

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 20 (2019-2020)
FY 2022 Program Questionnaire
FY 2022 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 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.

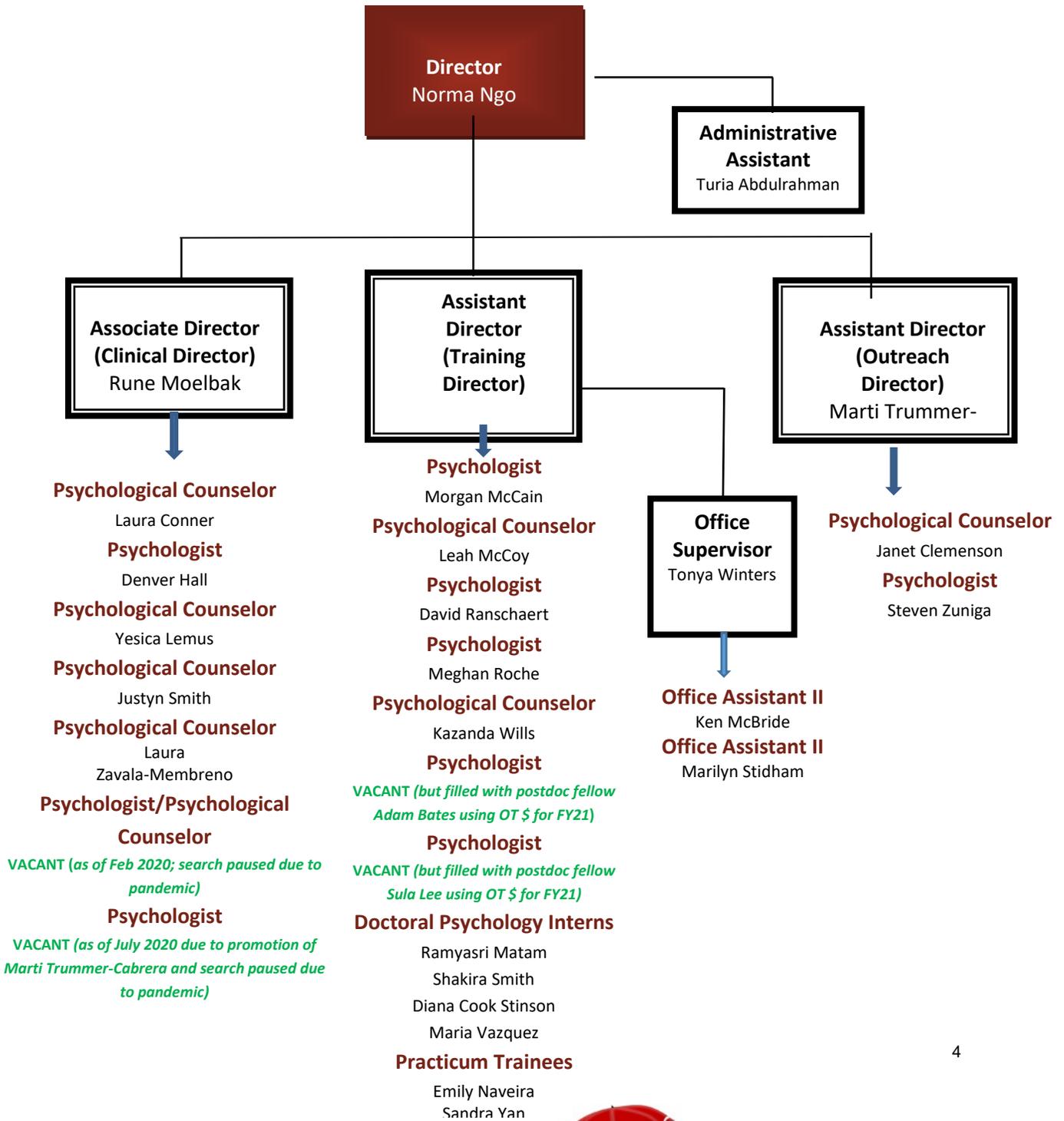
As noted in previous years and the current report, there has been an upward trend in demand for mental health services (from FY 17 through FY 19; FY 20 is unique given the impact of the pandemic and associated unknown variables). The total unique clients for all clinical services at CAPS increased by 51% between FY 17 and FY 19, and by 13 % between FY 18 and FY 19. This demand year over year resulted in a waitlist for individual counseling. To address this growing waitlist, CAPS implemented a new clinical service delivery model considered best practice at university counseling centers across the nation: *Stepped Care*. It is first important to understand that CAPS operates from a short-term, generalist model. We are best equipped to treat concerns that can be addressed in the short-term. If a presenting concern requires more intensive (longer term) or specialized treatment, CAPS will provide appropriate referrals. This is analogous to the primary care physician who refers a patient to a neurosurgeon for brain surgery. Stepped Care added two new service types to our service offerings beyond our resource-intensive individual counseling. It also 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. At the conclusion of fall 2019, CAPS was successful in eliminating the waitlist! With the pandemic taking over spring 2020, CAPS quickly executed a comprehensive transformation of counseling services to teletherapy (video or phone conferencing). We also created a new workshop series specifically designed to help students manage the uncertainty, isolation, anxiety and grief from COVID entitled, "*Coogs Conquering COVID*". As we are all continuing to cope with the disruptive and traumatic pandemic, CAPS (like many other counseling centers in the nation) is experiencing an interesting change in utilization (see section IV for more details). We maintain a flexible mindset and approach as we navigate the many curveballs this pandemic sends our way. Most of all, we remain committed to examining all avenues to reach and serve our students through these uncharted times.

As of fall 2020, CAPS has 20 FTE positions (but operating with 18 FTE), bringing our staff to student ratio to 1:2,355 (based on fall 2020 enrollment of 47,101). While this is significant improvement from previous years, it remains above the staff to student ratio recommended by our accrediting body, the International Accreditation of Counseling Services (IACS), which recommends 1 *licensed* clinical staff for every 1,000 – 1,500 students. In order to meet this ratio, CAPS would ideally need to be operating with at least 32 licensed FTE clinicians (given the current enrollment). Over the years, SFAC has demonstrated an admirable sensitivity to CAPS' clinical staff



shortage by approving previous requests. For FY 21, SFAC approved “base funding for two (2) of these positions and FY21 OT funding for the remaining two (2)”. CAPS is respectfully requesting OT funding for FY 22 for these same two clinical positions that were approved for OT funding for FY21 in order to maintain the total 20 FTE. In these uncertain times, CAPS needs your support to effectively respond to the evolving and highly stressful landscape we are all experiencing.

II. Organizational Chart



III. List your unit's strategic initiatives and action steps identified for the 2019-2020 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 Student Experience at CAPS (DSAES SSI, 2, 3; DC1; R1, 2)

- a. Create a CAPS' Instagram account in order to reach a broader student audience.
Status update: Established new Instagram account in September 2019 and acquired 434 followers for FY 20.

- b. Reduce or eliminate waitlist for individual counseling (IC) by decreasing internal referral rate to individual counseling and increasing internal referral rate to alternative service options

Status update: CAPS managed to completely eliminate the waitlist for IC services in fall 2019 semester. We were able to accomplish this by reducing our internal referral rate to IC (at triage) to about 40.7%. About 25% of our clients who would likely previously have been referred for IC were instead referred to one of our new and less resource-intensive services (Single Session Therapy, Essential Skills Workshops). There was no waitlist for IC services during the spring 2020 semester as we quickly transitioned to an on-line platform due to the COVID pandemic. All student seeking counseling were served via triage or individual counseling. Those who were not appropriate for short-term therapy were assisted with referrals.

- c. Evaluate the effectiveness of the impact of the Essential Skills workshops and Single Session Therapy by assessing their impact on well-being, symptom reduction, and client satisfaction

Status update: Customer satisfaction surveys and symptom measures were administered after the completion of each Essential Skills Workshop in Fall 2020 and Spring 2020 semesters. Customer satisfaction surveys indicated overall high satisfaction with both the depression and anxiety workshops. 95% of the 60 students who completed the survey for one of the Essential Skills Workshop indicated that they learned what they needed to effectively address their concerns (slightly true, very true) and around 85% reported the workshop helped them (slightly true, very true). In addition, symptom measures showed reduction in depression symptoms and anxiety symptoms that appeared significant. Customer satisfaction surveys were also administered following Single Session Therapy appointments in Fall 2020 semester. Out of 30 students surveyed after their single session appointments, 100% reported having a positive experience (agree, strongly agree), 86% reported feeling more optimistic about their problems after the session (agree, strongly agree), and 86% reported feeling like they had new tools or ways to cope with their problems (agree, strongly agree).

- d. Explore training opportunities for Single Session Therapy
Status update: A list containing on-line and in-person training options for SST was compiled. Self-study training materials were curated and made available for staff members wanting to further their SST skills.
- e. As a direct response to COVID-19 in the latter part of March 2020, CAPS created the new workshop series entitled, “Coogs Conquering COVID” (C3) which focused on addressing such concerns as, loneliness and isolation, grief, anxiety and connecting with others, to name a few. The C3s transitioned to the “Coogs Conquer” series summer and fall 2020. “Coogs Conquer”ing a variety of issues is now available live and on demand (pre-recorded).

2) Enhance the effectiveness of the CAPS team (DSAES DC2, 3, 4; RI, 2)

- a. Arrange for new staff who have not taken the Intercultural Development Inventory to complete the inventory by the close of FY20
Status update: This action step was not accomplished due to the fact that the former Center for Diversity and Inclusion Director was no longer with the university. This goal will be tabled in lieu of division's greater focus on diversity goals and action steps as recommended by the DSAES D&I committee for the next 1-2 years. During spring semester, CAPS also developed an internal committee entitled **TAPS** (*Training. Accountability. Policies and Procedures. Solidarity*) Force to explore and evaluate resources to increase awareness and sensitivity to systemic oppression. The **TAPS** Force will make recommendations for training opportunities; accountability for microaggressions; a review of current policies and procedures; and promote healing and solidarity.
- b. Meet with HR to explore increasing intern salaries to align with market value
Status update: There were budget restrictions that prevented this from moving forward until Fall 2019. There was also a change in our Human Resources partner in Fall 2019. We have informed our new HR partner of these initiatives. Due to the COVID pandemic spring semester, this goal was suspended for a future date due to continued budget constraints.
- c. Meet with HR to initiate the process of addressing staff who have maxed out of their salary grades
Status update: There were budget restrictions that prevented this from moving forward until Fall 2019. There was also a change in our Human Resources partner in Fall 2019. We have informed our new HR partner of these initiatives. Due to the COVID pandemic spring semester, this goal was suspended for a future date due to continued budget constraints.

3) Increase the diversity representation of CAPS clients to be more reflective of the UH student body (DSAES SS2.3)

As part of the Men of Color Project, designated CAPS staff will serve as direct contacts for 10 student organizations primarily geared towards men of color and will make contact at the start of each semester. This is an effort to increase the number



of males seeking services at CAPS to be 70-75% men of color

Status update: Last year (Fall 2019), we re-established contact with multicultural organizations on campus to inform them of the services CAPS offers which led to a number of specific outreach requests as well as an increase in male-identified students of color clients for CAPS. However, due to COVID we had to focus attention on transitioning to the remote environment.

4) Collaborate within DSAES and with Academic Affairs (DSAES PI, 2)

- a. Engage with student-athletes and UH Athletics marketing team via the Powerful Minds Campaign (American Athletic Conference mental health campaign) to increase support and awareness of CAPS

Status update:

- Met with Student-Athlete Advisory Committee to provide mental health information specific to athletes.
- Created and played video highlighting CAPS and Pow6rful Minds Campaign at home football and volleyball games.
- Coordinated with SAAC and career/academic advisors to hold [QPR training for UH Athletic Dept](#) for Powerful Minds kickoff week.

- b. Partner with Professor Tinsley and students from the Jack J. Valenti School of Communication to develop a campaign that highlights CAPS' new Stepped Care Model and/or create a video about CAPS services, which will be used for campus presentation requests about CAPS services

Status update: CAPS was not able to arrange a meeting with the students from Professor Tinsley class due to other projects they were working on during the fall. However, we did meet with them in February 2020 and reviewed the following areas: video projects, media design projects, print media, social media project.

- c. Collaborate with Urban Experience Program and the Center for Diversity and Inclusion via the DREAMERS Speak Series, a supportive space for DREAMER and DACA students

Status update: The DREAMERS Speak Series saw 28 students through coordination of 10 sessions during the Fall and Spring semesters.

- d. Collaborate with the Support Office for Students and the Women and Gender Resource Center via Latinas REACH, a discussion space for Latina graduate students

Status update: Latinas REACH saw 44 students over 9 offered sessions during the Fall and Spring semesters.



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. As of FY 20, AUCCCD had approximately 907 members. 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. 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 our outreach programming, CAPS intentionally strived to increase our online social media following. In FY 20, we established an Instagram account (September 2019) and amassed 434 followers. The CAPS Instagram account had a “reach” of 1,948 (number of unique accounts that saw any posts or stories at least once). We also increased followers on Twitter and Facebook platforms. These social media outreach efforts support CAPS mission to proactively provide psycho-educational and preventative information to the UH community. The utilization data demonstrates boost in CAPS social media activity with our online audience post-pandemic given the increased need to connect virtually. CAPS responded to social distancing requirements by creating COVID-specific virtual, mental health workshops open to the UH community and marketing these resources via social media outlets.

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 2019 Annual report



summarizes data that is contributed by contributed by 163 college and university counseling centers, describing 207,818 unique college students seeking mental health treatment and 1,580,951 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 instrument provides 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 FY2020 CCAPS-62 data indicated that University of Houston students who present for individual counseling exhibited more distress in 6 of 7 areas (highlighted in red) when compared with the national average:

FY 2020 CCAPS DATA
(9/1/2019-8/31/2020)

CCAPS Subscales	University of Houston (710 clients) Distress Level (0-4)	National Average (141,055 clients) Distress Level (0-4)
Depression	1.94	1.68
Generalized Anxiety	1.94	1.72
Social Anxiety	2.14	1.91
Academic Distress	2.07	1.88
Eating Concerns	1.17	1.01
Hostility	1.14	1.03
Substance Use	0.62	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 2020. FY 2020 was the first full year of implementing our new Stepped Care model and introduction of two new services: Essential Skills Workshops and Single Session Therapy. The former Food for Thought Workshops were discontinued to allow us to focus our resources on the Essential Skills Workshops.

Overall, our utilization numbers decreased in the aftermath of COVID-19, following the initial stay-at-home order and our transition to offering our services remotely via phone and videoconference (telehealth). This has led to overall lower aggregate utilization rates for most services when compared to last fiscal year and the year before.

Service	FY 18 (9/01/2017-8/31/2018)	FY 19 (9/01/2018-8/31/2019)	FY 20 (9/01/2019-8/31/2020)	Year over Year Comparison: (FY 19 vs. FY 20)	3-Year Trend: (FY 18 vs. FY 20)
All Clinical Services (no of unique clients)	2484	2807	2172	-22.6%	-12.6%
All Clinical Services (no of appointments)	11470	13029	8544	-34.4%	-25.5%
Triage Appointments (no of unique clients)	2204	2470	1889	-23.5%	-14.3%
Triage Appointments (no of appointments)	2566	2909	2138	-26.5%	-16.7%
Individual Counseling (no of unique clients)	1286	1436	832	-42.1%	-35.3%
Individual Counseling (no of appointments)	6148	7020	4156	-40.8%	-32.4%
Single Session (no of unique clients)	N/A	N/A	244	N/A	N/A
Single Session (no of appointments)	N/A	N/A	249	N/A	N/A
Essential Skills Workshop (no of unique clients)	N/A	N/A	146	N/A	N/A
Essential Skills Workshop (no of appointments)	N/A	N/A	312	N/A	N/A
Group Counseling	246	271	174	-35.8%	-29.3%



(no of unique clients)					
Group Counseling (no of appointments)	1978	2347	961	-59.0%	-51.4%
After Hours Crisis Contacts (ProtoCall)	274	188	272	+44.7%	0.0%
Hospitalizations	20	41	10	-75.6%	-50.0%
Outreach Presentations (total no of presentations)	251	294	288	-2.0%	+14.7%
Debriefing/Defusing (total no of presentations)	26	5	15	+200.0%	-42.3%
QPR Suicide Prevention Training (no of individuals trained)	299	524	551	+5.2%	+84.3%

Below is a summary of common social media metrics for CAPS Facebook and Twitter social media accounts in FY 2020

Twitter Data FY 20: Followers increased by 60.3% (from 247 – 396)						
Month	Twitter Impressions*	Tweet	Tweet Likes	Tweet Replies	Tweet Link Clicks	Retweet
Sep-19	11500	16	31	2	8	12
Oct-19	11200	14	43	1	6	18
Nov-19	16800	16	44	0	4	20
Dec-19	9000	14	76	0	0	9
Jan-20	7100	14	17	0	2	7
Feb-20	11800	15	30	0	0	24
Mar-20	33900	20	52	1	59	42
Apr-20	47700	20	151	0	24	99
May-20	22500	16	84	1	6	38
Jun-20	26100	26	153	0	24	75
Jul-20	33300	21	93	3	8	50
Aug-20	16200	13	85	2	13	28

**Twitter Impressions reflect the number of times users saw a tweet on Twitter*



Facebook Data FY 20: Followers increased by 9.3% (738 to 805)

Month	Likes	Reach*	Page Engagement	Views	Unique Views
Sep-19	738	2985	199	194	80
Oct-19	759	1746	98	81	45
Nov-19	779	1190	75	128	51
Dec-19	783	1170	69	57	27
Jan-20	785	1411	79	139	45
Feb-20	781	693	68	64	40
Mar-20	788	781	53	71	42
Apr-20	797	1822	111	132	73
May-20	794	1314	90	100	57
Jun-20	810	5052	344	168	82
Jul-20	805	1290	100	118	54
Aug-20	805	766	68	89	50

*Facebook Reach reflects the number of times users saw any Facebook post at least once

UTILIZATION DATA FOR NEW STEPPED CARE MODEL (FALL 2019)

To provide the most accurate data on the effects of the new Stepped Care model on the use of resources, we have elected to present comparative data from the Fall 2019 semester before utilization rates and service offerings were impacted by COVID-19.

Referral Rates from Triage for Different Services:

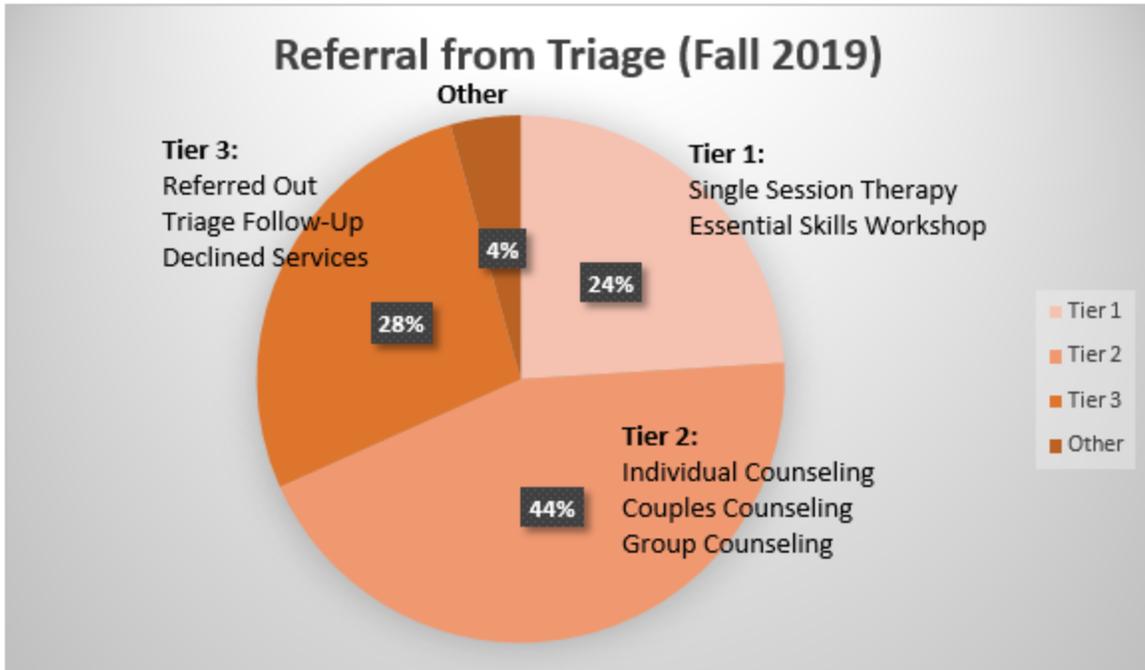
(Fall 2019 semester: 8/19/19 – 12/13/19)

Referrals To:	Service:	% of total triage appointments	% of total unique clients
Tier 1 service (24.0%)	Essential Skills Workshop (Anxiety)	6.8%	7.4%
	Essential Skills Workshop (Depression)	3.8%	4.3%
	Single Session Therapy	13.4%	14.5%
Tier 2 service (44.3%)	Individual Counseling*	36.2%	39.2%
	Group Counseling	7.8%	8.4%
	Couples Counseling	0.3%	0.3%
Tier 3 service (27.4%)	Follow-Up Triages	6.8%	7.2%
	Not Assigned to Service/ Close File	20.6%	21.5%
Other** (4.3%)	Not Applicable	4.3%	4.6%
Total Number of Triages		1431	1281

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

** Includes situations where a student is clearly looking for a different service, has already been assigned for a different service, or is not interested in services





The data presented from the Fall 2019 semester shows that the new Stepped Care model was effective in reducing referrals to the more time intensive tier 2 services that previously made up our only service offerings. Around 1 out of 4 students who presented to triage (24%) were 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, about 1 out of 4 students (28%) are either referred out for services elsewhere or decline services. The ability to refer students out who need more intensive, longer-term, or more specialized treatment 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 Fall 2019 and Fall 2018 semesters shows that our implementation of Stepped Care is helping us serve more students more efficiently:

Total Number of Clinical Appointments:

(Fall/ Fall semester comparison)

	Fall 2018 (Aug 20-Dec 14)	Fall 2019 (Aug 19-Dec 13)	%-Change
Total no of unique clients	1481	1491	+0.0%
Total no of clinical appointments	5539	4746	14.3%↓
Total Length in Hours	5326.7	4316.5	19.0%↓
Total no of unique clients served in individual counseling	625	426	31.8%↓
Total no of individual counseling appointments offered	2831	1772	37.4%↓
No of appointments per client (average)	3.74	3.18	15.0%↓

When comparing Fall 2019 semester to Fall 2018 semester the number of clients served remained roughly the same, but because not everyone was served through more time intensive individual, couples or group therapy, and more clients were referred to one of our new services or referred out, we managed to serve these students by offering 14.3% fewer appointments and spending 19% less time. Also, 31.8% fewer clients were referred to individual counseling and 37.4% fewer individual counseling appointments were offered. **With these efficiencies CAPS was able to serve students and eliminated the long wait list for services, which was the main impetus for executing the Stepped Care model!**

CAPS RESPONSE AND IMPACT OF COVID-19

Following the need to close our physical locations in early Spring in response to COVID-19, CAPS embarked on an enormous task to transition our services, paperwork, and procedures to a telehealth environment. In this period, CAPS continued to offer triage and triage follow-up appointments, individual counseling appointments, and single session appointments via phone or Zoom. However, we postponed Essential Skills Workshops, Group Counseling and Couples Counseling due to added complexities related to offering these multi-client services via telehealth. Couples counseling and Let’s Talk consultations were reintroduced in early summer 2020, and Group Counseling and Essential Skills Workshops were offered again in a more limited fashion at the start of fall 2020 semester. At the start of fall semester 2020 the full range of CAPS Stepped Care services were being offered again, and the Health 2 office was re-opened for triaging and on-site telehealth stations to accommodate students in crisis or without privacy or technology at home.

Given the fact that the demand for services has evidenced an upward trend since FY 17, the decrease in utilization between FY 19 vs. FY 20 (*with the exception of after-hours crisis contacts experiencing a 44.7% increase*) can only be explained by the pandemic, which has caused a disruption in many aspects of our lives. It is important to note, however, the decrease in utilization is not unique to UH CAPS. It



appears that many centers across the nation are experiencing similar declines. A survey from the Association of University and College Counseling Center Directors (AUCCCD) was launched on September 28, 2020 to assess utilization rates for the first four weeks of the fall 2020 semester as compared to the first four weeks of the fall 2019 semester. One hundred forty-four counseling centers completed the survey. They reported a 29.4% decrease in the number of clients served and a 22.5% decrease in the number of appointments attended. The data also indicated a trend in presenting concerns: 80.5% of centers reporting an increase in loneliness and 56.9% reporting an increase in anxiety. Despite the higher percentage of loneliness and anxiety, why are there less students seeking treatment at their university counseling centers? There are many possible reasons for this, some of which may be unique to each institution: fewer students on campus; unfamiliarity and/or discomfort with teletherapy; lack of privacy or support at home to engage in therapy; Zoom fatigue; delayed reactions to trauma; prioritizing other needs (e.g. adjusting to remote learning, physical needs); state laws limiting therapy with students who are in another state or country; budget cuts/decreased staffing; seeking treatment/support closer to home and decreases in enrollment, overall. However, given the upward trend in demand in years prior to COVID, CAPS expects a return to more typical utilization patterns once classes have resumed to fully in-person and once residence hall occupation returns to pre-COVID levels.

V. Please discuss any budget or organizational changes experienced since your last (FY2021) SFAC request, their impact on your programs, and your reason for implementing them.

CAPS successfully filled the Assistant Director for Outreach position with an internal candidate, Dr. Margaret Trummer-Cabrera in July 2020. Another clinician transitioned to private practice (in February 2020) resulting in a total of two vacancies at the conclusion of FY 20. Searches for these two vacancies were in process but were postponed due to the pandemic. CAPS successfully filled the four positions [2 base + 2 OT (by hiring postdoctoral fellows)] approved by SFAC for FY21. Please see CAPS Org chart on p. 4 for more details.

VI. If your unit concluded FY2020 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 \$201,147 addition to fund equity due to lapsed salaries and benefits (186,275) and M&O (14,872). Line-item, *Salary/wage/fringe and Maintenance & Operations/Travel*.



VII. Please list your 2021-2022 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) **Enhance the Student Experience at CAPS (DSAES SS2.5; UH Goal 2)**
 - a. Hire a temporary Clinical Case Manager/Care Coordinator position to improve the referral process for Tier 3 clients to ensure continuity of care.
 - b. Adopt a permanent hybrid model of in-person therapy and telehealth. Continue to evaluate satisfaction with and effectiveness of telehealth services and make adjustments as needed.
 - c. Create accessible online mental health outreach programming to support UH online campus environment.
- 2) **Enhance the effectiveness of the CAPS team (DSAES SS2.2, R2.1; UH Goal 2; UH Goal 2, 6)**
 - a. Work with HR to increase doctoral intern salaries to align with market value
 - b. Work with HR to address staff who have maxed out of their salary grades
- 3) **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.
 - b. Initiate the 4-year JED Campus process by building a multi-disciplinary team of campus stakeholders as part of an overall Healthy Campus initiative.

VIII. Please provide a narrative of how your unit would accommodate a reduction of 5% in your total approved FY 2022 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% (119,612.10) in the Student Service Fees base budget of, \$2,392,242 under the following line items:

- 1) Advertising = 1,800
- 2) Business Meals= 1,300
- 3) Facilities/work orders = 2,500
- 4) Parts/Furniture = 500
- 5) Printing/postal/freight = 1,500
- 6) Financial/Legal = 2,015
- 7) Travel = 9,000
- 8) Temporary Staffing = 77,000
- 9) Intern salary = 24,000

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.)?

In FY 20, CAPS was fortunate to receive a generous gift of 14K from the Cougar Cookers which was allocated toward the [Let's Talk program](#). CAPS worked closely with the DSAES Advancement team to explore alternative donor opportunities throughout FY 20 and will continue to do so. It is important to note that CAPS cannot engage in traditional fundraising activities such as actively soliciting direct support from alumni and family who have used our services due to mental health laws and ethical parameters of mental health practice. However, through the assistance of Advancement CAPS has been set up for potential donations via "TEXT to Give" and on our website. We have partnered with the Powerful Minds campaign [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. We hope to spread awareness about the critical mental health needs of students on campus which may result in a valuable funding opportunity for a potential donor. CAPS' greatest need is in the area of staffing and facilities to accommodate future 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 immediate demands of our 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, the Student Health Center, 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 (from 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. UH Wellness' primary focus is on education and prevention while CAPS' prioritizes intervention/treatment. The Psychology Research and Services Center (PRSC), now subsumed under the Lone Star Clinic, is sometimes confused with 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 a variety of psychological services by licensed professionals to only UH enrolled students, staff and faculty.

