



Counseling and
Psychological Services

Division of Student Affairs

Student Fees Advisory Committee

Report of FY 22 (2021-2022)

FY 2024 Program Questionnaire

FY 2024 Budget Request



TABLE OF CONTENTS

I. Executive Summary.....3
II. Organizational Chart.....4
III. 2021-2022 Strategic Initiatives.....5
IV. Evaluation of Success.....7
V. Budget and Organizational Changes.....16
VI. FY22 Fund Equity.....16
VII. 2023-2024 Strategic Initiatives.....16
VIII. Budgetary Cuts.....17
IX. Other Source of Funding.....18
X. Unit Overlaps.....18



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; single session therapy; Essential Skills Workshops; 24/7 crisis intervention; preventative and developmental outreach programming; consultation to faculty/staff/students; and training of doctoral interns and practicum trainees. CAPS supports students by offering affordable and accessible mental health services. We serve as primary responders for crises during and after business hours; offer education, training, and prevention on a variety of mental health issues via outreach programming; provide valuable consultation to faculty and staff who are concerned about their students; and assist students to meet their 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 interact. CAPS, one of six departments within the Health and Well-being Portfolio, believes in a comprehensive, public health approach to bolster and protect the mental health of the student body and UH community. This approach requires campus-wide responsibility. It embodies the tenets of the *Health Promoting University* initiative which “infuse health into everyday operations, business practices and academic mandates. By doing so, health promoting universities and colleges enhance the success of our institutions; create campus cultures of compassion, well-being, equity and social justice; improve the health of the people who live, learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society” (Okanagan Charter, 2015).

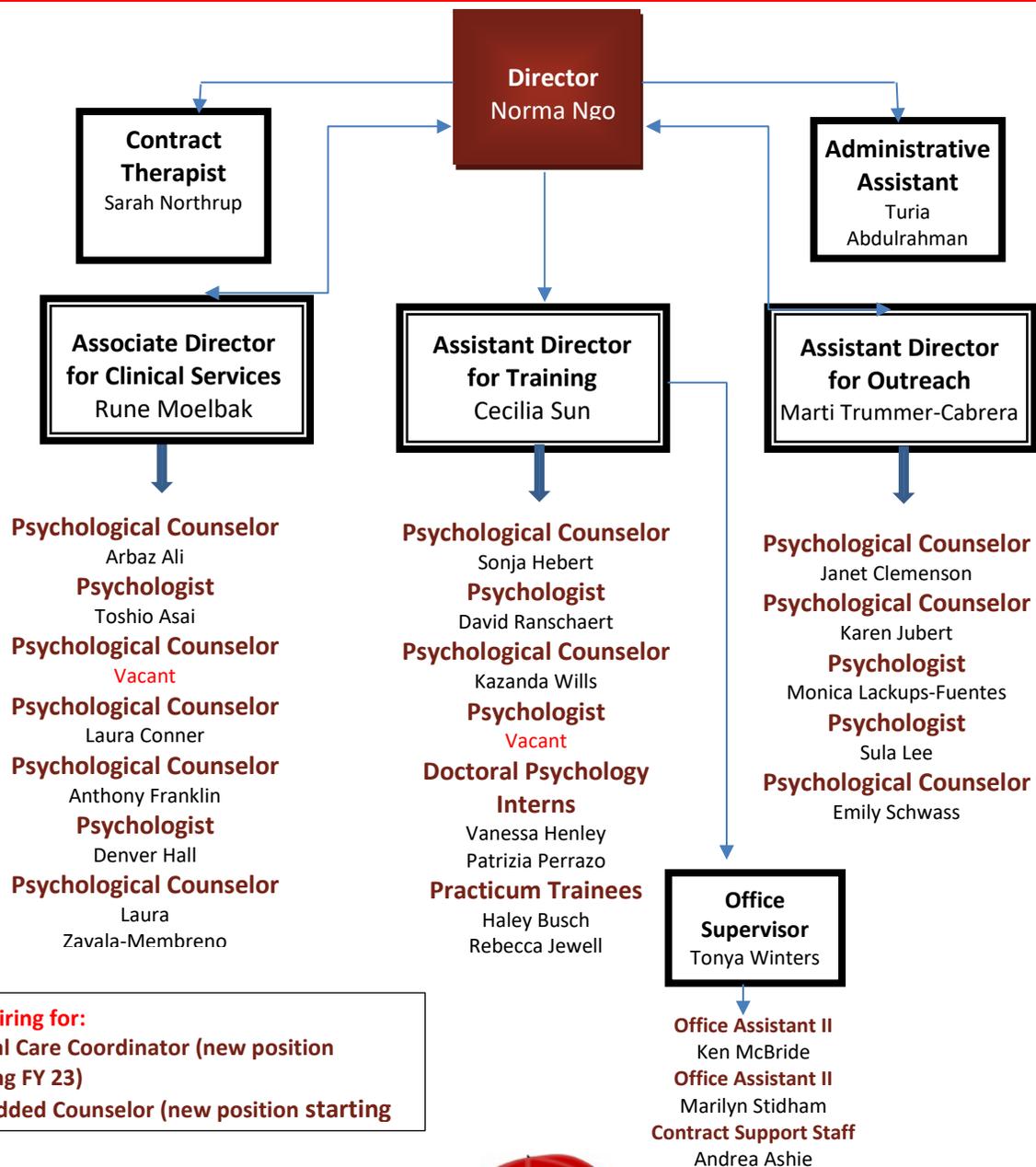
From FY15 – FY19, CAPS experienced an upward trajectory in demand for mental health services. This demand year over year resulted in a waitlist for individual counseling. To address this waitlist, CAPS implemented a new clinical service delivery model fall 2019 considered best practice at university counseling centers across the nation: *Stepped Care*. Central to Stepped Care is that CAPS provides brief therapy. 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 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. As part of the Stepped Care model, we added two new service types (Anxiety Workshops and Single Session Therapy) to our service offerings beyond our resource-intensive individual counseling. At the conclusion of fall 2019, CAPS was successful in eliminating the long-standing waitlist! Then COVID came, and it not only changed the world, it fundamentally changed the way that counseling centers carried out all of their direct and indirect services. CAPS now operates from a hybrid service delivery of virtual and in-person services. COVID also resulted in many professionals examining their work and life satisfaction leading to nationwide resignations. Mental health providers, in particular, were faced with the reality of the cumulative effects of stress and vicarious trauma in their role as treatment providers. For the first time ever, many reported suffering from burnout.

FY 20 and FY 21 saw a 22.5% and 37.1 % decline, respectively, in unique clients served as a result of COVID. At the conclusion of FY 22, the unique clients served climbed by 46% compared to FY21. Like others, CAPS is currently struggling with staff departures and recruiting new professionals to replace these vacancies. The isolation that many experienced during COVID continues to be felt by current staff as our dual locations on



campus does not facilitate connection and team building, not to mention confusion for students, and inefficiencies in resources and personnel. CAPS continues to monitor the changes after COVID and is evolving as needed. We are excited to be moving forward with the [JED Campus](#) initiative this fall semester and are convening campus stakeholders in preparation for the JED Campus visit on November 15-16. CAPS would like to express appreciation to the SFAC for previously approving the FY 22 one-time funding for JED Campus during our FY 23 request cycle. However, due to some delays with launching JED, we were unable to spend all of the one-time funds in FY22. At this time, we are kindly requesting SFAC to consider approving, once again, OT funding for JED programming for FY23 to allow CAPS to utilize the remaining unused portion, \$22,798. This request will support the JED Campus visit, marketing for the Healthy Minds survey to the student body, suicide prevention trainings across campus, and other programmatic needs that may arise to implement the JED Campus strategic plan that will be shared after the campus visit.

II. Organizational Chart



- Currently Hiring for:**
- **Clinical Care Coordinator (new position starting FY 23)**
 - **Embedded Counselor (new position starting**



III. List your unit's strategic initiatives and action steps identified for the 2021-2022 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** - *to continually improve upon quality, efficiency and access of all our services to better serve our UH community *(SS2.1, UH Goal 1)*
 - a. Transition CAPS Services from Telehealth to Mixed In-Person/ Telehealth Services (Hybrid Model) at Main and Sugar Land instructional sites.
Status update: CAPS transitioned all of our services to a hybrid model in Fall 2021 including Individual Counseling, Couples Counseling, Group Counseling, Essential Skills Workshops, Let's Talk, and Single Session Therapy.
 - b. Provide new service and outreach initiatives to better reach and serve marginalized, underserved, or oppressed client populations.
Status update: CAPS offered the following support groups: Latinas REACH, Sista Circle Black Grads, and Rainbow Wellness (LGBTQ).
 - c. Explore ways to utilize care coordinator position to streamline and improve referral process for students exceeding CAPS scope of services.
Status update: Initial structure and processes for how we will use our care coordinator have been designed, but the action step will need to be carried forward to FY23 strategic plan since we are still in process of hiring a Clinical Care Coordinator (CCC). Further details about the best use of the CCC position will be determined after the CCC joins the CAPS team.
 - d. Improve quality of QPR trainings by making changes to curriculum based on staff feedback.
Status update: Feedback was obtained from clinical staff who conduct the QPR trainings. They noted that it was important to engage students during the training so it does not feel like a lecture. One way to do this is to ask participants to say the suicide question out loud (either go around the room or say it as a group). A second way is to ask participants if they have been in a situation where they needed to refer. A majority of trainers believe QPR helps CAPS and UH create a community of care and CAPS QPR training should be 1hour and 15 minutes (versus 1 hour currently).

- 2) Enhance the effectiveness of the CAPS team** – *to equip staff with the necessary skills, knowledge, awareness, support, and resources required to effectively serve the current needs of the UH community *(SS2.2; SS2.4)*
 - a. Continue to explore DEI Training options and implement new initiatives recommended by the CAPS TAPS Force.
Status update: TAPS Force implemented a series of speakers and training options called, TAPS Chats.
 - b. Increase staff morale and build solidarity via social connection activities.

Status update: One of the objectives for the TAPS Force is to work on building staff solidarity and they have facilitated periodic staff connection during and after business hours.

- c. Explore with HR options for staff who have exceeded current pay grades.
Status update: This has been completed via the HR Phase I and II review of salaries and positions.

3) Collaborate within DSA and the UH Community – identify and empower campus partners to advocate for CAPS and engage in advancing the mental and emotional well-being of the UH community *(SS3.1)

- a. Continue to 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: CAPS partnered with SAAC during the Powerful Minds Campaign 2021 through social media and 2 tabling events increasing student-athletes awareness of mental health resources and encouraging them to reach out for help.

- b. Partner with Professor Tinsley and students from the Jack J. Valenti School of Communication to identify ways of improving CAPS marketing strategy to increase student awareness and engagement of CAPS services.

Status update: Professor Tinsley left the university and after 3 follow up emails with the Valenti Communications department, CAPS has not received a response from Valenti.

- c. Continue to pursue funding to become a JED campus as part of a collaborative effort of campus stakeholders to strengthen suicide prevention and develop an overall healthy campus strategy.

Status update: CAPS secured funding for the JED Campus initiative via the Morgan Stanley Scholarship, Office of the Vice President of Student Affairs, and one time funding from SFAC. CAPS is in the initial stages of forming a UH JED Campus team.

- d. As appropriate, increase cross-referrals between CAPS and Health and Wellbeing partners to bolster supportive resources for clients.

Status update: CAPS increased referrals to other Health and Well-Being offices slightly from FY21 to FY22. Statistics from our triage notes showed the following increases:



% of clients informed of the following resources at triage:

	FY-21	FY-22	Difference
Campus Recreation	0.1%	0.4%	+0.3%
Health Center	0.7%	1.9%	+1.2%
UH Psychiatry	2.3%	3.9%	+1.6%
DART	1.9%	3.3%	+1.4%
Wellness Center	0.4%	1.8%	+1.4%

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. AUCCCD membership is comprised of over 900 universities and colleges throughout the United States, Canada, and Europe and Asia. 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 satisfaction surveys throughout the academic year.

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.

To assess our clinical services, CAPS 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 2021 Annual report summarized data contributed by 180 colleges/universities describing 153,233 unique college students seeking mental health treatment, 4,043 clinicians, and 1,135,520 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 student's 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).

At triage and at the start of individual counseling CAPS measures a student's distress in a number of different areas by administering the CCAPS. The CCAPS-62 is a 62-item instrument with eight distinct subscales related to psychological symptoms and distress in college students, and incorporates a general Distress Index. The CCAPS is used by most counseling centers nation-wide and allows each counseling center to compare their own student averages to the averages in a national sample. The FY 22 CCAPS-62 data indicated that University of Houston students who present for individual counseling generally exhibit more distress than the average student nationally. You can view comparison along different symptom clusters below (red indicates higher scores and green indicates lower scores):

CCAPS-62 (FY22):

CCAPS-62 Subscales	University of Houston (889 clients) Average Distress Level (0-4)	National Sample (274,364 clients) Average Distress Level (0-4)
Depression	1.86	1.78
Generalized Anxiety	1.84	1.86
Social Anxiety	2.14	2.05
Academic Distress	2.11	1.92
Eating Concerns	1.11	1.07
Frustration	1.08	0.96
Family	1.67	1.37
Substance Use	0.49	0.62
Distress	1.86	1.81



CAPS also gathers information from students through 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 principal 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 us to run statistics on the utilization of our services and number of clients served.

In addition, after the student's first triage visit, CAPS clinicians gather data about the student's symptoms and presenting problems using the Clinician Index of Client Concerns (CLICC), a check all that apply instrument consisting of 48 common symptoms. This allows CAPS to gather data about the prevalence of different symptoms and presenting concerns as displayed below:

Clinician Index of Client Concerns (FY-22):

Top 10 Presenting Concerns, in order of Prevalence, Clients can have multiple:

1808 clients

1. Anxiety (67.6%)
2. Depression (56%)
3. Stress (50.3%)
4. Academic Performance (43.8%)
5. Interpersonal Functioning (25.2%)
6. Family (23.8%)
7. Relationship Problem (21.1%)
8. Attention/ Concentration (19%)
9. Self-Esteem/ Confidence (17.7%)
10. Eating/ Body Image (13.9%)



UTILIZATION DATA (CLINICAL SERVICES)

CAPS Clinical Services Utilization Data (FY22):

Service	FY 20 9/1/2019- 8/31/2020	FY 21 9/1/2020- 8/31/2021	FY 22 9/1/2021- 8/31/2022	%-Change (1 year)	%-Change (2 years)
All Clinical Services (unique clients)	2172	1371	2001	+46.0%	-7.9%
All Clinical Services (no of appointments)	8544	6563	8200	+24.9%	-4.0%
All Clinical Services (unique clients) – Sugar Land	32	5	9	+8.0%	-71.9%
Triage appointments (unique clients)	1889	1202	1811	+50.7%	-4.1%
Triage appointments (no of appointments)	2138	1293	2049	+58.5%	-4.2%
Triage appointments (unique clients) - Sugar Land	19	2	5	+150.0%	-73.7%



Individual Counseling (unique clients)	832	744	931	+25.1%	+11.9%
Individual Counseling (attended appointments)	4156	4141	4620	+11.6%	+11.2%
Individual Counseling (attended appointments) - Sugar Land	38	3	39	+1200.0%	+2.6%
Single Session Therapy (unique clients)	244	79	183	+131.6%	-25.0%
Single Session Therapy (attended appointments)	249	79	187	+154.3%	-24.9%
Essential Skills Workshops (unique clients)	146	46	103	+123.9%	-29.5%
Essential Skills Workshops (no of appointments)	312	79	169	+113.9%	-45.8%
Group Therapy (unique clients)	174	66	96	+45.5%	-44.8%



Group Therapy (#contact hours)	1442	776	955	+23.1%	-33.8%
After Hours Contacts/ Protocall (no of calls)	129	111	98	+11.7%	-24.0%
Hospitalizations during course of treatment (unique clients)	12	12	16	+33.3%	+33.3%

Utilization of CAPS Services increased sharply in FY 22 following a sharp decrease in FY 21 and part of FY 20 due to the onset of the Covid-19 pandemic. As CAPS has transitioned fully back to campus and is offering all of our services in-person as well as via telehealth (hybrid), utilization rates are slowly recovering, although they are not quite back to the levels seen before Covid-19. We do have some indications, however, that the upward trend will continue as preliminary data from the first 5 weeks of Fall 2022 shows an increase in students triaged compared to the same period in Fall 2021:

Students Triaged Fall 2022 vs Fall 2021:

	Fall 2021 (first 5 weeks of semester)	Fall 2022 (first 5 weeks of semester)	%- Change
Number of students triaged	306	352	+15.0%

**CUSTOMER SATISFACTION DATA
 (CLINICAL SERVICES)**

CAPS periodically surveys of our clients to gauge their satisfaction with our different services, including their experience of triage and individual counseling.

Below are some highlights from these surveys:

Triage:

In Spring 2022, 107 students responded to an anonymous electronic survey about their satisfaction with their experience immediately following their triage appointment:



Items:	Strongly Disagree	Somewhat Disagree	Unsure	Somewhat Agree	Strongly Agree
I was satisfied with the service recommendation I received (Y/ N)	No = 1.0%			Yes = 99.0%	
I was satisfied with the service recommendation I received	2.0%	1.0%	1.0%	15.0%	81.0%
The wait time to be seen was reasonable	2.0%	2.0%	2.0%	12.0%	82.0%
Triage clinician made me feel comfortable	2.0%	1.0%	0.0%	6.0%	91.0%
Triage clinician seemed multiculturally aware	2.0%	0.0%	4.0%	10.0%	84.0%
Interaction with front desk was pleasant	2.0%	0.0%	0.0%	2.0%	96.0%
Based on experience would recommend CAPS to a friend	2.1%	0.0%	1.0%	7.1%	89.8%

Survey results showed that most students had a pleasant experience of the triage process and were satisfied with the service recommendation they were provided on the basis of the triage assessment.

Individual Counseling:

In Fall 2021, 60 students who had attended at least 3 individual counseling appointments were administered an anonymous electronic survey about their satisfaction with their individual counseling sessions and the impact on their mental health:

Items:	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Noticed an improvement in mood and life after starting therapy	1.7%	3.3%	21.7%	38.3%	35.0%
Feels more effective at dealing with problems after starting therapy	1.7%	5.0%	18.3%	40.0%	35.0%
Feels better about themselves after starting therapy	1.7%	5.0%	28.3%	28.3%	36.7%
Counseling had a positive impact on their overall satisfaction with their college experience	1.7%	3.3%	21.7%	35.0%	38.3%
Felt safe to bring up experiences related to race, gender, sexual orientation	1.7%	0.0%	4.9%	26.7%	66.7%
Counseling had positive impact on perseverance, motivation, and performance in classes	1.7%	3.3%	30.0%	33.3%	31.7%



Biweekly sessions met their needs	8.5%	15.3%	10.1%	33.9%	32.2%
One semester of therapy was enough	15.0%	15.0%	36.6%	21.7%	11.7%
Was satisfied with their counseling experience	1.7%	0.0%	13.3%	33.3%	51.7%

Results from this random sample showed that students generally benefitted in one or more ways from their individual counseling experience in terms of their mood, general effectiveness, feelings about self, satisfaction with their college experience, and their academic performance. Most students also found their counseling to be a safe place to bring their different multicultural identities and expressed general satisfaction with their counseling experience. About 30% of the clients had a preference to be able to continue counseling beyond the brief model, and about 24% wish they could attend sessions more frequently than the biweekly sessions offered at CAPS.

UTILIZATION DATA (OUTREACH)

CAPS outreach arm provides educational and preventative programming to the University of Houston community. Areas of outreach include suicide prevention trainings, informal “drop-in” mental health consultations (Let’s Talk), debriefing/defusing services (intervention after a traumatic campus event), and mental health workshops/trainings/support groups (on a variety of topics offered by CAPS and requested by the UH community).

Service	FY 20 9/1/2019- 8/31/2020	FY 21 9/1/2020- 8/31/2021	FY 22 9/1/2021- 8/31/2022	%-Change (1 year)	%-Change (2 years)
Suicide Prevention Training/ QPR (individuals trained)	551	518	608	+17.4%	+10.3%
Let’s Talk Consultations (unique clients)	121	159	194	+22%	+66.3%
Let’s Talk Consultations (appointments)	145	173	221	+27.7%	+52.4%
Debriefing/Defusing Services (individuals served)	15	26	130	+400%	+767%



Number of total *Outreaches	286	286	334	+16.7%	+16.7%

*Outreaches include: Orientations, Debriefings, QPR Trainings, Class interviews, Support groups, and Presentation Requests.

Suicide Prevention Trainings have increased with the start of the JED campus initiative and requests from faculty and staff who submit requests outside of the weekly offerings provided by CAPS. “Let’s Talk” is a service that provides easy access to informal confidential consultations with therapists from CAPS. Consultations are available to the entire UH community – students, staff, and faculty. Consultations are free of charge, and no appointment or paperwork is needed. In FY 22, Let’s Talk continued to grow in popularity, and we served 27.7% more UH community members than FY 21. Including both in-person and telehealth formats while heavily marketing it at new student orientations and on social media may have increased awareness and utilization. Debriefings increased dramatically likely as a result of clearly defining and adding this service to the CAPS outreach request form for community members.

CAPS Social Media

Over the last year we have increased efforts to create campaigns and collaborations occurring over Instagram. Of the social media outlets used by CAPS, Instagram has been shown to be the most relevant to college students. Use of common hashtags and collaborations with departments and student groups has led to increases in followers.

Social Media	FY 20 Followers	FY 21 Followers	FY 22 Followers	Change (1 year)	Change (2 years)
Instagram	445	804	1107	37.7%	149%
Twitter	396	457	515	12.7%	30%

V. Please discuss any budget or organizational changes experienced since your last (FY2023) SFAC request, their impact on your programs, and your reason for implementing them.

Since our last (FY 2023) request, CAPS has had three staff departures and welcomed three new staff for fall 2022. Two of the three were new hires as a result of the base funding approved by SFAC for FY 23. Currently, we are conducting a search to hire a *Clinical Care Coordinator* (also possible due to base funding approved by SFAC for FY 23) and for an *Embedded Counselor* in the Tilman J. Fertitta Family College of Medicine. One hundred percent of the funding for the Embedded Counselor comes from the College of Medicine.



VI. If your unit concluded FY2022 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 \$439,865 addition to fund equity comprised of: lapsed salaries and benefits (\$348,859), M&O (\$41,985), and administrative fees (\$49,923). Line-item, *Salary/wage/fringe and Maintenance & Operations*. Please note, there was an open commitment expense (copier) that was not released before the end of the fiscal year. This resulted in \$902 being released after the new fiscal year began.

VII. Please list your 2023-2024 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** - *to continually improve upon quality, efficiency and access of all our services to better serve our UH community *(SS2.1)*
 - a. Evaluate effectiveness of the existing Embedded Counselor position to determine necessary improvements as well as consider possibility of expansion to other colleges.
 - b. Reduce barriers to connecting students to all potential Stepped Care service options.
 - c. Evaluate effectiveness of the Clinical Care Coordinator position after one year to determine necessary improvements.
 - d. Target outreach and awareness efforts to underrepresented racial/ ethnic student populations to increase their service utilization.

- 2) **Enhance the effectiveness of the CAPS team** – *to equip staff with the necessary skills, knowledge, awareness, support, and resources required to effectively serve the current needs of the UH community *(SS2.2; SS2.4)*
 - a. Complete a search for a new Associate Director for Clinical Services.
 - b. Explore Training options to strengthen clinicians’ knowledge of DEI, solution focus therapy, and short-term therapy skills.

- 3) **Collaborate within DSA and the UH Community** – *identify and empower campus partners to advocate for CAPS and engage in advancing the mental and emotional well-being of the UH community *(SS3.1)*
 - a. The UH JED Campus team will work together to implement the Strategic Plan developed by JED Campus for the University of Houston.

**Goal supports/connects to DSA Strategic Plan item*



VIII. Please provide a narrative of how your unit would accommodate a reduction of 3.5, 5, or 7.5% in your total approved FY 2024 base Student Service Fee budget request and provide a line-item explanation of where budgetary cuts would be made.

CAPS would accommodate a reduction of a 3.5%, 5%, or 7.5 % in the Student Service Fees base budget through a reduction in professional development and conference related travel across the three budget cut scenarios. Whereas, the 5% cut would also result in reduction to the after- hours on call service (Protocall) and some reduction to staff salary. With regard to the 7.5% cut, this would further require the reduction equivalent to one clinical staff position. Please see the attached SFAC Reduction plan spreadsheet for further details.

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.)? If you received funds from other sources, please briefly describe the source, purpose, and duration of the funding.

In late FY 22, CAPS and the Tilman J. Fertitta Family College of Medicine embarked on a joint collaboration to create the *Embedded Counselor* position that is “embedded” within the College of Medicine (COM). The Embedded Counselor (EC) will have a split schedule in which 80 percent of their time will be serving COM students and 20 percent at CAPS serving undergraduate and graduate students. The EC’s primary responsibility will be providing mental health counseling, consultation, and outreach to the medical students of the Tilman J. Fertitta Family College of Medicine. The EC will establish and maintain service presence within the COM, including networking and marketing service availability, assessing, and addressing stigma and barriers to seeking services, and collaborating with administration, faculty, and staff to meet clinical and programmatic needs of the medical students. The EC position is funded 100 percent by the COM and located 80 percent of the time within the COM. Therefore, typical concerns about source of funding and limited space were alleviated with his joint venture.

In general, 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”. By continuing to spread awareness about the critical mental health needs of students on campus, we hope these needs will be made more known to potential donors. CAPS’ greatest need currently is for a new space that will allow all staff to operate out of one location. Expanded and updated facilities is necessary to accommodate future growth.



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 a vital department within the Health and Well-Being (HWB) portfolio. We work closely with our HWB partners, which include Campus Recreation, Cougars in Recovery, Justin Dart Jr. Student Accessibility Center, Student Health Center and UH Wellness. Supporting the mental health and emotional well-being of our students requires a collective campus effort. It cannot be the sole responsibility of the counseling center. We work in tandem with our campus partners, to not only effectively address students' mental health concerns, but proactively intervene to possibly avert mental health crises. The HWB portfolio offers unique services while collectively and in collaboration offer education, prevention, consultation, intervention, and treatment to promote and lead a truly healthy campus initiative.

The CAPS clinical staff from CAPS is comprised of licensed psychologists, licensed professional counselors, licensed clinical social workers, and graduate trainees. CAPS clinicians and the psychiatrists at the Student Health Center collaborate on treatment via cross-referrals and consultation in order to offer a continuity of care to our patients. 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, and certain mood conditions). CAPS and UH Wellness collaborate on a number of educational/preventative programming. Together, we address both education, prevention, and treatment. CAPS supports the Dart Center with requested documentation of a student's mental health concern, promotes students' physical health by referring to Campus Recreation, and consults with Cougars in Recovery around students' substance use issues. The Psychology Research and Services Center (PRSC) is sometimes confused with CAPS. PRSC is also located on campus and provides counseling to UH students as well as those who reside in 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.

