Counseling and Psychological Services

Division of Student Affairs

Student Fees Advisory Committee

Report of FY 25 (2024-2025)

FY 2027 Program Questionnaire

CAPS

I. Mission,Goals and Benefits for Students

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 and other support services; 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 Psychology, Clinical Psychology, and Social Work graduate programs via our practicum training program. CAPS takes a comprehensive, public health approach to bolster and protect the mental health of the student body and UH community. This approach promotes a campus-wide responsibility to create a web of support. Casting this wide net of support across the university is a core tenet of the JED Campus initiative, which has been lead by CAPS since FY 23 and we are excited to continue this forward through FY 26 and beyond. Through the wide array of clinical, outreach, and training services, CAPS primary goal is to support student success and retention.

According to the Center for Collegiate Mental Health's (CCMH) 2024 Annual report, rates of prior counseling and psychotropic medication usage continue to climb each year and are at their highest levels since this data was first collected in 2012. Notably, 63% of students entered services with prior counseling. Therefore, it is essential that there is an alignment around staffing levels and service capabilities. With the increase in CAPS FTE staff starting in FY 25, we have been able to provide more treatment to students (e.g. increase in all clinical services appointments). The desire to increase the frequency and duration of therapy has been consistent feedback we have received from students. More treatment has shown to lead to greater improvement and persistence in school. Most notably, when students experience a decrease in academic distress during counseling while concurrently participating in an extracurricular activity, they were 50% less likely to withdraw from school (CCMH *2022 Annual Report*).

Post-COVID due to the developed capability of virtual therapy, students have more choices for treatment effectively removing distance as a former barrier. Consequently, they are able to continue with a pre-existing provider or access many of the affordable virtual therapy platforms. Additional self-help (e.g. Welltrack Boost) and peer support (e.g. Togetherall) options may be convenient and preferred as sole support or supplement therapy. CAPS has been able to maintain the flexibility of virtual and in-person services. We've also expanded our 24/7 support through the addition of Welltrack Boost and Togetherall. The expansion of post-COVID options has resulted in two-third of counseling centers nationwide reporting decreased utilization of unique clients (CCMH *2024 Annual Report*). While this is also true for CAPS, the benefit is that we are able to provide more treatment for those who access our clinical services and decreased the number of students referred off-campus. Our data also indicates that UH students participating in individual counseling at CAPS are demonstrating a decrease in symptoms greater than that of the national average. This further illustrates the tremendous impact of CAPS on supporting student success and retention.

II. ***Please discuss the means that you are utilizing to evaluate both your success in achieving the DSA strategic initiatives and/or action steps in contributing to the retention of students. Where data exists, discuss any assessment measures and/or learning outcomes used to evaluate program success. Please provide the method for collecting this 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 2024 Annual report summarized data contributed by 213 college and university counseling centers, describing 173,536 unique college students seeking mental health treatment, 4,954 clinicians, and 1,215,151 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.

UH CAPS administers the CCAPS at every appointment. We utilize the long-form (CCAPS-62) for Access Visits and for couple's treatment planning appointments (start of couple's treatment) and the short-form (CCAPS-34) at all individual and crisis appointments. Both versions have high reliability and validity and include subscales for Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Frustration/Anger, Family Distress (CCAPS-62 only), and Substance Use (Alcohol Use only on the CCAPS-34). Both versions also provide an overall Distress Index score. The CCAPS is used by most counseling centers nationwide and allows each counseling center to compare their own

student averages to the averages in a national sample. The FY25 CCAPS-62 data [administered at the Access Visit] indicated that University of Houston students who present for Access Visit are exhibiting more distress than the national average and we see a similar outcome for students referred for individual counseling. This includes higher levels of thoughts of suicide or harming others. You can view comparison along different symptom clusters below (red indicates higher scores, green indicates lower scores, and black indicates no difference):

CCAPS-62 – Administered at Access Visit (FY25):

CCAPS-62 Subscales	University of Houston (1139 clients) Average Distress Level (0-4)	National Sample (300,716 clients) Average Distress Level (0-4)
Depression	2.01	1.76
Generalized Anxiety	1.97	1.86
Social Anxiety	2.19	2.12
Academic Distress	2.13	1.89
Eating Concerns	1.20	1.10
Frustration	1.14	0.97
Family	1.75	1.42
Substance Use	0.48	0.54
Distress	1.97	1.79
"I have thoughts of ending my life (SI)"	0.84	0.69
"I have thoughts of hurting others (THO)"	0.19	0.15

CCAPS-34 – Administered at all Individual Treatment Appointments – Data for First Treatment Planning Session (FY25):

CCAPS-34 Subscales	University of Houston (1347 clients) Average Distress Level (0-4)	National Sample (488,190 clients) Average Distress Level (0-4)
Depression	1.82	1.62
Generalized Anxiety	2.02	1.99
Social Anxiety	2.13	2.08
Academic Distress	2.15	1.95
Eating Concerns	1.08	1.03
Frustration/Anger	0.95	0.80
Alcohol Use	0.38	0.44
Distress	1.89	1.76
"I have thoughts of ending my life (SI)"	0.77	0.66
"I have thoughts of hurting others (THO)"	0.18	0.13

In FY25, we administered the CCAPS-34 at every individual treatment appointment to further assess the efficacy of treatment provided at CAPS. Congruent with previous years, the FY25 CCAPS-

34 data indicated that University of Houston students who participate in individual counseling are continuing to experience a greater decrease in symptoms than the national average. The treatment response report is based upon students who attended at least two individual counseling appointments and an average of 6.8 sessions. In addition to the overall symptom reduction data, 82% of clients who reported suicidal ideation at the start of treatment decreased their suicidal ideation score at post-treatment and 76% of clients who reported thoughts of hurting others at pre-treatment decreased their score at post-treatment. You can view comparison along different symptom clusters below (red indicates higher scores, green indicates lower scores, and black indicates no difference):

CCAPS-34 – Treatment Response Data (FY25):

CCAPS-34 Subscales	University of Houston (853 clients) Average Distress Level at start, end (0-4)	National Sample (452,140 clients) Average Distress Level at start, end (0-4)	Difference between University of Houston and National Sample Change Over Time
Depression	2.18, 1.37	2.05, 1.48	0.24
Generalized Anxiety	2.44, 1.69	2.39, 1.88	0.23
Social Anxiety	2.60, 2.08	2.58, 2.21	0.15
Academic Distress	2.49, 1.81	2.37, 1.99	0.31
Eating Concerns	2.40, 1.68	2.31, 1.73	0.14
Frustration/Anger	1.64, 0.90	1.51, 0.94	0.18
Alcohol Use	1.24, 0.66	1.28, 0.79	0.10
Distress	2.23, 1.50	2.13, 1.65	0.29

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, 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 clinical services and outreaches. FY25 CLICC data is displayed below.

CLICC (FY-25):

Top 10 Presenting Concerns, in order of Prevalence, Clients can have multiple:
1161 clients

1. Anxiety (66%)
2. Stress (59.1%)
3. Depression (45.3%)
4. Academic Performance (39.0%)
5. Interpersonal Functioning (32.6%)
6. Family (33.0%)
7. Self-Esteem/Confidence (26.4%)
8. Relationship Problem (specific) (22.7%)
9. Social Isolation (18.9%)
10. Sleep (18.6%)

UTILIZATION DATA (CLINICAL SERVICES)

CAPS Clinical Services Utilization Data (FY25):

Service	**FY 23** 9/1/2022-8/31/2023	**FY 24** 9/1/2023-8/31/2024	**FY 25** 9/1/2024-8/31/2025	**%-Change** (1 year) FY24 v. FY25	**%-Change** (2 years) FY23 v. FY25
All Clinical Services (unique clients)	1766	1447	1392	-3.8%	-21.2%
All Clinical Services (# of appointments) - all campuses	9347	9758	10669	+9.3%	+14.1%
All Clinical Services (unique clients) – Sugar Land	27	11	12	+8.3%	-55.6%
Access Visit appointments (unique clients)	1571	1273	1164	-8.6%	-25.9%
Access Visit appointments (# of appointments)	1934	1572	1412	-10.2%	-27.0%
Access Visit appointments (unique clients) - Sugar Land	8	3	5	+66.7%	-37.5%
Individual Counseling (unique clients)	785	796	852	+7.0%	+8.5%
Individual Counseling (# of appointments)	4903	6239	6605	+5.9%	+34.7%
Individual Counseling (unique clients) - Sugar Land	19	8	11	+37.5%	-42.1%

Individual Counseling (appointments) - Sugar Land	76	46	63	+37.0%	-17.1%
Focused Care Hour/ Single Session Therapy (unique clients)	289	194	154	-20.6%	-46.7%
Focused Care Hour/ Single Session Therapy (appointments)	473	355	302	-15.0%	-36.2%
Essential Skills Workshops (unique clients)	97	73	130	+78.0%	+34.0%
Essential Skills Workshops (# of appointments)	441	267	469	+75.7%	+6.3%
Group Therapy (unique clients)	93	87	102	+17.2%	+9.7%
Group Therapy (# of appointments)	946	868	1031	+18.8%	+9.0%
After Hours Contacts/ Protocall (# of calls)	259	377	266	-29.4%	+2.7%
Hospitalizations during course of treatment (unique clients)	19	16	15	-6.3%	-26.7%

Students seen at Access Visit Fall 2024 v Fall 2025:

	Fall 2024 (first 6 weeks of semester)	**Fall 2025 (first 6 weeks of semester)**	**%-Change**
Number of unique students at Access Visit	311	310	-0.03%

Based on consistent feedback from students, CAPS has been focused on improving access to individual counseling and longer-term treatment for our students. As our staff has grown, we are able to offer longer-term treatment shifting our model from 5-8 individual sessions to 10-12 individual sessions. CAPS continues to have no formal session limit, allowing our clinicians flexibility in serving our students and meeting student needs. We saw an overall increase in utilization of our therapy services including but not limited to individual counseling and group counseling. Our groups program continues to expand as driven by four of our ten top presenting concerns relating to social functioning. While CAPS continues to operate according to our Stepped Care model, we have been able to decrease the number of students referred off-campus and offer more therapy due to our increased staffing. With the addition of our Clinical Care Coordinators in FY25, we are ensuring that those students who are referred off-campus receive a "warm hand-off" to the next provider, and supported throughout the entire process.

CAPS and the other Health & Wellbeing departments have been promoting a university-wide responsibility of "Coogs Care," where Cougars are looking out for each other and 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. This has also contributed to the accessibility of longer-term services in our center for those who do reach the level of requiring CAPS Services. Congruent with this Coogs Care responsibility, we saw a decrease in our after-hours crisis calls meaning that students are likely accessing care before it reaches the level of after-hours crisis. Furthermore, those who are accessing CAPS services are experiencing a greater decrease in symptomology than the national average. This continues to support the efficacy of our services and our contribution to student well-being.

UTILIZATION DATA (OUTREACH)

CAPS outreach arm provides educational, preventative, and postvention programming to the University of Houston community. Areas of outreach include mental health trainings, mental health consultations, support groups (e.g. grief group, medical student support hour), debriefings after a traumatic event, presentations, tabling at campus fairs, and media/class interviews.

CAPS Outreach Utilization Data (FY25):

Service	FY 23 9/1/2022-8/31/2023	FY 24 9/1/2023-8/31/2024	FY 25 9/1/2024-8/31/2025	%-Change (1 year FY24 v. FY25)	%-Change (2 years FY 23 v. FY25)
Mental Health Trainings (individuals trained)	957	742	878	18.3%	-8.25%
Let's Talk Consultations	199	195	184	-5.64%	-7.54%
General Consultations	72	127	217	70.9%	201%
Number of total Outreach Activities	293	268	296	10.5%	1.02%

Mental Health Trainings

Two signature mental health/suicide prevention trainings are offered to the campus community to build skills and confidence in supporting mental health needs of the UH community. First, the *You Can Help a Coog* (YCHAC) Training teaches 3 skills: Recognize, Respond with empathy, and Refer students in distress to UH and national resources. The second, *QPR* is a nationally certified suicide prevention training that teaches 3 skills: **Q**uestioning about suicide, **P**ersuading someone to get help, and **R**eferring the person for professional assistance. These Mental Health Trainings (QPR = 474; YCHAC = 404) increased in FY25 after a drop between FY23 to FY24. The drop in trainings (for FY24) occurred after an increase in QPR training requests following two public student deaths by suicide in February and March of 2023, the implementation of the JED campus initiative strategic in 2022, and marketing on the CoogsCARE webpage. This year, direct efforts to market *YCHAC* trainings to

departments resulted in over 400 individuals trained compared to 261 in FY24. Each year, CAPS works with Faculty Engagement and Development office (who coordinate new faculty orientation) and last year over 100 new faculty completed *YCHAC*.

Let's Talk

Is a consultation service where CAPS clinicians are stationed at five locations across campus and virtually to support students with consultation outside of the therapy office. It is a service that provides easy access to informal, confidential consultations with licensed clinicians from CAPS. Consultations are free of charge, and no appointment or paperwork is needed. Current locations across campus include, Student Center, MD Anderson Library, Student Service Center 1, Athletics/Alumni building, and Passport for Coogs. Mental health consultations are marketed mainly through the Let's Talk program. Consultations are available to the entire UH community – students, staff, and faculty. Let's Talk has generally maintained utilization. Passport for Coogs office and the Student Center South location have the highest utilization of all the in-person Let's Talk locations in FY25 at 34 visits each. The virtual hours offered on Mondays and Thursdays saw the most visits at 54 out of all the locations. Given the increase mental health needs of the student population, we anticipate continued use of the Let's Talk consultation program as well as the general consultations provided by CAPS.

General consultations

These are provided during business hours by the clinician on duty at the time. General consultations are now included in the table above to capture the comprehensive nature of outreach service provided. CAPS has been more intentional with tracking general consultations provided to the UH community. These consultations regarding a student of concern come from students, faculty, staff, and family members of students who reach out via email or phone during business hours wanting professional mental health advice from CAPS licensed clinicians. The continuing upward trend in mental health consultations provided by CAPS is shown by the 70.9% increase from FY24 and a 201% increase when compared to FY23.

Outreach activities

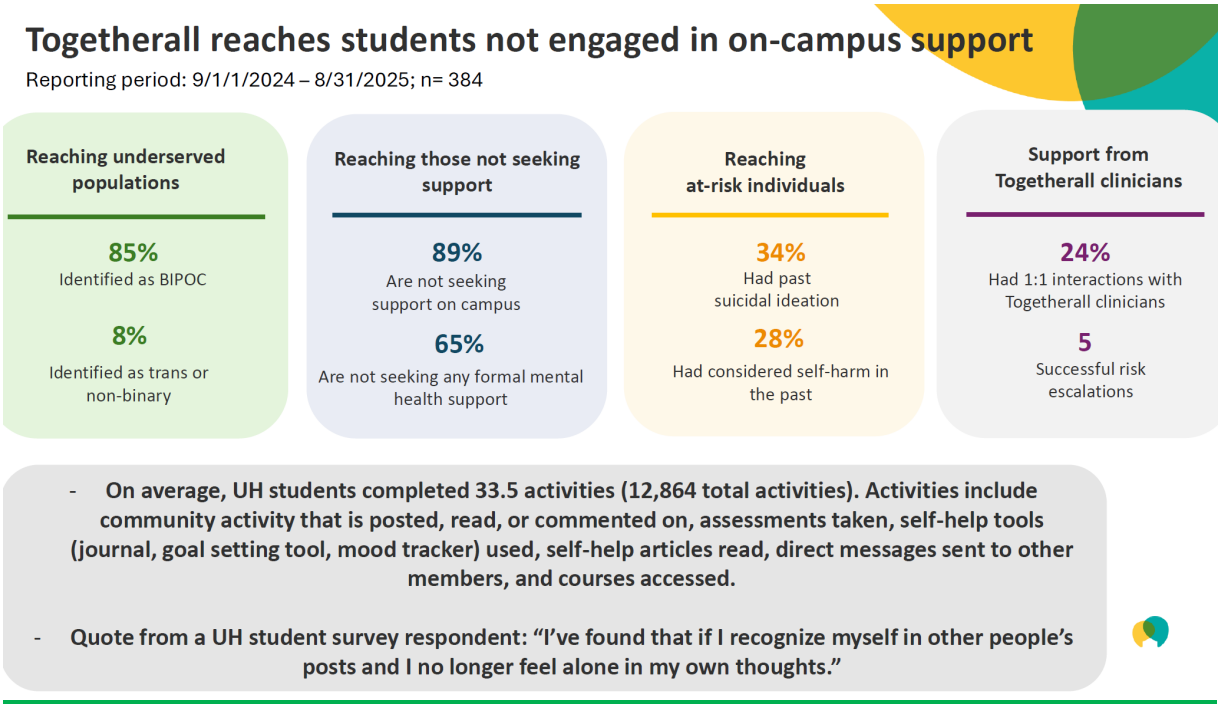
These include: *Presentations* (68) which can be customized based on the audience and can include a variety of topics such as CAPS Services, Stress Management, Relationships, and Mindfulness; *Tabling at campus events* (131); *Media and classroom interviews* (17); *Support groups* (41); *Debriefings after a traumatic event* (2); and *CAPS liaisons meetings* (37). Outreach activities are dynamic in the sense that most of the activities are requests from the campus departments and CAPS is unable to control the number of times we are requested for a particular activity. CAPS receives requests to provide outreach activities during and outside of business hours, and on occasion, on weekends. Increases in CAPS staffing have allowed us to fulfill nearly all requests even with late (less than 2-week notices) and same day requests. In FY25 CAPS filled 14 out of 15 late requests (range 1-9 days prior). Out of the total outreach requests (296), 9.8% were conducted outside of business hours, totaling 52 hours.

24/7 Supports

CAPS has added services mental health supports for students outside of regular business hours. Two of the new 24/7 online services are Togetherall, a peer support platform and Welltrack Boost, a self-help app. Togetherall is a clinically moderated mental health support resource where students can connect with a global community of peers with shared lived experiences. Togetherall provides a safe and

anonymous space in which students can benefit from an online peer-to-peer community by receiving and providing support 24/7. Of significance, Togetherall showed evidence that it reached students who were not getting support otherwise. Welltrack Boost's interactive CBT-based tools help students assess and understand their behavioral health and offer personalized recommendations for individual wellness.

Service	FY 24 9/1/2023-8/31/2024	FY25 9/1/2024-8/31/2025	9/1/2025-	Total Users
Togetherall Web-based Platform	613	389	28	**1030**
Welltrack Boost App	1973	761	76	**2810**



JED Campus Initiative

JED Campus is a nationwide initiative of The Jed Foundation (JED) which guides UH through a 4-year, collaborative process of comprehensive systems, program, and policy development with customized support to build upon existing student mental health, substance use, and suicide prevention efforts. Over 41 departments and units across the university have been involved with JED since it began in Summer 2022. In the last year we've had 12 new students and faculty complete the JED interest form. Currently we have 300 members of the JED Microsoft Teams and 8 active workgroups. This year the workgroups successfully completed the following: 1) Ensured that CAPS and 988 resources are printed on the back of all Cougar Cards; 2) Received approval from UH Branding for a green Certified Caring Coog shirts; 3) Approved a budget to install permanent hope signage in high-risk areas around campus; 4) Create a UH postvention and crisis management response structure; 5) Promote safe substance use through educational campaigns, drug take back, and substance use support groups; and 6) Support student-led events focused on building social connections. The overall impact of being a JED Campus is significant in that we have created a web of support across campus through the involvement of many stakeholders beyond CAPS.

III. ***Please discuss any budget or organizational changes experienced since your last (FY2026) SFAC request, their impact on your programs, and your reason for implementing them.***

In response to the recommendations from the UH Mental Health Task Force and CAPS External Review conducted in May 2023, CAPS added 24/7 mental health resources as noted above and is working towards increasing the total number of recommended licensed clinicians to 35 FTE. At the conclusion of FY 25, CAPS filled the following newly funded positions: 1) JED Strategy Manager; 2) Clinical Case Manager; 3) Embedded Clinician in Bauer College of Business; 4) Embedded Clinician in the College of Natural Sciences and Mathematics; 5) Embedded Clinician in Cullen College of Engineering; and 6) One (of three) Mobile Response Clinicians. We anticipate that we will be able to hire the remaining two Mobile Response Clinicians by no later than the end of FY 26. This will then complete the hiring of the 8 newly funded positions that SFAC kindly approved in our last request (FY 2026) bringing CAPS to a total of 30 FTE. In order to reach the recommended 35 FTE, CAPS would need to request new base funding in the future when it becomes available. It is projected that these additional positions would support the continued expansion of embedding clinicians within more colleges as well as further developing the mobile response support outside of business hours into the weekend.

Questionnaire completed by:

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