

Counseling and Mental Health Center

SFAC BUDGET REQUEST QUESTIONNAIRE – Budget Cycle FY27

Instructions: For each question/statement below, provide a clear and concise response (4 to 7 sentences). Note the special instructions for the following questions:

- For **Question #2**, attach/include an updated organizational chart for your unit with this document OR embed it in your response below.
- For **Question #3**, attach/include your Budget Worksheet AND provide a short list of funding sources, their intended purpose, and how you are utilizing the funds.

Questions and Statements

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 primarily pays for the staff needed to provide the direct services and educational programming for students related to mental health. Services provided by CMHC have a direct, 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 org chart.

- 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.**

See attached. CMHC has three 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, and staff professional development as required for licenses and accreditation, with some remaining for programming and office expenses.
 - 2) State Fees (FYI) – Paid Doctoral Intern staff salaries and portions of supervisors with some M&O for training program expenses. No longer available after FY 25.
 - 3) Sales and Services – Income from psychiatry, no show fees, and assessments. Used as supplemental M&O and paying for assessments. Due to psychiatry being moved out from CMHC and to Health Services, this funding source is no longer available after FY 25. Moving forward, any funds here will be exclusively from no show fees.
- 4. Did you receive any new funding for FY25? If so, please explain how it is being used. If you received any new one-time funding for FY26, please describe your plans to use those funds.**

FY 25:

1. We received new funding for Togetherall (\$13,500). The period of the contract is 8/1/25-7/31/26. We used the FY 25 funds for this renewal period.
2. We were also approved for \$4,500 to support assessment batteries for autism spectrum disorder (ASD) testing. Initial purchases (ipads for scoring tests) were purchased for \$1752, but with the staffing shortages, the actual contracts with the testing companies to purchase the testing were not approved so \$2,748 of those funds remained unspent and were swept.
3. In addition, we received \$24,000 in one-time funding for psychiatry.
4. Finally, we received \$26,280 This funding was added to existing base funding for a vacant staff therapist position to adequately fund a staff psychologist position.

FY 26:

1. We received \$24,000 in one-time funding for psychiatry; however, the FY 26 money was moved to Health Services, as psychiatry services are now managed by their office.
2. We received one-time funding for Togetherall (\$13,500). Contract would renew on 8/1/2026, but the decision was made to not renew the contract in favor of a new division-wide contract with another platform to provide a similar service. This funding will be returned to SFAC.
3. We were awarded \$15,000 for our portion of a proposed peer wellness program. It was to be a joint effort with CMHC, Health Services, and RWC; however, due to staffing shortages the program was shelved. This funding will be returned to SFAC.

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 by championing student success through connection, care, and community across all aspects of the services we provide. CMHC provides a collaborative clinical model for therapy services that helps students maximize positive outcomes and improved mental health, ultimately providing a significant contribution to the success of our students. Additionally, we provide outreach services that help educate students and increase awareness about mental health issues that can improve overall mental wellbeing. Finally, 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. Below are utilization numbers and outcomes of our services:

Direct Services over the Year

- 595 Total Students served in direct counseling services (7.3% of students based on Fall 2024 enrollment of 8,137)
- 4,844 Total direct service contacts
- 2,825 Individual Therapy sessions
- 139 Group Therapy Sessions
- 98 Couples Sessions
- 366 Psychiatry sessions
- 104 Calls answered by ProtoCall crisis services
- Average wait time until initial consultation = 2.39 business days

Overall numbers this year remained largely consistent with last year, with slight increases in the number of psychiatry and couples sessions.

Impact of Outreach Activities

- 180 outreach activities that reached 6,922 students, staff, and faculty
- Togetherall peer support platform had 135 users this year (58% of which report no other utilization of formal mental health support)
- Fresh Check Day with over 250 participants, Thrive Together Wellness Fair with more than 175 participants*
- Welltrack Boost App: 82 new users this year with 573 logins
- 338 on-line mental health screenings (over 300% increase) from last year
- 9 C.E.r.T trainings for 213 faculty, staff, and students
- 34 Let's Talk events for 238 participants
- Connecting to College (CtC) support group for students with ASD
- 594 Mind Spa appointments

*CMHC discontinued the Fresh Check Day campaign and began our own mental health awareness event called Thrive Together Wellness Fair.

CMHC considers outreach another form of intervention; we realize that many students may get what they need from attending a workshop or other outreach event and may never formally seek services; on the other hand, outreach is a great way to reduce mental health stigma and brings students in.

Overall Satisfaction and Outcomes

Satisfaction

- 98% of clients report being satisfied with their therapist.
- 98% of psychiatry patients report satisfaction with psychiatry services after evaluation and 83% after follow up
- 96% of group therapy clients report being satisfied with their group therapy experience
- 97% felt telehealth services (if used) were definitely or possibly as effective as in-person services

Other Client Outcomes

- 98% experienced an increase in the quality of their life functioning
- 93% experienced improved coping skills
- 92% experienced a reduction in symptoms, better problem solving/decision making skills, and improved relationships
- 91% experience reduction in negative thinking and improved self-esteem / self-worth / self-image
- 97% of clients indicate that counseling helped their academic performance
- 70% of students indicated that the services they received had a significant role in maintaining their continued enrollment in the university
- 98.5% of students report that services helped them feel more supported by or connected to UHCL
- Retention of CMHC clients: For those who attended at least four sessions, the rate at which students either re-enrolled or graduated was 95% for Fall 2024. This is higher than the university overall retention rate.
- Decrease in Suicidal Ideation – 39% of students reported at least some suicidal ideation at the beginning of treatment. Of those, 88% 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, 88% 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 97.5-99.8% of counseling centers in the national sample.

As you can see from the numbers above, students are not only satisfied with the services received at CMHC, more importantly, the results are effective. Students experience greater connection to the university (and to others), and report significant symptom reduction as a result of utilizing our services. CMHC is helping students stay enrolled, graduate, and is saving lives.

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

CMHC continues to provide effective treatment to our clients. Our annual assessment of our direct clinical services continues to show that students who utilize our services experience significant improvement in symptom reduction and other positive outcomes, including improved academic performance and retention. See specific data in previous question.

Regarding outreach, the newly developed CErT training continues to be popular and effective. From last year to this year, we saw increases across all scores on the post survey. Of note, this past year based on attendee feedback, we modified the curriculum to spend more time on

identifying signs and symptoms and helping attendees feel more skilled in asking someone whether they are having thoughts about suicide. Results suggested that the changes made were effective: The percentage of people who felt they could effectively identify when an individual is struggling improved from 89% to 96.5%! Further, participants reported that they felt more skilled in asking someone about whether or not they are having thoughts of suicide (from 84.9% to 88.7%).

Finally, there was an increase in the students' utilization of the anonymous online mental health screener (offered as part of our membership in CCMH). In an effort to increase awareness of the screening tool, CMHC included the anonymous screeners during three specific events: World Mental Health Day (October), Thrive Together Wellness Fair (February), and during an end of semester support event (April). As a result, the number of completed screeners rose from under 100 in the previous year to 338 during the past year.

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

Though not entirely new, in collaboration with a grant from PCORI (Patient Centered Outcomes Research Institute) and Pacific Lutheran University (PI on grant), CMHC is entering year 2 of a 3-year collaborative effort to bring STAIR (STAIR: Skills Training in Affective and Interpersonal Regulation) Trauma Treatment Protocol to CMHC. This protocol prepares the clinical staff to work with clients with significant trauma (almost 60% of our clients report some history of trauma) and expand the modalities of trauma treatment available to our students.

- Last year, all clinical staff were trained in STAIR treatment at no cost to UHCL and 28 clients completed the individual treatment protocol.
- In the upcoming second year of the partnership (2025-2026) two staff are being trained as “Champions” (trainers) to continue to provide training to current interns and any new staff to further develop the program, making us self-sufficient as a center qualified to provide STAIR moving forward. We are also working to expand STAIR beyond individual treatment and add a (hopefully) ongoing STAIR group as a way to serve more students.

8. What challenges or opportunities do you foresee for the current year and next year?

We continue to have a strong doctoral practicum and internship program. APA accreditation requires a minimum of two licensed psychologists for the training program. CMHC is currently involved in a search for a director and another staff psychologist. The successful hire of these positions would bring the total licensed psychologists on staff to four.

In addition, due to the staffing losses across areas some of the JED recommendations had to be put on hold, such as the Peer Wellness Program (CMHC/Health/RWC joint effort). However, the JED Initiative findings also bring opportunities to put into place other university wide recommendations, such as a postvention plan.

9. Did you have more than \$5,000.00 in Student Fee funds swept at the end of FY25? If so, describe how much and in which areas the funds came from.

Yes. Most of the funds that were swept are salary and wages. Two staff resigned and one was let go due to not meeting contractual obligations:

Salary, wages, and benefits: \$60,000

M&O: \$30,600:

- \$13,500 for Togetherall was carried over from FY 24 due to the uncertainty of the timing/execution of the contract (8/1/2024-7/31/2025).
- \$13,500 for Togetherall (8/1/2025-7/31/2026) was not used because grant funding was secured by DSA AVP.
- \$2748 for the unused portion of the ASD assessment funding.

Remaining unspent total: \$852.00

10. Are you requesting any new one-time funding for FY26 or FY27? Present your budget request with appropriate justification. *Note that only one-time funding requests (no base requests) may be reviewed for FY26 and FY27.

We have one funding request:

Request: (FY 27) Funding for the CMHC APA Doctoral Internship Training Program - \$143,663.00

Details:

	Annual Salary	Estim. benefits (30%)	Total
Intern 1	\$35,568	\$10,672	\$46,240
Intern 2	\$35,568	\$10,672	\$46,240
Intern 3	\$35,568	\$10,672	\$46,240
			\$138,720
Membership/Association Dues (required for program)			
APA			\$2588
APPIC			\$625
ACCTA (TD membership)			\$500
			\$3713
Intern conference			\$1200
Polos, nametags, gifts			\$330

		TOTAL	\$143,963
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Rationale: CMHC's APA Accredited doctoral internship training program has been in place since 2012. It was originally funded through support from grants through the Hogg Foundation and the Meadows Foundation as part of a large initiative to increase the number of doctoral psychologists in Texas. The first year was fully funded by the grants and an agreement from the university to support the program in the future. Years 2-5 were partially funded each year through the Hogg Foundation grant with the remainder funded by the university. Upon the completion of the grant award, funding for the internship was then provided through the university's First Year Initiative funding. Due to university budget cuts, this funding is no longer available. To maintain the program, we are requesting funding from SFAC.

An alternative would be only funding two interns. This is the minimum number of doctoral interns that a training program can have and remain accredited. The amount of funding needed for two interns would be \$97,313. If we do not receive enough funding for two interns we would no longer be able to support an accredited doctoral intern training program.

The loss of the training program would be significant to UHCL: Trainees accounted for 1,774 of the total 4,844 direct contacts in the last year. (approx. 36.5%). Further, intern client satisfaction rates (4.89/5) are highly positive, with the overall mean being comparable (and even slightly higher) compared to staff (4.83/5). If the training program is not funded, we would need to hire temp staff over the next year to make up for the loss of services to the students.

11. Please provide a narrative of how your unit would accommodate a reduction of 5.0% in your total FY27 budget and provide a line-item explanation of where budgetary cuts would be made.

Our base budget was reduced by approximately 15% from last year to this year. A significant portion of this was from the departure of the Case Manager, whose position was ultimately eliminated. An additional 5% from CMHC's budget would be \$39,315. To accommodate this:

- Approximately \$13,500 is accounted for by the reclassification of the Training Director position down to a Psychologist/Training Manager position.
- The remaining \$25,815 would have to come from a combination of significantly reducing M&O (significantly reducing outreach programming and eliminating travel, in addition to other services) and the termination (or reduction to part-time) of a staff member to make up the difference.