

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

STUDENT AFFAIRS & ENROLLMENT SERVICES
Counseling and Psychological Services

SFAC
Report of FY 16 (2015-2016) &
Requests for FY 18 (2017 – 2018)
FY 2018 Program Questionnaire
FY 2018 Budget Request



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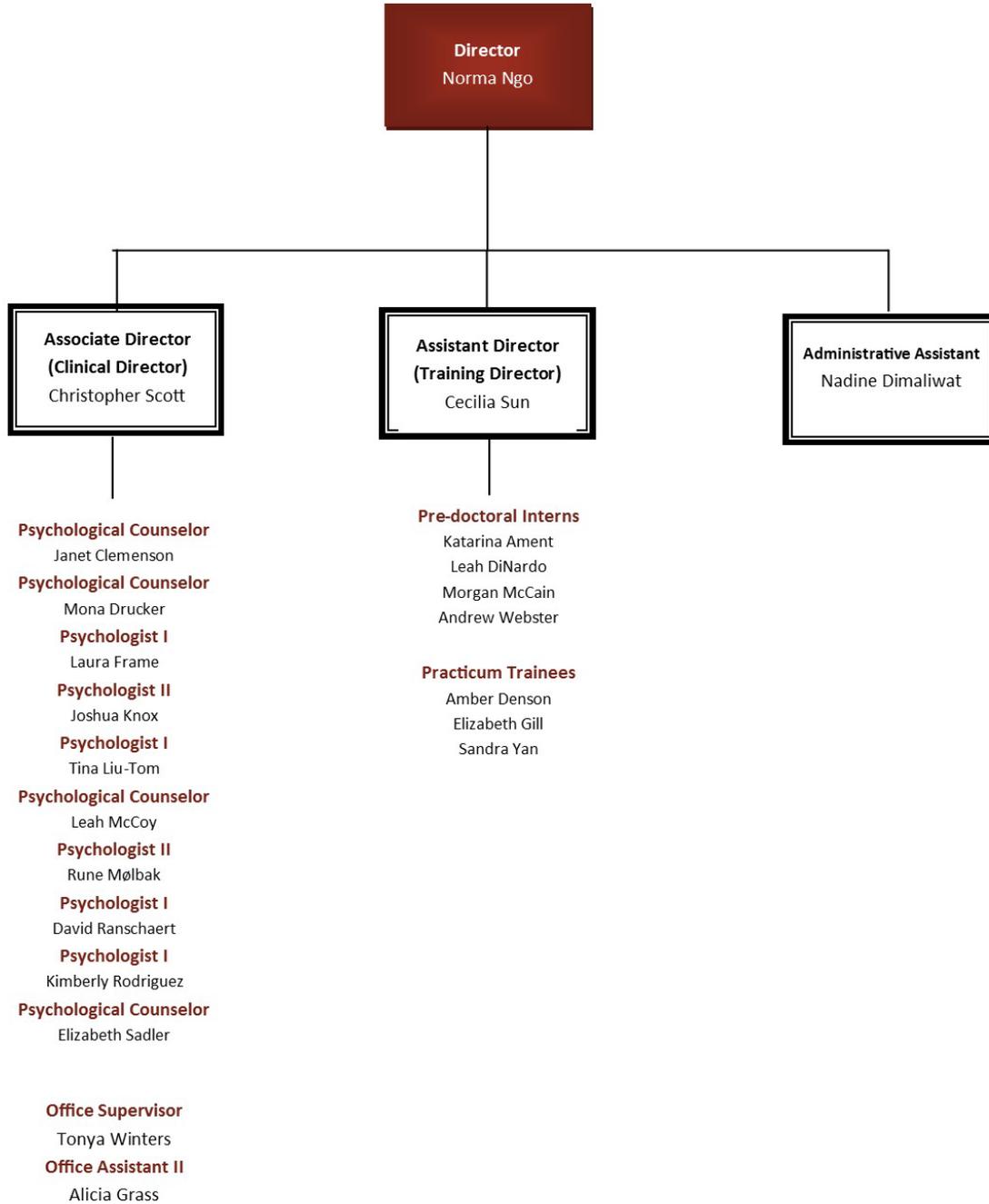
I. Provide an executive summary of your questionnaire responses

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, couples, and group psychotherapy; crisis intervention; preventative and developmental outreach programming; consultation to faculty/staff/students; and training of pre-doctoral interns and practicum trainees. CAPS supports students by making mental health services accessible on campus at affordable rates. We serve as primary responders for crises during and after business hours. We help educate the campus through our outreach programming on suicide prevention and a variety of mental health topics. We provide valuable consultation to our faculty and staff who may need to consult about a student of concern. We assist students to meet the educational requirements for UH's Counseling and Clinical Psychology graduate programs via our practicum training program. 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 entire university community.

With the record enrollment of approximately 43,797 students this fall 2016, we have witnessed an increasing trend in the number of students and staff that access CAPS services. Yet, we continue to lag behind other institutions with regard to our staff to student ratio. CAPS staff to student ratio is currently, 1: 3,369, well below the recommendation from The International Association of Counseling Services (IACS) of 1:1500. SFAC has demonstrated keen sensitivity regarding our staff shortage and has offered invaluable support by approving previous augmentation requests. A challenge we have identified is that the unique skill set required to be a practicing licensed psychologist or counselor puts us in direct competition with other agencies (local, regional, and national) also seeking these same professionals. We have spent substantial amount of staff time and budget to recruit these professionals, only to lose them to other agencies that offer more competitive compensation. Concurrently, we struggle with retaining talented professionals whose salaries are not equitable with their counterparts. Over the past year, we have worked closely with Human Resources to examine our staff salaries, from a recruitment and retention perspective. We have identified that UH is significantly below market value. Thus, we believe it is necessary to augment the compensation for recruiting and retaining these uniquely skilled professionals if we desire to be a viable option in the competitive market place. Consequently, we respectfully request a one-time augmentation for FY 17 and base for FY 18 to bolster our staff to student ratio to the minimum expectations set forth by accreditation standards.



II. Provide an organization chart of your unit (As of fall 2016)



III. List your unit's strategic initiatives and action steps identified for the 2015-2016 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 accessibility and quality of CAPS Clinical Services (DSAES #2a, 2b, 2e; UH Goal #2)**
 - a. Enhance and expedite the initial client contact process by adding specific client paperwork to the website that can be downloaded and completed prior to appointment (e.g. Informed Consent; ROI)
Status: Completed
 - b. Create Satellite CAPS clinic at UH Sugar Land
Status: Completed. We staffed one CAPS clinician Tuesday-Thursday, 3-5 pm and as needed for the duration of FY 16. Services included Let's Talk consultation, Mental Health workshops, and marketing efforts to raise student awareness that CAPS was available in Sugar Land.
 - c. Explore contracting Protocall services for after-hours crises to increase efficiency, reliability, and greater capability for the UH community.
Status: Completed. Contract was developed and approved. Implementation is scheduled for early November 2016.

- 2. Enhance the effectiveness of the CAPS team (DSAES #2a, 2b; UH Goal#2)**
 - a. Identify a "Let's Talk" Interim Coordinator
Status: Completed
 - b. Hire two new clinical staff, one for Sugarland and one for Main campus
Status: Completed
 - c. Request one new clinical staff (that will start Fall 2016) to continue to increase the staff to student ratio as recommended by IACS
Status: Completed
 - d. Request one support staff that can be housed in the interim space that will support CAPS future expansion
Status: Incomplete because we were unable to expand to the full 3rd floor suite. We acquired 2 offices that could be used for individual therapy and 2 larger rooms which we use for group therapy and meetings.

- 3. Enhance effectiveness of CAPS education and prevention efforts (DSAES #1d, 2b; UH Goal #2)**
 - a. Increase Let's Talk utilization by 50%
Status: Completed
 - b. Identify one new Let's Talk location
Status: Completed. During FY 16, CAPS started a new Let's Talk location in Sugar Land and at the Student Health Center. We should note that while we decreased to 5 locations in FY 16 (from 9 in FY 15), we were



exploring a more concentrated, intentional approach by utilizing the same clinician and by working directly with leadership at each location to increase consistency and to generate more referrals. The results yielded a 24% increase in unique utilization when comparing FY 15 to FY 16.

- c. Review outreach initiatives to better align with Mission and Vision
Status: Completed. We streamlined our Food For Thought Workshop to include more offerings of workshops in higher demand (e.g. stress related, anxiety, suicide prevention). FY 16 was the first year that the Center for Diversity and Inclusion (CDI) led the annual Diversity Institute (DI) as DI transitioned to its new home with CDI.

4. Provide student employment and externship/internship opportunities in partnership with Academic Affairs (DSAES #2c, 6a; UH Goal #2)

- a. Increase practicum training program by 2 trainees (for a total of 4)
Status: partial completion. We increased by one trainee for a total of 3.
- b. Where possible, recruit practicum trainees from UH School, Counseling and Clinical Psychology Departments
Status: Completed. Two of our three trainees were from the UH Clinical Psych Ph.D. program. We also retained a Graduate Assistant from School Psychology for the 3rd year in a row.

5. Improve methods of recruiting and retaining talented staff in order to continue to build CAPS staff to student ratio (DSAES #2a; UH Goal #2)

Status: Complete. Human Resources completed their market analysis of entry-level and current staff salaries based on a review of data from CUPA, WMG, AUCCCD, and other TIER 1 institutions. The analysis by HR revealed that UH wages were approximately 18-55% below our competitors locally, regionally, and nationally. HR's recommendations were submitted for review and approved by the Vice President/Vice Chancellor of Student Affairs. Thus, CAPS' FY 17 (one time) and FY 18 (base) requests derive from this illuminating market analysis.

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 Association 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 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. 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. In FY 16, IACS conducted a 2-day field visit (in February 2016). The IACS site visitors were Dr. Bob Lees and Dr. Kim Gorman. CAPS successfully obtained full re-accreditation. Positive regard as well as feedback on areas for continued attention from the field visit included: *“It is clear that Counseling and Psychological Services offers an effective and comprehensive program of services that makes a vital contribution to the quality of student and campus life. In its review, the Board was appreciative of the very strong group program with an excellent array of structured, special focus and general therapy groups, its extensive outreach program, the development of effective consultative relationships with the campus community, sensitivity to issues of culture and diversity, and its strong APA accredited internship. At the same time, the Board encourages you to continue to work on areas that remain concerns including a need for additional professional staffing, additional support staffing, more physical space for storage, additional group space, limited psychiatric consultation, low staff compensation, and need for gender diversity”*. This feedback reinforced the known fact that CAPS must continue to bolster its clinical as well as support staff to better meet student needs. It also pointed out that low staff compensation contributes to the on-going challenge of recruiting and retaining talented professionals with unique skills required for the critical counselor/therapist responsibility.

CAPS engages in outcome assessments for our clinical services, outreach, and training programs. In addition, we also measure client satisfaction via survey questions for our clinical and outreach services. Specifically, with regard to our Food For Thought workshops, we ask participants to identify one skill they learned and then rate how easily/likely they are to use it as a result of their workshop. 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.

With regard to assessing our clinical services, we 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. Data is contributed by approximately 139 college and university counseling centers describing more than 100,736 unique college students seeking mental health treatment, 2770 clinicians, and over 770,000 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 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. 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). The FY 16 CCAPS data indicated that 40% of our clients reliably improved with regards to academic distress and 48% showed a statistically significant reduction in overall distress.

FY 2016 CCAPS CLIENT OUTCOME DATA

CCAPS Subscales	% Reliably Improve and Below Cut	Total Clients (used in the analysis)
Depression	39	330
Generalized Anxiety	28	239
Social Anxiety	20	196
Academic Distress	40	191
Eating Concerns	17	157
Hostility	32	225
Substance Use	34	108
Distress Index	48	229

Interpretation: The heading % Reliably Improved and Below Cut indicates the percentage of the clients used in the analysis that reliably improved and no longer exhibit clinically significant symptoms. The analysis uses a .05 statistical significance.

Also out 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.).



UTILIZATION DATA

Below is a summary of our utilization data across all services: individual, couples, and group counseling; crises services (phone triages, walk-in triages, hospitalizations, after hours contacts); outreach programming (Food For Thought workshops, Let’s Talk, QPR, Debriefing after a traumatic incident on campus); and training student professionals. Our Consultant on Duty (CoD) is on call during business hours to take calls and meet with students, staff, and faculty who wish to consult about an individual of concern or for themselves. As indicated below, our data supports a continued upward trend in demand for CAPS professional assistance.

Service	FY 14 (9/01/2013-8/31/2014)	FY 15 (09/01/2014-8/31/2015)	FY 16 (09/01/2015-8/31/2016)	One Year TREND: (Percentage Change FY 15 vs. FY 16)	Two Year TREND: (Percentage Change FY 14 vs. FY 16)
All Clinical Services (unique clients)	1317	1447	1668	+15.27%	+26.65%
All Individual Clinical Services (#attended appointments)	5561	6718	7341	+9.27%	+32%
ALL ATTENDED APPTS	7264	8608	9381	+8.98%	+29.15%
All scheduled individual + group	9761	11735	13233	+12.76%	+35.57%
All scheduled individual	7381	9063	10206	+12.61%	+38.27%
Group Therapy (#contact hours)	2436.25	2713.5	2794	+2.96%	+14.68%
All scheduled group	2170	2428	2677	+10.25%	+23.36%
Group Therapy (unique clients)	203	212	242	+14.15	+19.21%
After Hours Crisis Contacts	34	36	39	+8.33%	+14.7%
Hospitalizations	15	14	16	+14.28	+6.66%
Consultations through the CAPS Consultant on Duty (CoD) system (all consultation calls + all triage appointments)	253	336	531	+58.03%	+109.88%
Suicide Prevention Training	270	238	207	-13.02%	-23.33%
Attendees at Food For Thought Psycho-Educational Presentations (unique individuals divided by number of workshops)	266/25	261/27	232/20	-11.11%	-12.78%
Debriefing/Defusing Services (individuals served)	75	48	110	+129.16%	+46.66%
Let’s Talk UH Main	38	41	51	+24.39%	+34.21%
Training (Practicum trainees/total service delivery hours)		396.5/2	568.5/3	+43.37%	



FALL 2014 – 2016 COMPARISONS

Below is data that provides a view of our crisis triages during business hours (phone and walk-ins) conducted by our Consultant on Duty clinician during fall 2014, 2015, and 2016. The chart is broken down further to include the consultations that were conducted by the CoD with a staff, faculty, or student peer because they were concerned about student. We also included fall comparisons for Let’s Talk consultations to highlight the growth of this program and the greater accessibility it provides for students to connect with CAPS outside of the traditional office setting.

	Fall 2014 (08/22/2014-10/12/2014)	Fall 2015 (08/22/2015-10/12/2015)	Fall 2016 (08/22/2016-10/12/2016)	One Year TREND: Percentage Change Fall 15 vs. Fall 16	Two Year TREND: Percentage Change Fall 14 vs. Fall 16
CoD Triage Contacts	n/a	67	89	+32.83%	n/a
CoD consultations about students of concern	30	25	53	+112%	+76.66%
All CoD contacts	30	92	142	+54.34%	+373.33%
Let’s Talk UH Main	9	14	22	+57.14%	+144.44%

V. Please discuss any budget or organizational changes experienced since your last (FY2017) SFAC request, their impact on your programs, and your reason for implementing them. If your unit concluded FY 2016 with a Fund 3 addition to the Fund Equity, please describe the conditions which caused the addition.

In FY 16, we had three new clinicians join the staff. At the conclusion of spring and summer 2016, we had two staff departures (one clinical and one support staff). CAPS did not have a fund 3 addition to fund equity. CAPS did have fund 3049 equity returned to reserve in the amount of \$203,975.

VI. Please list your 2017-2018 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. Explore additional office space to accommodate services and new hires (DSAES #2b; UH Goal #2)**
 - a. Assess quality of third floor office suites to determine if it is adequately meeting student needs. Determine where and when additional expansion will be possible to meet the need of potentially 16+ FTE.



- b. Assess quality of Sugar Land office to determine if it is an appropriate space for therapeutic services and is in compliance with IACS standards.
- 2. Enhance the effectiveness of the CAPS team (DSAES #2a, 2b, 3c; UH Goal #2).**
 - a. Assess CAPS services and staff time at Sugarland (e.g. hours, service) to ensure adequate resources to appropriately attend to the competing needs of Sugarland and Main campus.
 - b. Improve staff to student ratio to approximately 1:2687.
 - c. Explore the possibility of hiring a permanent additional Office Assistant.
 - d. Complete the hire of an Assistant Director/Outreach Director.
 - e. Explore career ladder promotion criteria to increase staff longevity and retention.
 - f. Create or identify continuing education for staff pertaining to multicultural competence, customer service, and conflict management.
 - 3. Evaluate quality and quantity of outreach programming (DSAES #1d, 2a, 2b; UH Goal #2).**
 - a. Increase our Let's Talk utilization by 50% of 2016-2017.
 - b. Assess quality and quantity of Let's Talk locations.
 - c. Examine our suicide prevention efforts to determine that what we are providing is adequate and appropriate for the changing composition of this campus.
 - d. Assess quality of marketing and social media presence to increase awareness of CAPS.
 - 4. Provide student employment and externship/internship opportunities in partnership with Academic Affairs (DSAES #2, 6; UH Goal #2)**
 - a. Explore a partnership with the School of Social Work to develop training opportunities for Social Work students at CAPS.
 - b. Increase practicum training program by one.
 - c. In collaboration with PHLS, establish student focus groups comprised of users and non-users to explore priority of treatment vs. access and potential barriers to seeking services.

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 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. Finally, CAPS provides limited study skills workshops while Learning Advancements for Undergraduate Cougars of Houston provides more comprehensive services in this area.

