

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 19 (2018-2019)

FY 2021 Program Questionnaire

FY 2021 Budget Request



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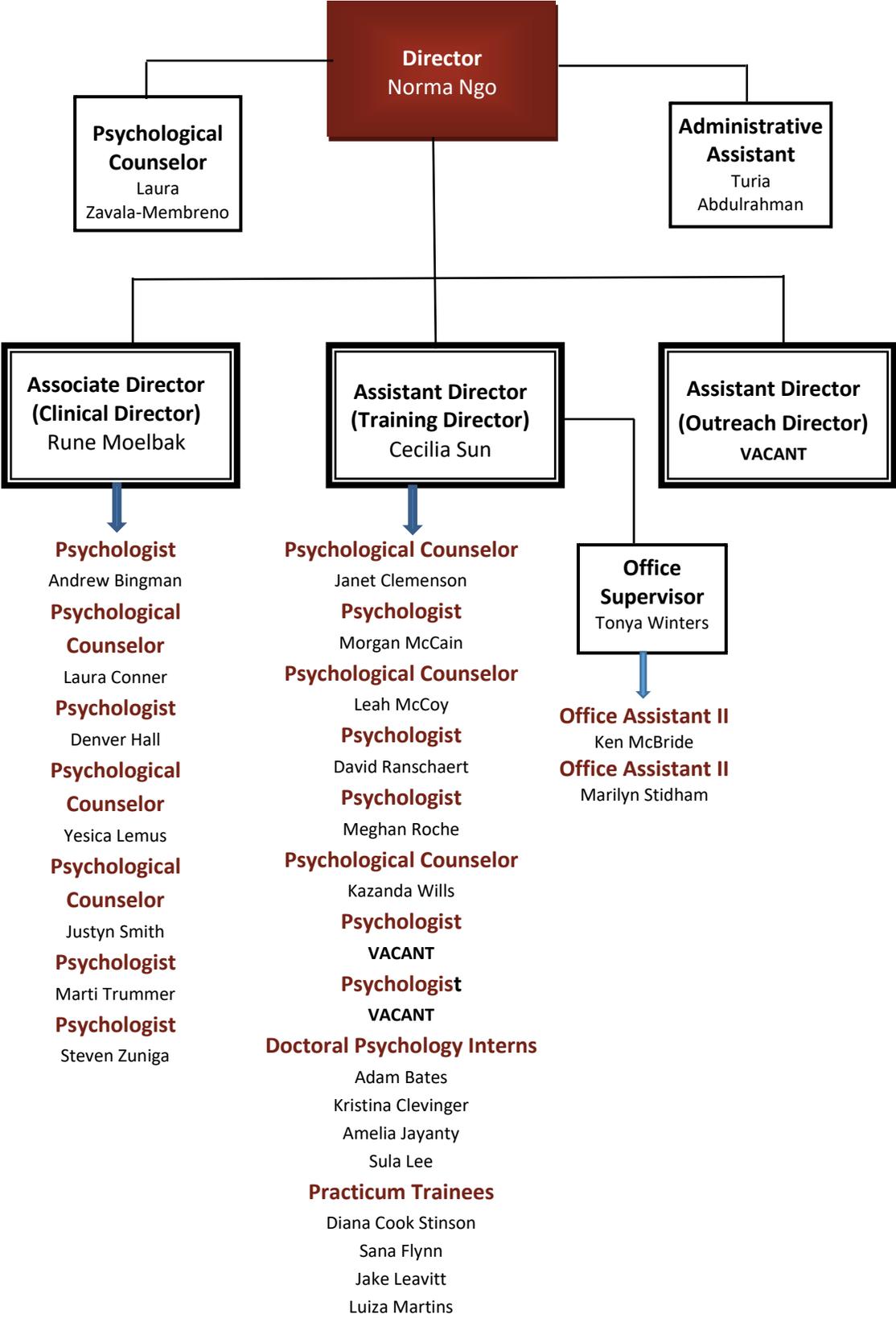
I. Executive summary of questionnaire responses

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 via outreach programming on 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 in demand for mental health services since FY 17. This is also consistent with research conducted by the Center for Collegiate Mental Health (CCMH, 2015) which noted that the growth in number of students seeking services at counseling centers (+29.6%) was more than 5x the rate of institutional enrollment (+5.6%). At CAPS, the total unique clients for all clinical services increased by 51% between FY 17 and FY 19, and by 13 % between FY 18 and FY 19. On August 7, 2019, in an effort to reduce or eliminate waitlists for our services, we implemented a new clinical service delivery model considered best practice at university counseling centers across the nation: *Stepped Care*. This model added three new service types to our service offerings beyond our resource-intensive individual counseling. This model prioritizes the least intensive but most effective treatment option and does not assume that every student is comfortable, needs, or benefits from traditional individual counseling. Students are thoroughly assessed at the first point of contact (triage session) and directed toward the most appropriate tier/step of service depending on their goals, severity of presentation, motivation level, etc. Treatment intensity can be either stepped up or down depending on unique client factors. Stepped care is not a, "one size fits all" model. It emphasizes strengths, promotes resiliency, and is more solution-focused. The hope is that CAPS will be able to service more students with the same amount of resources, and will be able to better meet the needs of those students who fall within the scope of our generalist, short-term counseling model. In the first 10 weeks after implementing the Stepped Care model, we were able to serve 2.9% more students by offering 16.2% fewer appointments than we did in the comparative period the year before. In addition, we were able to reduce our referral rate to individual counseling by 34.5% and offered 42.8% fewer individual counseling appointments. So far, this reduction in referrals for individual counseling has resulted in no waitlist for services this semester.

As of fall 2019, CAPS is operating with 18 FTE licensed clinicians, bringing our staff to student ratio to 1:2573 (based on fall 2018 enrollment of 46,324). While this is significant improvement from previous years, it remains above the staff to student ratio recommended by the International Accreditation of Counseling Services (IACS) of 1 licensed clinical staff for every 1,000 – 1,500 students. In order to meet this ratio, CAPS would need to be operating with at least 31 licensed FTE clinicians. Through the years, SFAC has demonstrated an admirable sensitivity to CAPS' clinical staff shortage by approving previous augmentation requests. For FY 21, we are respectfully requesting base augmentation for four existing clinical positions to continue to build the critical staff necessary to keep up with the rapid demand.





III. List your unit's strategic initiatives and action steps identified for the 2018-2019 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. **Infrastructure (DSAES R2.1; UH Goal 2)**
 - a. Identify expanded office space to accommodate additional clinicians.
Status update: CAPS expanded to a temporary location in the Health 2 building in January 2018. Currently, CAPS main location is located in Student Services Center 1 and the secondary (temporary) location is the second floor of the Health 2 building adjacent to the Health Center.
2. **Enhance the Student Experience at CAPS (DSAES SS2.5, R2.1; UH Goal 2)**
 - a. Improve staff to student ratio to 1 (clinician): 2190 (students).
Status update: At the close of FY 19, CAPS staff to student ratio was, 1:2316. While we did not achieve the ratio desired, it has improved and moving in the right direction.
 - b. Redesign CAPS website and switch to CMS format to improve user experience and navigation. Status update: Completed.
 - c. Use social media to increase awareness of CAPS services by increasing FB following by 5% (+32 followers) and Twitter following by 20% (+20 followers).
Status update: Completed. Facebook followers increased by 16.64% (from 691 to 806). Twitter followers increased by 60.51% (157 to 252).
 - d. Gather information regarding the experience of students on the CAPS' wait list in order to create a measure to assess and inform future interventions to communicate with students while they wait to be assigned for individual services. Status update: Completed. Feedback was positive regarding waitlist experience. It also supported our decision to move to the Stepped-Care model to avoid putting too many clients on the waitlist.
 - e. Examine CAPS data to identify potential trends in risk in order to better prepare staff to respond to students in need of services. Status update: Changed. This goal was changed due to the department initiating a comprehensive change to clinical service delivery (i.e. Stepped-Care model).
3. **Enhance the effectiveness of the CAPS team (DSAES SS2.2, R2.1; UH Goal 2)**
 - a. Re-evaluate the quality and structure of the Diversity Dialogue meetings to increase effectiveness. Status update: Completed. The evaluation of the effectiveness of the Diversity Dialogues is an on-going process. However, this goal is accomplished given that we formed the Diversity Dialogue Planning Committee to more strategically plan for the DD meetings and to evaluate the quality and structure of these meetings.
 - b. Meet with HR to explore intern salary increases to better align with market value. Status update: On hold. Due to budget concerns, this action item is on hold. However, we continue to gather benchmarking data and preparing the necessary paperwork that is needed when we are able to resume this action item.

- c. Fill the OA II position approved for FY 19. Status update: Completed. Our OA II, Marilyn Stidham, was hired June 2018.
4. **Evaluate quality and quantity of outreach programming** (DSAES SS2.3; UH Goal 2)
 - a. Achieve representation of students of color at CAPS that reflects the diversity of the UH student population. Status update: In process. Will continue in FY 20.
 - b. Increase the number of students, staff, and faculty receiving QPR suicide prevention training by 20%. Status update: Completed. We increased the number of individuals trained by 75.3%.
 - c. Explore increasing the Let's Talk team, locations, and hours. Status update: Completed. A new location (MD Anderson Library) was added summer 2019, making Lets Talk available five days per week for a total of 10 hours. Two additional CAPS' clinicians were identified to join the Let's Talk team.
5. **Collaborate with Academic Affairs** (DSAES DC4.1; UH Goal 2)
 - a. Initiate document sharing with UH Psychiatry to improve client/patient referral process and treatment. Status update: It was determined that EMR sharing was not possible given concerns about levels of confidentiality. Therefore, we designed the *Psychiatry Referral form* utilized by CAPS' clinicians to refer clients to UH Psychiatry that allows for appropriate information sharing by the consenting client. The form also facilitates communication back from UH Psychiatry to CAPS about diagnosis and treatment planning.
 - b. Increase QPR and Helping Students of Concern trainings. Status update: We experienced a 75.3% increase in QPR trainings but Helping Students of Concern decreased. This is likely due to the allocation of more staff resources toward the 56 pre-scheduled QPR trainings in FY 19.

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 Accreditation 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. 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, and conducts bi-annual satisfaction surveys.

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 2018 Annual report summarizes data that is contributed by approximately 152 college and university counseling centers describing 179,964 unique college students seeking mental health treatment, 3,723 clinicians, and over 1,384,712 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. Currently we administer the CCAPS-34 (short version) at triage appointments and at follow-ups during individual counseling, and the more extensive CCAPS-62 (long version) at the students' first individual counseling appointment. 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-19 CCAPS data indicated that University of Houston students who present for individual counseling exhibited more distress in 6 of 7 areas when compared with the national average:



FY 2019 CCAPS DATA
(9/1/2018-8/31/2019)

CCAPS Subscales	University of Houston (1,284 clients) Distress Level (0-4)	National Average (141,055 clients) Distress Level (0-4)
Depression	2.0	1.68
Generalized Anxiety	1.96	1.72
Social Anxiety	2.23	1.91
Academic Distress	2.08	1.88
Eating Concerns	1.14	1.01
Hostility	1.16	1.03
Substance Use	0.59	0.74

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 for services that were offered consistently throughout FY 2019. Since we added new services in August 2019, preliminary utilization data for those services will be presented in a separate section. Due to the re-invisioning of our workshops, we decided to discontinue the former Food for Thought Workshops at the end of Spring 2019 semester and utilize these resources in the creation of our new *Essential Skills* Workshops.

Service	FY 17 (9/01/2016-8/31/2017)	FY 18 (9/01/2017-8/31/2018)	FY 19 (9/01/2018-8/31/2019)	1-Year Trend: (FY 18 vs. FY 19)	3-Year Trend: (FY 17 vs. FY 19)
All Clinical Services (no of unique clients)	1856	2484	2810	+13.1%	+51.4%



All Clinical Services (no of appointments)	9347	11546	13094	+13.4%	+40.1%
Triage Appointments (no of unique clients)	850	2231	2496	+11.9%	+173.6%
Triage Appointments (no of appointments)	948	2566	2909	+13.4%	+206.9%
Individual Counseling (no of unique clients)	1134	1302	1464	+12.4%	+29.1%
Individual Counseling (no of appointments)	5253	6205	7109	+14.6%	+35.3%
Group Counseling (no of unique clients)	200	246	271	+10.2%	+35.5%
Group Counseling (no of appointments)	1543	1978	2347	+18.7%	+52.1%
After Hours Crisis Contacts (ProtoCall)	131	274	188	-31.4%	+43.5%
Hospitalizations	20	20	28	+40.0%	+40.0%
Outreach Presentations (total no of presentations)	203	251	326	+29.9%	+60.6%
Food For Thought Workshops (no of individuals served)	150	175	121	-44.6%	-19.3%
Debriefing/Defusing (total no of presentations)	5	5	1	-80.0%	-80.0%
QPR Suicide Prevention Training (no of individuals trained)	232	299	524	+75.3%	+125.9%
Let's Talk (no of individuals served)	92	85	160	+88.2%	+73.9%



**UTILIZATION DATA FOR NEW STEPPED CARE MODEL
 (10 WEEKS)**

On August 7, 2019, in an effort to reduce or eliminate the waitlist for individual counseling, we implemented the new Stepped Care service delivery model. This model added three new service types to our service offerings beyond our resource-intensive individual counseling. This model prioritizes the least intensive but most effective treatment option and does not assume that every student is comfortable, needs, or benefits from traditional individual counseling. Students are thoroughly assessed at the first point of contact (triage session) and directed toward the most appropriate tier/step of service depending on goals, severity, motivation, etc. Treatment intensity can be either stepped up or down depending on unique client factors. Stepped care is not a, “one size fits all” model. It also emphasizes strengths, promotes resiliency, and is more solution-focused. The hope is that CAPS will be able to service more students with the same resources, and will be able to better meet the needs of those students who fall within the scope of our generalist short-term counseling model.

In the new Stepped Care model a student can be assigned to a tier 1 service (essential skills workshop or single session) and can be stepped up to a tier 2 service (individual counseling, group counseling, couples counseling) if the tier 1 service does not resolve the student’s presenting concern. If a tier 2 service also does not resolve the student’s concern, they can be classified as a tier 3 client and be referred out for more frequent, long-term or specialized treatment in the community. Because of the ability to reassess a student’s needs on an ongoing basis and step them up or down according to their need, a student might utilize different CAPS services more than once. This means that utilization rates for different services are not mutually exclusive and that utilization rates in the data presented below do not add up to 100% because the same student might be counted more than once if they use multiple services during a semester.

10-week utilization data since implementation of new Stepped Care model is provided below:

Service Utilization by Appointment Type (Attended Appointments):

(10 weeks: 8/7/19 – 10/15/19)

No of triage appointments = 915, No of unique clients = 857

Appointment Type	No of Appts	No of Clients Served	% of Total Unique Clients
Essential Skills Workshops	144	64	7.5%
Single Session Therapy	70	70	8.2%
Triage Follow-Up	58	54	6.3%



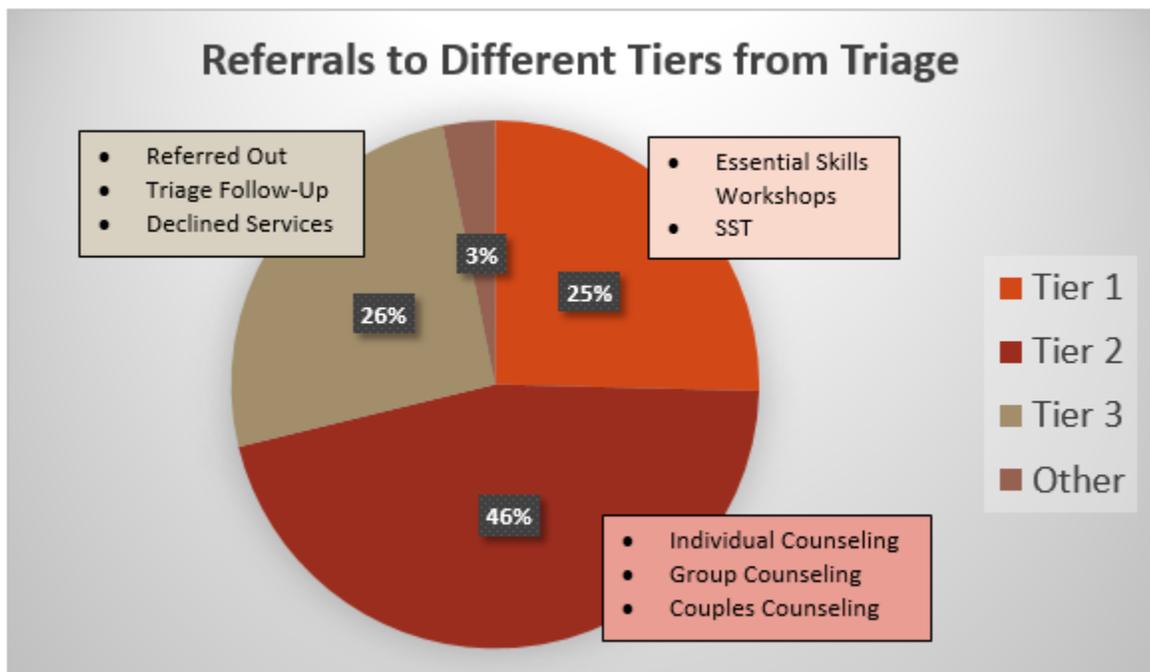
Referral Rates from Triage for Different Services:

(10 weeks: 8/7/19 – 10/15/19)

Referrals for:		% of total triage appointments	% of total unique clients
Tier 1 service (25.4%)	Essential Skills Workshop (Anxiety)	8.4%	8.8%
	Essential Skills Workshop (Depression)	4.7%	5.1%
	Single Session Therapy	12.3%	12.9%
Tier 2 service (45.8%)	Individual Counseling*	33.6%	35.8%
	Group Counseling	11.9%	12.5%
	Couples Counseling	0.3%	0.4%
Tier 3 service (25.6%)	Follow-Up Triage	6.3%	6.4%
	Not Assigned to Service/ Close File	19.3%	20.0%
Other** (3.2%)	Not Applicable	3.2%	3.6%

* In Fall semester 2018: 79.5% of clients were referred to IC

** Includes situations where a student has already been assigned to a service but walks back in due to a crisis or need for consultation



Our preliminary data shows that the new Stepped Care model has reduced referrals to the more time intensive tier 2 services that previously made up our only service offerings. Around 1 out of 4 students who present to triage (25.4%) are now referred to a tier 1 service first. This means that 1 out of 4 students might get their presenting concern resolved through participation in a workshop or a single session without needing short to medium-term individual, couples, or group counseling. In addition, 1 out of 4 students (25.6%) are either referred out for services elsewhere or not recommended further services. This disposition has become a more viable option with the introduction of the triage follow-up appointment which allows clinicians to meet with students for case management and crisis stabilization purposes until they have been successfully connected with services in the community.

Year over year comparative data for the same 10 week period shows that our change to a Stepped Care system is helping us serve more students more efficiently:

Total Number of Clinical Appointments:

(10 week comparison)

	Fall 2018 (Aug 8-Oct 16)	Fall 2019 (Aug 7-Oct 15)	%-Change
Total no of unique clients	1037	1067	+2.9%
Total no of clinical appointments	2970	2490	-16.2%
Total no of unique clients (individual counseling)	519	340	-34.5%
Total no of appointments (individual counseling)	1365	788	-42.3%

In the first 10 weeks after implementing our new Stepped Care model, we were able to serve 2.9% more students by offering 16.2% fewer appointments than we did in the comparative period of the year before. In addition, we were able to reduce our referral rate to individual counseling by 34.5% and offer 42.8% fewer individual counseling appointments. So far, this reduction in referrals for individual counseling has resulted in no waitlist for services this semester.

V. Please discuss any budget or organizational changes experienced since your last (FY2020) SFAC request, their impact on your programs, and your reason for implementing them.

At the conclusion of FY 19, we welcomed a total of 8 clinicians as a result of FY 18 and FY 19 departures, a promotion, and new funding. Due to the less than ideal time of our search (summer 2019), we were unable to fill three vacancies but will resume this search in January 2020, which is the ideal season for recruiting new clinicians.



VI. If your unit concluded FY2019 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 had a \$240,954 addition to fund equity due to lapsed salaries and benefits. Line-item, *Exempt Category Employee Salaries*

VII. Please list your 2020-2021 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 R2.1; UH Goal 2 & 6)
 - a. Move CAPS' operations into one building in Student Services Center 1, 2nd and 3rd floors if feasible.
- 2) **Enhance the Student Experience at CAPS** (DSAES SS2.5; UH Goal 2)
 - a. Improve staff to student ratio to 1(clinician): 2,205 (students) by utilizing more contract therapists (if new positions cannot be obtained) as space allows.
- 3) **Enhance the effectiveness of the CAPS team** (DSAES SS2.2, R2.1; UH Goal 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. Make significant progress toward increasing intern salaries to align with benchmark standards.
- 4) **Collaborate within DSAES and with Academic Affairs** (DSAES PI.1; UH Goal 2, 6)
 - a. Build awareness and identify new collaborations with faculty and staff to empower a community that cares for Cougars.

VIII. Please provide a narrative of how your unit would accommodate a reduction of 5% in your total approved FY 2021 base Student Service Fee budget and provide a line-item explanation of where budgetary cuts would be made.

CAPS would accommodate a reduction of 5% (110,029.70) in the Student Service Fees base budget of, \$2,200,594 under the following line items:

- 1) Business Meals= \$1,300
- 2) Office/General Supplies = \$500
- 3) Parts/Furniture = \$500
- 4) Professional Development = \$13,229.7
- 5) Programs/Events = \$5,000
- 6) Rental/Lease = \$2,500
- 7) Travel = \$12,000
- 8) Temporary Staffing = \$75,000

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.)?

There are limited 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 and family who have used our services in the past. However, Advancement has recently set up the ability for potential donors to give to CAPS via TEXT to Give and donation capability on our website. We have also started to partner with Powerful Minds campaign which is part of the American Athletic Conference Student Athlete Advisory Committee (SAAC) to increase awareness of mental health issues and resources available to student-athletes with the goal of ending the stigma related to seeking help to promote student success. We hope to spread awareness about the critical mental health needs of students on campus and this being a valuable funding opportunity for a potential donor. CAPS' greatest need is in the area of staffing and facilities to accommodate our rapid growth. 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.

CAPS is currently one of six interconnected departments within the Health & Well-Being portfolio of the Division of Student Affairs and Enrollment Services. These departments include, University Health Services, Campus Recreation, UH Wellness, the Center for Students with DisABILITIES, and Cougars in Recovery. CAPS engages with all Health & Well-Being departments to provide continuity of care for our students. This can be via collaborative programming, cross-referrals, consultation support, and treatment. Specifically, The CAPS clinical staff and the psychiatrists (employed with the Student 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). CAPS and UH Wellness collaborate on a number of educational/preventative programming for the UH community, including Fresh Check Day, Mental Health First Aid, and the Peer Body Project, just to name a few. The main difference between the two being that UH Wellness' primary focus is on education and prevention while CAPS' prioritize intervention/treatment. The Psychology Research and Services Center (PRSC), now subsumed under the Lone Star Clinic, is sometimes confused as CAPS. PRSC is also located on campus and 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 only UH enrolled students, staff and faculty.

