



UNIVERSITY *of* WASHINGTON  
COUNSELING CENTER

# **University of Washington, Seattle Services & Activities Fee Fiscal Year 2026 Budget Request**

## **Unit Leads**

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## Budget Request Highlights

Our unit's request in FY22 was **\$2,066,903** and our award was **\$2,066,903**.

Our unit's request in FY23 was **\$2,533,763** and our award was **\$2,179,867**.

Our unit's request in FY24 was **\$2,354,256** and our award was **\$2,350,015**.

Our unit's request in FY25 was **\$2,518,703** and our award was **\$2,438,880**.

Our request for FY26 is **\$2,585,213**, which represents a **6%** increase (**\$146,333**) from FY25.

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### Mandatory Wage & Benefits Increases

**\$108,009**

Both Classified and Professional staff salaries are projected to increase by 3% in FY26. The benefit load rates are projected to remain the same at 34.4% and 30.3% respectively.

### Wage & Benefits Increases

**\$36,654**

Salary increases to retain staff as our salaries are lower than the Seattle market. The reality is that we need to increase staff salaries by a larger amount than we are requesting from SAF. However, we wanted to keep our request within 6%.

### Operating Cost Increase

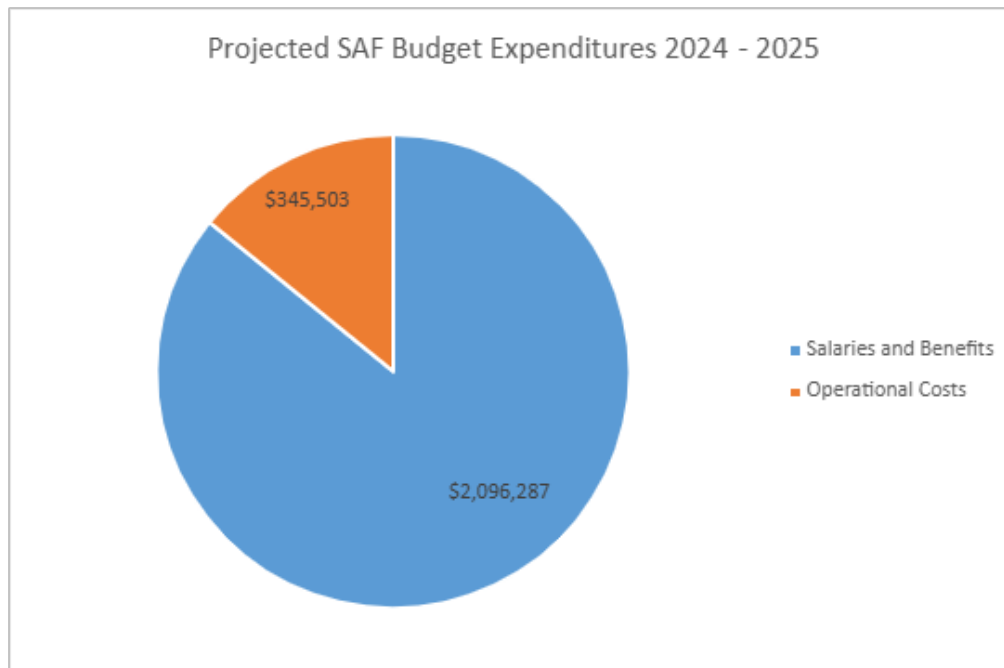
**\$1,670**

Operational costs have only increased by .27% from FY25 to the FY26 planned budget.

## Full Budget Overview & Justification

1. **How are expenditures distributed across the programs and/or services your unit offers? Please provide a general overview of how much spending is allocated to each category of expense, such as staffing, materials, etc., as is applicable.**

The bulk of our expenditure is focused on salaries and benefits, to pay for clinicians who provide mental health services to students (see graph below).



The salaries and benefits for Counseling Center staff enable us to provide a range of mental health services for students including:

- short-term individual counseling
- group counseling
- psychiatry services
- drop-in Let's Talk sessions
- workshops
- crisis services
- Paws for a Break
- gender-affirming care services
- response after a student death or other difficult events
- Innovation to address student needs

The operational expenses cover the following:

- Professional license renewals and professional development to make sure our staff remain current on equity training, gender-affirming care and complete the necessary continuing education to maintain their license. Having a current professional license makes it possible for them to provide counseling or medication management to students.
- Tech costs, which includes computers, tech and phone fees, cost of our electronic health record and cost to manage insurance billing.
- Office supplies, including outreach/abling supplies, tissues, masks, and cleaning supplies.
- Furniture purchase as we are expanding into additional spaces in Schmitz Hall.

This will allow us to provide more in-person services.

**2. Please give a summary elaborating on how SAF Funding has been used to support students** *(Please refer to dollar amounts in this discussion when possible).*

- a. In what ways has SAF funding been essential to supporting your unit's on-going services and role in the university? Please provide at least one specific example of a program/service.

SAF funding has been essential in supporting the Counseling Center. In FY24, the main use of the funds is for staff salary and benefits (\$2,096,287). The remainder of the funds are used for operational expenditures (\$345,503). Operational expenditures include electronic health record system, managing insurance billing, training required for mental health providers to maintain licensure, equity and gender affirming care training to help counselors provide culturally-responsive treatment, supplies, and technology fees.

The positive impact of SAF's funding to the Counseling Center is seen in our yearly client satisfaction survey. This most recent survey saw increases in satisfaction scores for every area assessed, from whether they would recommend the Counseling Center to others, to feeling that the counseling services helped them deal with their original problem(s). Over 90% shared feeling satisfied with their counselor and offered much praise for the counselor's kindness, responsiveness and ability to help students navigate their issues. Here are examples of student quotes from our client satisfaction survey:

- I had a very positive experience with the Counseling Center. It was easy to make an appointment, I got the exact help I needed, and my counselor was extremely welcoming and easy to talk to.
- I don't think I would still be in school, let alone graduating on time, without the support I've gotten through the counseling center.
- Thank you for making my meds available and furthering my care as a neurodiverse individual.
- Counseling helped me start working through the trauma and difficulties that make school harder sometimes. I'm so glad I started receiving counseling because I genuinely needed it, I just hadn't realized that in the past.
- I would not have gone to counseling otherwise if it wasn't available at school, even if I knew I should. I think it's so important to have access readily available, so I'm glad we have high quality mental health help on campus
- I was very lucky that my counselor was very open to each topic I brought up regarding my sexuality, ethnicity, and background.

- I do think the limits on how many meetings you have is tough, but I understand. More resources on stuff off campus would be really helpful.
- I am really thankful for everyone that makes this service possible. I was struggling when I arrived and not sure if this was the right place to go and I was taken step by step in a way that I could feel better and come back stronger.

SAF pays for a significant portion of our provider salaries and benefits, and the SAF funding is truly one of the crucial ingredients that make our services possible. The SAF allocation supports multiple programs that cover a range of mental health needs from more severe needs (such as suicide risk) to prevention services for graduate and undergraduate students:

1. **Intensive Outpatient Program (IOP)** in partnership with Seattle mental health agency Mission Connection to provide services on campus this year as a response to students with more severe mental health concerns, such as psychosis, persistent suicidal ideation, eating disorders or severe substance use. In the past, students needed to drop out of school to be able to attend an IOP. Mission Connection has a more flexible structure which makes it more possible for students to remain in school while receiving the IOP treatment they need. Last year, we shared with SAF that this was an area of need, and that we were investigating options. We are very excited that we were able to create such a partnership for this academic year. We started in the fall and we are in a ramp-up period where services are provided at their Green Lake location (15 minutes by bus) and virtually. We are planning to provide services on campus later this year.
2. **Suicide Intervention Program.** The Counseling Center partners with LiveWell and Residential Life to deliver the Suicide Intervention Program (SIP). Students are enrolled in the SIP after referral by UW community members concerned about a student being suicidal. LiveWell and ResLife staff check in with the student and provide options. They connect the student with a counselor, frequently with a Counseling Center clinician, who sees them for a minimum of three sessions. Many students choose to continue seeing the counselor longer, as they realize the benefits of psychotherapy in helping them build a life that feels meaningful. This network of university support helps students feel less alone and get the treatment they need to reduce suicidality and increase a sense of empowerment in their own lives.
3. **Individual Counseling services.** Short-term counseling is the most popular service we provide for students to address a wide range of issues including depression, anxiety, dealing with oppression, imposter phenomenon, family difficulties and sexual assault.
4. **Psychiatry services.** Medication management of complex mental health difficulties is a service that has been in high demand, including referrals from Husky

Health and referrals from hospitals who are discharging UW students after a psychiatric hospitalization.

5. **Crisis services.** For students who are dealing with an immediate crisis, we have a counselor on duty who is able to prioritize seeing them. This includes more tailored responses after a sexual assault or a student death or suicidality. Providing emotional support and resources during this time of need can help the student cope better and prevent future mental health complications.
6. **Programming to promote healthy behaviors that support mental health.** The strength that university students have is that they want to improve their lives. This programming seeks to build on that drive to flourish by teaching skills needed to improve protective factors for mental health. We developed a number of groups and workshops as well to address these issues, including:
  - Tabletop Role Playing Game Group for queer students – use of tabletop gaming and role-play in a fantasy setting to address social anxiety, identity and self-confidence .
  - Paws for a Break: our Pet Therapy has been very popular and we are able to offer it four times per week this quarter. Students come for the comfort they find from being with a dog, and they find they are also connecting with other students in the process.
  - Between Cultures: Healing from Not Belonging – for students who live in the borderlands between two or more cultures and struggling with a sense of not fully belonging.
7. **Let's Talk** is a great service for students who are not sure if they need counseling and offers consultation with a counselor. We are offering in-person drop-in options at three locations (Kelly Ethnic Cultural Center, Q Center and CIRCLE), as well as scheduled 20-minute appointments. The goal is to have a counselor be available in a space where marginalized students feel safe to help reduce barriers. At the request of the Q Center, we are piloting an option for students to use the Let's Talk space facilitated by a mental health provider to drop in and be in community with other queer students.

- b. How have your unit's services and programming changed over time, and how have you adapted the use of SAF funding?

## **Innovations**

SAF funding allows us to innovate in response to student needs. Two such innovations include the partnership with Mission Connection to decrease barriers to Intensive Outpatient Program services for students as described in our answer to 2a.

The second innovation is that we brought The Body Project to campus last year.

Recognizing that students often deal with body image issues, we found an evidence-based program that works for all genders and across cultural populations. We started with the peer-based intervention and invited LiveWell Peer Health Educators (PHEs) to collaborate with us. This was a successful program, and we have turned this over to the PHEs to administer as it makes more sense for the peer-based programming to live under their umbrella. This year, we are focusing our energy on launching a Body Project psychotherapy group, as last year's participants showed a need for more in-depth treatment in addition to the peer-based intervention.

### **Embedded Liaison Program**

Starting in 2020, we worked with the School of Law to create a counselor position to serve law students. The position is funded by the School and is administered by the Counseling Center. This model has expanded, and we now have six embedded liaison counselors serving the following Schools/Colleges:

1. Allen School of Computer Science
2. College of Built Environments
3. Foster School of Business
4. Information School
5. School of Dentistry
6. School of Law
7. School of Pharmacy
8. School of Public Health
9. School of Social Work

Some embedded liaisons work with two academic units. Liaison counselors are able to provide more prevention and Let's Talk services to students within that academic unit. With limited funding overall, this was a creative way to increase the number of mental health counselors using money available locally in the academic unit. While the embedded counselors only serve students in their School/College, it helps free up a bit of space in the main Counseling Center to serve other students.

### **Billing insurance**

In 2022, the Counseling Center started billing insurance, and this change was implemented smoothly. We worked with a consultant to build the necessary infrastructure. Our billing model is designed to reduce barriers to accessing mental health care. For counseling services, the student's insurance is billed if available. Any portion that is the student's responsibility (co-pay, co-insurance, deductible, or entire cost of the session if the student does not have insurance) is billed against the SAF allocation to the Counseling Center. This means there is no out-of-pocket cost to students for counseling.

Most students have adapted to the system without any issues. Some students have questions but are relieved to find out they have no out of pocket costs. A small portion choose to not use their insurance.

We use the traditional billing model for psychiatry services. This means we will bill insurance for students receiving services, and students will be responsible for paying their portion (co-pay, co-insurance, deductible). This is because psychiatry is an expensive service, and this will ensure we remain within the boundaries of the SAF allocation for the student portion billed to SAF. We have a generous financial assistance program for psychiatry services.

### **Telehealth**

With the pandemic, we built the infrastructure to provide mental health services via telehealth starting in 2020. Students, especially graduate students, found this modality very helpful and we now offer telehealth services as a routine option, in addition to in-person services.

### **Gender Affirming Care**

Last year, we provided a training series for our staff so that the entire staff is now able to provide Gender Affirming Care. We have a Gender Affirming Care Committee that collaborates with Husky Health to be able to coordinate care for students. With the political climate that portrays trans people as sub-human, the mental health of our trans and gender expansive students is being seriously undermined. We are responding to the need by decreasing barriers to gender affirming care.

### **Advisory Board**

While this is not a change to our services, we created the Counseling Center Advisory Board last year, as a way to get direct input from the campus about student needs. They have provided us with valuable insights into student mental health, loneliness, the impact of last year's protests, and ways to reach students more effectively.

c. Are there programs/services that SAF has funded in the past that your unit no longer provides?

No.

d. Are you currently using your unit's allocation for new programs or services that were not originally requested as an item in your SAF budget request?



No.

- 3. What is the nature of your reserves/fund balances? For what purposes do you hold reserves? How were they accrued?** (Reserves/Fund balances are termed and considered differently in every unit. If you are unsure of what these terms mean or would like clarification on anything, please reach out and ask.)

The Counseling Center's projected fund balance comes from salary savings and higher insurance revenue than originally budgeted. We maintain some reserves because we rely on insurance revenue, which can be unpredictable.

In addition, a portion of the carry-forward money is being used to pay for renovations needed to complete expansion into additional offices in Schmitz Hall. No longer sharing offices allows us to offer more in-person services to students.

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## Budget Breakdown

In this section, please include a breakdown of your requested revenues/expenses for FY26 and your unit's budget for FY25.

The template, instructions, and an example can be found here: [SAF FY26 Budget Breakdown.xlsx](#)

<b>BUDGET BREAKDOWN</b>			
	<i>FY26 Request</i>	<i>FY25 Expected</i>	<i>FY25 Actuals Notes</i>
<b>REVENUES</b>			
SAF Funding	\$ 2,585,213.00	\$ 2,438,880.00	
State/University Funding	\$ 1,669,214.00	\$ 1,630,383.00	GOF/DOF
Self-Generated Revenue	\$ 700,000.00	\$ 700,000.00	Insurance
Grants/Subsidies	\$ 69,970.00	\$ 67,228.00	Veteran Mental Health Proviso
Interest Revenue			
Other Revenue	\$ 60,990.00	\$ 59,698.00	Transfers for liaison counselors
Total Revenue	\$ 5,085,387.00	\$ 4,896,189.00	
Change in Revenues	\$ 189,198.00	3.86%	
	<i>FY26 Request</i>	<i>FY25 Expected</i>	<i>FY25 Actuals Notes</i>
<b>EXPENSES</b>			
Salaries & Wages:			
Classified	\$ 359,328.00	\$ 344,417.00	
Professional	\$ 3,058,753.00	\$ 2,837,110.00	
Graduate Appointments			
Temporary	\$ 3,096.00	\$ 3,000.00	
Other Salaries & Wages			
Total Salaries & Wages	\$ 3,421,177.00	\$ 3,184,527.00	
Retirement & Benefits:			
Classified	\$ 123,609.00	\$ 118,479.00	
Professional	\$ 926,802.00	\$ 859,645.00	
Graduate Appointments			
Temporary	\$ 712.00	\$ 690.00	
Other Retirement & Benefits			
Total Retirement & Benefits	\$ 1,051,123.00	\$ 978,814.00	
Operations:			
Personal Service Contracts	\$ 266,242.00	\$ 266,120.00	
Other Contract Services	\$ 150,431.00	\$ 147,977.00	
Grants & Subsidies			
Travel	\$ 10,404.00	\$ 10,200.00	
Supplies	\$ 186,010.00	\$ 187,120.00	
Other Operations			
Total Operations	\$ 613,087.00	\$ 611,417.00	FY25 projected remaining balance is due to salary savings
Total Expenses	\$ 5,085,387.00	\$ 4,774,758.00	
Change in Expenses	\$ 310,629.00	6.51%	
Revenue - Expenses	\$ -	\$ 121,431.00	

**Information on Other Revenues:**

*If you have other sources of revenue, please give an overview of those anticipated revenues (including new sources) and how you expect them to change in the coming years. If relevant, include a breakdown of services & positions funded by SAF vs other revenues.*

- Central Funding (GOF/DOF): \$1,630,383. We hope this remains stable, with yearly increases to cover the cost of merit raises.
- State Funding for Veteran Counselor: \$67,228. This comes from a proviso from the state legislature. We expect this to remain stable, with yearly increase to cover the cost of a merit raise.
- Insurance Billing Revenue: \$ 700,000. We are seeing a stabilization of insurance revenue as the majority of our providers are now credentialed with multiple insurance companies.
- Liaison Counselor Fees: \$59,698. One of the ways to increase mental health services on campus has been through Schools and Colleges who are willing to pay for the cost of a counselor to serve their unit. We charge an administrative fee to cover costs of tech, supplies and supervision. This also supports the central Counseling Center who serves all of campus. The total amount may increase if additional Schools/Colleges request a liaison counselor, but there is only one additional College expressing interest at this time.

## Additional Questions

1.

- a. How would you adjust your operations if you did not receive your full request? Please elaborate on the potential impact on staffing and services.**

Not receiving the full request would get in the way of mental health provider retention. Counselors are reporting that they are now needing to pay attention to their bank account towards the end of the pay period. While they love working with UW students, their low salary makes better paid mental health jobs at other agencies very attractive. I predict more counselors leaving their position, which means longer wait times for students to see a counselor. Further, replacing lost counselors means that time from current counselors is spent on search committee(s) and training new staff. There is also a loss of net revenue as it takes close to a year to get a new staff member fully credentialed on all our insurance contracts.

- b. What if you received an amount less than your FY25 allocation?**

If we received less than last year's allocation, we would be faced with the decision of increasing staff time on providing counseling services that help generate insurance billing revenue. This means reducing prevention services (Let's Talk, support groups, workshops, presentations, online engagement, etc.). We would also need to consider reducing the amount of time dedicated to crisis services, as we currently devote 45 hours of our counselors' time per week to be available if a student comes in crisis. Some of that time is not filled (which is common for crisis services), and therefore does not bring revenue. We would be forced to look at utilization of crisis services and reducing the number of crisis hours provided per day. We are requesting what we believe is necessary to provide more accessible mental health services for students who need support and will continue to prioritize direct student service.

With a larger reduction, we would have no option but to reduce staffing it would mean reducing several staff's FTE, or eliminating positions. This translates into decreased capacity to see students. However, because our budget is so personnel-heavy, we have no other realistic options for managing significant variations in our allocations.

**c. What student services/programs are integral to your mission that you would not cut even if you received an amount less than your FY25 allocation?**

Providing short-term counseling and crisis services are integral to our mission, and we would never cut these services entirely. However, depending on the decrease in allocation, we may have no choice but to decrease the total number of hours devoted to short-term counseling and crisis services.

**2. If financial resources were not a restriction, what is one program/service your unit would add/expand on to enhance students' experience at the University?**

If finances were no object, we would hire three more psychiatry providers and one more psychiatry care coordinator. Currently, we have 2.5 FTE psychiatry providers for the entire campus, which is not sufficient. The impact of this need is felt by the existing psychiatry providers, by primary care providers in Husky Health who are at times pushed to provide services beyond their expertise level, and most importantly by students, who have to wait for psychiatry appointments. In the quarter system, the four to seven week-wait for an appointment can make the difference between passing and failing classes. Our hope would be that increasing access to psychiatry would mean improved student mental health and retention.

**3. How does your unit ensure that student fees do not subsidize non-student, academic, research, and other costs that are the primary responsibility of the University and its colleges?**

The Counseling Center provides services only to currently enrolled UW students and we check enrollment status before the student becomes a client. The only exception is that we allow students who initiated services while a student to continue services for one quarter beyond the last quarter of enrollment. This allows for continuity of care for students who are taking a quarter off to focus on their mental health and other needs. For students who are graduating, this allows for continuity of care if needed as they move home and/or search for a job.

As a unit, we do not engage in academic or research pursuits. Our main goal is to provide the best services we can to students through direct counseling and psychiatry services, as well as helping the campus create a climate that promotes positive mental health for students.

**4. How are you utilizing the SAF logo? In what ways do you spread awareness of your affiliation with SAF?**

We utilize the SAF logo on our website, and from our client survey, 80% of students visit our website prior to making an appointment.

When we discuss cost for our services either on the website, during a presentation, or with individual clients, we talk about SAF funding being the reason why services are available at no out-of-pocket cost for students. We explain that SAF pays for the student portion not covered by insurance (co-insurance or entire cost of visit for students who do not have insurance). Students are always relieved and happy to hear that their contribution to SAF provides them with access to mental health services.

**5. If you are projecting a net deficit for FY26, please provide additional context for this net deficit (e.g. reallocation of carryover funds from previous fiscal years, extraordinary expenses necessary to meet operational needs, etc.).**  
*(Optional – Answer “N/A” if not relevant to your unit)*

N/A

**6. When projecting out 1-3 fiscal years, what challenges, if any, do you foresee for your unit? How could SAF be helpful in navigating these challenges?**  
*(Optional – Answer “N/A” if not relevant to your unit)*

There are conversations on campus about the possibility of a health fee that would cover the funding currently provided by SAF to the Counseling Center, Husky Health and LiveWell. At this time, it is too early to tell whether these efforts will be successful. While this is not a challenge per se, this is part our potential future financial landscape.

As Washington state is facing a large deficit, it is likely that state funding to the university will be impacted in the coming years. We do not know to what extent the Counseling Center GOF/DOF and proviso funding will be impacted and potentially reduced. I am hopeful that the university would not choose to cut mental health funding, but we have to wait to see how events unfold.

Regarding student needs, we are seeing a larger number of students reporting attention difficulties. Attention Deficit and Hyperactivity Disorder (ADHD) is one of the trickiest diagnoses to make, as multiple other disorders cause attention problems (depressive and anxiety disorders, adjustment/stress/post-traumatic disorders, substance use disorders, etc.), and it requires expensive psychological assessment for an accurate diagnosis. Pairing attention issues with the pressure faced by many of our students, many students are seeking solutions to improve their attention level. We did an ADHD assessment pilot last year, and we had to put it on hiatus with the departure of our training director. Now that we have hired a new training director, we are resuming the pilot, and we hope to be able to offer affordable ADHD assessments

on campus in the coming year. There is cost associated with the test materials and we are currently using salary savings to cover these expenses. Depending on how much we expand the assessment program, we may be able to continue covering the cost, or we may need to ask SAF for funding.