The Association for University and College Counseling Center Directors Annual Survey

Reporting period: September 1, 2015 through August 31, 2016

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The AUCCCD Annual Survey and Report Overview

The Association for University and College Counseling Center Directors (AUCCCD) is an international organization comprised of universities and colleges from the United States and its territories, Armenia, Australia, Canada, China, Dominica, France, Japan, Oman, Qatar, St. Kitts and Nevis, United Arab Emirates, and United Kingdom. As of this survey period, we have over 800 members and work to be the higher education leaders for student mental health. AUCCCD is a professional community that fosters counseling center director development and success. To advance the mission of higher education, we innovate, educate and advocate for collegiate mental health. We are committed to inclusive excellence and the promotion of social justice. In 2006, AUCCCD first developed and administered the Annual Survey to its membership as a means to increase the objective understanding of factors critical to the functioning of college and university counseling centers.

In December 2016 all members of AUCCCD were invited to participate in the Annual Survey, along with non-members of the organization. The survey was administered to 975 verified email accounts via a secure internet interface. The reporting period for the 2016 Annual Survey varies among administrators, reflecting variations in organization specific annual reporting periods. Participants had reporting periods ranging from July 1, 2015 through June 30, 2016 to September 1, 2015 through August 31, 2016. This monograph serves to provide a summary of data trends reported in the AUCCCD Annual Survey. AUCCCD members have access to a separate comparable salary table document and items that address ethical dilemmas and legal issues. A total of 529 counseling center administrators completed the 2016 survey, 503 of which were AUCCCD members.

To create broad utility and make available a wide scope of information, narrative explanations were limited. Please direct all questions, comments, and clarifications to the AUCCCD Survey Coordinator at:

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Acknowledgments and Participating Institutions

This report is the amalgamation of efforts put forth by numerous individuals. On behalf of AUCCCD, the Survey Research Team thanks the 6,308,747 students served by the institutions represented in this survey and the 513,130 students who demonstrated the resolution to utilize 2,797,881 clinical mental health service appointments during the 2015-2016 academic year. Additionally, we thank the tireless efforts of the 3,788 clinical staff, 733 support staff, and roughly 1015 clinical trainees represented in this survey. Effective collegiate mental health service delivery would not be possible without the on-going support of the many Provosts, Vice Presidents, Vice Chancellors, Associate Vice Presidents, Executive Directors, and Deans to whom we report. We thank you as well. Finally, we want to extend deep appreciation to all the counseling center directors who took time out of their incredibly complex schedules to participate; this survey, ultimately, is for your students, counseling center, and campus. The following institutions of higher education represent each participating director:

Abilene Christian University

Abraham Baldwin College

Albright College

American University

American University of Armenia

Andrews University

Appalachian State University

Argosy University, Chicago

Arizona State University

Armstrong State University

Atlanta Metropolitan State College

Auburn University

Augusta University

Aurora University

Ave Maria University

Azusa Pacific University

Baldwin Wallace University

Ball State University

Bard College

Barnard College

Barry University, Miami

Bay Path University

Baylor University

Becker College

Bellarmine University

Benedictine University

Bentley University

Berry College

Birmingham Southern College

Black Hawk College

Bloomfield College

Boston College

Boston University

Bowdoin College

Bowie State University

Bowling Green State University

Bradley University

Brandeis University

Brigham Young University

Brigham Young University, Idaho

Bucknell University

Butler University

Cabrini University

Caldwell University

California Lutheran University

California Polytechnic State University, San Luis Obispo

California State University Channel Islands

California State University San Bernardino

California State University, San Marcos

California State University, Chico

California State University, Fresno

California State University, Fullerton

California State University, Maritime Academy

California State University, Monterey Bay

California State University, Northridge

California State University, Sacramento

California State University, Stanislaus

Caltech

Calvin College

Campbell University

Canisius College

Carleton College

Carnegie Mellon University

Case Western Reserve University

Centenary University

Central College

Central Michigan University

Central Washington University

Centre College

Charleston Southern University

Chatham University

City Colleges of Chicago, Richard J. Daley College

City Colleges of Chicago, Truman College

Claremont University Consortium (The Claremont Colleges)

Clayton State University

Coastal Carolina University

Colby College

Colgate University

College of Saint Benedict and Saint John's University

College of Saint Elizabeth

College of Staten Island

College of William and Mary

Colorado School of Mines

Colorado State University

Columbia University

Columbus State Community College

Concordia University

Concordia University Irvine

Connecticut College

Cornell College

Cornell University

Cornish College of the Arts

Creighton University

Culver Stockton College

Curtin University

Dalhousie University

Dalton State College

Davidson College

Defiance College

Denison University

Drexel University

Duke University

Dutchess Community College

Earlham College

East Carolina University

East Central University

Eastern Illinois University

Eastern Michigan University

Eastern Washington University

Eckerd College

Edgewood College

Edinboro University

Elizabeth City State University

Elizabethtown College

Elmhurst College

Elon University

Embry-Riddle Aeronautical University

Emerson College

Emmanuel College

Emory University

Emporia State University

Fairmont State University

Felician University

Flagler College

Florida Agricultural and Mechanical University

Florida Atlantic University

Florida International University

Florida State University

Fordham University

Fort Lewis College

Framingham State University

Franklin College

George Mason University

Georgetown University in Qatar

Georgia Institute of Technology

Georgia Southern University

Georgian Court University

Gordon College

Goucher College

Grand Canyon University

Hamilton College

Hampshire College

Harrisburg University of Science and Technology

Haverford College

Hiram College

Hobart & William Smith Colleges

Holy Cross College

Houghton College

Howard Community College

Humboldt State University

Idaho State University

Illinois State University

Illinois Wesleyan University

Indiana State University

Indiana University

Indiana University Kokomo

Indiana University Northwest

Indiana University of Pennsylvania

Indiana University Purdue University Indianapolis

INSEAD

Iona College

Iowa State University

Ithaca College

Jefferson Community College

John Carroll University

Johns Hopkins University

Johnson & Wales University, North Miami

Johnson State College

Kalamazoo College

Kansas City Kansas Community College

Kansas State University

Kendall College of Art and Design

Kennesaw State University

Kent State University

Knox College

Lafayette College

Lake Forest College

Lake Superior State University

Lamar University

Langston University

Le Moyne College

Lehigh University

Lewis University

Lewis-Clark State College

Longwood University

Loyola Marymount University

Loyola University Chicago

Loyola University Maryland

Loyola University New Orleans

Luther College

Marlboro College

Marquette University

Marymount California University

Marymount Manhattan College

Marymount University

Maryville University

Massachusetts College of Art and Design

McDaniel College

McKendree University

McNeese State University

MCPHS University, Worcester

Medaille College

Medical University of South Carolina

Meharry Medical College

Memorial University of Newfoundland

Mercer University Macon Campus

Mercy College of Ohio

Meredith College

Merrimack College

Metropolitan State University of Denver

Miami University

Michigan State University

Middlebury College

Midwestern University

Millersville University

Mills College

Milwaukee School of Engineering

Misericordia University

Missouri State University

Missouri University of Science and Technology

Molloy College

Monmouth College

Monmouth University

Montana State University, Bozeman

Montclair State University

Moody Bible Institute

Moravian College

Morgan State University

Mount Holyoke College

Mount St. Joseph University

Nazareth College

Nebraska Wesleyan University

New College of Florida

New Mexico State University

New York Chiropractic College

New York Film Academy

North Carolina Agricultural and Technical State University

North Carolina Central University

North Carolina State

North Dakota State College of Science

North Dakota State University

Northeast Community College

Northeast Ohio Medical University

Northeastern Illinois University

Northern Arizona University

Northern Essex Community College

Northern Illinois University

Northern Michigan University

Northwest Missouri State University

Northwestern University

Notre Dame College

Notre Dame De Namur University

Ohio University

Ohio Wesleyan University

Old Dominion University

Oregon Institute of Technology

Oregon State University

Otterbein University

Oxford College of Emory University

Pace University, NYC

Pace University, Westchester Campuses

Parker University

Pasadena City College

Penn State Brandywine

Penn State Harrisburg

Penn State University

Pennsylvania College of Technology

Pepperdine University

Philadelphia College of Osteopathic Medicine

Philadelphia University

Portland State University

PrattMWP

Presbyterian College

Princeton University

Purdue University

Queens College, CUNY

Queensborough Community College

Radford University

Randolph-Macon College

Reed College

Regis University

Rhode Island School of Design

Rice University

Ringling College of Art and Design

Rivier University

Robert Morris University

Roberts Wesleyan College

Rochester Institute of Technology

Rockhurst University

Roger Williams University

Rollins College

Roosevelt University

Rosalind Franklin University of Medicine and Science

Rush University

Rutgers University, Camden

Rutgers University, New Brunswick

Rutgers University, Newark

Saint Joseph's College

Saint Joseph's University

Saint Louis University

Saint Martin's University

Saint Mary's University of Minnesota

Saint Michael's College

Saint Peters University

Salem State University

Salt Lake Community College

Salve Regina University

San Francisco State University

San Jose State University

Santa Clara University

Santa Rosa Junior College

Santiago Canyon College

School for International Training

Seattle Pacific University

Seton Hall University

Shawnee State University

Shenandoah University

Siena College

Siena Heights University

Simpson College

Skidmore College

Slippery Rock University

Snow College

Sonoma State University

Southeast Missouri State University

Southern Connecticut State University

Southern Methodist University

Southern Oregon University

Southern University Baton Rouge

Southern Utah University

Southwestern University

Spalding University

Springfield College

St. Ambrose University

St. Bonaventure University

St. Cloud State University

St. George's University

St. John's University

St. Mary's College of Maryland

St. Mary's University

St. Norbert College

St. Olaf College

Stetson University

Stevens Institute of Technology

Stevenson University

Stonehill College

Stony Brook University

Suffolk County Community College

Suffolk University - Boston

SUNY Buffalo State College

SUNY College at Brockport

SUNY Cortland

SUNY Fredonia

SUNY New Paltz

SUNY Oneonta

SUNY Oswego

Swarthmore College

Syracuse University

Tarleton State University

Texas A&M University

Texas A&M University, Central Texas

Texas State University

Texas Tech University

Texas Woman's University

The Catholic University of America

The College of New Jersey

The College of New Rochelle

The Culinary Institute of America – New York

The George Washington University

The Ohio State University

The University of Texas at Austin

The University of Texas at Tyler

The University of the South

The University of Tokyo

Thomas Jefferson University

Tiffin University

Touro College of Osteopathic Medicine

Touro University Nevada

Trine University

Trinity University

Truman State University

Tufts University

Tulane University

Union College

United States Naval Academy

Unity College

Universities at Shady Grove

University at Albany, SUNY

University at Buffalo

University of Akron

University of Alabama

University of Alabama in Huntsville

University of Arizona

University of Arkansas

University of Baltimore

University of Bridgeport

University of California, Santa Barbara

University of California at Merced

University of California Los Angeles (UCLA)

University of California Santa Cruz

University of California, Irvine

University of California, San Diego

University of Central Arkansas

University of Central Florida

University of Central Oklahoma

University of Cincinnati

University of Colorado Denver

University of Connecticut

University of Dayton

University of Denver

University of Evansville

University of Findlay

University of Florida

University of Georgia

University of Houston

University of Houston-Clear Lake

University of Illinois at Chicago

University of Illinois at Urbana-Champaign

University of Indianapolis

University of Iowa

University of Kansas Medical Center

University of Kentucky

University of Louisville

University of Manitoba

University of Maryland Baltimore County

University of Maryland, Baltimore

University of Maryland, College Park

University of Mass., Dartmouth

University of Miami

University of Michigan-Dearborn

University of Michigan, Ann Arbor

University of Michigan, Flint

University of Minnesota Twin Cities

University of Minnesota, Duluth

University of Missouri, Columbia

University of Missouri, Kansas City

University of Missouri, St. Louis

University of Montana, Missoula

University of Nebraska, Lincoln

University of Nevada, Reno

University of New Mexico

University of New Orleans

University of North Alabama

University of North Carolina at Charlotte

University of North Carolina, Chapel Hill

University of North Dakota

University of North Florida

University of North Texas

University of North Texas at Dallas

University of Northern Iowa

University of Notre Dame

University of Oklahoma Health Sciences Center

University of Oregon

University of Pennsylvania

University of Portland

University of Puerto Rico, Rio Piedras Campus

University of Puget Sound

University of Redlands

University of Rhode Island

University of Richmond

University of Rochester

University of San Francisco

University of South Florida

University of South Florida St Petersburg

University of Southern Indiana

University of St. Francis

University of St. Thomas

University of Tampa

University of Tennessee, Knoxville

University of Texas at Dallas

University of Texas, El Paso

University of the District of Columbia (UDC)

University of the Pacific

University of the Sciences

University of Utah

University of Vermont

University of Victoria

University of Virginia

University of Washington, Seattle

University of Washington, Tacoma

University of West Florida

University of West Georgia

University of Wisconsin, Madison

University of Wisconsin, River Falls

University of Wisconsin, La Crosse

University of Wisconsin, Milwaukee

University of Wisconsin, Stevens Point

University of Wisconsin, Stout

University of Wisconsin, Superior

University of Wyoming

University of Delaware

Ursinus College

Utah State University

Utica College

Valparaiso University

Vanderbilt University

Vassar College

Virginia State University

Wake Forest University

Walsh University

Washington State University

Washington State University Vancouver

Washington University in Saint Louis

Waukesha County Technical College

Wayne State University

Weber State University

Wellesley College

Wesleyan University

West Chester University of PA

West Virginia University

Westchester Community College

Western Carolina University

Western Connecticut State University

Western Illinois University

Western Kentucky University

Western Michigan University

Western Washington University

Westfield State University

Westmont College

Wheaton College, MA

Whitworth University

Widener University

Winston Salem State University

Worcester Polytechnic Institute

Wright State University

Xavier University

Yeshiva University

York College, CUNY

Youngstown State University

Executive Summary

Institutional Demographics and Services

A total of 529 counseling center directors completed the 2016 AUCCCD survey. Among participants, 503 indicated current membership to the Association for University and College Counseling Center Directors (AUCCCD). This represents a 65% return rate for membership.

Public (45.6%) and private (44.0%) institutions were equally represented with an additional 3.6% representing community colleges (n=19), 2.8% professional schools (n=15), 0.8% art schools (n=4), and 3.0% other (n=16).

Among students asked whether Counseling Services helped with their academic performance, 72% responded positively.

Anxiety continues to be the most predominant and increasing concern among college students (50.6%), followed by depression (41.2%), relationship concerns (34.4%), suicidal ideation (20.5%), self-injury (14.2%), and alcohol abuse (9.5%).

On average, 26.5% of students seeking services take psychotropic medications.

Sixty-four (64.1%) of directors reported that psychiatric services are offered on their campus, up from 54.5% last year. Of those who have psychiatric services on campus, 52.9% are housed in the counseling center.

Eight percent (7.9%) of centers charged a fee for personal counseling, and an additional 7.1% charge a fee after a determined number of sessions. Three percent (3.9%) collected third-party payments for services.

Twenty-six percent (25.9%) of directors reported their centers were accredited by the International Association of Counseling Services (IACS).

Counseling center staff spend on average 61% of their time providing direct clinical service, 23% indirect service (training, supervision, consultation, outreach), 14% administrative service (meetings, committee work, professional development, and 3% other (teaching, research). The work distribution is virtually unchanged from previous years.

Forty-one percent (40.7%) of directors indicated their center would continue to use the DSM diagnostic model, down from 53.4% last year. Another 20.2% indicated they have transitioned or are transitioning to the ICD model, up from 11.9% two years ago.

Some form of tele-psychology was offered by 10.1% of counseling centers (n=50), up from 6.6% two years ago.

Fifty-nine percent (59.1%) of directors reported their centers were neither clinically nor administratively integrated with a health service. Another 20.4% reported being both clinically and administratively integrated. Only clinically integrated was reported by 9.0% and only administratively integrated by 11.4%.

Nearly three percent (2.6%) of completed surveys were from Historically Black Colleges or Universities and 14.4% were from Hispanic Serving Institutions.

Counseling Center Staffing and Service Trends

The majority of counseling center salary budgets increased (55.1%), while many others have remained unchanged (35.4%). The majority of operating budgets remained unchanged (55.5%), while 23.6% increased.

Forty-two percent (41.6%) of directors reported gaining staff during the past year.

Counseling centers continue to gain staff member FTE at a much higher level than those losing staff (gained 6.3 FTE for every 1 lost, up from 3.9 last year).

Fourteen percent (13.7%) of directors reported losing staff during the past year.

Current clinical staff was identified as 70.9% White, 10.1% Black, 7.3% Latino/a, 7.9% Asian, 1.7% multiracial, 1.6% other, and 0.9% Native American. New hires were identified 62.2% White, 15.3% Black, 7.5% Latino/a, 10.0% Asian, 2.7% multiracial, 2.0% other, and 0.4% Native American.

The average student to paid clinical staff ratio reveals a consistent and inverse relationship to total student body size. Additionally, the student:staff ratio, together with percentage of student body living on-campus, best predicts utilization rate.

Service utilization by diverse groups remains proportionate to the general student body. Notable deviations between students in counseling and student body demographics include males (32.6% to 43.6%), student athletes (8.7% to 12.7%) and Greek affiliated (8.9% to 11.1%).

Sixty-nine percent (69.0%) of directors reported their staff is required to be licensed, and 95.2% reported they are required to become licensed to continue practicing.

Sixty-one (60.9%) of directors reported having a training program.

On average, transportation time to psychiatric hospitalization is 18 minutes (12 metro; 3 urban; 17 adjacent urban; 28 rural).

Counseling Center Director Demographics

In addition to AUCCCD, counseling center directors represent membership in 42 additional professional organizations, most prevalent in the American Psychological Association (49.0%), Center for Collegiate Mental Health (40.5%), National Association of Social Workers (27.6%), American College Counseling Association (26.5%), and American College Health Association (25.5%).

Fifty-nine percent (59.0%) of directors reported their highest degree as Ph.D., 25.5% as Master's degree, 11.5% as Psy.D., 2.5% as Ed.D., .8% as M.D. Seventy-one percent (70.5%) are licensed psychologists.

Sixty-five percent (64.8%) of directors identify as female.

Directors represent diverse racial/ethnic backgrounds that include White (79.4%), Black (8.1%), Asian-American (4.3%), Latino/Latina (4.7%), multiracial (2.1%), and Native American (.2%).
Fourteen percent (13.6%) of directors identified as Gay, Lesbian, or Bisexual.
Counseling center directors serve as the chief administrator of 30.8% of administratively integrated Centers.
The top three groups of directors when considering years of experience were 0-3 years (34.0%), 15 years and above (16.1%), and 4-6 years (20.0%).
Almost half (48.8%) of directors reported directly to a VP/AVP for Student Affairs and another 26.6% report to a Dean of Students.

Institutional Demographics

School Size: Category	Count	Percent
Under 1,500	48	9.1%
1,501 - 2,500	75	14.2%
2,501 - 5,000	99	18.7%
5,001 - 7,500	58	11.0%
7,501 - 10,000	49	9.3%
10,001 - 15,000	51	9.6%
15,001 - 20,000	33	6.2%
20,001 - 25,000	33	6.2%
25,001 - 30,000	30	5.7%
30,001 - 35,000	15	2.8%
35,001 and over	38	7.2%

School Status	Count	Percent
Four-year public university	173	32.7%
Four-year private college	151	28.5%
Four-year private university	81	15.3%
Four-year public college	68	12.9%
Two-year community college	19	3.6%
Other	16	3.0%
Professional	15	2.8%
Art School (e.g. Culinary, Music, Design, etc.)	4	.8%
Both Four-year public and private university	2	.4%

School Location	Count	Percent
Metropolitan Inner-City Campus	48	9.1%
Urban Campus - Inside a city or town	225	42.5%
Urban Adjacent Campus - Easy access to urban environment	126	23.8%
Rural Setting Campus - More distant access to urban environment	128	24.2%
Other	2	.4%

How long (in minutes) does it take to transport a student to any meaningful form of psychiatric hospitalization?	Mean	Min	Max
Metropolitan Inner-City Campus	12	5	40
Urban Campus - Inside a city or town	13	1	90
Urban Adjacent Campus - Easy access to urban environment	17	2	120
Rural Setting Campus - More distant access to urban environment	28	4	180
Other	25	20	30

	Yes	Percent
Is your college/university considered a historically black college or university?	14	2.6%
Is your college/university considered a Hispanic serving institution?	76	14.4%

	Yes	Percent
Does your college/university provide domestic partner benefits?	372	70.3%
Does your college/university include sexual orientation in its nondiscrimination statement?	479	90.5%

What percentage of your student body lives on-campus?				
	Count	Mean	Minimum	Maximum
Under 1,500	48	64.14	.00	100.00
1,501 - 2,500	75	66.84	.00	100.00
2,501 - 5,000	99	45.86	.00	100.00
5,001 - 7,500	58	40.46	.00	90.00
7,501 - 10,000	49	40.44	.00	99.00
10,001 - 15,000	51	33.38	.00	95.00
15,001 - 20,000	33	27.32	.00	60.00
20,001 - 25,000	33	31.48	.00	78.00
25,001 - 30,000	30	14.75	.00	70.00
30,001 - 35,000	15	27.18	.00	75.00
35,001 and over	38	18.44	2.00	34.00

Director Demographic

Total Years as a Director	Count	Percent
0-3 years	180	34.0%
4-6 years	106	20.0%
7-9 years	75	14.2%
10-12 years	47	8.9%
13-15 years	33	6.2%
15+ years	85	16.1%

Directors' Gender Identity	Count	Percent
Female	343	64.8%
Male	182	34.4%
Transgender	0	0%
Self-Identify	1	0.2%

	Directors by Years and Gender Identity							
	Male		Female		Transgender		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0-3 years	61	33.7%	117	34.1%	0	0.0%	1	100.0%
4-6 years	29	16.0%	77	22.4%	0	0.0%	0	0.0%
7-9 years	25	13.8%	50	14.6%	0	0.0%	0	0.0%
10-12 years	16	8.8%	31	9.0%	0	0.0%	0	0.0%
13-15 years	12	6.6%	21	6.1%	0	0.0%	0	0.0%
15+ years	38	21.0%	47	13.7%	0	0.0%	0	0.0%

Directors' Sexual Orientation	Count	Percent
Gay man	15	2.8%
Lesbian	26	4.9%
Bisexual	15	2.8%
Heterosexual	457	86.4%

Director Racial/Ethnic Background	Count	Percent
African American/Black	43	8.1%
American Indian/Native American	1	.2%
Asian American/Asian	23	4.3%
Latino/Latina	25	4.7%
White	420	79.4%
Multiracial	11	2.1%
Other	4	.8%

Directors' Citizenship Country	Count
United States	503
Canada	3
Armenia	1
Australia	1
Austria	1
Japan	1
Mauritius	1
Trinidad and Tobago	1
U.S. Territories/Puerto Rico	1
United Kingdom	1

Directors with Disability	Count
Attention Deficit/Hyperactivity Disorders	15
Deaf or Hard of Hearing	6
Learning Disorders	6
Mobility Impairments	1
Neurological Disorders	0
Physical/Health Related Disorders	4
Psychological Disorder/Condition	9
Visual Impairments	6
Other	0

Directors' Highest Degree	Count	Percent
Ph.D.	312	59.0%
Masters	132	25.4%
Psy.D.	61	11.5%
Ed.D.	11	2.5%
Specialist	4	0.8%
M.D.	3	0.6%
Bachelor's	1	0.2%

Other Director Degrees	Count	Percent
DNP	1	.2%
DVM	1	.2%
D.S.W.	1	.2%

Directors' Professional Identity	Count	Percent
Psychology	294	55.6%
Counseling	156	29.5%
Social Work	52	9.8%
Other	12	2.3%
Higher Education Administrator	7	1.3%
Medicine	3	.6%
Nursing	2	.4%

Other Professional Identities	Count	Percent
Marriage and Family Therapist	5	1
Counseling psychologist	2	0.2
Clinical Psychology	1	0.2
Counselor Educator	1	0.2
Professional Counselor and a Nurse	1	0.2
Psychiatry	1	0.2
Public Health Social Worker - MSW, LICSW, MPH	1	0.2

Directors' Licensure	Count	Percent
Psychologist	343	65.7%
Professional counselor	93	17.8%
Social work	53	10.2%
Marriage and family therapist	13	2.5%
Other mental health professionals	6	1.1%
Other	6	1.1%
Psychiatrist	5	1%
Nurse practitioner	2	0.4%
Nursing	1	0.2%

Other Directors' Licensure	Count	Percent
Licensed Senior Psychological Examiner/ Health Services Provider	1	0.2%
LCPC and Nursing	1	0.2%
LCSW-R, Phdc	1	0.2%
Licensed Mental Health Counselor	2	0.4%
Psychotherapist	1	0.2%

Licensure Requirements	Yes	Percent
Are counseling center professional staff required to be licensed to practice in you center?	356	69.0%
Are counseling center professional staff expected to become licensed in order to continue practicing in your center?	459	95.2%
Does your center provide to new staff the supervision required for licensure of mental health professionals in your state?	428	85.4%

Direct Report: Student Affairs Division	Count	Percent
Vice President/Vice Chancellor	146	27.7%
Dean of Students	140	26.6%
Associate/Assistant VP/Chancellor	111	21.1%
Other (Specify Below)	58	11%
Executive Director	48	9.1%
Director	21	4%
Provost	3	0.6%

Other Director Report	
	Count
Assistant/Associate Dean	15
Associate/Assistant/Deputy Provost	7
Chief Student Affairs Officer	2
Administrative Personnel/Counselors	1
Associate VP/Chancellor for Student Affairs/Dean of Students	4
Chief Operating Officer	1
Commandant	1
Executive Director of Student Wellness	1
Dean of College	1
Dean of Education	1
Dean of Financial Aid & Student Services	1
Dean of Students and Chair of Dept. of Psychology	1
Dean of Wellness	1
Director of Health Services	6
Director of Health and Counseling	1
Director of Health and Wellness	1
Director of Student Affairs	1
Director of Student Development	1
Director, Student Health Operations (Local Hospital)	1
Medical Director	1
President	1
Senior Associate Dean of Students	1
Vice President/Dean of Students	1
Vice President of Student Affairs	2
Vice President Student Affairs and Director of Health & Wellness	1
Vice Provost for Student Development & Dean of Students	1
Vice Provost for Student Life	2

Professional Organizations	Count	Percent
Association for University and College Counseling Center Directors (AUCCCD)	503	95.1%
American Psychological Association (APA)	259	49.0%
Center for Collegiate Mental Health (CCMH)	214	40.5%
State-Level Professional Organization	184	34.8%
National Association of Social Workers (NASW)	146	27.6%
American College Counseling Association (ACCA)	140	26.5%
American College Health Association (ACHA)	135	25.5%
American Psychological Association (APA) Subdivision	129	24.4%
Association of Psychology Postdoctoral and Internship Centers (APPIC)	113	21.4%
Student Affairs Administrators in Higher Education (NASPA)	110	20.8%
Association for University and College Counseling Center Outreach (AUCCCO)	108	20.4%
Association of Counseling Center Training Agencies (ACCTA)	106	20.0%
Jed Foundation	105	19.8%
Association for the Coordination of Counseling Center Clinical Services (ACCCCS)	102	19.3%
American Psychiatric Association (APA)	75	14.2%
Commission for Counseling and Psychological Services (CCAPS)	68	12.9%
American College Personnel Association (ACPA)	50	9.5%
American Medical Association (AMA)	30	5.7%
American Mental Health Counselors Association (AMHCA)	19	3.6%
Higher Education Mental Health Alliance	6	1.1%

Other Professional Organizations
American Academy of Child and Adolescent Psychiatry
American Art Therapy Association
American Association of Marriage and Family Therapists
American Counseling Association (ACA)
American Group Psychotherapy Association (AGPA)
American Psychiatric Nurses Association
Association for Applied Psychophysiology and Biofeedback
Association of Black Psychologists
Association of Marriage and Family Therapists
Australian Psychological Society

Australian and New Zealand Student Services Association
Australian Health Practitioner Regulation Agency
Coalition for Disability Access in Health Science and Medical Education
Eastern Psychological Association
EMDR International Association
European Federation of Psychoanalysis
Grenadian Psychological Association
International Network of Integrative Mental Health
National Latino/a Psychological Association
National Register of Health Service Providers in Psychology
Organization of Counseling Center Directors of Higher Education
Psychologists for Social Responsibility
Society of Counseling Psychology
Societe Psychanalytique de Paris

Board Certification		
Are you Board Certified?	**Yes**	**8.1%**
If yes, please name certification board (e.g. ASPBB)	Count	Percent
American Board of Professional Psychology (ABPP)	10	1.9%
American Board of Psychiatry and Neurology	4	0.8%
American Board of Examiners in Clinical Social Work---ABE	6	1.2%
National Board of Certified Counselors (NBCC)	16	3.2%
American Board of Administrative Psychology	1	0.2%
American Nursing Credentialing Center	1	0.2%
Board of Behavioral Science (BBS)	1	0.2%
California Board of Psychology	1	0.2%
Diplomate in Clinical Social Work (NASW)	1	0.2%
Psychology Board of Australia	1	0.2%

	How many months of the year do directors work						
	8.5	9.0	9.5	10.0	10.5	11.0	12.0
Under 1,500	2.1%	0.0%	2.1%	17.0%	4.3%	10.6%	63.8%
1,501 - 2,500	0.0%	4.1%	0.0%	21.9%	2.7%	12.3%	58.9%
2,501 - 5,000	0.0%	3.0%	0.0%	9.1%	1.0%	9.1%	77.8%
5,001 - 7,500	0.0%	1.7%	0.0%	6.9%	0.0%	0.0%	91.4%
7,501 - 10,000	0.0%	2.1%	0.0%	6.3%	0.0%	6.3%	85.4%
10,001 - 15,000	0.0%	2.0%	0.0%	3.9%	0.0%	2.0%	92.2%
15,001 - 20,000	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	90.9%
20,001 - 25,000	0.0%	0.0%	0.0%	3.1%	0.0%	0.0%	96.9%
25,001 - 30,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
30,001 - 35,000	0.0%	0.0%	0.0%	6.7%	0.0%	0.0%	93.3%
35,001 and over	0.0%	0.0%	0.0%	2.7%	0.0%	2.7%	94.6%

During the past academic year, what percentage of time is the counseling center director expected to work in the following area:

	Mean Percent
Direct Service (Clinical)	36.08%
Indirect Service (Administrative)	51.11%
Other (Teaching, Professional Leadership)	14.46%

Check all the services that meet your definition of direct clinical service to students provided by Counseling Services staff

	Count	Percent
Individual/Couples/Group counseling	491	92.8%
Faculty/Staff consultation	251	47.4%
Campus outreach programs/workshops	255	48.2%
Record-keeping	101	19.1%
Classroom presentations	190	35.9%
Parent consultation	211	39.9%
Trainee supervision	206	38.9%
Staff supervision	156	29.5%
Career counseling	107	20.2%
Community outreach	100	18.9%
Career testing	55	10.4%

Counseling Center Demographics

Do you consider your center a "One-person Counseling Center"					
	Count	Percent	Mean Enrollment	Minimum Enrollment	Maximum Enrollment
Yes	36	6.8%	2380	170	10867
No	490	93.2%	12600	190	72000

Professional Staff Demographics					
	Mean	Minimum	Maximum	Sum	Percentage
Black/African American	1.19	0	8	427	10.1%
Indian/Native American	0.07	0	2	19	0.4%
Asian/Asian American	0.96	0	15	335	7.9%
Latino/Latina	0.94	0	24	309	7.3%
White	5.95	0	37	3000	70.9%
Multiracial	0.31	0	4	74	1.7%
Other Race/Ethnicity	0.32	0	5	68	1.6%
Male	2.14	0	17	1104	26.1%
Female	6.05	0	39	3122	73.8%
Transgender	0.01	0	1	6	0.1%
Gay	0.54	0	11	151	4.1%
Lesbian	0.66	0	5	200	5.4%
Bisexual	0.38	0	5	95	2.6%
Heterosexual	7.06	0	46	3263	88.0%
Diagnosed Disability	0.75	0	38	229	5.4%

Professional Staffing FTE			
	Mean	Maximum	Sum
Clinical psychologist	2.02	28.10	1000.48
Counseling psychologist	1.84	20.00	910.92
Marriage and family therapist	0.21	10.00	103.64
Professional counselor	1.41	13.00	697.74
Social Work (MSW, LCSW)	1.10	17.72	542.43
Psychiatrist	0.33	6.60	165.21
Psychiatric Nurse Practitioner	0.08	3.40	41.33
Other mental health professional	0.17	6.40	83.24
TOTAL STAFF	7.16	44.05	3544.97

	Does a Professional Support Staff position exist in your center			
	Yes		No	
School Size	Count	Percent	Count	Percent
Under 1,500	24	57.1%	18	42.9%
1,501 - 2,500	52	71.2%	21	28.8%
2,501 - 5,000	78	80.4%	19	19.6%
5,001 - 7,500	48	84.2%	9	15.8%
7,501 - 10,000	43	87.8%	6	12.2%
10,001 - 15,000	47	94.0%	3	6.0%
15,001 - 20,000	32	100.0%	0	0.0%
20,001 - 25,000	31	96.9%	1	3.1%
25,001 - 30,000	27	93.1%	2	6.9%
30,001 - 35,000	14	93.3%	1	6.7%
35,001 and over	38	100.0%	0	0.0%
TOTAL	434	84.4%	80	15.6%

FTE Professional Support Staff Totals by School Size				
School Size	*Yes* Count	Minimum	Maximum	Mean
Under 1,500	15	0.50	1.5	0.96
1,501 - 2,500	48	0.42	2	1.01
2,501 - 5,000	70	0.19	2	1.08
5,001 - 7,500	46	0.50	2	1.17
7,501 - 10,000	37	0.5	4	1.51
10,001 - 15,000	42	0.75	5	1.96
15,001 - 20,000	24	0.88	5	2.30
20,001 - 25,000	28	1	7	2.65
25,001 - 30,000	24	1	6	2.88
30,001 - 35,000	12	1	6.43	3.39
35,001 and over	34	1	18	4.81
TOTAL	380			1.93

NEW HIRE: Professional Staff Demographics (new & replacements)		
	Count	Percent
Black/African American	78	15.3%
Indian/Native American	2	0.4%
Asian/Asian American	51	10.0%
Latino/Latina	38	7.5%
White	317	62.2%
Multiracial	14	2.7%
Other Race/Ethnicity	10	2.0%
Male	118	24.3%
Female	366	75.5%
Transgender	1	0.2%
Gay	21	5.1%
Lesbian	22	5.4%
Bisexual	15	3.6%
Heterosexual	353	85.9%
Diagnosed Disability	19	5.3%
CENTERS WHO HAD A NEW HIRE	275	53.5%

Centers Who Gained Any FTEs This Past Year (n = 220)		
Profession of New FTEs	Of the Centers Who Obtained New FTEs, Percent That Obtained Each Type	Sum FTE Gained
Professional/Clinical	52.7%	268.2
Psychiatric Nurse Practitioner	2.9%	5.2
Psychiatrist	4.9%	8.0
Psychiatric Resident	0.8%	1.1
Professional/Non-Clinical	2.0%	5.0
Case Manager	12.2%	33.2
Support Staff	11.0%	39.7
Pre-Doctoral Intern	3.7%	21.2
Post Doc	7.8%	24.5
Other	2.0%	4.1
TOTAL FTE Gained		479.68

Centers Who Lost Any FTEs This Past Year? (n = 67)		
Profession of Lost FTEs	Of the Centers Who Lost FTEs, Percent That Lost Each Type	Sum FTE Lost
Professional/Clinical	55.2%	33.01
Psychiatric Nurse Practitioner	9.0%	4.15
Psychiatrist	4.5%	2.75
Psychiatric Resident	0	0
Professional/Non-Clinical	9.0%	7.20
Case Manager	4.5%	2.50
Support Staff	28.4%	19.50
Pre-Doctoral Intern	6.0%	5.00
Post Doc	3.0%	2.00
Other	0	0
TOTAL FTE Lost		76.1

Net Change in FTEs (of all centers who reported any FTE change)	
	Percent of All Centers (n=529)
Gained FTEs (n = 220)	41.6%
Lost FTEs (n = 67)	12.7%
Profession	Net Change in FTEs
Professional/Clinical	+259.69
Psychiatric Nurse Practitioner	+1.73
Psychiatrist	+9.65
Psychiatric Resident	+1.17
Professional/Non-Clinical	+1.8
Case Manager	+32.52
Support Staff	+30.65
Pre-Doctoral Intern	+22.3
Post Doc	+29.05
Other	+15.01
TOTAL Net FTE Change	+403.57

Do the following positions exist in the center?		
	"Yes" Count	Percent
Director	492	93.0%
Professional Staff	408	77.1%
Support Staff	434	84.4%
Assistant/Associate Director	264	49.9%
Psychiatrist	197	37.2%
Training Director	189	35.7%
Pre-Doctoral Interns	171	32.3%
Group Coordinator	160	30.2%
Coordinator	125	23.6%
Clinical Director	111	21.0%
Clinical Graduate Assistant	110	20.8%
Case Manager	119	22.5%
Post-Docs	105	19.8%
Non-Clinical Graduate Assistant	69	13.0%
Psychiatric Nurse Practitioner	66	12.5%
Psychiatric Resident	37	7.0%
Other positions? (specified in table below)	52	9.6%

Other Positions That Exist at The Center:
Alcohol and Other Drug Specialist/Coordinator
Clinical Supervisor
Coordinator, Clinical
Coordinator, Consultation
Coordinator, Disability Services
Coordinator, Diversity Outreach
Coordinator, Health Education/Promotion and Wellness
Coordinator, Men's Resiliency and Suicide Prevention
Coordinator, Outreach
Coordinator, Peer Education
Coordinator, Practicum/Training
Coordinator, Prevention Education
Coordinator, Research
Coordinator, Social Media
Coordinator, Student Grant
Coordinator, Technology

Crisis/Care Manager
Dietitian
Director, Administrative Services
Director, Medical
Director, Outreach
Director, Quality, Risk, & Patient Safety
Director, Research
Disability Support Advisor/Counselor
Educational Counselor
General Nurse Practitioner
Health Educator
Learning/Writing Specialist
Mental Health Nurse
Mental Health Peers
Nurse
Office Manager
Part-Time Independent Contractor
Practicum/Intern/Extern
Quality Analyst
Recovery Program assistant
Sexual Assault Awareness and Prevention Fellow
Student Assistant
Title IX Advocate

Do you have a mental health training program?

	Count	Percent
Yes	314	60.9%
No	202	39.1%

If you have a psychology internship program, is it APA accredited?

	Count	Percent
Yes	101	45.1%
No	123	54.9%

Trainee FTE					
	Count	Mean	Min	Max	Sum
Post-doctoral Psychiatric Resident FTE:	20	0.41	0.09	1.52	8.16
Post-doctoral Psychologist FTE:	85	1.66	0.13	5.00	141.03
Sum of Post-degree Trainee FTE					**149.19**
Pre-doctoral Psychology Intern FTE:	153	2.50	0.19	5.00	382.61
Social Work Intern FTE:	71	0.84	0.10	4.20	59.03
Marriage & Family Practicum/Internship FTE:	10	1.52	0.38	6.00	15.24
Masters Level Practicum/Internship FTE:	88	1.08	0.09	3.68	94.99
Counseling Intern FTE:	67	1.00	0.19	10.00	67.32
Practicum FTE:	137	1.33	0.19	12.00	182.35
Clinical Graduate Assistant (Paid) FTE:	45	0.92	0.21	3.36	41.58
Sum of Pre-degree Trainee FTE					**843.11**
Other Trainee FTE:	13	1.54	0.07	6.00	22.14
Total Sum of Trainee FTE					**1014.44**

Professional Staff and Trainee Total FTE	Count	Mean	Sum
	494	**9.23**	**4,559.41**

Paid Professional Staff Total FTE by School Size and Status (n)						
	2 Year College	Art School	Prof School	4-year public college/U	4-year private college/U	Other
< 1,5K	NA	1.62 (1)	1.25 (4)	1.31 (3)	2.04 (27)	2.00 (3)
1.5K – 2.5K	NA	3.21 (1)	1.13 (3)	2.16 (5)	2.80 (60)	2.89 (3)
2.5K – 5K	1.38 (4)	NA	2.61 (5)	2.51 (18)	3.55 (65)	3.18 (4)
5K – 7.5K	1.50 (2)	1.00 (1)	NA	4.26 (28)	5.96 (23)	5.80 (1)
7.5K – 10K	3.03 (3)	NA	NA	5.33 (30)	7.86 (14)	11.50 (1)
10K – 15K	1.50 (2)	NA	NA	7.36 (29)	9.87 (17)	17.00 (1)
15K – 20K	3.00 (1)	NA	NA	9.91 (19)	12.25 (7)	NA
20K – 25K	3.45 (1)	NA	NA	11.85 (23)	15.70 (4)	13.33 (3)
25K – 30K	4.00 (2)	NA	NA	13.36 (24)	26.70 (2)	10.00 (1)
30K – 35K	4.25 (1)	NA	NA	17.26 (11)	17.90 (3)	NA
> 35K	NA	NA	NA	20.51 (35)	NA	NA

Trainee Staff Total FTE by School Size and Status (n)						
	2 Year College	Art School	Prof School	4-year public college/U	4-year private college/U	Other
< 1,5K	NA	0 (2)	0 (7)	0 (4)	0.13 (32)	0.81 (3)
1.5K – 2.5K	NA	1.62 (1)	0 (3)	0 (6)	0.43 (61)	0.34 (4)
2.5K – 5K	0 (4)	NA	0.41 (5)	0.08 (19)	0.36 (68)	0.44 (4)
5K – 7.5K	0 (3)	0 (1)	NA	0.09 (29)	1.41 (24)	0 (1)
7.5K – 10K	0.53 (3)	NA	NA	0.82 (31)	1.55 (14)	0 (1)
10K – 15K	0.21 (2)	NA	NA	0.98 (30)	2.92 (17)	NA
15K – 20K	0 (2)	NA	NA	2.55 (24)	4.29 (7)	NA
20K – 25K	0 (1)	NA	NA	3.00 (25)	3.71 (4)	0.67 (3)
25K – 30K	0.83 (3)	NA	NA	2.79 (24)	2.79 (2)	6.00 (1)
30K – 35K	3.44 (1)	NA	NA	4.58 (11)	2.33 (3)	NA
> 35K	NA	NA	NA	4.66 (38)	NA	NA

Professional and Trainee Staff Total FTE by School Size and Status						
	2 Year College	Art School	Prof School	4-year public college/U	4-year private college/U	Other
< 1,5K	NA	1.62 (1)	1.25 (4)	1.31 (3)	2.20 (27)	2.81 (3)
1.5K – 2.5K	NA	4.84 (1)	1.13 (3)	2.16 (5)	3.26 (60)	3.34 (3)
2.5K – 5K	1.38 (4)	NA	3.02 (5)	2.60 (18)	3.93 (65)	3.62 (4)
5K – 7.5K	1.50 (2)	1.00 (1)	NA	4.35 (28)	7.43 (23)	5.80 (1)
7.5K – 10K	3.56 (3)	NA	NA	6.17 (30)	9.40 (14)	11.50 (1)
10K – 15K	1.71 (2)	NA	NA	8.38 (29)	12.79 (17)	21.00 (1)
15K – 20K	3.00 (1)	NA	NA	12.99 (19)	16.55 (7)	NA
20K – 25K	3.45 (1)	NA	NA	14.67 (23)	19.40 (4)	14.00 (3)
25K – 30K	4.00 (2)	NA	NA	16.15 (24)	29.49 (2)	16.00 (1)
30K – 35K	11.73 (1)	NA	NA	21.84 (11)	20.23 (3)	NA
> 35K	NA	NA	NA	24.70 (35)	NA	NA

Students to Clinical Staff Ratios		
	Student : Professional Staff Ratio	**Student : Professional Staff & Trainee Ratio**
	Mean	Mean
Under 1,500	705	651
1,501 - 2,500	1020	900
2,501 - 5,000	1493	1407
5,001 - 7,500	1702	1589
7,501 - 10,000	1772	1550
10,001 - 15,000	2080	1740
15,001 - 20,000	2139	1807
20,001 - 25,000	2402	2098
25,001 - 30,000	2567	2250
30,001 - 35,000	2471	1890
35,001 and over	2624	2242
Overall Mean (N = 495)	1737	1530

Student to Professional Staff Ratio by School Size						
	Min	25th %ile	50th %ile	Mean	75th %ile	Max
Under 1,500	95	450	618	705	1078	1478
1,501 - 2,500	317	526	759	1020	1221	3684
2,501 - 5,000	313	963	1144	1493	1705	5038
5,001 - 7,500	374	1136	1352	1702	1941	7000
7,501 - 10,000	559	1194	1484	1772	2064	5000
10,001 - 15,000	706	1250	1605	2080	2124	10867
15,001 - 20,000	880	1235	1739	2139	2257	7628
20,001 - 25,000	759	1459	2042	2402	2800	7063
25,001 - 30,000	717	1861	2393	2567	2729	9211
30,001 - 35,000	986	1437	2107	2471	2804	7825
Over 35,001	1174	1728	2265	2624	3356	6854

Student to Professional Staff & Trainee Ratio by School Size						
	Min	25th %ile	50th %ile	Mean	75th %ile	Max
Under 1,500	95	405	507	651	977	1478
1,501 - 2,500	191	489	688	900	1080	2701
2,501 - 5,000	313	883	1097	1407	1618	5038
5,001 - 7,500	333	1058	1319	1589	1867	7000
7,501 - 10,000	486	1023	1353	1550	1724	5000
10,001 - 15,000	605	932	1287	1740	1770	7653
15,001 - 20,000	688	919	1271	1807	1721	7628
20,001 - 25,000	598	1167	1743	2098	2149	7063
25,001 - 30,000	628	1416	1878	2250	2523	9211
30,001 - 35,000	745	1205	1647	1890	2107	4324
Over 35,001	962	1448	1783	2242	2759	6854

Percent of students served by race/ethnicity	Mean %
Black/African-American - Percent of your centers clients?	12.26
Black/African-American - Percent of your Student Body?	10.23
American Indian/Native American - Percent of your centers clients?	0.60
American Indian/Native American - Percent of your Student Body?	0.61
Latino/Latina - Percent of your centers clients?	9.71
Latino/Latina - Percent of your Student Body?	9.84
Asian/Asian American – Percent of your centers clients?	7.26
Asian/Asian American – Percent of your Student Body?	6.26
White - Percent of your centers clients?	61.04
White - Percent of your Student Body?	53.40
Multiracial - Percent of your centers clients?	4.20
Multiracial - Percent of your Student Body?	2.40
Other Race/Ethnicity - Percent of your centers clients?	1.51
Other Race/Ethnicity - Percent of your Student Body?	1.22

Percent of students served by disability status	Mean %
Diagnosed Disability - Percent of your centers clients?	12.36
Diagnosed Disability - Percent of your Student Body?	8.92

Percent of students served by gender	Mean %
Male - Percent of your centers clients?	32.61
Male - Percent of your Student Body?	43.63
Female - Percent of your centers clients?	64.97
Female - Percent of your Student Body?	56.43
Transgender - Percent of your centers clients?	1.12
Transgender - Percent of your Student Body?	1.03

Percent of students served by sexual orientation	Mean %
Gay - Percent of your centers clients?	3.53
Gay - Percent of your Student Body?	7.56
Lesbian - Percent of your centers clients?	2.56
Lesbian - Percent of your Student Body?	5.81
Bisexual - Percent of your centers clients?	6.47
Bisexual - Percent of your Student Body?	4.05
Heterosexual – Percent of your centers clients?	77.03
Heterosexual – Percent of your Student Body?	79.42

Percent of students served by involvement	Mean %
International Student - Percent of your centers clients?	7.07
International Student - Percent of your Student Body?	8.99
Student Athlete - Percent of your centers clients?	8.73
Student Athlete - Percent of your Student Body?	12.67
Greek Affiliated - Percent of your centers clients?	7.74
Greek Affiliated - Percent of your Student Body?	8.35
Military Veterans - Percent of your centers clients?	1.90
Military Veterans - Percent of your Student Body?	3.55
Former Foster Youth - Percent of your centers clients?	0.78
Former Foster Youth - Percent of your Student Body?	1.25
Sexual Assault Survivors - Percent of your centers clients?	14.16
Sexual Assault Survivors - Percent of your Student Body?	14.00

Services, Policies, and Procedures

Which of the following areas represent an integral part of your Counseling Services mission?		
	Count	Percent
Direct Clinical Service	498	100.0%
Classroom/Campus Outreach	419	84.1%
Clinical Supervision and Training	358	71.9%
Staff/Faculty Training	290	58.2%
Committee Work	242	49.6%
Community Outreach	217	43.6%
Research	55	11.0%
Teaching	24	4.8%

Which of the following areas represent an integral part of your Counseling Services mission X school size								
School Size	**Direct Service**	**Campus Outreach**	**Training**	**Staff/ Faculty Training**	**Committee Work**	**Commun. Outreach**	**Research**	**Teaching**
< 1.5K	100%	65.1%	30.2%	48.8%	32.6%	51.2%	16.3%	9.3%
1.5K–2K	100%	80.3%	56.3%	64.8%	49.3%	62.0%	8.5%	4.2%
2.5K–5K	100%	83.2%	64.2%	53.7%	41.1%	30.5%	5.3%	2.1%
5K-7.5K	100%	87.5%	66.1%	53.6%	46.4%	39.3%	7.1%	0.0%
7.5K-10K	100%	91.3%	82.6%	60.9%	56.5%	47.8%	8.7%	10.9%
10K-15K	100%	83.3%	89.6%	60.4%	56.3%	43.8%	10.4%	2.1%
15K-20K	100%	87.1%	96.8%	64.5%	48.4%	51.6%	19.4%	12.9%
20K-25K	100%	80.6%	90.3%	58.1%	51.6%	51.6%	9.7%	6.5%
25K-30K	100%	96.3%	85.2%	55.6%	55.6%	29.6%	14.8%	0.0%
30K–35K	100%	85.7%	71.4%	64.3%	57.1%	21.4%	28.6%	7.1%
35K+	100%	91.9%	94.6%	62.2%	56.8%	37.8%	18.9%	5.4%

How many months of the year is your center providing service?	Count	Percent
12.0	416	79.8%
11.0	13	5.2%
10.5	1	.2%
10.0	53	10.2%
9.5	1	.2%
9.0	30	5.8%
8.5	1	.2%
8.0	6	.2%

How many days of the week does your center offer services outside the normal 8am-5pm hours?	Count	Percent
0	248	47.1%
1	47	8.9%
2	42	8.0%
3	16	3.0%
4	39	7.4%
5	128	24.3%
6	3	0.6%
7	3	0.6%

	How many months of the year did your center provide services?							
	8.0	8.5	9.0	9.5	10.0	10.5	11.0	12.0
Under 1,500	2.1%	2.1%	17.0%	0.0%	21.3%	2.1%	8.5%	46.8%
1,501 - 2,500	0.0%	0.0%	20.0%	0.0%	30.7%	0.0%	0.0%	49.3%
2,501 - 5,000	3.0%	0.0%	5.0%	0.0%	13.0%	0.0%	5.0%	74.0%
5,001 - 7,500	3.4%	0.0%	0.0%	1.7%	3.4%	0.0%	3.4%	87.9%
7,501 - 10,000	0.0%	0.0%	2.2%	0.0%	6.5%	0.0%	0.0%	91.3%
10,001 - 15,000	0.0%	0.0%	2.0%	0.0%	4.1%	0.0%	2.0%	91.8%
15,001 - 20,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
20,001 - 25,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
25,001 - 30,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
30,001 - 35,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	93.3%
35,001 and over	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%

	Yes	Percent
Does your counseling center utilize students in your outreach strategy?	361	69.2%
Are students directly involved in your counseling centers strategic planning?	113	21.6%

	Does your counseling center utilize students in your outreach strategy?	**Are students directly involved in your counseling centers strategic planning?**
	Yes	Yes
Under 1,500	72.9%	16.7%
1,501 - 2,500	67.1%	23.3%
2,501 - 5,000	64.6%	16.3%
5,001 - 7,500	58.9%	13.8%
7,501 - 10,000	72.9%	20.4%
10,001 - 15,000	71.4%	26.0%
15,001 - 20,000	69.7%	21.2%
20,001 - 25,000	78.8%	24.2%
25,001 - 30,000	66.7%	20.0%
30,001 - 35,000	100.0%	60.0%
35,001 and over	68.4%	30.6%

	Student mental health organization?	**Trained peer counselors?**	**Students provided gatekeeper training?**
	Yes	Yes	Yes
Under 1,500	33.3%	18.8%	44.7%
1,501 - 2,500	54.1%	18.9%	54.2%
2,501 - 5,000	53.1%	19.6%	57.9%
5,001 - 7,500	52.6%	22.4%	57.9%
7,501 - 10,000	62.5%	25.0%	66.7%
10,001 - 15,000	72.0%	36.0%	64.0%
15,001 - 20,000	81.8%	39.4%	81.3%
20,001 - 25,000	87.9%	36.4%	64.5%
25,001 - 30,000	79.3%	50.0%	60.0%
30,001 - 35,000	80.0%	46.7%	66.7%
35,001 and over	86.5%	62.2%	97.2%

	Yes	Percent
Does your campus have a student mental health student organization?	327	62.6%
Are there trained peer counselors on your campus?	155	29.6%
Are students provided gatekeeper training on your campus?	321	61.5%

Does your center have an "embedded" or "counselor in residence" position (e.g. in academic department; residence hall)		
	Count	Percent
Yes	63	12.0%
No	400	88.0%

	Does your center have an "embedded" or "counselor in residence" position (e.g. in academic department; residence hall)?
	Yes
Under 1,500	0.0%
1,501 - 2,500	1.3%
2,501 - 5,000	3.1%
5,001 - 7,500	3.4%
7,501 - 10,000	8.3%
10,001 - 15,000	8.0%
15,001 - 20,000	24.2%
20,001 - 25,000	21.2%
25,001 - 30,000	40.0%
30,001 - 35,000	33.3%
35,001 and over	45.9%

Embedded Office Locations
1 FTE in a residence hall setting
1 Graduate School of Agricultural and Life Sciences (located on a separate campus) 2 The Institute of Medical Science (located on a separate campus)
1. College of Engineering 2. Athletics
12 of the largest colleges on campus, including: School of Architecture, Dell Medical School, School of Nursing, School of Social Work, College of Liberal Arts, College of Education, McCombs School of Business, School of Undergraduate Studies, College of Fine Arts, Moody College of Communication, Cockrell College of Engineering, and College of Natural Sciences.
5 undergraduate residence halls; the Law School; the Intercultural Resource Center

8 of our 19 Schools/Colleges
Academic Compass Program. This is a program for 25-30 students per year who are identified by admissions as coming from underserved schools/communities and would benefit from additional supports to help support their retention. A counselor and/or intern spends 2-4 hours/week providing workshops, leading conversations, wellness programming and informal counseling in an academic location for freshmen.
Athletics
Athletics, Law and Veterinary Medicine
athletics, vet school, student health
CAPS shares a psychologist with the Veterinary School (split 50/50)
Centre for Aboriginal Studies
College of Nursing; Indigenous Student Centre
College of Veterinary Medicine and Athletic Department
Colleges of Vet Medicine, Optometry, Pharmacy, Nursing, Dentistry, Public Health
Counselors in Residence are Residence Life Master's Degree level licensed professional staff who are housed in Student Success Centers located in four Residence Life areas of campus. They are not Counseling Center staff, however we work very closely together.
Diversity Office
Educational Opportunity Program, TRIO, C-STEP
Graduate student housing, educational opportunity program, student dorms
Health Sciences 4 hours per week.
Health Professions (medical students, Physician Assistant students, and Physical Therapy students) Engineering
However, we have a psychologist who visits the residences once per week.
Jacobs School of Music; School of Public & Environmental Affairs; 4 Cultural Centers; International Student Services; Academic support services for underserved students
Junior college within the university
Just rolling this out currently with the Center for Social Justice Ed and LGBTQ communities, the Engineering School the Center for Latino Arts and Culture and perhaps the business school to come!
Law school and Athletics, however, they provide clinical services in our center only!!
Law School, Athletics, EL Centro de LA Raza (Latino student resource center)
Law School, School of Business
LBGT Office; plans for positions in Residence Halls, Colleges, and Office for International Students and Scholars
Let's TalK: Graduate School, Law School
LGBTQ Recourse Center
Located near academic classrooms now: will likely move to student services only floor. Location options limited due to small size
Maybe -- we provide counseling services in our student health center on a part time basis.
Offices and programs serving historically underserved student populations.
Partially embedded a few hours per week in Veterans Services, International Services, Multicultural Center, Learning Center, Athletics
Psychologist designated for Bio Medical Research Grad and Prof
Residence Hall and Student Health Services
Residence hall; College of Hospitality; Knights Plaza-other location across campus
Residence Halls Department of Athletics College of Dentistry

Residence, International Student Office, faculties
See Let's Talk locations
Split position with the College of Veterinary Medicine. Athletic department also has three full-time in-house mental health professionals, but they do not report to the CC director.
Student Diversity Programs and Services (Division of Student Affairs)
Student Health Center
The Mount Vernon Campus
The six colleges, the Community Cultural Centers and Student Health Services.
Two professional staff and one intern in a residence hall
Various. We have a de-centralized model.
Vet Medicine; Athletics
Veterinary School, Dental School
We have a psychologist located half-time in Housing and Res Life.

Is your center accredited by IACS?	Count	Percent
Yes	135	25.9%
No – not accredited	350	67.0%
No – accredited by another agency	37	7.1%

	Is your center accredited by IACS?			
	Yes		*No*	
	Count	Percentage	Count	Percent
Under 1,500	1	2.1%	46	97.9%
1,501 - 2,500	6	8.0%	69	92.0%
2,501 - 5,000	8	8.2%	90	91.8%
5,001 - 7,500	12	20.7%	46	79.3%
7,501 - 10,000	16	33.3%	32	66.7%
10,001 - 15,000	21	43.8%	27	56.3%
15,001 - 20,000	14	42.4%	19	57.6%
20,001 - 25,000	19	57.6%	14	42.4%
25,001 - 30,000	12	40.0%	18	60.0%
30,001 - 35,000	7	46.7%	8	53.3%
35,001 and over	19	51.4%	18	48.6%

"Yes" – Reasons	Count	Percentage
Quality Assurance / external validation / standard of practice / compliance with national standards	125	23.6%
Enhance credibility / status on campus	97	18.3%
Evidence of commitment to international standards	79	14.9%
IACS aids in arguments for staff and other funding increases	88	16.6%
Valued / respected by administration / supervisor	74	14.0%
National recognition/prestige	48	9.1%
Other	2	0.4%

"No" – Reasons	Count	Percentage
Cost	114	21.6%
Small center	102	19.3%
Not required / not interested / never applied	78	14.7%
Not enough time to complete	56	10.6%
Not applying as do not see center as meeting minimum standards	52	9.8%
Lack of support by administration / not valued by administration	51	9.6%
Application in process - planning in upcoming years	50	9.5%
Don't see benefit to accreditation	30	5.7%
Single Person Center	22	4.2%
Other	19	3.6%
New Director, do not know about IACS	10	1.9%
Brand new center	7	1.3%

Is your center currently involved in the Center for Collegiate Mental Health?	Count	Percent
My center is currently involved with CCMH	147	39.3%
My center plans to be involved with CCMH	34	9.1%
My center may decide to be involved with CCMH	100	26.7%
My center does not plan to be involved with CCMH	27	7.2%
I do not know enough about CCMH to be able to say.	66	17.6%

If involved with CCMH, please indicate why?
Use CCAPS and to contribute to college student mental health research.
We use the CCAPS.
We utilize CCAPS and CCMH local and national comparison data as part of our strategic planning efforts.
Great to have this data set. The annual reports have been very useful for benchmarking.
To get good comparison data.
Offers the opportunity to contribute to national data that helps to tell the story of counseling centers. We are going to begin the IRB process to begin contributing data.
Ability to make comparisons across colleges and universities.
Interested in the findings as it reflects this center and nationally.
It's important to be involved in CCMH to contribute to research in the field. And in exchange for our contribution their gift back to us in the form of information, training, and updated statistics is invaluable.
To compare our data to others and to benchmark trends.
We are committed to improving the data available on college counseling.
We are part of the data collection to have access to national data and bench-marking to gain a better understanding of our students.
To get accurate data for our work with students.
I find the data extremely helpful to my advocacy work. I also believe in this project.
Appreciate the stats and want to help with accuracies re: what we can say about the mental health of college students and trends.
We want to contribute to the growing knowledge base about student mental health, and it makes sense to have some comparison data.
We feel it is important to both contribute to and be on top of current research trends within college mental health--we very much value the research and work being conducted. After receiving institutional support to implement Titanium, it became natural to become involved with CCMH.
The data CCMH provides, as well as access to the CCAPS is invaluable.
To obtain information about other schools' data for comparisons.
The data informs strategic planning & budget initiatives for CaPS.
We use Titanium Schedule and CCAPS.
1. We believe in the collective value of such a rich data set relative to our profession that can help inform trends, treatment and services to college students. 2. We value the comparative data that we get to compare our students to national samples.
The strong research basis of CCMH adds to the quality of our work and reporting.
We use Titanium and pays dues to CCMH.
Access to CCAPS - and normative data.
Important to provide data and have access to national trends and benchmark data.
The ability to compare campus and national statistics.
To stay current on trends in college counseling and to participate in research.
An excellent resource which provides necessary data and analysis. We are waiting for our internal IT dept. to allow us to finalize ability to transmit data to CCMH so that we can join.
Availability of CCAPS instrument and availability of national comparison data.
Important to be part of a national study and we utilize the data regularly.
We have just begun the Healthy Minds and JED programs.
Helpful benchmarking data.
We utilize the Titanium database program, and appreciate having the results of data that has been contributed from centers across the nation.

Because it is important work and we utilize the data.
CCMH provides us with population-level data about college counseling. This data allows us to make statements about the status of counseling center work writ large as well as provide relevant comparisons to our own local data. Plus, Ben is really cool.
I believe it important for our field to gather data and what we do and as a result I also believe it is important that we participate in efforts to collect that data.
I feel it is useful for our profession as a whole and the data can be shared to advocate for more resources. I have shared the data for my own campus and comparisons to national data.
Service to collegiate mental health, and access to comparison data.
We administer the CCAPS as part of Titanium in order to evaluate therapeutic success/outcomes.
To have access to CCAPS. University of California-wide initiative is to eventually to be able to compare to national data.
We use Titanium Scheduling software and take pride in adding to a larger data set that provides so much information on the student population that seeks mental health services.
Screenings, data, education.
Use of assessment tools; and Titanium.
CCAPS information we receive is helpful, as we compare our students' data to other campuses.
To contribute to the field of research in college counseling.
Through Titanium, in order to have access to national CCAPs and other data.
Want to be included in national dataset and to be able to compare my campus to national averages.
A system wide decision to participate.
Contributes to the greater benefit of building the database so actual campus mental health professionals can be the voice for campus mental health. We use the data for benchmarking and we make great use of the CCAPS and data forms.
Benefit to the field.
Value data and research!
Access to benchmarking data which has been very useful in educating our campus about our clients and making the case for resources.
It's important to participate in this data collection and analysis for the betterment of the field.
We utilize the CCAPS for clinical assessment of students.
Participate for CCAPS Standard Data Set contribution and comparison of clinical data.
To keep up to date on information/trends.
Interested in supporting data collection. Although, due to time restraints and department funds, we may not renew our membership.
To provide accurate statistics/research about College Counseling Centers.
It is a great resource to provide data comparisons to other Universities and how to help contribute to research in mental health.
Participate for benchmarking, contributing to understanding of mental health trends in college student population, and opportunities for research.
Counseling center research is very important. Our only problem is that Medicat has not been set up to properly utilize CCAPS and contribute to the database.
Incredible data capabilities; important to have ways to tell story of what is happening at counseling centers across the country.
CCAPS access and relevant affiliation.
We use the CCAPS for tracking outcome data.

Use of CCAPs instrument and to contribute to counseling field.
We have a grant.
Fantastic benchmarking and research opportunity - provides national data that supports our model.
Access to Titanium data to share.
We use the CCAPS Software - this is our only involvement.
Recently purchased Titanium, and we want to be involved as they are considered a great resource by other directors.
Access to current data regarding college counseling.
Imminent roll-out of CCAPS at our counseling center.
To use data for planning and to contribute to the study.
It is important to both contribute and compare national clinical data.
Provides comparative data regarding clinical services.
Great data! Helps us show value to administrators, our student governance organization, and other stakeholders.
The benchmarking data is invaluable.
Membership and participation with CCMH is critical for utilizing the full assessment capabilities in Titanium Software, which supports program evaluation and national comparisons, as well as supporting research by CCMH in our field of college student mental health.
Great data support.
Wanted to utilize CCAPS-Web component.
We benefit much from the growing data on college mental health services and are glad to contribute to it.
Appreciate the access to data that can tell the story of collegiate mental health and help us plan responsive services for our students.
We do a lot of outcome research and have done for 22 years. We're glad to be cooperating with other college counseling centers in gathering important outcome data. Additionally, we're most interested in the comparison between our school and other CCMH schools. This data is important to our administrators when we request funding, etc.
CCAPS-34 survey administered for every clinical appointment; scores are queried by CCMH for data analysis purposes.
Use CCAPS for intake and after 5th session
We use Titanium and CCAPS and upload data to CCMH.
Access to data helpful data forms. Also helpful to ascertain consistency with other campuses and compatibility of data to similar campuses.
Like to get real time data on national mental health trends.
CCAPS CCMH mission aligns with our center's mission and practice.
Rich data collaborative culture.
Sense of professional obligation to advance knowledge in the field and value of data in understanding mental health on our campus and across the nation.
Research is used to communicate to administration and to compare our institution to others.

If involved with CCMH, does your center contribute clinical data?	Count	Percent
Yes	89	48.1%
No	96	51.9%

CCMH Involvement by School Size				
	My center is currently involved with CCMH	My center may decide to be involved with CCMH	My center does not plan to be involved with CCMH	I do not know enough about CCMH
Under 1,500	20.0%	6.7%	33.3%	17.8%
1,501 - 2,500	30.3%	10.6%	16.7%	10.6%
2,501 - 5,000	34.8%	3.4%	33.7%	5.6%
5,001 - 7,500	36.4%	15.9%	29.5%	9.1%
7,501 - 10,000	50.0%	10.0%	30.0%	6.7%
10,001 - 15,000	59.3%	11.1%	22.2%	0.0%
15,001 - 20,000	63.2%	15.8%	5.3%	0.0%
20,001 - 25,000	46.2%	15.4%	30.8%	0.0%
25,001 - 30,000	27.8%	16.7%	44.4%	0.0%
30,001 - 35,000	62.5%	0.0%	12.5%	12.5%
35,001 and over	80.0%	0.0%	13.3%	0.0%

If Involved with CCMH, does your center contribute data?				
	Yes	Percent	No	Percent
Under 1,500	4	33.3%	8	66.7%
1,501 - 2,500	11	47.8%	12	52.2%
2,501 - 5,000	16	57.1%	12	42.9%
5,001 - 7,500	11	45.8%	13	54.2%
7,501 - 10,000	2	20.0%	8	80.0%
10,001 - 15,000	9	56.3%	7	43.8%
15,001 - 20,000	7	63.6%	4	36.4%
20,001 - 25,000	3	60.0%	2	40.0%
25,001 - 30,000	2	33.3%	4	66.7%
30,001 - 35,000	5	83.3%	1	16.7%
35,001 and over	4	44.4%	5	55.6%

If your center uses a suicide prevention protocol, please indicate which best describes what you do		
	Count	Percent
QPR	184	34.8%
Campus Connect	48	9.1%
Ask Listen Refer	32	6.0%
Applied Suicide Intervention Skills Training (ASIST)	36	6.8%
At-Risk for University and College Faculty (Kognito)	46	8.7%
Mental Health First Aid	68	12.9%
Collaborative Assessment and Management of Suicidality	36	6.8%
Locally developed model	91	17.2%
Other	32	6.0%

Other suicide prevention models
American Association of Suidology
AMSR Guidelines by the AAS and SPRC
At risk for students (Kognito)
C-SSRS
Combination of above
Interactive Screening Program (ISP)
JED
Kognito Veterans and LGBTQ
local model drawn from Campus Connect & Notice and Respond
Notice and Respond
Psychological First Aid
Received Specialized Suicide Prevention Training
RESPOND
Student Support Network
These are run through residence life, not Counseling Office
Think About It
UPenn ICARE
UPMC RE:Solve Crises Network
We are not doing it yet. hope in the next year
We don't use Kognito as a suicide prevention protocol. We use it more as a mental health awareness tool.
We have used QPR in the past, but not currently.
We have utilized a variety of approaches when it comes to suicide prevention.
We've developed our own with grant funding
Working on integration of QPR

If your center uses an Alcohol/AOD prevention program please indicate which best describes what you do, check all that apply.	Count	Percent
BASICS	152	28.7%
AlcoholEDU for College	121	22.9%
eCheckup to go (ECHUG)	114	21.6%
Campus Clarity (Think About It)	55	10.4%
Other (specify below)	29	5.5%
Choices	24	4.5%
MyStudentBody.com	16	3.0%
Alcohol Skills Training Program (ASTP)	11	2.1%
Alcoholwise	11	2.1%

Other AOD Prevention Programs
Ace IT
Alcohol EDU is provided by our ATOD Prevention Center.
An adapted version of BASICS
BASICS appointments are led by health promotion specialists under my supervision (not counseling staff per se)
BASICS is provided through the Student Health Center; we provide one-on-one services to students with problematic AOD issues.
BASICs with motivational interviewing
Basics, but not completely by the manual
for marijuana we use 3rd Millennium
Harm Reduction model designed at UPenn
Individually developed workshop by Licensed Clinical Addiction Counselor
Let's Be Blunt - Emerson developed program for Marijuana education and harm reduction
locally developed model
Our Wellness program handles prevention programming
Peer Education
Prime for Life
Red Watch Band
SafeHaven
SMART Recovery
Student Affairs has an online program (mandated); Res Life uses Choices; we have a CASAC who provides two mandated visits for hospital transports.
These are run through residence life, not Counseling Office
Thrive
TIPS

Using our own but are in the process of redeveloping it or may look at some of the others noted above.
We have a privately funded institute that deals with AOD prevention that is not done through our counseling center.
We have developed our own group therapy approach
We have developed the STEPS program which is an SBIRT program that uses BASICS.
We have training in BASICS but have not implemented it. We have access to eCheckup but the Conduct Office is the main place where students would interface with eCheckup

Clinical Staff Work Distribution	Mean %
Direct Service (Individual/group counseling, intakes, assessment, crisis intervention, community based services)	
Indirect Service (Supervision, RA/peer/clinical training, consultation, case conferences, case notes and outreach)	
Administrative Service (Staff business meetings, committee work, center management, and professional development)	
Other (Research, teaching, etc.)	
Direct Clinical Service – Expected	61%
Direct Clinical Service – Actual	61%
Indirect Clinical Service – Expected	23%
Indirect Clinical Service – Actual	23%
Administrative Service – Expected	13%
Administrative Service – Actual	14%
Other – Expected	3%
Other – Actual	3%

	Direct Clinical Service		**Indirect Clinical Service**		**Administrative Service**		**Other**	
	Expected	*Actual*	*Expected*	*Actual*	*Expected*	*Actual*	*Expected*	*Actual*
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Under 1,500	65%	64%	19%	21%	13%	14%	3%	2%
1,501 - 2,500	64%	66%	19%	18%	14%	13%	3%	2%
2,501 - 5,000	63%	65%	21%	20%	13%	12%	3%	3%
5,001 - 7,500	59%	60%	26%	24%	14%	14%	1%	2%
7,501 - 10,000	61%	60%	23%	23%	13%	13%	4%	4%
10,001 - 15,000	60%	59%	23%	22%	13%	14%	4%	5%

15,001 - 20,000	56%	53%	26%	28%	15%	15%	3%	3%
20,001 - 25,000	58%	55%	25%	25%	14%	17%	3%	3%
25,001 - 30,000	59%	60%	24%	24%	13%	11%	4%	5%
30,001 - 35,000	61%	59%	22%	22%	12%	14%	6%	6%
35,001 and over	60%	57%	26%	28%	10%	11%	3%	4%

What is your Counseling Center's Proximity to Health Services	Count	Percent
Across campus	160	30.8%
Adjacent, but separate space in shared building	147	28.3%
Shared floor/suite in same building	118	22.7%
Adjacent, but separate building	51	9.8%
My campus does not have Health Services	43	8.3%

Do you believe that your Counseling and Health Services are ADMINISTRATIVELY integrated?	Count	Percent
Yes	159	31.7%
No	343	68.3%

Do you believe that your Counseling and Health Services are CLINICALLY integrated?	Count	Percent
Yes	147	29.4%
No	353	70.6%

		ADMINISTRATIVELY Integrated?			
		Yes		No	
CLINICALLY Integrated?	Yes	**1**	102 (20.4%)	**2**	45 (9.0%)
	No	**3**	57 (11.4%)	**4**	295 (59.1%)

Shared Resource	Integration Type							
	Both		**Cln not Admin**		**Admin not Cln**		**Neither**	
	Count	%	Count	%	Count	%	Count	N %
Support staff	71	69.6%	7	15.6%	17	29.8%	26	8.8%
Webpage	71	69.6%	4	8.9%	13	22.8%	10	3.4%
Marketing materials	69	67.6%	6	13.3%	15	26.3%	10	3.4%
Electronic record-keeping system	64	62.7%	8	17.8%	8	14.0%	18	6.1%
Student Health/Mental Health fee	61	59.8%	8	17.8%	25	43.9%	49	16.6%
Multi-disciplinary treatment teams (meet regularly)	60	58.8%	23	51.1%	16	28.1%	44	14.9%
Outreach initiatives	59	57.8%	14	31.1%	16	28.1%	59	20.0%
Reception desk	59	57.8%	7	15.6%	12	21.1%	26	8.8%
Formal screening and referral process between Counseling and Health Services	57	55.9%	21	46.7%	19	33.3%	68	23.1%
Waiting room	51	50.0%	8	17.8%	10	17.5%	25	8.5%
Learning outcomes and quality improvement initiatives	45	44.1%	4	8.9%	8	14.0%	9	3.1%
Psychiatric services	43	42.2%	16	35.6%	15	26.3%	50	16.9%
Student Health/Mental Health History form	32	31.4%	4	8.9%	5	8.8%	9	3.1%
Clinical outcomes	24	23.5%	4	8.9%	1	1.8%	6	2.0%
Case Manager	16	15.7%	4	8.9%	3	5.3%	7	2.4%
Third-party billing system	14	13.7%	0	0.0%	2	3.5%	1	0.3%

If administratively integrated, who is the chief administrator?	Count	Percent
Director, Counseling Services	49	30.8%
Director, Health Services	41	25.8%
Executive Director/Assist./Assoc. Vice President (not joint appointment with Director)	31	19.5%
Student Affairs Administrator	11	6.9%

Academic Affairs Administrator	0	0.0%
Other	27	17.0%

If other, Who is it?
Administrative Director, Integrated Student Health Center
Assistant Dean of Special Services
Chief Operating Officer (Business background)
Dean of Financial Aid & Student Services
Dean of Student Success is also Director of Counseling Center and oversees Health Services
Dean of Students
Director is the Director of Counseling, Health & Wellness; in other words is administratively the director of BOTH counseling and health. I am a psychologist and provide some counseling services as well.
Director of Counseling = Interim Director
Director of Health and Counseling Services
Director of Health and Wellness
Director of Student Health and Counseling Services
Director, Campus Wellness and Support Services
Director, Counseling & Health Services
Director, Counseling Services AND Director, Health Services are CO-Directors
Director, Counseling, Health & Wellness Services (psychologist)
Director, Health & Counseling Services
Director, Health & Wellness
Director, Health and Counseling
Director, Student Health Operations (of local hospital)
Director, Wellness Center (one integrated office housing counseling, health, health education, and victim advocacy)
Directors of Counseling and Health are co-directors of the Wellness Center
Executive Director is Director of Counseling Services and supervises the Director of Health Services but not integrated
Health and Wellness Services Director
Health Services Director reports to VP of Student Development. I (Counseling Services) report directly to Dean of Students, who reports direct to VP of Student Development.

Outsourced company
Shared jointly by Director of Counseling Services and Director of Health Services
There is a Director at the top, with Counseling Manager and Clinic Manager below.
Two directors one for medical one for counseling
Two equal co-directors- one of Counseling and one for Health with one shared budget

	Executive Director X Integration Type			
	Administratively and Clinically Integrated		Only Administratively Integrated	
	Count	%	Count	%
Director, Counseling Services	24	23.5%	25	43.9%
Director, Health Services	27	26.5%	4	7.0%
Exec. Director/AVP (not joint Appointment)	27	26.5%	14	24.6%
Student Affairs Administrator	5	4.9%	6	10.5%
Academic Affairs Administrator	0	0.0%	0	0.0%
Other	19	18.6%	8	14.0%

If Executive Director/AVP, What Is Their Professional Background?	Count	Percent
Mental Health	32	32.0%
Medical	31	31.0%
Public Health	10	10.0%
Spiritual Life/Divinity/Ministries	1	1.0%
Other (Specify Below)	27	27.0%

Other Professional Backgrounds
Academic
AVP is a higher education professional. Director of Health Services reports to her. I report to him
Both Mental Health (PhD in Psychology) and an ordained priest. He is the VP of Mission and Student Affairs and is over both Student Affairs and Campus Ministry.
Business and Higher Education Leadership

Business degree
Counselor and Nurse
Dental, Public Health
Director has a Ph.D. in Nutrition
He is a VP but I am not sure of his degree
Health education
Higher Ed Management
I believe Education
MBA
Nurse and counseling
Psychology/Divinity/Administration
Recreational Sports/Wellness
Residence Life
Student Affairs in Higher Education

Are psychiatric services available on your campus?	Count	Percent
Yes, located in the counseling center only	194	37.0%
No access to psychiatrists except as a private referral	142	27.0%
Yes, located in the student health center only	93	17.7%
Yes, located in both counseling and student health Centers	45	8.6%
No, but we contract with outside psychiatric providers and pay fee	16	3.0%
Yes, in other places on campus	4	0.8%
Other (Specify Below)	31	5.9%

Other Psychiatric Services
Affiliated with Health Center, but located at a nearby off-campus prompt care facility
Because of the college's financial problems we did not fill the psychiatrist position when our last person left at end of last year. Will fill it when get approval.
Co-located in our combined center
Director of Health Services is a Nurse Practitioner and she does prescribe for some students via referral

Free psychiatric residents available in a special space in community mental health center located near campus specifically for our students
Health Center Family Practice providers will provide psychiatric support
Limited contract with an outside provider via CAPS office (sliding scale private referral); otherwise private referral for those having insurance.
Located at the counseling center and the university medical center
No, but we have MOU with town's mental health office, no fee for students
No, referral through Case Manager
Not psychiatrist, but a physician/nurse practitioner that will prescribe some medications.
Nurse practitioner may prescribe psychotropic medication on a limited and case-by-case basis
Nurse practitioner will prescribe antidepressants to students if cases seem clear cut, uncomplicated. Any complications or previous tx, she refers to community
Nurse Practitioners able to treat anxiety and depression with psychotropic medications, other diagnoses require outside referral.
Once pre month Psychiatric consultant
One Psychiatric Nurse Practitioner considered part of both counseling & health as we are a merged center.
Our PA at the Student Health Center provides medication evaluation and medications for students on a regular basis. Complicated psychiatric symptoms are referred to outside psychiatrists.
Provided by the medical school though an office in health services.
Psychiatric services are available in the Counseling Center, at the outpatient facility of the Department of Psychiatry at the UIC Health Sciences Center on campus, the UIC Hospital Emergency Room on campus provides psychiatric evaluation 24/7, and the UIC Hospital includes inpatient psychiatric services.
We contract with an outside psychiatric provider who can consult with us and offers access in under 2 weeks, however the student pays for the appt. copay, etc.
We currently utilize MHMR psychiatric services which are free to our clients and available weekly on a first come first serve basis.
We have a 1.0 FTE Psychiatrist position funded, but has sat vacant for the past 18 months. Currently, we refer to community.
We have a contract psychiatrist 4 hours a week that goes to Student Health every other week for 1 hour.
We have to refer clients off campus for psychiatric services.
We provide space in our building for a local psychiatric provider to see students. Services are billed to student's insurance.
We refer students to psychiatrist at a nearby university. No contract.
Yes, administratively shared between counseling and health services, located in Health Services
Yes, part of integrated Wellness Center (employed through health but referrals come through counseling staff)
Yes, psychiatrist comes to campus, 2 times per month, but student is responsible to pay for the service. It is not included in their student health fee.

Yes, within our integrated center (given above questions, suggest this as a drop-down choice next year)

How many weekly hours of psychiatric services are available to students										
Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
4.1	5.3	6.3	11.6	12.4	24.4	30.5	44.6	50.8	64.2	84.1

How would characterize the number of available psychiatric hours?	Count	Percent
(1) Non-existent	106	22.1%
(2)	236	49.2%
(3) Exactly where we need them	111	23.1%
(4)	23	4.8%
(5) More than needed	4	0.8%

How would you characterize the number of psychiatric hours that are available on your campus?										
	(1) Non-existent.		*(2)*		*(3) Exactly where we need them*		*(4)*		*(5) More than needed*	
	n	%	n	%	n	%	n	%	n	%
Under 1,500	22	59.5%	11	29.7%	2	5.4%	1	2.7%	1	2.7%
1,501 - 2,500	23	34.8%	26	39.4%	14	21.2%	3	4.5%	0	0.0%
2,501 - 5,000	25	27.5%	35	38.5%	28	30.8%	3	3.3%	0	0.0%
5,001 - 7,500	8	16.0%	28	56.0%	11	22.0%	2	4.0%	1	2.0%
7,501 - 10,000	14	29.8%	23	48.9%	8	17.0%	2	4.3%	0	0.0%
10,001 - 15,000	7	14.6%	26	54.2%	12	25.0%	3	6.3%	0	0.0%
15,001 - 20,000	2	6.7%	20	66.7%	8	26.7%	0	0.0%	0	0.0%
20,001 - 25,000	3	9.7%	19	61.3%	5	16.1%	4	12.9%	0	0.0%
25,001 - 30,000	2	7.1%	16	57.1%	8	28.6%	2	7.1%	0	0.0%

30,001 - 35,000	0	0.0%	8	53.3%	4	26.7%	2	13.3%	1	6.7%
35,001 and over	0	0.0%	24	64.9%	11	29.7%	1	2.7%	1	2.7%

Which record-keeping system does <u>Counseling Services</u> utilize?	Count	Percent
Titanium	341	66.1%
Paper	63	12.2%
Point and Click	47	9.1%
Medicat	42	8.1%
PyraMED	7	1.4%
E-ClinicalWorks	2	0.4%
EPIC	1	0.2%
Other	13	2.5%

Other Record-keeping Systems
Clockwork and Orbis
EAP Expert
InSync
NextGen
Onbase
Original database
Practice Fusion
QuicDoc (DocuTrac)
Star Panel
We store all electronic documents in a group drive. All documents are Adobe.

	Recording-Keeping System X Integration Type							
	No Integration		Only Administratively Integrated		Only Clinically Integrated		Administratively and Clinically Integrated	
	Count	%	Count	%	Count	%	Count	%
Titanium	237	80.9%	36	64.3%	31	70.5%	22	22.2%
Paper	30	10.2%	10	17.9%	4	9.1%	11	11.1%
Medicat	10	3.4%	4	7.1%	2	4.5%	26	26.3%
Point and Click	7	2.4%	5	8.9%	6	13.6%	29	29.3%
PyraMED	3	1.0%	1	1.8%	0	0.0%	3	3.0%
E-ClinicalWorks	0	0.0%	0	0.0%	0	0.0%	2	2.0%
EPIC	0	0.0%	0	0.0%	0	0.0%	1	1.0%
Other	6	2.0%	0	0.0%	1	2.3%	5	5.1%

Which record-keeping system does <u>Health Services</u> utilize?	Count	Percent
Medicat	129	30.3%
Point and Click	98	23.0%
Paper	83	19.5%
Other	46	10.8%
PyraMED	32	7.5%
EPIC	26	6.1%
E-ClinicalWorks	7	1.6%
Titanium	5	1.2%

On-Campus Services Offered		Count	Percent
Personal counseling to all students	Yes	516	97.5%
Consultation	Yes	488	92.2%
Workshops	Yes	456	86.2%
Suicide prevention programming	Yes	412	77.9%
Couples counseling	Yes	398	75.2%
Therapy groups	Yes	393	74.3%
Structured groups	Yes	340	64.3%
Sexual assault prevention	Yes	242	45.7%

Psychiatry	Yes	258	48.8%
AOD prevention	Yes	237	44.8%
Sexual assault advocacy	Yes	200	37.8%
Psychological testing and assessment	Yes	177	33.5%
Career counseling to students	Yes	127	24.0%
Individual study skills counseling	Yes	127	24.0%
Biofeedback	Yes	123	23.3%
ADHD testing and assessment	Yes	116	21.9%
Study skills workshops	Yes	97	18.3%
Career testing to students	Yes	80	15.1%
Teaching (Staff member does not receive additional pay for teaching class)	Yes	78	14.7%
Yoga	Yes	76	14.4%
Family Therapy	Yes	69	13.0%
Learning Disabilities testing and assessment	Yes	67	12.7%

Fee Charged for Service	Count	Percent
Personal counseling	41	7.9%
Personal counseling, fee after certain number of sessions	36	7.1%
Couples counseling	42	8.2%
Family therapy	6	1.2%
Psychiatry	77	15.1%
Career counseling	12	2.4%
Career testing	20	4.0%
Therapy groups	29	5.7%
Structured groups	19	3.8%
Psychological testing and assessment	54	10.8%
ADHD testing and assessment	60	12.0%
Learning Disabilities testing and assessment	43	8.7%
Teaching (Staff member does not receive additional pay for teaching class)	8	1.6%
Consultation	19	3.7%

Workshops	26	5.1%
Biofeedback	5	1.0%
Yoga	2	0.4%

Fee for missed appointments		n	%	Min	Max	Mean
Do you charge a fee for missed therapy sessions?	Yes	101	20.7%	$0	$55	$20
	No	386	79.3%			
Do you charge a fee for missed psychiatry sessions?	Yes	101	26.3%	$0	$200	$38
	No	283	73.7%			

Does your Institution charge a mandatory fee supporting center services? (If yes, please note % supported.)

	School Status			
	2-year community college	Art school	Professional School only	Other
% funded by a fee	Count	Count	Count	Count
100%	1	1	3	4
75%-99%	2	0	0	0
50%-74%	0	0	1	0
25%-49%	0	0	0	0
1%-24%	3	0	1	2
0%	10	2	7	7

Does your Institution charge a mandatory fee supporting center services? (If yes, please note % supported.)

	School Status			
	4-year public university	4-year public college	4-year private university	4-year private college
% funded by a fee	Count	Count	Count	Count
100%	44	14	27	9
75%-99%	27	11	7	4
50%-74%	13	4	4	1
25%-49%	12	5	5	0
1%-24%	16	5	9	7

0%	52	24	83	53

If yes, your Center is supported by a mandatory fee, does the support come from a fee for:							
	Two-year community college	Art Schools	Professional Schools	Four-year public College/Univ.	Four-year private College/Univ.	Both	Other
Counseling Services	0	0	2	15	5	0	0
Health services	5	0	1	83	26	1	1
Student activities	3	1	3	50	51	0	5
Testing Services	0	0	0	0	0	0	0
Other	0	0	0	11	11	1	0

Do you collect third party payments for counseling?	Count	Percent
Yes	20	3.9%
No	497	96.1%

Do you collect third party payments for counseling x School Status?							
	Two-year community college	Art Schools	Professional Schools	Four-year public College/Univ.	Four-year private College/Univ.	Both	Other
Yes	0	0	1	13	6	0	0
No	19	4	13	224	220	2	15
Gross Income:				**$111,800**	**$75,600**		

Has your center received funding from grants or contracts this past year?	Count	Percent
Yes	100	19.7%
No	407	80.3%

If yes, your center HAS received funding from grants or contracts this past year, estimate earnings:	Count
< $1,000	9
$1,000 - $9,999	30
$10,000 - $25,000	19
$30,000 - $49,000	9
$50,000 - $99,999	6
$100,00 – $149,000	9

$150,000 – $200,000	3
>$200,000	10
GRAND TOTAL	**$6,861,316**

What has been the status of your centers budget in the past year? - *Salaries* (cost of living or merit):	Count	Percent
Decreased 7% or more	12	2.4%
Decreased 4 - 6%	12	2.4%
Decreased 1 - 3%	24	4.8%
Stayed the same	178	35.4%
Increased 1 - 3%	240	47.7%
Increased 4 - 6%	21	4.2%
Increased 7% or more	16	3.2%

What has been the status of your centers budget in the past year? - *Operating Budget*:	Count	Percent
Decreased 7% or more	26	5.2%
Decreased 4 - 6%	27	5.4%
Decreased 1 - 3%	51	10.2%
Stayed the same	277	55.5%
Increased 1 - 3%	65	13.0%
Increased 4 - 6%	21	4.2%
Increased 7% or more	32	6.4%

Do you limit the number of counseling sessions allowed a client?	Count	Percent
Yes	62	11.9%
Yes, flexible	220	42.2%
No	239	45.9%

Do you have waitlist clients waiting to receive ongoing treatment?	Count	Percent
Yes	186	35.9%
No	332	64.1%

	What was the maximum number of clients on the waitlist during the year (mean)?
Under 1,500	18
1,501 - 2,500	17
2,501 - 5,000	21
5,001 - 7,500	26
7,501 - 10,000	65
10,001 - 15,000	30
15,001 - 20,000	59
20,001 - 25,000	71
25,001 - 30,000	75
30,001 - 35,000	75
35,001 and over	64

School Size X Number of Weeks Waitlist Occurs

	1 to 5		6 to 10		11 to 15		16 to 20		21 to 30		31 to 40		40+	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Under 1,500	6	54.5%	2	18.2%	0	0.0%	0	0.0%	1	9.1%	1	9.1%	1	9.1%
1,501 - 2,500	13	56.5%	5	21.7%	0	0.0%	1	4.3%	2	8.7%	1	4.3%	1	4.3%
2,501 - 5,000	20	62.5%	4	12.5%	2	6.3%	1	3.1%	3	9.4%	0	0.0%	2	6.3%
5,001 - 7,500	9	40.9%	7	31.8%	3	13.6%	1	4.5%	2	9.1%	0	0.0%	0	0.0%
7,501 - 10,000	7	33.3%	3	14.3%	4	19.0%	1	4.8%	5	23.8%	1	4.8%	0	0.0%
10,001 - 15,000	7	29.2%	6	25.0%	5	20.8%	2	8.3%	3	12.5%	1	4.2%	0	0.0%
15,001 - 20,000	2	10.5%	5	26.3%	4	21.1%	3	15.8%	2	10.5%	3	15.8%	0	0.0%
20,001 - 25,000	5	33.3%	5	33.3%	0	0.0%	3	20.0%	2	13.3%	0	0.0%	0	0.0%
25,001 - 30,000	1	7.1%	1	7.1%	1	7.1%	1	7.1%	4	28.6%	3	21.4%	3	21.4 %
30,001 - 35,000	1	12.5%	3	37.5%	1	12.5%	0	0.0%	2	25.0%	1	12.5%	0	0.0%
35,001 and over	4	22.2%	2	11.1%	0	0.0%	5	27.8%	3	16.7%	2	11.1%	2	11.1 %

Have all waitlist clients received a complete intake?	Count	Percent
Yes	115	55.6%
No	92	44.4%

If you have a waitlist, who retains responsibility for clients on the waitlist?	Count	Percent
The triage person retain clinical responsibility for disposition of the client	49	24.5%
A case manager is clinically responsible for disposition of the client	5	2.5%
A staff team is clinically responsible for disposition of the client	41	20.5%
A Clinical Director or other individual is clinically responsible for disposition of the client	82	41.0%
Other	23	11.5%

		Average Wait Time (# of business days from day 1st appointment scheduled to 1st appointment)					
		N	Mean	Median	Min.	Max.	S.D.
Professional Staff to Student Ratio (20th, 40th, 60th, 80th percentile)	95-830	33	5.91	4	2	48	7.86
	842-1241	33	6.45	4	2	19	3.68
	1242-1630	32	5.81	4	0	25	4.95
	1633-2302	31	7.97	6	0	28	6.99
	2304+	29	7.86	7	0	20	5.03
	TOTAL	158	6.77	5	0	48	5.91

		Average Wait Time (# of business days from day 1st appointment scheduled to 1st appointment)					
		N	Mean	Median	Min.	Max.	S.D.
Professional Staff + Trainees to Student Ratio (20th, 40th, 60th, 80th percentile)	95-700	34	6.03	4	2	48	7.78
	842-1241	33	6.03	5	0	19	3.69
	1242-1630	28	7.43	5	0	28	6.60
	1633-2302	37	6.62	6	0	25	5.20
	2304+	25	8.52	7	2	22	5.50
	TOTAL	157	6.82	5	0	48	5.90

	Average Wait Time (# of business days from day 1st appointment scheduled to 1st appointment)					
Do you limit the number of counseling sessions allowed a client?	N	Mean	Median	Min.	Max.	S.D.
Yes	20	6.85	6	2	15	7.78
Yes, flexible	62	7.65	5	0	48	7.72
No	80	6.50	5	0	28	5.25
TOTAL	162	6.98	5	0	48	6.15

Do you provide telepsychology provision of clinical services?		
	Count	Percent
Yes	50	10.1%
No	444	89.9%

Description of Telepsychology services
After hours phone line.
By landline phone only and only within state border.
Counselor on call 24/7 - accessed through Public Safety - for psychiatric emergencies, although it has been used for an increasing number of non-emergencies lately (e.g., panic attack, emotional overwhelm)
For educational purposes we host online screenings; Student Health 101.
Have secure service to provide online counseling for distance learners and branch campus students living in Idaho on an as needed basis.
Interactive Screening Program
Occasional tele-counseling with students enrolled at distance campuses.
On-line screening forms on website
Online counseling for 3rd and 4th year students on rotation
Only in rare occasions.
Phone counseling sessions for students who are placed at internships sites across NYS.
Phone sessions
phone sessions available
Phone triage, follow up therapy and follow up psychiatry appointments are provided by phone in extenuating circumstances. Case management services are provided by phone or in person routinely.
Pilot of Silvercloud online mental health modules.

Regional Campus Support
Scheduled tele-therapy sessions as needed with existing clients
Services are offered to those online students living in the state of Ohio through the use of VSee
Skype sometimes with students who are on another campus and who we have previously followed on a different home campus
Mind Tracker
TAO Connect
Telephone and video counseling
Medeo
Utilize VSee to those students who may be in distributed campus locations but still in state to receive services
We do have self-led, on-line stress management and anxiety workshops via our website. However, these do NOT involve interaction with a mental health professional.
We do use TAO, but the use has been minimal so far.
We have an outpost on a branch campus and coordinate with them to provide teletherapy to main campus students studying remotely. It is a negligible number of contacts. Maybe 1 per month.
We have one counselor specializing in telepsychology. We use secure Adobe Connect, approved by the University. According to current Indiana statute her license does not cover telepsychology outside of the state.
We provide telepsychology (counseling) and tele-psychiatry
We Skype with students studying abroad.
We use telephone, video and chat services. Also stream our group sessions and meditation sessions
WellTrack
Will be implementing in 2016-17

Does your center contract with an after-hours call service?

	Count	%
Yes	148	28.1%
No	378	71.9%

If so, which after-hours call services?	
ProtoCall	125
Local crisis Response	5
EMPACT	2
First-link	2
Fon-Med	2
Baton Rouge Crisis Intervention Center	1
Call SAM (Student Assistance by Mercy)	1
Canvas Health (Minnesota)	1
Carebridge	1
ComPsych	1
24 Hour Nurse Line	1
Employee Resource Systems	1
Kansas Health Solutions	1
NurseWise	1
Optum	1
Sirona Health	1
We do have our own student-run support line but is not considered clinical	1

Crisis hotline availability			
		Count	Percent
Is there an active crisis hotline available in your community that students can use?	Yes	449	91.4%
	No	42	8.6%
Is there an active crisis hotline available provided by your campus students can use?	Yes	220	44.6%
	No	273	55.4%

Has your center transitioned away from the DSM-V to the ICD-9/ICD-10?		
	Count	Percent
No. We do not use either	188	39.1%
No. We will continue to use the DSM	196	40.7%
Yes. We are beginning the transition	38	7.9%
Yes. We made the transition and are now using the ICD-9/ICD-10	59	12.3%

Describe outreach initiatives your center is doing to promote early mental health intervention across all campus constituents.
Give multiple “dealing with distressed student” presentations to all campus stakeholders. Speak to parents and students at the mandatory freshman orientation sessions during the summer. Advise the Active Minds chapter on campus and coordinate campus mental health initiatives (e.g., Mental Wealth Week, Send Silence Packing, Out of the Darkness Suicide Prevention Walk, etc.). QPR training offered across campus.
A majority of first year students are required to complete atRisk gatekeeper training as part of first year course. We actively promote Suicide Prevention Week, culminating with AFSP Out of Darkness Walk, plus many other suicide prevention activities. We provide Mental Health First Aid training to about 250 faculty/staff/students per year.
Hold orientation and outreach efforts, Voices Against Violence program and Theatre for Dialogue program, and we have Bystander intervention initiative.
Implementation of SAMHSA suicide prevention and mental health promotion project that involves gatekeeper trainings, targeted outreach to underutilizing and higher risk student groups, developing peer networks, increasing visibility and accessibility of mental health resources, inter-departmental collaboration, and campus wide awareness campaigns.
The university has a wellness collaborative that pulls together several departments in a coordinated effort to target campus wide programming on topics related to wellness. This year, the focus of the yearlong programming was 3-fold: substance abuse, suicide, and sexual assault. The counseling center is a part of this collaborative, allowing us to offer expertise and programming while the collaborative supplies funding, staffing, marketing, and organizational support.
Speaking to student groups about stress management and mental health.
Training with housing staff and other offices; presentations to groups (athletes, Greek, etc.) and in classrooms.
We offer programming on resilience; recognizing, responding, and referring students in distress.
Step Up bystander trainings
Kognito training for all student leaders, new faculty, and department administrative assistants. We started using TAO this year to help some of our students with less severe concerns learn coping skills before a crisis happens. Providing training on panic attack and anxiety de-escalation (a frequent issue with our students) to RA's and other student leaders.
We engage in screening days across the year (e.g., depression screening), along with providing programming and tabling events related to mental health issues. We also have just started Jed Campus, and are trying to include more individuals on the academic side in our efforts (early identification, referral, etc.). I have as director had the opportunity since my arrival to speak with all the academic Deans and department heads at the President's annual retreat, to the Faculty senate as well as to various other constituencies on campus about student mental health. These are ongoing efforts.

The college has a peer counseling group through the office of health and wellness education. Additionally, that office leads the Green Dot program bystander intervention.
Our center presents at Orientation in multiple sessions and works with Campus Living to provide education to RA's. We also present to classrooms and offer consultation to faculty and staff for students of concern.
Educational fliers placed in all residence hall rooms. Offer monthly psycho-educational seminars, info table programming, Web promotions, and Motivational Monday Twitters.
Supporting Active Minds and training Medical Clinic's peer health educators/coaches. Addressing mental health at orientation events and other large audiences.
Tabling events, stress free zones, advertising relaxation room/massage chair we have, psychoeducation via "toilet talks" info in bathroom stalls, suicide prevention efforts, red flag campaign, Wellness Fair co-sponsorship w Greek organizations, alcohol screenings.
Our staff participates in yearly RA and Peer Leader Training, which include suicide prevention and intervention training. We host workshops for first year students (First Year Forums). Stress and Anxiety workshops throughout the year. Tabling during new student orientation and first week of fall quarter.
Provide presentations regarding services and resources at orientation and to classes as requested by professors. Workshops such as: study skills, time management, test anxiety, stress management all have information on managing stressors, office resources etc. Offer an open house at beginning of semester to introduce office to campus. Provide in office screenings for ADHD and eating disorders, online screenings for alcohol use, eating disorders, PTSD, anxiety depression and bipolar disorder, and in person screenings for alcohol, depression and anxiety. Have presence at university Health Fair offering information, resources and screenings, along with Mental Health Awareness Week including a mental health fair and a stress-less fair. Participated in a campus wide Kognito Student at Risk Training initiative - trained 272 students, faculty and staff.
Fresh Check Day, training on suicide prevention, faculty and staff workshops, skills groups.
QPR Biannual wellness weeks focused on stress mgmt. and health behaviors.
Continuing to provide training to students, as well as outreach to all first year seminars, RAs, coaches, and faculty.
Fresh Check Day, Bystander Training, Relaxation Coaching, QPR.
We offer various trainings as well as wellness and meditation activities throughout the year.
Utilized Well-Track (online and app format) tool for self-directed intervention for anxiety/depression; offer RA training and workshops to recognize issues early on participate in orientations to train faculty/staff.
Counseling Center Director is member of Students of Concern Committee. Staff is heavily involved in RA training for mental health first aid, and conduct Student Support Network peer helper program.

Participate in orientation for residential life staff; orientation for first year students; provide orientation and advising to Active Minds that provides peer programming in the residence halls and works in collaboration with Counseling with its outreach activities. Provide Fresh Check Day annually and bring dogs to campus once a month. Attend “knotty problems” workshops with faculty each semester.
Our staff administers the College Adjustment Scale to all first-year undergraduate students to identify students who might be at risk. We invite these students to meet with a counselor to talk about any adjustment issues. We offer QPR early in the first semester. We also offer a curriculum "Behind Happy Faces" to students on a voluntary basis.
Move-in weekend offer sexual assault and AOD presentations; run AOD awareness campaigns (e.g., BAC, Alcohol poisoning, social norms) and AOD prevention programming in residence halls and campus wide (e.g., Mocktail bingo, Hallowellness); provide sexual assault prevention programming in the residence halls and campus wide; offer support for student groups and clubs (e.g., yoga, Good Times committee); run skills and stress management groups, and Residence hall programs on various topics.
Offer Mental health first aid, mental health 101, mood check challenge, and green mindfulness.
I participate in orientation of almost all programs with workshops of 1-2 hours in each. I discuss learning, memory, stress, test taking and advertise heavily the availability of counseling. Throughout the trimester I offer other workshops and guest lecture in courses which reach 75% of the students on campus. I also post flyers about counseling services and contribute to the student newsletter with a "counselor's corner" article.
Suicide prevention training, mental health awareness training (like mental health first-aid), E checkup to go and other AOD services, peer counselors. We have also helped create a grass-roots staff and faculty group called the Care and Support Team. Members are faculty and staff interested in learning about the developmental struggles of our students and learning about ways to advocate for and engage with these students.
We primarily use tabletops in well-traveled areas throughout the day (we cannot get students to show for workshops on campus or in the residence halls); last year we blitzed sporting events and we regularly attend homecoming football games and our spring celebration; other students see us in the cafeteria.
We have trained about 1500 students, faculty and staff in Campus Connect to expand the number of individuals on campus who are trained to respond to students demonstrating some kind of mental health concern.
Certified Peer Health Educators
Training of student leaders on how to recognize and respond to distress (RAs, peer ministers, orientation leaders, intercultural affairs student leaders); outreach programs like Fresh Check day, various stress management programs, health fairs; training for faculty and staff on how to recognize and respond to distress. Our campus has a health educator (different dept.) who also assists w/ mental health programming like QPR.

We meet with the incoming freshman class multiple times within the first semester, as well as offer training to faculty and staff to help them recognize the signs of mental health problems. We also have a 'CARE' team on campus and encourage faculty and staff to report students that they are concerned about.
Offer regular workshops for faculty, staff, and students about how to "Recognize and Refer: Helping Students of Concern," market the Campus Assessment, Response, and Evaluation (CARE) Team (behavior intervention team), and offer workshops on stress management and related topics. Also provide tabling activities.
Concern team, and online mental health course for incoming students (encouraged but not fully required or mandated). Workshops are offered such as "Beat Stress for Academic Success," and "Coping with College" series which includes communication skills. Distress tolerance, mindfulness, substance abuse education, sleep hygiene, etc. Mental Health Awareness Week activities, and Alcohol and Marijuana Workshops.
Kognito suicide prevention and campus-specific PowerPoint presentations for faculty and staff.
We provide mental health screening, awareness campaigns and information dissemination, as well as workshops and presentations.
We work closely with Active Minds. Provide a Self-Care Fair every semester to provide information about prevention, and a Fresh Check Day in October. We also meet with professors to discuss Recognizing and Referring student in distress, and with Campus Police to discuss Response to Students in Distress.
Guest lecturing in required course for all students on depression and anxiety. Exploring using elements of Therapist Assisted Online with non-clients (e.g., RAs, Freshmen, etc.).
Gatekeeper training with RA's and other student leadership groups; gatekeeper training with faculty and staff.
We work closely with the student group Active Minds. We train the Resident Advisers. We do training sessions for staff and faculty.
Increased web-based resources; ISP; and contact w/ all 1st year students through freshman seminar.
Sexual assault prevention, including consent and bystander intervention. Alcohol and drug awareness programs. Suicide prevention program, and depression screening day. Eating disorder awareness/body image programs.
Activities include: QPR for students and open to faculty and staff; consultation at Student of Staff members train residence life staff; serve on the campus ICare team; conduct mental health awareness/bystander training for faculty/staff/students to direct students to resources.
Mental Health Screenings both on line and in person.

We have an assigned CAPS liaison to all of our cross-cultural centers and offer many weekly support groups. We have a trans support group, an Asian student support group, a womyn of color support group, an international student support group, etc. We also have a visible presence in many of the centers-- e.g., the liaison will eat lunch there once a week or will offer drop-in hours.
We are expanding treatment options to include online CBT therapy. Partnering with Active Minds and other organizations (e.g., JED, NAMI) to raise awareness. Providing programming on national screening days (e.g., Depression). Annual outreach programming and training for university constituents (new faculty orientation, study abroad faculty, QPR, parents, campus ministry, athletics, residence life).
QPR, MHFA. Training RAs. Extending services to "satellite" campus locations. Presentations on our services as well as specific topics.
RESPOND Program education for faculty and staff and GA's. Active Minds organization for students. We provide a lot of outreaches for students across campus. We also run Depression screening day, and Eating disorder screening day. We had 82 outreach activities and 2,316 students reached during these activities.
Will soon be implementing Kognito.
Provide Mental Health First Aid.
We are integrated into Campus Health. CAPS does online screenings as well as screenings on campus 2x/year. All medical visits in the clinic are screened for depression using PHQ-9 and all elevated scores are sent and screened by CAPS and our care coordinator follows up with student. We do orientations for freshman, transfer students, international students. We train Residence hall assistants and Residence Life Community Hall Directors. We meet with many faculty and departmental groups (on request). We have awareness days around a multiplicity of issues, and offer tabling re at other campus events. We do presentations on stress management and other MH issues and also presentations just informing people about CAPS services (on request). We write articles for the e-publication that our Health Promotion department creates and sends to students. We participate in annual MH Awareness week events. We offer WellTrack, online MH modules free to all campus constituencies. In addition, we have created a group called Mindful Ambassadors, who teach mindfulness techniques around campus. We have dedicated consultation relationships with Study Abroad, the multiple cultural centers and a faculty consult program called Call and Consult. CAPS director sits on the BIT team. We maintain close consulting information sharing and relationships with police dept., disability resource center, and women's resource center.
Signature Events: Health Knight Expo; Field of memories suicide prevention; Dogs and Paws Stress free time; BLACK series and Institute; Sex Positive Week; NEDA week; QPR; Healing Arts show.

Participate in Mental Health Fair (over 50 community providers provide resources; over 400 attendees annually), NEDA Week (resource tables with community and on campus vendors; annual screening of Someday Melissa film), Collegiate Alcohol Awareness Week, Week of Welcome (WoW) -resource table, New Student Orientation (NSO) resource table, Suicide Prevention - Lead suicide prevention task force (draft policy, upkeep of suicide prevention website, plan annual suicide prevention events, ensure outreach tables at campus events for outreach distribution of materials) and World Suicide Prevention Week (film screening; temporary semi-colon tattoos; outreach table with community vendors on-site). Also offer Depression Screenings, AoD Screenings, ED Screenings, and Veterans Week of events (resource tables).
Send invitation to take screening through Interactive Screening Program (ISP).
1. Free online screenings; 2. Talk to first year student classes about counseling center; 3. Awareness booths during awareness weeks/months; and 4. QPR trainings.
Self-Care Fair in 2016 (will be held in collaboration with Fresh Check Day program in 2017); collaboration with CardsSpeak, a new suicide prevention program out of SAMHSA grant; and depression screening day.
Pre-screening all incoming student athletes with GAD-7 and PHQ-9.
We do not have anything structured in place as of yet. This will be part of our strategic planning in the future.
Comprehensive, public health approach to suicide prevention and mental health promotion; mental health task force; counseling center actively participates in university and divisional well-being initiatives; establishing a student health advisory board to partner with students about how to better serve students.
Members of the CC are trainers in REACH a home grown gatekeeper/suicide prevention training. We provide daily drop in workshops that all students are invited to attend.
Counseling center web page with info for Faculty/Staff Online Outreach requests for Classroom presentations, as well as depression and anxiety screenings in Fall and Spring.
RESPOND gatekeeper training for faculty, staff and students
Suicide Prevention Initiative, University Suicide Task Force.
Collaboration with wellness unit in screenings, outreach programs, social marketing campaigns. Development of peer support training program within academic schools and with athletes.
Outreach efforts, Helping Students in Distress for faculty, staff and students. Work with peer counselors, and build alliances with student organizations such as Active Minds.
Campus Connect training to student leaders (most notably RA's). Kognito gatekeeper training to as many faculty, staff and students as possible (just began this year - slowly progressing with this). Use of website and social media accounts. Various outreach tabling events, awareness efforts throughout the year.

Collaboration w/ campus departments; student health education and promotion; student leader trainings or ways to connect to CAPS; outreach to underserved populations; introductory packets at orientation; trainings for staff and student leader trainings.
Created weekly drop-in workshops focused on topics aligned with most common presenting issues.
Work with Wellness Institute, QPR, trainings of student staff and first responders.
Presentations for faculty, training for staff on communication with students, e-mail magazine for faculty and staff, introduction at student orientations, psychoeducational classes.
Campus wide programming to raise awareness, emails from counseling department offering support to students on academic probation & during high stress times (exams).
UMatter is the outreach arm of the Counseling & Wellness Center. Peer educators give presentations designed to reduce mental health stigma and boost resilience, and we host two major events each year. We are currently designing an online, self-directed course to promote self-regulation and resilience.
1. Outreach to housing and training of RAs on recognition of mental health difficulties 2. New campus wide suicide prevention and mental health awareness 3. Presentations on LGBT student struggles in a religiously conservative environment
Continue to educate faculty and staff as well as students through the It's On Us campaign and other outreach efforts; screenings by Student Health staff. Targeted outreach to residential students.
Participate in a myriad of outreach and informational sessions, in the "Don't Cancel Your Class" initiative, with Active Minds and with Student Life Committee and other groups on campus.
We present up to 20 or more programs to targeted groups (multicultural academic program, first year seminars, and residence halls) and also maintain presence at/cosponsor mental health/social issues programs that are sponsored by student and/or academic organizations.
We do multiple things. We employ specific mental health educator. Activities include many activities around mental health awareness, national depression screening day, take back the night, sexual assault awareness month, domestic violence awareness month. When requested, therapists present in classrooms, particularly to first year students.
Partnering with Veteran's Center to provide mental health wellness information. Educating instructors and staff about mental health wellness and services available to students on campus. Partnering with Multicultural Resource center to provide mental health wellness information. Partnering with Multicultural Resource Center to mentor student groups who research mental health wellness information and then present that information to their peers. Classroom visits to introduce students to services available on campus. Introduction and training to campus security staff. Introduction of services during New Student Orientation. Introduction to services and mental health wellness information to all new faculty.

We post information on social media accounts, participate in the Screening for Mental Health, are invited to present as guest lecturers for different student organizations, and do passive programming via posters.
Peer Educators address a variety of alcohol/drug abuse and mental health issues with passive and active programs on resilience, body image, sexual assault, substance use/abuse, relationship skills, etc. Counselors provide a limited number of such workshops and (primarily the director) consults with faculty, staff, and parents as appropriate.
How the Health Are you NIU? A fun and interactive day designed to promote health and wellness holistically, with focus on self-care, depression screening, and social connectedness. No Shame campaign, PSA campaign in collaboration with Student Association Departmental trainings for faculty and staff. Student of Concern Team trainings for faculty and staff. Social outreach discussions/gatherings targeted to underrepresented groups- first generation students, international students, and monthly therapy dogs event.
Mood check-ups during National Depression Screening Day, Outreach tables for stress management, sleep hygiene, Put Stress to Rest Fair, Pet Therapy events.
We have a Gatekeeper program offered to Faculty, Staff and Students. We also offer C-SSRS (suicide assessment) training to first responders, gatekeepers, various student offices and Res Life Staff. We have a MH Peer Educator Program that offers a variety of prevention and education programs across campus.
We provide programming for parents and students at orientation, QPR training for students, faculty and staff Kognito for students, faculty and staff. Training also specifically for RAs, Peer Ministers and Athletes. Resiliency speaker for faculty and staff. Mindfulness program for BRIDGE students at orientation (pilot program).
We have a robust peer educator program "Wellness Educators," train resident advisers and resident directors, provide resources to new faculty orientation.
Our clinicians do outreach presentations on signs and symptoms of mental illness for different campus employees who may be in a position to refer students to counseling services.
We have a Be There program that connects students to resources through bookmarks and posters, we train resident advisors and other peer educators, faculty, and staff on signs of distress, making referrals, etc. We meet with parents during orientation and contribute to parent newsletters.
1. Present to first year students Psychological Boot Camp to educate students the demands of professional school and potential emotional and psychological stressors and impact on students. 2. A Wellness presentation in our medical school halfway through their first quarter to help them recognize stress, anxiety, depression and strategies to consider for health and wellbeing. 3. Mindfulness group.
Very large entertaining and informative outreach event during welcome week -- we call it Sex, Drugs and Rock and Roll. We sponsor it and collaborate with many campus partners. Many outreach activities for faculty and staff. Free workshops in popular campus locations.

Creating PSAs with the Office of Health Education for a VC Thrive campaign; Tabling and programming around resilience building and stress management.
Campus Connect training for RA, GA, peer educators, learning services GAs, pet therapy events, posters, wellness fair attendance, tabling in student center. Provided mental health and AOD prevention workshops for faculty and staff.
Let's Talk, Depression Screening Day.
Outreach Workshops on Self-care, Wellness Management, Strive to Thrive.
Attempted to implement CU Thrive but it was underutilized by students. MH outreach, education. Brought Frank Warren/PostSecret Live
All faculty and staff are offered or provided early intervention training. All new employees are offered early intervention training.
Healthy Monday outreach weekly; student run club "Wellness Ambassadors;" Resiliency Group.
Provide a live stress, mental health, and suicide prevention session for all incoming freshmen and online session for all transfer students. The Kognito At-Risk program for students and for faculty/staff is available and promoted.
Conduct mental health, body image screenings; tabling; workshops/presentations; develop relationships with campus partners; liaison-ships and satellite clinics; training for peer mentors, RA's, victim advocates, etc.
We have a contract with WellTrack and have promoted this via email, presentations to faculty and staff, and programming with our SGA.
Classroom presentations, AlcoholEdu, mental health and substance abuse screenings, peer educator training and program support.
Enhancing our suicide prevention program centered on QPR. Developed and implemented Stress Management programming and currently partnering with campus partners to promote workshops outside the center
Emotional intelligence training in our University 101 classes.
Psychoeducational workshops in classrooms and departments. Helped establish Active Minds (RSO) at our campus this year.

Describe initiatives your center is doing to promote social justice within your campus community.
This is a sensitive topic within our Division of Student Affairs and University. We have a new Chief Officer for Inclusion and Diversity, and we will be following her lead as supported by our Vice President for Student Affairs.

Center staff are active on various university committees and liaison to various social justice oriented student groups.
Participation in dialogues through Office of Multicultural Student Engagement.
We provided support at a lot of functions this fall. We also added a diversity/multicultural postdoc position and are proposing a staff position to be more active on campus and in outreach.
Collaboration with Multicultural Affairs office and Student Groups on Social Justice initiatives and programs.
Working with other student affairs depts. to encourage conversation re: racist concerns.
We are engaging in a formal process on dismantling racism to understand the ways that white supremacy is inherent in our organizational structure and systems. We attend support rallies and post statements of the ways that discrimination, marginalization, and oppression impact student mental health.
We partner to provide programming with Multicultural life and diversity as well as help students advocate for themselves when issues arise. Also, de-identified concerns are brought up the administrative ladder to help identify ongoing issues across campus (such as student problems with faculty, in housing or with other students).
We have two offices at the cultural center on campus in addition to having a social justice statement on our website and mission statement.
Several staff members are consulting with student groups who are working to promote change on campus. The staff also started holding brown bag lunches in-house in order to process issues related to social justice amongst each other to manage their own reactions and prepare for work with students.
Reaching out to underrepresented groups through outreach, support groups and informal contact. Clarifying our stance on our webpage. Working on committees that address underrepresented populations. Networking with university personnel to meet the needs of these students. Offering service beyond our typical limit for these students.
Campus conversations and Safe Zone along with advocacy efforts.
Ghostlight Project.
Director here is on Diversity and Inclusion Council, and other mental health clinicians are on working groups to promote social justice in our community.
Co-sponsorship of programs with university Chaplain and Office of Diversity and Inclusion (i.e. town hall meetings, etc).
Partner with Multicultural affairs to have staff work a social justice retreat.

Partnered with Student Athlete Advisory Committee to train students as One Love Escalation group facilitators and then offered a campus wide screening event of the One Love Escalation video. Broke into small group to process impact of domestic violence on campus, signs resources etc. to promote bystander intervention and awareness. Sponsored a Q&A session with Campus Police and local prosecutors regarding sexual assault laws, reporting, protecting self and community resources.
Intergroup dialogue work at orientation, collaboration with other offices.
Heavily involved in providing services and visibility at events around LGBTQIA, gender, personal violence, safety/respect/consent. Gender Spectrum Support Group LGBTQ support group Partnership with Women's Resource Center events around gender equality, sexual assault prevention. Have an informal but well established liaisons with cultural centers - participate in events for visibility, solidarity, vigils, etc. Director recently wrote and published open letter on Campus Health/CAPS website/social media indicating awareness of impact of recent events in Washington, DC and reminding students of the reasonable nature of feeling upset and highlighting CAPS as a site for support/help with distress Collection program for Campus Pantry (campus food bank).
We have also helped create a grass-roots staff and faculty group called the Care and Support Team. Members are faculty and staff interested in learning about the developmental struggles of our students and learning about ways to advocate for and engage with these students.
Weekly intercultural seminar training for staff and trainees; frequent collaborators with Intercultural Center and Gender and Sexuality Center; members of the staff are part of the Bias Incidence Response Team, Campus Allies Training and Diversity Engagement and Community Outreach committees; collaboration across departments for various training.
Outreach to underserved student populations; support groups for underserved and specific minority populations. Partnership with underserved student academic program.
We offer a four-hour Diversity Institute 2x/year, Ally Training 2x/year & a Cultural Café discussion group 8x/year. There is a Race Relations statement on website that is modified based on current events. Offered 1.5-hour Election Debriefing. Serve as main source for consultation for how to address the impact of national events on student wellbeing.
One of three offices that constitutes Counseling Services if focused on preventing sexual assault and promoting healthy relationships. Another of the three offices has some focus on racial disparities in SUDs sentencing in society. The Counseling Center embraces a multicultural affirmation in our environment and is permeated throughout our practices from intake to termination and across primary, secondary, and tertiary prevention.
Participation in World Cultures Day, facilitating dialogue (recent presidential election), outreach activities with international students.
Involvement in committees and departments directly involved in addressing social justice issues. Sending out letters of support to community to address psychological impact of racism, sexism, and homophobia.

We partner with our college's Arcus Center for Social Justice Leadership for several events throughout the year. We regularly attend and provide support for students attending social justice related events. We provide self-care workshops for activists on campus.
Provided staff support for "town hall" meetings across campus promoting dialogue around difficult topics.
We sit on a number of committees addressing these concerns. We partner with the directors of our diversity centers to support campus initiatives. We take every opportunity with administration to talk about the concerns we hear students raise around social justice concerns.
Serve on President's Commission on Race, and Tulane Values and its campus climate subcommittee. Collaborating with Offices of Multicultural Affairs and Gender and Sexual Diversity. Serve on the Student Affairs Diversity Committee. Offer groups targeting under served and marginalized students.
Supported protestors and concerned students prior to, during and after campus protests drawing national attention to our campus through counseling services, alliances with campus partners, training, consultation, crisis intervention, presence and tangible physical and emotional support in helping students from all perspectives.
Collaborations with Diversity Centers to provide support during events, along with presence during on-campus rallies and demonstrations. Work with Office of Diversity & Equity to develop Bias Incident Response Team for campus community. Facilitate Dialogues on Diversity Series sponsored by Diversity and Equity.
We deliver ally training for campus and all RA's each year.
Workshops, talks, open forums and tables with information related to the topic for the community.
Supporting oppressed/marginalized students in therapy. Training others to be aware/sensitive/inclusive.
We are considered a "safe place" and all of the cc staff are involved in the committees that make decisions and put together programming for social justice including diversity and inclusion, "campus sanctuary" discussions/planning and outreach initiatives that promote equity across campus.
Initiating Food pantry on campus; starting task force for Foster Care Youth Services on campus; increasing resources for first-generation & at-risk students through collaboration w/ Center for Student Success.
Engagement and hours at the Diversity Office. Collaborating and co-programming with other departments in social justice initiatives. Continue to fight for maintaining no fees for mental health services for equal access.
LGBTQ inclusion and support efforts, advocacy.

Try to have strong supportive presence at events and programs around social justice themes; supporting and rotating facilitation of a biweekly social justice themed brown bag lunch along with intercultural affairs and several depts.; reviewing policies, forms, brochures for inclusivity.
Offered microaggression workshop.
Work in close collaboration with the Office of Intercultural Education (I am the Dean) and provide joint programming. Work with student groups. I am the advisor to the Multicultural student leader on campus and work in collaboration with administration and students around social justice issues.
We try to be a visual part of community meetings to address these issues. We are purposeful about the posts that we have on Twitter and Facebook to cover an array of social justice issues.
Shared Student Affairs Initiative on Diversity, and serve as a member of Diversity Task Force.
We are involved with the Office of Inclusion and Diversity and with our Office of Mission and Ministry to promote social justice across campus.
Offer discussion Groups for Multiple Identities, a Racial Dialogues group, training in Brave Space for staff members, and Diversity and Inclusion Training for staff members. Also, collaborate with Cultural Center for programming.
We partner with campus offices to address issues of social justice on campus (e.g., a vigil after the Pulse nightclub shooting) and regularly post information identifying resources on our website for students who might feel they are being unjustly treated on campus or in the community.
Work with our Student Involvement Office to participate and support efforts through their office.
Collaborate with various departments such as Equity and Diversity and Theatre to provide and support diversity initiatives. Take Back the Night; Safe Zone training; LGBT Ally Training.
We are active participants on campus-- we play a role in the Campus Dialogue on Race, offer workshops through the Social Justice Summit, etc. and take an active stand on these issues (e.g., I wrote a Post-Election letter that addressed civil rights that posted to our CAPS website).
Have "InReach" at the CC. Staff will discuss different issues and things that have occurred across the world and their impact on us as clinicians as well as on clients and the campus community. Have posted statements on the Center website after events have occurred which impact the campus community.
During orientation, presence/introductions at community dinners to let traditionally underserved communities know that the counseling center cares about their experience on campus. We started "Let's Talk" drop-in consultations this year.

Messaging section on our Counseling Center homepage (“A Message to Staff, Faculty, and Students”) that speak to social inequities that may negatively impact our students and lets students and the campus community know we are here for them.
Attending and presenting in social justice trainings (e.g., working with undocumented students). Cultural competency training on and off campus. Participating in all-campus events such as the response to the shootings in Orlando. Strong relationship with our diversity center. Posters in our center communicating social justice values (e.g., "Hate has no home here.")
Creating safe spaces for dialogue. Advocating our center as one of the only places for confidentiality. Empowering students to join organizations where their experience is validated.
Developing statement for website reflecting value of social justice and commitment to culturally informed services. Presence at events related to recent political climate.
The Center is the leader in the campus' Culture of Care Network, promoting tolerance among all students, staff, and faculty.
Several of my staff are Safe Zone trained, and others have attended in various social justice education opportunities. Two of my staff (includes myself) have taken advanced training in how to lead social justice awareness and action talks/groups on campus.
Recently advertised services to students who may experiencing stress from election. Did targeted outreach events to underserved students groups who were impacted by election.
The promotion of social justice is part of our Mission Statement. Integrated in all of our work. Social justice is not something do it is something you live.
Statement of inclusion on website; team with Women's/Multicultural center for "Brave Space" conversations.
Goals in Action program strengths-based intervention to enhance educational success of students on academic probation.
BLACK Series and Institute; Sex Positive Week.
RAINN Day events, Sexual Assault Awareness Week and DV Awareness Week.
Providing letters of support for transgender students; partnering with Academic Affairs to obtain assistance with copays/medication, etc. for low-income students.
Attend social justice events (e.g., rallies, protests, memorials) to provide individual support as needed and demonstrate collective support; participate on campus climate committee; director serves as consultant to VP and others when drafting messaging to students and university regarding diversity and social justice; provide a dialogue group for women of color; provide a non-clinical support group for LGBTQ students.
We are offering a support group to students who are struggling with the current Trump Administration executive order travel ban. We have offered pop-up support groups after the new Administration came to power.

Part of sexual assault prevention and bias response teams. Assist/attend/support social justice efforts and gatherings.
Collaborating with Student Affairs; programs with Multicultural Programs and Services including research team from Ferguson and Stir Fry diversity training from Ca; support Martin Luther King programming.
Staff work with student groups on social justice programming. Staff also make presentations to campus constituents to promote social justice.
We mostly align with other organizations who have this focus in their organization (for example, a women's group that does Take Back the Night or student associations that host activism events). We consult with the university and student leaders and offer ideas for how we can support efforts.
Executive Director sits on campus climate network committee/board; provides training on micro-aggressions and mental health; outreach specific to community; postvention and community intervention when issues to campus climate arise.
We have trainees who do a project each year. We have staff with relationships to key offices and groups on campus to address social justice.
Campus debriefings, social justice bulletin board.
Diversity statement on website. Statements on social media accounts. Outreach with under-served populations. Supporting student groups that promote social justice and/or are under-served.
We are in the beginning stages of partnering with and educating campus partners about the concept of equity and how it relates to competent completion for our students.
Our counselors sit on several social justice-oriented committees on campus, including the Transgender Task Force, Black Faculty & Staff Association, and the Student Affairs Diversity Affairs committee.
Programs include education about LGBTQ issues, sexual consent, and effects of hate speech.
Participate in events/activities in support of targeted groups (e.g., community forums on mass shootings, anti-deportation; op-eds on anti-misogynistic/homophobic/xenophobic/racist incidents, etc.). Workshops on implicit attitudes/bias; multiculturalism.
Programming around Title IX issues Collaborative programs with faculty from sociology, theology, psychology and multicultural student services staff that addresses variety of relevant social issues from several perspectives, including mental health.
Have a presence at Black Lives Matter events; partner with our Diversity and Inclusion Office for programming. Promote campus and community events and groups on our social media.
Disseminate information following public events, participate with campus community in protests, attend forums, sit on policy committees, and invite students affected by events.

Large multicultural outreach program. We have counseling staff in Cultural Centers and Office of International Students offering counseling sessions for several hours a week. We aim to reduce stigma, make counseling convenient and encourage students to address problems early.
We participate in multicultural competency training for student leaders, we advocate for equity and inclusion for less advantaged students in campus policies regarding medical leaves, food insecurity, etc., and we prioritize professional development on issues related to culturally-competent practice.
Participating to help establish SafeZone project on campus.
Several staff are participating in a "Sustained Dialogue" program on campus designed to bring all groups together to discuss a variety of topics (race, LGBTQ, election, etc.).

Describe how your center measured practice outcomes and made operational and policy changes according to collected data.
We use Celeste Health's Behavioral Health Measure to assess clinical outcomes. We see a relatively high number of student with suicidal thinking. We created a triage-like system such that every student calling for an appointment has a 30-minute face to face assessment within 48 hours of contacting us.
Frequent reporting of utilization data and CCAPS outcomes data to demonstrate effectiveness. Argued successfully for new positions. Salary comparisons to regional benchmarks used to argue for salary and position resources. Presence on CCMH advisory board provides insight into current data-driven issues in college counseling such as dramatic increase in utilization relative to increase in enrollment.
Designed and implemented client satisfaction survey taken with final CCAPS. Updated termination form.
Assessment of clinical outcomes to determine impact of longer term service provision - maintain long term care when appropriate. Use of BHM (Celest Health) to reflect progress and as indicator for less frequent sessions or termination of treatment. Outcome assessment from group participants used to demonstrate high level of satisfaction and further promote group services.
CCAPS collected at intake, 5th session, and termination. Symptom reduction over time measured and reported in center annual report. No changes made.
The data for 2015-2016 academic year was hand sorted and collected from hand written notes and forms. An electronic medical record (Titanium) was implemented during summer 2016. The next academic year will have more accurate data collection and it will then be possible to utilize that data to address operational and policy changes.

We have a system of regularly monitoring service flow and utilization data. This has led to shifting to a consultation model, absorption approach (consulting therapists take students into therapy if that is the recommended option), and we adjust the availability of initial consultation appointments based on demand trends.
Utilized utilization reports and clinical data from CCAPS and Standard Data Set to benchmark as well as place stronger focus on underserved groups.
We employ CCAPS through membership in CCMH to provide assessment of effectiveness of clinical interventions. We have participated in Healthy Minds Survey several years in past decade and measured change in stigma and especially knowledge of how to seek mental health services as an outcome of our programming and outreach activities. Ex: knowledge of where to go if need mental health assistance grew from 60% to 80% in past 5 years!
Client Satisfaction Surveys given each semester. Center-wide CCAPS-34 reports.
We compile data on a monthly and annual basis to analyze trends and make adjustments accordingly.
We use Client Satisfaction Survey and CCAPS.
Using the CCAPS, peer review, internal surveys.
Satisfaction surveys overwhelmingly positive-95 %
I am working on making our measurable outcomes more effective--we typically do a satisfaction survey, and our results are usually the same--they love us, but hate to wait for their appointments. We are trying some new scheduling strategies toward the end of the semester when our volume is high, such as having a counselor available every hour of the day for walk-ins.
Survey Monkey evaluations from students who have terminated. We also use program evaluations, as well as review and fine-tune scope of practice.
Based on 2015-2016 data, we have set session limits (7 sessions per year) for the 2016-2017 academic year. 7 is the average number of sessions according to our 2015-2016 data.
Surveys of satisfaction, recorded opinions and suggestions.
We regularly solicit feedback from students about their counseling experiences and use that feedback to make changes. This semester we have been overwhelmed with student need and unable to think as proactively as we usually like to. We are looking at how to change that next semester.
Use Medicat to produce and analyze data.
Survey students at outreach tables; from there we plan what we will do. Example found students believed there was an alcohol problem on campus, we paired with athletics to write a grant to increase efforts related to drug and alcohol abuse. For client services we have not been able to get a good number of surveys back with regard to those who enter the center; once we get this process automated, we think we will have more responses.

Over two years ago we evaluated center utilization for crisis and intake appointments and identified the need for increased access. As a result, we created a walk-in clinic system for students to be seen for same day crisis and/or intake appointments. The following year we modified the hours during which we have walk-in services available following a further.
Twice yearly we have students complete anonymous client surveys on I-pads.
Use Client Satisfaction Survey to gauge effectiveness in providing satisfactory services. Used results of Client Satisfaction Survey and data from this survey to better educate staff and to advocate for office and resources on campus.
To meet increased demand, utilized service provision data to develop changes in use of CCAPS, addition of general process groups, etc.
BHM20/43 administered every session, ACHA every 2 years, health minds every 5 years, campus mental health scorecard every year. President of university is champion for mental health for all 16 Atlantic Canadian Universities. Signed Okanagan International Charter of Health Promoting Universities.
Utilization of data from AUCCCD survey, CCMH data and joint research projects of UT-Austin. CCMH data suggests that we saw the smallest reduction in symptoms around anxiety related disorders which has prompted our center to focus on anxiety related treatment and services in an effort to realize a greater reduction in symptoms.
We conduct a client satisfaction survey each semester; we have moved to a primarily biweekly (if appropriate) and shorter term model to meet increased demand although we do not have session limits.
We collect clinical data and share with others. Use data to advocate for students and appropriate levels of resources (e.g., more psychiatry and more staff).
Various data available via Titanium (CCAPS and other paperwork at intake, 4th session updates, etc.), end-of-year satisfaction surveys. Little has been done as far as significant changes with operations or policy despite positive numbers for Counseling Center outcome data.
There was no measure last year, basically because it was my first year and I really didn't know what to do. We have just started trying to implement Titanium and are hoping to have more solid data this year.
We've been primarily focused on productivity; managing increased demand. Plan to regain focus on treatment and learning outcomes over next year.
Evaluations conducted at the end of workshops and presentations. Surveys given to individual counseling clients each semester.
We administer the CCAPS every third session. Therapist and their supervisors use this data within their clinical work. We have all clients complete and clinical services evaluation and hold a group discussion of the outcomes.

We have annual Key Performance Indicators. Such items include identifying underrepresented groups, wait times, no-show rates, and length of treatment over time.
This is a work in progress; trying to get ongoing assistance from the Office of Institutional Research to help us with this.
We are currently working on ways to assess out practice outcomes
Our measures were qualitative for the previous years. In 2015-2016, we also used a university wide survey on our various services and obtained feedback from general student body. This year we started using CCAPS-34 and hope to use the data.
Use of the PHQ-9 and GAD-7 at intake and every 4th session.
Examination of our walk-in clinic utilization (i.e., we start walk-in hours at 10 am now, instead of 8 am, because few people came in on walk-in between 8 and 10 am).
We do quality improvement initiatives each year. We looked at wait time to first appointment, have re-evaluated our triage scheduling according to utilization data by day and time throughout the year, and we have looked at attachment styles as impacted by group. We also did a correlational study of PHQ 9, GAD 7, diagnostic information, along with CCAPS to see how well they predict one another.
Revised our policy and intake paperwork and process each year. We started animal assisted therapy this year.
We use Scott Miller's ORS and CRS along with twice-a-year surveys and surveys after the first session and then every sixth session.
We measure student satisfaction though surveys every year. Due to consistent feedback about our walk-in hours, we moved them to 3pm from 2pm as the feedback said this time was more accessible to students since there was less overlap with class times.
Used CCAPS data to assess learning outcomes; data points on success for early responders, underscores CAPS need for additional staff; assessment report provided to Provost's office and referred to in advocacy for increased staffing. The next assessment project is to look at students attending CAPS groups (weekly) to see if frequency of sessions affects change beyond what we see in individual counseling services
We set annual learning outcomes and track, report, and analyze the data. We make changes to policies and procedures accordingly. For example, the decision to make it a priority to hire a bilingual therapist was partly due to wanting to better serve our LatinX students based on our data. We changed how we wait-list clients based on data analysis and no longer use a general wait-list as a result. This has cut down on #s added to the list as well as to wait time.
CCAP center wide change, faculty and staff survey of awareness and comfort with referring, intern evaluations increased training for faculty, staff and interns.

The only practice outcomes we measured were in the form of a satisfaction survey. We always take this information seriously, and we did not feel the need to implement changes last year, other than, based on the data collected from students, we now provide more options under "gender" and "sexual orientation" on our intake info.
We use our Student Satisfaction Survey results to help guide our decision-making for what groups/workshops to offer, and to determine whether we should change the type of appointments we make available. For example, when we realized that students were more interested in seeing a counselor immediately rather than schedule something several weeks out, we reduced the number of Intake appointments and added more Same Day Appointments (SDAs). This seemed to reduce the number of no-shows for Intakes, and students felt like the counselors were better able to respond to their needs.
We reviewed our end of the semester satisfaction/learning outcome survey. We are in the process of re-organizing our department in response to the collected data.
Satisfaction survey results; group surveys; assessment for the division. One example is after the survey results we are continuing a 3 session workshop based on ACT and mindfulness practices that clients attend post-intake either before or concurrently with another modality.
We are using OQ45 to evaluate client changes.
We collect data on everything we do. Started offering letters for HRT for Trans students due to feedback.
Behavioral Health Measure 20 CCAPS Outcomes and Satisfaction survey mid and end of semester for all clients.
Use utilization and clinical data to present to President's Council, Board of Visitors, faculty/staff, students and other stakeholders. Received support to add 2 additional clinical positions in FY16 as a result of data.
Have used the OQ 45 for 22 years. Practice is informed by OQ data 2. Recent decision to make a practice standard of examining recovery curves for each client each session. This was based on practice evidence for better outcomes when therapists receive consistent feedback.
Data on student satisfaction; data on staff satisfaction; use data from weekly dashboards to inform decisions and real time changes; intake appointments; psychiatry appointments; feedback from staff and students; changes to delivery model.
We rely heavily on Titanium for data collection. We use CCAPS scores, student satisfaction surveys, a Campus Climate survey and feedback data collected from every outreach program we present. As a result, we have determined more training for staff around trauma is needed; we have started using text reminders to reduce no shows (it's working!) and we are looking at expanding/weekend hours in the future.
We use the CCAPS follow-up, student satisfaction data, and learning outcomes data to inform changes to our practice.

Reduced risk ratings, soon implementing mid-episode and termination measures. Currently use post-encounter surveys sent to all clients to measure satisfaction.
We used the ORS/SRS through the first half of the year and then decided to change to the CCAPS during the summer. We use Titanium to track usage statistics and were able to advocate for a part-time counselor because of the increase in demand. We have also been tracking whether increasing the number of groups reduced the demand on the individual caseload. We found that we were actually using a combination of individual and group counseling to manage the highest risk clients who needed more than 15 sessions of individual counseling. Our usage statistics have led to some philosophical conversations about stepped care and the importance of adhering to a short term model rather than defaulting to thinking of each case as a potential longer term therapy case.
We collect data from an outcome study using SCL-90 and Tennessee Self-concept. We use the data to inform individual treatment of the study participants.
Satisfaction assessments; pre and posttests during outreach events; surveys; changed the student forms based on feedback, increased groups and workshop/outreach locations and topics.
We collect outcome data using the OQ30 and a home-made resilience scale. The data helps us to assess the needs of individual students and adjust treatment accordingly. It has also helped us to make continuing education decisions. Currently, a counselor is challenged to take steps to improve her OQ30 scores.
Collect outreach evaluations with specific learning objectives for each program and adjust programs based on feedback.
Primarily use Titanium reports to monitor activity, volume and impact. For example, the counseling center has underserved ethnic minorities, so have increased outreach to targeted groups, looked at clinical procedures that might negatively impact some groups, etc. Have recently written grants to access more resources to address these concerns. We also review stakeholder concerns/complaints and do semester satisfaction surveys of clients. Recently, we changed our initial contact process due to feedback from stakeholders.
Established additional psychoeducational groups to meet the demands of waitlist clients.
Satisfaction surveys which are reviewed by staff and administration with operational/policy changes made as necessary. Recently joined CCMH and are using CCAPS as pre and post measure.
We have been a part of CCMH for five years, our learning outcomes are based upon CCAPS data, we review data every year to set goals for the following year. Based upon the high rate of suicidality indicated by students on CCAPS, we have augmented our suicide prevention training and programming.
We do a satisfaction survey after the 4th individual therapy session and at the end of group therapy. We made operational and policy adjustments to address the increased demand and slow access to 1st appointments.

Using the Working Alliance Inventory to monitor bond and goals progress with clients; implemented a Discharge/Termination Survey to establish the client's distress level upon entry as compared to when being discharged.
Revised scheduling process for initial access to CAPS services.
Semester-end evaluations by students who have used the center. Completed CAS Self-Assessment Guide and set goals for operational and policy changes to effect over the next few years based on outcome of the self-study.
Adjusted Intake assignments to manage caseloads; Used Titanium reports: CCAPS Center Wide Change Report, ICD=10 Diagnosis Prevalence.
Our clinicians utilize weekly outcome assessments and their supervisors work with them to figure out if they need to make treatment changes based on that data. Much of the overall clinic data is new for us so we are still figuring out how to collect more data and how to use it to make policy decisions.

Clinical Service Rates

Does your center's evaluation form include a question that asks students if counseling has helped with their academic performance?	Count	Percent
Yes	365	73.9%
No	126	26.1%
If yes, what percentage responded positively?		**71.67%**

How many sessions of individual therapy. . .	n	Mean	Min	Max	Sum	%
…did your center provide?	425	4129	85	35902	1754812	79.0%
…did clients not show for?	347	462	0	3382	160383	7.2%
…did clients cancel?	329	450	0	8257	147922	6.6%
…did clients reschedule?	295	325	0	1640	95897	4.3%
…did counselors cancel or reschedule?	296	208	0	1948	61491	2.7%

How many sessions of group therapy. . .	n	Mean	Min	Max	Sum	%
…did your center provide?	361	475	0	8746	171614	75.6%
…did clients not show for?	218	99	0	2796	21615	9.5%
…did clients cancel?	216	117	0	4331	25190	11.1%
…did clients reschedule?	201	8	0	536	1624	0.4%
…did counselors cancel or reschedule?	209	32	0	702	6751	2.9%

Individual Therapy Show Data	How many sessions of individual therapy did you provide?	How many sessions of individual therapy did client not show for?	How many sessions of individual therapy did client cancel?	How many sessions of individual therapy did client reschedule?	How many sessions of individual therapy did counselors cancel or reschedule?
Institution Size	Mean	Mean	Mean	Mean	Mean
Under 1,500	996	102	83	53	34
1,501 - 2,500	1742	189	146	144	59
2,501 - 5,000	2033	209	208	154	81
5,001 - 7,500	2476	282	252	226	119
7,501 - 10,000	3376	381	283	212	172

10,001 - 15,000	5001	609	517	356	262
15,001 - 20,000	5735	689	565	435	279
20,001 - 25,000	5855	569	631	446	337
25,001 - 30,000	7763	927	655	483	376
30,001 - 35,000	9082	884	969	804	417
35,001 and over	11656	1182	1561	957	616

Group Therapy Show Data					
	How many sessions of group therapy did you provide?	**How many sessions of group therapy did client not show for?**	**How many sessions of group therapy did client cancel?**	**How many sessions of group therapy did client reschedule?**	**How many sessions of group therapy did counselors cancel or reschedule?**
Institution Size	Mean	Mean	Mean	Mean	Mean
Under 1,500	10	0	1	0	0
1,501 - 2,500	70	12	8	1	4
2,501 - 5,000	163	20	29	1	4
5,001 - 7,500	122	22	19	1	7
7,501 - 10,000	258	56	24	5	15
10,001 - 15,000	326	57	54	9	24
15,001 - 20,000	613	144	217	5	41
20,001 - 25,000	733	129	120	8	52
25,001 - 30,000	1015	234	172	7	70
30,001 - 35,000	1731	533	277	94	101
35,001 and over	2070	303	622	17	150

Utilization Rates Overview	Mean	Min	Max	Sum
How many students did your center serve this past year?	970	8	6450	448951
What is the total number of sessions provided by your center (NOT including medication management)?	4899	60	37049	2292905
What is the total number of sessions provided by your center (including medication management)?	5289	72	40429	2480442
What is the average number of sessions per client?	5.53	1.67	20	N/A

How many total student group contacts did your center provide last year (12 student attending one group = 12)?	681	0	12365	174486
What percent of your student body did your center serve this past year?	12.06	1	74	N/A

Number of students served by school size				
Institution Size	Mean	Median	Minimum	Maximum
Under 1,500	216	160	8	976
1,501 - 2,500	309	288	18	772
2,501 - 5,000	405	333	42	1247
5,001 - 7,500	538	495	63	1490
7,501 - 10,000	678	630	50	1583
10,001 - 15,000	1061	944	165	2200
15,001 - 20,000	1462	1401	613	2801
20,001 - 25,000	1670	1405	335	4424
25,001 - 30,000	1757	1466	250	5039
30,001 - 35,000	2220	1895	562	5235
35,001 and over	3264	3228	1013	6450

	What is the total number of sessions? (Not including medication management sessions)?		**What is the total number of sessions? (Including medication management)?**	
	Mean	Median	Mean	Median
Under 1,500	1121	830	1155	830
1,501 - 2,500	1846	1843	1960	1923
2,501 - 5,000	2195	1813	2287	2000
5,001 - 7,500	2729	2377	3011	2522
7,501 - 10,000	3585	3416	3819	3620
10,001 - 15,000	5755	5354	6361	5609
15,001 - 20,000	6693	6335	7043	6365
20,001 - 25,000	8203	6461	8816	6864
25,001 - 30,000	9100	8680	10192	9351
30,001 - 35,000	10883	8289	11682	9185
35,001 and over	15199	13251	16528	15415

Number of group contacts by school size (12 student attending one group = 12)				
	Mean	Median	Minimum	Maximum
Under 1,500	10	0	0	135
1,501 - 2,500	70	15	0	773
2,501 - 5,000	163	13	0	3715
5,001 - 7,500	122	21	0	1384
7,501 - 10,000	258	59	0	1693
10,001 - 15,000	326	179	0	1603
15,001 - 20,000	613	593	0	1627
20,001 - 25,000	733	494	0	2874
25,001 - 30,000	1015	543	0	5281
30,001 - 35,000	1731	590	40	6681
35,001 and over	2070	1236	21	8746

Percent of student body served by school size					
	Count	Mean	Median	Minimum	Maximum
Under 1,500	48	23.20	22.70	8.00	45.00
1,501 - 2,500	75	16.68	17.50	1.00	35.90
2,501 - 5,000	100	13.91	11.90	4.50	40.00
5,001 - 7,500	58	11.20	10.00	3.00	32.60
7,501 - 10,000	49	9.57	9.00	2.00	21.00
10,001 - 15,000	50	11.67	10.00	1.90	74.00
15,001 - 20,000	33	9.18	8.45	4.00	16.50
20,001 - 25,000	33	10.27	9.00	2.00	60.00
25,001 - 30,000	30	8.03	6.60	1.00	31.49
30,001 - 35,000	15	7.53	7.00	1.70	15.70
35,001 and over	38	7.45	7.00	2.00	14.90

Average number of sessions by school size					
	Count	Mean	Median	Minimum	Maximum
Under 1,500	48	5.75	5.31	2.50	10.30
1,501 - 2,500	75	6.07	6.00	2.00	13.00
2,501 - 5,000	100	5.94	5.61	1.67	20.00
5,001 - 7,500	58	5.36	5.00	1.71	10.00
7,501 - 10,000	49	5.59	5.00	3.00	18.00

10,001 - 15,000	50	5.47	5.35	2.40	13.85
15,001 - 20,000	33	5.41	5.78	2.62	7.03
20,001 - 25,000	33	4.84	5.00	2.00	7.00
25,001 - 30,000	30	5.68	5.48	1.75	9.29
30,001 - 35,000	15	4.50	4.48	2.80	6.58
35,001 and over	38	4.64	4.77	2.70	6.66

Over the past year, has the severity of student mental health concerns and related behavior on your campus risen or decreased?

	Count	Percent
Increased	302	57.1%
Unchanged	126	23.8%
Decreased	4	.8%
Unsure	57	10.8%

On what evidence do you base your response to the previous question (Rank Order)?

		Count	Percent
Mental health staff data	1	214	52.8%
	2	97	24.0%
	3	55	13.6%
	4	39	9.6%
Campus staff experience	1	79	19.3%
	2	67	16.4%
	3	106	25.9%
	4	157	38.4%
Student of concern reports	1	53	13.2%
	2	115	28.5%
	3	158	39.2%
	4	77	19.1%
Student self-report data	1	102	25.6%
	2	141	35.3%
	3	71	17.8%
	4	85	21.3%

Percent of Counseling Center Students with Presenting Concern		
	Mean %	Median %
Anxiety	50.61	52.00
Depression	41.23	41.00
Relationship issues	34.42	31.00
Taking psychotropic medication	26.05	25.00
Suicidal thoughts/behaviors	20.52	17.85
Had extensive or significant prior treatment histories	16.2	10.00
Engaging in self-injury	14.17	10.50
Alcohol abuse/dependence	9.51	7.00
ADD or ADHD	9.33	7.00
Sexual/physical assault/acquaintance rape	8.81	6.00
Issues of oppression (racism, sexism, homophobia, etc.)	8.31	4.15
Substance abuse/dependence other than alcohol	7.48	5.00
Eating disorders	7.37	5.00
Learning disability	7.18	5.00
Being "stalked"	2.17	1.00

Critical Incidents

Students Placed on Leave Of Absence for Psychological Reasons				
School Size	Among Entire Student Body		Among Counseling Center Clients	
	Mean # of Students	Total # of Students	Mean # of Students	Total # of Students
Under 1,500	5	88	3	55
1,501 - 2,500	12	303	8	185
2,501 - 5,000	11	365	6	210
5,001 - 7,500	6	90	1	10
7,501 - 10,000	39	232	21	85
10,001 - 15,000	41	452	30	209
15,001 - 20,000	83	578	54	107
20,001 - 25,000	96	289	70	140
25,001 - 30,000	61	366	19	75
30,001 - 35,000	118	236	8	15
35,001 and over	35	141	33	130
TOTAL		3140		1221

Students Hospitalized or Transported for Psychological Reasons				
School Size	Among Entire Student Body		Among Counseling Center Clients	
	Mean # of Students	Total # of Students	Mean # of Students	Total # of Students
Under 1,500	4	86	3	67
1,501 - 2,500	9	287	5	180
2,501 - 5,000	9	345	6	278
5,001 - 7,500	16	307	8	201
7,501 - 10,000	21	277	12	175
10,001 - 15,000	40	358	19	247
15,001 - 20,000	48	335	16	97
20,001 - 25,000	51	204	28	250
25,001 - 30,000	71	494	13	101
30,001 - 35,000	57	287	28	195
35,001 and over	84	504	39	425
TOTAL		3484		2216

Number of Involuntarily Hospitalization Incidents for Psychological Reasons				
School Size	Among Entire Student Body		Among Counseling Center Clients	
	Mean # of Students	Total # of Students	Mean # of Students	Total # of Students
Under 1,500	2	38	1	19
1,501 - 2,500	1	41	2	42
2,501 - 5,000	1	47	2	43
5,001 - 7,500	3	45	2	44
7,501 - 10,000	8	115	4	58
10,001 - 15,000	13	118	6	68
15,001 - 20,000	28	139	7	29
20,001 - 25,000	13	40	14	115
25,001 - 30,000	17	86	1	7
30,001 - 35,000	18	36	11	63
35,001 and over	65	258	19	116
TOTAL		963		604

Students Involuntarily Hospitalized for Psychological Reasons				
School Size	Among Entire Student Body		Among Counseling Center Clients	
	Mean # of Students	Total # of Students	Mean # of Students	Total # of Students
Under 1,500	1	27	1	21
1,501 - 2,500	2	50	2	33
2,501 - 5,000	2	55	1	34
5,001 - 7,500	2	37	2	42
7,501 - 10,000	9	106	4	36
10,001 - 15,000	6	46	3	23
15,001 - 20,000	28	138	9	27
20,001 - 25,000	3	5	10	40
25,001 - 30,000	4	13		2
30,001 - 35,000	25	75	12	61
35,001 and over	43	85	10	50
TOTAL		637		369

Students Attempted Suicide				
School Size	Among Entire Student Body		Among Counseling Center Clients	
	Mean # of Students	Total # of Students	Mean # of Students	Total # of Students
Under 1,500	1	17	1	12
1,501 - 2,500	2	42	1	27
2,501 - 5,000	2	71	2	52
5,001 - 7,500	3	43	1	19
7,501 - 10,000	2	21	3	38
10,001 - 15,000	7	35	6	34
15,001 - 20,000	11	43	3	5
20,001 - 25,000	3	5	14	56
25,001 - 30,000	3	5	3	5
30,001 - 35,000	27	80	8	25
35,001 and over	21	41	47	279
TOTAL		403		552

Students Died By Suicide				
School Size	Among Entire Student Body		Among Counseling Center Clients	
	Mean # of Students	Total # of Students	Mean # of Students	Total # of Students
Under 1,500		5		2
1,501 - 2,500		5	0	0
2,501 - 5,000		9	0	0
5,001 - 7,500		15		4
7,501 - 10,000	1	15		3
10,001 - 15,000	1	14		1
15,001 - 20,000	1	14		6
20,001 - 25,000	2	28		1
25,001 - 30,000	2	24		4
30,001 - 35,000	2	18	0	0
35,001 and over	4	48	1	10
TOTAL		195		31

Students Died by Accident				
School Size	Among Entire Student Body		Among Counseling Center Clients	
	Mean # of Students	Total # of Students	Mean # of Students	Total # of Students
Under 1,500		4		1
1,501 - 2,500		7		3
2,501 - 5,000	1	34		3
5,001 - 7,500	1	16		1
7,501 - 10,000	1	27	0	0
10,001 - 15,000	1	9	0	0
15,001 - 20,000	2	12		1
20,001 - 25,000	1	3		2
25,001 - 30,000	3	13	0	0
30,001 - 35,000	3	8		1
35,001 and over	4	31	1	9
TOTAL		164		21

Students Died by Other Means				
School Size	Among Entire Student Body		Among Counseling Center Clients	
	Mean # of Students	Total # of Students	Mean # of Students	Total # of Students
Under 1,500		4		1
1,501 - 2,500		6		2
2,501 - 5,000		19	0	0
5,001 - 7,500	1	16		1
7,501 - 10,000	1	15		1
10,001 - 15,000	2	10		2
15,001 - 20,000	2	7	0	0
20,001 - 25,000	2	9	0	0
25,001 - 30,000	3	12	0	0
30,001 - 35,000	4	7	0	0
35,001 and over	5	37	1	9
TOTAL		142		16

Target Population Outreach – Qualitative Assessment

In the following section, we analyzed director reports of strategies used to serve the needs of specified target populations. For each target population, campus counseling center directors were asked if the group was considered an underserved population, and if so, "What steps is your center taking to reach out to this group?"

In the comments below, we summarize themes that emerged as the most common approaches to reaching these specific groups. The responses seemed to fall within a group of thirteen categories (listed below and in each subsequent table). These categories were created to capture similar (and duplicate) responses together, which aided in organizing the large number of responses. In the sections below, we also include selected examples of new or interesting approaches centers have developed on individual campuses.

The most common efforts to reach underserved and at-risk populations across categories fell within the following categories:

Category	Description
Collaborate/Consult	Build relationships, provide consultation, co-sponsor events, create/participate in task force meetings.
Outreach/Trainings	Provide workshops and presentations that describe services, build community, and address population needs and interests.
Hire representative staff	Recruit diverse/representative staff, create positions that are designated to outreach to underserved populations.
Liaison/Specialist on staff	Specify a staff member to liaison to targeted population.
Clinical Staff Training	Provide training to staff to increase knowledge of clinical practices to engage underserved populations.
Support/Discussion Groups	Provide drop in discussion groups, support groups, "Let's Talk" groups.
Attend activities/visibility	Attend events important to the targeted population. Increase visibility.
Advocacy/Activism	Advocate for resources and make public statements of support.
Conduct needs assessments	Engage in process of identifying needs, mostly through informal relationship building and task force meetings.
Provide office space	Provide space in counseling centers for community providers to provide services.
Provide services off site	Offer services in satellite locations where targeted students are gathering.
Adapt service delivery	Change initial introduction to counseling services by streamlining intake process or providing brief interview appointments.
Handled by campus partners	CCs noted that many services are provided primarily through other offices on campus (which counseling services may collaborate with).

What steps is your center taking to reach out to this group?							
	Black/ African American	American Indian/ Native American	Asian/ Asian American	Latino/ Latina	White	Multiracial	Other Race/ Ethnicity
	Count	Count	Count	Count	Count	Count	Count
Collaborate/Consult	59	20	30	43	1	14	1
Outreach/Trainings	61	27	35	54	7	17	9
Hire representative staff	26	6	9	15	1	5	
Liaison/Specialist on staff	20	6	16	19	1	4	

Clinical Staff Training	3	1	1	1		1	
Support/Discussion Groups	25	9	18	18		5	2
Attend activities/visibility	11	3	4	10		3	2
Advocacy/Activism	1	1	1	1		1	
Conduct needs assessments	2		2	2		1	
Provide office space							
Provide services off site	12	3	6	8		5	1
Adapt service delivery			1		1		
Handled by campus partners			1	1			
Total	96	39	55	79	9	30	11
"same as above" responses		23	33	41	2	24	10

What steps is your center taking to reach out to this group?							
	Male	Female	Trans gender	Gay	Lesbian	Bisexual	Heterosexual
	Count	Count	Count	Count	Count	Count	Count
Collaborate/Consult	16		36	35	32	25	1
Outreach/Trainings	49	4	37	37	33	29	3
Hire representative staff	16		5	7	6	4	
Liaison/Specialist on staff	1		11	12	12		
Clinical Staff Training	1		6	1	1		
Support/Discussion Groups	21		27	27	27	26	
Attend activities/visibility	1		2	2	2	2	
Advocacy/Activism			2	1	1	1	
Conduct needs assessments	1		1			1	
Provide office space							
Provide services off site	2		4	2	3	3	
Adapt service delivery			8				
Handled by campus partners	2		2				
Total	67	5	69	62	58	49	3
“same as above” responses			7	27	56	47	

What steps is your center taking to reach out to this group?							
	Diagnosed Disability	International Student	Student Athlete	Greek Affiliated	Military Veterans	Former Foster Youth	Sexual Assault Survivor
	Count	Count	Count	Count	Count	Count	Count
Collaborate/Consult	22	57	23	1	38	2	27
Outreach/Trainings	10	52	21	4	22	3	32
Hire representative staff	1	6	5		3		
Liaison/Specialist on staff		13	10				10
Clinical Staff Training					4		1

Support/Discussion Groups	3	17	1		2		10
Attend activities/visibility		10	1		2		1
Advocacy/Activism		1					
Conduct needs assessments		1			2		1
Provide office space			2		2		1
Provide services off site		6	4		2		
Adapt service delivery	1					1	1
Handled by campus partners		1	3		4		4
Total	29	77	38	5	53	5	45
"same as above" responses					4		

Black/African-American

Of the centers that indicated specific steps taken (n=96), the most common responses were to collaborate with other departments in providing programming and training to staff and students. Directors described building relationships with, providing consultation to, and co-sponsoring outreaches for students of color through various campus partners (e.g., Trio, Office of Multicultural Affairs, Educational Opportunity Program, Black Student Association, Center for Race, Equity and Identity, Director of Inclusion and Diversity, and academic support centers). Examples of outreaches included "Diversi-teas – discussions with tea and cookies," Healthy Minds data presentations, specialty workshops, and involvement in orientation. Directors described the importance of building relationships with black faculty, staff, and student leaders on campus. Some campuses created or joined university-wide diversity teams or invited representative diverse participation in mental health advisory councils.

Many centers (n=26) had just hired or were developing new positions dedicated to outreach for students of color (e.g., a diversity outreach coordinator, a multicultural postdoc position). For these schools, it was important to hire a counselor who shared the identity of the targeted population. Directors reported searching for candidates in diverse recruitment pools (e.g., Association of Black Psychologists) in an attempt to "hire diverse and culturally competent counselors with relevant experience and shared identity." Directors recruited diverse staff, postdocs and practicum students with expertise in serving underserved populations.

Opportunities to interact with students in non-clinical settings also emerged as a theme (as in previous years). Many schools named a liaison from the clinical staff (n=20). The liaisons for several schools attended Black Student Association meetings, held drop in hours in the diversity center and provided counseling services (individual and groups) off site (n=12). Several centers (n=11) emphasized the strategy of increasing visibility by attending events sponsored by and of interest to diverse students. Centers engaged in outreach to increase visibility, advertise services, de-stigmatize counseling and address other barriers to treatment. Several schools mentioned offering mental health screenings off site. One campus mentioned that the liaison visited lounges where students of color gather.

Many campuses (n=25) offered support/discussion/process groups (e.g., "Let's Talk," "Racial Dialogues," "Women of Color," "Students of Color") facilitated by an African American clinician, sometimes in partnership with a member of the Diversity Center staff. Groups were often held outside the counseling center.

Several campuses mentioned providing training for clinical staff including "training for 'brave spaces'" and "monthly multicultural trainings for center staff."

Two campuses reported completing a needs assessment or working on answering questions about how best to meet the needs of diverse students. One campus reported "engaging in dismantling racism, work[ing] to address institutional inequity and making public statements about the impact of racism on mental health."

Most of these themes were helpful across the diverse groups that are discussed below. In fact, many of the responses to follow were "same as the above."

American Indian/Native American

Most of the responses did not specify particular outreaches to this population; Twenty three of the 39 responses were the same as those for African American students. Of those centers that did report on specific steps taken (n=16), the most frequent responses included developing relationships with staff (e.g., Cherokee Center staff, Student Services Coordinator for Native Students, American Indian Cultural Center, Native American Student Services, faculty members who identify as Native, and attending First Nation meetings).

One director's response captured the theme of the responses: "We join together with the Cherokee Center staff to build relationships and assist them in referring students as needed. We are looking at additional opportunities to work together so that students are aware of us and our services."

As with the strategies described above, collaboration and outreach, providing services off site, attending cultural events, and offering support groups emerged as common themes.

Asian/Asian American

Of those centers that indicated specific steps taken with this population (n=55), 33 responses were the same responses provided for the groups above.

Among the unique responses for Asian/Asian American students, the theme of providing active liaison relationships emerged (with the International Affairs office, Asian American Cultural Center, and Asian American student groups). Centers report marketing and partnering with relevant offices. Another common theme included recruiting and hiring Asian clinicians (staff, practicum students and postdocs) and providing services in Mandarin and Korean.

Many campuses (n=18) were developing or already offered support groups for Asian/Asian American students. One campus runs a homesickness group. The importance of increasing visibility was also common (e.g., co-hosting and attending Asian and international cultural events, participating in orientation, and offering "Let's Talk" and drop in hours off site.

One campus mentioned programming to reduce stigma as "stigma regarding help seeking for mental health issues is highest for our Asian/Asian American students." Another campus

reported that having a "behavioral health consultant who can intervene during medical appointments" was a important tool in reaching these students.

Latino/Latina

Of those centers that detailed steps taken (n=79), 41 were "same as the above" responses. So again, overall, the most common efforts were in collaboration, outreach and liaison relationships with Latino/Latina serving student organizations (by having regular contact with offices, directors and students, programming to reduce stigma, informing of resources and explaining confidentiality, attending Latino Student organizations, participating in cultural events and attending orientation). One campus described participating in a community building dinner for Latino/a students. Another reported partnering with the 'Ambiciones' retention program.

As with other groups, a number of centers reported recruiting and hiring bilingual staff and offering services in Spanish. Several campuses offer support groups for Latino/a students (e.g., Latinas Unidas). One campus offers groups with the advisor to the Latina students.

One campus offered undocumented student ally training for staff.

White

Of those centers that reported on specific steps taken (n=9), the themes that emerged most were related to general outreach programs**,** publicizing services or reaching out to first year students. One campus reported having European American practicum students on staff who assist with outreach. One school indicated that they are "reaching out to educate on the role of privilege in oppression, discrimination, and marginalization."

Multiracial

There were few unique responses to strategies for this group of students. There were 30 responses to this item, 24 of which were "same as the above" responses. One campus reported, "A counselor will meet with the in betweeners student group to provide an overview of the services. Counseling staff will attempt to recruit a multiracial student to the Student Advisory Board."

Other Race/Ethnicity

Ten of the eleven responses to this item were the same as for other racial/ethnic groups. The only unique response for this population was that one school conducted special outreach targeted to the middle eastern population on their campus.

Male

Of those centers that indicated specific steps taken (n=67), the most frequent responses included active outreach strategies to male students, men's groups (e.g., "Man Talk," a sexual addiction group) and increasing the number of male counselors on staff. Centers reported working more closely with fraternity groups, Athletics, ROTC, Military and Veterans offices, the Office of Community Standards and academic departments with disproportionately large numbers of males (e.g., business school). Outreach themes focused on minimizing stigma, increasing help-seeking, men's health issues, and issues around masculinity. Some of the initiatives named were a Men's Engagement Initiative, the 2nd annual Men's Summit, a large Movember campaign, and an Urban Male Initiative.

Several campuses reported providing outreach in classrooms to reach males. One school reported that they provided outreach workshops related to academic success that drew in male students. Another school offered programming in the residence hall specifically targeting male students and their values (ACT principles). Campuses report attempting to have services (group and workshop topics) that would be of interest to men. One school reported marketing efforts directed toward males. Another school included men in violence prevention efforts.

Several campuses (n=16) spoke about the importance of having a male therapist on staff. One strategy included advertising for staff with interest/expertise in men's issues. One campus provided training for staff on men and masculinity.

Another campus conducted a survey focused on men's health literacy in order to "get a better understanding of men's needs on campus regarding mental health." One campus reported, "Our behavioral health provider (integrated in primary care) allows us to see more men for mental health support than would initiate services with mental health."

Female

The majority of centers did not provide a specific response on steps taken, as the overwhelming majority of centers do not consider females (and especially white females) an underserved population. Of those centers that indicated specific steps taken (n=5) the fewest of any subcategory, multiple centers reported working with relationship violence advocacy initiatives, and programming for sexual assault and eating disorders.

Transgender

Of those centers that indicated specific steps taken (n=69), the most frequent responses included collaboration with the LGBTQ resource center, PRIDE, and TLEG to provide outreach and training to campus. Several campuses designated a liaison to the LGBTQ population. One campus reported developing a center work group to investigate the needs of trans students.

One of the most common strategies was to offer transgender support groups (n=27). Many campuses (n=8) were also working to establish trans-care excellence teams (including medical services personnel) who provide letters of support for transgender clients seeking hormone replacement therapy and surgical intervention. One campus offers suicide prevention training for LGBTQ individuals and allies. Several campuses are involved in Safe Zone training.

There was also a theme of providing additional education for clinical staff about transgender issues. In addition, several campuses indicated a desire to hire a clinician with trans-focus expertise.

Campuses also reported working to find additional referral resources for transgender students, working with the registrar to change the sex marker in student records, and providing gender neutral bathrooms.

Gay

Of those centers that reported on specific steps taken (n=62), the most frequent responses included working with LGBTQ student organizations to provide outreach and programming. Providing outreach through support groups (n=27) also emerged as an important theme. Several campuses (n=7) mentioned the importance of having a gay/lesbian member on the clinical staff.

Lesbian

The responses for this group of students mirrored almost exactly the pattern for gay students above.

Bisexual

Again, most of these responses were same as for the students above.

One campus runs a bisexual support group. Another campus offers a “Rainbow Suspenders” group that is designed to support students who may not feel fully connected to the gay/lesbian identity.

Heterosexual

The majority of centers did not provide a specific response on steps taken. As so few centers indicate specific steps taken (n=3), there were no consistent themes. One campus reported

"reaching out to educate on the role of privilege in oppression, discrimination and marginalization."

Diagnosed Disability

Of those centers that indicated steps taken (n=29), the most frequent responses reported that most campuses work closely with their office of disability services. Several campuses have disability services reporting to the director of the counseling center. One campus reports having the teams meet regularly.

Centers report providing "training for DRC staff to ensure they are comfortable and familiar with the mental health needs of students and a describing the process for referring students to counseling services." Another campus trains faculty, staff and student leaders about behavioral signs that indicate a referral to counseling.

Several campuses are looking into providing groups for students on the spectrum.
One campus reports that staff co-led groups with the DRC, including groups for Aspergers, ADD management and Study Skills. Another campus is "starting a neurodiversity group and is creating a workgroup to address students on the spectrum."

International Student

Of those centers that did indicate specific steps taken (n=77), the most frequent responses included working collaboratively with international student services to provide outreach. Several campuses (n=7) hired staff to work directly with international students and many campuses (n=13) named a specific liaison to the students. Examples of outreaches included providing an international open house, programming on health services and American insurance, 'cultural conversations" (a one-time workshop), a "Transitioning Workshop," and hosting a monthly 'international tea time." Many campuses (n=17) provide support groups for international students, provide services off site, and are involved in orientation and activities connected with this group.

On campus reported that there will be "implementation next year of abehavioral health position in primary care who will attempt to intervene earlier with international students who present to medical services with mental health issues."

Student Athlete

Of those centers that indicated specific steps taken (n=38), the most frequent responses included developing relationships with the Athletic Director, coaches and trainers, with an emphasis on collaboration and outreach. Specialized staff emerged as a theme, with some centers reporting positions such as a staff psychologist/sports psychologist-focused position that works closely with the athletics department. Many centers specified a liaison to the athletic department. On one campus, the liaison attends coaches meetings. On another, the

liaison meets regularly with the Director of Sports Medicine. Two campuses reported sharing the cost of a counselor designated to provide services to athletes. One campus reported, "We are partnering with the Athletic Department for a designated staff who sees mostly athletes. They pay her 30-hour week salary, and we provide her with an office, support staff and consultation." On another campus, a staff member "works with two teams per semester in an outreach capacity, providing help with team dynamics, unity and performance." One center offers a "mindfulness for athletes" workshop. Another campus promotes AOD prevention workshops for athletes. Providing services off site emerged as a theme.

Campuses report "working with the Athletic Director to reduce stigma and improve outreach," working with coaches on the screening and referral process, and offering drop in hours in their facilities. Campuses offer training to coaches and trainers in how to recognize students in distress and to refer, and provide QPR trainings to individual teams.

Greek Affiliated

Those centers who did develop specialized outreach (n=5) reported working with Greek Affairs to promote AOD, sexual assault and bystander prevention.

Military Veterans

Of those centers that indicated specific steps taken (n=53), the most frequent response described collaborating with Veterans affairs offices (e.g., Military Student Services, Post-Traditional student services, military science department, Veterans Services, and ROTC). Several Centers have designated staff liaisons to provide consultation to Veterans services staff and students. Many centers offer presentations and trainings to increase awareness about services, conduct outreach (e.g., Military Appreciation Day, monthly luncheon for veterans), attend functions sponsored by the military office, attend orientation, and attend student veteran organization meetings. Center staff serve on committees (e.g., military group teams, university veterans committee, veterans advisory council, and the Veterans Education Support Team).

Two campuses mentioned providing support groups. One school hopes to offer a veteran and military student support group next year, and another center is co-facilitating a drop-in group located in the office of Veteran and Military Affairs.

Four campuses mentioned the recent hires of staff with military backgrounds (one clinician is in the military reserves, one center hired a counselor who is a veteran and also works with the local VA, and one center hired a psychologist with specialized background in veteran's affairs and treatment for combat related trauma). One campus described having "military skilled" clinicians on staff.

Four campuses bring in local VA providers to provide services (a VA Psychologist, a retired VA counselor, a veteran counselor, and a local VA social worker). (Two provide office space in the counseling center.) Two campuses reported providing services off site, Several

mentioned the availability of services from other offices on campus. One campus participates in the VITAL program with the regional VA hospital.

Several centers are providing clinical training for staff on working with military-connected students (e.g., Green Zone Training) and several centers mentioned a desire to discover and understand needs.

Former Foster Youth

Most centers did not identify any steps taken to reach out to this group (n=5). Two centers reported working with the Ace/Guardian Scholars programs. One campus reported helping to open a campus food pantry and increasing wrap-around services for foster care youth.

Sexual Assault Survivor

Of those centers that indicated specific steps taken for SA survivors (n=45), the primary strategies included collaboration and preventive outreach and training. Many centers reported active involvement with those providing sexual assault services on campus. They emphasized working closely with various departments (e.g., campus women's centers, SA reporting office, Office of the Dean of Students, Title IX Coordinators, the Health Promotion office, police, the conduct office, Provost's office, and local community agencies). Ten centers indicated the importance of designating a liaison or having a specialist on staff.

Centers are actively involved in campus wide awareness and prevention efforts by participating in task forces/committees, campaigns (e.g., It's on us, Clothesline Project, Teal Chair Project, Take Back the Night, Think About It, and Green Dot), and publicizing resources (including printed media and passive campaigns). Many centers also conduct training of faculty and staff, residence life staff, sexual assault advocates and judicial committee members. Schools report heavily publicizing the confidential role of counseling services.

Many schools are marketing specific staff experts that are available to provide confidential services to students. These are in-house specialists or dedicated counselors who are specially trained in trauma/sexual assault. One school mentioned providing additional training for clinical staff.

A number of campuses provide therapeutic support groups for sexual assault survivors. One school mentioned streamlining the intake process for survivors in crisis. Several mentioned the availability of sexual assault advocates on campus.

Supplemental Analyses

Utilization Rate by Percent Living on Campus by Student to Staff Ratio						
Utilization Rate: Percentage of Student Body Served		***Student to Staff Ratio (20th, 40th, 60th, 80th percentile)***				
		95-816	822-1212	1235-1603	1605-2295	2300+
Percentage of Student Body Living On-campus (25th,50th, 75th percentile)	0-14%		14.5	7.6	4.8	4.4
	15-36%	31.2	9.5	8.9	7.3	6.0
	37-69%	17.1	13.1	8.3	7.6	5.1
	70-100%	20.7	13.2	8.7	7.5	6.6

Utilization Rate by Percent Living on Campus by Student to Staff + Trainee Ratio						
Utilization Rate: Percentage of Student Body Served		***Student to Staff + Trainees Ratio (20th, 40th, 60th, 80th percentile)***				
		95-700	705-1086	1087-1405	1413-1969	1982+
Percentage of Student Body Living On-campus (25th,50th, 75th percentile)	0-14%		19.8	10.0	6.0	4.4
	15-36%	50.5	9.8	9.2	8.2	5.9
	37-69%	18.3	14.3	9.8	7.8	5.4
	70-100%	21.7	14.7	12.5	8.3	5.5

Average Appointments Per Student (NOT incl. psychiatric) by Session Limits				
Do you limit the number of counseling sessions allowed a client?	Count	Mean	Median	S.D.
Yes	57	4.99	5.00	1.61
Yes, flexible	190	5.31	4.86	2.34
No	204	5.73	5.61	1.94
TOTAL	451	5.46	5.17	2.10

Average Appointments Per Student (INCLUDING psychiatric) by Session Limits				
Do you limit the number of counseling sessions allowed a client?	Count	Mean	Median	S.D.
Yes	57	5.34	5.17	1.74
Yes, flexible	190	5.61	5.30	2.37
No	204	6.06	5.87	2.18
TOTAL	451	5.78	5.58	2.22

Total Sessions Provided: Not Including Medication Management		***Student to Staff Ratio (20th, 40th, 60th, 80th percentile)***				
		95-816	822-1212	1235-1603	1605-2295	2300+
Campus Enrollment	Under 1,500	1393	434	523	.	.
	1,501 - 2,500	2346	1269	925	726	1103
	2,501 - 5,000	3066	2733	1763	1282	1088
	5,001 - 7,500	6203	3575	2613	1838	1195
	7,501 - 10,000	6521	4737	3594	2465	2057
	10,001 - 15,000	11488	8003	5622	5221	2595
	15,001 - 20,000	.	7590	6598	6653	5836
	20,001 - 25,000	24979	13630	10393	6660	4868
	25,001 - 30,000	24900	31712	10849	8100	6634
	30,001 - 35,000	.	37049	17322	7960	6811
	35,001+	.	28563	19761	16316	9640

Total Sessions Provided: Including Medication Management		***Student to Staff Ratio (20th, 40th, 60th, 80th percentile)***				
		95-816	822-1212	1235-1603	1605-2295	2300+
Campus Enrollment	Under 1,500	1446	434	523		.
	1,501 - 2,500	2503	1333	925	726	1103
	2,501 - 5,000	3273	2744	1899	1329	1218
	5,001 - 7,500	8029	3829	2762	1986	1237
	7,501 - 10,000	7840	5000	3703	2465	2211
	10,001 - 15,000	14567	9323	5884	5404	2703
	15,001 - 20,000	.	8496	6821	6732	5849
	20,001 - 25,000	27846	13630	10833	6861	5352
	25,001 - 30,000	32500	31712	12039	9872	7001
	30,001 - 35,000	.	40429	17563	9393	6837
	35,001+	.	32431	21988	17570	10162

Total Sessions Provided: Not Including Medication Management		***Student to Staff + Trainee Ratio (20th, 40th, 60th, 80th percentile)***				
		95-700	705-1086	1087-1405	1413-1969	1982+
Campus Enrollment	Under 1,500	1399	826	400	525	.
	1,501 - 2,500	2494	1580	1044	793	883
	2,501 - 5,000	3375	2871	2219	1588	1046
	5,001 - 7,500	6203	4145	2882	2011	1491
	7,501 - 10,000	6734	5890	4298	3212	1892

	10,001 - 15,000	16562	8449	6097	5722	3172
	15,001 - 20,000		9289	7081	7291	5464
	20,001 - 25,000		21196	10156	8107	5337
	25,001 - 30,000		28306		8897	7050
	30,001 - 35,000	.	37049	8603	15844	6575
	35,001+	.		27624	16350	11453

Total Sessions Provided: Including Medication Management		***Student to Staff + Trainee Ratio*** ***(20th, 40th, 60th, 80th percentile)***				
		95-700	705-1086	1087-1405	1413-1969	1982+
Campus Enrollment	Under 1,500	1455	826	400	525	.
	1,501 - 2,500	2667	1664	1044	793	883
	2,501 - 5,000	3662	2853	2260	1723	1148
	5,001 - 7,500	8029	4309	3029	2217	1545
	7,501 - 10,000	8493	6082	4447	3321	2000
	10,001 - 15,000	25016	9891	6371	5915	3307
	15,001 - 20,000	.	10713	7388	7471	5525
	20,001 - 25,000		23107	11036	8235	5749
	25,001 - 30,000		32106		10427	7663
	30,001 - 35,000	.	40429	8907	16149	7307
	35,001+	.		30194	18235	12184

Students Served per FTE of Professional Staff (Only) by School Size					
School Size	*N*	Mean # Students Served per Professional FTE	Min.	Max.	Standard Deviation
Under 1,500	32	104	20	230	50.6
1,501 - 2,500	62	115	18	246	50.0
2,501 - 5,000	78	129	42	450	66.3
5,001 - 7,500	52	114	54	216	37.7
7,501 - 10,000	44	116	12	415	65.5
10,001 - 15,000	48	132	60	282	45.7
15,001 - 20,000	21	137	81	246	43.2
20,001 - 25,000	29	136	54	259	41.4
25,001 - 30,000	22	126	50	189	41.6
30,001 - 35,000	14	143	87	235	50.2
35,001 and over	32	161	108	299	46.6
TOTAL	434	126	12	450	53.2

Served per FTE of Professional Staff + Trainees by School Size					
School Size	*N*	Mean # Students Served per Professional FTE	Min.	Max.	Standard Deviation
Under 1,500	32	97	16	230	49.7
1,501 - 2,500	62	105	17	246	48.0
2,501 - 5,000	78	119	42	450	61.5
5,001 - 7,500	52	104	44	191	35.8
7,501 - 10,000	44	103	11	415	62.8
10,001 - 15,000	48	113	43	282	47.8
15,001 - 20,000	21	103	59	165	31.5
20,001 - 25,000	29	117	52	259	45.5
25,001 - 30,000	22	106	50	150	32.1
30,001 - 35,000	14	111	48	196	44.9
35,001 and over	32	137	73	299	47.4
TOTAL	434	111	11	450	50.2

Individual Therapy Appointments Provided per FTE of Professional Staff (Only) by School Size					
School Size	*N*	Mean	Min.	Max.	Standard Deviation
Under 1,500	26	535	100	1301	282.6
1,501 - 2,500	56	634	184	1506	250.6
2,501 - 5,000	73	637	133	1716	271.6
5,001 - 7,500	49	530	170	1442	276.6
7,501 - 10,000	38	561	202	1067	207.5
10,001 - 15,000	46	612	219	1100	210.0
15,001 - 20,000	19	544	260	1064	233.4
20,001 - 25,000	29	478	128	1484	256.6
25,001 - 30,000	21	579	248	1205	258.5
30,001 - 35,000	14	515	218	1041	248.1
35,001 and over	27	587	253	963	180.7
TOTAL	398	580	100	1716	250.2

Individual Therapy Appointments Provided per FTE of Professional Staff + Trainees by School Size					
School Size	*N*	Mean	Min.	Max.	Standard Deviation
Under 1,500	26	513	88	1301	295.4
1,501 - 2,500	56	579	98	1506	253.8
2,501 - 5,000	73	590	107	1329	248.4
5,001 - 7,500	49	479	150	1442	246.0
7,501 - 10,000	38	489	197	1067	191.0
10,001 - 15,000	46	515	219	1100	185.3
15,001 - 20,000	19	404	181	669	151.2
20,001 - 25,000	29	410	128	1484	254.4
25,001 - 30,000	21	485	207	999	187.6
30,001 - 35,000	14	405	119	804	215.5
35,001 and over	27	497	209	828	159.8
TOTAL	398	511	88	1506	233.5


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