



Counseling and
Psychological Services

Division of Student Affairs

Student Fees Advisory Committee

Report of FY 24 (2023-2024)

FY 2026 Program Questionnaire

FY 2026 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 and Social Work 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. Casting this wide net 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.

Post-COVID, CAPS offers virtual and in-person services. Clinical utilization for UH CAPS and nationally has not climbed back to pre-COVID volumes and this decrease is potentially related to a variety of factors. The latest data from the Center for Collegiate Mental Health (CCMH, 2024) reported that two-third of counseling centers nationwide are reporting decreased utilization. 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, decrease enrollment, students accessing other types of support (e.g. self-help, peer support, support groups, mental health training/workshop, medication) outside of traditional therapy, and continued challenges around perception of CAPS scope of services which may deter them from initiating services.

In FY 24, while we experienced an overall decrease in utilization, we saw a notable increase in utilization of individual counseling and the provision of individual counseling appointments. Thus, while there are less unique clients, there is more treatment for those who access our clinical services. CAPS maintains a Stepped Care model, but we have been able to decrease the number of students referred off-campus due to our increased capacity with staffing and decreased utilization. The data indicates that UH students participating in individual counseling at CAPS are also demonstrating a decrease in symptoms greater than that of the national average. An additional positive contributor to the decrease in clinical utilization is that we 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 have more opportunities and options for support (e.g. times and methods), and may not necessarily rise to the level of requiring CAPS.

Since the last SFAC report, CAPS has responded to some of the recommendations from the Mental Health Task Force and the CAPS External Review by completing the following: 1) secured an external vendor [WellTrack Boost](#) and [Togetherall](#) to provide 24/7 mental health services, 2) participated in an aggressive internal campaign to raise awareness about available mental health resources resulting in the creation of the [CoogsCARE](#) website, 3) suspended all fees associated with therapy services in March 2023 to reduce barriers to accessing services, 4) increased potential to retain and recruit highly qualified clinicians by raising staff compensation, 5) established Embedded Counselors in Bauer, Engineering, Natural Science and Mathematics, 6) in the process of hiring a JED Strategy Manager and Clinical Case Manager, 7) in the process of establishing a mobile crisis response team, 8) created the CoogsCare Tool Kit for faculty/staff, 9) redesigned a mental health training series that includes the popular *You Can Help a Coog* workshop, and 10) identified high risk areas around campus to install permanent hope signage. It is well established that the mental health of our students is an integral component to their success at the University of Houston. Therefore, we must prioritize resources and continue to build upon the CAPS staff FTE. The [Clinical Load Index](#) is a metric of being adequately staffed relative to size of university, utilization rate, and treatment model. It tells us how many students need to be serviced by each clinician in order for everyone who wants it to receive services. This number can then either be high (>147), low (<57), or



mid (57-127) relative to the expectations the university community has about the services they want. If we want to serve all students through individual counseling, even those requiring longer-term or more frequent visits than every other week, the average clinical case load of each clinician will need to go down (i.e. low CLI). If CAPS can refer some students elsewhere, set limits on number of sessions, and refer some students to more efficient alternatives to individual counseling then the average case load can go up (e.g. mid). In response to the recommendations from the External Review, “UH CAPS is significantly under-resourced in terms of direct service providers. For a campus enrollment of 47,000 students, we recommend 35 total clinical FTE. This would, using the Clinical Load Index (CLI), allow for a capacity of 8% of the student body per year. This would represent a doubling of current clinical capacity of service and meet the average range for large university counseling centers” CAPS is requesting further support from SFAC to continue to build upon our staffing levels and 24/7 resources. Together, we must work to build a web of support across campus. This entails adding another Clinical Case Manager, Embedded Counselors to be positioned within more colleges to widen the access points for students, multiple- shift Mobile Crisis Response team that can be deployed to a crisis situation or classroom, and increasing availability of mental health support after business hours when students tend to reach out for help. Lastly, we must strive to reach those student who are currently not seeking any formal mental health support.

II. Please discuss the means that you are utilizing to evaluate both your success in achieving the DSA strategic initiatives and/or action steps and their importance as compared to others that you might pursue. 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 2023 Annual report summarized data contributed by 195 college and university counseling centers, describing 185,114 unique college students seeking mental health treatment, 4,817 clinicians, and 1,259,380 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 long-form (CCAPS-62) for Access Visits (formerly called Triage) and for couple's treatment planning appointments (start of couple's treatment) and the short-form (CCAPS-34) at all individual 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, 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 FY24 CCAPS-62 data [administered at the Access (initial) 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. 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 (FY24):

CCAPS-62 Subscales	University of Houston (965 clients) Average Distress Level (0-4)	National Sample (274,364 clients) Average Distress Level (0-4)
Depression	1.91	1.78
Generalized Anxiety	1.90	1.86
Social Anxiety	2.16	2.05
Academic Distress	2.04	1.92
Eating Concerns	1.15	1.07
Frustration	1.09	0.96
Family	1.63	1.37
Substance Use	0.44	0.62
Distress	1.87	1.81
"I have thoughts of ending my life (SI)"	0.78	0.72
"I have thoughts of hurting others (THO)"	0.18	0.15

CCAPS-34 – Administered at all Individual Treatment Appointments – Data for First Treatment Planning Session (FY24):

CCAPS-34 Subscales	University of Houston (1397 clients) Average Distress Level (0-4)	National Sample (452,140 clients) Average Distress Level (0-4)
Depression	1.91	1.67
Generalized Anxiety	2.06	2.01
Social Anxiety	2.14	2.03
Academic Distress	2.19	1.99
Eating Concerns	1.11	1.01
Frustration/Anger	0.96	0.79
Alcohol Use	0.38	0.52
Distress	1.93	1.78
“I have thoughts of ending my life (SI)”	0.84	0.69
“I have thoughts of hurting others (THO)”	0.16	0.13

In FY24, we administered the CCAPS-34 at every individual treatment appointment to further assess the efficacy of treatment provided at CAPS. The FY24 CCAPS-34 data indicated that University of Houston students who participate in individual counseling are experiencing 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. In addition to the data below, 73% of clients who reported suicidal ideation at the start of treatment decreased their suicidal ideation score at post-treatment and 78% 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 (FY24):

CCAPS-34 Subscales	University of Houston (695 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 at treatment end
Depression	2.27, 1.51	2.11, 1.55	0.04
Generalized Anxiety	2.42, 1.80	2.42, 1.94	0.14
Social Anxiety	2.52, 2.09	2.48, 2.16	0.07
Academic Distress	2.53, 1.95	2.43, 2.07	0.12
Eating Concerns	2.16, 1.56	2.08, 1.59	0.03
Frustration/Anger	1.71, 1.10	1.65, 1.05	-0.05
Alcohol Use	1.51, 0.84	1.54, 0.96	0.12
Distress	2.26, 1.64	2.15, 1.71	0.08

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. FY24 CLICC data is displayed below.

CLICC (FY-24):

Top 10 Presenting Concerns, in order of Prevalence, Clients can have multiple:
1272 clients

1. Anxiety (67.5%)
2. Stress (58.1%)
3. Depression (48.9%)
4. Academic Performance (44.3%)
5. Interpersonal Functioning (29.1%)
6. Family (28.2%)
7. Relationship Problem (24.4%)
8. Self-Esteem/Confidence (21.8%)
9. Attention/Concentration Difficulties (17.0%)
10. Emotion Dysregulation (14.6%)

UTILIZATION DATA (CLINICAL SERVICES)

CAPS Clinical Services Utilization Data (FY24):

Service	FY 22 9/1/2021- 8/31/2022	FY 23 9/1/2022- 8/31/2023	FY 24 9/1/2023- 8/31/2024	%-Change (1 year) FY23 v. FY24	%-Change (2 years) FY22 v. FY24
All Clinical Services (unique clients)	2001	1766	1447	-18.1%	-27.7%
All Clinical Services (# of appointments) - all campuses	10137	9347	9758	+4.4%	-3.7%
All Clinical Services (unique clients) – Sugar Land	9	27	11	-59.3%	+22.2%



Access Visit appointments (unique clients)	1811	1571	1273	-19.0%	-29.7%
Access Visit appointments (# of appointments)	2278	1934	1572	-18.7%	-31.0%
Access Visit appointments (unique clients) - Sugar Land	5	8	3	-62.5%	-40.0%
Individual Counseling (unique clients)	931	785	796	+1.4%	-14.5%
Individual Counseling (# of appointments)	5882	4903	6239	+27.2%	+6.0%
Individual Counseling (unique clients) - Sugar Land	6	19	8	-57.9%	+33.3%
Individual Counseling (appointments) - Sugar Land	42	76	46	-27.6%	+9.5%
Focused Care Hour/ Single Session Therapy (unique clients)	183	289	194	-32.9%	+6.0%
Focused Care Hour/ Single Session Therapy (appointments)	308	473	355	-25.0%	+15.3%
Essential Skills Workshops (unique clients)	103	97	73	-24.7%	-29.1%
Essential Skills Workshops (# of appointments)	330	441	267	-39.5%	-19.1%
Group Therapy (unique clients)	96	93	87	-6.5%	-9.4%
Group Therapy (# of appointments)	888	946	868	-8.2%	-22.5%
After Hours Contacts/ Protocall (# of calls)	200	259	377	+45.6%	+88.5%
Hospitalizations during course of treatment (unique clients)	15	19	16	-18.2%	+6.6%

Students seen at Access Visit Fall 2023 v Fall 2024:

	Fall 2023 (first 5 weeks of semester)	Fall 2024 (first 5 weeks of semester)	%-Change
Number of unique students at Access Visit	272	269	-1.1%

Post COVID-19 pandemic, overall utilization of CAPS clinical services has decreased. This is consistent with approximately 2/3 of university counseling centers nationwide per the 2024 CCMH data. This decrease is potentially related to a variety of factors including, but not limited to: increased numbers of students retaining therapists from the pandemic, influx of affordable virtual therapy platforms, students accessing other types of support (e.g. self-help, peer support, support groups, mental health training/workshop, medication) outside of traditional therapy, and continued challenges around perception of CAPS scope of services which may deter them from initiating services.

While we see an overall decrease in utilization, we saw a notable increase in utilization of individual counseling and the provision of individual counseling appointments. This is reflective of our clinicians focusing on meeting our students' requests for more individual counseling. Thus, while there are less unique clients, there is more treatment for those who access our clinical services. CAPS also continues operate according to our Stepped Care model, but we have been able to decrease the number of students referred off-campus due to our increased capacity with staffing and decreased utilization. Consequently, we have been able to increase the amount of individual counseling we provide to our students and the data indicates that UH students participating in individual counseling at CAPS are also demonstrating a decrease in symptoms greater than that of the national average. An additional positive consideration for the decrease in overall clinical utilization is that we 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. They can also access help/support at times and methods that are more convenient for them.

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.

Two standard 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. *You Can Help a Coog* Training (previously Helping Students of Concern) teaches 3 skills: 1) recognize 2) respond with empathy and 3) refer students in distress for very specific UH support resources for participants. *QPR* is a nationally certified suicide prevention training that teaches 3 skills: 1) Questioning about suicide 2) Persuading someone to get help and 3) Referring the person for professional assistance.

Let's Talk is a consultation service where CAPS clinicians are stationed at various locations across campus and virtually in order 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. 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. Consultations are free of charge, and no appointment or paperwork is needed. However, general consultations are provided during business hours by the clinician on duty at the time. Previous reports have not included



general consultation services. General consultations are now included in the table below to capture the comprehensive nature of outreach service provided.

CAPS completed our second annual Community Mental Health Resource Fair this past May during Mental Health Awareness Month. The fair serves to a) highlight and connect appropriate community mental health resources with students as they graduate and b) allows campus mental health professionals to know more about the therapy resources in the Houston area. In 2023, the fair attracted 226 attendees (who completed the check-in). This Spring 138 attendees completed checked in for the event. The first year there was a free t-shirt given away at the event and marketing began about 7th months prior to the event. This year, due to competing priorities of JED Campus and Staff Searches we did not begin marketing until 4 months prior to the event. Instead of free t-shirts, lunch was provided to attendees. We believe that these factors may have contributed to the decrease in attendance.

CAPS Outreach Utilization Data (FY23):

Service	FY 22 9/1/2021- 8/31/2022	FY 23 9/1/2022- 8/31/2023	FY 24 9/1/2023- 8/31/2024	%-Change (1 year FY 23 v. FY 24)	%-Change (2 years FY 22 v. FY 24)
Suicide Prevention Training/ QPR (individuals trained)	608	957	742	-22%	22%
Let's Talk Consultations	221	199	195	-2%	-11.7%
General Consultations	75	72	127	76.4%	69.3%
Number of total Outreach Activities	252	293	268	-8.5%	6.4%

QPR Suicide Prevention Trainings spiked last academic year due to increases in QPR training requests following two public student deaths by suicide, the implementation of the JED campus initiative strategic plan items, and marketing on the [CoogsCARE](#) webpage. *You Can Help a Coog* trainings account for 261 of the 742 suicide prevention trainings this year. Each year, CAPS works with Faculty Engagement and Development office (who coordinate new faculty orientation) and last year nearly 100 new faculty completed QPR. This year over 100 new faculty completed the You Can Help a Coog training.

Let's Talk has maintained utilization despite having to find a new location while the Wellness Center was under construction. We believe once the Let's Talk location at Wellness gets re-established utilization will increase, as it was one of the most visited locations prior to construction. Our newest location, Passport for Coogs office has seen the highest utilization of all the in-person Let's Talk locations this last year. 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. Already in the first 5 weeks of this semester (Fall 2024), CAPS has provided 61 general and Let's Talk consultations. The upward trend in mental health consultations provided by CAPS is shown by the 13%



increase from the previous Fall 2023 (at 54 consultations), and a 32% increase when compared to Fall 2022 (at 46 consultations) in the first 5 weeks of school. Given the increase mental health needs of the student population, we anticipate continued use of the formal Let's Talk consultation program as well as the general consultations provided by CAPS.

Outreach activities include presentations (69), tabling at campus events (105), media and classroom interviews (19), support groups (39), debriefings after a traumatic event (13), and CAPS liaisons meetings (35). 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. It is also important to note that SB17 has impacted CAPS ability to host identity-based support groups as it has in the past down 11 from the previous year.

24/7 Supports

CAPS has added services mental health support for students outside of regular business hours. Two of the new 24/7 online services are Togetherall, a peer support platform and WelltrackBoost, 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. 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	9/1/2024-	Total Users
Togetherall Web-based Platform	613	47	660
Welltrack Boost App	1973	126	2099

Togetherall connects at risk and hard to reach individuals that don't typically access traditional services

Reporting period 9/1/2023 – 8/31/2024; n = 613

Reaching underserved individuals

78%

Identified as BIPOC

4%

Identified as trans or non-binary

Reaching those not seeking other support

89%

Are not seeking support on campus

68%

are not seeking any formal mental health support

Reaching at-risk individuals

25%

Have past suicidal ideation

24%

Have considered self-harm in the past

Support from Togetherall clinicians

26%

had 1:1 interactions with Togetherall Wall Guides

3

Successful risk escalations

On average, UH students completed 22.5 activities (13,762 total activities). Activities include community activity that is posted, read, or commented on, assessments taken, self-help tools (journal, goal setting tool, mood tracker) used, self-help articles read, direct messages sent to other members, and courses accessed.

88% of US student survey respondents (n=1133) say it is very helpful or helpful for their mental health.

Quote from a UH student survey respondent: "It feels good to connect with others that have been through relatable experiences and not to feel alone."



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 31 new students and faculty complete the JED interest form. Currently we have 263 members of the JED Sharepoint/Team and 8 active workgroups. This year the workgroups have been able to complete the CoogsCare Tool Kit, package a mental health training series, propose a budget for permanent hope signage in high-risk areas around campus, contract for crisis response experts to solidify a UH postvention and crisis management structure, promote safe substance use through campaigns drug take back and substance use support groups, as well as support student-led events focused on building social connections. The overall benefit of being a JED Campus is that it promotes the establishment of a web of support that involves many stakeholders across campus beyond CAPS.

III. Please discuss any budget or organizational changes experienced since your last (FY2025) 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 is working to build the total number of licensed clinicians and 24/7 mental health resources. To date, CAPS has added the following clinical positions: 1) one JED Strategy Manager; 2) one Clinical Case Manager; 3) three Embedded Counselors (NSM, Bauer, Engineering); and 4) three Mobile Response Clinicians. With regard to 24/7 mental support services, CAPS has added Togetherall (Peer support mental health chat on-line community) and Welltrack Boost (a self-guided web or mobile app that helps individuals assess, understand and work on their own behavioral health and wellness).

IV. 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% (218,391.60) in the Student Service Fees base budget of 4,367,832 through a combination of Travel/business expenses, M&O and salary/wages. Given a majority of our budget is allocated toward salary/wages, a 5% reduction would require removing staff positions:

Travel/business

57,000

M&O

Events/promotions = 8,791.60

Rental space = 1,800

Licensure fees/memberships = 2,400

Staffing

3 positions (2 interns + support staff) = 148,400

V. 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 receive 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.

CAPS will continue to work with the DSA Advancement team to raise awareness and support from potential donors. In recent years, we have received gifts through Annual Giving, Cougar Cookers, and community sponsorships via our annual Community Mental Health Resource Fair.

Questionnaire completed by:

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