

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

STUDENT AFFAIRS & ENROLLMENT SERVICES
Counseling and Psychological Services

SFAC
Report of FY 15 (2014-2015) &
Requests for FY 17 (2016 – 2017)
FY 2017 Program Questionnaire
FY 2017 Budget Request



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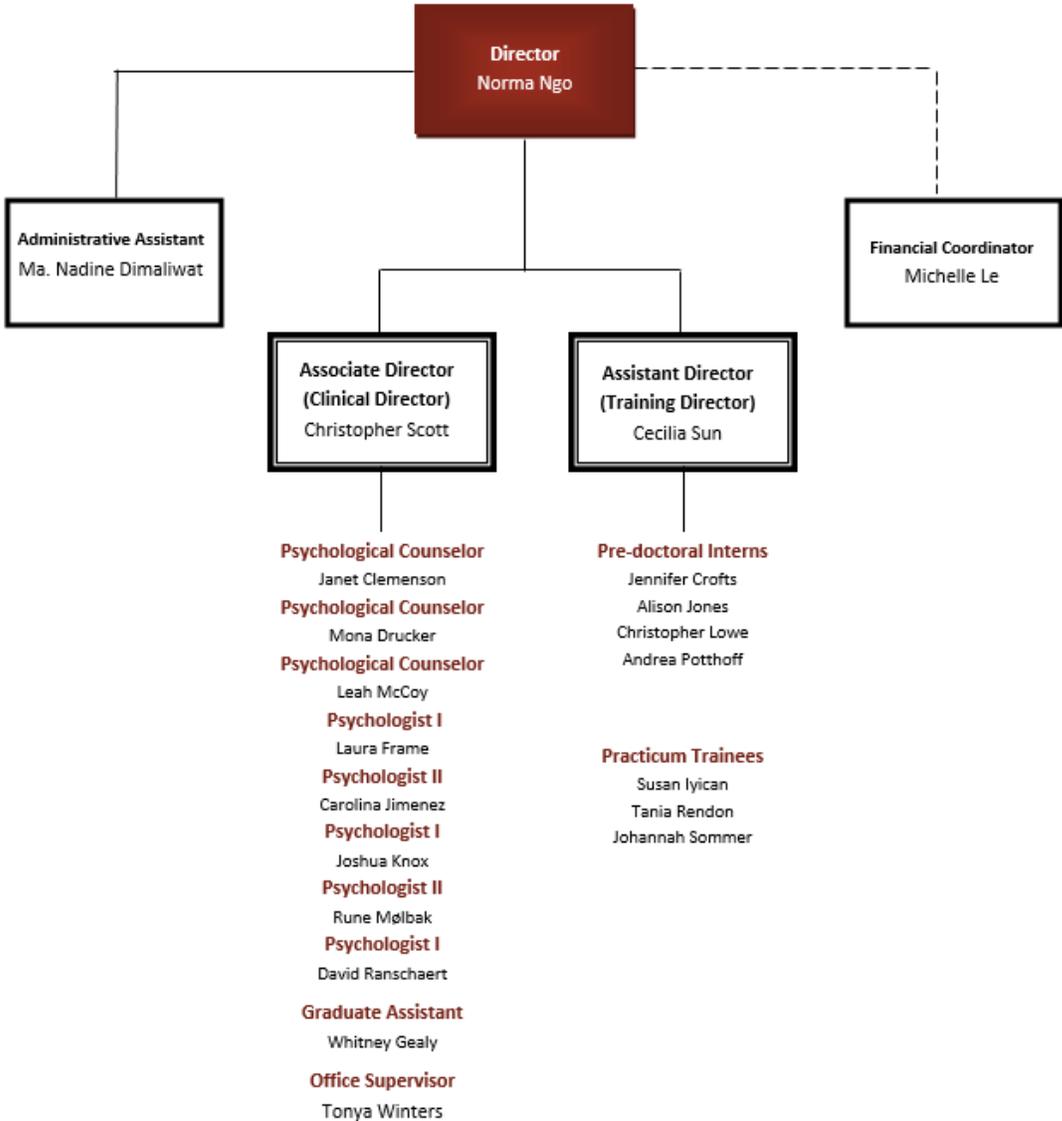
I. Provide an executive summary of your questionnaire responses

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

The campus composition is changing and growing rapidly. We experienced record enrollment of approximately 42,378 students this fall 2015. With these changes, we have noted an increase in those needing CAPS services. Our counseling center, as well as others across the nation, is witnessing a higher degree of severity in student mental health needs. Moreover, with the addition of students from the Sugarland campus, we must continue to secure adequate resources (e.g. staff and facilities) consistent with a good ethic of care. IACS recommends a staff to student ratio of 1:1500. Based on the fall enrollment of 42,378, CAPS has a staff to student ratio of approximately 1: 3,259. Consequently, it is imperative that CAPS is afforded with additional clinical staff. CAPS respectfully requests: 1. *base augmentation* for the clinician position that was granted one time funding for FY16 and 2. *base augmentation* for a new clinician starting FY 17.



II. Provide an organization chart of your unit (As of Fall 2015)



III. List your unit's strategic initiatives and action steps identified for the 2014-2015 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.

A. 2014-2015 Strategic Initiatives and Action Steps Overall for the Department

- S.I. Enhance the human, fiscal and facility resources that will increase our potential to contribute to student success (*DSA Strategic Initiatives #1, 2, 3; UH Strategic Goal #2*)
- a. Hire new clinical staff to increase the staff to student ratio as recommended by IACS. **Status:** *Completed. SFAC approved two clinicians (one time funding and base funding) for FY 16.*
 - b. Explore the feasibility of a new facility to allow for future expansion. **Status:** *In process. We are uncertain at this time about a new facility but we have secured interim space for further expansion.*
 - c. Explore avenues of recruiting and retaining talented staff. **Status:** *In process. We are currently working with Human Resources to examine staff salaries to ensure they are more consistent with market value. This is an effort to be competitive in recruiting talented and experienced staff. In addition, we are in the process of exploring career ladder options to retain and promote talented staff.*

B. 2014-2015 Strategic Initiatives and Action Steps for Clinical Services

- S.I. 1. Evaluate the customer experience and enhance transparency (*DSA Strategic Initiatives #1, 2, 4, 6; UH Strategic Goal #2*)
- a. Establish a CAPS advisory board consisting of key campus stakeholders **Status:** *Completed.*
 - b. Add key clinical service documents to our website (e.g. CAPS informed consent, CAPS authorization for release of information). **Status:** *Completed.*
- S.I. 2. Staff Development (*DSA Strategic Initiatives #2, 4, 6; UH Strategic Goals #2, 6*)
- a. Provide high quality in-house continuing education opportunities in areas such as advanced individual and group psychotherapy techniques, psychological assessment, legal and ethical issues, and multiculturalism.
 - Provide ongoing training for staff to transition to the new Diagnostic and Statistical Manual (5th Edition). **Status:** *Completed and on-going.*
 - b. Devote time for weekly case conferences for individual and group psychotherapy where staff can engage in cooperative learning and support. **Status:** *Completed.*
 - c. Develop a comprehensive group manual to be used as a resource center wide. **Status:** *Completed.*



- S.I. 3. Continuous Improvement of Client Care Fostering Engagement and Student Success (*DSA Strategic Initiatives #1, 2, 4, 6; UH Strategic Goal #2*)
- a. Increase appointment attendance by implementing an appointment reminder system. **Status:** *Completed.*
 - b. Provide student consumers of LD/ADHD assessment services with a greater array of evidence-based interventions that they can implement to improve their academic achievement.
 - Develop recommendations and strategies that address most common student learning issues. **Status:** *Completed.*
 - Train staff how to effectively communicate these interventions in reports and share them during assessment feedback sessions with students. **Status:** *Completed.*
 - c. Offer groups that target specific underserved or minority populations in order to provide a needed service to these students and continue to foster and embrace inclusion on the UH campus.
Status: *Completed and on-going. We have groups for First Generation College students, LGBTQ, and Spanish speaking.*

C. 2014-2015 Strategic Initiatives and Action Steps for Outreach Services

- S.I. 1. Increase number of attendees for QPR training (*DSA Strategic Initiatives #1, 5, 6; UH Strategic Goals 2 & 6*)
- a. 10% increase in use of QPR training (goal = 100 participants).
Status: *We experienced a slight decrease and will continue to aggressively market QPR as a critical suicide prevention training to the university community.*
 - b. Increase re-certification (i.e. follow-up with departments previously trained). **Status:** *Completed and on-going*
 - c. Advocate for *all* Health and Wellness division service employees to be certified. **Status:** *Completed and on-going*
- S.I. 2. Utilize technology as a means of interacting with students (*DSA Strategic Initiatives #1 & 2; UH Strategic Goals #2, 6*)
- a. Use Facebook to link students to articles of interest.
Status: *On-going. We have mostly used Facebook to market our services and advertise our events.*
 - b. Develop recommended books section of current CAPS website.
Status: *While we have not yet added a recommended book section to our website, we have added to our Self-help section new audio relaxation exercises, to our Resources section information about Dream Scholars, and expanded our Referral resources to include low cost counseling options in the community.*



- S.I. 3. Increase collaborative partnering with broader Houston mental health provider community (*DSA Strategic Initiatives # 6; UH Strategic Goals #2 & 6*)
- a. Generate fiscal resources through hosting continuing education needs for mental health providers, i.e. Diversity Institute and Professional Counselor Forum. **Status:** *CAPS celebrated its 14th annual Diversity Institute (D.I.) and announced that next year's D.I. will be led by the newly formed Center for Diversity and Inclusion. CAPS will continue to be involved as a co-sponsor but we believe that D.I. is better situated within the Center for Diversity and Inclusion and is consistent with its mission.*
- S.I. 4. Continue to build connection between CAPS and the greater campus (*DSA Strategic Initiatives #2, 4, 6; UH Strategic Goals #2, 6*)
- a. Evaluate the success of “Let’s Talk” program and explore transitioning or expanding to other campus locations.
Status: *In process. Most sites had fairly even utilization rates although Cougar Village I and The Center for Diversity and Inclusion each only had one consultation contact for FY2015. Sites should be in areas where students have the opportunity to encounter the Let’s Talk clinician multiple times leading up to a consultation visit. It would also be helpful if new LT sites were committed to making Let’s Talk referrals. Stakeholders should meet frequently with the CAPS Let’s Talk coordinator. Sites where these opportunities exist include: Veteran’s Services, LGBTQ Resource Center, Learning Support Services, and UH Health Center.*
 - b. Assess liaison relationships needs and utilization.
Status: *In process. We will examine this when we are able to identify an Outreach Coordinator.*
 - c. Increase collaborative programming with departments to increase stakeholders in FFTW and Diversity Institute.
Status: *Completed and on-going. We partnered with UH Wellness, Center for Diversity and Inclusion, and the Health Center on a variety of outreach programs. In addition, a DSAES Health and Wellness committee was created in FY15 to explore collaborative possibilities within the Health and Wellness areas.*
- S.I. 5. 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 (*DSA Strategic Initiatives #1, 2, 4, 6; UH Strategic Goal #2*)
- a. Increase visibility of CAPS on campus by building our relationship with the campus community via our outreach programming.
Status: *on-going*
 - b. Maintain our “user friendly” website and social media outlets to reach those who may be ambivalent about accessing services.
Status: *on-going*



D. 2014-2015 Strategic Initiatives and Action Steps for Training

- S.I. Due to an increase in the number of applications for our training programs each year, re-evaluate selection criteria and processes in terms of time efficiency while maintaining high quality selection (*DSA Strategic Initiatives #1, 2, 4; UH Strategic Goal #2*)
- a. Meet with training team to review selection criteria.
Status: Complete. We updated our criteria in keeping with clinical changes in the center (e.g., since we no longer offer ADHD assessment, removed assessment experience as a selection variable).
 - b. Review selection processes.
Status: Complete. We piloted a streamlined small team approach to application review and interviews, which worked well.
 - c. Review use of technology in the selection process.
Status: In process. Teams used a hybrid of reviewing electronic applications and completing paper review forms. Will re-evaluate this year.

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

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

The Center for Collegiate Mental Health (CCMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students in order to serve the needs of mental health



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

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

FY 15 Learning Outcomes for our Key Component Areas

LD/ADHD Assessment

Findings:

Helping students better identify academic strengths and weaknesses

100% of clients who responded to the post-assessment survey indicated that they either agreed or strongly agreed that they were able to better identify academic strengths and weaknesses

Helping students identify strategies which will improve academic success.

100% of clients who responded to the post-assessment survey indicated that they either agreed or strongly agreed that they had learned about strategies they can use to improve their academic performance



Qualitative Information

- A majority of students noted in their comments about the assessment process that they believed the assessment process was very helpful. Comments typically focused on the clinician who performed the assessment. Students typically commented on the helpfulness, supportiveness, and patience of clinicians.
- Some comments also noted that the assessment process was too lengthy.

Planned actions based on assessment results/findings

CAPS discontinued the LD/ADHD assessment services at the close of summer 2015 to allocate limited staff resources toward psychotherapy and critical outreach services (e.g. suicide prevention; recognizing and referring students in crisis).

LET’S TALK

	09/01/13-08/31/14	09/01/14-8/31/15
Number of consultations with unique individuals.	44	41
Number of Hours staffing Let’s Talk Sites	233	316

Findings:

- FY 2014: Let’s Talk Clinicians were on site for 233 hours and had a net of 44 Let’s Talk consultation contacts. We staffed total of 5 locations that year.
- FY 2015: Let’s Talk Clinicians were on site for 316 hours and had a net of 41 Let’s Talk consultation contacts. We staffed a total of 9 locations that year.

Planned actions based on assessment results/findings:

- Seek advice and consultation from established Let’s Talk programs. For example, Cornell University has a well-established Let’s Talk program and consultation regarding referral strategies, marketing, and Let’s Talk shift duration may be helpful.
- Set a benchmark for Let’s Talk site success. For FY 16, if we will schedule 150 hours on-site, a benchmark for success can be set at about 60 contacts (based on the current 6 hour a week LT schedule with an estimated 25 week time frame on-site). This benchmark is based upon utilization rates of other CAPS clinical services (e.g. Consultant on Duty shifts, Initial Consultation slots, etc.).
- Consider moving LT clinicians from underperforming sites. Most sites had fairly even utilization rates although Cougar Village I and The Center for Diversity and Inclusion each only had one consultation contact for FY2015.
- Sites should be in areas where students have the opportunity to encounter the Let’s Talk clinician multiple times leading up to a consultation visit. It would also be helpful if new LT sites were committed to making Let’s Talk referrals. Stakeholders should meet frequently with the CAPS Let’s Talk coordinator. Sites



where these opportunities exist include: Veteran's Services, LGBTQ Resource Center, Learning Support Services, and UH Health Center.

TRAINING

Findings:

In April 2015, the practicum trainees were rated by their primary supervisors in four skill areas using the CAPS Trainee Evaluation form. Their aggregate scores were:

Individual Therapy: 4.0

Sensitivity to Diversity: 3.75

Ethical Sensitivity and Professionalism: 5.47

Use of Supervision and Training: 3.91

In April 2014 scores for the CAPS 2013-2014 practicum cohort were:

Individual Therapy: 4.43

Sensitivity to Diversity: 3.75

Ethical Sensitivity and Professionalism: 4.78

Use of Supervision and Training: 4.91

Planned actions based on assessment results/findings:

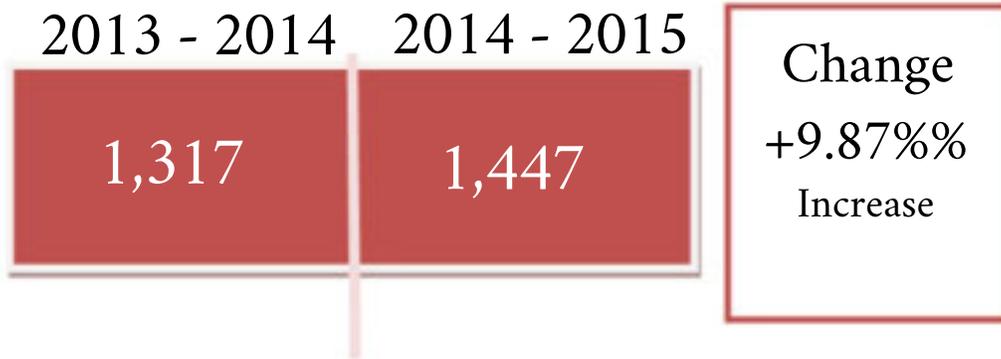
CAPS will continue to utilize this Trainee Evaluation form to provide performance feedback to our practicum students. As in previous years, this assessment shows that CAPS practicum trainees demonstrate competence in the core skills necessary for developing mental health clinicians. As in FY 2014, Sensitivity to Diversity was the area with the lowest (relative) competency scores. Based on the previous year's assessment data, we did increase the amount of didactic training and experiential opportunities provided to practicum trainees on multicultural topics, and received positive feedback from trainees about those experiences. Multicultural competence is understood to be an area of continuous development for all clinicians, so it may be that the lower scores reflect the developmental stage of our agency's most junior clinicians. It may be helpful to ask practicum trainees for specific feedback on the multicultural training provided at CAPS as part of their exit questionnaire.

Planned actions based on assessment results/findings: Add an item on the exit questionnaire that asks practicum trainees for specific feedback on the multicultural training provided at CAPS.



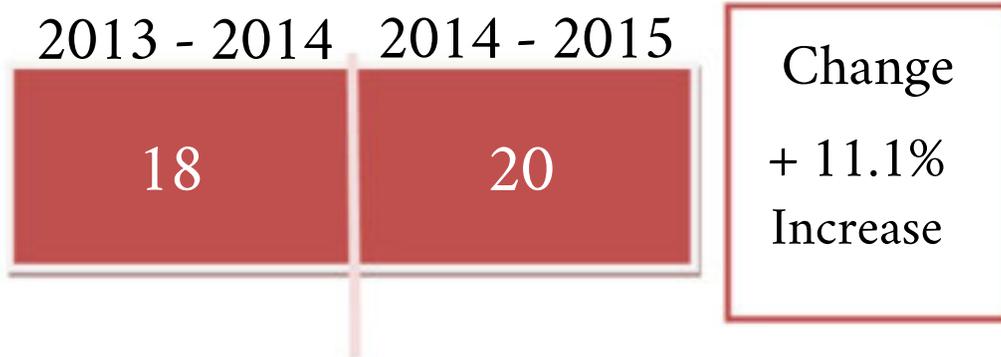
Utilization Data

Number of Unique Clients Seen at CAPS



In 2014-2015 CAPS made a number of changes including offering more options for scheduling and increasing availability of walk-in triage services. Given limited resources, CAPS also made the strategic decision to phase out LD and ADHD assessments for accommodations. We also elected to not host National Screening Days in FY 15 in order to allocate more direct time toward psychotherapy.

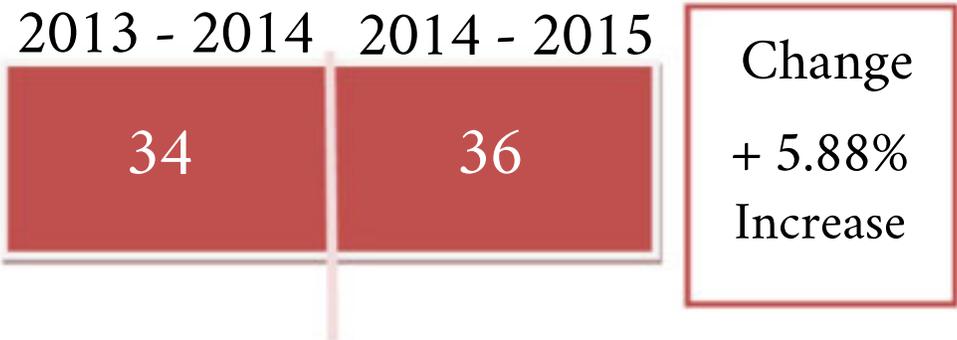
*Hospitalizations



*Emergency psychiatric hospitalizations continue to increase as campus residency increases.



After Hours Contacts



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



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

2013 - 2014	2014 - 2015	Change
157	162	+3.18% Increase

***Attended* Group Counseling appointments**

2013 - 2014	2014 - 2015	Change
1,546	1,728	+11.77% Increase

Total number of LD/ADHD assessments (for students seeking accommodations) conducted:

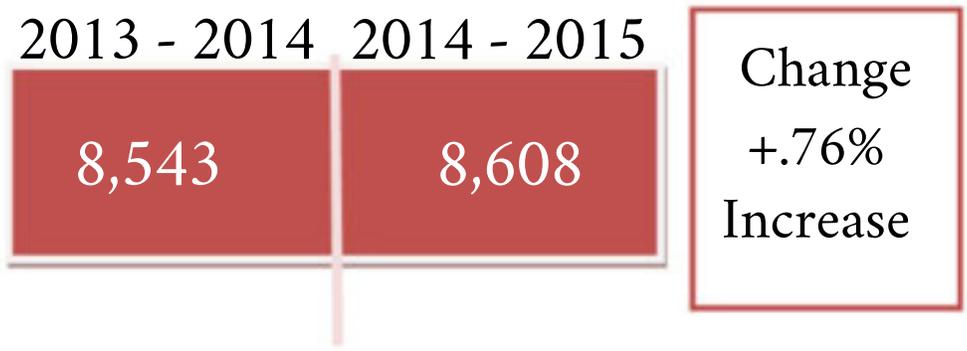
2013 - 2014	2014 - 2015	Change
50	32	-36% Decrease



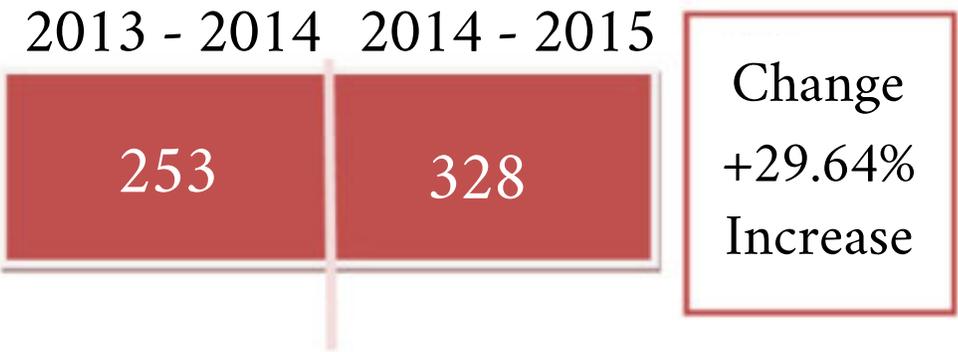
Historically, CAPS has provided Learning Disability and Attention Deficit Hyperactivity Disorder (LD/ADHD) assessments to students for the purpose of securing accommodations through the Center for Students with Disabilities (CSD). Demand for this service has continued to increase while recent changes in best practices requirements in the field of learning disability evaluation have made these assessments more time consuming. Given continuing time and resource constraints, CAPS decided to phase out LD/ADHD assessment services at the end of the 2014-2015 academic year. The rationale being that an LD/ADHD assessment requires specialized training and a heavy time commitment (*an additional 11-20 hours from start to finish per student*). In fact most university counseling centers do not provide LD/ADHD assessments because of this added time commitment. We have had to weigh the cost/benefit of providing these assessments, as they do impact the extent by which CAPS is able to provide other clinical services (e.g., counseling, crisis intervention).

CAPS has worked closely with our partner office, Center for Students with Disabilities, to manage this transition in a way that is considerate of the needs of UH students. We have worked hard to develop a resource list of community referrals for ADHD/LD assessments, some of which can provide fee reduction.

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



Consultation & Triage Appts



Total Outreach numbers

OUTREACH	PEOPLE 2013-2014	PEOPLE 2014-2015	CHANGE IN PEOPLE SERVED
Let's Talk	44	41	-6.81%
Debriefing	55	48	-12.72%
FFTW	266	261	-1.87%
QPR	270	238	-11.85%

V. Please discuss any budget or organizational changes experienced since your last (FY2016) SFAC request, their impact on your programs, and your reason for implementing them. If your unit concluded FY 2015 with a Fund 3 addition to the Fund Equity, please describe the conditions which caused the addition.

In FY 2015, we had two vacant positions: Psychologist 1 and Psychologist 2. We reallocated some of these lapsed salaries to hire one temporary staff from CoreStaff to assist with front desk duties. We also reallocated some of these lapsed salaries to renovate the waiting area, the hallways on the second floor, and four news offices on the



third floor. In addition, CAPS promoted one staff from Office Coordinator to Office Supervisor starting July 1, 2015. At the closing of FY 2015, CAPS had a fund balance of \$62,523.74.

VI. Please list your 2016-2017 strategic initiatives and action steps in priority order. Under each strategic initiative, please state the specific action steps (programs, activities, services, policies/procedures, etc.) that you plan to implement to accomplish your stated initiatives.

- 1. Enhance quality of CAPS Clinical Services (DSAES #2a, 2b, 2e)**
 - a. Establish student focus groups comprised of users and non-users to explore priority of treatment vs. access and potential barriers to seeking services
 - b. Explore the possibility of using automated assessments to evaluate CAPS customer service in the area of call handling when our front desk receives calls for appointments and routine questions.
 - c. Administer client satisfaction instruments aimed at giving each of our clinicians ongoing feedback.
 - d. Upon the conclusion of the IACS re-accreditation site visit in 2016, we anticipate addressing any recommendations that are made from that report to enhance the quality of our clinical services.

- 2. Enhance the effectiveness of the CAPS team (DSAES #2a, 2b; 3c).**
 - a. Identify the specific roles of CAPS staff at Sugarland (e.g. hours, service) to ensure adequate resources to appropriately attend to the competing needs of Sugarland and Main campus.
 - b. If continued expansion to the remainder of the third floor suite in Student Services (currently occupied by Urban Experience) is confirmed, we will need to initiate/complete the required renovations of that space to ensure confidentiality of our clients.
 - c. Determine adequate support staff structure to service the receptionist area of the 3rd floor.
 - d. Explore the possibility of acquiring an automated call handling system to more efficiently handle calls for appointments and other inquiries.
 - e. Ensure all new clinicians obtain QPR certification in suicide prevention.
 - f. Upon the conclusion of the IACS re-accreditation site visit in 2016, we anticipate addressing any recommendations that are made from that report to enhance the effectiveness of the CAPS team.

- 3. Enhance effectiveness of CAPS education and prevention efforts (DSAES #1d; 2a, 2b).**



- a. Market increased CAPS accessibility for students, staff and faculty pertaining to crisis intervention during and after business hours via Protocall services.
- b. Increase our Let's Talk utilization by 50%
- c. Identify a CAPS marketing coordinator and CAPS Coordinator of educational programming.
- d. Examine our suicide prevention efforts to determine that what we are providing is adequate and appropriate for the changing composition of this campus.
- e. Increase number of individuals trained in QPR by 10% from the previous year.
- f. Upon the conclusion of the IACS re-accreditation site visit in 2016, we anticipate addressing any recommendations that are made from that report to enhance the effectiveness of the CAPS education and prevention efforts.

4. Provide student employment and externship/internship opportunities in partnership with Academic Affairs (DSAES #2c).

- a. Increase practicum training program by one trainee Increase practicum training program by one trainee (for a total of 4 practicum trainees).
- b. Complete 7-year self-study review of our APA accredited internship and prepare for 2017 site visit.
- c. Consider allocating funds for a second graduate assistant to assist with conducting Initial Consultation appointments.

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

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



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

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

