



The Association for University and College Counseling Center Directors Annual Survey

Reporting period: September 1, 2011 through August 31, 2012

Brian J. Mistler, Ph.D.
Director, Health Services
Ringling College of Art and Design

David R. Reetz, Ph.D.
Director, Counseling Services
Aurora University

Brian Krylowicz, Ph.D.
Director, Counseling Services
Springfield College

Victor Barr, Ph.D.
Director, Counseling Center
University of Tennessee at Knoxville

The AUCCCD Annual Survey and Report Overview

The Association for University and College Counseling Center Directors (AUCCCD) is the international organization for counseling center directors comprised of universities and colleges from the United States, Canada, Europe, the Middle East, Asia, and Australia. The mission of AUCCCD is to assist directors in providing effective leadership and management of campus counseling centers. The organization promotes college student mental health awareness through research, dissemination of key campus mental health issues and trends, and related training and education, with special attention to issues of changing demographics including diversity and multiculturalism. In 2006, AUCCCD developed and administered the Annual Survey to its membership as a means to increase understanding of those factors critical to the functioning of college and university counseling centers.

In the Fall of 2012 college and university counseling center directors were invited to participate in the Association for University and College Counseling Center Directors Annual Survey. The survey was administered to 847 verified director email accounts via a secure internet interface. The reporting period for the 2012 Annual Survey varies among directors, reflecting variations in organization specific annual reporting periods. All participants had reporting periods ranging from July 1, 2011 through June 30, 2012 to September 1, 2011 through August 31, 2012. This monograph serves to provide a summary of data reported in the AUCCCD Annual Survey. Participating members also have access to the online reporting features of the survey including data filtering and export. A total of 400 Directors completed the 2012 survey.

Acknowledgments and Participating Institutions

This report is the amalgamation of efforts put forth by countless individuals. On behalf of AUCCCD, the Survey Research Team would like to thank the 4,763,517 students served by the institutions represented in this survey and the 319,634 students who demonstrated the courage to seek mental health services during the 2011-2012 academic year. Additionally, we would like to thank the tireless efforts of the 2,456 clinical staff members, 1,442 trainees, and hundreds of support staff captured in this survey. Effective collegiate mental health service delivery would not be possible without the on-going support of the many Vice Presidents and Deans of Students. We thank you as well. Finally, we want to extend a deep appreciation to all the counseling center directors who took time out of their incredibly busy schedule to participate; this survey, ultimately, is for you. The following institutions of higher education represent each director:

Abilene Christian University	Champlain College	Eastern Washington University
Albion College	Chapman University	Eckerd College
American University	Charleston Southern University	Edgewood College
Anna Maria College	Chatham University	Edinboro University of PA
Appalachian State University	Christopher Newport University	Elizabeth City State University
Arizona State University	Clayton State University	Elmhurst College
Auburn University	Clemson University	Embry-Riddle Aeronautical University
Aurora University	Cleveland State University	Emory University
Austin College	Coastal Carolina University	Fairmont State University & Pierpont
Azusa Pacific University	Colby College	C&TC
Baldwin Wallace University	Colgate University	Farmingdale State College
Barry University	College at Brockport, SUNY	Florida Atlantic University
Bellarmino University	College of Charleston	Florida Gulf Coast University
Bemidji State University	College of Mount St. Joseph	Florida International University
Bentley University	College of St. Benedict|St. John's	Florida State University
Berry College	University	Fordham University
Bethune-Cookman University	College of St. Elizabeth	Florida A&M University
Boise State University	College of Staten Island	Franklin and Marshall College
Boston College	College of the Holy Cross	Frostburg State University
Bowdoin College	College of William & Mary	Furman University
Bowling Green State University	Colorado State University	George Mason University
Bradley University Health Services	Columbia College	Georgia Institute of Technology
Bridgewater State University	Columbia University	Georgia Southern University
Brigham Young University	Concordia University Irvine	Gettysburg College
Buffalo State College	Connecticut College	Gordon College
Butler University	Cornell College	Grinnell College
Cabrini College	Cornell University	Hamilton College
Caldwell College	Cornish College of the Arts	Hanover College
California State Polytechnic University, Pomona	Culver-Stockton College	Heartland Community College
California State University Fullerton	Cumberland University	Hiram College
California State University Long Beach	Curry College	Hobart and William Smith Colleges
California State University Monterey Bay	Defiance College	Hope College
California State University Northridge	DePaul University	Houghton College
Campbell University	DePauw University	Husson University
Carleton College	Drexel University	Illinois Wesleyan University
Carnegie Mellon University	Duke University	Illinois Institute of Technology
Carroll College	East Carolina University	Illinois State University
Carson-Newman	East Central University	Immaculata University
Casisius College	East Tennessee State University	Indiana State University
Central Michigan University	Eastern Kentucky University	Indiana University
Centre College	Eastern Mennonite University	Indiana University of Pennsylvania
	Eastern Michigan University	Indiana University South Bend

Ithaca College	Nazareth College	San Diego State University
James Madison University	New College of Florida	Seton Hall University
Jewish Theological Seminary	New Jersey City University	Shippensburg University
John Jay College of Criminal Justice	North Carolina A & T State University	Simmons College
Johnson & Wales University	North Carolina State University - Raleigh	Simpson College
Kansas State University	North Dakota State University	Sonoma State University
Kean University	Northern Arizona University	South Carolina State University
Kennesaw State University	Northern Illinois University	Southeast Missouri State University
Knox College	Northern Michigan University	Southern Connecticut State University
La Sierra University	Northwest Missouri State University	Southern Illinois University
Lafayette College	Northwestern University	Southern Methodist University
Lake Forest College	Notre Dame College	Southern Oregon University
Lake Superior State University	NYC College of Technology - City	Southern University and A&M College
Lawrence University	University of New York	Southern Utah University
Lee University	Oakland University	Spalding University
Lehigh University	Ohio Dominican University	Springfield College
LeMoyne College	Ohio University	St. Ambrose University
Lewis Clark State College	Oklahoma State University	St. Cloud State University
Lewis University	Old Dominion University	St. Edward's University
Lincoln University	Oregon Institute of Technology	St. George's University
Loyola Marymount University	Oregon State University	St. John's University
Loyola University Chicago	Pace University - NY	St. Mary's University
Loyola University Maryland	Palmer College of Chiropractic	St. Norbert College
Luther College	Penn State University	State University of New York at New Paltz
Manhattan College - Miguel Hall, 5th Floor	Penn State University - Harrisburg	Stetson University
Marian University	Pennsylvania College of Technology	Stevenson University
Marquette University	Pepperdine University	Stonehill College
Marymount College, Palos Verdes	Philadelphia University	Stony Brook University
Marymount Manhattan College	Pittsburg State University	SUNY @ Old Westbury
Marymount University	Quincy University	SUNY Cortland
Maryville University	Radford University	SUNY Potsdam
Massachusetts College of Pharmacy & Health Sciences	Randolph-Macon College	Swarthmore College
McDaniel College	Regis University	Syracuse University
McMaster University	Rhode Island College	Texas A&M University
Meharry Medical College	Ringling College of Art and Design	Texas Christian University
Mercer University	Rivier College	Texas State University - San Marcos
Metropolitan State College of Denver	Roanoke College	Texas Woman's University
Metropolitan State University	Roberts Wesleyan College	The Boston Conservatory
Miami University	Roger Williams University	The Catholic University of America
Michigan State University	Roosevelt University	The College of New Jersey
Michigan Technological University	Ross University School of Veterinary Med	The Culinary Institute of America
Middle Tennessee State University	Rush University	The Ohio State University
Middlebury College	Sacred Heart University	The Sage Colleges
Millersville University	Saint Joseph's University	The University of North Carolina - Charlotte
Mills College	Saint Mary's University of Minnesota	The University of North Carolina at Greensboro
Milwaukee School of Engineering	Saint Peter's College	Thomas Jefferson University
Misericordia University	Saint Xavier University	Trinity University
Mississippi State University	Salem College	Truman State University
Missouri State University	Salem State University	Tufts University
Missouri University of Science and Technology	Salisbury University	University of Houston Victoria
Montana State University	Salt Lake Community College	Union College
Montclair State University	Salus University	Unity College
	Salve Regina University	
	Samford University	

Universities at Shady Grove	University of Nevada, Reno	University of Wisconsin-River Falls
University at Buffalo	University of New Hampshire	University of Wisconsin-Stout
University of Akron	University of New Mexico	University of Wyoming
University of Alabama	University of North Carolina School of the Arts	Valdosta State University
University of Alabama at Birmingham	University of North Florida	Valley Forge Military Academy and College
University of Alaska Fairbanks	University of North Texas	Valparaiso University
University of Arizona	University of Northern Iowa	Vanderbilt University
University of Baltimore	University of Notre Dame	Vassar College
University of California - Santa Cruz	University of Oklahoma Health Sciences Center	Vincennes University
University of California Washington Center	University of Pennsylvania	Virginia State University
University of California, Los Angeles	University of Puerto Rico	Virginia Wesleyan College
University of California, Riverside	University of Puerto Rico, Carolina Campus	Wake Forest University
University of Central Arkansas	University of Richmond	Washington State University
University of Central Missouri	University of Rochester	Washington State University, Spokane
University of Central Oklahoma	University of San Diego	Washington University in Saint Louis
University of Cincinnati	University of San Francisco	Wayne State University
University of Colorado	University of South Carolina	Weber State University
University of Dayton	University of South Florida St. Petersburg	Wellesley College
University of Delaware	University of Southern California, Health Science Campus	Wesleyan University
University of Evansville	University of Southern Indiana	West Chester University of Pennsylvania
University of Florida	University of Southern Mississippi	West Virginia University
University of Houston	University of St. Francis	Western Illinois University
University of Houston - Clear Lake	University of St. Thomas	Westminster College
University of Idaho	University of Tennessee - Chattanooga	Westmont College
University of Illinois at Urbana-Champaign	University of Tennessee at Martin	Wheaton College
University of Indianapolis	University of Tennessee Knoxville	Wheeling Jesuit University
University of Iowa	University of Texas at Austin	Wichita State University
University of Kentucky	University of Texas at San Antonio	Widener University
University of Kentucky	University of Texas Health Science Center	Winona State University
University of Louisville	University of Tulsa	Winston Salem State University
University of Louisville	University of Utah	Worcester Polytechnic Institute
University of Manitoba	University of Virginia	Wright State University
University of Mary Washington	University of Washington	Creighton University
University of Maryland	University of West Florida	University of Texas at Dallas
University of Maryland Baltimore County	University of Wisconsin - La Crosse	State University of New York at Oswego
UMBC	University of Wisconsin - Milwaukee	McNeese State University
University of Massachusetts - Amherst	University of Wisconsin - Parkside	The Alberta College of Art & Design
University of Massachusetts, Dartmouth	University of Wisconsin - Stevens Point	North Eastern Illinois University
University of Miami	University of Wisconsin-Madison	Santa Rosa community College
University of Michigan		
University of Minnesota		
University of Missouri - Columbia		
University of Missouri-Kansas City		
University of Nebraska-Lincoln		

Table of Contents

The AUCCCD Annual Survey and Report Overview.....	2
Acknowledgments and Participating Institutions	3
Table of Contents	1
Executive Summary.....	3
Director Demographics	6
Institutional Demographics.....	16
IACS Accreditation.....	20
CCMH Involvement	23
Budget Status and Third Party Payments	33
Prevention Programs – Suicide and AOD.....	39
Square Footage of Center	41
Training Programs	42
Psychiatric Services	43
Health Services Integration.....	47
On-call Expectations and Services	49
Staff Demographics.....	53
Budget	54
Fees (Session/Testing/University) & Other Services Charges.....	56
Session Limits	60
Waitlist	61
Show Rates and No-show fees.....	64
Lawsuit Against Center	75
Legal/Ethical Dilemma	75
Staffing – Positions, Gains/Losses and Benefits.....	76
Workload (direct service and other activities).....	80
Direct Clinical Services	82
FTE.....	84
Staff to Student Ratios	89
Salary Data	99
Services Offered and Utilization Rates.....	122
Presenting Concerns	138
Groups.....	142
Percentage/Demographic Served, Underserved Populations	145
Policies and Procedures	174
Services that exist on your campus.....	178
Outreach.....	180
Use of the Survey	182

Severity	183
SAMSHA-Outreach	184

Executive Summary

A total of 400 counseling center directors completed the 2012 AUCCCD survey. This represents nearly half (47.3%) of the AUCCCD's international counseling center directors membership.

The top three groups of directors when considering years of experience were 0-3 years (28.7%), 4-6 years (20.2%), and 15 years and above (19.4%). This represents a similar distribution to last year's survey.

Seventeen percent (17%) of directors identified as non-white.

The majority of directors were Female (56%) with the majority of female directors having less than 10 years of experience (70.6%).

Twelve percent (12%) of directors identified as Gay, Lesbian, or Bisexual.

Six-three percent (63%) of directors reported their highest degree as a Ph.D., 22% a Master's degree, 10% a Psy.D., and with 71% licensed as psychologists.

Directors completing the survey were nearly evenly split among institutions with less than 7,500 students and those with 7,500 or more students, with 6% reporting they are from "one-person counseling centers".

Fifty percent (50%) of directors were from public colleges or universities and forty-five percent (45%) were from private colleges or universities.

Three percent (2.5%) of directors were from Historically Black Colleges or Universities and 13.5% were from Hispanic Serving Institutions (up 1.5% from 2011).

Twenty-eight percent (28%) of directors reported that their centers were accredited by IACS (International Association of Counseling Services).

Seventy-one percent (71.25%) of directors reported having a training program at their center.

Twenty-four percent (23.67%) of directors reported that they were from centers that were administratively integrated with a health service.

More than half (53.79 %) of directors report directly to a VP for student Affairs and another 27.42% report to the Dean of Students.

Sixty-five percent (65%) report their staff are required to be licensed, and 89% report they are required to become licensed to continue practicing in their center.

Directors reported that 27% of their staff identified as non-white, 71% identified as female, 10% identified as GLBT, and 5% identified as having some form of diagnosed disability. Demographics of new hires this year included 36% who were identified as non-white, 75% female, and 67% identifying as heterosexual.

The majority of counseling center budgets continue to increase (51.25%), while many other are at least remaining the same (38.5%).

Approximately half (50.5%) of directors reported having some form of session limits. (Analysis in the 2011 AUCCCD Annual Report concluded that session limits did not significantly change average number of sessions

used person student).

Thirty-two percent (31.5%) of centers have a waitlist at some point during the year.

Less than 1% percent of directors reported having a lawsuit filed against their center in the past year (n= 3).

Thirty percent (30%) of directors reported gaining professional clinical or psychiatric staff during the past year.

Four percent (4%) reported losing professional clinical or psychiatric staff during the past year.

Counseling Centers continue to gain staff member FTE at a much higher level than those losing staff (gained 6 staff for every 1 lost).

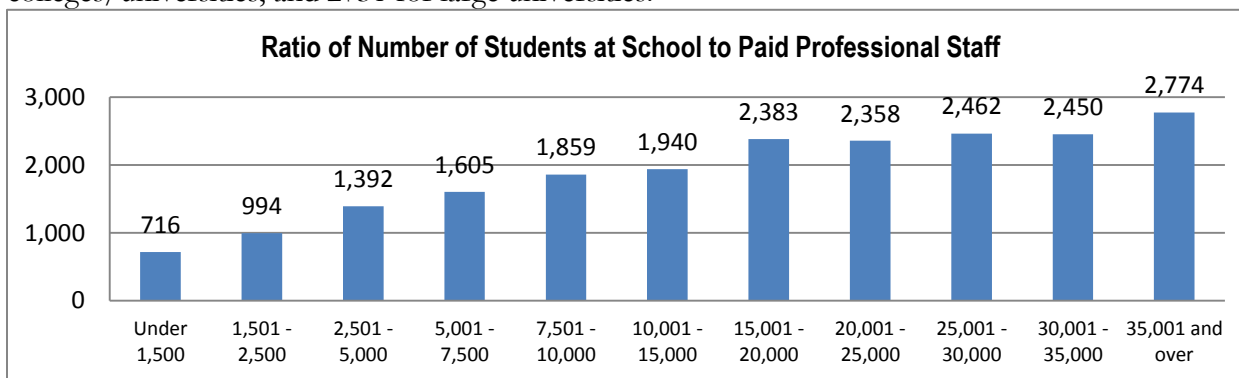
The average percent of time spent by a full time, non-administrative counselor at a counseling center providing direct services (individual/group counseling, intakes, crisis intervention, and assessment) is 60% or 24 hours per week, same as in 2011. This number is higher by 2-5% for centers under 5000 students.

The average percent of time spent providing direct clinical service by a clinical staff member only providing clinical service is 75% (30 hours/week).

Counseling center directors spend an average of 42% of their time providing direct clinical service (16.8 hours/week).

Salary comparisons between male and female directors reveal no difference among public institutions. Private institutions, however, reveal that male directors are paid 14% above their female counterpart. Keep in mind that years of experience increase average salary, and the majority of new directors are female.

The average paid mental health staff to student ratio was 664 for small colleges, 1864 for mid-size colleges/universities, and 2731 for large universities.



Staffing levels at private institutions tends to be greater than at public.

The average percent of students seeking counseling services is 9-12% at small colleges and 6-7% at larger colleges/universities.

Institutions that provide psychiatric services serve a larger portion of the student body.

For smaller schools charging fee for each use is inversely correlated with percentage of student body served, while for larger schools those that charge fees on average see a larger percentage of the student body. (This isn't cause-effect, and we don't have longitudinal analysis for a single school, so it may be that those that see a larger

percentage choose to charge a fee of course).

Thirteen percent (13%) of counseling center directors also serve as chief administrator over health services.

Sixty-six percent (66%) of centers expect staff to be on call, and 58% of directors are reachable after hours.

Anxiety continues to be the most predominant presenting concern among college students (41.6%), followed by depression (36.4%), and relationship problems (35.8%). Other common concerns are suicidal ideation (16.1%), alcohol abuse (9.9%), sexual assault (9.2%), ADHD (8.9%), and self-injury (8.7%).

On average, 24.5% of clients were taking psychotropic medications.

Sixty percent (60%) of directors reported that Psychiatric services are offered on their campus and 19% report that amount of psychiatric services are inadequate.

Fifty-nine percent (58.6%) of centers provide diagnosis with forty-two (42.3%) percent providing diagnosis on most of their clients.

Eighty-five percent (85.3%) of directors reported that they used electronic record keeping systems. This is up from 80% last year and 69% utilization two years ago. The majority (73.3%) use electronic platforms for both scheduling and recordkeeping.

Less than one percent (.3%) of directors reported that their center offered online counseling.

Utilization of counseling centers by diverse groups is generally proportionate to the general student body. The significant deviation from this was with male students, only making up 34% of clients but 44% of the student body.

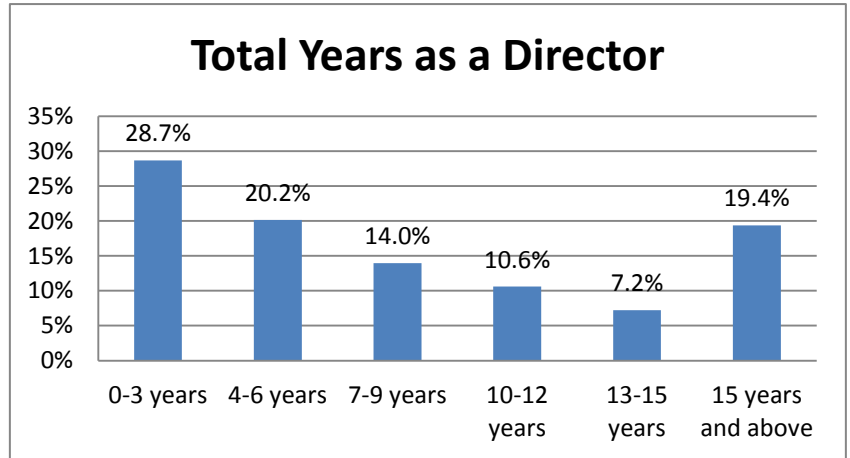
Among students reporting if Counseling Services helped with their academic performance, 67% reported positively.

Directors report that 21% of counseling center students present with severe mental health concern, while another 40% present with mild mental health concerns.

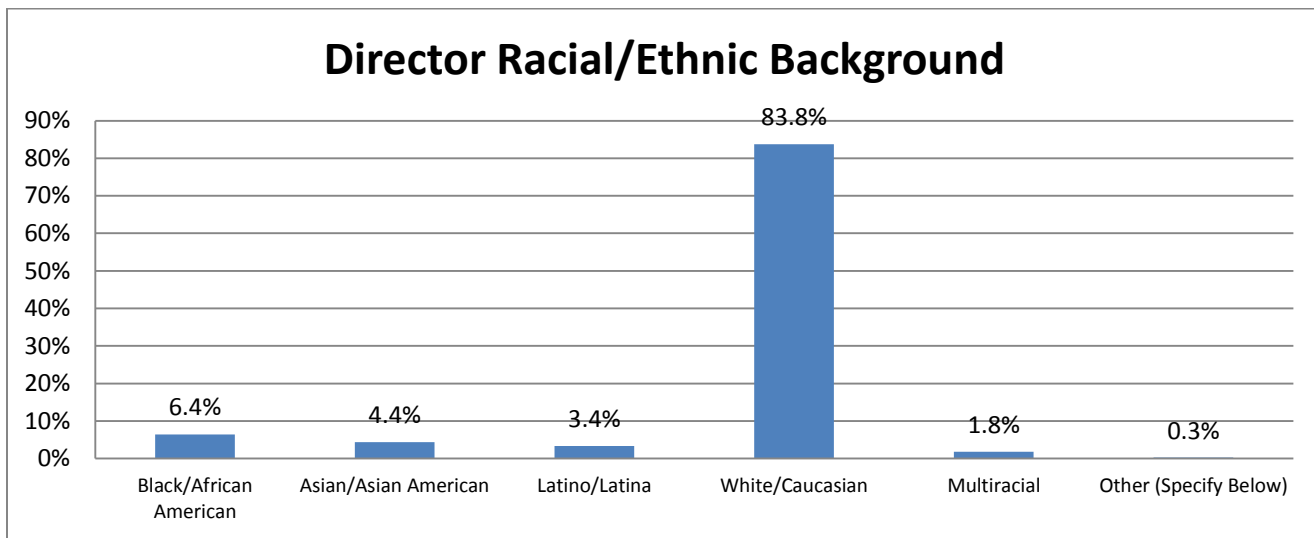
Approximately 9% of counseling center students were referred out to community providers for continued mental health treatment.

Director Demographics

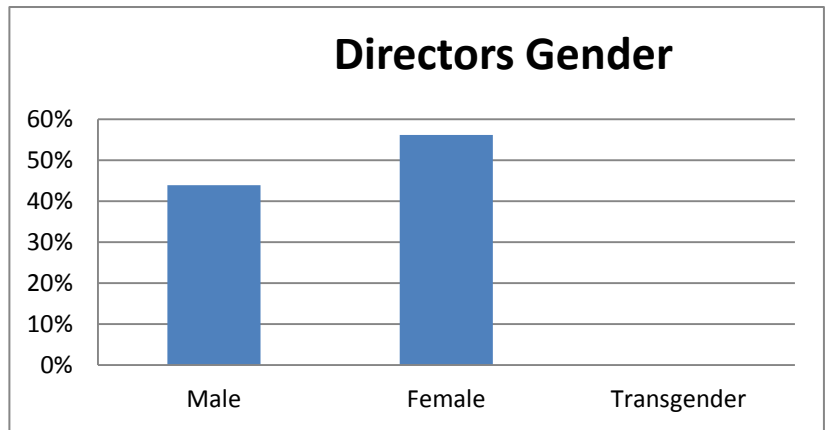
Total Years as a Director (D004)		
	Frequency	Percent
0-3 years	111	28.7%
4-6 years	78	20.2%
7-9 years	54	14.0%
10-12 years	41	10.6%
13-15 years	28	7.2%
15 years and above	75	19.4%
Total	387	100.0%



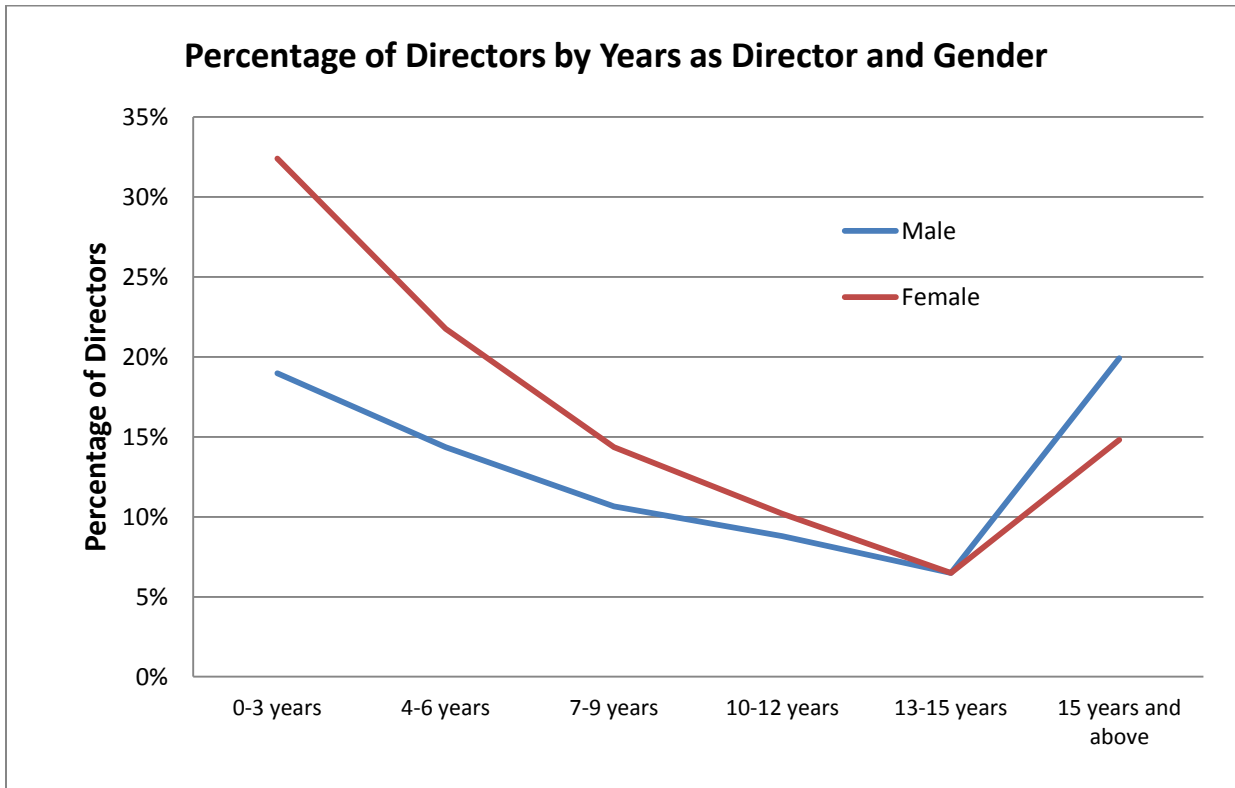
Director Racial/Ethnic Background (D005)		
	Frequency	Percent
Black/African American	25	6.4%
Asian/Asian American	17	4.4%
Latino/Latina	13	3.4%
White/Caucasian	325	83.8%
Multiracial	7	1.8%
Other (Specify Below)	1	0.3%
Total	388	
Peruvian	1	



Directors Gender (D006)		
	Frequency	Percent
Male	175	43.9%
Female	224	56.1%
Transgender	0	0.0%
Total	399	

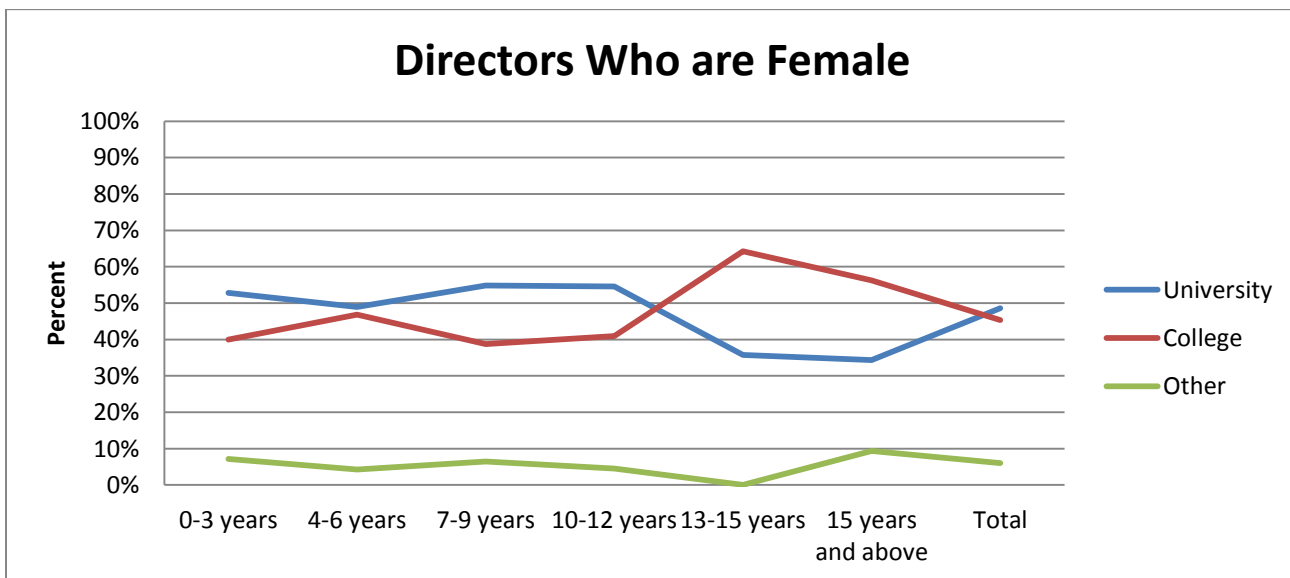


Percentage of Directors by Years as Director and Gender (D004 x D006)							
		Male	Female	Transgender	Male	Female	Transgender
		Count	Count	Count	Percent	Percent	Percent
Total Years as a Director:	0-3 years	41	70	0	19.0%	32.4%	0.00%
	4-6 years	31	47	0	14.4%	21.8%	0.00%
	7-9 years	23	31	0	10.6%	14.4%	0.00%
	10-12 years	19	22	0	8.8%	10.2%	0.00%
	13-15 years	14	14	0	6.5%	6.5%	0.00%
	15 years and above	43	32	0	19.9%	14.8%	0.00%
		171	216		387		

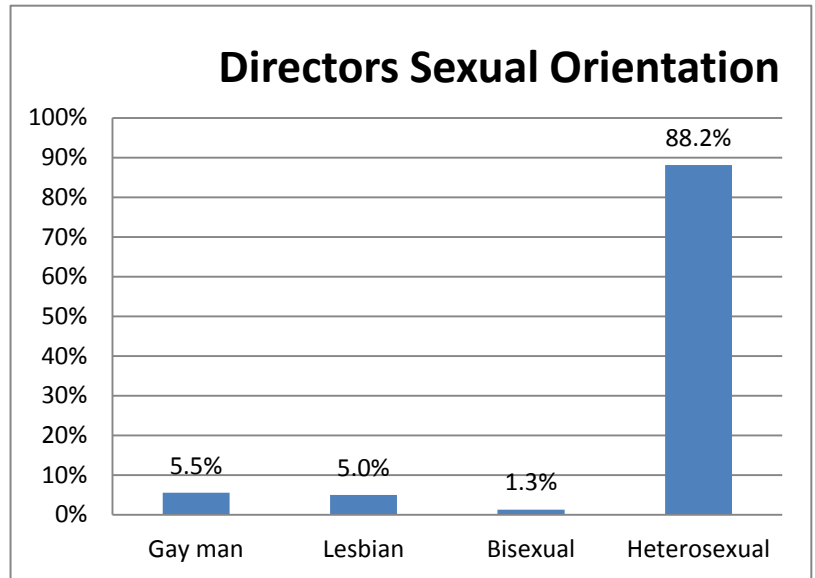


Female Director Percent: Collapsed School Status by Years as a director by School Status			
	University	College	Other
0-3 years	37	28	5
4-6 years	23	22	2
7-9 years	17	12	2
10-12 years	12	9	1
13-15 years	5	9	0
15 years and above	11	18	3

Female Director Percent: Collapsed School Status by Years as a director by School Status			
	University	College	Other
0-3 years	52.9%	40.0%	7.1%
4-6 years	48.9%	46.8%	4.3%
7-9 years	54.8%	38.7%	6.5%
10-12 years	54.5%	40.9%	4.5%
13-15 years	35.7%	64.3%	0.0%
15 years and above	34.4%	56.3%	9.4%
Total	48.6%	45.4%	6.0%

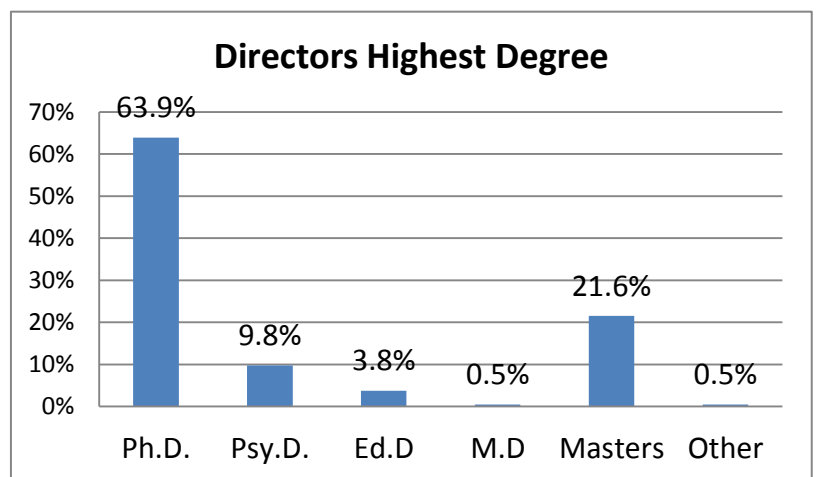


Directors Sexual Orientation (D007)		
	Frequency	Percent
Gay man	21	5.5%
Lesbian	19	5.0%
Bisexual	5	1.3%
Heterosexual	335	88.2%
Total	380	



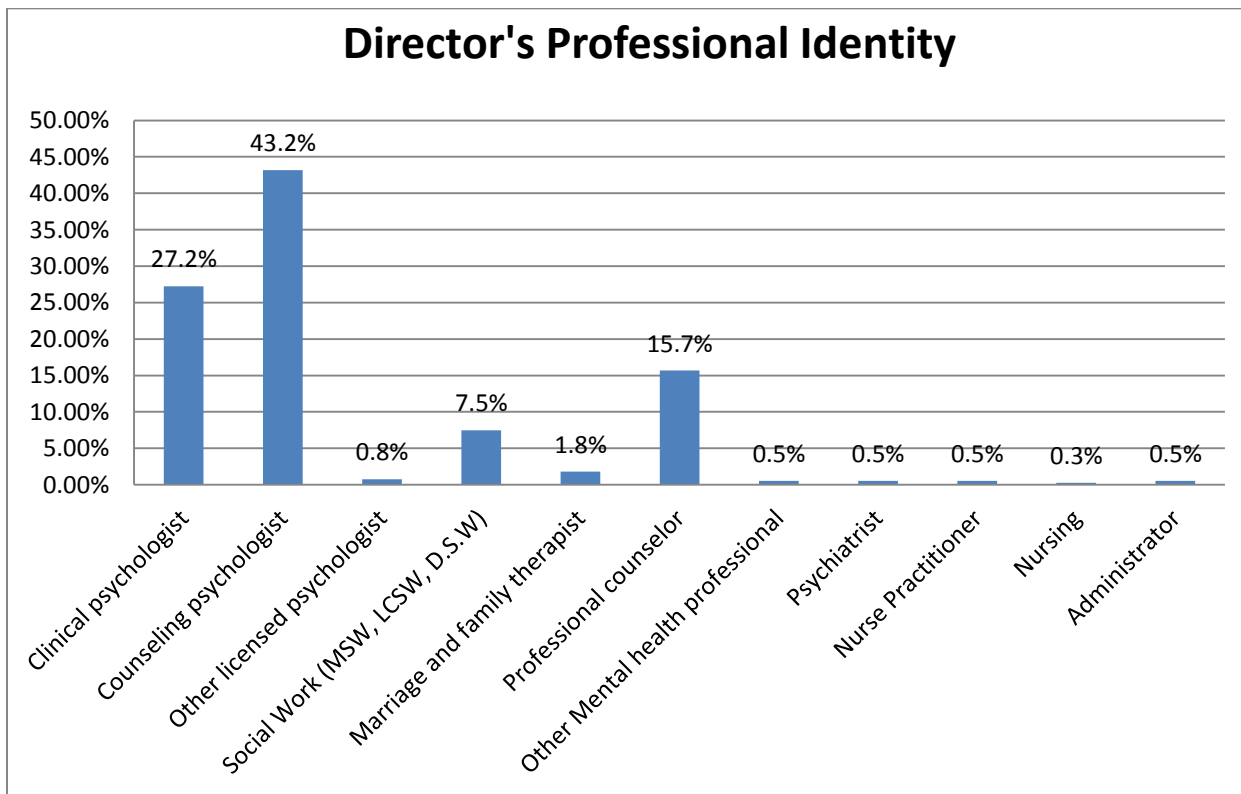
Directors with Disability (MR008)	
Attention Deficit/Hyperactivity Disorders	12
Deaf or Hard of Hearing	3
Learning Disorders	3
Mobility Impairments	3
Neurological Disorders	0
Physical/Health Related Disorders	3
Psychological Disorder/Condition	2
Visual Impairments	1
Other	1

Directors Highest Degree (D009)		
	Frequency	Percent
Ph.D.	255	63.91%
Psy.D.	39	9.77%
Ed.D	15	3.76%
M.D	2	0.50%
Masters	86	21.55%
Other	2	0.50%
Total	399	
Ed.S	1	
ABD	1	



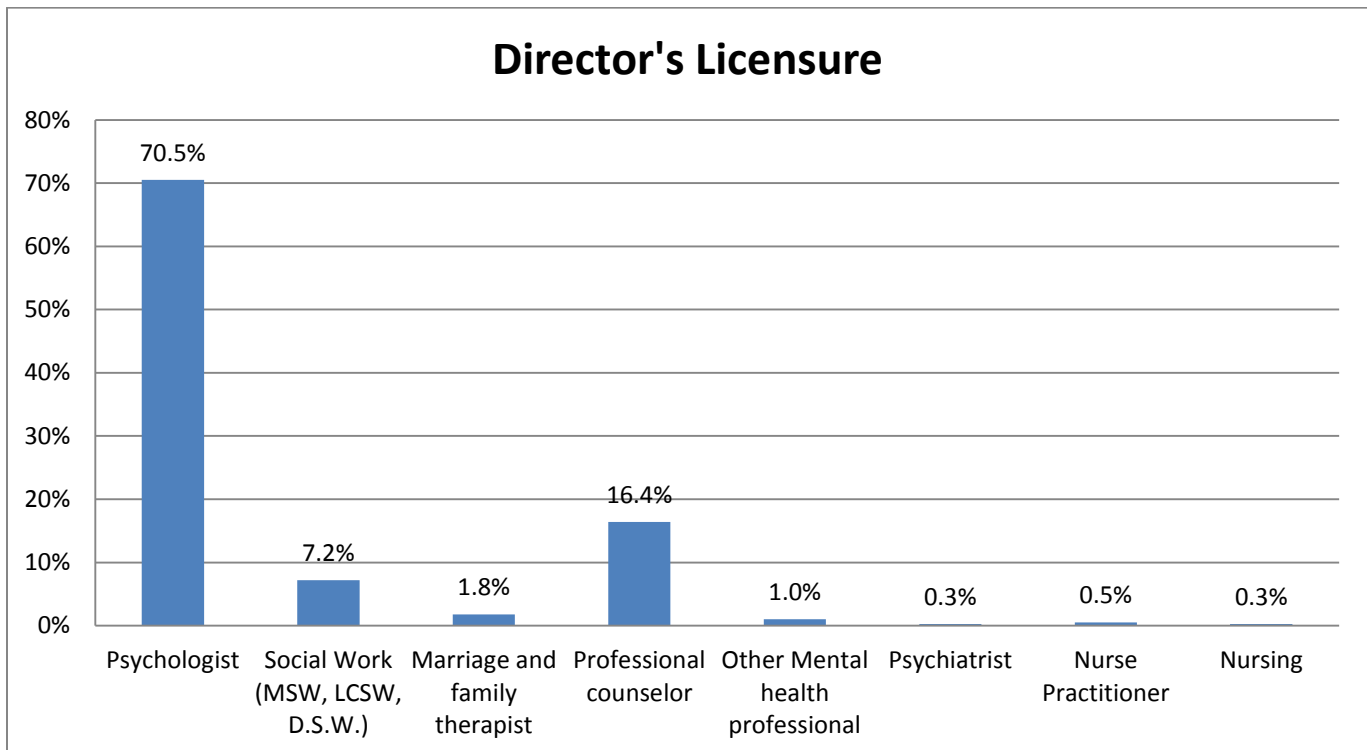
Director's Professional Identity (D010)		
	Frequency	Percent

Clinical psychologist	106	27.25%
Counseling psychologist	168	43.19%
Other licensed psychologist	3	0.77%
Social Work (MSW, LCSW, D.S.W)	29	7.46%
Marriage and family therapist	7	1.80%
Professional counselor	61	15.68%
Other Mental health professional	2	0.51%
Psychiatrist	2	0.51%
Nurse Practitioner	2	0.51%
Nursing	1	0.26%
Administrator	2	0.51%
Other (Specify Below)	6	1.54%
Total	389	
Administrator, Professional Counselor, and nurse	1	
Chemical Dependency Counselor; Prevention Specialist	1	
Clinical Therapist	1	
Counselor Educator / LPC LMHC	1	
Licensed Mental Health Counselor and Licensed Alcohol and Drug Counselor [LADC]	1	



Director's Licensure (D011)		
	Frequency	Percent

Psychologist	275	70.51%
Social Work (MSW, LCSW, D.S.W.)	28	7.18%
Marriage and family therapist	7	1.79%
Professional counselor	64	16.41%
Other Mental health professional	4	1.03%
Psychiatrist	1	0.26%
Nurse Practitioner	2	0.51%
Nursing	1	0.26%
Other (Specify Below)	8	2.05%
Total	390	
Both Clinical Professional Counselor and Marriage and Family Therapist	1	
Masters of Public Health	1	
None	1	
Professional Counselor and Nursing	1	
Psychiatrist and Internal Medicine	1	
Social Work, Ph.D., MSW	1	
Student Affairs Professional	1	



Direct Report: Student Affairs (D012)		
	Frequency	Percent

Vice President/Associate VP/ Assistant VP	206	53.79%
Dean of Students/Assistant Dean/Associate Dean	105	27.42%
Director, Health Services	40	10.44%
Other (Specify Below)	32	8.36%
Total	383	
Assistant Vice President	1	
Associate Director of Patient Experience	1	
Associate Provost, Student Affairs	1	
Associate VP for Student Engagement and Enrollment Services	1	
Associate VP of Student Success in the Division of Strategic Engagement	1	
Associate VP who is also Dean of Students	1	
Business Affairs, University Services	1	
Contractor	1	
Dean of students / VP for student life	1	
Dean of Wellness	1	
Director of Student Achievement	1	
Director of Student and Academic Services	1	
Executive Director of counseling and health services	1	
Executive Director	1	
Executive Director of Career and Counseling	1	
Executive Director of Health and Counseling Services	1	
Executive Director of University Health & Recreation Services	1	
Executive Director, Health and Counseling Services	1	
Executive Director, Student Services	1	
I have two reporting lines; the Assoc. VC for Student Affairs, and the Title III Coordinator		
I report to the Executive Director of Campus Health Services, who is an MBA. The Director of our Medical Service also reports to her. I worry that if I just say I report to the Director of Health Services, the assumption will be that I report to an MD, which is not the case.	1	
Merged division of academic and student affairs	1	
Provost	1	
Senior Director of Health and Wellness	1	
Senior Director of Health Services and Counseling	1	
Sr. Director of Student & Enrollment Services	1	
Vice Chancellor for Student Affairs	1	
Vice Chancellor /COO	1	

Direct Report: Academic Division: (D012-D013)

	Frequency	Percent
--	-----------	---------

Provost	22	5.5%
Dean/Assistant Dean/Associate Dean	76	19.0%
Vice President/Associate VP/ Assistant VP	3	0.8%
Department Chairperson	18	4.5%
Other	14	3.5%
Missing	266	
Total	399	
A non-academic position	1	
Associate provost	1	
Chief Student Affairs Officer	1	
Dean of Student Development	1	
Director	1	
Health and Counseling Services	1	
n/a	1	
President	1	
Student Affairs	3	
Student Life Division	1	
Vice Chancellor for Student Affairs	1	
Vice Chancellor /COO	1	

Licensure Requirement (D014, D015, D016)		
	Number Yes	Percent
Are counseling center professional staff required to be licensed to practice in you center? Yes	258	64.70%
Are counseling center professional staff expected to become licensed in order to continue practicing in your center? Yes	356	89.20%
Does your center provide to new staff the supervision required for licensure of mental health professionals in your state? Yes	338	84.70%

Professional Organizations (MR017)		
Professional Organizations:	Number Belonging	Percent Belonging
Student Affairs Administrators in Higher Education (NASPA)	71	17.79%
ACPA	44	11.03%
Active Minds	63	15.79%
American College Counseling Association (ACCA)	81	20.30%
American Psychiatric Association (APA)	11	2.76%
Assoc. for the Coordination of Counseling Center Clinical Services (ACCCCS)	20	5.01%
American Medical Association (AMA)	0	0.00%
American Mental Health Counselors Association (AMHCA)	14	3.51%
American Psychological Association (APA)	191	47.87%
American Psychological Association (APA) Division 17	64	16.04%
Association of Psychology Postdoctoral and Internship Centers (APPIC)	31	7.77%

Professional Organizations (MR017)		
Professional Organizations:	Number Belonging	Percent Belonging
Association of Counseling Center Training Agencies (ACTA)	39	9.77%
Commission for Counseling and Psychological Services (CCAPS)	27	6.77%
Center for Collegiate Mental Health (CCMH)	100	25.06%
Higher Education Mental Health Alliance	5	1.25%
International Association of Counseling Services	69	17.29%
Jed Foundation	60	15.04%
Other #1 (Specify Below)	109	27.32%
American Counseling Association	9	2.26%
National Association of Social Workers	4	1.00%
American College Health Association	5	1.25%
Michigan Counseling Association	1	
AAAHC	1	
AAMFT; NAADAC;	1	
American Academy of Child and Adolescent Psychiatry (AACAP), Academy of Psychosomatic Medicine (APM), Association of American Directors of Psychiatry Residency Training (AADPRT)	1	
American Association of Christian Counselors	1	
Alabama Counseling Association (ALCA), Association for Psychological Type International (APTi + APTi AL)	1	
Ohio Counseling Association, North Central Ohio Counseling Association	1	
American Counseling Association; United States Psychiatric Rehabilitation Association	1	
American Group Psychotherapy Association, Rochester Area Group Psychotherapy Society, Genesee Valley Psychological Association	1	
APA Division of Peace Psychology, Psychologists for Social Responsibility, Grenadian Psychological Association	1	
Assoc for Cog and Beh Therapy (ABCT)	1	
Association of Black Psychologists, NJ Psychological Association, NJ Chapter, Association of Black Psychologists, NJ College Health Association	1	
California Psychological Association (CPA)	1	
Greater Pittsburgh Psychological Association; American Counseling Association (ACA); Peruvian Psychological Association	1	
Iowa Psychological Association	1	
Mass Psychological Association	1	
National Association of Colleges and Employers (NACE)- as we also provide career services	1	
New York State Psychological Association; Division 39 of the APA	1	
Pennsylvania Psychological Association; APA Division 39 (Psychoanalysis); APA Division 45 (Ethnic Studies)	1	
Texas University Counseling Center Directors Association	1	
TUCCDA	1	
Universal Health Care Action Network	1	

Board Certification (D018 to D019)		
Are you Board Certified? Yes = 41 (10.3%)		
If yes, please name certification board (e.g. ASPBB)		
American Board of Professional Psychology (ABPP)	13	3.26%
American Board of Psychiatry and Neurology	1	0.25%
American Board of Examiners in Clinical Social Work---ABE	7	1.75%
National Board of Certified Counselors (NBCC)	10	2.51%
Other	17	4.26%
If yes, please name certification board (e.g. ASPBB) List		
AAMFT Clinical Fellow; National Certified Counselor	1	
American Board of Certified Social Worker's	1	
American Board of Psychiatry and Neurology And American Board of Internal Medicine	1	
American Psychotherapy Association	1	
APA College of Professional Psychology - Certificate of Proficiency in Treatment of Substance Use Disorders	1	
Board of Behavioral Science	1	
California Board of Behavioral Sciences	1	
Certified Consultant, AASP	1	
College of Psychologists of Ontario	1	
LPC,NCC	1	
National Board for Certified Counselors -NBCC International Board of Christian Counselors - IBCC	1	

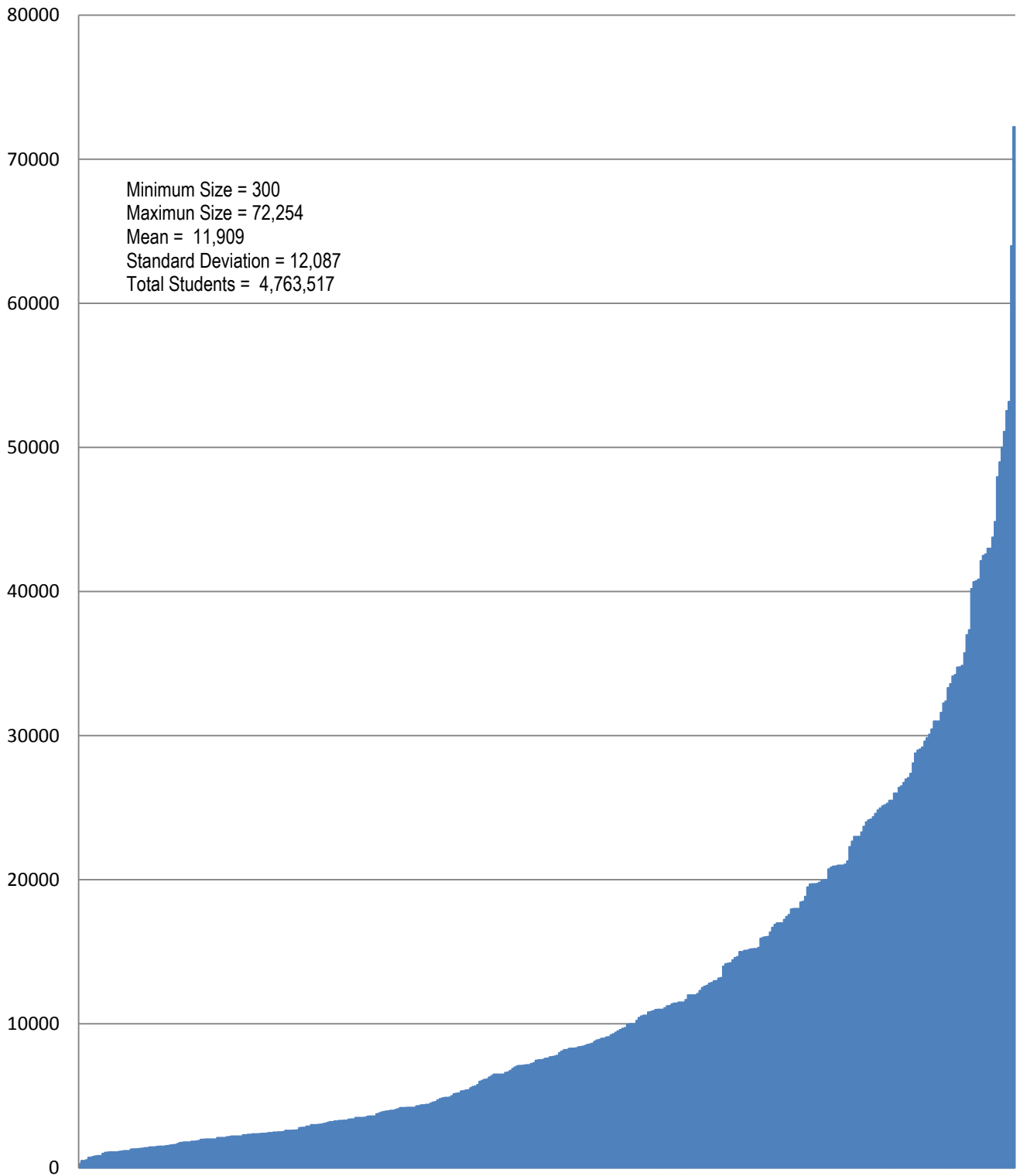
Directors Citizenship Country: (D020)		Count
United States		383
Canada		3
Australia		1
Trinidad and Tobago		1
Peru		1
Other (Please specify other country)		5
Austria		
Ireland		394
Puerto Rico		1
Republic of Singapore		1
Singapore		1

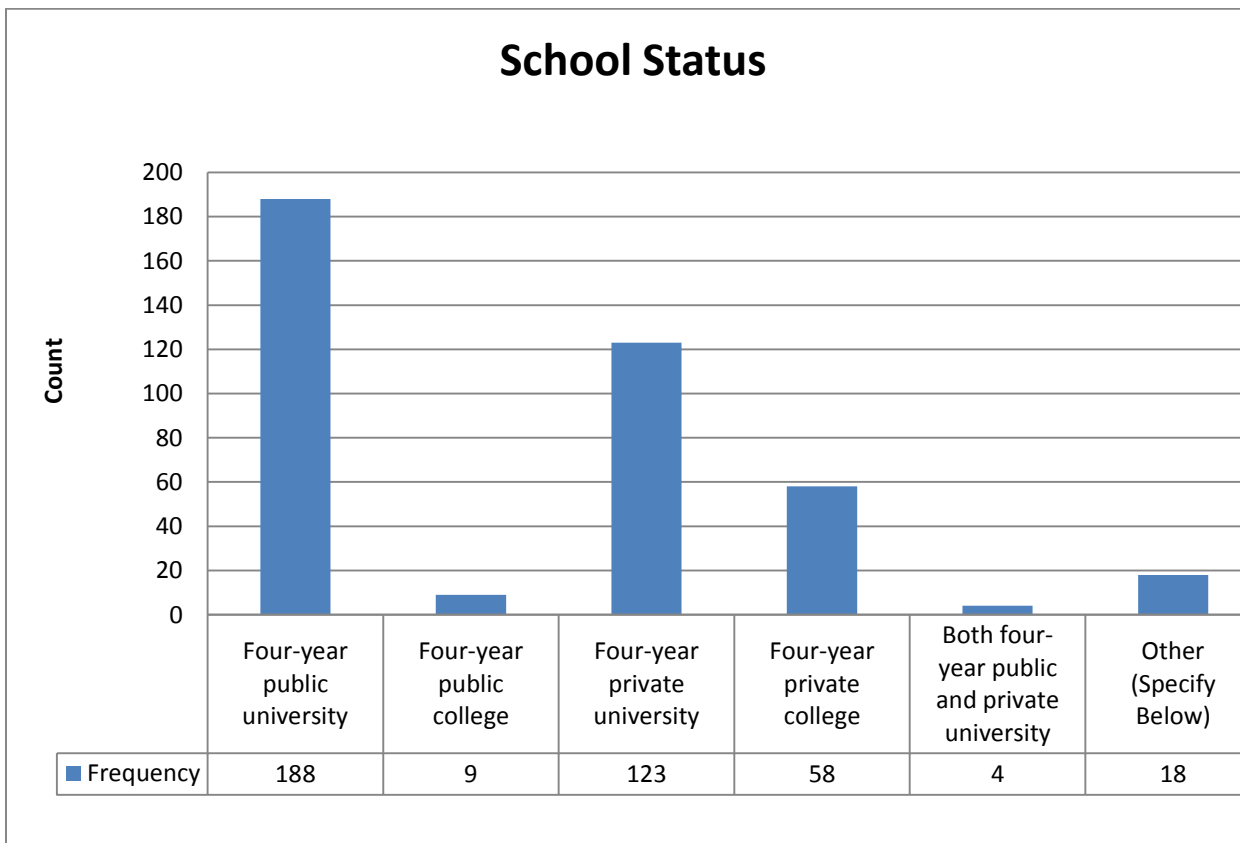
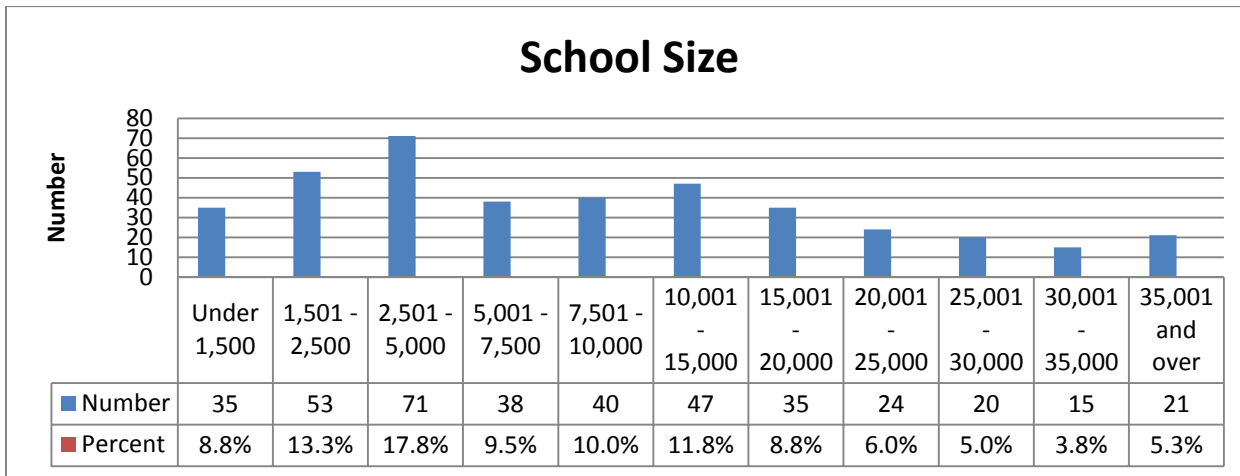
Institutional Demographics

School Location (D021)		
	Frequency	Percent
Metropolitan Inner-City Campus	30	7.6%
Urban Campus - Inside a city or town	189	47.8%
Urban Adjacent Campus - Easy access to urban environment	75	19.0%
Rural Setting Campus - More distant access to urban environment	95	24.1%
Caribbean Island	1	.3%
Small Caribbean Island	1	.3%
Small town, not rural or urban	1	.3%
suburban	1	.3%
Suburban campus	1	.3%
Town size= @ 63,000, not sure if that qualifies with urban, with much rural space outside of it(?)	1	.3%

School Size: Categories (D023)		
	Frequency	Percent
Under 1,500	35	8.8%
1,501 - 2,500	53	13.3%
2,501 - 5,000	71	17.8%
5,001 - 7,500	38	9.5%
7,501 - 10,000	40	10.0%
10,001 - 15,000	47	11.8%
15,001 - 20,000	35	8.8%
20,001 - 25,000	24	6.0%
25,001 - 30,000	20	5.0%
30,001 - 35,000	15	3.8%
35,001 and over	21	5.3%
Total	399	

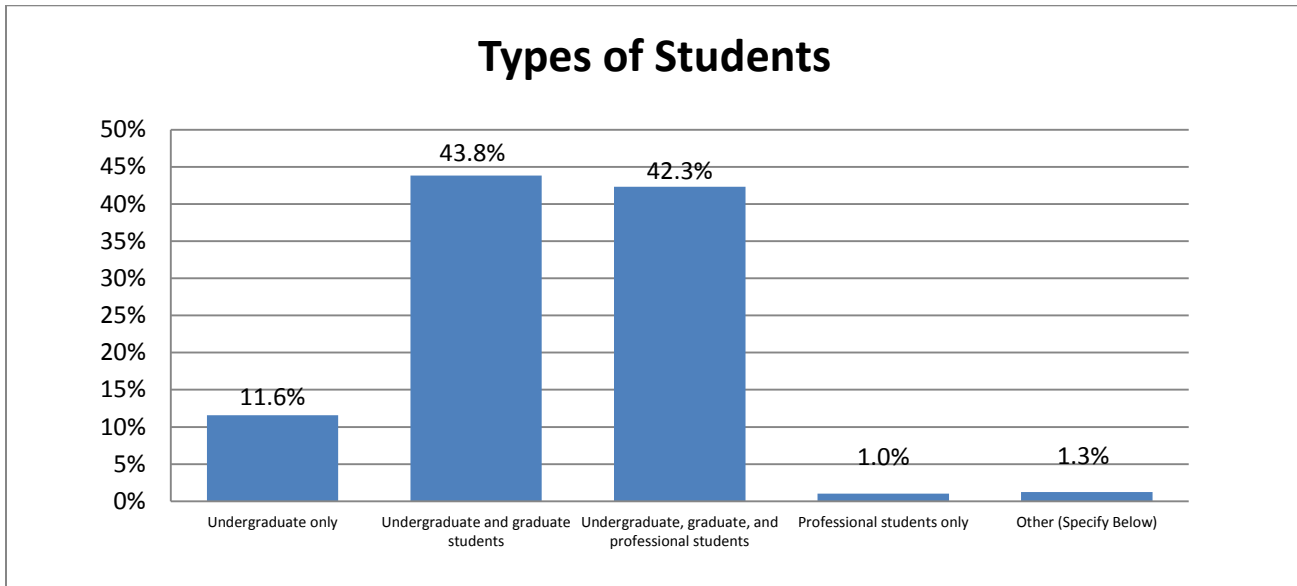
School Size: Number (NA024)





Types of Students (D026)		
	Frequency	Percent
Undergraduate only	46	11.6%
Undergraduate and graduate students	174	43.8%
Undergraduate, graduate, and professional students	168	42.3%
Professional students only	4	1.0%
Other (Specify Below)	5	1.3%
Total	397	
Graduate and professional students	1	

Types of Students (D026)		
Graduate and Professional students only	1	
High school, undergraduates and graduates	1	
Undergraduate and Certificate	1	
Undergraduate visual and performing artists	1	



108 Institutions or 26.1% are at religiously affiliated schools. (D022)

Historically Black College or University? Yes = 10 or 2.5% (D027)

Hispanic Serving Institution? Yes = 54 or 13.5% (D028)

Does your university provide domestic partner benefits? Yes = 221 or 55.3%

Does your university include sexual orientation in its nondiscrimination statement? Yes = 339 or 84.8%

Do you consider your center a "One-person Counseling Center"? (D035) Yes = 25 or 6.25%

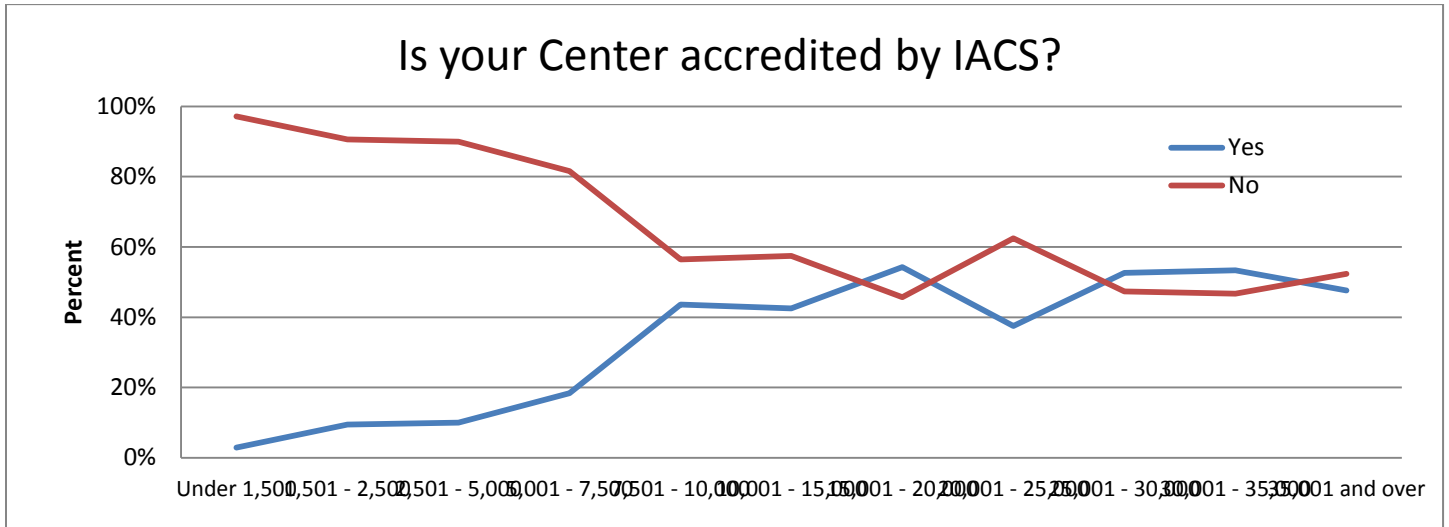
IACS Accreditation

Is your Center accredited by IACS? (D031) Yes = 111 or 27.8%

Is your Center IACS Accredited Yes or No with reasons (MR032 MR033)	
	Count
Yes - Reasons	
Quality Assurance / external validation / standard of practice / compliance with national standards	111
Enhance credibility / status on campus.	90
IACS aids in arguments for staff and other funding increases.	81
Valued / respected by administration / supervisor.	80
Evidence of commitment to international standards.	70
National recognition/prestige.	68
Other- Distinguish self from health center standards	1
No, not accredited by IACS Other Specified	
Cost	78
Single Person Center	12
Not enough time to complete	56
Not required / not interested / never applied	63
Brand new center	4
Lack of support by administration / no valued by administration	45
Not applying as do not see center as meeting minimum standards	33
Small center	95
Accredited by other agency	19
New Director, do not know about IACS	11
Don't see benefit to accreditation	42
Other (Specify Below)	
Applying for APA accreditation	1
Awaiting recent site visit findings and recommendations	1
Doesn't align with our mission	1
Don't meet inclusion criteria	1
Had accreditation and was personally going to be President of IACS at that time but we lost funding to continue so had to let it drop and have not had any money since	1
Have heard the process plods and that outcomes are not unexpected.	1
Historically, not seen as necessary with past direct report and previous directors. Now have a new direct report and will be revisiting this issue once other higher priority systems issues have been addressed.	1
I am a very new director so this could be a future project	1

Is your Center IACS Accredited Yes or No with reasons (MR032 MR033)	
IACS would forbid hiring student workers. Since work opportunity throughout the campus is part of our college's mission, we would seem "weird" not to have student workers. Sweeping application of this IACS standard is insensitive to context.	1
Lost accreditation while searching for new director; currently accredited since September 2012	1
not valued by administration but would support it if I found budget for it	1
Planning to in the next several years	1
Still researching - need time.	1
The cost and effort entailed in APA Internship accreditation is our first priority and, given the necessity of having a good center in order to get this, we feel it is sufficient.	1
Trying to get center to the point where it will qualify for IACS	1
University accredited by SACS and internship accredited by APA	1
Using another model	1
We were IACS accredited for many years, up until 2001 I believe and then we lost accreditation due to our integrated facility having shared electronic health records. Unfortunately, the previous director did not pursue conversation regarding the matter during our renewal time. We have since decided that pursuing accreditation under AAAHC (Accreditation Association of Ambulatory Health Care). Counseling services is specifically focusing on the core chapters and the chapter on behavioral health.	1
When we became an integrated health and counseling center, we moved to one electronic health record. As I understand IACS standards, this is unacceptable so we dropped our accreditation.	1

Is your Center accredited by IACS? (D031 by NA023)												
		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
Count	Yes	1	5	8	5	17	16	11	12	6	7	11
	No	34	53	73	36	26	26	15	14	17	6	12
Percent	Yes	2.9%	9.4%	10.0%	18.4%	43.6%	42.6%	54.3%	37.5%	52.6%	53.3%	47.6%
	No	97.1%	90.6%	90.0%	81.6%	56.4%	57.4%	45.7%	62.5%	47.4%	46.7%	52.4%



CCMH Involvement

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)		
	Frequency	Percent
My center is currently involved with CCMH	123	31.30%
My center is plans to be involved with CCMH	51	12.98%
My center may decide to be involved with CCMH	100	25.45%
My center does not plan to be involved with CCMH	39	9.92%
I do not know enough about CCMH to be able to say.	80	20.36%
Total	393	
If involved with CCMH please indicate why?		
We are involved through Titanium and see the value in contributing to research that will allow the profession to have current info about college student mental health issues so that we may engage in best practices to address these issues.		
1. Wanting to measure our students' psychological health 2. Wanting to contribute to the national profile on college mental health		
1) Exciting to be a part of college counseling mental health research 2) Utilizing the SDS and assessment tools is a good way to ensure we are using well-vetted data forms and assessment instruments 3) Ability to compare our stats nationally 4) Our University values participation in research		
Ability to compare our population to the national CCMH database ability to use empirically validated symptom checklist		
Access to data; contribution to college mental health database		
Access to national data in order to compare with our local data. Access to national data to assure knowledge of mental health trends on college campuses.		
Among the most important milestones of my career...an opportunity to dispel myth and portray realities concerning the mental health of college students on a grand and nearly unimpeachable scale, which no one else is doing.		
Appreciate having outcome, repeated measures for clinical outcome and progression in tx. Value the SDS that has been created. Value the inclusivity in forming and maintaining and changing CMH to meet needs of members. Administration loves we are involved. Also ability to compare our agency with others!		
Appreciate the effort to collect data and do research on college students. Like that our university's data can be compared to national sample.		
Because it is a "multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students." A thoughtful, collaborative, innovative, cutting-edge group with whom it is an honor to be involved.		
Being part of a nationally, data-driven study that would allow us to eventually talk about how "our students" either are very similar to or very dissimilar to students at other counseling centers is desired. To contribute data to such a study is part of what we value and want to do.		
Believe it is good to professionally be involved in a national research project. The SDS and CCAPS have provided us with helpful intake tools. Bench marking and getting summary of our data at the end of the year compared to national number is helpful.		
Benchmarking		
Benchmarking		
Benchmarking with other institutions and staying current on mental health issues for students are critical data for services and resources.		
Best practices		
Building a broad student mental health data base is critical for counseling centers.		

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

By contributing data to CCMH, we contribute to a nationally representative data set on college students' mental health which aims to more effectively serve the college student population. Having access to and using the SDS makes it easy to compare our population to other university counseling centers. Utilizing CCAPS also allow us to compare our clinical population to other university counseling centers. Collecting data from CCAPS and the SDS highlights high-risk behaviors such as psychotic symptoms, HI, and SI.
C-CAPS 34 and data sharing/comparison/benchmarking of great value to us.
Chart national trends, provide data to inform Counseling Center proactive, provide guidelines for best practice and evidence based treatment.
Comparison studies, trend in Counseling Centers
Contribute to and benefit from national data collection and analysis.
Contribute to the national data set. Compare numbers to national numbers.
contribute to the research and partake of the benefits
Contribution to national data set Ability to compare data with other counseling centers
Contribution to the profession Access to benchmarking data
Current; valid national norm
Fantastic research, ability to improve our Center services, ability to use benchmarking statistics.
Furthering understanding of college student mental health access to resources, i.e., CCAPS benchmarking
Good for program evaluation and part of being a responsible organization
Good instruments; good for benchmarking; contribute to research
Great opportunity to compare ourselves to schools of our own size. Data collection helpful in making the case for additional staff members and other forms of support.
Great research, we are Titanium users and value the CCAPS.
Great to be part of a national study, to have national comparison data.
Guides practice decisions and informs on student mental health trends
Helps with planning and benchmarking
I believe collecting data about what is happening with respect to mental health on college campuses is important in supporting our services and providing our students with the best possible care. Data is the best way to determine for ourselves, our clients, our campuses and our communities whether we are truly meeting the needs of students.
I believe it is very important to contribute data to better understand the mental health of college students and track changes over time.
I believe it's important to study college student mental health trends. In addition, participating in a national research project is viewed positively on my campus.
I have no idea Victor --- what have we gotten ourselves into?!!
Importance of benchmarking against other, similar centers; importance of contribution to research in the field; importance of standardized data that is directly obtained from college students (not impressions of directors, only)
Importance of contributing to a national database to enable research on college mental health.
Importance of having national and regional data comparisons to advance our work.
Important to be part of making counseling more effective and building better tools for Counseling Centers
Interest in further understanding of issues of college students. Interest in obtaining benchmarking data.
Interest in suicide research & data, but unable to keep up, given press.
Interested in contributing to, and gaining from, the body of knowledge related to our work.
It is important for our students to be included in national mental health study of college students.

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

It is of great benefit to our profession and also to specific centers. The research coming out of CCMH is unlike any we have been able to do in the past.
It's important to aggregate data about college student challenges in order to lobby more effectively for services; also provides benchmarking for purposes of comparison.
Lends credibility to our data collection efforts and provides access to valuable benchmarking data. Also allows us to argue successfully to keep Titanium.
Like the data with CMH provides, feels like we are making a contribution to the database on college mental health which may result in better knowledge and clinical practices
Love data. Work at a data-driven institution. National benchmarks helpful. Want to contribute to national research concerning our work.
National standards & benchmarking information
Networking and Data
not involved at this time
On today's campuses it is imperative that CCs have accurate data regarding the students we see. Our use of TS and CCMH provides the best data available in the fastest most reliable means.
Opportunity to contribute to national database related to college mental health benefits both our center and the profession as a whole
Our center currently uses Titanium and has been part of the CCMH due to its association with Titanium.
Our previous director decided to join CCMH. We have found it to be very beneficial and think it is contributing important research to the study of mental health. The improvements in the CCAPS have made it a very valuable tool.
Participate in the CCAPS data collection through Titanium
Participation in providing, and ability to receive, national and local data for normative comparison.
Provides good benchmarking data; Supports both research and advocacy for student counseling centers; Professional schools at Emory can use the data base, e.g. Emory's School of Public Health. Does not cost much and is very easy access, use.
Provides valuable information about current MH trends of college students, particularly with comparisons between help-seeking and non help-seeking students.
Quality control and assessment feedback; enhance tx outcomes
Real time data on presenting concerns of students is essential to my job
Same reasons as IACS, to be part of standardized initiative for clinical assessment.
Service to the field and for the information generated.
Since we use titanium, it was an easy partnership to contribute and then extrapolate information to compare our client's needs/level of distress with national norms.
Support for collaborative data collection and sharing on large scale, use of CCAPS.
The ability to compare data with other counseling centers is extremely valuable.
The ability to tap into current data regarding national counseling center functions.
The data and research efforts of the organization
The data is very important and helpful for the field and individual centers.
This is the best benchmarking research opportunity available for college/university counseling centers. It provides invaluable information for us. I have used data for staff development purposes, to ID effectiveness of our center, to justify requests for additional staff, and to compare our students' experience re: mental health issues with the national experience.
The opportunity to contribute to and benefit from a database of relevant counseling center statistics.

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

<p>The research coming from CCMH is the most exciting work to happen to counseling centers in recent years and it will provide us with a wealth of information about our students that we have never had access to in the past. I have already benefitted from the research and have had the opportunity to share information about how our students compare to other comparable university students on a variety of indicators and administrators are very interested in this data. I encourage all directors to join CCMH!</p>
<p>This is becoming the standard for counseling center research; easy to do; good support and helpful support</p>
<p>To be a part of the collective research going on in mental health on campuses and to receive comparative data from other schools.</p>
<p>To be part of a very beneficial large-scale, long-term research project on college student mental health. Resulting findings should be useful to our practice.</p>
<p>To contribute to a research center who's work can help us to support our profession and advocate for students on our campus. To use data to support staff and counseling center development needs.</p>
<p>To contribute to and benefit from research on college student mental health. CCMH research can help us to more effectively and efficiently direct our services. Also it is very easy to participate.</p>
<p>To have access to data with which to compare my center</p>
<p>To have access to data.</p>
<p>To receive benchmarking data</p>
<p>Valuable source of data for the profession, and valuable as a benchmark against which to measure our own operation.</p>
<p>Want to be involved</p>
<p>Want to contribute to "greater good" research nationally Want to have data to compare our center to</p>
<p>Want to contribute to the knowledge base about our profession</p>
<p>Want to contribute to the research on college student mental health. Want to be able to benchmark. Want to have a more systemic way of looking at outcome research.</p>
<p>Want to have the instruments to use in our Center; desire to be a part of the larger research effort; CCMH represents Counseling Centers at the core.</p>
<p>Want to support national data set even though we do not use titanium</p>
<p>We are committed to contributing to research in our field so that we have accurate data on which to base assumptions about the state of college mental health.</p>
<p>We believe in contributing to the national database on college mental health services plus we get access to great comparative data.</p>
<p>We believe that the comparative statistical information which can be derived from CCMH can benefit University Counseling Centers in many ways. It can help us tailor our services to student needs, be aware of how our campus compares nationally, and educate administrators about national trends.</p>
<p>We can measure the treatment outcome and compare them with a wide range of universities across the nation. The data also informs us of the trends in college counseling centers which is very valuable.</p>
<p>We have begun using the CCAPS and find it helpful.</p>
<p>We see it as a crucial data collection effort to track trends nationally in a standardized way. Want to be able to do benchmarking quickly from data.</p>
<p>We truly value the data and the opportunity to contribute.</p>
<p>We use Titanium. Soon, we will be adding the web component/CCAPS.</p>
<p>We wish to support national efforts to document the work of counseling centers, to research ways to improve our services and to advocate campuses about our value.</p>
<p>wish to contribute data and obtain current information regarding college student mental health</p>

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

If not Involved Why?

Lack of staff resources.
Applicability of measurement tool to our non-traditional population. Have not turned on the measurement tool.
As a new director I am investigating all the associations that would be of benefit to us. I am unclear as to why our center has not been involved before.
As a relatively new director (4 yrs.), have implemented many step wise changes which has taken considerable time but would like to move towards being involved with CCMH. Would need to gather more information about the process. Being short staff at various times has also made this difficult, i.e., less time to focus on various projects.
Awaiting time to complete IRB approval requirements.
Because of limited staffing, difficult to be involved with all of the most beneficial resources--have to pick and choose.
Becoming more familiar with CMH before deciding to be involved
Change on leadership occurred and this has not been an important consideration so far.
CMH instruments were not compatible with Point and Click at the time that we purchased the electronic record service.
CMH involvement requires infrastructure, additional equipment, and procedural changes that have not yet been implemented by our center.
Concerned about difficulty of gathering data from students.
Concerned about warehousing and sharing confidential client data.
Cost
Cost and time
Cost and time
Cost does not justify value added for our center.
Cost time extensive forms required from students detracts from nonthreatening atmosphere
Cost without clear benefit. Data sought by CCMH is not data kept.
Cost, One person, Center, Have not had time to fully investigate.
Cost, using other outcome measures
Didn't know about it
Discovered it one year ago when I became director. I have made contact with CMH; it appears that it is easier for those using Titanium to use the surveys and to submit data -- at least that is my take
Do not have data set-up which would allow it.
Do not know a lot about it but am willing to learn and get involved.
Do not know about CMH
Do not know about it.
Do not know anything about it.
Do not know enough about CCMH
Do not know enough about it.
Do not see the benefit of being involved.

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

Do not use Titanium
Don't know enough about how to get involved and what the long term commitment is.
Don't know enough to do so.
Don't know much about it
Don't know much about it. Don't have time for anything else.
Don't like the questions on the survey for our population.
Frankly, have been too focused on other matters. Haven't fully understood the advantage for the allocation of resources to participate.
From what I can recall, it was not feasible financially to participate
Funding
Have been phasing in Medcat; may next look at CCMH
Have just become a 2-person center. May now have more time to be involved.
Have not had enough time to research the organization
Have not had time to fully investigate participation. Some concern about relevance of survey questions to our client-base.
Have not had time to look into it.
Have not taken the time to pursue this.
Have to check w/ IRB. We use the CCAPS and Titanium so it makes sense to join as we want to contribute to overall data input. Just have to go through the proper procedures first when time allows. Will hopefully join beginning this summer/fall 2013.
Haven't done the research to find out the cost and how to sign up. Plan to do this in the upcoming year.
Haven't explored the benefits/challenges yet.
Have not had the time to investigate.
I am a new director (started August 1, 2012) and do not know the history of our lack of involvement.
I am a new director to the center and plan on participating
I am a relatively new director and only recently heard about CCMH. I am interested in learning more.
I am awaiting "Changes" and directives from top administrators regarding the directions of the counseling center.
I am in contact with this group but not officially a member.
I am looking into whether it is financially worthwhile
I am not familiar with CCMH
I am the first full time director and I am still setting up internal systems and data collection mechanisms
I am unable to afford a technology program that can be used with CCMH.
I assumed it required Titanium
I believe CMH requires extensive mental health screening/diagnostics of students seeking counseling, which does not fit our model.
I do not know enough about CCMH to be able to say.
I do not know enough about CCMH to say.
I do not know enough about it- have heard it in passing only.

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

I do not know enough about it, but am hoping if we are approved to begin using Titanium we would have access through that.
I do not know what it is or how to go about getting involved.
I don't have enough information about CCMH
I don't know enough about it and our services are largely out-sourced
I don't know enough about it. I'd like to be invited.
I don't know enough, possible cost, not using one of the electronic records that are allow access to study
It has not been viewed by administration as being of benefit to this institution.
I have not been aware of opportunities to become involved, but I would like to be as it seems to have potential for a high level of credibility (co0mpared to other organizations with higher risk for bias)
I need to learn more about benefits of involvement.
I would like to be and plan to do so within the year.
implementation of assessment
In our small college culture, I choose to keep paperwork to a minimum for clients. CMH would require a commitment to demand more of that, but I may be persuaded.
In past because it required Titanium
IT and General Counsel have concerns about data breaches.
Just not sure of the benefits and time just to do things. I cannot read all that I get now
Just recently got Titanium, still contracted with KPIRS screening for this year, may switch to using CCAPs for new academic year.
Just started with Titanium and want to see how it progresses.
Lack of information
Lack of administrative time for follow through, involvement in other studies
Lack of funding.
Lack of knowledge
Lack of resources---no time.
Lack of staff to assume some
Limited time/staff for additional involvements beyond current responsibilities
Membership cost
Need more information
Need more information to decide
Need more information.
Need to get other initiatives solidified first.
Need to get the process set up and approved by IRB and find an appropriate time for implementation for my staff
Never heard of it
New center and other priorities have taken precedence
New Director, a lot of projects, not enough time in the day
No aware of their services.

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

No Interest

No particular reason

No specific reason at this time

Not a top priority. We hope to gain IACS accreditation and then APA accreditation for our next 2 priorities.

Not aware of it

Not clear about involvement. It's my understanding that data comes from Titanium software. We are acquiring this system soon.

Not clear on the benefit

Not enough information to really say.

Not enough information.

not enough specific info on current options

Not interested.

Not sure how to answer.

Not sure how to get involved.

Not sure the benefit of involvement.

Not too familiar with organization.

Not yet submitted to IRB for approval

Our center plans to be involved with CCMH. We are currently setting up CCAPS in preparation for that involvement.

Our center uses Mediat, which is only starting to support the software promoted by CSMH. When Mediat brings the CCAPS on line, we will be able to more easily cooperate with CCMH

Our population differs significantly from the data that CMH collects.

Previous director did not view as beneficial.

previous lack of compatibility with software PNC

Recently became member and will participate once agency has moved to a paperless record keeping system (scheduled for fall 2013)

Recently started using Titanium and plan now to become involved

Relatively newly aware of CMH. Other priorities. It is a possible interest area for the future.

Small center

Small center with limited resources & time

Small center without administrative support. Using Titanium but not web based version and data would have to be entered manually.

Small staff, do not conduct research.

Still deciding on CCAPS vs other options

Still relatively new to position, prior director was here for almost 20yrs and unclear as to why IACS and CCMH were not investigated. First priorities with position were filling vacancies and updating policies and procedures, as well as evaluating this center's use of Ti (only used for scheduling). Need to recreate forms created by prior director on Ti, switch over to electronic records, get connected in with CMH, as well as make stronger case to administration for IACS.

Still thinking about it; other priorities take precedence in terms of researching what we need to be involved in

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

This has been a purely time and staff training issue -- we don't currently use the measures used by CMH so there would need to be some changes made in our processes.
This is the first I've heard of the Center and am not sure it is available to Canadian institutions.
Thus far we haven't had the time to review and make an informed decision.
Time cost
Time and process of going through Human Subjects Review; the demographic data we collect is not the same as CMH;
Time commitment.
Time constraints.
Time is an issue.
Time limitations
Time required to submit IRB paperwork and other logistics
Time to get things up and running with our EMR.
Too busy to do the logistics necessary yet.
Too many changes. Need to wait until we settle more to bring in something new.
Use Celeste Health BHM for counseling outcome measure, don't want to switch to CCAP.
Vague recollection of them only
Waiting on technical issues to be resolved at our end.
We are a 1.5 FTE center and have our hands full providing direct service, crisis management, and consultation to those on campus. No time!
We are looking into this opportunity
We are making efforts to purchase Titanium which will provide access to CMH. We have not made efforts to be involved with CMH because I didn't know how to outside of using Titanium.
We have been using the BHM for many years instead of CCAPS
We have implemented Ti in the last year, and this will be the last phase of our implementation.
We joined the National College Depression Partnership in 2008 and the project required using specific depression and anxiety screenings (PHQ-9 and GAD-7) with regular follow-up screening. We did not want to inundate clients with screening. We are interested in considering the CMH participation in the future.
We just became IACS accredited and I am now trying to obtain Titanium Scheduler for the office. I am still learning about how we can be involved with CCMH, but assume that having electronic capabilities, to administer the CCAPS, etc. will help.
We just got Titanium up and running this year, when we are more proficient with it we will move towards being involved with CCMH if it is affordable in our budget.
We see this as a possibility once we have Titanium up and running in our Center
We use a different data system, the KPIRS, and adding another system is not reasonable to us. We get what we need from our system.
We use different student assessment instruments
We use Mediat electronic medical records system, and understand that Mediat and CMC are close to reaching an agreement. We plan to look into joining CMH after the agreement is reached.
We use Point and Click. Have not received information about how to integrate CCMH with Point and Click.
We used to use the CCAPS, but had concerns about it's validity and reliability data, as well as test construction. It may have come a long way since then (2009), and we may consider returning to it. However for the next few years we will continue to use the K-PIRS as our assessment instrument.

The Center for Collegiate Mental Health (CCMH, formerly CSMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today's college students. (D034)

We will likely be moving in this direction.

With only three clinical staff, we do not have enough time to add this to our list of activities.

Working toward it

Would be interested in being involved with CCMH.

Budget Status and Third Party Payments

What has been the status of your centers budget in the past year?		Count
Salaries (cost of living or merit):	Decreased 7% or more	8
	Decreased 4 - 6%	8
	Decreased 1 - 3%	17
	Stayed the same	154
	Increased 1 - 3%	166
	Increased 4 - 6%	24
	Increased 7% or more	15
Operating Budget:	Decreased 7% or more	23
	Decreased 4 - 6%	19
	Decreased 1 - 3%	45
	Stayed the same	214
	Increased 1 - 3%	60
	Increased 4 - 6%	16
	Increased 7% or more	12

How many months of the year ... (NA039 & NA040)				
Months	...is your center providing services?		... do you work?	
	Frequency	Percent	Frequency	Percent
8.0	2	0.50%	0	0.00%
8.5	0	0.00%	0	0.00%
9.0	28	7.02%	9	2.26%
9.5	1	0.25%	1	0.25%
10.0	32	8.02%	33	8.27%
10.5	0	0.00%	2	0.50%
11.0	13	3.26%	26	6.52%
11.5	0	0.00%	0	0.00%
12.0	323	80.95%	328	82.21%
Total	399		399	

Budget (NA041 and NA042)						
	N	Mean	Min.	Maximum	Std. Deviation	Sum
What is your Total Budget including salaries and benefits?	322	\$807,992	\$0	\$6,084,364	\$806,900	\$244,423,471
What is your operating budget (The portion of your budget that is not allocated for salary and benefits)?	347	\$74,195	\$0	\$1,800,000	\$147,620	\$25,745,733

	NA041	NA042
Institution Size	What is your Total Budget including salaries and benefits?	What is your operating budget (The portion of your budget that is not allocated for salary and benefits)?
Under 1,500	\$211,345.59	\$25,914.87
1,501 - 2,500	\$210,111.43	\$25,343.00
2,501 - 5,000	\$300,763.25	\$37,939.46
5,001 - 7,500	\$423,056.30	\$38,989.44
7,501 - 10,000	\$692,666.37	\$59,081.56
10,001 - 15,000	\$794,643.92	\$137,720.87
15,001 - 20,000	\$1,048,077.89	\$81,753.67
20,001 - 25,000	\$1,220,487.90	\$96,916.66
25,001 - 30,000	\$1,287,527.18	\$99,729.38
30,001 - 35,000	\$1,330,044.93	\$159,554.08
35,001 and over	\$2,476,437.14	\$224,510.95

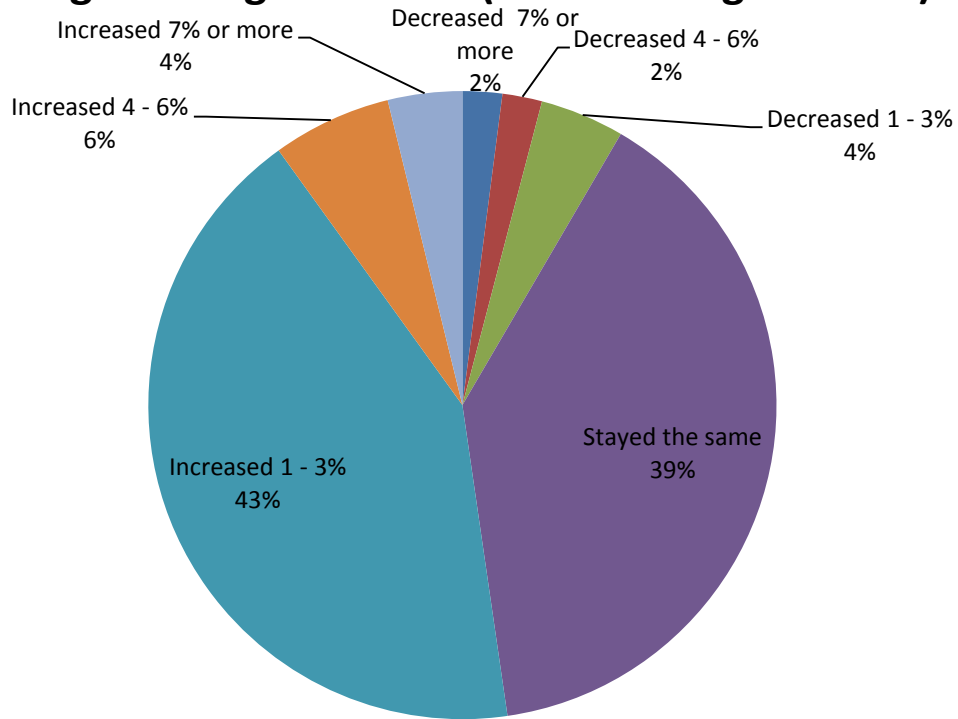
	NA041 Budget		
	Public	Private	Other
Institution Size	What is your Total Budget including salaries and benefits?	What is your Total Budget including salaries and benefits?	What is your Total Budget including salaries and benefits?
Under 1,500	\$219,000.00	\$213,719.00	\$197,840.80
1,501 - 2,500	\$36,000.00	\$216,487.55	\$198,011.33
2,501 - 5,000	\$297,990.78	\$316,978.65	\$152,955.00
5,001 - 7,500	\$388,071.11	\$485,528.62	\$275,635.00
7,501 - 10,000	\$573,605.90	\$749,382.36	\$2,450,000.00
10,001 - 15,000	\$571,533.85	\$1,321,995.00	
15,001 - 20,000	\$922,471.15	\$1,676,111.60	
20,001 - 25,000	\$898,956.62	\$2,342,150.67	\$3,000,000.00
25,001 - 30,000	\$1,368,755.77		\$637,698.50
30,001 - 35,000	\$1,330,044.93		
35,001 and over	\$2,506,883.00		\$1,867,520.00

NA041 Budget					
	University	College	Professional School	Community College	Other (Specify Below)
Institution Size	What is your Total Budget including salaries and benefits?	What is your Total Budget including salaries and benefits?	What is your Total Budget including salaries and benefits?	What is your Total Budget including salaries and benefits?	What is your Total Budget including salaries and benefits?
Under 1,500	182,060	237,087	220,801	106,000	
1,501 - 2,500	141,589	305,327	160,000		184,034
2,501 - 5,000	311,336	298,907	182,528	116,765	
5,001 - 7,500	434,421	246,911			
7,501 - 10,000	689,204	800,000			
10,001 - 15,000	794,644				
15,001 - 20,000	1,048,078				
20,001 - 25,000	1,210,543		1,409,432		
25,001 - 30,000	1,349,093			240,900	
30,001 - 35,000	1,290,357		1,845,987		
35,001 and over	2,476,437				

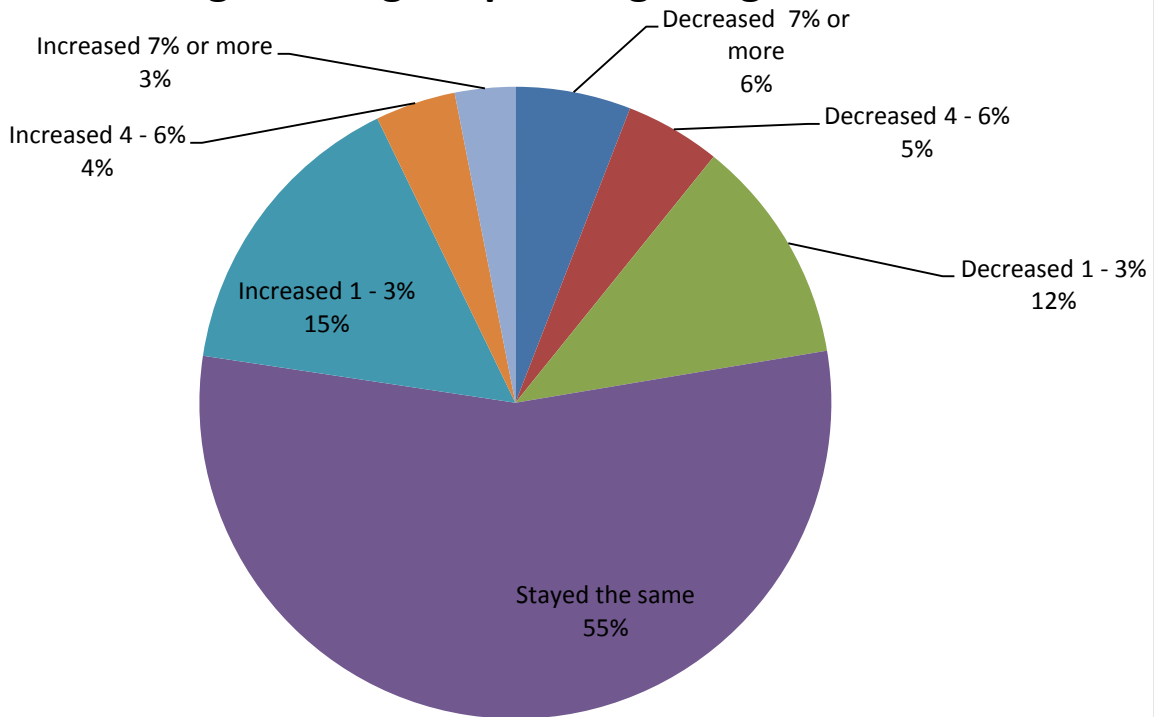
Budget Covers (MR043)	Frequency
Basic costs or running center (copying, printing, postage, purchase of consumables)	385
Outside Contractor/Consultant Fees (Psychiatry if not under personnel)	174
Assessment and Testing Costs	192
Staff Development (Attending conferences, training, professional development)	354
Staff memberships and dues	257
Phones	295
Purchase of technology (computers, projectors, etc.)	228
IT Costs	151
Software licenses and yearly costs (Titanium, PnC, Office, etc.)	290
Accreditation and Agency Licensure Fees (IACS, APA, APPIC)	205
Promotional Items/Advertising/Marketing	318
Presentation items and Supplies	313
Purchase of equipment for student use (Biofeedback, Seasonal Affective Disorder lights)	198
Speakers and Event Costs	213
Cost of programming (QPR,...	204
Staff liability Insurance	90
Staff licensure costs	166
Rental/Charge for space for Counseling Center	29
Books and Media	335
Furniture	231

Budget Covers (MR043	
Stipends for practicum students	48
Paid Graduate Assistants	56
Other (Specify Below)	
Budget does include \$1800 work study (student workers); I don't have staff salaries and benefits in my budget (they're in VP's budget for division of student affairs)	1
Cell phone for on-call; Protocol after hours service; on line screening tool	1
Costs for training program	1
Director's cell phone, Director's liability insurance	1
Supervision of LPCI by an LPCS	1
Everything comes from this budget.	1
I do not have oversight of my budget.	1
Integrated center so costs include pharmaceuticals, medical supplies, etc.	1
Our budget supports Student Health and Counseling Services staff and services including contracted clinical health services (including psychiatrist), psychologist consultation for counselors	1
Paid graduate student staff (not formal Graduate Assistants)	1
Sound proofing for counseling center rooms and portion of agreed upon purchases for overall Health & Counseling Center needs (negotiated between CC Director and Health Center Director, as space is shared); Some special furniture beyond standard issue (eg. carrels for lobby computers, group room furnishings)	1
Stipend for continuing education	1
Student worker	1
Travel	1
Tutors salary	1

Budget Change: Salaries (cost of living or merit)



Budget Change: Operating Budget



Prevention Programs – Suicide and AOD

If your center uses a suicide prevention protocol please indicate which best describes what you do (MR044)		
	Frequency	Percent
QPR	124	32.1%
Campus Connect	32	8.3%
Mental Health First Aid	21	5.4%
Ask Listen Refer	21	5.4%
Applied Suicide Intervention Skills Training (ASSIST)	14	3.6%
At-Risk for University and College Faculty (Kognito)	31	8.0%
Mental Health First Aid	8	2.1%
Collaborative Assessment and Management of Suicidality	26	6.7%
Use a locally developed model.	92	23.8%
Other (Specify Below)	17	4.4%
Total	386	
Other (Specify Below)		
AAS Recognizing and Responding to Suicide Risk	1	
AFSP sponsored web-based interaction program	1	
All student screened using PHQ	1	
American Association of Suicidality (Jed Foundation) template	1	
Combination	1	
Decision Tree created by Center that uses some of the QPR and Campus Connect strategies.	1	
Didactic training	1	
Gatekeeper training folded into more global bystander intervention-some staff trained in QPR. Students of Concern Team uses modified U of II referral model for students exhibiting suicide-risk behavior on campus. We use CAMS internally for working with these 3-session mandated referrals.	1	
Individual Assessment Combined With Threat/Risk Management Information	1	
Offer suicide prevention trainings to faculty, staff and RA's/RD's.	1	
On line screening tool	1	
Pace University Multicultural Suicide Prevention Program	1	
Student Support Network	1	
Training based on American Foundation for Suicide Prevention (AFSP) - 'The Truth About Suicide' movie and intervention	1	
We are in the process of choosing a program. Previously a locally developed model.	1	
We do not have an official suicide prevention protocol. We do outreach presentations, consult with administrators, faculty, and staff about their concerns, and conduct individualized risk assessments for students who come to our center. We use the CAMS forms as clinical tools when indicated.	1	
We helped create a program called WCU Cares that basically provides information on how to identify students in distress, it includes a modified version of Campus Connect, and it provides an opportunity to role play. How to make an appropriate referral is also presented.	1	

If your center uses a suicide prevention protocol please indicate which best describes what you do (MR044)		
	Frequency	Percent
AlcoholEDU for College	92	18.59%
MyStudentBody.com	20	4.04%
Alcohol Skills Training Program (ASTP).	3	0.61%
BASICS	115	23.23%
Choices	30	6.06%
eCheckup to go (ECHUG)	207	41.82%
Other (Specify Below)	28	5.66%
Other (Specify Below)	495	
3rd Millennium Alcohol Wise	2	
Alcohol 101	1	
Alcohol Education Seminar	1	
Alcohol Wise	8	
AOD educational presentation to students in required GNED worldview class	1	
ASSIST	1	
AUDIT	1	
BASICS is provided by our Health Center. Our CC has a 1/4-time AOD Counselor and students are referred to this individual by the person who runs BASICS.	1	
College Alc	2	
CORE	1	
GAIN Q3	1	
In House Alcohol Module required of all freshmen	1	
Judicial Educator	1	
Locally developed	1	
Locally developed BASICS type program.	1	
Modified Alcohol Skills Training Program	1	
Peer Education, Alcohol Savvy, Alcohol Awareness Week	1	
Prime for Life	2	
Recently changed by DOS, not sure, sorry, but know it is ad hoc	1	
Reslifenet	1	
SASSI Individual Counseling/Assessment and Referral	2	
social norms marketing	1	
TheBuzz	1	
Think About It	1	
Tips for University	3	
Under the Influence and Marijuana 101 through 3rd Millennium Classrooms	1	
We have our own theatrical production for first-year students as well.	1	
We use a combination of ECHUG pre and post intervention, BASICS, motivational interviewing in small group interactional format.	1	

Training Programs

Do you have a training program? (D048) Yes = 285 or b%

If you have a psychology internship program is it APA accredited? (D063) Yes = 83 or 20.75%.

Trainee FTE (Na049 to NA062)						
	N	Mean	Minimum	Maximum	Sum	Std. Deviation
FTE: Practicum	161	2.07	.25	15.00	334.00	1.90
FTE: Pre-doctoral Psychology Intern	121	2.77	.12	6.00	334.84	1.28
FTE: Post-doctoral Psychologist	70	1.76	.20	4.00	122.93	1.03
FTE: Post-doctoral Psychiatric Resident	23	0.63	.10	3.00	14.45	0.60
FTE: Social Work Intern	51	1.10	.25	3.00	56.11	0.69
FTE: Counseling Intern	52	1.24	.25	3.60	64.30	0.83
FTE: Marriage and Family Practicum/Internship	10	1.33	.25	4.00	13.30	1.18
FTE: Clinical Graduate Assistant (Paid)	44	1.29	.15	4.50	56.94	1.01
FTE: Masters Level Practicum/Internship	66	1.45	.20	10.00	95.76	1.37
Other FTE:	69	1.77	0.33	8.00	28.33	1.98
Sum of Pre-degree Trainee FTE (NA049 + NA50+(NA053 to NA059) (Calculated)	270	3.64	0.20	22.00	983.59	3.35
Sum of Post-degree Trainee FTE (NA051 + NA052) (Calculated)	149	3.07	0.20	9.00	457.77	1.90
Total Sum of Trainee FTE (NA049 to NA059)	276	5.22	0.20	27.50	1441.36	4.88

Psychiatric Services

Are psychiatric services available at your campus? (D064)		
	Frequency	Percent
Yes, in the Counseling Center only	150	37.78%
Yes, in the Student Health Center only	55	13.85%
Yes, in both Counseling and Student Health Centers	33	8.31%
Yes, in other places on campus	0	0.00%
No, but we contract out for psychiatrists and pay fee	16	4.03%
No access to psychiatrists except as a private referral	114	28.72%
Other (Specify Below)	29	7.30%
Total	397	
Other		
Anti-depressant medications prescribed by our in house family practitioners according to their guidelines with psychologist recommendation and monitoring. Anti-anxiety and ADHD med's are not provided due to abuse potential. Referrals are made off campus when need for anti-psychotic medications are indicated.		
Community collaboration with psychiatrist and student pays a fee		
health center and free service through a collaboration with the medical school		
In the counseling center and at the medical school on campus		
JTS students pay to use psychiatrists at a nearby affiliated university		
Mostly private referral, but we have one (off-campus) who gives our students a sliding scale and we pay 2/3 of initial evaluation fee. This is by contract.		
NP or MD in Health Services will see only depression and anxiety, rest is referred out to local MDs		
Onsite services are available at the Counseling Center for members of the house staff. Students seen at the Counseling Center have access to a psychiatric consultant off campus, whose services are paid for through my budget		
Our counselors consult with a Psychiatric Nurse Practitioner on a monthly basis		
Primarily in the counseling center but also a satellite site in one of the graduate programs		
Psychiatrist report to me and are cc staff, they are housed in SHS along with two cc psychologists, mostly for space and historical reasons.		
Student Health medical providers evaluate and prescribe for mental health disorders.		
Student Health Plan provides for off-campus (Kaiser Permanente) psychiatric services (separate from us) or we make private referrals.		
The Counseling Services is part of Campus Health Services; psychiatric services are available in Medical Services, which is also part of Campus Health Services		
There are no psychiatric services available within 50 miles of out campus		
We are a combined center with psychiatric services		

Are psychiatric services available at your campus? (D064)

We are a fully integrated health and counseling service, and have very limited psychiatric services as outside consultant
We are an integrated center with Medical (including psychiatry) and Wellness.
We are an integrated center.
We are an integrated counseling/health clinic.
We are an integrated health and counseling service. We contract for part-time psychiatric services offered in our office. Our relationship with psychiatry is excellent.
We contract for a Nurse Practitioner who is able to service some of our students psychiatric/medication management needs.
We have a consulting psychiatrist that we pay for in the event that a student is being required to undergo a psychiatric evaluation. In all other instances, we assist with referral.
We have a temporary grant which provides us about 4 hours per month. This occurs in the Student Health Center.
We have informal relationships with psychiatric service providers
We have nurses in the health services center who can prescribe psychotropic
We use GPs through a local multisite medical clinic. We can consult with the psychiatrist in the health center at our main campus.
yes, in merged Health and Counseling
Yes, physical location is Student Health Center but psychiatrists are employed by the counseling center

If psychiatric services are located in the Health Center, what is the quality of the relationship between the counseling center and psychiatry? (D065)

	Frequency	Percent
Poor	1	0.71%
Fair	9	6.43%
Good	50	35.71%
Excellent	61	43.57%
Total	140	

If psychiatric services are available at your campus what is the number of psychiatric hours per week? (NA066)

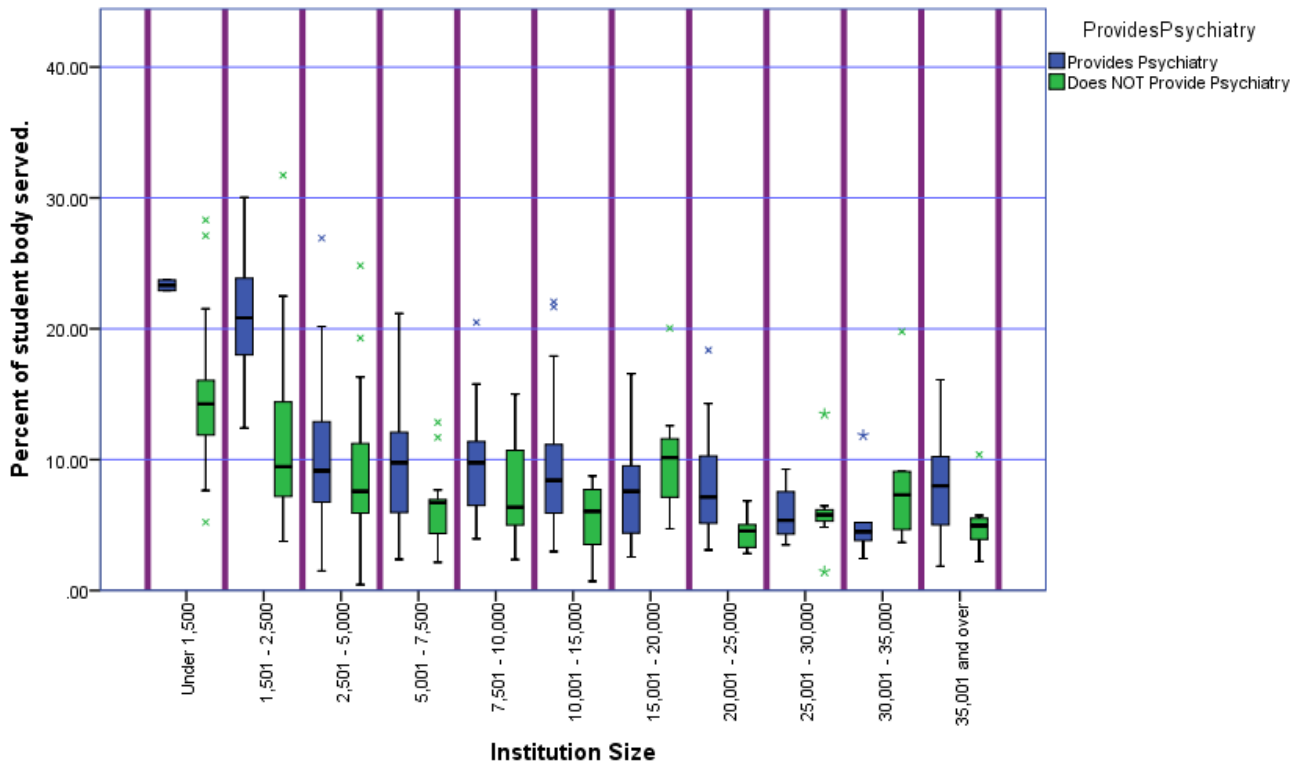
	School Status					
	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	10		5	2		
1,501 - 2,500			3	8		1
2,501 - 5,000	11	5	8	5		31
5,001 - 7,500	8	5	15			
7,501 - 10,000	8	2	12	8	66	
10,001 - 15,000	18	12	55			
15,001 - 20,000	28		19			
20,001 - 25,000	39		122		190	
25,001 - 30,000	62					6
30,001 - 35,000	53	40	40			
35,001 and over	88				60	

How would you characterize the number of psychiatric hours that are available on your campus based on the role your center is expected to play on campus? (D067 X D023)

Institution Size	They are nonexistent or inadequate.	We definitely could use more hours based on our client's needs.	We are about where we should be for this size campus.	We have more psychiatric consulting hours than we need.
Under 1,500	12	5	4	0
1,501 - 2,500	17	11	12	0
2,501 - 5,000	18	15	21	0
5,001 - 7,500	11	12	10	0
7,501 - 10,000	6	18	12	0
10,001 - 15,000	4	25	13	1
15,001 - 20,000	4	18	10	0
20,001 - 25,000	3	12	8	0
25,001 - 30,000	1	14	5	0
30,001 - 35,000	1	9	5	0
35,001 and over	0	16	4	0

How would you characterize the number of psychiatric hours that are available on your campus based on the role your center is expected to play on campus? (D067)

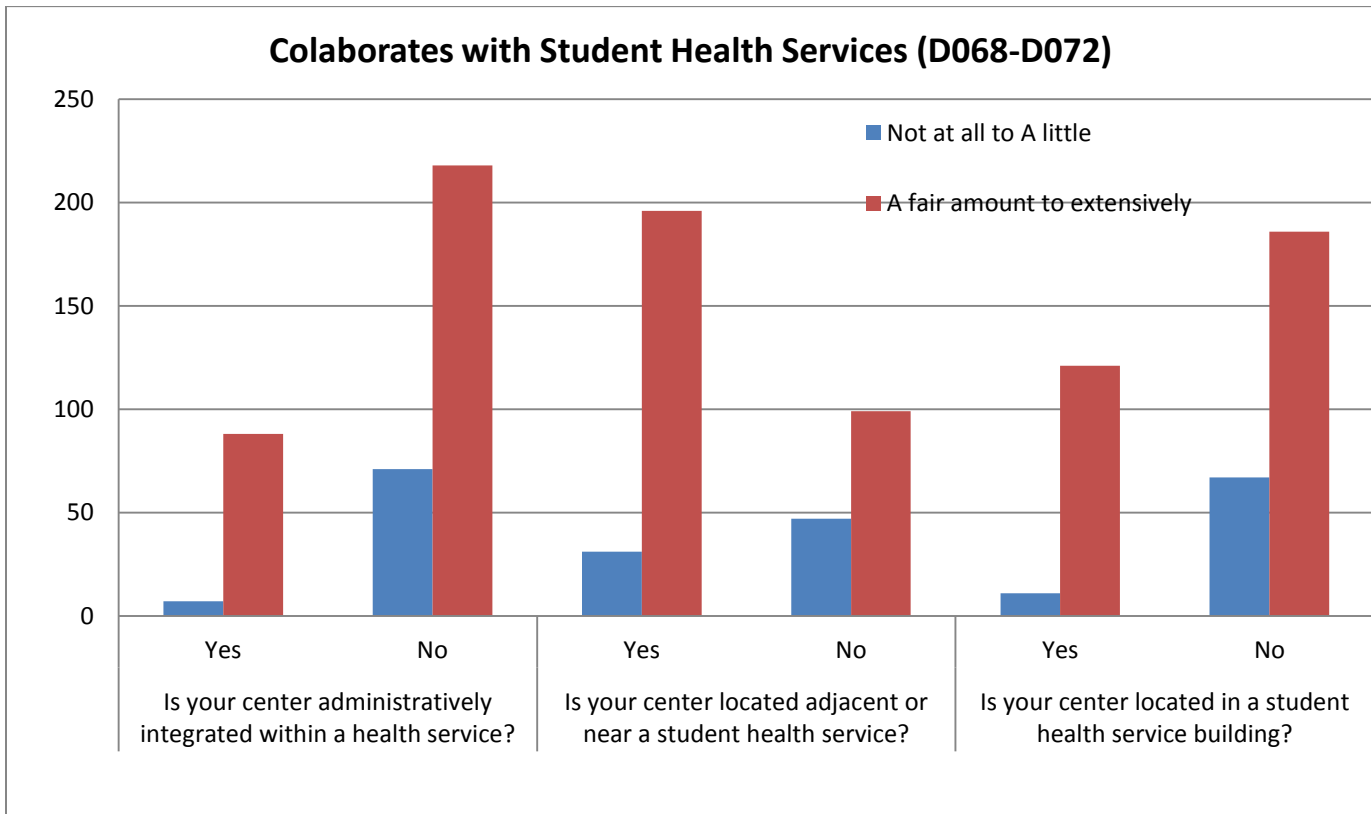
They are nonexistent or inadequate.	77	18.97%
We definitely could use more hours based on our client's needs.	156	48.85%
We are about where we should be for this size campus.	104	32.18%
We have more psychiatric consulting hours than we need.	1	32.18%
Total	348	



Health Services Integration

Relationship with Student Health Center (D068 to D072)			
	Response	Frequency	Percentage
Is your center administratively integrated within a health service?	Yes	98	23.67%
	No	294	71.01%
Is your center located adjacent or near a student health service?	Yes	228	57.87%
	No	150	38.07%
Is your center located in a student health service building?	Yes	133	32.92%
	No	258	63.86%
My counseling center collaborates with Student Health Services	Not at all	17	4.15%
	A little	61	14.88%
	A fair amount	186	45.37%
	Extensively	128	31.22%
Are you the chief administrator over the health service?	Yes	53	12.80%
	No	340	82.13%

My counseling center collaborates with Student Health Services (D068 to D072)					
		Not at all	A little	A fair amount	Extensively
Is your center administratively integrated within a health service?	Yes	0	7	29	59
	No	17	54	155	63
Is your center located adjacent or near a student health service?	Yes	2	29	117	79
	No	15	32	64	35
Is your center located in a student health service building?	Yes	0	11	57	64
	No	17	50	125	61



Medical records Sharing: Counseling Center and SHS (D072, D073, D074)			
		Count	Percentage
Are you the chief administrator over the health service?	Yes	53	13.25%
	No	340	85.00%
Do you and you Student Health Services share an electronic medical records system?	Yes	64	16.00%
	No	327	81.75%
Do you and you Student Health Services share access to your counseling records without needing additional informed consent?	Yes	47	11.75%
	Yes but only with Psychiatry	33	8.25%
	No	323	80.75%

Are you the chief administrator over the health service? (D072, D073, D074)		Count		Percent	
		Yes	No	Yes	No
Do you and you Student Health Services share an electronic medical records system?	Yes	11	53	2.8%	13.7%
	No	42	282	10.8%	72.7%
Do you and you Student Health Services share access to your counseling records without needing additional informed consent?	Yes	11	36	2.8%	9.2%
	Yes but only with Psychiatry	3	29	0.8%	7.4%
	No	39	272	10.0%	69.7%

On-call Expectations and Services

Is your center expected to be on call 24/7? Yes = 261 or 66.17%

Are you expected to be on call 24/7? Yes = 228 or 58.2%

Mean number of after-hours calls handled by your center a year? (NA076)		
School Size: Categories	Center Handled	Director Handled
Under 1,500	20	13
1,501 - 2,500	28	13
2,501 - 5,000	19	10
5,001 - 7,500	20	7
7,501 - 10,000	32	11
10,001 - 15,000	39	11
15,001 - 20,000	46	15
20,001 - 25,000	91	8
25,001 - 30,000	35	14
30,001 - 35,000	70	8
35,001 and over	306	9

Number of after-hours calls handled by ... (D076 D078)								
			School Status					
			Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other
Under 1,500	Your center in a year?	Mean	30		22	19		17
		Count	1	1	9	18	0	6
	You as the Director in the past year?	Mean	15	1	12	13		14
		Count	1	1	9	18	0	6
1,501 - 2,500	Your center in a year?	Mean	8		38	22	5	20.5
		Count	1	0	20	29	1	2
	You as the Director in the past year?	Mean	8		19	9	5	19
		Count	1	0	20	29	1	2
2,501 - 5,000	Your center in a year?	Mean	32	10	19	11		13
		Count	13	1	42	9	0	6
	You as the Director in the past year?	Mean	15	10	10	6		4
		Count	13	1	42	9	0	6
5,001 - 7,500	Your center in a year?	Mean	18	10	26	10		
		Count	17	3	16	1	0	1

Number of after-hours calls handled by ... (D076 D078)								
		School Status						
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other	
	You as the Director in the past year?	Mean	8	3	8	4		
		Count	17	3	16	1	0	1
7,501 - 10,000	Your center in a year?	Mean	18	6	57	35	50	
		Count	24	1	12	1	1	1
	You as the Director in the past year?	Mean	6	6	21	20	5	
		Count	24	1	12	1	1	1
10,001 - 15,000	Your center in a year?	Mean	27		84			
		Count	32	1	14	0	0	0
	You as the Director in the past year?	Mean	10		16			
		Count	32	1	14	0	0	0
15,001 - 20,000	Your center in a year?	Mean	34		110			
		Count	29	1	5	0	0	0
	You as the Director in the past year?	Mean	7		53			
		Count	29	1	5	0	0	0
20,001 - 25,000	Your center in a year?	Mean	82		83		225	
		Count	19	0	4	0	1	0
	You as the Director in the past year?	Mean	6		3		50	
		Count	19	0	4	0	1	0
25,001 - 30,000	Your center in a year?	Mean	29					73
		Count	18	0	0	0	0	2
	You as the Director in the past year?	Mean	8					50.5
		Count	18	0	0	0	0	2
30,001 - 35,000	Your center in a year?	Mean	65	10	200			
		Count	13	1	1	0	0	0
	You as the Director in the past year?	Mean	9	1	10			
		Count	13	1	1	0	0	0
35,001 and over	Your center in a year?	Mean	306					
		Count	20	0	0	0	1	0
	You as the Director in the past year?	Mean	9				5	
		Count	20	0	0	0	1	0

If you have an outside provider who handles your on-call please indicate which best fits as a description: (D079)		
	Frequency	Percent
Protocal	33	28.95%
Local Emergency Room	15	13.16%
Local mental health center	12	10.53%
Local crisis center	26	22.81%
Local provider group	3	2.63%
Other	25	21.93%
Total	114	
Other (Specify Below)		
A nurse triage line shared by our health center and other centers in the state.	1	
Aetna insurance 24/7 help line	1	
After hours calls are routed to the security office who can contact counseling staff. Callers are asked to give their contact information and as available a counselor can call them back. Security also provides the 24 hour crisis number of the local mental health center.	1	
Calls directed to campus police during non-business hours, who contact VP of Student Affairs. If necessary, the counseling center is contacted to respond; otherwise we are informed the next day of situations that may require our involvement.	1	
Campus police and 911 from Residential Life. We have a backup calling tree for major campus emergencies and the Director is first on the list	1	
Campus Public Safety/Police	1	
campus security and Mobile Crisis	1	
CIT certified University Police, Emergency Room in University Hospital	1	
Community Crisis line	1	
contract with local hospital (Line to Care)	1	
Depends on availability between local emergency room, and local mental health hospital.	1	
FoneMed	1	
Health Center Psychiatric Staff	1	
Local crisis-line screens calls for on-call counselor.	1	
Local psychiatrist off-campus	1	
Medphone	1	
NurseResponse (or NurseWise)	1	
Our local hospital provides psych crisis ER services after hours for transports.	1	
Public Safety, local hospital emergency department, psychiatric evaluation team within hospital emergency department	1	
Students can access a local crisis line, especially those off campus. Otherwise, we are contact through Campus Safety or through an RD. We do not use on-call as a crisis hotline.	1	

If you have an outside provider who handles your on-call please indicate which best fits as a description: (D079)

Students referred to either hospital, 9-1-1, or crisis clinic	1	
We contract with the same professional crisis call center that manages the after-hours calls for many community mental health centers in Kansas. It is staffed by mental health professionals who handle the call and contact us a backup only in rare situations. I still, however, may get a direct call from a university administrator or office for rare after-hours crises.	1	
We do collaborate with the local Mobile Crisis unit but this is done after initial assessment from clinician. Also, the above after-hours numbers are approximate and include issues that were carried over from normal business hours into after-hours.	1	
We do not have an outside provider at this time; students are frequently sent to ER	1	

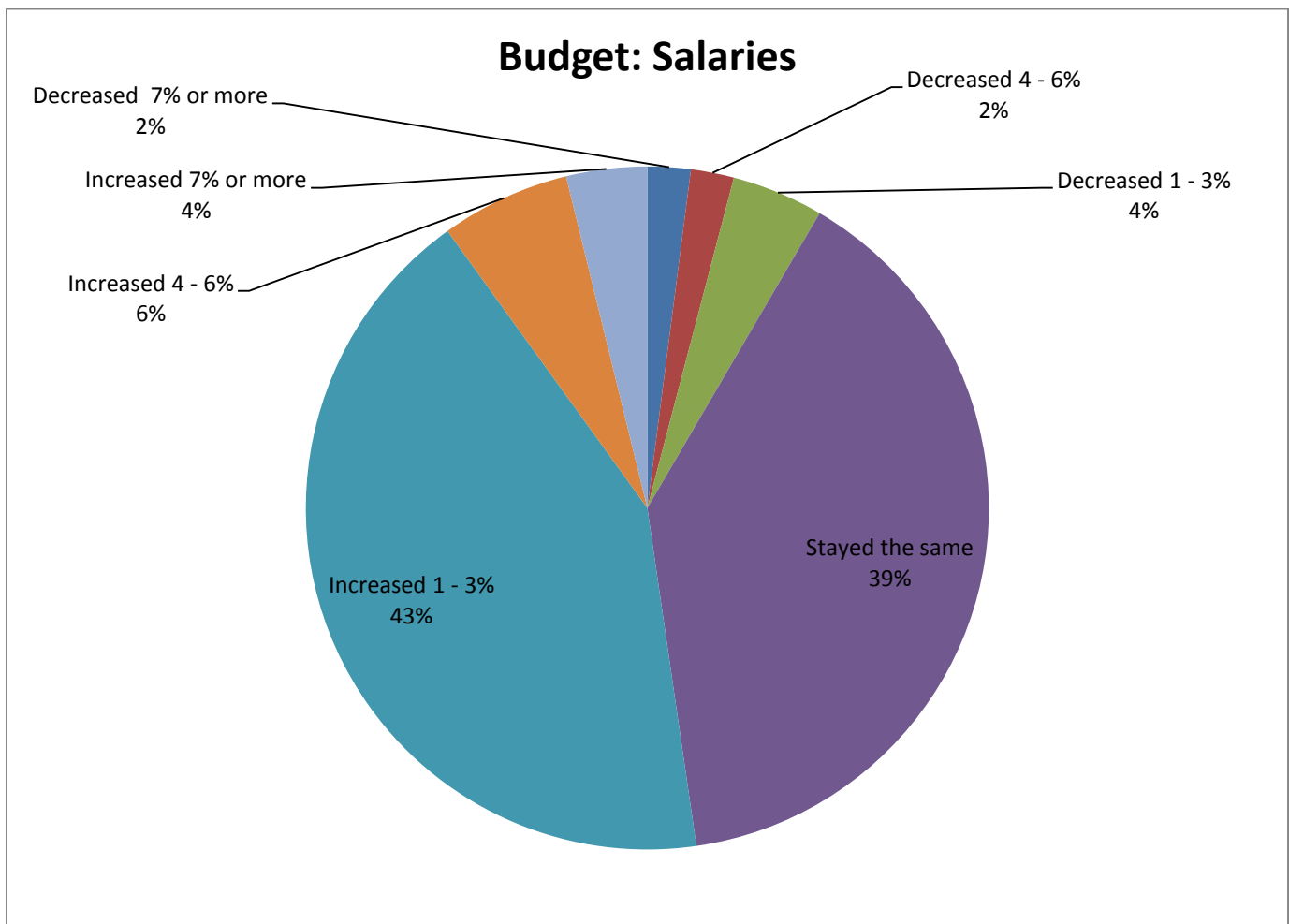
Staff Demographics

Professional Staff Demographics (NA080 to NA094)					
	Mean	Minimum	Maximum	Sum	Total Percent
Black/African American	1.04	0.00	8.00	309.10	10.35%
American/Indian/Native American	0.08	0.00	2.00	18.00	0.60%
Asian/Asian American	0.76	0.00	10.00	198.50	6.65%
Latino/Latina	0.72	0.00	13.00	188.00	6.30%
White/Caucasian	5.65	0.00	33.00	2185.25	73.18%
Multiracial	0.28	0.00	2.00	56.00	1.88%
Other Race/Ethnicity	0.18	0.00	2.00	30.00	1.00%
Male	2.39	0.00	12.00	854.80	28.63%
Female	5.41	0.00	33.00	2114.95	70.83%
Transgender	0.03	0.00	1.00	5.00	0.17%
Gay	0.47	0.00	4.00	105.60	3.54%
Lesbian	0.67	0.00	5.00	156.00	5.22%
Bisexual	0.24	0.00	3.00	47.00	1.57%
Heterosexual	6.69	0.00	41.00	2340.75	78.39%
Diagnosed Disability	0.63	0.00	5.00	140.00	4.69%

NEW HIRE: Professional Staff Demographics (NA096 to NA110)					
	Mean	Minimum	Maximum	Sum	Total Percent
Black/African American	0.40	0.00	3.00	54.50	12.25%
American/Indian/Native American	0.05	0.00	1.00	6.00	1.35%
Asian/Asian American	0.37	0.00	2.00	48.00	10.79%
Latino/Latina	0.32	0.00	3.00	40.00	8.99%
White/Caucasian	1.35	0.00	11.00	284.25	63.88%
Multiracial	0.05	0.00	1.00	5.00	1.12%
Other Race/Ethnicity	0.07	0.00	2.00	7.00	1.57%
Male	0.68	0.00	3.00	105.00	23.60%
Female	1.53	0.00	12.00	331.25	74.44%
Transgender	0.00	0.00	0.00	0.00	0.00%
Gay	0.15	0.00	2.00	16.00	3.60%
Lesbian	0.23	0.00	1.00	27.00	6.07%
Bisexual	0.07	0.00	1.00	7.00	1.57%
Heterosexual	1.59	0.00	13.00	296.00	66.52%
Diagnosed Disability	0.09	0.00	1.00	10.00	2.25%

Budget

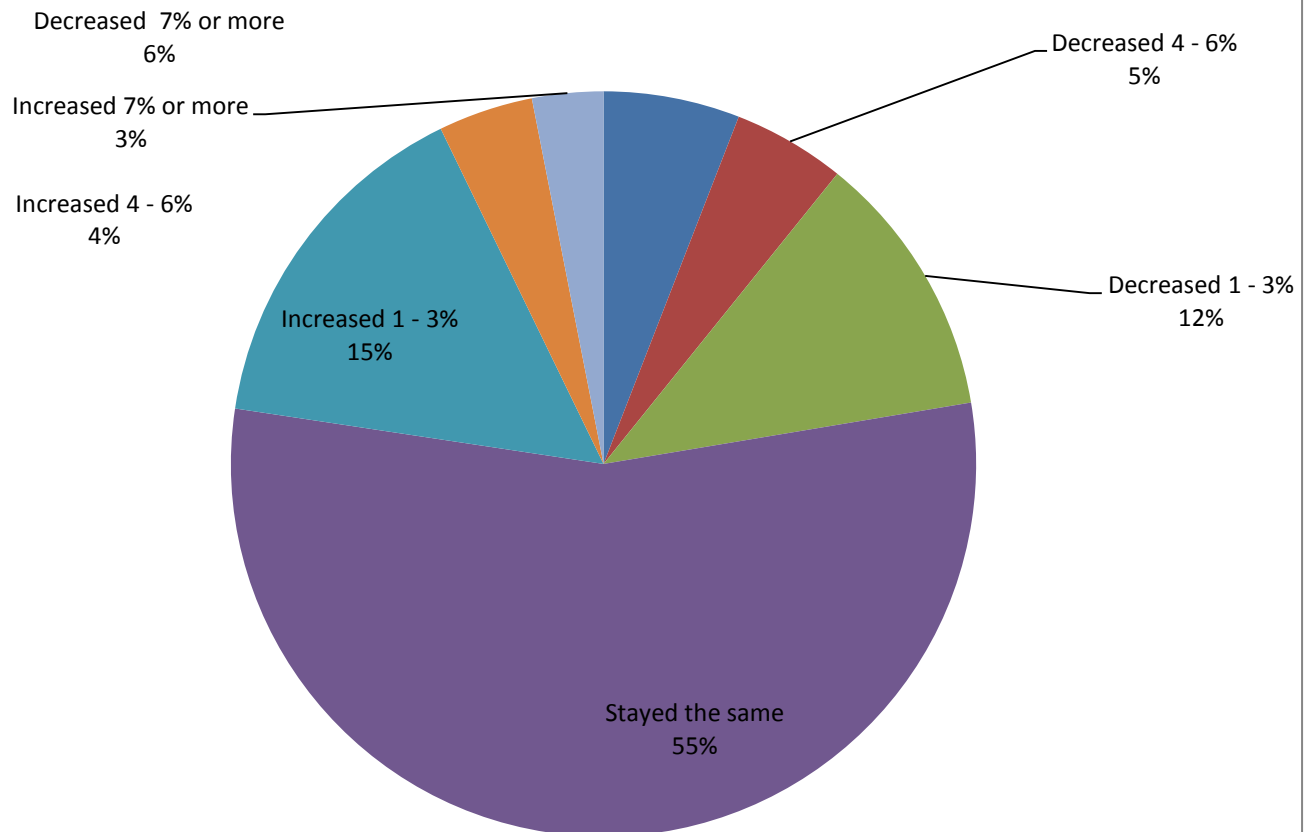
What has been the status of your center's budget in the past year: <u>Salaries (D138)</u>		
	Frequency	Percent
Decreased 7% or more	8	2.0%
Decreased 4 - 6%	8	2.0%
Decreased 1 - 3%	17	4.3%
Stayed the same	154	39.3%
Increased 1 - 3%	166	42.3%
Increased 4 - 6%	24	6.1%
Increased 7% or more	15	3.8%
Total	392	100.0%



What has been the status of your center's budget in the past year: Operating Budget (D139)

	Frequency	Percent
Decreased 7% or more	23	5.9%
Decreased 4 - 6%	19	4.9%
Decreased 1 - 3%	45	11.6%
Stayed the same	214	55.0%
Increased 1 - 3%	60	15.4%
Increased 4 - 6%	16	4.1%
Increased 7% or more	12	3.1%
Total	389	

Budget: Operating



Fees (Session/Testing/University) & Other Services Charges

Provide Services and Do You Charge (MR111 and D112 to D130)								
	Center Provides	Center Charges			Amount Charged (Na563 to NA581)			
	Frequency	Yes	No	No Service	N charge	Minimum	Maximum	Mean
Personal counseling to all students	392	38	356	1	20	\$4	\$60	\$16.60
Personal counseling fee after certain number of sessions		35	353	4	21	\$1	\$50	\$14.52
Couples Counseling	338	38	316	40	24	\$4	\$75	\$17.54
Family Therapy	71	11	148	226	7	\$10	\$75	\$21.43
Psychiatry	203	68	172	148	16	\$6	\$90	\$35.38
Career counseling to students	128	16	162	207	4	\$10	\$15	\$13.00
Career testing to students	91	33	108	241	8	\$10	\$100	\$41.25
Therapy groups	289	25	307	60	13	\$2	\$50	\$11.85
Structured groups	255	20	292	75	8	\$4	\$20	\$8.13
Psychological testing and assessment	177	48	165	170	15	\$15	\$150	\$79.00
ADHD testing and assessment	84	47	78	258	24	\$15	\$150	\$102.46
Learning Disabilities testing and assessment	51	32	62	284	16	\$35	\$150	\$114.38
Teaching (Staff member does not receive additional pay for teaching class)	77	12	113	256	0			
Consultation	385	19	373	1	0			
Workshops	360	21	357	10	2	\$90	\$100	\$95.00
Biofeedback	85	8	126	245	4	\$7	\$35	\$16.75
Yoga	38	2	77	297	1	\$1	\$1	\$1.00
Mindfulness Groups/Training	197	15	215	152				
Motivational Interviewing Groups	51	13	90	282				
AOD Prevention	195	10	83	283				
Sexual Assault prevention	197	na	na	na				
Sexual assault advocacy	193	na	na	na				
Study skills workshops	89	na	na	na				
Individual study skills counseling	107	na	na	na				
Last five were left off the list for some Reason na = not ask								

Number of Centers Who Charge for Testing Services (MR131)

Objective Personality	39
-----------------------	----

Projective Personality	13
Cognitive (e.g., WAIS)	35
Achievement (e.g., Woodcock Johnson)	30
Neuropsychological	15
Career/Vocational Interest	26

Fees, Third Party Payments and Grants (D132, D133, D134, D136 x D025)				
		Public or Private		
		Public	Private	Other
Does your Institution charge a mandatory fee supporting center services? (If yes, please note % supported.)	100% funded by a fee	49	28	3
	75% - 99% funded by a fee	19	12	1
	50% - 74% funded by a fee	11	3	1
	25% - 49% funded by a fee	11	2	0
	1%- 24% funded by a fee	16	15	2
	0% funded by fee	79	98	12
If yes, your Center IS supported by a mandatory fee, does the support come from:	a fee for counseling services	14	3	3
	a fee for student health services	52	27	4
	a general student activities or student life fee	38	31	1
	fees are charged for testing students who are not clients of the Center (e.g., class assignments, etc.)	1	0	0
	Other (Specify Below)	12	10	0
Do you collect third party payments for counseling?	Yes	14	1	1
	No	183	177	20
Has your center received funding from grants or contracts this past year?	Yes	61	27	4
	No	130	147	17

If yes, you DO collect third party payments for counseling, estimate annual gross income:

Charge	#
\$12,000.00	1
\$38,000.00	1
\$63,000.00	1
\$78,000.00	1
\$270,000.00	1
\$425,841.00	1

If yes, your center HAS received funding from grants or contracts this past year, estimate earnings: (NA137)

#	Grant Amount	#
1	\$1,200.00	\$1,200
5	\$1,500.00	\$7,500
2	\$2,000.00	\$4,000
1	\$2,200.00	\$2,200
1	\$2,500.00	\$2,500
2	\$3,000.00	\$6,000
1	\$4,500.00	\$4,500
8	\$5,000.00	\$40,000
2	\$6,000.00	\$12,000
3	\$7,500.00	\$22,500
3	\$8,000.00	\$24,000
1	\$8,500.00	\$8,500
10	\$10,000.00	\$100,000
1	\$11,000.00	\$11,000
1	\$12,500.00	\$12,500
3	\$15,000.00	\$45,000
1	\$18,600.00	\$18,600
1	\$20,000.00	\$20,000
1	\$22,000.00	\$22,000
2	\$24,000.00	\$48,000
2	\$25,000.00	\$50,000
3	\$30,000.00	\$90,000

1	\$37,000.00	\$37,000
1	\$37,159.00	\$37,159
2	\$40,000.00	\$80,000
1	\$50,000.00	\$50,000
1	\$64,000.00	\$64,000
1	\$66,980.00	\$66,980
2	\$75,000.00	\$150,000
1	\$85,000.00	\$85,000
1	\$90,000.00	\$90,000
1	\$98,000.00	\$98,000
8	\$100,000.00	\$800,000
3	\$102,000.00	\$306,000
1	\$106,000.00	\$106,000
1	\$121,000.00	\$121,000
1	\$135,000.00	\$135,000
1	\$140,000.00	\$140,000
1	\$160,000.00	\$160,000
1	\$175,000.00	\$175,000
2	\$180,000.00	\$360,000
1	\$186,000.00	\$186,000
1	\$240,000.00	\$240,000
1	\$299,752.00	\$299,752
1	\$305,719.00	\$305,719
1	\$306,000.00	\$306,000
	Total	\$4,950,610

Session Limits

Do you limit the number of counseling sessions allowed a client? (D140)		
Yes	Yes, flexible	No
53	142	202

Session Limits (NA141 D142)							
		Metric for Limits: Week Month Semester/Quarter Year Per Degree					
		Week	Month	Semester/Quarter	Year	Per Degree	Other (Specify Below)
		Count	Count	Count	Count	Count	Count
If Yes, you DO limit the number of counseling sessions allowed a client, what is your session limit? (numeric)	4	0	0	1	0	0	0
	5	0	0	0	0	0	2
	6	0	1	7	2	0	1
	7	0	0	1	1	0	1
	8	0	0	9	17	0	0
	10	0	0	5	22	0	2
	12	0	0	4	50	5	2
	13	0	0	0	1	0	0
	14	0	0	0	2	0	0
	15	0	0	2	10	1	0
	16	0	0	1	7	0	1
	20	0	0	0	1	3	1
	30	0	0	0	0	1	0
	32	0	0	0	1	0	0
45	0	0	0	0	0	1	
50	0	0	0	0	1	1	

Waitlist

126 Centers or 31.5% of Center typically have a waitlist during the year.

73 or 18.25% of Centers have clients receive a complete intake prior to being on a waitlist.

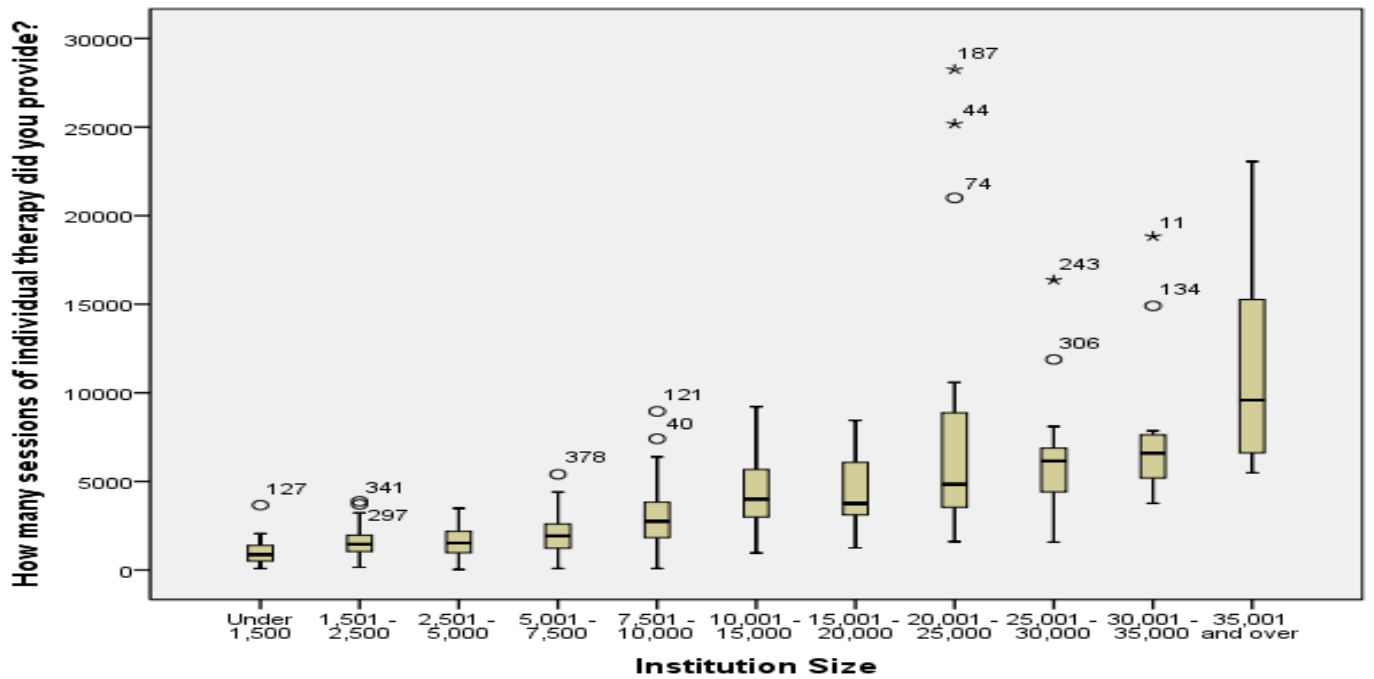
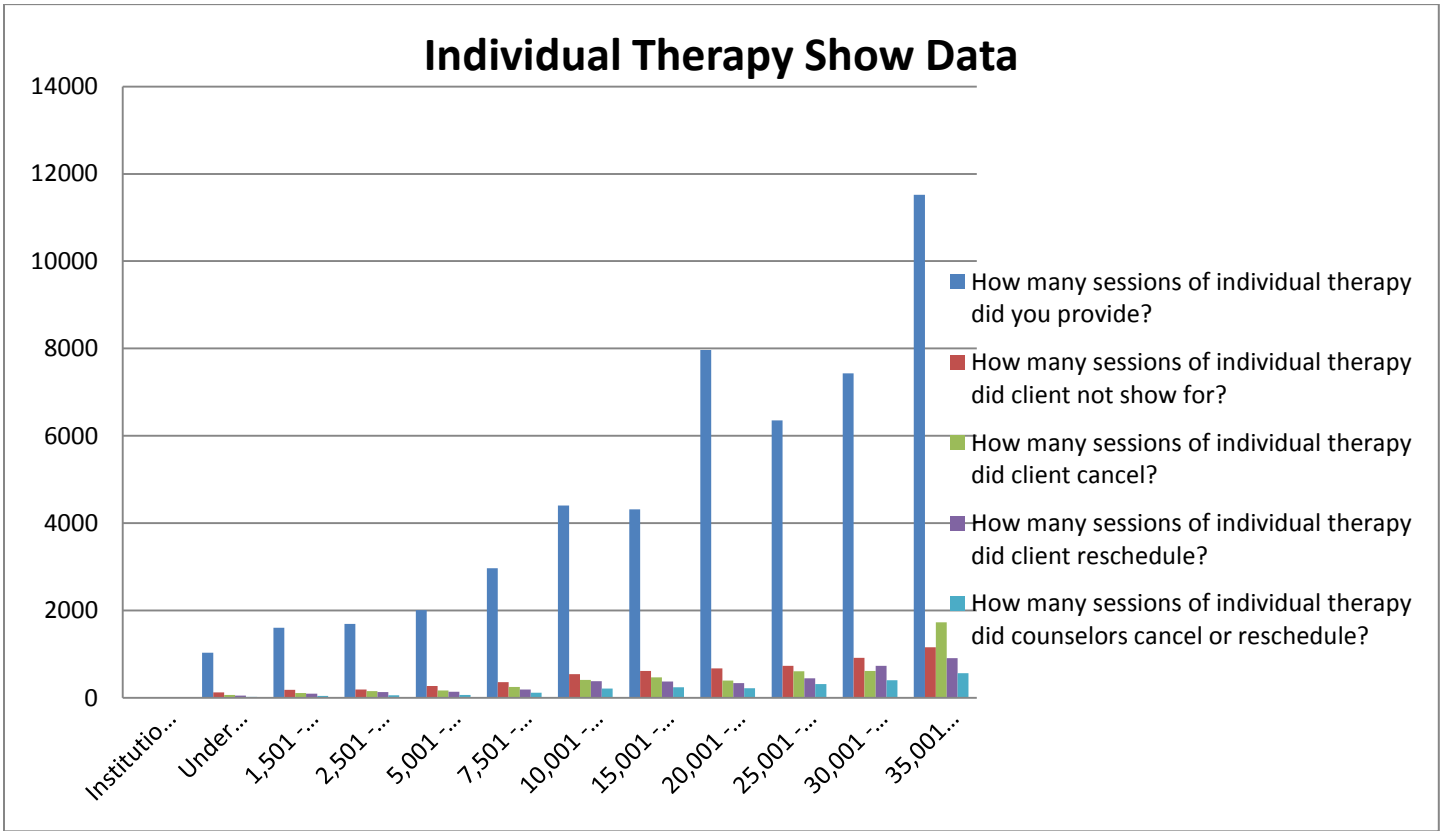
If you have a waitlist who retains responsibility for clients on the waitlist? (D146)	#
The triage person retain clinical responsibility for disposition of the client	36
A case manager is clinically responsible for disposition of the client	4
A staff team is clinically responsible for disposition of the client	30
A Clinical Director or other individual is clinically responsible for disposition of the client	44
Other (Specify Below)	24
The triage person retain clinical responsibility for disposition of the client	
A case manager is clinically responsible for disposition of the client	36
A staff team is clinically responsible for disposition of the client	4
A Clinical Director or other individual is clinically responsible for disposition of the client	30
Other (Specify Below)	44
Administrative staff provide updates and eventual scheduling for clients on the waiting list.	24
All students in crisis are seen same day, others are placed on wait list	
Both the triage person and the clinician who provided the assessment.	
Center director	
Clients generally only on wait list if they can't come to an open time.....then we usually assign them to a urgent care slot to be assessed and that person would be "responsible"	
Director	
Director (one person center) is responsible	
Director notifies students of community referral options	
Director of Counseling Center-I am a one person shop	
Intake therapist	
It is a group responsibility...office manager and all professional staff triage and provide services ASAP.	
Office coordinator	
On call staff member	
Our waitlist has usually only been 1-2 weeks long so we have our GA maintain contact until the person gets in.	
Responsibility shared by Receptionist and Director (small center)	
Myself	
Sometimes another staff member is assigned to do case management if the intake counselor cannot do it. E.g., at the end of a term when practicum students are leaving.	

If you have a waitlist who retains responsibility for clients on the waitlist? (D146)	#
<p>Students typically are on the wait list for 5-10 business days unless waiting for a specific counselor or if they have a very tight schedule. All students on the waitlist are informed of center daily urgent appointments they can access if requested, local helpline phone number, center website and campus/community resources. Waitlist students are informed they will be seen for a same day urgent appointment if requested. All students on the waitlist are seen prior to the end of the semester.</p>	
<p>The counselor to whom the client has been assigned. Each counselor has their own wait list that they are responsible for triaging and managing.</p>	
<p>The Director</p>	
<p>The entire staff share in the responsibility</p>	
<p>The student is informed that there is a wait list. The student is offered off campus referrals if indicated. The student is informed that if there is a cancellation, they will be called. Students are called periodically to inquire if they are still interested in an appointment.</p>	

Show Rates and No-show fees

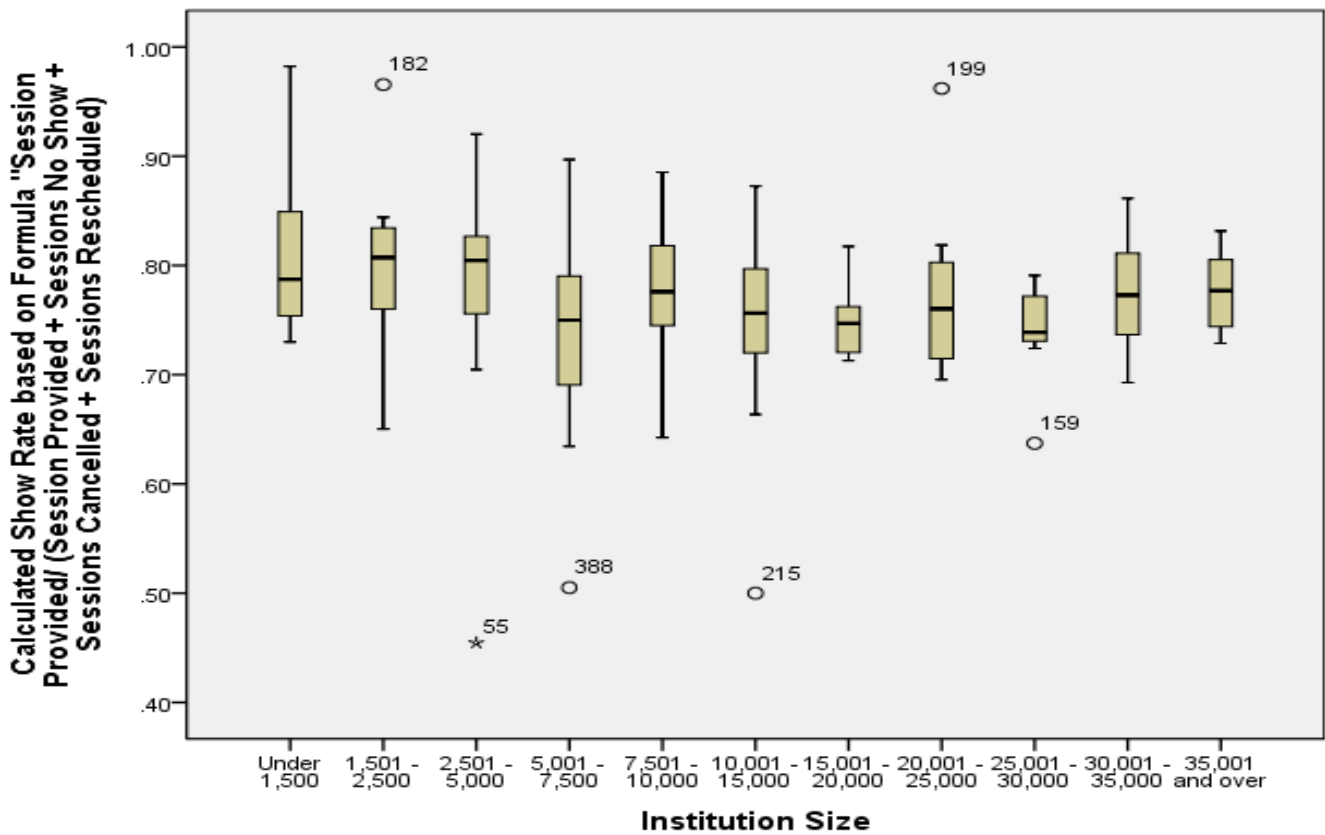
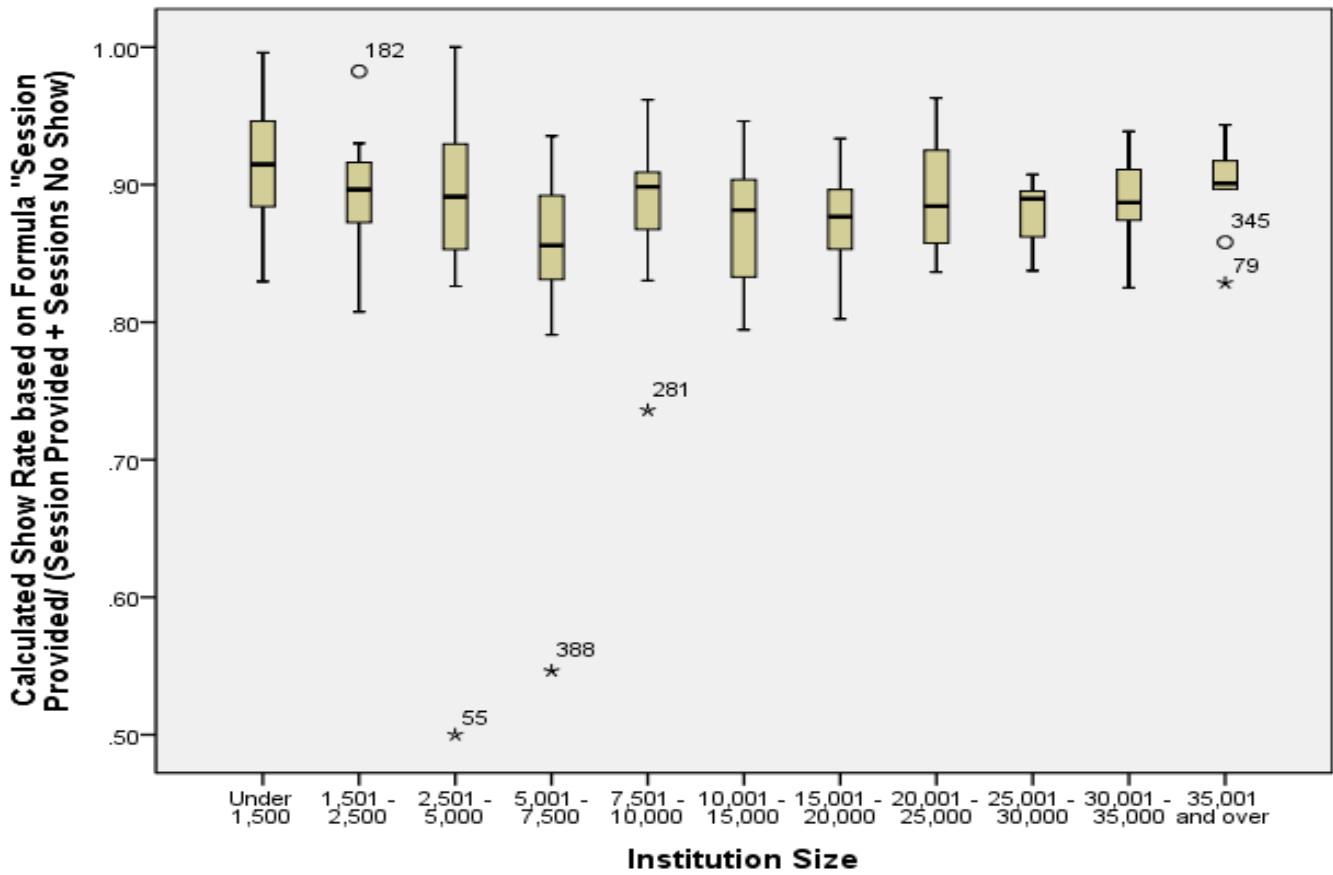
How many sessions of individual therapy... (NA148 to NA152)							
	#	Mean	Min	Max	Standard Deviation	Sum	Overall %
...did you provide?	320	3,854	31	28,251	4,215	1,233,177	81.5%
...did client not show for?	236	461	0	2,722	408	108,702	7.2%
... did client cancel?	215	381	3	8,195	305	81,865	5.4%
...did client reschedule?	187	299	0	2,596	282	55,857	3.7%
...did counselors cancel or reschedule?	191	174	0	1,286	187	33,158	2.2%
0 = very small centers sessions=31						1,512,759	

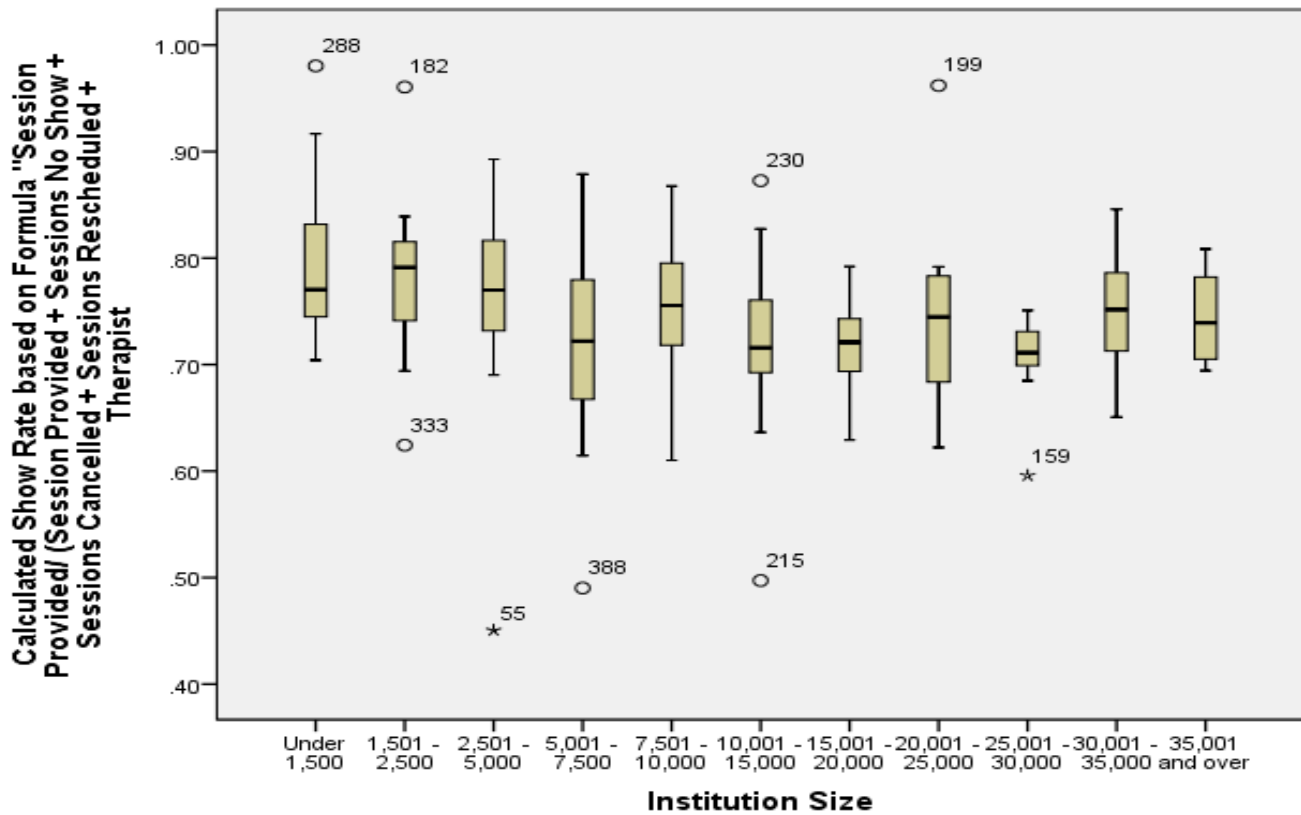
Individual Therapy Show Data (NA148 to NA152)					
	How many sessions of individual therapy did you provide?	How many sessions of individual therapy did client not show for?	How many sessions of individual therapy did client cancel?	How many sessions of individual therapy did client reschedule?	How many sessions of individual therapy did counselors cancel or reschedule?
Institution Size	Mean	Mean	Mean	Mean	Mean
Under 1,500	1037	124	65	51	22
1,501 - 2,500	1606	184	111	97	43
2,501 - 5,000	1694	194	157	131	58
5,001 - 7,500	2009	275	172	143	70
7,501 - 10,000	2966	361	252	190	122
10,001 - 15,000	4406	543	409	380	217
15,001 - 20,000	4321	618	470	375	246
20,001 - 25,000	7965	679	395	338	221
25,001 - 30,000	6354	737	607	449	313
30,001 - 35,000	7432	918	614	734	401
35,001 and over	11519	1158	1733	907	568



Calculated Show Rate based on Formula ... (NA153 to NA155) Survey Team did the math					
	N	Mean	Minimum	Max.	Standard Deviation
Session Provided/ (Session Provided + Sessions No Show) = NA148 / (NA148 + NA149)	236	88.5%	50.0%	100.0%	5.5%
Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled) = NA148 / (NA148 + NA149 + NA150 + NA151)	186	77.2%	45.5%	98.2%	7.0%
Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled + Therapist = NA148 / (NA148 + NA149 + NA150 + NA151 + NA152)	181	74.6%	45.0%	98.0%	7.5%
				1.0 = very small centers sessions=31	

Calculated Show Rate based on Formula ...By Size Institution (NA153 to NA155) Survey Team did the math			
Institution Size	Calculated Show Rate based on Formula: Session Provided/ (Session Provided + Sessions No Show)	Calculated Show Rate based on Formula: Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled)	Calculated Show Rate based on Formula: Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled + Therapist)
Under 1,500	90.8%	81.6%	79.6%
1,501 - 2,500	88.9%	79.9%	78.0%
2,501 - 5,000	88.5%	78.6%	76.8%
5,001 - 7,500	85.7%	74.6%	72.2%
7,501 - 10,000	88.4%	77.7%	75.3%
10,001 - 15,000	87.8%	74.7%	72.3%
15,001 - 20,000	87.4%	74.9%	71.5%
20,001 - 25,000	89.8%	77.2%	74.1%
25,001 - 30,000	88.3%	75.2%	70.6%
30,001 - 35,000	89.6%	77.3%	74.7%
35,001 and over	90.9%	77.8%	74.7%



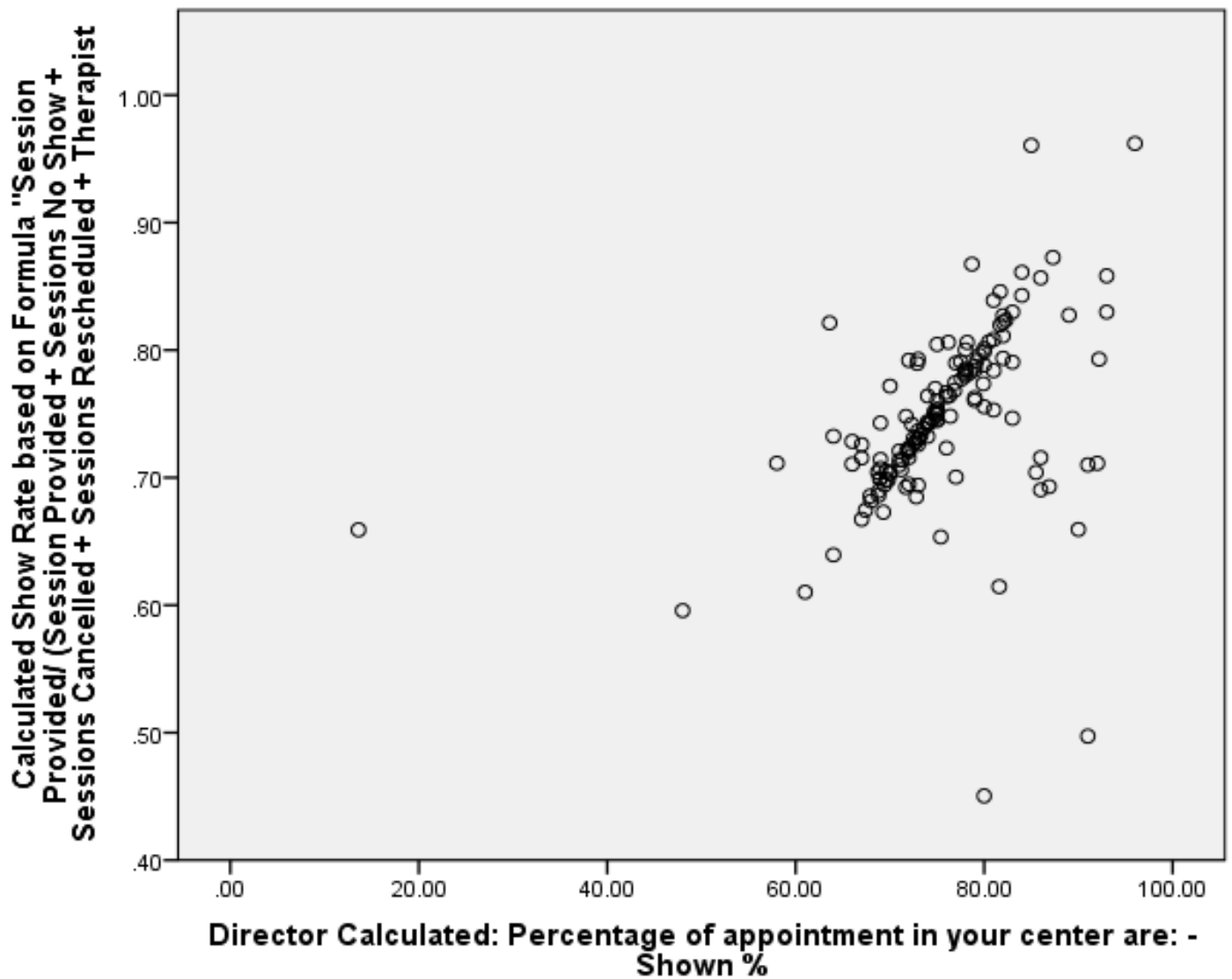


Calculated Show Rate based on Formula ...By Status Institution (NA153 to NA155) Survey Team did the math

		Calculated Show Rate based on Formula "Session Provided / (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled)	Calculated Show Rate based on Formula "Session Provided / (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled)	Calculated Show Rate based on Formula "Session Provided / (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled + Therapist)
School Status	Four-year public university	88.1%	76.2%	73.2%
	Four-year public college	84.9%	72.2%	69.9%
	Four-year private university	88.4%	77.7%	75.6%
	Four-year private college	90.2%	80.1%	77.9%
	Both four-year public and private university	93.9%	76.0%	72.0%
	Other (Specify Below)	90.7%	79.6%	77.9%
School Status	Public	87.9%	76.0%	73.1%

Director Calculated: Percentage of appointment in your center are... (NA156 to NA160)					
	N	Mean	Minimum	Maximum	Std. Deviation
Shown %	192	76	1	96	11.52
No Show %	205	10	0	52	5.32
Cancelled %	179	8	0	38	5.09
Rescheduled %	160	7	0	89	8.12
Clinician Cancelled or Rescheduled %	158	3	0	26	2.83

Below is based on NA160.



Do you charge a fee for missed therapy sessions? Yes = 53 Or 13.3%. If yes, How much? (NA165 and NA166)

	N	% Who Charge	% of All Centers
\$5.00	4	7.55%	1.00%
\$10.00	7	13.21%	1.75%
\$12.00	1	1.89%	0.25%
\$15.00	10	18.87%	2.50%
\$20.00	11	20.75%	2.75%
\$25.00	16	30.19%	4.00%
\$30.00	3	5.66%	0.75%
\$40.00	1	1.89%	0.25%
Total	53		

Do you charge a fee for missed psychiatry sessions? Yes = 67 Or 16.8%. If yes, How much? (NA165 and NA166)

	N	% Who Charge	% of All Centers
\$5.00	2	2.99%	0.50%
\$10.00	4	5.97%	1.00%
\$15.00	10	14.93%	2.50%
\$20.00	10	14.93%	2.50%
\$25.00	15	22.39%	3.75%
\$30.00	2	2.99%	0.50%
\$40.00	2	2.99%	0.50%
\$45.00	1	1.49%	0.25%
\$50.00	5	7.46%	1.25%
\$55.00	1	1.49%	0.25%
\$60.00	1	1.49%	0.25%
\$65.00	2	2.99%	0.50%
\$75.00	1	1.49%	0.25%
\$80.00	1	1.49%	0.25%
\$85.00	1	1.49%	0.25%
\$100.00	3	4.48%	0.75%
\$105.00	1	1.49%	0.25%
\$110.00	1	1.49%	0.25%
\$150.00	2	2.99%	0.50%
\$160.00	1	1.49%	0.25%
\$200.00	1	1.49%	0.25%
Total	67		

Lawsuit Against Center

Lawsuit Information in the past year? Yes = 3 (D169 LA170)

Items removed for public version

Legal/Ethical Dilemma

If you experienced a significant or interesting legal/ethical dilemma in the past year, please briefly describe. (Discuss resolution if applicable) (D171 LA172)

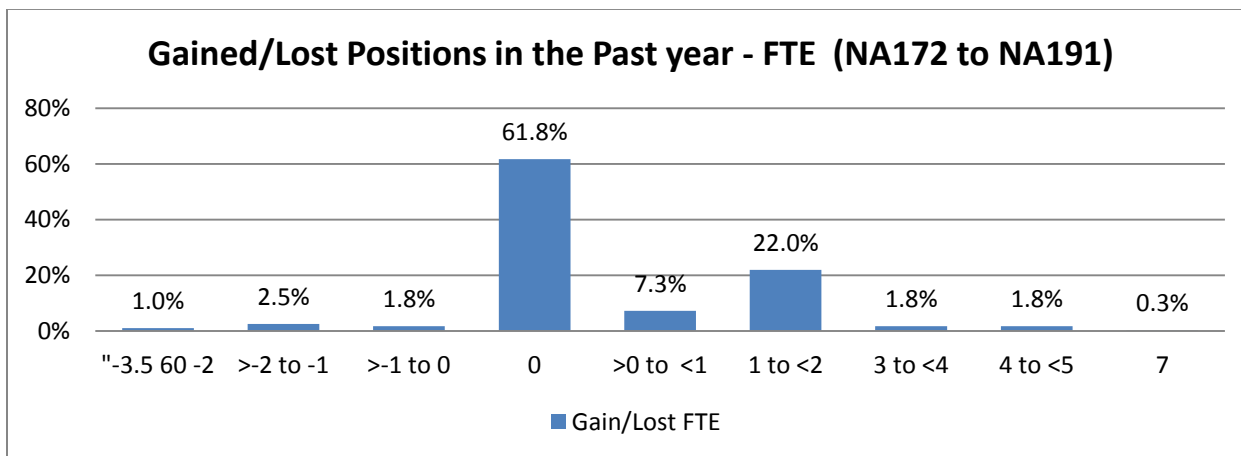
Items removed for public version

Staffing – Positions, Gains/Losses and Benefits

How many paid staff positions have you gained/lost in the past year (NA172 to NA191)						
	Added Staff			Lost Staff		
	Mean	Total Count Gained	Total	Mean	Total Count Lost	Total
Professional Clinical	1.17	117	29.3%	1.4	16	4.0%
Psychiatric Nurse Practitioner	0.85	9	2.3%	0.0	0	0.0%
Psychiatrist	0.86	9	2.3%	0.8	3	0.8%
Psychiatric Resident	1.17	3	0.8%	0.0	0	0.0%
Professional Non-Clinical	1.17	3	0.8%	1.0	1	0.3%
Case Manager	0.86	23	5.8%	0.5	1	0.3%
Support	0.82	18	4.5%	0.8	6	1.5%
Intern	1.28	9	2.3%	1.0	1	0.3%
Post doc	0.99	12	3.0%	1.0	1	0.3%
Other	1.39	7	1.8%	1.0	2	0.5%

Mean = Centers gained/lost, # of staff added
 Total = Centers that gained/total surveyed centers

Gained/Lost Positions in the Past year - FTE (NA172 to NA191)		
Range	Frequency	Percent
"-3.5 to -2	4	1.0%
>-2 to -1	10	2.5%
>-1 to 0	7	1.8%
0	247	61.8%
>0 to <1	29	7.3%
1 to <2	88	22.0%
3 to <4	7	1.8%
4 to <5	7	1.8%
7	1	0.3%



Gained/Lost Positions in the Past year - FTE (NA172 to NA191)

Range	Frequency	Percent
-4 to -2	4	1.0%
>-2 to -1	7	1.8%
>-1 to 0	3	0.8%
0	272	68.0%
<1 to 0	23	5.8%
<2 to 1	71	17.8%
<3 to 2	14	3.5%
<5 to 3	4	1.0%
5	2	0.5%



Do the following positions exist in the center? (MR192)

	Total	Percent
Director	379	94.8%
Training Director	138	34.5%
Assistant/Associate Director	195	48.8%
Clinical Director	85	21.3%
Coordinator	97	24.3%
Group Coordinator	109	27.3%
Professional Staff	306	76.5%
Psychiatrist	141	35.3%
Psychiatric Nurse Practitioner	45	11.3%

Do the following positions exist in the center? (MR192)		
	Total	Percent
Psychiatric Resident	30	7.5%
Case Manager	62	15.5%
Pre-doctoral Interns	118	29.5%
Post Docs	65	16.3%
Clinical Graduate Assistant	90	22.5%
Non-Clinical Graduate Assistant	46	11.5%
Others listed		
Practicum/Intern/Extern/Fellow		
Health Educator/Promotions/Wellness		
Support Staff/Office Manager		
Dietitian/Nutritionist		
AOD		
IT Support Specialist		
Accessibility/Disability Services Coordinator		
Outreach Coordinator		
Testing Coordinator		
Clinical GA Coordinator		
Practicum Coordinator		
Crisis Counselor/Intake Specialist		
Employment/Career Advisors		
Cultural Diversity Liaison		
Sexual Assault Program Coordinator		
Clinical Referral Coordinator		
On-Call Clinicians		

Indicate the amount of benefits allocated per position for a full-time equivalent (NA197 to NA209)				
	Mean	Max	Min	Count
Director	\$2,330	\$20,000	\$50	267
Assistant/Associate Director	\$1,882	\$19,800	\$480	141
Training Director	\$1,812	\$15,000	\$300	108
Professional Staff	\$1,330	\$17,185	\$50	241
Coordinator	\$1,308	\$3,000	\$300	88
Post-Doc	\$655	\$5,000	\$150	35
Pre-Doc Interns	\$504	\$5,000	\$50	68

Indicate the amount of benefits allocated per position for a full-time equivalent				
Position			Areas Applied	
	Mean Amount:		Count	Percent
Director	Mean Amount:	\$2,330		
	Professional Dues		176	58.5%
	License Fee		139	46.2%
	Malpractice Insurance		71	23.6%
	Travel/Conference Costs		288	95.7%
Assistant/Associate Director	Mean Amount:	\$1,882		
	Professional Dues		83	54.2%
	License Fee		59	38.6%
	Malpractice Insurance		25	16.3%
	Travel/Conference Costs		143	93.5%
Training Director	Mean Amount:	\$1,812		
	Professional Dues		56	46.3%
	License Fee		43	35.5%
	Malpractice Insurance		15	12.4%
	Travel/Conference Costs		119	98.3%
Professional Staff	Mean Amount:	\$1,330		
	Professional Dues		120	47.8%
	License Fee		120	47.8%
	Malpractice Insurance		50	19.9%
	Travel/Conference Costs		241	96.0%
Coordinator	Mean Amount:	\$1,308		
	Professional Dues		39	40.6%
	License Fee		30	31.3%
	Malpractice Insurance		14	14.6%
	Travel/Conference Costs		89	92.7%
Pre-doctoral Interns	Mean Amount:	\$504		
	Professional Dues		10	14.7%
	License Fee		4	5.9%
	Malpractice Insurance		5	7.4%
	Travel/Conference Costs		68	100%
Post Docs	Mean Amount:	\$655		
	Professional Dues		10	17.4%
	License Fee		8	20.5%
	Malpractice Insurance		4	10.3%
	Travel/Conference Costs		38	97.4%

Workload (direct service and other activities)

Definition Used in PA182 to CS185			
<i>Direct Service</i> (Individual/group counseling, intakes, assessment, crisis intervention, community based services)			
<i>Indirect Service</i> (Supervision, RA/peer/clinical training, consultation, case conferences, case notes and outreach)			
<i>Administrative Service</i> (Staff business meetings, committee work, center management, and professional development)			
<i>Other</i> (Research, teaching, etc.)			
These questions are asking about EXPECTATION and ACTUAL percent of time for work in each of these areas: "During the last academic year, what is the average percent of time that a full time, non-administrative staff counselor spent in the following activities" (PA210 through PA213)			
	Min	Max	Mean
Counselor expected percent: Direct Service	0.0%	95.0%	60.8%
Counselor expected percent: Indirect service	0.0%	50.0%	22.4%
Counselor expected percent: Administrative service	0.0%	50.0%	13.2%
Counselor expected percent: Other	0.0%	50.0%	3.5%
Counselor actual percent: Direct service	0.0%	95.0%	59.4%
Counselor actual percent: Indirect service	0.0%	65.0%	23.6%
Counselor actual percent: Administrative service	0.0%	50.0%	13.8%
Counselor actual percent: Other	0.0%	50.0%	3.2%
Director expected percent: Direct Service	0.0%	90.0%	30.2%
Director expected percent: Indirect service	0.0%	60.0%	23.5%
Director expected percent: Administrative service	5.0%	100.0%	41.6%
Director expected percent: Other	0.0%	50.0%	4.7%
Director actual percent: Direct service	0.0%	90.0%	33.7%
Director actual percent: Indirect service	0.0%	60.0%	22.4%
Director actual percent: Administrative service	5.0%	100.0%	40.0%
Director actual percent: Other	0.0%	50.0%	4.0%

Counselor actual percent: Direct service (PA211)										
Institution Size										
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
65.4%	66.7%	62.0%	54.8%	59.4%	56.9%	59.8%	50.3%	57.5%	56.7%	55.8%

Counselor actual percent: Direct service (PA211)											
Institution Size											
	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
Four-year public university	75.0		59.2	55.2	61.5	55.1	58.1	48.1	57.7	56.0	55.9
Four-year public college	40.0		60.0	50.0	65.0	60.0	60.0			55.0	
Four-year private university	65.0	61.9	61.0	54.2	59.3	60.8	68.0	61.7		65.0	
Four-year private college	69.7	68.0	68.8	65.0	25.0						
Both four-year public and private university					55.0			45.0			55.0
Other	58.8	85.0	63.0						55.0		

Director actual percent: Direct service (PA213)											
Institution Size											
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	
53.1%	50.9%	42.9%	28.7%	36.3%	26.9%	24.9%	20.9%	21.3%	14.3%	10.2%	

Director actual percent: Direct service (PA213)											
Institution Size											
	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
Four-year public university	25.0	40.0	42.1	27.2	39.4	28.1	26.6	24.2	22.5	15.2	9.9
Four-year public college			60.0	5.0	60.0	10.0	5.0			5.0	
Four-year private university	61.7	50.0	42.5	32.0	32.1	25.7	20.0	6.7		15.0	
Four-year private college	59.2	51.2	42.3	55.0	15.0						
Both four-year public and private university		15.0			5.0						15.0
Other	27.5	78.5	45.8						5.0		

Direct Clinical Services

What would be considered providing direct clinical services at your center? Please answer for each item whether or not your center provides the service. If you provided this service would it be considered providing direct clinical services? (Check all that apply) (MR372)

	Count	%
Individual counseling/psychotherapy	382	100.0%
Entry to service (triage, phone triage, intake-however named)	334	87.4%
Group Counseling	333	87.2%
Couples counseling	329	86.1%
Crisis intervention, campus wide emergency response, and postvention	312	81.7%
Psychological assessment (while in the presence of the client).	273	71.5%
Structured groups	273	71.5%
Psychiatric contact	225	58.9%
Family counseling	215	56.3%
Career Counseling	189	49.5%
Consultation with faculty staff, parents and students about other students.	176	46.1%
Case Management and Facillitating Referral	155	40.6%
Supervision provision	144	37.7%
Workshops	125	32.7%
Presentations	99	25.9%
Psychological assessment (time spent outside of client contact).	88	23.0%
Consultation with staff and trainees.	78	20.4%
Providing training to trainees	70	18.3%
Documentation (Intake writeup, session notes, crisis documentation, etc.)	59	15.4%
Participation on Students of Concern/ Threat/Behavior Assessment teams:	49	12.8%
Teaching a class	32	8.4%
Peer Supervision	31	8.1%
Research	9	2.4%

ACROSS TIME: What would be considered providing direct clinical services at your center? Please answer for each item whether or not your center provides the service. If you provided this service would it be considered providing direct clinical services? (Check all that apply) (MR372) Yes %

	2009	2010	2011	2012
Individual counseling/psychotherapy	100.0%	100.0%	100.00%	100.0%
Entry to service (triage, phone triage, intake-however named)	95.1%	94.8%	85.00%	87.4%
Group Counseling	95.6%	95.4%	85.00%	87.2%
Couples counseling	95.0%	96.7%	88.00%	86.1%
Crisis intervention, campus wide emergency response, and post-vention	87.5%	87.4%	75.00%	81.7%
Psychological assessment (while in the presence of the client).	88.4%	89.7%	70.00%	71.5%
Structured groups	92.1%	90.8%	68.00%	71.5%
Psychiatric contact	71.3%	81.7%	55.00%	58.9%
Family counseling	76.1%	75.4%	54.00%	56.3%
Consultation with faculty staff, parents and students about other students.	59.4%	62.3%	47.00%	49.5%
Career Counseling	58.1%	71.5%	46.00%	46.1%
Case Management and Facilitating Referral	65.9%	67.1%	44.00%	40.6%
Supervision provision	51.2%	53.2%	37.00%	37.7%
Workshops	50.5%	54.0%	30.00%	32.7%
Presentations	42.4%	48.6%	26.00%	25.9%
Psychological assessment (time spent outside of client contact).	25.3%	34.2%	19.00%	23.0%
Consultation with staff and trainees.	36.8%	39.4%	20.00%	20.4%
Providing training to trainees	31.2%	37.3%	17.00%	18.3%
Documentation (Intake write up, session notes, crisis documentation, etc.)	21.3%	23.8%	13.00%	15.4%
Participation on Students of Concern/ Threat/Behavior Assessment teams:	25.4%	33.3%	17.00%	12.8%
Teaching a class	17.7%	22.9%	10.00%	8.4%
Peer Supervision	17.7%	25.7%	9.00%	8.1%
Research	6.3%	11.4%	3.00%	2.4%

FTE

Professional Staffing FTE for Academic and Entire Year (NA214-NA230)				
	Maximum	Minimum	Sum	Percent of Total
Academic Year FTE: Clinical Psychologist	22.3	0.05	707.18	23.7%
Academic Year FTE: Counseling Psychologist	21.5	0.15	822.09	27.5%
Academic Year FTE: Marriage and Family Therapist	4	0.2	46.05	1.5%
Academic Year FTE: Professional Counselor	12	0.25	535.11	17.9%
Academic Year FTE: Social Work (MSW, LCSW)	11.35	0.15	361.69	12.1%
Academic Year FTE: Psychiatrist	6	0.01	129.43	4.3%
Academic Year FTE: Psychiatric Nurse Practitioner	3	0.025	39.15	1.3%
Academic Year FTE: Other mental health professional	8	0.03	48.87	1.6%
	Academic Year Total FTE		2989.57	
Entire Year FTE: Clinical Psychologist	22.2	0.05	677.65	26.4%
Entire Year FTE: Counseling Psychologist	21.2	0.15	795.71	31.0%
Entire Year FTE: Marriage and Family Therapist	4	0.2	43.65	1.7%
Entire Year FTE: Professional Counselor	12	0.2	499.64	19.5%
Entire Year FTE: Social Work (MSW, LCSW)	11.35	0.1	340.05	13.3%
Entire Year FTE: Psychiatrist	4.7	0.01	123.07	4.8%
Entire Year FTE: Psychiatric Nurse Practitioner	2	0.02	35.98	1.4%
Entire Year FTE: Other mental health professional	8	0.03	47.99	1.9%
	Entire Year Total FTE		2563.74	
Entire Year paid professional staff NOT providing these services through your counseling center.	15.2	0.07	81.67	
<i>"0s" removed from the data. Therefore Minimum excludes "0s"</i>	Entire Year Total Campus FTE		2645.41	

Paid Trainee FTE for Academic and Entire Year (NA231-NA238)				
	Maximum	Minimum	Sum	Percent
Academic Year FTE: Paid Pre-doctoral Psychology Interns	6	0.3	320.1	58.6%
Academic Year FTE: Paid Post-doctoral Psychologist	4	0.4	116.4	21.3%
Academic Year FTE: Paid Psychiatric Resident	3	0.1	12.2	2.2%
Academic Year FTE: Paid Other paid mental health trainee	8	0.4	97.7	17.9%
	Academic Year FTE Total Trainee:		546.4	
Entire Year FTE: Paid Pre-doctoral Psychology Interns	6	0.3	317.6	60.1%
Entire Year FTE: Paid Post-doctoral Psychologist	4	0.3	114.0	21.6%
Entire Year FTE: Paid Psychiatric Resident	3	0.1	11.3	2.1%
Entire Year FTE: Paid Other paid mental health trainee	8	0.4	85.4	16.2%
	Entire Year FTE Total Trainee:		528.3	

Total FTE Professional Staff and Paid Trainees for the Academic and Entire Year (NA239 to NA248)

	Mean	Max	Min	Standard Deviation	Sum
Academic Year FTE: Paid Professional Staff Total	7.0	36.7	0.8	6.0	2671.7
Entire Year FTE: Paid Professional Staff Total	6.9	36.2	0.8	5.8	2455.4
Entire Year FTE: Paid Professional Staff + Outsides Professional Staff	7.1	36.2	0.8	6.1	2537.1
Entire Year FTE: Paid Professional Trainee Total	1.4	12.2	0.0	2.1	528.3
Academic Year FTE: Paid Professional Trainees Total	1.4	12.2	0.0	2.2	546.4
Academic Year FTE: Paid Professional Staff and Trainees Total (NA239 & NA246) (Calculated)	8.5	46.0	0.9	7.5	3201.9
Entire Year FTE: Paid Professional Staff + Paid Professional Trainees Total	8.1	45.2	0.8	7.3	2950.4

School Size	School Status					
	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	3.0	1.0	2.6	1.9		1.7
1,501 - 2,500			2.5	3.3	3.0	2.1
2,501 - 5,000	3.9	3.8	3.5	3.5		2.0
5,001 - 7,500	4.2	6.0	5.6	4.0		3.0
7,501 - 10,000	5.2	3.4	6.7	6.7	13.3	1.9
10,001 - 15,000	6.9	7.7	10.6			
15,001 - 20,000	9.0	12.0	11.5			
20,001 - 25,000	9.8		20.2		34.0	
25,001 - 30,000	12.7					6.3
30,001 - 35,000	13.6	11.8	25.0			
35,001 and over	19.8				23.0	

School Status						
School Size	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	3.0	1.0	2.2	1.9	.	1.5
1,501 - 2,500	.	.	2.4	3.0	3.0	1.9
2,501 - 5,000	3.4	3.8	3.3	3.2	.	1.9
5,001 - 7,500	4.0	5.0	5.0	.	.	2.5
7,501 - 10,000	4.9	3.1	6.5	6.7	13.3	1.9
10,001 - 15,000	6.6	7.7	10.6	.	.	.
15,001 - 20,000	8.6	12.0	11.0	.	.	.
20,001 - 25,000	9.4	.	18.7	.	28.0	.
25,001 - 30,000	12.2	.	.	.	.	10.7
30,001 - 35,000	13.4	11.8	25.0	.	.	.
35,001 and over	19.2	.	.	.	23.0	.

Entire Year FTE: Paid Professional Staff and Outsides Professional Staff by School Size and Status (SA243 x NA23 x NA25)							
		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	3.0	1.0	2.2	1.9	.	1.5
	1,501 - 2,500	.	.	2.5	3.0	3.0	1.9
	2,501 - 5,000	4.0	3.8	3.3	3.2	.	2.1
	5,001 - 7,500	4.0	5.0	5.0	.	.	2.5
	7,501 - 10,000	5.0	3.1	6.5	6.7	13.3	1.9
	10,001 - 15,000	6.6	7.7	10.6	.	.	.
	15,001 - 20,000	8.9	12.0	11.0	.	.	.
	20,001 - 25,000	9.9	.	18.7	.	28.0	.
	25,001 - 30,000	12.5	.	.	.	.	10.7
	30,001 - 35,000	14.0	15.8	25.0	.	.	.
	35,001 and over	20.9	.	.	.	25.0	.

Academic Year FTE: Paid Trainee Total by School Size and Status (SA246 x NA23 x NA25)							
		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	0.0	0.0	0.0	0.2	.	0.1
	1,501 - 2,500	.	.	0.1	0.1	0.0	0.0
	2,501 - 5,000	0.3	3.0	0.4	0.0	.	0.7
	5,001 - 7,500	0.0	0.0	1.3	0.0	.	0.0
	7,501 - 10,000	0.8	2.0	1.7	4.0	8.0	0.0
	10,001 - 15,000	1.2	0.0	2.9	.	.	.
	15,001 - 20,000	2.4	0.0	1.1	.	.	.
	20,001 - 25,000	2.9	.	4.5	.	1.8	.
	25,001 - 30,000	2.8	.	.	.	.	6.3
	30,001 - 35,000	2.8	6.3	4.0	.	.	.
	35,001 and over	5.3	.	.	.	4.0	.

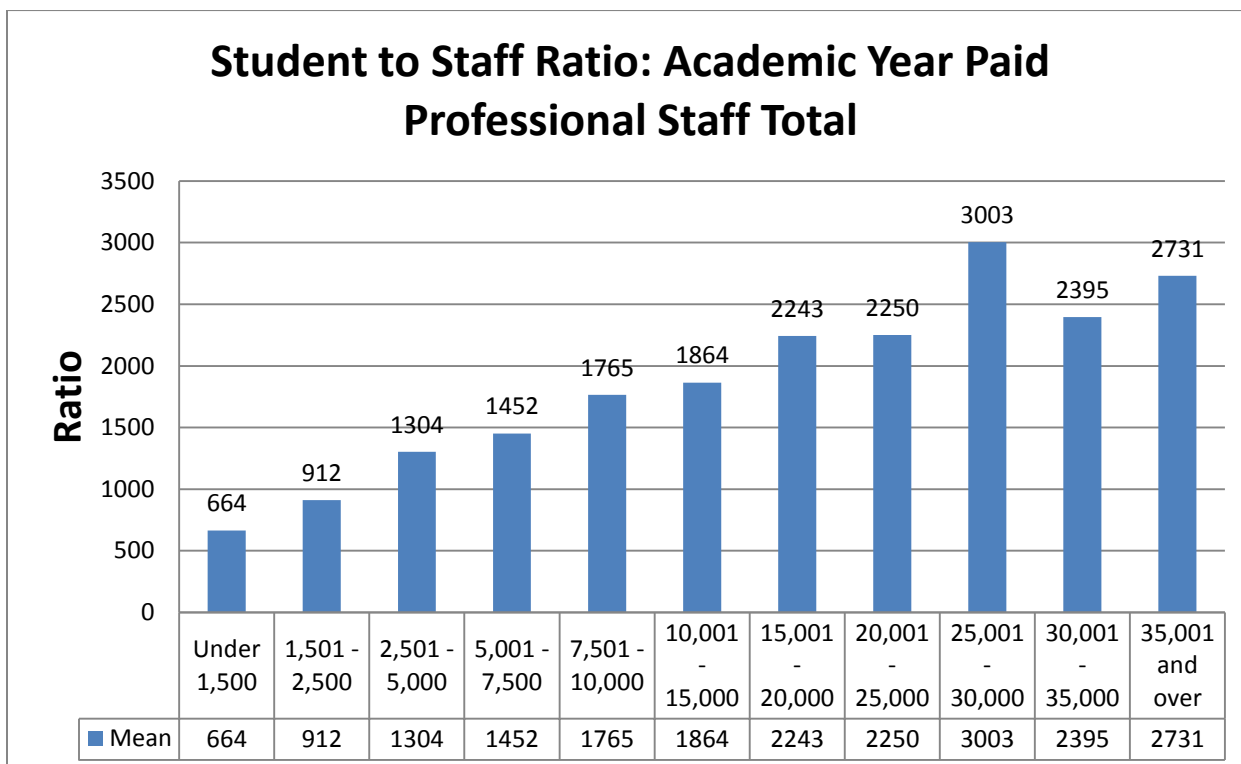
Entire Year FTE: Paid Trainee Total by School Size and Status (SA245 x NA23 x NA25)							
		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500				0.1	.	0.1
	1,501 - 2,500	.	.	0.1	0.1		
	2,501 - 5,000	0.3	3.0	0.4		.	0.7
	5,001 - 7,500	0.0		1.3		.	
	7,501 - 10,000	0.8	1.5	1.9	4.0	8.0	
	10,001 - 15,000	1.2		2.8	.	.	.
	15,001 - 20,000	2.3		1.1	.	.	.
	20,001 - 25,000	2.6		4.4	.	1.8	.
	25,001 - 30,000	2.7	.	.	.	.	5.8
	30,001 - 35,000	2.7	6.3	4.0	.	.	.
	35,001 and over	5.2	.	.	.	4.0	.

Academic Year FTE: Professional Staff + Paid Trainee Total by School Size and Status (SA247 x NA23 x NA25)							
		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	3.0	1.0	2.6	2.1		1.8
	1,501 - 2,500			2.6	3.4	3.0	2.1
	2,501 - 5,000	4.2	6.8	3.9	3.5		2.7
	5,001 - 7,500	4.2	6.0	6.9	4.0		3.0
	7,501 - 10,000	6.0	5.4	8.4	10.7	21.3	1.9
	10,001 - 15,000	8.1	7.7	13.5			
	15,001 - 20,000	11.6	12.0	12.6			
	20,001 - 25,000	12.1		24.7		35.8	
	25,001 - 30,000	15.4					12.5
	30,001 - 35,000	15.2	18.1	29.0			
	35,001 and over	25.1				27.0	

		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	3.0	1.0	2.2	2.0		1.9
	1,501 - 2,500			2.5	3.0	3.0	1.9
	2,501 - 5,000	3.7	6.8	3.6	3.2		2.6
	5,001 - 7,500	4.1	5.0	6.0			2.5
	7,501 - 10,000	5.6	4.6	8.4	10.7	21.3	1.9
	10,001 - 15,000	7.7	7.7	13.3			
	15,001 - 20,000	10.6	12.0	12.1			
	20,001 - 25,000	11.5		23.1		29.8	
	25,001 - 30,000	14.9					11.2
	30,001 - 35,000	16.1	18.1	29.0			
	35,001 and over	22.9				10.8	

Staff to Student Ratios

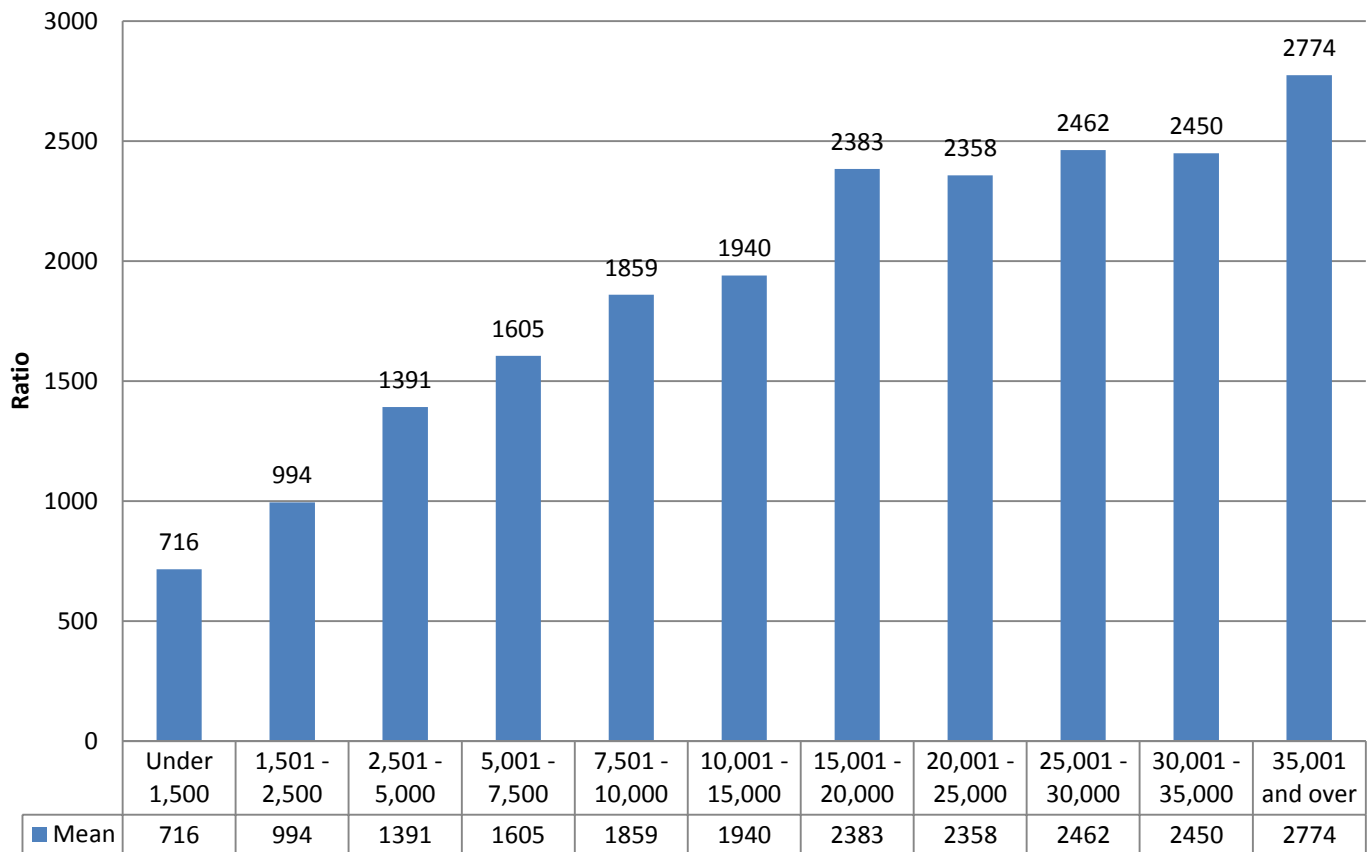
Student to Staff Ratio (NA240, NA242, NA244, NA248, NA249)									
	Mean	Min	Max	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Academic Year : Paid Professional Staff Total ((NA024)/(NA239)) (Calculated) (NA240)	1673	133	14638	1207	441	919	2100	3625	5695
IACS Entire Year: Paid Professional Staff Total ((NA024/NA241)) (Calculated) (NA242)	1751	183	6895	1039	526	1000	2220	3634	5695
Entire Year Total Campus Professionals : ((NA243)/(NA024)) (Calculated) (NA243)	1710	183	6895	1014	498	993	2163	3625	5695
Academic Year : Paid Professional Staff and Trainees (NA024/(NA247))Calculated)	1449	109	6985	909	415	833	1826	3140	5167
Entire Year : Paid Professional Staff and Trainees (NA024)/(NA248 + SA246XXXXEntire) (Calculated)	1556	183	10317	1016	487	901	1950	3193	5410



Student to Staff Ratio by Size and Status : Academic Year Paid Professional Staff Total ((NA024)/(NA239)) (Calculated)

		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Institution Size	Under 1,500	367	1323	657	658		633
	1,501 - 2,500			1142	757	800	974
	2,501 - 5,000	1162		1250	978		2649
	5,001 - 7,500	1702	1113	1251	1287		1855
	7,501 - 10,000	1866	2609	1408	1149	621	4015
	10,001 - 15,000	2134	1558	1288			
	15,001 - 20,000	2389	1258	1651			
	20,001 - 25,000	2534		1451		618	
	25,001 - 30,000	2391					8511
	30,001 - 35,000	2458	2737	1365			
	35,001 and over	2772				1950	

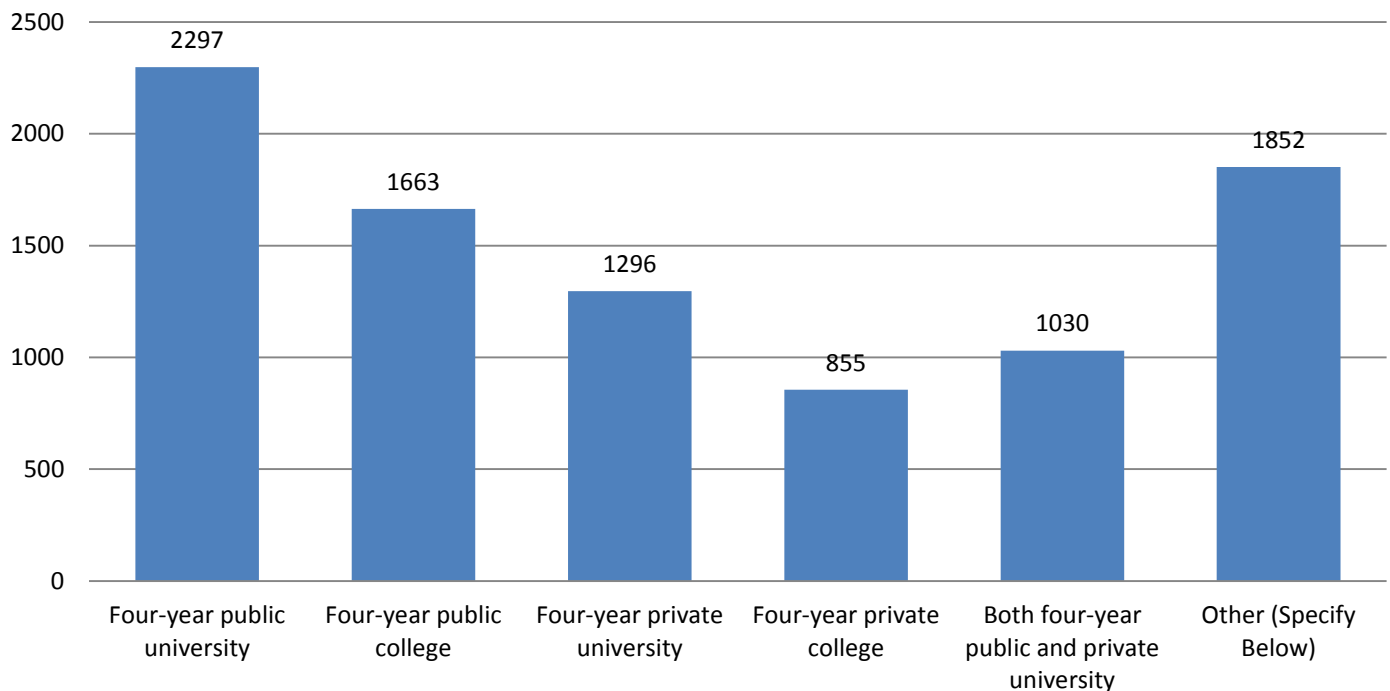
Student to Staff Ratio (IACS): Entire Year Paid Professional Staff Total



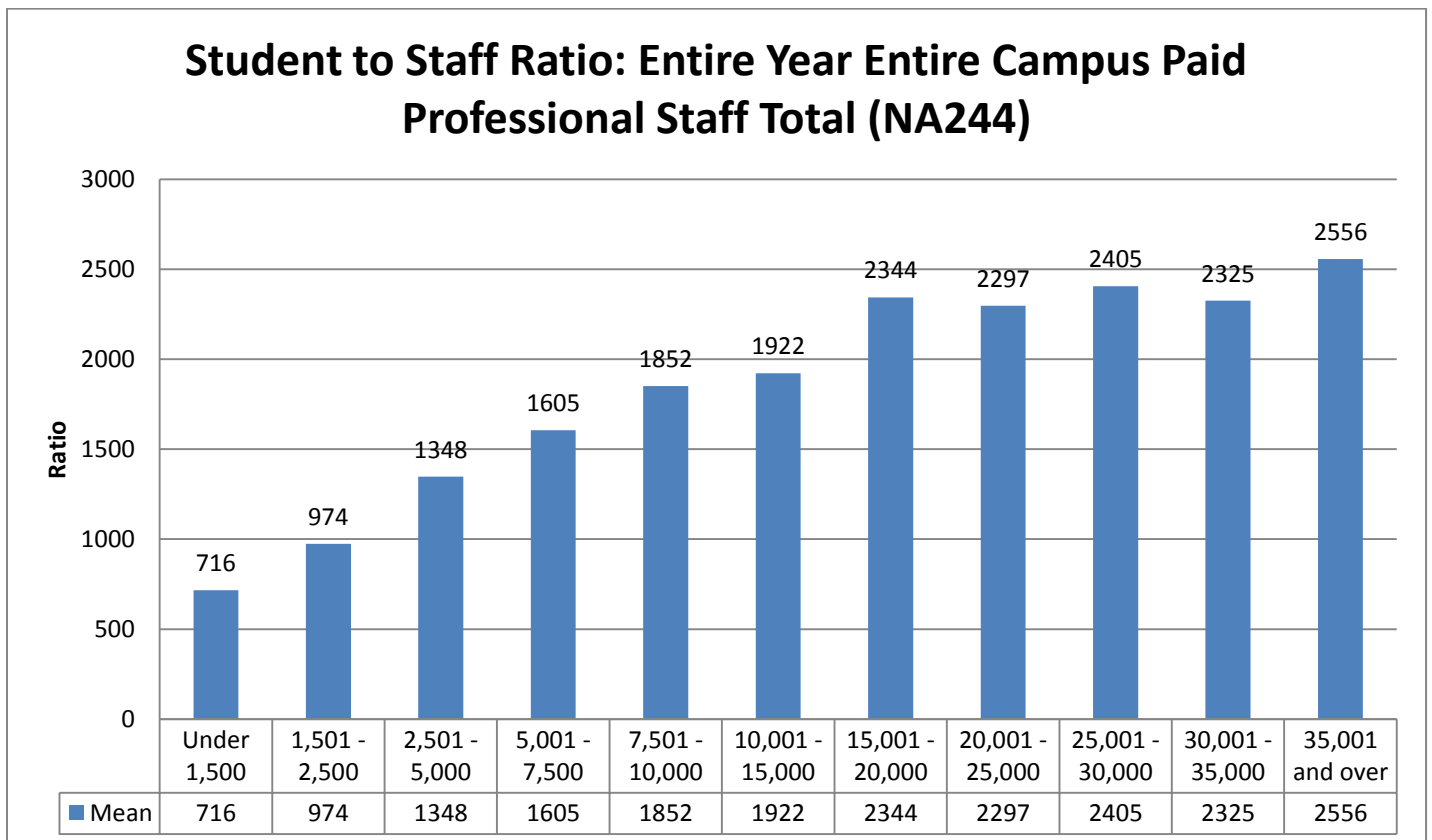
Student to Staff Ratio by Size(IACS) : Entire Year Paid Professional Staff Total ((NA024)/(NA239)) (Calculated) (NA242)

		Mean	Minimum	Maximum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Institution Size	Under 1,500	715.6	183.3	1355.0	331.2	280.0	440.4	850.0	1323.0	1355.0
	1,501 - 2,500	993.9	349.5	2625.0	562.3	440.0	596.5	1150.0	2213.0	2625.0
	2,501 - 5,000	1391.5	432.8	4500.0	742.8	644.5	931.0	1633.3	2909.1	4500.0
	5,001 - 7,500	1605.4	833.3	3573.3	672.1	844.4	1084.2	1951.2	3250.0	3573.3
	7,501 - 10,000	1859.2	621.4	4014.7	815.1	972.6	1250.0	2112.0	3662.9	4014.7
	10,001 - 15,000	1939.7	705.9	5695.0	1029.2	898.9	1299.3	2185.5	3709.7	5695.0
	15,001 - 20,000	2383.4	845.6	6895.2	1371.0	1083.3	1428.6	2809.9	5880.6	6895.2
	20,001 - 25,000	2357.6	750.0	4393.7	1019.8	830.3	1544.1	2728.8	4149.4	4393.7
	25,001 - 30,000	2461.8	1302.2	4189.0	774.7	1302.2	1857.1	3013.5	4189.0	4189.0
	30,001 - 35,000	2449.6	1365.2	3229.2	564.2	1365.2	1968.3	2831.6	3229.2	3229.2
	35,001 and over	2773.8	1123.6	6071.4	1188.3	1310.2	1967.4	3492.9	5299.4	6071.4

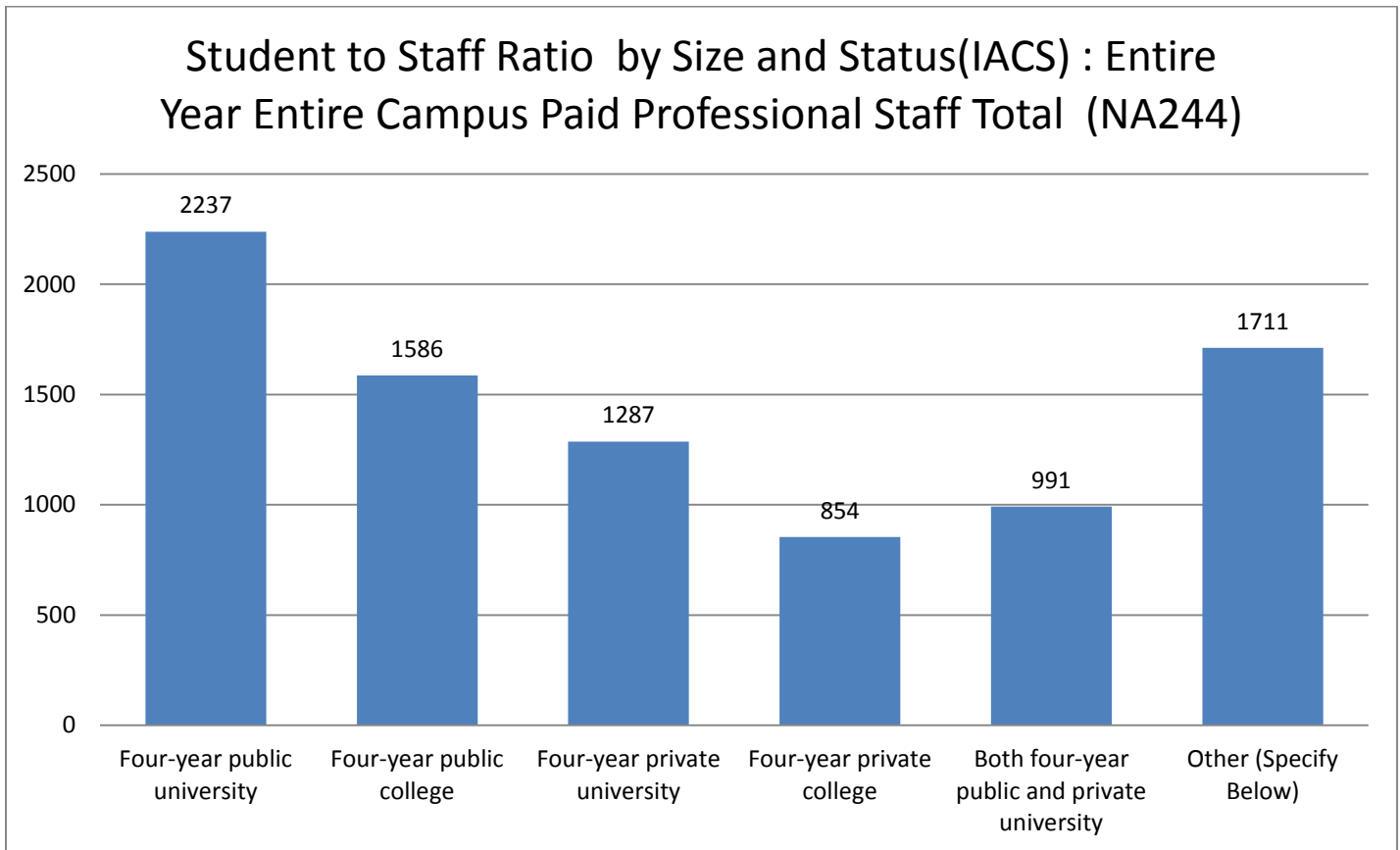
Student to Staff Ratio by Size and Status(IACS) : Entire Year Paid Professional Staff Total (NA242)



		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Institution Size	Under 1,500	367	1323	657	658		633
	1,501 - 2,500			1142	757	800	974
	2,501 - 5,000	1162		1250	978		2649
	5,001 - 7,500	1702	1113	1251	1287		1855
	7,501 - 10,000	1866	2609	1408	1149	621	4015
	10,001 - 15,000	2134	1558	1288			
	15,001 - 20,000	2389	1258	1651			
	20,001 - 25,000	2534		1451		618	
	25,001 - 30,000	2391					8511
	30,001 - 35,000	2458	2737	1365			
	35,001 and over	2772				1950	

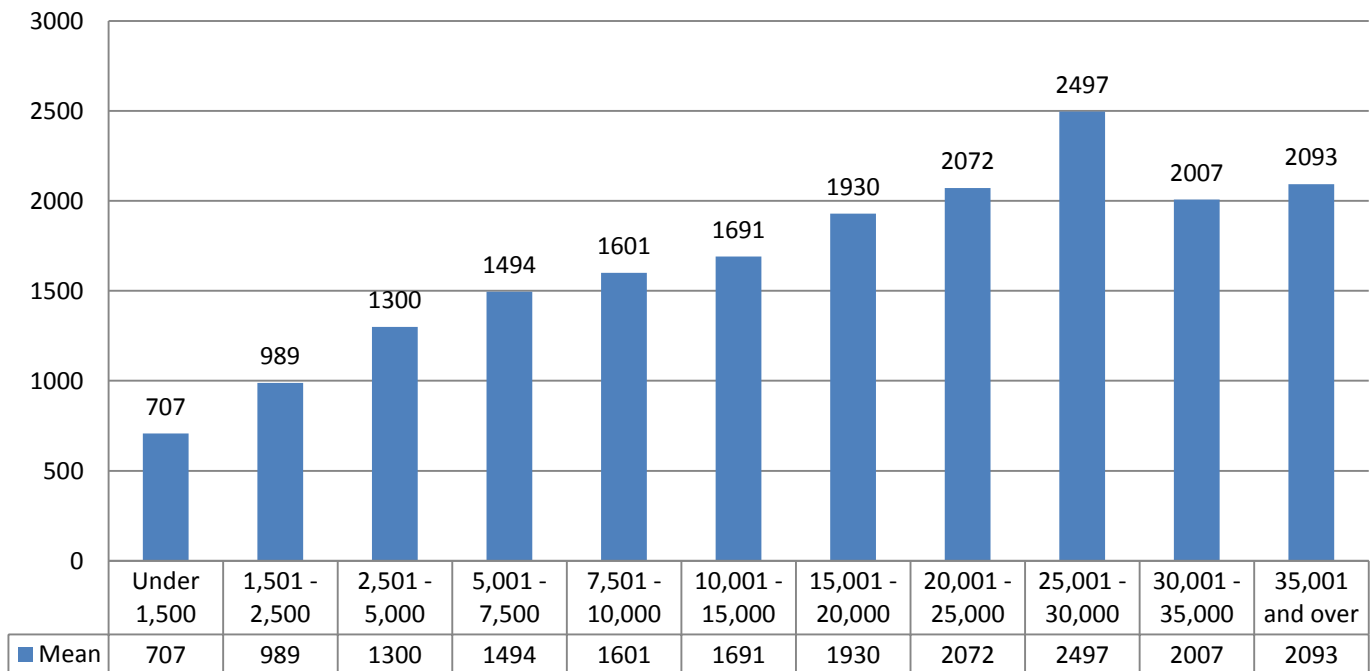


Student to Staff Ratio by Size(IACS) : Entire Year Paid Total Campus Professional Staff Total ((NA024)/(NA239)) (NA244)										
		Mean	Minimum	Maximum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Institution Size	Under 1,500	716	183	1355	331	280	440	850	1323	1355
	1,501 - 2,500	974	350	2625	553	440	597	1150	2213	2625
	2,501 - 5,000	1348	329	4042	645	609	931	1633	2518	4042
	5,001 - 7,500	1605	833	3573	672	844	1084	1951	3250	3573
	7,501 - 10,000	1852	621	4015	823	886	1250	2112	3663	4015
	10,001 - 15,000	1922	706	5695	1033	899	1299	2154	3710	5695
	15,001 - 20,000	2344	846	6895	1377	1083	1413	2638	5881	6895
	20,001 - 25,000	2297	750	4394	1048	830	1509	2729	4149	4394
	25,001 - 30,000	2405	1302	4189	770	1302	1857	2889	4189	4189
	30,001 - 35,000	2325	1365	3229	580	1365	1760	2832	3229	3229
	35,001 and over	2556	1124	6071	1192	1289	1779	3221	5299	6071



Institution Size	School Status					
	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	367	1323	713	690		745
1,501 - 2,500			1116	866	800	1064
2,501 - 5,000	1220	1132	1330	1062		2151
5,001 - 7,500	1827	1367	1390			2226
7,501 - 10,000	1978	2861	1418	1149	621	4015
10,001 - 15,000	2208	1558	1268			
15,001 - 20,000	2503	1258	1704			
20,001 - 25,000	2572		1512		750	
25,001 - 30,000	2406					2383
30,001 - 35,000	2428	2045	1365			
35,001 and over	2597				1794	

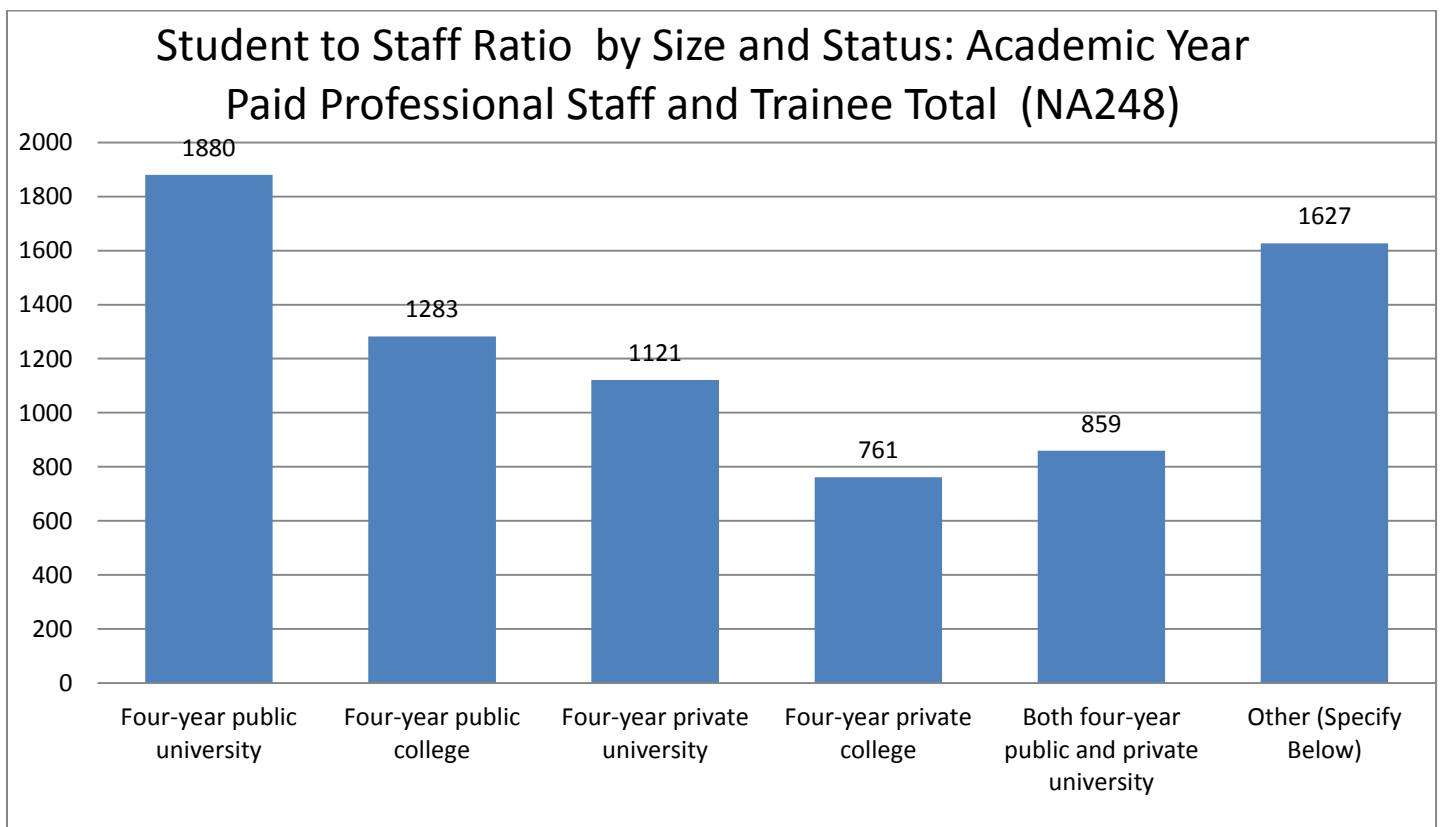
Student to Staff Ratio: Academic Year Paid Professional Staff and Trainees (NA248)



Student to Staff Ratio by Size with Detail: Academic Year Professional Staff and Trainee Total (NA248)

	Mean	Minimum	Maximum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
--	------	---------	---------	--------------------	---------------	---------------	---------------	---------------	---------------

Institution Size	Under 1,500	652	109	1323	337	250	383	850	1300	1323
	1,501 - 2,500	896	272	2213	495	350	549	1117	2100	2213
	2,501 - 5,000	1196	308	4042	679	442	750	1455	2418	4042
	5,001 - 7,500	1347	575	3250	600	624	939	1561	2680	3250
	7,501 - 10,000	1535	388	4015	768	595	934	1816	3140	4015
	10,001 - 15,000	1635	572	5695	1052	690	994	1945	3634	5695
	15,001 - 20,000	1815	779	4310	938	844	1230	2208	4000	4310
	20,001 - 25,000	1982	587	6985	1301	723	1091	2549	3024	6985
	25,001 - 30,000	2168	893	5062	1026	916	1443	2646	4495	5062
	30,001 - 35,000	2195	1177	5167	918	1177	1791	2161	5167	5167
	35,001 and over	2021	884	3269	652	1236	1632	2654	3011	3269

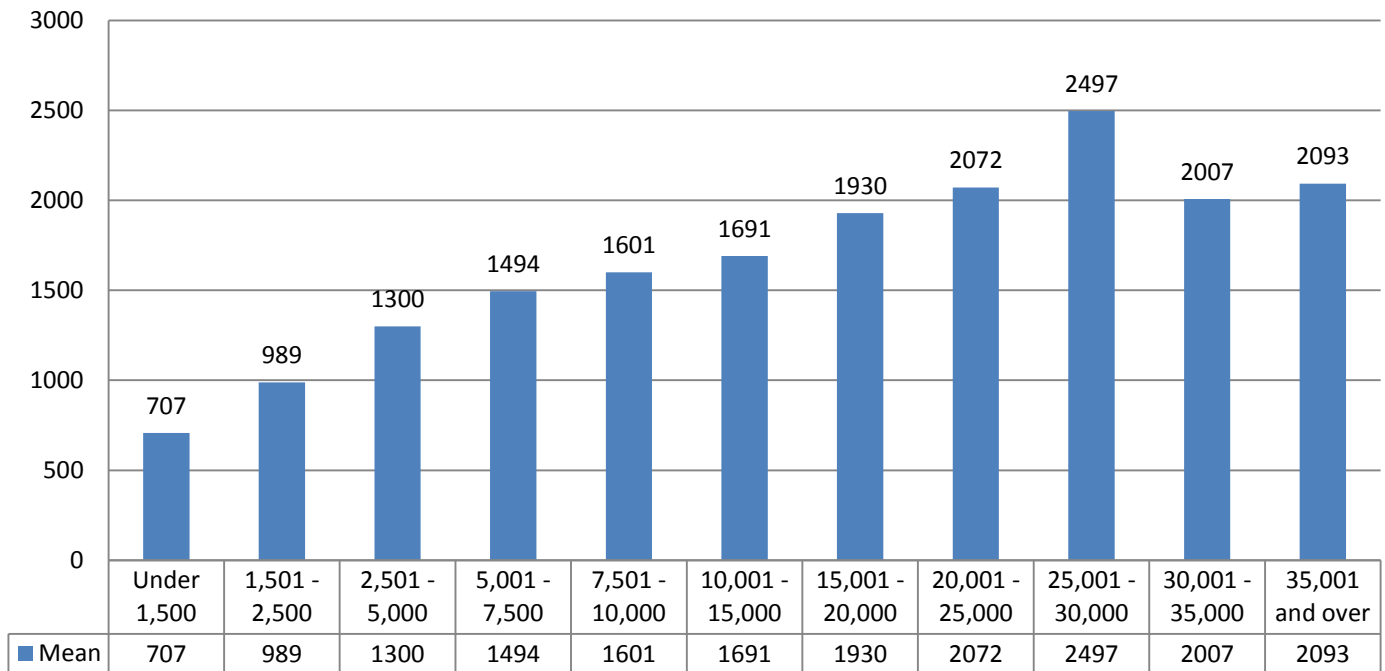


Student to Staff Ratio by Size and Status : Academic Year Paid Professional Staff and Trainees Total (NA248)

	School Status
--	----------------------

		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Institution Size	Under 1,500	367	1323	657	636		629
	1,501 - 2,500			1107	754	800	974
	2,501 - 5,000	1080	632.35	1190	978		1890
	5,001 - 7,500	1695	1113	1016	1287		1855
	7,501 - 10,000	1660	1642	1199	720	388	4015
	10,001 - 15,000	1910	1558	1029			
	15,001 - 20,000	1878	1258	1585			
	20,001 - 25,000	2219		1263		587	
	25,001 - 30,000	2056					3178
	30,001 - 35,000	2313	1791	1177			
	35,001 and over	2039				1661	

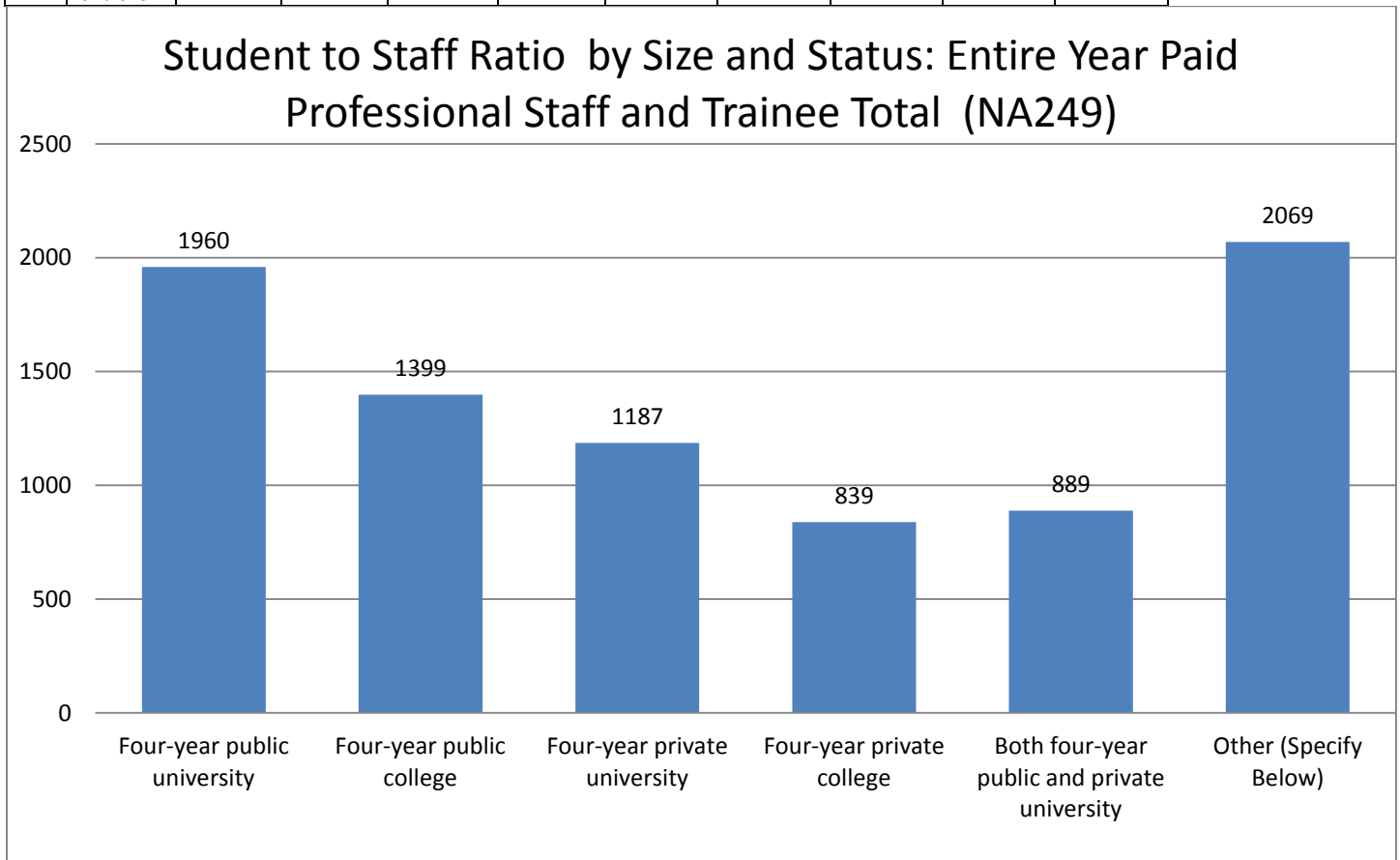
Student to Staff Ratio: Entire Year Paid Professional Staff and Trainees (NA249)



Student to Staff Ratio by Size with Detail: Entire Year Professional Staff and Trainee Total (NA249)

		Mean	Minimum	Maximum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
tuition	n	707	183	1355	329	280	440	850	1323	1355

1,501 - 2,500	989	308	2625	568	350	597	1150	2213	2625
2,501 - 5,000	1300	341	4042	691	524	844	1631	2909	4042
5,001 - 7,500	1494	642	3573	704	661	970	1775	3250	3573
7,501 - 10,000	1601	388	4015	814	595	972	1916	3269	4015
10,001 - 15,000	1691	598	5695	1077	712	1034	2002	3710	5695
15,001 - 20,000	1930	820	4925	1003	844	1300	2496	4000	4925
20,001 - 25,000	2072	705	6985	1300	726	1193	2549	3360	6985
25,001 - 30,000	2497	954	10317	2009	964	1502	2825	7122	10317
30,001 - 35,000	2007	1177	2832	472	1177	1760	2194	2832	2832
35,001 and over	2093	901	3269	661	1087	1646	2728	3140	3269



Student to Staff Ratio by Size and Status : Entire Year Paid Professional Staff and Trainees Total (NA249)

		School Status					Other (Specify Below)
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	
Institution Size	Under 1,500	367	1323	657	636		629
	1,501 - 2,500			1107	754	800	974

2,501 - 5,000	1080	632.35	1190	978		1890
5,001 - 7,500	1695	1113	1016	1287		1855
7,501 - 10,000	1660	1642	1199	720	388	4015
10,001 - 15,000	1910	1558	1029			
15,001 - 20,000	1878	1258	1585			
20,001 - 25,000	2219		1263		587	
25,001 - 30,000	2056					3178
30,001 - 35,000	2313	1791	1177			
35,001 and over	2039				1661	

Salary Data

(note: empty rows have been deleted in this section where no data was reported refer to adjacent rows)

Average Salary	
	Mean
Training Director Average Salary	\$71,753
Assistant Associate Director Average Salary	\$69,025
Clinical Director Average Salary	\$72,294
Counselor With Doctorate Average Salary	\$60,390
Counselor who is ABD Average Salary	\$51,766
Counselor with MA Average Salary	\$50,907
Counselor with MSW Average Salary	\$53,629
Psychiatrist/MD (average annual salary)	\$142,971
Psychiatrist/MD (average hourly salary)	\$147
Psychiatric Nurse Practitioner Average Salary	\$71,863
Psychiatric Residents Average Salary	\$42,351
Learning Skills Specialist Average Salary	\$44,925
Case Manager Average Salary	\$51,105
Substance Abuse Counselor/Addictions Specialist Average Salary	\$46,681
Other Average Salary	\$46,178

Staff Salary Data by Years in Position						
	Mean		Median	Mode	Min	Max
Training Director (less than 1 year)	\$64,991		\$65,533	\$70,000	\$46,452	\$83,000
Training Director (1-3 years in position)	\$67,504		\$65,000	\$60,000	\$48,000	\$102,000
Training Director (4-6 years in position)	\$74,960		\$75,000	\$80,000	\$53,250	\$108,000
Training Director (7-9 years in position)	\$71,589		\$70,300	\$75,000	\$41,000	\$99,405
Training Director (10-12 years in position)	\$74,672		\$73,878	\$55,000	\$51,000	\$120,000
Training Director (13-15 years in position)	\$66,940		\$73,700	\$44,000	\$44,000	\$76,000
Training Director (15 years and above)	\$80,300		\$75,000	\$63,000	\$63,000	\$107,201
Assistant or Assoc. Director (less than 1 year)	\$64,446		\$63,500	\$60,000	\$10,003	\$105,000
Assistant or Assoc. Dir. (1-3 years in position)	\$65,377		\$65,000	\$60,000	\$42,500	\$102,000
Assistant or Assoc. Dir. (4-6 years in position)	\$70,259		\$72,000	\$45,000	\$41,396	\$100,000
Assistant or Assoc. Dir. (7-9 years in position)	\$73,186		\$73,000	\$55,000	\$55,000	\$92,000
Assistant or Assoc. Dir. (10-12 years)	\$72,445		\$70,700	\$80,000	\$46,000	\$158,000
Assistant or Assoc. Dir. (13-15 years)	\$76,000		\$66,000	\$65,000	\$65,000	\$97,000
Assistant or Assoc. Dir. (15 years and above)	\$79,332		\$76,106	\$49,000	\$49,000	\$118,833
Clinical Director (less than 1 year)	\$64,849		\$61,547	\$61,000	\$61,000	\$72,000
Clinical Director (1-3 years in position)	\$71,597		\$70,000	\$70,000	\$54,000	\$106,000
Clinical Director (4-6 years in position)	\$71,869		\$72,550	\$51,000	\$51,000	\$92,931
Clinical Director (7-9 years in position)	\$65,000		\$65,000	\$65,000	\$65,000	\$65,000
Clinical Director (10-12 years in position)	\$75,500		\$75,500	\$72,000	\$72,000	\$79,000
Clinical Director (13-15 years in position)	\$85,851		\$85,851	\$78,360	\$78,360	\$93,342
Clinical Director (15 years and above)	\$83,932		\$83,932	\$75,066	\$75,066	\$92,799
Counselor with Doctorate (less than 1 year)	\$55,595		\$55,000	\$50,000	\$25,000	\$100,000
Counselor with Doctorate (1-3 years in position)	\$57,183		\$55,600	\$50,000	\$42,000	\$104,122
Counselor with Doctorate (4-6 years in position)	\$60,201		\$59,000	\$56,000	\$40,000	\$87,323
Counselor with Doctorate (7-9 years in position)	\$63,910		\$61,540	\$64,000	\$33,000	\$90,683
Counselor with Doctorate (10-12 years)	\$69,650		\$64,777	\$58,000	\$52,291	\$120,000
Counselor with Doctorate (13-15)	\$72,529		\$71,379	\$70,000	\$48,000	\$98,301
Counselor with Doctorate (15 years and above)	\$77,022		\$73,700	\$71,000	\$48,925	\$122,162
Counselor who is A.B.D. (less than 1 year)	\$53,256		\$53,600	\$50,000	\$42,000	\$72,000
Counselor who is A.B.D. (1-3 years in position)	\$47,156		\$50,000	\$30,000	\$30,000	\$57,084
Counselor who is A.B.D. (4-6 years in position)	\$53,367		\$53,000	\$51,000	\$51,000	\$56,100
Counselor who is A.B.D. (10-12 years)	\$56,400		\$56,400	\$56,400	\$56,400	\$56,400
Counselor who is A.B.D. (13-15)	\$100,000		\$100,000	\$100,000	\$100k	\$100,000
Counselor who is A.B.D. (15 years and above)	\$56,117		\$56,117	\$56,117	\$56,117	\$56,117
Counselor with MA (less than 1 year)	\$47,759		\$47,250	\$48,000	\$20,000	\$72,000
Counselor with MA (1-3 years in position)	\$47,204		\$45,006	\$40,000	\$20,000	\$84,200
Counselor with MA (4-6 years in position)	\$47,547		\$46,681	\$45,000	\$24,000	\$70,087
Counselor with MA (7-9 years in position)	\$52,640		\$51,500	\$42,000	\$41,000	\$69,000

Staff Salary Data by Years in Position						
Counselor with MA (10-12 years in position)	\$57,424		\$56,650	\$34,000	\$34,000	\$100,000
Counselor with MA (13-15 years in position)	\$65,236		\$59,487	\$55,200	\$55,200	\$100,000
Counselor with MA (15 years and above)	\$62,293		\$60,000	\$55,000	\$46,260	\$128,793
Counselor with MSW (less than 1 year)	\$49,695		\$49,000	\$60,000	\$20,000	\$72,800
Counselor with MSW (1-3 years in position)	\$48,910		\$49,000	\$40,000	\$25,373	\$74,000
Counselor with MSW (4-6 years in position)	\$54,575		\$55,851	\$58,000	\$24,000	\$76,500
Counselor with MSW (7-9 years in position)	\$56,751		\$53,000	\$58,000	\$40,800	\$84,000
Counselor with MSW (10-12 years in position)	\$64,655		\$61,900	\$36,000	\$36,000	\$95,000
Counselor with MSW (13-15 years in position)	\$61,114		\$59,337	\$54,234	\$54,234	\$76,000
Counselor with MSW (15 years and above)	\$69,307		\$65,994	\$35,000	\$35,000	\$103,000
Psychiatrist/MD - Annual (less than 1 year)	\$136,752		\$140,000	\$43,069	\$43,069	\$200,000
Psychiatrist/MD - Annual (1-3 years in position)	\$146,557		\$145,000	\$145,000	\$71,479	\$249,600
Psychiatrist/MD - Annual (4-6 years in position)	\$140,824		\$142,190	\$52,000	\$52,000	\$230,000
Psychiatrist/MD - Annual (7-9 years in position)	\$139,336		\$145,812	\$35,539	\$35,539	\$189,000
Psychiatrist/MD - Annual (10-12 years)	\$146,212		\$147,500	\$75,756	\$75,756	\$206,803
Psychiatrist/MD - Annual (13-15 years)	\$161,429		\$159,286	\$150,000	\$150k	\$175,000
Psychiatrist/MD - Annual (15 years and above)	\$160,761		\$154,000	\$110,469	\$110k	\$250,000
Psychiatrist/MD - Hourly (less than 1 year)	\$150		\$150	\$125	\$70	\$250
Psychiatrist/MD - Hourly (1-3 years in position)	\$137		\$150	\$150	\$77	\$200
Psychiatrist/MD - Hourly (4-6 years in position)	\$155		\$150	\$150	\$70	\$300
Psychiatrist/MD - Hourly (7-9 years in position)	\$141		\$150	\$150	\$90	\$180
Psychiatrist/MD - Hourly (10-12)	\$168		\$150	\$150	\$105	\$255
Psychiatrist/MD - Hourly (13-15)	\$150		\$150	\$150	\$150	\$150
Psychiatrist/MD - Hourly (15 years and above)	\$136		\$128	\$130	\$65	\$225
Nurse Practitioner (less than 1 year)	\$79,436		\$80,000	\$50,000	\$50,000	\$121,500
Nurse Practitioner (1-3 years in position)	\$67,395		\$82,500	\$10,000	\$10,000	\$94,581
Nurse Practitioner (4-6 years in position)	\$78,141		\$86,957	\$89,000	\$40,000	\$102,801
Nurse Practitioner (7-9 years in position)	\$48,000		\$30,000	\$24,000	\$24,000	\$90,000
Nurse Practitioner (13-15 years in position)	\$95,000		\$95,000	\$95,000	\$95,000	\$95,000
Nurse Practitioner (15 years and above)	\$80,000		\$80,000	\$80,000	\$80,000	\$80,000
Psychiatric Residents (less than 1 year)	\$39,896		\$45,000	\$19,200	\$19,200	\$60,000
Psychiatric Residents (1-3 years in position)	\$54,625		\$54,625	\$54,625	\$54,625	\$54,625
Learning Skills Specialist (less than 1 year)	\$41,333		\$38,000	\$32,000	\$32,000	\$54,000
Learning Skills Specialist (1-3 years in position)	\$37,660		\$38,380	\$35,600	\$35,600	\$39,000
Learning Skills Specialist (4-6 years in position)	\$59,024		\$59,024	\$59,000	\$59,000	\$59,049
Learning Skills Specialist (15 years and above)	\$50,250		\$53,500	\$42,354	\$42,354	\$54,896
Case Manager (less than 1 year)	\$48,395		\$49,300	\$55,000	\$24,000	\$68,500
Case Manager (1-3 years in position)	\$51,711		\$51,000	\$51,000	\$36,000	\$73,000
Case Manager (4-6 years in position)	\$62,252		\$57,482	\$47,274	\$47,274	\$82,000

Staff Salary Data by Years in Position						
Case Manager (7-9 years in position)	\$59,300		\$59,300	\$59,300	\$59,300	\$59,300
Substance/Addictions Specialist (< 1 year)	\$36,550		\$38,000	\$10,000	\$10,000	\$50,000
Substance/Addictions (1-3 years in position)	\$46,070		\$43,615	\$36,000	\$36,000	\$62,983
Substance/Addictions (4-6 years in position)	\$45,174		\$48,024	\$20,000	\$20,000	\$66,150
Substance/Addictions (7-9 years in position)	\$41,822		\$41,822	\$41,822	\$41,822	\$41,822
Substance/Addictions (10-12 years in position)	\$87,000		\$87,000	\$87,000	\$87,000	\$87,000
Substance/Addictions (15 years and above)	\$60,333		\$56,500	\$56,000	\$56,000	\$68,500
Pre-doctoral Psychology Intern	\$29,180		\$24,000	\$24,000	\$10,000	\$261,000
Post Docs	\$32,312		\$31,000	\$30,000	\$19,000	\$61,164
Graduate Students	\$12,764		\$12,400	\$10,000	\$3,000	\$35,526
Other (less than one year in position)	\$43,460		\$45,000	\$28,000	\$28,000	\$57,300
Other - Current Salary (1-3 years in position)	\$40,979		\$44,000	\$25,000	\$25,000	\$59,650
Other - Current Salary (4-6 years in position)	\$36,000		\$36,000	\$24,000	\$24,000	\$48,000
Other - Current Salary (7-9 years in position)	\$55,264		\$51,313	\$36,630	\$36,630	\$81,800
Other - Current Salary (15> years in position)	\$59,000		\$59,000	\$38,000	\$38,000	\$80,000

Staff Salary by Experience and Institution Status

	Public or Private							
	Public			Private				
	Mean		Minimum	Maximum	Mean		Minimum	Maximum
Training Director (less than 1 year)	\$67,176		\$46,452	\$83,000	\$62,441		\$50,000	\$81,000
Training Director (1-3 years in position)	\$66,346		\$50,000	\$89,000	\$68,584		\$48,000	\$102,000
Training Director (4-6 years in position)	\$78,383		\$56,000	\$108,000	\$68,542		\$53,250	\$89,955
Training Director (7-9 years in position)	\$71,114		\$41,000	\$99,405	.		.	.
Training Director (10-12 years in position)	\$76,266		\$51,000	\$120,000	\$67,765		\$59,456	\$82,000
Training Director (13-15 years in position)	\$64,675		\$44,000	\$75,000	.		.	.
Training Director (15 years and above)	\$81,037		\$63,000	\$107,201	\$75,333		\$66,000	\$92,000
Assistant or Assoc. Director (<1 year)	\$66,178		\$10,003	\$105,000	\$59,489		\$38,000	\$96,000
Assistant or Assoc. Dir. (1-3 years)	\$64,134		\$42,500	\$85,500	\$66,213		\$47,065	\$102,000
Assistant or Assoc. Dir. (4-6 years)	\$72,069		\$50,500	\$99,000	\$68,667		\$41,396	\$100,000
Assistant or Assoc. Dir. (7-9 years)	\$75,705		\$60,000	\$92,000	\$59,334		\$55,000	\$63,668
Assistant or Assoc. Dir. (10-12 years)	\$64,316		\$48,865	\$80,000	\$77,526		\$46,000	\$158,000
Assistant or Assoc. Dir. (13-15 years)	\$81,500		\$66,000	\$97,000	\$65,000		\$65,000	\$65,000
Assistant or Assoc. Dir. (15 year+)	\$82,889		\$63,000	\$118,833	\$73,268		\$49,000	\$95,715
Clinical Director (less than 1 year)	\$64,849		\$61,000	\$72,000	.		.	.
Clinical Director (1-3 years in position)	\$69,367		\$54,000	\$106,000	\$102,000		\$102,000	\$102,000
Clinical Director (4-6 years in position)	\$66,806		\$51,000	\$92,931	\$80,625		\$75,000	\$86,500
Clinical Director (7-9 years in position)	\$65,000		\$65,000	\$65,000	.		.	.
Clinical Director (10-12 years in position)	.		.	.	\$75,500		\$72,000	\$79,000
Clinical Director (13-15 years in position)	\$85,851		\$78,360	\$93,342	.		.	.

Staff Salary by Experience and Institution Status

	Public or Private						
	Public			Private			
	Mean	Minimum	Maximum	Mean	Minimum	Maximum	Maximum
Clinical Director (15 years and above)	\$83,932	\$75,066	\$92,799	.	.	.	.
Counselor with Doctorate (< 1 year)	\$55,112	\$45,000	\$95,000	\$55,867	\$25,000	\$80,850	
Counselor with Doctorate (1-3 years)	\$55,846	\$42,000	\$104,122	\$60,025	\$42,000	\$90,000	
Counselor with Doctorate (4-6 years)	\$59,578	\$46,300	\$87,323	\$62,475	\$40,000	\$79,300	
Counselor with Doctorate (7-9 years)	\$64,076	\$49,761	\$90,683	\$63,236	\$33,000	\$87,600	
Counselor with Doctorate (10-12 years)	\$67,995	\$52,291	\$120,000	\$75,490	\$58,000	\$96,750	
Counselor with Doctorate (13-15 years)	\$72,878	\$48,000	\$98,301	\$69,212	\$60,300	\$78,124	
Counselor with Doctorate (15 years)	\$75,040	\$48,925	\$112,896	\$82,856	\$60,912	\$122,162	
Counselor who is A.B.D. (less than 1 year)	\$53,888	\$48,000	\$72,000	\$56,356	\$55,000	\$57,713	
Counselor who is A.B.D. (1-3 years)	\$48,235	\$36,720	\$57,084	\$42,300	\$30,000	\$54,600	
Counselor who is A.B.D. (4-6 years)	\$51,000	\$51,000	\$51,000	\$54,550	\$53,000	\$56,100	
Counselor who is A.B.D. (10-12 years)	.	.	.	\$56,400	\$56,400	\$56,400	
Counselor who is A.B.D. (13-15 years)	\$100,000	\$100,000	\$100,000	.	.	.	
Counselor who is A.B.D. (15 years+)	\$56,117	\$56,117	\$56,117	.	.	.	
Counselor with MA (less than 1 year)	\$48,844	\$30,000	\$72,000	\$46,333	\$20,000	\$68,500	
Counselor with MA (1-3 years in position)	\$47,565	\$20,000	\$73,943	\$46,672	\$30,000	\$84,200	
Counselor with MA (4-6 years in position)	\$48,100	\$32,000	\$70,087	\$46,342	\$24,000	\$58,000	
Counselor with MA (7-9 years in position)	\$52,263	\$41,000	\$69,000	\$55,662	\$42,000	\$64,987	
Counselor with MA (10-12 years)	\$54,999	\$34,000	\$100,000	\$64,215	\$52,368	\$86,600	
Counselor with MA (13-15 years)	\$68,290	\$55,200	\$100,000	\$60,147	\$57,000	\$64,467	
Counselor with MA (15 years and above)	\$58,731	\$46,260	\$80,000	\$72,029	\$51,000	\$128,793	
Counselor with MSW (less than 1 year)	\$49,296	\$20,000	\$72,000	\$50,098	\$20,000	\$72,800	
Counselor with MSW (1-3 years)	\$48,431	\$36,000	\$74,000	\$49,553	\$25,373	\$73,000	
Counselor with MSW (4-6 years)	\$53,149	\$37,114	\$70,000	\$55,667	\$24,000	\$76,500	
Counselor with MSW (7-9 years)	\$59,942	\$45,737	\$84,000	\$49,457	\$40,800	\$60,000	
Counselor with MSW (10-12 years)	\$72,237	\$54,000	\$95,000	\$54,231	\$36,000	\$70,200	
Counselor with MSW (13-15 years)	\$58,000	\$54,801	\$61,200	\$63,190	\$54,234	\$76,000	
Counselor with MSW (15 years and above)	\$72,303	\$55,112	\$103,000	\$69,580	\$35,000	\$94,800	
Psychiatrist/MD - Annual (less than 1 year)	\$139,427	\$43,069	\$200,000	\$110,000	\$110,000	\$110,000	
Psychiatrist/MD - Annual (1-3 years)	\$155,800	\$80,604	\$249,600	\$118,826	\$71,479	\$145,000	
Psychiatrist/MD - Annual (4-6 years)	\$128,864	\$52,000	\$185,000	\$166,029	\$134,146	\$230,000	
Psychiatrist/MD - Annual (7-9 years)	\$150,818	\$116,000	\$189,000	\$125,590	\$35,539	\$152,000	
Psychiatrist/MD - Annual (10-12 years)	\$185,902	\$165,000	\$206,803	\$119,752	\$75,756	\$147,500	
Psychiatrist/MD - Annual (13-15 years)	\$154,643	\$150,000	\$159,286	.	.	.	
Psychiatrist/MD - Annual (15 years+)	\$156,688	\$119,338	\$208,000	\$170,230	\$134,150	\$250,000	
Psychiatrist/MD - Hourly (less than 1 year)	\$134	\$70	\$220	\$163	\$95	\$250	
Psychiatrist/MD - Hourly (1-3 years)	\$136	\$77	\$200	\$138	\$85	\$200	
Psychiatrist/MD - Hourly (4-6 years)	\$151	\$70	\$300	\$159	\$125	\$188	

Staff Salary by Experience and Institution Status

	Public or Private						
	Public			Private			
	Mean	Minimum	Maximum	Mean	Minimum	Maximum	
Psychiatrist/MD - Hourly (7-9 years)	\$144	\$100	\$180	\$139	\$90	\$180	
Psychiatrist/MD - Hourly (10-12 years)	\$150	\$150	\$150	\$172	\$105	\$255	
Psychiatrist/MD - Hourly (13-15 years)	.	.	.	\$150	\$150	\$150	
Psychiatrist/MD - Hourly (15 years+)	\$146	\$95	\$225	\$98	\$65	\$130	
Nurse Practitioner (less than 1 year)	\$86,795	\$60,780	\$121,500	\$50,000	\$50,000	\$50,000	
Nurse Practitioner (1-3 years in position)	\$61,527	\$10,000	\$94,581	.	.	.	
Nurse Practitioner (4-6 years in position)	\$75,663	\$40,000	\$102,801	\$83,229	\$69,915	\$89,000	
Nurse Practitioner (7-9 years in position)	\$27,000	\$24,000	\$30,000	\$90,000	\$90,000	\$90,000	
Nurse Practitioner (10-12 years in position)	.	.	.	.	.	.
Nurse Practitioner (13-15 years in position)	\$95,000	\$95,000	\$95,000	.	.	.	
Nurse Practitioner (15 years and above)	\$80,000	\$80,000	\$80,000	.	.	.	
Psychiatric Residents (less than 1 year)	\$44,620	\$19,200	\$60,000	\$21,000	\$21,000	\$21,000	
Psychiatric Residents (1-3 years)	\$54,625	\$54,625	\$54,625	.	.	.	
Learning Skills Specialist (less than 1 year)	\$43,000	\$32,000	\$54,000	\$38,000	\$38,000	\$38,000	
Learning Skills Specialist (1-3 years)	\$37,660	\$35,600	\$39,000	.	.	.	
Learning Skills Specialist (4-6 years)	\$59,049	\$59,049	\$59,049	\$59,000	\$59,000	\$59,000	
Learning Skills Specialist (15 years+)	\$50,250	\$42,354	\$54,896	.	.	.	
Case Manager (less than 1 year)	\$47,459	\$24,000	\$68,000	\$53,700	\$42,000	\$68,500	
Case Manager (1-3 years in position)	\$51,272	\$39,148	\$66,156	\$56,748	\$46,500	\$73,000	
Case Manager (4-6 years in position)	\$62,252	\$47,274	\$82,000	.	.	.	
Case Manager (7-9 years in position)	.	.	.	\$59,300	\$59,300	\$59,300	
Substance/Addictions Specialist (< 1 year)	\$43,375	\$38,000	\$48,750	\$23,000	\$10,000	\$36,000	
Substance/Addictions (1-3 years)	\$46,014	\$36,000	\$62,983	\$46,239	\$41,478	\$51,000	
Substance/Addictions (4-6 years)	\$41,988	\$20,000	\$54,590	\$56,325	\$46,500	\$66,150	
Substance/Addictions (10-12 years)	\$87,000	\$87,000	\$87,000	.	.	.	
Substance/Addictions (15 years+)	\$56,250	\$56,000	\$56,500	\$68,500	\$68,500	\$68,500	
Pre-doctoral Psychology Intern	\$31,592	\$10,000	\$261,000	\$22,042	\$10,000	\$29,150	
Post Docs	\$31,299	\$19,000	\$44,795	\$34,857	\$24,000	\$61,164	
Graduate Students	\$13,603	\$3,000	\$35,526	\$7,970	\$3,000	\$17,350	
Other - Current Salary (<one year)	\$43,460	\$28,000	\$57,300	.	.	.	
Other - Current Salary (1-3 years)	\$39,550	\$25,500	\$53,700	\$42,883	\$25,000	\$59,650	
Other - Current Salary (4-6 years)	\$48,000	\$48,000	\$48,000	\$24,000	\$24,000	\$24,000	
Other - Current Salary (7-9)	\$55,264	\$36,630	\$81,800	.	.	.	
Other - Current Salary (15+ years)	\$59,000	\$38,000	\$80,000	.	.	.	

Staff Salary by Years of Experience and Institution Size

	Institution Size										
	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
Director Salary	\$70,035	\$75,352	\$77,995	\$81,683	\$90,102	\$94,788	\$94,153	\$107,117	\$100,171	\$107,128	\$117,824
Training Director (<1 year)	\$52,500	\$60,000	\$64,733	\$72,320	\$62,500	\$63,507	\$68,250	\$60,500	\$70,000	\$75,077	\$66,381
Training Director (1-3 years)	\$60,000	\$72,685	\$52,411	\$61,166	\$66,162	\$67,237	\$66,988	\$74,546	\$68,354	\$68,468	\$68,042
Training Director (4-6 years)	.	.	\$58,368	\$72,000	\$90,011	\$67,161	\$77,298	\$66,376	\$81,000	\$65,667	\$84,701
Training Director (7-9 years)	.	.	.	.	\$66,594	\$62,180	\$74,422	\$70,812	\$74,190	\$69,000	\$80,446
Training Director (10-12 years)	.	.	\$61,838	.	\$82,000	\$60,091	\$85,667	\$90,000	\$88,878	\$70,000	\$77,850
Training Director (13-15 years)	.	.	.	.	\$66,000	\$58,850	\$75,000	.	\$76,000	.	.
Training Director (15 years +)	.	.	.	\$66,000	\$74,454	\$77,253	\$69,000	\$82,084	\$79,698	\$79,514	\$100,076
Assistant/ Assoc. Director (<1 year)	\$48,667	\$57,447	\$46,143	\$72,750	\$68,219	\$67,416	\$76,594	\$75,133	\$82,900	\$72,000	\$69,728
Assistant/Assoc. Dir. (1-3 years)	\$54,000	\$61,089	\$59,142	\$62,214	\$71,140	\$63,123	\$68,374	\$74,000	\$65,000	\$69,981	\$69,742
Assistant/Assoc. Dir. (4-6 years)	.	\$60,321	\$63,113	\$63,167	\$66,975	\$79,820	\$78,445	\$73,752	\$70,894	\$66,489	\$82,640
Assistant/Assoc. Dir. (7-9 years)	\$55,000	.	\$63,668	.	\$77,119	\$80,222	\$74,696	\$72,200	\$75,025	\$60,000	\$83,000
Assistant/Assoc. Dir. (10-12 years)	.	\$55,500	\$58,667	\$67,471	.	\$74,666	\$71,658	\$158,000	.	.	\$73,383
Assistant/ Assoc. Dir. (13-15 years)	\$65,000	.	.	.	\$66,000	\$97,000	.	.	.	.	.
Assistant/Assoc. Dir. (15 years +)	.	.	\$65,477	\$77,177	\$70,000	\$82,423	\$73,066	.	\$90,000	\$86,250	\$94,829
Clinical Director (less than 1 year)	.	.	.	.	.	.	.	.	\$61,000	\$72,000	\$61,547
Clinical Director (1-3 years)	.	.	.	\$58,000	\$58,367	\$66,094	.	\$79,900	\$68,567	\$72,800	\$84,585
Clinical Director (4-6 years)	.	.	\$86,500	.	\$57,700	\$69,189	\$58,580	.	\$66,550	\$81,466	\$80,708
Clinical Director (7-9 years)	.	.	.	.	.	.	.	.	.	\$65,000	.

Staff Salary by Years of Experience and Institution Size

	Institution Size										
	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
Clinical Director (10-12 years)	\$72,000	.	\$79,000	.	.	.	.	.	.	.	.
Clinical Director (13-15 years)	.	.	.	.	.	.	.	\$78,360	.	.	\$93,342
Clinical Director (15 years +)	.	.	.	.	.	.	.	.	.	\$83,932	.
Counselor with Doctorate (< 1yr)	\$43,888	\$52,971	\$55,337	\$57,385	\$54,445	\$56,503	\$54,377	\$62,287	\$59,569	\$52,550	\$54,942
Counselor with Doctorate (1-3 yr)	\$42,000	\$57,758	\$63,790	\$55,542	\$59,366	\$54,374	\$57,475	\$57,224	\$56,946	\$54,103	\$58,238
Counselor with Doctorate (4-6)	\$53,148	\$61,417	\$59,990	\$59,130	\$57,760	\$59,936	\$61,150	\$61,606	\$62,468	\$57,413	\$60,646
Counselor with Doctorate (7-9 years in position)	\$53,780	\$80,000	\$48,200	\$61,999	\$67,432	\$65,650	\$69,568	\$65,846	\$65,712	\$60,939	\$63,405
Counselor with Doctorate (10-12)	.	.	.	.	\$71,746	\$61,578	\$87,386	\$68,081	.	\$79,934	\$65,584
Counselor with Doctorate (13-15)	.	.	.	.	.	\$64,885	\$72,174	\$72,405	\$78,000	\$85,163	\$74,828
Counselor with Doctorate (15+)	\$86,350	\$60,912	\$84,849	\$98,000	\$82,620	\$69,110	\$73,366	\$70,571	\$71,806	\$80,927	\$78,296
Counselor who is A.B.D. (< 1 year)	.	\$49,856	.	\$55,000	.	.	\$49,250	\$72,000	\$53,800	\$51,000	.
Counselor who is A.B.D. (1-3 years)	.	.	\$30,000	.	.	\$47,773	.	\$48,000	\$50,000	\$50,145	\$48,480
Counselor who is A.B.D. (4-6 years)	.	\$53,000	.	\$56,100	.	.	.	.	\$51,000	.	.
Counselor who is A.B.D. (7-9 years)	.	.	.	.	.	.	.	.	.	.	.
Counselor who is A.B.D. (10-12)	.	.	.	.	.	\$56,400	.	.	.	.	.
Counselor who is A.B.D. (13-15)	.	.	.	.	.	.	.	.	\$100,000	.	.
Counselor who is A.B.D. (15 years)	.	.	.	.	.	.	\$56,117	.	.	.	.
Counselor with MA (< 1 year)	\$43,610	\$45,243	\$46,618	\$45,820	\$52,581	\$46,133	\$47,640	\$56,667	\$49,184	\$50,000	\$46,214

Staff Salary by Years of Experience and Institution Size

	Institution Size										
	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
Counselor with MA (1-3 years)	\$30,000	\$46,880	\$48,041	\$47,333	\$46,140	\$43,658	\$48,417	\$43,550	\$54,300	\$52,000	\$51,987
Counselor with MA (4-6 years)	\$49,592	\$47,209	\$41,311	\$48,789	\$47,786	\$45,795	\$50,112	\$48,429	\$54,847	\$51,671	\$47,261
Counselor with MA (7-9 years)	\$42,000		\$64,987	\$52,500	\$53,131	\$50,364	\$41,000	\$52,160	\$51,750	\$55,445	\$60,217
Counselor with MA (10-12 years in position)	\$58,333	\$75,460	\$52,368	\$34,000		\$67,114	\$50,000	\$51,632	\$55,701		\$50,306
Counselor with MA (13-15 years)		\$64,467	\$60,000		\$57,000		\$58,974		\$84,750		\$55,975
Counselor with MA (15 years +)		\$67,067	\$66,349	\$62,364	\$58,538	\$61,246	\$61,378		\$60,630		\$58,178
Counselor with MSW (< 1 year)	\$34,500	\$56,500	\$45,039		\$49,440	\$45,404	\$47,700	\$55,443	\$53,950	\$54,000	\$53,784
Counselor with MSW (1-3 years)	\$36,791	\$41,182	\$48,650	\$50,420	\$49,500	\$53,291	\$51,552	\$47,150	\$50,000	\$51,139	\$46,777
Counselor with MSW (4-6 years)		\$59,083	\$44,306	\$60,500	\$47,367	\$56,446	\$76,500	\$63,131	\$55,428	\$52,897	\$55,088
Counselor with MSW (7-9 years)	\$45,000	\$52,000	\$42,518	\$53,000	\$53,984	\$59,000	\$65,340	\$45,737	\$63,986	\$49,362	\$64,744
Counselor MSW (10-12 years)	\$36,000	\$70,200	\$43,200	\$48,750		\$65,975	\$67,966	\$78,472	\$74,167		\$72,406
Counselor MSW (13-15 years)		\$59,337	\$54,234	\$76,000				\$61,200	\$54,801		
Counselor with MSW (15 years and above)		\$44,176	\$50,000	\$61,232		\$94,800	\$62,907	\$79,633	\$69,389		\$83,062
Psychiatrist/MD - Annual (<1 year)					\$110,000		\$156,667			\$123,767	\$143,067
Psychiatrist/MD - Annual (1-3 years)			\$137,500	\$249,600		\$71,479	\$145,000	\$160,000	\$165,000	\$80,604	\$150,667
Psychiatrist/MD - Annual (4-6 years)					\$183,789	\$52,000	\$125,890	\$141,524	\$113,766		\$154,063
Psychiatrist/MD - Annual (7-9 years)				\$106,846	\$152,253	\$158,000		\$144,000	\$129,000		\$152,637

Staff Salary by Years of Experience and Institution Size

	Institution Size										
	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
Psychiatrist/MD - Annual (10-12)	.	.	.	.	.	\$105,878	.	\$177,152	.	.	\$165,000
Psychiatrist/MD - Annual (13-15)	.	.	.	.	.	.	.	\$175,000	.	.	\$154,643
Psychiatrist/MD - Annual (15+)	.	.	\$134,150	.	.	\$154,000	\$198,500	\$173,000	\$163,669	.	\$136,628
Psychiatrist/MD - Hourly (< 1 year)	\$125	\$233	\$178	.	\$141	\$127	\$135	.	.	\$120	\$130
Psychiatrist/MD - Hourly (1-3 years)	\$200	\$115	\$156	\$141	\$137	\$150	\$109	\$92	.	\$150	.
Psychiatrist/MD - Hourly (4-6 years)	\$175	\$150	\$145	\$150	\$180	\$174	\$166	\$130	\$100	\$180	\$80
Psychiatrist/MD - Hourly (7-9 years)	\$90	\$130	\$163	.	\$150	\$122	\$148	.	\$100	.	\$150
Psychiatrist/MD - Hourly (10-12)	.	.	\$135	\$228	.	.	.	.	.	.	\$150
Psychiatrist/MD - Hourly (13-15)	.	\$150	\$150	.	.	.	.	.	.	.	.
Psychiatrist/MD - Hourly (15 years+)	.	\$130	.	\$110	\$138	\$160	\$145	\$105	\$130	.	.
Nurse Practitioner (less than 1 year)	\$50,000	.	.	\$80,000	.	.	.	.	\$89,060	.	.
Nurse Practitioner (1-3 years)	.	.	.	.	.	\$80,000	\$10,000	\$85,000	\$94,581	.	.
Nurse Practitioner (4-6 years)	.	\$89,000	.	\$89,300	\$54,958	.	\$53,000	\$88,957	\$102,801	.	\$70,176
Nurse Practitioner (7-9 years)	.	.	.	\$90,000	.	\$27,000	.	.	.	.	.
Nurse Practitioner (13-15 years)	.	.	.	.	.	.	.	.	.	\$95,000	.
Nurse Practitioner (15 years +)	.	.	.	.	.	.	.	.	.	.	\$80,000
Psych Residents (<1 year)	.	.	.	.	.	\$21,000	\$32,100	.	\$54,280	.	\$60,000
Psych Residents (1-3 years)	.	.	.	.	.	.	.	.	.	\$54,625	.

Staff Salary by Years of Experience and Institution Size

	Institution Size										
	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
Learning Skills Specialist (<1yr)	.	.	.	.	\$35,000	.	.	.	.	\$54,000	.
Learning Skills Specialist (1-3)	.	.	.	\$39,000	.	.	.	.	\$35,600	\$38,380	.
Learning Skills Specialist (4-6)	.	.	.	\$59,000	.	.	.	.	.	\$59,049	.
Learning Skills Specialist (15 years and above)	.	.	.	.	.	\$42,354	.	.	.	.	\$54,198
Case Manager (less than 1 year)	.	.	.	\$38,000	\$61,750	\$50,600	\$49,132	\$46,250	.	\$30,000	\$49,200
Case Manager (1-3 years)	\$36,000	.	.	\$52,000	\$51,250	\$50,327	\$57,195	\$49,300	\$49,667	\$52,013	\$49,666
Case Mrg (4-6)	.	.	.	.	.	.	.	.	.	\$52,378	\$82,000
Case Mgr (7-9)	.	.	.	\$59,300	.	.	.	.	.	.	.
Subs/Addictions Specialist (< 1 yr)	\$10,000	\$50,000	\$36,000	.	.	.	.	\$38,000	\$48,750	.	.
Subs/Addictions (1-3 years)	.	.	\$41,478	.	.	\$40,900	\$51,000	.	.	\$49,500	\$62,983
Subs/Addictions (4-6 years)	.	\$46,500	\$53,475	\$48,024	\$37,295	\$48,500	.	.	\$30,000	.	.
Subs/Addictions (7-9 years)	.	.	.	\$41,822	.	.	.	.	.	.	.
Subs/Addictions (10-12 years)	.	.	.	.	.	.	\$87,000	.	.	.	.
Subs/Addictions (15+ years)	.	.	\$68,500	.	.	.	.	\$56,500	.	.	.
Pre-doctoral Psychology Intern	\$21,362	\$23,000	\$15,547	\$23,945	\$21,330	\$23,387	\$26,082	\$24,622	\$26,704	\$23,932	\$54,300
Post Docs	.	.	\$36,627	\$33,300	\$29,775	\$27,600	\$33,868	\$37,958	\$29,490	\$29,625	\$33,265
Graduate Students	\$10,000	.	\$3,832	\$12,783	\$8,500	\$18,667	\$10,318	\$13,173	\$12,517	\$10,835	\$18,127

Staff Salary by Years of Experience and Institution Size and Status (Public Colleges/Universities)

	Public or Private										
	Public										
	Institution Size										
	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	
Director Salary	\$68,000	\$36,000	\$73,273	\$77,595	\$83,878	\$88,908	\$92,699	\$95,087	\$99,070	\$107,128	\$116,884
Training Director (less than 1 year)	.	.	\$64,400	.	\$70,000	\$58,226	\$69,000	\$60,500	\$70,000	\$75,077	\$66,381
Training Director (1-3 years in position)	\$67,993	\$65,895	\$66,988	\$61,000	\$68,354	\$68,468	\$68,042
Training Director (4-6 years in position)	\$104,122	\$64,500	\$77,500	\$66,376	\$81,000	\$65,667	\$84,701
Training Director (7-9 years in position)	\$53,055	\$62,180	\$74,422	\$70,812	\$74,190	\$69,000	\$80,446
Training Director (10-12 years)	\$60,250	\$85,667	\$90,000	\$88,878	\$70,000	\$77,850
Training Director (13-15 years)	\$66,000	\$58,850	\$75,000	.	.	.	.
Training Director (15 years +)	\$70,000	.	\$69,000	\$82,084	\$79,698	\$79,514	\$101,600
Assistant or Assoc. Director (<1 year)	\$44,000	.	\$44,751	\$49,500	\$68,828	\$62,693	\$76,742	\$75,133	\$72,800	\$72,000	\$69,728
Assistant or Assoc. Dir. (1-3 years)	.	.	\$55,690	\$69,625	.	\$56,842	\$64,767	\$63,333	\$65,000	\$69,981	\$69,742
Assistant or Assoc. Dir. (4-6 years)	.	.	\$68,000	\$50,500	.	\$63,500	\$74,500	\$68,462	\$70,894	\$66,489	\$82,640
Assistant or Assoc. Dir. (7-9 years)	\$77,119	\$80,222	\$74,696	\$72,200	\$75,025	\$60,000	\$83,000
Assistant or Assoc. Dir. (10-12 years)	.	.	\$50,000	\$48,865	.	\$74,666	.	.	.	.	\$73,383

Staff Salary by Years of Experience and Institution Size and Status (Public Colleges/Universities)

	Public or Private										
	Public										
	Institution Size										
	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	
Assistant or Assoc. Dir. (13-15 years)	\$66,000	\$97,000	.	.	.	.	.
Assistant or Assoc. Dir. (15 years +)	.	.	.	\$100,000	\$70,000	\$81,888	\$67,171	.	\$103,000	\$86,250	\$94,829
Clinical Director (less than 1 year)	\$61,000	\$72,000	\$61,547
Clinical Director (1-3 years in position)	.	.	.	\$58,000	\$55,550	\$66,094	.	\$68,800	\$68,567	\$72,800	\$84,585
Clinical Director (4-6 years in position)	\$57,700	\$54,972	\$58,580	.	\$66,550	\$81,466	\$79,000
Clinical Director (7-9 years in position)	\$65,000	.
Clinical Director (13-15 years)	\$78,360	.	.	\$93,342
Clinical Director (15 years and above)	\$83,932	.
Counselor with Doctorate (< than 1)	.	.	\$50,000	\$58,250	\$53,817	\$53,649	\$53,753	\$60,074	\$55,983	\$52,550	\$55,391
Counselor with Doctorate (1-3)	.	.	\$58,000	\$48,540	\$61,465	\$52,587	\$55,408	\$54,149	\$56,870	\$54,103	\$58,656
Counselor with Doctorate (4-6)	.	.	\$59,919	\$55,333	\$55,300	\$59,347	\$60,391	\$57,741	\$62,193	\$57,413	\$61,030
Counselor with Doctorate (7-9)	.	.	.	\$62,899	\$67,174	\$70,550	\$66,090	\$54,968	\$65,712	\$60,939	\$63,643
Counselor with Doctorate (10-12)	\$75,667	\$58,209	\$89,911	\$59,590	.	\$79,934	\$65,584
Counselor with Doctorate (13-15)	\$62,000	\$72,174	\$72,405	\$78,000	\$85,163	\$74,828

Staff Salary by Years of Experience and Institution Size and Status (Public Colleges/Universities)

	Public or Private										
	Public										
	Institution Size										
	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
Counselor with Doctorate (15 years and above)	.	.	.	\$98,000	\$78,764	\$63,590	\$73,366	\$64,026	\$71,806	\$80,927	\$78,296
Counselor who is A.B.D. (less than 1)	\$49,250	\$72,000	\$53,800	\$51,000	.
Counselor who is A.B.D. (1-3 years)	\$44,360	.	\$48,000	\$50,000	\$50,145	\$48,480
Counselor who is A.B.D. (4-6 years)	\$51,000	.	.
Counselor who is A.B.D. (13-15)	\$100,000	.	.
Counselor who is A.B.D. (15+)	\$56,117	.	.	.	.
Counselor with MA (less than 1 year)	\$65,439	.	\$40,000	\$48,300	\$51,333	\$44,450	\$47,640	\$56,667	\$49,184	\$50,000	\$46,214
Counselor with MA (1-3 years)	.	.	\$34,450	\$49,750	\$48,925	\$42,874	\$48,417	\$43,550	\$54,300	\$52,000	\$53,383
Counselor with MA (4-6 years)	.	.	\$41,167	\$48,904	\$47,786	\$44,880	\$50,112	\$48,429	\$54,847	\$51,671	\$47,261
Counselor with MA (7-9 years)	.	.	.	\$45,000	\$53,131	\$50,364	\$41,000	\$52,160	\$51,750	\$55,445	\$60,217
Counselor with MA (10-12 years)	.	.	.	\$34,000	.	\$69,667	\$50,000	\$51,632	\$55,701	.	\$50,306
Counselor with MA (13-15 years)	.	.	\$60,000	.	.	.	.	.	\$84,750	.	\$55,975
Counselor with MA (15 years+)	.	.	\$54,433	\$66,217	\$58,538	\$54,281	\$61,378	.	\$46,260	.	\$57,371
Counselor with MSW (<1)	.	.	\$30,500	.	\$49,440	\$42,755	\$48,375	\$54,525	\$53,950	\$54,000	\$53,784
Counselor with MSW (1-3 years)	\$36,000	.	.	\$49,250	\$42,000	\$52,750	\$47,262	\$47,150	\$50,000	\$51,139	\$45,830
Counselor with MSW (4-6 years)	\$47,367	\$49,666	.	\$59,012	\$55,428	\$52,897	\$55,088

Staff Salary by Years of Experience and Institution Size and Status (Public Colleges/Universities)

	Public or Private										
	Public										
	Institution Size										
	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	
Counselor with MSW (7-9 years)	.	.	.	\$53,000	\$54,597	\$58,500	\$72,000	\$45,737	\$63,986	\$49,362	\$64,744
Counselor with MSW (10-12 years)	.	.	.	\$54,000	.	\$80,000	\$71,606	\$78,472	\$74,167	.	\$72,406
Counselor with MSW (13-15 years)	\$61,200	\$54,801	.	.
Counselor with MSW (15 years+)	.	.	.	\$58,464	.	.	\$55,112	\$77,750	\$69,389	.	\$88,333
Psychiatrist/MD - Annual (<1)	\$156,667	.	.	\$123,767	\$143,067
Psychiatrist/MD - Annual (1-3 years)	.	.	\$130,000	\$249,600	.	.	\$145,000	\$180,000	\$165,000	\$80,604	\$150,667
Psychiatrist/MD - Annual (4-6 years)	\$52,000	\$125,890	\$141,333	\$113,766	.	\$154,063
Psychiatrist/MD - Annual (7-9 years)	\$189,000	.	.	\$129,000	.	\$152,637
Psychiatrist/MD - Annual (10-12)	\$206,803	.	.	\$165,000
Psychiatrist/MD - Annual (13-15)	\$154,643
Psychiatrist/MD - Annual (15 years)	\$163,669	.	\$149,707

Staff Salary by Years of Experience and Institution Size and Status (Public Colleges/Universities)

	Public or Private										
	Public										
	Institution Size										
	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	
Psychiatrist/MD - Hourly (<1)	\$150	\$127	\$131	.	.	\$120	\$130
Psychiatrist/MD - Hourly (1-3 years)	.	.	\$165	\$144	\$146	\$150	\$109	\$92	.	\$150	.
Psychiatrist/MD - Hourly (4-6 years)	.	.	.	\$150	\$210	\$175	\$125	\$130	\$100	\$180	\$80
Psychiatrist/MD - Hourly (7-9 years)	.	.	\$180	.	\$150	\$125	\$150	.	\$100	.	\$150
Psychiatrist/MD - Hourly (10-12)	\$150
Psychiatrist/MD - Hourly (15 years and above)	.	.	.	\$110	\$138	\$160	\$225	\$105	\$130	.	.
Nurse Practitioner (less than 1 year)	.	.	.	\$80,000	.	.	.	.	\$89,060	.	.
Nurse Practitioner (1-3 years)	\$80,000	\$10,000	.	\$94,581	.	.
Nurse Practitioner (4-6 years)	.	.	.	\$93,600	\$40,000	.	\$53,000	\$88,914	\$102,801	.	.
Nurse Practitioner (7-9 years)	\$27,000	.	.	.	.	.
Nurse Practitioner (13-15 years)	\$95,000	.
Nurse Practitioner (15 years+)	\$80,000
Psychiatric Residents (<1 year)	\$32,100	.	\$54,280	.	\$60,000
Psychiatric Residents (1-3)	\$54,625	.
Learning Skills Specialist (<1 year)	\$32,000	.	.	.	.	\$54,000	.
Learning Skills Specialist (1-3)	.	.	.	\$39,000	.	.	.	.	\$35,600	\$38,380	.

Staff Salary by Years of Experience and Institution Size and Status (Public Colleges/Universities)

	Public or Private										
	Public										
	Institution Size										
	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
Learning Skills Specialist (4-6)	\$59,049	.
Learning Skills Specialist (15)	\$42,354	.	.	.	.	\$54,198
Case Manager (less than 1 year)	.	.	.	\$38,000	\$55,000	.	\$49,132	\$47,667	.	\$30,000	\$49,200
Case Manager (1-3 years in position)	\$53,091	\$49,300	\$49,667	\$52,013	\$50,230
Case Manager (4-6 years in position)	\$52,378	\$82,000
Substance/Addictions Specialist (< 1)	\$38,000	\$48,750	.	.
Substance/Addictions (1-3 years)	\$40,900	.	.	.	\$49,500	\$62,983
Substance/Addictions (4-6 years)	.	.	\$40,800	\$48,024	\$37,295	\$48,500	.	.	\$30,000	.	.
Substance/Addictions (10-12 years)	\$87,000	.	.	.	.
Substance/Addictions (15 years +)	\$56,500	.	.	.
Pre-doctoral Psychology Intern	.	.	\$10,000	.	\$19,467	\$22,567	\$26,180	\$24,450	\$26,704	\$23,932	\$56,194
Post Docs	.	.	\$31,200	.	\$28,000	\$26,200	\$34,477	\$33,683	\$29,490	\$29,625	\$33,265
Graduate Students	\$10,000	.	.	\$13,000	\$10,000	\$18,667	\$10,900	\$13,173	\$12,517	\$10,835	\$18,628

Staff Salary by Years of Experience and Institution Size and Status (Private Colleges/Universities)

(Private Colleges/Universities)	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
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Director Salary	\$68,518	\$75,716	\$80,159	\$86,733	\$99,181	\$110,468	\$102,007	\$141,000
Training Director (less than 1 year)	\$52,500	\$60,000	\$65,066	\$72,320	\$55,000	\$67,027	\$66,000	.
Training Director (1-3 years in position)	\$60,000	\$72,685	\$52,411	\$61,166	\$62,500	\$69,250	.	\$87,228
Training Director (4-6 years in position)	.	.	\$58,368	\$72,000	\$75,900	\$68,935	\$76,893	.
Training Director (10-12 years in position)	.	.	\$61,838	.	\$82,000	\$59,456	.	.
Training Director (15 years and above)	.	.	.	\$66,000	\$78,908	\$77,253	.	.
Assistant or Assoc. Director (less than 1 year)	\$49,600	\$56,171	\$48,000	\$96,000	\$67,000	\$74,500	\$76,000	.
Assistant or Assoc. Dir. (1-3 years)	\$54,000	\$61,362	\$59,635	\$57,273	\$71,140	\$72,544	\$75,589	\$102,000
Assistant or Assoc. Dir. (4-6 years)	.	\$60,321	\$62,135	\$69,500	\$66,975	\$90,700	\$86,335	\$79,041
Assistant or Assoc. Dir. (7-9 years)	\$55,000	.	\$63,668	.	.	.	.	.
Assistant or Assoc. Dir. (10-12 years)	.	\$55,500	\$63,000	\$76,774	.	.	\$71,658	\$158,000
Assistant or Assoc. Dir. (13-15 years)	\$65,000	.	.	.	.	.	.	.
Assistant or Assoc. Dir. (15 years and above)	.	.	\$65,477	\$69,569	.	\$84,559	\$84,858	.
Clinical Director (1-3 years in position)	.	.	.	.	.	.	.	\$102,000
Clinical Director (4-6 years in position)	.	.	\$86,500	.	.	\$78,667	.	.
Clinical Director (10-12 years in position)	\$72,000	.	\$79,000	.	.	.	.	.
Counselor with Doctorate (less than 1 year)	\$42,666	\$55,267	\$54,756	\$56,891	\$54,750	\$59,833	\$57,500	\$70,283
Counselor with Doctorate (1-3 years)	\$42,000	\$57,758	\$64,617	\$59,042	\$57,267	\$57,950	\$66,775	\$78,750
Counselor with Doctorate (4-6 years)	.	\$61,417	\$60,206	\$64,825	\$59,400	\$60,917	\$71,027	\$73,004
Counselor with Doctorate (7-9 years)	\$53,780	\$80,000	\$48,200	\$59,300	.	\$60,750	\$80,000	\$87,600
Counselor with Doctorate (10-12 years)	.	.	.	.	\$65,000	\$70,000	\$79,810	\$89,310
Counselor with Doctorate (13-15 years)	.	.	.	.	.	\$69,212	.	.
Counselor with Doctorate (15 years+)	\$86,350	\$60,912	\$84,849	.	.	\$80,150	.	\$96,750
Counselor who is A.B.D. (less than 1 year)	.	\$57,713	.	\$55,000	.	.	.	.
Counselor who is A.B.D. (1-3 years)	.	.	\$30,000	.	.	\$54,600	.	.
Counselor who is A.B.D. (4-6 years)	.	\$53,000	.	\$56,100	.	.	.	.
Counselor who is A.B.D. (10-12 years)	.	.	.	.	.	\$56,400	.	.
Counselor with MA (less than 1 year)	\$36,333	\$45,243	\$49,954	\$43,341	\$55,244	\$49,500	.	.
Counselor with MA (1-3 years in position)	\$30,000	\$46,880	\$51,438	\$42,500	\$35,000	\$51,500	.	.
Counselor with MA (4-6 years in position)	.	\$47,209	\$42,900	\$48,500	.	\$54,035	.	.
Counselor with MA (7-9 years in position)	\$42,000	.	\$64,987	\$60,000	.	.	.	.
Counselor with MA (10-12 years in position)	\$58,333	\$75,460	\$52,368	.	.	\$59,456	.	.
Counselor with MA (13-15 years in position)	.	\$64,467	.	.	\$57,000	.	\$58,974	.
Counselor with MA (15 years and above)	.	\$67,067	\$78,264	.	.	\$68,211	.	.
Counselor with MSW (less than 1 year)	\$34,500	\$56,500	\$50,855	.	.	\$56,000	\$45,000	\$57,000
Counselor with MSW (1-3 years in position)	\$37,186	\$41,182	\$48,650	\$52,760	\$53,250	\$53,832	\$73,000	.
Counselor with MSW (4-6 years in position)	.	\$59,083	\$44,306	\$60,500	.	\$63,225	\$76,500	\$72,500
Counselor with MSW (7-9 years in position)	\$45,000	\$52,000	\$42,518	.	\$52,143	\$60,000	\$52,020	.

(Private Colleges/Universities)	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
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Counselor with MSW (10-12 years in position)	\$36,000	\$70,200	\$43,200	\$43,500	.	\$61,300	\$57,048	.
Counselor with MSW (13-15 years in position)	.	\$59,337	\$54,234	\$76,000	.	.	.	.
Counselor with MSW (15 years and above)	.	\$35,000	.	\$64,000	.	\$94,800	\$70,702	\$83,400
Psychiatrist/MD - Annual (less than 1 year)	.	.	.	.	\$110k	.	.	.
Psychiatrist/MD - Annual (1-3 years)	.	.	\$145,000	.	.	\$71,479	.	\$140,000
Psychiatrist/MD - Annual (4-6 years)	.	.	.	.	\$202.5k	.	.	\$141,715
Psychiatrist/MD - Annual (7-9 years)	.	.	.	\$106,846	.	\$142,500	.	\$148,000
Psychiatrist/MD - Annual (10-12 years)	.	.	.	.	.	\$105,878	.	\$147,500
Psychiatrist/MD - Annual (15 years)	.	.	\$134,150	.	.	\$154,000	\$198,500	\$166,000
Psychiatrist/MD - Hourly (less than 1 year)	.	\$225	\$178	.	\$128	\$128	\$150	.
Psychiatrist/MD - Hourly (1-3 years)	\$200	\$115	\$150	\$138	\$128	\$150	.	.
Psychiatrist/MD - Hourly (4-6 years)	\$175	\$150	\$145	.	\$150	\$172	\$186	.
Psychiatrist/MD - Hourly (7-9 years)	\$90	\$130	\$162	.	.	\$120	\$145	.
Psychiatrist/MD - Hourly (10-12 years)	.	.	\$135	\$228	.	.	.	.
Psychiatrist/MD - Hourly (13-15 years)	.	\$150	\$150	.	.	.	.	.
Psychiatrist/MD - Hourly (15 years)	.	\$130	.	.	.	.	\$65	.
Nurse Practitioner (less than 1 year)	\$50,000	.	.	.	.	.	.	.
Nurse Practitioner (4-6 years in position)	.	\$89,000	.	\$85,000	\$69,915	.	.	\$89,000
Nurse Practitioner (7-9 years in position)	.	.	.	\$90,000	.	.	.	.
Psychiatric Residents (less than 1 year)	.	.	.	.	.	\$21,000	.	.
Learning Skills Specialist (less than 1 year)	.	.	.	.	\$38,000	.	.	.
Learning Skills Specialist (4-6 years)	.	.	.	\$59,000	.	.	.	.
Case Manager (less than 1 year)	.	.	.	.	\$68,500	\$50,600	.	\$42,000
Case Manager (1-3 years in position)	.	.	.	\$52,000	\$46,500	\$50,327	\$67,457	.
Case Manager (7-9 years in position)	.	.	.	\$59,300	.	.	.	.
Substance/Addictions Specialist (< 1 year)	\$10,000	.	\$36,000	.	.	.	.	.
Substance/Addictions (1-3 years in position)	.	.	\$41,478	.	.	.	\$51,000	.
Substance/Addictions (4-6 years in position)	.	\$46,500	\$66,150	.	.	.	.	.
Substance/Addictions (15 years and above)	.	.	\$68,500	.	.	.	.	.
Pre-doctoral Psychology Intern	\$21,362	\$23,000	\$15,570	\$23,945	\$22,500	\$23,973	\$25,000	\$26,000
Post Docs	.	.	\$48,082	\$33,300	\$30,833	\$29,000	\$29,000	\$48,350
Graduate Students	.	.	\$3,000	\$12,675	\$7,000	.	\$4,500	.

Director Salary by Years as Director

		Director Salary				
		Mean	Median	Mode	Minimum	Maximum
Total Years as a Director:	0-3 years	\$83,039	\$80,500	\$90,000	\$40,800	\$166,000
	4-6 years	\$79,991	\$75,100	\$72,000	\$38,400	\$165,240
	7-9 years	\$94,541	\$96,400	\$50,000	\$43,000	\$156,630
	10-12 years	\$90,085	\$92,499	\$105,000	\$56,000	\$131,700
	13-15 years	\$90,025	\$91,644	\$75,000	\$50,400	\$140,000
	15 years and above	\$96,321	\$91,000	\$120,000	\$36,000	\$225,000

Director Salary by Gender

		Director Salary				
		Mean	Median	Mode	Minimum	Maximum
Directors Gender:	Male	\$92,292	\$90,000	\$80,000	\$36,000	\$225,000
	Female	\$84,785	\$82,500	\$90,000	\$40,000	\$166,000
	Transgender	.	.	.	.	.
	Other	.	.	.	.	.

Director Salary by Gender and Institution Size

	Directors Gender:									
	Male					Female				
	Director Salary					Director Salary				
		Median	Mode	Minimum	Maximum		Median	Mode	Min	Maximum
Under 1,500		\$70,000	\$43,000	\$43,000	\$132,000		\$65,158	\$50,000	\$40,000	\$103,000
1,501 - 2,500		\$74,163	\$36,000	\$36,000	\$125,000		\$72,650	\$65,000	\$42,000	\$126,000
2,501 - 5,000		\$81,050	\$71,000	\$40,800	\$156,630		\$70,909	\$72,000	\$42,000	\$145,000
5,001 - 7,500		\$80,000	\$80,000	\$63,000	\$120,000		\$74,000	\$93,000	\$61,000	\$120,000
7,501 - 10,000		\$98,000	\$98,000	\$60,000	\$145,000		\$86,000	\$86,000	\$57,100	\$128,000
10,001 – 15k		\$88,863	\$120,000	\$56,200	\$165,000		\$89,102	\$78,500	\$78,500	\$120,000
15,001 – 20k		\$95,000	\$68,500	\$68,500	\$123,000		\$96,000	\$57,000	\$57,000	\$125,000
20,001 – 25k		\$117,543	\$65,524	\$65,524	\$225,000		\$90,000	\$90,000	\$73,300	\$126,000
25,001 – 30k		\$100,500	\$76,759	\$76,759	\$159,000		\$90,000	\$74,087	\$74,087	\$120,000
30,001 – 35k		\$112,476	\$95,000	\$95,000	\$121,160		\$104,500	\$87,404	\$87,404	\$116,000
35,001 +		\$112,000	\$98,900	\$98,900	\$165,240		\$114,046		\$92,499	\$166,000

	Directors Gender:									
	Male					Female				
	Director Salary					Director Salary				
	Mean	Median	Mode	Min	Max	Mean	Median	Mode	Min	Max
Public	\$92,496	\$89,916	\$80,000	\$36,000	\$165,240	\$91,721	\$89,315	\$90,000	\$42,000	\$166,000
Private	\$90,721	\$90,000	\$72,000	\$38,400	\$225,000	\$77,834	\$72,825	\$63,000	\$40,000	\$145,000
Other	\$109,209	\$120,810	\$55,000	\$55,000	\$145,000	\$78,487	\$75,410	\$50,000	\$50,000	\$120,000

Director Salary by Gender and Ethnicity

	Directors Gender:									
	Male					Female				
	Director Salary					Director Salary				
		Median	Mode	Min	Maximum		Median	Mode	Minimum	Maximum
Black/African American		\$76,500	\$76,500	\$76,500	\$76,500		\$95,000	\$70,000	\$50,000	\$130,000
Native American										
Asian/Asian American		\$105,788	\$63,000	\$63,000	\$117,543		\$95,000	\$72,000	\$72,000	\$145,000
Latino/Latina		\$95,000	\$67,493	\$67,493	\$140,000		\$88,791	\$89,000	\$85,000	\$126,000
White		\$90,000	\$70,000	\$36,000	\$225,000		\$80,000	\$90,000	\$40,000	\$146,300
Multiracial		\$81,422	\$80,000	\$80,000	\$82,843		\$88,000	\$60,500	\$60,500	\$114,000
Other (Specify Below)							\$65,000	\$65,000	\$65,000	\$65,000

Director Salary by Gender and FTE

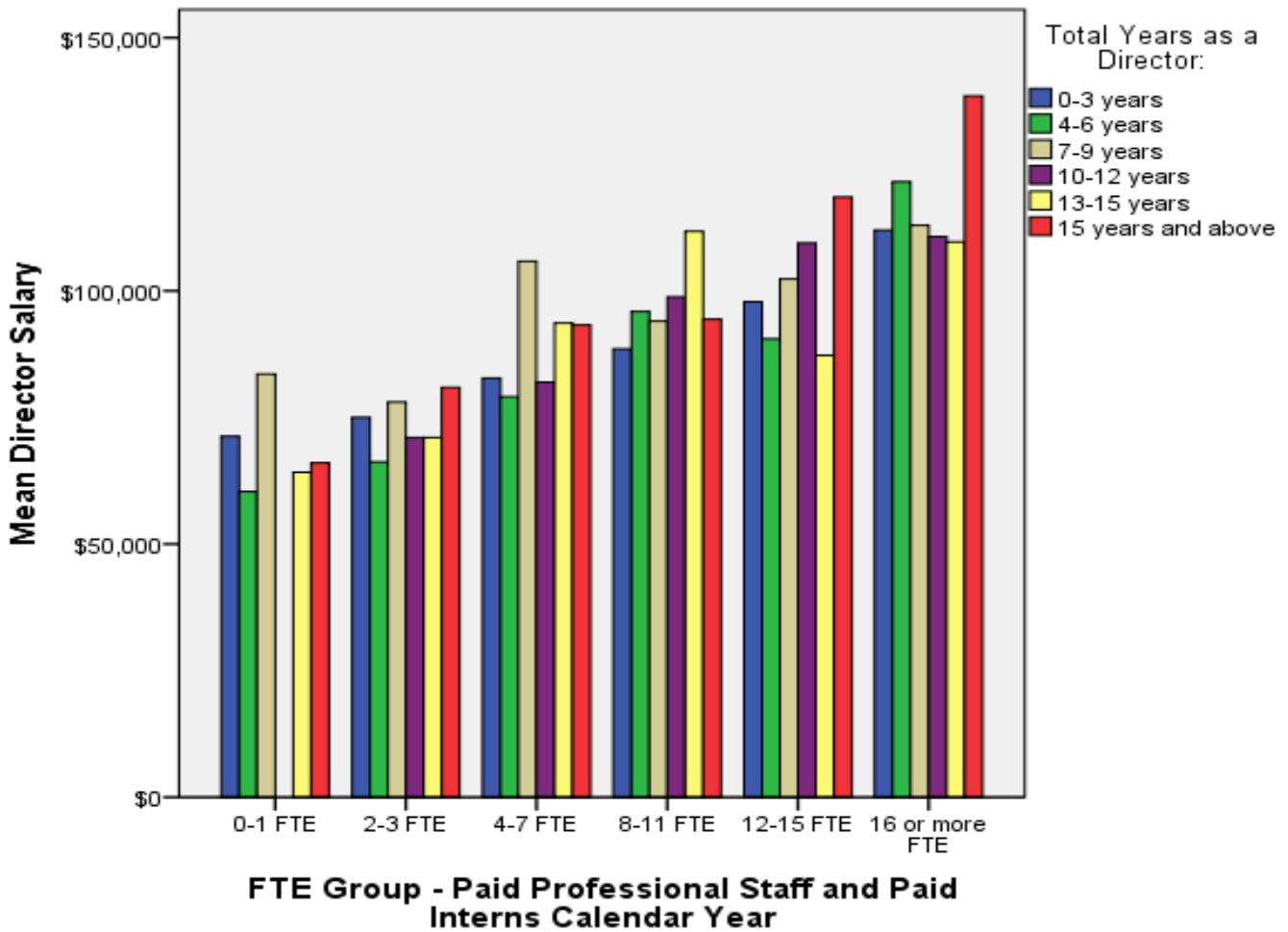
	Directors Gender:									
	Male					Female				
	Director Salary					Director Salary				
		Median	Mode	Minimum	Maximum		Median	Mode	Minimum	Maximum
0-1 FTE		\$75,000	\$54,000	\$54,000	\$105,000		\$63,667	\$65,000	\$40,000	\$103,000
2-3 FTE		\$71,500	\$71,000	\$40,800	\$130,000		\$70,000	\$72,000	\$42,000	\$145,000
4-7 FTE		\$86,400	\$95,000	\$56,000	\$156,630		\$88,000	\$78,500	\$57,000	\$126,000
8-11 FTE		\$99,339	\$100,000	\$67,000	\$140,000		\$98,000	\$90,000	\$73,300	\$120,000
12-15 FTE		\$105,258	\$112,000	\$81,000	\$165,000		\$107,146	\$87,239	\$87,239	\$130,000
16+ FTE		\$120,580	\$95,000	\$95,000	\$225,000		\$108,131	\$87,404	\$87,404	\$166,000

	Director Salary			
	Median	Mode	Minimum	Maximum
0-3 years	\$80,500	\$90,000	\$40,800	\$166,000
4-6 years	\$75,100	\$72,000	\$38,400	\$165,240
7-9 years	\$96,400	\$50,000	\$43,000	\$156,630
10-12 years	\$92,499	\$105,000	\$56,000	\$131,700
13-15 years	\$91,645	\$75,000	\$50,400	\$140,000
15 years and above	\$91,000	\$120,000	\$36,000	\$225,000

	Director Salary			
	Median	Mode	Minimum	Maximum
Four-year public university	\$89,204	\$80,000	\$36,000	\$166,000
Four-year public college	\$90,500	\$69,000	\$69,000	\$108,000
Four-year private university	\$82,300	\$120,000	\$38,400	\$225,000
Four-year private college	\$74,163	\$63,000	\$42,000	\$126,000
Both four-year public and private university	\$138,310	\$70,000	\$70,000	\$145,000
Other (Specify Below)	\$75,410	\$50,000	\$50,000	\$120,000
Community College				

	FTE Group - Paid Professional Staff Calendar Year											
	0-1 FTE		2-3 FTE		4-7 FTE		8-11 FTE		12-15 FTE		16 or more FTE	
	Director Salary		Director Salary		Director Salary		Director Salary		Director Salary		Director Salary	
		Mean		Mean		Mean		Mean		Mean		Mean
0-3 years		\$74,375		\$84,101		\$93,799		\$100,764		\$111,496		
4-6 years		\$65,672		\$82,059		\$92,412		\$105,733		\$118,604		
7-9 years		\$72,767		\$103,081		\$99,219		\$105,320		\$110,213		
10-12 years		\$73,548		\$82,974		\$96,249		\$105,333		\$113,268		
13-15 years		\$75,977		\$100,120		\$103,187		\$96,120		\$115,674		
15 years and above		\$80,363		\$92,096		\$100,127		\$119,292		\$154,984		

	FTE Group - Paid Professional Staff and Paid Interns Calendar Year											
	0-1 FTE		2-3 FTE		4-7 FTE		8-11 FTE		12-15 FTE		16 or more FTE	
	Director Salary		Director Salary		Director Salary		Director Salary		Director Salary		Director Salary	
		Mean		Mean		Mean		Mean		Mean		Mean
0-3 years		\$74,988		\$82,770		\$88,515		\$97,850		\$112,009		
4-6 years		\$66,200		\$79,070		\$95,925		\$90,520		\$121,537		
7-9 years		\$78,015		\$105,823		\$94,010		\$102,367		\$112,936		
10-12 years		\$71,054		\$81,974		\$98,796		\$109,427		\$110,728		
13-15 years		\$71,012		\$93,646		\$111,771		\$87,239		\$109,674		
15 years and above		\$80,911		\$93,276		\$94,378		\$118,541		\$138,494		



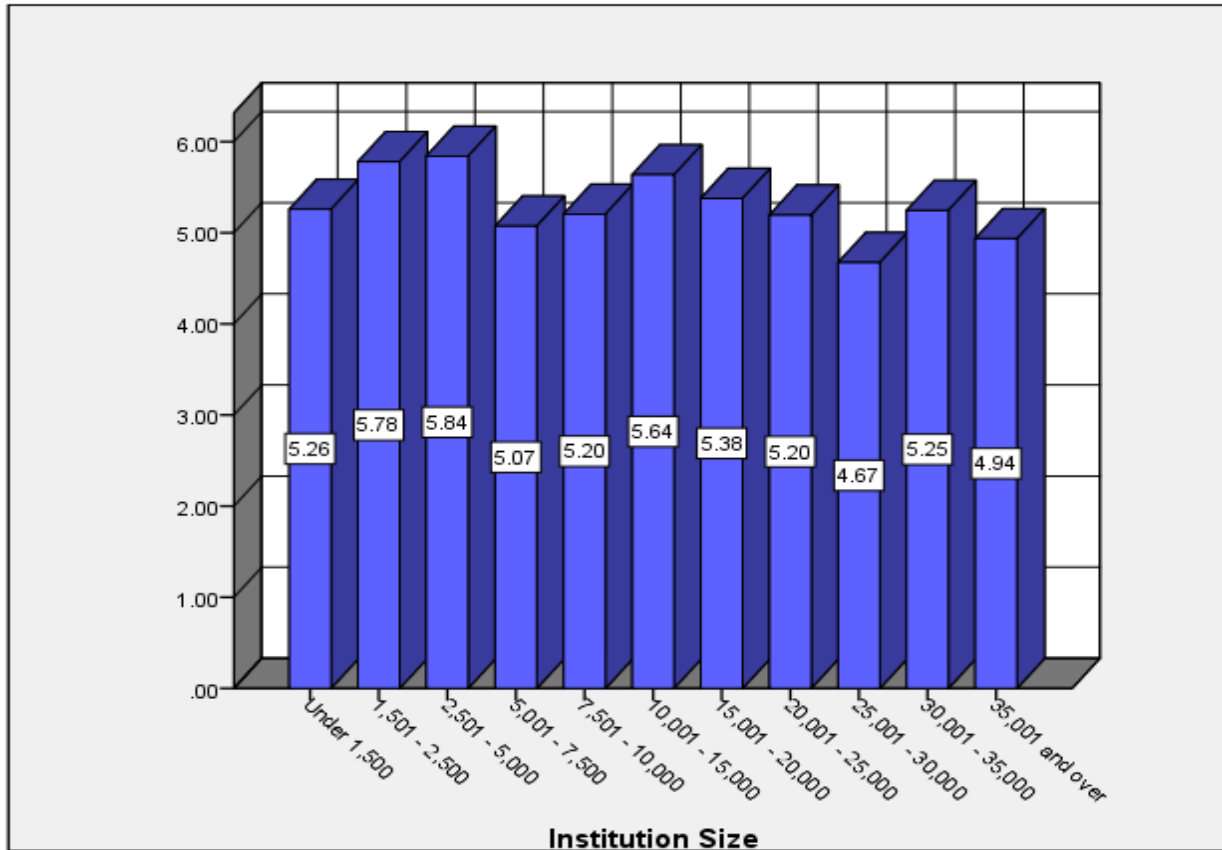
Services Offered and Utilization Rates

Does the staff of your counseling center assume responsibility for providing courses for academic credit? (MR361)	Count "Yes"	%
Undergraduate-level course for credit	54	13.5%
Graduate-level practicum course	30	7.5%
Graduate-level content/theories course	32	8.0%
No	205	52.3%

How many students did you serve this past year? (MR362)		Mean	Median
School Size	Under 1,500	175	168
	1,501 - 2,500	306	300
	2,501 - 5,000	346	315
	5,001 - 7,500	500	434
	7,501 - 10,000	763	700
	10,001 - 15,000	1006	832
	15,001 - 20,000	1393	1409
	20,001 - 25,000	1567	1247
	25,001 - 30,000	1637	1571
	30,001 - 35,000	2283	1674
	35,001 and over	3219	2987

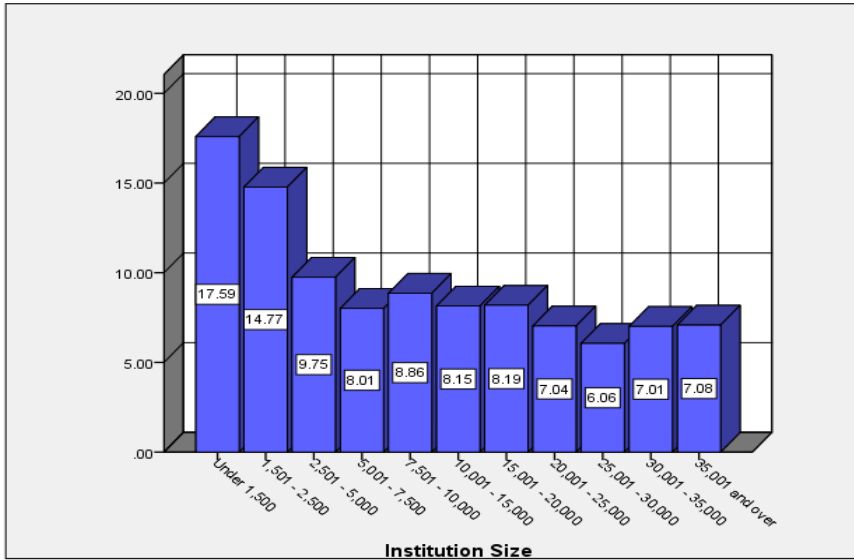
What is the total number of sessions? (MR 363-364)		W/O Medication Management		W/ Medication Management	
		Mean	Median	Mean	Median
School Size:	Under 1,500	928	725	933	725
	1,501 - 2,500	1621	1489	1700	1517
	2,501 - 5,000	1655	1571	1785	1632
	5,001 - 7,500	2349	2118	2613	2240
	7,501 - 10,000	3304	3322	3574	3478
	10,001 - 15,000	4384	3918	5035	4182
	15,001 - 20,000	5284	4556	5693	4900
	20,001 - 25,000	8693	6303	10065	6910
	25,001 - 30,000	7081	6320	7723	6820
	30,001 - 35,000	9906	7550	10314	7817
	35,001 and over	14789	10100	16021	11828

What is the average number of sessions per client (MR365)



Percent of student body served (NA373)		Count	Mean	Median
School Size:	Under 1,500	35	17.59	14.59
	1,501 - 2,500	53	14.77	14.14
	2,501 - 5,000	71	9.75	8.62
	5,001 - 7,500	38	8.01	6.84
	7,501 - 10,000	40	8.86	8.29
	10,001 - 15,000	47	8.15	7.24
	15,001 - 20,000	35	8.19	8.44
	20,001 - 25,000	24	7.04	5.67
	25,001 - 30,000	20	6.06	5.61
	30,001 - 35,000	15	7.01	4.95
	35,001 and over	21	7.08	5.74

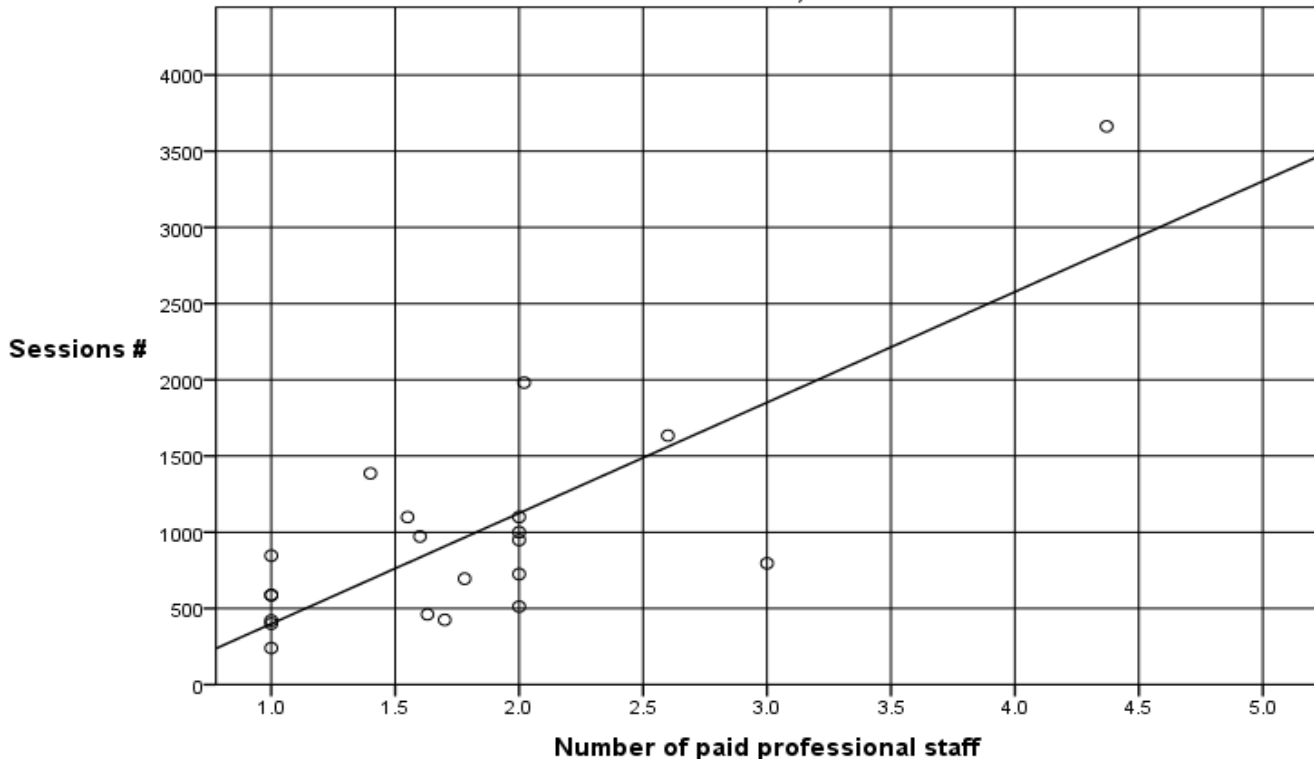
Percent of student body served (NA373)



The following scatterplots offer a quick comparison of service delivery rates to other similar Counseling Centers, based on staff and institution size. The bottom axis represents staff size, NOT including trainees. First, identify the specific chart that represents your institution size. Then, follow your FTE up to the line of best fit and the point of intersection with the vertical axis represents your estimated average number of sessions provided within a given year. The plots represent actual counseling center totals.

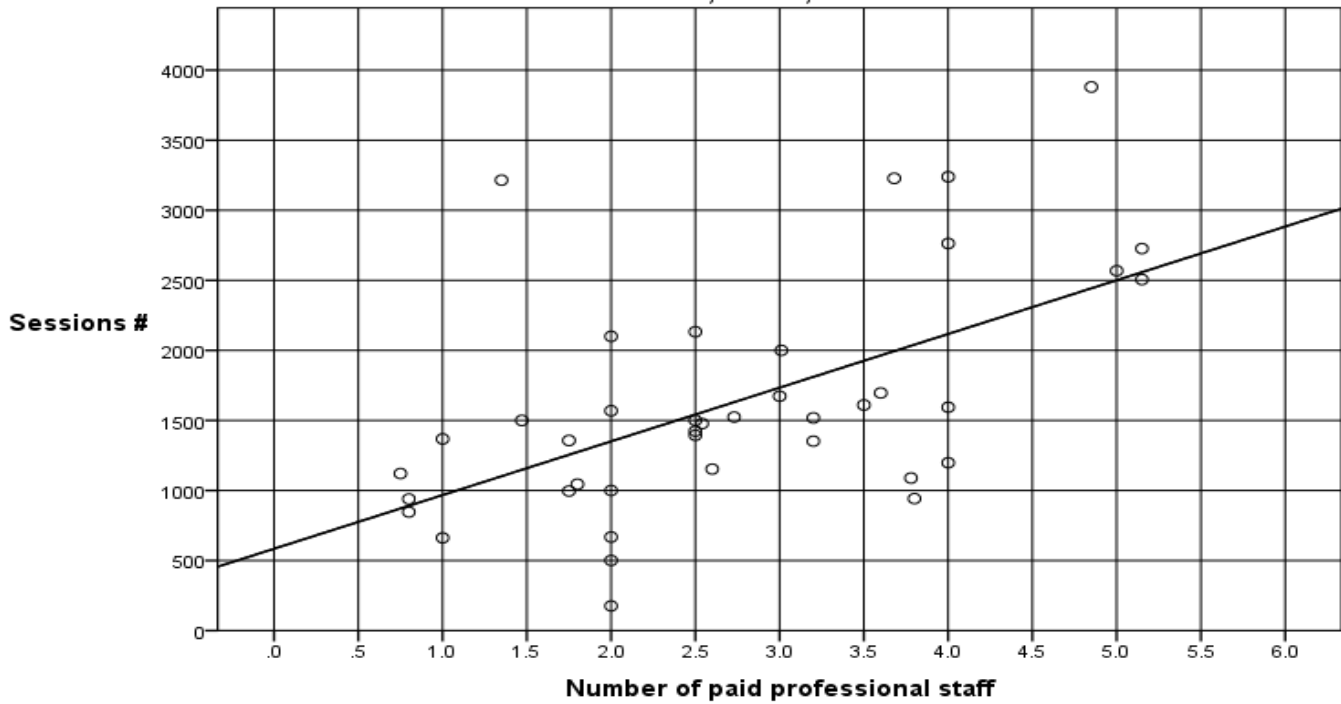
Estimated number of sessions provided by number of professional staff

Institution Size: Under 1,500



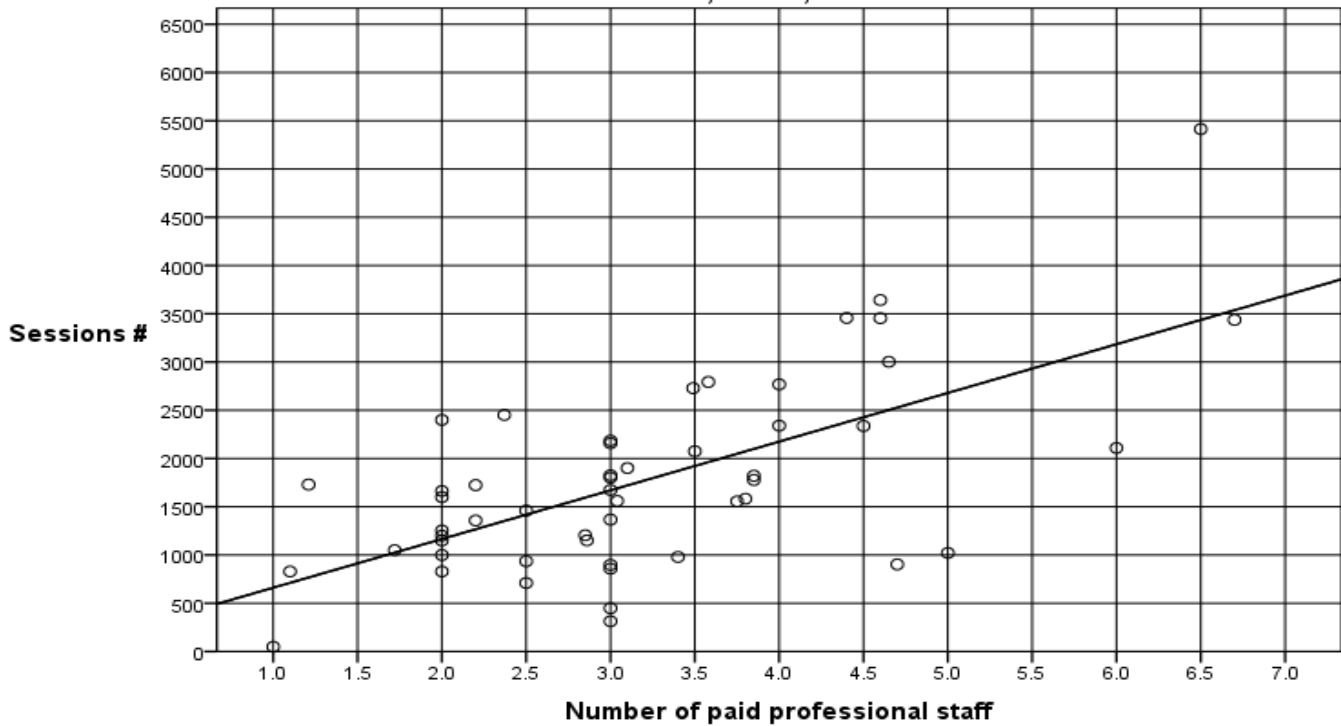
Estimated number of sessions provided by number of professional staff

Institution Size: 1,501 - 2,500



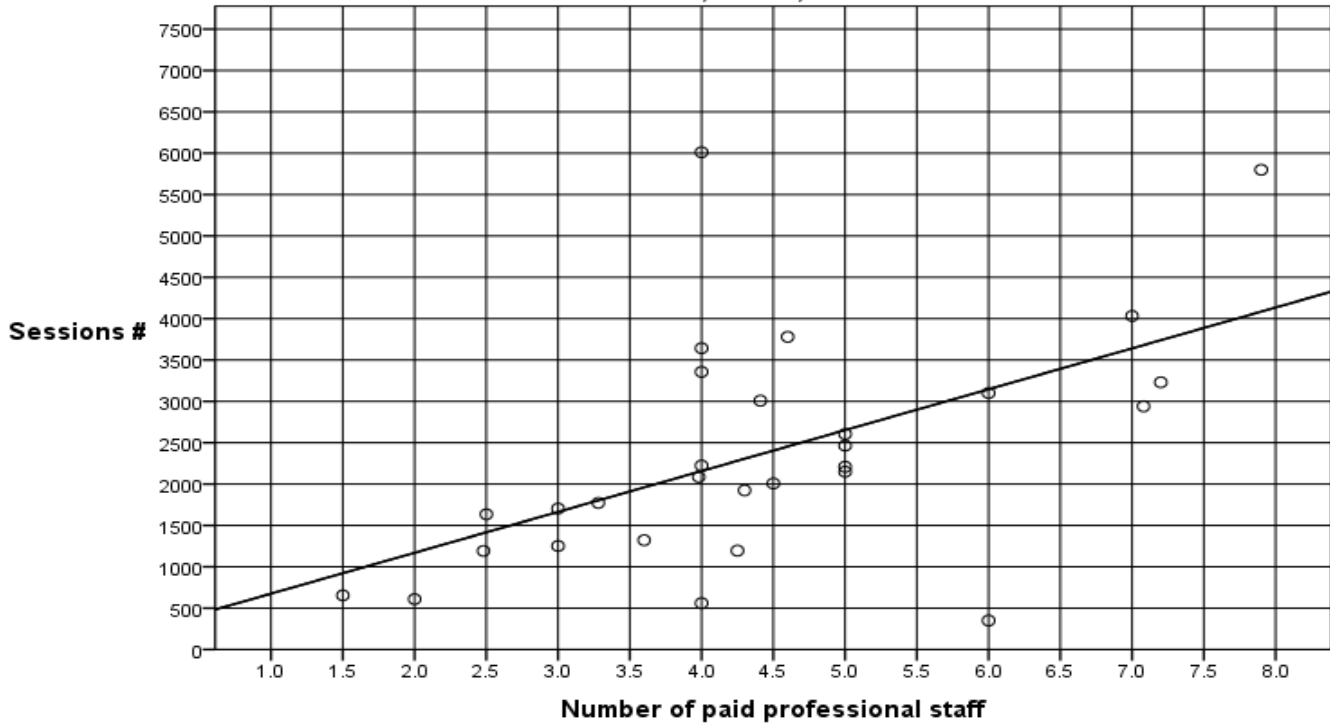
Estimated number of sessions provided by number of professional staff

Institution Size: 2,501 - 5,000



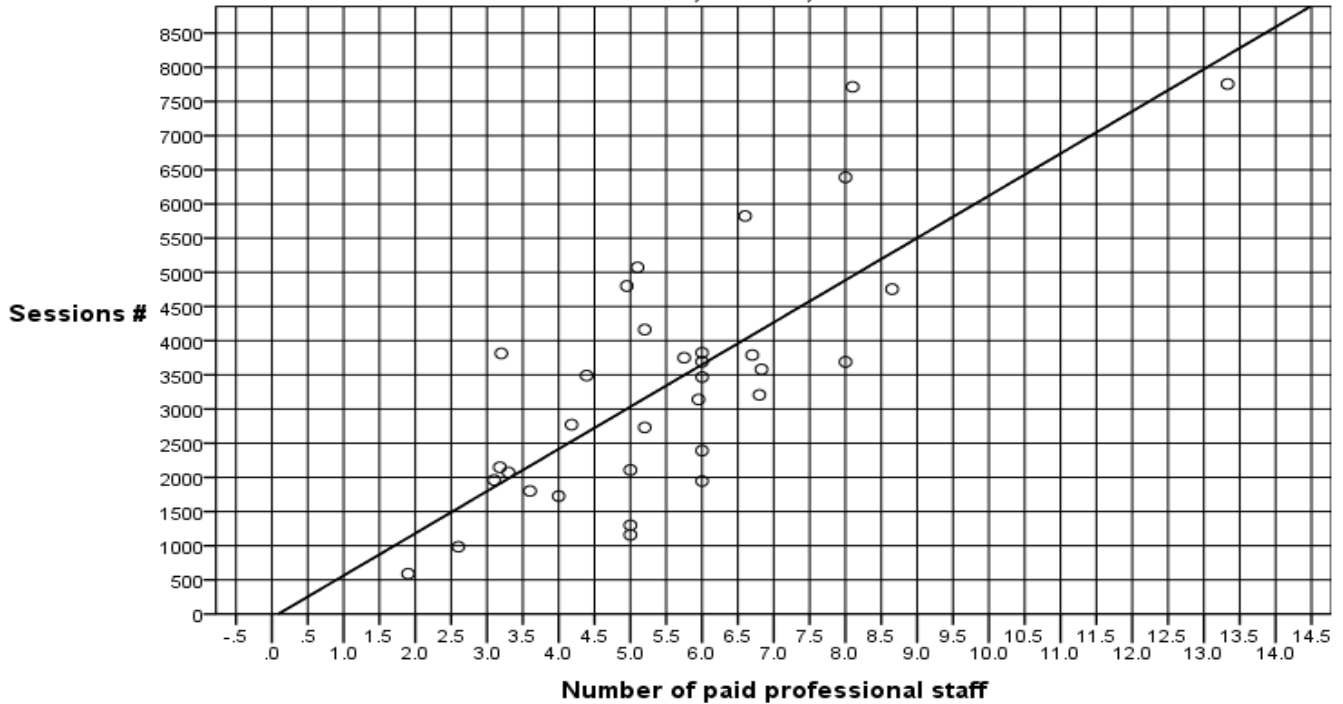
Estimated number of sessions provided by number of professional staff

Institution Size: 5,001 - 7,500



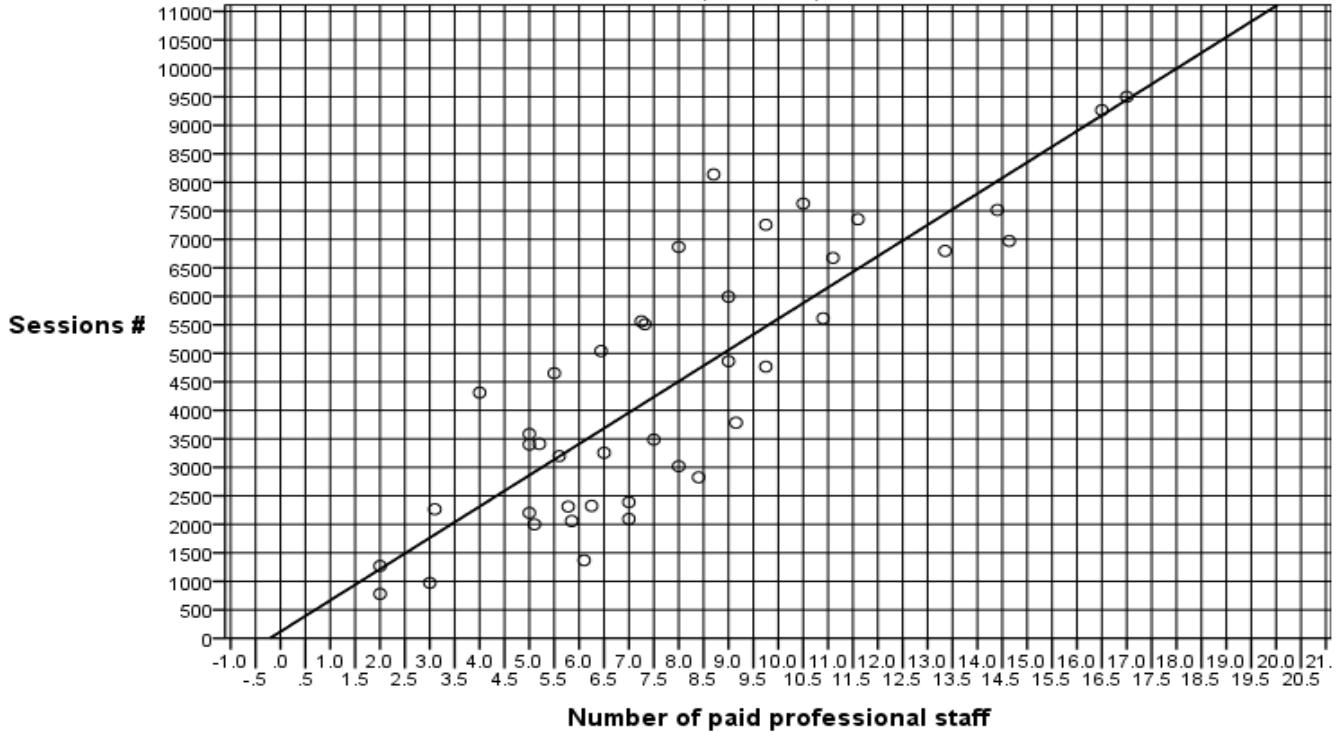
Estimated number of sessions provided by number of professional staff

Institution Size: 7,501 - 10,000



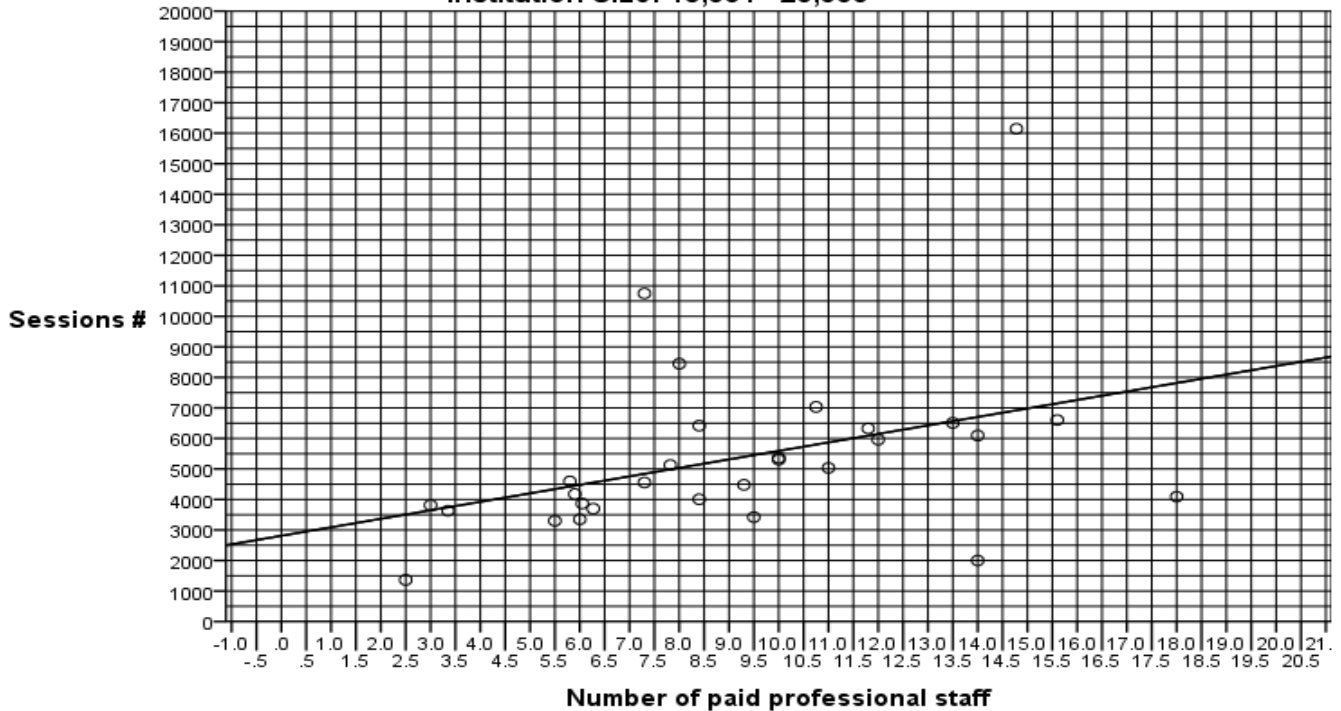
Estimated number of sessions provided by number of professional staff

Institution Size: 10,001 - 15,000



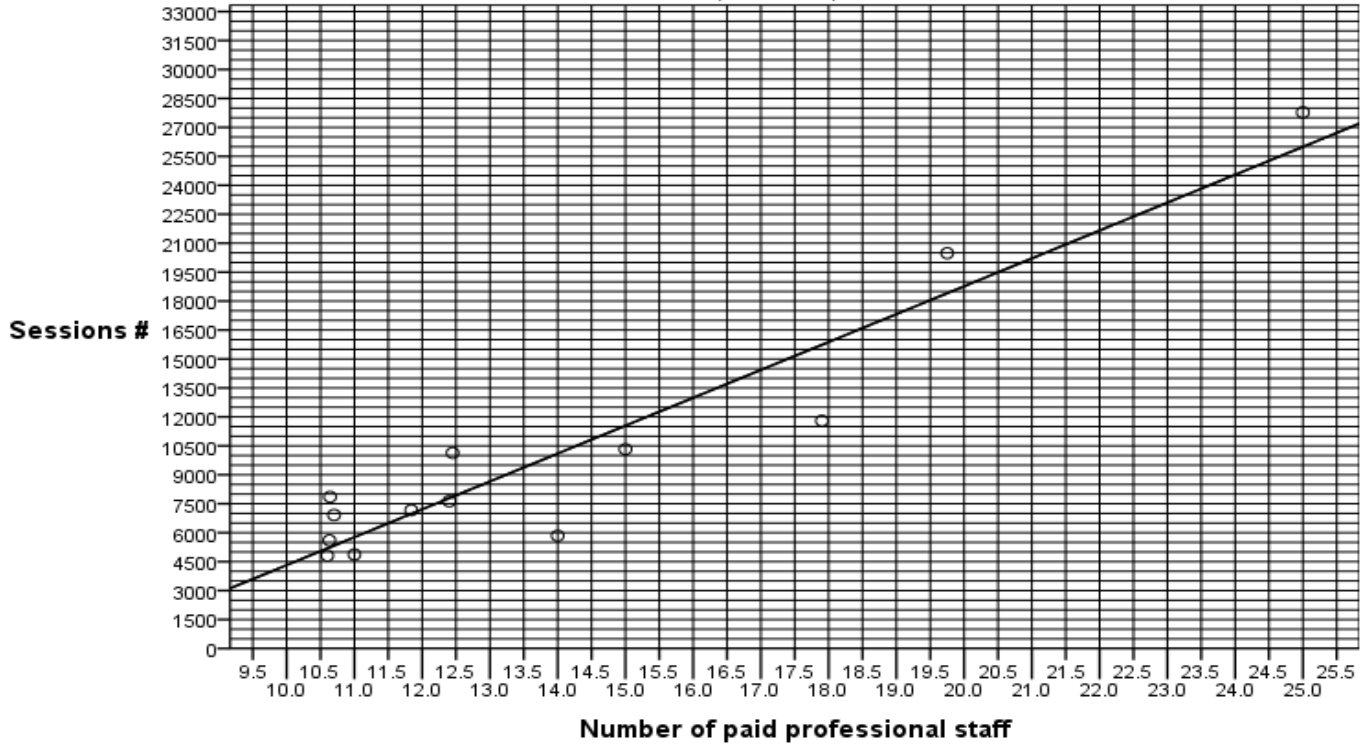
Estimated number of sessions provided by number of professional staff

Institution Size: 15,001 - 20,000



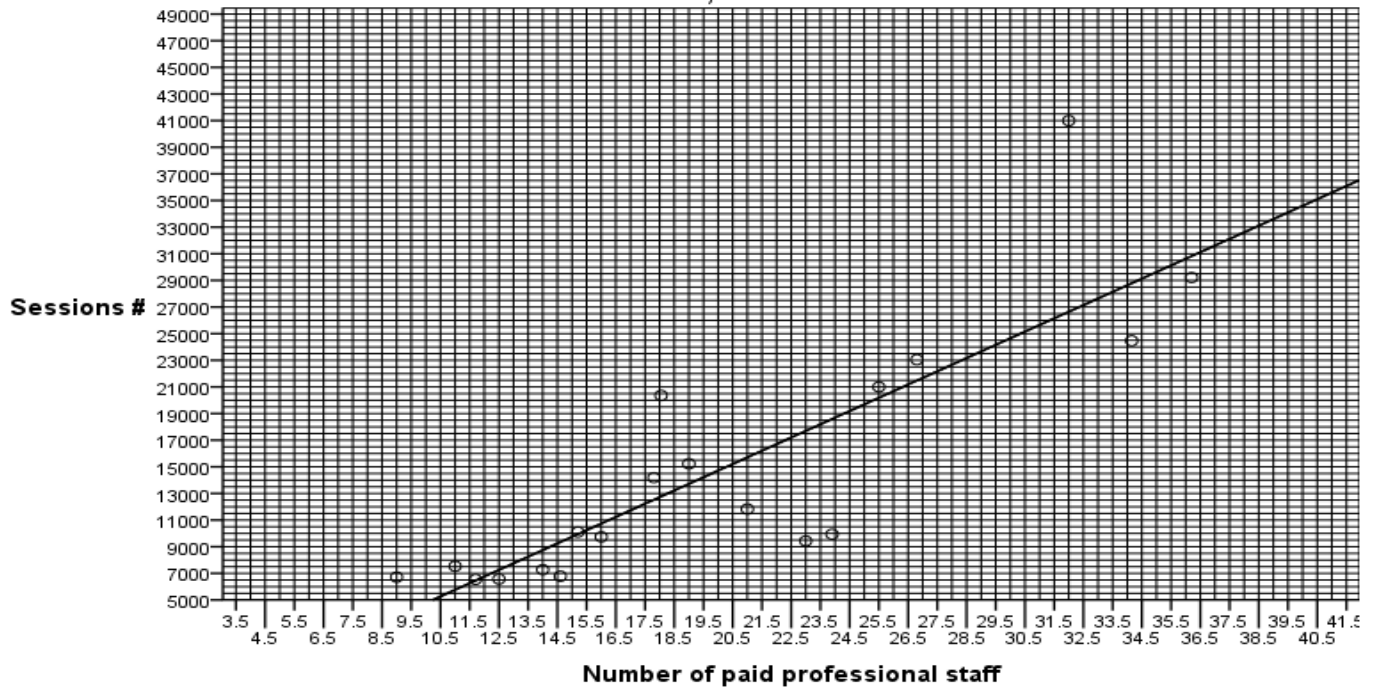
Estimated number of sessions provided by number of professional staff

Institution Size: 30,001 - 35,000



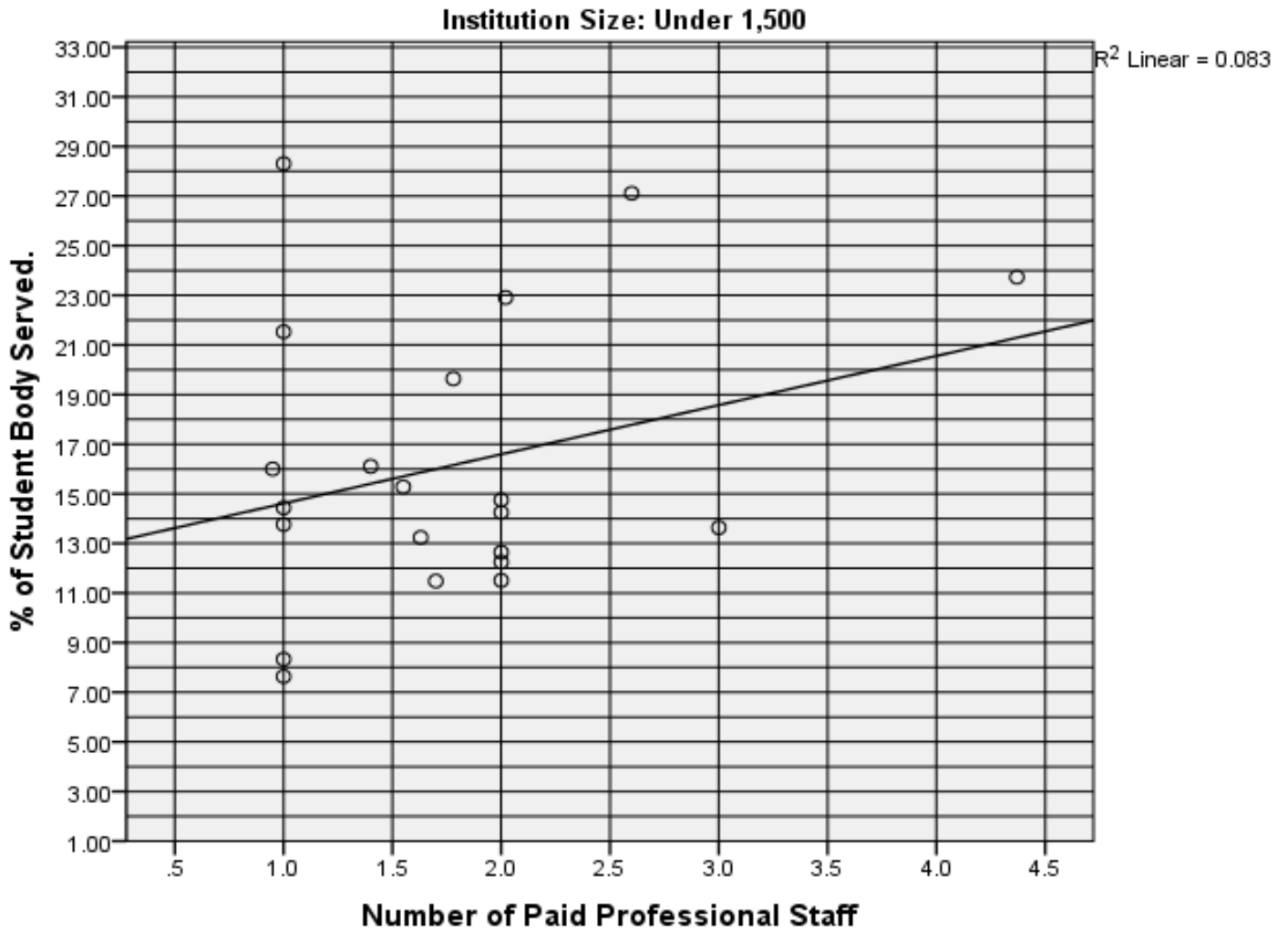
Estimated number of sessions provided by number of professional staff

Institution Size: 35,001 and over

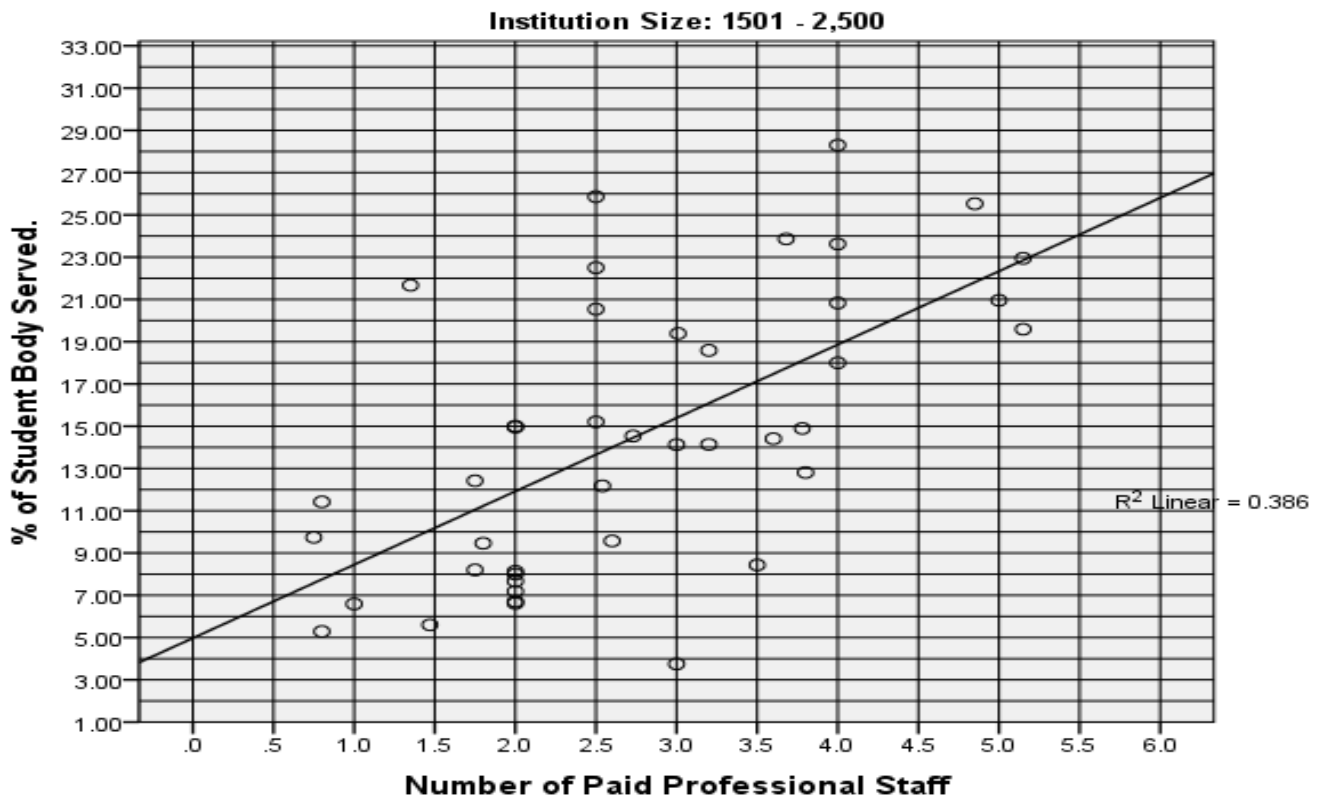


Similar to the previous section, the following scatterplots offer a quick comparison of student body service delivery rates to other similar Counseling Centers, based on staff and institution size. The bottom axis represents staff size, NOT including trainees. First, identify the specific chart that represents your institution size. Then, follow your FTE up to the line of best fit and the point of intersection with the vertical axis represents your estimated percent of student body served within a given year. The plots represent actual counseling center totals.

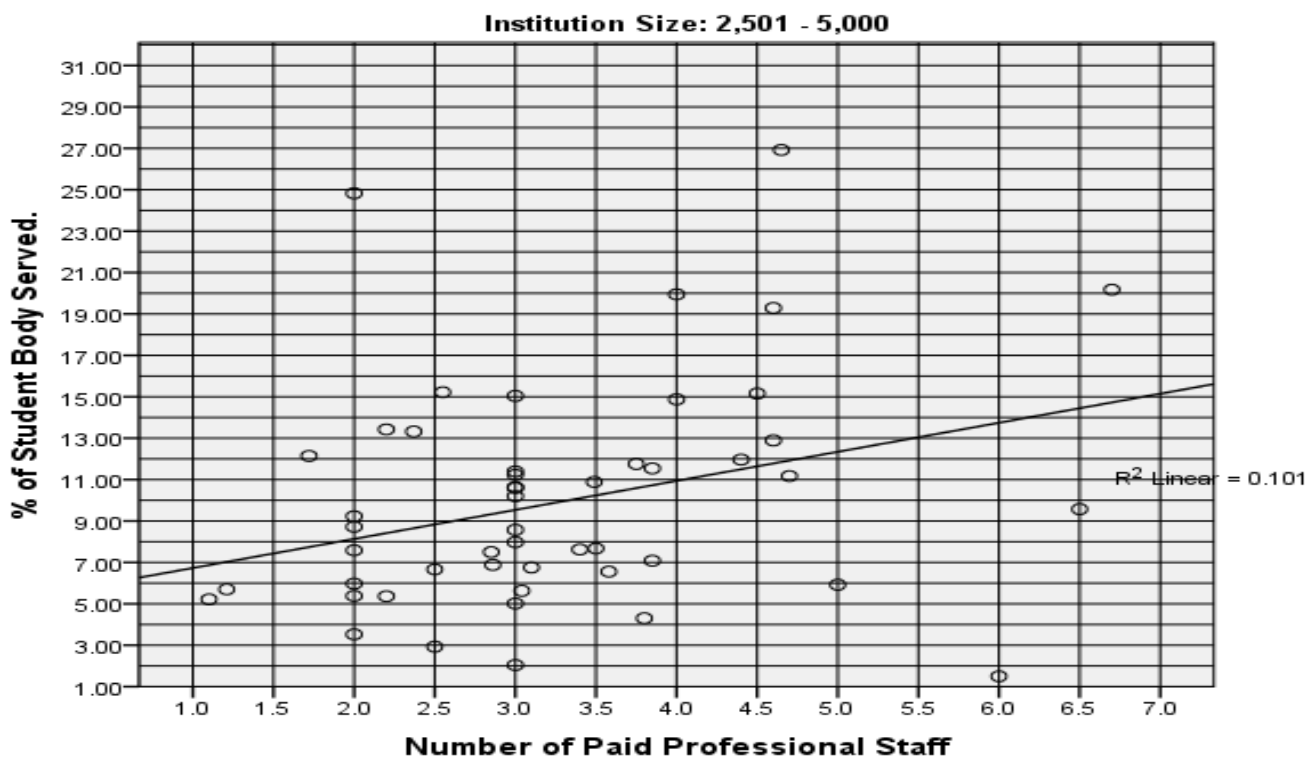
Estimate of Percent of Student Body Served by School School Size and FTE



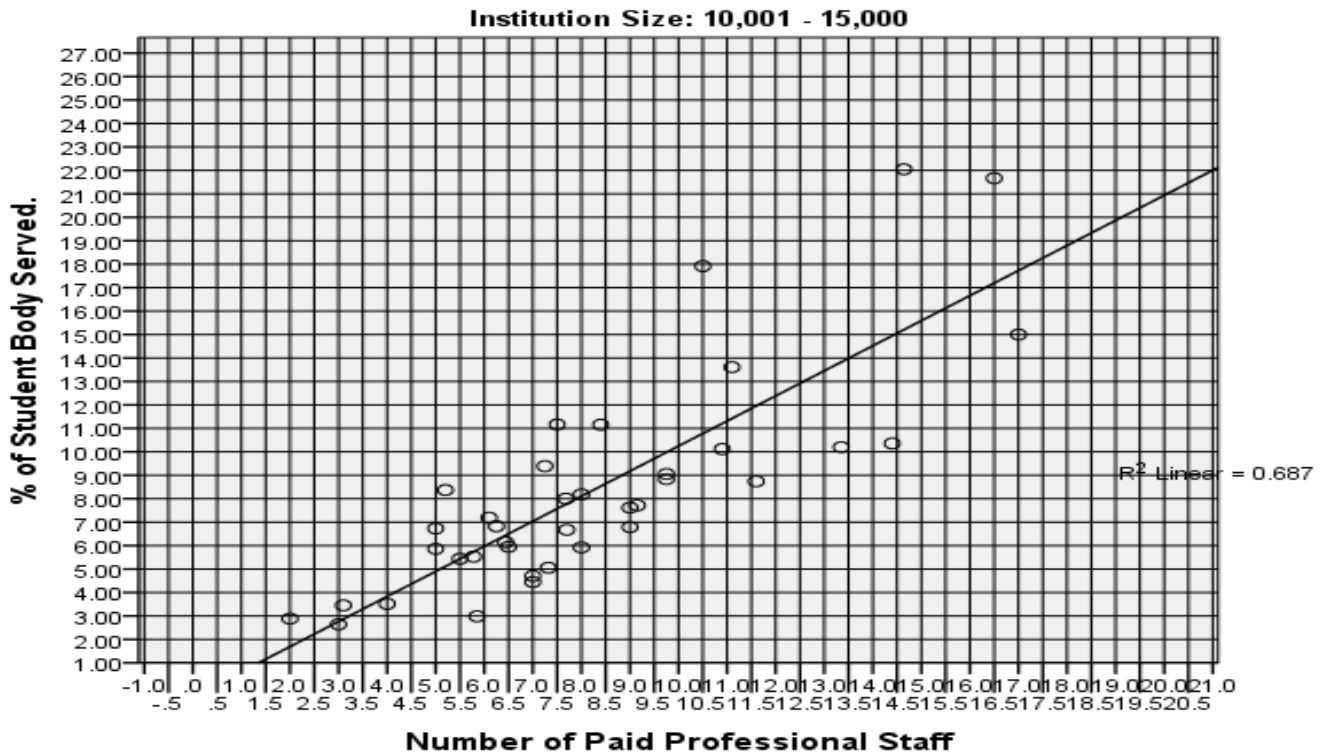
Estimate of Percent of Student Body Served by School School Size and FTE



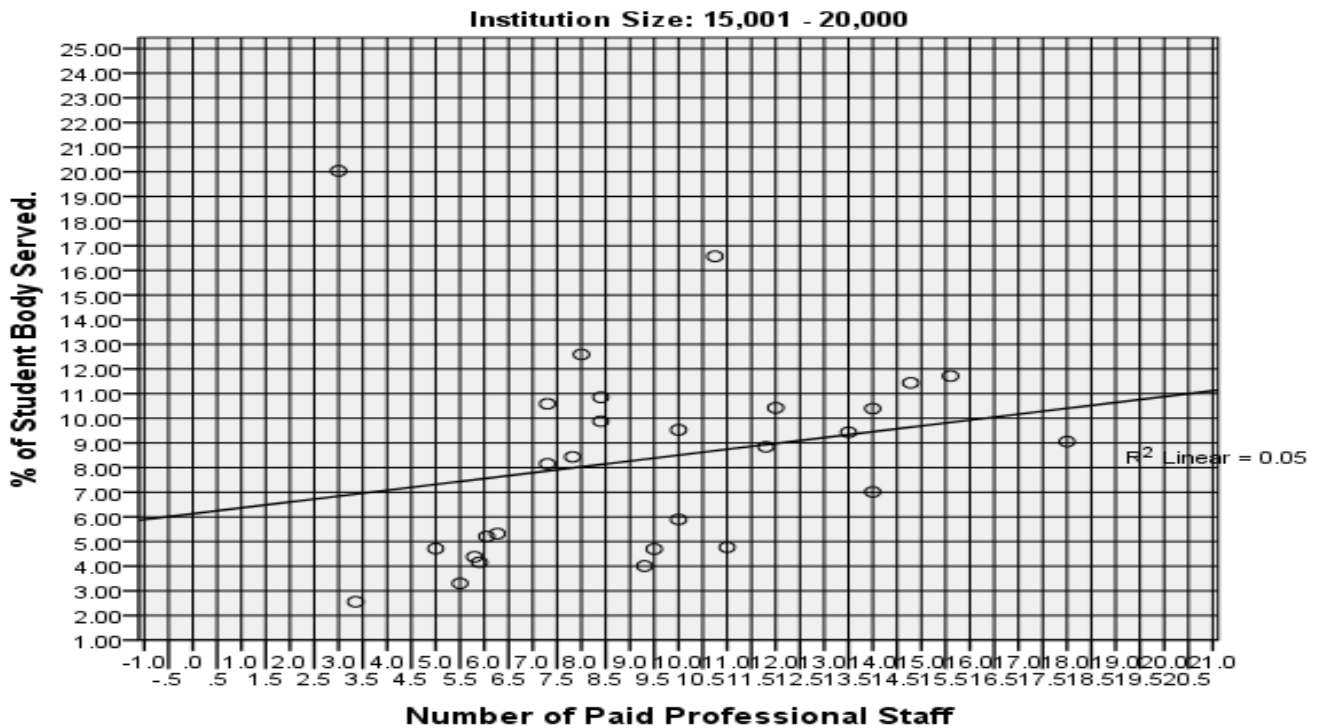
Estimate of Percent of Student Body Served by School School Size and FTE



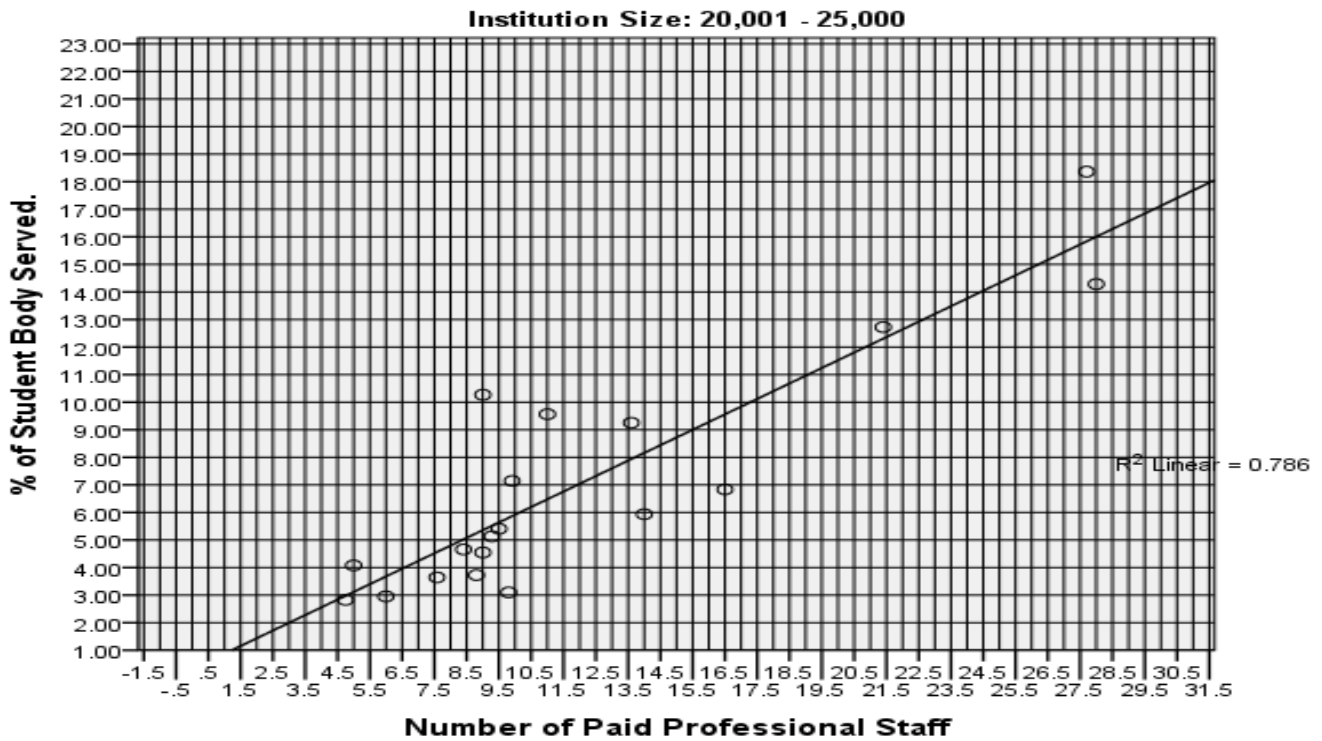
Estimate of Percent of Student Body Served by School School Size and FTE



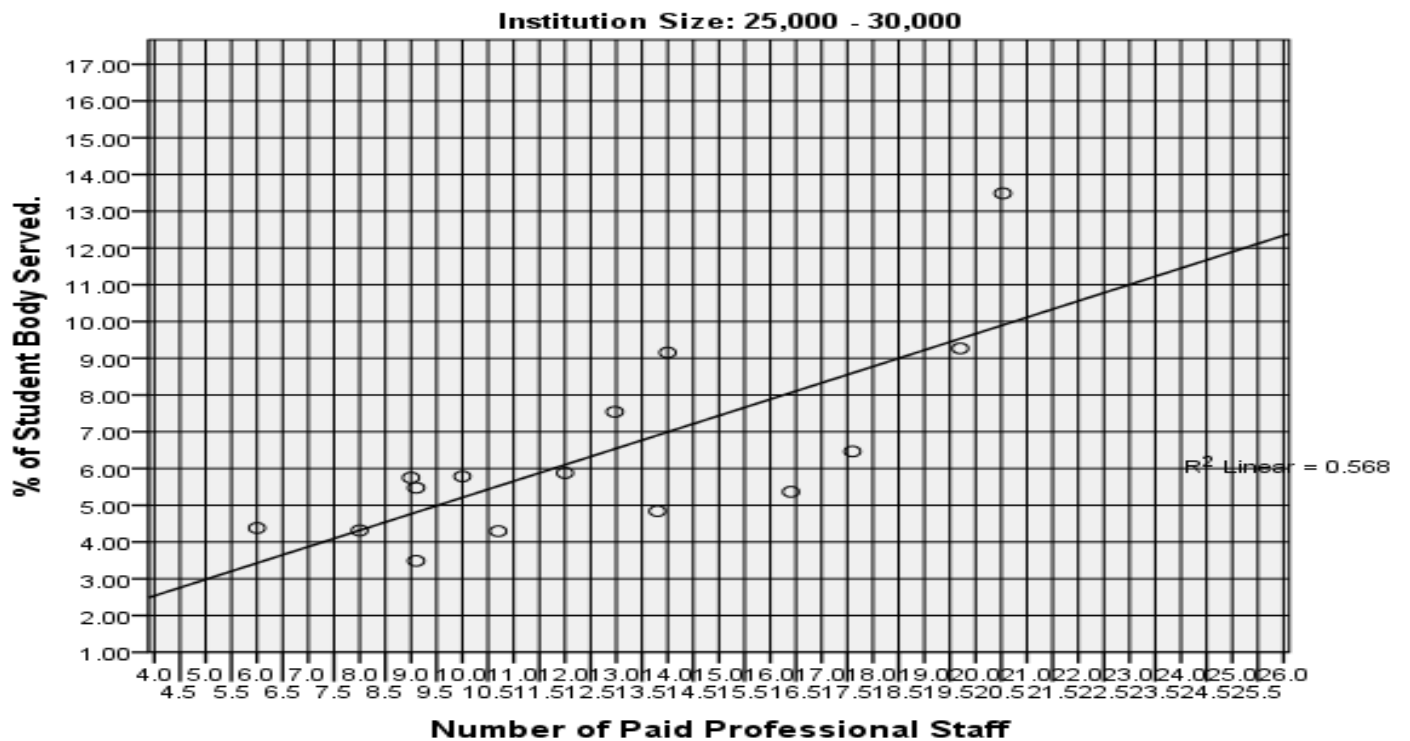
Estimate of Percent of Student Body Served by School School Size and FTE



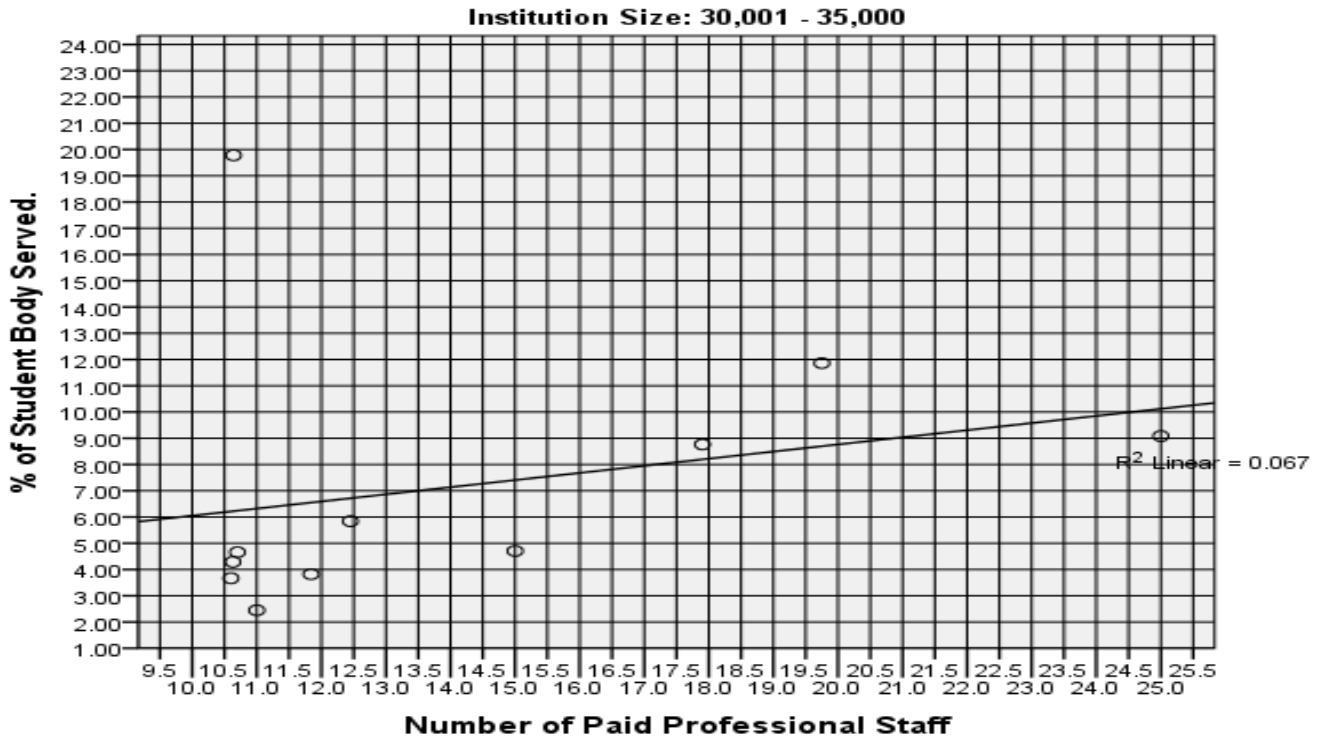
Estimate of Percent of Student Body Served by School School Size and FTE



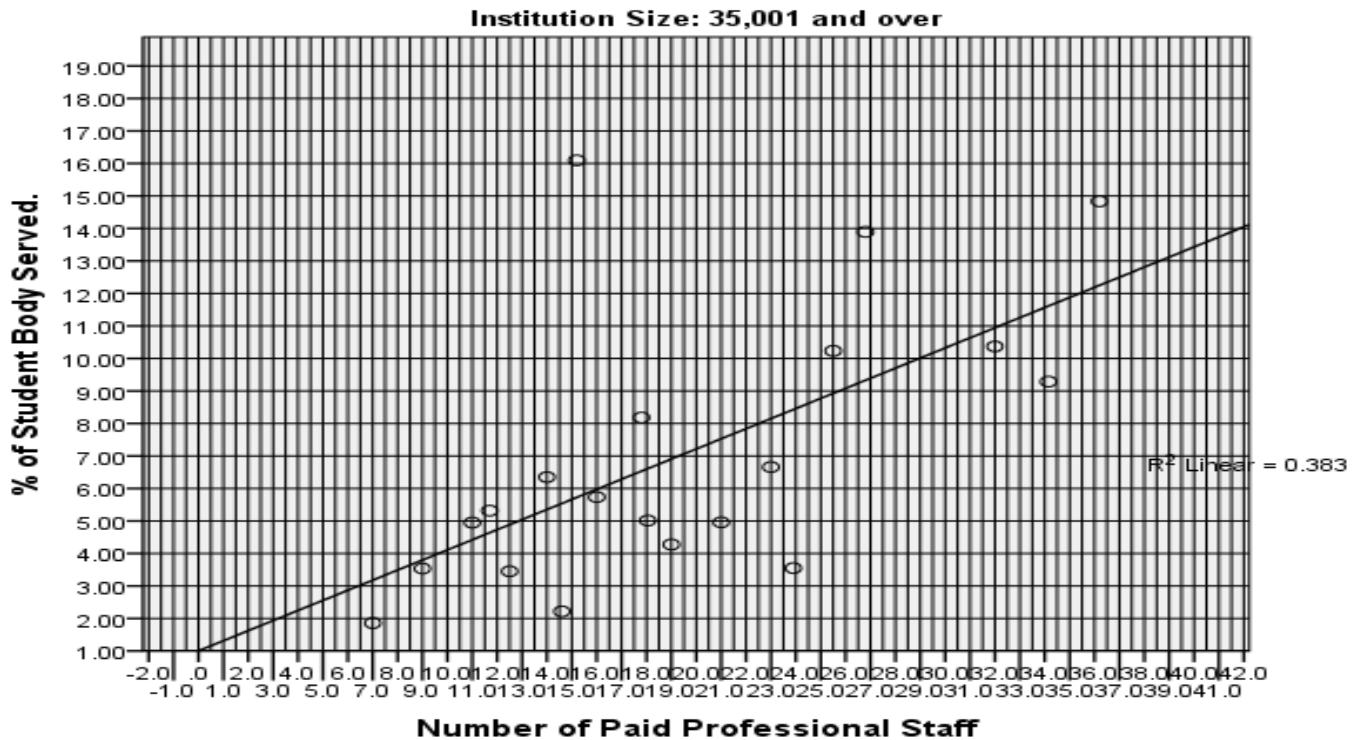
Estimate of Percent of Student Body Served by School School Size and FTE



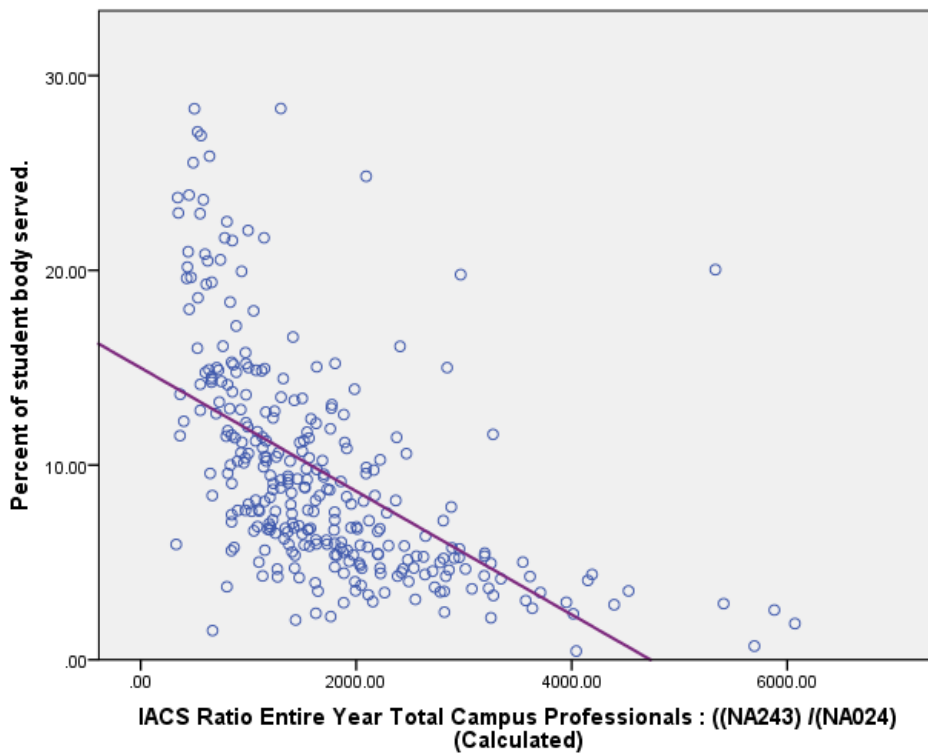
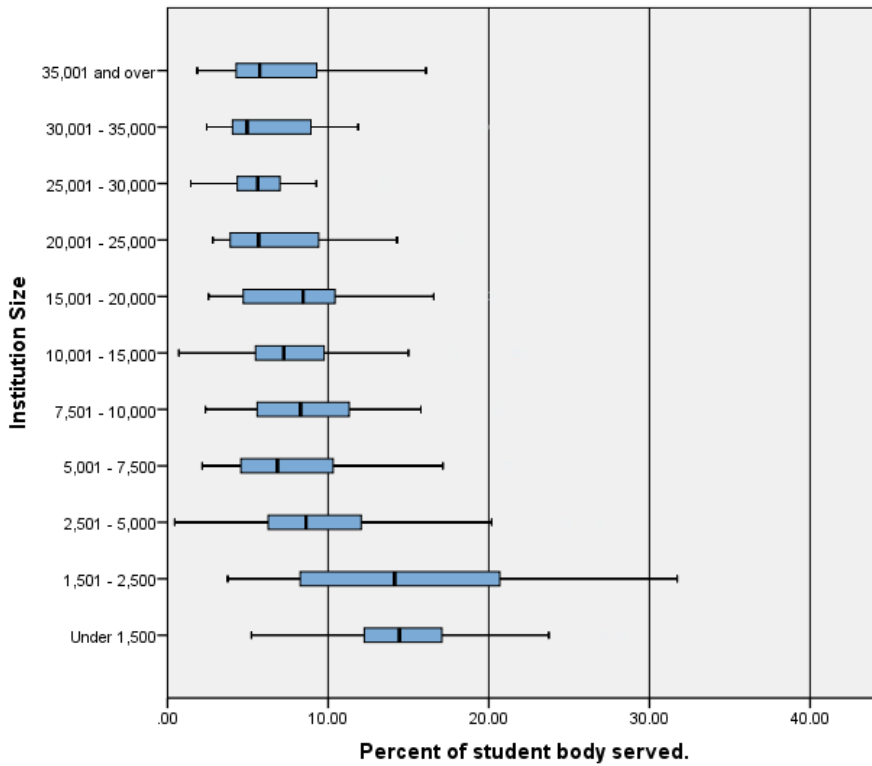
Estimate of Percent of Student Body Served by School School Size and FTE



Estimate of Percent of Student Body Served by School School Size and FTE



Does your center provide the following services?(MR372)		Count	%
Individual counseling/psychotherapy	Yes	382	95.5%
Entry to service (triage, phone triage, intake-however named)	Yes	334	83.5%
Group Counseling	Yes	333	82.5%
Couples counseling	Yes	329	82.3%
Crisis intervention, campus wide emergency response, and post-vention	Yes	312	78.0%
Psychological assessment (while in the presence of the client).	Yes	273	68.3%
Structured groups	Yes	273	68.3%
Psychiatric contact	Yes	225	56.3%
Family counseling	Yes	215	53.8%
Career Counseling	Yes	189	47.3%
Consultation with faculty staff, parents and students about other students.	Yes	176	44.0%
Case Management and Facilitating Referral	Yes	155	38.8%
Supervision provision	Yes	144	36.0%
Workshops	Yes	125	31.3%
Presentations	Yes	99	24.8%
Psychological assessment (time spent outside of client contact).	Yes	88	22.0%
Consultation with staff and trainees.	Yes	78	19.5%
Providing training to trainees	Yes	70	17.5%
Documentation (Intake write up, session notes, crisis documentation, etc.)	Yes	59	14.8%
Participation on Students of Concern/ Threat/Behavior Assessment teams:	Yes	49	12.3%
Teaching a class	Yes	32	8.0%
Peer Supervision	Yes	31	7.8%
Research	Yes	9	2.3%



32% (R-squared) of variance in percent of student body served is explained by Staff-to-student ratio.

Presenting Concerns

Percent of Counseling Center Students with Presenting Concern (NA375 – NA389)			
	Mean %	Median %	Mode %
Had extensive or significant prior treatment histories (e.g., hospitalized for psychiatric treatment)	14.4	8.8	5.0
Clients taking psychotropic medication	24.4	24.0	20.0
Clients engaging in self-injury	8.7	5.4	5.0
Clients with depression	36.4	35.0	40.0
Clients with a learning disability	8.2	4.0	2.0
Clients with ADD or ADHD	8.9	6.6	10.0
Clients with suicidal thoughts/behaviors	16.1	12.0	5.0
Clients with anxiety	41.6	40.0	30.0
Clients with substance abuse/dependence other than alcohol	6.6	4.7	5.0
Clients with alcohol abuse/dependence	9.9	7.0	5.0
Clients with dealing issues of oppression (racism, sexism, homophobia, etc.)	5.7	3.0	1.0
Clients with eating disorders	6.3	5.0	5.0
Clients with relationship issues	35.8	33.0	40.0
Clients experience of sexual/physical assault/acquaintance rape	9.2	5.0	5.0
Clients experience of being "stalked"	2.1	1.0	1.0

Percentage of student with the following presentations: (NA375-NA389)	School Size					
	Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000
	Mean	Mean	Mean	Mean	Mean	Mean
Extensive or significant prior treatment histories (e.g., hospitalized for psychiatric treatment)	11.73	18.39	10.56	14.76	15.00	11.62
Taking psychotropic medication	27.13	25.25	23.68	22.03	20.04	24.67
Engaging in self-injury	5.23	7.96	7.29	8.75	7.35	8.73
Depression	36.83	32.40	33.80	38.42	34.23	38.78
Learning disability	20.82	11.00	8.39	5.59	6.62	5.90
ADHD	11.92	8.81	9.04	9.83	7.73	9.32
Suicidal thoughts/behaviors	11.73	14.38	10.97	14.81	17.40	19.80
Anxiety	38.44	44.80	37.48	41.55	40.67	42.25
Substance abuse/dependence other than alcohol	7.38	4.99	4.66	7.14	8.12	6.76
Alcohol abuse/dependence	6.64	9.04	8.21	9.62	10.12	9.02
Oppression (racism, sexism, homophobia, etc.)	1.91	7.14	6.65	3.93	3.50	8.95
Eating disorders	2.00	4.28	5.42	6.92	6.75	7.18
Relationship issues	33.89	42.22	33.86	32.15	35.69	32.30
Sexual/physical assault/acquaintance rape	6.87	8.24	5.55	9.39	7.22	9.02
Being "stalked"	.75	1.00	1.49	1.88	2.05	3.25

Percentage of clients with the following presentations: (NA375-NA389)	School Size				
	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001+
	Mean	Mean	Mean	Mean	Mean
Extensive or significant prior treatment histories (e.g., hospitalized for psychiatric treatment)	17.57	6.50	17.74	30.29	9.62
Taking psychotropic medication	24.33	26.13	33.48	28.00	21.07
Engaging in self-injury	11.33	7.73	17.59	11.50	9.48
Depression	39.42	38.15	37.53	38.86	39.76
Learning disability	4.39	5.40	8.34	4.00	6.37
ADHD	9.93	7.10	8.10	4.50	6.56
Suicidal thoughts/behaviors	18.70	18.92	25.14	24.67	11.95
Anxiety	46.17	43.45	40.36	38.83	47.93
Substance abuse/dependence other than alcohol	10.03	6.80	10.45	6.60	4.19
Alcohol abuse/dependence	9.63	8.56	18.86	12.66	13.21
Oppression (racism, sexism, homophobia, etc.)	3.32	1.50	4.63	11.80	8.34
Eating disorders	9.19	6.86	6.69	5.53	11.25
Relationship issues	40.59	39.23	36.49	38.41	33.08
Sexual/physical assault/acquaintance rape	12.12	15.96	12.92	14.24	12.58
Being "stalked"	2.41	1.00	2.50	2.90	6.13

What is the number of students who: (NA391-NA406)	School Size: Categories					
	Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000
	Mean	Mean	Mean	Mean	Mean	Mean
Were placed on medical leave for psychological reasons - Total Students at Your School	4	10	10	11	27	34
Were placed on medical leave for psychological reasons - Center Clients	3	7	6	6	12	15
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons - Total Students at Your School	3	6	9	8	15	27
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons - Center Clients	2	4	6	5	8	17
Involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) - Total Students at Your School	1	1	2	4	2	2
Involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) - Center Clients	1	1	1	2	2	1
Involuntarily hospitalized? - Total Students at Your School	0	1	1	3	1	4
Involuntarily hospitalized? - Center Clients	0	1	1	1	2	3
Attempted suicide - Total Students at Your School	1	2	3	4	4	11
Attempted suicide - Center Clients	1	2	5	2	2	8
Died by suicide - Total Students at Your School	0	0	0	0	1	1
Died by suicide - Center Clients	0	0	0	0	0	38
Died in an accident - Total Students at Your School	0	0	1	2	1	1
Died in an accident - Center Clients	0	0	0	0	0	0
Died by some other means - Total Students at Your School	0	0	0	1	1	2
Died by some other means - Center Clients	0	0	0	0	0	0

What is the number of students who: (NA391-NA406)	School Size: Categories				
	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
Were placed on medical leave for psychological reasons - Total Students at Your School	41	83	60	38	363
Were placed on medical leave for psychological reasons - Center Clients	21	121	4	10	149
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons - Total Students at Your School	34	28	50	21	64
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons - Center Clients	20	28	10	25	27
Involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) - Total Students at Your School	2	3	11	9	29
Involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) - Center Clients	2	6	4	13	17
Involuntarily hospitalized? - Total Students at Your School	10	3	10	7	42
Involuntarily hospitalized? - Center Clients	3	6	6	9	21
Attempted suicide - Total Students at Your School	13	24	9	9	25
Attempted suicide - Center Clients	2	13	3	5	10
Died by suicide - Total Students at Your School	1	2	3	2	2
Died by suicide - Center Clients	0	0	0	0	0
Died in an accident - Total Students at Your School	2	2	6	3	6
Died in an accident - Center Clients	0	0	0	0	1
Died by some other means - Total Students at Your School	1	2	4	5	4
Died by some other means - Center Clients	0	0	1	1	0

Groups

How many student group contacts did your center provide last year? 12 student attending one group = 12 (MR367)	Count	Mean	Median
School Size: Under 1,500	35	56	14
1,501 - 2,500	53	126	35
2,501 - 5,000	71	119	34
5,001 - 7,500	38	144	118
7,501 - 10,000	40	396	287
10,001 - 15,000	47	293	200
15,001 - 20,000	35	658	454
20,001 - 25,000	24	673	556
25,001 - 30,000	20	952	427
30,001 - 35,000	15	933	524
35,001 and over	21	1846	1676

Percentage of non-psychiatry sessions provided by group (NA374)	Mean	Median
School Size: Under 1,500	11.55	1.44
1,501 - 2,500	6.93	2.49
2,501 - 5,000	10.18	2.57
5,001 - 7,500	10.51	5.13
7,501 - 10,000	10.67	7.48
10,001 - 15,000	7.25	5.61
15,001 - 20,000	14.46	9.60
20,001 - 25,000	10.67	8.71
25,001 - 30,000	11.39	7.64
30,001 - 35,000	10.16	13.93
35,001 and over	12.11	11.58

Issue-based Groups (MR368)	Count
-----------------------------------	-------

ADHD group	Yes	24
Anger management group	Yes	29
Anxiety group	Yes	114
AOD group	Yes	61
Autism Spectrum group	Yes	29
Bipolar group	Yes	9
Body Image group	Yes	62
Couples group	Yes	12
Depression group	Yes	59
Eating Disorders group	Yes	58
Family discord group	Yes	23
Grief and bereavement group	Yes	90
LD group	Yes	3
Self-Esteem group	Yes	46
Shyness group	Yes	34
Trauma group	Yes	51

Target Audience Group(MR370)		Count
Adult Children of Alcoholics/Addicts group	Yes	15
Academic probation group	Yes	9
Couples group	Yes	11
Dissertation Completion group	Yes	25
First Generation College Students group	Yes	18
Graduate support group	Yes	56
International student group	Yes	43
Interpersonal process group	Yes	117
Latino/a support group	Yes	9
LGBT group	Yes	87
Men of Color group	Yes	9
Men's group	Yes	44
Nontraditional-Aged group	Yes	16
Student as parent group	Yes	8
Transition to college/homesickness group	Yes	25
Veterans support group	Yes	17
Women of Color group	Yes	33
Women's group	Yes	89

Intervention-based Groups(MR369)		Count
Adult Children of Alcoholics/Addicts group	Yes	8
Anger management group	Yes	23

CBT group	Yes	7
DBT group	Yes	30
General Therapy	Yes	48
Motivational Interviewing group	Yes	154
Stress management group	Yes	23

Other Groups (MR371)

"Agents Of Change"-- Leadership Development for students who are academically at risk.
 "chaotic backgrounds"
 Academic Performance Excellence group
 ACT Sleep Hygiene Graduate Mindfulness
 Adjustment to College Group
 Alcohol and Other Drugs Anxiety Group
 Alcohol Education Groups
 Alcohol skill development
 Anxiety Management
 Art therapy stress management group
 Assertiveness Academic Success
 Assertiveness Workshop Memory Group (Academic Skills) Speed Reading (Academic Skills) Post
 Residence Hall Fire Support Group Multicultural Support Group
 bi-racial student sexual assault recovery
 Body image group Praise moves group (Christian relaxation and stretch routine)
 Cinema therapy Mindfulness Meditation
 Communication, DBT, Emotional Wellness, Relaxation for Wellness, Move Your Mood
 Dating skills, meditation, resilience, self-care & safety.
 drop in mindfulness based stress reduction (yoga) group
 drop in SMART group (Stress management and relaxation training) 4-session academic success group
 Expressive Arts group
 Former Foster Youth Group Yoga, Art & Meditation Group
 Freshman group Co-ed group
 Freshmen seminar groups
 Freshmen women "Adjustment to college" group Mindfulness group
 General (Personal growth) process group.
 General Psychotherapy
 General Support
 Graduate students
 Grief/bereavement
 Group for students returning from the mission field. Help with reintegration into society.
 Group Program is in initial stage.
 Healthy Relationships group
 Identity Group, Life without Trauma
 Injured athletes/performance enhancement Study abroad re-integration group

Percentage/Demographic Served, Underserved Populations

Percent of students served (NA425-NA450)	Mean
Black/African-American - Percent of your centers clients?	10.65
Black/African-American - Percent of your Student Body?	11.49
American Indian/Native American - Percent of your centers clients?	.82
American Indian/Native American - Percent of your Student Body?	1.02
Asian/Asian American - Percent of your centers clients?	5.38
Asian/Asian American - Percent of your Student Body?	6.25
Latino/Latina - Percent of your centers clients?	8.34
Latino/Latina - Percent of your Student Body?	9.80
White - Percent of your centers clients?	68.57
White - Percent of your Student Body?	66.33
Multiracial - Percent of your centers clients?	3.88
Multiracial - Percent of your Student Body?	2.97
Other Race/Ethnicity - Percent of your centers clients?	3.31
Other Race/Ethnicity - Percent of your Student Body?	3.96

Percent of students served (NA453-NA462)	Mean
Male - Percent of your centers clients?	32.58
Male - Percent of your Student Body?	43.41
Female - Percent of your centers clients?	66.19
Female - Percent of your Student Body?	56.30
Transgender - Percent of your centers clients?	.36
Transgender - Percent of your Student Body?	.17

Percent of students served (NA465-NA478)	Mean
Gay - Percent of your centers clients?	3.91
Gay - Percent of your Student Body?	6.74
Lesbian - Percent of your centers clients?	3.01
Lesbian - Percent of your Student Body?	5.42
Bisexual - Percent of your centers clients?	3.59
Bisexual - Percent of your Student Body?	3.17
Heterosexual - Percent of your centers clients?	86.79
Heterosexual - Percent of your Student Body?	84.22

Percent of students served (NA481-NA482)	Mean
Diagnosed Disability - Percent of your centers clients?	11.17
Diagnosed Disability - Percent of your Student Body?	9.61

Percent of students served (NA485-NA494)	Mean
International Student - Percent of your centers clients?	5.04
International Student - Percent of your Student Body?	6.44
Student Athlete - Percent of your centers clients?	9.42
Student Athlete - Percent of your Student Body?	18.48
Greek Affiliated - Percent of your centers clients?	9.93
Greek Affiliated - Percent of your Student Body?	15.19

Do you consider this an underserved population? (NA425 - D451)		Count	Column N %
Black/African-American?	Yes	139	53.7%
	No	120	46.3%
American Indian/Native American	Yes	76	34.2%
	No	146	65.8%
Asian/Asian American	Yes	105	44.5%
	No	131	55.5%
Latino/Latina	Yes	120	51.7%
	No	112	48.3%
White	Yes	3	1.2%
	No	238	98.8%
Multiracial	Yes	51	28.3%
	No	129	71.7%
Other Race/Ethnicity	Yes	16	23.9%
	No	51	76.1%

Do you consider this an underserved population? (NA453 - D495)		Count	%
Male	Yes	130	52.6%
	No	117	47.4%
Female	Yes	11	4.4%
	No	237	95.6%
Transgender	Yes	59	42.8%
	No	79	57.2%
Gay	Yes	81	58.7%
	No	57	41.3%
Lesbian	Yes	70	55.6%
	No	56	44.4%
Bisexual	Yes	53	48.2%
	No	57	51.8%
Heterosexual	Yes	0	0.0%
	No	136	100.0%
Diagnosed Disability	Yes	33	32.7%
	No	68	67.3%

International Student	Yes	92	56.1%
	No	72	43.9%
Student Athlete	Yes	44	38.9%
	No	69	61.1%
Greek Affiliated	Yes	5	7.8%
	No	59	92.2%

Black/African-American - Steps Taken (LA428)

Increasing collaboration with the Educational Opportunity Program (EOP) and Student Organizations of color.
We have tried without recent success to recruit minority staff. We do engage in outreach to our multicultural center and other relevant campus clubs and organizations.
"Just Talk" sessions at multicultural center. Targeted outreach. Group offerings specific to this population.
A psychologist on our staff runs a 'Diversity Practicum' for doctoral students from our University's Counseling Psychology department. This group engages in a wide variety of outreach programming ranging from an open mike poetry slam to works shops and 'hanging out' at the advocacy centers.
By being active in student organizations specific to African American students, orientation, presentations in the residence halls.
Campus outreach to Trio Programs
Co-facilitate/sponsor events with the Office of Diversity and Multicultural Affairs.
Collaboration with Afr. Amer. Cultural Center re: workshops, brown bags, counselor available in AACC every other week for 2 hours. Since AA students are a large part of our population (about 9-10%) our focus has been on this population As with other groups we also use: Speaking in classes Use of Active Minds - peers
Collaboration with Office of Multicultural Student Affairs re: programming efforts and outreach. We participate in separate orientation program for students
Collaboration with the Intercultural Center Various Outreach Programs
Connect with minority student groups
Connecting with Center For Black Studies with a liaison relationship
Connecting with our ALANA office; Offering a students of color group;
Connecting with student groups
Connection with relevant student organizations and offices within multicultural affairs;
Continuing to develop relationship with Center for Black Culture
Develop consultative relationships with student organizations, provide presentations, and attend meetings of students (when possible).
Doing more outreach via our Multicultural Affairs Center and helping with their Peer Mentors.
Enhancing collaboration with campus stakeholders such as the Office of Multicultural Affairs and Residence Life.
Establish better connection with multicultural life reap benefits with regard to utilization of services by diverse groups ....from recent upgrade in diversity of staff in terms of race/ethnicity

Extensive collaboration with Office of Multicultural Programs and Services (student support office charged with reaching out to underserved student populations), which has resulted in targeted programming, including workshops on mental health, brief psychoeducational/informational sessions at student group events, and development of educational materials for website. In addition, underserved students are being actively engaged in the process of stigma reduction efforts at the Counseling Center. Finally, a university-wide, pilot needs assessment was conducted out of the Counseling Center last year, and the recommendations from this needs assessment are being used to engage students from historically underserved populations.
Extensive outreach to population, focus groups with population to identify issues
Going to student group meetings; outreach to all incoming students
Hire a diverse receptionist staff. Look to take on diverse interns and/or staff who meet our qualifications. Build bridges w/ diverse staff members on campus.
Hired 2 counselors to do outreach program specifically to students of color
Hired an African American Counselor. Heavily involved in diversity training at the University.
Hired an African-American staff member and increased outreach to African-American staff and students
I would generally consider this an underserved population; however, given the demographics of our university, I don't think I can technically consider this an underserved population at our center specifically. We regularly provide outreaches geared toward underserved groups, coordinate with our multicultural office, and attend/provide workshops related to diversity.
Increased involvement and viability with African American groups, meetings, etc Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Informal liaison with Multicultural Student Center
Liaison relationship with cultural center office serving Black/African American students
Liaison to multicultural center and black student union
Liaison to the Office of Student and Cultural Engagement. Recruitment of more diverse staff
Liaison with Office of Diversity Affairs
Liaison with Vice President for Institutional Diversity, collaboration with the UK MLK Cultural Center, CARES, SSS
Liaisons to student groups of color
Many of their needs are met in dedicated services offices for multicultural issues.
Meet with Director of Multicultural Affairs to advertise and promote our services.
More work with Diversity Student Union, more training in diversity and clinical issues
Need to outreach more to athletics
No efforts have been made specifically
None
Not "open for business" yet, just accepting referrals
Not enough staff to appoint counseling center liaison for various student groups but we are developing outreach programs for minority populations, also try to attend student association/group events as much as possible.
Note: we also had 9% identify as bi- or multi-racial, among them a number who were counted as black by the college, so our actual counseling percentage with this population is greater than it appears. We attend events for students of color and have liaisons with offices that work with them.
Offering counseling groups
Offering Let's Talk, increased liaison work, increasing multicultural competency training for staff, and behavioral health services on the medical floors.
Ongoing liaison to other campus offices and programs who focus outreach efforts toward these students; visibility at student functions; ongoing diversity education programming (both internal and focused on student learning)
Ongoing liaison work with the Africana center, ongoing diversity work
Open-house for minority students; support group offered for first-generation college students

Outreach in terms of presentations, speakers, attendance at events
Out reaching coaches and student athletes along with first generation students
Outreach & Developmental Programming and cultivating relationships with Campus Life Centers
Outreach and consultation
Outreach by implementing a support group for minority students on campus
Outreach programming and co-programming to student groups
Outreach through Center for Cultural Diversity as well as student-athletes
Outreach to cultural center.
Outreach to pertinent student groups
Outreach to student organizations, offices
Outreach with Multicultural Student Services
Partnering with Multicultural Services
Placed an advanced graduate student-counselor at the Multicultural Center to do outreach programming and to make referrals to Counseling Center.
Provide outreach presentations and participate as guest speakers at events hosted by the African American Student Association. We have also attended various events hosted by the African American Student Association such as MLK celebrations each year.
Provide outreach, attend campus functions, establish and maintain partnerships and liaison relationships with key minority serving agencies on campus.
Reaching out to Black Student Union
Reaching out to dorm residents and underclassmen on campus, many of whom are African American, @ 30%
Recruit African American staff & trainees; network with multiple offices on campus serving a higher percentage of African American or Black students; office hours in offices serving more students of color
Recruiting minority counselors; outreach & service to minority student groups on campus; hiring staff who are minority
Special outreach efforts to Black/African American student groups
Staff member working with Black Men Emerging, outreach to Black student organizations
Staff regularly participate in multicultural activities, consult with Brothers of Lafayette, are invited speakers at Posse meetings where many of the students are students of color.
Submitted a proposal for a new staff position that will be charged with reaching students of color.
Targeted Outreach to Relevant Student Groups and University Constituencies
The staff participated in diversity training. Developing relationships with the multicultural programs office.
This answer will be the same for all categories below regarding underserved groups. Outreach includes: Let's Talk Program, Connecting Across Cultures group, Agents of Change group, Living Out Loud (Coming Out) group, plans for a chronic illness group. Collaboration with student organizations that represent different ethnic backgrounds as well as Active Minds.
This year we are outreaching the African-American Student Service office and their counselor to collaborate on programs and consultations.
Training and outreach to the Multicultural Services Center staff and students.
Two of our four counselors are African-American (one male and one female). The goal is to make the counseling process more appealing and relevant.
Very connected with athletics
We actively collaborate with our office of Multicultural Student Services and Campus Climate to offer outreach programs and generate programming ideas.
We have a multicultural counselor who sees clients in the Inclusion and Multicultural Services office and does targeted outreach to our multicultural students

American Indian/Native-American - Steps Taken (LA432)
"Just Talk" sessions at multicultural center. Targeted outreach. Group offerings specific to this population.
As above
Awareness campaigns regarding counseling speaking in classes; Use of Active Minds - peers We consider all of our population to be under-served based on the class/SES "culture" rather than ethnicity.
Class presentations, campus communications
Collaboration with the Intercultural Center Various Outreach Programs
Connection with relevant student organizations and offices within multicultural affairs;
Extensive collaboration with Office of Multicultural Programs and Services (student support office charged with reaching out to underserved student populations), which has resulted in targeted programming, including workshops on mental health, brief psychoeducational/informational sessions at student group events, and development of educational materials for website. In addition, underserved students are being actively engaged in the process of stigma reduction efforts at the Counseling Center. Finally, a university-wide, pilot needs assessment was conducted out of the Counseling Center last year, and the recommendations from this needs assessment are being used to engage students from historically underserved populations. Extensive collaboration with Office of Multicultural Programs and Services (student support office charged with reaching out to underserved student populations), which has resulted in targeted programming, including workshops on mental health, brief psychoeducational/informational sessions at student group events, and development of educational materials for website. In addition, underserved students are being actively engaged in the process of stigma reduction efforts at the Counseling Center.
Extensive outreach to population, focus groups with population to identify issues
Have an advanced grad student who spends twenty hours a week at the Multicultural Center doing programs and making referrals to Counseling Center. We also have a support group for international students that do outreach programming.
Heavily involved in diversity training.
Hire a diverse receptionist staff. Look to take on diverse interns and/or staff who meet our qualifications. Build bridges w/ diverse staff members on campus.
I would generally consider this an underserved population; however, given the demographics of our university, I don't think I can technically consider this an underserved population at our center specifically. We regularly provide outreaches geared toward underserved groups, coordinate with our multicultural office, and attend/provide workshops related to diversity.
Informal liaison with Multicultural Student Center
Liaison relationship with cultural center office serving Native American students, training peer mentors.
Liaison to the Office of American Indian Student Support Services; offer workshops tailored to this student population
Liaison with Miami Tribe representatives
Network with Native American professionals on and off campus, alumni, student organizations and multiple offices with some Native students.
None at this time
Offering Let's Talk, increased liaison work, increasing multicultural competency training for staff, and behavioral health services on the medical floors.
Outreach programming and co-programming to student groups

Outreach through Center for Cultural Diversity
Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Outreach to cultural center.
Outreach to student organizations, offices
Outreach with Multicultural Student Services
Presentations and outreach to Native American Student Associations and multicultural office
Provide outreach presentations and participate as guest speakers at events hosted by the Native American Student Association. We have also attended various events hosted by the Native American Student Association.
Reaching out to dorm students where 3% self-identify as American Indian/Native American.
see above
See above
Support group and outreach
We actively collaborate with our office of Multicultural Student Services and Campus Climate to offer outreach programs and generate programming ideas.
We are connecting with the Director and staff of the Native American Student Resource Center to increase familiarity with our staff, collaborate on outreach and decrease barriers to service.
We do outreach to the American Indian Center on campus and offer suicide prevention and other trainings to the folks that work with those students and the students willing to do this kind of training. 6.6
We have a good liaison to the one American Indian faculty person on campus.
We have a liaison with the Native American Student Center. We attend their cultural activities.
We have a multicultural counselor who sees clients in the Native American Student Services office and does targeted outreach to our multicultural students
We have reached out to Native American students and have developed a brochure specifically for this group, thanks to a SAMHSA grant
We have reached out to students of color in Psychology and peer educator program and Multi-Cultural Student Union club (outside of the Counseling Center) to collaborate on programming, as well as with Residence Life (e.g., RA's).
We hosted our first annual Emotional Wellness Week, geared towards increasing awareness of mental health issues in the college population and de-stigmatizing help seeking. We hope that these efforts will encourage all students, not just students of color, to utilize us as necessary. Our school is primarily White.

Asian/ Asian-American - Steps Taken (LA436)

A good percentage of our Asian students are in the International Student program and in departments such as Engineering. These students to do typically access counseling services. We are increasing contact with Intl Student Programs to create outreach programming.
Awareness campaigns regarding counseling, speaking in classes Use of Active Minds - peers Many of our Asian/Asian American students and clients are Asian international students, many are graduate students. They either seek out Counseling or are referred by advisers and professors.
By being active in student organizations, orientation, presentations in the residence halls.
Class presentations, campus communications

Class visits, focusing PR in Sugar Land and Katy, Houston outskirts near the International District/Westchase, and leaving brochures promoting Chinese Community entities/interests, making and building strong relationships with Asian faculty and administrators, who often refer struggling students to our center
Close relationship with International Studies Office
Collaboration with the Intercultural Center Various Outreach Programs
connecting with Asian/Asian American Resource Center and International Student and Faculty Office
Connection with relevant student organizations and offices within multicultural affairs;
Counseling Center liaison to International Center is Asian and presents outreach programs to this population.
Developing relationships with the Multicultural programs office. Plan to develop relationships with the International Recruitment/international student programs.
Extensive collaboration with Office of Multicultural Programs and Services (student support office charged with reaching out to underserved student populations), which has resulted in targeted programming, including workshops on mental health, brief psychoeducational/informational sessions at student group events, and development of educational materials for website. In addition, underserved students are being actively engaged in the process of stigma reduction efforts at the Counseling Center. Finally, a university-wide, pilot needs assessment was conducted out of the Counseling Center last year, and the recommendations from this needs assessment are being used to engage students from historically underserved populations.
Extensive outreach to population, focus groups with population to identify issues
Focus groups, staffing, outreach, consultation with key stakeholders
Focused outreach
Have identified an intern position to specifically liaison with international students
Heavily involved in diversity training.
Hire a diverse receptionist staff. Look to take on diverse interns and/or staff who meet our qualifications. Build bridges w/ diverse staff members on campus.
Hired a therapist who is trilingual - English, mandarin, and Taiwanese; Did outreach to Asian-American student organizations Provided training for staff by a therapist w/expertise working with Asian-American clients
Hired additional Asian American staff and trainees, network with AA faculty and staff, multiple departments on campus serving Asian and Asian American students; office hours in International Education office
I would generally consider this an underserved population; however, given the demographics of our university, I don't think I can technically consider this an underserved population at our center specifically. We regularly provide outreaches geared toward underserved groups, coordinate with our multicultural office, and attend/provide workshops related to diversity.
Informal liaison with Multicultural Student Center
Liaison relationships with specific faculty in academic units that have large Asian populations. Culture awareness for issues of this population. Utilize trainee population with this background.
Liaison with cultural center office serving Asian/Pacific American students, training peer mentors.
Liaison with Office of International Affairs [many Asian students are in grad/professional programs], international student support group hosted by UKCC
Marketing our services across campus
Meet with Director of Multicultural Affairs to advertise and promote our services.
More targeted training and de-stigmatization. Many of our international students are Asian.
More work with Diversity Student Union; more training in diversity and clinical issues.
Most recent hire is Asian, speaks mandarin, is working with Asian student organization.

Multicultural outreach
New liaison relationship with the International Student Center.
Nothing specific
Offering Let's Talk, increased liaison work, increasing multicultural competency training for staff, and behavioral health services on the medical floors.
Orientation week and Freshman seminar talks; international student orientation
Outreach programming and co-programming to student groups
Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Outreach to Asian student groups
Outreach to cultural center.
Outreach to student groups; outreach to all incoming students
Outreach to student organizations, offices
Outreach with Multicultural Student Services
Outreach-programming at international halls, orientations geared to Asian student
Presentations, attendance at events, speakers
Provide outreach presentations and participate as guest speakers at events hosted by the Asian American Professional Student Association. We have also attended various events hosted by the Asian American Professional Student Association.
Provide outreach, attend campus functions, establish and maintain partnerships and liaison relationships with key Asian/Asian-American serving programs on campus.
Recruit more diverse staff. liaison to the Office of Student and Cultural Engagement
Same as above
see above
Targeted Outreach to Relevant Student Groups and University Constituencies
Targeted outreach. Group offerings specific to this population. A wide array of services specific to international students.
Trying to connect with International Student Organization by setting up meetings with faculty and staff in that department.
We actively collaborate with our office of Multicultural Student Services and Campus Climate to offer outreach programs and generate programming ideas.
We have attended meet and greets for all students from overseas to try and familiarize and describe services
We have reached out to students of color in Psychology and peer educator program and Multi-Cultural Student Union club (outside of the Counseling Center) to collaborate on programming, as well as with Residence Life (e.g., RA's).

Latino/Latina - Steps Taken (LA440)

"Just Talk" sessions at multicultural center. Targeted outreach. Group offerings specific to this population.
Advertising that Center services are available in Spanish and targeted programming and outreach.
Awareness campaigns regarding counseling; Speaking in classes Use of Active Minds - peers We consider all of our population to be under-served based on the class/SES "culture" rather than ethnicity.
Bilingual services are available in English-Spanish, and Spanish is spoken and heard frequently in the office.

By being active in student organizations orientation, presentations in the residence halls.
Class presentations, campus communications
Collaboration with the Intercultural Center Various Outreach Programs
Collaborative programming with the Advisor to Latina students.
Connect with our trio program
Connection with relevant student organizations and offices within multicultural affairs; marketing decreasing stigma about mental health and increasing help-seeking behaviors
Connections with Latino Resource Center. Professional Development and staff training around issues such as working with undocumented students. Spanish speaking counselor provides services
Creating "Hermanas (sisters) United" Group and partnering with EOP and other departments. In addition, we will be conducting a student focus groups to help us understand how better to serve our Latina/Latino students.
Extensive collaboration with Office of Multicultural Programs and Services (student support office charged with reaching out to underserved student populations), which has resulted in targeted programming, including workshops on mental health, brief psychoeducational/informational sessions at student group events, and development of educational materials for website. In addition, underserved students are being actively engaged in the process of stigma reduction efforts at the Counseling Center. Finally, a university-wide, pilot needs assessment was conducted out of the Counseling Center last year, and the recommendations from this needs assessment are being used to engage students from historically underserved populations.
Extensive outreach to population, focus groups with population to identify issues
Heavily involved in diversity training.
Hire a diverse receptionist staff. Look to take on diverse interns and/or staff who meet our qualifications. Build bridges w/ diverse staff members on campus.
Hired a Puerto Rican psychologist.
Hired a social worker
Hired Latina counselor, outreach to Hispanic cultural center, education to undergrad advisors
Hired Latina staff member, recruited Latina trainees, network and outreach with multiple departments serving Latino/as, Latina sorority and multicultural Greek organizations, network with professional staff on and off campus, offer group for Latinas.
I would generally consider this an underserved population; however, given the demographics of our university, I don't think I can technically consider this an underserved population at our center specifically. We regularly provide outreaches geared toward underserved groups, coordinate with our multicultural office, and attend/provide workshops related to diversity.
Informal liaison with Multicultural Student Center
Liaison with Latino/a students, training peer mentors.
Liaison with Vice President for Institutional Diversity
Liaison work, starting group in Latino Center
Many of their needs are met in dedicated services offices for multicultural issues.
Marketing services across campus
Meet with Director of Multicultural Affairs to advertise and promote our services.
More work with diversity student union; more training in diversity and clinical issues
None
Offering Let's Talk, increased liaison work, increasing multicultural competency training for staff, and behavioral health services on the medical floors.

On all of these more efforts are needed to reach out to these members of the campus community. Because of demand for counseling services, we have not done an adequate job reaching out to the minority community.
Ongoing liaison work with student organizations and with campus based agencies and programs that reach these students; high visibility at student functions and events; ongoing visible diversity education work.
Open-house; offered support group for first-generation college students
Orientation week and Freshman seminar talks; international student orientation
Outreach programming and co-programming to student groups
Outreach programs, consultation with student affairs/activities.
Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Outreach to Center for Cultural Diversity and Latino student groups
Outreach to cultural center.
Outreach to Laraza the Latino/a student organization
Outreach to student groups; outreach to all incoming students
Outreach to student organizations, offices
Outreach with Multicultural Student Services
Presentations, speakers, attendance at events
Provide outreach presentations and participate as guest speakers at events hosted by the Hispanic American Student Association. We have also attended various events hosted by the Hispanic American Student Association.
Provide outreach, attend campus functions, establish and maintain partnerships and liaison relationships with key programs on campus.
Providing outreach and conducting survey with underserved populations in order to better understand their needs, and the barriers that may be present that interferes with students seeking services
Recruit more diverse and bilingual staff. Created bi-lingual sections of our website. Liaison to the Office of Student and Cultural Engagement and Latino/a student groups.
Same as above
Same as above.
Same strategy as that we use for other minority populations on campus with attention to cultural differences and nuances of this population regarding mental health issues.
See above
See above for same explanation.
See earlier response.
Special outreach efforts to Hispanic student groups
Staff person is advisor to Association of Latino students
Targeted Outreach to Relevant Student Groups and University Constituencies
These students are also housed in the Multi-Cultural student affairs office. Participation in campus events targeted to this population Have materials in the Center targeted to the population.

White - Steps Taken (LA444)

Have hired two white females to assist those students who may have trouble working with a Chicano psychologist and/or may prefer a White, female, and/or White female clinician.

Hired 2 counselors to do outreach to students of color

In general, the UCC works hard to reach out to all students on campus with an ambitious Outreach effort.

Outreach to White students is consistently included in efforts outlined for underserved student populations.

The majority of our 15K+ students (of whichever ethnicity) are first generation students. Many - including our majority culture/white student - are from poor urban and/or rural area with cultures that do not easily embrace Counseling. Awareness campaigns regarding counseling; Speaking in classes Use of Active Minds - peers We consider all of our population to be under-served based on the class/SES "culture" rather than ethnicity.

We do consider white males to be an underserved population.

We do look at SES and first generation college student concerns and gender across all these groupings.

We have noted lately that White males may be considered underrepresented in Counseling and are beginning to consider methods to outreach this group (Fraternities, athletics, etc...)

We hosted our first annual Emotional Wellness Week, geared towards increasing awareness of mental health issues in the college population and de-stigmatizing help seeking. We hope that these efforts will encourage all students, not just students of color, to utilize us as necessary. Our school is primarily White.

Multiracial - Steps Taken (LA448)

"Just Talk" sessions at multicultural center. Targeted outreach. Group offerings specific to this population.

Awareness campaigns regarding counseling; Speaking in classes Use of Active Minds - peers We consider all of our population to be under-served based on the class/SES "culture" rather than ethnicity.

Collaboration with the Intercultural Center Various Outreach Programs

Connection with relevant student organizations and offices within multicultural affairs;

Devising ways to strengthen multiple identities versus the American either/or monolith approach to psychosocial race. Very early in the intervention cycle here...

Extensive outreach to population, focus groups with population to identify issues

Had 3 staff trainings on multi-racial students, network with professionals on and off campus and outreach of have office hours in multiple offices who serve a high percentage of students of color

Hire a diverse receptionist staff. Look to take on diverse interns and/or staff who meet our qualifications. Build bridges w/ diverse staff members on campus.

I would generally consider this an underserved population; however, given the demographics of our university, I don't think I can technically consider this an underserved population at our center specifically. We regularly provide outreaches geared toward underserved groups, coordinate with our multicultural office, and attend/provide workshops related to diversity.

Informal liaison with Multicultural Student Center

Liaison relationship with cultural offices serving multiracial students.

Liaison to UK's MLK Cultural Center, VPID

Not a classification in our system

Nothing specific

Outreach to student groups; outreach to all incoming students

Reaching out to our Multicultural Affairs Center and trying to connect with more diverse student groups on campus re our services and outreach programming.

Same as above
see above
See above.
Speakers, presentations, attendance at events
This semester the center is offering a multiracial support group.

Other Race/Ethnicity - Steps Taken (LA452)
Continue to build relationships with International Students, Faculty, Administrators, and Staff who often self-identify as other at our institution.
I have concerns that not all staff entered this data consistently in our demographic form and there is concern regarding how our late previous director customized his own demographics in Ti - may not be working as we thought it was. Need to consult further with our IT and Ti about fixing the situation. Therefore, I am not entering stats here.
I would generally consider this an underserved population; however, given the demographics of our university, I don't think I can technically consider this an underserved population at our center specifically. We regularly provide outreaches geared toward underserved groups, coordinate with our multicultural office, and attend/provide workshops related to diversity.
Identify who these students are and establish outreach guidelines.
In our data, this group likely represents students of Mid-Eastern descent and religious minorities, which we do not account for in our intake data. We certainly need to provide greater attention to the needs of "hidden" groups on campus.
International Student Awareness Events
Nothing specific
See above.

Males - Steps Taken (LA456)
Although males do frequent the center, many wait until their situation is mandated or causing them big problems before they will ask for help.
Attempting to strengthen connection with athletics. Continue to try to recruit qualified male staff, but have been unsuccessful at doing so.
Awareness campaigns re: counseling Speaking in classes Use of Active Minds - peers * Men's group is offered but frequently doesn't run
Beginning to run men's groups throughout semester, offer psychoeducation and presentations to athletic department; targeting particular student groups dominated by males
Building relationships with athletics and first-year mentors
By being active in student organizations, orientation, presentations in the residence halls.
Careful consideration to our marketing and messaging to make sure it appeals to men; ongoing liaison with substance abuse related programming and services; attempts to keep our staff gender ratio balanced.
Collaboration in place to form Men's Development Committee on campus.
connections with men's athletic teams
Develop material targeting males and their mental health needs and common risk factors. Provide link to helpful website on popular campus webpages.

Developing enhanced relationships with athletics. All students requesting medical services are screened for mental health issues and provided immediate mental health consultation if needed.
Director continues to see clients at all 3 sites which does draw males and boost outreach with female psychologist who is friendly and approachable to all genders.
Doing more outreach with male athletics teams and speaking to all freshman during Fall Welcome
Engage students in outreach activities to become familiar with staff and services provided through counseling services
Enhancing collaboration with campus stakeholders who have contact with male students.
Exploring options -- this is a universal issue that our profession needs to address
Extensive outreach to population, focus groups with population to identify issues
Hire a diverse receptionist staff. Look to take on diverse interns and/or staff who meet our qualifications.
Hired a male counselor
Hired more male staff
In process of developing a mental health/overall wellness strategy for the campus that, along with information shared during first year orientation and website materials, is aimed to destigmatize use of counseling services.
Increased viability and sponsorship of male related organizations, clubs and sports Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Male oriented outreach re: relationships and alcohol/drug use
Marketing decreasing stigma about mental health and increasing help-seeking behaviors; connecting with academic departments with high percentage of male students
Men's group and outreach
Men's group Outreach to athletics
Men's group, targeted advertising
Men's process group, outreach efforts around men and emotions, working with Vets Club
Men's groups
More of our male students respond in anonymous options (student peer line) so we are piloting the AFSP Interactive Screening Program.
Need staff
None at this time
Not "open for business" yet, just accepting referrals
Nothing at this time
Offer men's group, have hired additional male staff and trainees
Offering Let's Talk, increased liaison work, increasing multicultural competency training for staff, and behavioral health services on the medical floors.
Outreach efforts aimed at male groups
Outreach efforts for adult males in evening division.
Outreach in halls and at orientations, hiring male staff to meet with
Outreach programming for target audience
Outreach specifically targeted towards men's issues and making ourselves available to men
Outreach to all incoming students
Outreach to athletics and engineering
Outreach to athletics and male organizations

Outreach to FYE classes, male student athletes
Outreach to student athletes and Greek houses.
Outreach to student athletes. Male peer education group.
Plan to strengthen relationships with the Athletic Departments where the majority of our male students are involved; strengthen referrals from their department.
Presentations to athletics and coaches
Reach out/consult with Business school Dean begin plans to employ interactive screening program make office waiting room more male friendly
Same as above
See above.
See above. Males in general are struggling on our campuses (and in society as well). Greater attention needs to be paid to their success and health. We are planning increasing outreach and psychoeducation about men's issues.
Services and programs are targeted to our male students. Established a Men's Committee on campus.
Special training for staff in therapy of men
Specific directed marketing campaign.
Stigma reduction campaign, outreach, promotion of online services
Targeted Outreach to Relevant Student Groups and University Constituencies
Targeted programming to reach men.
Targeting men's health education and issues through wellness committee initiatives
Trying to hire more male psychologists.
Various Outreach Programs
We are in the process of hiring a PT male therapist to join our staff. (I did not include this above in staffing information because the position was just approved for the 2012-2013 budget year, and the therapist is not yet on board). Also, we do a specific orientation program for our incoming Veteran students, who are 80% to 90% male.
We have a male counselor on staff now and are starting a men's group.
We have been attempting more outreach/training for our Athletic program, particularly football.
We increased from 24% last year
We note this when talking to faculty and staff about referring students to our center; we have offered some programs directed at men but they have not been all that successful.
We now have a male staff member and consider men's issues as programming decisions are made.
We offer men's groups
We will be reaching out to athletics to encourage all referrals, and hopefully, male students in particular.
We work on our own multicultural competence through monthly staff development meetings and semimonthly 2-hour meetings on multicultural competence. We have worked to have a diverse staff that represents all of our student body. We strive to advocate for underrepresented students on campus and "show up" at their events. We partner with groups on campus that will provide referrals of underrepresented students. We offer group resources relevant to these students.
We've tried to specialize services to meet unique needs of males or to promote destigmatization campaigns to bring in more men both with minimal success
While we think we see a representative number of men in the Center as compared to those in the general population, we are talking about ways of increasing the number of men who engage in therapy for lots of reasons.

Working to hire male clinician, if possible
Working with dean of men, and other offices, to enhance referrals, and tailor "marketing" messages
Working with student organizations
Although males do frequent the center, many wait until their situation is mandated or causing them big problems before they will ask for help.

Females - Steps Taken (LA460)

Although our percentage of female clients to male is significant, we do want to targeting females to increase the overall usage of our center by the student body. We offer women's groups, stress reduction workshops, and topical programming designed for college females.
Awareness campaigns regarding counseling; Speaking in classes Use of Active Minds – peers. We consider all of our population to be under-served based on the class/SES "culture" rather than ethnicity. * haven Project runs out of the Counseling Center - focus on Violence against women but serves all genders
Freshmen seminar and orientation week
Hired two female clinicians and introduced a Victim Intervention Program, patterned after Mary's unit at University of Kentucky. Could not be happier with the early results.
Need staff

Transgender - Steps Taken (LA464)

Actual number is 1 and % of student body is unknown but likely less than 1%. We attend GLBT group meetings and meet with students about educational materials we produce on GLBT topics.
Awareness campaigns regarding counseling. Speaking in classes Use of Active Minds – peers; We consider all of our population to be under-served based on the class/SES "culture" rather than ethnicity. *Offer group: Not Just Straight - specifically advertised for all genders/gendered concerns
connecting with GLTBQIA group
connection with relevant student organizations
Developing Trans Care Team with Colleagues in Health Services, Q Center, etc.
Director is the faculty advisor for OUTsource resource center and the UK GSA [gay-straight alliance], and serves on UK's LGBTQ Task Force
Director of Counseling Services serves as the Adviser of the student organization that focuses on LGBT issues relevant to health care professionals in training. All counseling staff are trained as Sooner Allies and symbols of advocacy and support are openly displayed in the counseling offices and waiting area.
Extensive collaboration with the office of Lesbian, Gay, Bisexual, Transgender Life. See above for additional details.
Extensive outreach to population, focus groups with population to identify issues
GLBT clients as a group comprised 4.7% of our total number of clients; cannot separate out by the specific categories
Have changed our forms to be more welcoming and working with LGTBQIA office to be more aware of welcoming. A couple of us who have had transgender clients are sharing information and working to become more informed both for referral resources and our own therapy work.
Have provided counseling and support for transgender group.
Hired transgender staff, network with GLBT professionals on and off campus, have liaison with GLBT director and student staff, cosponsor transgender conference

Last year 3 students identified as Transgendered and 13.7% as LGBT. We have offered an ongoing "Inside Out" group for a few years that a previous intern developed
LGBTQI social hour, movement towards creating Safe Zone w/ requisite training is in the early stages. It is 1979 in many ways here in/around Victoria Texas
Liaison relationship with GLBT cultural center
Liaison with GLBT have a staff member who specializes in this area
Many of their needs are met in dedicated services offices for GLBTQIA issues.
Offering counseling groups
One to one we talk to GLBTQ students and see them in therapy, however, what we hear is that the 'campus environment' isn't embracing. This overall impression, I think, has prevented students from developing groups specific to some of their concerns but they will tell other students abt. individual work w/n the Center. I think we have far more GLBTQ students then is known.
Ongoing visibility at PRIDE events and other community activities. Involvement by many staff in Safe Zone program.
Outreach programming at target audience
Outreach to cultural center.
Outreach to LGBTQ organizations
Professional development and collaboration with the LGBTQ services office.
Staff in CS led GLBTQ advocacy group on campus; involvement with Gender Equity Center and Student Alliance on campus
Support groups for Transgender students
The center recently started participating in the safe zone program
The university does not keep data on transgender students. I would guess that there are many more transgender students on our campus then the 1% that have asked for assistance. We are in a rural area, and prejudice is still very apparent. Fear might be the biggest reason these students are not seeking help. New student groups on campus are assisting us in changing the culture on campus.
There is only one transgendered individual on campus. I reached out to him during orientation but he was not interested in services. It is hard to design outreach for such a small population on a small campus.
Unknown
We do outreach and training to the staff and students in the LGBT Center. We provide suicide prevention training to the staff and students there.
We have a transgender support/therapy group.
We have a transgendered master level intern this year and he is running a weekly group
We have reached out/attended events at the GSA/GLBT alliance to get to know students, offer info about our services.
We have recently started a "Supporting Transgender Students" committee in our Student Development Division and are making concerted efforts to make sure that our policies and procedures properly support and address transgender issues.
We offer a Gender Identity Support Group through our office.

We work on our own multicultural competence through monthly staff development meetings and semimonthly 2-hour meetings on multicultural competence. We have worked to have a diverse staff that represents all of our student body. We strive to advocate for underrepresented students on campus and "show up" at their events. We partner with groups on campus that will provide referrals of underrepresented students. We offer group resources relevant to these students.
Working with human resources and campus LGBTQ group to assess needs and change campus policies
working with LGBTQ student services office
Actual number is 1 and % of student body is unknown but likely less than 1%. We attend GLBT group meetings and meet with students about educational materials we produce on GLBT topics.
Awareness campaigns regarding counseling; Speaking in classes Use of Active Minds – peers; We consider all of our population to be under-served based on the class/SES "culture" rather than ethnicity. *Offer group: Not Just Straight - specifically advertised for all genders/gendered concerns

Gay - Steps Taken (LA468)
Active support of LGBT organization
All staff have received Safe Zone Training; have a bi-weekly LGBTQ Group which is open to students, faculty & staff
As a Catholic institution, we struggle with this. We believe our numbers of GLBT clients are actually higher than above based on our own recollections and suspect that students are leery of indicating this status on our forms. About 90 % of our clients identify as heterosexual which would leave about 10 per cent for "other" which is a bit more consistent with our experience.
Attending student organization meetings when invited; offering groups, planning topical seminars, workshops to address sexual orientation, sexuality, myths and stereotypes etc.
Began a Safe Zone program
By being active in student organizations specific to African American students, orientation, presentations in the residence halls.
CAPS offers a "Coming Out 101" program for students, typically in partnership with the LGBT student group, Alliance. Specific percentages are not available, but we have an on-going relationship with the organization.
Center staff member will be working with the LGBTQ student organizations.
Change the campus climate
Collaboration with LGBTQ office on campus including participation in programming and co-leadership of LGBTQ support group
Connection with relevant student organizations
Continuing to be involved with the gay/straight alliance and making sure that our programming includes gender sensitive language.
Developed LGBT Group and will be outreaching more and doing student focus groups next semester. We are unable to provide percentages for our campus because this data is not available at present.
Director is the faculty advisor for OUTsource resource center and the UK GSA [gay-straight alliance, and serves on UK's LGBTQ Task Force
Director of Counseling Services serves as the Adviser of the student organization that focuses on LGBT issues relevant to health care professionals in training. All counseling staff are trained as Sooner Allies and symbols of advocacy and support are openly displayed in the counseling offices and waiting area.

Extensive collaboration with the office of Lesbian, Gay, Bisexual, Transgender Life. See above for additional details.
Extensive outreach to population, focus groups with population to identify issues because at risk
Facilitate trainings on Safe Zone, partner with GSA organization to do joint programming.
Frequent outreach programming and collaboration with campus group for sexual minorities.
GLBTQ group; advertising to reflect diversity
Have created the SAFE SPACE program on campus and offer it many times per year. Liaison with the LGBTQ group on campus. Offer a therapy group in house.
Have offered programs to LGBTQ group on campus, including Safe Space training
Have ran and offered support group to GLBTQ students
Increased outreach and being a safe zone
LGBT group
LGBT group; participation in LGBT month seminars
LGBT process group, attend LGBT events, attend Ally Training, connections with LGBT Resource Center
Liaison relationship with GLBT cultural center
Liaison with GLBT center
Many of their needs are met in dedicated services offices for GLBTQA issues.
Members of Allies, support Safe Zone training
Met with GBLTQ advisor
Network with GLBT center staff and students, cosponsor event, liaison to office
New support group planned
Offering counseling groups
Outreach through Queer Alliance, other GLBT groups
Outreach to cultural center.
Outreach to student groups
Outreach to student groups; outreach to all incoming students
Outreach to student organizations and partnership with student organizations especially around providing Save Zone training for faculty and staff
Outreach to target audience
Possibly under served and underrepresented Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Same as above
Same as above.
See above.
See above. We only have aggregate stats for LGBT combined--13.7%. We have offered for a few year a group developed by our intern to provide support to students who are questioning or coming out or dealing with other LGBT issues. We also try to stay connected to the PRIDE student group on campus. In addition, we have developed a new brochure specifically for GLBT students thanks to a SAMHSA grant on suicide prevention.
Speakers. presentations, attendance at events
Sponsor outreach programs directed at this population; Almost all staff have been through Allies training;
Strengthen relationship with a gay, straight alliance group on campus.
Support group

Support groups
This is not a demographic that the University is collecting. Our campus is known for its work in this area. In the past the Director has been given the Lavender Award for outstanding support to the LGTBQIA community through her own work and the support of the Center for these students' success on this campus. We have a steady flow of Gay clients and interact regularly with the LGTBQIA office.
This total reflects the total % for all of our LGBTQ clients.
Training and outreach to staff and students in LGBT Center.
We are a small Catholic private institution. The fear of judgment is still present on campus. New student groups are working to change the culture on campus. More support from faculty and staff will go a long way to make this change.
We do not ask demographic questions about sexuality. We see a high percent of the gay students on campus.
We have a therapy/support group for gay students. Work with LBGT Office on Campus
We have identified this as an at-risk population based on national reports. We are planning to increase our outreach to this group.

Lesbian - Steps Taken (LA472)
Active support of LGBT organization
As stated above, we a small Catholic university. The fear of judgment is present even when we try to make it obvious that all are welcome in the center.
Began a Safe Zone program
By being active in student organizations specific to African American students, orientation, presentations in the residence halls.
Center staff will be working with the LGBTQ student organization
Change campus climate
Collaboration with LGBTQ office on campus including participation in programming and co-leadership of LGBQ support group
Connection with relevant student organizations
Continuing to be involved with the gay/straight alliance and making sure that our programming includes gender sensitive language.
director is the faculty advisor for OUTsource resource center and the UK GSA [gay-straight alliance, and serves on UK's LGBTQ Task Force
Director of Counseling Services serves as the Adviser of the student organization that focuses on LGBT issues relevant to health care professionals in training. All counseling staff are trained as Sooner Allies and symbols of advocacy and support are openly displayed in the counseling offices and waiting area.
Extensive collaboration with the office of Lesbian, Gay, Bisexual, Transgender Life. See above for additional details.
Extensive outreach to population, focus groups with population to identify issues because at risk
Facilitate trainings on Safe Zone, partner with GSA organization to do joint programming.
Frequent outreach programming and collaboration with campus group for sexual minorities.
GLBTQ group; advertising to reflect diversity
Have offered programs to LGBTQ group on campus, including Safe Space training
Have support group and work with LBGT Center on Campus.

Increased outreach and being safe zone
LGBT group
LGBT process group, attend LGBT events, attend Ally Training, connections with LGBT Resource Center
Liaison relationship with GLBT cultural center
Many of their needs are met in dedicated services offices for GLBTQIA issues.
Met with GLBTQ advisor. All staff took GLBTQ training session.
Network with GLBT center, publish in professional journals, network with professionals on and off campus
New support group planned
Offering counseling groups
Outreach through Queer Alliance, other GLBT groups
Outreach to cultural center.
Outreach to student groups
Outreach to student groups; outreach to all incoming students
Outreach to student organizations and partnership with student organizations especially around providing Save Zone training for faculty and staff
Possibly under served and underrepresented Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Same as above
Same as above
Same as above (offering groups, topical seminars, attending student organization meetings etc.)
Same as above for Gay.
See above
See above
See Above
See above response
See above.
Speakers. Presentations, attendance at events
Training and outreach to LGBT Center.
We have made contact with student organizations that support GLBTQ students on campus and have attended several safe spaces training to better train our staff and make ourselves available to GLBTQ students in need.
We work on our own multicultural competence through monthly staff development meetings and semimonthly 2-hour meetings on multicultural competence. We have worked to have a diverse staff that represents all of our student body. We strive to advocate for underrepresented students on campus and "show up" at their events. We partner with groups on campus that will provide referrals of underrepresented students. We offer group resources relevant to these students.
Working closely with Gender Equity Center; support of Gay Alliance and programs on campus; pamphlets posters, etc. lesbian/gay reflective and friendly
Working with LGBT student services
Working with the faculty sponsor for this group

Bisexual - Steps Taken (LA42876)
Active support of LGBT organization
Began a Safe Zone program
By being active in student organizations specific to African American students, orientation, presentations in the residence halls.
Collaboration with LGBTQ office on campus including participation in programming and co-leadership of LGBQ support group
Connection with relevant student organizations
Director is the faculty advisor for OUTsource resource center and the UK GSA [gay-straight alliance, and serves on UK's LGBTQ Task Force
Director of Counseling Services serves as the Adviser of the student organization that focuses on LGBT issues relevant to health care professionals in training. All counseling staff are trained as Sooner Allies and symbols of advocacy and support are openly displayed in the counseling offices and waiting area.
Extensive collaboration with the office of Lesbian, Gay, Bisexual, Transgender Life. See above for additional details.
GLBTQ group; advertising to reflect diversity
Have offered programs to LGBTQ group on campus, including Safe Space training
Have ran and offered support group to GLBTQ students
LGBT group
LGBT process group, attend LGBT events, attend Ally Training, connections with LGBT Resource Center
Liaison with GLBT cultural center
Many of the students I consider 'bi' do not consider themselves 'bi.' I am told they simply see bisexuality as experimenting during their college years.
Many of their needs are met in dedicated services offices for GLBTQIA issues.
New support group planned
Offering counseling groups
Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Outreach to student groups
Outreach to student groups; outreach to all incoming students
Outreach to student organizations and partnership with student organizations especially around providing Save Zone training for faculty and staff
Reaching out to our LGBTQA new coordinator. Two years ago we offered a Sexual Identity Group that was fairly popular. We were asked by the then-head of our LGBTQA group to offer a Transgendered Group in the Spring Semester; we did and it failed miserably.
Same as above
Same as above
Same as above.
See above
See above
See above responses
Speakers. presentations, attendance at events
Strengthen relationship with gay, straight alliance group.

support groups
Training and outreach to LGBT Center.
We have made contact with student organizations that support GLBTQ students on campus and have attended several safe spaces training to better train our staff and make ourselves available to GLBTQ students in need.
We work on our own multicultural competence through monthly staff development meetings and semimonthly 2-hour meetings on multicultural competence. We have worked to have a diverse staff that represents all of our student body. We strive to advocate for underrepresented students on campus and "show up" at their events. We partner with groups on campus that will provide referrals of underrepresented students. We offer group resources relevant to these students.
Active support of LGBT organization
Began a Safe Zone program
By being active in student organizations specific to African American students, orientation, presentations in the residence halls.

Heterosexual - Steps Taken (LA480)
Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
Outreach to heterosexual students is consistently included in efforts outlined for underserved student populations.
Percentage is based on those students who answered the question only.
We don't break down sexual orientation by gender, but total LGBT is 19%. School percentage is 10%. 4% of our students do not wish to identify

Diagnosed Disability - Steps Taken (LA484)
Class presentations
Collaboration with disability services office.
Connecting with Disability Resource Center and academic support partners
Connection with relevant student organizations and Disability Support Services department
Consultation with Disability Services Office
Currently working with Disability Services on programs/workshops for our students with disabilities.
Disabilities are often handled within the area of academic support. Many students feel that that is the place for getting assistance. Our office of Academic Support does a great job of collaborating with the counseling center so that all students' needs are addressed.
Disability Services reports to the Director and meets weekly in a combined meeting of Health, Testing, and Counseling and Disability staff. Needs are exchanged and referrals flow easily, especially to the ADHD Assessment program in the Counseling Service. We are active on the Disabilities Advisory Committee to the V-C for Student Affairs and our Associate Director is active in psychology of disabilities in APA at the national level.
Have not had an opportunity to reach out to these students, yet. Resources (staff is limited)
Have support group that is led by a trained staff member for this population.
Offer "Find Your Focus" Group for ADHD students
Offer a support group through Student Support Services & have a good response--usually 30-40 students attend bi-weekly
Specific percentages are not available.
Strong liaison relationships with Disability Services Office

Targeted therapy group
Two-way referrals to the Disability Resource Center [DRC]; developing referrals for assessment
We are getting a center for testing and disabilities built. We are also hiring staff to serve this populations needs. Outreach through emails, posters and brochures, classroom workshops that are educationally focused.
We continue to offer a group for Students with Disabilities. It seems fairly well-attended, though it is a drop-in group.

International Students - Steps Taken (LA488)
Added additional liaison to a new international student program recruiting students to the University. Participate in all orientation trainings for new students. Enhanced explanation of services provided for student fees and those requiring health insurance.
An intern position has been identified to serve as liaison to international students
Attend International Student Orientations, partner with International Student and Faculty Office
Close relationship with International Studies Office
Co-facilitate an informal coffee hour monthly for international students
Collaborating with the International Studies Office
Conduct orientation sessions with international office,
Connecting with International Education, provide orientation session during new student orientation for all incoming International Students
Connection with relevant student organizations and offices within International Students and Scholars department;
Country of Origin shows 10.4%. We have office hours in International Education office, network on and off campus, sponsor International Coffee Hour each year, have international staff member.
Extensive collaboration with Office of Multicultural Programs and Services (student support office charged with reaching out to underserved student populations), the Office of International Students & Scholars Services, and English as a Second Language Programs, which has resulted in targeted programming, including workshops on mental health, brief psychoeducational/informational sessions at student group events, and development of educational materials for website. In addition, underserved students are being actively engaged in the process of stigma reduction efforts at the Counseling Center. Finally, a university-wide, pilot needs assessment was conducted out of the Counseling Center last year, and the recommendations from this needs assessment are being used to engage students from historically underserved populations.
Have a Center based outreach group that does programming for this population.
Have increased outreach
Have reached out to the director of International Students to share information on how to make a referral and educate staff of the services provided. Have encouraged staff to include counseling services as a part of their student orientation.
I would generally consider this an underserved population; however, given the demographics of our university, I don't think I can technically consider this an underserved population at our center specifically. We regularly provide outreaches geared toward underserved groups, coordinate with our international office, and attend/provide workshops related to diversity.
Informal liaisons with International Student Center
International Awareness Events
International student support group, collaboration with International Student Services.

Liaison with international student services office. Specialized brochure developed to outreach to international students.
Liaison with Office of International Affairs, to facilitate international students' orientation to the U.S.; support groups for international students
Many of our international students are males from Saudi Arabia, do not speak English particularly well and do not respond positively towards counseling or females. We have attended several orientation groups and have unsuccessfully tried to collaborate with the coordinator of international students.
Offered an international student support group
Offered welcome program to all new International Students and Stress Management group for International Students.
Offering counseling groups
Offering Let's Talk, increased liaison work, increasing multicultural competency training for staff, and behavioral health services on the medical floors.
Outreach to ISS
Outreach and consultation
Outreach programming and destigmatization
Outreach to international students
Outreach to Office of International Students. Developing general information - adjust to college life type groups and not calling them 'counseling' or 'therapy' or even 'support' groups to try to engage the students who need support.
Outreach to student groups, working with international student office
Outreach to the International Student Office
Outreach with and through the Office of International Education
Outreach with international student groups
Participate in the International student orientations during the year. Attend special events with tabling for international students. Liaison for referrals with ISAO staff is very good.
Provide more educational and informational groups about services offered by the counseling department
Provide outreach presentations and participate as guest speakers at events hosted by the International Student Association. We have also attended various events hosted by the International Student Association. Director of Student Counseling also participates in the COUSINS program that facilitates connection of international students with domestic students in an effort to assist international students with adjustment to host culture.
Provide outreach, attend campus functions, establish and maintain partnerships and liaison relationships with key and agencies on campus that serve international students. Student Affairs established a task force on international students and Counseling Center staff are members of this group.
Recent spike in international student population -- exploring a response
Same as above
See above
See Int'l Center networking and relationship building, and mentioning services and information in languages other than English as possible.
See previous answer
Speakers. presentations, attendance at events
Targeted Outreach to Relevant Student Groups and University Constituencies
Targeted outreach. Group offerings specific to this population.

Targeted programming to these students as well as collaboration with International Office.
There are such a small number of international students on campus it is hard to be sure that our resources are on their radar.
This has always been a difficult population for us to reach. We speak at their orientation program and periodically reach out to the International office to help with workshops and programs
Training and outreach to the Center for International Studies. We offer suicide prevention to all student groups, including international student groups. We also do outreach for specific groups with stressors specific to their culture/country (i.e. Ivory Coast civil war, Hmong who experienced suicide of a peer, etc.)
We are getting a center for testing and disabilities built. We are also hiring staff to serve this populations needs.
we are involved with orientation and efforts have been made to start a support group
We are reaching out to the advisor for international students on campus.
We are working very closely with the International Center on Campus
We collaborate with OIE during orientation day
We participate in our college's international students' orientation each semester and speak about culture shock, adjustment issues, etc- as well as try to destigmatize help seeking.
We work on our own multicultural competence through monthly staff development meetings and semimonthly 2-hour meetings on multicultural competence. We have worked to have a diverse staff that represents all of our student body. We strive to advocate for underrepresented students on campus and "show up" at their events. We partner with groups on campus that will provide referrals of underrepresented students. We offer group resources relevant to these students.
Work with International office to provide psychoeducation, awareness building, decreasing mental illness stigma, and developing workshops that emphasize maintaining good psychological health for academic success.
Working w/ the International Office, faculty members more involved w/ them.
working with Center for International Programs for referrals
Writer is meeting with the ESL coordinator to see if we can identify students in need of services as early as possible. Some of our International students have significant language barriers, making talk therapy difficult, or they come from cultures where therapy carries a deep stigma.
Added additional liaison to a new international student program recruiting students to the University. Participate in all orientation trainings for new students. Enhanced explanation of services provided for student fees and those requiring health insurance.
An intern position has been identified to serve as liaison to international students
Attend International Student Orientations, partner with International Student and Faculty Office
Close relationship with International Studies Office

Student Athletes - Steps Taken (LA492)

Attempting to work with athletics to build relationships and trust
Attempting with little success to gain access to teams and coaches to provide outreach programs.
Attending coaches meetings, working with Director of Athletics to grow relationships between offices, providing consultation to coaches, serving as a Student Development liaison to wrestling team.
Awareness campaigns regarding counseling Speaking in classes Use of ActiveMinds - peers We consider all of our population to be under-served based on the class/SES "culture" rather than ethnicity.

Collaborate with Athletic Department to develop mental health programming directed toward the student-athlete.
Collaboration with athletic director and coaches
Connections with Athletics
Developing closer working relationship with NCAA athletic teams/trainers/academic advisors.
Do some workshops for Athletic Department
Established liaison with athletics department.
Extensive outreach to population, focus groups with population to identify issues because at risk
Formal collaborative relationship with Athletics and Recreation. Outreach targeted based upon need and request.
Have offered groups for injured athletes, red shirt first years, provided seminars and ease of access to services
Just starting to separate out this information for the 2012-2013 school year
Liaison, workshops, needs assessment
Making presentations to students who are athletes.
Outreach presentations to entire athletic department. Inclusion of more recreational activities by the University for all students
Outreach to athletics
Outreach to athletics, coaches.
Outreach to student athletes; outreach to all incoming students
Presentations to athletes and coaches
Provide more educational and informational groups about services offered by the counseling department
Relationship with Coaches and Athletic Director to establish good lines of communication so students are often referred by or even escorted by coaches when in crisis.
Same as above
The Department of Athletics brings in its own sports psychologist. We still consult with certain coaches, but they have decided to rely on outside help, even funding therapy for their students on occasion.
We are working to build collaboration with newly hired athletic director through assistance with AOD programming, presentations to athletes regarding sexual assault and AOD topics, as well as explaining services to both athletes and coaches. Athletics just became a part of the Student Services division a few months ago and we are hopeful for a continued positive and collaborative relationship with the department.
We have a separate counseling entity under the Athletics Department to see student athletes. We see some at CAPS, but not the majority of them
We have a Sports Psychologist placed within Athletics who serves this population exclusively.
We have a very small sports program on campus.
We offer sports psychology consultations for individual athletes and teams.

We provide workshops with first year athletes in adjustment to university and stress management issues.
Work with the Athletic Department closely; offer groups on-site to student athletes
working with coaches

Greek Affiliated - Steps Taken (LA496)
Conducted targeted marketing of workshops to Greek organizations.
Did not collect data.
Formal collaborative relationship with the Office of Sorority and Fraternity Life. Outreach conducted based upon need and request.
Many students are a part of Greek life. The counseling center is planning on making some changes and reach out to these students and offer more relevant groups for their specific needs.
More programming and awareness activities for Greek organizations
We do a fair amount of outreach with chapters and help them prepare for psychological issues that can arise during recruitment.
We do not collect data on this.
We do not have a Greek system on campus.
We do not have fraternities and sororities here at Nazareth College.
We have no Greek organization.
Conducted targeted marketing of workshops to Greek organizations.

Policies and Procedures

Triage systems (MR515)		Count
A telephone triage system	Yes	62
A computerized assessment/intake system	Yes	72
A specialized team of triage/intake counselors	Yes	30
All counselors conduct full intake assessments	Yes	247
No Pre-assessment (Direct assignment of client to ongoing therapist for therapy)	Yes	93

Does your center generate a DSM-IVTR diagnosis (MR516)	Count	%
Yes, on most clients	169	42.3%
Yes, on about half of clients	18	4.5%
Yes, but on less than half of clients	47	11.8%
Never, or very rarely (an exception might be for trainees)	141	35.3%

Transportation methods (MR517)		Count	%
Transports: Campus police	Yes	246	61.5%
Transports: Psychiatric staff	Yes	3	.8%
Transports: Counseling Center staff	Yes	42	10.5%
Transports: Other campus administrative personnel (e.g., Resident Hall Director)	Yes	41	10.3%
Transports :Family members	Yes	116	29.0%
Transports: Friends (roommate, classmate, etc.)	Yes	118	29.5%
Transports: Local EMS	Yes	205	51.3%

(MR518-MR521)		Count
Based on your experience has there been an increase in the past year in the number of students coming for counseling that are already taking psychiatric medications?	Yes	207
	No	127
Does your Counseling Center accept referrals for mandatory counseling?	Yes	95
	No	70
	Yes, but only for initial assessment from specific sources, and not on-going counseling.	213
Do you believe that the number of students with severe psychological problems on your campus has increased in the past year?	Yes	250
	No	105
Is the number of students with significant psychological problems a growing concern in your center or on campus?	Yes	347
	No	16

Staffing and service changes (MR522)		Count	%
Increased counseling staff	Yes	136	34.0%
Added a Case Manager(s)	Yes	52	13.0%
Added trainees providing clinical services	Yes	64	16.0%
Increased training for staff in working with difficult cases (in-service or external workshops)	Yes	128	32.0%
Increased training for staff in time-limited therapy to help manage caseloads better	Yes	89	22.3%
Implemented a triage model or modified model if already present	Yes	105	26.3%
Increased psychiatric consulting hours	Yes	67	16.8%
Increased part-time counselors during busy time of year	Yes	111	27.8%
Trained faculty and others on campus to help them make more appropriate and timely referrals	Yes	221	55.3%
Served on a Student Assistance Committee that includes varied campus personnel	Yes	192	48.0%
Offered psycho-educational assistance on a center webpage	Yes	131	32.8%
Provided psychologically oriented columns for the student newspaper	Yes	43	10.8%
Expanded external referral network	Yes	172	43.0%
Increased utilization of group counseling	Yes	149	37.3%
Increased utilization of adjunctive therapies (Stress and Wellness Clinics, Mindfulness classes, Biofeedback)	Yes	109	27.3%
None	Yes	3	.8%
Other (Specify Below)	Yes	18	4.5%

Managing high risk students(D523-D529)		Count	%
When you hospitalize a student for psychological reasons, do you believe it is legally permissible to notify: a. The schools Chief Student Affairs Officer (or other appropriate administrator)	Yes	113	28.3%
	No	256	64.0%
When you hospitalize a student for psychological reasons, do you believe it is legally permissible to notify parents or other significant relative(s) without client consent?	Yes	140	35.0%
	No	226	56.5%
Who notifies parents	We do the notification no matter what the hospital does	28	7.0%
	Only the hospital or clinic does the notification	30	7.5%
	Chief Student Affairs Officer or related office	31	7.8%
	Dean of Students (If not Chief Student Affairs Officer)	61	15.3%
	Residence Life	14	3.5%
	Other (Specify Below)	15	3.8%
Who else notifies parents	Case by Case, sometimes parents are not contacted	1	.2%
	Case Manager	1	.2%
	Dean on Duty or Res Life Staff or Counseling Center staff. whoever is responsible for transporting	1	.2%

	Depends on the circumstances, we prefer that another professional do this, but in some cases we do it.	1	.2%
	depends on the situation and the age of the student	1	.2%
	Depends who is providing service to the student during the crisis. Could be counseling. Could be residence life.	1	.2%
	Either we do or Dean of Students or Residence Life, depending upon the situation	1	.2%
	I don't know that we have ever actually done this without consent. Usually, they will provide us with another person who can assist.	1	.2%
	It depends	1	.2%
	It depends. All of the above are options.	1	.2%
	may be us, the hospital or the DOS	1	.2%
	On a case by case basis, we ensure the notification of parents, etc., when clinically beneficial and when it has not been done by some other relevant entity.	1	.2%
	Residence Life staff if a Resident Student and Dean of Students if not a residential student	1	.2%
	Sometimes us and sometimes the hospital	1	.2%
	This depends, and is decided on a case by case basis.	1	.2%
	Varies by case	1	.2%
	We do not do such notifications as policy but significant others will be notified in certain situations, if determined to be in student's best interest.	1	.2%
	We notify unless we believe it would be damaging to the student	1	.2%
	Generally Yes	282	67.6%
When a student is a suicidal risk but appropriate for treatment in your center (as opposed to hospitalization or referral to an outside agency) would you seek the students permission to inform family members or others who might be in a position to provide	Generally No	69	16.5%
	Other (Specify Below)	27	6.5%
	Not very successful	3	.7%
If yes, how successful have you or your staff been in obtaining clients permission?	Successful some of the time	119	28.5%
	Successful most of the time	197	47.2%
	Yes	292	70.0%
In cases where clients are not of legal age in your State (i.e., do not have rights of privilege) and are a suicidal risk (but not appropriate for hospitalization) and will not give you permission to notify family (in your state) is it legally permissible	No	47	11.3%
	Yes, in all cases	65	15.6%
In such cases would you notify parents?	Generally yes, unless in my judgment this would be harmful to the client	219	52.5%
	Generally no, except in very unusual circumstances	58	13.9%

(MR530-MR535)		Count	%
Does your center have written guidelines for notifying parents in high risk situations?	Yes	121	29.0%
	No	239	57.3%
Does your center have a written scope of practice? (Documents that defines the clients issues, procedures, actions, and processes that are within the range for service provision provided by a center.)	Yes	226	54.2%
	No	146	35.0%
Does your center have a policy that prohibits the prescription of ADHD/Stimulant medication?	Yes	54	12.9%
	No	292	70.0%
Does your school have a case manager position?	Yes	86	20.6%
	No	293	70.3%
If yes, is it located in the counseling center?	Yes	47	11.3%
	No	56	13.4%
If not counseling center where located? Dean of Students	Yes	31	7.4%
If not counseling center where located? Student Life or Student Affairs	Yes	13	3.1%
If not counseling center where located? Chief Student Affairs/Life Officer for the College or University (If not Dean of Students)	Yes	2	.5%
If not counseling center where located? Judicial Affairs	Yes	2	.5%
If not counseling center where located? Student Health	Yes	7	1.7%
If not counseling center where located? Other (Specify Below)	Yes	4	1.0%

(MR536-MR537)		Count	%
Are you and the person you report to in agreement on how high risk cases should be handled?	(1) Not very often	1	.2%
	(2)	5	1.2%
	(3) Some of the time	24	5.8%
	(4)	74	17.7%
	(5) Most of the time	274	65.7%
	N/A	2	.5%
Does the administration at your institution understand counseling center issues?	(1) Not very often	5	1.2%
	(2)	12	2.9%
	(3) Some of the time	62	14.9%
	(4)	112	26.9%
	(5) Most of the time	189	45.3%
	N/A	0	.0%

Services that exist on your campus

Services that exist on your campus (MR538)		Count	%
Mental Health Screening Days	Yes	332	85.1%
Targeted education programs for faculty, coaches, clergy, and student/resident advisors	Yes	320	82.1%
Broad based, campus wide, public education	Yes	310	79.5%
Educational programs and materials for parents and families	Yes	304	77.9%
On-site counseling center adequately staffed and trained.	Yes	303	77.7%
On-site medical services	Yes	292	74.9%
Stress reduction programs	Yes	289	74.1%
Non-clinical student support network	Yes	263	67.4%
Off-campus referral network	Yes	252	64.6%
Emergency services	Yes	241	61.8%
Postvention programs	Yes	237	60.8%
Medical leave policies	Yes	228	58.5%
On-line screenings	Yes	163	41.8%
Ulifeline	Yes	133	34.1%
University/Divisional Student Concern Committee	Yes	128	32.8%

Outcome assessment methods (MR539-MR540)		Count	%
General student evaluation forms	Yes	334	80.1%
Pre and Post testing	Yes	141	33.8%
Post therapy assessment of goal attainment	Yes	75	18.0%
Other Outcomes Measured	Yes	34	8.2%
Does your Centers evaluation form include a question that asks students if counseling has helped with their academic performance?	Yes	306	73.4%
	No	68	16.3%

If yes, your Centers evaluation form includes a question that asks students if counseling has helped with their academic performance, what percentage responded positively? (NA541)

N	230
Mean	66.88
Median	70.00

Contact Methods (MR542)		Count	%
On-campus mail/US mail	Yes	57	13.7%
Local home telephone/Fax	Yes	116	27.8%
Cell Phone	Yes	266	63.8%
E-mail	Yes	226	54.2%
Appointment for on-going counseling arranged at the end of intake	Yes	279	66.9%

Clerical Methods (MR543)		Count	%
Scheduling	Yes	373	89.4%
Billing	Yes	55	13.2%
Maintaining client case notes	Yes	322	77.2%
Program to output clinician's caseloads and turnover	Yes	162	38.8%
Database on services/activities	Yes	267	64.0%
Electronic mail	Yes	347	83.2%
On-line services	Yes	203	48.7%
Other (Specify Below)	Yes	14	3.4%

Use of electronic records (MR544-MR545)		Count	%
Do you use electronic records and scheduling?	Yes, for scheduling only	48	12.0%
	Yes, for scheduling and recordkeeping	293	73.3%
	No	48	12.0%
If you use Electronic records and scheduling which do you use?	Titanium Schedule	237	59.3%
	Point and Click	31	7.8%
	PyraMED	5	1.3%
	Medicat	19	4.8%
	Outlook	16	4.0%
	Therascibe	1	.3%
	A custom application designed for our center	9	2.3
	Other (Specify Below)	21	5.3%

Outreach

Online services offered (MR546)		Count	%
Mental health screenings	Yes	229	57.3%
Self-help pamphlets to be downloaded	Yes	239	59.8%
Electronic support groups	Yes	1	.3%
On-line counseling	Yes	1	.3%
Chat rooms around specific themes for students	Yes	2	.5%
Other (Specify Below)	Yes	27	6.8%

Outreach Initiatives (MR560)		Count	%
We don't do outreach	Yes	5	1.3%
We do a few presentations	Yes	150	37.5%
We do a lot of presentations	Yes	226	56.5%
We consult with faculty and staff	Yes	362	90.5%
We see this area as advertising	Yes	107	26.8%
We are involved in AOD prevention	Yes	197	49.3%
We are involved in suicide prevention	Yes	302	75.5%
We are involved in sexual assault prevention	Yes	255	63.8%
We are involved in violence prevention	Yes	164	41.0%
We are involved in mental health stigma reduction efforts	Yes	257	64.3%
We utilize population level interventions.	Yes	114	28.5%
We utilize environmental management based interventions.	Yes	90	22.5%
I do these activities in conjunction with another office	Yes	184	46.0%
I do these activities in conjunction with a campus coalition	Yes	130	32.5%

Counseling Center webpage? (MR547)		Count	%
Do you have a Counseling Center Home Page?	Yes	377	94.3%
	No	12	3.0%

If yes, how many homepage hits did you have last year? (MR548)		Mean
School Size	Under 1,500	
	1,501 - 2,500	8524
	2,501 - 5,000	593
	5,001 - 7,500	2382
	7,501 - 10,000	14162
	10,001 - 15,000	18974

	15,001 - 20,000	498419
	20,001 - 25,000	46559
	25,001 - 30,000	151546
	30,001 - 35,000	45570
	35,001 and over	165859

Use of the Survey

How will you use survey information (MR549)		Count	%
For my own information	Yes	351	87.82%
Distribute to staff	Yes	220	55.0%
Share data at a staff meeting	Yes	285	71.3%
Share with others on campus	Yes	224	56.0%
Share data with my boss	Yes	355	88.8%
Quote data in professional writing	Yes	102	25.5%
Quote data for in-house or institutional reports	Yes	255	63.8%
Use directory to contact other directors	Yes	94	23.5%
Use data to support a request for new resources	Yes	250	62.5%
Follow-up with another director who shared information in the survey	Yes	42	10.5%
Generate a new program which was stimulated by ideas shared in the survey	Yes	116	29.0%
Other (Specify Below)	Yes	4	1.0%

Severity

Severity (MR554-MR555)		
	What percentage of your clients would be classified as <u>severe</u> in the severity of their presenting and/or treatment concern(s) (e.g., severe mood disorders, post-traumatic stress, substance dependence, psychotic disorders, etc.).	What percentage of your client would be classified as <u>mild</u> in the severity of their presenting and/or treatment concern(s) (e.g., adjustment disorder, V-code diagnoses, etc.)
n	210	206
Mean	20.8	39.8
Median	19.5	35.0

What percentage of your clients do you refer out to external providers for clinical services (D559)	
n	232
Mean	9.1
Median	5.0

		Count	%
Do you vary the preferred treatment modality based on client severity?(D556)	Yes	194	48.5%
	No	90	22.5%

SAMSHA-Outreach

	Count	%
A recent SAMSHA meeting encouraged a move into a common model for all prevention efforts based on the success of the environmental management and population level interventions in dealing with alcohol issues. Is your school using these models for prevention? (D562)	Yes	105 26.3%
	No	200 50.0%