

## Counseling and Mental Health Center

### SFAC BUDGET REQUEST QUESTIONNAIRE – Budget Cycle FY26

- 1) Provide a summary of your unit's mission/purpose, how you accomplish your unit's mission or purpose, and a justification of your unit's student fee allocation in terms of the benefit to students.**

CMHC Mission and Purpose: Connect \* Empower \* Thrive

The mission of UHCL Counseling and Mental Health Center is to help students fulfill their goals by fostering connections with and among members of the university community, facilitating the discovery and realization of power in their strengths and developing the ability to address emotional and psychological challenges.

We accomplish this mission through our four program goals:

1. Help students identify and address emotional and psychological challenges
2. Promote the personal development and psychological wellbeing of students and members of the campus community.
3. Provide appropriate consultation and outreach to faculty and staff
4. Offer training opportunities for psychology and counseling professionals to cultivate the skills necessary to work in higher education and other related settings

Our fee allocation mostly pays for the staff needed to provide the direct services and educational programming for students related to mental health. As you can see from the outcome data provided below, the services provided have a positive impact on the mental health of the UHCL community.

- 2) Provide an organization chart of your unit. Include all professional and student staff positions (with names), as well as vacancies. Make sure it is easily identifiable between professional and student staff on the chart.**

See attached – we are happy to report that we are fully staffed right now.

- 3) Present your Budget Worksheet. You are required to show and outline ALL funding sources (i.e. student fees, central funding, grants, gifts, outside sales revenue, auxiliary income, etc.). Use this area to define each funding source, its intended purpose, and how you are utilizing said funds.**

3 Main Cost Centers

- 1) Student Fees - Funds most of the operation
  - a. The majority of the budget covers salaries and benefits for professional staff
  - b. M&O budget largely goes to contracted mental health services, our medical records system and other technology, staff professional

development as required for licenses and accreditation, with some remaining for programming and office expenses.

- 2) State Fees (FYI) – Pays Doctoral Intern staff salaries and portions of supervisors with some M&O for training program expenses
- 3) Sales and Services – Income from psychiatry, no show fees, and assessments. Used as supplemental M&O and paying for assessments.

**4) Did you receive any new funding for FY24? If so, please explain how it is being used. If you received any new one-time funding for FY25, please describe your plans to use those funds.**

- Funding for Increased Psychiatry – continued to provide psychiatry services with no break in service for psychiatry patients
- Supplemental salary funding for Psychologist – we decided to reclassify an open full-time position to a Psychologist instead of a staff therapist with the additional salary funding. This left enough to hire a half-time staff therapist with base funding, so one-time staff funding will not be needed until the enrollment or demand for services increases and requires additional staff positions.

**5) How does your unit support the mission of Student Affairs and contribute to the student experience on campus? Consider the utilization and impact of your unit's services.**

CMHC contributes to the mission of DSA of championing student success through connection, care, and community in all aspects of the services we provide. CMHC provides a clinical model for therapy services that helps students maximize positive outcomes and improved mental health that lead to success. Our self-directed services, contracted self-help resources, and crisis services help ensure that help and tools for care, connection, and community are available outside of office hours as well. Additionally, we provide outreach services that help educate students and increase awareness about mental health issues that can improve overall mental wellbeing. Below are utilization numbers and outcomes of our services.

**Direct Services Maintained**

- 618 Total Students served in direct counseling services, 8% student body based on Spring 2024 enrollment
- 4,924 Total direct service contacts (12%↑)
- 550 Telehealth Therapy Sessions (individual, couples, group)
- 2,945 Individual Therapy sessions (3.8%↑)
- 139 Group Therapy Sessions (83%↑)
- 96 Couples Sessions (.1%↑)
- 350 Psychiatry sessions (15%↑)
- 115 Calls answered by ProtoCall crisis services
- Average wait time until initial consultation = 2.34 business days (down from 2.99)

## **Increase in Outreach Activities**

- Togetherall peer support platform and has 162 users (157% increase over last year).
- 35%↑ in outreach events - 218 outreach activities that reached 6,915 students, staff, faculty
- Second Annual Fresh Check Day with over 300 participants, double last year
- Welltrack Boost App: 128 new users this year with 1213 logins (1051 total users)
- 76 on-line mental health screenings
- 15 C.E.r.T trainings for 348 faculty, staff, and students
- 30 Let's Talk events
- Connecting to College (CtC) support group for students with ASD
- 418 MindSpa appointments

## **Outcomes – Therapy Works!**

### **Counseling Services saves lives, improves lives, and keeps students enrolled!**

#### Satisfaction

- 99% of clients report being satisfied with their therapist.
- 95% of psychiatry patients report satisfaction with psychiatry services after evaluation and 100% after follow up.
- 87% of group therapy clients report being satisfied with their group therapy experience.
- 93% felt telehealth services (if used) were definitely or possibly as effective as in-person services.

#### Other Outcomes

- 97% experienced an increase in the quality of their life functioning
- 90-96% experienced a reduction in symptoms, dependent on the number of sessions attended
- 94% experience reduction in negative thinking
- 93% experience better problem solving/decision making skills and improved coping skills
- 92% improved relationships
- 91% experienced improved self-esteem / self-worth / self-image
- 96% of clients indicate that counseling had helped their academic performance
- 69% of students indicated that the services they received had a significant role in maintaining their continued enrollment in the university
- 98% of students report that services helped them feel more supported by or connected to UHCL
- Retention of Counseling Services clients: For those who attended at least four sessions, the rate at which students either re-enrolled or graduated was **93%** for Fall 2023. This is higher than the university overall retention rate.
- Decrease in Suicidal Ideation – 37% of students reported at least some suicidal ideation at the beginning of treatment and 80% had decreased their suicidal ideation score after treatment

- Decrease in Thoughts of Hurting Others - 15% of students at pre-treatment reported some thoughts of hurting others, but at post-treatment, 78% had decreased their thoughts of hurting others score.
- Outcome results on the repeated symptom assessment (CCAPS) compared to the national outcome data for the last two years indicate for UHCL clients who start out with moderate or elevated distress on all 8 of the CCAPS subscales, the average change our clients show in reducing their symptoms is greater than the change achieved by 96-99.9% of counseling centers in the national sample. This speaks to the excellent services our students are getting, which comes out in the reduction of symptoms.

**6) What did you learn in your annual assessment that is impacting your programs and services now?**

Our annual assessment of our direct clinical services continues to show that those who use our services are improving with regards to symptoms reduction and other positive outcomes, including improved academic performance and retention. See specific data above in #5.

Regarding outreach, we learned that our CERt trainings are effective and that we can focus even more on identifying signs of suicide and helping participants feel more skilled in asking about suicide. Additionally, the percentage of students that improve by using WellTrack Boost (71%) shows that this is a valuable contracted service that we need to keep marketing to students.

**7) Describe any new programs and/or initiatives for the current year.**

New Initiatives

- JED Campus Fundamentals: CMHC continues to participate in the JED campus fundamentals program which aims to establish a campus-wide collaborative for improving student mental health, substance use, and suicide prevention. In relation to recommendations from JED, will be focusing on initiatives to increase focus on substance use issues both in direct services and in outreach, creating a peer ambassador program (see below), and increasing outreach events and screening opportunities.
- Peer Wellness Ambassadors: We have made it an initiative since 2016 to start a Peer Wellness Ambassador program in collaboration with Health Services and Campus Recreation and Wellness. JED has recommended it and we know the data on peer programs shows that they are effective on other college campuses. We are seeking funding to help support this joint initiative.
- Thrive Together Wellness Fair (formerly known as Fresh Check Day): The Jordan Porco Foundation, who has been the national foundation running Fresh Check Day across the country, will now be charging money to participate. The JED Foundation also recommended that we offer it in both fall and spring semesters.

Therefore, rather than ask for funding and pay it to another organization, we will be rebranding the event but continuing it and offering it twice per year.

- ASD Assessment: If we can receive funding to purchase test materials, we would like to start offering some testing and assessment for students who suspect they may be on the autism spectrum but who have not been formally diagnosed. This testing in the community is very expensive and has a long wait. This would allow students to be assessed by a professional and diagnoses if needed, which will allow them to explore the diagnosis, receive services needed, and hopefully thrive academically.
- STAIR Trauma treatment: CMHC staff, working in collaboration with a national team, were all trained in the STAIR treatment protocol for PTSD (STAIR: Skills Training in Affective and Interpersonal Regulation) to implement with students at UHCL. We will be considering the best way to offer this treatment at UHCL.
- “THE” - Texas Higher Education Collaborative for Well-being: CMHC will be participating with the core campus team for state-wide wellness collaborative, administering the WISHES wellness instrument to students and conducting services and programs for first generation students to help improve student wellness.

#### Ongoing areas of focus and initiative

- CERT Training: We will continue offering regular trainings with our CERT mental health awareness training for students, faculty, and staff.
- Increasing demand for services this fall (5% increase in appointments in August and September compared to last year) – continuing to meet demand within our effective Collaborative Care clinical model
- We will continue to market Togetherall to provide peer support and connection to students in a clinically moderated anonymous peer supported environment and WellTrack Boost to provide mental health education and support outside of direct clinical services.

#### **8) What challenges or opportunities do you foresee for the current year and next year?**

Attempting to engage in these new initiatives if there is no one-time funding to do so. Many of the JED recommendations we are trying to implement with the current budget we have. Although they take staff time and initiative, we are hoping to work with campus partners to accomplish these during the year. We are already seeing an increase in number of appointments this year, though, so maintaining direct services while implementing new initiatives could potentially pose a challenge as well.

#### **9) Did you have any Student Fee funds in excess of \$5,000.00 swept at the end of FY24? If so, describe how much and in which areas the funds came from.**

We had \$15,750 swept, all from salary. This was primarily due to vacancies from staff turnover and the search process taking time to fill positions. We had earmarked it to pay for Togetherall contract for FY 2025 in case we did not get the grant funding we applied

for, but we did not hear about the grant in time to amend the current contract. Thus, the funds were swept.

**10) Are you requesting any new one-time funding for FY25 or FY26? Present your budget request with appropriate justification. \*Note that only one-time funding requests (no base requests) will be reviewed for FY25 and FY26.**

Yes – we have 2 requests for FY 2025 and 3 for FY 2026

Note: We applied for a 3 year \$100,000/year Garrett Lee Smith Suicide Prevention grant through SAMHSA this year. If received, the grant initiatives were written to fund all the requests below, with the exception of the psychiatry contract. Unfortunately, we did not receive the grant. We will continue to work with the UHCL Office of Research and Sponsored Programs to seek grant funding when it is available, but there are not many opportunities available.

FY 2025

1. Funding for Togetherall - \$13,500

Rationale: The current contract ends 7/31. The funds to cover this were swept as explained above. We are not asking for the trained peer portion of the service, since we will be starting the Peer Wellness Ambassador program, the amount is less than requested last year. Togetherall also added online courses, as well as the clinically moderated peer discussion and support portion. They have provided data that show the effectiveness of peer interactions. Additionally, students who have used it have reported positive effects and connections.

2. ASD Assessment - \$4,500

Rationale: Funding for Psychological Assessment Materials to assess students who suspect they may have Autism Spectrum Disorder but who have not been diagnosed. This is a true one-time expense to pay for the initial purchase of the psychological assessment tools to conduct the testing. There is no way to do a comprehensive diagnosis assessment without these tests, so we will not be able to offer the service if this initiative is not funded. Just in this past year, since we added a question to our paperwork, we have had 26 students indicate that they suspect that they could have ASD, which if diagnosed and confirmed would double the number registered in the Accessibility Support Center by 50%.

FY 2026

1. Continued supplemental funding for Psychiatry contract \$24,000

Rationale: We used the one-time funding from last year to hire a new psychiatric provider at a more acceptable rate. Previously the rate had not been adjusted since 2000, and we were having no success in hiring a replacement provider at that current salary. If we cannot continue to pay the increased the rate, we will have to cut or eliminate psychiatry services. Students report being very happy with psychiatry services. The current wait

time for a psychiatric evaluation at CMHC is about three weeks. In the community it is over three months.

2. Funding for Togetherall - \$13,500

Rationale: See rationale above. Funding for both years would allow us to do a two-year contract.

3. Peer Wellness Ambassadors - \$26,000 (\$20,700 student worker wages and benefits, \$5,300 M&O) - JOINT REQUEST FROM CMHC, CRWC, Health Services

Rationale: Our research from numerous universities that have successful peer ambassador programs shows that they need to be offered student worker wages to be motivated to apply and put in the hours doing ambassador activities. The M&O requested will pay for training materials and supplies needed for ambassador activities.

**11) Please provide a narrative of how your unit would accommodate a reduction of 5.0% in your total FY26 budget and provide a line-item explanation of where budgetary cuts would be made.**

A 5% budget cut of the entire budget would result in a cut of \$49,198. This would not reasonably be accomplished without cutting clinical staff, given that the majority of our budget is accounted for with salaries and contracted services. The impact of losing a staff position, and reducing psychiatry would mean that we are outside of the standards set by our accrediting body. It would also result in longer wait for services, especially psychiatry, and stricter session limits for students seeking direct services.

- \$32,500 would cut the half-time position we just hired
- \$16, 698 would come from a combination of reducing psychiatry hours and M&O for programming