

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

STUDENT AFFAIRS & ENROLLMENT SERVICES
Counseling and Psychological Services

SFAC
Report of FY 17 (2016-2017) &
Requests for FY 19 (2018 – 2019)
FY 2019 Program Questionnaire
FY 2019 Budget Request



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I. Provide an executive summary of your questionnaire responses

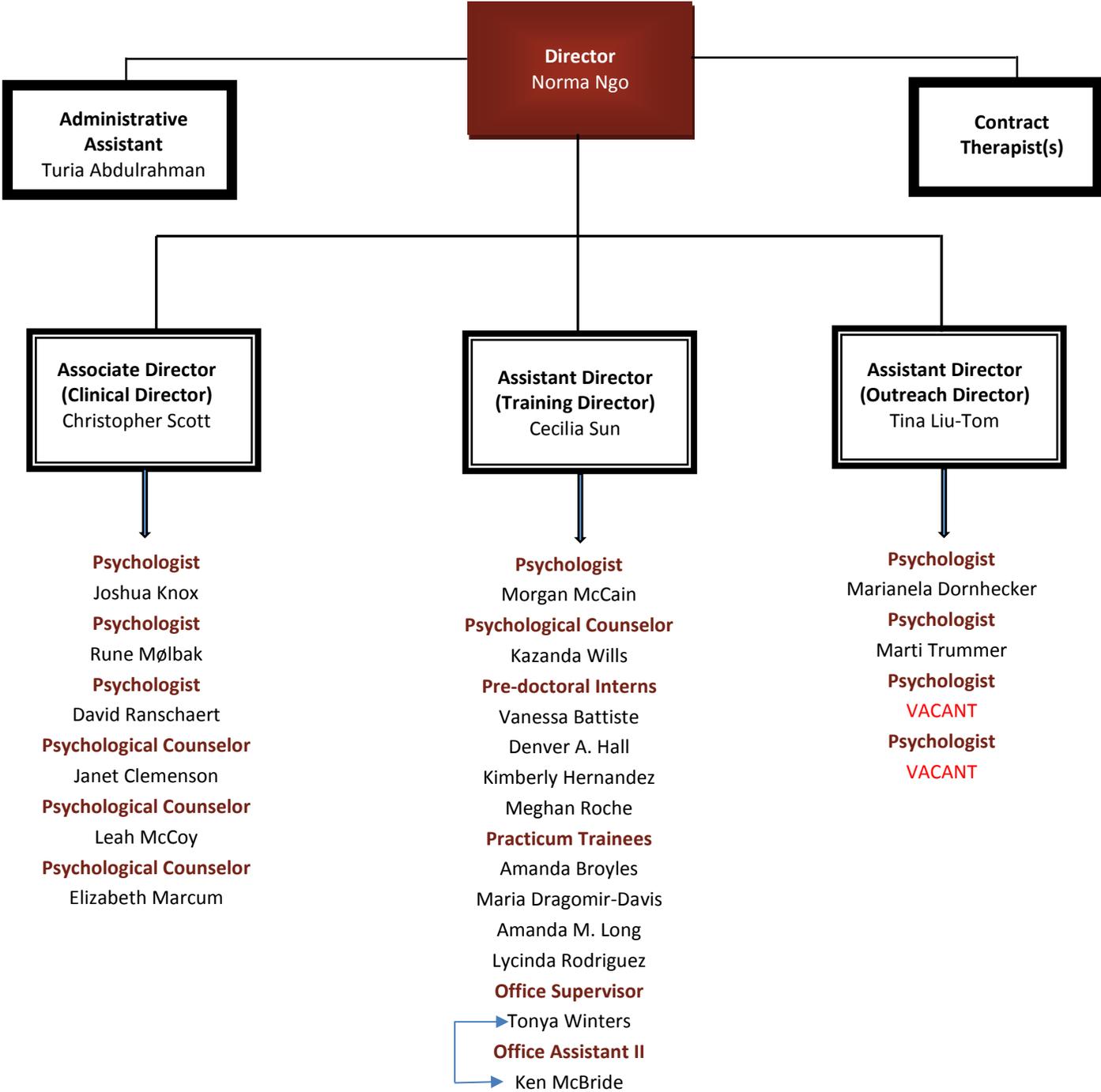
Counseling and Psychological Services' (CAPS) mission is to promote the well-being of the diverse campus community by balancing high quality mental health services and clinical training with accessibility to foster student success through self-discovery, learning and interpersonal engagement. To achieve this mission, CAPS offers individual, group, and couples psychotherapy; crisis intervention; preventative and developmental outreach programming; consultation to faculty/staff/students; and training of 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.

A review of client data in this report will indicate a consistent upward trend of clinical services during and after business hours since FY 15. With the record enrollment of approximately 45,383 students this fall 2017, the demand for clinical services is also at a record high. As of October 17, 2017, CAPS experienced a 48% increase in unique clients when compared to the same time period for fall 2016. This is a staggering increase given that UH was closed for over a week due to Harvey. We have also experienced a 650 % increase in after hour crisis contacts. During fall 2016, CAPS licensed clinical staff to student ratio was 1:3,647. As of fall 2017, the current staff to student ratio is 1:3,108 (14.6 FTE), however, we are funded for 16 FTE. Once we have filled the two vacancies, the ratio will be 1:2,836. Notwithstanding, it will still be above the recommendation from the International Association of Counseling Services (IACS) of 1 licensed clinical staff for every 1,500 students. Furthermore, if the total student enrollment remained static at 45,383, CAPS would require approximately 14 additional FTE positions (for a total of 30 FTE) in order to fulfill the IACS recommended ratio.

SFAC has demonstrated an admirable sensitivity to CAPS' clinical staff deficit by approving previous augmentation requests. For FY 19, we again respectfully request base augmentation of one clinical staff FTE toward the 14 additional FTE needed to ethically and responsibly serve the mental health needs of our students and to meet the IACS recommendations. An equally critical issue is the reality that we only have office space for 16 clinical FTE, and we currently occupy space on two separate floors. Given this division, we have also identified the important need for an additional support staff to check-in clients, answer phone calls, and process information for the electronic medical records. We request your thoughtful consideration of this additional base request to help CAPS serve our students with quality and efficiency.



II. Provide an organization chart of your unit (As of fall 2017)



III. List your unit's strategic initiatives and action steps identified for the 2016-2017 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. Explore additional office space to accommodate services and new hires (DSAES #2b; UH Goal #2)**

We have physical office space to accommodate 16 FTE clinical staff. We continue to explore various options for interim space, such as use of our two conference rooms and requesting temporary offices from our neighbors within the same building on an as-needed basis. We are aware that the Division administration is actively exploring permanent space to accommodate future growth. Status: in progress.
- 2. Further develop CAPS Satellite Clinic at UH Sugarland (DSAES #2b; UH Goal #2 and 3)**
 - a. *Develop a marketing plan to increase student awareness of CAPS presence at Sugar Land.* The CAPS counselor in Sugar Land arranged meetings with various stakeholders to provide information and strategically discuss how CAPS could be helpful to Sugar Land students. Core workshops (QPR, Recognizing and Referring Students of Concern) were provided to key stakeholders as well as attendance at new student and faculty orientations during FY 17. Status: in progress.
 - b. As of fall 2017, CAPS has increased its presence from 8 to 11 hours per week.
- 3. Enhance the Student Experience at CAPS (DSAES #2a, 2e, 3c, 4b; UH Goal #2)**
 - a. *Improve staff to student ratio to 1 clinician to 2700 students.* Fall 2016 enrollment was 43,774 and CAPS staff FTE was 12, resulting in a staff to student ratio of 1:3,647. Status: not achieved, in process.
 - b. *Add forms and information related to medical withdrawals and emotional support animals to the CAPS website.* Status: complete.
 - c. *Collaborate with UHPD to discuss procedures related to transporting students for care at the Neuro Psychiatric Center.* In Sept 2016 CAPS staff met with representatives at UHPD to discuss UHPD's policy of handcuffing during hospitalizations. We were able to discuss and implement a change that will hopefully reduce some distress and shame for students undergoing transportation to the Neuro Psychiatric Center. Status: complete.
 - d. *Invite local clinical community agencies to increase staff awareness of referral options to meet the needs of the diverse UH student population.* During the fall of 2016 we invited representatives from various UH

departments to our weekly staff meeting to provide information about their respective departments/services to CAPS staff. We determined that it is a more efficient process for the CAPS Referral Coordinator to engage local clinicians and community agencies to obtain information that will assist CAPS clinicians to make client referrals. Agencies that have been vetted may also appear on a referral list on the CAPS website. Status: complete.

4. Enhance the Effectiveness of the CAPS Team (DSAES #2a, 2b; UH Goal #2)

- a. *Provide video capability for clinicians to encourage reflective practice.*
Currently only select licensed staff members have video equipment installed in their offices. However, all trainees have video equipment. We will work to purchase video equipment for all clinician offices in FY 8. Status: in progress.
- b. *Install video recording equipment for group therapy room.* We purchased video equipment for our group therapy room, therefore, all group therapy sessions have video capability. Status: complete.
- c. *Create or identify continuing education for staff pertaining to multicultural competence, customer service, and conflict management*
This focus is now reframed and subsumed under the new DSAES Customer Service Standards. It has also been reviewed with staff in multiple individual and staff meetings. CAPS specifically focuses on multicultural competence continuing education via our Diversity Dialogue meetings that occur monthly for a duration of 2 hours. Staff have been strongly encouraged to attend campus events or external workshops to obtain diversity education. Other competencies are in development and will be incorporated into ePerformance evaluations. Status: complete.
- d. *Retain temporary support staff to assist at front desk during peak times.* Temporary staff member hired in Jan 2017. Status: complete.
- e. *Meet with HR to complete staff salary recommendations to better align with market value.* HR recommendations were presented to SFAC in October 2016 and final approval was obtained by SFAC, VP/VC, and Chancellor to raise current pay grades for clinical staff and for recruiting new clinical staff. Status: complete.
- f. *Explore a staff to serve as an interim Outreach Coordinator.* An interim coordinator was identified. Effective beginning of August 2017, Dr. Tina Liu-Tom was promoted to Assistant Director for Outreach Services. Status: complete.
- g. *Explore a staff to serve as an interim Practicum Coordinator.* A CAPS clinician is being assigned duties similar to that of a Practicum Coordinator. Depending on performance in those duties we will evaluate formalizing that role. Status: in progress.

- 5. Evaluate quality and quantity of outreach programming (DSAES #1d, 2b; UH Goal #2)**
- a. *Increase Let's Talk Utilization by 50% from 2015-2016.* We exceeded this goal in FY17 as we experienced a 73.58% increase in unique Let's Talk consultations. Status: complete.
 - b. *Explore adding additional Let's Talk locations.* We will revisit this goal for FY 18. Status: In progress for FY 18.
- 6. Collaborate with Academic Affairs regarding research collaborations and externship/internship opportunities (DSAES #2c, 6a; UH Goal #2)**
- a. *Establish relationship with PHLs department to explore research collaborations.* PHLs graduate students completed their research study and shared preliminary results with CAPS. Status: complete.
 - b. *Prepare for the APA Internship Accreditation self-study and site visit.* Site visit was successfully completed in July 2017. Formal written notification of accreditation status expected sometime fall 2017. Status: complete.
 - c. *Increase practicum training program by 1 trainee (total of 4).* Preparations were made for 4 trainees and 4 were selected, however 1 trainee withdrew before the beginning of the fall semester. However, for FY 18, we do have a total of 4 practicum trainees. Status: complete.

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) and CAPS received full re-accreditation. In June 2017, CAPS completed its annual update and was pleased to receive confirmation once again from IACS that we met criteria for continued

accreditation. The IAC board provided the following comments/recommendations, *“Although your staff to student ratio of 1:3647 still exceeds IACS guidelines of 1:1500 at maximum, the Board appreciates your effort to steadily augment your staff. The addition of the two staff members this past year will undoubtedly help you and your colleagues better serve the needs of your campus community. To address demand for services, you took a number of steps. For example, you described initiating a new walk-in system for initial appointments. You also made adjustments to your office hours, and enlisted after hours on-call support through a contract with ProtoCall. The Board understands that your staffing challenges and your physical facilities are areas that you continue to work on. In your next Annual Report please update the Board on any advancements in these areas”*.

The CAPS Director is a member of The Association for University and College Counseling Center Directors (AUCCCD), an international organization comprised of universities and colleges from the United States and its territories, Armenia, Australia, Canada, China, Dominica, France, Japan, Oman, Qatar, St. Kitts and Nevis, United Arab Emirates, and United Kingdom. AUCCCD has approximately 800 members. It fosters counseling center director development and success and works to advance the mission of higher education by innovating, educating and advocating for collegiate mental health. In 2006, AUCCCD first developed and administered the Annual Survey to its membership as a means to increase the objective understanding of factors critical to the functioning of college and university counseling centers. In December 2016 all members of AUCCCD were invited to participate in the Annual Survey, along with non-members of the organization. A total of 529 counseling center administrators completed the 2016 survey. CAPS routinely utilizes the AUCCCD Annual Survey as a benchmark on issues such as, institutional demographics and services, as well as staffing and service trends.

CAPS also engages in outcome assessments for our clinical services, outreach, and training programs. 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 17 CCAPS data indicated that 23% of our clients reliably improved with regards to academic distress and 41% showed a statistically significant reduction in overall distress.

FY 2017 CCAPS CLIENT OUTCOME DATA

CCAPS Subscales	% Reliably Improve and Below Cut	Total Clients (used in the analysis)
Depression	34	378
Generalized Anxiety	26	307
Social Anxiety	19	281
Academic Distress	23	246
Eating Concerns	20	189
Hostility	31	241
Substance Use	29	136
Distress Index	41	268

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 15 (09/01/2014-8/31/2015)	FY 16 (09/01/2015-8/31/2016)	FY 17 (9/01/2016-8/31/2017)	One Year TREND: (Percentage Change FY 16 vs. FY 17)	Two Year TREND: (Percentage Change FY 15 vs. FY 17)
All Clinical Services (unique clients)	1447	1668	1856	+11.27%	+28.26%
All Individual Clinical Services (#attended appointments)	6718	7341	7469	+1.74%	+11.17%
ALL ATTENDED APPTS	8608	9381	9347	-.3%	+8.58%
All scheduled individual + group	11735	13233	12935	-2.25%	+10.22%
All scheduled individual	9063	10206	10259	+5.5%	+13.19%
Group Therapy (#contact hours)	2713.5	2794	2424.5	-13.22%	-10.65%
All scheduled group	2428	2677	2207	-17.5%	-9.1%
Group Therapy (unique clients)	212	242	210	-13.22%	-9.9%
After Hours Crisis Contacts	36	39	137	+251%	+281%
Hospitalizations	14	16	20	+25%	+42.85%
Consultations through the CAPS Consultant on Duty (CoD) system (all consultation calls + all triage appointments)	336	531	1059	+99.43%	+215%
Food For Thought Workshops (Number of persons attended)	261	241	150	-37.75%	-42.52%
Debriefing/Defusing (Number of persons attended)	48	110	42	-61.81%	-12.5%
QPR Suicide Prevention Training (Number of persons trained)	238	207	232	+12.07%	-2.52%
Let's Talk (Number of persons attended)	41	53	92	+73.58%	+124.39%

FALL 2015 – 2017 COMPARISONS

Below is data that provides a view of our triages during business hours (phone and walk-ins) conducted by our Consultant on Duty clinician during fall 2015, 2016, and 2017. 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 2015 (08/22/2015-10/12/2015)	Fall 2016 (08/22/2016-10/12/2016)	Fall 2017 (8/22/2017-10/12/2017)	One Year TREND: Percentage Change Fall 16 vs. Fall 17	Two Year TREND: Percentage Change Fall 15 vs. Fall 17
CoD Triage Contacts	67	89	641	+620%	+856%
CoD consultations about students of concern	25	53	28	-47.16%	+12%
All CoD contacts	92	142	669	+371%	+627%
Let's Talk UH Main	14	22	18	-18.18%	+28.57%

V. Please discuss any budget or organizational changes experienced since your last (FY2018) SFAC request, their impact on your programs, and your reason for implementing them.

In FY 17, two new clinicians were hired. At the conclusion of fall 2016 and summer 2017, we had three staff departures.

VI. If your unit concluded FY17 with a SSF Fund 3 addition to SSF Reserve in excess of \$5,000, please describe the conditions which caused the addition and provide a line-item identification of the budgetary source(s) of the addition.

CAPS concluded FY17 with an addition to fund equity, totaling \$252,000 due to lapsed salaries and benefits. This pertains to the line-item, *Exempt Category Employee Salaries*.

VII. Please list your 2018-2019 strategic initiatives and action steps in priority order and cite the specific DSAES values and University of Houston Strategic Goals to which they relate.

1. **Infrastructure** (DSAES value: *Accountability*)
 - a. Identify expanded office space to accommodate additional clinicians.
2. **Enhance the Student Experience at CAPS** (DSAES value: *Accountability*)
 - a. Improve staff to student ratio to 1 clinician to 2190 students.
3. **Enhance the effectiveness of the CAPS team** (DSAES values: *Diversity, Empowerment, Accountability*)
 - a. Establish a diversity subcommittee to identify goals and action steps to increase multicultural competence of staff.



- b. Establish the expectation that staff will attend at least one training, workshop, or campus event external to CAPS per semester in the area of multicultural competency.
 - c. Increase staff crisis intervention skills and competencies.
 - d. Have an OA II position hired and ready to assist with the CAPS front desk on the 3rd floor.
 - e. Meet with HR to explore intern salary increases to better align with market value.
4. **Evaluate quality and quantity of outreach programming** (*DSAES values: Diversity, Collaboration, Innovation*).
- a. Collaborate with SGA and specific student organizations to decrease stigma around seeking help for male students of color.
 - b. Increase the number of people receiving QPR suicide prevention training by 20%.
 - c. Explore adding additional Let's Talk Locations.
5. **Collaborate with Academic Affairs** (*DSAES value: Collaboration*)
- a. Explore avenues to build and maintain faculty awareness of CAPS resources to assist faculty in their work (e.g. attend new faculty orientations, faculty senate and faculty affairs meetings).
 - b. Work with faculty to increase CAPS in classrooms.

VIII. Please provide a narrative of how your unit would accommodate a reduction of 5% in your total approved FY 18 base Student Service Fee budget and provide a line-item explanation of where budgetary cuts would be made.

Based on the approved FY 18 budget of \$2,073,043.00, a 5% reduction would equal, \$103,652.15. The following line-items delineate where the budget reductions may occur:

- 1) Business Meals= \$3,900
- 2) Parts/Furniture = \$1,200
- 3) Office/General Supplies = \$1,133.79
- 4) Programs/Events = \$5,000
- 5) Prospective/New Employee = \$4,000
- 6) Rental/Lease = \$2,500
- 7) Professional Development = \$21,000
- 8) Travel = \$10,000
- 9) Temporary Staff = \$30,000
- 10) Doctoral Intern = \$24,918.36



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

In April 2017, CAPS was notified of a possible grant through the Hogg Foundation for Mental Health. With a short turn-around time of three days, CAPS submitted a proposal for grant funding for additional staff to augment our suicide prevention trainings. Unfortunately, we were notified in June our proposal was not accepted. However, it is our intention to apply for this grant should it become available again in FY 18 and FY 19. In general, 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 \$120-\$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.

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

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. Finally, CAPS and UH Wellness collaborate on a number of outreach programming offered to students throughout the year.