



**SFAC Program Questionnaire  
Fiscal Year 2016-2017**

**Presenters:**

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UH Health Center**

**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. Healthy Coog is a patient health portal that is now available to all students. The portal allows 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. 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.

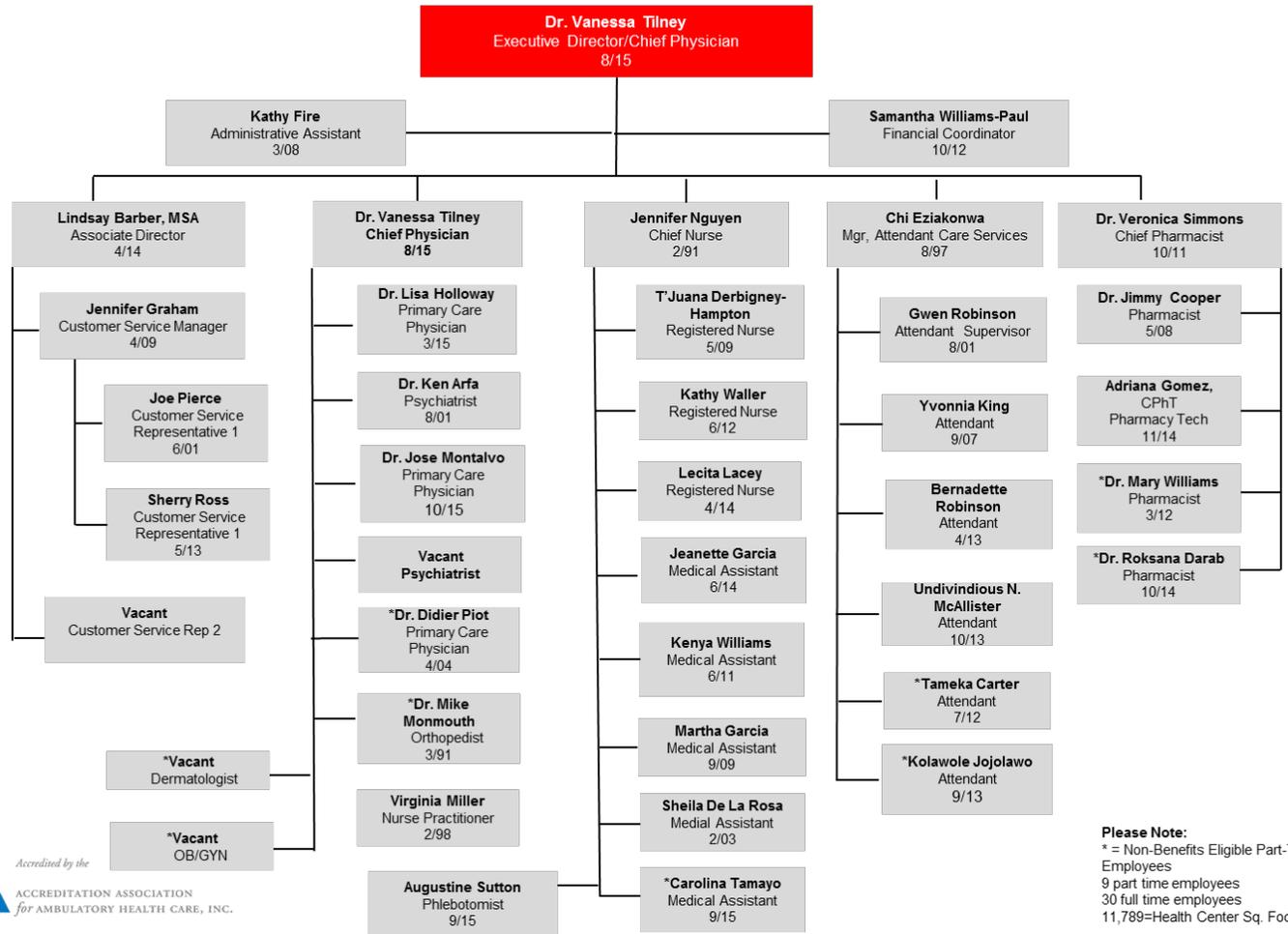
A campus this size requires a facility that is able to support seeing 50,000-60,000 client encounters a year. The current physical structure is at or near capacity with approximately 20,000 clinical encounters seen at present. To assure adequate physical space for healthcare services on-campus, the Feasibility Committee, which was appointed 2 years ago 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 submission 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 lower than the external market 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.

**UNIVERSITY of HOUSTON**  
STUDENT AFFAIRS & ENROLLMENT SERVICES  
Health Center



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

3. List your unit's strategic initiatives and action steps identified for the 2014-2015 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.

**2014-2015 Strategic Initiatives:**

- A. **To increase access to quality healthcare for students by expanding participation in the Student Health Insurance Plan as well as commercial insurance plans.** *Links to DSAES Strategic Initiative 1B, 2E, 5C. This goal is in progress.*
- i. Reviewed and revamped our marketing plan. Marketing responsibilities have been delegated to an employee who has time and vision to see projects through. Regular meetings with DSAES Marketing regarding new building signage and electronic advertising.
  - ii. Hired Student Insurance Coordinator. This employee will take on all aspects of credentialing the UH Health Center with commercial insurance plans.
  - iii. Joined Be Healthy Co-Op and are continuing to work with other University Health & Wellness departments to increase our visibility on campus.
  - iv. Launched 6 month survey on Health Center iPads through Campus Labs collecting information regarding insurance status of students. This will aid in choosing third party payers to credential with. Completed--Blue Cross/Blue Shield has resulted as highest utilized insurance carrier among students.
  - v. Process has started to credential with BC/BS of Texas in order to receive invitation to CAQH group. These efforts are ongoing. Once we are credentialed with BC/BS, the process will move quickly to credential with other companies of our choosing. Completion will be realized by credentialing and acceptance of commercial insurances.

- B. **To contribute to student success and retention by increasing utilization of the UH Health Center by students with health concerns.**

*Links to DSAES Strategic Initiative 1A,4A, 4C. This goal is In Progress.*

- i. Continue to analyze utilization of Health Center services to enhance student health and success. Weekly status reports are sent to VP of Student Affairs-Health & Wellness and HC Senior Staff.
- ii. Same-day appointment protocol was evaluated and promoted with communication to Health Center staff to "not turn anyone away". Patients are evaluated by member of nursing staff either on phone or in person.
- iii. Added another General Medicine Provider on Wednesdays to assist with higher volume and to allow for more appointment options for students.

The completion of this goal is necessary to accomplish Goal C. We are performing comparisons between last year and this year's volume. This goal will be adequately successful with a 20% increase in overall volume. We are closing the year with a 14.7% volume increase.

- C. **To 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 21<sup>st</sup> Century.**

*Links to DSAES Strategic Initiative 1D, 1E, 2B, 2E, 6E. This goal is In Progress*

- i. Implementation of Point & Click Electronic Medical Records allows UH Health Center to stay current and accurate with trends in the health field. This allows staff to streamline their activities which leaves more time for access to quality health care for students.
- ii. Show a positive trend of patient volume moving forward in order to justify our need for more space. Completed.
- iii. See goal A. Credentialing with commercial insurance plans will allow for greater access and provide a desperate need for a new facility.

This goal will be realized with the authorization of a new building project. The ongoing efforts will lead to UH Health Center ability to adequately prove the need for a larger facility to house the increase in volume.

**D. Increase utilization of measurable health initiatives, such as tobacco cessation and condom use to prevent STI's and unintended pregnancy.**

*Links to DSAES Strategic Initiative 1B, 1D, 2E, 3B, 4A. This goal is in Progress.*

- i. Used existing tools with new EMR system to track healthy initiatives.
- ii. Added high risk behavior questions in general intake for all patients. This confronts HPV vaccine, tobacco use, personal history of ETOH use, etc.
- iii. Increased our condom offers within facility as well as on campus during orientations and resource fairs.
- iv. Participated in Health & Wellness weeks on campus with SGA and other Health & Wellness areas on campus. UH Health Center played an active role in Sexual Assault Awareness Week in Spring 2015.
- v. Continued free screenings for HIV and explored option of other STI screenings due to change in current STI trends (i.e. Chlamydia/Gonorrhea).

This goal is new, as is the study of reports pertaining to this issue. We will continue this goal and analyze patient/provider utilization to help provide education for trending health issues important to students. This specific goal has been completed with the clinical staff adequately trained and using reporting tools for high risk behaviors.

**E. To Provide high-quality mental health services that complement and augment those provided by CAPS.**

*Links to DSAES Strategic Initiative 1B, 1E, 1F, 4B, 5D. This goal is completed.*

- i. Working in conjunction with CAPS to help bridge the gap in services rendered. Continue to promote referrals both to and from CAPS.
- ii. Peer review chart audits to correlate with AAAHC re-accreditation and quality improvement. Completed
- iii. Appointment reminders through EMR to decrease no-show rates and increase patient compliance. Completed.

This goal has been completed with the implementation of appointment reminders. Peer Chart reviews are done in compliance with AAAHC standards.

- 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. Measuring Patient Volumes and Utilization each week and for the year.**

This allows for understanding the historical volumes versus the current volumes and our outcomes of new initiatives. All of this data is collected through Point & Click, the electronic medical records program implemented in 2014. The weekly data is reported to Health Center Senior Staff and discussed as needed.

**Total number of unique, unduplicated clients**

Table 1: Total unique patient visits, compared between years

<b>Date Range</b>	<b>Total Unique Visits (&gt;1 visit)</b>
09/01/13-08/31/2014	7680
09/01/14-08/31/2015	10147 (24.3% volume increase)

**Overall patient encounters (includes face-to-face with member of medical staff)**

Table 2: Total Patient Visits, compared between years, including pharmacy and lab

<b>Date Range</b>	<b>Total Patient Visits</b>
09/01/13-08/31/14	19,331
09/01/14-08/31/2015	22,649 (14.7% volume increase)

Table 3: Total Patient Visits by Department (09/01/2014-08/31/2015)

General Medicine Physician Visits	13818
Women’s Clinic Visits	2371
Men’s Clinic Visits	278
Orthopedic Clinic	224
Psychiatry Clinic Visits	2287
General Medicine Nursing Visits	3642
Dental Clinic Visits	377

**Free Screening Participation**

Table 4: Participants for Free Screenings by Patient Type (09/01/2014-08/31/~~2015~~2014)

Free Screenings	Date	Students	Faculty	Staff	Visitor	Unknown	Total
HIV	12/05/2014	52	0	25	0	0	<b>77</b>
HIV	06/26/2015	43	1	32	4	0	<b>80</b>

- B.** Developing and measuring the effectiveness of Health Education Initiatives by clinical staff.
- i. Each member of the clinical staff was asked for input and degree of interest in educating patients on specific medical, health or wellness issues.
  - ii. Several expressed an interest and will develop programs to be implemented in Spring 2016.
  - iii. The programs will be evaluated with a Campus Labs tool to establish pre- and post-learning objectives for each subject. This will be the measure of success and indicator for future programs and topics.
- C.** Identifying areas of need and demand by UH Student Population.
- i. Sunbelt Survey will be utilized as external benchmarking and market research of comparable universities to establish possible services that we may choose to add to our current services.
  - ii. If services are identified as successful through benchmarking, we will survey a percentage of University population to establish demand, if any.
  - iii. Implementation of demanded service will then be discussed and carried through if deemed possible and positive for the institution.

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.

### **Budget Changes**

For the first time in many years, the Health Center will be asking for a base augmentation of \$35,360. This amount is to offset the annual cost of Point & Click Electronic Medical Records (\$30,000 annually) as well as \$5,360 to allow for UH Health Center to purchase and maintain 2 programs through Point & Click, OpenConsent and OpenPhoto. These two programs will be beneficial to the services we offer to students by increasing patient convenience and medical accuracy with documentation.

### **Fund 3 Addition to Fund Equity**

An addition was carried over in FY15 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.

Name of Unit: H0207 / Health Center			FY 2015	FY 2015	FY 2016	FY 2016	FY 2017
		Cost Center -note where SFAC funds to be transferred	Approved Budget for 2014-2015	Actuals Budget for 2014-2015	Approved Budget for 2015-2016	Projected Actual for 2015-2016	Budget Request for 2016-2017
<b>Funding Sources (All)</b>							
Student Service Fees-Base Budget Request (include any merit or mandated increases)		3049-H0207-10366-NA	1,741,541	1,741,541	1,741,541	1,741,541	1,758,896
SFAC Merit Increase						17,355	
Student Service Fees Base Augmentation Request-FY 2017							35,360
Student Service Fees One-Time Request-FY 2017							
Student Service Fees One-Time New Request-FY2016							
Student Service Fees One-Time Allocation-FY2015							
Student Service Fees One-Time Allocation-FY2016							
Student Service Fees One Time Fund Equity Rollover FY2016							
Dedicated Fees-Base Budget							
<b>Income from all other sources/</b>							
Faculty/Staff Visits			11,000	0	11,000	11,000	0
Women's Clinic			150,000	19,417	51,000	51,000	181,000
Physician Visit			150,000	228,589	150,000	150,000	490,000
Orthopedics			12,000	412	15,000	15,000	8,000
Psychiatry Visit			40,000	750	46,000	46,000	46,000
Visitors			2,345	4,718	4,000	4,000	0
Recovered Cost			0	(335)	0	0	0
Health Insurance Administration Fees			237,775	0	19,000	19,000	0
Office Procedures			13,419	15,736	14,000	14,000	16,000
Men's Clinic			8,000	150	11,000	11,000	16,000
Nurse Visit			500		0	0	0
X-Rays			5,795	2,265	0	0	0
Lab Analysis/Tests			275,000	369,555	360,000	360,000	370,000
Treatment Room/OR/ER			2,811	40	0	0	0
Clinic RX			75,000	0	170,000	170,000	0
Miscellaneous/Medical Records Requests			15,000	7,534	8,000	8,000	7,600
Student Financial Collections			10,780	8,405	11,000	11,000	8,500
Over/Short-Change Fund			800	0	800	800	0
Dental Clinic			15,000	14,020	17,000	17,000	15,000
Prescription/Over-the-Counter Medicines			600,000	748,439	630,000	630,000	750,000
Gifts/Donations			50,000	143,910	0	0	2,500
Attendant Care Services			300,000	0	76,000	76,000	45,600
				0		0	
<b>Sub-total of Income</b>			<b>3,716,766</b>	<b>3,305,147</b>	<b>3,335,341</b>	<b>3,352,696</b>	<b>3,750,456</b>
<b>Deductions from Income</b>							
Student Fee Waivers			0		0		
Bad Debt			0		139	139	
Funds moved to reserve cost center			0		0		
Cash Over/Short			0		0		
<b>Sub-total of deductions from Income</b>			<b>0</b>	<b>0</b>	<b>139</b>	<b>139</b>	<b>0</b>
<b>TOTAL INCOME</b>			<b>3,716,766</b>	<b>3,305,147</b>	<b>3,335,202</b>	<b>3,352,557</b>	<b>3,750,456</b>
FY15 Fund 3049 Addition to Fund Equity		166,522.93					
							Initials Dept. Head
							Initials Certifying
							Initials Completed by
<b>Expenses</b>							
<b>Salaries and Wages</b>		<b>Select one</b>	<b>FY 2015</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2016</b>	<b>FY 2017</b>
Exempt Category Employee Salaries		SSF (3049) / Other / Both	1,669,871	1,375,226	1,550,000	1,550,000	1,550,000
Non-Exempt Employee Salaries		SSF (3049) / Other / Both	428,688	533,007	525,000	525,000	540,696
Lump Sum Wages (Itemize below)		SSF (3049) / Other / Both	140,000		0		
Student Workers (NCWS)		SSF (3049) / Other / Both	0		0		
Student Workers (Graduate Students)		SSF (3049) / Other / Both	0	877	0		
Student Leader Stipends		SSF (3049) / Other / Both	0	1,651	0		
Other Temporary Workers		SSF (3049) / Other / Both	0		0		
Mandated/Merit Increments		SSF (3049) / Other / Both	0		0		
Shift Differential		SSF (3049) / Other / Both	0	556	0		
Overtime		SSF (3049) / Other / Both	500	35	0		
<b>Total Salaries and Wages</b>			<b>2,239,059</b>	<b>1,911,352</b>	<b>2,075,000</b>	<b>2,075,000</b>	<b>2,090,696</b>
<b>Fringe Benefits</b>							
		<b>Select one</b>					
FICA		SSF (3049) / Other / Both	230,468	121,632	145,000	145,000	145,000
Insurance		SSF (3049) / Other / Both	186,565	200,301	200,000	200,000	200,000
Retirement		SSF (3049) / Other / Both	112,310	157,549	125,000	125,000	125,000
Unemployment		SSF (3049) / Other / Both	10,489	10,630	11,000	11,000	11,000
Worker's Compensation		SSF (3049) / Other / Both	8,579	8,697	9,000	9,000	9,000
Employee Benefits Vacation Pool (.5% benefits eligible staff)		SSF (3049) / Other / Both		9,541	9,218	9,218	9,218
Longevity		SSF (3049) / Other / Both	20,940	21,280	21,000	21,000	21,000
<b>Total Fringe Benefits</b>			<b>569,351</b>	<b>529,630</b>	<b>520,218</b>	<b>520,218</b>	<b>520,218</b>
<b>Other Expenses</b>							
		<b>Select one</b>					
Information Technology Charge (formerly telecommunications)		SSF (3049) / Other / Both	17,950	19,144	24,000	24,000	20,000
Computer supplies		SSF (3049) / Other / Both		571			500
Consulting-Other		SSF (3049) / Other / Both		7,950			0
Postage/Freight		SSF (3049) / Other / Both	1,953	213	0	0	200
Printing - On/Off Campus		SSF (3049) / Other / Both	9,437	5,083	4,000	4,000	5,000
Office Supplies		SSF (3049) / Other / Both	17,000	17,669	15,000	15,000	17,000
Clinic Supplies		SSF (3049) / Other / Both	58,000	38,205	30,000	30,000	30,000
Lab Analysis/X-Rays		SSF (3049) / Other / Both	170,000	152,573	120,000	120,000	160,000
Late Payment-Interest		SSF (3049) / Other / Both		40			0
Equipment/Maintenance/Software/Rental		SSF (3049) / Other / Both	25,000	29,527	30,000	30,000	30,000
Registration Fees		SSF (3049) / Other / Both		1,864			2,500
Travel - Interviews		SSF (3049) / Other / Both	0		0	0	0
Travel - Airfare/Other		SSF (3049) / Other / Both	33,500	8,435	5,000	5,000	7,500
Business Meetings/Meals		SSF (3049) / Other / Both	5,000	632	1,000	1,000	1,000
Credit Card Usage Fee		SSF (3049) / Other / Both	10,000	6,283	7,000	7,000	7,500
Utilities		SSF (3049) / Other / Both	33,033	18,583	19,000	19,000	19,000
Hazardous Waste Disposal/Gases		SSF (3049) / Other / Both	1,288	1,479	1,000	1,000	1,500
Cost of Goods Sold		SSF (3049) / Other / Both	60,000	466,646	200,000	200,000	500,000
Temp Personnel Services		SSF (3049) / Other / Both	130,000	166,057	70,000	70,000	70,000
Laundry & Cleaning Services		SSF (3049) / Other / Both	7,000	1,419	800	800	1,000
Advertising/Promotional Items		SSF (3049) / Other / Both	5,000	8,251	8,000	8,000	8,500
Employee Uniforms		SSF (3049) / Other / Both	0	757	500	500	500
Insurance - Property & Liability		SSF (3049) / Other / Both	32,000	18,517	20,000	20,000	20,000
Lease - Office Space/Rental		SSF (3049) / Other / Both	0	17,933	13,000	13,000	13,000
Memberships/Prof Fees/Licenses		SSF (3049) / Other / Both	15,000	67,386	5,000	5,000	50,000
Misc. Other		SSF (3049) / Other / Both		1,168			0
Tools/Furnishing & Equipment		SSF (3049) / Other / Both		70			0
Reference Materials		SSF (3049) / Other / Both	0	1,407	600	600	1,500
Parking		SSF (3049) / Other / Both	20,402		7,000	7,000	7,000
Work Orders		SSF (3049) / Other / Both	0	4,313	2,000	2,000	3,000
Student Leadership Stipend (no longer pay)		SSF (3049) / Other / Both					
Admin Charge (6% of total expenses)		SSF (3049) / Other / Both	73,201	167,599	157,000	157,000	170,000
		SSF (3049) / Other / Both					
<b>Total Other Expenses</b>			<b>724,764</b>	<b>1,229,773</b>	<b>739,900</b>	<b>739,900</b>	<b>1,146,200</b>
<b>Total Expenses</b>			<b>3,533,175</b>	<b>3,670,756</b>	<b>3,335,118</b>	<b>3,335,118</b>	<b>3,757,114</b>
<b>Balance (Income less Expenses)</b>			<b>183,591</b>	<b>(365,609)</b>	<b>84</b>	<b>17,439</b>	<b>(6,658)</b>

**6. List your 2015-2016 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.**

**2015-2016 Strategic Initiatives:**

- A. Contribute to student success and retention by increasing penetration rate (unique patients divided by total fall enrollment as of ORD) of the UH Health Center by students with health concerns by 5% in FY16.** *DSAES Initiative: 4A, UH Goal: 2*
- i. *Ended FY15 at 24.2% penetration rate. We are monitoring the rate each week and comparing to same week last year to establish the increase overall at the end of the year*
  - ii. *Continue providing and collecting patient satisfaction surveys so as to improve patient satisfaction. Implemented iPad surveys at time of check out for higher rate of return.*
  - iii. *Clarify assessment plan to evaluate programs and services.*
  - iv. *Develop new and continued existing partnerships with division and academic departments to assist students with their individual and collective insurance/health center requirements*
  - v. *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.*
- B. Increase access to quality healthcare for students by conducting a needs assessment based on market research and benchmarking data at comparable universities with the possibility of adding services to UH Health Center's current offerings.** *DSAES Initiative: 5C, UH Goal: 1.*
- i. *Will assess the Sunbelt survey to establish benchmarking protocol based on comparable institutions.*
  - ii. *Will utilize Campus Labs survey tool to address needs to UH Student body for needs and services.*
  - iii. *The patient satisfaction survey will be monitored to allow for insight as to what services may be utilized more often in order to offer promotion of these services.*
- C. Develop and implement a health initiative within the Health Center to increase patient education opportunities focused on personal health and well-being.** *DSAES Initiative: 1F, UH Goal: 3.*
- i. *Working with current clinical staff to establish in-house patient education based on health needs of our population.*
  - ii. *Several topics will be addressed such as Sexually Transmitted Illnesses, Obesity, Cholesterol and Diabetes.*
  - iii. *Programs will be given a pre- and post-evaluation to allow for measurable assessment of the success of the program.*
- 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. The process for implementing third-party billing has begun with the inclusion of UH Health Center in BCBSTX provider network. This is the first step in becoming a part of CAQH (Council for Affordable Quality Healthcare), which is necessary to be invited into all major provider networks.

#### 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.

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