

Data Hub Institutional Profile 8.0 AY 2024-2025

College Health and Well-Being Data Hub ("Data Hub")

Institutional Profile Survey (IPS) 8.0

2024 - 2025 Academic Year

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.

AY 2024-2025 IPS Worksheet

Survey Instructions

Thank you for participating in the ACHA Institutional Profile Survey (IPS). Please read the following instructions carefully before you begin:

1. Who Should Complete the Survey

This survey should be completed by the person(s) most familiar with your institution's services/resources/data. Collaboration with other departments may be needed to gather the information.

2. Time Commitment for Data Entry

- **First-time participants:** Plan for **less than 60 minutes** for data entry.
- **Returning participants:** Completion time will be considerably shorter, as many responses from last year are pre-filled.
- **Please note:** While the survey itself is straightforward, **gathering the necessary data** beforehand may take additional time, depending on your internal processes.

3. Survey Sections

- **Section A:** focuses on services, visit numbers, staffing, and budgets from all facilities/units/organizations whose *primary mission* is to provide medical, mental health, or health promotion services to students.
- **Section B:** collects campus-wide information on policies, services, student health insurance, and immunization requirements.
- **Section C (rotating module):** in AY 2024-2025, this section will gather (if applicable) information on how your campus was organized to provide integrated primary health and behavioral health services through multidisciplinary collaborations/teams.

4. Answering Questions

- All questions are required; however, we do employ skip logic throughout the survey.
- For numeric responses, please read the question instructions carefully for when to use a negative 9 ('-9') or zero ('0') for missing/NA/unavailable data.

5. Definitions and Clarifications

Hover over blue, dotted-underlined terms for definitions. A full list of terms is available on our website.

6. Pre-Filled Responses

If applicable, some responses have been pre-filled based on last year's submissions. Please review and update as it pertains to AY 2024-2025.

7. Submitting the Survey

Review your responses before submitting each section. Once the entire IPS is submitted, changes cannot be made.

Please help us protect your data by ensuring that any open-ended comments beyond question 2 do not give away your institution's identity. Avoid using the institution name or a unique department name that could identify your 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 Data Hub
- You are authorized to submit IPS responses on behalf of your institution

Institution: (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 (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 (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 missing from this data submission.
- ☐ Data submitted in this IPS Section A should be considered a **COMPLETE** picture of the care and services available to students enrolled at (INSTITUTION NAME), as all medical care, mental health/counseling, and health promotion services for students are 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 (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 2024-2025 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 2024-2025 Section A of the Institutional Profile for (INSTITUTION NAME): 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 your institution's identity. Avoid using the institution's name 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 (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 (DEPARTMENT NAME) during the 2024-2025 Academic Year? (Select all that apply)

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.

- ☐ 24- Hour Infirmary Care
- ☐ Acupuncture
- ☐ ADHD testing and/or assessment
- ☐ Allergy desensitization shots
- ☐ Allergy testing and evaluation
- ☐ Athletic training
- ☐ Basic needs/financial insecurity assistance services
- ☐ Biofeedback
- ☐ Chiropractic
- ☐ Counseling, Couples
- ☐ Counseling, Crisis
- ☐ Counseling, Family
- ☐ Counseling, Group therapy
- ☐ Counseling, Individual psychotherapy
- ☐ Dedicated Men's Health Services

- ☐ Dental
- ☐ Dermatology
- ☐ Gender-Affirming Hormone Therapy (initiation and/or continuing)
- ☐ Gynecology/Women's Health
- ☐ Health Promotion/Wellness Programs
- ☐ HIV PrEP
- ☐ Immunizations
- ☐ Learning disabilities testing and/or assessment
- ☐ Massage
- ☐ Medication Dispensary
- ☐ Meditation
- ☐ Nutrition
- ☐ Occupational Health
- ☐ Optometry
- ☐ Orthopedics
- ☐ Pharmacy
- ☐ Physical Therapy
- ☐ Point of care ultrasonography (POCUS)
- ☐ Primary care (physician, NP, or PA staffed clinics)

- ☐ Primary care (RN-only clinics)
 - ☐ Psychiatry
 - ☐ Psychoeducational outreach
 - ☐ Psychological testing and/or assessment
 - ☐ Psychopharmacology (within primary care)
 - ☐ Radiology (excluding point of care ultrasonography)
 - ☐ Sexual & Reproductive Health
 - ☐ Sexual assault forensic exams
 - ☐ Sexual Violence and Other Gender-Based Harm Counseling
 - ☐ Sexual Violence and Other Gender-Based Harm Support Group
 - ☐ Sexual Violence and Other Gender-Based Harm Victim Advocacy
 - ☐ Other Sexual Violence and Other Gender-Based Harm Services
 - ☐ Sports Medicine
 - ☐ Substance use disorder assessment and counseling
 - ☐ Travel Health
 - ☐ Triage and referral (RN-only clinics)
 - ☐ Urgent medical care
 - ☐ Wellness Coaching
 - ☐ Other service not listed (please specify):
-

Question 3A will only appear if you select Gyn/Women's Health, Sports Med, Orthopedics, Dermatology, Allergy testing/evaluation or Travel Health in question 3 above.

3A. You indicated that the following types of care were available at (DEPARTMENT NAME) during the 2024-2025 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergy testing and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3B. What type of laboratory services did you provide at (DEPARTMENT NAME) during the 2024-2025 Academic Year? (Select all that apply)

- ☐ 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

Question 3C will appear only if you selected "Primary Care" in question 3 above.

3C. Did you have one or more non-prescribing behavioral health staff person(s) (e.g. counselor, social worker, psychologist) embedded within primary care services at (DEPARTMENT NAME) to support short-term behavioral health interventions for patients within the primary care setting during the 2024-2025 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

3D. Select the description below that best describes the access your primary care and mental health providers have to each other's electronic patient/client health records.

- ☐ Minimal access: The electronic systems are either separate or completely firewalled. Providers have access to each other's clinical records only with signed patient/client consent.
- ☐ Partial access: Providers have open, but limited access, in a shared system based on provider discretion, but not all information is shared, with system settings and firewalls limiting access by role/responsibility
- ☐ Full access: Providers have full access to each other's clinical records; there are no firewalls or other access limitations for those staff involved in treatment.
- ☐ N/A: We don't offer both primary care and mental health care on campus. → **Skip to question 4 (and Section C questions will not appear)**

Question 3E will only appear if you selected minimal, partial or full access in question 3D above.

3E. The chart below provides a brief overview of the Six Levels of Primary Care/Behavioral Health Integration as described by the SAMHSA-HRSA Center for Integrated Health Solutions. The six levels represent a continuum from coordination to co-location to integration. Each level is defined by a descriptor and then examples of how provider communication, patient needs, and clinical records are addressed with the organization. After reviewing each level on the chart below, select the level of health/counseling integration on your campus.

NOTE: If you find that you'd assign different levels for one or more of the 3 rows, please select the level that you think is the single best fit to describe your primary care/behavioral health integration.

Levels of Primary Care/Behavioral Health Integration	COORDINATION		CO-LOCATION		INTEGRATION	
	Level 1 Minimal Collaboration	Level 2 Basic Collaboration at a Distance	Level 3 Basic Collaboration Onsite	Level 4 Close Collaboration Onsite with Some System Integration	Level 5 Close Collaboration Approaching an Integrated Practice	Level 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Provider Communication	Communication driven by provider needs.	Communication driven by patient needs.	Communicate regularly about shared patients, by phone or e-mail.	Communicate in person as needed.	Communicate frequently in person.	Communicate consistently at the system, team and individual levels.
Patient Needs	Patient physical and behavioral health needs are treated as separate issues.	Patient health needs are treated separately, but records are shared, as needed, to promote better provider knowledge.	Patient health needs are treated separately at the same location.	Patient needs are treated separately at the same location, might include warm hand-offs to other treatment providers.	Patient needs are treated as a team for shared patients (for those who screen positive screening measures) and separately for others.	All patient health needs are treated for all patients by a team, who function effectively together.
Clinical Records	Have separate EMR systems.	Have separate EMR systems.	Have separate EMR system, or firewalls blocking access if shared EMR.	Have some shared systems, like scheduling or medical records.	Have shared EMR system with some access limitations based on roles.	Have shared EMR with providers having full access to each other's clinical records; there are no firewalls or other access limitations for those staff involved in treatment.

- ☐ Level 1: Minimal collaboration
- ☐ Level 2: Basic collaboration at a distance
- ☐ Level 3: Basic collaboration onsite
- ☐ Level 4: Close collaboration onsite with some system integration
- ☐ Level 5: Close collaboration approaching an integrated practice
- ☐ Level 6: Full collaboration in a transformed/merged integrated practice

4. What was the total net assignable square footage at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

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

	AY 2023-2024	AY 2024-2025 (enter new value here)
Net assignable square footage		

5. Did (DEPARTMENT NAME) provide clinical care (medical or mental health services including psychiatry) during the 2024-2025 Academic Year?

- ☐ Yes
- ☐ No → Skip to question 34

6. Please indicate the number of unique patients with at least one clinical visit (in-person or telehealth) at (DEPARTMENT NAME) during the entire 2024-2025 Academic Year.

As a point of reference, the most recent Department of Education IPEDS data file indicates that you had approximately XXXXX students enrolled at your institution. *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 unique patients)

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 negative 9 ("-9"), rather than guessing. 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 negative 9 ("-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 2023-2024	AY 2024-2025 (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)		

6A. Please indicate the total number of clinical visits at (DEPARTMENT NAME) during the 2024-2025 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 this question only if they are a billable encounter). It is unlikely that the total clinical visits will be the same or less than the number of unique student patients entered above. Please be sure to check your numbers.

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 negative 9 ("-9").

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

Row C = Row A + Row B

Row E = Row C + Row D

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	In-person visits		Telehealth visits		Total visits (in-person + telehealth)	
	AY 2023-2024	AY 2024-2025 (enter new values here)	AY 2023-2024	AY 2024-2025 (enter new values here)	AY 2023-2024	AY 2024-2025 (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)						

7. What was the total number of unique students eligible to use the clinical services at (DEPARTMENT NAME) during the entire 2024-2025 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 negative 9 ("-9").

	AY 2023-2024	AY 2024-2025 (enter new value here)
Total number of eligible unique students		

PRIMARY CARE MEDICAL SERVICES

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

- ☐ Yes
- ☐ No → Skip to question 18

9. What was the number of medical exam or treatment rooms available for use at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

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

	AY 2023-2024	AY 2024-2025 (enter new value here)
Number of medical exam or treatment rooms		

9A. What was the number of medical exam or treatment rooms available for use during the 2024-2025 Academic Year at (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 negative 9 ("-9") if you can't answer.

	AY 2023-2024	AY 2024-2025 (enter new value here)
Number of airborne infection isolation rooms		

10. Were primary care medical services at (DEPARTMENT NAME) provided by the institution or contracted to outside entities during the 2024-2025 Academic Year?

- ☐ 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.

11. Did (DEPARTMENT NAME) offer 24-hour telephone on-call services for medical concerns during the 2024-2025 Academic Year?

- ☐ Yes
- ☐ No

Question 12 will only appear if the answer to question 11 is "Yes".

12. Who staffed the medical after hours (when SHS is closed) on-call services (initial/first call) during the 2024-2025 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):

13. Did (DEPARTMENT NAME) offer any telemedicine consults or e-visits virtually during the 2024-2025 Academic Year?

- ☐ 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
- ☐ No

14. Was there a per-visit fee/co-pay assessed to students for primary care medical appointments when visiting (DEPARTMENT NAME) during the 2024-2025 Academic Year? (NOTE that we are NOT asking about a semester or term administrative health fee in this question.)

- ☐ No
- ☐ 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
- ☐ Yes, student's insurance was billed and they were responsible for their co-insurance. We did not see students without insurance.
- ☐ 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.

Question 14A will only appear if the answer to question 14 is that students paid a standard flat appointment fee.

14A. What was the per-visit fee/co-pay for standard primary care medical appointments at (DEPARTMENT NAME) during the 2024-2025 Academic Year? (NOTE that we are NOT asking about a semester or term administrative health fee in this question.)

Please enter your response in dollars using whole numbers with no commas nor decimal points. Enter negative 9 ("-9") if you can't answer.

	AY 2023-2024	AY 2024-2025 (enter new value here)
primary care per-visit fee or co-pay		

15. Were students assessed a charge if they missed a primary care appointment at (DEPARTMENT NAME) during the 2024-2025 Academic Year? (Include no-show charges associated with primary/urgent care visits. Exclude no-show charges for specialty appointments.)

- ☐ Yes
- ☐ No

Question 15A will only appear if the answer to question 15 is "Yes".

15A. What was the no-show charge assessed for a missed primary care appointment at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

Please enter your response in dollars using whole numbers with no commas nor decimal points. Enter negative 9 ("-9") if you can't answer.

	AY 2023-2024	AY 2024-2025 (enter new value here)
primary care no-show charge		

Please indicate the number of Full-time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year.

Please only include staff dedicated to student care. If you have staff who provide care to both students and employees 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.) Some positions may be listed under a different section in the IPS as compared to at your institution. Please provide the FTE's by position, regardless of the survey section or department they report to.

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.

Note: Every row requires an entry. Please enter zero ("0") if you do not have an FTE for certain positions (you can use the TAB key to move through each position).

16: FTE Medical Providers at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year. You will have a separate opportunity to report on FTE for Mental Health Services, Psychiatric Services, Health Promotion and Wellness, Other Medical Staff and Administration and Support Staff in subsequent sections.

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	AY 2023-2024	AY 2024-2025 (enter new values here)
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 - Psychiatry is asked later):		
Other Nurse Practitioner (please specify - Psychiatry is asked later):		
Other Physician Assistant (please specify - Psychiatry is asked later):		
Resident Physician (salary support provided)		
Fellow Physician (salary support provided)		
Total		

17. Which electronic health records product did you use for MEDICAL services at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

- ☐ Careflow
- ☐ Cerner
- ☐ GE Centricity
- ☐ E-ClinicalWorks
- ☐ EPIC
- ☐ Magnus Health
- ☐ Mediat
- ☐ NextGEN
- ☐ NueMD
- ☐ Point and Click Solutions
- ☐ Practice Fusion
- ☐ PyraMED
- ☐ Titanium
- ☒ None- we use paper only
- ☐ Other EHR product (please specify): _____
- ☐ N/A

MENTAL HEALTH SERVICES

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

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

- ☐ Yes
- ☐ No → Skip to question 29

19. What was the total number of counseling offices or rooms available for use at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

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

	AY 2023-2024	AY 2024-2025 (enter new values here)
Number of spaces for individual counseling		
Number of spaces for group counseling		

20. Was there a limit on individual counseling sessions a student could have at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

- ☐ Yes, a fixed number
- ☐ Yes, but variation based on clinical situation.
- ☐ No
- ☐ N/A, individual counseling sessions were not offered at this facility/unit/organization.

Question 21 will only appear if the answer to question 20 is "Yes, a fixed number".

21. What was the number limit of individual counseling sessions per academic year at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

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

	AY 2023-2024	AY 2024-2025 (enter new values here)
Limit of individual counseling sessions per AY		

Question 21A will only appear if the answer to question 20 is "Yes, but variation based on clinical situation".

21A. What was the limit on individual counseling sessions per student at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

	AY 2023-2024	AY 2024-2025 (enter new value here)
Limit on individual counseling sessions per student		

22. Were counseling services at (DEPARTMENT NAME) provided by the institution or contracted to outside entities during the 2024-2025 Academic Year?

- ☐ 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.

23. Did (DEPARTMENT NAME) offer 24-hour telephone on-call services for mental health concerns during the 2024-2025 Academic Year?

- ☐ Yes
- ☐ No

Question 24 will appear only if the answer to question 23 is "Yes".

24. Who staffed the mental health after hours (when SHS or Counseling Center is closed) on-call services during the 2024-2025 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):

25. Did (DEPARTMENT NAME) offer telecounseling services during the 2024-2025 Academic Year?

- ☐ 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
- ☐ No

26. Was there a per-visit fee/co-pay assessed to students for standard mental health appointments (non-psychiatry) when visiting (DEPARTMENT NAME) during the 2024-2025 Academic Year? Do not include medication management appointments.

- ☐ No
- ☐ Sometimes, students are offered a number of free sessions before a co-pay is assessed
- ☐ 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.
- ☐ 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.

Question 26A will only appear if the answer to question 26 is that students paid a standard per-visit fee or co-pay.

26A. What was the per-visit fee/co-pay for standard mental health appointments (non-psychiatry) at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

Please enter your response in dollars using whole numbers with no commas nor decimal points. Enter negative 9 ("-9") if you can't answer.

	AY 2023-2024	AY 2024-2025 (enter new value here)
mental health per-visit fee or co-pay		

27. Were students assessed a charge if they missed a standard counseling/mental health appointment (non-psychiatry) at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

- ☐ Yes
- ☐ No

Question 27A will only appear if the answer to question 27 is "Yes".

27A. What was the no-show charge assessed for a missed counseling/mental health appointment (non-psychiatry) at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

Please enter your response in dollars using whole numbers with no commas nor decimal points. Enter negative 9 ("-9") if you can't answer.

	AY 2023-2024	AY 2024-2025 (enter new value here)
mental health no-show charge		

Please indicate the number of Full-time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year.

Please only include staff dedicated to student care. If you have staff who provide care to both students and employees 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.) Some positions may be listed under a different section in the IPS as compared to at your institution. Please provide the FTE's by position, regardless of the survey section or department they report to.

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.

Note: Every row requires an entry. Please enter zero ("0") if you do not have an FTE for certain positions (you can use the TAB key to move through each position).

28: FTE Mental Health Professional Staff Provider at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year. Do NOT include psychiatric providers here. You will have a separate opportunity to report on FTE for Psychiatric Services, Health Promotion and Wellness, Other Medical Staff, Administration and Support Staff in subsequent sections.

AY 2024-2025 IPS Worksheet

	AY 2023-2024	AY 2024-2025 (enter new values here)
Doctoral prepared mental health provider (PhD, PsyD)		
Master's prepared mental health provider (MSW, LCSW, LPC, LMHC, MFT, etc.)		
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
prepared mental health
providers not listed above
(please specify):



Total

AY 2024-2025 IPS Worksheet

28A. Which electronic health records product did you use for MENTAL HEALTH services at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

- ☐ Careflow
- ☐ Cerner
- ☐ GE Centricity
- ☐ E-ClinicalWorks
- ☐ EPIC
- ☐ Magnus Health
- ☐ Mediat
- ☐ NextGEN
- ☐ NueMD
- ☐ Point and Click Solutions
- ☐ Practice Fusion
- ☐ PyraMED
- ☐ Titanium
- ☒ None- we use paper only
- ☐ Other EHR product (please specify): _____
- ☐ N/A

PSYCHIATRIC SERVICES

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

- ☐ Yes
- ☐ No → Skip to question 34

30. Did (DEPARTMENT NAME) offer telepsychiatry services during the 2024-2025 Academic Year?

- ☐ 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
- ☐ No

31. Was there a per-visit fee/co-pay assessed to students for psychiatric appointments when visiting (DEPARTMENT NAME) during the 2024-2025 Academic Year?

- ☐ No
- ☐ Sometimes, students are offered a number of free sessions before a co-pay is assessed
- ☐ 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.
- ☐ 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.

Question 31A will only appear if the answer to question 31 is that students paid a standard per-visit fee or co-pay.

31A. What was the per-visit fee/co-pay for a new patient/initial psychiatric appointment at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

Please enter your response in dollars using whole numbers with no commas nor decimal points. Enter negative 9 ("-9") if you can't answer.

	AY 2023-2024	AY 2024-2025 (enter new value here)
initial psychiatric appointment fee		

Question 31B will only appear if the answer to question 31 is that students paid a standard per-visit fee or co-pay.

31B. What was the per visit fee/co-pay for follow up psychiatric appointments at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

Please enter your response in dollars using whole numbers with no commas nor decimal points. Enter negative 9 ("-9") if you can't answer.

	AY 2023-2024	AY 2024-2025 (enter new value here)
follow up psychiatric per-visit fee or co-pay		

32. Were students assessed a charge if they missed a psychiatric appointment at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

☐ Yes

☐ No

Question 32A will only appear if the answer to question 32 is "Yes".

32A. What was the no-show charge assessed for a missed psychiatric appointment at (DEPARTMENT NAME) during the 2024-2025 Academic Year?

Please enter your response in dollars using whole numbers with no commas nor decimal points. Enter negative 9 ("-9") if you can't answer.

	AY 2023-2024	AY 2024-2025 (enter new value here)
psychiatric no-show charge		

Please indicate the number of Full-time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year.

Please only include staff dedicated to student care. If you have staff who provide care to both students and employees 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.) Some positions may be listed under a different section in the IPS as compared to at your institution. Please provide the FTE's by position, regardless of the survey section or department they report to.

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.

Note: Every row requires an entry. Please enter zero ("0") if you do not have an FTE for certain positions (you can use the TAB key to move through each position).

AY 2024-2025 IPS Worksheet

33. FTE Psychiatric Services Provider at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year. You will have a separate opportunity to report on FTE for Health Promotion and Wellness, Other Medical Staff and Administration and Support Staff in subsequent sections.

	AY 2023-2024	AY 2024-2025 (enter new values here)
Attending Physician (Psychiatry)	<div></div>	
Resident Physician (Psychiatry)		
Fellow Physician (Psychiatry)		
Nurse Practitioner (Psychiatry)		
Physician Assistant (Psychiatry)		
Total		

34. Did you contract for additional services (medical or mental health) to augment on campus services through third-party vendor(s) during the 2024-2025 Academic Year? (e.g. UWill, MySSP/TELLUS Health, TimelyCare, ProtoCall, 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)

HEALTH PROMOTION AND WELLNESS/HEALTH EDUCATION

35. Do you have Health Promotion/Wellness/Health Education Staff at (DEPARTMENT NAME)?

☐ Yes

☐ No → **Skip to question 37**

Please indicate the number of Full-time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year.

Please only include staff dedicated to student care. If you have staff who provide care to both students and employees 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.) Some positions may be listed under a different section in the IPS as compared to at your institution. Please provide the FTE's by position, regardless of the survey section or department they report to.

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 operating 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.

Note: Every row requires an entry. Please enter zero ("0") if you do not have any FTE for certain positions (you can use the TAB key to move through each position).

AY 2024-2025 IPS Worksheet

36. FTE Health Promotion/Wellness/Health Education Staff at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year. You will have a separate opportunity to report on FTE for Other Medical Staff and Administration and Support Staff in subsequent sections.

AY 2024-2025 IPS Worksheet

	AY 2023-2024	AY 2024-2025 (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)		
Other staff in health promotion/prevention/health education not listed above (please include support staff)		
Total		

Please indicate the number of Full-time Equivalents (FTE) at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year.

Please only include staff dedicated to student care. If you have staff who provide care to both students and employees 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.) Some positions may be listed under a different section in the IPS as compared to at your institution. Please provide the FTE's by position, regardless of the survey section or department they report to.

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 operating 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.

Note: Every row requires an entry. Please enter zero ("0") if you do not have an FTE for certain positions (you can use the TAB key to move through each position).

37. FTE Other medical staff not listed under medical providers or mental health providers at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year. You will have a separate opportunity to report on FTE for Administration and Support Staff in the next section.

AY 2024-2025 IPS Worksheet

	AY 2023-2024	AY 2024-2025 (enter new values here)
Optometrist		
Optician or Optical technician		
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		
Radiology Technologist		
Phlebotomy		
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		

38. FTE Administration and Administrative Support Staff at (DEPARTMENT NAME) as budgeted at the start of the 2024-2025 Academic Year.

AY 2024-2025 IPS Worksheet

	AY 2023-2024	AY 2024-2025 (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		
Epidemiologist		
Data Analyst		
Quality Management/Quality Improvement		

Marketing/Communications		
Reception/Front Desk		
Other administration or administrative support staff not listed above and not reported in previous FTE questions (e.g. general administration, billing, clerical support)		
Graduate Student (paid assistantship)		
Total		

39A. Did (DEPARTMENT NAME) offer basic needs assistance services during the 2024-2025 Academic Year?

- ☐ Yes, direct visits with (DEPARTMENT NAME) staff
- ☐ Yes, referral to other department after appointment
- ☐ No

39B. In which office are these staff primarily located in?

- ☐ Medical Services/Primary Care
- ☐ Counseling & Psychological Services
- ☐ Health Promotion
- ☐ Administration
- ☐ Patient Advocate or Care Coordination
- ☐ Other (please explain): _____

AY 2024-2025 IPS Worksheet

The 4 answer options for question 40 are: Internal facility/unit/organization staff, Other campus resource or office, Contracted externally or No support for this function.

40. Please indicate how administrative support services were provided for (DEPARTMENT NAME) during the 2024-2025 Academic Year.

	Primary support provided by:	Secondary support provided by:
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 of Clinical Services (e.g. quality improvement, student satisfaction, accreditation monitoring, etc.)		

41. What was your expense budget for each type of services medical, mental health, prevention/health promotion and other administrative services for students for (DEPARTMENT NAME) for the 2024-2025 Academic Year? If your budget is not disaggregated into the categories as requested below, please enter the entire budget in the "Aggregate budget" line (and write in '-9' for the other categories).

Notes:

- Enter negative 9 ("-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.
- Place any budget for clinical preventive services in "medical services," and not in "prevention/health promotion costs."
- Each row must contain a number.

AY 2024-2025 IPS Worksheet

	AY 2023-2024	AY 2024-2025 (enter new values here)
Medical Services		
Mental Health Services		
Prevention/Health Promotion Costs (non-clinical services)		
Administrative Costs (not allocated above)		
Other (please specify):		
Aggregate budget (if your budget cannot be disaggregated as listed, enter entire budget here)		
Total		

42. What was the contribution of various sources of funding (revenue) for medical, mental health, and wellness services for students for (DEPARTMENT NAME) for the 2024-2025 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 negative 9 ("-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.

AY 2024-2025 IPS Worksheet

	AY 2023-2024	AY 2024-2025 (enter new values here)
Health Fee (mandatory and supplemental)		
Insurance Capitation Funds		
Fee-for-Service, Insurance Collections, and Self-pay		
General Fund		
Grants		
Endowment Income		
Other (please specify):		
Total		

43. How did your TOTAL expense budget for the 2024-2025 Academic Year change from the 2023-2024 budget?

- ☐ No change – the budget stayed the same
- ☐ 2024-2025 budget was higher than the 2023-2024 budget (please specify % by entering only the number): _____
- ☐ 2024-2025 budget was lower than the 2023-2024 budget (please specify % by entering only the number): _____
- ☐ Don't know

44. Did (DEPARTMENT NAME) have a Student Advisory Committee or Board during the 2024-2025 Academic Year?

- ☐ Yes
- ☐ No

45. Please identify the division/department to which (DEPARTMENT NAME) reported during the 2024-2025 Academic Year.

- ☐ Academic Affairs or similar
- ☐ Academic Medical Center or Medical School
- ☐ Business Affairs or similar (i.e., Risk Management, Human Resources/Employee Benefits/Purchasing)
- ☐ Office of the President or Chancellor
- ☐ Provost
- ☐ Student Affairs or similar
- ☐ Student Government or similar
- ☐ Other (please specify): _____

46. 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 2024-2025 Academic Year.
- ☐ Data from facilities/units/organizations that provided services primarily for students during the 2024-2025 Academic Year is missing from this profile. The profile should be flagged as incomplete.

Question 46A will only appear if the answer to question 46 is that the profile is incomplete.

46A. How many facilities/units/organizations are missing from this profile for the 2024-2025 Academic Year?

Question 46B will only appear if the answer to question 46 is that the profile is incomplete.

46B. 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 2024-2025 Academic Year.

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

This concludes Section A. You will now proceed to Section B, which includes questions on institutional policies and programs.

Section B: The next set of questions is about policies and services that are institution wide.

Please note that all responses given in this Institutional Profile should pertain only to the 2024-2025 Academic Year and may be different than responses you'd give about current services and policies.

Any responses pre-populated for you were transferred from your IPS submission for Academic Year 2023-2024. Please review these pre-populated responses for accuracy in AY 2024-2025 and revise as necessary. Any blank items (not pre-populated) need to be answered to proceed through the survey.

AY 2024-2025 IPS Worksheet

47. Which of the following examples of organizational structures most closely represented the structure of your institution's medical, counseling, health promotion services during the 2024-2025 Academic Year?

- ☐ All units reported directly to one administrator
- ☐ All units reported to one administrator, but only one of the three were direct reports
- ☐ All units reported to one administrator, but only two of the three were direct reports
- ☐ Units were split in their reporting structure between two administrators
- ☐ Units reported to three or more administrators
- ☐ A single, administratively integrated unit reported to one administrator

47A. Are there additional comments you'd like to provide to further explain or clarify the response you provided for the last question?

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

48. What is the primary professional identity of the Director of (DEPARTMENT NAME) during the 2024-2025 Academic Year?

- ☐ Physician (non-psychiatrist)
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Counselor/Social Worker/MFT/LPC
- ☐ Nurse Practitioner/Physician Assistant
- ☐ Nurse
- ☐ Pharmacist
- ☐ Health Educator
- ☐ Health Administrator
- ☐ Higher Education Professional
- ☐ Public Health Professional
- ☐ Other (please specify): _____

49. Did any of the following student support services report to senior health, wellness or counseling leadership during the 2024-2025 Academic Year?

AY 2024-2025 IPS Worksheet

	Reported to Counseling Services	Reported to Medical Services	Reported to Health Promotion Services	Reported to Senior Administrator of combined services (counseling, medical, and health promotion)	Reported to another department	Not Applicable
Athletic Medicine (e.g. serving NAIA/NCAA/NJCAA athletes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletic Trainers (e.g. serving NAIA/NCAA/NJCAA athletes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title IX	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Support and Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Intervention Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threat Assessment/Threat Director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collegiate Recovery Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Violence Services/Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic Needs Assistance Services (food pantry, emergency aid, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

☐ ☐ ☐ ☐ ☐ ☐

50. Did your institution offer a university-sponsored student health insurance/benefit plan (SHIBP) to any of the following groups of students during the 2024-2025 Academic Year? (Select all that apply)

	Full-time	Part-time	On-campus	Online	Domestic	International	Select Populations Only	None or N/A
Undergraduate students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/non-degree students (earning academic credits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term campus affiliates (no credits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Please use this space to explain any "select population only" responses for groups of students offered health insurance:**

Question 51 will only appear if the answers to question 50 are NOT “None or N/A”.

51. Did your institution offer a single university-sponsored student health insurance/benefit plan (SHIBP) to all eligible students during the 2024-2025 Academic Year?

- ☐ Yes – we had a single plan that covered all classes of students (e.g., domestic, international, graduate student teaching assistants/researchers)
- ☐ No - we had multiple plans based on benefit package
- ☐ No – we had one or more plans based on student classification
- ☐ No - we had multiple plans based on benefit package AND on student classification

52. Which students were subject to an insurance requirement as a condition of enrollment during the 2024-2025 Academic Year? (Select all that apply)

	Full-time	Part-time	On-campus	Online	Domestic	International	Select Populations Only	None or N/A
Undergraduate students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/non-degree students (earning academic credits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please use this space to explain any "Select Populations Only" responses for required health insurance:

53. Does your campus have access to data reflecting the percentage of underinsured students on your campus (i.e. through direct collection of insurance information?) If estimates are available only through population surveys such as the ACHA-NCHA, please answer "no."

☐ Yes

☐ No

Question 54 will only appear if the answer to question 53 is "Yes".

54. What percentage of students on campus were underinsured in the 2024-2025 Academic Year?

☐ 0 - 4%

☐ 5 - 9%

☐ 10 - 24%

☐ 25 - 49%

☐ More than 50%

☐ Data not available (the individual completing the survey is unable to access and/or share available data for this question)

55. Did your institution require or recommend students to have any of the following immunizations during the 2024-2025 Academic Year:

	Required for all students	Required for some students	Recommended	Neither required nor recommended
Measles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mumps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rubella	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tetanus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diphtheria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pertussis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningococcal (ACYW)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningococcal (B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Varicella	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza (flu)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 56 will only appear if the answer to question 55 was “Required for some students”.

56. Which students were required to have these vaccinations during the 2024-2025 Academic Year? (Select all that apply)

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	All on-campus (face to face) graduate/professional students	All on-campus (face to face) undergraduates	Residence Hall students	Risk- based (e.g. health sciences students)	All on- campus international Students	Age- based	Other
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal (ACYW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Influenza (flu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 56A will only appear if the answer to question 56 is "Other".

56A. *Please use this space to explain any "other" responses for students required to have vaccinations

57. Did your institution require TB screening (a risk assessment followed by testing, if indicated) for incoming students during the 2024-2025 Academic Year? (Select all that apply)

- ☐ Yes, all students
- ☐ Yes, health sciences students
- ☐ Yes, international students
- ☐ Yes, international students from high-risk countries only
- ☒ No

58. Please indicate any accreditation status held during the 2024-2025 Academic Year by any of the student health or counseling facilities providing services on your campus. (Select all that apply)

- ☐ ☒ Not accredited
- ☐ Accredited by AAAHC
- ☐ Accredited by The Joint Commission (formerly JCAHO)
- ☐ Accredited by IACS
- ☐ Accredited APA training site
- ☐ Accredited by another agency (please specify):

59. Were your health services accredited as a Primary Care Medical Home or a Patient Centered Medical Home during the 2024-2025 Academic Year?

- ☐ Yes, by Accreditation Association for Ambulatory Health Care (AAAHC)
- ☐ Yes, by National Committee for Quality Assurance (NCQA)
- ☐ Yes, by The Joint Commission (formerly JCAHO)
- ☐ Yes, by another agency (please specify):

- ☐ No

60. Did your institution have an institution-wide committee or coalition dedicated to health and wellness during the 2024-2025 Academic Year?

- ☐ Yes, focused on the entire campus community
- ☐ Yes, focused on students only
- ☐ No

61. Did your institution set and monitor progress towards objectives to improve the health and well-being of students during the 2024-2025 Academic Year?

☐ Yes

☐ No

62. Did your institution set and monitor progress towards objectives to improve the health and well-being of faculty and staff during the 2024-2025 Academic Year?

☐ Yes

☐ No

63. Did your institution conduct regular assessment of students' health behavior and health status during the 2024-2025 Academic Year?

☐ Yes

☐ No

64. Did your institution conduct regular assessment of faculty and staff health behavior and health status during the 2024-2025 Academic Year?

☐ Yes

☐ No

65. Did your institution have, during the 2024-2025 Academic Year, one or more formal peer health education groups affiliated with an office or department in which health promotion and prevention was the primary role?

☐ Yes

☐ No

66. Did your institution hold any of the following designations, or participate in any of the following programs during the 2024-2025 Academic Year? (Select all that apply)

- ☐ American Cancer Society Tobacco-Free Generation Campus Initiative
- ☐ Campus Prevention Network Seal of Prevention
- ☐ Exercise is Medicine
- ☐ Food Recovery Network
- ☐ Human Rights Commission Health Equity Index (HEI) Equality Leader or Top Performer (score of 80 or higher). Check your score.
- ☐ JED Campus Program
- ☐ NASPA BACCHUS Initiative
- ☐ Okanagan Charter Signatory
- ☐ Partnership for a Healthier America Healthier Campus Initiative
- ☐ VA Vital Program
- ☐ Campus Nature Rx Network
- ☐ Other designation/initiative (please specify):

- ☐ ☒ None of the above

67. What was your institutional tobacco policy during the 2024-2025 Academic Year?

- ☐ Tobacco use was permitted on campus
- ☐ The campus was smoke-free but permitted the use of other forms of tobacco
- ☐ The institutional Tobacco Policy prohibited most forms of tobacco use but permitted the use of e-cigarettes
- ☐ The institution had a Tobacco Policy that prohibited use in most spaces, but had designated areas where tobacco use was permitted.
- ☐ The institution had a Tobacco Policy that allowed use in most outdoor spaces, but prohibited tobacco use indoors and within a certain distance from building entrances and windows.
- ☐ The institution had a Tobacco Free Campus Policy that included the prohibition of all tobacco use, including e-cigarettes

68. What was your institutional alcohol policy during the 2024-2025 Academic Year? (Select all that apply)

- ☐ The institution's main campus was primarily considered to be a dry campus in which the sale or consumption of alcohol was not permitted, regardless of legal age.
- ☐ The institution's main campus was primarily considered to be a dry campus but exceptions were made in certain areas, such as a faculty club, pub, or dining establishments, or for special events.
- ☐ Alcohol use was not permitted in campus residence halls regardless of age
- ☐ Alcohol use was permitted in residence halls for students over the age of 21
- ☐ The institution permitted alcohol sales in some or all sports venues
- ☐ The institution had a policy that prohibited alcohol advertisement
- ☐ ☒ None of the above

69. Did your campus have a collegiate recovery community (CRC) or offer services for students in recovery from substance use disorders during the 2024-2025 Academic Year?

☐ Yes

☐ No

Question 69A will only appear if the answer to question 69 is "Yes".

69A. Was your collegiate recovery community (CRC) a member of the Association of Recovery in Higher Education during the 2024-2025 Academic Year?

☐ Yes

☐ No

☐ Don't know

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70. Where was naloxone available on campus during the 2024-2025 Academic Year? (Select all that apply)

- ☐ ☒ Naloxone was not available on campus
- ☐ At the Student Health Service
- ☐ Available in residence halls
- ☐ Carried by campus police, security and public safety
- ☐ Carried by EMTs or other first responders
- ☐ Available at on-campus pharmacies by standing order
- ☐ Available at on-campus pharmacies by prescription
- ☐ Available in on-campus vending machines
- ☐ Available with AEDs or emergency boxes
- ☐ Availability in other areas of campus (please specify):

☐ ☒ Don't know

71. Where were fentanyl test strips (FTS) available on campus during the 2024-2025 Academic Year?

(Select all that apply)

- ☐ ☒ FTS were not available on campus
- ☐ At the Student Health Service
- ☐ Available in residence halls
- ☐ Available in on-campus vending machines
- ☐ Availability in other areas of campus (please specify):

- ☐ ☒ Don't know

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72. On which of the following topics did your institution require education (outside of a class) for students during the 2024-2025 Academic Year: (Select all that apply)

- ☐ Alcohol
- ☐ Bystander intervention/ community support expectations
- ☐ Drugs
- ☐ Nutrition
- ☐ Online/Digital safety
- ☐ Physical Activity
- ☐ Relationship/domestic violence
- ☐ Sexual violence
- ☐ Sleep
- ☐ Stress and/or emotional well-being
- ☐ Suicide Prevention
- ☒ None of the above

73. Did your institution require a personal health class as part of the undergraduate curriculum during the 2024-2025 Academic Year?

- ☐ Yes
- ☐ No

73B. Did your institution require a physical education class as part of the undergraduate curriculum during the 2024-2025 Academic Year?

☐ Yes

☐ No

74. Which of the following best describes your institutional policy regarding guns during the 2024-2025 Academic Year? Exclude weapons carried by police and other public safety officers.

☐ Individuals were prohibited from possessing guns on campus

☐ Individuals were permitted to possess guns with restrictions in personal residences on campus

☐ Individuals were permitted to possess guns with restrictions in personal vehicles on campus

☐ Individuals with a concealed carry permit were permitted to possess guns only in designated areas of campus

☐ Individual with a concealed carry permit were permitted to possess guns anywhere on campus

☐ Other (please specify): _____

☐ Don't know

75. Were recreational facilities (equipment or space for physical activity) available on campus during the 2024-2025 Academic Year?

☐ There were no recreational facilities available on campus for students

☐ Recreational facilities were not available on campus, but campus contracted with a local facility to provide access to students.

☐ Recreational facilities were available and the cost for students to use the facilities was covered in tuition or mandatory student services fees.

☐ Recreational facilities were available and the cost for students to use the facilities was covered in tuition or mandatory student services fees, however, there were additional charges for certain services or within the facility such as spin classes.

☐ Recreational facilities were available and students paid extra (beyond tuition and mandatory fees) to use them

☐ Don't Know

☐ None of the above

76. What type of condom accessibility did you offer on campus during the 2024-2025 Academic Year?
(Select all that apply)

- ☐ Condoms were free
- ☐ Condoms were available for purchase and the cost was substantially subsidized
- ☐ Condoms were available for purchase at a cost comparable to what students would have paid at a drugstore
- ☐ ☒ Condoms were not available on campus
- ☐ ☒ Don't Know

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77. Did your campus have a Medical Amnesty policy during the 2024-2025 Academic Year?

- ☐ Yes, for alcohol only
- ☐ Yes, for other drugs only
- ☐ Yes, for alcohol AND other drugs
- ☐ No

78. The next set of questions are quick yes/no/don't know questions about a number of campus policies and services during the 2024-2025 Academic Year. Please select the best response for each row.

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	Yes	No	Don't know
Did your institution have healthy vending policies to enhance access to healthier food items?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your institution have a sugar-free beverage policy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were energy drink sales prohibited on campus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your campus have point of service information about foods sold on campus (nutrition information or "healthy item" indicators)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your campus have drinking water refill stations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your campus have a farmer's market?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your campus have a community garden?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your campus have a food pantry or other support for food insecure students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your campus have a bike-share program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your campus have pedestrian malls (areas of campus where cars and/or other wheeled transportation methods are not permitted)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your institution have a consensual relationship policy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your institution require a syllabus statement relating to mental health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did your campus have 24-hour libraries or other non-residential buildings? (Excludes Residence Halls)

☐☐☐

Did your campus have designated all gender restrooms?

☐☐☐

Did your institution have a breastfeeding support policy?

☐☐☐

Did your campus have lactation rooms to pump breast milk or feed infants?

☐☐☐

Were childcare services available on campus for students with children?

☐☐☐

Did your campus offer free or reduced-cost menstrual hygiene products?

☐☐☐

Did your campus offer access to emergency contraception via vending machines?

☐☐☐

Did your campus offer non-repayable emergency funding to students?

☐☐☐

Did your campus offer short-term transitional housing to students?

☐☐☐

Did your campus offer formal assistance with public benefits applications for students, such as meeting with a social worker or other provider?

☐☐☐

Did your campus have free/low-cost University transportation that goes off-campus?

☐☐☐

Does your campus offer formal assistance with enrollment in health insurance through a health insurance marketplace?



This concludes Section B. You will now proceed to Section C, if applicable.

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Section C: The next set of questions are in-depth questions about how your campus was organized to provide integrated primary health and behavioral health services through multidisciplinary collaborations/teams.

The ACHA Integrated College Health Coalition has developed a conceptual model describing the essential elements of the organization and delivery of integrated college health services.* This “Integration DNA” model uses the four bases of a DNA model (ATCG) as an acronym for the four foundational components of an integrated center: Administration, Technology, Clinical, and Geographic. Additionally, the model emphasizes the importance of relational, normative, and assessment (RNA) aspects of integrated organizations. The questions below ask you to reflect on the degree to which your campus offers an integrated health system and/or integrated health care to students along each dimension of the Integration DNA model.

Use the descriptors above the 1 to 10 scale in each row to guide your selection of one numeric rating for each of the 10 integration elements.

**Based on the MeHAF Site Self-Assessment for behavioral health integration: Scheirer, M.A., Leonard, B.A., Ronan, L., Boober, B.H. (2010). Augusta, Maine: Maine Health Access Foundation*

79A. Administration - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

		...is supportive in a general way, but views integrated/collaborative care as a “special project” rather than a change in usual care (values 2 – 4)	...is provided by senior administrators, as one of a number of ongoing quality improvement initiatives; few internal resources supplied (values 5 – 7)	...strongly supports care integration as a part of the organization’s expected change in care delivery strategy; provides support and/or resources for team time, staff education, information systems, etc. (values 8 – 10)						
	...does not exist (1)	2	3	4	5	6	7	8	9	10
Organizational leadership approach to integrated health care...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79B. Administration - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

		...occurs, but is minimal and secondary to other topics (values 2 – 4)	...present as one of multiple priorities, not a prominent aspect of the process (values 5 – 7)	...is fully supported and seen as an essential element as evidence in job descriptions, training programs, and/or multidisciplinary hiring committees (values 8 – 10)						
	...not present (1)	2	3	4	5	6	7	8	9	10
When hiring/onboarding new staff, a focus on integrated care and multidisciplinary competencies is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79C. Technology - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

	<div> ...is rare across separate EMR systems, and generally occurs with patient consent, an emergency/break the glass feature, or limited access by role (e.g. psychiatry, administrator) (values 2 – 4) </div> <div> ...occurs based on provider discretion within a shared system, but not all information is shared, with system settings or firewalls limiting access by role/responsibility (values 5 – 7) </div> <div> ...is routine, with primary care and behavioral health staff having full access to each other's clinical records; there are no firewalls or other access limitations for those staff involved in treatment (values 8 – 10) </div>
<div> Primary care and mental health staff accessing each other's electronic patient files... </div>	<div> <div> ... does not happen, the EMR systems are completely separate or firewalled (1) </div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> </div> <div> <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> </div>

79D. Technology - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

		...is rare (e.g. only care coordinators/case managers use the EMR to communicate across provider groups (values 2 – 4))	...occurs but is infrequent; cross referrals and messaging happens within the EMR, but not all providers use these features (values 5 – 7)	...is frequent with cross referrals and messaging within the EMR system done by most/all providers (values 8 – 10)						
Primary care and behavioral/mental health provider communication within the EMR system...	... does not occur (1)	2	3	4	5	6	7	8	9	10
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79E. Clinical - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

		...is not always assured; students with multiple needs are responsible for their own coordination and follow-up (values 2 – 4)	...is achieved for some patients through the use of a care manager or other strategy for coordinating needed care (values 5 – 7)	...is assured for all patients through systemic tracking and regular collaborative communication between providers (values 8 – 10)						
Continuity of care between primary care and behavioral/mental health...	... does not exist (1)	2	3	4	5	6	7	8	9	10
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79F. Geographic - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

	...is minimal, students typically have to access two separate spaces to receive primary care and behavioral/mental health care (values 2 – 4)	...is partially in place with some shared work spaces for collaborative care or other activities (e.g. reception, breaks, meetings) (values 5 – 7)	...is fully in place, with behavioral health and medical health providers all in one facility, providing integrated services, at times within a single treatment room (values 8 – 10)
Co-location of primary care and mental/behavioral health care staff...	... does not exist, students go to separate facilities for services (1) 2 3 4 5 6 7 8 9 10 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		

79G. Relational - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

	...limited; there are some connections and awareness between the groups (values 2 – 4)	...developing; there are positive connections and examples of routine collaborations (values 5 – 7)	...strong; there is high trust, respect and acceptance of each other's approaches to the provision of care (values 8 – 10)
The relationships between primary care and behavioral/mental health providers on campus are...	... minimal (1) 2 3 4 5 6 7 8 9 10 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		

79H. Normative - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

		...is evolving; some policies and norms related to integration/collaboration are under development (values 2 – 4)	...is present; newly formed policies and practices related to integrated care helping to build this culture (values 5 – 7)	...is strongly reflected in our center; primary care and behavioral/mental health staff share the same goal of providing comprehensive care as a multidisciplinary team (values 8 – 10)
A common culture that prioritizes integrating patient care...	... does not exist (1) 2 3 4 5 6 7 8 9 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79I. Normative - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

		...engaged some of the time, but some providers not enthusiastic about integrated care (values 2 – 4)	...is moderately consistent, but with some concerns; some providers not fully implementing intended integration components (values 5 – 7)	...all or nearly all providers are enthusiastically implementing all components of integrated care system (values 8 – 10)
Providers' engagement with integrated care ("buy-in")...	... is minimal (1) 2 3 4 5 6 7 8 9 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79J. Assessment - use the color-coded descriptors to guide your selection of one numeric rating for the following question:

		...is evolving; some evaluation is occurring, but it is ad hoc and decentralized (values 2 – 4)	...occurs, with assessment of integrated care incorporated into, but not explicitly emphasized with overall quality improvement efforts (values 5 – 7)	...is comprehensive and iterative; with strong focus on improving the structure, process, and outcomes of integrated care (values 8 – 10)						
A systematic process for evaluating integrated care efforts...	... does not exist (1)	2	3	4	5	6	7	8	9	10
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Integrated Practice Assessment Tool (IPAT)* helps organizations identify their level of integration based on the SAMHSA-HRSA Center for Integrated Health Solutions Standard Framework for Levels of Integrated Healthcare. A 'yes' response to any item should be a completely 'yes' response. Anything less (partially or mostly yes) should be a 'no' response.

*Based on the Integrated Practice Assessment Tool (IPAT)© V2.0 developed by Waxmonsky and colleagues; available at: https://healthcaretransformation.jsi.com/wp-content/uploads/2019/10/IPAT_v_2.0_FINAL.pdf

80A. Do you have behavioral health and medical providers physically located at your facility/working within the same administrative unit/department?

☐ No → Skip to Question 80D

☐ Yes

80B. Are medical and behavioral health providers equally involved in the approach to individual patient care and practice design?

☐ No → Skip to Question 80G

☐ Yes

80C. Are behavioral health and medical providers involved in care in a standard way across ALL providers and ALL patients?

☐ No → Skip to Question 80G

☐ Yes → Skip to Question 80H

80D. Do you routinely exchange patient information with other provider types (primary care, behavioral health, other)?

☐ No → End of questions

☐ Yes

80E. Do providers engage in discussions with other treatment providers about individual patient information?

☐ No → End of questions

☐ Yes

80F. Do providers personally communicate on a regular basis to address specific patient treatment issues?

- ☐ No → End of questions
- ☐ Yes → End of questions

80G. Do provider relationships go beyond increasing successful referrals with an intent to achieve shared patient care?

- ☐ No → End of questions
- ☐ Yes → End of questions

80H. Has integration been sufficiently adopted at the provider and practice level as a principal/fundamental model of care so that the following are in place?

- Are resources balanced, truly shared, and allocated across the whole practice?
- Is all patient information equally accessible and used by all providers to inform care?
- Have all providers changed their practice to an integrated model of care?
- Has leadership adopted and committed to integration as the model of care for the whole system?
- Behavioral health and primary care staff contribute equally to treatment plan development and tracking when the patient is shared.
- Diagnosis-based protocols for certain patient presentations (e.g., eating disorders; depression registry) that necessitate a multidisciplinary focus.
- Is population-based screening standard practice, and is screening used to develop interventions for both populations and individuals?
- Does the practice systematically track and analyze outcomes related for accountability and quality improvement?

- ☐ No → End of questions
- ☐ Yes → End of questions

Believe it or not, your Institutional Profile Survey for 2024-2025 is almost complete! When you hit the submit button below, your responses will be submitted and a summary of your responses will be displayed. Please download a copy of your submission for your records by clicking on the Download PDF link in the upper right corner of the next page. Please be sure to save a copy of your 2024-2025 responses as a reference for completing your 2025-2026 IPS.

If you notice an error in your submission prior to the deadline, please reach out to [Kawai Tanabe](#). We will send you a survey retake link that will allow you to correct your submission. Once the deadline has passed, changes cannot be made to your submission.

We thank you for the time and energy it took to complete your submission!

AY 2024-2025 IPS Worksheet