

# Budget Proposal Narrative

## 2023 Strategic Budgeting Process

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Please carefully review the [Call for Proposals](#) with particular attention to the evaluation criteria before beginning this application. Criteria should be addressed throughout the proposal narrative.

### Section 1: Proposal Title and Department Contact

Proposal Title: Creating Accessible Resources for Emotional Support (CARES)

Division: ESS

College/Unit: Counseling, Health, & Wellness

Department Contact: Counseling & Wellness Center

### Section 2: Proposal Summary and Problem Statement

*Check the most relevant box (one selection only).*

Priority Program and Service Areas:

- Graduate Programs
- Inclusive Student Success

Identified Structural or Legacy Funding Needs (to be used sparingly and in conjunction with Division VP)

- Core Infrastructure, Safety, and Regulatory Compliance
- Remaining funding needs from partially funded prior request  
*If checked, please identify original funding request amount and actual funding received in narrative section*
- Other [Click here to enter text](#)

Statement of Purpose (One Page or Less):

In the past decade since AY 2012-2013, demand for mental health services at WWU has steadily increased by 219%, yet the number of filled permanent staff therapists and advocates has remained roughly the same. This imbalance has meant that fewer therapy and advocacy appointments can be offered to students, session limits must be implemented, and students must endure longer time between sessions. Considering that the Healthy Minds Study found that 60% of college students in 2020-2021 met the criteria for at least one mental health disorder, our students deserve better.

As a health-promoting institution, we should support our most vulnerable students. University counseling centers like the CWC with high utilization rates and understaffing experience turnover, lower client satisfaction, and less overall improvement. A system that overburdens staff and provides diluted care is not one that truly promotes well-being. By adding seven embedded therapists in Academic Affairs and Athletics, two Community Well-Being Specialists, one survivor advocate, and seven embedded therapists, we will increase available services to students, decrease wait times between sessions, and reinstate health promotion programming.

Inspired by the Okanagan Charter’s call to embed health in all spaces, the Embedded Therapist Model reduces access barriers by bringing therapists to students. Whether in Athletics or an academic college, students can meet with a therapist who understands their unique needs on their own turf. Since the Embedded Therapist is located within the academic or professional space of their particular community, faculty and staff partners benefit from having a therapist quickly available for consultation.

The addition of two Community Well-Being Specialists, an increase from 1.0 FTE, allows the CWC to provide the WWU community with essential trainings and programs on suicide prevention, assisting students in emotional distress, supporting survivors of sexual violence, and preventing substance abuse. These positions will primarily focus on prevention programming and the promotion of emotional and social health. Being understaffed, the CWC has been forced to cut much of this programming.

The addition of a survivor advocate, an increase from 1.0 FTE, improves care for survivors of violence. In Fall 2022, our sole advocate was at 120% capacity by mid-quarter and unable to absorb more cases. With a second full-time survivor advocate, advocacy staff can adequately devote time to each survivor and give them the level of support they deserve.

Summary of Proposed New Investments:

													Year 1	
Position Title	1.00 FTE Salary (12mo@100%)	Appt Length	Appt %	Actual FTE	Actual Salary each posn	Benefits each posn	Recurring operation costs*	Recurring Posn Salary Ben & Ops	# of pos	Total FTE	Total Recurring Cost	One time Start-up operation costs	Total All Costs	
<b>RECURRING - Pro Staff</b>														
<b>Embedded Therapists</b>														
Mental Health Couns 1	93,697	11	100%	0.917	85,920	35,791	909	122,620	2	1.834	245,240	2,800	248,040	
Mental Health Couns 2	98,749	11	100%	0.917	90,553	36,630	909	128,092	2	1.834	256,184	2,800	258,984	
Psychologist 1	119,575	11	100%	0.917	109,650	40,090	1,026	150,766	2	1.834	301,532	2,800	304,332	
Psychologist 2	131,831	11	100%	0.917	120,889	42,126	1,026	164,041	1	0.917	164,041	1,400	165,441	
<b>Embedded Therapists</b>					<b>407,012</b>	<b>154,637</b>	<b>3,870</b>	<b>565,519</b>	<b>7</b>	<b>6.419</b>	<b>966,997</b>	<b>9,800</b>	<b>976,797</b>	
<b>Community Well-Being Specialists</b>														
Specialists	80,930	12	100%	1.000	80,930	35,122	800	116,852	2	2.000	233,704	2,800	236,504	
Survivor Advocate	80,930	11	100%	0.917	74,213	33,670	800	108,683	1	0.917	108,683	1,400	110,083	
<b>Other - Pro Staff Total</b>					<b>155,143</b>	<b>68,792</b>	<b>1,600</b>	<b>225,535</b>	<b>3</b>	<b>2.917</b>	<b>342,387</b>	<b>4,200</b>	<b>346,587</b>	
<b>Budget Total Year 1</b>										<b>10</b>	<b>9.336</b>	<b>1,309,384</b>	<b>14,000</b>	<b>1,323,384</b>

\*Recurring operational costs = Professional Development & Licensure

Salaries are detailed above, as well as estimated costs from employee benefits, annual licensure renewal fees, and annual professional development.

Start-up costs include the cost of a laptop for work-from-home use and basic office supplies.

Impact of New Investment on ADEI and Sustainability:

An equitable learning environment is one in which all students, regardless of their challenges, are given a fair opportunity to flourish. Students facing mental health struggles and violence survivorship need more individualized support than students without those concerns, yet WWU is currently unable to consistently offer timely, longer-term care. Students who are well-resourced may be able to access off-campus support through insurance or private pay, but students who are underinsured or uninsured are

left without such options. Too often, this category of student includes undocumented students, former foster youth, first generation students, and students of color.

The Center for Collegiate Mental Health (CCMH)'s 2021 Annual Report found, in its survey of 180 university counseling centers, that centers such as the CWC with high caseloads struggle to offer treatment "to students across all presenting concerns and identities, including those with critical needs that are often prioritized by institutions [page 11]". Specifically, high caseload involves a significant percent reduction in the amount of services received by vulnerable students, including but not limited to students with histories of sexual assault (-42%) and trauma (-41%), transgender identity (-48%), registered disability (-45%), first-generation identity (-34%), and various historically marginalized racial and ethnic identity (-29% to -38%). Students who need the most care do not receive it.

CCMH further found in its 2022 Annual Report that students who engaged in treatment yet still withdrew from school tended to come to their university counseling center with concerns that are associated with higher rates of withdrawal, such as history of hospitalization and substance use treatment (5.1%), suicide attempt history (4.5%), psychotropic medication history (3.8%), history of serious suicidal ideation (3.7%), history of self-injury (3.4%), history of therapy (3.3%), and history of sexual assault (2.8%). These national trends are shared in the CWC's own experiences. That is, demand for service has steadily increased, as well as the severity of the students presenting for care, and each year we are less and less able to help.

We want Western to be a place where survivors can heal, students with mental health struggles can be resilient, and bystanders can feel empowered to intervene and help. We believe in that Western. In order to adequately create and support it, we must have the resources to do so.

### Section 3: Performance Outcomes and Risk Mitigation

Expected Outcomes and Evaluation of Success:

Please explain how the success of the proposal will be measured, if funded. What metrics might indicate that the intended impact was achieved? How can the expected outcomes be directly tied to the investment being proposed?

Specifically, provide the targets and explain which method(s) will be used to track progress (refer to the Provost's [Overall Metrics to track progress toward University's Strategic Plan](#)), estimated return on investment (such as enrollment increases or efficiencies), divisional KPI's, recruitment and retention especially specifics for historically marginalized populations.

**Investing in the CWC means investing in emotional and social well-being, improving student retention, and increasing the university's revenue.**

Using Eisenberg, Golberstein, and Hunt's (2009) return on investment calculator, WWU-specific data on student depression rates, and number of students seeking CWC services for depression, we have calculated that at a minimum, assuming in-state tuition for all students served, CWC services contribute approximately \$728,499 in revenue for the university; if assuming out-of-state tuition, CWC services contribute approximately \$2,409,370 in additional revenue for WWU.

In the WELS Non-Returning Student Survey, 61.8% ( $n=262$ , 2020) and 50.8% ( $n=216$ , 2021) of respondents reported that family or personal reasons were the most important reason for their not returning to Western that fall. Within that subgroup of respondents, 63.9% ( $n=101$ , 2020) and 65.2% ( $n=133$ , 2021) of respondents reported that their mental health struggles were important in their decision not to return to WWU. This equates to a loss of \$783,861 to \$2,413,855 in tuition dollars for the university. Mental health matters. With increased quality and availability of care, we anticipate that we will reduce the percentage of students reporting leaving Western for mental health issues.

If granted funding for these new positions, the Embedded Therapists would be overseen by the current Assistant Director of Clinical Operations. The AD may appoint a staff member to serve as the Coordinator of Embedded Therapy Services. The AD or designee would serve as the main point of contact for our campus partners, ensuring consistent communication with the designee in each area. In addition, the CWC plans to collect data on number of students served by each Embedded Therapist, main presenting concerns, symptom improvement, client satisfaction, number of therapy sessions, student retention, number of staff and faculty consultations, and number of staff and faculty trainings. It is our expectation that with the addition of these positions, we will be able to increase our average number of sessions for each student, increase symptoms improvement, increase contact with staff and faculty, and, most importantly, have a positive impact on retention. Of note, midway through this first pilot year for the Embedded Sport Psychologist position in Athletics, we have already exceeded the number of student-athlete contacts we had for the entirety of last academic year.

Similarly, the Survivor Advocate would be supervised by the current Survivor Advocacy Services Coordinator. The CWC plans to collect data on number of students served by the Advocate, client satisfaction, number of advocacy contacts, student retention, number of staff and faculty consultations, and number of staff and faculty trainings. It is our expectation that with the addition of this position, we will be able to increase our average number of contacts for each student, increase contact with staff and faculty, and have a positive impact on retention.

The additional Community Well-Being Specialists would be supervised by the current Assistant Director of Outreach and Health Promotion. The CWC plans to collect data on types of trainings being requested, audience type and reach, participant satisfaction, and, when relevant, change in behavior. We anticipate increasing the types of trainings we offer and increasing the number of students, staff, and faculty who have received prevention training from the CWC.

[Impact on Recruitment, Retention, and Satisfaction of Diverse Faculty, Staff, and Administrators:](#)  
For proposals that include personnel resources, explain how the proposal improves recruitment, retention, and satisfaction of diverse faculty, staff, and administrators.

Expanding our staff means that all CWC team members will have a higher quality of worklife, a significant factor in staff retention. With increased capacity, CWC staff can do longer-term, more intensive work with students, something that our students and clinicians both want. Being chronically understaffed and overworked has contributed to staff attrition, which further decreases how much care we can provide. CWC staff attrition was 20% since Fall 2021. If this proposal is successful, we anticipate an annual staff attrition rate of under 10%.

Staff who have identities that frequently encounter minority stress hold heavier burdens. The promise of a high caseload and brief therapeutic relationships is, unsurprisingly, not a draw to professionals who already hold so much. We have roles that place us at risk for vicarious trauma and compassion fatigue. If we build a healthy environment for both students and the professionals who serve them, we all win, but our colleagues who have historically marginalized identities especially win.

#### Risk to Desired Outcomes:

What might occur to prevent the desired outcomes even if funding is obtained? How will these risks be mitigated? Beyond new funding, what other criteria or external factors need to occur in order for this proposal to be successful (e.g., economic or demographic factors, etc.).

It is possible that the CWC expansion would not be successful if there were a lack of partnership and a lack of communication.

Specifically, the Embedded Therapist positions and the Community Well-Being Specialist positions depend on collaboration, both formal and informal. The CWC plans to appoint the Assistant Director of Clinical Operations or designee (e.g. Coordinator of Embedded Therapy Services) to serve as main liaison between the CWC and our campus partners. Faculty and staff within the embedded colleges will need to understand and support the role of their embedded therapists by making student referrals, attending trainings, and engaging in consultation as needed. Given the strong interest shown by the Deans specified in Section 4, we believe that this kind of participation and collaboration will be enthusiastically supported. Similarly, the addition of Community Well-Being Specialists allows the CWC to form strong partnership with departments across Western so that we can resume our suicide prevention trainings and bystander intervention trainings. These sorts of skills trainings are frequently requested, yet we have not had adequate staffing to honor these requests.

Relatedly, communication is what allows partnerships to thrive. In addition to offering personalized QR codes so that students can easily request to meet with an Embedded Therapist in their college, we plan to offer opportunities for students and employees to learn about the new positions by attending faculty and staff meetings, explaining the positions in our Be Well newsletter, and featuring social media takeovers with campus partners. Our Community Well-Being Specialists, being health promotion-focused staff, have the ability to flexibly attend student club and university department meetings, nurturing relationships with our WWU stakeholders. Most importantly, we are open to hearing from stakeholders what would be most helpful to them in understanding how they can access our expanded services.

#### Anticipated Consequences if Proposal is Not Funded:

What are the anticipated consequences of not funding this proposal?

Failure to grow the CWC team means that Western will have to further reduce mental health and survivor support, as well as health promotion programming. It is impossible to sustain or increase the number of available appointments we have and programs we offer when the number of staff remains the same. Mental health and domestic violence have worsened over the COVID-19 pandemic, and the CWC will likely need to increasingly refer students to already-burdened community agencies.

## Section 4: Process and Development

Describe Collaborations and Stakeholder Engagement:

What stakeholders were involved, and in what role/capacity? Which groups were engaged and at what stages? How were concerns addressed? What process have you followed to identify unintended consequences that may result from this proposal? Is the issue being addressed a broader issue across the university?

The CWC is fortunate to have partners in Enrollment & Student Services and Academic Affairs.

Following a meeting with the Council of Deans and Faculty Senate explaining the Embedded Model, Dean Kevin Roxas (Woodring), Dean Caskey Russell (Fairhaven), Dean Janelle Leger (Science & Engineering), and Dean Paqui Paredes Méndez (Humanities & Social Sciences) all expressed interest in an Embedded Therapist for their college. With four academic colleges giving support for the Embedded Model, we remain open to growing our program in the additional three colleges if they decide to partner with the CWC. We believe that accessible care should be open to students of any course of study.

Already, Athletics has partnered with the CWC to host an Embedded Sport Psychologist, though funding for the position is temporary and limited to the 2022-2023 academic year.

With our partners, we have discussed concerns about funding and physical space. It is our shared hope that this proposal will address our funding needs. Regarding physical space, thus far our partners have begun the process of identifying usable office space. Our Embedded Sport Psychologist in Athletics was able to secure an office in Carver, and Woodring has identified options, as well.

Within the CWC, current staff have expressed openness to sharing their office space with new colleagues so that we can grow our team through the addition of a Survivor Advocate and Community Well-Being Specialists.

Explain how this proposal will leverage resources or commitments from other sources:

Identify any current resources in place, any new commitments, or potential funding partnerships with external entities that have been identified. If exploration is currently underway, note any conversations with university development officers, funding agencies, the Vice Provost for Research, etc.

We do not currently have existing funding for these positions.

Has your department previously submitted this proposal?

If so, briefly outline any significant changes and indicate the feedback received during that budget process.

We submitted a proposal abstract in Fall 2022.

Describe any funding alternatives that have been explored.

Note both alternative approaches in addressing the problem, as well as alternatives to new funding (repurposing existing divisional funding or one-time fund use). If these alternatives are not being pursued, explain why.

We do not currently have other fundings sources for this project.

## Section 5: Fulfillment of WWU’s Strategic Plan’s Core Themes and Goals

Please explain how your proposal and the anticipated outcomes will advance the Core Themes and Goals of [WWU’s 2018-2025 Strategic Plan](#) and the strategic priorities set for this budget cycle. How does this allocation or withdrawal of funding advance or hinder access to Western, academic excellence, and/or inclusive achievement?

### Core Themes

#### Advancing Inclusive Success

Expanding access to care and education through the CWC directly benefits students and improves retention. Students who receive adequate support and feel as though their university cares about them are more likely to stay.

In particular, the placing of our staff in academic buildings and formalizing our relationships with those departments allow us to make more targeted, timely interventions. CCMH found that first-year students presenting to their university counseling center with elevated levels of academic distress and a history of hospitalization for mental health reasons were 48% more likely to withdraw from school compared to students without those characteristics. Imagine if we could streamline the process of a professor referring a struggling student to the Embedded Therapist down the hallway, a professional who is trained to assess mental health concerns and also understands the ins-and-outs of that particular college. Imagine if we could more frequently provide suicide prevention trainings to university staff so that we could catch students before they fall.

#### Increasing Washington Impact

[Click here to enter text](#)

#### Enhancing Academic Excellence

[Click here to enter text](#)

### Goals

Western will provide a transformational education grounded in the liberal arts and sciences and based on innovative scholarship, research, and creative activity.

[Click here to enter text](#)



Western will advance a deeper understanding of and engagement with place.

[Click here to enter text](#)

Western will foster a caring and supportive environment where all members are respected and treated fairly.

This goal especially resonates with the CWC's goal to provide culturally-driven, compassionate care to each student at Western, both directly and indirectly. Our health promotion trainings for students, staff, and faculty center the premise that with education comes empowerment and equity. Our community is one that wants to help but sometimes does not know how. The restoration of valuable bystander intervention trainings and suicide prevention trainings helps us teach our community how to help and how to translate their care into supportive action. Similarly, expansion of providers and placing them in more accessible locations across campus gives students more options and allows our campus partners to more directly uphold our institutional value of well-being.

Western will pursue justice and equity in its policies, practices, and impacts.

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## Section 6: Space Planning, Capital, and Maintenance Considerations

### Major Equipment of Software Needs

If the proposal includes new major equipment or software (>\$25K), please indicate its anticipated useful life, and associated operating costs such as service contracts or annual licenses.

n/a

### Space or Infrastructure Upgrades

Do you believe new space, space modifications, or infrastructure upgrades will be required? If so, please provide the following as best you can.

*Please note that Capital Planning and Development will review and evaluate the request after the proposal is submitted to determine options.*

#### *Scope:*

We will not need any significant space or infrastructure upgrades, as we plan to use existing space.

#### *Square Footage:*

n/a

#### *Cost for capital component:*

n/a

### Changes to the Use of Existing Space



Thus far, we are using open office space that is not currently in use. Identification of spaces in done in collaboration with the partnering department or college.

#### Incorporation of Physical Accessibility and Cultural Inclusion

For proposals that include capital development or IT infrastructure, please explain how physical accessibility and cultural inclusion (beyond statutory requirements) will be resourced as foundational elements of project development.

n/a

**Proposal Title: Creating Accessible Resources for Emotional Support (CARES)**

**Divison: ESS**

**Department: Counseling & Wellness Center**

**Department Contact: Sarah Godoy**

	Description	Fiscal Year 2024					Fiscal Year 2025				
		FTE	Salary	Benefits	One-Time Costs	Total	FTE	Salary	Benefits	One-Time Costs	Total
<b>Salary and Benefits</b>											
Faculty Positions		-	\$0	\$0	\$0	\$0	-	-	-	\$0	-
Professional/Exempt Positions	Therapists, Advocate, Community Well-Being	9.34	\$929,208	\$371,061	\$14,000	\$1,314,270	9.34	929,208	371,061	\$0	1,300,270
Classified Positions		-	\$0	\$0	\$0	\$0	-	-	-	\$0	-
Student Salaries (Graduate Assistants, Hourly Student, etc)		-	\$0	\$0	\$0	\$0	-	-	-	\$0	-
<b>Total Salaries and Benefits</b>		<b>9.34</b>	<b>\$929,208</b>	<b>\$371,061</b>	<b>\$14,000</b>	<b>\$1,314,270</b>	<b>9.34</b>	<b>929,208</b>	<b>371,061</b>	<b>\$0</b>	<b>1,300,270</b>

	Description	Price per		Recurring	One-Time	Total	Price per		Recurring	One-Time	Total
		Units	Unit	Costs	Costs		Units	Unit	Costs	Costs	
<b>Non-Personnel Expenses</b>											
Supplies and Materials	MH Counselors: Pro Dev & licensure	4	\$909	\$3,636		\$3,636	4	\$909	\$3,636		\$3,636
Professional Service Contracts	Psychologists: Pro Dev & licensure	3	\$1,026	\$3,078		\$3,078	3	\$1,026	\$3,078		\$3,078
Other Goods and Services, Memberships, etc.	WellBeing & Advocate: Pro Dev & Licensure	3	\$800	\$2,400		\$2,400	3	\$800	\$2,400		\$2,400
Travel						\$0					\$0
Other						\$0					\$0
Capital Facility Expenses (New Space or Space Modifications)						\$0					\$0
<b>Total Non-Personnel Expenses</b>				<b>\$9,114</b>	<b>\$0</b>	<b>\$9,114</b>			<b>\$9,114</b>	<b>\$0</b>	<b>\$9,114</b>

	Description	Include?	Recurring	One-Time	Total	Recurring	One-Time	Total
			Costs	Costs		Costs	Costs	
<b>University Indirect Costs</b>								
Libraries** (Estimated at \$10k per faculty member)	\$10,000 per new faculty member	NO	\$0	\$0	\$0	\$0	\$0	\$0
Academic Support Services/Student Support Services	3% of Recurring Direct Costs	YES	\$39,282	\$0	\$39,282	\$39,282	\$0	\$39,282
Institutional Support	2% of Recurring Direct Costs	YES	\$26,188	\$0	\$26,188	\$26,188	\$0	\$26,188
Plant Operation and Maintenance	3% of Recurring Direct Costs	YES	\$39,282	\$0	\$39,282	\$39,282	\$0	\$39,282
Graduate TA Waiver	<a href="#">Input amounts for new TA Positions</a>	NO	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Indirect Costs</b>			<b>\$104,751</b>	<b>\$0</b>	<b>\$104,751</b>	<b>\$104,751</b>	<b>\$0</b>	<b>\$104,751</b>

	FTE	Head Count	Recurring Costs	One-Time Costs	Fiscal Year Total	FTE	Head Count	Recurring Costs	One-Time Costs	Fiscal Year Total
<b>Total Proposal, All Direct and Indirect Costs</b>	<b>9.34</b>	<b>10.00</b>	<b>\$1,414,134</b>	<b>\$14,000</b>	<b>\$1,428,134</b>	<b>9.34</b>	<b>10.00</b>	<b>\$1,414,134</b>	<b>\$0</b>	<b>\$1,414,134</b>