Note: This form is intended to be used ONLY as a WORKSHEET. Survey responses must be submitted in Qualtrics using the link in your invitation email.

CCHN Institutional Profile Survey 6.0 AY 2022-2023

Connected College Health Network (CCHN)
Institutional Profile Survey (IPS) 6.0
2022-2023 Academic Year

The ACHA Institutional Profile Survey (IPS) will establish a baseline profile and annual changes for your institution, using data you provide on institution type, and budget, as well as staff and student numbers and other details and will form the foundation for the Connected College Health Network (CCHN.) **Completion of the IPS is required for participation in CCHN.**

The goal of the institutional profile is to gather a complete picture about the institutional resources that support student health and well-being at ACHA Member Institutions. Once the CCHN is operational you will be able to compare your institution to the averages of peers – you'll be able to benchmark your own institution against these averages, supporting you in your strategic decision-making.

> **It has been our goal to assist you in completing your annual IPS by providing you a side-by-side depiction of your prior year's responses as you complete the IPS for any given year. In this IPS 6.0 version, if an AY 2021-2022 IPS was submitted for your institution, we have provided a side-by-side comparison for all numeric data (e.g. visits, budget, FTE). We pre-populated data from your AY 2021-2022 in the left-hand column and have provided a new (empty) column on the right for AY 2022-2023 data. If an AY 2021-2022 IPS was not submitted for your institution, the side-by-side comparison data for 2021-2022 will be blank.**
>
> **In addition, most multiple choice questions with single select options have been pre-selected for you based on your 2021-2022 responses. Please pay careful attention to the responses we pre-selected on your behalf to ensure the accuracy of the data as it pertains to AY 2022-2023. Multiple choice questions with a "select all that apply" option were NOT able to be pre-selected, so will need to be filled out for AY 2022-2023. New questions are also left blank and will require an answer to proceed through the rest of the survey.**

For your reference, a link to a copy of your 2021-2022 IPS as submitted was included in your survey invitation.

The IPS is organized in two sections.

Section A will gather information about services offered, number of visits, staffing, and budgets from all facilities/units/organizations whose primary mission is to provide medical, mental health, or health promotion services to students. We strongly encourage you to review Section A before completing it: click here. As you begin the survey, you'll have the opportunity to tell us how many different facilities/units/organizations your Section A responses represent at your institution. Once you take a look at the way Section A is organized, you'll be better able to determine how many and which units need to be included for your campus.

Include in Section A only facilities/units/organizations whose primary mission is to provide services to students. Please do not include any facilities/units/organizations whose primary mission is to provide services to faculty or staff or members of the community. Please also omit any facilities/units/organizations that may provide clinical care to students, but their primary mission is to train students in clinical program.

We ask that you aggregate the responses on behalf of all facilities/units/organizations you wish to include. If more than one facility/unit/organization will be contributing data in Section A, we encourage you to share the Section A Worksheet with the other contributing departments and assign one person on your campus to collect that information and compile an aggregate submission for your school. For Question #1, please select the third response option, indicating that you'll be submitting the data from your school in aggregate.

Section B of the profile collects campus-wide information about policies, services, student health insurance, and immunization requirements. Section B will be completed only once per institution. If you'd like to print a copy of Section B to review before completing it, click here.

NEW! Definitions and Clarifications
We have incorporated hover text throughout the survey which will define many terms and measures used. The hover text can be identified by words in blue font with a dotted underline. Simply hover your mouse over those words and a definition will appear in a pop-up box.

Privacy
Several items are marked **"OPEN"** throughout the Institutional Profile, and tend to be data elements that are already publicly known or available for your institution. ACHA individual and institutional members who complete an Institutional Profile will have access to the **"OPEN"** data elements identifiable by school. It is intended that access to this information will provide an important ACHA member benefit in allowing members to consult and network with one another based on their responses to these questions. For example, whether or not you offer a Student Health Insurance Program and the particular carrier if you do, is information that is generally available on your website. Likewise, the division or department that your facility/unit/organization reports to is also likely readily available on the campus website. Having this information in the CCHN and identifiable by institution may be useful for members who have questions about such programs.

Those items **not marked** **"OPEN,"** will be accessible to ACHA individual and institutional members, but without

naming the particular institution the data comes from. For example, who staffs your medical on-call services is not likely publicly available information, so while ACHA individual and institutional members who submit an Institutional Profile will be able to run reports that includes this information, they will not have access to these responses by institution. Those questions **not marked** "**OPEN**" will only be reported in aggregate and not tied specifically to your institution.

Please help us protect your data by ensuring that any open-ended comments beyond question 2 do not give away the identity of your institution. Avoid using the name of the institution or a unique department name that could identify the institution as you progress through the survey.

Consent
By clicking the 'Begin Institutional Profile' button below, you agree that:
- your IPS responses will be imported into the ACHA Connected College Health Network,
- data elements marked "**OPEN** will identify your institution and your responses will be accessible to other ACHA institutional members that complete an IPS, and
- you are authorized to submit IPS responses on behalf of your institution.

Institution: (INSERT INSTITUTION NAME)

Person completing this Institutional Profile:

○ Name: _____

○ Position: _____

○ E-mail address: _____

1. Which of the following best describes how the information requested in Section A of the Institutional Profile will be reported for (INSERT INSTITUTION NAME):

◯ Data submitted in this IPS Section A should be considered only a **PARTIAL** picture of the care and services available to students enrolled at (INSERT INSTITUTION NAME). This IPS Section A is **INCOMPLETE**, as there are facilities/units/organizations whose primary mission is to provide medical, mental health, or health promotion services to students that are <u>missing from this data submission</u>.

◯ Data submitted in this IPS Section A should be considered a **COMPLETE** picture of the care and services available to students enrolled at (INSERT INSTITUTION NAME), as all medical care, mental health/counseling, and health promotion services for students is provided by a **single facility/unit/organization** .

◯ Data submitted in this IPS Section A should be considered a **COMPLETE** picture of the care and services available to students enrolled at (INSERT INSTITUTION NAME), as it represents **an aggregate response from all facilities/units/organizations** whose primary mission is to provide medical care, mental health/counseling, and health promotion services to students.

Section A: Questions about your campus facilities/units/organizations providing medical care, mental health/counseling, and/or health promotion services for students.

Please note that all responses given in this Institutional Profile should pertain only to the **2022-2023 Academic Year** *and may be different than responses you'd give about current services and policies.*

2. Name of facility/unit/organization you are reporting on behalf of in this AY 2022-2023 Section A of the Institutional Profile for (INSERT INSTITUTION NAME): **(OPEN) If reporting on behalf of more than one facility/unit/organization, please create a descriptive name to describe the combined services.**

_____

_____

_____

_____

_____

Please help us protect your data by ensuring that any open-ended comments beyond this point in the survey do not give away the identity of your institution. Avoid using the name of the institution or a unique department name that could identify the institution as you progress through the survey.

2A) How would you describe the facilities/units/departments that make up the data submitted on behalf of (INSERT DEPARTMENT NAME)? Select all that apply

☐   Medical services

☐   Mental health and counseling services

☐   Health promotion services

☐   Something else (please describe):

_____

3. What type of services were available to students at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year? (Select all that apply.) (OPEN)

Note that specialty care services are provided by a provider with advanced, specialized and dedicated practice in the area. These providers should have completed a residency, fellowship, or other advanced certification in the area of practice.

Selections with dotted underlines include definitions - please hover your mouse over the selection to see the definitions.

*Unless otherwise noted next to the specialty service, skip to Question 3A. If you do **NOT** provide Primary Care (physician, NP or PA), skip to Question 4.*

☐ Primary care (physician, NP, or PA)

☐ Primary care (RN-only facility)

☐ Triage and referral (RN-only facility)

☐ Urgent medical care

☐ Gynecology/Women's Health → **go to question 3C**

☐ Primary Dedicated Men's Health Services → **go to question 3C**

☐ Sexual & Reproductive Health

☐ Sports Medicine → **go to question 3C**

☐ Orthopedics → **go to question 3C**

☐ Dermatology → **go to question 3C**

☐ Sexual assault forensic exams

☐ Sexual Violence and Other Gender-Based Harm Victim Advocacy

☐ Sexual Violence and Other Gender-Based Harm Counseling

☐ Sexual Violence and Other Gender-Based Harm Support Group

☐ Other Sexual Violence and Other Gender-Based Harm Services

☐ Allergy desensitization shots

☐ Allergy testing and evaluation → **go to question 3C**

☐ Immunizations

☐ Pharmacy

☐ Medication Dispensary

☐ Radiology (excluding point of care ultrasonography)

☐ Point of care ultrasonography (POCUS)

☐ Physical Therapy

☐ Athletic training

☐ Optometry

☐ Dental

☐ Travel Health → **go to question 3C**

☐ Meditation

☐ Nutrition

☐ Massage

☐ Chiropractic

☐ Acupuncture

☐ HIV PrEP

☐ Gender-Affirming Hormone Therapy (initiation and/or continuing)

☐ Family counseling

☐ Personal counseling

☐ Group therapy

☐ Couples counseling

☐ Psychological testing and/or assessment

☐ ADHD testing and/or assessment

☐ Learning disabilities testing and/or assessment

☐ Psychoeducational outreach

☐ Biofeedback

☐ Crisis Counseling

☐ Substance use assessment and counseling

☐ Psychiatry → **go to question 3C**

☐ Health Promotion/Wellness Programs

☐ 24- Hour Infirmary Care

☐ Other service not list (please specify):

_____

3C. You indicated that the following types of care were available at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year. For each of the rows below, please tell us about the background of the provider(s) delivering each type of care.

	Care is offered by a **specialty clinician WITH** board certification or other certificate of qualification in this area.	Care is offered by a clinician **WITHOUT** board certification or other certificate of qualification in this area.	Care is offered by **BOTH** specialty and non-specialty clinicians
Gynecology/Women's Health	○	○	○
Dedicated Men's Health	○	○	○
Sports Medicine	○	○	○
Orthopedics	○	○	○
Dermatology	○	○	○
Allergy testing and evaluation	○	○	○
Travel Health	○	○	○
Psychiatry	○	○	○

3A. What type of laboratory services did you provide at **(INSERT DEPARTMENT NAME)** **during the** 2022-2023 **Academic Year**? (Select all that apply.) (OPEN)

☐   On-site CLIA waived testing

☐   On-site laboratory performing non-waived testing (moderate or high complexity)

☐   On-site specimen collection and send out to reference lab

☐   Provider performed microscopy

☐   No laboratory services

3B. Did you have one or more non-prescribing behavioral health staff person(s) (e.g. social worker, psychologist) embedded within primary care services at (INSERT DEPARTMENT NAME) to support short-term behavioral health interventions for patients within the primary care setting during the 2022-2023 Academic Year?

This could include the behavioral health staff person, working alongside the primary care medical staff, performing any of the following duties within the primary care setting:

- Addressing behavioral health problems and biopsychosocially influenced health conditions
- Providing same-day access to students in distress either by direct scheduling or "warm-handoff" from a medical provider
- Offering short-term interventions, focused on problem solving and functional improvements, to students over the course of 2 to 3 sessions
- Consulting with members of the primary care team to support the biopsychosocial assessment and intervention of their patients

○ Yes

○ No, but we plan to implement this model in the near future
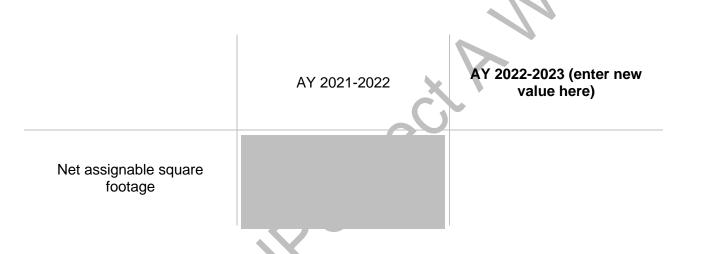
○ No, and we don't plan to implement this model in the near future

Any responses pre-populated for you were transferred from your IPS submission for Academic Year 2021-2022. Please review these pre-populated responses for accuracy in AY 2022-2023 and revise as necessary.

Numeric values are presented side by side with last year's (AY 2021-2022) responses on the left. Please complete the columns on the right with figures for AY 2022-2023. Any blank items (not pre-populated) need to be answered to proceed through the survey.

4. What was the total net assignable square footage at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year?

Please enter your response in whole numbers with no commas nor decimal points.
Enter -9 if you don't know the square footage.

	AY 2021-2022	**AY 2022-2023 (enter new value here)**
Net assignable square footage		

5. Did (INSERT DEPARTMENT NAME) provide clinical care (medical or mental health services) during the 2022-2023 **Academic Year?** (OPEN)

○ Yes

○ No → <mark>**Skip to Question 31D**</mark>

6. What was the number of medical exam or treatment rooms available for use at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year? (OPEN)
Please enter your response in whole numbers with no commas nor decimal points.
Enter -9 if you can't answer.

	AY 2021-2022	AY 2022-2023 (enter new value here)
Number of medical exam or treatment rooms		

6A. What was the number of medical exam or treatment rooms available for use during the 2022-2023 Academic Year at (INSERT DEPARTMENT NAME) that were designated as airborne infection isolation (negative pressure) rooms?

Please enter your response in whole numbers with no commas nor decimal points.
Enter -9 if you can't answer.

	AY 2021-2022	AY 2022-2023 (enter new value here)
Number of airborne infection isolation rooms		

7. What was the total number of counseling offices or rooms available for use at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year? (OPEN)

Please enter your response in whole numbers with no commas nor decimal points.
Enter -9 if you can't answer.

	AY 2021-2022	AY 2022-2023 (enter new values here)
Number of spaces for individual counseling		
Number of spaces for group counseling		

8. Was there a limit on individual counseling sessions a student could have at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year?

○ Yes, a fixed number → **continue to question 9**

○ Yes, but variation based on clinical situation. → **continue to question 9A**

○ No → **continue to question 10**

○ N/A, individual counseling sessions were not offered at this facility/unit/organization. → **continue to question 10**

9. What was the number limit of individual counseling sessions per academic year at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year?

Please enter your response in whole numbers with no commas nor decimal points.
Enter -9 if you can't answer.

	AY 2021-2022	**AY 2022-2023 (enter new values here)**
Limit of individual counseling sessions per AY		

If answer to Question 8 is "Yes, but variation based on clinical situation", answer Question 9A below.

9A. What was the limit on individual counseling sessions per student at **(INSERT DEPARTMENT NAME)** during the 2022-2023 Academic Year?

	AY 2021-2022	**AY 2022-2023 (enter new value here)**
Limit on individual counseling sessions per student		

10. Please indicate the number of unique patients with at least one clinical visit (in-person or telehealth) at (INSERT DEPARTMENT NAME) during the entire 2022-2023 Academic Year.
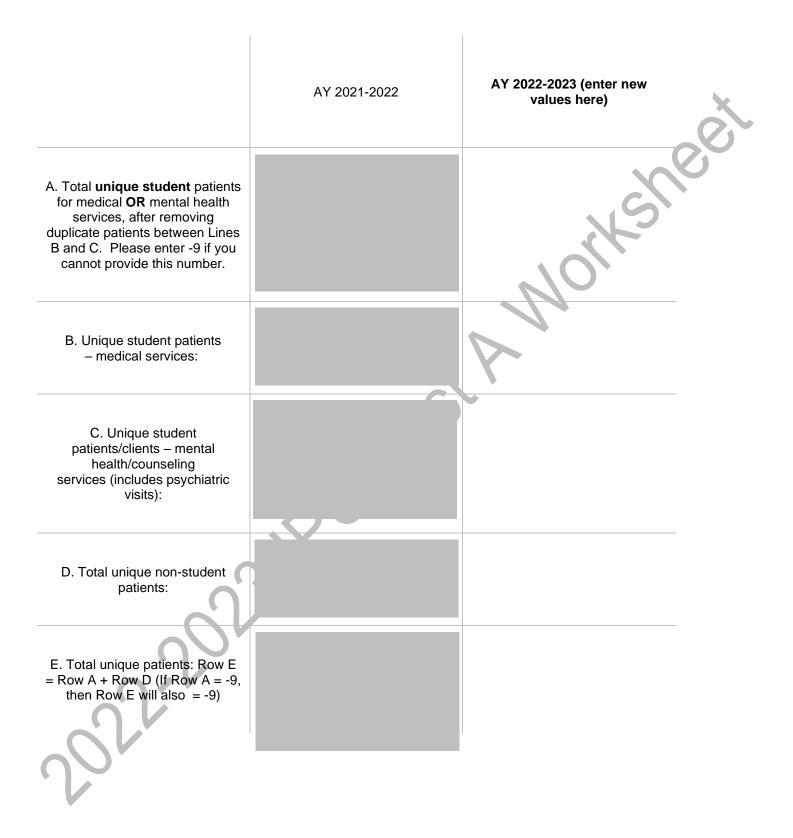
Notes: **Please enter whole numbers only, with no commas nor decimal points. Every row requires an entry. If you cannot provide an accurate response for any row, please enter -9, rather than guessing.**

As a point of reference, the Department of Education indicates that you had approximately XXXXXX students enrolled for the 2020-2021 Academic Year. *It's unlikely that your unique student patients will be greater than your total student enrollment.*

Please be sure that the following are true of your entries, as the survey tool does not automatically calculate the totals:

Row A < Row B + Row C (OR Row A = Row B + Row C) (It's unlikely that A= B + C, unless there was no overlap between medical and mental health <u>unique</u> patients)

If you are unable to provide the overall number of unique student patients for medical AND mental health visits after accounting for any overlap, please enter -9 in Row A and in Row E. In that case we will only use your numbers for medical and mental health visits separately.

	AY 2021-2022	AY 2022-2023 (enter new values here)
A. Total **unique student** patients for medical **OR** mental health services, after removing duplicate patients between Lines B and C. Please enter -9 if you cannot provide this number.		
B. Unique student patients – medical services:		
C. Unique student patients/clients – mental health/counseling services (includes psychiatric visits):		
D. Total unique non-student patients:		
E. Total unique patients: Row E = Row A + Row D (If Row A = -9, then Row E will also = -9)		

10A. Please indicate the total number of clinical visits at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year. For these questions, we'll ask you to report in-person visits and telehealth visits separately (phone-only encounters count as telehealth visits and get counted in Q10A only if they are a billable encounter).
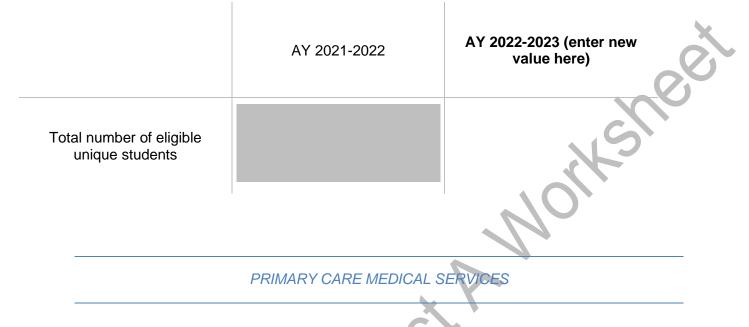
Notes: **Please enter whole numbers only, with no commas nor decimal points. Every row requires an entry. If you cannot provide an accurate response for any of these items, please enter -9.**

Please be sure that the following are true of your entries <u>as the survey tool does not automatically calculate the totals</u>:

<u>Row C = Row A + Row B</u>
<u>Row E = Row C + Row D</u>

	In-person visits		Telehealth visits		Total visits (in-person + telehealth)	
	AY 2021-2022	AY 2022-2023 (enter new values here)	AY 2021-2022	AY 2022-2023 (enter new values here)	AY 2021-2022	AY 2022-2023 (enter new values here)
A. Student visits – medical services:						
B. Student visits – mental health/counseling services (includes psychiatric visits):						
C. Total student visits: (Row A + B)						
D. Total non-student visits:						
E. Total clinical visits (Row C + D)						

11. What was the total number of unique students eligible to use the clinical services at (INSERT DEPARTMENT NAME) during the entire 2022-2023 Academic Year? (You may provide the mean number of students between all terms if you are unable to provide the total unique students for the entire academic year.) If you can't provide this number, enter -9.

	AY 2021-2022	**AY 2022-2023 (enter new value here)**
Total number of eligible unique students		

PRIMARY CARE MEDICAL SERVICES

---

12. Do you provide primary care medical services at (INSERT DEPARTMENT NAME)?

○ Yes

○ No → **Skip to question 19**

13. Were primary care medical services at (INSERT DEPARTMENT NAME) provided by the institution or contracted to outside entities during the 2022-2023 Academic Year? (OPEN)

○ All primary care medical services were provided completely by campus-employed providers.

○ All primary care medical services, including oversight of services, were provided completely by a contracted outside entity.

○ Primary care medical services were provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services remained with campus.

○ Primary care medical services were provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services was shared.

○ Medical services were not provided at this clinical facility/unit/organization.

14. Did (INSERT DEPARTMENT NAME) offer 24-hour telephone on-call services for <u>medical concerns</u> during the 2022-2023 Academic Year**? (**OPEN)

○ Yes

○ No → **Skip to question 16**

15. Who staffed the <u>medical</u> after hours (when SHS is closed) **on-call services (initial/first call)** during the 2022-2023 Academic Year**? Select all that apply.**

☐   Campus medical providers (MD, NP, PA)

☐   Campus nurses

☐   Contracted service, medical providers (MD, NP, PA)

☐   Contracted service, nurses

☐   Other on campus medical providers by specific agreement (medical faculty on call, residents on call, emergency department, other)

☐   Other on campus nurses by specific agreement (faculty nurses on call, staff nurses on call, other)

☐   Other off campus coverage by specific agreement (please describe):

_____

☐   More than one of the above (please describe):

_____

16. Did (INSERT DEPARTMENT NAME) offer any telemedicine consults or e-visits virtually during the 2022-2023 Academic Year? (OPEN)

◯ Yes, through campus staff

◯ Yes, through contracted third-party vendor (including another student health service)

◯ Yes, through both campus staff and contracted third-party vendor **(NEW)**

◯ No → **Skip to question 17**

16A. Did (INSERT DEPARTMENT NAME) begin offering telemedicine consults or e-visits during the 2022-2023 Academic Year? (OPEN)

◯ Yes, we began offering telemedicine services during the 2022-2023 academic year

◯ No, we offered telemedicine or e-visits prior to the COVID-19 pandemic

◯ No, we added telemedicine or e-visits since the COVID-19 pandemic began, but before the 2022-2023 academic year.

17. Was there a per-visit fee/co-pay assessed to students for primary care medical appointments when visiting (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year? (NOTE that we are NOT asking about a semester or term administrative health fee in this question.) (Clarification note is NEW)

◯ No → **Skip to question 18**

◯ Yes, all students paid a standard flat appointment (per-visit) fee for most types of primary care visits

◯ Yes, students paid a fee that varied by appointment type → **Skip to question 18**

◯ Yes, student's insurance was billed and they were responsible for their co-insurance. We did not see students without insurance. → **Skip to question 18**

◯ Yes, we billed student's insurance and they were responsible for their co-insurance, but students without insurance coverage paid a standard appointment (per-visit) fee

◯ Yes, we billed student's insurance and their co-insurance/co-pay was covered by a student health administrative fee. → **Skip to question 18**

17A. What was the per-vist fee/co-pay for <u>standard primary care</u> medical appointments at <u>(INSERT DEPARTMENT NAME)</u> during the 2022-2023 Academic Year**?** (NOTE that we are NOT asking about a semester or term administrative health fee in this question.) **(Clarification note is NEW)**
 Please enter your response in whole numbers with <u>no commas nor decimal points</u>.
 Enter -9 if you can't answer.

	AY 2021-2022	AY 2022-2023 (enter new value here)
primary care per-visit fee or co-pay		

18. Were students assessed a charge if they missed a <u>primary care appointment</u> at <u>(INSERT DEPARTMENT NAME)</u> during the 2022-2023 Academic Year**?** (Include no-show charges associated with primary/urgent care visits. Exclude no-show charges for **specialty appointments.)**

○ Yes

○ No → **Skip to question 19**

18A. What was the no-show charge assessed for a missed <u>primary care appointment</u> at <u>(INSERT DEPARTMENT NAME)</u> during the 2022-2023 Academic Year?
 Please enter your response in whole numbers with <u>no commas nor decimal points</u>.
 Enter -9 if you can't answer.

	AY 2021-2022	AY 2022-2023 (enter new value here)
primary care no-show charge		

In this series of questions, we want to know specifically about <u>mental health counseling</u> only and are <u>not</u> considering psychiatric services. We'll ask about psychiatric care in the next section.

19. Do you provide mental health/counseling services at (INSERT DEPARTMENT NAME)?

○ Yes

○ No → **Skip to question 26**

20. Were <u>counseling services</u> at (INSERT DEPARTMENT NAME) provided by the institution or contracted to outside entities during the 2022-2023 Academic Year? (OPEN)

○ All counseling services were provided completely by campus-employed providers.

○ All counseling services, including oversight of services, were provided completely by a contracted outside organization.

○ Counseling services were provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services remained with campus.

○ Counseling services were provided via a blended model, a combination of campus-employed and contracted staff. Oversight of services was shared.

○ Counseling services were not provided at this clinical facility/unit/organization.

21. Did (INSERT DEPARTMENT NAME) offer 24-hour telephone on-call services for <u>mental health concerns</u> during the 2022-2023 Academic Year? (OPEN)

○ Yes

○ No → **Skip to question 23**

22. Who staffed the <u>mental health</u> after hours (when SHS or Counseling Center is closed) on-call services during the 2022-2023 Academic Year? Select all that apply.

☐ Campus counselors (psychologist, LCSW, LPC, other)

☐ Campus psychiatrist

☐ Contracted service, counselors (psychologist, LCSW, LPC, other)

☐ Contracted service, psychiatrists

☐ Other on campus mental health providers by specific agreement (psychology or psychiatry faculty on call, residents on call, psychiatric emergency department, other)

☐ Other on campus mental health after-hours intervention services (please describe):
_____

☐ Other off campus mental health coverage by specific agreement (please describe):
_____

☐ More than one of the above (please describe):
_____

23. Did (INSERT DEPARTMENT NAME) offer telecounseling services during the 2022-2023 Academic Year? (OPEN)

○ Yes, through campus staff

○ Yes, through contracted third-party vendor (including other student health services or counseling centers)

○ Yes, through both campus staff and contracted third-party **(NEW)**

○ No → **Skip to question 24**

23A. Did (INSERT DEPARTMENT NAME) begin offering telecounseling services during the 2022-2023 Academic Year? **(**OPEN**)**

○ Yes, we began offering telecounseling services during the 2022-2023 academic year

○ No, we offered telecounseling prior to the COVID-19 pandemic

○ No, we added telecounseling since the COVID-19 pandemic began, but before the 2022-2023 academic year.

24. Was there a per-visit fee/co-pay assessed to students for standard mental health appointments (non-psychiatry) when visiting (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year? Do not include medication management appointments.

○ No → **Skip to question 25**

○ Sometimes, students are offered a number of free sessions before a co-pay is assessed **(NEW)** → **Skip to question 25**

○ Yes, all students paid a standard per-visit fee or co-pay

○ Yes, students insurance was billed and they were responsible for their co-insurance. We did not see students without insurance. → **Skip to question 25**

○ Yes, we billed student's insurance and they were responsible for their co-insurance, but students without insurance coverage paid a standard per-visit fee or co-pay.

○ Yes, we billed student's insurance and their co-insurance/co-pay was covered by a student health administrative fee. → **Skip to question 25**

24A. What was the per-visit fee/co-pay **for standard mental health appointments (non-psychiatry) at (INSERT DEPARTMENT NAME)** during the 2022-2023 Academic Year**?**
 Please enter your response in whole numbers with no commas nor decimal points.
 Enter -9 if you can't answer.

	AY 2021-2022	**AY 2022-2023 (enter new value here)**
mental health per-visit fee or co-pay		

25. Were students assessed a charge if they missed a standard counseling/mental health appointment (non-psychiatry) at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year**?**

○ Yes

○ No → **Skip to question 26**

25A. What was the no-show charge assessed for a missed counseling/mental health appointment (non-psychiatry) at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year**?**
 Please enter your response in whole numbers with no commas nor decimal points.
 Enter -9 if you can't answer.

	AY 2021-2022	**AY 2022-2023 (enter new value here)**
mental health no-show charge		

PSYCHIATRY SERVICES

26. Do you provide psychiatric services at (INSERT DEPARTMENT NAME)?

○ Yes

○ No → <mark>**Skip to question 30**</mark>

27. Did (INSERT DEPARTMENT NAME) offer telepsychiatry services during the 2022-2023 Academic Year? (OPEN)

○ Yes, through campus staff

○ Yes, through contracted third-party vendor (including other student health services or counseling centers)

○ Yes, through both campus staff and contracted third-party **(NEW)**

○ No → <mark>**Skip to question 28**</mark>

27A. Did (INSERT DEPARTMENT NAME) begin offering telepsychiatry services during the 2022-2023 Academic Year? (OPEN**)**

○ Yes, we began offering telepsychiatry services during the 2022-2023 academic year.

○ No, we offered telepsychiatry prior to the COVID-19 pandemic

○ No, we added telepsychiatry since the COVID-19 pandemic began, but before the 2022-2023 academic year.

28. Was there a per-visit fee/co-pay **assessed to students for <u>psychiatric appointments</u> when visiting <u>(INSERT DEPARTMENT NAME)</u>** during the 2022-2023 Academic Year**?**

○ No → **Skip to question 29**

○ Sometimes, students are offered a number of free sessions before a co-pay is assessed **(NEW)** → **Skip to question 29**

○ Yes, all students paid a standard per-visit fee or co-pay

○ Yes, students insurance was billed and they were responsible for their co-insurance. We did not see students without insurance. → **Skip to question 29**

○ Yes, we billed student's insurance and they were responsible for their co-insurance, but students without insurance coverage paid a per-visit fee or co-pay.

○ Yes, we billed student's insurance and their co-insurance/co-pay was covered by a student health administrative fee. → **Skip to question 29**

28A. What was the per-visit fee/co-pay **for a <u>new patient/initial</u> psychiatric appointment at <u>(INSERT DEPARTMENT NAME)</u>** during the 2022-2023 Academic Year**?**
Please enter your response in whole numbers with <u>no commas nor decimal points</u>.
Enter -9 if you can't answer.

	AY 2021-2022	AY 2022-2023 (enter new value here)
initial psychiatric appointment fee		

28B. What was the per visit fee/co-pay for <u>follow up</u> psychiatric appointments at <u>(INSERT DEPARTMENT NAME)</u> during the 2022-2023 Academic Year?

Please enter your response in whole numbers with <u>no commas nor decimal points</u>.
Enter -9 if you can't answer.

	AY 2021-2022	**AY 2022-2023 (enter new value here)**
follow up psychiatric per-visit fee or co-pay		

29. Were students assessed a charge if they missed a <u>psychiatric appointment</u> at <u>(INSERT DEPARTMENT NAME)</u> during the 2022-2023 Academic Year?

○ Yes

○ No → <mark>**Skip to question 30**</mark>

29A. What was the no-show charge assessed for a missed <u>psychiatric appointment</u> at <u>(INSERT DEPARTMENT NAME)</u> during the 2022-2023 Academic Year?
Please enter your response in whole numbers with <u>no commas nor decimal points</u>.
Enter -9 if you can't answer.

	AY 2021-2022	**AY 2022-2023 (enter new value here)**
psychiatric no-show charge		

30. Did you contract for additional services (medical or mental health) to augment on campus services through third-party vendor(s) during the 2022-2023 Academic Year? (e.g. UWill, MySSP, TimelyCare, and others)

○ No

○ Yes, medical services (please specify vendor)

_____

○ Yes, mental health services (please specify vendor)

_____

○ Yes, both medical and mental health services (please specify vendor/s)

_____

31. Please indicate the number of Full-time Equivalents (FTE) at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year**.**

Please only include staff dedicated to student care. If you have staff who provide care to both students and empolyees then please only report the portion of their FTE dedicated for student care.

If a single FTE has dual responsibilities (e.g. clinician administrators) please split the proportion of the FTE dedicated to each role within the single position (e.g. .2 FTE physician and .8 FTE administrator if a given administrator spends 20% of their time doing clinical care.)

Include temporary staff positions.

Include contracted providers if they were providing services as part of the student health/counseling program and the services were under the direction of student health services, their expense and revenue was included in the student health/counseling budget, and visit activity was included in student health/counseling activity. Exclude contracted providers if the student health/counseling service was providing space and other limited support for services which were operated independently. For example, a retail pharmacy which was operated by an outside entity or a massage therapist providing on site services but were not operating as a student health/counseling services provider would be included in the list of services available (#3), but not included in FTE, activity, or budget figures.

Please include only staff from student health services, counseling services, and health promotion programs. Do not include in your figures other student services staff who were not considered employees of one of these three areas.

Any responses pre-populated for you were transferred from your IPS submission for Academic Year 2021-2022. Please review these pre-populated responses for accuracy in AY 2022-2023 and revise as necessary.

Numeric values are presented side by side with last year's (AY 2021-2022) responses on the left. Please complete the columns on the right with figures for AY 2022-2023. Any blank items (not pre-populated) need to be answered to proceed through the survey.

31A: FTE Mental Health Professional Staff Provider at (INSERT DEPARTMENT NAME) during the 2022-2023 **Academic Year.**

	AY 2021-2022	AY 2022-2023 (enter new values here)
Psychologist (PhD)		
Clinical Social Worker (MSW/LCSW)		
Physician (Psychiatry)		
Nurse Practitioner (Psychiatry)		
Physician Assistant (Psychiatry)		
Master's level Counselor (Mental Health)		
Doctoral Psychology Intern		
Other mental health intern (e.g. social work)		
Post-Doctoral Fellow		

Case Manager (master's degree)		
Case Manager (bachelor's degree)		
Sexual Assault Services Coordinator/Victim Advocate		
Other masters or doctoral level mental health providers not listed above (please specify):		
Total		

	AY 2021-2022	AY 2022-2023 (enter new values here)
31B: FTE Medical Providers at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year		
Physician (Primary Care)		
Nurse Practitioner (Primary Care)		
Physician Assistant (Primary Care)		
Physician (Gynecology)		
Nurse Practitioner (Women's Health)		
Physician Assistant (Women's Health)		
Physician (Dermatology)		
Physician (Primary Care Sports Medicine)		

Physician (Orthopedics)		
Physician (Allergy)		
Physician (Ophthalmology)		
Other Physician (please specify):		
Other Nurse Practitioner (please specify):		
Other Physician Assistant (please specify):		
Resident Physician (salary support provided)		
Fellow Physician (salary support provided)		
Total		

	31C: FTE Other medical staff not listed in 29A or 29B at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year	
	AY 2021-2022	**AY 2022-2023 (enter new values here)**
Optometrist		
Dentist		
Dental Hygienist		
Dental Assistant		
Registered Nurse (RN)		
Licensed Practical Nurse (LPN)/Licensed Vocational Nurse(LVN)		
Certified Medical Assistant or Technician		

Medical Assistant or Technician (not certified)		
Certified Nursing Assistant		
Pharmacist		
Pharmacy Technician		
Lab: Medical Technologist (MTASCP)		
Lab: Medical Laboratory Technician		
COVID Testing Staff **(NEW)**		
COVID Case Manager **(NEW)**		
Radiology Technologist		
Physical Therapist (master's or doctoral)		

Athletic Trainer		
Physical Therapy Assistant		
Physical Therapy Aide		
Occupational Therapist		
Massage Therapist		
Acupuncturist		
Chiropractor		
Nutritionist		
Registered Dietitian		
Other clinical staff not listed above (please specify):		
Total		

	31D: FTE Administration and Administrative Support Staff at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year.	
		AY 2022-2023 (enter new values here)
Facility/Unit/Organization Senior Administrator(s)		
Health Insurance Program Staff		
Health Information Management-RHIT or RHIA		
Health Information Management-other		
Information Technology		
Clinical Informatics		
Quality Management/Quality Improvement		

COVID Contact Tracing Staff	
COVID Compliance/Oversight	
Marketing/Communications	
Reception/Front Desk	
Other administration or administrative support staff not listed above and not reported in 29C (e.g. general administration, billing, clerical support)	
Graduate Student (paid assistantship)	
Total	

31E: FTE Health Promotion/Wellness/Health Education Staff at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year.

	31E: FTE Health Promotion/Wellness/Health Education Staff at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year.	
	AY 2021-2022	**AY 2022-2023 (enter new values here)**
Sexual Violence/Assault Prevention Specialist		
Professionally trained Health Educator/Health Promotion/Prevention Specialist (bachelor's degree) - do not include sexual violence/assault prevention specialist in this line		
Professionally trained Health Educator/Health Promotion/Prevention Specialist (master's degree or doctorate) - do not include sexual violence/assault prevention specialist in this line		
Graduate Student (paid assistantship)		
Epidemiologist/Master's level (or higher) Data Analysts		

Other staff in health promotion/prevention/health education not listed above (please include support staff)	
Total	

32. Please indicate how administrative support services were provided for (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year**.**

	Primary support provided by:				Secondary support provided by:			
	Internal facility/unit/organization staff	Other campus resource or office	Contracted externally	No primary support for this function	Internal facility/unit/organization staff	Other campus resource or office	Contracted externally	No secondary support for this function
Marketing and Communications	○	○	○	○	○	○	○	○
Finance	○	○	○	○	○	○	○	○
IT – application support (e.g. EHR support)	○	○	○	○	○	○	○	○
IT – desktop support	○	○	○	○	○	○	○	○
IT – other (database administration, network, security, etc.)	○	○	○	○	○	○	○	○
Human Resources	○	○	○	○	○	○	○	○
Building Services (including custodial and maintenance)	○	○	○	○	○	○	○	○
Assessment and Evaluation	○	○	○	○	○	○	○	○

34. What was your expense budget for each type of services medical, mental health, prevention/health promotion and other administrative services for students for (INSERT DEPARTMENT NAME) for the 2022-2023 Academic Year? If the categories of your budget are not disaggregated as requested, please enter entire budget in "other" and indicate that the disaggregated figures are not available in the text box.

Notes:

- Enter -9 in the "Other" category if you don't know or are unable to disclose this information.
- Please enter whole numbers only and no commas, decimal points, nor $ sign.
- Each row must contain a number, even if that number is 0.
- Place any budget for clinical preventive services in "medical services," and not in "prevention/health promotion costs."

	AY 2021-2022	AY 2022-2023 (enter new values here)
Medical Services		
Mental Health Services		
Prevention/Health Promotion Costs (non-clinical services)		
Administrative Costs (not allocated above)		
Other (please specify):		
Total		

36. What was the contribution of various sources of funding (revenue) for medical, mental health, and wellness services for students for (INSERT DEPARTMENT NAME) for the 2022-2023 Academic Year? If the categories of your funding sources are not disaggregated as requested, please enter entire funding in "other" and indicate that the disaggregated figures are not available in the text box. (Exclude student health insurance premiums except for administrative fees retained by the health services for program management.)

Notes:

- Enter -9 in the "Other" category if you don't know or are unable to disclose this information.
- Please enter whole numbers only and no commas, decimal points, nor $ sign.
- Each row must contain a number, even if that number is 0.

	AY 2021-2022	AY 2022-2023 (enter new values here)
Health Fee (mandatory and supplemental)		
Insurance Capitation Funds		
Fee-for-Service, Insurance Collections, and Self-pay		
General Fund		
Grants		
Other (please specify):		
Total		

37. How did your TOTAL expense budget for the 2022-2023 Academic Year (reported in #33) change from the 2021-2022 budget?

○ No change – the budget stayed the same

○ 2022-2023 budget was higher than the 2021-2022 budget (please specify % by entering <u>only the number</u>): _____

○ 2022-2023 budget was lower than the 2021-2022 budget (please specify % by entering <u>only the number</u>): _____

○ Don't know

COVIDNEWA. Did (INSERT INSTITUTION NAME) conduct COVID-19 surveillance testing during the 2022-2023 Academic Year?

○ Yes

○ No → <mark>**Skip to question COVIDNEWC**</mark>

COVIDNEWB. Did (INSERT DEPARTMENT NAME) have oversight responsibility for the 2022-2023 COVID-19 surveillance testing program at (INSERT INSTITUTION NAME).

○ Yes

○ No

COVIDNEWC. Did (INSERT DEPARTMENT NAME)conduct COVID-19 contact tracing during the 2022-2023 Academic Year?

○ Yes

○ No → <mark>**Skip to question COVIDNEWE**</mark>

COVIDNEWD. Did (INSERT DEPARTMENT NAME) have oversight responsibility for the 2022-2023 COVID-19 contact tracing program at (INSERT INSTITUTION NAME)?

○ Yes

○ No

COVIDNEWE. Did (INSERT DEPARTMENT NAME) conduct COVID-19 case management during the 2022-2023 Academic Year?

◯ Yes

◯ No → <mark>**Skip to question COVIDNEWG**</mark>

COVIDNEWF. Did (INSERT DEPARTMENT NAME) have oversight responsibility for the 2022-2023 COVID-19 case management program at (INSERT INSTITUTION NAME)?

◯ Yes

◯ No

COVIDNEWG. Did (INSERT DEPARTMENT NAME) identify a COVID-19 compliance/oversight manager during the 2022-2023 Academic Year?

◯ Yes

◯ No → <mark>**Skip to question COVIDNEWI**</mark>

COVIDNEWH. Did (INSERT DEPARTMENT NAME) have oversight responsibility for the 2022-2023 COVID-19 compliance/oversight manager at (INSERT INSTITUTION NAME)?
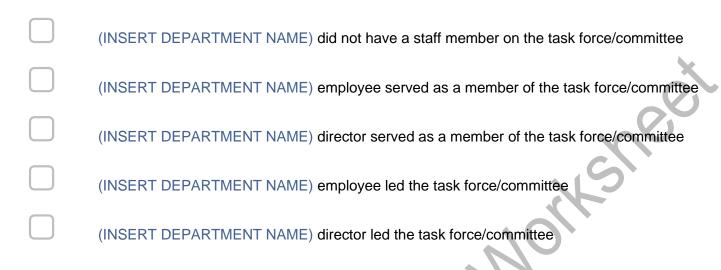
◯ Yes

◯ No

COVIDNEWI. Did (INSERT DEPARTMENT NAME) have a campus COVID-19 Task Force/Committee during the 2022-2023 Academic Year?

◯ Yes

◯ No → <mark>**Skip to question 38**</mark>

COVIDNEWJ. What role did (INSERT DEPARTMENT NAME) serve on the campus 2022-2023 COVID-19 task force/committee? (Select all that apply)

☐ (INSERT DEPARTMENT NAME) did not have a staff member on the task force/committee

☐ (INSERT DEPARTMENT NAME) employee served as a member of the task force/committee

☐ (INSERT DEPARTMENT NAME) director served as a member of the task force/committee

☐ (INSERT DEPARTMENT NAME) employee led the task force/committee

☐ (INSERT DEPARTMENT NAME) director led the task force/committee

38. Did (INSERT DEPARTMENT NAME) have a Student Advisory Committee or Board during the 2022-2023 Academic Year**?** (OPEN**)**

○ Yes

○ No

39. Please identify the division/department to which (INSERT DEPARTMENT NAME) reported during the 2022-2023 Academic Year**.** (OPEN**)**

○ Academic Affairs or similar

○ Academic Medical Center or Medical School

○ Business Affairs or similar (i.e., Risk Management, Human Resources/Employee Benefits/Purchasing)

○ Student Affairs or similar

○ Office of the President

○ Student Government or similar

○ Other (please specify): _____

40. Which electronic health records product did you use for <u>MEDICAL</u> services at <u>(INSERT DEPARTMENT NAME)</u> during the 2022-2023 Academic Year? (OPEN)

○ Careflow

○ Cerner

○ GE Centricity

○ E-ClinicalWorks

○ EPIC

○ Magnus Health

○ Medicat

○ NextGEN

○ NueMD

○ Point and Click Solutions

○ Practice Fusion

○ PyraMED

○ Titanium

○ ⊗ None- we use paper only

○ Other EHR product (please specify): _____

○ N/A

40A. Which electronic health records product did you use for <u>MENTAL HEALTH</u> services at (INSERT DEPARTMENT NAME) during the 2022-2023 Academic Year? (OPEN**)**

○ Careflow

○ Cerner

○ GE Centricity

○ E-ClinicalWorks

○ EPIC

○ Magnus Health

○ Medicat

○ NextGEN

○ NueMD

○ Point and Click Solutions

○ Practice Fusion

○ PyraMED

○ Titanium

○ ⊗ None- we use paper only

○ Other EHR product (please specify): _____

○ N/A

41. We need to understand if the information submitted in this institutional profile adequately represents the full range of medical care, mental health/counseling, or health promotion services offered by all facilities/units/organizations whose primary mission is to provide services to students at your institution. We recognize that there may be facilities/units/organizations on campus that have this information but are unwilling or unable to contribute to the institutional profile. Which of the following best describes the thoroughness of this submission?

○ The information submitted in this profile represents all places on campus where services were provided primarily for students during the 2022-2023 Academic Year. → **Continue to Section B**

○ Data from facilities/units/organizations that provided services primarily for students during the 2022-2023 Academic Year is missing from this profile. The profile should be flagged as incomplete.

41A. How many facilities/units/organizations are missing from this profile for the 2022-2023 Academic Year**?**

_____

41B. Please list the name and type of services provided for each facility/unit/organization on your campus that are not represented in this profile for the 2022-2023 Academic Year**.**

Please provide only generic department names and not unique names that might identify an institution.

_____

_____

_____

_____

_____

CAUTION - When you click the "Next Page" button below, you will leave Section A of the IPS and move to Section B. You will not be able to return to Section A once you press the "Next Page" button. Please do not proceed until you are ready to submit your responses for Section A.