University of Washington, Seattle
Services & Activities Fee
Fiscal Year 2027 Budget Request

Unit Leads

Joel Schwartzkopf, DPAS, MBA, Executive Director
Mary Kauffman, MD, MPH, Medical Director
Joshua Halbert, Interim Director of Operations

Contributors
Marilyn Carruth, Director of Wellness Shared Services

Budget Request Highlights

In this section, please list all line items for any changes in request amount greater than $1000, along with a short description of each line item and the amount requested. For all other changes under $1000, please list the total summed figures in a final "miscellaneous expenses" item at the bottom. Please ensure that all the SAF funded line items below and previous SAF allocation total add up to the requested amount. Our goal with this section is to provide an overview of the current financial state, along with any changes in SAF funding that are being requested this year.

Each unit's FY27 request may only represent a maximum increase of 6% or $38,000 over the unit's allocation for FY26 (whichever is higher in context of the unit's FY26 allocation).

While we would love to fund everyone's full request, SAF is financially constrained by the Washington State Legislature. RCW 28B.15.069 limits the amount that the Services and Activities Fee (SAF) is allowed to increase each year. For FY27, the SAF amount can be increased by a maximum of 4%. Requests beyond the maximum increase will be returned to units for corrections/updates.

Our unit's request in FY23 was **$6,251,193** and our award was **$5,786,276.**
Our unit's request in FY24 was **$6,433,196** and our award was **$6,263,702.**
Our unit's request in FY25 was **$6,764,797** and our award was **$6,552,564**.
Our unit's request in FY26 was **$6,945,718** and our award was **$6,817,560**.
Our request for FY27 is **$7,226,614,** which represents a **6% ($409,054)** from FY26**.**

In this section, please break each increase into its own sections (e.g. wage & benefits changes, increases in current employee hours/FTE, funding new positions, etc.). Example sections have been provided (you may delete the example sections).

Wage & Benefits Increases **$409,054**

We are projecting a 2% increase for professional staff and a 2% increase for most classified staff. The SEIU 1199 employees have been offered a salary increase of approximately 10% over FY26 and FY27. However, as of the submission of this packet, we remain in active negotiation, and this amount may change. These wage and benefit increase costs, along with standard operating cost increases, will exceed $409,054 but are projected to be balanced by an increase in insurance revenue.

Full Budget Overview & Justification

In this section, you will have the opportunity to explain your request in greater detail via the guiding question(s) below. You are encouraged to use graphs, charts, or other visual tools. Your goal for this section is to provide the SAF committee (and the public) with sufficient (and substantive) context and justification for the use of these funds.

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.**

Husky Health Center's spending supports direct clinical services that benefit SAF-paying students. In FY27, approximately 75 percent of expenditures support personnel who deliver care and operate patient-facing functions such as primary care, same-day care, physical therapy, OB/GYN services, nursing and medical assisting, laboratory, and insurance navigation. About 20 percent supports clinical operations, medical supplies, and equipment required to maintain safe, accessible care. The remaining 5 percent supports patient communication, scheduling tools, and outreach that improve access and equity. This distribution reflects SAFC priorities around direct student impact, staffing that supports students, and transparent allocation of funds to front-line 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 makes student-centered care possible by subsidizing core access and affordability features that are unique to HHC. Specific benefits supported by SAF include priority access to primary care and same-day appointments, ensuring wait times that are much shorter than other clinics in the area. It also allows HHC to offer no out-of-pocket cost for the first office visit each quarter, expanded STI screening through events like Test Fest, and distribution of harm-reduction and sexual health supplies. These services reduce financial barriers and improve health outcomes for students, consistent with our emphasis on accessible, student-centered care, regardless of insurance status. For example, partnering with ASUW

for the Test Fest allowed us to offer no-cost STI testing by specifically deploying SAF funding to reach students who may not otherwise seek care.

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

Over the past two fiscal years, Husky Health Center clarified eligibility to prioritize SAF-paying UW Seattle students and increased preventive services, including no-cost STI screening events and wider distribution of harm-reduction supplies. In early CY 2026, we are adding allergy shots based on student feedback and needs assessments. We have adapted SAF funding from line-item support to a general subsidy model of HHC's total operating costs, which improves efficiency and accountability while safeguarding access features such as the first visit policy and same-day care capacity. We moved financial and HR functions into Student Life's Wellness Shared Services in early CY 2025 to reduce administrative overhead and direct more resources to front-line clinical services.

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

No programs have been discontinued. We refined eligibility in January 2025 to ensure SAF-funded benefits are delivered equitably to SAF-paying UW Seattle students, and we continue to maintain all established clinical services with added preventive programming.

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?

Yes. SAF funding allowed us to support preventive services such as “IUD Days,” when our OB/GYN clinic spends an entire day focused on this form of long-term contraception. We also implemented a new approach to vaccine clinics, providing pop-up immunizations to large numbers of incoming international students in a convenient location. This was in addition to our previously noted expansion of STI testing and harm-reduction supply distribution. All of these efforts align with SAFC priorities to maximize impact and demonstrate innovative ideas that directly benefit students. These additions were implemented within our general subsidy model and reported in our internal usage audits and program metrics. The expansion of services to include allergy shots was in direct response to student feedback, and while we did not anticipate adding this specific service at the time we submitted our FY26 request, it illustrates how we use student feedback, quantifiable assessment, and SAF funding to remain nimble and expand our portfolio to meet student needs.

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.)

All SAF funds are applied to current-year operations to maintain access, equity, and quality in clinical care. Any additional revenue generated from billing insurance companies for services provided is applied to our operating expenses, and any budget surplus at year-end is managed under Student Life and UW financial policies to meet one-time needs, prepare for unexpected circumstances, and stabilize operations. This approach aligns with SAFC priorities for stewardship and transparency.

Budget Breakdown

In this section, please include a breakdown of your requested revenues/expenses for FY27 your unit’s budget for FY26, and your unit’s actuals for FY25.

The template and instructions can be found here: SAF FY27 Budget Breakdown.xlsx

Budget Breakdown

Operating Revenues	FY27 Request	FY26 Budgeted	FY25 Actuals	Notes
SAF Funds	$ 7,226,614	$ 6,817,560	$ 6,552,564	Requesting a 6% increase in FY27
Core Funds	$ 445,332	$ 439,182	$ 452,008	
Grants	$ -	$ -	$ 56,788	Opioid proviso was only in FY25
Other Student Fees	$ 246,137	$ 217,996	$ 337,440	HSIP Program. Funds can only be used for HSIP expenses
Auxiliary Revenues	$ 8,020,235	$ 7,142,723	$ 6,977,547	Insurance revenue (less approx 10% billing fees)
Total Revenue	**$ 15,938,318**	**$ 14,617,461**	**$ 14,376,347**	
Change From Previous FY (%)	**9.04%**	**1.68%**		

Operating Expenses	FY27 Request	FY26 Budgeted	FY25 Actuals	Notes
Salaries & Wages				
Permanent	$ 8,606,318	$ 7,819,400	$ 6,913,391	
Student/Temporary	$ 264,000	$ 230,000	$ 299,201	
Retirement & Benefits				
Permanent	$ 3,077,469	$ 2,792,577	$ 2,272,979	
Student/Temporary	$ 47,520	$ 34,960	$ 69,068	
Supplies and Materials	$ 2,356,206	$ 2,248,314	$ 2,290,664	
Professional & Purchased Services	$ 1,570,805	$ 1,482,210	$ 1,329,120	
Travel	$ 16,000	$ 10,000	$ 15,550	
Utilities				
External Funding Allocations				
Capital Projects/Expenditures				
Other Operating Expenses				
Total Expenses	**$ 15,938,318.00**	**$ 14,617,461.00**	**$ 13,189,973.00**	
Change From Previous FY (%)	**9.04%**	**10.82%**		

Fund Balance	FY27 Request	FY26 Budgeted	FY25 Actuals	Notes
Unallocated	$ 14,664,125	$ 14,664,125	$ 14,664,125	
Allocated				
Restricted				Reserves are about 12 months of operating expenses, and are used when large purchases, like equipment replacement, are needed.
Total Fund Balance	**$ 14,664,125.00**	**$ 14,664,125.00**	**$ 14,664,125.00**	
Change From Previous FY (%)	**$ -**	**$ -**		
Total Change From Previous FY ($)	**$ -**	**$ (1,186,374.00)**		
Total Change From Previous FY (%)	**100.00%**	**92.52%**		

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.

Husky Health Center's revenue model is approximately half student fees and half insurance billing. For every dollar received from student fees, we generate about one dollar in insurance revenue for the clinical services we provide. The insurance mix is roughly 13 percent Medicare or Medicaid, 45 percent ISHIP or GAIP, and the

remainder are a myriad of commercial plans (typically students who are on insurance plan of a parent or family member). This blended revenue model allows us to sustain access features for SAF-paying students while billing insurance for covered services. Given the current discussions in student government about a proposed student health fee, it's important for SAFC to know that HHC is committed to working with all involved students to ensure stable, student-centered funding that reduces wait times and expands access, but our FY27 request is solely SAF-focused and does not assume passage of the proposed health fee.

Additional Questions

1. **The following questions will help us understand your unit's priorities.**
    a. **How would you adjust your operations if you did not receive your full FY27 request? Please elaborate on the potential impact on staffing and services.**

If our request were reduced, we would protect core student facing services and retain the first visit policy as long as possible. We would initially slow hiring for clinical support roles by leaving vacant positions unfilled as long as possible, delay medical equipment replacement, and scale back nonessential outreach. Reduced funding of any amount can be expected to result in longer appointment wait times and fewer preventive events. Our model is relatively stable as long as enrollment and insurance coverage remain steady, but shifts in federal or state policy, such as lower reimbursement rates, fewer insured students, or rising inflation, would require more significant operational adjustments. As staffing costs rise, we remain committed to offering competitive wages, but reductions in funding make it difficult to sustain current staffing levels while also compensating staff at fair-market value. We also currently provide limited continuity of care services to UW graduates and previously established patients; revenue cuts would likely require us to further narrow eligibility criteria so that all services are restricted to currently enrolled, SAF-paying UW Seattle students only.

    b. **What if you received 4% less than your FY26 allocation? Please elaborate on the potential impact on staffing and services.**

A reduction of 4 percent would likely require pausing at least one planned support staff hire and leaving currently vacant provider positions unfilled. This would lead to decreased appointment capacity but would be necessary to ensure we maintain adequate ratios of providers to support staff. We would continue to prioritize access for SAF-paying students and attempt to maintain the first visit policy and urgent capacity while deferring discretionary outreach and non-critical upgrades on medical equipment. This protects the most impactful, high-volume services and maintains continuity of care for existing patients.

c. **What student services/programs are integral to your mission that you would not cut even if you received an amount less than your FY26 allocation? Why?**

Our core portfolio of direct clinical services reduces barriers to care, addresses urgent and preventive needs, and reflects our focus on accessible, student-centered care. HHC benefits are for all students regardless of insurance status. We are committed to maintaining these services and view them as integral to our mission.

2. **If you are projecting a net deficit for your overall FY27 budget, 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.) and how this might impact your operations.** *(Optional – Answer "N/A" if not relevant to your unit)*

Not appliable. Our FY27 plan balances SAF and insurance revenues with current service levels.

3. **What is one program/service your unit would like to work towards building to enhance students' out-of-class experience at the University? How much would it cost?**

The above-noted allergy shot service starting in the current fiscal year addresses a documented need and improves daily health and academic performance for affected students. Startup costs include clinical supplies and initial staffing coverage, but ongoing staffing and supply costs for this service addition are integrated into our operations budget for FY27. Additionally, HHC will plan to fund the full expense of the National College Health Assessment in FY27, an expense which was funded centrally by Student Life in FY25. This survey runs every two years and is a collaborative effort with other SAF-funded units.

4. **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?**

We maintain a clear separation between student clinical services and any academic or research activities, which are minimal at HHC. We ensure that student fees support student care by limiting most services to currently enrolled, SAF-paying UW Seattle students, in alignment with our published eligibility policy. We track utilization and productivity to ensure stewardship of fee dollars paid by students. This includes using technology like the Husky Card and NetID to verify the eligibility of students scheduling appointments online or using Room 101 to obtain no-cost safer sex and harm-reduction supplies. HHC is now more closely aligned with other SAF-funded units in its accounting models than in prior years. Previous SAFC budget requests have noted that we continue to provide some care to non-students, as briefly noted above in this packet. This has been a commitment that balances continuity of care for former students and members of the Husky community who were established at the clinic before we closed to new, non-student patients.

5. **What active roles do students and their views play in your unit's decision making?**

We continue to invest in and grow our Student Advisory Board. FY26 is the second year we have offered student employment to the four members of the board's Executive Committee, and they have been actively engaged in our marketing, communication, outreach, and harm reduction efforts. They work on a number of special projects across campus, broadening our impact and reach, and acting as a conduit for us to communicate with the student body writ large. This allows for student input in our decision-making, through formal surveys of users and non-users, feedback collected at outreach events, and advisory input via collaboration with ASUW and other SAF-funded units. This collaborative approach to engaging with students helps shape service additions and guide improvements to scheduling, communication, and access.

6. **How are you utilizing the SAF logo? In what ways do you spread awareness of your affiliation with SAF? Attach an example if applicable.**

We use the SAF logo on the Husky Health Center website, social media, orientation materials, and our popular and widely distributed "On Campus. For Students." campaign to make funding transparent and to credit student fees for access and affordability features. Continued use reinforces that services are student-funded and student-focused.

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

Key challenges include personnel costs that are rising faster than the annual percentage limit on SAF increases can accommodate, rapidly changing insurance networks and reimbursement rates, and growing demand for accessible physical and mental health services. SAF support helps stabilize access features while we navigate insurance changes and maintain equitable care. The SAFC approval process underscores why stable fee support matters for shorter wait times and improved access for all Huskies. Still, the Husky Health Center receives less funding from student fees than any other Big 10 university. Longer-term stability for the overall health and wellbeing of UW Seattle students needs to include conversations about how to provide holistic, integrated physical and mental health care, prevention, and education services, in a modern location, with funding that is reflective of our status as a leader among global public research universities.