



Counseling and
Psychological Services

Division of Student Affairs

Student Fees Advisory Committee

Report of FY 23 (2022-2023)

FY 2025 Program Questionnaire

FY 2025 Budget Request



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; focused care hours; 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 free 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 is one of six departments under Health and Wellbeing within the Division of Student Affairs. We believe 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 to create a web of support. 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).

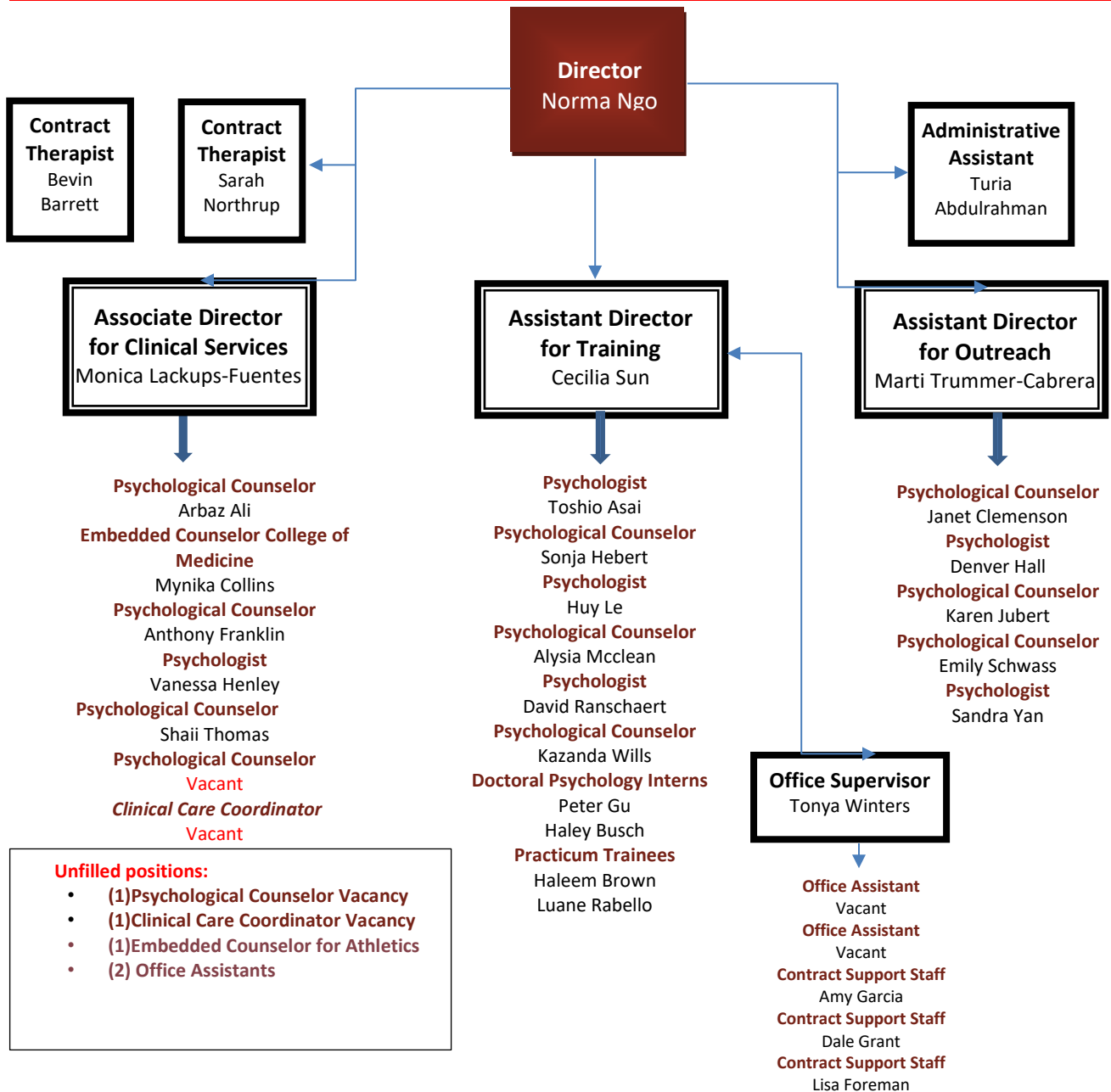
Prior to the pandemic (from FY15 – FY19), CAPS experienced a consistent upward trajectory in demand for mental health services. This demand year over year resulted in a waitlist for individual counseling. To address this waitlist, CAPS implemented a new clinical service delivery model fall 2019 considered 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 begins with the least intensive but most effective treatment option and does not assume that every student is comfortable, needs, or benefits from traditional individual counseling. Treatment intensity can be either stepped up or down depending on unique client factors. Stepped care is *not* a, "one size fits all" model. 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 across the nation carried out all of their direct and indirect services. CAPS now operates from a hybrid service delivery of virtual and in-person services. Clinical utilization nationally has not climbed back to pre-COVID volumes and this decrease is potentially related to a variety of factors that we are continuing to monitor. There does not appear to be consensus nor certainty about one factor being "the reason" for the decrease. It is likely associated with a variety of reasons, including, but not limited to: increased numbers of students retaining therapists from the pandemic, influx of affordable virtual therapy platforms, perceived barriers due to fees, and confusion about our dual locations (the latter two being more specific to UH CAPS). A positive consideration for the decrease is that it may be the outcome of promoting a university-wide responsibility to Care for our Cougars, where multiple departments offer varying degrees of support for students' mental health. This means students can get help earlier and may not necessarily rise to the level of requiring CAPS. In essence, creating a web of support across the university is a core tenet of the [JED Campus](#) initiative, which commenced FY 23 and we are excited to continue this forward through FY 26.

The impact of COVID leading to many professionals examining their work and personal life satisfaction and finding alternative work arrangements continues to be observed. 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. The isolation that many experienced during COVID is a lingering issue for current CAPS staff because our two locations on campus do not facilitate connection and team building, not to mention creating confusion for students, and inefficiencies in resources and personnel. FY 23 was a tragic year with the occurrence of two *public* student deaths by suicide. We emphasize "public" because these were widely known to the campus, but we need to acknowledge that there may have been other deaths by suicide that were not in public view. Moreover, this was also the third death by suicide (previously in 2017) at the same location. These tragedies enveloped the entire campus in grief, confusion, and emotional upheaval. There was a strong call to action that precipitated the



Chancellor’s formation of the Mental Health and Agnes Arnold Task Forces as well as an External Review of CAPS. Among recommendations that were noted from the Mental Health Task Force and the CAPS External Review, the following thus far have been and will continue to be addressed: 1) Securing an outside vendor to provide 24/7 mental health services. We have added [WellTrack Boost](#) and [Togetherall](#). 2) Launch an aggressive internal campaign to raise awareness about available mental health resources. This is on-going process, but inaugurated with the formation of the [CoogsCARE](#) website. 3) CAPS suspended all fees associated with therapy services in March 2023 to reduce barriers to accessing services. 4) Increase staffing strength by raising staff compensation to benchmarked levels and adding Embedded Counselors. 5) Engage in continuous education and clarification about our Stepped Care clinical model (i.e. scope of services, departmental policies/procedures). The more UH stakeholders understand the range of what CAPS can offer (and our limitations), the more realistic and consistent expectations they will have when they consider accessing our services, and hopefully, improved perception and better user experience.

II. Organizational Chart



III. List your unit's strategic initiatives and action steps identified for the 2022-2023 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 to all our services in order to better serve our UH community* *(DSA Student Success; UH Goal 1)
 - a. Increase efficiency for the client check-in process by establishing Kiosk stations in the waiting room
 - b. Target outreach and awareness efforts to underrepresented racial/ ethnic student populations to increase their service utilization
 - c. Reduce barriers to connecting students to all potential Stepped Care service options.
 - d. Explore ways to utilize care coordinator position to streamline and improve referral process for student concerns beyond CAPS scope of services

Status update: Identified potential equipment and costs of Kiosk machines. Continuing to explore practicalities of which client paperwork is best provided via kiosk given the variety of forms required for different kinds of appointments. Some of our targeted outreach focused on supporting Black graduate students via our *Sista Circle* Support Group and social media highlighting the diversity of CAPS staff to facilitate student identification with someone that looks like them. A preliminary analysis of our data indicated the proportions of students attending CAPS was congruent for most identified ethnicities with the exception of our Native American student population (UH - 2.9% of enrolled students & CAPS - 0.4% of students utilizing services) and our Hispanic/Latinx student population (UH - 33.2% of enrolled students & CAPS - 26.1% of enrolled students). CAPS removed all fees associated with therapy services to reduce barriers to accessing services. We are also engaging in a larger campaign with the help of SGA and UH Media Relations to clarify perceptions about our (Stepped Care clinical model or) scope of services and departmental policies/procedures. The more UH stakeholders understand the range of what CAPS can offer (and our limitations), the more potential for realistic expectations and better user experience, overall. Lastly, with the addition of the new Clinical Care Coordinator, we were able to execute more streamlined case management and “warm hand-off” referrals to other providers as needed. This also allowed clinicians more room for seeing patients. Toward the end of FY 2023, CAPS piloted an on-line scheduling system that allowed students to schedule directly with the Clinical Care Coordinator.

- 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* *(DSA Division Cohesion; UH Goal 1)
 - a. Increase staff knowledge, awareness, and resources required to provide effective ethical care of non-binary students
 - b. Explore Single Session Training options to strengthen solution focus skills

Status update: Staff completed Cougar Ally training as part of onboarding in order to establish a baseline understanding of non-binary identities. In Spring 2023, 7 staff members attended a Center for Collegiate for Mental Health training on the provision of trans and non-binary affirming care in order to improve the provision of psychotherapy for our non-binary and trans students. We were not able to identify appropriate Single Session training but did hold a staff in-service with an invited trainer for a deeper analysis of suicide prevention and risk management strategies.

- 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* *(DSA Partnerships; UH Goal 3)
- a. Administer Healthy the Minds Survey to UH students as part of the JED Campus initiative. Complete site visit by the Jed Foundation
 - b. Host Mental Health Resource Fair to connect students with campus and community resources
 - c. Develop and distribute a campus resource guide to train the UH community on how to steps to support students’ mental health and how to intervene when a student is in crisis

Status update: The JED Site visit was completed on 11/16/22 and the Healthy Minds Study was completed on 11/18/22. CAPS partnered with other departments within the division, across campus and within the greater Houston community to execute the inaugural Mental Health Resource Fair during spring 2023. The fair convened a total of 34 wellbeing resources on and off campus. The Campus Resource Guide has not been completed but will continue to be explored as part of the greater JED initiative.

IV. Please list your 2024-2025 strategic initiatives and action steps in priority order and cite the specific DSAES values and University of Houston Strategic Goals to which they relate. Under each strategic initiative, please state the specific action steps (programs, activities, services, policies/procedures, etc.) that you intend to implement to accomplish your stated initiative

1. **Clarify (mis)perceptions about CAPS Services** - *Broaden awareness and accurate understanding about CAPS’ scope of services**(DSA Student Success and Resources; UH Goal 1)
- a) Collaborate with University and Division Medial Relations to broaden awareness of and accurate understanding about CAPS’ scope of services
 - i. KPI: CAPS media numbers, CoogsCARE webpage numbers, unique access visits
 - ii. Milestones: CAPS services videos, Ongoing updates to CoogsCARE webpage
 - iii. Responsible party: CAPS Assistant Dir. Outreach; AVP Health and Wellbeing; UH Wellness; Division of Media Relations



- b) Promote CAPS as one part of a university wide responsibility to become a Health Promoting University that provides multiple levels of support to its constituents.
 - i. KPI: Hire a marketing staff person to execute a marketing campaign about how CAPS fits into UH's support network
 - ii. Milestones: Securing funding
 - iii. Responsible party: AVP Health and Wellbeing
2. **Enhance the Student Experience of CAPS Services - Improve upon quality, efficiency and access of all our services in order to better serve our UH community *(DSA Student Success; UH Goal I)**
- a) Expand Embedded Counselors in colleges to increase access to mental health support for students
 - i. KPI: Increased count of embedded counselor positions (and filled positions)
 - ii. Milestone: Identify locations and funding for embedded counselors.
 - iii. Responsible parties: CAPS; AVP Health Wellbeing; Collaborating Colleges/Departments
 - b) Increase student engagement in Sugar Land
 - i. KPI: number of students signed up for WellTrack Boost and number of Access visits
 - ii. Milestone: Focus Groups
 - iii. Responsible parties: CAPS Sugarland Liaison
 - c) Unify CAPS into 1 permanent location
 - i. KPI: Decrease number of main campus locations
 - ii. Milestone: Relocate CAPS staff to one temporary location. Begin construction on the permanent location
 - iii. Responsible: AVP, Health and Wellbeing; VC/VP of Student Affairs
3. **Strengthen the effectiveness of the CAPS team – Equip staff with the necessary skills, knowledge, awareness, support, and resources required to effectively serve the current needs of the UH community *(DSA Division Cohesion; UH Goal I)**
- a) Secure qualified Front desk Support staff to efficiently serve both CAPS locations
 - i. KPI: Completing hires of permanent front desk staff
 - ii. Milestones: Position reclassifications and securing funding for appropriate salaries
 - iii. Responsible Party: CAPS Search Chair
 - b) Identify specialized training opportunities to strengthen triage and diagnostic skills for all clinicians
 - i. KPI: Scheduling 1 training for clinicians
 - ii. Milestone: Identify options for trainings, securing funding, and coordinating coverage for clinicians to attend
 - iii. Responsible party: Clinical Director
 - c) Identify CAPS staff to serve on specialized teams delivering outreach and clinical services



- i. KPI: Service evaluation feedback (self, admin, and students) for individual clinicians
 - ii. Milestone: Clinicians self-evaluations of service delivery, service observation feedback, and student satisfaction surveys
 - iii. Responsible party: Clinical Director; Outreach director

4. **Collaborate within DSA, the greater Houston and UH Community** – *identify and empower campus partners to advocate for CAPS and engage in advancing the mental and emotional wellbeing of the UH community *(DSA Partnerships; UH Goal 1 & 3)*
 - a) Identify partners to host Mental Health Resource Fair to connect students with campus, 3rd Ward and greater Houston community resources
 - i. KPI: Partnering with 1 community agency
 - ii. Milestone: Identify options for partners, determine funding for event, and coordinating responsibilities for the event
 - iii. Responsible party: Outreach director
 - b) Establish training collaborations with UH Graduate College of Social Work
 - i. KPI: Number of social work trainees
 - ii. Milestones: Description of the placement activities; participation in the social work trainee recruitment cycle; acquiring supervisor training required by GCSW
 - iii. Responsible party: CAPS Assistant Director for Training
 - c) Expand APA-accredited doctoral psychology internship
 - i. KPI: Number of doctoral psychology interns
 - ii. Milestones: Securing funding, and office space
 - iii. Responsible party: CAPS Assistant Director for Training

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

V. 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 2022 Annual report summarized data contributed by 180 college and university counseling centers, describing 190,907 unique college students seeking mental health treatment, 4,688 clinicians, and 1,287,775 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 at every appointment. We utilize the short-form (CCAPS-34) for Access visits (formerly called Triage) and for all follow-up individual and couples appointments and the CCAPS-62 at individual treatment planning appointments (start of individual counseling treatment). Both versions have high reliability and validity and include subscales for Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Frustration/Anger, Family Distress, and Substance Use. Both versions also provide an overall Distress Index score. 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 FY23 CCAPS-62 data (administered at the start of individual counseling treatment) indicated that University of Houston students who present for triage are exhibiting more distress than the national average and we see a similar outcome for students referred for individual counseling. You can view comparison along different symptom clusters below (red indicates higher scores, green indicates lower scores, and black indicates no difference):

CCAPS-34 – Administered at Triage (FY23):

CCAPS-34 Subscales	University of Houston (1683 clients) Average Distress Level (0-4)	National Sample (452,140 clients) Average Distress Level (0-4)
Depression	1.98	1.67
Generalized Anxiety	2.14	2.01
Social Anxiety	2.21	2.03



Academic Distress	2.25	1.99
Eating Concerns	1.13	1.01
Frustration/Anger	0.98	0.79
Alcohol Use	0.41	0.52
Distress	2.00	1.78

CCAPS-62 – Administered at First Individual Counseling Appointment (FY23):

CCAPS-62 Subscales	University of Houston (694 clients) Average Distress Level (0-4)	National Sample (274,364 clients) Average Distress Level (0-4)
Depression	1.87	1.78
Generalized Anxiety	1.86	1.86
Social Anxiety	2.22	2.05
Academic Distress	2.08	1.92
Eating Concerns	1.15	1.07
Frustration	1.10	0.96
Family	1.67	1.37
Substance Use	0.50	0.62
Distress	1.87	1.81

CAPS also gathers information from students through the *Standardized Data Set (SDS)*, which is a set of demographic and clinical questions used by all counseling centers that participate with the Center for Collegiate Mental Health (CCMH). The SDS contains several "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 and participate in annual updates. 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 contributes the aggregate data of students who have consented to the sharing of their de-identified information to the national CCMH data pool monthly. CAPS also utilizes several 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, at the student's first Access Visit (formerly known as Triage), CAPS clinicians gather data about the student's symptoms and presenting problems and report this data using the *Clinician Index of Client Concerns (CLICC)*, a check all that apply instrument consisting of 48 common concerns. Clinicians not only check all presenting symptoms but also indicate the top presenting concern for each individual. This allows CAPS to gather data about the prevalence of different symptoms and presenting concerns. This



data then informs service changes including development of new workshops and outreaches. FY23 CLICC data is displayed below.

CLICC (FY-23):

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

1808 clients

1. Anxiety (65.5%)
2. Depression (52.4%)
3. Stress (46.2%)
4. Academic Performance (39.4%)
5. Interpersonal Functioning (23.1%)
6. Family (22.1%)
7. Relationship Problem (22.0%)
8. Self-Esteem/Confidence (15.5%)
9. Adjustment to a New Environment (13.3%)
10. Attention/Concentration Difficulties (12.7%)

UTILIZATION DATA (CLINICAL SERVICES)

CAPS Clinical Services Utilization Data (FY23):

Service	FY 21 9/1/2020- 8/31/2021	FY 22 9/1/2021- 8/31/2022	FY 23 9/1/2022- 8/31/2023	%-Change (1 year) FY22 v. FY23	%- Change (2 years) FY21 v. FY23
All Clinical Services (unique clients)	1371	2001	1766	-11.7%	+28.8%
All Clinical Services (no of appointments)	8121	10137	9347	-7.8%	+15.1%
All Clinical Services (unique clients) – Sugar Land	5	9	27	+200%	+440%



Triage appointments (unique clients)	1202	1811	1571	-13.3%	+30.6%
Triage appointments (# of appointments)	1330	2102	1832	-12.8%	+37.7%
Triage appointments (unique clients) - Sugar Land	2	5	8	+60.0%	+300.0%
Individual Counseling (unique clients)	744	931	783	-15.9%	+5.2%
Individual Counseling (scheduled appointments)	5295	5882	4903	-16.6%	-7.4%
Individual Counseling (scheduled appointments) - Sugar Land	7	42	76	+81.0%	+985.7%
Single Session Therapy (unique clients)	79	183	289	+57.9%	+265.8%
Single Session Therapy (scheduled appointments)	99	308	473	+53.6%	+377.8%



Essential Skills Workshops (unique clients)	46	103	97	-5.8%	+111.0%
Essential Skills Workshops (# of appointments*)	131	330	441	+33.6%	+236.6%
Group Therapy (unique clients)	66	96	93	-3.1%	+40.9%
Group Therapy (# scheduled contact hours)	686	888	946	+6.5%	+37.9%
Group Therapy (# attended contact hours)	517	637	672	+5.5%	+30.0%
After Hours Contacts/ Protocall (# of calls)	111	98	150	+53.0%	+35.1%
Hospitalizations during course of treatment (unique clients)	12	16	23	+43.8%	+91.7%

*number of students scheduled for each session

Students Triaged Fall 2022 v Fall 2023:

	Fall 2022 (first 5 weeks of semester)	*Fall 2023 (first 5 weeks of semester)	%- Change
Number of unique students *triaged	369	272	-26.2%

*Beginning Fall 2023, Triage was renamed Access Visit but the service remains the same.



Overall utilization of CAPS clinical services decreased slightly following a sharp increase in FY22 after full transition back to campus post the COVID-19 pandemic restrictions. CAPS has transitioned fully back to campus and is offering all of our services in-person as well as via telehealth. While we see an overall decrease in utilization, we saw a notable increase in utilization of the Focused Care Hours/Single Session Therapy and Essential Skills Workshops. This is reflective of greater awareness of additional services offered by CAPS to flexibly meet the needs of students. We are also seeing a moderate decrease in utilization the first weeks of Fall 2023. This decrease is potentially related to a variety of factors that we are continuing to examine. It is likely associated with a variety of reasons, including, but not limited to: increased numbers of students retaining therapists from the pandemic, influx of affordable virtual therapy platforms, perceived barriers due to fees, and confusion about our dual locations (the latter two being more specific to UH CAPS). A positive consideration for the decrease is that it may be the outcome of promoting a university-wide responsibility to Care for our Cougars, where multiple departments offer varying degrees of support for students’ mental health. This means students can get help earlier and may not necessarily rise to the level of requiring CAPS. We are also aware through exploratory conversations with SGA and feedback via other student platforms that there may be some misunderstanding about CAPS’ scope of services and understanding of our Stepped Care model of service delivery that may have an impact on utilization.

**CUSTOMER SATISFACTION DATA
 (CLINICAL SERVICES)**

CAPS periodically surveys our clients to assess their satisfaction with our different services, including their experiences of triage and individual counseling. In FY 23, satisfaction surveys were conducted for individual counseling in the Fall and Triage and Single Session therapy in the Spring. In FY24, we will be assessing individual counseling in both semesters and Access visits (formerly called Triage visit) and the Focused Care Hour (formerly Single Session Therapy) in Spring.

Below are some highlights from these surveys:

Individual Counseling:

In Fall 2022, 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	0.0%	1.0%	25.0%	50.0%	29.9%
Feels more effective at dealing with problems after starting therapy	1.0%	30.2%	43.6%	21.9%	2.1%
Feels better about themselves after starting therapy	0.0%	3.1%	30.2%	40.6%	22.9%



Counseling had a positive impact on their overall satisfaction with their college experience	0.0%	1.0%	15.6%	45.8%	32.3%
Counseling had positive impact on perseverance, motivation, and performance in classes	0.0%	2.1%	22.9%	43.8%	27.1%
Biweekly sessions met their needs	2.1%	12.5%	15.6%	36.6%	31.3%
One semester of therapy was enough	7.3%	28.1%	39.6%	10.4%	12.5%
Was satisfied with their counseling experience	0.0%	1.0%	6.3%	41.7%	49.0%

***Percentages may add up as some students indicated “not applicable.”**

Results from this random sample showed that the majority of students 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 expressed general satisfaction with their counseling experience. About 35% of the clients had a preference to be able to continue counseling beyond the brief model, and about 15% wish they could attend sessions more frequently than the biweekly sessions offered at CAPS. In order to address these students with higher needs or desire for more intensive services, we hired a Clinical Care Coordinator in January 2023 to facilitate and support students by connecting them to longer term care off-campus.

Triage:

In Spring 2023, 25 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 = 0%			Yes = 100%	
I was satisfied with my triage experience	0%	0%	0%	2.0%	80.0%
The wait time to be seen was reasonable	0%	0%	0%	8.0%	92.0%
Triage clinician made me feel comfortable	0%	0%	0%	8.0%	92.0%
My meeting with my triage clinician felt collaborative.	0%	0%	0%	4.0%	96.0%
Interaction with front desk was pleasant	0%	0%	0%	4.0%	96.0%
Based on experience would recommend CAPS to a friend	0%	0%	0%	8.0%	92.0%

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



UTILIZATION DATA (OUTREACH)

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

CAPS Outreach Utilization Data (FY23):

Service	FY 21 9/1/2020- 8/31/2021	FY 22 9/1/2021- 8/31/2022	FY 23 9/1/2022- 8/31/2023	%-Change (1 year FY 22 v. FY 23)	%-Change (2 years FY 21 v. FY 23)
Suicide Prevention Training/ QPR (individuals trained)	518	608	957	+57.4%	+84.7%
Let’s Talk Consultations (appointments)	173	221	195	-11.8%	+12.7%
Debriefing/Defusing Services (individuals served)	26	130	274	+1111%	+953%
Number of total Outreach Activities	288	252	293	+1.7%	+16.3%

QPR Suicide Prevention Trainings have increased with the implementation of the JED campus initiative and marketing on the CoogsCARE webpage. At the next reporting period, CAPS will include the newly branded, *You Can Help a Coog Training numbers (this training was formerly called, “Helping Students of Concern” which is included in the total Outreach Activities number). Outreach activities include: presentations about CAPS services, tabling at various campus events, media interviews, *Helping students of concern trainings, support groups (e.g. grief support), and CAPS liaisons meeting with their respective colleges and UH department. “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. Let’s Talk is conveniently located across campus (e.g. Student Center, MD Anderson Library, Health 2, Campus Recreation). Note that Let's Talk appointment has been removed from this report because authenticating unique students for this informal service could not be done accurately. Debriefings continue to increase likely as a result of clearly defining and adding this service to the CAPS outreach request form for community members. The total number of presentations increased which likely reflects a demand for CAPS offerings following the public suicides that occurred during Spring 2023. University marketing efforts directed



at getting the UH community to connect with CAPS was also a likely contributor to increases in outreach presentations.

CAPS Social Media

Over the last year we have utilized social media to share information about CAPS services and share mental health information from UH media accounts. 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 mental health focused student groups has led to increases in followers. Social media direct messages resulted in 20+ consultations over the last year.

Social Media	FY 21 Followers	FY 22 Followers	FY 23 Followers	Change (1 year FY22 v. FY23)	Change (2 years FY 21 vs. FY 23)
Instagram	804	1107	1584	43%	97%
X (Twitter)	457	515	543	5.4%	18.8%

VI. If your unit concluded FY2023 with a Fund 3 addition to Fund Equity 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 (i.e., lapsed salary, conference travel, etc.).

CAPS had a \$215,631 addition to fund equity due to lapsed salaries. This amount will be carried forward to potentially cover:
 Protocall contract amendment = 107,378
 Protocall individual counseling sessions = 108,253

VII. Please provide a narrative of how your unit would accommodate a reduction of 5% in your total approved FY 2025 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 5% (149,605.95) in the Student Service Fees base budget of 2,992,119 through a reduction in the following line items:

- 1) Advertising = 1,800
- 2) Business Meals= 1,500
- 3) Facilities/work orders = 2,500
- 4) Financial/Legal = 3,500
- 5) Parts/Furniture = 1,000
- 6) Printing/postal/freight = 1,000
- 7) Professional Development = 10,500
- 8) Travel = 42,000
- 9) Travel Guest = 20,000
- 10) Programs/events= 30,000
- 11) Temporary Staffing = 30,000
- 12) Services = 5805.95



VIII. Please discuss any budget or organizational changes experienced since your last (FY2024) SFAC request, their impact on your programs, and your reason for implementing them.

Since our last (FY 2024) request, CAPS has had 6 staff departures (4 clinical staff; 2 support staff) and welcomed 6 new clinical staff this fall 2023. Two of these hires included new positions (both of whom were hired earlier in January 2023), the *Clinical Care Coordinator* and the *Embedded Counselor* in the Tilman J. Fertitta Family College of Medicine.

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 and report the amounts received in the appropriate rows/columns on the SFAC spreadsheet. If applicable, what can be done to increase donations, sponsorship sales, and other revenue streams? Please answer each separately

With respect to one time funding, in FY 23 CAPS obtained two, new sources of funding. First, Annual Giving did some experimenting towards the middle of the Spring 2023 semester as it pertains to choosing a different fund (other than Fund for UH) for graduating students to give in order to receive a spirit cord. We were grateful that 320 students gave a combined total of \$3,551.96 in support of CAPS (note: student philanthropy is about participation vs. revenue). The second funding source was through event sponsorship. CAPS hosted our first Community Mental Health Resource Fair. The event sponsorship totaled \$2800 from 8 community partners.

With respect to long term funding, in late FY 22, CAPS and the Tilman J. Fertitta Family College of Medicine embarked on a joint collaboration to create the inaugural *Embedded Counselor* position that is “embedded” within the College of Medicine (COM). The first Embedded Counselor (EC) was hired in January 2023. The EC has a split schedule in which 80 percent of their time is to serve COM students and 20 percent at CAPS serving the general UH undergraduate and graduate population. The EC’s primary responsibility is to provide mental health counseling, consultation, and outreach to the medical students of the Tilman J. Fertitta Family College of Medicine. The EC also maintains 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. CAPS maintains clinical oversight (and liability) for the EC, and thus, the EC reports to an administrative supervisor from CAPS. The EC operates within the CAPS clinical policies and procedures and attends all staff and clinical consultation meetings. This arrangement has worked nicely for the COM and CAPS as we are able to provide specialized attention for the COM students while funding and space is resolved through the COM. Currently, additional Embedded Counselors are being established for Athletics, College of Engineering, and CLASS.

X. Does your unit generate revenue?

- i. Provide your unit's P&L statement for the current fiscal year and trailing five-years showing all revenue streams for your unit.***
- ii. Provide line-item data for each revenue stream.***

For each revenue stream, provide an explanation of the nature of the revenue and briefly articulate the successes and failures for each line item.

From January 2013 – March 2023, CAPS charged students a minimal fee (\$5) to utilize individual counseling and \$25 for no shows/late cancelations. Group therapy, workshops/trainings, and crisis appointments have always been free of charge. The initiation of fees was to encourage students' investment in their mental health and discourage no shows/late cancels. While it generated approximately 25-30k per year, it was less about increasing revenue than about the former reasons. Through the years, CAPS observed that the notion of fees (whether students could actually afford or not) served as a barrier to seeking mental health treatment. In March 2023, CAPS decided to permanently suspend fees to reduce any barriers. However, we have retained the no show/late cancel fee because we want students to be aware of the limited availability of these valuable appointments that could otherwise be offered to another student if the cancelation was made 24 hours or more.

XI. Does your unit raises money from donors and sponsors? If your unit does not receive donations or sponsorships, respond "not applicable."

With respect to actively pursuing donations, it is important to note that CAPS cannot engage in traditional fundraising activities such as actively soliciting direct support from former patients, alumni, etc. due to compliance with ethical boundaries and avoiding potential dual relationships. 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.

We do not intentionally raise money from donors and sponsors but we have received gift amounts over the past years from various donors, totaling 22,192.38. A breakdown of these gifts include:

- 2019 = 460.19
- 2020 = 14,530
- 2021 = 519
- 2022 = 612
- 2023 = 6071.19

XII. 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 Health and Wellbeing (HWB), which is comprised of 6 different departments. 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 wellbeing of our students requires a university wide effort to create a web of support. CAPSs works 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 departments offer 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.

XIII. What percentage of department M&O is allocated to marketing?

- i. Please detail your comprehensive marketing strategy towards the student body including metrics used to measure the effectiveness of the marketing strategy.***
- ii. How much revenue is allocated towards the marketing strategy?***

- i. Overall marketing strategy is to increase campus awareness and understanding about the scope of CAPS services. To ensure the campus community knows about the mental health services, each semester updates are made (i.e. dates, times, and active programs) via social media and our Liaison Newsletter. We strive to increase social media following by joining trending or university sponsored hashtags and by engaging with university affiliated accounts. Over the past 6 semesters CAPS has been a client of the Valenti Integrated PR agency. Students enrolled in this course develop and/or implement marketing of CAPS services with the same goal to increase campus awareness and understanding of CAPS services.
- ii. Marketing for counseling and psychological services is expensed through the VPSA office and marketed in conjunction with the University Marketing and Communication Division.

IXV. If any of your funding from the student service fee goes to your general operating fund, please detail where any student service fees you received went and what they were spent on as well as future intentions if granted. Otherwise please respond "not applicable".

Not applicable

XV. How does your unit contribute to campus culture and improve the student experience? How is the effectiveness of these contributions measured by your unit if at all? What else can your unit do going forward to continue to improve your contribution to the student experience?

- iii. Does your unit contribute to turning students into coogs for life?***

CAPS contributes to campus culture to improve the student experience via clinical services, outreach education and prevention programming, and training students to become providers in the profession of mental health. CAPS directly improves the student experience by reducing mental and emotional distress for those students who engage with our clinical services such as Individual Counseling, Focused Care Hours and Relationship Counseling. Our Essential Skills Workshops teach coping skills to assist with managing anxiety symptoms and emotion regulation. Further, we provide 24/7 self-help resources via Welltrack Boost, peer support through Togetherall, and 24/7 crisis services. Prior to FY24, we measured our efficacy through student self-report via our clinical service satisfaction surveys which are administered for all services, including Triage (now referred to as Access visit). Beginning in FY24, we have begun to administer the Counseling Center Assessment of Psychological Symptoms short-form (CCAPS -34) at every individual counseling session in order to

assess symptom changes in real-time allowing clinicians to make adjustments to treatment as needed and provide appropriate referrals to additional services at treatment end. CAPS will utilize this data to determine areas where clinicians may benefit from additional training and provide specific trainings to all staff to improve clinical competencies. CCAPS data and client satisfaction surveys will continue to be prioritized to better inform our service delivery.

Critical Outreach trainings like *QPR* Suicide Prevention and *You Can Help a Coog* (previously titled Helping Students of Concern) directly and indirectly impact the student experience by helping our community members identify students at-risk, respond with appropriate interventions, and understand the range of support resources available to students.

The UH CAPS clinical training programs (to part-time doctoral psychology practicum and full-time APA-accredited doctoral psychology internship) provide a key opportunity for service learning for graduate students in UH mental health degree programs. This opportunity allows them to provide direct clinical services and prevention activities in support of student retention and wellbeing, and prepares the trainees for their careers. The experience also increases their own sense of engagement with the UH campus, as many graduate students describe only going to their classes and feeling disconnected from the campus community and resources. Through their training at UH CAPS, graduate practicum trainees and interns become knowledgeable about the array of student resources available on campus and become adept at connecting students to them. Another contribution of our training programs is a sense of belonging and a desire to stay. Almost every year, we have former practicum trainees apply to our internship program; and many of our interns apply for permanent staff positions at CAPS (or at other UH positions) upon graduation. The percentage of trainees that apply for further training or employment at CAPS demonstrates the impact of these partnerships on their engagement with the university. While our trainees routinely complete evaluations of their training experiences at CAPS, we have not asked specifically about the impact of being a trainee here on their UH student experience but we can add this to future surveys.

