

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

STUDENT AFFAIRS & ENROLLMENT SERVICES
Counseling and Psychological Services

Student Fees Advisory Committee

Report of FY 18 (2017-2018)

FY 2020 Program Questionnaire

FY 2020 Budget Request



TABLE OF CONTENTS

- I . Executive Summary.....3**
- II. Organizational Chart.....4**
- III. 2017-2018 Strategic Initiatives.....5**
- IV. Evaluation of Success.....7**
- V. Budget and Organizational Changes.....11**
- VI. FY18 Fund Equity.....11**
- VII. 2019-2020 Strategic Initiatives.....11**
- VIII. Budgetary Cuts.....12**
- IX. Other Source of Funding.....12**
- X. Unit Overlaps.....13**



I. Executive summary of questionnaire responses

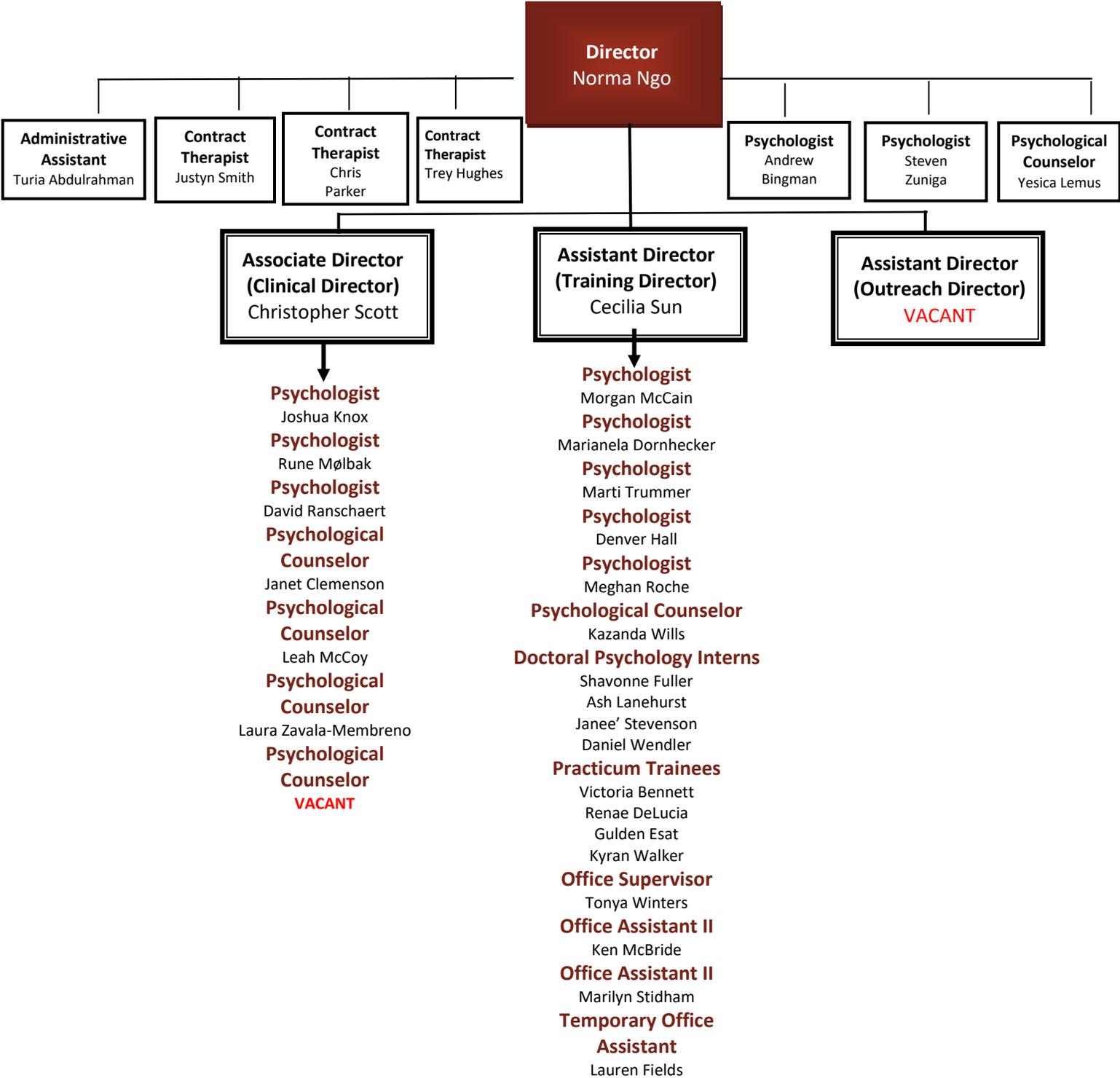
Counseling and Psychological Services' (CAPS) mission is to promote the well-being of the diverse campus community by balancing high quality mental health services and clinical training with accessibility to foster student success through self-discovery, learning, and interpersonal engagement. To achieve this mission, CAPS offers individual, group, and couples psychotherapy; 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 addressing student mental health is a critical factor toward student success and beneficial to the entire university community.

A review of client data in this report will indicate a consistent upward trend of mental health demand during and after business hours since FY 15. With the record enrollment of approximately 46,355 students this fall 2018, the demand for clinical services continues to soar. As of October 12, 2018, CAPS experienced a 13.41% increase in unique clients when compared to the same time period last fall 2017. The total unique clients jumped by 33.83 % between FY 17 and FY 18. After-hours crisis calls experienced a 97% increase between FY 17 and FY 18. As of fall 2018, CAPS is operating with 21 FTE licensed clinicians, bringing our staff to student ratio to 1:2,207. While this is a great improvement from previous years, it remains below the staff to student ratio recommended by the International Association of Counseling Services (IACS) of 1 *licensed* clinical staff for every 1,000 – 1,500 students. Furthermore, if the total student enrollment remained static at 46,355, CAPS would require approximately 10 additional FTE positions (for a total of 31 FTE) to meet the IACS recommended ratio.

Through the years, SFAC has demonstrated an admirable sensitivity to CAPS' clinical staff deficit by approving previous augmentation requests. While the same augmentation need remains for FY 20, we recognize there are insufficient funds. Therefore, CAPS is not making any augmentation requests for FY 20.



II. Organization Chart



III. List your unit's strategic initiatives and action steps identified for the 2017-2018 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) Department Overall (DSAES R1, DC1; UH Goal 2)

- a. Explore additional office space to accommodate services and new hires.—*In addition to occupying space in Student Services Center 1, CAPS also occupied space on the second floor of Health 2 at the start of spring 2018. At the conclusion of FY 18, CAPS at the Main campus is divided between Student Service Center 1 and Health 2 (a temporary location). CAPS is also located at the Sugar Land campus.*
- b. Develop a marketing plan to increase student awareness of CAPS presence at Sugarland – *In process and will be revisited as needed in FY19. CAPS actively participated in most DSAES events at SL. In addition, CAPS collaborated with the College of Nursing on several events, and increased advertising about suicide prevention workshops via social media.*

2) Enhance the Student Experience at CAPS (DSAES SS1, 2, 3; DC1; R1, 2; UH Goal 2)

- a. Improve staff to student ratio to 1 clinician to 2700 students – *Accomplished. At the conclusion of FY 18, CAPS staff to student ratio was 1:2728.*
- b. Improve navigation of CAPS website – *In process. CAPS will be moving to the CMS platform and is working with DSAES MARCOM committee to make additional changes to the website. Will continue this goal for FY 19.*
- c. Use social media to increase awareness and engagement of CAPS services – *In process. Twitter account for CAPS was created. Facebook engagement increased by 15% from FY 17. Will continue this goal for FY 19.*

3) Enhance the effectiveness of the CAPS team (DSAES DC2, 3, 4; R1, 2; UH Goal 2, 6)

- a. Provide video capability for clinicians to engage in reflective practice at least once per semester – *Accomplished. Webcams for all offices were ordered.*
- b. Re-evaluate the quality of the Diversity Dialogue meetings by establishing a Diversity Dialogue subcommittee to explore and lead this initiative— *In process. We invited CDI to help facilitate our Diversity Dialogues during the fall and spring semesters. A CAPS Diversity Dialogue Subcommittee was formed summer 2018 and has been meeting biweekly to provide additional structure and recommendations for on-going DD meetings. New staff will be scheduled to take the IDI as soon as CDI become available to facilitate this process.*
- c. Establish the expectation that staff will attend at least one training, workshop, or campus event external to CAPS per academic year in the area of multicultural competency— *Completed. Most CAPS staff attended one or more diversity events in FY 18.*

- d. Create a second, permanent OA II position to assist with the CAPS front desk – *Completed. SFAC approved CAPS' request for a new OA II position. Funding approved starting FY 19.*
- e. Meet with HR to explore intern salary increases to better align with market value – *In process. The Training Director is preparing bench marking data and will arrange meetings with HR as soon as possible.*

4) Evaluate quality and quantity of outreach programming (DSAES SS2, 3, 4; P1, 2; UH Goal 2)

- a. Increase collaboration with CFSL and engage more male students of color – *In process. Goal to be continued in FY 19. The initial steps to reach out to leadership of CFSL have been completed. Planning meetings and participation in CFSL events will take place between fall 2018 and spring 2019.*
- b. Increase the number of people receiving QPR suicide prevention training by 20% – *Completed. Increased by 28% from FY 17 to FY 18.*
- c. Explore adding additional Let's Talk Locations – *Completed. Let's Talk is now available 5 days per week with the new addition of the MD Anderson Library on 09/07/18.*

5) Collaborate with Academic Affairs (DSAES P1, 2; UH Goal 2)

- a. Work with faculty to increase CAPS in classrooms – *Completed. Met with Faculty Affairs Committee to discuss CAPS services for students and faculty. Additional interest for CAPS to attend a Faculty Senate meeting was voiced by faculty. CAPS information is now a requirement on all faculty syllabi.*
- b. Attend one or more faculty senate meetings – *Incomplete. This will remain an interest for CAPS but will depend on Faculty Senate leadership when it will be appropriate for CAPS to attend a future meeting.*



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 to the confidential nature of our services and the ethical and legal responsibilities associated with it, as well as the implications of outcome, making evaluation and accountability essential. First, CAPS is reviewed by external agencies, which evaluate the center to determine if it is meeting standards of practice and maintaining ethical and legal responsibilities to which it is held. This includes annual updates and field visits in order to maintain accreditation. In FY 16 (February 2016), IACS conducted a 2-day field visit 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, and most recently in July 2018, CAPS received confirmation of continued Accreditation after the annual update. IACS noted the following, “*you are commended for your ongoing efforts to increase in your staffing and office space in your continued efforts to better meet the needs of students. Thank you for your updates regarding the walk-in system for initial appointments that was implemented in March 2017 and your utilization of focus groups to obtain feedback from students*”.

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. A total of 621 counseling centers administrators responded to the 2017 survey, 566 of which were AUCCCD members. This represented 63.4% of the 829 total AUCCCD members as of early February 2018. CAPS routinely utilizes the AUCCCD Annual Survey to benchmark issues such as, institutional demographics and services, as well as staffing and service trends.

CAPS also engages in outcome assessments for our clinical services, outreach, and training programs. 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. CCMH's 2017 Annual report summarized data is contributed by approximately 147 college and university counseling centers describing more than 161,014 unique college students seeking mental health treatment, 3,592 clinicians, and over 1,255,052 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 18 CCAPS data indicated that University of Houston students exhibit more distress in 6 of 7 of the CCAPS subscales when compared with the national average.

FY 2018 CCAPS DATA

CCAPS Subscales	% of Local Clients Above Cut Score	% of National Clients above Cut Score
Depression	87.4%	71.7%
Generalized Anxiety	85%	74.9%
Social Anxiety	69.8%	62.9%
Academic Distress	78.6%	67.7%
Eating Concerns	37.1%	34.3%
Hostility	57.2%	47.2%
Alcohol Use	26.4%	33.1%

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.



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); and outreach programming (Food For Thought workshops, Let's Talk, QPR, Debriefing after a traumatic incident on campus). 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. This is conducted in-person as a walk-in triage or by phone via phone triage. As indicated below, our data supports a continued upward trend in demand for CAPS professional assistance.

Service	FY 16 (9/01/2015-8/31/2016)	FY 17 (9/01/2016-8/31/2017)	FY 18 (9/01/2017-8/31/2018)	One Year TREND: (Percentage Change FY 17 vs. FY 18)	Two Year TREND: (Percent age Change FY 16 vs. FY 18)
All Clinical Services (unique clients)	1668	1856	2484	+33.83%	+48.92%
All Individual Clinical Services (#attended appointments)	7341	7469	9318	+24.75%	+26.93%
ALL ATTENDED APPTS	9381	9347	11546	+23.52%	+23.07%
All scheduled individual + group	13233	12935	14930	+15.42%	+12.82%
All scheduled individual	10206	10259	11791	+14.93%	+15.53%
Group Therapy (#contact hours)	2794	2424.5	3117	+28.56%	+11.56%
All scheduled group	2677	2207	2769	+25.46%	+3.43%
Group Therapy (unique clients)	242	210	258	+22.85%	+6.61%
After Hours Crisis Contacts	39	137	270	+97.08%	+592.3%
Hospitalizations	16	20	20	+0%	+25%
Consultations through the CAPS Consultant on Duty (CoD) system (all consultation calls + all triage appointments)	531	1059	2727	+157.50%	+413.55%



Food For Thought Workshops (Number of persons attended)	241	150	175	+16.66%	-27.33%
Debriefing/Defusing (Number of persons attended)	110	42	26	-38%	-76.36%
QPR Suicide Prevention Training (Number of persons trained)	207	232	299	+28.87%	+44.44%
Let's Talk (Number of persons attended)	53	92	85	-5.55%	+60.37%

FALL 2016 – 2018 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 2016, 2017, and 2018. 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 2016 (08/22/2016- 10/12/2016)	Fall 2017 (8/22/2017- 10/12/2017)	Fall 2018 (8/22/2018- 10/12/2018)	One Year TREND: Percentage Change (Fall 17 vs. Fall 18)	Two Year TREND: Percentage Change (Fall 16 vs. Fall 18)
CoD Triage Contacts	89	641	727	+13.41%	+716.85%
CoD consultations about students of concern	53	28	26	-7.14%	-50.94%
All CoD contacts	142	669	753	+12.55%	+430.28%
Let's Talk UH Main	22	18	31	+72.22%	+40.9%



V. Please discuss any budget or organizational changes experienced since your last (FY2019) SFAC request, their impact on your programs, and your reason for implementing them.

In FY 18, four new clinicians were hired and three departed. This resulted in lapsed salaries and benefits contributing to the fund equity (noted in question VI). We also hired a total of 6 FTE contract therapists (headcount = 8) to assist clinical coverage during FY 18.

VI. If your unit concluded FY18 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 FY18 with an addition to fund equity totaling \$271,945 due to lapsed salaries and benefits (*from vacant psychologist positions from FY 18 and previous years*). This pertains to the line-item, *Exempt Category Employee Salaries*.

VII. Please list your 2019-2020 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 R1, DC1; UH Goal 2 & 6)**
 - a. Confirm a location for CAPS that can accommodate additional clinicians and resume CAPS operations in one building.
- 2) **Enhance the Student Experience at CAPS (DSAES SS1, 2, 3; DC1; R1, 2; UH Goal 2)**
 - a. Improve staff to student ratio to 1 clinician to 2,107 students by utilizing more contract therapists (if new positions cannot be obtained) as space allows.
- 3) **Enhance the effectiveness of the CAPS team (DSAES DC2, 3, 4; R1, 2; UH Goal 2, 6)**
 - a. Explore possibility of creating a new Case Manager position to assist CAPS in managing the increasing complexity of client case management and referrals.
 - b. Identify staff to coordinate outreach services if the Assistant Director of Outreach vacancy has not been filled.
 - c. Identify additional staff professional development in crisis intervention and multicultural competence.
 - d. Make significant progress toward increasing intern salaries to align with benchmark standards.

- 4) **Evaluate quality and quantity of outreach programming (DSAES SS2, 3, 4; P1, 2; UH Goal 2)**
 - a. Increase the number of people receiving QPR suicide prevention training by 20%.
 - b. Evaluate current Let's Talk Locations to determine if changes need to be made (e.g. remove an existing location or add new ones based on identified need and/or feedback from stakeholders).
- 5) **Collaborate with Academic Affairs (DSAES P1, 2; UH Goal 2)**
 - 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).

VIII. Please provide a narrative of how your unit would accommodate a reduction of 5% in your total approved FY 19 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 \$2,167,758 a 5% reduction would equal, \$108,387.90. The following line-items delineate where the budget reductions may occur:

- 1) Business Meals= \$3,900
- 2) Parts/Furniture = \$1,200
- 3) Programs/Events = \$5,000
- 4) Prospective/New Employee = \$4,000
- 5) Rental/Lease = \$2,500
- 6) Professional Development = \$21,000
- 7) Travel = \$10,000
- 8) Temporary Staffing = \$60,787.90

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 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 directly seeking support from alumni who have used our services in the past. However, Advancement has recently set up the ability for potential donors to give to CAPS, an option that is equally available as are other departments. In FY 18, we also collaborated with the Wolff Center for Entrepreneurship to increase awareness about CAPS' need for increased staffing and facilities. A two-fold predicament for CAPS is while we need funding for new positions, we do not have the infrastructure (e.g. office space) to hold additional staff. Therefore, the greatest need for funding is in expanding our facilities, which is a significant and challenging pursuit. We hope that as our staff continues to grow we may be able to allocate quality time to explore other funding sources, but we are now predominantly focused on meeting the demands of urgent/emergent clients.

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

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 growing proportion of students have pre-existing mental health concerns and are being prescribed psychotropics prior to arriving to college. They desire treatment that involves counseling in addition to their medications, and 3) counseling is more effective for a number of presenting concerns common among university students (e.g. relationship concerns, identity concerns, 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 educational/preventative programming for the UH community throughout the year.

