

Academic Year 2023-2024

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.

College Health and Well-Being Data Hub ("Data Hub") Institutional Profile Survey (IPS) 7.0 2023 - 2024 Academic Year

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

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

In this IPS 7.0 version, if an AY 2022-2023 IPS was submitted for your institution, we have provided a side-by-side comparison for all numeric data (e.g. visits, budget, FTE). We pre-populated data from your AY 2022-2023 in the left-hand column and have provided a new (empty) column on the right for AY 2023-2024 data. If an AY 2022-2023 IPS was not submitted for your institution, the side-by-side comparison data for 2022-2023 will be blank.

In addition, most multiple choice questions with single select options have been pre-selected for you based on your 2022-2023 responses. Please pay careful attention to the responses we pre-selected on your behalf to ensure the accuracy of the data as it pertains to AY 2023-2024. Multiple choice questions with a "select all that apply" option were NOT pre-selected, so will need to be filled out for AY 2023-2024. New questions are also left blank and will require an answer to proceed through the rest of the survey.

For your reference, a link to a copy of your 2022-2023 IPS as submitted was included in your survey invitation.

The IPS is organized in two sections:

Section A asks about services, number of visits, staffing, and budgets from all facilities/units/organizations whose primary mission is to provide medical, mental health, or health promotion services to students. We strongly encourage you to review Section A before completing it so you can better determine how many and which units to include for your campus: click here for a PDF copy. And if applicable, you can tell us how many and which facilities/units/organizations are missing from your responses at the end of Section A.

- Include in Section A only facilities/units/organizations whose primary mission is to provide services to students. Do not include any facilities/units/organizations whose primary mission is to provide services

to faculty or staff or members of the community. Also omit any facilities/units/organizations that may provide clinical care to students, but their primary mission is to train students in a clinical program.

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

Section B of the profile collects campus-wide information about policies, services, student health insurance, and immunization requirements. If you'd like to print a copy of Section B to review before completing it, click [here](#).

Definitions and Clarifications: We have incorporated hover text throughout the survey which will define many terms and measures used. The hover text can be identified by words in [blue font](#) with a dotted underline. Simply hover your mouse over those words and a definition will appear in a pop-up box. The list of definitions can also be found on our [website](#).

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 the institution as you progress through the survey.

Consent

By clicking the 'Begin Institutional Profile' button below, you agree that:

- Your IPS responses will be imported into the ACHA 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 is provided by a **single facility/unit/organization** .
- ☐ Data submitted in this IPS Section A should be considered a **COMPLETE** picture of the care and services available to students enrolled at (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 2023-2024 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 2023-2024 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 2023-2024 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
- ☐ Biofeedback
- ☐ Chiropractic
- ☐ Counseling, Couples
- ☐ Counseling, Crisis
- ☐ Counseling, Family
- ☐ Counseling, Group therapy
- ☐ Counseling, Personal
- ☐ 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
- ☐ 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
 - ☐ Other service not listed (please specify):
-

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

3C. You indicated that the following types of care were available at (DEPARTMENT NAME) during the 2023-2024 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"/>

3A. What type of laboratory services did you provide at (DEPARTMENT NAME) during the 2023-2024 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 3B will appear only if you selected "Primary Care" in question 3 above.

3B. Did you have one or more non-prescribing behavioral health staff person(s) (e.g. social worker, psychologist) embedded within primary care services at (DEPARTMENT NAME) to support short-term behavioral health interventions for patients within the primary care setting during the 2023-2024

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**

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 2023-2024 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 2022-2023	AY 2023-2024 (enter new value here)
Net assignable square footage		

5. Did (DEPARTMENT NAME) provide clinical care (medical or mental health services including psychiatry) during the 2023-2024 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 2023-2024 Academic Year.

Notes: Please enter whole numbers only, with no commas nor decimal points. Every row requires an entry. If you cannot provide an accurate response for any row, please enter negative 9 ("-9"), rather than guessing.

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)

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.

2023-2024 IPS Sect A Worksheet

	AY 2022-2023	AY 2023-2024 (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 2023-2024 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

	In-person visits		Telehealth visits		Total visits (in-person + telehealth)	
	AY 2022-2023	AY 2023-2024 (enter new values here)	AY 2022-2023	AY 2023-2024 (enter new values here)	AY 2022-2023	AY 2023-2024 (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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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 2023-2024 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 2023-2024 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 2023-2024 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 2023-2024 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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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.

16: FTE Medical Providers at (DEPARTMENT NAME) as budgeted at the start of the 2023-2024 Academic Year

	AY 2022-2023	AY 2023-2024 (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 2023-2024 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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 Academic Year?

	AY 2022-2023	AY 2023-2024 (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 2023-2024 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 2023-2024 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 2023-2024 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 2023-2024 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 2023-2024 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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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.

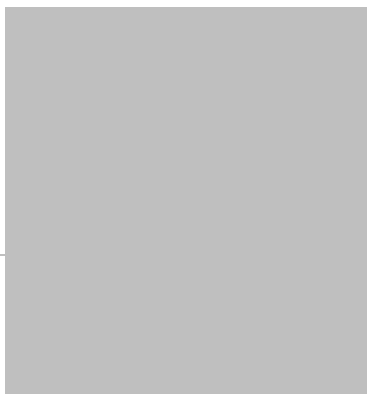
28: FTE Mental Health Professional Staff Provider at (DEPARTMENT NAME) as budgeted at the start of the 2023-2024 Academic Year.

2023-2024 IPS Sect A Worksheet

	AY 2022-2023	AY 2023-2024 (enter new values here)
Psychologist (PhD)		
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



2023-2024 IPS Sect A Worksheet

28A. Which electronic health records product did you use for MENTAL HEALTH services at (DEPARTMENT NAME) during the 2023-2024 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 2023-2024 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 2023-2024 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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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 2023-2024 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 2022-2023	AY 2023-2024 (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 2023-2024 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.

33. FTE Psychiatric Services Provider at (DEPARTMENT NAME) as budgeted at the start of the 2023-2024 Academic Year.

	AY 2022-2023	AY 2023-2024 (enter new values here)
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 2023-2024 Academic Year? (e.g. UWill, MySSP, TimelyCare, and others)

- ☐ No
- ☐ Yes, medical services (please specify vendor)

- ☐ Yes, mental health services (please specify vendor)

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

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 2023-2024 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.

36. FTE Health Promotion/Wellness/Health Education Staff at (DEPARTMENT NAME) as budgeted at the start of the 2022-2023 Academic Year.

	AY 2022-2023	AY 2023-2024 (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 2023-2024 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.

37. FTE Other medical staff not listed under medical providers or mental health providers at (DEPARTMENT NAME) as budgeted at the start of the 2023-2024 Academic Year.

	AY 2022-2023	AY 2023-2024 (enter new values here)
Optometrist		
Dentist		
Dental Hygienist		
Dental Assistant		
Registered Nurse (RN)		
Licensed Practical Nurse (LPN)/Licensed Vocational Nurse(LVN)		
Certified Medical Assistant or Technician		
Medical Assistant or Technician (not certified)		
Certified Nursing Assistant		

Pharmacist		
Pharmacy Technician		
Lab: Medical Technologist (MTASCP)		
Lab: Medical Laboratory Technician		
Radiology Technologist		
Physical Therapist (master's or doctoral)		
Athletic Trainer		
Physical Therapy Assistant		
Physical Therapy Aide		
Occupational Therapist		

Massage Therapist		
Acupuncturist		
Chiropractor		
Nutritionist		
Registered Dietitian		
Other clinical staff not listed above (please specify):		
Total		

38. FTE Administration and Administrative Support Staff at (DEPARTMENT NAME) as budgeted at the start of the 2022-2023 Academic Year.

	AY 2022-2023	AY 2023-2024 (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 29C (e.g. general administration, billing, clerical support)		
Graduate Student (paid assistantship)		
Total		

The 4 answer options for question 39 are: Internal facility/unit/organization staff, Other campus resource or office, Contracted externally or No support for this function.

39. Please indicate how administrative support services were provided for (DEPARTMENT NAME) during the 2022-2023 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		

40. 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 2023-2024 Academic Year? If the categories of your budget are not disaggregated as requested, please enter entire budget in "other" and indicate that the disaggregated figures are not available in the text box.

Notes:

- Enter 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, even if that number is 0.
- Place any budget for clinical preventive services in "medical services," and not in "prevention/health promotion costs."

	AY 2022-2023	AY 2023-2024 (enter new values here)
Medical Services		
Mental Health Services		
Prevention/Health Promotion Costs (non-clinical services)		
Administrative Costs (not allocated above)		
Other (please specify):		
Total		

41. What was the contribution of various sources of funding (revenue) for medical, mental health, and wellness services for students for (DEPARTMENT NAME) for the 2023-2024 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, even if that number is 0.

	AY 2022-2023	AY 2023-2024 (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		

42. How did your TOTAL expense budget for the 2023-2024 Academic Year change from the 2022-2023 budget?

- ☐ No change – the budget stayed the same
- ☐ 2023-2024 budget was higher than the 2022-2023 budget (please specify % by entering only the number): _____
- ☐ 2023-2024 budget was lower than the 2022-2023 budget (please specify % by entering only the number): _____
- ☐ Don't know

43. Did (DEPARTMENT NAME) have a Student Advisory Committee or Board during the 2023-2024 Academic Year?

- ☐ Yes
- ☐ No

44. Please identify the division/department to which (DEPARTMENT NAME) reported during the 2023-2024 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): _____

45. 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 2023-2024 Academic Year.

☐ Data from facilities/units/organizations that provided services primarily for students during the 2023-2024 Academic Year is missing from this profile. The profile should be flagged as incomplete.

Question 45A will only appear if the answer to question 45 is that the profile is incomplete.

45A. How many facilities/units/organizations are missing from this profile for the 2023-2024 Academic Year?

Question 45A will only appear if the answer to question 45 is that the profile is incomplete.

45B. 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 2023-2024 Academic Year.

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

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