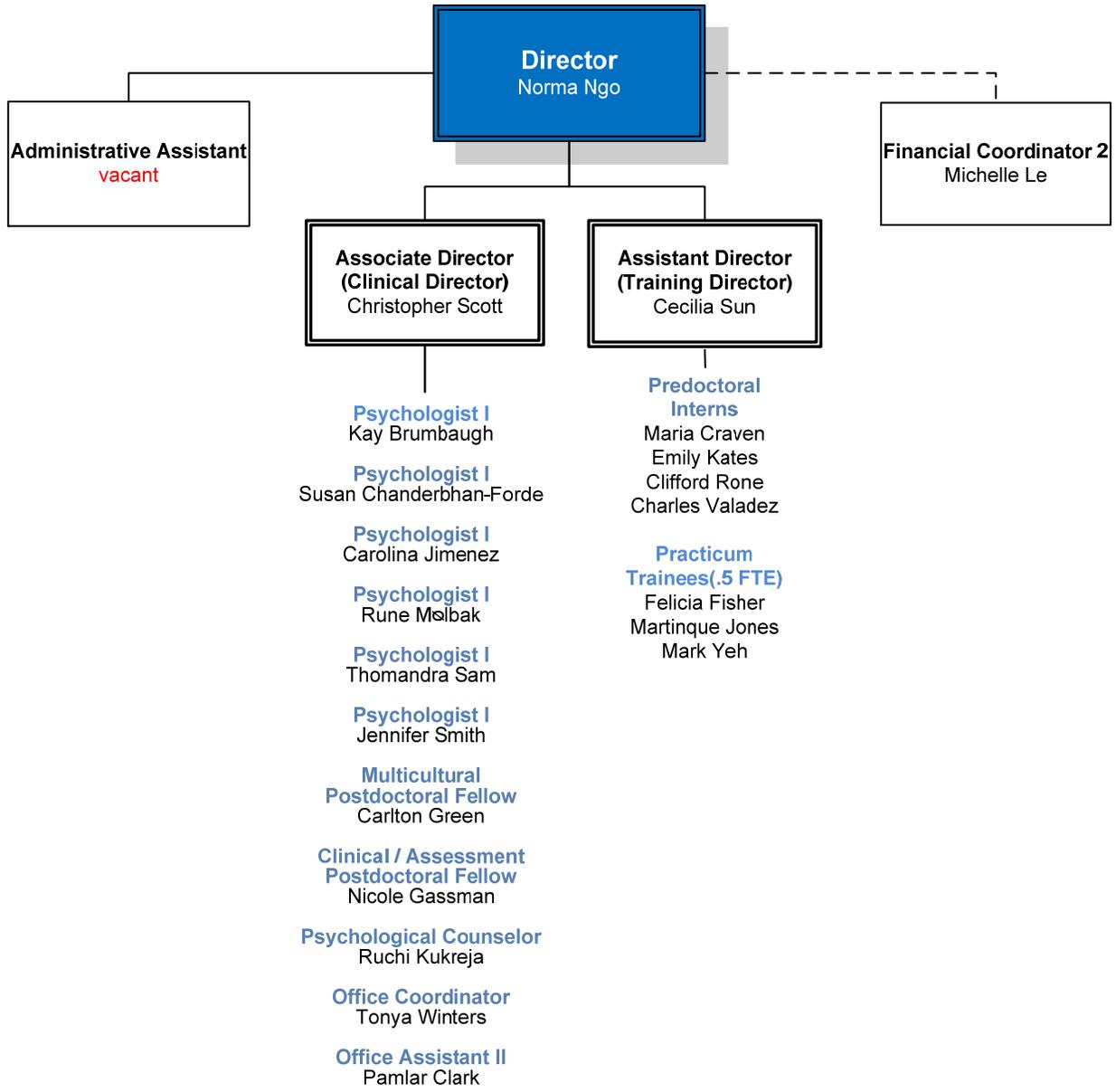


I. Provide an executive summary of your questionnaire responses

Counseling and Psychological Services (CAPS) has a mission to provide psychological, educational, and social support services to the university community, which helps 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; psychological assessment; and training and supervision of postdoctoral fellows, 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 through on-line surveys. We must maintain rigid national standards as evidenced by our continued accreditation by the International Association of Counseling Services (IACS) for our psychological services and by the American Psychological Association (APA) for our pre-doctoral internship training program. We stand by our motto, “*helping you weather any storm*”, which suggests that the college years can be both exciting and challenging. Through a variety of services, we are committed to helping students succeed in and outside of the classroom by supporting their emotional and psychological health. 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 mental health concerns will promote student success and will serve the greater good of the university community. Data from FY10 compared to FY12 concluded that CAPS experienced at 21.21% growth in unique clients. In addition, at the conclusion of FY 12, we implemented the new “consultant on duty” clinical model, which allowed for more same day appointments, resulting in a 47% increase in individual appointments for September 2012 as compared to September 2011. This rising trend is expected to continue with the university’s move toward a more residential campus. A summary of our FY12 accomplishments include: 1) implementing creative strategies to increase our accessibility, which has resulted in a significant growth of unique clients and total contact hours for our counseling services; 2) making considerable progress in the transition to an entirely paperless record system; 3) expanding resources on our website with the addition of the mental health tip of the month, special populations section, and completion of the de-stigmatizing mental health video; 3) successfully piloting the “Let’s Talk” program, which has now expanded to all residence halls as well as the Athletic department; 4) achieving the highest number of trainee client contact hours in the history of the training program. Finally, the FY 14 Strategic Initiatives for CAPS is aligned with the strategic initiatives of the Division of Student Affairs. Highlights include: 1) measure/evaluate learning outcomes and customer experiences for our clinical and outreach services; 2) integrate/align the mission and strategic initiatives of the Division of Student Affairs into our clinical service model; 3) leverage technological resources to reduce client wait time related to completing paperwork; and 4) explore the feasibility of constructing a new space for CAPS and the Health Center to accommodate the growing student population.



II. Provide an organization chart of your unit (As of Fall 2012)



III. List the objectives that you identified for the 2011-2012 academic year. Please comment on your success in achieving these objectives. If an objective changed during the year, please note this and explain. Also, list any new objectives, the rationale for the addition, and comment on your success in achieving those objectives

Counseling and Psychological Services (CAPS) has a mission to provide psychological, educational, and social support services to the university community, which help students to be more successful in their academic, personal, and social pursuits. To achieve this mission CAPS focused on the following objectives:

1) To provide clinical/psychological services to the university community, including group, individual, and couples counseling, as well as crisis intervention, psychological assessment and career counseling

Research suggests 37% of people aged 15 – 24 have a diagnosable mental illness, and mental illness or psychological problems are barriers to retention and ultimately graduation (Kessler, Olsfon & Berglund, 1998; Pritchard & Wilson, 2003). Gerdes & Mallinckrodt (1994) did a study on college freshmen and found that social and emotional adjustments are the most critical factors in predicting student retention, suggesting that college freshmen may leave school due more so to personal rather than academic issues. This supports CAPS mission to provide psychological, educational, and social support services to students, which may in turn, assist in reducing student attrition. The current generation of college students are increasingly diverse and more students are coming to college with existing mental health needs. As a result, the need to provide counseling for such a broad range of students and issues is one of the major challenges facing university counseling centers (Archer & Cooper, 1998). In order to support UH students in their academic pursuits, individual, couples, and group counseling are available to all currently enrolled students. Group counseling is free as a continuing service and individual counseling is \$5 per session (starting January 2013). Couples sessions are \$10 per session. CAPS is comprised of licensed psychologists, postdoctoral fellows and advanced graduate trainees who are under the supervision of licensed psychologists. Consistent with national standards of best practices, CAPS strives to avoid a waitlist. During busier times of the year (fall and spring), there may be a short wait for clients seeking Learning Disability and Attention-Deficit/Hyperactivity disorder assessments due to the significant amount of clinician time that is required for this service. Clients who are seeking counseling are directly assigned to a clinician at the end of their initial consultation or treatment planning session. Our group counseling program has grown exponentially and serves the dual role of being an appropriate setting for clients who would benefit from peer feedback while serving many students simultaneously.

Crisis intervention refers to the management of emergency situations on and off campus that affect students as well as university staff and faculty. Crises may include both personal and academic exigencies, and much of our work includes not only providing counseling, but follow up, consultation services, and education. Staff members are often called upon to educate and debrief in an effort to prevent further crises before they occur. The demand for crisis counseling services intensified following the terrorist attacks of September 11, 2001, and the Virginia Tech and Northern Illinois shootings. CAPS staff not only provides crisis services during normal academic business hours, we also provide after hours on call services. This is accomplished by



utilizing a cellular phone system whereby the campus community may access a CAPS professional at night and on weekends via the University of Houston Department of Public Safety.

Assessment is another service provided by CAPS. CAPS provides a variety of assessments, including career assessment to help students with major and career choices, general life planning and other personal decisions. Another type of assessment is Learning Disabilities (LD) and Attention Deficit-Hyperactivity Disorder (ADHD). While it is a requirement that CAPS licensed staff be knowledgeable with this form of assessment, it is challenging due to the significant time commitment. As a result, this type of assessment is not typically offered at counseling centers due to the specialized training and time commitment that is required to complete an LD and/or ADHD battery. CAPS retains this service because we are aware that having an LD and/or ADHD can be a major impediment to a student's academic achievement and we want to assist the university to meet its obligations for reasonable accommodations under the Americans with Disabilities Act of 1997. Students are able to receive an LD or ADHD assessment at CAPS at a greatly reduced fee (\$300) compared to an assessment in the community (which can range from \$1,000 - \$2000 per assessment). The LD/ADHD assessment process is comprehensive and requires additional time beyond the standard counseling session (plus 11-15 hours from beginning to end). LD and ADHD assessments are a high demand service due to the need for academic accommodations, reduced cost available at CAPS, and the added convenience of being on campus (given that it often requires multiple appointments to complete). Lastly, psychological/personality assessments are also utilized by clinical staff to provide more specific treatment planning in complex cases.

2011-2012 Clinical objectives accomplished (all "data" that is referenced will be reported in section IV)

- All paperwork completed by incoming clients are now converted to electronic records. Systematically scanning and converting past paper records into electronic record keeping system (Titanium)
- Increase in unique clients and total number of contact hours
- New "*consultant on duty*" model (same day appointments) was implemented toward the end of FY 12, and thus far, has resulted in an even higher numbers of clients seen. A thorough analysis of this clinical model will be reported during the next SFAC cycle (when FY 13 data is reported)
- CAPS group therapy program also showed significant increase. We actively used our data to assess for patterns and conclusions which helped to improve the quality of our program. Each semester, we have increased the number of general process groups, themed groups, and psychoeducational groups to meet student needs. We have incorporated student and staff feedback to determine what kinds of groups would be most helpful. This resulted in a variety of new groups, different sections of the same group, and resuming past groups that proved effective and beneficial. In addition, an evaluation for students to complete at the end of their group experience was also administered.

2) To provide outreach services to the university campus and community, including educational prevention programs, consultation service and collaborative programming with other university units across campus.

CAPS recognizes our primary mission is to serve the approximately 40,000 students at the University of Houston. To achieve this mission, we strive to reach students through a variety of



activities we call *outreach*. These services are preventative and developmental programming to the University of Houston community, some of which include: presentations on mental health topics, weekly Food for Thought workshops, sponsoring campus wide events, staff/faculty/student liaison relationships, consultation with faculty/staff/students, and the ‘Let’s Talk’ Program.

Outreach programming is a key element of CAPS services, which includes the development of effective training and workshops that promote learning. Food for Thought workshops are scheduled each semester to address various topics that will educate students and enhance skills. CAPS also offers QPR Suicide Prevention Training for the campus community. In addition, we attempt to fulfill as many requests as possible for presentations on various mental health topics. In the event that we are unable to fulfill a request, we attempt to find an appropriate referral.

Annually, CAPS sponsors campus wide events including the following:

- 4 National Mental Health Screening Days
 1. Depression Screening Day
 2. Eating Disorders Awareness and Screening Day
 3. Alcohol Screening Day
 4. Anxiety Screening Day
- 2 Conferences
 1. Diversity Institute
 2. Professional Counselor Forum (for Houston area mental health professionals)
- National Suicide Prevention Day

Each CAPS staff member has an on-going liaison relationship with a department, office and/or student group at UH. This liaison relationship helps to bridge the gap between CAPS services and the campus community by educating the campus community on how to deal with students facing mental health issues. Specifically, the specified office can call to address concern about student mental health issues, how to cope with a student that may be experiencing difficulties and how to refer to CAPS. In addition, the staff liaison can act as a direct referral source for that office or act as the key outreach program leader.

Consultation with the UH community involves evaluating situations and supporting an individual when he/she is attempting to manage difficult situations (i.e., traumatic events, grief debriefing, distressed emails from students, etc.). The goals of consultation at CAPS are to remediate the consultee’s concern and to secondarily assist the individual of concern. CAPS staff are available to consult if the UH community has any mental health questions or concerns regarding any student, staff or faculty member. CAPS will make efforts to maintain the confidentiality of consultees, however, confidentiality cannot be guaranteed. Typical consultations may include faculty or staff consulting about how to deal with students who are distressed or disruptive, how to provide learning or educational support for students, how to manage difficult or challenging situations, and what services might be available to a student in need. We also receive calls from students who want to better understand many of the issues they are discussing in class or writing about in term papers. The surrounding community may call upon us to assist with matters of educational, psychological, and social importance. For example, it is not unusual for staff to be interviewed by the university or local news agencies, or to serve as consultants to other universities. Faculty, staff, and administrators, as well as students frequently contact CAPS for ideas and support. We are called upon to offer feedback or make recommendations for multiple concerns, such as handling a difficult student or employee situation, the process of withdrawals or re-admissions, places to find support for meeting the needs of students with disabilities,



identifying appropriate community or university resources, or offering expertise regarding sensitivity to diverse populations, e.g. gender, race, culture, national origin. Beyond the consultation services just described, we also provide weekly on-site consultation to students, faculty and staff at several locations across campus during the Fall and Spring semesters. No appointment is necessary and there is no fee for this service. Individuals do not have to be a current client to utilize this service. “*Let's Talk*” (LT) is not a substitute for therapy and does not constitute mental health treatment. LT therapists assist the campus community with specific problems and to introduce an individual to what it's like to speak with a therapist.

As part of our efforts to educate the student population about important mental health issues and services that are offered at CAPS, we participate annually in New and Transfer Student Orientation, International Student Orientation, and Law Center New Student Orientation.

We are highly committed to Suicide Prevention Training on campus. Using a nationally acclaimed program called QPR (Question, Persuade, Refer) we have 6 specialized trainers at CAPS to provide QPR. It is a basic training that can teach anyone how to ask the suicide question. All Residential Advisors receive this training annually. It has also been delivered to fraternities, sororities, and various university departments. QPR training is a one hour training that can be provided to any group or department upon request.

CAPS also collaborates with other units to provide programming for the campus community. Take Back the Night is an annual event intended to raise awareness about sexual assault. Some of the other annual programs that we participate in include: National Night Out, Safe Spring Break, Out of Darkness (suicide prevention walk), World Health Day, Finals Mania, Cougar Resource Fair, Cougar First Impressions, Dodge Balls Not Bullets, and Study Abroad Pre-Departure and Re-Entry.

CAPS values the internet as a window into prevention and education for students. We also understand that it can serve as a bridge for students who may initially be apprehensive about seeking mental health services to gain information and become familiar with what we offer. We actively engage in enhancing our web page to make it user friendly and to include abundant resources for the campus community. Specifically, recent additions include pages for students, faculty/staff, parents and loved ones, mental health tips of the month, and frequent Q&As. We have also expanded our crisis intervention page to include more detailed information on “helping students of concern”. Our self-help section has new informational videos and audio on various mental health topics, as well as comprehensive resources and referrals. CAPS is also available on Facebook, “*Counseling & Psychological Services (CAPS) Outreach at U. Houston*”.

CAPS provides support through **defusing and debriefing** with the UH campus community after a traumatic event that may include recent deaths by suicide or homicide, natural disaster, events with a high degree of threat to the UH community, or any significantly distressing event. Defusing is done the day of the incident and is designed to assure understanding of their reactions and to discuss resources for further services when needed. Defusing interventions involve individuals who were directly involved in the incident and take place at a location secured by the UH campus community caller. They are designed to assist individuals in coping in the short term and address immediate needs. Debriefings are usually the second level of intervention for those directly affected by the incident and often the first for those not directly involved. A debriefing is normally done within 72 hours of the incident and gives the individual or group the opportunity to



talk about their experience, how it has affected them, identify individuals at risk, and inform the individual or group about services available to them in their community.

CAPS staff members are active contributors to numerous committees on campus, providing expertise in a variety of areas. Some of the committees include: The Division of Student Affairs Committees on Assessment, Professional Development, and Marketing; the Substance abuse Education and Prevention Committee; Cougar Allies; the Academic Accommodations Education Committee; Risk Management; and Student Athlete/Wellness Development committee. During Fall 2009, CAPS spearheaded the formation of a behavioral intervention committee called the, “Conduct Awareness Response Team” (CART) chaired by the Dean of Students and comprised of representatives from UH Department of Public Safety, Student Housing and Residential Life, General Counsel, Academic Program Management and CAPS. CART is aimed at addressing students of concern who may require additional attention and assistance. One of the outcomes of the Virginia Tech and Northern Illinois tragedies was a heightened national focus on campus safety. Some of the issues that were raised in a report to the U.S. President after the Virginia Tech Tragedy highlighted the need for improvement in awareness and communication sharing as keys to prevention. A major goal of CART is to reduce silos and serve as a central point for communicating important student concerns on campus.

In 2011-2012, CAPS sponsored the 11th Annual Diversity Institute, entitled: “*Acknowledging our Similarities, Celebrating our Differences*”, facilitated through dialogues, panel discussions and experiential activities to the UH campus community. This is an annual campus wide event designed by CAPS for students, faculty and staff to explore issues related to diversity and multiculturalism. While the format and specific topics vary by year, it is a perennial favorite at the University of Houston. A goal of the institute is to increase the visibility of CAPS services on campus, but the main objectives are to raise awareness around diversity, to promote inter-cultural contact, and to increase multicultural understanding.

2011-2012 Outreach objectives accomplished (all “data” that is referenced will be reported in section IV)

- Improved website
 - added mental health Tip of the month
 - added special populations section
 - frequent updates to front page, including outreach pictures of staff at events
- Completed de-stigmatizing mental health video featuring student volunteers
- “Let’s Talk” was piloted Fall 2011 and expanded to all student housing Spring 2012

3) To provide training opportunities for university students.

CAPS is an American Psychological Association (APA) approved training site for doctoral interns in clinical and counseling psychology. The program has been APA approved for 24 years. Annually in August, four new advanced doctoral students from across the country commence their pre-doctoral internships at CAPS. The pool of candidates ranges from 60-90 applicants. Training is also available for doctoral and master’s practicum students in Counseling Psychology and Clinical Psychology. These trainees are typically students at the University of Houston and other nearby campuses. These students receive training essential to their academic goals, and are in addition to the four interns who receive training and supervision each year. One to two hours of direct supervision each week is required for each student for whom we provide training. We also provide training and assessment seminars for them as a group. Although these trainees are



able to assist the professional staff in limited service provision, they are not calculated in the student to staff ratios recommended by IACS due to the amount of time involved in training and supervision. CAPS was also pleased to receive re-accreditation for an additional seven years for its pre-doctoral internship program after the most recent APA site visit in March 2010.

2011-2012 Training objectives accomplished

- Achieved the highest number of trainee client contact hours in the history of the training program
- Formalized expectation of having trainees deliver a case presentation to the staff, in preparation for going on job interviews
- Due to increase in group therapy provision, all trainees co-led several groups, including with one another

4) To monitor and evaluate CAPS services in order to ensure quality control.

Quality control is an important part of providing good services. CAPS regularly evaluates its services and is engaged in a more comprehensive assessment of service provision in order to ensure the highest quality of care for students and the university. CAPS is reviewed regularly by external agencies, which evaluate the center in terms of its meeting the needs of clients and the ethical and legal responsibilities to which it is held. This includes a site visit for continued accreditation. We are accredited for both service delivery (International Association of Counseling Services—IACS) and for training (American Psychological Association—APA). Staff members are licensed by the State and failure to meet ethical standards can result in both loss of license and university position. CAPS received high praise and re-accreditation from IACS for its psychological services in 2011 and 2012. CAPS also measures consumer satisfaction through an on-line evaluation form at the termination of counseling as well as for all outreach workshops.

5) To ensure compliance with the drug-free campus mandates.

The State mandates that the University have a designated Employee Assistance Program available to assist individuals with alcohol and drug problems. CAPS was formerly identified as the sole treatment and referral resource for staff, faculty, and students facing these problems. CAPS is one of the major treatment providers for substance abuse referrals from the Dean of Students Office, Athletics, Student Housing, and self-referrals. CAPS provides initial consultations and treatment planning (where applicable) to staff and faculty. If the need for on-going counseling and treatment is identified, referrals to a community agency will be provided. CAPS staff also serve on the Substance Abuse Education and Prevention Committee.



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. 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 a site visitation for continued accreditation. The International Association of Counseling Services (IACS) 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. CCMH represents a collaborative practice-research network comprised of over 140 college counseling centers. CAPS has been involved since the inception of CCMH, actively working to gather center-specific and nationwide data on college students seeking psychological services. Participating 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. For example, the current CCAPS norms (2012) are based on approximately 60,000 students seeking counseling services at institutions across the US. 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. It is a 62-item instrument with nine distinct subscales related to psychological symptoms and distress in college students. The subscales consist of: Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility, and Substance Use. This instrument is typically given at the initial consultation appointment with the student and at regular intervals to inform treatment decisions by measuring change over time.

The Standardized Data Set (SDS) 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. The current SDS was released on July 1st, 2012. Sample SDS questions include: “**Please indicate if and when you have had the following experiences:**

Attended counseling for mental health concerns

Never
Prior to college
After starting college
Both

Taken a prescribed medication for mental health concerns

Never
Prior to college
After starting college
Both

Been hospitalized for mental health concerns

Answer Set A: How Many Times

Never
1 time
2-3 times
4-5 times
More than 5 times

Answer Set B: The Last Time

Never
Within the last 2 weeks
Within the last month
Within the last year
Within the last 1-5 years

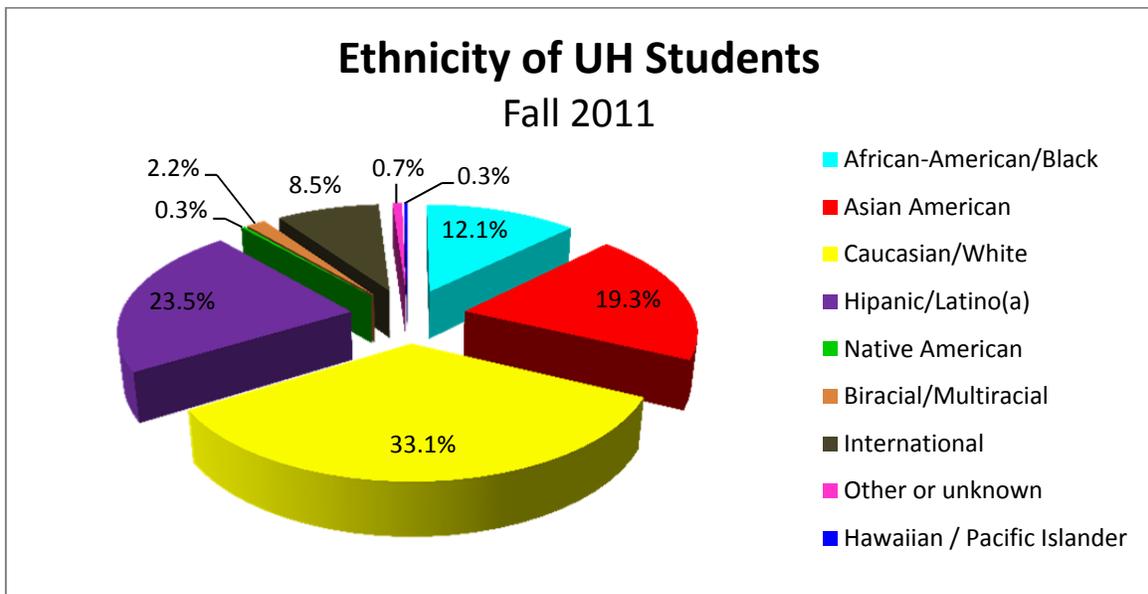
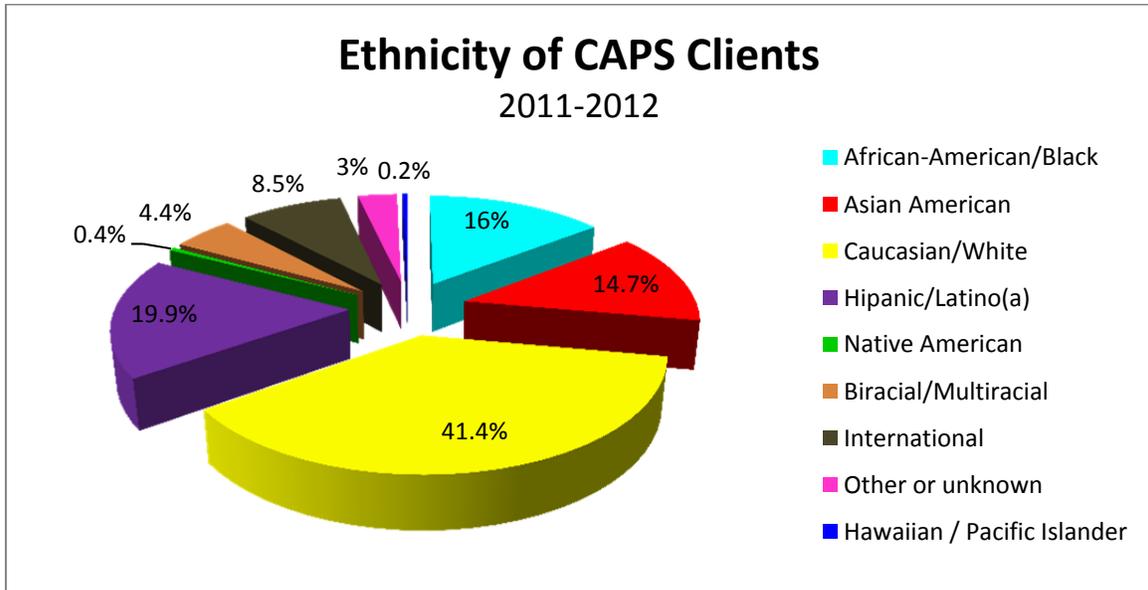
In April 2004 CAPS began utilizing a state-of-the-art, electronic data management system called Titanium which stores our clinical documentation and client scheduling. Titanium also stores data from the CCAPS and SDS. CAPS is continuing its efforts toward an entirely paperless record-keeping system. Our current efforts have focused on scanning all paperwork that new clients complete as well as paper records for existing and past clients.

2011-2012 Data highlights obtained from Titanium based on the SDS and CCAPS

A. CLINICAL

- The *average age* for a CAPS client during 2011-2012 was 25.51. 60.1% were *female* and 39.8% were male. *Ethnicity* is represented in the chart below. In general, these are reflective of students at large at the University of Houston.





➤ **Top Presenting Concerns**

1. Relational Problems: 62.62% (primary support group) or 52.89% (problems with social environment)
2. Depression: 54.8%
3. Anxiety: 52%
4. Educational Problems: 47.44%
5. Substance Abuse/Dependence: 14.53%



- **2011-2012 Total Client Numbers**
 - Unique Clients: 1441
 - Individual Hours: 6609.27
 - Couples Hours: 213.67

- **Comparisons after Direct Client Assignment model was implemented in 2009**
 - **Unique Clients: + 21.21% increase (2011-12 compared with 2009-10)**
 - Individual Hours: + 11.4% increase (2011-12 compared with 2009-10)

- **Comparison after the Consultant on Duty model with same-day initial consultation appointments:**
 - **+47.24% increase in individual appointments in September 2012 compared with September 2011.**

- **Total Number of LD/ADHD assessments**
 - 2007-2008= 54
 - 2008-2009=67
 - 2009-2010=85
 - 2010-2011=79
 - 2011-2012=110

- **Group Counseling**
 - **FY 11 Contact hours = 1524 vs. FY 12 Contact hours = 2401 → 58% ↑**
 - **FY 11 Unique individuals = 160 vs. FY 12 Unique individuals =260 → 63%↑**
 - **FY 11 number of groups = 20 vs. FY 12 number of groups = 34 → 70% ↑**

B. OUTREACH

OUTREACH	HOURS	PEOPLE
CONSULTATION <ul style="list-style-type: none"> • PHONE • LET'S TALK 	<ul style="list-style-type: none"> • 25.8 • 265 • TOTAL: 290.8 	<ul style="list-style-type: none"> • 90 • 147 • TOTAL: 237
TABLE AT CAMPUS EVENTS	50.5	1100
DEBRIEFING	1.5	6
FFTW	24	173
SCREENING DAYS	21	266
PRESENTATIONS ACROSS CAMPUS	29	679
QPR	5	81
DIVERSITY INSTITUTE	9	130
TOTAL	430.8	2672



ORIENTATION (SUMMER NSO/ART)	NUMBER OF EVENTS	PEOPLE
CAPS Information Tables	24	677
Campus Safety & Awareness Presentation	9	*
Health & Wellness Presentation	4	*
DSA Presentation	1	*
CAPS services Presentation	18	*
Departments/colleges on campus	9	1464
TOTAL	65	2141

**Due to large size of audience during orientation presentations, numbers were not included in this*

TOTAL INDIVIDUALS SEEN	**4813
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***Does not include number of individuals in orientation presentations*

V. Please discuss any budget changes from your last (FY2013) SFAC request, their impact on your programs, and your reason for implementing them.

In FY2012 we had a resulting fund balance of \$208,111 as a result of one psychologist departure, a second psychologist’s promotion to an administrative position (from Psychologist I to Associate Director/Clinical Director), and the departure of our Technical Services Specialist III. For FY 13, all clinical positions have been filled but the Technical Services Specialist III remains vacant. We are exploring the most efficient way to fill this position with respect to our department’s specialized IT requirements and the needs and available resources within the division. In addition, we were unable to find a qualified candidate for the GA position; therefore, we allocated some of these funds (and from fund balance) toward a Psychological Counselor position (at 100% FTE) for FY 13 in order to assist with the significant growth of our clinical services. Finally, we reduced the number of practicum trainees for FY 13 from 4 to 3 to accommodate space needed for increased senior staff.

VI. Please list your 2013-2014 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.

It is the mission of CAPS to provide high quality psychological and social services to the university in order to enhance student success in their academic, personal, and social pursuits. **Our 2013-2014 Strategic Initiatives and related action steps are as follows:**



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

1. Enhance the human, fiscal and facility resources that will increase our potential to contribute to student success
 - a. Continue to address the poor staff to student ratio as strongly urged by IACS by converting the existing postdoctoral positions into positions that will be occupied by licensed psychologists. This is in order to raise the FTE ratio while staying within the headcount that will fit within the current physical space. Converting these positions will help CAPS because postdoctoral residents require additional oversight and supervision and a search is required each year when their contract expires.
 - 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
2. Examine CAPS identity within the Division of Student Affairs
 - a. Align CAPS Mission, Vision, Values with that of DSA to promote a united vision
 - b. Participate in events sponsored by other departments within DSA
 - c. Participate in a broad range of DSA committees in order to foster a shared identity.
3. Maintain technological responsibility given the reliance on our electronic record keeping system
 - 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

B. 2013-2014 Strategic Initiatives and Action Steps for Clinical Services

1. Integrate/align the mission and strategic initiatives of the Division of Student Affairs into our clinical service model



- 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
2. Continue to enhance the group therapy program
 - 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
 3. Measure/evaluate learning outcomes and customer experiences for our clinical services
 - 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
 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
 - 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
 5. Decrease wait time for students seeking initial appointments
 - a. Use data to guide revisions to clinical program structure based on high demand days/times.
 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
 - a. Implement late cancellation/no show fee
 7. Continue with the transition process to entirely paperless record keeping system
 - 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.



C. 2013-2014 Strategic Initiatives and Action Steps for Outreach Services

1. Measure/evaluate learning outcomes and customer experiences for our outreach services
 - 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
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).
 - a. Plan to see a 25% increase in use of QPR training (goal = 100 participants)
3. Supporting the CAPS mission statement and following IACS' recommendations that outreach programming help students to acquire new knowledge, skills and behaviors, CAPS outreach will incorporate preventative education as part of major outreach events
 - a. Focus on National Screening Days
 - b. Focus on Diversity Institute
4. Continue to utilize technology as a means of interacting with students
 - a. Use Facebook to link students to articles of interest
 - b. Develop recommended books section of current CAPS website
 - c. Leverage fiscal and technological resources by linking self-help resources to offerings available through the UH libraries.
5. Continue to build connection between CAPS and the greater campus
 - 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.
6. CAPS is committed to reach as many UH students as possible and will continue its campaign to decrease the stigma of seeking mental health treatment
 - 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
7. In anticipation of the growing residential campus and its associated mental health needs, CAPS and Student Housing Residential Life (SHRL) will continue to collaborate to identify specific programs that will assist resident students.



- 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

D. 2013-2014 Strategic Initiatives and Action Steps for Training

1. Foster an enhanced learning environment for graduate clinical and counseling psychology students
 - a. Collaborate with UH faculty to utilize available expertise in the field and to stay current with program requirements
2. Leverage technology to improve the efficiency of the evaluation process for trainees and to aid in summarizing data each year in preparation for the APA self-study (next one due 2016)
 - 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
3. Operationalize the expected outcomes of the training program to align with best practices in the field of psychology training
 - 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

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.)?

CAPS is predominantly a service unit, not a revenue-generating unit. Therefore, there are few opportunities for external funding. We are sensitive to students who may experience financial hardship while in school and attempt to keep our rates significantly lower than our community partners. We generate a moderate income from fees for Learning Disability and Attention Deficit Hyperactivity Disorder assessments, however, these fees are not profit driven given the significant time commitment to complete these assessments. Starting January 2013, individual sessions will be charged a \$5 copay and \$25 late cancellation/no show fee intended to encourage a higher level of commitment and responsibility from our clients. Given that we attempt to serve as many students as possible, we hope these additional fees will decrease the no show rate. Our self-generated income totals to only about 2% of our funding. In Spring 2011, we engaged in a collaborative effort with the Center for Students with Disabilities and Psychology Research and Services center to write a proposal seeking support from the Stanford and Joan Alexander



Foundation to integrate and enhance the mental health services for the University of Houston campus. The collaborative initiative was an effort to expand the University of Houston's capacity to provide an integrative mental health success program that will allow more students access to affordable counseling and assessment. The Alexander's approved a substantial gift to fund the Center for Students with Disabilities, of which a portion was dedicated for student psychological assessments which includes LD/ADHD assessments. We were grateful to receive this support, as students with financial hardship who present to CAPS seeking LD/ADHD assessments may now be financially assisted. Consequently, this has also driven up the numbers requesting this type of assessment.

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.

CAPS works cooperatively with many other units. We provide LD/ADHD assessment which is directly connects to the Center for Students with Disabilities for students requesting academic accommodations. University Career Services and CAPS both provide career assessment. The CAPS counseling staff and the psychiatrists located in the University Health Center collaborate on many shared clients to provide continuity of care. The Psychology Research and Services Center 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 only.

Additionally, CAPS and Wellness collaborate on a number of outreach programming offered to students throughout the year. CAPS also works with Learning Support Services in providing study skills programming. Included in these collaborative efforts are programs developed jointly with the Dean of Students Office, educational and training programs provided in conjunction with Student Housing and Residential Life, and academic and personal development programs offered regularly through the Athletics Department. These liaisons represent a broad spectrum of programming efforts aimed at such issues as Diversity Training, Suicide Prevention, and Social Health. We believe it is central to our mission to help students be successful and to graduate, and to support other departments in their efforts to do the same.

