

FY 2016

Health Center SFAC Presentation

UNIVERSITY of
HOUSTON

Division of Student Affairs and Enrollment Services

Program Questionnaire FY16
Health Center



Student Fees Advisory Committee

Presenters:

Lindsay Barber, MSA – Associate Director-UH Health Center

Kim Barrow—Business Administrator

- 1. Please provide a one-page executive summary of your questionnaire responses. This summary should include, in brief terms: your unit's mission, how you accomplish your unit's mission, and a justification of your unit's student fee allocation in terms of benefits for students.**

The mission of the UH Health Center is to assist students in achieving their optimal mental and physical health and well-being for academic success. Along with the University of Houston Chancellor, the Division of Student Affairs (DSA) has made improving student success a university priority. Key to the success of that initiative is maintaining the health of each student on campus and the UH Health Center plays a vital role in this aspect of student life. Timely access to on-campus health services has been shown to be of significant benefit in keeping students healthy and better able to matriculate and achieve their academic goals. By providing high quality and accessible healthcare to UH students, the UH Health Center serves that critical function on this campus.

In an effort to contribute to student success, the Health Center has done many noteworthy things this past year. Implementation of Point & Click Solutions, an Electronic Medical Record (EMR) program has allowed for multiple positive changes for students. Documentation processes and work flow are streamlined, personal health information is secure, and the check-in process is quick which decreases wait times and allows for patients to maximize their time with their provider in the exam room. OpenCommunicator is a patient health portal that will be available November 2014. The portal will allow for students to schedule their appointments online, engage in secure messaging with the provider and nurse about their plan of care, as well as have access to their immunization record and billing history. The Health Center Pharmacy has also gone electronic by implementing an online refill process for medications as well as a new phone application for quick utilization.

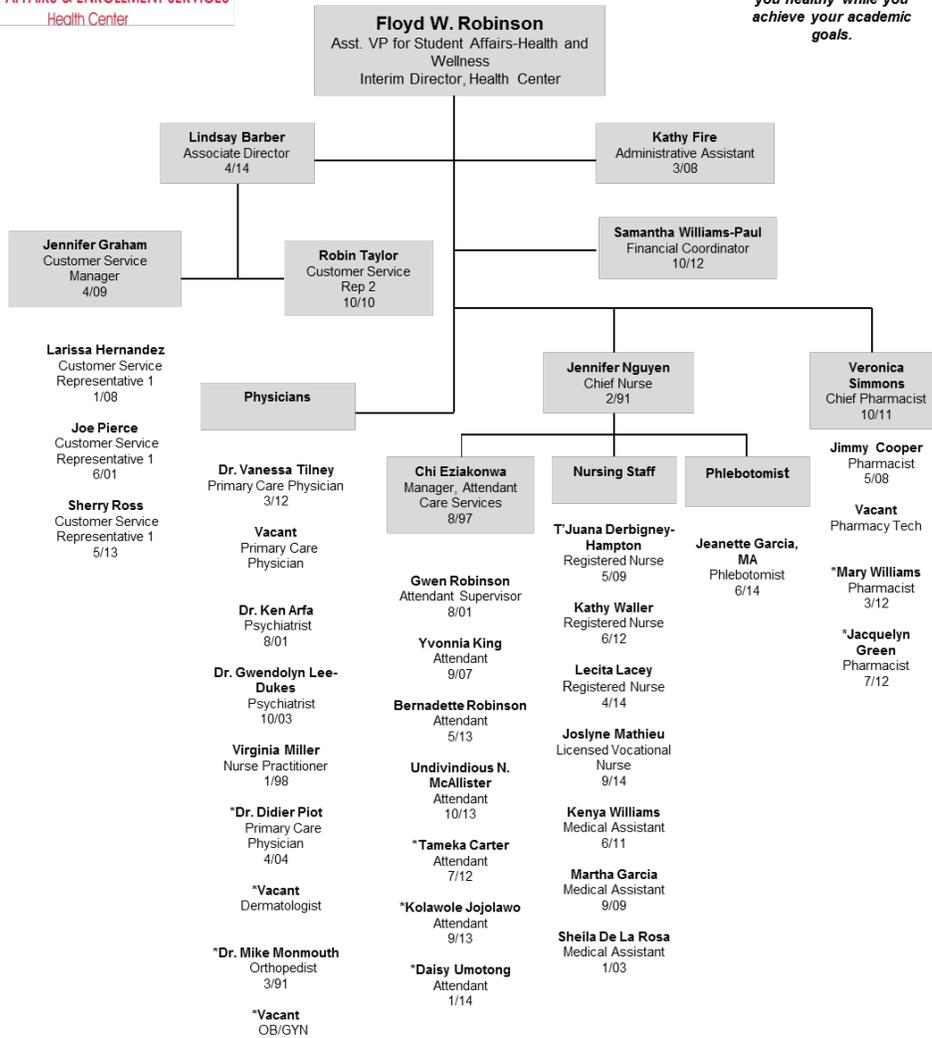
A campus this size requires a facility that is able to support seeing 50,000-60,000 client encounters a year. The current physical structure is at or near capacity with approximately 20,000 clinical encounters seen at present. To assure adequate physical space for healthcare services on campus, the Feasibility Committee, which was appointed last year by Dr. Richard Walker to explore construction of a Health/Counseling/Career Center is still in progress. The need to expand space for the UH Health Center is imperative in order to be able to serve the patients seeking and deserving of our services. Expansion is critical to house and manage the increased healthcare services and providers that students attending a Tier One university expect, along with the academic and athletic prowess we strive to achieve and deliver.

The Affordable Care Act (ACA) has had an impact on campus health services. More young adults are now insured, either through their parents' plan or an individual plan outside of the UH-endorsed Student Health Insurance. Offering third-party insurance billing and coverage will be key to allowing students insured with ACA-approved plans to have access to quality care on campus and discover that the UH Health Center is an ideal location to receive care.

The student fees received by the Health Center enable students to see board-certified physicians who provide high quality primary care and specialty services. The student fee allows fees-for-service to be kept low to facilitate access to care by student community members. The continued availability of these revenues provides the ability to practice accessible health care concentrated on high quality and low cost on which to build the UH Health Center of the future.

2. Provide an organization chart of your unit. Large units may need to have an overview chart and then more specific charts for each program. Where you have multiple staff in the same position (e.g. counselor, advisor, etc.), note this on your chart. Student employees should be cited on the chart and identified as students.

Mission Statement
Our Mission is to keep you healthy while you achieve your academic goals.



Please Note:
 * = Non-Benefits Eligible Part-Time Employees
 9 part time employees
 30 full time employees
 11,789=Health Center Square Footage

3. List your unit's strategic initiatives and action steps identified for the 2013-2014 academic year and cite the specific Division of Student Affairs and Enrollment Services (DSAES) Strategic Initiatives and University of Houston Strategic Goals to which they relate. Please comment on your success in achieving these strategic initiatives/action steps. If a strategic initiative/action step changed during the year, please note this and explain. Also, list any new strategic initiatives/action steps, the rationale for the addition, and comment on your success in achieving these items.

2013-2014 Strategic Initiatives:

- A. **To provide health promotion, disease prevention, early intervention of illness and injury.**
Links to DSAES Strategic Initiative 1F, 5A, 5C. This goal and the associated department actions are In progress and Ongoing.

- i. Began participation in Fall 2013 with Healthy Coogs 2020 along with other Division and campus participants to raise the visibility and potential impact of this important campus health initiative.
- ii. Develop assessment plan to evaluate utilization and efficacy of free-screening event programs and services.
- iii. Participate with Division of Student Affairs Marketing Manager regarding marketing of Health Center services.
- iv. Participate in the Tobacco Task Force to provide a healthy, tobacco-free campus for students.
- v. Promote and maintain the Health Center Facebook page in order to actively engage students in health promotion within the social media environment.
- vi. Actively participate in contributing health promotion information to CoogNews.

- B. **To provide health assessment and treatment in a timely fashion.**

Links to DSAES Strategic Initiative 2B, 4C, 6E. This goal is In Progress and Ongoing.

- i. Continue to analyze utilization of Health Center services to enhance student health and success. Specifically, utilization of the General Medicine Clinic was evaluated before and after implementation of an appointment system in Fall 2013. *Increased communication about walk-in availability as well in order to allow students to access the health center at the most convenient time.*
- ii. Re-evaluate the scheduling program to better fit the needs of our patients while allowing the medical staff time for optimal care. *Completed*
- iii. Establish Electronic Medical Records system to allow for decreased documentation time for providers. *Completed*

- C. **To insure that the Health Center is providing accessibility to patients with our 24/7 automated Pharmacy services.**

Links to DSAES Strategic Initiative 1D, 2E, 6E. This goal has been completed.

- i. Continue implementing more functionality of the new Pharmacy QS/1 Software. *Web and print marketing has been increased as well as pharmacy staff visibility at campus functions.*
- ii. Establish Pharmacy quality improvement indicators, reporting, resolutions and training. *Established a Pharmacy and Therapeutics Committee which meets annually.*

- D. **To determine optimal methods of outreach to the University of Houston community so as to enhance student success.**

Links to DSAES Strategic Initiative 1B, 4A, 5C. This goal is in Progress and Ongoing.

- i. Continue providing and collecting patient satisfaction surveys so as to improve patient satisfaction. *Have purchased OpenSurvey to create and supply surveys to patients via OpenCommunicator web portal.*
- ii. Clarify assessment plan to evaluate programs and services.
- iii. Develop new and continued existing partnerships with division and academic departments to assist students with their individual and collective insurance/health center requirements
- iv. Collaborate with other departments on campus to assure that students are aware of the screening events, such as: CAPS, Wellness Center, Student Housing and Residential Life, Athletics. Early detection and intervention to manage these conditions has the potential to improve student retention and success.

E. To provide high-quality health care services

Links to DSAES Strategic Initiative 1F, 2B, 4C, 6E. This goal is In Progress and Ongoing.

- i. Continue following AAAHC standards to be successful with re-accreditation process in 2015.
- ii. Maintain credentials and privileges of medical staff
- iii. Continue Quality Improvement and Quality Management Programs
- iv. Continue to update policies and procedures as needed.
- v. Enhance customer service and improve patient satisfaction by attending trainings and workshops in related fields. *Have initiated staff training through DSAES as well as within Health Center with in-services and regular staff meetings.*

4. Please discuss the means that you are utilizing to evaluate both your success in achieving the aforementioned strategic initiatives and/or action steps and their importance as compared to others that you might pursue. Where data exist, discuss the number of persons served by each of your programs and any assessment measures and/or learning outcomes used to evaluate program success. Please provide the method for collecting these data.

a. Client education to promote personal responsibility with their medical care.

- i. An initiative was developed to promote the need for patients to keep their scheduled appointments in order to create a sense of ownership with their healthcare as well as decrease “no show” rates at the Health Center. The staff was trained to inform patients of their responsibility at the time the appointment was made. The “no show” rate was measured and compared to the previous year.
- ii. Results:

Table 1: No Show for Appointment Rates compared between years

No Shows 8/1/2012-8/31/2013	No Shows 8/1/2013-8/31/2014
602	421 <i>(30% decrease)</i>

- iii. Plan: To continue with educating the patient regarding their personal health responsibilities. The Health Center also plans on utilizing appointment reminders with the new Electronic Medical Record Program.

b. Pharmacy Services

- i. The UH Health Center Pharmacy increased their marketing and outreach to inform students of the 24/7 automated prescription refill system. The pharmacy measured the volume of requests made with the system.
- ii. Results: Measurement was captured for 9/1/2012-8/31/2013 and 9/1/2013-7/31/2014. Comparison was 526 online requests for refills in 2012/2013 and 684 requests in 2013/2014.
- iii. Plan: With data supported evidence, we believe this service should be expanded. We now will be offering a mobile app with scanning capabilities to allow for patients to quickly request refills.

c. Health Services Outreach

- i. The UH Health Center would like to understand the residential makeup of our patients in order to adequately form an outreach plan to increase patient volume. The residential status of students was requested at time of medical encounter. The data collected was based on patient’s willingness to self-report. This data does not accurately portray every encounter. The Health Center only measured this in 2013/2014, so the data was compared to the Division of Student Affairs and Enrollment Services reported data in the DSAES Annual Report for 2012/2013. This gave an accurate comparison to the student make-up as a whole compared to the Health Center patients.
- ii. Results: (see Table 2)

Table 2: Patient Residential Status compared between years

Residential Status-	On-Campus	Off-Campus
DSAES Annual Report- 2012/2013 (total students)	15%	85%
Health Center - 2013/2014	24%	76%

- iii. Plan: The data shows that we are capturing a higher level of on-campus residents than off-campus so we will create a marketing plan to focus our marketing efforts towards commuting students.

d. Clinical Care

- i. Peer chart reviews were performed bi-annually by the medical staff to evaluate the clinical care provided by each provider, according to AAAHC standards. Nursing chart reviews were also performed in the spring of 2014 to evaluate the nursing care. Quality of Care Measures as well as documentation indicators were measured. The reviews were then submitted in a percentage rating according to the criteria.
- ii. Results: The fall 2013 review was conducted in November 2013 for the providers (see Table 3).

Table 3: Average Percentage of Adequacy for Annual Physician Peer Chart Review, 2013

Documentation Indicators	99.8%
Quality of Care Indicators	99.0%

The nursing review results were also positive at 99.7% performance goal satisfaction among the nursing staff.

Plan: The reviews will be increased to be performed on a quarterly basis, versus bi-annually which is in accordance with AAAHC standards, to promote high level quality of care and clinical excellence.

e. Clinical Services

- i. With the implementation of scheduled appointments in the Health Center General Medicine Clinic, we wanted to measure the effect this change had on patient volume. We compared the visit rates each week in 2012/2013 to the same weeks in 2013/2014.
- ii. Results: The overall volume was down from last year by 9.5%
- iii. Plan: After reviewing the data, we note a downswing in volume due to issues with physician staffing and schedule constraints. We restructured the schedule to include a manageable work flow by using scheduled appointment times and same day appointment times (walk-ins) to allow for adequate staff planning while not turning patients away and keeping wait times low. The promotion of convenient scheduling for every student's schedule has increased. We have also increased the communication to students regarding walk-in appointments. We want students to be able to seek care at a time that is convenient for them and to know they can expect to receive care when needed. The restructuring has evolved since the implementation of EMR. We are showing a positive trend in patients served as well as a low patient wait time since September 2nd, 2014.

5. Please discuss any budget or organizational changes experienced since your last (FY2015) SFAC request, their impact on your programs, and your reason for implementing them. SFAC recognizes that some programs did not receive the funds that they requested, that some programs were impacted by additional expenses after the conclusion of the budget cycle, and that some programs may be ahead of or behind their self-generated income projections. In addition, if your unit concluded FY2014 with a Fund 3 addition to Fund Equity, please describe the conditions which caused the addition.

STUDENT SERVICE FEE REQUEST FOR 2015-2016						
FISCAL YEAR 2016						
Name of Unit:	H0207 / Health Center					
		FY 2014	FY 2014	FY 2015	FY 2015	FY 2016
Funding Sources (All)	Cost Center -note where SFAC funds to be transferred	Approved Budget for 2013-2014	Actual Budget for 2013-2014	Approved Budget for 2014-2015	Projected Actual for 2014-2015	Budget Request for 2015-2016
Student Service Fees-Base Request (include any merit or mandated increases)	3049-H0207-I0366-NA	1,741,541.00	1,818,388.00	1,741,541.00	1,741,541.00	1,741,541.00
Student Service Fees One-Time Allocation-FY2014						
Student Service Fees One-Time Allocation-FY2015						
Student Service Fees One-Time Allocation-FY2016						
Student Service Fees OT Fund Equity Rollover						
Dedicated Fees-Base Budget						
Income from all other sources/						
Faculty/Staff Visits		9,135.00	7,580.00	11,000.00	11,000.00	11,000.00
Women's Clinic		122,679.36	47,833.00	150,000.00	51,000.00	51,000.00
Physician Visit		126,593.40	137,468.10	150,000.00	150,000.00	150,000.00
Orthopedics		11,663.00	13,544.88	12,000.00	15,000.00	15,000.00
Psychiatry Visit		39,780.00	44,975.00	40,000.00	46,000.00	46,000.00
Visitors		2,345.00	2,680.00	2,345.00	4,000.00	4,000.00
Dermatology		10,240.00	0.00	0.00	0.00	0.00
Health Insurance Administration Fees		237,775.58	18,359.00	237,775.00	19,000.00	19,000.00
Procedures		13,419.00	12,904.00	13,419.00	14,000.00	14,000.00
Men's Clinic		7,245.00	9,330.00	8,000.00	11,000.00	11,000.00
Nurse Visit		43.00	40.00	500.00	0.00	0.00
X-Rays		5,795.00	20,225.00	5,795.00	0.00	0.00
Lab Analysis/Tests		254,581.64	351,787.69	275,000.00	360,000.00	360,000.00
Treatment Room/OR/ER		2,810.60	100.00	2,810.60	0.00	0.00
Clinic RX		73,974.22	166,508.42	75,000.00	170,000.00	170,000.00
Miscellaneous/Medical Records Requests		13,997.00	7,046.00	15,000.00	8,000.00	8,000.00
Student Financial Collections		10,780.00	7,523.00	10,780.00	11,000.00	11,000.00
Over/Short-Change Fund		800.00	0.00	800.00	800.00	800.00
Dental Clinic		10,220.00	16,062.00	15,000.00	17,000.00	17,000.00
Prescription/Over-the-Counter Medicines		560,000.00	614,589.95	600,000.00	630,000.00	630,000.00
Gifts/Donations		0.00		50,000.00		
Attendant Care Services		300,000.00	75,141.87	300,000.00	76,000.00	76,000.00
	Sub-total of Income	3,555,417.80	3,372,085.91	3,716,765.60	3,335,341.00	3,335,341.00
Deductions from Income						
Student Fee Waivers		0.00	0.00	0.00	0.00	0.00
Bad Debt		58.96	404.95	0.00	154.00	139.00
Funds moved to reserve cost center		0.00	0.00	0.00	0.00	0.00
Cash Over/Short		0.00	20.24	0.00	0.00	0.00
	Sub-total of deductions from Income	58.96	425.19	0.00	154.00	139.00
	TOTAL INCOME	3,555,358.84	3,371,660.72	3,716,765.60	3,335,187.00	3,335,202.00
FY14 Fund 3049 Addition to Fund Equity	234,446.56					
					Initials Dept. Head	
					Initials Certifying	
					Initials Completed by	SRP

Expenses	Cost Center -note where SFAC funds to be transferred	FY 2014	FY 2014	FY 2015	FY 2015	FY 2016	
		Approved Budget for 2013-2014	Actual Budget for 2013-2014	Approved Budget for 2014-2015	Projected Actual for 2014-2015	Budget Request for 2015-2016	
Salaries and Wages		Select one					
Exempt Category Employee Salaries	SSF (3049) / Other / Both	1,207,067.00	1,402,564.27	1,669,871.18	1,450,000.00	1,550,000.00	
Non-Exempt Employee Salaries	SSF (3049) / Other / Both	437,415.00	555,242.81	428,688.00	525,000.00	525,000.00	
Lump Sum Wages (Itemize below)	SSF (3049) / Other / Both	120,000.00	0.00	140,000.00	0.00	0.00	
Student Workers (NCWS)	SSF (3049) / Other / Both	0.00	0.00	0.00	0.00	0.00	
Student Workers (Graduate Students)	SSF (3049) / Other / Both	0.00	0.00	0.00	0.00	0.00	
Student Leader Stipends	SSF (3049) / Other / Both	0.00	0.00	0.00	0.00	0.00	
Other Temporary Workers	SSF (3049) / Other / Both	0.00	0.00	0.00	0.00	0.00	
Mandated/Merit Increments	SSF (3049) / Other / Both	0.00	0.00	0.00	0.00	0.00	
Equity Adjustments (Salary Equity)	SSF (3049) / Other / Both	0.00	0.00	0.00	0.00	0.00	
Overtime	SSF (3049) / Other / Both	500.00	0.00	500.00	0.00	0.00	
Total Salaries and Wages		1,764,982.00	1,957,807.08	2,239,059.18	1,975,000.00	2,075,000.00	
Fringe Benefits		Select one					
FICA	SSF (3049) / Other / Both	120,000.00	145,489.23	230,468.40	145,000.00	145,000.00	
Insurance	SSF (3049) / Other / Both	151,000.00	203,906.24	186,565.08	200,000.00	200,000.00	
Retirement	SSF (3049) / Other / Both	91,000.00	124,930.03	112,310.14	125,000.00	125,000.00	
Unemployment	SSF (3049) / Other / Both	9,300.00	11,029.26	10,488.90	11,000.00	11,000.00	
Worker's Compensation	SSF (3049) / Other / Both	8,000.00	9,023.91	8,578.81	9,000.00	9,000.00	
Employee Benefits Vacation Pool (.5% benefits eligible staff)	SSF (3049) / Other / Both	0.00	0.00		9,218.00	9,218.00	
Longevity	SSF (3049) / Other / Both	21,000.00	24,277.96	20,940.00	21,000.00	21,000.00	
Total Fringe Benefits		400,300.00	518,656.63	569,351.33	520,218.00	520,218.00	
Other Expenses		Select one					
Information Technology Charge (formerly telephone expenses)	SSF (3049) / Other / Both	17,950.00	24,080.80	17,950.00	24,000.00	24,000.00	
Postage/Freight	SSF (3049) / Other / Both	420.00	357.62	1,952.92	300.00	0.00	
Printing- On/Off Campus	SSF (3049) / Other / Both	2,300.00	4,756.00	9,436.61	4,000.00	4,000.00	
Office Supplies	SSF (3049) / Other / Both	17,000.00	17,667.62	17,000.00	15,000.00	15,000.00	
Clinic Supplies	SSF (3049) / Other / Both	25,000.00	32,307.09	58,000.00	30,000.00	30,000.00	
Lab Analysis/X-Rays	SSF (3049) / Other / Both	125,000.00	130,682.72	170,000.00	120,000.00	120,000.00	
Equipment/Maintenance/Software/Rental	SSF (3049) / Other / Both	18,000.00	28,982.25	25,000.00	30,000.00	30,000.00	
Travel - Interviewees	SSF (3049) / Other / Both	0.00	921.44	0.00	3,500.00	0.00	
Travel - Airfare/Other	SSF (3049) / Other / Both	2,800.00	7,224.42	33,500.00	5,000.00	5,000.00	
Business Meals	SSF (3049) / Other / Both	8,000.00	1,652.00	5,000.00	1,000.00	1,000.00	
Credit Card Usage Fee	SSF (3049) / Other / Both	9,000.00	7,022.91	10,000.00	7,000.00	7,000.00	
Utilities	SSF (3049) / Other / Both	13,500.00	19,188.25	33,033.45	19,000.00	19,000.00	
Hazardous Waste Disposal/Gases	SSF (3049) / Other / Both	0.00	1,061.54	1,287.50	1,000.00	1,000.00	
Cost of Goods Sold	SSF (3049) / Other / Both	3,300.00	287,631.75	60,000.00	260,000.00	200,000.00	
Temp Personnel Services	SSF (3049) / Other / Both	130,000.00	77,742.00	130,000.00	100,000.00	70,000.00	
Laundry & Cleaning Services	SSF (3049) / Other / Both	2,700.00	884.15	7,000.00	800.00	800.00	
Advertising/Promotional Items	SSF (3049) / Other / Both	2,000.00	9,300.98	5,000.00	9,000.00	8,000.00	
Employee Uniforms	SSF (3049) / Other / Both	0.00	4,948.96	0.00	500.00	500.00	
Insurance - Property & Liability	SSF (3049) / Other / Both	32,000.00	24,070.11	32,000.00	20,000.00	20,000.00	
Lease - Office Space/Rental	SSF (3049) / Other / Both	0.00	13,278.58	0.00	13,000.00	13,000.00	
Memberships/Prof Fees/Licenses	SSF (3049) / Other / Both	2,500.00	9,019.64	15,000.00	5,000.00	5,000.00	
Reference Materials	SSF (3049) / Other / Both	0.00	550.05	0.00	600.00	600.00	
Parking	SSF (3049) / Other / Both	7,000.00	7,228.62	20,402.44	7,000.00	7,000.00	
Work Orders	SSF (3049) / Other / Both	0.00	4,483.26	0.00	2,000.00	2,000.00	
Admin Charge (6% of total expenses)	SSF (3049) / Other / Both	39,000.00	157,954.85	73,201.38	157,000.00	157,000.00	
Total Other Expenses		457,470.00	872,997.61	724,764.30	834,700.00	739,900.00	
Total Expenses		2,622,752.00	3,349,461.32	3,533,174.81	3,329,918.00	3,335,118.00	
Balance (Income less Expenses)		932,606.84	22,199.40	183,590.79	5,269.00	84.00	

Fund 3 Addition to Fund Equity

An addition was carried over in FY14 to Fund Equity. The account was anticipated to provide stability to the balance sheet in the event of increased expenses due to emergency building maintenance or unforeseen cost with electronic medical records implementation. Fortunately, the student utilization of the Health Center has provided for revenue to adequately cover our expenses which resulted in the addition.

6. List your 2014-2015 Strategic Initiatives and Action Steps in priority order and cite the Division of Student Affairs Strategic Initiatives and University of Houston Strategic Goals to which they relate.

2014-2015 Strategic Initiatives:

1. Increase access to quality healthcare for students by expanding participation in the Student Health Insurance Plan as well as commercial insurance plans. DSAES Initiatives: 1B, 2E, 5C
 - Establish the most utilized third-party health insurances that UH students are enrolled with in order to know priority plans to partner with.
 - Open communication between the Health Center and insurance companies to establish timeline and action plan for creating partnership.
 - Implement acceptance of plans and promote the change to students.
2. Contribute to student success and retention by increasing utilization of the UH Health Center by students with health concerns. DSAES Initiatives: 1A, 4A, 4C
 - Utilization of the patient web portal within the Electronic Medical Record program will allow for the development of individual patient health initiatives. This serves to empower students to engage in their own healthcare decision-making processes regarding acute and chronic health conditions. Track specific utilization via:
 - Total portal logins
 - Unique portal logins
 - Online scheduling
 - Track student utilization through EMR reports including patient satisfaction and quality of care.
 - Change in appointment scheduling template as well as allowing patients to schedule online will improve and maintain access for students.
 - Adequately communicating walk-in availability in General Medicine to students in order to assure them they will receive care when needed.
 - Will participate in staff training on customer service and the importance of treating patients with care and respect will promote idea of providing care as soon as possible to students.
3. Construct a facility capable of housing the planned growth of the UH Health Center that will be required to serve a Tier One campus in the 21st Century. DSAES Initiatives: 1D, 1E, 2B, 2E, 6E
 - An increase in students seen and a heightened focus on customer service will serve as evidence of the need of increased space.
 - Will work within the DSAES to promote and establish a growth plan for the Health Center.
4. Increase utilization of measurable health initiatives, such as tobacco cessation and condom use to prevent STIs and unintended pregnancy. DSAES Initiatives: 1B, 1D, 2E, 3B, 4A
 - Peer chart reviews and nurse assessments will continue to be performed multiple times throughout the year to assure compliance with health initiatives.
 - Electronic Medical Record program has provided ease of use for data measurement in provider practice as well as patient health maintenance. This allows us to measure the amount of patients requesting information on tobacco cessation in order to focus on this initiative moving forward.

- Work with other areas in DSAES Health & Wellness to promote and educate on health initiatives on campus including, but not limited to, tobacco cessation and safe-sex practices. This includes active participation with Healthy Coogs 2020 initiative as well as Tobacco Task Force which promotes a smoke-free campus.
 - Free HIV screenings will continue to be offered multiple times throughout the year for students.
 - Safe-sex practices are being promoted through speaking engagements by Virginia Miller, NP as well as an increase in condom access through both the Health Center and promotional events.
 - The Health Center has lowered the price for a student to receive a requested pregnancy test at the Health Center and will be promoting that change moving forward.
- 5. Provide high-quality mental health services that complement and augment those provided by CAPS. DSAES Initiatives: 1B, 1E, 1F, 4B, 5D**
- Partnership and open communication is vital and will be fostered with CAPS to assure that students are provided with comprehensive mental health care.
 - Utilizing EMR Mental Health reports to understand the services we offer and how to best serve the population.
 - Providing a safe and comforting place for students to receive their mental health care.

7. What are the other possible sources of funding available to your unit and what efforts are being made to access them (e.g. 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.

Third-party insurance billing will enable more students as well as faculty and staff to access services at the Health Center with coverage of their fee-for-service charges, but this does not substitute for the baseline services that the student fee provides.

Grants –

- Grant Participant –
 - SMART Cougars: Substance Use, Mental Health, and HIV/AIDS Risk Assessment and Testing. SMART Cougars will offer African-American and Hispanic students the knowledge and skills needed to live a healthy campus and community life with considerably less risk of HIV/AIDS and substance use. In addition, the program will leverage its resources to also impact HIV/AIDS and Substance Use Risks in the communities surrounding the University, improving campus-community relations. Collaboration with the University of Houston Graduate College of Social Work, Center for Drug & Social Policy Research.

8. Please describe any services that are similar to yours and/or any overlap between your unit and other unit(s) providing services to students and the rationale for the overlap.

Athletics

- We provide diagnostic testing, physical exams and treatment for athletes who are ill.
- We educate athletes in areas such as drug and alcohol use and abuse.
- Serve as a medical resource for Athletics programs and staff members.
- Rationale for overlap: Athletics supports illness and injury complaints that stem from the participation in athletic endeavors and relies on UH Health Center to treat athletes for other medical complaints not related to their participation.

CAPS

- CAPS also provides mental health services, but they do so under a different treatment model that is complimentary to the medical model that Psychiatry offers.
- Along with representatives from CAPS, Health Center physicians serve on the Conduct Assessment and Response Team that assists faculty, staff, students and the administration by providing information and assistance in dealing with aberrant behavior that disrupts the educational mission of the University. Health Center psychiatrists form an important pillar for CART at their scheduled sessions and other Health Center clinicians provide input as needed and help identify students at risk.
- Rationale for overlap: Students' mental health care is comprehensive with both departments. CAPS medical model concentrates on counseling and non-pharmaceutical, psychological interventions for mental health related issues, while UH Health Center has board-certified psychiatrists (MDs) who are able to treat patients with acute or chronic mental health complaints with pharmaceutical interventions and monitoring.

Wellness

- HIV screening is done at the Wellness facility by SMART Cougars on a regular basis as our screening is done a few times each year. SMART Cougars is an outside program that is utilizing Wellness space.
- Health education and promotion on topics of importance and necessity for students at University of Houston.
- Rationale for overlap: Health education is a focus for both areas, yet the delivery mechanism does vary. UH Wellness' focus is more population driven, looking at the University of Houston's wellness behaviors on a broader scope, while UH Health Center's focus is more one-on-one clinical interactions and educating patients as individuals. Both are necessary in order to reach the most students possible and promote a healthy campus.

Submitted October 22, 2014