

# The Association for University and College Counseling Center Directors Annual Survey

Reporting period: September 1, 2010 through August 31, 2011

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## About The AUCCCD Annual Survey and Report

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

In the Fall of 2011 over 700 college and university counseling center directors were invited to respond to the Association for University and College Counseling Center Directors Annual Survey. The survey was administered via a secure internet interface. The reporting period for the 2010 Annual Survey is from September 1, 2010 through August 31, 2011. This monograph serves to provide a summary of data reported in the AUCCCD Annual Survey. Participating members also have access to the online reporting features of the survey including data filtering and export. A total of 417 Directors completed the 2011 survey.

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## Executive Summary

- A total of 416 counseling center directors completed the 2011 AUCCCD survey. This represents a 54% completion rate.

- The top three groups of directors when considering years of experience were 0-3 years (26%), 4-6 years (23%), and 15 years and above (20%).

-Seventeen percent (17%) of directors identified as being from non-white racial/ethnic backgrounds.

- The majority of directors were Female (59%) with the majority of female directors having less than 10 years of experience.

- Fourteen percent (14%) of directors identified as Gay, Lesbian, or Bisexual.

- More than 53% of the directors completing the survey were from institutions with less than 7,500 students.

- Twenty-eight percent (28%) of directors were from religiously affiliated institutions.

- Forty Seven percent (47%) of directors were from public colleges or universities and forty-eight percent (48%) were from private colleges or universities.

- Two percent (3%) of directors were from Historically Black Colleges or Universities and 12% were from Hispanic Serving Institutions.

- Twenty-four percent (24%) of directors reported that their centers were accredited by IACS (International Association of Counseling Services).

- Seven percent (7%) of counseling center directors reporting being from a “one-person counseling center.”

- Sixty-nine percent (69%) of directors reported having a training program at their center.

- Twenty-five percent (25%) of directors reported that they were from centers that were administratively integrated with a health service.

- Directors reported that 26% of their staff identified as non-white, 69% identified as female, 12% identified as GLBT, and 4% identified as having some form of diagnosed disability.

The trend for budgets of counseling centers to increase has continued with 52% of centers reporting an increase. Mandatory student fees supporting the counseling center were reported by 50% of center.

- Fifty-one percent (51%) of directors reported having some form of session limits.

- Less than one percent of directors reported having a lawsuit filed against their center in the past year.

- Thirty-nine percent (39%) of directors reported gaining professional clinical or psychiatric staff during the past year.

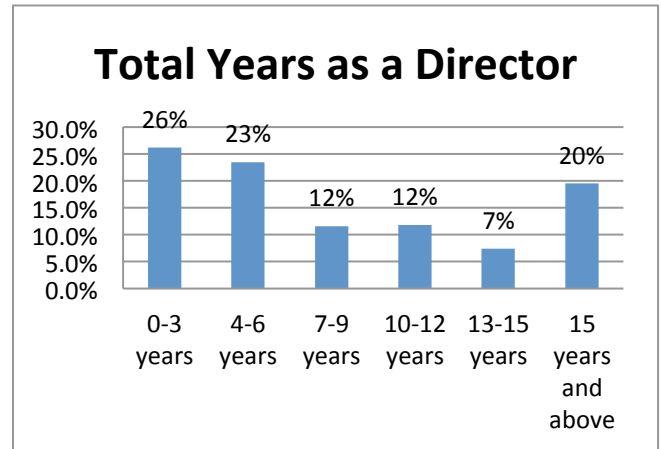
- Six percent (6%) reported losing professional clinical or psychiatric staff during the past year.

- The average percent of time spent by a full time, non-administrative counselor at a counseling center providing direct services (individual/group counseling, intakes, crisis intervention, and assessment) is 60% or 24hours per week.

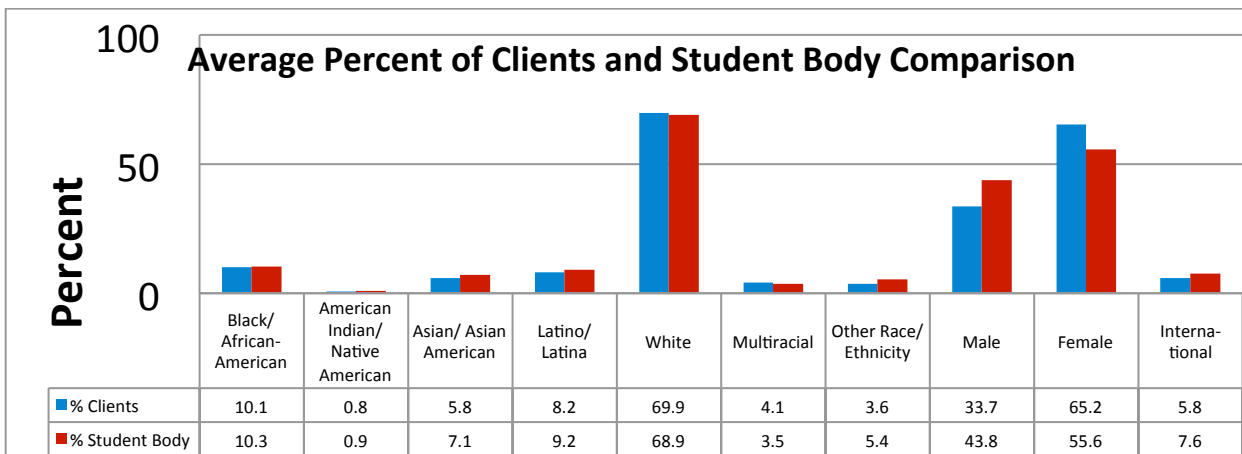
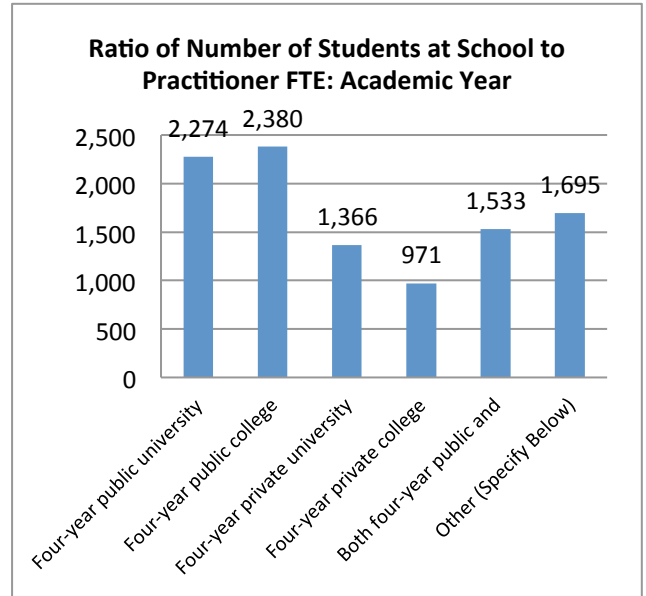
-Counseling Center continue to gain staff member FTE at a much higher level than those losing staff (gained 5.1 staff for every 1 lost).

- The average paid mental health staff and intern to student ratio was 1 to 1,647.

- The average paid mental health staff to student ratio was 1 to 1,879.

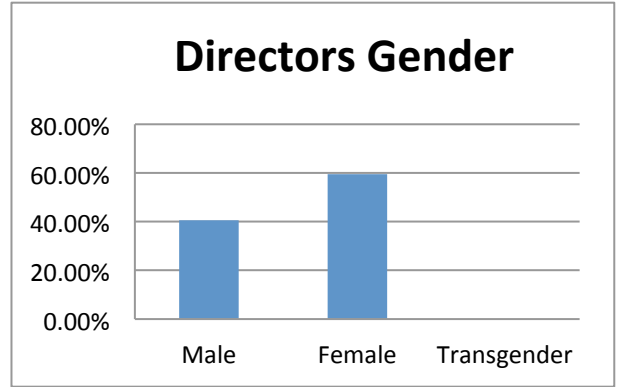


- Staffing levels at private institutions tends to be greater than at public.
- Male director salaries were 10% higher than Female director salaries on average. The difference by gender is less substantial but still present at public universities and colleges. It seems to be independent of size of school.
- The average percent of students seeking counseling services is 10%.
- The percentage of students seeking services increased as institutional size decreased and also for private schools.
- The frequency of presenting concerns: Self injury – 9%; Depression – 37%; Anxiety – 41%; Alcohol abuse/dependence – 12%; Eating Disorders - 7%; Suicidal thoughts/behavior – 16%
- On average, 25% of clients were taking psychotropic medications.
- Seventy percent (70%) of directors reported that Psychiatric services are offered on their campus and 2/3 report that amount of psychiatric services are inadequate.
- Sixty-five percent (65%) of center provide diagnosis with forty-eight percent providing diagnosis on most of their clients.
- Eighty-five percent of directors reported that they used electronic record keeping systems. This is up from sixty nine percent (69%) utilization in the prior year. The majority (67%) use them for both scheduling and recordkeeping.
- One percent (1%) of directors reported that their centers offered online counseling.
- Utilization of counseling centers by diverse groups is generally at the level of the groups proportion of the campus student body. The significant deviation from this was with male students only making up 34% of clients but 44% of the student body.

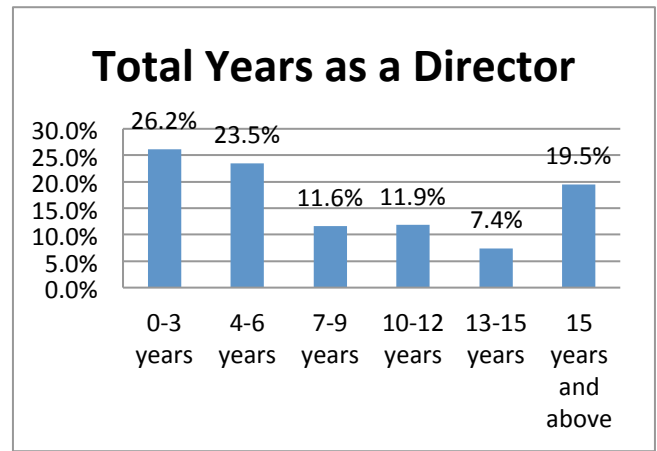


## Director Demographics

<b>Total Years as a Director (D004)</b>		
	Frequency	Percent
0-3 years	106	26.2%
4-6 years	95	23.5%
7-9 years	47	11.6%
10-12 years	48	11.9%
13-15 years	30	7.4%
15 years and above	79	19.5%
Total	405	100.0%

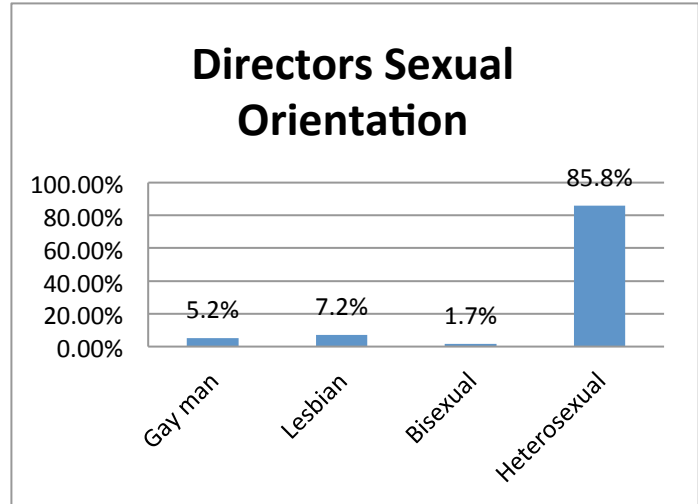


<b>Director Racial/Ethnic Background (D005)</b>		
	Frequency	Percent
Black/African American	32	7.9%
Asian/Asian American	15	3.7%
Latino/Latina	10	2.5%
White/Caucasian	333	82.6%
Multiracial	10	2.5%
Other (Specify Below)	3	0.7%
Total	403	
Iranian/Middle East	1	
Irish American	1	
Peruvian	1	

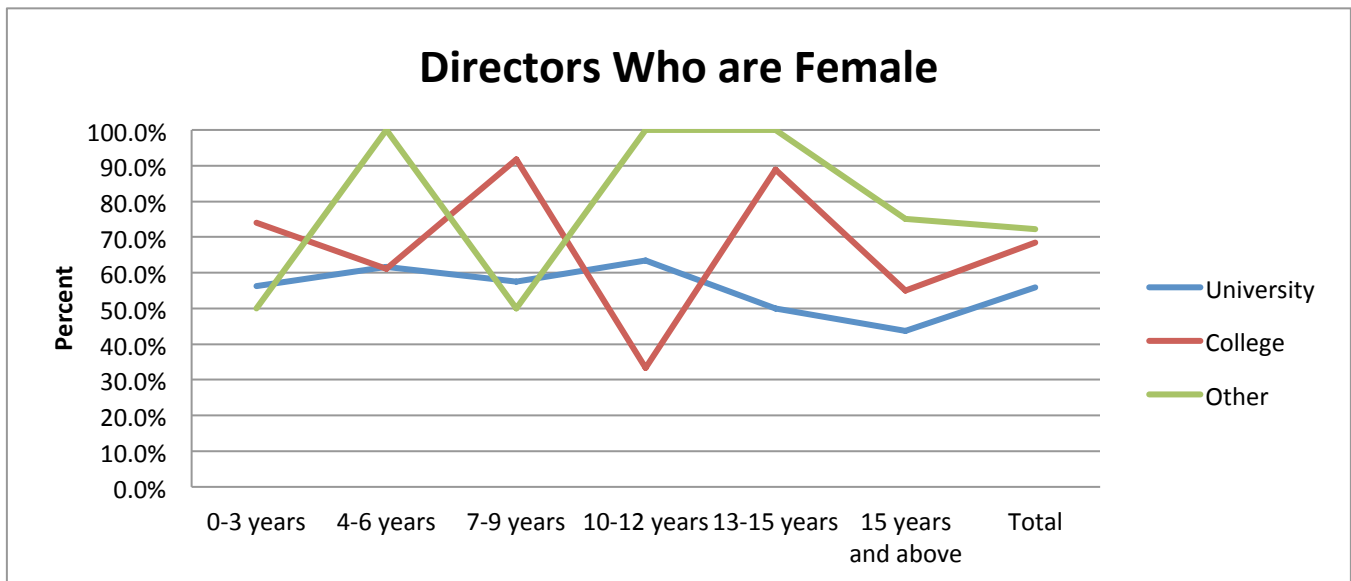


<b>Directors Gender (D006)</b>		
	Frequency	Percent
Male	169	40.63%
Female	247	59.38%
Transgender	0	0.00%
Total	416	

**Female Director Percent: Collapsed School Status by Years as a director by School Status**



	University	College	Other
0-3 years	56.2%	74.1%	50.0%
4-6 years	61.6%	61.1%	100.0%
7-9 years	57.6%	91.7%	50.0%
10-12 years	63.4%	33.3%	100.0%
13-15 years	50.0%	88.9%	100.0%
15 years and above	43.6%	55.0%	75.0%
Total	55.9%	68.5%	72.2%

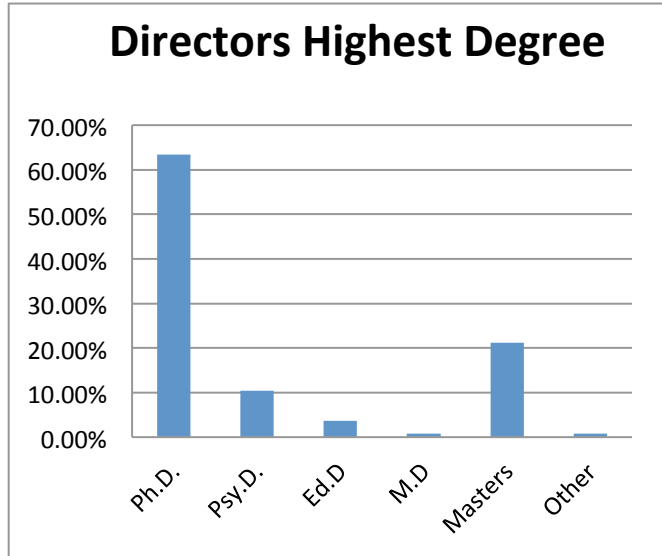


<b>Directors Sexual Orientation (D007)</b>		
	Frequency	Percent
Gay man	21	5.24%
Lesbian	29	7.23%
Bisexual	7	1.75%
Heterosexual	344	85.79%
Total	401	

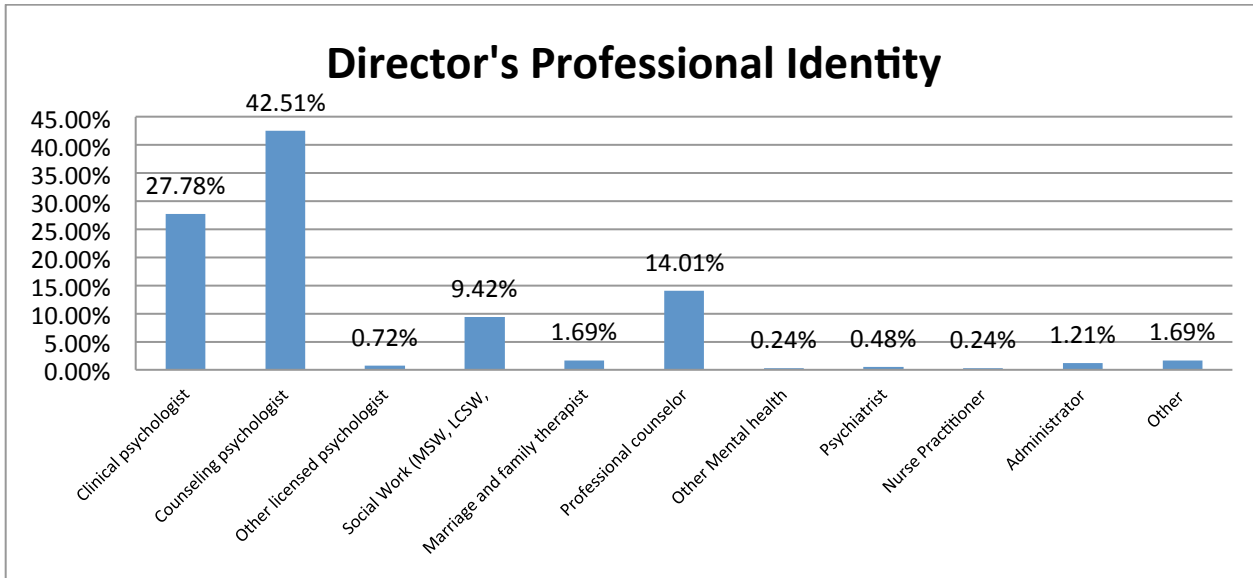
<b>Directors with Disability (MR008)</b>	
Attention Deficit/Hyperactivity Disorders	14
Deaf or Hard of Hearing	5
Learning Disorders	6
Mobility Impairments	4
Neurological Disorders	1
Physical/Health Related Disorders	7
Psychological Disorder/Condition	2
Visual Impairments	2
Other	1
Cancer Survivors	1



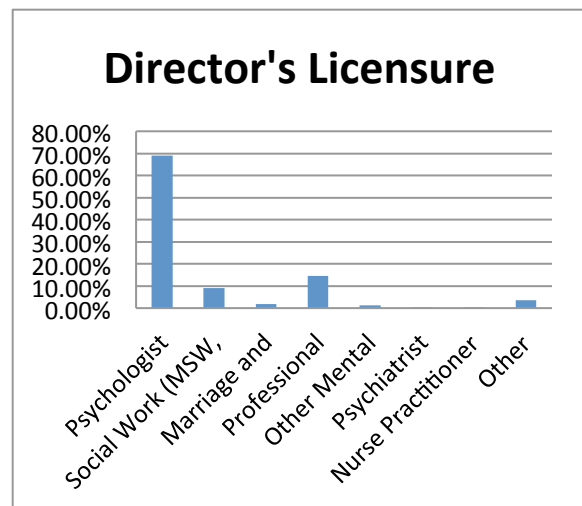
<b>Directors Highest Degree (D009)</b>		
	Frequency	Percent
Ph.D.	261	63.35%
Psy.D.	43	10.44%
Ed.D	15	3.64%
M.D	3	0.73%
Masters	87	21.12%
Other	3	0.73%
Total	412	
Ed.S	1	
EdS	1	
Ph.D. plus Psy.D.	1	



<b>Director's Professional Identity (D010)</b>		
	Frequency	Percent
Clinical psychologist	115	27.78%
Counseling psychologist	176	42.51%
Other licensed psychologist	3	0.72%
Social Work (MSW, LCSW, D.S.W)	39	9.42%
Marriage and family therapist	7	1.69%
Professional counselor	58	14.01%
Other Mental health professional	1	0.24%
Psychiatrist	2	0.48%
Nurse Practitioner	1	0.24%
Administrator	5	1.21%
Other	7	1.69%
Total	414	
Educational Psychologist	1	
Health Service Psychologist	1	
LMHC	1	
Physician Assistant with Psychiatry subspecialty	1	
Professional Clinical Counselor	1	
Psychologist	1	



Director's Licensure (D011)		
	Frequency	Percent
Psychologist	289	69.14%
Social Work (MSW, LCSW, D.S.W.)	38	9.09%
Marriage and family therapist	8	1.91%
Professional counselor	61	14.59%
Other Mental health professional	5	1.20%
Psychiatrist	1	0.24%
Nurse Practitioner	1	0.24%
Other	15	3.59%
<b>Total</b>	<b>418</b>	
approved by the GOV.	1	
Licensed Professional Counselor and Limited Licensed Psychologist	1	
Master's Limited (LLP)	1	
No licensure	2	
Physician Assistant	1	
Psychiatrist and Internal Medicine	1	



<b>Direct Report: Student Affairs (D012)</b>		
	Frequency	Percent
Vice President/Associate VP/ Assistant VP	209	51.60%
Dean of Students/Assistant Dean/Associate Dean	123	30.37%
Director, Health Services	55	13.58%
Other (Specify Below)	18	4.44%
<b>Total</b>	<b>405</b>	
Academic Division: Associate Dean, School of Professional Counseling	1	
Assistant Provost for Student Affairs (who reports to the Provost, aka VP Instructional Svcs)	1	
Associate VP for Student Affairs, under the VP for Academic and Student Affairs, after the Student Affairs division was subsumed into Academic Affairs	1	
Career Center Director	1	
Dean of Students/Associate VP for Student Life	1	
Dean of Wellness	1	
Director, Student Services who reports to the academic VP	1	
Executive Director	1	
Executive Director of Counseling Services and Health and Wellness Services	1	
Executive Director of HSC Student Affairs	1	
Executive Director of Student Health and Counseling	1	
Executive Director, Center for Health	1	
Senior Director of Health Services and Counseling	1	
Senior Director, Medical & Counseling Clinic	1	
Title III	1	
Vice chancellor for academic affairs & community service	1	
Vice Chancellor, Student Affairs	1	
Vice President of Mission & Ministry	1	
VP Stud Affairs and Dean of Students same person	1	

<b>Licensure Requirement (D014, D015, D016)</b>	
	Percent
Are counseling center professional staff required to be licensed to practice in your center? Yes	63.30%
Are counseling center professional staff expected to become licensed in order to continue practicing in your center? Yes	94.20%
Does your center provide to new staff the supervision required for licensure of mental health professionals in your state? Yes	88.80%

<b>Professional Organizations (MR017)</b>		
Professional Organizations:	Number Belonging	Percent Belonging
Administrators in Higher Education (NASPA)	67	16.11%
ACPA	38	9.13%
Professional Organizations:	48	11.54%
American College Counseling Association (ACCA)	83	19.95%
American Psychiatric Association (APA)	12	2.88%
Assoc. for the Coordination of Counseling Center Clinical Services (ACCCCS)	15	3.61%
American Medical Association (AMA)	0	0.00%
American Mental Health Counselors Association (AMHCA)	14	3.37%
American Psychological Association (APA)	217	52.16%
American Psychological Association (APA) Division 17	71	17.07%
Association of Psychology Postdoctoral and Internship Centers (APPIC)	34	8.17%
Association of Counseling Center Training Agencies (ACTA)	30	7.21%
Commission for Counseling and Psychological Services (CCAPS)	19	4.57%
Center for Collegiate Mental Health (CCMH)	83	19.95%
Higher Education Mental Health Alliance	4	0.96%
International Association of Counseling Services	56	13.46%
Jed Foundation	62	14.90%
Professional Organizations: Other	189	45.43%
American College Health Association	4	0.96%
ACA American Counseling Association	4	0.96%
AACC	1	0.24%
ICA	1	0.24%
IMHCA	1	0.24%
Association for Psychological Science	1	0.24%
ACA American Counseling Association	3	0.72%
State and regional Counseling Organizations	32	7.69%
Association of Counselor Educators and Supervisors (ACES)	2	0.48%
American Group Psychotherapy Association	1	0.24%
American Women in Psychology (AWP)	1	0.24%
International Positive Psychology Association (IPPA)	1	0.24%
Asian American Psychological Assoc	1	0.24%
APA Div 45	1	0.24%
; OCCDHE	1	0.24%
London Regional Psychological Association, ISSTS, EMDRIAal a	1	0.24%
ISSTS	1	0.24%
Canadian Psychological Association	1	0.24%
EMDRIAal	1	0.24%
Collaborative Family Healthcare Association	1	0.24%
Houston Association of Black Psychologists	1	0.24%
National Association of Social Workers	2	0.48%
OCCDHE, CAPIC	1	0.24%
New Jersey Psych. Assoc., NJ Assoc. Black Psych, Assoc. of Black Psycho.	1	0.24%
Div39APA	1	0.24%
Div45APA	1	0.24%

<b>Board Certification (D018 to D019) - Are you Board Certified? Yes = 40 (9.9%)</b>
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<b>If yes, please name certification board (e.g. ASPBB)</b>			
	American Board of Professional Psychology (ABPP)	13	3.13%
	American Board of Psychiatry and Neurology	2	0.48%
	American Board of Examiners in Clinical Social Work---ABE	5	1.20%
	Other	21	5.05%
<b>If yes, please name certification board (e.g. ASPBB) List</b>			
	AAMFT Approved Supervisor and Clinical member	1	0.24%
	American Psychotherapy Association	1	0.24%
	APA College of Professional Psychology	1	0.24%
	ASPPB	1	0.24%
	Board of Behavioral Science	1	0.24%
	licence professor board examiners	1	0.24%
	National Association of School Psychologists (NASP)	1	0.24%
	National Board Certified Counselor	5	1.20%
	National Board for Certified Counselors	1	0.24%
	National Board of Forensic Evaluators	1	0.24%
	National Commission on Certification for Physician Assistants	1	0.24%
	National Boaqrd for Certified Clinical Hypnotherapists	1	0.24%

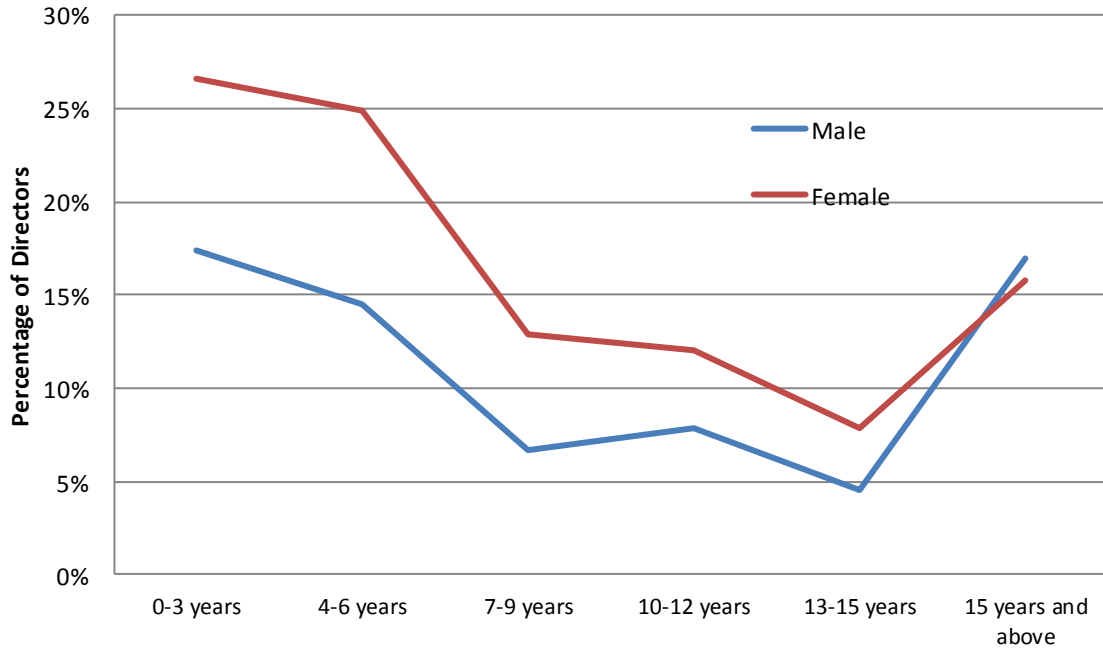
<b>Directors Citizenship Country (D020)</b>		
	Frequency	Percent
United States	406	97.83%
Canada	4	0.96%
United Kingdom	2	0.48%
Trinidad and Tobago	1	0.24%
Peru	1	0.24%
Oman	1	0.24%

<b>Female Director Percent: Collapsed School Status by Years as a director by School Status</b>			
	University	College	Other
0-3 years	56.2%	74.1%	50.0%
4-6 years	61.6%	61.1%	100.0%
7-9 years	57.6%	91.7%	50.0%
10-12 years	63.4%	33.3%	100.0%
13-15 years	50.0%	88.9%	100.0%
15 years and above	43.6%	55.0%	75.0%
Total	55.9%	68.5%	72.2%

**Percentage of Directors by Years as Director and Gender (D004 x D006)**

		Male	Female	Transgender	Male	Female	Transgender
		Count	Count	Count	Percent	Percent	Percent
Total Years as a Director:	0-3 years	42	64	0	17.4%	26.6%	0.00%
	4-6 years	35	60	0	14.5%	24.9%	0.00%
	7-9 years	16	31	0	6.6%	12.9%	0.00%
	10-12 years	19	29	0	7.9%	12.0%	0.00%
	13-15 years	11	19	0	4.6%	7.9%	0.00%
	15 years and above	41	38	0	17.0%	15.8%	0.00%
		164	241		405		

**Percentage of Directors by Years as Director and Gender**

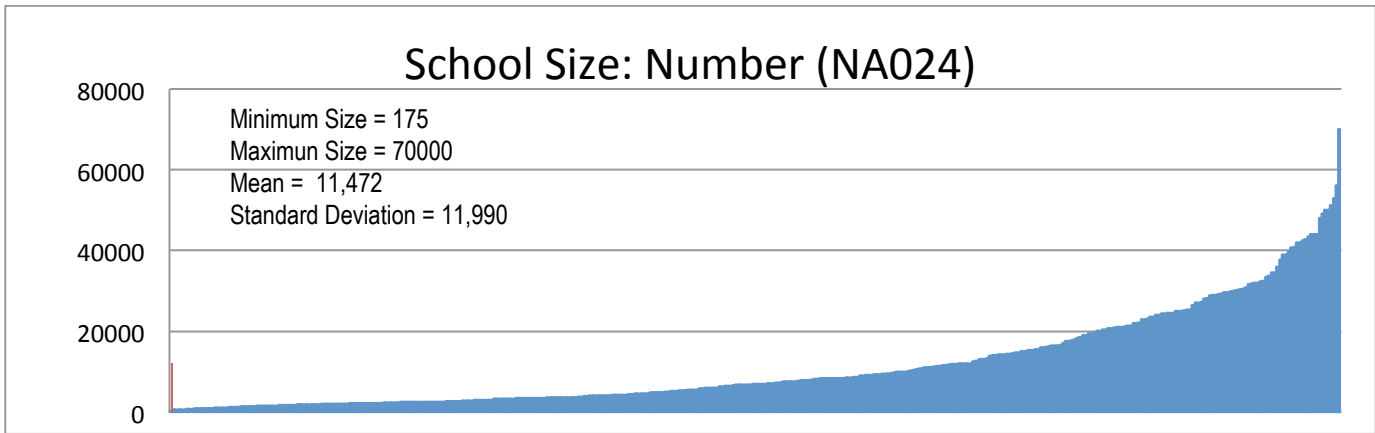


**Female Director Percent: Director's Gender by Years as a Director (D006 x D004) by School Status (NA025)**

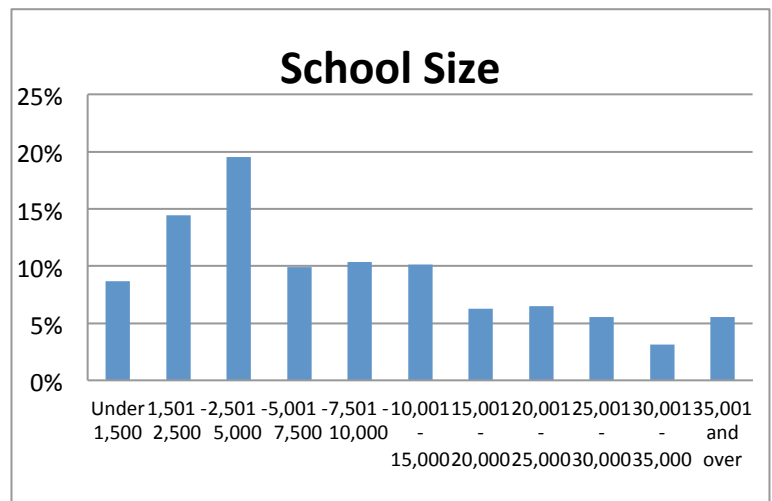
Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other
55.6%	76.9%	57.4%	67.1%	0.0%	72.2%

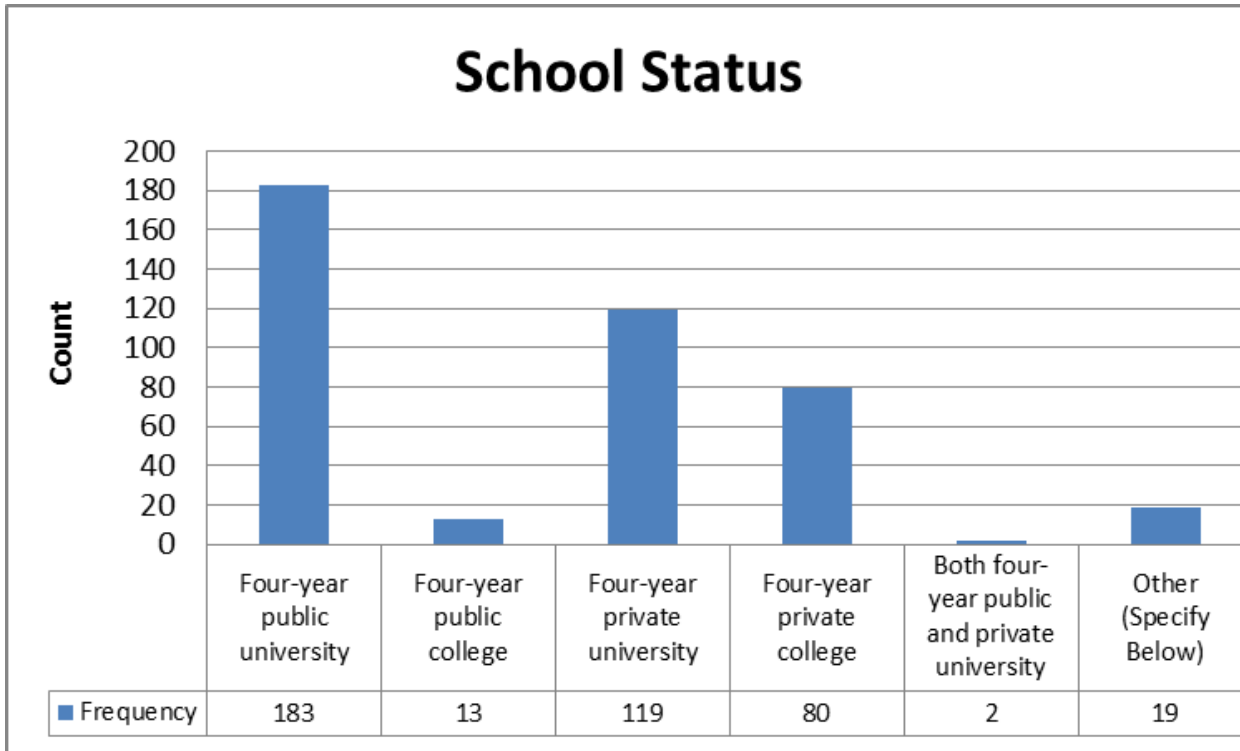
## Institutional Demographics

School Location (D021)		
	Frequency	Percent
Metropolitan Inner-City Campus	40	9.71%
Urban Campus - Inside a city or town	190	46.12%
Urban Adjacent Campus - Easy access to urban environment	80	19.42%
Rural Setting Campus - More distant access to urban environment	101	24.51%
Caribbean Island	1	0.24%
Total	412	

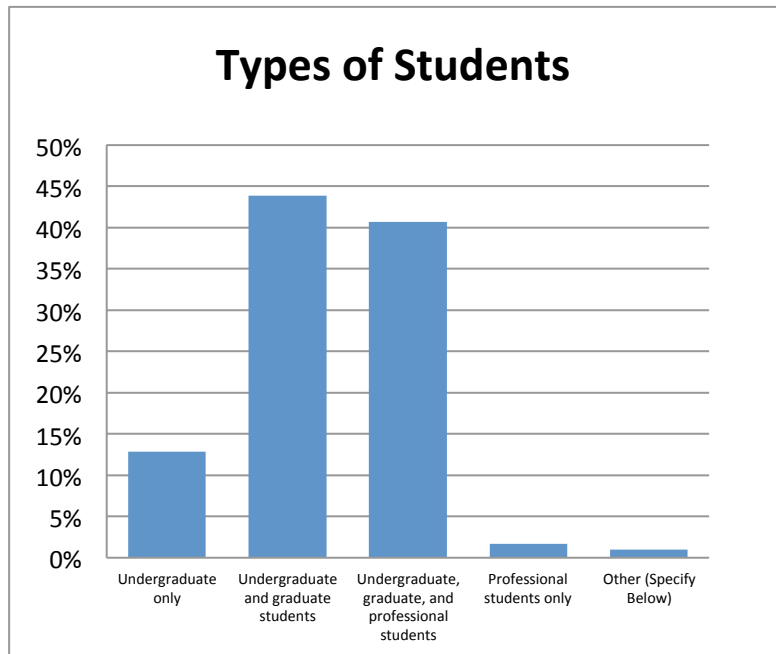


School Size: Categories (D023)		
	Frequency	Percent
Under 1,500	36	8.67%
1,501 - 2,500	60	14.46%
2,501 - 5,000	81	19.52%
5,001 - 7,500	41	9.88%
7,501 - 10,000	43	10.36%
10,001 - 15,000	42	10.12%
15,001 - 20,000	26	6.27%
20,001 - 25,000	27	6.51%
25,001 - 30,000	23	5.54%
30,001 - 35,000	13	3.13%
35,001 and over	23	5.54%
Total	415	





Types of Students (D026)		
	Frequency	Percent
Undergraduate only	53	12.83%
Undergraduate and graduate students	181	43.83%
Undergraduate, graduate, and professional students	168	40.68%
Professional students only	7	1.69%
Other (Specify Below)	4	0.97%
<b>Total</b>	<b>413</b>	
U, G, & Seminary students	1	0.24%
Undergraduate, apprentice, upgrading	1	0.24%
Undergrad, Grad & High School	1	0.24%
Undergrad, grad & teacher certification	1	0.24%



**Is your school religiously affiliated? (D022) Yes = 113 or 27.6%**

**Historically Black College or University? Yes = 9 or 2.2%**

**Hispanic Serving Institution? Yes = 50 or 12.4%**

**Does your university provide domestic partner benefits? Yes = 245 or 61.6%**



**Does your university include sexual orientation in its nondiscrimination statement? Yes = 343 or 86.2%**

**Do you consider your center a "One-person Counseling Center"? (D035) Yes = 27 or 6.6%**

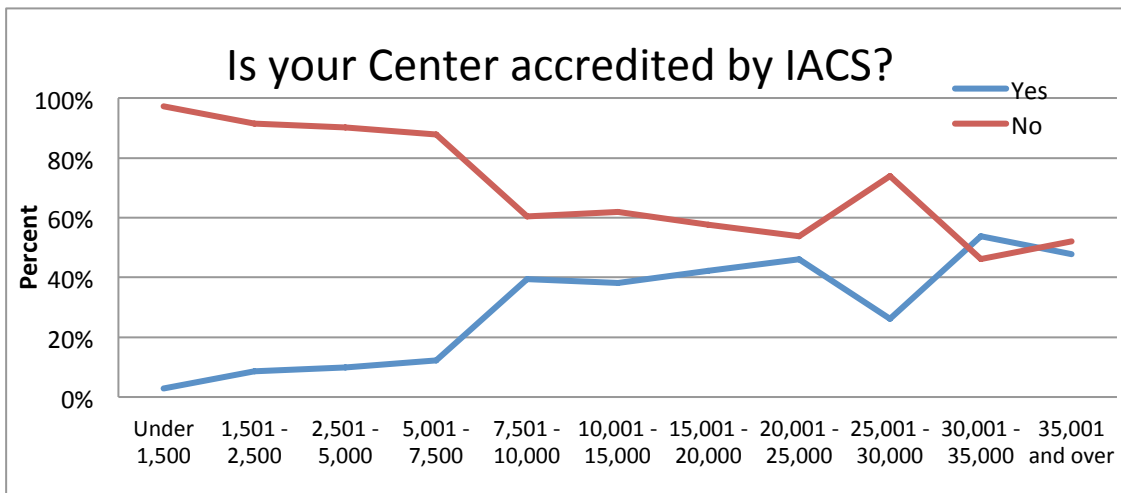
## IACS Accreditation

Is your Center accredited by IACS? (D031) Yes = 100 or 24.3%

Is your Center IACS Accredited Yes or No with reasons (MR032 MR033)	
	Count
Quality Assurance / external validation / standard of practice / compliance with national standards	97
Enhance credibility / status on campus.	78
IACS aids in arguments for staff and other funding increases.	70
Valued / respected by administration / supervisor.	66
Evidence of commitment to international standards.	45
National recognition/prestige.	45
Other (Specify Below)	
Application in process - planning in upcoming years	41
Cost	110
Single Person Center	15
Not enough time to complete	63
Not required / not interested / never applied	79
Brand new center	4
Lack of support by administration / no valued by administration	42
Not applying as do not see center as meeting minimum standards	44
Small center	91
Accredited by other agency	31
New Director, do not know about IACS	16
Don't see benefit to accreditation	39
Other (Specify Below)	21
<b>No, not accredited by IACS Other Specified</b>	<b>397</b>
anticipate resistance from staff and have chosen not to fight the battle at this time.	1
Application completed, awaiting site visit	1
awaiting site visit	1
Have withdrawn from IACS because of change in requirements inconsistent with our Center' philosophy	1
IACS does not understand the needs of small counseling centers	1
IACS prohibits use of student workers in centers. Berry College has a unique Student Work Opportunity program integral to its mission, so not employing student workers would defy the college culture. In addition to office workers, our peer educators provide high quality & critical outreach services, and if IACS includes them in their concerns, forget IACS.	1
Integrated health center & we allow access to CAPS electronic chart by medical staff - makes us not meet requirements at present time	1
Interested but have not had the time to devote to it. Hope to do so in coming years. May not meet requirements as of yet	1
Internship is APA accredited, administration sees IACS as redundant (I disagree)	1

It's in the 5 year plan	1
MA director	1
New Director - will apply in future	1
New Director. Previously at accredited center and will be reviewing with direct report to consider future application.	1
no psychologist on staff	1
Not a clinical psychologist	1
Overseas, but hope to apply in the future	1
Planning in upcoming years	1
Process and cost for Internship accreditation is deemed sufficient	1
The Counseling Center was at one time IACS accredited, however we currently use undergraduate (n=1) and graduate students (n=2) in Counselor Education to schedule client appointments. My understanding is that IACS continues to not support this practice. We cannot operate without this student assistance. Students are very well trained and fully understand confidentiality.	1
We were IACS accredited at one time, but budget cuts made it impossible to pay the annual fee.	1

		Is your Center accredited by IACS? (D031 by NA023)										
		Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Count	Yes	1	5	8	5	17	16	11	12	6	7	11
	No	34	53	73	36	26	26	15	14	17	6	12
Percent	Yes	2.9%	8.6%	9.9%	12.2%	39.5%	38.1%	42.3%	46.2%	26.1%	53.8%	47.8%
	No	97.1%	91.4%	90.1%	87.8%	60.5%	61.9%	57.7%	53.8%	73.9%	46.2%	52.2%



## CCMH Involvement

**The Center for Collegiate Mental Health (CCMH, formerly CSCMH) is a multi-disciplinary, member-driven, research center focused on providing accurate and up-to-date information about the mental health of today’s college students. (D034, LA036 & LA037)**

	Frequency	Percent
My center is currently involved with CCMH	107	26.16%
My center is plans to be involved with CCMH	39	9.54%
My center may decide to be involved with CCMH	110	26.89%
My center does not plan to be involved with CCMH	39	9.54%
I do not know enough about CCMH to be able to say.	114	27.87%
Total	409	

**If involved with CCMH please indicate why?**

To get information on our students and be able to compare them to students across the country. To add the general knowledge base of students using university counseling centers.

1) Help contribute to literature and knowledge of college mental health 2) Provide the center with data to compare our numbers to

ability contribute to, and benefit from, national data base keep up with national trends, standards

Allows us to participate in the most current, comprehensive, and coordinated research effort in our field. Ultimately the CMH research can inform our clinical population -- college students -- rather than relying on research from a general clinical population. Through NASPA project we were able to make benchmark comparisons with data gathered by Campus Labs (formerly Student Voice. Definitely gives us political collateral on campus CMH and Titanium are very affordable.

Appreciate the collection of data and ability to compare nationally.

Appreciate the work they do, value having data that is easily accessible, appreciate having the opportunity to have input into CCAPS development.

Assist with assessment of effectiveness of services. Assist with increasing knowledge about our clients compared to national students.

Because it is the best source of accurate information about the mental health of college students, and because it allows us to benchmark our activities for quality improvement purposes.

Belief in the mission and goals; ability to benefit from results

benchmarking

Benefit to the field in general. Way to compare local data with national data.

CCMH can provides an opportunity for research and dissemination of current information about college mental health, and what are the actual needs of college students. In turn, this data should serve as a powerful tool for advocacy for resources for our centers and for the important work that we do, both nationally and locally.

CCMH's data collection is a one-of-a-kind resource for current information about college mental health. Its integration into our Titanium Systems allows easy collection of information on our clients and allows comparisons to be made to college counseling center clients across the country. Further, the collaboration of counseling centers and the potential to further research and treatment makes being a member of CCMH compelling.

Commitment to furthering research in the field; better understanding of student and student issues; contribution to data which could assist in advocating for student needs.

Comparative data, our profile....all helpful information.

Comparison data to similar schools to educate administration about mental health needs of our student body and national trends

Contribute to and benefit from national data, increase pool of information available re: our field/subspecialty within mental health/psychology, increased emphasis on data at our university
contribution to generalizable knowledge about our field. access to benchmark data for reporting and advocating for resources.
contribution to profession
Critical data and invaluable resource to which to contribute to the development of service need, scope, and breadth of specialty as college student mental health (a unique practice setting)
Data and Research
Desire to contribute to national research in this area.
ease of data sharing benefits
Feel that it's important to contribute to the database on college mental health. Can benefit from real-time information. Data from CMH has face value to administration and staff. Also, hope to contribute to strengthening CCAPS
For our students to be a part of the cohorts providing data on college mental health and the continued need for mental health services on university and college campuses.
For use of instruments and participation in data collection
Further the profession; Easy and cost effective; Rich source of data that can be used in Center operation; advocacy efforts
Get National Trends
Gives us more information about mental health issues affecting college students.
good information and resources
Good will. Contributing to national data that might benefit all college counseling centers by increasing available resources. It's good to compare are local data with the national data.
Great opportunity to collect national standardized data and to benchmark.
Great project and it is nice to contribute to the field of college mental health and to have the ability to compare to other sites.
I am assuming you mean CCMH. In that case, we are involved in order to support the comprehensive study of counseling clients and their needs nationwide, and also being involved in a standard dataset and standardized instruments that have strong validity and clinical assessment value.
I believe in the value of aggregating national data about counseling center clients, both to document trends in client characteristics and issues, and to serve as a reference point for individual centers.
I think accurate data collection is important in being able to speak to our value on a college campus and to staffing demands.
I think it's important to participate in a national database, and it provides important benchmark data.
Important to be part of national data gathering effort to gain better understanding of college mental health
Important to contribute to knowledge in the field; helps us to know whether we are meeting the needs of our students; use information as the basis of certain educational campaigns
Increase awareness of college mental health issues.
Intend to become involved to get access to CCAPS.
Interested in providing information for a national research project designed to improve our services and expand the knowledge about college student mental health and the treatment they receive.
Interested in understanding trends in mental illness and to see how our students compare to students nationally.
invaluable for in house assessment and comparison with other universities
It is a good organization, and we are a small center so we add to their numbers positively.
It is a great resource for comparative data. CCAPS gives us great data on individual clients.
It's a great opportunity to join a collegial organization of peers, combine a tremendous amount of client data, and learn more about our clients' needs.

It's important to gather aggregate data on students utilizing Counseling Centers and we want to participate. This data can be used to plan services and give information to administrators about how this institution's students compare with students nationwide.
National bench-marking data access.
Networking and data purposes.
Not yet involved
obtain data and contribute data
Opportunity to benchmark our experience nationally; invested in increasing the credibility of our data; opportunities for research
Opportunity to collect data in a rigorous but user-friendly fashion and compare with national norms. No longer have to report what Directors "think" but now have possibility for empirical data.
Opportunity to contribute to scholarship/
opportunity to participate in a real-time study regarding mental health issues of our college students
Outcome assessments with multiple administrations Our Center data compared with national data Support CMH national reserach on university mental health CCAPS provides helpful client information during intake
Participate in CCAPS
Provide evidence for counseling service efficacy Provide data by my center that helps to develop better tools (CCAPS, SDS) Part of a national effort to improve counseling centers
Provides a standard way of obtaining real time critical college mental health data.
Provides valuable information about current MH trends of college students and provides comparisons between help seeking and non-help seeking students.
Research base is excellent.
share data
significant data
Since we use Titanium scheduling software, it is easy for us to participate in their research using our counseling center client data...was just a good fit for us.
SIU was involved from the very beginning. The staff felt it was a terrific avenue to collect more accurate data regarding the mental health of college students. Additionally, we felt it would be useful for us to compare the psychological functioning of SIU college students compared to other Universities. We were also looking for outcome data regarding client outcome measures regarding therapy efficacy. We were wanting benchmarking/comparison data to evaluate outcome data of our agency with other Univ Counseling Centers. Finally, we thought outcome data of our clients would help guide us in making decisions regarding professional development needs of our staff. One more - it is also helpful in accreditation process (APA internship program and IACS). Both accrediting bodies are looking for outcome data.
small budget
Support research on College Student Mental Health. Good data forms provided by CMH. Involvement keeps our center up to date on trends in data collection and intake procedures.
The opportunity to contribute to a database of relevant counseling center statistics
The research coming from CCMH is the most exciting work to happen to counseling centers in recent years and it will provide us with a wealth of information about our students that we have never had before. This opportunity is far too great to pass up! We have already learned much about our students and I encourage every director to to join CCMH!
The research coming out of the CCMH is fantastic, and I want to support it. I look forward to being able to use "filters" on the data to answer questions about our own Center in comparison to other similar Centers.
titanium
To actively support collaborative efforts to advance science around college student mental health issues.
To assist in the study of college mental health across the nation. To be able to compare our local data with national data. To measure outcome in a manner that is comparable to other centers
To be able to compare ourselves to other centers and to contribute to the national data set that is being built.

To both contribute to and benefit from the generation of data on college mental health clients
to compare our data with national trends.
To contribute to and tap the utility of national counseling center data.
To contribute to the field with direct benefit back to our center.
To help gather relevant information on college student mental health.
To help with critical( psychiatric cases
To provide data; hence, to participate in creating the psychological profile of the college/university student To receive data on the psychological profile of JWU students and all college students across the country from participating schools.
Understanding national benchmarks and makes comparisons with our Center services. Helps guide decisions about services and other possible changes to our Center.
Use Titanium.
Using Titanium & find the information provided helpful.
Using Titanium and want to be part of the research
Valuable information for our center and the field
Valuable to have a database of college counseling client characteristics.
Value the research efforts and want to contribute.
Want to be involved in promoting research to improve mental health services for students and like to have the comparison data.
Want to be part of a national, data-driven study and see if reasons students come to the counseling center are pretty much the same or differ by region.
Want to be part of important research. Want to use common data set and outcome measure.
Want to contribute to national data and want to know how we are aligned with other centers
Want to contribute to the body of data and get benchmarking data
Want to support national data set even though we do not use Titanium
We are involved through the use of Titanium & CCAPS. We see great value in contributing to the ongoing research so that we can best serve the mental health needs of our students.
We founded it and have fostered its growth an development
We plan to be, as it looks like a great organization, we believe it will help us improve our work, is not all that expensive, and furthers connections to other CCs.
We think its mission is important.
We use titanium and are invested in the CMH project. We have used the data from the project in multiple reports. It is very helpful.
We view this as a professional responsibility,
Will begin this coming semester. Sat through presentation at AUCCCD last October and had also been approached by the researchers several months prior, but did not take any action. Am now in the process of doing so.
<b>If not Involved Why?</b>
A few years ago we became involved in the National College Depression Partnership, and it involved the use of different screening measures. We did not want to have too much intake paperwork. We have ended our tenure in the NCDP and are interested in the CCMH.
Administrative and clinical demands excessive at this time
As Director of a small center, 75% of my time is devoted to clinical work. I do not have time outside of my administrative duties to be active in many professional organizations.
been too busy to consider it
Competing demands and time pressures have not enabled me to look into CMH satisfactorily yet.

Concerns about clinical screening instrument impact on students seeking counseling for the first time, and/or from different cultures.
Cost
Cost & time
Costs and increased intake time.
Currently involved with other agencies and participating in Healthy Minds. This is something we are looking into.
Currently looking into. New director.
Currently reviewing participation to determine if would be useful.
Demand from students for counseling has eaten up staff (including my) time to the point where we have not been able to get involved with this.
Did not have time for another project this fall. We are awaiting our site visit from IACS and hope that provides some support for new initiatives.
Didn't know about it. One person center.
Do not feel the need. Too time consuming.
Do not have time to be able to commit to being involved.
Do not know anything about it.
Do not know enough about it
Do you mean CCMH? Your question is not clear.
Don't have a response to this.
Don't have the data-collection mechanisms, i.e., electronic records
Don't know about it
Don't know about it.
Don't know anything about CMH
Don't know enough
Don't know enough about CMH.
don't know enough about it this is the first I've heard of it
Don't know enough about it.
don't know enough about it. Is it tied to Titanium?
don't understand enough about it or about security of data, if need to go through IRB here to be involved
Don't use Titanium, but are looking at a new EHR and would be interested in possible links then
EMR is Mediat, no longer using Titanium
Expense
Expense.
Fairly new center, not familiar with CCMH.
Funding
Funding Sources
Grossly understaffed for the past two years, but now in the process of hiring more staff.
Have not completed internal IRB process yet.
Have not had time to complete the logistics to enroll.
Have not had time to fully evaluate opportunity.
Have not investigated



Have not put the effort into it.
Have not reviewed information related to CCMH to make a decision about participation.
Have not wanted to commit the time and energy to collecting additional data. We are satisfied with our own data collection process.
Haven't gotten around to it yet.
Haven't had sufficient times to make an informed choice. This would require some modifications of our data collection, and we haven't determined whether we will choose to make the change (currently satisfied with the length and content of the data we request of students).
Hasn't necessarily had the time to look into it more thoroughly.
I am a new director and overwhelmed by all my duties. It is on my radar to become involved with in the future however.
I am new in this position and am just learning about all the resources from both a clinical and administrative perspective. I am implementing several changes to our Counseling Center's clinical service delivery model and over time would like to become more involved with organizations that focus specifically on college mental health.
I am not familiar with benefits, and have little information about this center.
I am not familiar with CMH.
I am the first Coordinator of the Counseling and Wellness Services, a newly established service within Student Affairs. Thus I have no knowledge of any associations, centers of research, or other member-driven entities related to college counseling centers. Up until this point, the University did not offer any counseling services to its student body. Anyone in need of mental health and wellness services, crisis intervention and support, or other related services was referred to an outside mental health agency or required to meet with Residence Life staff.
I believe CCMH interfaces with Titanium, but not Point N Click.
I do not know about it.
I do not know enough about CCMH to be able to say.
I do not know enough about it.
I don't know anything about it. But I just wrote it on my "to do" list to research.
I don't know enough about CMH.
I don't know enough about it and have not had the time to explore further
I have been asking for administrative approval for the past three years. Due to a past audit, our IT dept. has been resistant. However, we are taking steps to overcome this and I anticipate moving forward withing the year.
I have never been asked to be a member, and I wasn't aware that it was an option.
I have never heard of CMH before until the survey mentioned it.
I have no information about them and need to learn more.
I have not had a chance to learn about it.
I just started in August and haven't gotten to it yet!
I need to investigate the applicability to the manner in which department funtions.
I need to learn more about how to get involved, the benefits, and the amount of time necessary to be involved.
I need to learn more about it.
I was unaware of CMH prior to this survey.
Inadequate resources
Inadequate time
Insufficient staffing levels and lack of resources make it difficult to engage in activities outside of direct clinical services and some outreach activities.
It is in the works.

Just haven't prioritized
Just need to do the IRB approval process
Just returned as a Director after five year absence. I would like to but will need a year or so to do so, ( don't have Titanium yet)
Lack of easy interface with Point N Click software
Lack of familiarity with CMH, time.
Lack of funds
lack of info., and if it's what I'm thinking it is the cost was prohibitive
Lack of information and possibly cost.
Limitations on time and staff
limited staff time for additional involvements at present
Looking into it to find out the best approach at this time.
My responsibilities are already consuming. I am not paid to work over the summer and adding more tasks to my load is not something I seek out.
Need to learn more about it
Need to be better informed about its value and services.
Never heard of them
never though about
New center and still instituting the self-assessment and data collection processes.
new Director and not top priority for now, but will consider it for future
New director, don't know about it and the former director was not involved with CCMH
No reason. Previous director not involved - may not have known about it.
No time
No time available.
Not a priority to focus on CMH participation at this time - planning for more involvement in the future.
Not able to accept data from our software program (Point & Click)
Not aware of it. Have been involved with National College Depression Partnership for three years.
Not aware of this organization.
Not enough time to devote to participation
not enough time.
Not enough information and I have not pursued it.
Not familiar
Not familiar with it, would like to learn more
Not familiar with it.
Not had time to submit to IRB
Not interested
not sure how to get involved, not titanium user, uncertain about staff buy in
Not the software needed
Not using Titanium.
Not yet sure of the benefits
One man operation

One Person Center
Only recently began using Titanium
Our campus is considered a public arts conservatory and has a VERY limited scope. Most of the items collected by CCMH do not reflect our population.
Our Center made the decision to go with other assessment instruments.
Our CMH is extremely limited--supports only indigent population. While some students meet that criteria, CMH refers them to us.
Our current EMR system is Medicat and I believe Titanium is used by CCMH.
Plan to in the future. I am a new director, starting using the assessment tool but have not yet joined
Plan to just need to have time
Prefer to give own intake form rather than standardized intake they use; data entry would be harder
previously stated above: do not know about CMH
Recently began using Titanium and workload has prevented us from gearing up for this project. Hopefully to be done this summer.
Recently installed Titanium, and will connect through the surveys.
Resource limitations
Signed up, if this is Chris Brownson's project at UT Austin, but very hard being director, psychologist, and secretary for a new center with little to no collective institutional integration or concept yet about a UCC's role and value in the institutional culture, but I am WORKING IT. :)
Still evaluating benefits of membership.
Still learning about it. Under discussion with other University of California schools.
Struggling to meet client needs b/c we had been understaffed. Recently acquired new staff. Will reconsider options after this Academic Year
The cost
time
Time and cost
Time commitment
Time constraints. Yet, plan to be involved with in the upcoming year
Time factor.
Time.
To small
Too busy
Too little staff to support significant research activity.
Unaware of CMH
Unaware of the organization and benefits to us.
Uncertain about dual role relationships (or potential dual role relationships) with sponsoring institutions implementing Titanium and Titanium company.
University administrators are concerned about information security issues involved in sharing potentially confidential information.
unknown
Unsure of benefits, perceived extra time/work for staff, etc.
Use Medicat, not Titanium
Waiting for installation of Web component of Titanium
waiting for Point and Click to be connected to the CCAPs.

Waiting until the point where survey was carried on PnC.
Was a member at former institution and have not joined yet at current institution.
We are currently implementing Titanium now. By next academic year, we anticipate involvement with CMH.
We are in Canada; we do not use Titanium, and maybe I don't know enough about it
we are in the process of getting Titanium. At present, our stats are very limited.
We are not on Titanium.
We currently do not collect client data electronically via Titanium. Titanium is used for all data completed by counselors.
We do not use Titanium software.
We have been involved in development and implementation of the Behavioral Health Monitor and want to stay with that instrument.
We have been utilizing the OQ 45 for 16 years and have amassed a great deal of data related to this instrument. We are likely to continue to utilize this instrument as a measure of counseling outcome.
We have considered it but haven't actually taken time to look into it further because of a lack of time. Other things have taken priority.
We have just purchase Titanium and have not begun to implement the program yet.
We just started using Titanium and hope to get involved.
We used to be involved but don't have the time now and don't have the money for their tools.
We utilize the KPIRS system for gathering data and outcome information and are not open to moving to a different system, which if I understand correctly, is part of the CCMH process.
We've been a 2 person service provider - just hired a third staff-member and the Director will now have time to devote to this.
working on it
Would need additional human power to manage the program

## Budget Status and Third Party Payments

How many months of the year ... (NA039 & NA040)				
	...is your center providing services?		... do you work?	
Months	Frequency	Percent	Frequency	Percent
8.0	1	0.24%	0	0.00%
8.5	1	0.24%	0	0.00%
9.0	34	8.23%	15	3.62%
9.5	2	0.48%	2	0.48%
10.0	33	7.99%	33	7.97%
10.5		0.00%	2	0.48%
11.0	18	4.36%	28	6.76%
11.5		0.00%	1	0.24%
12.0	324	78.45%	333	80.43%
<b>Total</b>	413		414	

Budget (NA041 and NA042)					
	N	Mean	Minimum	Maximum	Std. Deviation
What is your Total Budget including salaries and benefits?	323	\$714,546	\$383	\$5,291,107	\$827,933
What is your operating budget (The portion of your budget that is not allocated for salary and benefits)?	348	\$63,017	\$500	\$600,000	\$91,249

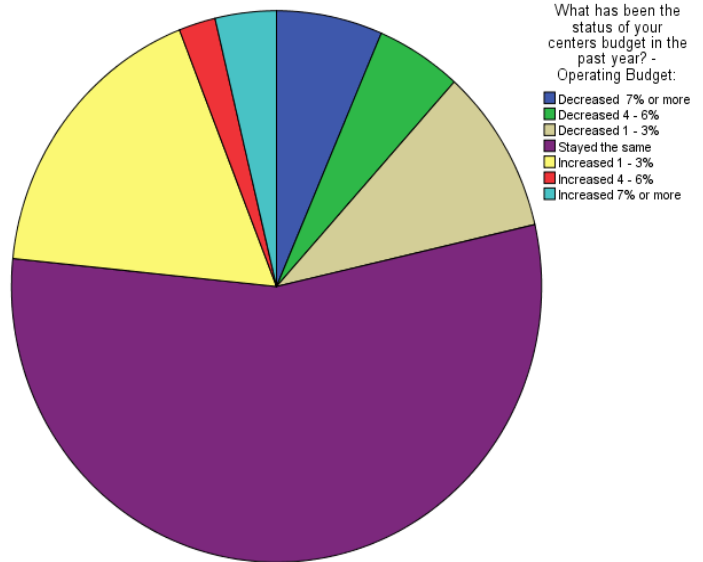
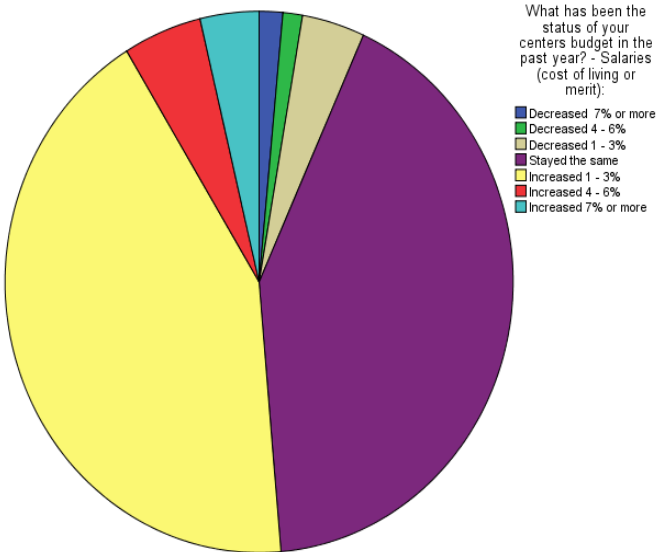
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<b>Budget (NA041 and NA042)</b>		
<b>School Size: Categories</b>	<b>What is your Total Budget including salaries and benefits?</b>	<b>What is your operating budget (The portion of your budget that is not allocated for salary and benefits)?</b>
<b>Under 1,500</b>	\$152,706	\$21,177
<b>1,501 - 2,500</b>	\$279,576	\$25,035
<b>2,501 - 5,000</b>	\$314,946	\$39,885
<b>5,001 - 7,500</b>	\$366,388	\$26,837
<b>7,501 - 10,000</b>	\$602,786	\$80,002
<b>10,001 - 15,000</b>	\$738,714	\$69,195
<b>15,001 - 20,000</b>	\$886,301	\$83,693
<b>20,001 - 25,000</b>	\$1,309,631	\$117,196
<b>25,001 - 30,000</b>	\$1,488,253	\$119,878
<b>30,001 - 35,000</b>	\$1,553,393	\$101,402
<b>35,001 and over</b>	\$2,507,571	\$191,492

<b>Budget Covers (MR043)</b>	
	<b>Frequency</b>
Basic costs or running center (copying, printing, postage, purchase of consumables)	381
Staff Development (Attending conferences, training, professional development)	362
Books and Media	350
Presentation items and Supplies	339
Promotional Items/Advertising/Marketing	329
Phones	301
Software licenses and yearly costs (Titanium, PnC, Office, etc.)	285
Purchase of technology (computers, projectors, etc.)	263
Furniture	253
Staff memberships and dues	245
Cost of programming (QPR,...)	217
Speakers and Event Costs	216
Purchase of equipment for student use (Biofeedback, Seasonal Affective Disorder lights)	209
Accreditation and Agency Licensure Fees (IACS, APA, APPIC)	208
Assessment and Testing Costs	188
Outside Contractor/Consultant Fees (Psychiatry if not under personnel)	185
Staff licensure costs	153
IT Costs	150

Staff liability Insurance	93
Paid Graduate Assistants	48
Stipends for practicum students	42
Rental/Charge for space for Counseling Center	37
<b>Other (Specify Below)</b>	23
A major chunk of 363000 is for disabled student services that was just assigned to the Center last year	1
Academic testing and other testing expenditures e.g. PROMETRIC proctor expenses, GED exams, ACT exams, and others	1
APA pre-doctoral intern stipends	1
campus wide Health & Wellness programming, campus wide staff trainings	1
Combined with student health so budget is for everything under the integrated student health center	1
Custodial Services	1
filtered water, candy and other supplies for waiting room,	1
Interns	1
My situation may be unlike other centers: half of my salary/benefits and a portion of our psychiatric consultant's budget come from Graduate Medical Education. This is independent of my center's budget. The numbers aren't going to add up!	1
No separate budget - part of student health center budget	1
Overhead for Auxiliary Budget	1
Peer Health Educators	1
recruiting new staff costs	1
Some programming costs are included, but for major events (QPR, by stander programs) we use money from the Division.	1
Student Assistants (counseling graduate students paid hourly rate, not formal "graduate assistantship")	1
The CC does not have a separate budget. The Executive Director of University Health Services decides how the budget will be spent.	1
The Center includes counseling and health services. Therefore, a portion of the budget is for health supplies.	1
Undergraduate student assistants	1
We do not cover all our technology purchases. We receive some money from central student affairs budget to cover approximately 60% of these costs	1
work study/(undergraduate) student workers (= \$1800; so operational budget w/o work study is \$3450)	1

		Count
What has been the status of your centers budget in the past year? - Salaries (cost of living or merit):	Decreased 7% or more	6
	Decreased 4 - 6%	5
	Decreased 1 - 3%	16
	Stayed the same	168
	Increased 1 - 3%	171
	Increased 4 - 6%	20
	Increased 7% or more	15
What has been the status of your centers budget in the past year? - Operating Budget:	Decreased 7% or more	26
	Decreased 4 - 6%	21
	Decreased 1 - 3%	39
	Stayed the same	222
	Increased 1 - 3%	70
	Increased 4 - 6%	9
	Increased 7% or more	15





## Prevention Programs – Suicide and AOD

<b>If your center uses a suicide prevention protocol please indicate which best describes what you do (MR044)</b>		
	<b>Frequency</b>	<b>Percent</b>
QPR	111	29.13%
Campus Connect	30	7.87%
Mental Health First Aid	18	4.72%
Ask Listen Refer	16	4.20%
Applied Suicide Intervention Skills Training (ASSIST)	13	3.41%
At-Risk for University and College Faculty (Kognito)	22	5.77%
Mental Health First Aid	10	2.62%
Collaborative Assessment and Management of Suicidality	41	10.76%
Use a locally developed model.	100	26.25%
Other (Specify Below)	20	5.25%
Total	381	
<b>Other (Specify Below)</b>		
Assessment, intervention, hospital transports, referrals, mandated follow-up assessments,	1	
Being developed	1	
Campus connect216	1	
campus programming	1	
Clinical interview	1	
College Response online screening tool.	1	
David Jobes Suicide Assessment	1	
Decision Tree developed by our center	1	
Developed In House	1	
Illinois model - mandated counseling assessment for students identified to be at risk	1	
Internal suicide prevention protocol that is managed by the University Critical Incident Response Team	1	
Model from another school	1	
Nothing formalized	1	
One we developed based on Campus Connect, tailoring it to our campus.	1	
own staff developed "Thousand Stars" Program.	1	
Penn CAPS Liaison system	1	
Risk factor model for suicide assessment and intervention. Sanchez H Professional Psychology 2001	1	
safeTALK; currently in training for use of QPR	1	
We also participate with the AFSP Interactive Screening Program, although we have temporarily suspended that due to being short-staffed this year.	1	

<b>If your center uses an Alcohol/AOD prevention program please indicate which best describes what you do “ check all that apply. (MR045)</b>		
	Frequency	Percent
AlcoholEDU for College	90	21.95%
MyStudentBody.com	25	6.10%
Alcohol Skills Training Program (ASTP).	7	1.71%
BASICS	123	30.00%
Choices	26	6.34%
eCheckup to go (ECHUG)	89	21.71%
Other (Specify Below)	50	12.20%
Other (Specify Below)	410	
3rd Millennium Classrooms Alcohol-Wise	1	
a locally developed model that is based on motivational interviewing principals	1	
Alcohol 101	3	
Alcohol 101 Plus	1	
Alcohol wise	3	
AOD is not part of the Counseling Center (reports to Conduct). Currently changing program (used to do Basics).	1	
ASSIST and locally developed model	1	
Audit in Titanium	1	
Blue Sky	1	
But BASICS is actually run out of our Health Center; I receive routine updates.	1	
College Alc	2	
Developed here	1	
DISMAC-locally developed model	1	
E-Toke	4	
E-Toke; mandated counseling assessment for students w/ alcohol/aod conduct violations; Decrease Your Risk Training (DYRT) for alcohol/aod conduct violations	1	
Educational workshop for first time offenders developed by Licensed Clinical Addiction Counselor then a referral to Counseling Services and recommendation for further treatment.	1	
face to face assessments, history taking, SASSI-3	1	
In process for BASICS	1	
Judicial Educator	1	
Locally developed model in conjunction with Student Success and Campus Security managed by campus Prevention/Wellness	1	
Mindfulness-based Moderation groups; Relapse Prevention Groups; Individual Motivational Enhancement Therapy	1	
On Campus Talking About Alcohol (OCTAA)	1	
One we developed.	1	
Outside agency	1	
Penn Alcohol Module	1	
Purchasing either eChug or MystudentBody soon	1	
sapp	1	
SASSI Individual Counseling/Assessment and Referral	1	
Student Success	2	
Univ Health Svc's uses AlcoholEDU	1	
use campus connect	1	

## Square Footage of Center

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<b>Square Footage of Counseling Center (NA046 &amp; NA047)</b>					
	N	Mean	Minimum	Maximum	Std. Deviation
What is the total square footage of your counseling center(s)? (including the waiting room)	214	4,333.77	0.00	74,470.00	7,423.86
What is the total square footage of your counseling center(s) waiting room only?	207	302.93	0.00	1,500.00	240.33

<b>Square Footage of Counseling Center (NA046 &amp; NA047)</b>		
	<b>Your counseling center(s)? (including the waiting room)</b>	<b>Your counseling center(s) waiting room only?</b>
Under 1,500	1,339.28	206.17
1,501 - 2,500	1,272.54	263.64
2,501 - 5,000	1,984.71	239.73
5,001 - 7,500	2,742.45	222.63
7,501 - 10,000	3,537.89	273.14
10,001 - 15,000	7,098.91	344.32
15,001 - 20,000	4,935.33	367.64
20,001 - 25,000	4,744.58	239.28
25,001 - 30,000	7,402.90	531.80
30,001 - 35,000	8,656.00	472.33
35,001 and over	16,867.00	618.67

## Training Program

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Do you have a training program? (D048) Yes = 284 or 69.3%

If you have a psychology internship program is it APA accredited? (D063) Yes = 86 or 20.6%.

Trainee FTE (Na049 to NA062)						
	N	Mean	Minimum	Maximum	Sum	Std. Deviation
FTE: Practicum	160	2.07	.20	25.00	330.68	2.46
FTE: Pre-doctoral Psychology Intern	133	2.73	.15	6.00	362.58	1.29
FTE: Post-doctoral Psychologist	81	1.70	.25	5.00	137.47	0.98
FTE: Post-doctoral Psychiatric Resident	21	0.68	.10	2.00	14.25	0.65
FTE: Social Work Intern	60	1.04	.40	2.00	62.69	0.52
FTE: Counseling Intern	43	1.08	.25	2.75	46.55	0.59
FTE: Marriage and Family Practicum/Internship	7	0.59	.20	1.00	4.10	0.30
FTE: Clinical Graduate Assistant (Paid)	40	1.56	.20	5.00	62.55	1.21
FTE: Masters Level Practicum/Internship	68	1.75	.15	24.00	119.07	2.94
Other FTE:	42	0.54	0.00	4.00	22.66	1.02
Sum of Pre-degree Trainee FTE (NA049 + NA50+(NA053 to NA059) (Calculated)	416	2.43	0.00	34.00	1010.88	3.53
Sum of Post-degree Trainee FTE (NA051 + NA052) (Calculated)	416	0.36	0.00	5.25	151.72	0.86
Total Sum of Trainee FTE (NA049 to NA059)	416	2.79	0.00	35.00	1162.60	3.85

## Psychiatric Services

<b>Are psychiatric services available at your campus? (D064)</b>		
	Frequency	Percent
Yes, in the Counseling Center only	153	37.05%
Yes, in the Student Health Center only	66	15.98%
Yes, in both Counseling and Student Health Centers	34	8.23%
Yes, in other places on campus	4	0.97%
No, but we contract out for psychiatrists and pay fee	15	3.63%
No access to psychiatrists except as a private referral	112	27.12%
Other (Specify Below)	29	7.02%
	413	
<b>Other</b>		
"Psychiatric services" are provided by health center physicians for students who request or may benefit from evaluation for medications. HC will write scripts and provide follow-up care.		
2 nurse practitioners in health center provide basic psychiatric medication but required to refer out to psychiatrists for complicated/complex psych medications including attention deficit, bipolar disorder etc.		
Affiliation with large nearby university		
CAPS staff housed in Student Health		
Currently seeking to employ a part time psychiatrist		
Health Center ANPs offer some psychiatric services. None are PMHNPs, complex cases referred off campus (private referrals).		
Housed in Health Services, reports to Counseling Center		
in clinical psychology training clinic		
integrated center- psychiatrists are on the CAPS staff, but we are all considered Student Health staff, as well		
No psychiatrist, but we have a nurse practitioner in Health Services that does treat for moderate depression and anxiety.		
Nurse Practitioner is available but only small formulary		
Outside contracted health clinic offers psychotropic medicines prescribed by general practitioners; occasionally refer to psychiatrist at large health Center at our main campus; occasionally use community psychiatric providers		
Present in fall, but lost them in the spring		
Psychiatric services are available in the counseling center, the counseling center/mental health services is a department of the Student Health Center		
Psychiatric staffs are part of the center, and also part of Medical Providers. They are administratively co-supervised by me and the Medical Director.		

Psychiatry is In CAPS which is part of Student Health. We don't have a separate counseling center
Refer to psychiatrist at local community mental health center. Our nurse practitioners prescribe some psychiatric medications.
referral to publically funded psychiatrists off campus
SHC occasionally contracts to off-campus psychiatrist if needed
Some psychiatric meds prescribed by family practitioner and nurse practitioners at Student Health Center.
Students: contract out and pay fee; house staff - at Counseling Center and pay fee
We are currently searching for a very part-time psychiatrist. We have had one for two years, but lost her this fall.
We contract for psychiatric services with a provider who uses one of our offices 1/month for 8 hours
We contract out to have a psychiatrist on campus in our integrated health and counseling center.
We have a collaboration with an associated medical school for their psychiatric residents to provide services for free once per week, this is located in the local mental health center which is a block from campus, we also send some students for psychiatric services through the nurse practitioner who is director of health services and has a mental health emphasis
We have a contract for sliding scale and partial payment from CAPS with one psychiatrist (off campus) and we do the rest by local agency and private providers.
Yes in the counseling center and in the medical school's Dept. of Psychiatry
yes, in integrated counseling and health center
yes, in our integrated wellness center (health, counseling, health promotion)

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

	Frequency	Percent
Poor	1	0.71%
Fair	12	8.57%
Good	50	35.71%
Excellent	77	55.00%
Total	140	

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

	School Status					
	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	1		2	3		4
1,501 - 2,500			7	5		
2,501 - 5,000	4	14	7	6		24
5,001 - 7,500	5	23	8	32		25
7,501 - 10,000	9	2	12	12		
10,001 - 15,000	16	12	46			
15,001 - 20,000	28	40	9			
20,001 - 25,000	41		78		180	160
25,001 - 30,000	54		74			
30,001 - 35,000	54					
35,001 and over	105		134		70	

<b>How would you characterize the number of psychiatric hours that are available on your campus based on the role your center is expected to play on campus? (D067)</b>		
They are nonexistent or inadequate.	66	18.97%
We definitely could use more hours based on our client's needs.	170	48.85%
We are about where we should be for this size campus.	112	32.18%
	348	

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

		They are nonexistent or inadequate.	We definitely could use more hours based on our client's needs.	We are about where we should be for this size campus.
<b>School Size:</b>	<b>Under 1,500</b>	10	6	8
	<b>1,501 - 2,500</b>	18	16	12
	<b>2,501 - 5,000</b>	16	17	32
	<b>5,001 - 7,500</b>	10	13	11
	<b>7,501 - 10,000</b>	7	21	9
	<b>10,001 - 15,000</b>	0	26	11
	<b>15,001 - 20,000</b>	2	13	9
	<b>20,001 - 25,000</b>	2	18	5
	<b>25,001 - 30,000</b>	1	15	6
	<b>30,001 - 35,000</b>	0	12	1
<b>35,001 and over</b>	0	12	8	



## Health Service Integration

<b>Relationship with Student Health Center (D068 to D072)</b>			
	Response	Frequency	Percentage
Is your center administratively integrated within a health service?	Yes	105	25.36%
	No	309	74.64%
Is your center located adjacent or near a student health service?	Yes	225	57.11%
	No	169	42.89%
Is your center located in a student health service building?	Yes	142	35.15%
	No	262	64.85%
My counseling center collaborates with Student Health Services	Not at all	16	3.90%
	A little	62	15.12%
	A fair amount	190	46.34%
	Extensively	142	34.63%
Are you the chief administrator over the health service?	Yes	47	11.35%
	No	365	88.16%

<b>My counseling center collaborates with Student Health Services (D072 by D06 to 71)</b>					
		Not at all	A little	A fair amount	Extensively
Is your center administratively integrated within a health service?	Yes	0	2	35	66
	No	16	60	154	76
Is your center located adjacent or near a student health service?	Yes	1	31	107	85
	No	14	31	78	44
Is your center located in a student health service building?	Yes	0	12	65	64
	No	16	50	122	72

<b>Counseling Center and SHS (D072, D073, D074)</b>			
		Count	Percentage
Are you the chief administrator over the health service?	Yes	47	11.41%
	No	365	88.59%
Do you and you Student Health Services share an electronic medical records system?	Yes	65	16.01%
	No	341	83.99%
Do you and you Student Health Services share access to your counseling records without needing additional informed consent?	Yes	50	12.20%
	Yes but only with Psychiatry	26	6.34%
	No	334	81.46%

## On-call Expectations and Services

Is your center expected to be on call 24/7? (D075) Yes = 258 or 62.47%

Are your expected to be on call 24/7? (D077) Yes = 243 or 60.60%

			Number of after-hours calls handled by ... (D076 D078)					
			School Status					
			Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other
Under 1,500	Your center in a year?	Mean	5		21	347		23
		Count	2	0	8	22	0	4
	You as the Director in the past year?	Mean	5		68	8		23
		Count	2	0	8	22	0	4
1,501 - 2,500	Your center in a year?	Mean	20	6	24	27		
		Count	2	1	20	35	0	2
	You as the Director in the past year?	Mean	20	6	12	31		2
		Count	2	1	20	35	0	2
2,501 - 5,000	Your center in a year?	Mean	13	14	19	32		3
		Count	13	4	39	19	0	6
	You as the Director in the past year?	Mean	10	9	10	9		8
		Count	13	4	39	19	0	6
5,001 - 7,500	Your center in a year?	Mean	8	7	17	25		8
		Count	16	2	17	2	0	4
	You as the Director in the past year?	Mean	7	5	6	5		2
		Count	16	2	17	2	0	4
7,501 - 10,000	Your center in a year?	Mean	17	8	53	54		
		Count	26	2	13	2	0	0
	You as the Director in the past year?	Mean	6	3	9	24		
		Count	26	2	13	2	0	0
10,001 - 15,000	Your center in a year?	Mean	25		63			
		Count	28	2	12	0	0	0
	You as the Director in the past year?	Mean	9	2	13			
		Count	28	2	12	0	0	0
15,001 - 20,000	Your center in a year?	Mean	30		108			
		Count	22	2	2	0	0	0
	You as the Director	Mean	9		54			

	in the past year?	Count	22	2	2	0	0	0
20,001 - 25,000	Your center in a year?	Mean	55		134		140	150
		Count	20	0	4	0	1	2
	You as the Director in the past year?	Mean	8		21			101
		Count	20	0	4	0	1	2
25,001 - 30,000	Your center in a year?	Mean	21		109			
		Count	21	0	2	0	0	0
	You as the Director in the past year?	Mean	8		6			
		Count	21	0	2	0	0	0
30,001 - 35,000	Your center in a year?	Mean	91					
		Count	13	0	0	0	0	0
	You as the Director in the past year?	Mean	6					
		Count	13	0	0	0	0	0
35,001 and over	Your center in a year?	Mean	378		4527			
		Count	19	0	2	0	1	1
	You as the Director in the past year?	Mean	11		100		5	
		Count	19	0	2	0	1	1

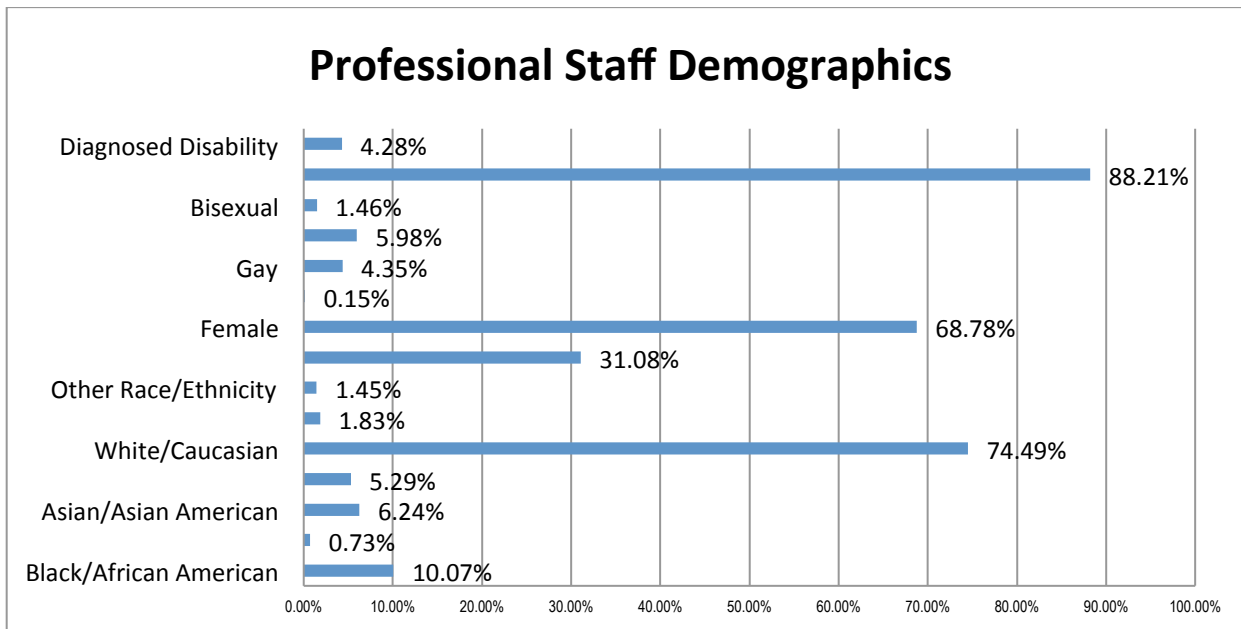
**If you have an outside provider who handles your On-call please indicate which best fits as a description: (D079)**

	Frequency	Percent
Protocal	26	22.81%
Local Emergency Room	20	17.54%
Local mental health center	15	13.16%
Local crisis center	31	27.19%
Local provider group	3	2.63%
Other	19	16.67%
	114	
Other (Specify Below)		
Campus Police	2	
Consultant Psychologist	1	
counseling center crisis line (HelpLine) staffed by student volunteers who are supervised by an employee	1	
Health Center director triage calls and refers appropriate calls to me	1	
Health Center Medical Staff	1	
Just started with a local MH call system here in Kansas similar to Protocal but cheaper	1	
Local mental health hospital	1	

Nurse Response	2	
Our Psychiatric Residents also provide additional on call coverage	1	
Police	1	
Practicum students provide on-call to Residence Life. They are paid by Res Life and supervised by the Counseling Center	1	
Residence Life staff and Manhattan College Security	1	
UNC HealthLink, a state-wide nurse triage program	1	
University PD serves as after hour contact and then calls counselor	1	
Was using local Crisis center but now in process of contracting with ProtoCall	1	
we have a 24 hour health center and they initially deal with psychological concerns.	1	
We have two on-call counselors on weekly rotation. Additionally, I have a contract with a local mental health center who provides mental health triage at a local hospital ED	1	

## Staff Demographics

Professional Staff Demographics (NA080 to NA094)						
	Count	Mean	Minimum	Maximum	Sum	Total Percent
Black/African American	417	1.07	0.00	7.00	291.08	10.07%
American/Indian/Native American	417	0.11	0.00	8.00	21.00	0.73%
Asian/Asian American	417	0.73	0.00	8.00	180.50	6.24%
Latino/Latina	417	0.66	0.00	5.00	153.00	5.29%
White/Caucasian	417	5.44	0.00	30.00	2153.50	74.49%
Multiracial	417	0.30	0.00	3.00	53.00	1.83%
Other Race/Ethnicity	417	0.25	0.00	4.00	42.00	1.45%
Male	417	2.49	0.00	15.00	855.70	31.08%
Female	417	5.01	0.00	30.00	1893.40	68.78%
Transgender	417	0.03	0.00	1.00	4.00	0.15%
Gay	417	0.53	0.00	4.00	112.00	4.35%
Lesbian	417	0.72	0.00	4.00	154.00	5.98%
Bisexual	417	0.23	0.00	3.00	37.70	1.46%
Heterosexual	417	6.31	0.00	34.00	2270.40	88.21%
Diagnosed Disability	417	0.54	0.00	3.00	123.83	4.28%



<b>NEW HIRE: Professional Staff Demographics (NA096 to NA110)</b>						
	Count	Mean	Minimum	Maximum	Sum	Total Percent
Black/African American	417	0.41	0.00	3.00	47.00	12.67%
American/Indian/Native American	417	0.03	0.00	3.00	3.00	0.81%
Asian/Asian American	417	0.29	0.00	2.00	32.00	8.63%
Latino/Latina	417	0.18	0.00	2.00	18.00	4.85%
White/Caucasian	417	1.26	0.00	7.00	250.00	67.39%
Multiracial	417	0.14	0.00	2.00	13.00	3.50%
Other Race/Ethnicity	417	0.09	0.00	1.00	8.00	2.16%
Male	417	0.64	0.00	5.00	90.00	26.39%
Female	417	1.32	0.00	9.00	258.00	75.66%
Transgender	417	0.01	0.00	1.00	1.00	0.29%
Gay	417	0.13	0.00	2.00	12.00	4.49%
Lesbian	417	0.21	0.00	2.00	20.00	7.49%
Bisexual	417	0.07	0.00	1.00	6.00	2.25%
Heterosexual	417	1.32	0.00	7.00	229.00	85.77%
Diagnosed Disability	417	0.14	0.00	3.00	14.00	3.77%

## Session Limits

Do you limit the number of counseling sessions allowed a client?		
Yes	Yes, flexible	No
Count	Count	Count
61	149	201

### Session Limits (NA141 D142)

		Metric for Limits: Week Month Semester/Quarter Year Per Degree					
		Week	Month	Semester/Quarter	Year	Per Degree	Other (Specify Below)
		Count	Count	Count	Count	Count	Count
If Yes, you DO limit the number of counseling sessions allowed a client, what is your session limit? (numeric)	4	0	0	1	0	0	1
	6	0	0	14	3	0	0
	7	0	0	1	2	0	0
	8	0	0	9	17	0	1
	9	0	0	0	1	0	0
	10	0	0	4	26	2	5
	12	0	0	4	44	6	1
	13	0	0	1	1	0	0
	14	0	0	1	3	0	0
	15	0	0	0	13	0	1
	16	0	0	1	3	3	0
	18	0	0	0	2	0	0
	20	0	0	0	1	2	1
	30	0	0	0	0	1	0
	32	0	0	0	1	0	0
	45	0	0	0	0	1	0
	50	0	0	0	0	1	0

**Group Statistics on Session Limits**

Do you limit the number of counseling sessions allowed a client?		N	Mean	Std. Deviation	Std. Error Mean
What is the average number of sessions per client?	No	161	5.5025	1.80355	.14214
	Yes; Yes flexible	173	5.2613	1.75117	.13314

**Independent Samples Test of Difference between those with session limits and those without**

What is the average number of sessions per client?		Levene's Test for Equality of Variances		t-test for Equality of Means			
		F	Sig.	t	Sig. (2-tailed)	Mean Difference	Std. Error Difference
		Equal variances assumed	.118	.731	1.240	.216	.24127
Equal variances not assumed			1.239		.216	.24127	



## Waitlist

**Do you have waitlist clients waiting to receive ongoing treatment?**

		Frequency	Percent
Valid	Yes	129	30.9%
	No	278	66.7%
	Total	407	97.6
Missing	System	10	2.4
Total		417	100.0

	Valid N	Mean	Median	Mode	Minimum	Maximum
If so, How many weeks in the year does it occur?	126	14.61	10.00	4.00	1.00	46.00

	Valid N	Mean	Median	Mode	Minimum	Maximum
What was the maximum number of clients on the waitlist during the year?	126	34	20	20	1	500

**If you have a waitlist who retains responsibility for clients on the waitlist?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	The triage person retain clinical responsibility for disposition of the client	31	7.4	23.0	23.0
	A case manger is clinically responsible for disposition of the client	5	1.2	3.7	26.7
	A staff team is clinically responsible for disposition of the client	33	7.9	24.4	51.1
	A Clinical Director or other individual is clinically responsible for disposition of the client	46	11.0	34.1	85.2
	Other (Specify Below)	20	4.8	14.8	100.0
	Total	135	32.4	100.0	
	Missing	System	282	67.6	
Total		417	100.0		

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

<b>Provide Services and Do You Charge (MR111 and D112 to D130)</b>				
	<b>Center Provides</b>	<b>Center Charges</b>		
		<b>Frequency</b>	<b>Yes</b>	<b>No</b>
Personal counseling to all students	407	38	364	3
Does your center charge Center Charges:Personal counseling fee after certain number of sessions		32	363	8
Consultation	401	18	381	6
Workshops	371	21	366	14
Couples Counseling	354	41	328	39
Therapy groups	287	26	301	75
Structured groups	262	27	287	84
Sexual Assault prevention	204	na	na	na
Psychiatry	196	67	174	152
AOD Prevention	188	na	na	na
Mindfulness Groups/Training	176	15	185	189
Sexual assault advocacy	171	na	na	na
Psychological testing and assessment	170	42	166	186
Career counseling to students	127	12	158	217
Individual study skills counseling	111	na	na	na
Career testing to students	92	31	111	246
ADHD testing and assessment	89	41	86	264
Teaching (Staff member does not receive additional pay for teaching class)	86	17	124	251
Study skills workshops	85	na	na	na
Biofeedback	79	7	112	266
Family Therapy	77	7	159	230
Learning Disabilities testing and assessment	57	29	64	292
Motivational Interviewing Groups	50	13	90	282
Yoga	39	3	74	304
na = not ask				

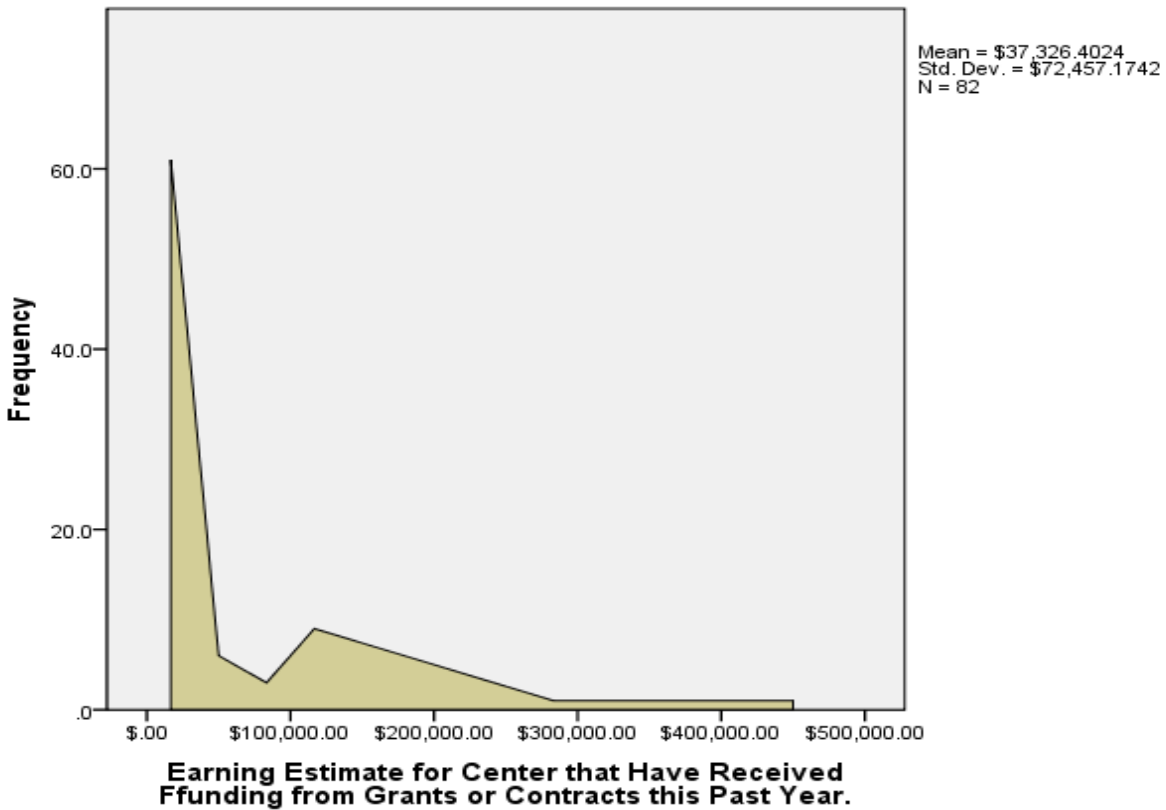
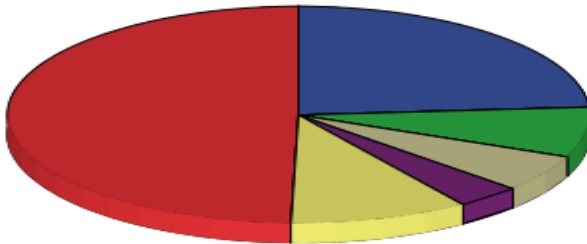
**Number of Centers who Charge for Testing Services (MR131)**

Testing Fee: Objective Personality	Testing Fee: Projective Personality	Testing Fee: Cognitive (e.g., WAIS)	Testing Fee: Achievement (e.g., Woodcock Johnson)	Testing Fee: Neuropsychologic al	Testing Fee: Career/Vocational Interest
Sum	Sum	Sum	Sum	Sum	Sum
43	14	35	33	15	31

		Public or Private	
		Public	Private
		Count	Count
Does your Institution charge a mandatory fee supporting center services? (If yes, please note % supported.)	100% funded by a fee	45	36
	75% - 99% funded by a fee	20	6
	50% - 74% funded by a fee	15	4
	25% - 49% funded by a fee	8	5
	1%- 24% funded by a fee	24	10
	0% funded by fee	66	104
If yes, your Center IS supported by a mandatory fee, does the support come from:	a fee for counseling services	15	3
	a fee for student health services	64	32
	a general student activities or student life fee	27	27
	fees are charged for testing students who are not clients of the Center (e.g., class assignments, etc.)	0	0
	Other (Specify Below)	8	7
Do you collect third party payments for counseling?	Yes	9	0
	No	184	195
Has your center received funding from grants or contracts this past year?	Yes	47	37
	No	143	152

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

- 100% funded by a fee
- 75% - 99% funded by a fee
- 50% - 74% funded by a fee
- 25% - 49% funded by a fee
- 1% - 24% funded by a fee
- 0% funded by fee



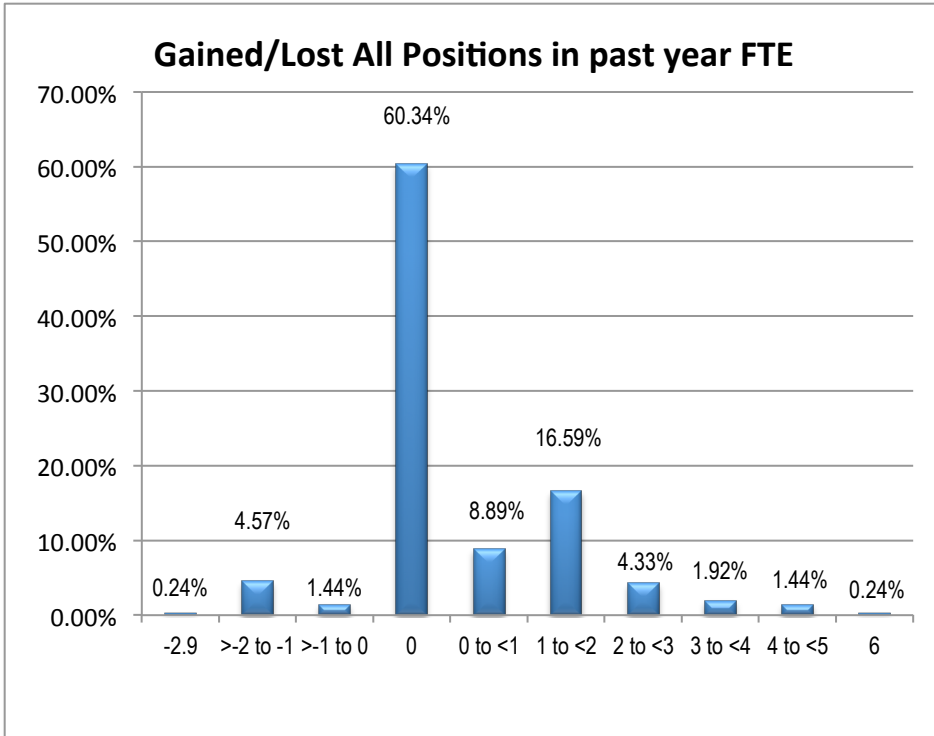


## Staffing – Positions, Gains/Losses and Benefits

How many paid staff positions have you gained/lost in the past year (NA172 to NA191)							
	Added Staff				Lost Staff		
	Mean	Total Count gain	Percent Total		Mean	Total Count lost	Percent Total
Professional Clinical	1.11	110	26.4%		0.80	19	4.6%
Psychiatric Nurse Practitioner	0.48	4	1.0%		0.00	0	0.0%
Psychiatrist	0.73	6	1.4%		3.00	1	0.2%
Psychiatric Resident	0.18	3	0.7%		0.00	0	0.0%
Professional Non-Clinical	1.10	5	1.2%		1.00	2	0.5%
Case Manager	0.97	15	3.6%		0.50	3	0.7%
Support	0.85	18	4.3%		0.88	8	1.9%
Intern	0.95	11	2.6%		0.83	3	0.7%
Post doc	1.12	17	4.1%		1.00	3	0.7%
Other	0.55	6	1.4%		1.10	4	1.0%

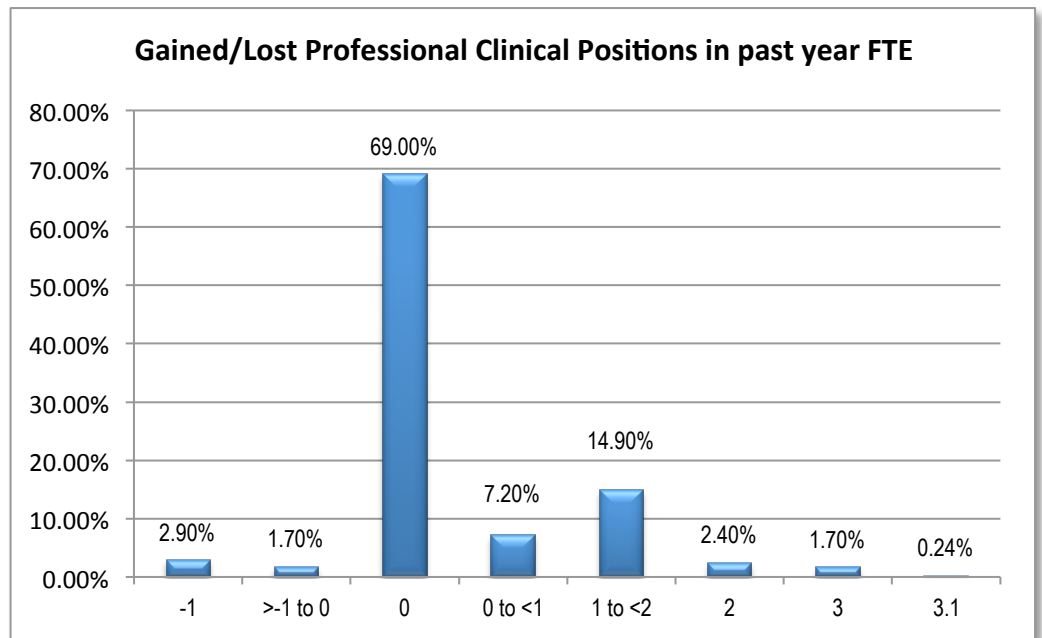
mean=of centers gained/lost, # of staff added  
total=centers that gained/lost  
percent total=centers that gained/total surveyed centers

Gained/Lost All Positions in past year FTE		
	Frequency	Percent
-2.9	1	0.24%
>-2 to -1	19	4.57%
>-1 to 0	6	1.44%
0	251	60.34%
0 to <1	37	8.89%
1 to <2	69	16.59%
2 to <3	18	4.33%
3 to <4	8	1.92%
4 to <5	6	1.44%
6	1	0.24%



### Gained/Lost Professional Clinical Positions in past year FTE

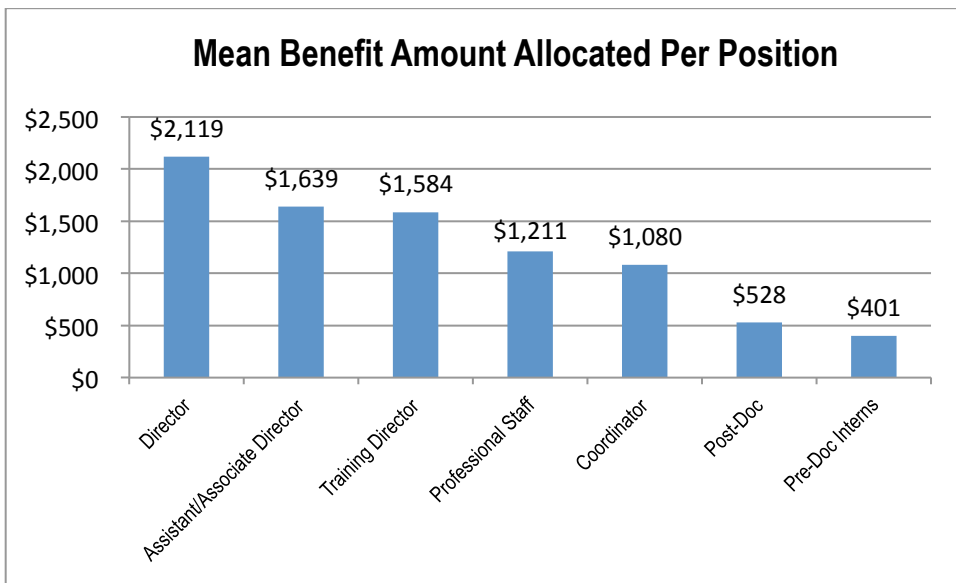
	Frequency	Percent
-1	12	2.9%
>-1 to 0	7	1.7%
0	287	69.0%
0 to <1	30	7.2%
1 to <2	62	14.9%
2	10	2.4%
3	7	1.7%
3.1	1	0.2%



<b>Do the following positions exist in the center? (MR192)</b>		
	<b>Total</b>	<b>Percent</b>
Director	393	94.2%
Training Director	140	33.6%
Assistant/Associate Director	178	42.7%
Clinical Director	90	21.6%
Coordinator	102	24.5%
Group Coordinator	100	24.0%
Professional Staff	331	79.4%
Psychiatrist	148	35.5%
Psychiatric Nurse Practitioner	30	7.2%
Psychiatric Resident	29	7.0%
Case Manager	52	12.5%
Pre-doctoral Interns	140	33.6%
Post Docs	78	18.7%
Clinical Graduate Assistant	76	18.2%
Non-Clinical Graduate Assistant	40	9.6%
Others listed		
Practicum/Intern/Extern/Fellow		
Health Educator/Promotions/Wellness		
Support Staff/Office Manager		
Dietitian/Nutritionist		
AOD		
Disability Services Coordinator		
Outreach Coordinator		
Chair Person		
Senior Counselor (Manager Equivalent)		
Lead Therapist		
Accounting Assistant		
Urgent Care Coordinator		
RN/LPN/Nurse Practitioner		
Referral Coordinator		
Crisis Advocate		
Psychometrist		
Clinical Referral Coordinator		
Exercise Physiologist		
QI Coordinator		
Referral Coordinator		



<b>Indicate the amount of benefits allocated per position for a full-time equivalent (NA168 to NA181)</b>				
	<b>Mean</b>	<b>Max</b>	<b>Min</b>	<b>Count</b>
Director	\$2,119	\$19,741	\$200	271
Assistant/Associate Director	\$1,639	\$6,200	\$300	120
Training Director	\$1,584	\$3,897	\$250	109
Professional Staff	\$1,211	\$20,000	\$150	236
Coordinator	\$1,080	\$3,860	\$100	78
Post-Doc	\$528	\$3,000	\$100	38
Pre-Doc Interns	\$401	\$1,800	\$100	69



<b>Indicate the amount of benefits allocated per position for a full-time equivalent</b>				
<b>Position</b>			<b>Areas Applied</b>	
	<b>Mean Amount:</b>		<b>Count</b>	<b>Percent</b>
Director		\$2,119		
	Professional Dues		179	58.1%
	License Fee		138	44.8%
	Malpractice Insurance		72	23.4%
	Travel/Conference Costs		301	97.7%
Assistant/Associate Director	Mean Amount:	\$1,639		
	Professional Dues		65	48.9%
	License Fee		46	34.6%
	Malpractice Insurance		28	21.1%
	Travel/Conference Costs		131	98.5%
Training Director	Mean Amount:	\$1,584		
	Professional Dues		58	47.9%
	License Fee		41	33.9%
	Malpractice Insurance		14	11.6%
	Travel/Conference Costs		120	99.2%

Professional Staff	Mean Amount:	\$1,211		
	Professional Dues		121	48.0%
	License Fee		102	40.5%
	Malpractice Insurance		53	21.0%
	Travel/Conference Costs		245	97.2%
Coordinator	Mean Amount:	\$1,080		
	Professional Dues		35	42.2%
	License Fee		23	27.7%
	Malpractice Insurance		13	15.7%
	Travel/Conference Costs		81	97.6%
Predoctoral Interns	Mean Amount:	\$528		
	Professional Dues		9	12.2%
	License Fee		6	8.1%
	Malpractice Insurance		3	4.1%
	Travel/Conference Costs		72	97.3%
Post Docs	Mean Amount:	\$401		
	Professional Dues		12	26.7 %
	License Fee		6	13.3%
	Malpractice Insurance		4	8.9%
	Travel/Conference Costs		43	95.6%

<b>Definition Used in PA182 to CS185</b>
<b>Direct Service</b> (Individual/group counseling, intakes, assessment, crisis intervention, community based services)
<b>Indirect Service</b> (Supervision, RA/peer/clinical training, consultation, case conferences, case notes and outreach)
<b>Administrative Service</b> (Staff business meetings, committee work, center management, and professional development)
<b>Other</b> (Research, teaching, etc.)

**These questions are asking about EXPECTATION and ACTUAL percent of time for work in each of these areas.**  
**On average, during the last academic year, what percentage of time does a full time counseling contract to work and actually work in the following areas. (PA210 through PA213)**

	<b>Min</b>	<b>Max</b>	<b>Mean</b>
Counselor expected percent: Direct Service	25.0%	95.0%	61.4%
Counselor expected percent: Indirect service	0.0%	50.0%	22.5%
Counselor expected percent: Administrative service	0.0%	50.0%	13.3%
Counselor expected percent: Other	0.0%	30.0%	2.9%
Counselor actual percent: Direct service	25.0%	95.0%	60.4%
Counselor actual percent: Indirect service	0.0%	55.0%	23.2%
Counselor actual percent: Administrative service	0.0%	50.0%	13.6%
Counselor actual percent: Other	0.0%	25.0%	2.8%
Director expected percent: Direct Service	0.0%	100.0%	33.1%
Director expected percent: Indirect service	0.0%	60.0%	22.6%
Director expected percent: Administrative service	0.0%	90.0%	40.3%
Director expected percent: Other	0.0%	30.0%	4.1%
Director actual percent: Direct service	0.0%	100.0%	37.2%
Director actual percent: Indirect service	2.0%	60.0%	22.6%
Director actual percent: Administrative service	2.0%	90.0%	38.8%
Director actual percent: Other	0.0%	35.0%	3.7%

## Workload (Direct Service and other activities)

<b>Counselor actual percent: Direct service</b>										
<b>Institution Size</b>										
<b>under 1,500</b>	<b>1,501 - 2,500</b>	<b>2,501 - 5,000</b>	<b>5,001 - 7,500</b>	<b>7,501 - 10,000</b>	<b>10,001 - 15,000</b>	<b>15,001 - 20,000</b>	<b>20,001 - 25,000</b>	<b>25,001 - 30,000</b>	<b>30,001 - 35,000</b>	<b>35,001 and over</b>
65.9%	65.7%	62.2%	59.0%	56.8%	58.6%	56.2%	57.8%	58.0%	57.0%	59.5%

<b>Counselor actual percent: Direct service</b>												
<b>Institution Size</b>												
	<b>under 1,500</b>	<b>1,501 - 2,500</b>	<b>2,501 - 5,000</b>	<b>5,001 - 7,500</b>	<b>7,501 - 10,000</b>	<b>10,001 - 15,000</b>	<b>15,001 - 20,000</b>	<b>20,001 - 25,000</b>	<b>25,001 - 30,000</b>	<b>30,001 - 35,000</b>	<b>35,001 and over</b>	
<b>Four-year public university</b>		60.00	56.25	59.11	55.67	59.89	56.05	54.76	57.59	57.00	58.71	
<b>Four-year public college</b>		70.00	63.75		62.50		50.00					
<b>Four-year private university</b>	58.75	66.88	62.97	55.92	57.64	55.89	65.00	72.33	61.00		70.00	
<b>Four-year private college</b>	67.67	65.00	62.31	67.50	57.50							
<b>Both four-year public and private university</b>								51.00			60.00	
<b>Other</b>	70.00	70.00	65.33	70.00				65.00				

<b>Director actual percent: Direct service</b>										
<b>Institution Size</b>										
<b>under 1,500</b>	<b>1,501 - 2,500</b>	<b>2,501 - 5,000</b>	<b>5,001 - 7,500</b>	<b>7,501 - 10,000</b>	<b>10,001 - 15,000</b>	<b>15,001 - 20,000</b>	<b>20,001 - 25,000</b>	<b>25,001 - 30,000</b>	<b>30,001 - 35,000</b>	<b>35,001 and over</b>
57.0%	50.0%	39.2%	39.6%	30.1%	26.6%	24.5%	21.7%	19.9%	16.7%	12.3%

<b>Director actual percent: Direct service</b>											
<b>Institution Size</b>											
	<b>under 1,500</b>	<b>1,501 - 2,500</b>	<b>2,501 - 5,000</b>	<b>5,001 - 7,500</b>	<b>7,501 - 10,000</b>	<b>10,001 - 15,000</b>	<b>15,001 - 20,000</b>	<b>20,001 - 25,000</b>	<b>25,001 - 30,000</b>	<b>30,001 - 35,000</b>	<b>35,001 and over</b>
<b>Four-year public university</b>	60.00	27.50	34.00	40.10	30.43	31.11	26.29	25.43	20.53	16.70	12.53
<b>Four-year public college</b>		55.00	27.50	15.00	47.50	25.00	15.00				
<b>Four-year private university</b>	58.14	48.78	45.18	39.00	26.36	17.78	10.00	10.67	13.50		10.00
<b>Four-year private college</b>	53.24	52.19	30.94	30.00	30.00						
<b>Both four-year public and private university</b>								5.00			10.00
<b>Other</b>	75.00	40.00	49.50	62.50				20.00			

## FTE

<b>Professional Staffing FTE for Academic and Entire Year NA214 NA230)</b>				
	Maximum	Minimum	Sum	Percent of Total
Academic Year FTE: Clinical Psychologist	22.50	.010	750.19	28.11%
Academic Year FTE: Counseling Psychologist	34.00	.200	822.55	30.82%
Academic Year FTE: Marriage and Family Therapist	3.75	.500	56.88	2.13%
Academic Year FTE: Professional Counselor	9.00	.150	448.90	16.82%
Academic Year FTE: Social Work (MSW, LCSW)	26.00	.200	369.94	13.86%
Academic Year FTE: Psychiatrist	6.00	.010	142.49	5.34%
Academic Year FTE: Psychiatric Nurse Practitioner	5.00	.016	30.33	1.14%
Academic Year FTE: Other mental health professional	5.00	.100	47.39	1.78%
	Academic Year Total FTE		2668.66	
Entire Year FTE: Clinical Psychologist	22.50	.100	661.44	28.14%
Entire Year FTE: Counseling Psychologist	32.00	.100	765.09	32.55%
Entire Year FTE: Marriage and Family Therapist	3.75	.250	43.87	1.87%
Entire Year FTE: Professional Counselor	9.00	.100	389.67	16.58%
Entire Year FTE: Social Work (MSW, LCSW)	26.00	.130	321.88	13.69%
Entire Year FTE: Psychiatrist	5.50	.001	115.63	4.92%
Entire Year FTE: Psychiatric Nurse Practitioner	5.00	.016	19.64	0.84%
Entire Year FTE: Other mental health professional	2.00	.100	33.42	1.42%
	Entire Year Total FTE		2350.63	100.00%
Entire Year paid professional staff NOT providing these services through your counseling center.	15.00	.050	82.37	3.50%
"0s" removed from the data. Therefore Minimum excludes "0s"	Entire Year Total Campus FTE		2433.00	

<b>Paid Trainee FTE for Academic and Entire Year (NA231 NA238)</b>				
	Maximum	Minimum	Sum	
Academic Year FTE: Paid Pre-doctoral Psychology Interns	6.00	0.40	342.18	56.60%
Academic Year FTE: Paid Post-doctoral Psychologist	5.00	0.20	126.75	20.96%
Academic Year FTE: Paid Psychiatric Resident	2.00	0.10	8.40	1.39%
Academic Year FTE: Paid Other paid mental health trainee	18.75	0.40	127.26	21.05%
Academic Year FTE Total Trainee:			604.59	
Entire Year FTE: Paid Pre-doctoral Psychology Interns	6.00	0.40	304.08	58.14%
Entire Year FTE: Paid Post-doctoral Psychologist	4.00	0.15	103.05	19.70%
Entire Year FTE: Paid Psychiatric Resident	5.00	0.07	10.77	2.06%

Entire Year FTE: Paid Other paid mental health trainee	18.75	0.25	105.14	20.10%
Entire Year FTE Total Trainee:			523.04	

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

	Mean	Maximum	Minimum	Standard Deviation	Sum
Academic Year FTE: Paid Professional Staff Total	6.68	57.00	0.00	6.46	2,679.56
Entire Year FTE: Paid Professional Staff Total	6.31	47.70	0.00	6.22	2,493.69
Entire Year FTE: Paid Professional Staff + Outsides Professional Staff	6.49	47.70	0.00	6.35	2,432.58
Entire Year FTE: Paid Professional Trainee Total	1.32	18.75	0.00	2.32	529.34
Academic Year : Paid Professional trainees Total	1.51	18.75	0.00	2.39	606.99
Academic Year FTE: Paid Professional Staff and Trainees Total (NA239 & NA246) (Calculated)	8.18	65.50	0.50	8.09	3,262.65
Entire Year FTE: Paid Professional Trainee Total	1.49	29.70	0.00	2.96	599.34
Entire Year FTE: Paid Professional Staff and Trainees Total	7.83	59.70	0.30	8.00	3,092.02

**Academic Year FTE: Paid Professional Staff Total by School Size and Status (SA239 x NA23 x NA25)**

		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	3.000		2.375	1.789		1.667
	1,501 - 2,500	3.000	2.100	3.207	2.799		1.500
	2,501 - 5,000	2.877	3.700	3.315	3.616		2.458
	5,001 - 7,500	3.853	4.500	4.646	6.500		4.000
	7,501 - 10,000	5.358	3.780	6.525	8.215		
	10,001 - 15,000	6.608	4.150	10.814			
	15,001 - 20,000	8.384	10.000	9.455			
	20,001 - 25,000	9.809		16.433		31.000	6.000
	25,001 - 30,000	12.010		16.000			
	30,001 - 35,000	14.034					
	35,001 and over	21.952		35.250		18.430	0.000

**Entire Year FTE: Paid Professional Staff Total by School Size and Status (SA241 x NA23 x NA25)**

		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	2.60		2.13	1.66		1.33
	1,501 - 2,500	3.00	1.58	3.44	2.52		1.50
	2,501 - 5,000	2.76	2.82	2.83	3.34		2.41
	5,001 - 7,500	3.40	4.50	4.23	6.15		3.48
	7,501 - 10,000	4.73	3.66	6.24	6.96		
	10,001 - 15,000	6.24	4.15	10.48			
	15,001 - 20,000	7.73	9.25	8.40			
	20,001 - 25,000	9.32		15.89		25.80	6.00
	25,001 - 30,000	11.82		16.00			
	30,001 - 35,000	13.36					
	35,001 and over	21.04		33.35		18.43	0.00

<b>Entire Year FTE: Paid Professional Staff and Outsides Professional Staff by School Size and Status (SA243 x NA23 x NA25)</b>							
		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	3.00		2.38	1.79		1.67
	1,501 - 2,500	3.00	2.10	3.21	2.80		1.50
	2,501 - 5,000	2.88	3.70	3.32	3.62		2.46
	5,001 - 7,500	3.85	4.50	4.65	6.50		4.00
	7,501 - 10,000	5.36	3.78	6.53	8.22		
	10,001 - 15,000	6.61	4.15	10.81			
	15,001 - 20,000	8.38	10.00	9.46			
	20,001 - 25,000	9.81		16.43		31.00	6.00
	25,001 - 30,000	12.01		16.00			
	30,001 - 35,000	14.03					
	35,001 and over	21.95		35.25		18.43	0.00



		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	0.00		0.13	0.19		0.00
	1,501 - 2,500	6.00	0.00	0.19	0.66		0.50
	2,501 - 5,000	0.36	0.00	0.42	0.13		0.63
	5,001 - 7,500	0.21	1.00	1.09	0.00		0.50
	7,501 - 10,000	0.96	0.70	2.03	0.50		
	10,001 - 15,000	1.22	1.05	3.62			
	15,001 - 20,000	2.41	5.00	0.00			
	20,001 - 25,000	3.55		3.38		2.00	2.50
	25,001 - 30,000	2.83		3.20			
	30,001 - 35,000	4.31					
35,001 and over	5.49		6.00		5.90	2.00	

		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	0.00		0.00	0.19		0.02
	1,501 - 2,500	6.00	0.00	0.17	0.67		0.50
	2,501 - 5,000	0.36	0.50	0.42	0.08		0.38
	5,001 - 7,500	0.03	0.00	0.86	0.00		0.40
	7,501 - 10,000	0.82	0.59	1.65	0.99		
	10,001 - 15,000	0.95	1.05	3.14			
	15,001 - 20,000	2.29	5.00	0.00			
	20,001 - 25,000	3.28		3.21		1.80	5.00
	25,001 - 30,000	2.19		0.00			
	30,001 - 35,000	3.60					
35,001 and over	5.23		3.50		0.00	1.80	

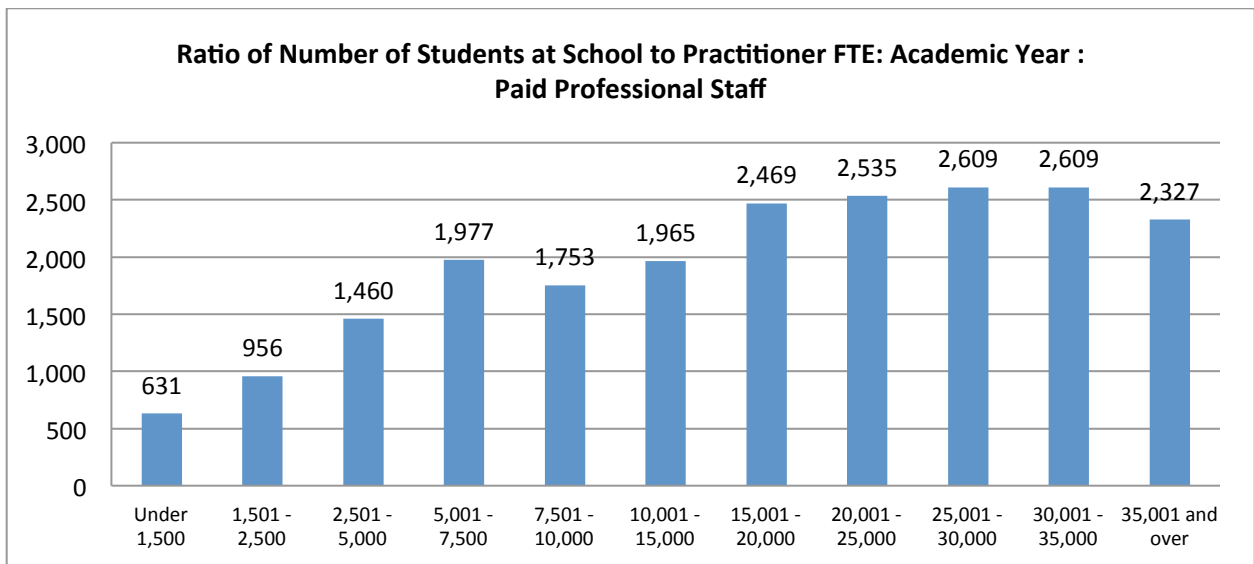
<b>Academic Year FTE: Professional Staff + Paid Trainee Total by School Size and Status (SA247)</b>		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	3.00		2.50	2.01		1.67
	1,501 - 2,500	9.00	2.10	3.40	3.46		2.00
	2,501 - 5,000	3.15	3.70	3.74	3.74		3.03
	5,001 - 7,500	4.07	5.50	5.74	6.50		4.50
	7,501 - 10,000	5.99	4.48	8.55	8.72		
	10,001 - 15,000	8.10	5.20	14.24			
	15,001 - 20,000	10.79	15.00	9.46			
	20,001 - 25,000	13.36		19.81		33.00	8.50
	25,001 - 30,000	14.84		19.20			
	30,001 - 35,000	18.23					
35,001 and over	27.33		41.25		24.33	2.00	

<b>Entire Year FTE: Professional Staff + Paid Trainee Total by School Size and Status</b>		School Status					
		Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
School Size	Under 1,500	2.60		2.13	1.85		1.35
	1,501 - 2,500	9.00	1.58	3.65	3.21		2.00
	2,501 - 5,000	3.12	3.32	3.41	3.42		2.78
	5,001 - 7,500	3.90	4.50	5.09	13.15		3.88
	7,501 - 10,000	5.55	4.25	7.89	7.95		
	10,001 - 15,000	8.04	5.20	13.58			
	15,001 - 20,000	10.14	14.25	8.40			
	20,001 - 25,000	12.60		19.10		27.60	11.00
	25,001 - 30,000	14.02		16.00			
	30,001 - 35,000	16.95					
35,001 and over	26.27		48.20		18.43	1.80	

## Staff to Student Ratios

Ratio of Number of Students at School to Practitioner									
	Mean	Maximum	Minimum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
To Academic Year FTE : Paid Professional Staff Total (NA240)	1,730	12,000	88	1,294	457	910	2,129	3,667	7,126
To Entire Year FTE : Paid Professional Staff Total (NA242)	1,879	15,000	88	1,423	488	1,000	2,393	3,970	8,000
To Academic Year FTE: Paid Professional Staff and Trainees (NA248)	1,539	22,044	88	1,544	382	810	1,824	3,333	8,000
To Entire Year FTE: Paid Professional Staff and Trainees (NA249)	1,729	24,493	88	1,775	463	922	2,038	3,600	8,813

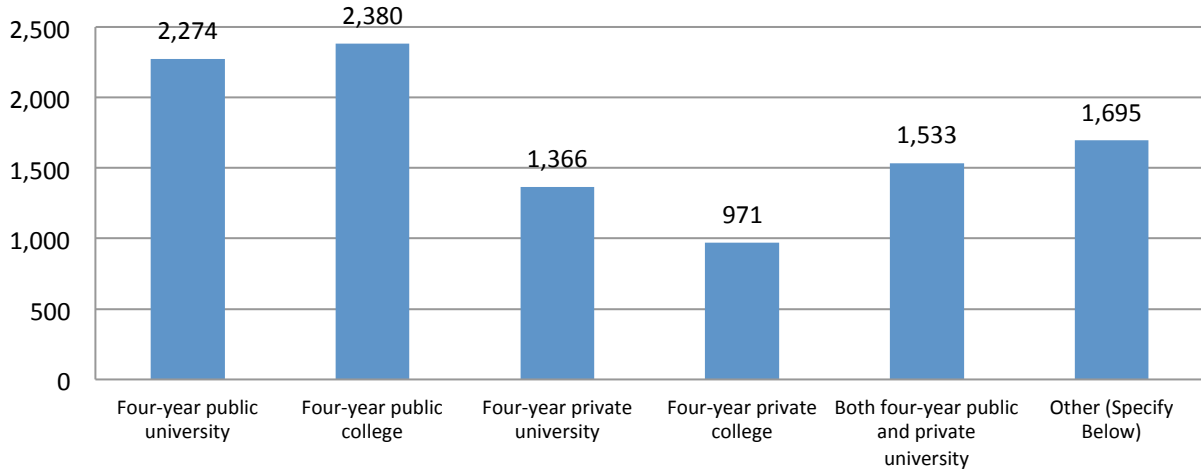
Ratio of Number of Students at School to Practitioner FTE: Academic Year : Paid Professional Staff (NA240)									
	Mean	Maximum	Minimum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Under 1,500	631	1,500	88	335	280	368	787	1,500	1,500
1,501 - 2,500	956	3,358	283	630	330	529	1,145	2,300	3,358
2,501 - 5,000	1,460	5,288	472	932	623	850	1,753	3,600	5,288
5,001 - 7,500	1,977	12,000	858	1,944	907	1,139	2,082	5,380	12,000
7,501 - 10,000	1,753	4,544	640	840	912	1,257	1,914	3,569	4,544
10,001 - 15,000	1,965	10,702	668	1,566	925	1,431	2,076	3,594	10,702
15,001 - 20,000	2,469	8,000	1,233	1,575	1,378	1,555	2,692	6,500	8,000
20,001 - 25,000	2,535	5,750	710	1,284	754	1,627	3,276	5,270	5,750
25,001 - 30,000	2,609	5,009	1,126	1,055	1,259	1,760	3,093	4,833	5,009
30,001 - 35,000	2,609	3,380	1,000	712	1,000	2,485	3,194	3,380	3,380
35,001 and over	2,327	5,300	877	989	1,136	1,585	2,667	3,896	5,300



**Ratio of Number of Students at School to Practitioner FTE: Academic Year : Paid Professional Staff (NA240) x Status**

	Mean	Maximum	Minimum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Four-year public university	2,274	8,000	351	1,160	1,000	1,534	2,720	4,617	7,126
Four-year public college	2,380	10,702	850	2,607	850	1,199	2,572	10,702	10,702
Four-year private university	1,366	12,000	88	1,240	300	836	1,593	2,800	4,544
Four-year private college	971	3,500	280	653	368	556	1,086	2,500	3,500
Both four-year public and private university	1,533	2,356	710	1,164	710	710	2,356	2,356	2,356
Other (Specify Below)	1,695	5,750	330	1,245	330	975	1,927	5,750	5,750

**Ratio of Number of Students at School to Practitioner FTE: Academic Year : Paid Professional Staff (NA240) x Status**



**Average Ratio of Number of Students at School to Practitioner FTE: Academic Year : Paid Professional Staff (NA240) by Size X Status**

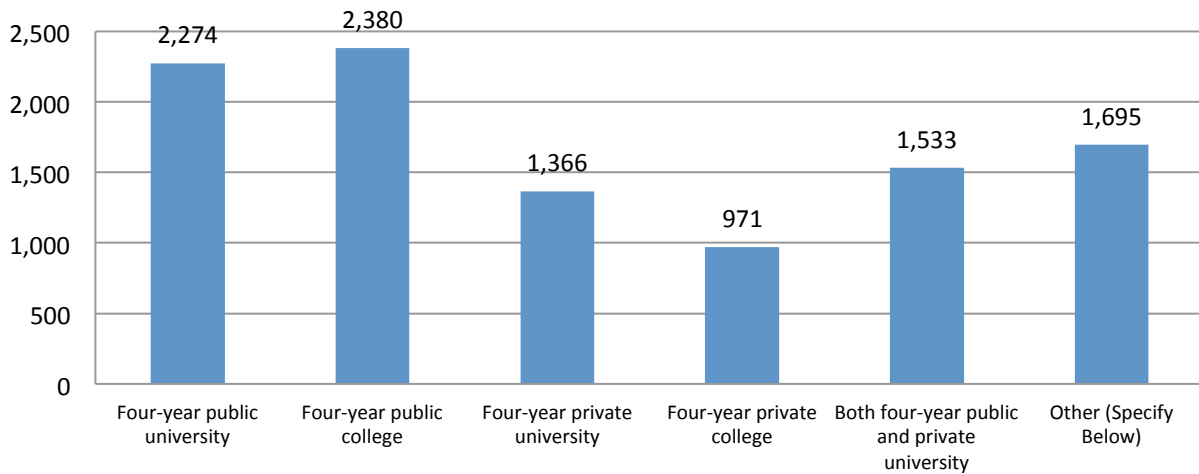
	School Status					
	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	351		624	658		556
1,501 - 2,500	633	928	845	1,011		1,288
2,501 - 5,000	2,062	1,399	1,397	1,232		1,477

5,001 - 7,500	2,104	1,537	2,087	1,036		1,722
7,501 - 10,000	1,832	2,350	1,584	1,155		
10,001 - 15,000	1,976	6,159	1,242			
15,001 - 20,000	2,567	2,162	1,703			
20,001 - 25,000	2,634		1,585		710	4,407
25,001 - 30,000	2,681		1,855			
30,001 - 35,000	2,609					
35,001 and over	2,427		1,361		2,356	

**IACS Ratio=Ratio of Number of Students at School to Practitioner FTE: Entire Year : Paid Professional Staff (NA242)**

	Mean	Maximum	Minimum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Under 1,500	684	1,500	88	340	280	438	894	1,500	1,500
1,501 - 2,500	1,047	4,478	133	749	330	584	1,250	2,500	4,478
2,501 - 5,000	1,669	8,813	488	1,230	700	931	1,800	4,100	8,813
5,001 - 7,500	2,241	15,000	943	2,364	960	1,236	2,308	7,126	15,000
7,501 - 10,000	1,946	4,544	640	892	961	1,362	2,204	3,970	4,544
10,001 - 15,000	2,135	10,702	668	1,586	925	1,431	2,444	3,594	10,702
15,001 - 20,000	2,613	8,000	1,370	1,550	1,518	1,753	2,692	6,500	8,000
20,001 - 25,000	2,634	5,750	754	1,284	853	1,698	3,276	5,621	5,750
25,001 - 30,000	2,651	5,273	1,126	1,085	1,355	1,782	3,093	4,833	5,273
30,001 - 35,000	2,788	3,713	1,016	820	1,016	2,485	3,467	3,713	3,713
35,001 and over	2,395	5,300	1,048	973	1,136	1,850	2,727	3,896	5,300

**Ratio of Number of Students at School to Practitioner FTE: Academic Year : Paid Professional Staff (NA240) x Status**

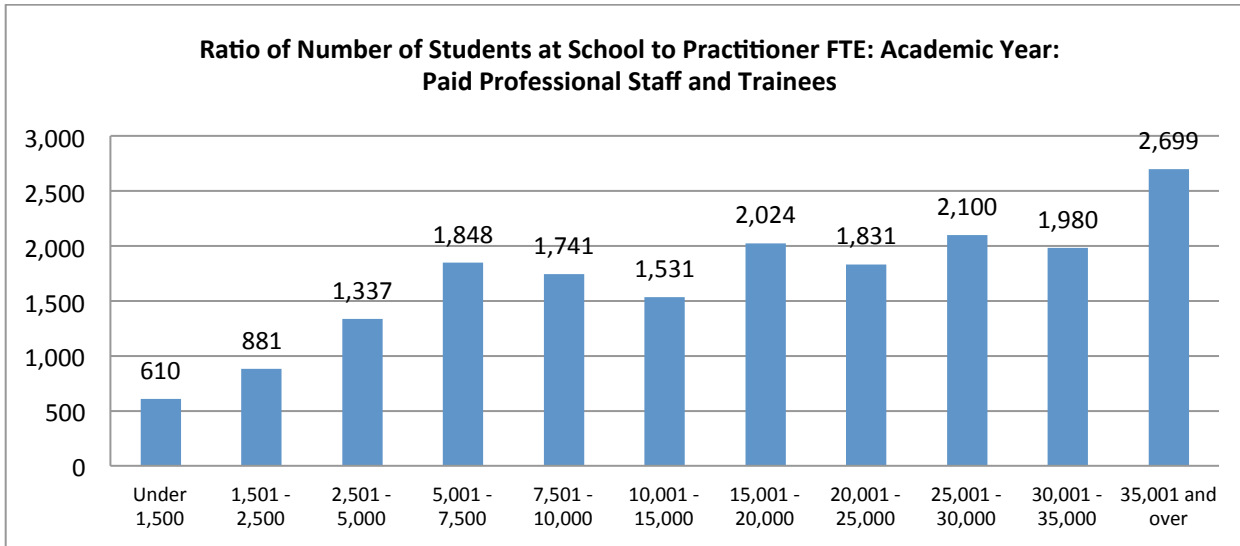


**IACS RATIO: Average Ratio of Number of Students at School to Practitioner FTE: Entire Year : Paid Professional Staff (NA242) by Six X Status**

	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	404.62		645.47	719.70		627.69
1,501 - 2,500	633.33	1233.54	887.39	1132.99		1287.50
2,501 - 5,000	2463.16	1805.66	1566.36	1411.39		1504.69
5,001 - 7,500	2370.98	1536.63	2425.06	1111.05		1934.37
7,501 - 10,000	2082.62	2447.56	1673.47	1308.60		
10,001 - 15,000	2212.55	6158.88	1301.36			
15,001 - 20,000	2720.18	2230.59	1870.32			
20,001 - 25,000	2737.09		1702.80		852.71	4406.69
25,001 - 30,000	2726.64		1855.26			
30,001 - 35,000	2788.37					
35,001 and over	2492.29		1493.29		2356.21	

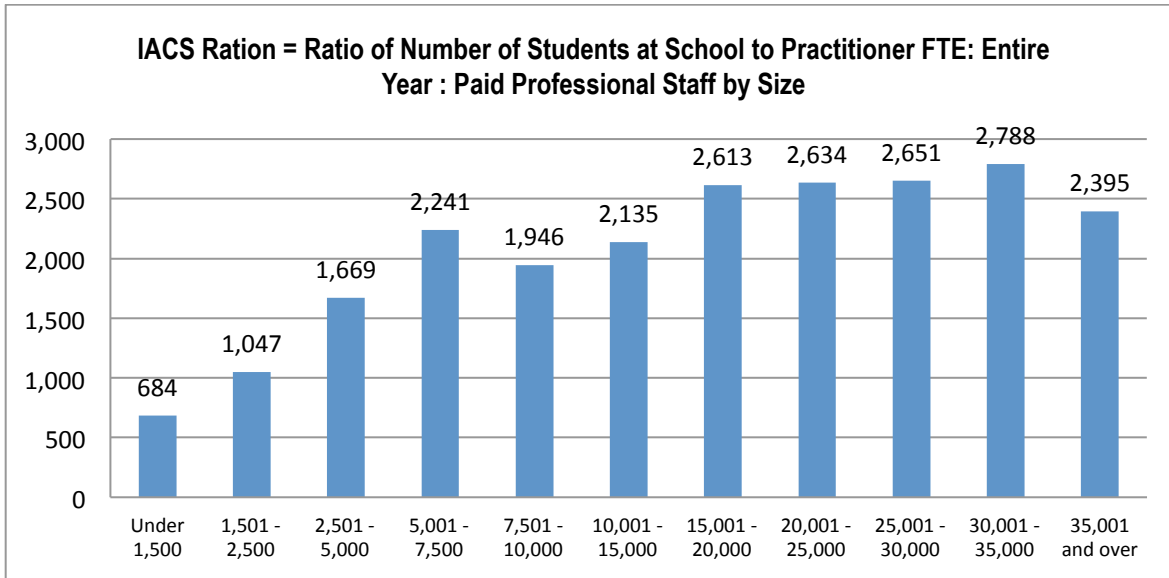
**Ratio of Number of Students at School to Practitioner FTE: Academic Year: Paid Professional Staff and Trainees (NA248)**

	Mean	Maximum	Minimum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Under 1,500	610	1,500	88	347	225	338	787	1,500	1,500
1,501 - 2,500	881	3,358	127	621	243	462	1,100	2,200	3,358
2,501 - 5,000	1,337	5,288	435	870	473	800	1,650	3,000	5,288
5,001 - 7,500	1,848	12,000	694	1,977	738	940	1,844	5,380	12,000
7,501 - 10,000	1,741	9,700	513	1,520	634	943	1,803	4,131	9,700
10,001 - 15,000	1,531	3,594	511	729	694	1,021	1,778	3,567	3,594
15,001 - 20,000	2,024	8,000	740	1,462	984	1,336	2,028	3,900	8,000
20,001 - 25,000	1,831	3,848	667	800	667	1,126	2,365	3,063	3,848
25,001 - 30,000	2,100	3,583	874	779	971	1,530	2,584	3,333	3,583
30,001 - 35,000	1,980	2,762	762	520	762	1,795	2,243	2,762	2,762
35,001 and over	2,699	22,044	763	4,269	987	1,397	2,155	3,462	22,044



**IACS Ratio=Ratio of Number of Students at School to Practitioner FTE: Entire Year : Paid Professional Staff (NA242) x Size**

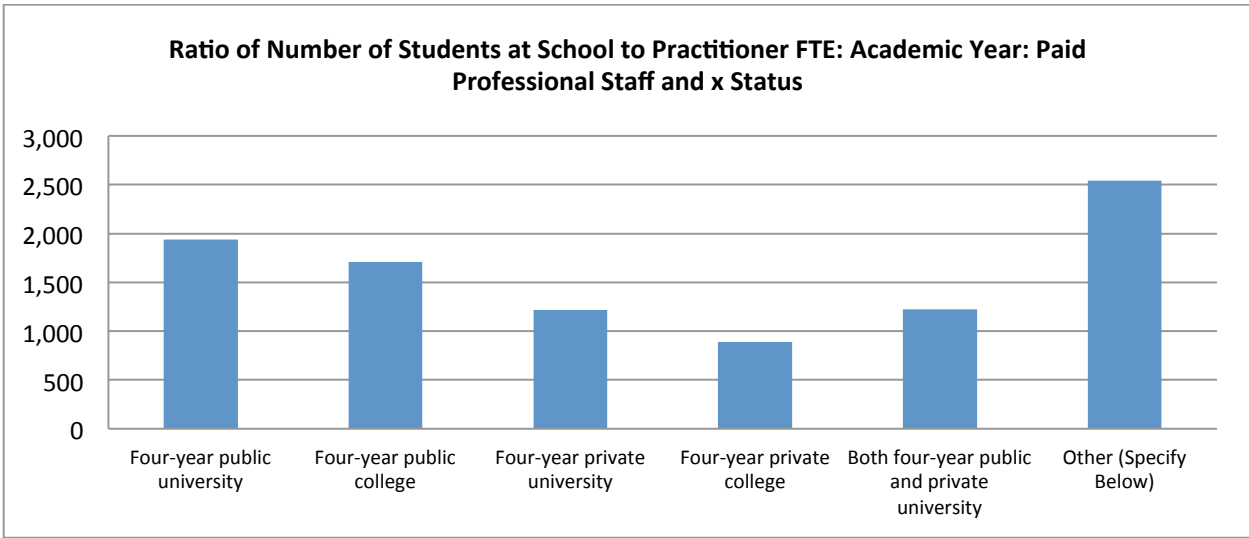
	Mean	Maximum	Minimum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Under 1,500	684	1,500	88	340	280	438	894	1,500	1,500
1,501 - 2,500	1,047	4,478	133	749	330	584	1,250	2,500	4,478
2,501 - 5,000	1,669	8,813	488	1,230	700	931	1,800	4,100	8,813
5,001 - 7,500	2,241	15,000	943	2,364	960	1,236	2,308	7,126	15,000
7,501 - 10,000	1,946	4,544	640	892	961	1,362	2,204	3,970	4,544
10,001 - 15,000	2,135	10,702	668	1,586	925	1,431	2,444	3,594	10,702
15,001 - 20,000	2,613	8,000	1,370	1,550	1,518	1,753	2,692	6,500	8,000
20,001 - 25,000	2,634	5,750	754	1,284	853	1,698	3,276	5,621	5,750
25,001 - 30,000	2,651	5,273	1,126	1,085	1,355	1,782	3,093	4,833	5,273
30,001 - 35,000	2,788	3,713	1,016	820	1,016	2,485	3,467	3,713	3,713
35,001 and over	2,395	5,300	1,048	973	1,136	1,850	2,727	3,896	5,300



**Ratio of Number of Students at School to Practitioner FTE: Academic Year: Paid Professional Staff and Trainees (NA248) by Size x Status**

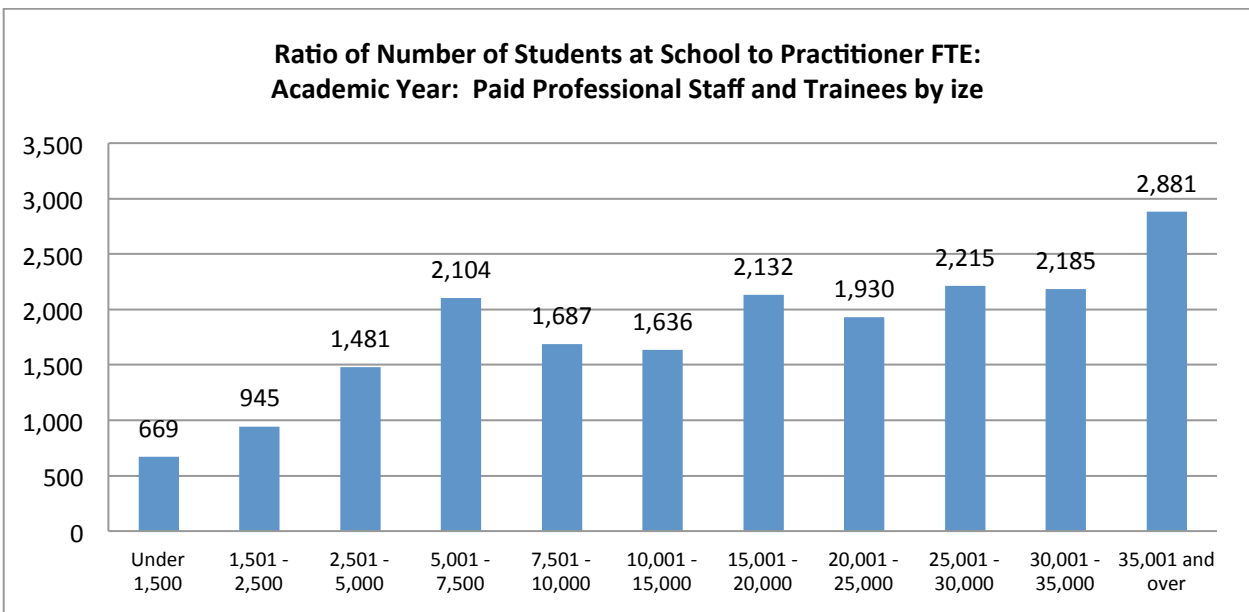
	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	351		614	628		556
1,501 - 2,500	211	928	824	918		1,125
2,501 - 5,000	2,003	1,399	1,265	1,096		1,258
5,001 - 7,500	2,041	1,365	1,866	1,036		1,657
7,501 - 10,000	1,957	1,988	1,346	1,051		
10,001 - 15,000	1,741	2,581	937			
15,001 - 20,000	2,063	1,915	1,703			
20,001 - 25,000	1,902		1,294		667	2,809
25,001 - 30,000	2,136		1,729			
30,001 - 35,000	1,980					
35,001 and over	1,894		1,137		1,785	22,044



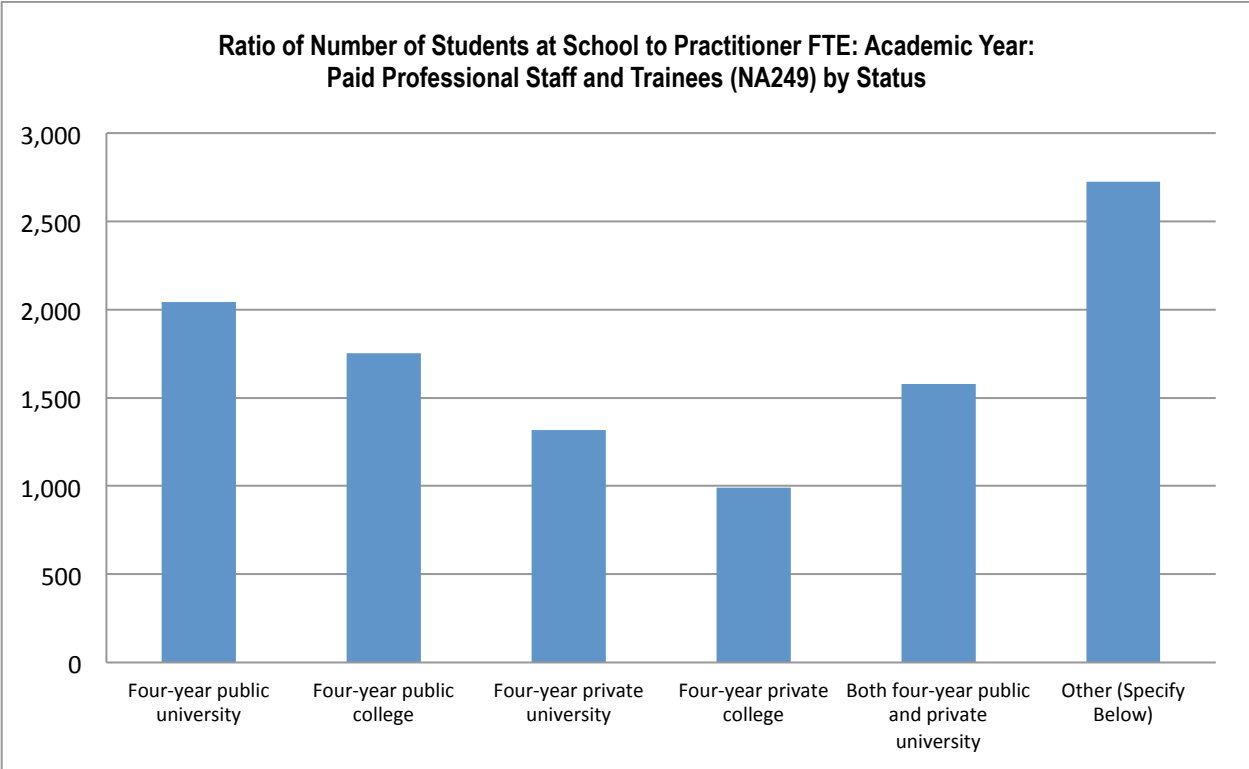


**Ratio of Number of Students at School to Practitioner FTE: Academic Year: Paid Professional Staff and Trainees (NA249)**

	Mean	Maximum	Minimum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Under 1,500	669	1,500	88	353	227	420	894	1,500	1,500
1,501 - 2,500	945	4,478	127	726	211	509	1,188	2,300	4,478
2,501 - 5,000	1,481	8,813	435	1,157	494	810	1,708	3,600	8,813
5,001 - 7,500	2,104	15,000	314	2,415	571	1,148	2,283	7,126	15,000
7,501 - 10,000	1,687	4,544	622	865	646	1,113	2,039	3,082	4,544
10,001 - 15,000	1,636	3,594	556	787	668	1,087	2,128	3,567	3,594
15,001 - 20,000	2,132	6,500	787	1,345	1,036	1,378	2,550	5,333	6,500
20,001 - 25,000	1,930	3,848	667	880	797	1,297	2,432	3,666	3,848
25,001 - 30,000	2,215	4,231	1,125	825	1,126	1,588	2,706	3,530	4,231
30,001 - 35,000	2,185	3,082	771	642	771	1,822	2,551	3,082	3,082
35,001 and over	2,881	24,493	802	4,767	838	1,397	2,347	3,774	24,493



<b>Ratio of Number of Students at School to Practitioner FTE: Academic Year: Paid Professional Staff and Trainees (NA249) by Status</b>									
	Mean	Maximum	Minimum	Standard Deviation	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
Four-year public university	2,042	8,813	211	1,120	800	1,380	2,391	3,807	7,126
Four-year public college	1,754	3,567	787	799	787	1,234	2,039	3,567	3,567
Four-year private university	1,318	15,000	88	1,492	300	695	1,549	3,013	4,544
Four-year private college	992	4,478	127	711	280	562	1,159	2,300	4,478
Both four-year public and private university	1,577	2,356	797	1,102	797	797	2,356	2,356	2,356
Other (Specify Below)	2,723	24,493	463	5,477	463	870	1,927	24,493	24,493



**Ratio of Number of Students at School to Practitioner FTE:  
Academic Year: Paid Professional Staff and Trainees (NA249) x  
Size X Status**

	Four-year public university	Four-year public college	Four-year private university	Four-year private college	Both four-year public and private university	Other (Specify Below)
Under 1,500	405		645	697		622
1,501 - 2,500	211	1,234	802	1,031		1,125
2,501 - 5,000	2,309	1,321	1,368	1,265		1,395
5,001 - 7,500	2,279	1,537	2,236	797		1,852
7,501 - 10,000	1,814	2,084	1,433	1,165		
10,001 - 15,000	1,877	2,581	978			
15,001 - 20,000	2,175	1,939	1,870			
20,001 - 25,000	2,055		1,424		797	2,313
25,001 - 30,000	2,249		1,855			
30,001 - 35,000	2,185					
35,001 and over	1,973		969		2,356	24,493

## Staffing Changes (Increases/Decreases)

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<b>Staffing and service changes (MR522)</b>		<b>Count</b>	<b>%</b>
Increased counseling staff	Yes	122	29.3%
Added a Case Manager(s)	Yes	46	11.0%
Added trainees providing clinical services	Yes	75	18.0%
Increased training for staff in working with difficult cases (in-service or external workshops)	Yes	138	33.1%
Increased training for staff in time-limited therapy to help manage caseloads better	Yes	76	18.2%
Implemented a triage model or modified model if already present	Yes	106	25.4%
Increased psychiatric consulting hours	Yes	73	17.5%
Increased part-time counselors during busy time of year	Yes	98	23.5%
Trained faculty and others on campus to help them make more appropriate and timely referrals	Yes	202	48.4%
Served on a Student Assistance Committee that includes varied campus personnel	Yes	199	47.7%
Offered psycho-educational assistance on a center webpage	Yes	140	33.6%
Provided psychologically oriented columns for the student newspaper	Yes	49	11.8%
Expanded external referral network	Yes	177	42.4%
Increased utilization of group counseling	Yes	138	33.1%
Increased utilization of adjunctive therapies (Stress and Wellness Clinics, Mindfulness classes, Biofeedback)	Yes	96	23.0%
None	Yes	11	2.6%
Other (Specify Below)	Yes	13	3.1%

## Salary Data

N=1 Cells data removed from Salary Data

### Average Salary

	Mean
Training Director Average Salary	\$69,222
Assistant Associate Director Average Salary	\$70,228
Clinical Director Average Salary	\$69,935
Counselor With Doctorate Average Salary	\$61,860
Counselor who is ABD Average Salary	\$54,400
Counselor with MA Average Salary	\$49,878
Counselor with MSW Average Salary	\$53,467
Psychiatrist/MD (average annual salary)	\$140,371
Psychiatrist/MD (average hourly salary)	\$144
Psychiatric Nurse Practitioner Average Salary	\$69,950
Psychiatric Residents Average Salary	\$39,445
Learning Skills Specialist Average Salary	\$45,035
Case Manager Average Salary	\$52,098
Substance Abuse Counselor/Addictions Specialist Average Salary	\$50,533
Other Average Salary	\$47,721

### Staff Salary Data by Years in Position

(note: empty rows have been deleted)

	Mean	N	Median	Mode	Min.	Max.
Training Director (less than 1 year)	\$62,886	22	\$61,000	\$60,000	\$42,300	\$94,000
Training Director (1-3 years in position)	\$66,279	41	\$64,000	\$70,000	\$53,000	\$93,000
Training Director (4-6 years in position)	\$67,804	32	\$66,283	\$65,000	\$38,000	\$108,000
Training Director (7-9 years in position)	\$72,680	21	\$70,000	\$60,000	\$53,079	\$99,405
Training Director (10-12 years in position)	\$64,431	14	\$64,250	\$60,000	\$41,500	\$78,000
Training Director (13-15 years in position)	\$78,942	10	\$75,335	\$62,000	\$62,000	\$112,896
Training Director (15 years and above)	\$84,188	11	\$88,599	\$62,000	\$62,000	\$110,000
Assistant or Assoc. Director (less than 1 year)	\$68,913	39	\$70,000	\$70,000	\$40,000	\$92,160
Assistant or Assoc. Dir (1-3 years in position)	\$65,011	50	\$65,000	\$65,000	\$40,000	\$92,000
Assistant or Assoc. Dir (4-6 years in position)	\$69,895	46	\$68,028	\$68,000	\$41,000	\$97,794
Assistant or Assoc. Dir (7-9 years in position)	\$65,441	18	\$63,837	\$45,000	\$45,000	\$95,000
Assistant or Assoc. Dir (10-12 years in position)	\$64,402	11	\$66,500	\$37,000	\$37,000	\$93,342
Assistant or Assoc. Dir (13-15 years in position)	\$82,794	7	\$76,017	\$50,000	\$50,000	\$160,000
Assistant or Assoc. Dir (15 years and above)	\$81,119	24	\$81,120	\$50,000	\$50,000	\$123,937
Clinical Director (less than 1 year)	\$71,457	6	\$68,500	\$58,000	\$58,000	\$93,744
Clinical Director (1-3 years in position)	\$70,335	17	\$70,000	\$70,000	\$47,065	\$97,380

Clinical Director (4-6 years in position)	\$67,814	8	\$65,900	\$57,500	\$57,500	\$80,300
Clinical Director (7-9 years in position)	\$75,853	6	\$69,750	\$59,753	\$59,753	\$99,000
Clinical Director (10-12 years in position)	\$65,891	2	\$65,891			
Clinical Director (13-15 years in position)	\$	1				
Clinical Director (15 years and above)	\$67,206	3	\$74,323	\$17,736	\$17,736	\$109,558
Counselor with Doctorate (less than 1 year)	\$56,991	121	\$55,000	\$50,000	\$35,000	\$124,000
Counselor with Doctorate (1-3 years in position)	\$56,629	111	\$55,000	\$55,000	\$41,000	\$102,000
Counselor with Doctorate (4-6 years in position)	\$64,468	111	\$58,000	\$55,000	\$40,000	\$520,000
Counselor with Doctorate (7-9 years in position)	\$63,812	48	\$60,764	\$64,000	\$21,468	\$90,683
Counselor with Doctorate (10-12 years in position)	\$66,485	42	\$63,000	\$63,000	\$45,841	\$100,000
Counselor with Doctorate (13-15 years in position)	\$72,080	24	\$71,375	\$68,000	\$39,140	\$104,122
Counselor with Doctorate (15 years and above)	\$76,251	62	\$72,535	\$67,000	\$48,000	\$140,000
Counselor who is A.B.D. (less than 1 year)	\$55,018	13	\$55,000	\$44,000	\$44,000	\$72,000
Counselor who is A.B.D. (1-3 years in position)	\$58,467	6	\$52,915	\$49,000	\$49,000	\$78,316
Counselor who is A.B.D. (4-6 years in position)	\$47,689	3	\$46,566	\$39,500	\$39,500	\$57,000
Counselor who is A.B.D. (7-9 years in position)		1				
Counselor who is A.B.D. (15 years and above)	\$58,059	2				
Counselor with MA (less than 1 year)	\$45,520	50	\$44,500	\$45,000	\$15,360	\$130,000
Counselor with MA (1-3 years in position)	\$44,714	49	\$45,000	\$32,000	\$25,000	\$70,000
Counselor with MA (4-6 years in position)	\$49,327	55	\$48,048	\$50,000	\$15,360	\$84,515
Counselor with MA (7-9 years in position)	\$53,451	22	\$53,673	\$75,000	\$38,000	\$75,000
Counselor with MA (10-12 years in position)	\$58,162	14	\$55,707	\$28,000	\$28,000	\$95,000
Counselor with MA (13-15 years in position)	\$57,844	12	\$57,263	\$50,000	\$46,050	\$74,152
Counselor with MA (15 years and above)	\$59,683	24	\$57,752	\$55,000	\$39,837	\$90,000
Counselor with MSW (less than 1 year)	\$45,774	27	\$45,000	\$45,000	\$26,600	\$68,000
Counselor with MSW (1-3 years in position)	\$49,584	41	\$48,000	\$45,000	\$30,000	\$80,875
Counselor with MSW (4-6 years in position)	\$53,683	53	\$51,833	\$50,000	\$36,000	\$90,000
Counselor with MSW (7-9 years in position)	\$53,525	26	\$53,626	\$73,000	\$38,000	\$73,000
Counselor with MSW (10-12 years in position)	\$57,376	20	\$59,450	\$52,000	\$25,000	\$80,000
Counselor with MSW (13-15 years in position)	\$60,768	8	\$61,200	\$50,000	\$50,000	\$74,000
Counselor with MSW (15 years and above)	\$65,980	19	\$63,708	\$78,000	\$30,000	\$95,000
Psychiatrist/MD - Annual (less than 1 year)	\$147,875	14	\$144,842	\$140,000	\$120,000	\$175,000
Psychiatrist/MD - Annual (1-3 years in position)	\$129,679	15	\$137,000	\$46,000	\$46,000	\$179,000
Psychiatrist/MD - Annual (4-6 years in position)	\$134,499	17	\$138,042	\$130,000	\$10,000	\$215,000
Psychiatrist/MD - Annual (7-9 years in position)	\$144,723	15	\$145,670	\$66,150	\$66,150	\$190,000
Psychiatrist/MD - Annual (10-12 years in position)	\$151,329	9	\$150,000	\$180,000	\$69,993	\$222,265
Psychiatrist/MD - Annual (13-15 years in position)	\$149,734	4	\$148,468	\$137,000	\$137,000	\$165,000
Psychiatrist/MD - Annual (15 years and above)	\$154,704	11	\$160,000	\$160,000	\$105,868	\$205,499
Psychiatrist/MD - Hourly (less than 1 year)	\$127	13	\$130	\$150	\$80	\$150

Psychiatrist/MD - Hourly (1-3 years in position)	\$145	38	\$128	\$125	\$90	\$325
Psychiatrist/MD - Hourly (4-6 years in position)	\$145	20	\$145	\$150	\$105	\$250
Psychiatrist/MD - Hourly (7-9 years in position)	\$152	12	\$140	\$150	\$90	\$300
Psychiatrist/MD - Hourly (10-12 years in position)	\$133	13	\$140	\$95	\$95	\$180
Psychiatrist/MD - Hourly (13-15 years in position)	\$127	7	\$115	\$200	\$55	\$200
Psychiatrist/MD - Hourly (15 years and above)	\$140	6	\$135	\$125	\$125	\$170
Nurse Practitioner (less than 1 year)	\$57,120	3	\$58,441	\$31,920	\$31,920	\$81,000
Nurse Practitioner (1-3 years in position)	\$83,255	7	\$71,733	\$18,000	\$18,000	\$260,000
Nurse Practitioner (4-6 years in position)	\$66,870	2	\$66,870			
Nurse Practitioner (7-9 years in position)	\$38,343	5	\$35,200	\$25,000	\$25,000	\$51,516
Nurse Practitioner (10-12 years in position)	\$	1				
Nurse Practitioner (13-15 years in position)	\$57,800	3	\$60,000	\$38,400	\$38,400	\$75,000
Nurse Practitioner (15 years and above)	\$40,000	1	\$40,000	\$40,000	\$40,000	\$40,000
Psychiatric Residents (less than 1 year)	\$37,186	6	\$35,500	\$12,800	\$12,800	\$67,500
Psychiatric Residents (1-3 years in position)	\$	1				
Learning Skills Specialist (less than 1 year)	\$	1				
Learning Skills Specialist (1-3 years in position)	\$	1				
Learning Skills Specialist (10-12 years in position)	\$	1				
Learning Skills Specialist (15 years and above)	\$48,009	4	\$52,844	\$21,177	\$21,177	\$65,170
Case Manager (less than 1 year)	\$47,773	11	\$47,500	\$43,500	\$40,000	\$55,000
Case Manager (1-3 years in position)	\$50,917	19	\$47,000	\$45,000	\$36,000	\$86,000
Case Manager (4-6 years in position)	\$53,635	3	\$54,900	\$44,004	\$44,004	\$62,000
Case Manager (7-9 years in position)	\$60,502	2				
Case Manager (15 years and above)	\$	1				
Substance/Addictions Specialist (less than 1 year)	\$49,163	7	\$48,640	\$30,000	\$30,000	\$66,000
Substance/Addictions (1-3 years in position)	\$46,171	6	\$49,425	\$10,000	\$10,000	\$66,700
Substance/Addictions (4-6 years in position)	\$43,002	8	\$43,000	\$44,000	\$24,000	\$70,000
Substance/Addictions (7-9 years in position)	\$54,150	4	\$53,400	\$44,000	\$44,000	\$65,798
Substance/Addictions (10-12 years in position)	\$	1				
Substance/Addictions (13-15 years in position)	\$64,250	2	\$64,250			
Substance/Addictions (15 years and above)	\$54,595	4	\$55,270	\$42,840	\$42,840	\$65,000
Pre-doctoral Psychology Intern	\$23,079	94	\$23,660	\$25,000	\$10,000	\$38,510
Post Docs	\$32,304	61	\$32,000	\$32,000	\$15,000	\$64,000
Graduate Students - Current Salary	\$12,393	37	\$12,000	\$12,000	\$3,000	\$34,000

**Staff Salary by Experience and Institution Status**

	Public or Private							
	Public				Private			
	Mean	N	Min.	Max.	Mean	N	Min	Max.
Training Director (less than 1 year)	\$65,161	15	\$42,736	\$94,000	\$57,846	6	\$42,300	\$75,000
Training Director (1-3 years in position)	\$64,161	24	\$53,146	\$78,000	\$69,254	14	\$53,682	\$93,000
Training Director (4-6 years in position)	\$71,363	20	\$49,000	\$108,000	\$62,678	11	\$38,000	\$89,955
Training Director (7-9 years in position)	\$75,219	15	\$53,079	\$99,405	\$66,200	5	\$60,000	\$77,000
Training Director (10-12 years in position)	\$61,698	10	\$41,500	\$74,000	\$69,017	3	\$62,000	\$75,000
Training Director (13-15 years in position)	\$82,288	6	\$62,000	\$112,896	\$73,923	4	\$62,000	\$83,691
Training Director (15 years and above)	\$83,559	7	\$65,467	\$110,000	\$83,000	3	\$62,000	\$95,000
Assistant or Assoc. Dir (less than 1 year)	\$69,252	17	\$40,000	\$81,000	\$67,109	20	\$46,000	\$87,300
Assistant or Assoc. Dir (1-3 years in position)	\$66,124	29	\$40,000	\$91,000	\$63,473	21	\$47,000	\$92,000
Assistant or Assoc. Dir (4-6 years in position)	\$69,330	22	\$41,000	\$97,794	\$71,643	20	\$45,000	\$91,800
Assistant or Assoc. Dir (7-9 years in position)	\$73,894	7	\$52,036	\$95,000	\$60,061	11	\$45,000	\$85,000
Assistant or Assoc. Dir (10-12 years in position)	\$69,642	6	\$52,215	\$93,342	\$58,114	5	\$37,000	\$75,000
Assistant or Assoc. Dir (13-15 years in position)	\$79,348	3	\$62,000	\$100,000	\$88,500	3	\$50,000	\$160,000
Assistant or Assoc. Dir (15 years and above)	\$81,886	15	\$50,000	\$123,937	\$78,743	8	\$50,000	\$95,642
Clinical Director (less than 1 year)	\$74,149	5	\$61,000	\$93,744	\$58,000	1		
Clinical Director (1-3 years in position)	\$67,557	12	\$55,000	\$92,931	\$76,927	3	\$47,065	\$97,380
Clinical Director (4-6 years in position)	\$65,701	6	\$57,500	\$78,000	\$74,150	2	\$68,000	\$80,300
Clinical Director (7-9 years in position)	\$75,853	6	\$59,753	\$99,000				
Clinical Director (10-12 years in position)	\$	1			\$	1		



Clinical Director (13-15 years in position)	\$	1						
Clinical Director (15 years and above)	\$67,206	3	\$17,736	\$109,558				
Counselor with Doctorate (less than 1 year)	\$55,666	64	\$42,180	\$76,000	\$57,925	49	\$35,000	\$124,000
Counselor with Doctorate (1-3 years in position)	\$54,971	66	\$41,000	\$78,000	\$59,000	40	\$42,000	\$102,000
Counselor with Doctorate (4-6 years in position)	\$65,161	78	\$41,900	\$520,000	\$63,157	31	\$40,000	\$102,000
Counselor with Doctorate (7-9 years in position)	\$64,592	36	\$38,000	\$90,683	\$61,473	12	\$21,468	\$89,000
Counselor with Doctorate (10-12 years in position)	\$65,444	28	\$45,841	\$91,000	\$69,741	12	\$54,232	\$100,000
Counselor with Doctorate (13-15 years in position)	\$72,225	21	\$39,140	\$104,122	\$71,067	3	\$68,000	\$73,450
Counselor with Doctorate (15 years and above)	\$75,745	44	\$49,622	\$108,000	\$77,628	17	\$48,000	\$140,000
Counselor who is A.B.D. (less than 1 year)	\$54,025	9	\$44,000	\$72,000	\$58,000	3	\$51,000	\$68,000
Counselor who is A.B.D. (1-3 years in position)	\$57,051	4	\$49,000	\$78,316	\$61,300	2		
Counselor who is A.B.D. (4-6 years in position)	\$43,033	2						
Counselor who is A.B.D. (7-9 years in position)	\$	1						
Counselor who is A.B.D. (10-12 years in position)								
Counselor who is A.B.D. (13-15 years in position)								
Counselor who is A.B.D. (15 years and above)	\$58,059	2						
Counselor with MA (less than 1 year)	\$44,328	31	\$15,360	\$68,000	\$48,548	18	\$29,000	\$130,000
Counselor with MA (1-3 years in position)	\$47,586	27	\$37,000	\$68,000	\$42,058	20	\$25,000	\$70,000
Counselor with MA (4-6 years in position)	\$47,806	36	\$15,360	\$71,000	\$50,775	17	\$37,500	\$64,000
Counselor with MA (7-9 years in position)	\$53,255	15	\$38,557	\$75,000	\$53,870	7	\$38,000	\$64,987
Counselor with MA (10-12 years in position)	\$56,116	8	\$30,133	\$95,000	\$59,467	5	\$28,000	\$88,000

Counselor with MA (13-15 years in position)	\$59,384	6	\$48,398	\$74,152	\$56,304	6	\$46,050	\$67,000
Counselor with MA (15 years and above)	\$59,079	18	\$39,837	\$90,000	\$65,608	4	\$58,240	\$70,000
Counselor with MSW (less than 1 year)	\$43,769	16	\$35,000	\$57,000	\$46,956	9	\$26,600	\$68,000
Counselor with MSW (1-3 years in position)	\$48,764	20	\$35,000	\$78,000	\$48,840	20	\$30,000	\$76,500
Counselor with MSW (4-6 years in position)	\$51,681	28	\$42,000	\$86,000	\$56,323	23	\$36,000	\$90,000
Counselor with MSW (7-9 years in position)	\$56,610	15	\$40,615	\$73,000	\$49,549	10	\$38,000	\$60,000
Counselor with MSW (10-12 years in position)	\$60,075	11	\$51,719	\$80,000	\$53,088	8	\$25,000	\$70,000
Counselor with MSW (13-15 years in position)	\$61,024	6	\$50,000	\$74,000	\$60,000	2		
Counselor with MSW (15 years and above)	\$69,962	10	\$51,000	\$95,000	\$61,288	8	\$30,000	\$94,800
Psychiatrist/MD - Annual (less than 1 year)	\$150,656	8	\$125,000	\$170,568	\$145,000	5	\$120,000	\$175,000
Psychiatrist/MD - Annual (1-3 years in position)	\$128,926	11	\$75,836	\$172,000	\$131,750	4	\$46,000	\$179,000
Psychiatrist/MD - Annual (4-6 years in position)	\$134,088	13	\$10,000	\$215,000	\$135,836	4	\$130,500	\$142,000
Psychiatrist/MD - Annual (7-9 years in position)	\$140,655	9	\$66,150	\$189,000	\$151,990	5	\$133,000	\$190,000
Psychiatrist/MD - Annual (10-12 years in position)	\$165,193	5	\$130,000	\$222,265	\$133,998	4	\$69,993	\$180,000
Psychiatrist/MD - Annual (13-15 years in position)	\$153,979	3	\$146,936	\$165,000		1		
Psychiatrist/MD - Annual (15 years and above)	\$158,840	7	\$126,233	\$205,499	\$159,500	2	\$153,000	\$166,000
Psychiatrist/MD - Hourly (less than 1 year)	\$105	3	\$80	\$125	\$136	8	\$80	\$150
Psychiatrist/MD - Hourly (1-3 years in position)	\$138	13	\$90	\$200	\$154	22	\$90	\$325
Psychiatrist/MD - Hourly (4-6 years in position)	\$129	8	\$110	\$150	\$147	11	\$105	\$175
Psychiatrist/MD - Hourly (7-9 years in position)	\$163	6	\$90	\$300	\$142	6	\$100	\$190
Psychiatrist/MD - Hourly (10-12 years in position)	\$118	4	\$95	\$160	\$146	8	\$95	\$180

Psychiatrist/MD - Hourly (13-15 years in position)	\$	1			\$131	6	\$55	\$200
Psychiatrist/MD - Hourly (15 years and above)	\$133	3	\$125	\$150	\$147	3	\$125	\$170
Nurse Practitioner (less than 1 year)	\$	1			\$	1		
Nurse Practitioner (1-3 years in position)	\$23,400	2			\$112,747	4	\$32,000	\$260,000
Nurse Practitioner (4-6 years in position)	\$	1			\$	1		
Nurse Practitioner (7-9 years in position)	\$27,500	2	\$25,000	\$30,000	\$42,600	2		
Nurse Practitioner (10-12 years in position)					\$	1		
Nurse Practitioner (13-15 years in position)		1			\$49,200	2		
Nurse Practitioner (15 years and above)					\$	1		
Psychiatric Residents (less than 1 year)	\$40,424	5	\$12,800	\$67,500	\$	1		
Learning Skills Specialist (less than 1 year)	\$	1						
Learning Skills Specialist (1-3 years in position)	\$	1						
Learning Skills Specialist (10-12 years in position)					\$	1		
Learning Skills Specialist (15 years and above)	\$48,009	4	\$21,177	\$65,170				
Case Manager (less than 1 year)	\$47,773	11	\$40,000	\$55,000				
Case Manager (1-3 years in position)	\$50,090	17	\$36,000	\$86,000	\$57,952	2		
Case Manager (4-6 years in position)					\$	1		
Case Manager (7-9 years in position)	\$	1						
Case Manager (15 years and above)	\$	1						
Substance/Addictions Specialist (less than 1 year)	\$50,785	4	\$40,000	\$61,000	\$47,000	3	\$30,000	\$66,000
Substance/Addictions Specialist (1-3 years in position)	\$52,950	3	\$49,000	\$60,000	\$39,393	3	\$10,000	\$66,700

Substance/Addictions Specialist (4-6 years in position)	\$40,000	4	\$24,000	\$50,000	\$48,000	3	\$30,000	\$70,000
Substance/Addictions Specialist (7-9 years in position)	\$62,899	2	\$60,000	\$65,798	\$	1		
Substance/Addictions Specialist (10-12 years in position)	\$	1						
Substance/Addictions Specialist (13-15 years in position)	\$64,250	2						
Substance/Addictions Specialist (15 years and above)					\$54,613	3	\$42,840	\$65,000
Pre-doctoral Psychology Intern	\$23,667	70	\$10,000	\$38,510	\$21,091	21	\$10,000	\$33,000
Post Docs	\$31,965	37	\$15,000	\$50,400	\$33,310	22	\$23,700	\$64,000
Graduate Students	\$12,025	30	\$3,000	\$26,645	\$13,950	6	\$3,200	\$34,000

**Staff Salary by Years of Experience and Institution Size**

	Institution Size										
	Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Training Director (less than 1 year)	\$42,300	\$.	\$46,500	\$.	\$54,368	\$66,055	\$63,825	\$65,400	\$83,000	\$.	\$53,689
Training Director (1-3 years in position)	\$53,146	\$63,640	\$56,841	\$67,900	\$67,609	\$60,784	\$57,339	\$70,699	\$71,440	\$64,875	\$70,173
Training Director (4-6 years in position)	\$53,000	\$48,333	\$63,600	\$76,000	\$62,450	\$67,991	\$69,035	\$71,717	\$71,831	\$.	\$81,538
Training Director (7-9 years in position)	\$70,000	\$61,000	\$62,000	\$67,000	\$67,520	\$80,000	\$76,135	\$66,500	\$76,380	\$95,000	\$80,605
Training Director (10-12 years in position)	\$.	\$62,000	\$75,000	\$.	\$66,500	\$60,017	\$50,750	\$70,333	\$65,990	\$.	\$74,000
Training Director (13-15 years in position)	\$.	\$66,000	\$.	\$.	\$83,691	\$80,000	\$62,000	\$.	\$70,670	\$92,199	\$84,460
Training Director (15 years and above)	\$.	\$62,000	\$.	\$.	\$.	\$91,690	\$67,000	\$92,042	\$65,467	\$88,599	\$92,160
Assistant or Assoc. Dir (less than 1 year)	\$.	\$63,000	\$58,725	\$.	\$76,950	\$64,768	\$72,000	\$73,367	\$67,000	\$81,000	\$75,058
Assistant or Assoc. Dir (1-3 years in position)	\$.	\$56,690	\$61,668	\$54,667	\$75,000	\$63,202	\$70,824	\$73,365	\$71,039	\$56,800	\$72,188
Assistant or Assoc. Dir (4-6 years in position)	\$60,000	\$57,888	\$64,857	\$68,200	\$86,397	\$74,960	\$67,900	\$73,528	\$77,413	\$68,000	\$70,156
Assistant or Assoc. Dir (7-9 years in position)	\$.	\$54,767	\$63,337	\$50,400	\$71,000	\$92,000	\$52,036	\$67,478	\$84,268	\$95,000	\$72,000
Assistant or Assoc. Dir (10-12 years in position)	\$.	\$48,667	\$75,000	\$.	\$66,500	\$70,500	\$52,215	\$69,571	\$62,000	\$.	\$83,320
Assistant or Assoc. Dir (13-15 years in position)	\$.	\$52,750	\$62,000	\$.	\$.	\$.	\$.	\$103,015	\$.	\$.	\$.
Assistant or Assoc. Dir (15 years and above)	\$75,000	\$50,000	\$80,120	\$71,750	\$94,613	\$85,727	\$67,684	\$88,821	\$.	\$81,680	\$93,299
Clinical Director (less than 1 year)	\$.	\$.	\$58,000	\$.	\$.	\$.	\$61,000	\$67,000	\$70,000	\$.	\$86,372
Clinical Director (1-3 years in position)	\$.	\$.	\$47,065	\$57,500	\$57,500	\$75,000	\$.	\$82,168	\$75,340	\$81,466	\$71,668
Clinical Director (4-6 years in position)	\$.	\$.	\$.	\$.	\$.	\$69,081	\$65,435	\$.	\$.	\$63,197	\$78,000

Clinical Director (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$63,377	\$.	\$72,500	\$.	\$95,000	\$80,432
Clinical Director (10-12 years in position)	\$.	\$.	\$75,000	\$.	\$.	\$56,781	\$.	\$.	\$.	\$.	\$.
Clinical Director (13-15 years in position)	\$.	\$.	\$.	\$.	\$.	\$51,744	\$.	\$.	\$.	\$.	\$.
Clinical Director (15 years and above)	\$.	\$.	\$.	\$.	\$17,736	\$.	\$.	\$.	\$109,558	\$74,323	\$.
Counselor with Doctorate (less than 1 year)	\$45,244	\$59,968	\$65,909	\$55,050	\$59,915	\$53,400	\$55,835	\$56,822	\$55,431	\$53,500	\$56,254
Counselor with Doctorate (1-3 years in position)	\$64,333	\$57,373	\$59,000	\$56,580	\$56,189	\$55,180	\$50,312	\$61,760	\$56,246	\$53,137	\$55,836
Counselor with Doctorate (4-6 years in position)	\$40,000	\$61,000	\$62,742	\$59,411	\$62,976	\$56,543	\$61,488	\$60,233	\$63,101	\$124,763	\$58,960
Counselor with Doctorate (7-9 years in position)	\$46,673	\$.	\$59,860	\$83,500	\$75,406	\$62,708	\$64,163	\$68,248	\$64,645	\$70,568	\$60,406
Counselor with Doctorate (10-12 years in position)	\$.	\$70,000	\$.	\$52,968	\$72,706	\$57,040	\$59,946	\$68,484	\$66,070	\$76,638	\$70,371
Counselor with Doctorate (13-15 years in position)	\$.	\$.	\$.	\$86,500	\$73,218	\$65,468	\$63,584	\$77,950	\$72,041	\$76,229	\$74,589
Counselor with Doctorate (15 years and above)	\$84,000	\$75,365	\$67,425	\$104,167	\$79,329	\$70,494	\$80,071	\$76,421	\$74,146	\$70,784	\$76,636
Counselor who is A.B.D. (less than 1 year)	\$.	\$68,000	\$.	\$53,000	\$.	\$.	\$52,000	\$48,500	\$59,228	\$56,000	\$72,000
Counselor who is A.B.D. (1-3 years in position)	\$.	\$68,000	\$.	\$.	\$78,316	\$54,600	\$49,000	\$.	\$49,656	\$.	\$51,230
Counselor who is A.B.D. (4-6 years in position)	\$.	\$.	\$39,500	\$.	\$.	\$.	\$.	\$57,000	\$46,566	\$.	\$.
Counselor who is A.B.D. (7-9 years in position)	\$.	\$.	\$.	\$43,702	\$.	\$.	\$.	\$.	\$.	\$.	\$.
Counselor who is A.B.D. (15 years and above)	\$.	\$.	\$.	\$.	\$60,000	\$.	\$56,117	\$.	\$.	\$.	\$.
Counselor with MA (less than 1 year)	\$41,084	\$39,466	\$50,550	\$42,300	\$48,667	\$39,286	\$51,000	\$47,403	\$49,000	\$45,000	\$43,569
Counselor with MA (1-3 years in position)	\$33,325	\$39,468	\$41,581	\$47,280	\$54,598	\$46,256	\$44,850	\$50,250	\$59,500	\$46,592	\$45,268
Counselor with MA (4-6 years in position)	\$52,092	\$44,065	\$48,389	\$55,831	\$50,589	\$46,254	\$44,000	\$57,000	\$59,667	\$49,400	\$48,256
Counselor with MA (7-9 years in position)	\$.	\$53,050	\$51,494	\$50,500	\$48,962	\$41,000	\$.	\$56,676	\$59,743	\$.	\$57,173
Counselor with MA (10-12 years in position)	\$28,000	\$.	\$59,169	\$88,000	\$79,000	\$.	\$40,567	\$68,000	\$56,126	\$.	\$52,207

Counselor with MA (13-15 years in position)	\$48,025	\$50,000	\$.	\$67,000	\$58,017	\$.	\$52,113	\$.	\$66,000	\$74,152	\$56,750
Counselor with MA (15 years and above)	\$.	\$63,966	\$58,500	\$55,123	\$61,623	\$68,124	\$67,600	\$.	\$51,125	\$.	\$56,208
Counselor with MSW (less than 1 year)	\$.	\$42,000	\$46,867	\$51,667	\$50,000	\$42,500	\$42,900	\$51,424	\$48,000	\$42,667	\$43,732
Counselor with MSW (1-3 years in position)	\$32,000	\$43,499	\$48,000	\$72,938	\$51,833	\$48,633	\$45,000	\$60,694	\$50,000	\$56,800	\$50,320
Counselor with MSW (4-6 years in position)	\$36,000	\$53,717	\$54,358	\$47,040	\$65,050	\$51,957	\$52,911	\$58,180	\$51,155	\$46,500	\$55,534
Counselor with MSW (7-9 years in position)	\$41,000	\$40,000	\$50,197	\$56,000	\$55,904	\$54,100	\$62,738	\$48,900	\$54,820	\$47,925	\$54,882
Counselor with MSW (10-12 years in position)	\$29,500	\$69,600	\$56,464	\$.	\$63,000	\$57,391	\$67,976	\$65,800	\$57,180	\$.	\$58,186
Counselor with MSW (13-15 years in position)	\$53,000	\$.	\$.	\$74,000	\$67,000	\$.	\$50,000	\$60,000	\$52,000	\$.	\$65,071
Counselor with MSW (15 years and above)	\$55,000	\$30,000	\$.	\$53,500	\$60,500	\$75,150	\$65,000	\$72,616	\$57,275	\$86,500	\$73,136
Psychiatrist/MD - Annual (less than 1 year)	\$.	\$140,000	\$140,000	\$.	\$175,000	\$135,000	\$146,561	\$140,000	\$160,000	\$157,784	\$145,000
Psychiatrist/MD - Annual (1-3 years in position)	\$.	\$.	\$100,000	\$.	\$120,667	\$165,000	\$134,512	\$159,000	\$149,500	\$90,418	\$125,663
Psychiatrist/MD - Annual (4-6 years in position)	\$.	\$.	\$.	\$.	\$130,500	\$74,921	\$130,000	\$137,500	\$148,350	\$143,000	\$146,521
Psychiatrist/MD - Annual (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$164,418	\$66,150	\$146,000	\$142,140	\$148,000	\$144,549
Psychiatrist/MD - Annual (10-12 years in position)	\$.	\$.	\$150,000	\$.	\$.	\$102,997	\$201,133	\$180,000	\$.	\$.	\$141,234
Psychiatrist/MD - Annual (13-15 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$137,000	\$.	\$.	\$153,979
Psychiatrist/MD - Annual (15 years and above)	\$.	\$.	\$.	\$.	\$.	\$153,000	\$.	\$165,500	\$165,866	\$160,000	\$145,203
Psychiatrist/MD - Hourly (less than 1 year)	\$150	\$105	\$150	\$123	\$.	\$.	\$138	\$110	\$.	\$.	\$80
Psychiatrist/MD - Hourly (1-3 years in position)	\$123	\$173	\$184	\$140	\$122	\$122	\$125	\$104	\$130	\$.	\$110
Psychiatrist/MD - Hourly (4-6 years in position)	\$.	\$140	\$161	\$.	\$137	\$.	\$.	\$120	\$130	\$.	\$.
Psychiatrist/MD - Hourly (7-9 years in position)	\$.	\$150	\$125	\$190	\$300	\$120	\$147	\$.	\$.	\$105	\$.
Psychiatrist/MD - Hourly (10-12 years in position)	\$.	\$123	\$143	\$142	\$.	\$168	\$134	\$118	\$110	\$.	\$.

Psychiatrist/MD - Hourly (13-15 years in position)	\$.	\$158	\$103	\$200	\$.	\$100	\$.	\$66	\$.	\$.	\$.
Psychiatrist/MD - Hourly (15 years and above)	\$145	\$.	\$125	\$.	\$140	\$.	\$.	\$.	\$.	\$.	\$150
Nurse Practitioner (less than 1 year)	\$.	\$.	\$.	\$.	\$31,920	\$.	\$.	\$81,000	\$58,441	\$.	\$.
Nurse Practitioner (1-3 years in position)	\$260,000	\$87,254	\$.	\$18,000	\$51,867	\$.	\$28,800	\$85,000	\$.	\$.	\$.
Nurse Practitioner (4-6 years in position)	\$.	\$.	\$.	\$.	\$33,600	\$.	\$100,140	\$.	\$.	\$.	\$.
Nurse Practitioner (7-9 years in position)	\$50,000	\$.	\$.	\$.	\$35,200	\$27,500	\$.	\$.	\$.	\$.	\$51,516
Nurse Practitioner (10-12 years in position)	\$.	\$.	\$.	\$.	\$36,800	\$.	\$.	\$.	\$.	\$.	\$.
Nurse Practitioner (13-15 years in position)	\$60,000	\$.	\$.	\$.	\$38,400	\$.	\$.	\$.	\$.	\$.	\$75,000
Nurse Practitioner (15 years and above)	\$.	\$.	\$.	\$.	\$40,000	\$.	\$.	\$.	\$.	\$.	\$.
Psychiatric Residents (less than 1 year)	\$.	\$.	\$.	\$.	\$.	\$21,000	\$32,767	\$.	\$.	\$53,818	\$50,000
Psychiatric Residents (1- 3 years in position)	\$53,000	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.
Learning Skills Specialist (less than 1 year)	\$.	\$.	\$.	\$40,000	\$.	\$.	\$.	\$.	\$.	\$.	\$.
Learning Skills Specialist (1-3 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$28,500	\$.
Learning Skills Specialist (10-12 years in position)	\$.	\$.	\$54,711	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.
Learning Skills Specialist (15 years and above)	\$.	\$.	\$.	\$.	\$21,177	\$.	\$.	\$.	\$.	\$.	\$56,953
Case Manager (less than 1 year)	\$.	\$.	\$.	\$.	\$55,000	\$.	\$45,500	\$51,500	\$43,500	\$45,000	\$47,000
Case Manager (1-3 years in position)	\$36,000	\$.	\$60,000	\$.	\$47,000	\$55,904	\$49,093	\$.	\$43,000	\$51,575	\$53,844
Case Manager (4-6 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$62,000	\$54,900	\$.	\$44,004
Case Manager (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$74,000	\$47,004
Case Manager (15 years and above)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$85,000	\$.
Substance/Addictions Specialist (< 1 year)	\$30,000	\$45,000	\$.	\$.	\$53,500	\$66,000	\$44,320	\$.	\$.	\$.	\$61,000



Substance/Addictions (1-3 years in position)	\$10,000	\$.	\$54,089	\$.	\$.	\$49,000	\$.	\$49,850	\$60,000	\$.	\$.
Substance/Addictions (4-6 years in position)	\$30,000	\$44,000	\$.	\$41,008	\$48,000	\$44,000	\$.	\$.	\$.	\$.	\$.
Substance/Addictions (7-9 years in position)	\$.	\$44,000	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$57,533
Substance/Addictions (10-12 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$68,000	\$.	\$.
Substance/Addictions (13-15 years in position)	\$.	\$.	\$.	\$72,500	\$.	\$.	\$.	\$.	\$.	\$.	\$56,000
Substance/Addictions (15 years and above)	\$.	\$.	\$54,613	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$54,540
Pre-doctoral Psychology Intern	\$.	\$22,000	\$16,829	\$17,812	\$19,269	\$23,207	\$23,370	\$25,363	\$25,341	\$24,749	\$24,645
Post Docs	\$.	\$29,500	\$37,880	\$25,900	\$29,041	\$32,234	\$33,967	\$31,078	\$33,833	\$36,531	\$31,175

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

	Public Colleges/Universities										
	Institution Size										
	Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Training Director (less than 1 year)	\$.	\$.	\$.	\$.	\$54,368	\$72,000	\$63,825	\$67,000	\$83,000	\$.	\$53,689
Training Director (1-3 years in position)	\$53,146	\$.	\$.	\$60,500	\$62,479	\$61,567	\$57,285	\$65,667	\$66,000	\$64,875	\$70,173
Training Director (4-6 years in position)	\$.	\$.	\$.	\$66,000	\$49,000	\$63,500	\$69,035	\$74,836	\$71,831	\$.	\$81,538
Training Director (7-9 years in position)	\$.	\$.	\$.	\$.	\$64,360	\$80,000	\$76,135	\$66,500	\$76,380	\$95,000	\$80,605
Training Director (10-12 years in position)	\$.	\$.	\$.	\$.	\$66,500	\$55,000	\$50,750	\$66,500	\$65,990	\$.	\$74,000
Training Director (13-15 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$62,000	\$.	\$70,670	\$92,199	\$84,460
Training Director (15 years and above)	\$.	\$.	\$.	\$.	\$.	\$89,880	\$67,000	\$92,042	\$65,467	\$88,599	\$.
Assistant or Assoc. Dir (less than 1 year)	\$.	\$.	\$.	\$.	\$.	\$58,375	\$72,000	\$73,120	\$67,000	\$81,000	\$71,637

Assistant or Assoc. Dir (1-3 years in position)	\$.	\$.	\$59,833	\$55,000	\$75,000	\$56,125	\$70,378	\$68,707	\$71,039	\$56,800	\$72,188
Assistant or Assoc. Dir (4-6 years in position)	\$.	\$.	\$58,000	\$62,333	\$97,794	\$50,000	\$67,900	\$76,042	\$76,484	\$68,000	\$67,409
Assistant or Assoc. Dir (7-9 years in position)	\$.	\$.	\$.	\$.	\$57,000	\$92,000	\$52,036	\$64,956	\$84,268	\$95,000	\$72,000
Assistant or Assoc. Dir (10-12 years in position)	\$.	\$.	\$.	\$.	\$66,500	\$70,500	\$52,215	\$.	\$62,000	\$.	\$83,320
Assistant or Assoc. Dir (13-15 years in position)	\$.	\$.	\$62,000	\$.	\$.	\$.	\$.	\$88,022	\$.	\$.	\$.
Assistant or Assoc. Dir (15 years and above)	\$.	\$.	\$.	\$.	\$.	\$86,484	\$67,684	\$82,000	\$.	\$81,680	\$94,860
Clinical Director (less than 1 year)	\$.	\$.	\$.	\$.	\$.	\$.	\$61,000	\$67,000	\$70,000	\$.	\$86,372
Clinical Director (1-3 years in position)	\$.	\$.	\$.	\$57,500	\$57,500	\$75,000	\$.	\$.	\$67,993	\$81,466	\$69,384
Clinical Director (4-6 years in position)	\$.	\$.	\$.	\$.	\$.	\$58,944	\$65,435	\$.	\$.	\$63,197	\$78,000
Clinical Director (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$63,377	\$.	\$72,500	\$.	\$95,000	\$80,432
Clinical Director (10-12 years in position)	\$.	\$.	\$.	\$.	\$.	\$56,781	\$.	\$.	\$.	\$.	\$.
Clinical Director (13-15 years in position)	\$.	\$.	\$.	\$.	\$.	\$51,744	\$.	\$.	\$.	\$.	\$.
Clinical Director (15 years and above)	\$.	\$.	\$.	\$.	\$17,736	\$.	\$.	\$.	\$109,558	\$74,323	\$.
Counselor with Doctorate (less than 1 year)	\$.	\$.	\$51,000	\$59,667	\$60,899	\$54,200	\$55,251	\$53,916	\$54,925	\$53,500	\$56,949
Counselor with Doctorate (1-3 years in position)	\$.	\$.	\$52,500	\$.	\$54,263	\$52,962	\$49,374	\$60,233	\$55,557	\$53,137	\$56,248
Counselor with Doctorate (4-6 years in position)	\$.	\$.	\$55,003	\$59,143	\$60,325	\$56,560	\$60,037	\$57,594	\$62,801	\$124,763	\$59,417
Counselor with Doctorate (7-9 years in position)	\$.	\$.	\$.	\$83,500	\$84,561	\$59,730	\$64,163	\$61,330	\$64,645	\$70,568	\$60,406
Counselor with Doctorate (10-12 years in position)	\$.	\$.	\$.	\$52,968	\$70,333	\$56,209	\$59,946	\$61,517	\$63,000	\$76,638	\$72,129
Counselor with Doctorate (13-15 years in position)	\$.	\$.	\$.	\$86,500	\$76,561	\$65,468	\$63,584	\$77,950	\$71,689	\$76,229	\$74,589
Counselor with Doctorate (15 years and above)	\$.	\$.	\$.	\$86,250	\$84,460	\$67,722	\$80,071	\$73,224	\$72,981	\$70,784	\$76,636
Counselor who is A.B.D. (less than 1 year)	\$.	\$.	\$.	\$.	\$.	\$.	\$52,000	\$46,333	\$59,228	\$56,000	\$72,000

Counselor who is A.B.D. (1-3 years in position)	\$.	\$.	\$.	\$.	\$78,316	\$.	\$49,000	\$.	\$49,656	\$.	\$51,230
Counselor who is A.B.D. (4-6 years in position)	\$.	\$.	\$39,500	\$.	\$.	\$.	\$.	\$.	\$46,566	\$.	\$.
Counselor who is A.B.D. (7-9 years in position)	\$.	\$.	\$.	\$43,702	\$.	\$.	\$.	\$.	\$.	\$.	\$.
Counselor who is A.B.D. (15 years and above)	\$.	\$.	\$.	\$.	\$60,000	\$.	\$56,117	\$.	\$.	\$.	\$.
Counselor with MA (less than 1 year)	\$.	\$15,360	\$45,150	\$42,750	\$48,000	\$39,286	\$51,000	\$47,403	\$49,000	\$45,000	\$43,569
Counselor with MA (1-3 years in position)	\$.	\$.	\$42,600	\$46,500	\$47,696	\$46,256	\$44,850	\$50,250	\$59,500	\$46,592	\$45,268
Counselor with MA (4-6 years in position)	\$49,183	\$15,360	\$39,250	\$40,438	\$50,701	\$47,147	\$44,000	\$57,000	\$59,667	\$49,400	\$48,828
Counselor with MA (7-9 years in position)	\$.	\$.	\$.	\$45,000	\$46,453	\$41,000	\$.	\$57,901	\$59,743	\$.	\$57,173
Counselor with MA (10-12 years in position)	\$.	\$.	\$.	\$.	\$95,000	\$.	\$40,567	\$.	\$56,126	\$.	\$52,207
Counselor with MA (13-15 years in position)	\$.	\$.	\$.	\$.	\$53,646	\$.	\$52,113	\$.	\$66,000	\$74,152	\$56,750
Counselor with MA (15 years and above)	\$.	\$.	\$55,500	\$58,169	\$59,948	\$68,124	\$67,600	\$.	\$51,125	\$.	\$55,776
Counselor with MSW (less than 1 year)	\$.	\$.	\$46,000	\$47,500	\$.	\$35,000	\$35,800	\$49,848	\$46,000	\$42,667	\$43,732
Counselor with MSW (1-3 years in position)	\$.	\$35,000	\$42,000	\$.	\$56,000	\$49,500	\$45,000	\$44,888	\$50,000	\$56,800	\$50,320
Counselor with MSW (4-6 years in position)	\$.	\$.	\$46,000	\$48,000	\$54,626	\$46,778	\$50,400	\$58,450	\$50,436	\$46,500	\$56,651
Counselor with MSW (7-9 years in position)	\$.	\$.	\$.	\$.	\$56,808	\$.	\$62,738	\$44,800	\$54,820	\$47,925	\$56,851
Counselor with MSW (10- 12 years in position)	\$.	\$.	\$.	\$.	\$.	\$52,000	\$67,976	\$69,600	\$57,180	\$.	\$58,186
Counselor with MSW (13- 15 years in position)	\$.	\$.	\$.	\$74,000	\$.	\$.	\$50,000	\$60,000	\$52,000	\$.	\$65,071
Counselor with MSW (15 years and above)	\$.	\$.	\$.	\$.	\$51,000	\$.	\$65,000	\$67,232	\$57,275	\$86,500	\$76,278
Psychiatrist/MD - Annual (less than 1 year)	\$.	\$.	\$.	\$.	\$.	\$.	\$146,561	\$.	\$160,000	\$157,784	\$145,000
Psychiatrist/MD - Annual (1-3 years in position)	\$.	\$.	\$100,000	\$.	\$.	\$.	\$134,512	\$159,000	\$149,500	\$90,418	\$125,663
Psychiatrist/MD - Annual (4-6 years in position)	\$.	\$.	\$.	\$.	\$.	\$10,000	\$130,000	\$136,000	\$151,820	\$143,000	\$146,521

Psychiatrist/MD - Annual (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$189,000	\$66,150	\$.	\$140,000	\$148,000	\$144,549
Psychiatrist/MD - Annual (10-12 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$201,133	\$.	\$.	\$.	\$141,234
Psychiatrist/MD - Annual (13-15 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$153,979
Psychiatrist/MD - Annual (15 years and above)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$165,866	\$160,000	\$155,037
Psychiatrist/MD - Hourly (less than 1 year)	\$.	\$.	\$.	\$.	\$.	\$.	\$125	\$110	\$.	\$.	\$80
Psychiatrist/MD - Hourly (1-3 years in position)	\$.	\$.	\$163	\$158	\$124	\$133	\$.	\$90	\$130	\$.	\$.
Psychiatrist/MD - Hourly (4-6 years in position)	\$.	\$.	\$150	\$.	\$125	\$.	\$.	\$120	\$130	\$.	\$.
Psychiatrist/MD - Hourly (7-9 years in position)	\$.	\$.	\$.	\$.	\$300	\$130	\$147	\$.	\$.	\$105	\$.
Psychiatrist/MD - Hourly (10-12 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$134	\$95	\$110	\$.	\$.
Psychiatrist/MD - Hourly (13-15 years in position)	\$.	\$.	\$.	\$.	\$.	\$100	\$.	\$.	\$.	\$.	\$.
Psychiatrist/MD - Hourly (15 years and above)	\$.	\$.	\$.	\$.	\$125	\$.	\$.	\$.	\$.	\$.	\$150
Nurse Practitioner (less than 1 year)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$58,441	\$.	\$.
Nurse Practitioner (1-3 years in position)	\$.	\$.	\$.	\$18,000	\$.	\$.	\$28,800	\$.	\$.	\$.	\$.
Nurse Practitioner (4-6 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$100,140	\$.	\$.	\$.	\$.
Nurse Practitioner (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$27,500	\$.	\$.	\$.	\$.	\$.
Nurse Practitioner (13-15 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$75,000
Psychiatric Residents (less than 1 year)	\$.	\$.	\$.	\$.	\$.	\$.	\$32,767	\$.	\$.	\$53,818	\$50,000
Learning Skills Specialist (less than 1 year)	\$.	\$.	\$.	\$40,000	\$.	\$.	\$.	\$.	\$.	\$.	\$.
Learning Skills Specialist (1-3 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$28,500	\$.
Learning Skills Specialist (15 years and above)	\$.	\$.	\$.	\$.	\$21,177	\$.	\$.	\$.	\$.	\$.	\$56,953
Case Manager (less than 1 year)	\$.	\$.	\$.	\$.	\$55,000	\$.	\$45,500	\$51,500	\$43,500	\$45,000	\$47,000

Case Manager (1-3 years in position)	\$36,000	\$.	\$.	\$.	\$47,000	\$.	\$49,093	\$.	\$43,000	\$51,575	\$53,844
Case Manager (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$74,000	\$.
Case Manager (15 years and above)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$85,000	\$.
Substance/Addictions Specialist (< 1 year)	\$.	\$.	\$.	\$.	\$53,500	\$.	\$44,320	\$.	\$.	\$.	\$61,000
Substance/Addictions (1-3 years in position)	\$.	\$.	\$.	\$.	\$.	\$49,000	\$.	\$49,850	\$60,000	\$.	\$.
Substance/Addictions (4-6 years in position)	\$.	\$.	\$.	\$42,000	\$37,000	\$44,000	\$.	\$.	\$.	\$.	\$.
Substance/Addictions (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$62,899
Substance/Addictions (10-12 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$68,000	\$.	\$.
Substance/Addictions (13-15 years in position)	\$.	\$.	\$.	\$72,500	\$.	\$.	\$.	\$.	\$.	\$.	\$56,000
Pre-doctoral Psychology Intern	\$.	\$.	\$14,000	\$.	\$18,800	\$22,285	\$23,370	\$25,393	\$24,703	\$24,749	\$24,360
Post Docs	\$.	\$15,000	\$32,000	\$.	\$25,650	\$33,059	\$33,967	\$31,750	\$33,000	\$36,531	\$31,175

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

	Private										
	Institution Size										
	Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Training Director (less than 1 year)	\$42,300	\$.	\$46,500	\$.	\$.	\$64,568	\$.	\$.	\$.	.	\$.
Training Director (1-3 years in position)	\$.	\$63,640	\$56,841	\$66,333	\$83,000	\$60,000	\$57,500	\$84,947	\$79,600	.	\$.

Training Director (4-6 years in position)	\$53,000	\$48,333	\$63,600	\$86,000	\$75,900	\$70,985	\$.	\$.	\$.	.	\$.
Training Director (7-9 years in position)	\$70,000	\$61,000	\$62,000	\$.	\$77,000	\$.	\$.	\$.	\$.	.	\$.
Training Director (10-12 years in position)	\$.	\$62,000	\$75,000	\$.	\$.	\$70,050	\$.	\$.	\$.	.	\$.
Training Director (13-15 years in position)	\$.	\$66,000	\$.	\$.	\$83,691	\$80,000	\$.	\$.	\$.	.	\$.
Training Director (15 years and above)	\$.	\$62,000	\$.	\$.	\$.	\$93,500	\$.	\$.	\$.	.	\$.
Assistant or Assoc. Dir (less than 1 year)	\$.	\$63,000	\$58,725	\$.	\$76,950	\$73,292	\$.	\$72,902	\$.	.	\$.
Assistant or Assoc. Dir (1-3 years in position)	\$.	\$56,690	\$62,454	\$54,500	\$.	\$70,278	\$73,500	\$92,000	\$.	.	\$.
Assistant or Assoc. Dir (4-6 years in position)	\$60,000	\$57,888	\$70,500	\$77,000	\$75,000	\$81,200	\$.	\$.	\$78,805	.	\$90,000
Assistant or Assoc. Dir (7-9 years in position)	\$.	\$54,767	\$63,337	\$50,400	\$85,000	\$.	\$.	\$70,000	\$.	.	\$.
Assistant or Assoc. Dir (10-12 years in position)	\$.	\$48,667	\$75,000	\$.	\$.	\$.	\$.	\$69,571	\$.	.	\$.
Assistant or Assoc. Dir (13-15 years in position)	\$.	\$52,750	\$.	\$.	\$.	\$.	\$.	\$160,000	\$.	.	\$.
Assistant or Assoc. Dir (15 years and above)	\$75,000	\$50,000	\$80,120	\$71,750	\$94,613	\$82,698	\$.	\$95,642	\$.	.	\$.
Clinical Director (less than 1 year)	\$.	\$.	\$58,000	\$.	\$.	\$.	\$.	\$.	\$.	.	\$.
Clinical Director (1-3 years in position)	\$.	\$.	\$47,065	\$.	\$.	\$.	\$.	\$86,335	\$97,380	.	\$.
Clinical Director (4-6 years in position)	\$.	\$.	\$.	\$.	\$.	\$74,150	\$.	\$.	\$.	.	\$.
Clinical Director (10-12 years in position)	\$.	\$.	\$75,000	\$.	\$.	\$.	\$.	\$.	\$.	.	\$.
Counselor with Doctorate (less than 1 year)	\$45,244	\$58,464	\$65,125	\$53,259	\$59,071	\$52,900	\$59,338	\$65,000	\$62,000	.	\$.
Counselor with Doctorate (1-3 years in position)	\$62,500	\$57,110	\$61,600	\$56,580	\$58,501	\$57,676	\$55,000	\$70,979	\$61,065	.	\$.

Counselor with Doctorate (4-6 years in position)	\$40,000	\$61,000	\$67,385	\$59,680	\$65,923	\$56,517	\$76,000	\$69,319	\$66,700	.	\$.
Counselor with Doctorate (7-9 years in position)	\$46,673	.\$	\$59,860	.\$	\$61,675	\$65,090	.\$	\$89,000	.\$	.	\$.
Counselor with Doctorate (10-12 years in position)	.\$	\$70,000	.\$	.\$	\$74,486	\$57,871	.\$	\$84,161	\$69,140	.	\$.
Counselor with Doctorate (13-15 years in position)	.\$	.\$	.\$	.\$	\$69,875	.\$	.\$	.\$	\$73,450	.	\$.
Counselor with Doctorate (15 years and above)	\$84,000	\$75,365	\$65,498	\$140,000	\$66,500	\$72,573	.\$	\$102,000	\$82,300	.	\$.
Counselor who is A.B.D. (less than 1 year)	.\$	\$68,000	.\$	\$53,000	.\$	.\$	.\$	.\$	.\$	.	\$.
Counselor who is A.B.D. (1-3 years in position)	.\$	\$68,000	.\$	.\$	.\$	\$54,600	.\$	.\$	.\$	.	\$.
Counselor with MA (less than 1 year)	\$41,084	\$43,483	\$56,857	\$41,400	\$50,000	.\$	.\$	.\$	.\$	.	\$.
Counselor with MA (1-3 years in position)	\$33,767	\$39,468	\$44,102	\$50,400	\$61,500	.\$	.\$	.\$	.\$	.	\$.
Counselor with MA (4-6 years in position)	\$55,000	\$51,242	\$51,436	\$51,400	\$50,200	\$40,000	.\$	.\$	.\$	.	\$.
Counselor with MA (7-9 years in position)	.\$	\$53,050	\$51,494	\$56,000	\$59,000	.\$	.\$	\$53,000	.\$	.	\$.
Counselor with MA (10-12 years in position)	\$28,000	.\$	\$59,169	\$88,000	\$63,000	.\$	.\$	.\$	.\$	.	\$.
Counselor with MA (13-15 years in position)	\$48,025	\$50,000	.\$	\$67,000	\$62,388	.\$	.\$	.\$	.\$	.	\$.
Counselor with MA (15 years and above)	.\$	\$63,966	\$64,500	.\$	\$70,000	.\$	.\$	.\$	.\$	.	\$.
Counselor with MSW (less than 1 year)	.\$	\$42,000	\$47,300	.\$	\$50,000	\$50,000	\$50,000	.\$	\$52,000	.	\$.
Counselor with MSW (1-3 years in position)	\$32,000	\$44,713	\$49,500	\$65,000	\$49,750	\$48,200	.\$	\$76,500	.\$	.	\$.

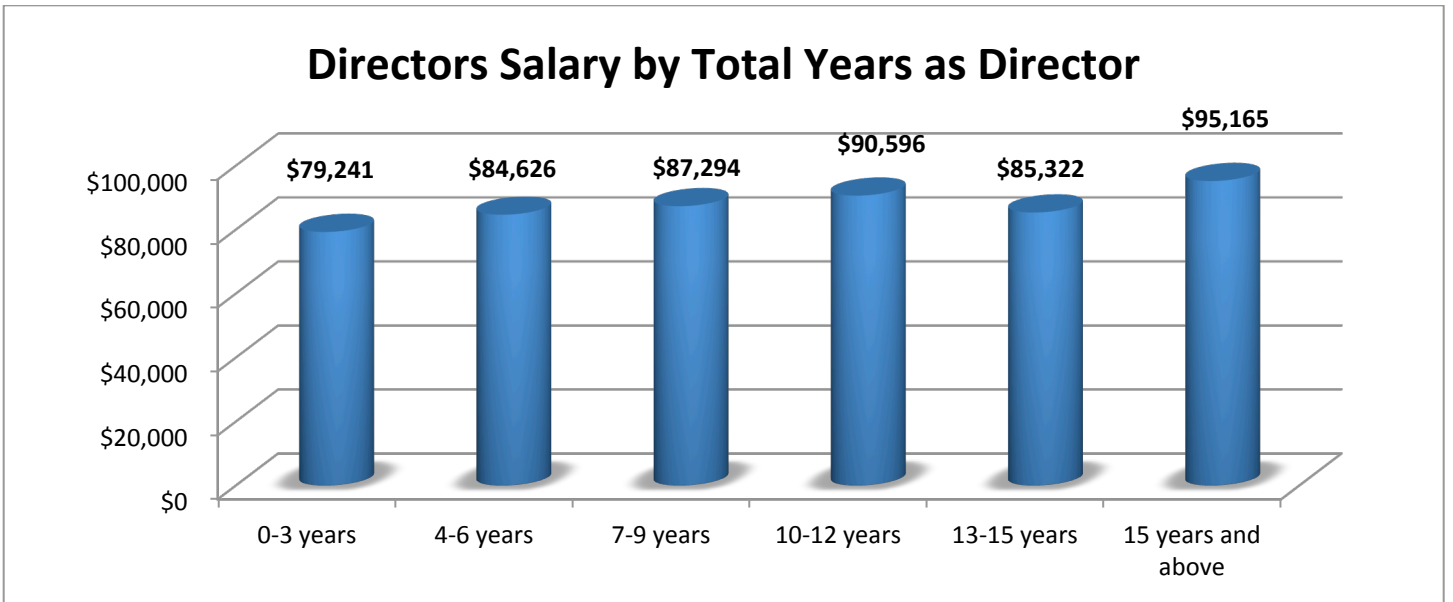
Counselor with MSW (4-6 years in position)	\$36,000	\$53,717	\$56,029	\$43,200	\$72,000	\$55,064	\$55,421	\$59,500	\$55,470	.	\$.
Counselor with MSW (7-9 years in position)	\$41,000	\$40,000	\$50,197	\$56,000	\$55,000	\$54,100	\$.	\$53,000	\$.	.	\$.
Counselor with MSW (10-12 years in position)	\$29,500	\$69,600	\$56,464	\$.	\$63,000	\$60,087	\$.	\$.	\$.	.	\$.
Counselor with MSW (13-15 years in position)	\$53,000	\$.	\$.	\$.	\$67,000	\$.	\$.	\$.	\$.	.	\$.
Counselor with MSW (15 years and above)	\$55,000	\$30,000	\$.	\$53,500	\$70,000	\$75,150	\$.	\$78,000	\$.	.	\$.
Psychiatrist/MD - Annual (less than 1 year)	\$.	\$140,000	\$.	\$.	\$175,000	\$135,000	\$.	\$140,000	\$.	.	\$.
Psychiatrist/MD - Annual (1-3 years in position)	\$.	\$.	\$.	\$.	\$120,667	\$165,000	\$.	\$.	\$.	.	\$.
Psychiatrist/MD - Annual (4-6 years in position)	\$.	\$.	\$.	\$.	\$130,500	\$139,842	\$.	\$142,000	\$131,000	.	\$.
Psychiatrist/MD - Annual (7-9 years in position)	\$.	\$.	\$.	\$.	\$.	\$156,223	\$.	\$147,000	\$144,280	.	\$.
Psychiatrist/MD - Annual (10-12 years in position)	\$.	\$.	\$150,000	\$.	\$.	\$102,997	\$.	\$180,000	\$.	.	\$.
Psychiatrist/MD - Annual (13-15 years in position)	\$.	\$.	\$.	\$.	\$.	\$.	\$.	\$137,000	\$.	.	\$.
Psychiatrist/MD - Annual (15 years and above)	\$.	\$.	\$.	\$.	\$.	\$153,000	\$.	\$166,000	\$.	.	\$.
Psychiatrist/MD - Hourly (less than 1 year)	\$150	\$105	\$150	\$138	\$.	\$.	\$150	\$.	\$.	.	\$.
Psychiatrist/MD - Hourly (1-3 years in position)	\$123	\$173	\$192	\$120	\$121	\$100	\$125	\$118	\$.	.	\$.
Psychiatrist/MD - Hourly (4-6 years in position)	\$.	\$140	\$148	\$.	\$155	\$.	\$.	\$.	\$.	.	\$.





Substance/Addictions Specialist (4-6 years in position)	\$30,000	\$44,000	\$.	\$.	\$70,000	\$.	\$.	\$.	\$.	.	\$.
Substance/Addictions Specialist (7-9 years in position)	\$.	\$44,000	\$.	\$.	\$.	\$.	\$.	\$.	\$.	.	\$.
Substance/Addictions Specialist (15 years and above)	\$.	\$.	\$54,613	\$.	\$.	\$.	\$.	\$.	\$.	.	\$.
Pre-doctoral Psychology Intern	\$.	\$22,000	\$14,933	\$17,812	\$19,855	\$24,130	\$.	\$24,970	\$33,000	.	\$29,000
Post Docs	\$.	\$39,000	\$39,350	\$25,900	\$32,432	\$31,683	\$.	\$30,945	\$38,000	.	\$.

Director Salary by Total Number of Years as a Director							
		Mean	Valid N	Median	Mode	Minimum	Maximum
Total Years as a Director	0-3 years	\$79,241	86	\$75,300	\$70,000	\$30,000	\$140,000
	4-6 years	\$84,626	87	\$83,240	\$75,000	\$38,000	\$165,240
	7-9 years	\$87,294	45	\$88,000	\$71,000	\$46,000	\$117,000
	10-12 years	\$90,596	45	\$89,204	\$83,000	\$49,819	\$145,000
	13-15 years	\$85,322	26	\$88,350	\$63,000	\$39,000	\$139,000
	15 years and above	\$95,165	71	\$93,000	\$86,000	\$30,000	\$225,000



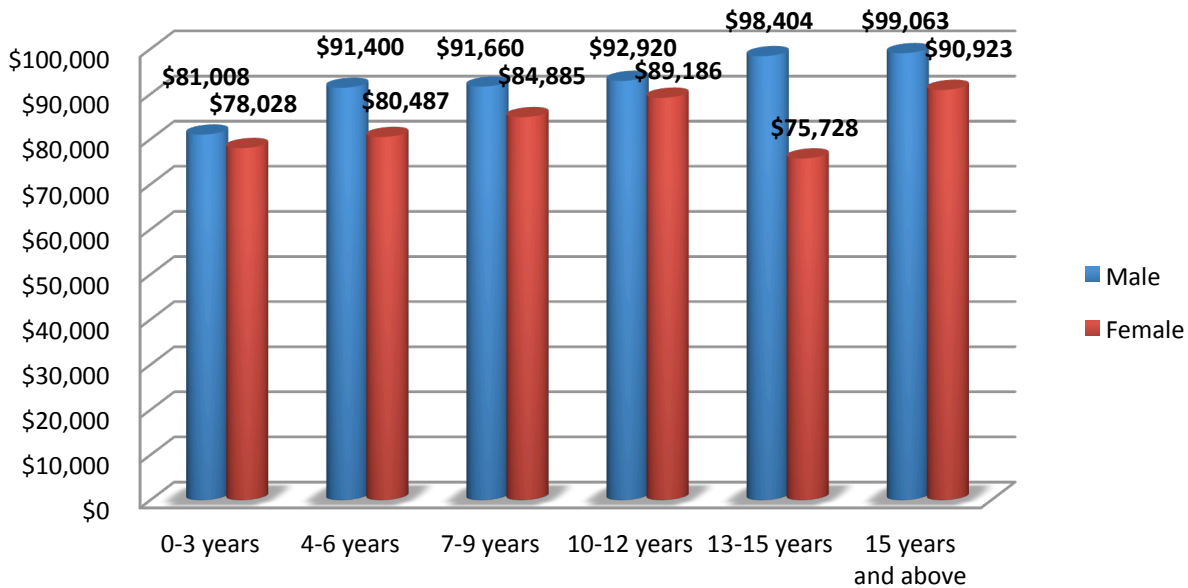
Director Salary by Gender						
Directors Gender	Mean	Valid N	Median	Mode	Minimum	Maximum
Male	\$91,740	153	\$90,900	\$75,000	\$30,000	\$225,000
Female	\$82,962	217	\$80,000	\$70,000	\$38,000	\$150,000
Transgender	.	0	.	.	.	.
Other	.	0	.	.	.	.

Without controlling for any variables, Mean Male Director average salaries are 10% greater than Female.

### Director's Salary by Gender and Total Years as Director

Total Years as a Director	Male						Female					
	Director Salary						Director Salary					
	Mean	N	Median	Mode	Min	Max	Mean	N	Median	Mode	Min	Max
0-3 years	\$81,008	35	\$75,600	\$68,000	\$30,000	\$117,000	\$78,028	51	\$75,000	\$80,000	\$50,000	\$140,000
4-6 years	\$91,400	33	\$92,500	\$95,000	\$38,400	\$165,240	\$80,487	54	\$75,850	\$75,000	\$38,000	\$149,000
7-9 years	\$91,660	16	\$93,980	\$71,000	\$63,000	\$117,000	\$84,885	29	\$86,539	\$70,000	\$46,000	\$117,000
10-12 years	\$92,920	17	\$90,900	\$75,000	\$62,852	\$130,000	\$89,186	28	\$86,102	\$83,000	\$49,819	\$145,000
13-15 years	\$98,404	11	\$90,420	\$75,000	\$75,000	\$139,000	\$75,728	15	\$77,000	\$63,000	\$39,000	\$104,000
15 years +	\$99,063	37	\$98,100	\$99,000	\$30,000	\$225,000	\$90,923	34	\$86,000	\$86,000	\$49,000	\$146,300

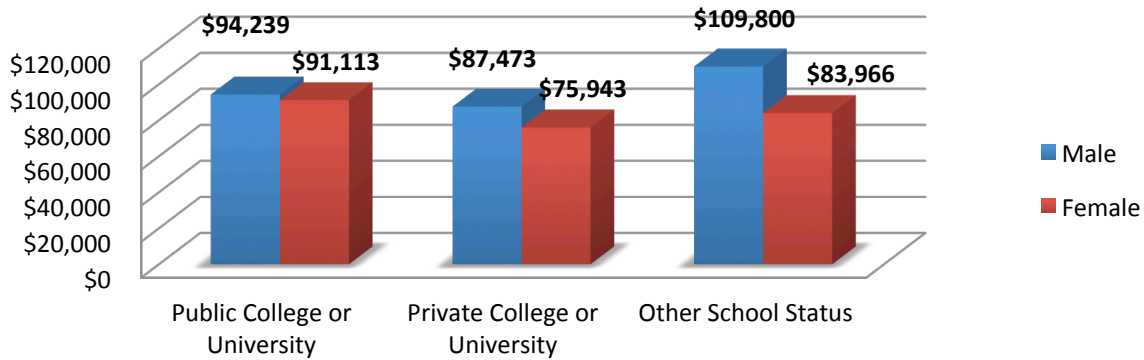
### Director's Salary by Gender and Years as Director



### Director's Salary by Gender and School Status

School Status	Male						Female					
	Director Salary						Director Salary					
	Mean	N	Median	Mode	Min	Max	Mean	N	Median	Mode	Min	Max
Public College or Univ.	\$94,239	80	\$91,500	\$68,000	\$30,000	\$165,240	\$91,113	93	\$90,000	\$90,000	\$40,000	\$149,000
Private College or Univ.	\$87,473	68	\$87,500	\$104,000	\$30,000	\$225,000	\$75,943	110	\$72,500	\$62,000	\$38,000	\$150,000
Other School Status	\$109,800	5	\$100,000	\$87,000	\$87,000	\$135,000	\$83,966	14	\$78,500	\$57,000	\$57,000	\$140,000

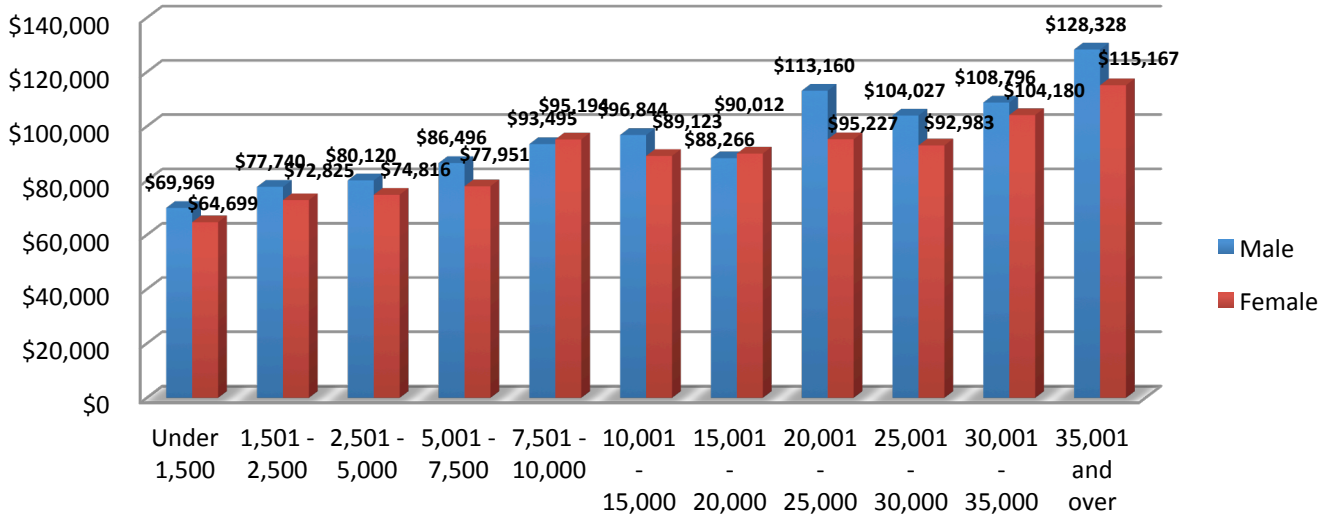
### Director's Salary by Gender and College/University Status



### Director's Salary by Gender and Institution Size

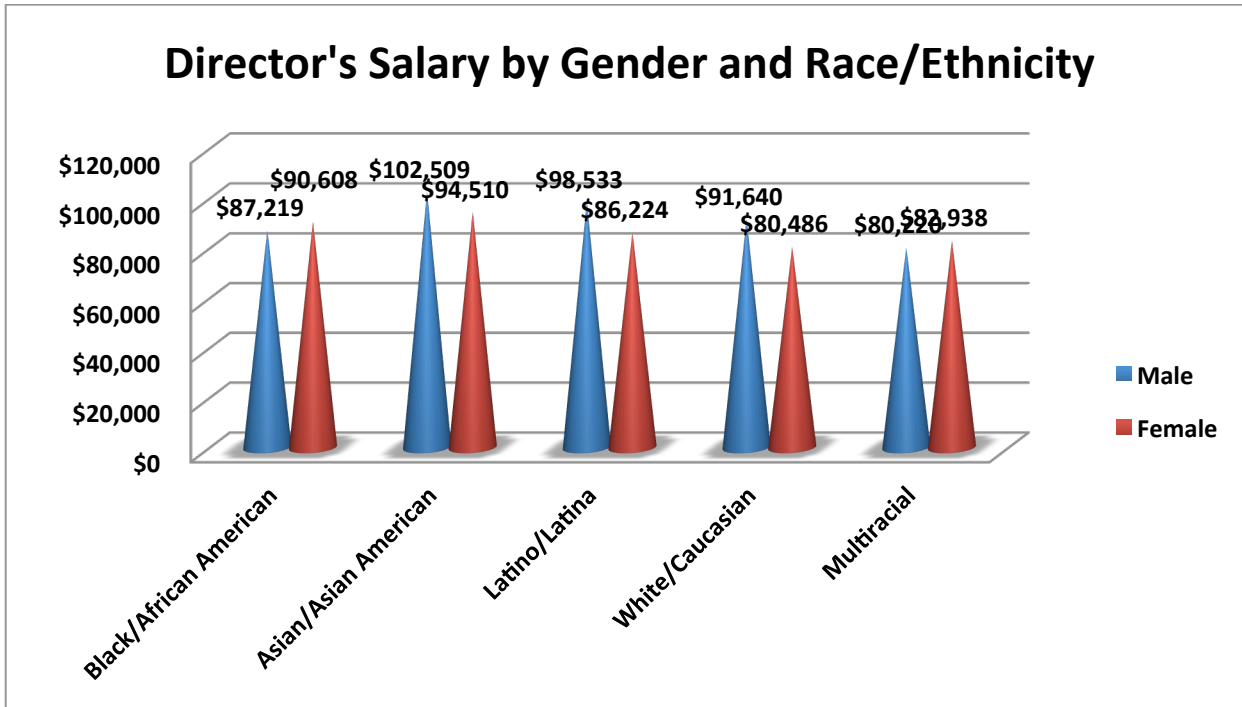
School Size	Male						Female					
	Director Salary						Director Salary					
	Mean	N	Median	Mode	Min	Max	Mean	N	Median	Mode	Min	Max
Under 1,500	\$69,969	12	\$67,500	\$30,000	\$30,000	\$132,000	\$64,699	21	\$63,000	\$39,000	\$39,000	\$105,000
1,501 - 2,500	\$77,740	15	\$78,000	\$100,000	\$38,400	\$111,000	\$72,825	42	\$70,000	\$70,000	\$38,000	\$145,000
2,501 - 5,000	\$80,120	29	\$81,200	\$64,000	\$40,000	\$117,000	\$74,816	43	\$72,500	\$75,000	\$40,000	\$140,000
5,001 - 7,500	\$86,496	10	\$83,500	\$67,000	\$67,000	\$117,000	\$77,951	20	\$77,500	\$77,500	\$55,000	\$96,700
7,501 - 10,000	\$93,495	12	\$94,150	\$75,000	\$71,000	\$140,000	\$95,194	25	\$93,000	\$104,000	\$65,556	\$150,000
10,001 - 15,000	\$96,844	21	\$90,420	\$87,000	\$68,000	\$150,000	\$89,123	17	\$86,400	\$70,000	\$64,000	\$110,000
15,001 - 20,000	\$88,266	13	\$91,000	\$96,000	\$66,900	\$110,000	\$90,012	11	\$93,400	\$60,525	\$60,525	\$110,000
20,001 - 25,000	\$113,160	15	\$111,000	\$135,000	\$62,852	\$225,000	\$95,227	11	\$98,292	\$108,000	\$70,000	\$113,000
25,001 - 30,000	\$104,027	13	\$100,000	\$100,000	\$75,254	\$144,200	\$92,983	9	\$92,000	\$71,700	\$71,700	\$119,000
30,001 - 35,000	\$108,796	7	\$107,600	\$93,374	\$93,374	\$125,000	\$104,180	3	\$110,000	\$86,539	\$86,539	\$116,000
35,001 and over	\$128,328	5	\$132,000	\$96,900	\$96,900	\$165,240	\$115,167	15	\$113,000	\$130,000	\$85,000	\$149,000

### Director's Salary by Gender and Institutional Size



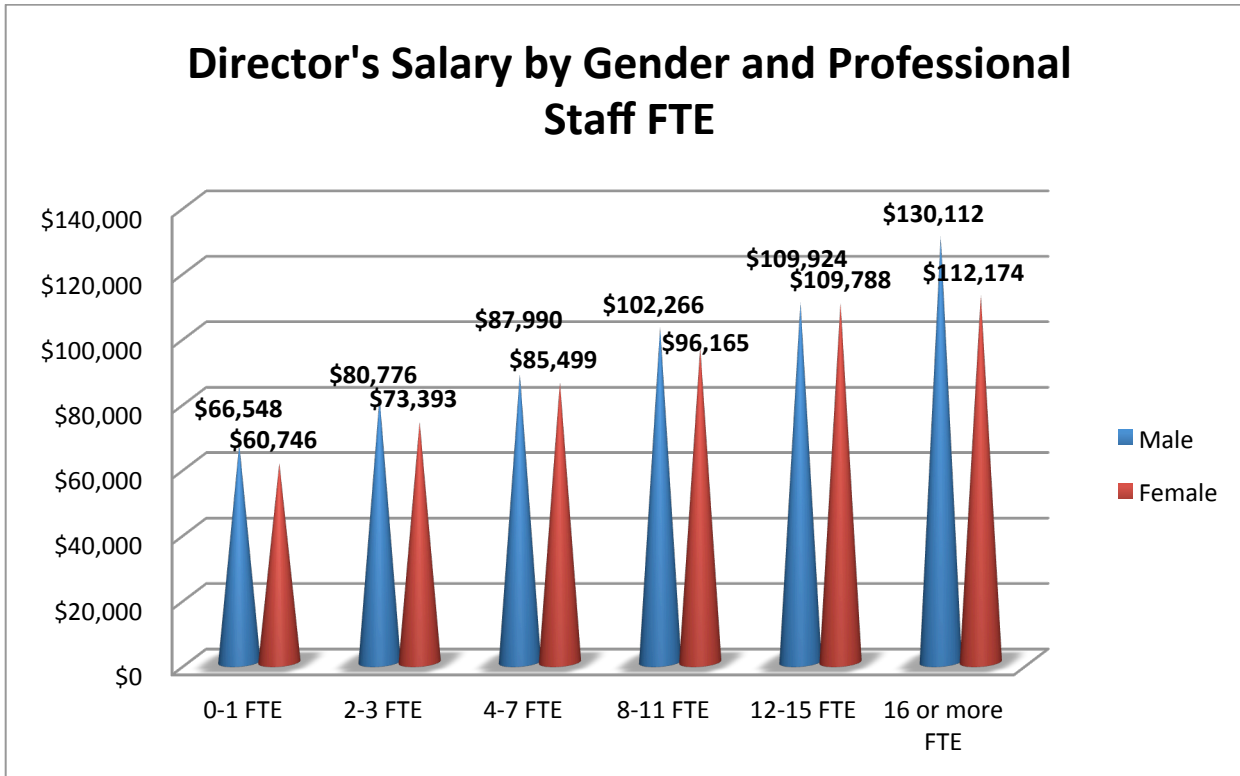
### Director's Salary by Gender and Race/Ethnicity

Director Racial/Ethnic Background	Male						Female					
	Director Salary						Director Salary					
	Mean	N	Median	Mode	Min	Max	Mean	N	Median	Mode	Min	Max
Black/African American	\$87,219	4	\$89,187	\$74,500	\$74,500	\$96,000	\$90,608	25	\$91,000	\$90,000	\$41,900	\$145,000
Amer. Ind/ Native Am.	.	0	.	.	.	.	.	0	.	.	.	.
Asian/Asian American	\$102,509	5	\$104,000	\$88,000	\$88,000	\$117,543	\$94,510	8	\$83,500	\$60,000	\$60,000	\$140,000
Latino/Latina	\$98,533	3	\$88,000	\$75,600	\$75,600	\$132,000	\$86,224	6	\$85,000	\$80,000	\$39,000	\$127,000
White/Caucasian	\$91,640	134	\$90,710	\$75,000	\$30,000	\$225,000	\$80,486	162	\$79,000	\$70,000	\$38,000	\$149,000
Multiracial	\$80,220	2	\$80,220	\$73,440	\$73,440	\$87,000	\$82,938	8	\$84,500	\$55,000	\$55,000	\$110,000
Other (Specify Below)	.	1	.	.	.	.	.	2	\$85,000	\$65,000	\$65,000	\$105,000



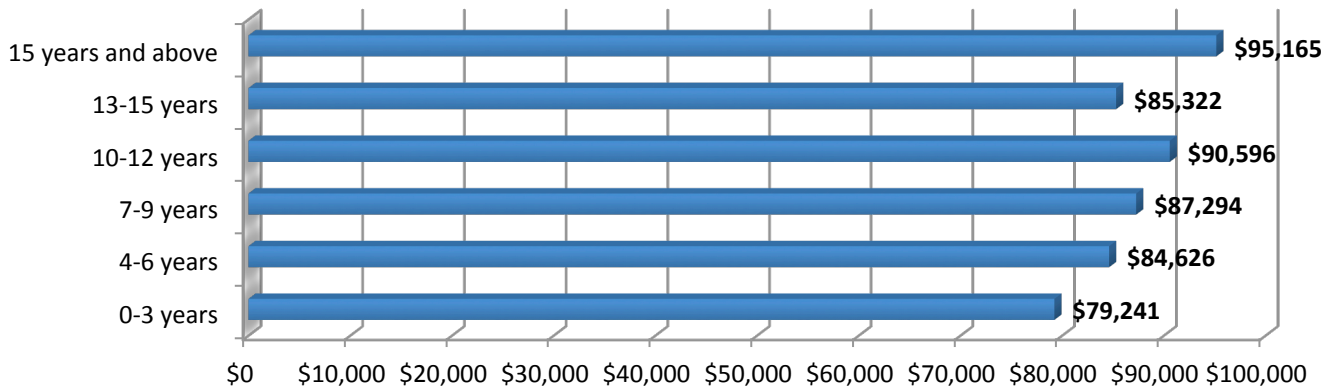
Director's Salary by Gender and FTE												
FTE	Male						Female					
	Director Salary						Director Salary					
	Mean	N	Median	Mode	Min	Max	Mean	N	Median	Mode	Min	Max
0-1 FTE	\$66,548	13	\$66,500	\$30,000	\$30,000	\$105,000	\$60,746	22	\$58,250	\$39,000	\$39,000	\$100,000
2-3 FTE	\$80,776	40	\$76,000	\$64,000	\$40,000	\$140,000	\$73,393	64	\$71,672	\$63,000	\$43,000	\$140,000
4-7 FTE	\$87,990	41	\$85,000	\$75,000	\$56,000	\$117,000	\$85,499	58	\$80,000	\$90,000	\$55,000	\$145,000
8-11	\$102,266	27	\$99,960	\$87,000	\$78,000	\$140,000	\$96,165	27	\$96,000	\$70,000	\$70,000	\$137,247
12-15	\$109,924	15	\$109,200	\$115,000	\$83,000	\$150,000	\$109,788	8	\$104,812	\$86,539	\$86,539	\$150,000
16 +	\$130,112	10	\$119,900	\$96,900	\$96,900	\$225,000	\$112,174	16	\$108,773	\$85,000	\$85,000	\$149,000





Director's Salary by Total Years as Director						
Total Years as a Director	Mean	Valid N	Median	Mode	Minimum	Maximum
0-3 years	\$79,241	86	\$75,300	\$70,000	\$30,000	\$140,000
4-6 years	\$84,626	87	\$83,240	\$75,000	\$38,000	\$165,240
7-9 years	\$87,294	45	\$88,000	\$71,000	\$46,000	\$117,000
10-12 years	\$90,596	45	\$89,204	\$83,000	\$49,819	\$145,000
13-15 years	\$85,322	26	\$88,350	\$63,000	\$39,000	\$139,000
15 years and above	\$95,165	71	\$93,000	\$86,000	\$30,000	\$225,000

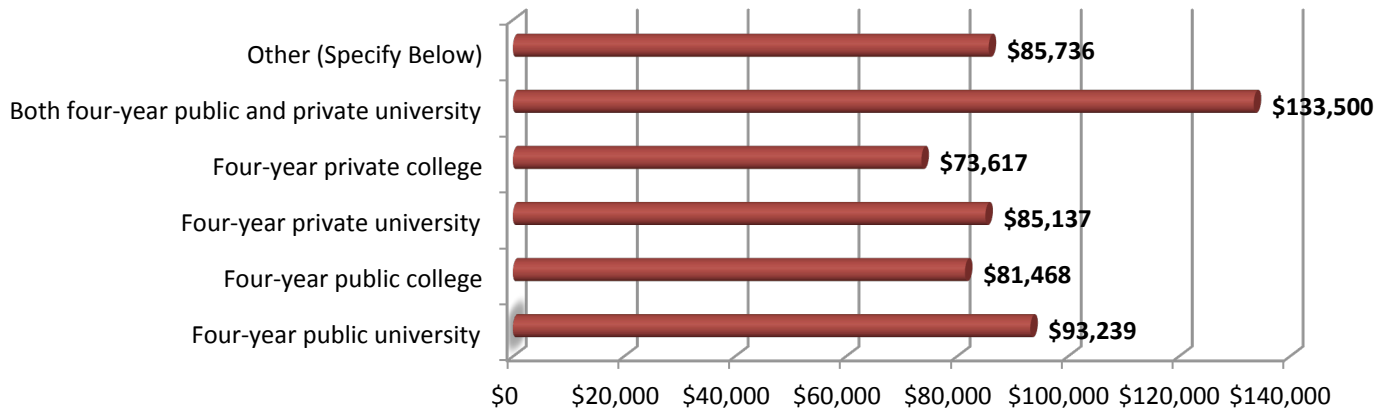
### Director's Salary by Total Years as a Director



### Director's Salary by School Status

School Status	Mean	Valid N	Median	Mode	Minimum	Maximum
Four-year public university	\$93,239	163	\$91,000	\$75,000	\$30,000	\$165,240
Four-year public college	\$81,468	10	\$76,700	\$55,000	\$55,000	\$115,277
Four-year private university	\$85,137	104	\$83,620	\$65,000	\$38,000	\$225,000
Four-year private college	\$73,617	74	\$70,000	\$62,000	\$30,000	\$145,000
Both four-year public and private university	\$133,500	2	\$133,500	\$132,000		
Other (Specify Below)	\$85,736	17	\$81,000	\$100,000	\$57,000	\$140,000

### Director's Salary by School Status



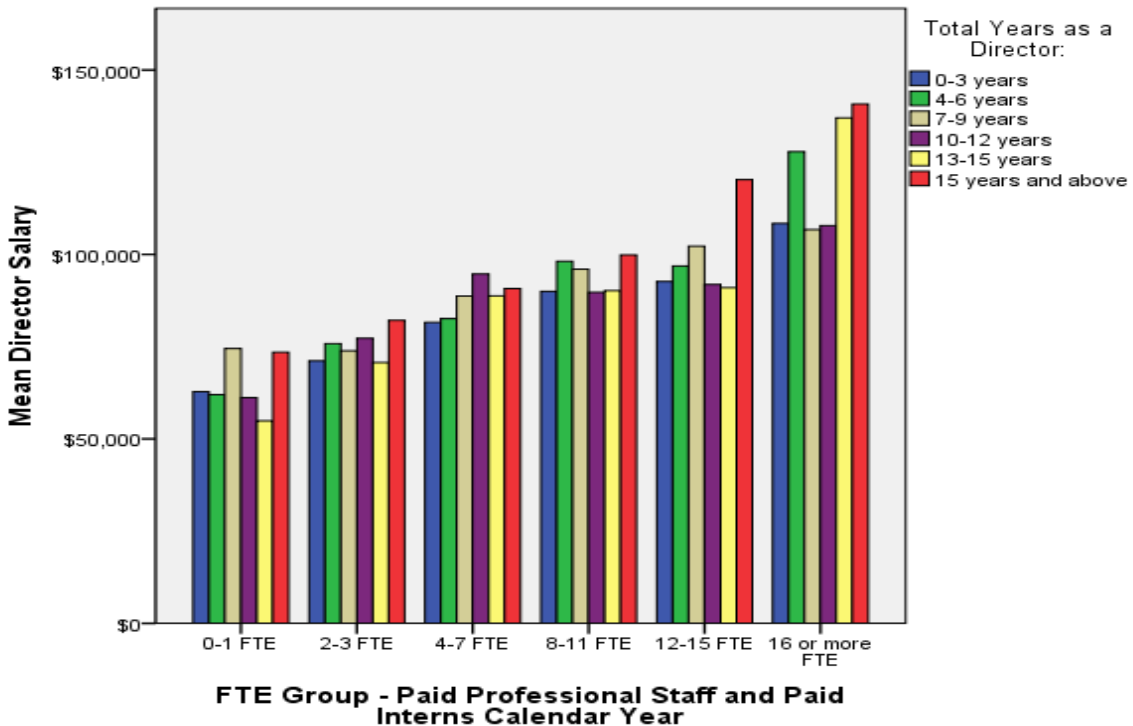
### Director's Salary by Paid Professional Staff FTE (calendar year)

FTE	Mean	Valid N	Median	Mode	Minimum	Maximum
0-1 FTE	\$62,901	35	\$61,000	\$61,000	\$30,000	\$105,000
2-3 FTE	\$76,233	104	\$73,176	\$70,000	\$40,000	\$140,000
4-7 FTE	\$86,530	99	\$83,262	\$75,000	\$55,000	\$145,000
8-11 FTE	\$99,216	54	\$98,000	\$93,000	\$70,000	\$140,000
12-15 FTE	\$109,877	23	\$106,623	\$97,000	\$83,000	\$150,000
16 or more FTE	\$119,074	26	\$111,500	\$85,000	\$85,000	\$225,000

<b>Director's Salary by Paid Professional Staff and Interns (calendar year)</b>							
FTE	Mean	Valid N	Median	Mode	Minimum	Maximum	
0-1 FTE	\$.	0	\$.	\$.	\$.	\$.	\$.
2-3 FTE	\$85,500	2	\$85,500	\$75,000	\$75,000	\$96,000	
4-7 FTE	\$87,260	19	\$83,000	\$83,000	\$72,000	\$109,000	
8-11 FTE	\$93,840	19	\$90,000	\$90,000	\$73,440	\$137,247	
12-15 FTE	\$103,093	28	\$99,500	\$110,000	\$70,000	\$140,000	
16 or more FTE	\$119,401	28	\$116,000	\$113,000	\$86,000	\$165,240	

<b>Director's Salary by Total Years as Director and Paid Professional Staff FTE (Calendar Yr)</b>												
Years as Director	0-1 FTE		2-3 FTE		4-7 FTE		8-11 FTE		12-15 FTE		16 or more FTE	
	Director Salary		Director Salary		Director Salary		Director Salary		Director Salary		Director Salary	
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N
0-3 years	\$62,616	9	\$71,941	32	\$83,479	25	\$96,857	7	\$101,667	3	\$100,110	4
4-6 years	\$64,001	16	\$75,768	19	\$82,953	21	\$100,974	10	\$106,145	8	\$125,422	6
7-9 years	\$73,000	2	\$73,866	15	\$88,912	11	\$95,883	8	\$106,166	4	\$101,000	2
10-12 years	\$61,178	2	\$77,822	10	\$90,875	13	\$93,525	8	\$99,072	2	\$108,067	8
13-15 years	\$50,863	2	\$69,411	6	\$88,586	11	\$90,455	4	\$139,000	1	\$	1
15 years and above	\$67,333	3	\$85,371	21	\$89,093	18	\$109,441	14	\$117,333	3	\$148,280	5

Director's Salary by Paid Staff and Intern FTE and Total Years as a Director												
Years as Director	0-1 FTE		2-3 FTE		4-7 FTE		8-11 FTE		12-15 FTE		16 or more FTE	
	Director Salary		Director Salary		Director Salary		Director Salary		Director Salary		Director Salary	
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N
0-3 years	\$62,616	9	\$71,941	32	\$83,479	25	\$96,857	7	\$101,667	3	\$100,110	4
4-6 years	\$64,001	16	\$75,768	19	\$82,953	21	\$100,974	10	\$106,145	8	\$125,422	6
7-9 years	\$73,000	2	\$73,866	15	\$88,912	11	\$95,883	8	\$106,166	4	\$101,000	2
10-12 years	\$61,178	2	\$77,822	10	\$90,875	13	\$93,525	8	\$99,072	2	\$108,067	8
13-15 years	\$50,863	2	\$69,411	6	\$88,586	11	\$90,455	4	\$	1	\$	1
15 years and above	\$67,333	3	\$85,371	21	\$89,093	18	\$109,441	14	\$117,333	3	\$148,280	5



**Director's Salary by Institution Status and Institution Size**

Institution Size	Public College or University		Private College or University		Other School Status	
	Director Salary		Director Salary		Director Salary	
	Mean	Valid N	Mean	Valid N	Mean	Valid N
Under 1,500	\$51,816	2	\$66,210	27	\$76,750	4
1,501 - 2,500	\$71,500	2	\$73,334	53	\$97,500	2
2,501 - 5,000	\$71,773	15	\$77,347	52	\$88,380	5
5,001 - 7,500	\$75,084	12	\$85,383	14	\$81,904	4
7,501 - 10,000	\$90,898	25	\$102,445	12	.	0
10,001 - 15,000	\$88,377	26	\$104,252	12	.	0
15,001 - 20,000	\$88,208	22	\$98,500	2	.	0
20,001 - 25,000	\$99,784	19	\$132,002	4	\$107,000	3
25,001 - 30,000	\$99,220	20	\$102,400	2	.	0
30,001 - 35,000	\$107,411	10	.	0	.	0
35,001 and over	\$117,744	19	.\$	0	.	1

**Director's Salary by Race/Ethnicity**

Race/Ethnicity	Mean	Valid N	Median	Mode	Minimum	Maximum
Black/African American	\$90,141	29	\$91,000	\$90,000	\$41,900	\$145,000
American/Indian/Native Am.	.	0	.	.	.	.
Asian/Asian American	\$97,586	13	\$97,000	\$60,000	\$60,000	\$140,000
Latino/Latina	\$90,327	9	\$88,000	\$80,000	\$39,000	\$132,000
White/Caucasian	\$85,535	296	\$83,000	\$75,000	\$30,000	\$225,000
Multiracial	\$82,394	10	\$82,000	\$55,000	\$55,000	\$110,000
Other (Specify Below)	\$86,967	3	\$90,900	\$65,000	\$65,000	\$105,000

**Director's Salary by Sexual Orientation**

	Mean	Valid N	Median	Mode	Minimum	Maximum
Gay man	\$79,043	20	\$74,220	\$30,000	\$30,000	\$115,000
Lesbian	\$83,276	26	\$79,500	\$70,000	\$47,500	\$113,000
Bisexual	\$76,212	6	\$77,750	\$41,900	\$41,900	\$103,000
Heterosexual	\$87,158	309	\$86,000	\$100,000	\$30,000	\$165,240

**Director's Salary by Highest Degree Earned**

Highest Degree Earned	Mean	Valid N	Median	Mode	Minimum	Maximum
Ph.D.	\$92,960	235	\$90,900	\$75,000	\$30,000	\$225,000
Psy.D.	\$85,343	40	\$80,500	\$85,000	\$59,000	\$150,000
Ed.D	\$101,122	12	\$98,000	\$98,000	\$74,000	\$135,000
M.D	\$107,782	3	\$140,000	\$39,145	\$39,145	\$144,200
Masters	\$65,548	75	\$63,000	\$68,000	\$30,000	\$104,000
Other (Specify Below)	\$52,000	3	\$43,000	\$38,000	\$38,000	\$75,000

## Utilization and Show Rates

<b>How many sessions of individual therapy... (NA148 to NA152)</b>						
	Missing	Mean	Minimum	Maximum	Sum	Standard Deviation
...did you provide?	97	3,658	20	29,983	1,170,405	4,215
...did client not show for?	186	427	0	2,786	98,550	408
... did client cancel?	207	306	0	1,840	64,255	305
...did client reschedule?	238	268	0	2,228	47,968	282
...did counselors cancel or reschedule?	234	167	0	1,304	30,482	187
			0 = very small centers sessions=20			

<b>Calculated Show Rate based on Formula ... (153 to 155)</b>						
	Missing	# in Calculations	Mean	Min.	Max.	Standard Deviation
.."Session Provided/ (Session Provided + Sessions No Show) = NA148 / (NA148 + NA149)	186	231	.89	.70	1.00	.05
... "Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled) = NA148 / (NA148 + NA149 + NA150 + NA151)	238	179	.78	.53	1.00	.07
... "Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled + Therapist = NA148 / (NA148 + NA149 + NA150 + NA151 + NA152)	245	172	.75	.51	1.00	.07
			1.0 = very small centers sessions=20			



Individual Sessions Data by Size (NA148 to NA155)								
Size	How many sessions of individual therapy did you provide?	How many sessions of individual therapy did client not show for?	How many sessions of individual therapy did client cancel?	How many sessions of individual therapy did client reschedule?	How many sessions of individual therapy did counselors cancel or reschedule?	Calculated Show Rate based on Formula "Session Provided/ (Session Provided + Sessions No Show) = NA148 / (NA148 + NA149)	Calculated Show Rate based on Formula "Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled) = NA148 / (NA148 + NA149 + NA150 + NA151)	Calculated Show Rate based on Formula "Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled + Therapist = NA148 / (NA148 + NA149 + NA150 + NA151 + NA152)
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Under 1,500	897	123	65	28	18	.87	.78	.76
1,501 - 2,500	1625	192	107	73	52	.90	.82	.80
2,501 - 5,000	1679	202	151	130	65	.90	.80	.78
5,001 - 7,500	1960	255	166	170	102	.88	.77	.74
7,501 - 10,000	3028	333	250	191	162	.88	.77	.75
10,001 - 15,000	4964	495	354	308	187	.89	.76	.74
15,001 - 20,000	4285	561	528	413	253	.87	.75	.72
20,001 - 25,000	6122	763	450	336	263	.87	.74	.71
25,001 - 30,000	7929	858	646	551	357	.88	.75	.72
30,001 - 35,000	7405	922	651	557	334	.89	.78	.75
35,001 and over	10823	1178	879	831	425	.89	.78	.74

**Individual Sessions Data by School Status (NA148 to NA155)**

		How many sessions of individual therapy did you provide?	How many sessions of individual therapy did client not show for?	How many sessions of individual therapy did client cancel?	How many sessions of individual therapy did client reschedule?	How many sessions of individual therapy did counselors cancel or reschedule?	Calculated Show Rate based on Formula "Session Provided/ (Session Provided + Sessions No Show) = NA148 / (NA148 + NA149)	Calculated Show Rate based on Formula "Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled) = NA148 / (NA148 + NA149 + NA150 + NA151)	Calculated Show Rate based on Formula "Session Provided/ (Session Provided + Sessions No Show + Sessions Cancelled + Sessions Rescheduled + Therapist = NA148 / (NA148 + NA149 + NA150 + NA151 + NA152)
School Status		Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
	Four-year public university	4752	588	399	373	232	.88	.76	.73
	Four-year public college	1930	320	252	247	114	.86	.74	.71
	Four-year private university	3692	327	263	192	134	.91	.80	.78
	Four-year private college	1513	183	115	82	58	.89	.80	.78
	Both four-year public and private university	14344	1052	1199	728	508	.93	.76	.73
	Other (Specify Below)	1666	182	136	91	58	.90	.78	.76

**Director Calculated: Percentage of appointment in your center are... (NA156 to NA162)**

	Count	Missing	# Providing Data	Mean	Min.	Max.	Standard Deviation
Shown %	417	254	163	77.46	54.00	94.00	7.56
No Show %	417	238	179	10.42	1.00	45.00	4.37
Cancelled %	417	262	155	7.51	1.00	67.00	6.57
Rescheduled %	417	284	133	6.90	1.00	31.90	4.53
Clinician Cancelled or Rescheduled %	417	288	129	3.87	0.00	16.20	2.66

**Average Director Calculated: Percentage of appointments in your center are... (NA156 to NA160) by Size**

		Shown %	No Show %	Cancelled %	Rescheduled %	Clinician Cancelled or Rescheduled %
School Size: Categories	Under 1,500	82.27	11.22	6.28	7.61	2.38
	1,501 - 2,500	82.17	9.20	6.25	5.85	3.42
	2,501 - 5,000	77.16	9.48	6.96	6.83	3.66
	5,001 - 7,500	77.65	11.63	10.59	7.11	3.72
	7,501 - 10,000	74.42	9.60	7.38	6.75	4.77
	10,001 - 15,000	75.31	10.37	6.71	7.04	3.96
	15,001 - 20,000	72.15	11.33	7.32	6.98	4.13
	20,001 - 25,000	80.36	10.52	7.16	5.12	3.36
	25,001 - 30,000	73.46	10.26	7.03	6.86	4.02
	30,001 - 35,000	73.81	9.40	5.87	7.39	4.05
35,001 and over	80.02	12.81	11.31	8.71	4.12	

**Average Director Calculated: Percentage of appointments in your center ... (NA156 to NA160) by Size**

		Shown %	No Show %	Cancelled %	Rescheduled %	Clinician Cancelled or Rescheduled %
School Status	Four-year public university	75.58	11.30	7.52	7.36	4.14
	Four-year public college	69.75	13.63	5.28	6.75	5.00
	Four-year private university	79.45	9.04	9.03	6.27	4.17
	Four-year private college	80.63	10.18	6.31	5.15	2.73
	Both four-year public and private university	80.00	6.50	8.00	6.00	4.00
	Other (Specify Below)	79.36	7.84	6.41	11.78	2.62

## No-show Fees (including psychiatry)

Do you charge a fee for missed therapy sessions? (D165 NA166) by Size and Status																
		School Status												Count	Yes Count	Yes Percent
		Four-year public university		Four-year public college		Four-year private university		Four-year private college		Both four-year public and private university		Other (Specify Below)				
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No			
Size	Under 1,500	0	2	0	0	0	7	0	19	0	0	0	2	30	0	0
	1,501 - 2,500	0	1	0	1	1	17	2	33	0	0	0	2	57	3	5.26%
	2,501 - 5,000	2	11	1	3	2	34	1	18	0	0	0	6	78	6	7.69%
	5,001 - 7,500	4	10	0	2	1	15	0	2	0	0	0	4	38	5	13.16%
	7,501 - 10,000	2	24	0	2	0	12	1	1	0	0	0	0	42	3	7.14%
	10,001 - 15,000	2	22	0	2	3	9	0	0	0	0	0	0	38	5	13.16%
	15,001 - 20,000	5	17	1	1	1	1	0	0	0	0	0	0	26	7	26.92%
	20,001 - 25,000	7	12	0	0	0	4	0	0	1	0	0	1	25	8	32.00%
	25,001 - 30,000	9	12	0	0	0	2	0	0	0	0	0	0	23	9	39.13%
	30,001 - 35,000	3	8	0	0	0	0	0	0	0	0	0	0	11	3	27.27%
	35,001 and over	6	13	0	0	0	2	0	0	1	0	0	1	23	7	30.43%
	40	132	2	11	8	103	4	73	2	0	0	16	391			
Yes Percent	23.26%		15.38%		7.21%		5.19%		100.00%		0.00%					

### Do you charge a fee for missed therapy sessions? Yes = 56. If yes, How much? (NA165 and NA166)

	Frequency	% Who Charge	% of All Centers
\$5.00	1	1.82%	0.24%
\$6.00	1	1.82%	0.24%
\$10.00	6	10.91%	1.44%
\$12.00	1	1.82%	0.24%
\$15.00	11	20.00%	2.64%
\$20.00	14	25.45%	3.36%
\$22.00	1	1.82%	0.24%
\$25.00	16	29.09%	3.84%
\$30.00	2	3.64%	0.48%
\$35.00	1	1.82%	0.24%
\$40.00	1	1.82%	0.24%
Total	55		

### Do you charge a fee for missed Psychiatry sessions? Yes = 72. If yes, How much? (D167 NA168)

	Frequency	% Who Charge	% of All Centers
\$6.00	1	1.6%	0.24%
\$10.00	4	6.3%	0.96%
\$15.00	5	7.8%	1.20%
\$20.00	11	17.2%	2.64%
\$25.00	16	25.0%	3.84%
\$28.00	1	1.6%	0.24%
\$30.00	3	4.7%	0.72%
\$35.00	1	1.6%	0.24%
\$37.50	1	1.6%	0.24%
\$40.00	1	1.6%	0.24%
\$50.00	5	7.8%	1.20%
\$55.00	1	1.6%	0.24%
\$65.00	1	1.6%	0.24%
\$75.00	3	4.7%	0.72%
\$85.00	1	1.6%	0.24%
\$90.00	2	3.1%	0.48%
\$100.00	2	3.1%	0.48%
\$105.00	1	1.6%	0.24%
\$120.00	1	1.6%	0.24%
\$125.00	1	1.6%	0.24%
\$130.00	1	1.6%	0.24%
\$150.00	1	1.6%	0.24%
Total	64		

## Lawsuit and Legal/Ethical Issues

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**Lawsuit Information in the past year? Yes = 5 (D169 LA170)**

Items removed from public Version

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

Items removed from public Version

## Total Services Hours/Contacts, Average Sessions Per Client

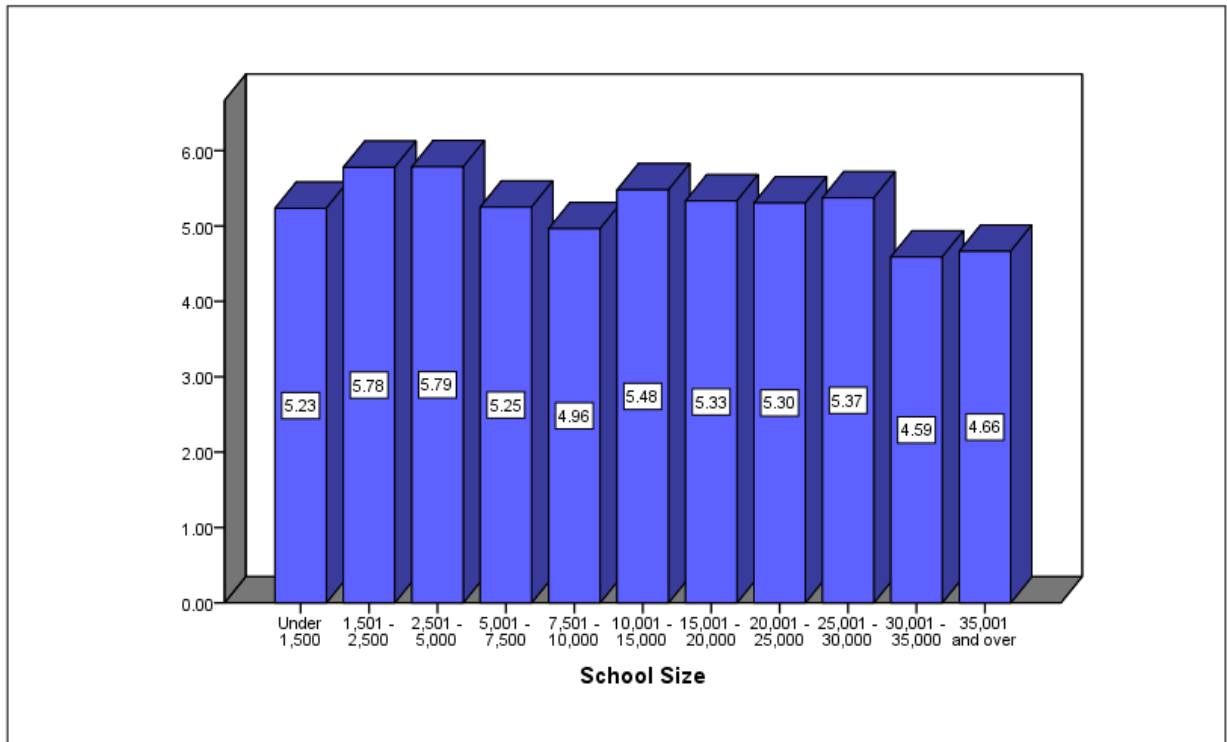
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<b>Does the staff of your counseling center assume responsibility for providing courses for academic credit? (MR361)</b>	<b>Count "Yes"</b>	<b>%</b>
Undergraduate-level course for credit	72	30.3%
Graduate-level practicum course	27	12.6%
Graduate-level content/theories course	33	14.8%
No	259	80.7%

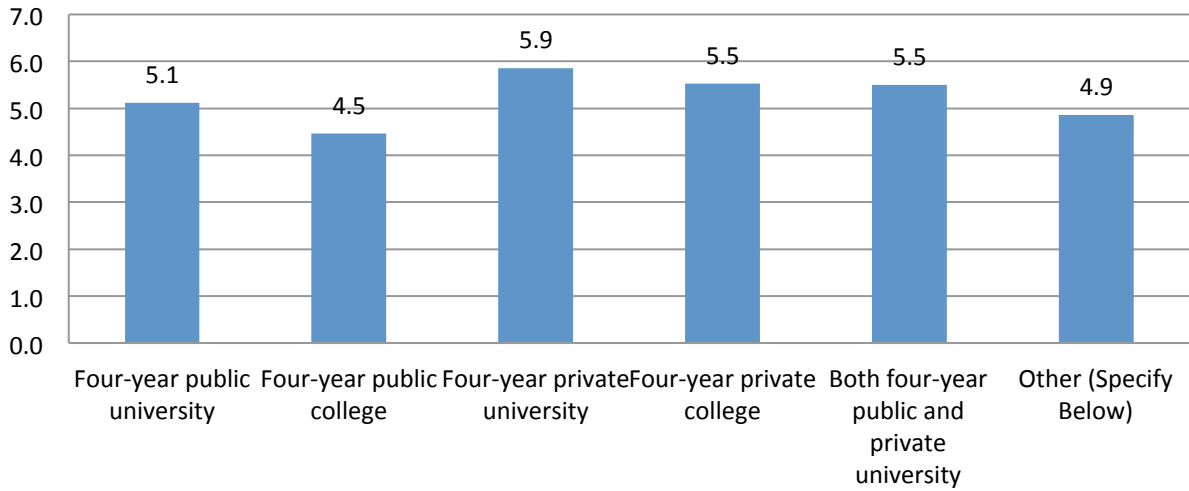
<b>How MANY students did you serve this past year? (MR362)</b>		<b>Mean</b>	<b>Median</b>
School Size	Under 1,500	177	155
	1,501 - 2,500	323	296
	2,501 - 5,000	375	310
	5,001 - 7,500	589	521
	7,501 - 10,000	737	695
	10,001 - 15,000	1113	1026
	15,001 - 20,000	1348	1181
	20,001 - 25,000	1306	1208
	25,001 - 30,000	1718	1474
	30,001 - 35,000	2382	1484
	35,001 and over	3382	3021

What is the total number of sessions? (MR 363-364)	W/O Medication Management		W/ Medication Management	
	Mean	Median	Mean	Median
School Size: Under 1,500	882	550	912	600
1,501 - 2,500	1673	1606	1642	1500
2,501 - 5,000	1782	1602	1617	1533
5,001 - 7,500	2041	1898	2396	2118
7,501 - 10,000	3122	2851	3030	2953
10,001 - 15,000	5111	4937	5539	5140
15,001 - 20,000	5159	4802	5555	5438
20,001 - 25,000	6588	5369	7003	5688
25,001 - 30,000	7221	7111	9397	7819
30,001 - 35,000	7979	5848	8697	6000
35,001 and over	12880	12359	17440	14449

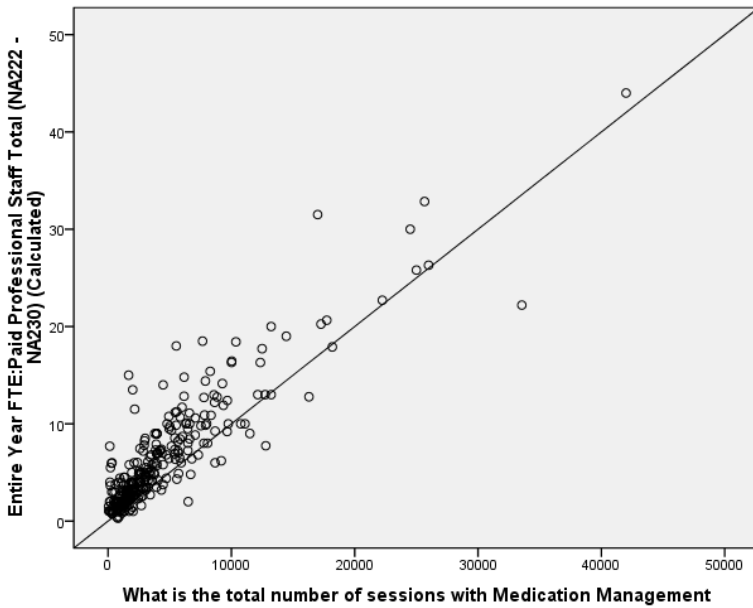
What is the average number of sessions per client? (MR 265)



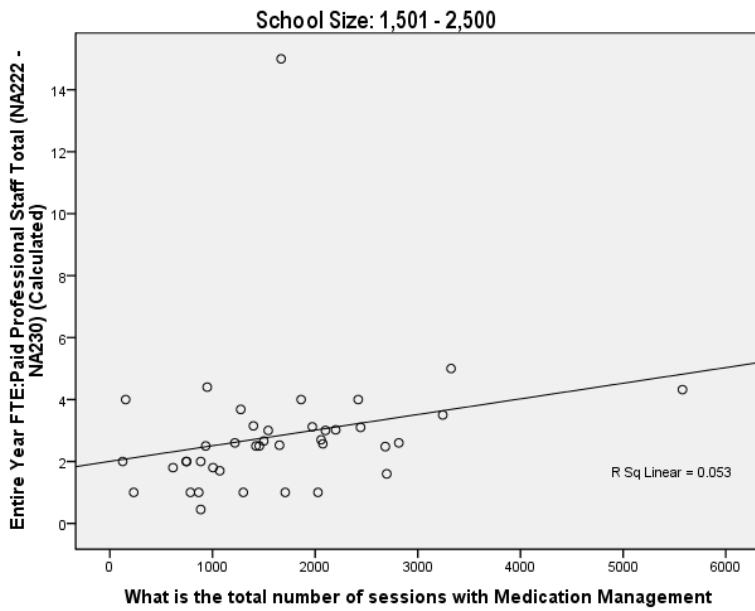
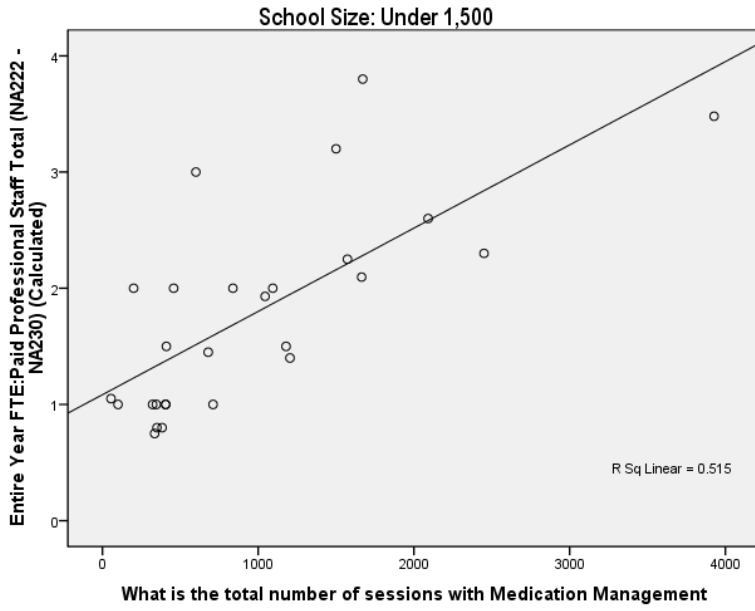
### What is the average number of sessions per client?

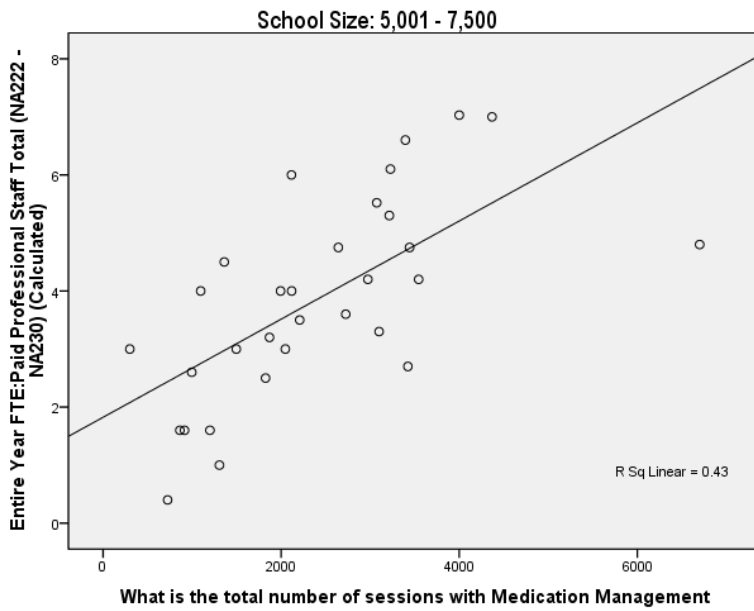
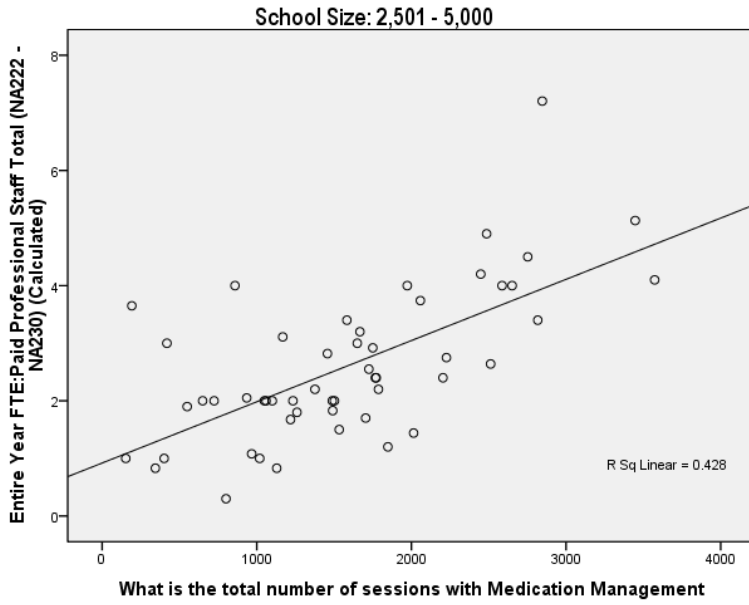


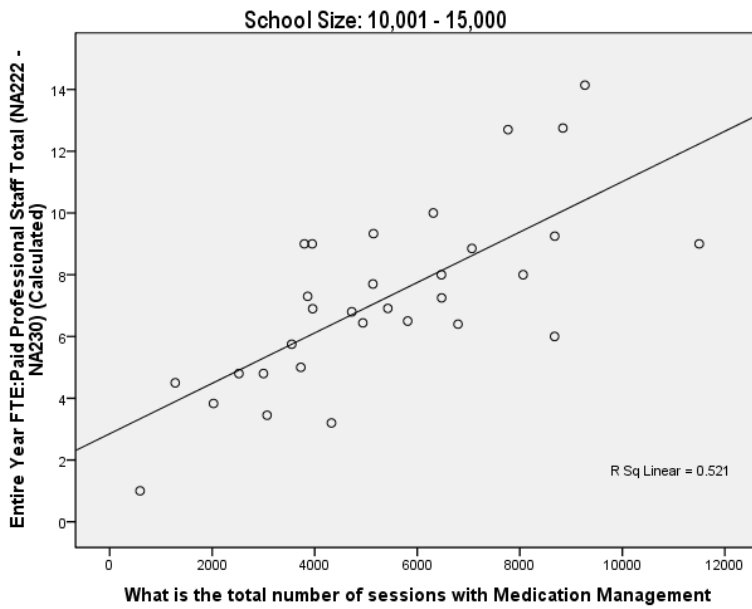
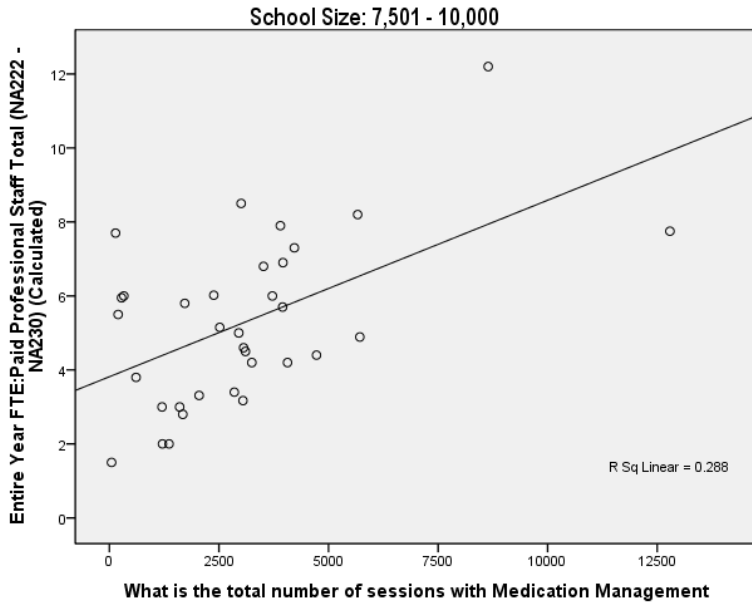
### OVERALL: Total sessions by staff size

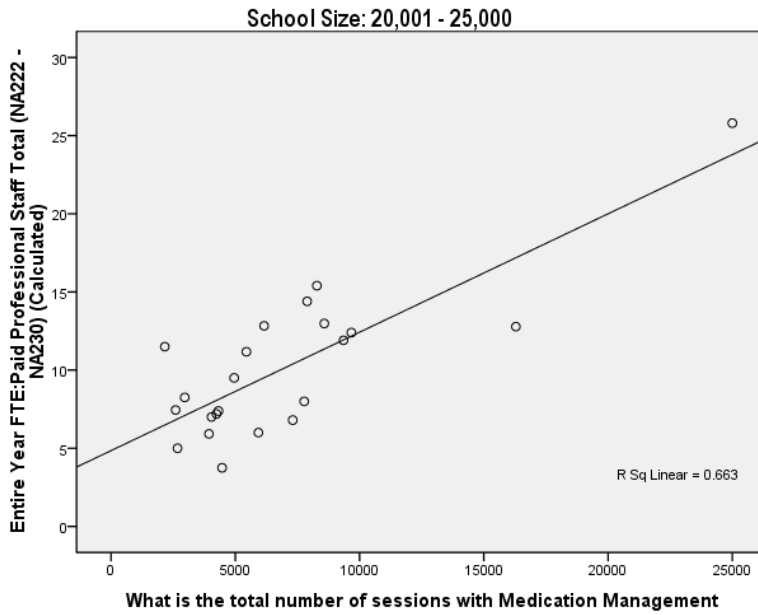
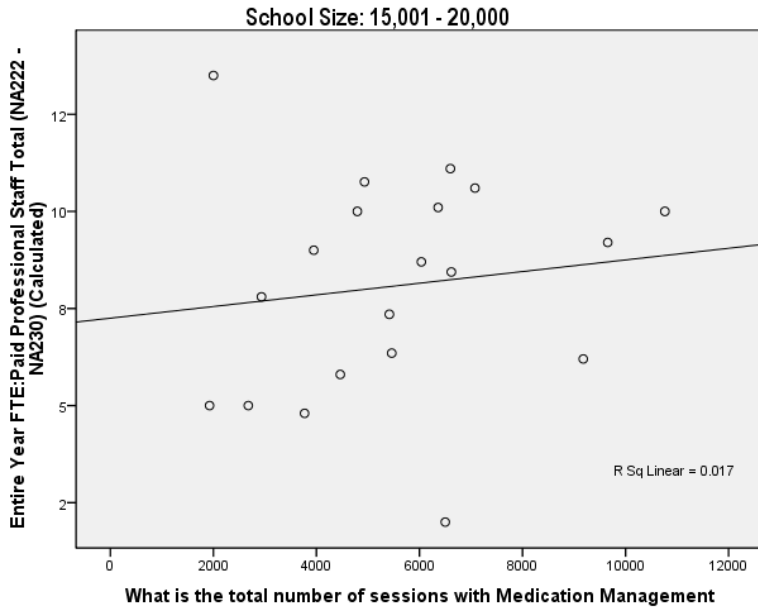


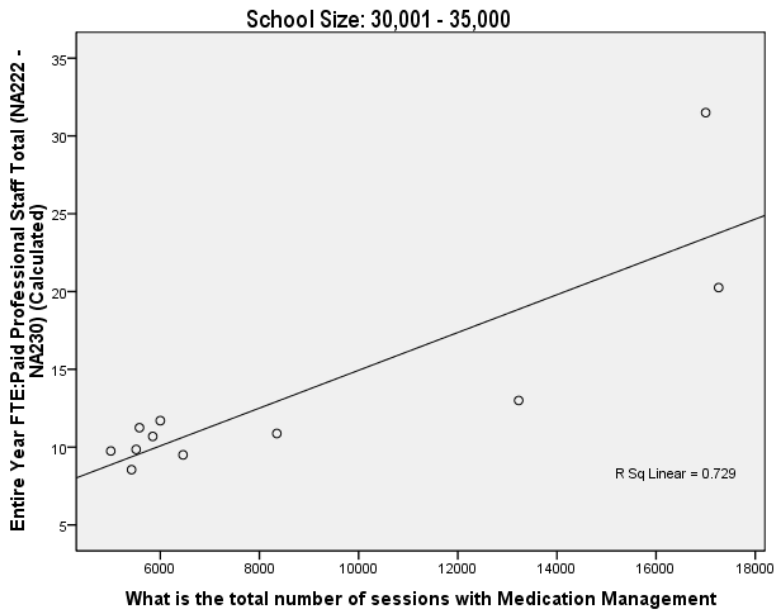
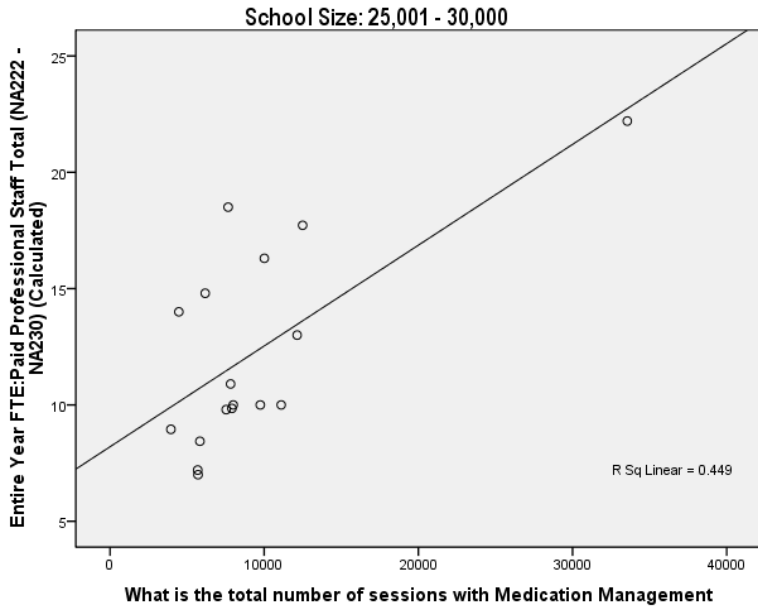


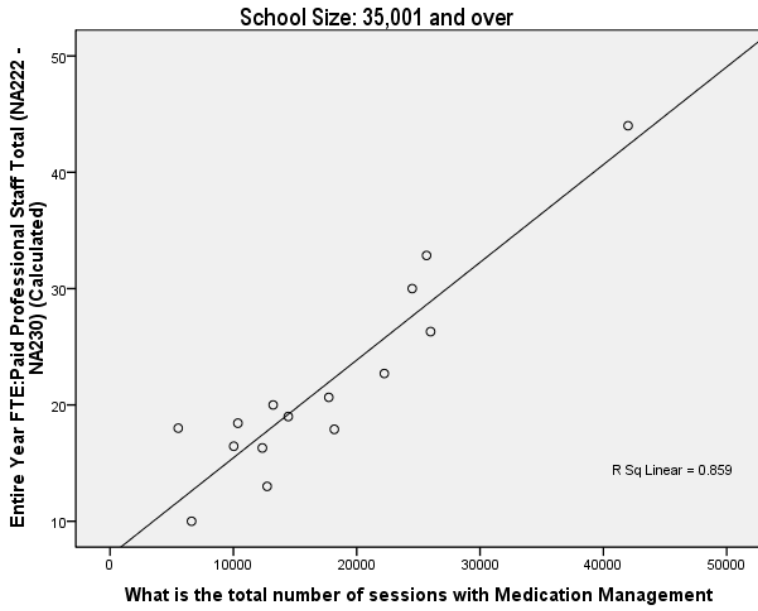












## Groups

<b>How many student group contacts did your center provide last year? 12 student attending one group = 12 (MR367)</b>	Count	Mean	Median
School Size: Under 1,500	36	88	8
1,501 - 2,500	60	120	15
2,501 - 5,000	81	161	16
5,001 - 7,500	41	116	12
7,501 - 10,000	43	209	50
10,001 - 15,000	42	173	88
15,001 - 20,000	26	529	378
20,001 - 25,000	27	524	202
25,001 - 30,000	23	984	570
30,001 - 35,000	13	801	460
35,001 and over	23	2340	2254

<b>Percentage of non-psychiatry sessions provided by group (NA374)</b>	Mean	Median
School Size: Under 1,500	9.82	2.85
1,501 - 2,500	8.96	2.47
2,501 - 5,000	9.60	3.38
5,001 - 7,500	4.47	1.61
7,501 - 10,000	6.09	4.06
10,001 - 15,000	4.58	4.62
15,001 - 20,000	9.05	9.01
20,001 - 25,000	7.19	4.95
25,001 - 30,000	12.38	8.73
30,001 - 35,000	9.15	8.20
35,001 and over	13.61	16.39

<b>Issue-based Groups (MR368)</b>	Count	%
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ADHD group	Yes	15	3.6%
Anger management group	Yes	24	5.8%
Anxiety group	Yes	109	26.1%
AOD group	Yes	60	14.4%
Autism Spectrum group	Yes	19	4.6%
Bipolar group	Yes	9	2.2%
Body Image group	Yes	69	16.5%
Couples group	Yes	15	3.6%
Depression group	Yes	61	14.6%
Eating Disorders group	Yes	64	15.3%
Family discord group	Yes	27	6.5%
Grief and bereavement group	Yes	101	24.2%
LD group	Yes	2	.5%
Self-Esteem group	Yes	56	13.4%
Shyness group	Yes	33	7.9%
Trauma group	Yes	47	11.3%
<b>Intervention-based Groups(MR369)</b>		Count	%
Adult Children of Alcoholics/Addicts group	Yes	16	3.8%
Anger management group	Yes	24	5.8%
CBT group	Yes	29	7.0%
DBT group	Yes	36	8.6%
General Therapy	Yes	130	31.2%
Motivational Interviewing group	Yes	24	5.8%
Stress management group	Yes	118	28.3%
<b>Target Audience Group(MR370)</b>		Count	%
Adult Children of Alcoholics/Addicts group	Yes	17	4.1%
Academic probation group	Yes	15	3.6%
Couples group	Yes	13	3.1%
Dissertation Completion group	Yes	28	6.7%
First Generation College Students group	Yes	15	3.6%
Graduate support group	Yes	48	11.5%
International student group	Yes	46	11.0%
Interpersonal process group	Yes	98	23.5%
Latino/a support group	Yes	8	1.9%
LGBT group	Yes	81	19.4%
Men of Color group	Yes	7	1.7%
Mens group	Yes	47	11.3%
Nontraditional-Aged group	Yes	15	3.6%
Student as parent group	Yes	7	1.7%
Transition to college/homesickness group	Yes	26	6.2%
Veterans support group	Yes	10	2.4%



Women of Color group	Yes	30	7.2%
Womens group	Yes	78	18.7%

**Other Groups (MR371)**

- Alcohol Education Workshop
- Academic Support group
- Aspergers Group
- Assertiveness Communication
- Finals Preparation Memory Workshop Speed Reading
- Managing Living Ups and Downs of Life - Cinema therapy
- Chronic illnesses
- Co-Ed Personal Growth
- Coming out group
- Early Recovery Support group
- First year students of color group.
- Former Foster Youth Group
- Freshmen Men & Women Group
- Asian American support group
- General relationship group
- Support group for Partners of Deployed Soldiers
- Biofeedback group
- Women's Bible Study Group
- Happiness Group
- Injured athletes group
- Interpersonal process groups
- Meditation Group
- Mind-Body Group
- Mindful eating
- Survivors of Sexual Assault
- Mindfulness Women under 25 Women over 25
- Non-traditional aged students
- Overcoming Procrastination workshop (4 sessions)
- Peers Educating Peers.
- Positive Psychology
- Parenting while a college student & QPR 42
- Soul Collage- internal work from creating own cards
- Students who have returned from the mission field.
- Support for Student Leaders, and ACT Group

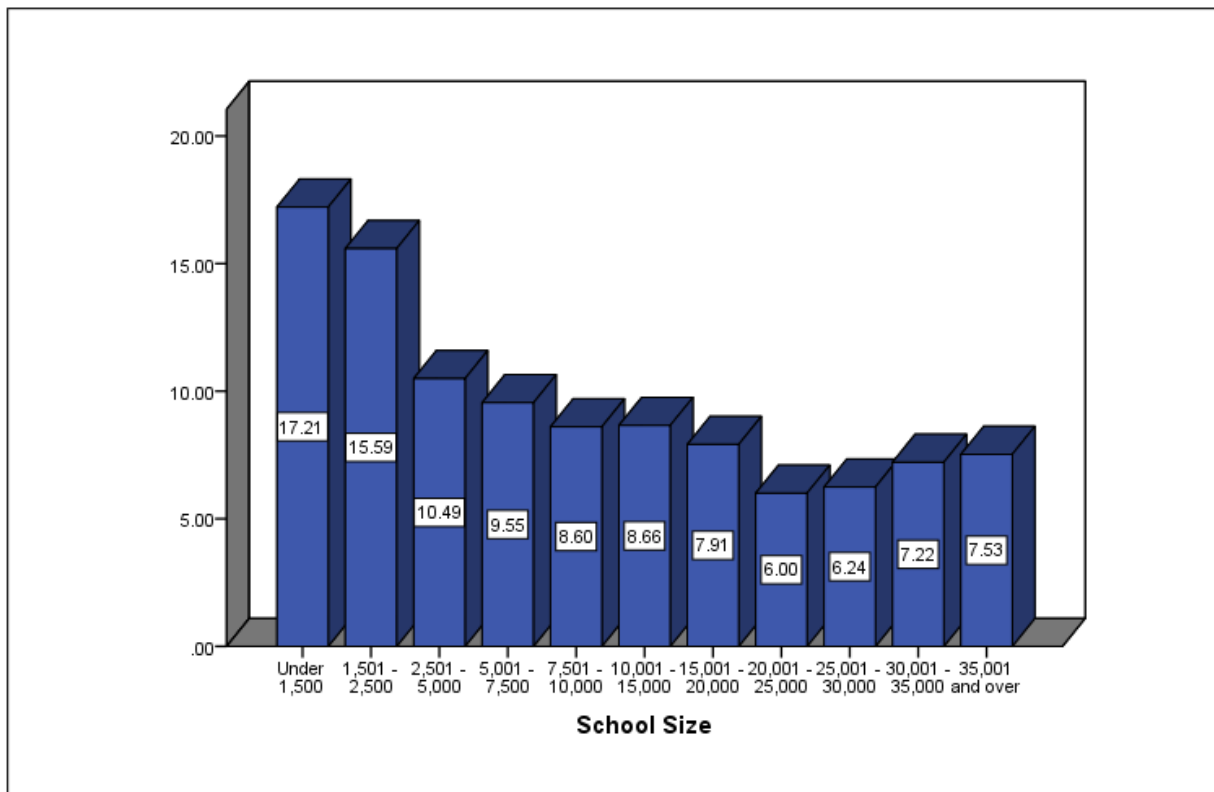
## What is Direct Service, Services Offered and Presenting Concerns

<b>What would be considered providing direct clinical services at your center? Please answer for each item whether or not your center provides the service. If you provided this service would it be considered providing direct clinical services? (Check all that apply) (MR372)</b>		
	<b>Count</b>	<b>%</b>
Individual counseling/psychotherapy	385	100.00%
Couples counseling	337	87.53%
Entry to service (triage, phone triage, intake-however named)	326	84.68%
Group Counseling	326	84.68%
Crisis intervention, campus wide emergency response, and postvention	290	75.32%
Psychological assessment (while in the presence of the client).	269	69.87%
Structured groups	261	67.79%
Psychiatric contact	213	55.32%
Family counseling	208	54.03%
Consultation with faculty staff, parents and students about other students.	182	47.27%
Career Counseling	177	45.97%
Case Management and Facilitating Referral	169	43.90%
Supervision provision	142	36.88%
Workshops	116	30.13%
Presentations	99	25.71%
Consultation with staff and trainees.	77	20.00%
Psychological assessment (time spent outside of client contact).	74	19.22%
Providing training to trainees	65	16.88%
Participation on Students of Concern/ Threat/Behavior Assessment teams	65	16.88%
Documentation (Intake write up, session notes, crisis documentation, etc.)	51	13.25%
Teaching a class	40	10.39%
Peer Supervision	35	9.09%
Research	10	2.60%

<b>ACROSS TIME: What would be considered providing direct clinical services at your center? Please answer for each item whether or not your center provides the service. If you provided this service would it be considered providing direct clinical services? (Check all that apply) (MR372) Yes %</b>			
	<b>Direct Service</b>	<b>Direct Clinical Services</b>	<b>Direct Clinical Services</b>
	2009 Question	2010 Question	2010 Question
Individual counseling/psychotherapy	100.0%	100.0%	100.00%
Couples counseling	95.0%	96.7%	88.00%
Entry to service (triage, phone triage, intake-however named)	95.1%	94.8%	85.00%
Group Counseling	95.6%	95.4%	85.00%
Crisis intervention, campus wide emergency response, and postvention	87.5%	87.4%	75.00%
Psychological assessment (while in the presence of the client).	88.4%	89.7%	70.00%
Structured groups	92.1%	90.8%	68.00%
Psychiatric contact	71.3%	81.7%	55.00%
Family counseling	76.1%	75.4%	54.00%
Consultation with faculty staff, parents and students about other students.	59.4%	62.3%	47.00%
Career Counseling	58.1%	71.5%	46.00%
Case Management and Facilitating Referral	65.9%	67.1%	44.00%
Supervision provision	51.2%	53.2%	37.00%
Workshops	50.5%	54.0%	30.00%
Presentations	42.4%	48.6%	26.00%
Consultation with staff and trainees.	36.8%	39.4%	20.00%
Psychological assessment (time spent outside of client contact).	25.3%	34.2%	19.00%
Providing training to trainees	31.2%	37.3%	17.00%
Participation on Students of Concern/ Threat/Behavior Assessment teams:	25.4%	33.3%	17.00%
Documentation (Intake write up, session notes, crisis documentation, etc.)	21.3%	23.8%	13.00%
Teaching a class	17.7%	22.9%	10.00%
Peer Supervision	17.7%	25.7%	9.00%
Research	6.3%	11.4%	3.00%

Percent of student body served (NA373)	Count	Mean	Median
School Size: Under 1,500	36	17.21	15.71
1,501 - 2,500	60	15.59	15.47
2,501 - 5,000	81	10.49	8.04
5,001 - 7,500	41	9.55	7.45
7,501 - 10,000	43	8.60	7.98
10,001 - 15,000	42	8.66	7.54
15,001 - 20,000	26	7.91	6.09
20,001 - 25,000	27	6.00	5.23
25,001 - 30,000	23	6.24	5.48
30,001 - 35,000	13	7.22	4.87
35,001 and over	23	7.53	6.42

Percent of student body served (NA373)



<b>Percent of Clients with Presenting Concern (NA375-NA389)</b>					
	Mean	Median	Mode	Maximum	Standard Deviation
Had extensive or significant prior treatment histories (e.g., hospitalized for psychiatric treatment)	13.21	8.00	10.00	98.00	14.88
Clients taking psychotropic medication	25.00	25.00	25.00	100.00	12.36
Clients engaging in self-injury	9.22	5.90	5.00	33.00	7.87
Clients with depression	37.18	35.75	40.00	100.00	18.12
Clients with a learning disability	7.89	5.00	5.00	80.00	9.83
Clients with ADD or ADHD	8.52	6.00	5.00	75.00	8.17
Clients with suicidal thoughts/behaviors	15.92	13.00	5.00	65.00	12.31
Clients with anxiety	40.94	40.00	40.00	100.00	19.63
Clients with substance abuse/dependence other than alcohol	7.63	5.00	2.00	100.00	9.70
Clients with alcohol abuse/dependence	10.80	8.40	5.00	83.00	10.06
Clients with dealing issues of oppression (racism, sexism, homophobia, etc.)	4.62	3.00	1.00	40.00	5.72
Clients with eating disorders	6.88	5.00	5.00	46.00	6.56
Clients with relationship issues	35.47	30.00	25.00	100.00	21.17
Clients experience of sexual/physical assault/acquaintance rape	7.27	5.00	1.00	40.00	7.54
Clients experience of being "stalked"	2.28	1.00	1.00	63.50	6.43

<b>Percentage of clients with the following presentations: (NA375-NA389)</b>	<b>School Size</b>					
	Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000
	Mean	Mean	Mean	Mean	Mean	Mean
Extensive or significant prior treatment histories (e.g., hospitalized for psychiatric treatment)	16.38	14.55	11.04	10.86	12.74	10.42
Taking psychotropic medication	21.55	23.84	22.90	25.09	23.33	26.70
Engaging in self-injury	6.03	9.06	7.29	8.06	7.97	11.29
Depression	31.37	36.26	34.46	37.86	37.05	37.43
Learning disability	14.68	10.56	7.33	5.41	5.81	6.61
ADHD	12.01	8.35	8.58	7.26	8.97	6.79
Suicidal thoughts/behaviors	11.43	14.16	11.93	15.61	17.78	16.65
Anxiety	32.33	42.46	39.87	37.16	39.08	40.11
Substance abuse/dependence other than alcohol	7.00	6.92	6.16	7.49	8.32	5.11
Alcohol abuse/dependence	10.70	10.16	10.15	7.50	11.33	8.31
Oppression (racism, sexism, homophobia, etc.)	3.71	4.00	5.85	3.45	2.56	4.69
Eating disorders	5.09	5.74	6.38	7.59	5.93	5.99
Relationship issues	28.80	42.23	34.01	35.26	31.01	29.76
Sexual/physical assault/acquaintance rape	5.00	6.58	7.69	9.33	6.06	5.97
Being "stalked"	1.23	1.07	1.54	2.75	.86	2.86

Percentage of clients with the following presentations: (NA375-NA389)	School Size				
	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001+
	Mean	Mean	Mean	Mean	Mean
Extensive or significant prior treatment histories (e.g., hospitalized for psychiatric treatment)	15.72	21.78	11.05	8.57	12.69
Taking psychotropic medication	28.35	33.33	27.34	26.77	24.68
Engaging in self-injury	10.50	11.17	14.76	14.51	7.59
Depression	37.03	47.71	38.57	41.32	39.33
Learning disability	5.79	10.53	4.26	4.30	5.36
ADHD	5.67	14.62	7.31	6.20	6.54
Suicidal thoughts/behaviors	16.88	23.76	22.85	21.69	17.09
Anxiety	42.44	53.20	40.11	48.51	45.86
Substance abuse/dependence other than alcohol	7.65	19.91	7.78	4.02	6.12
Alcohol abuse/dependence	10.82	19.18	10.22	10.90	14.60
Oppression (racism, sexism, homophobia, etc.)	3.37	7.56	6.39	2.88	6.25
Eating disorders	6.49	10.76	6.38	8.49	12.88
Relationship issues	35.95	41.13	30.34	52.81	40.43
Sexual/physical assault/acquaintance rape	9.23	7.23	10.86	8.94	6.36
Being "stalked"	3.05	9.41	4.67	2.07	1.00

What is the number of students who: (NA391 to NA406) Total Student = 4,772,363													
		Mean	Valid N	Minimum	Maximum	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99	Sum	Incidence per 10,000	
Were placed on medical leave for psychological reasons	Total Students at Your School	18.23	117	0	229	0	2	23	75	128	2,133	4.47	
	Center Clients	13.07	139	0	254	0	2	13	48	137	1,817	3.81	
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons	Total Students at Your School	13.31	138	0	80	1	4	18	44	57	1,837	3.85	
	Center Clients	10.25	190	0	64	1	3	12	39	52	1,947	4.08	
On how many occasions during the past year were students involuntarily hospitalized for psychological reasons? (not a count of the students but of the	Total Students at Your School	3.06	118	0	53	0	0	3	16	25	361	0.76	
	Center Clients	2.78	156	0	39	0	0	3	14	32	433	0.91	
What was the number of students who were involuntarily hospitalized?	Total Students at Your School	2.30	116	0	23	0	0	3	11	23	267	0.56	
	Center Clients	2.29	152	0	39	0	0	2	8	23	348	0.73	
Attempted suicide	Total Students at Your School	4.80	102	0	64	0	1	5	18	34	490	1.03	
	Center Clients	3.64	128	0	71	0	0	5	14	26	465	0.97	
Died by suicide	Total Students at Your School	0.92	224	0	54	0	0	1	3	6	207	0.43	
	Center Clients	0.19	216	0	6	0	0	0	1	2	40	0.08	
Died in an accident	Total Students at Your School	1.13	164	0	11	0	0	2	4	8	185	0.39	
	Center Clients	0.14	161	0	13	0	0	0	1	1	22	0.05	
Died by some other means	Total Students at Your School	0.96	153	0	15	0	0	1	4	10	147	0.31	
	Center Clients	0.23	154	0	11	0	0	0	1	9	36	0.08	

<b>What is the number of students who: (NA391 to NA406)</b>										
Client Incidence Formula ("Total Clients" / "School enrollment") (Calculated)										
	Mean	Valid N	Minimum	Maximum	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99	
Student Incidence Formula ("Total Students at Your School" / "School enrollment") (Calculated)										
Medical leave for psychological reasons	Client Incidence	28.51	139	0.00	298.23	0.00	3.16	35.71	135.29	228.57
	Student Incidence	34.83	117	0.00	228.57	0.00	5.00	51.09	127.27	181.82
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons	Client Incidence	16.87	190	0.00	123.46	1.34	5.51	23.16	49.29	116.62
	Student Incidence	26.02	138	0.00	166.67	2.50	9.43	35.97	76.63	116.62
On how many occasions during the past year were students involuntarily hospitalized for psychological reasons? (not a count of the students but of the	Client Incidence	4.13	156	0.00	86.36	0.00	0.00	5.10	16.67	33.56
	Student Incidence	6.07	118	0.00	86.36	0.00	0.00	7.28	24.54	55.93
What was the number of students who were involuntarily hospitalized?	Client Incidence	3.55	152	0.00	34.54	0.00	0.00	3.06	17.39	33.56
	Student Incidence	5.50	116	0.00	65.72	0.00	0.00	6.74	25.54	55.93
Attempted suicide	Client Incidence	7.38	127	0.00	169.57	0.00	0.00	9.19	20.00	57.14
	Student Incidence	9.18	102	0.00	57.14	0.00	0.63	13.64	28.71	49.08
Died by suicide	Client Incidence	0.18	216	0.00	8.70	0.00	0.00	0.00	1.21	2.86
	Student Incidence	1.32	224	0.00	148.31	0.00	0.00	0.91	3.16	8.70
Died in an accident	Client Incidence	0.14	161	0.00	8.00	0.00	0.00	0.00	0.31	7.41
	Student Incidence	1.57	164	0.00	35.97	0.00	0.00	1.91	7.14	12.82
Died by some other means	Client Incidence	0.15	154	0.00	5.41	0.00	0.00	0.00	0.91	3.66
	Student Incidence	0.98	153	0.00	11.77	0.00	0.00	1.10	5.00	11.19

<b>What is the number of students who: (NA391-NA406)</b>	School Size: Categories					
	Under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000
	Mean	Mean	Mean	Mean	Mean	Mean
Were placed on medical leave for psychological reasons - Total Students at Your School	5	11	12	5	34	29
Were placed on medical leave for psychological reasons - Center Clients	4	11	6	5	32	9
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons - Total Students at Your School	4	7	9	8	19	27
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons - Center Clients	3	5	6	5	11	17
Involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) - Total Students at Your School	1	1	2	2	2	7
Involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) - Center Clients	1	2	1	3	2	4
Involuntarily hospitalized? - Total Students at Your School	1	2	1	1	2	5
Involuntarily hospitalized? - Center Clients	1	2	1	1	2	4
Attempted suicide - Total Students at Your School	2	2	2	2	7	13
Attempted suicide - Center Clients	1	1	4	1	4	12
Died by suicide - Total Students at Your School	0	0	1	0	1	1

Died by suicide - Center Clients	0	1	0	0	0	0
Died in an accident - Total Students at Your School	0	0	0	1	1	1
Died in an accident - Center Clients	0	1	0	0	0	0
Died by some other means - Total Students at Your School	0	0	0	1	1	1
Died by some other means - Center Clients	0	1	0	0	0	0

What is the number of students who: (NA391-NA406)	School Size: Categories				
	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
	Mean	Mean	Mean	Mean	Mean
Were placed on medical leave for psychological reasons - Total Students at Your School	39	55	104	1	81
Were placed on medical leave for psychological reasons - Center Clients	25	38	11	8	49
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons - Total Students at Your School	14	36	38	29	50
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons - Center Clients	17	24	16	18	33
Involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) - Total Students at Your School	11	7	2	23	22
Involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) - Center Clients	10	7	1	7	14
Involuntarily hospitalized? - Total Students at Your School	9	7	2	23	5
Involuntarily hospitalized? - Center Clients	12	6	1	5	11
Attempted suicide - Total Students at Your School	13	17	5	.	64
Attempted suicide - Center Clients	6	8	3	8	9
Died by suicide - Total Students at Your School	1	1	2	2	3
Died by suicide - Center Clients	0	0	0	1	1
Died in an accident - Total Students at Your School	3	5	3	3	5
Died in an accident - Center Clients	0	0	0	5	0
Died by some other means - Total Students at Your School	1	3	4	2	7
Died by some other means - Center Clients	0	1	1	3	3



## Client Demographics and Percent Student Body

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<b>Percent of students served (NA425-NA450)</b>	<b>Mean</b>
Black/African-American - Percent of your centers clients?	9.94
Black/African-American - Percent of your Student Body?	9.97
American Indian/Native American - Percent of your centers clients?	.72
American Indian/Native American - Percent of your Student Body?	.86
Asian/Asian American - Percent of your centers clients?	5.80
Asian/Asian American - Percent of your Student Body?	6.90
Latino/Latina - Percent of your centers clients?	8.20
Latino/Latina - Percent of your Student Body?	8.84
White - Percent of your centers clients?	70.00
White - Percent of your Student Body?	69.01
Multiracial - Percent of your centers clients?	4.08
Multiracial - Percent of your Student Body?	3.53
Other Race/Ethnicity - Percent of your centers clients?	3.55
Other Race/Ethnicity - Percent of your Student Body?	5.47

<b>Percent of students served (NA453-NA462)</b>	<b>Mean</b>
Male - Percent of your centers clients?	33.86
Male - Percent of your Student Body?	43.99
Female - Percent of your centers clients?	65.43
Female - Percent of your Student Body?	55.51
Transgender - Percent of your centers clients?	.50
Transgender - Percent of your Student Body?	.77

<b>Percent of students served (NA465-NA478)</b>	<b>Mean</b>
Gay - Percent of your centers clients?	3.70
Gay - Percent of your Student Body?	6.93
Lesbian - Percent of your centers clients?	2.94
Lesbian - Percent of your Student Body?	6.27
Bisexual - Percent of your centers clients?	3.03
Bisexual - Percent of your Student Body?	1.90
Heterosexual - Percent of your centers clients?	84.41
Heterosexual - Percent of your Student Body?	87.85

<b>Percent of students served (NA481-NA482)</b>	<b>Mean</b>
Diagnosed Disability - Percent of your centers clients?	12.40
Diagnosed Disability - Percent of your Student Body?	11.83

<b>Percent of students served (NA485-NA494)</b>	<b>Mean</b>
International Student - Percent of your centers clients?	5.79
International Student - Percent of your Student Body?	7.55
Student Athlete - Percent of your centers clients?	10.32
Student Athlete - Percent of your Student Body?	18.50
Greek Affiliated - Percent of your centers clients?	7.50
Greek Affiliated - Percent of your Student Body?	10.83

## Underserved Populations and Steps Taken

Do you consider this an underserved population? (NA425 - D451)		Count	Column N %
Black/African-American?	Yes	128	47.8
	No	140	52.2
American Indian/Native American	Yes	79	34.5
	No	150	65.5
Asian/Asian American	Yes	99	39.8
	No	150	60.2
Latino/Latina	Yes	106	44.2
	No	134	55.8
White	Yes	4	1.6
	No	246	98.4
Multiracial	Yes	53	29.9
	No	124	70.1
Other Race/Ethnicity	Yes	16	18.4
	No	71	81.6

Do you consider this an underserved population? (NA453 - D495)		Count	%
Male	Yes	134	51.3
	No	127	48.7
Female	Yes	5	1.9
	No	252	98.1
Transgender	Yes	59	42.4
	No	80	57.6
Gay	Yes	83	57.6
	No	61	42.4
Lesbian	Yes	73	55.3
	No	59	44.7
Bisexual	Yes	54	48.6
	No	57	51.4
Heterosexual	Yes	2	1.4

	No	142	98.6
Diagnosed Disability	Yes	27	23.9
	No	86	76.1
International Student	Yes	98	56.3
	No	76	43.7
Student Athlete	Yes	41	38.0
	No	67	62.0
Greek Affiliated	Yes	12	19.0
	No	51	81.0

<b>Black/African-American - Steps Taken (LA428)</b>
"Targeted" UCC Services brochures, collaborative multicultural outreach that includes working closely with relevant campus partners
A member of our senior staff serves as liaison to the cultural office serving Black/African American students. The liaison assists in training student staff and acts as the link to clinical services.
A new staff member to reach out to 70.9 this population
Annual program focused on Black/African-American mental health.
Attempt to get involved with EOF program.
Building relationships with African American staff members - done naturally and casually. Openly discussing during the intake and/or counseling sessions the reality that racial tension may exist for the client in seeing a therapist of a different color and mentioning that it will be so helpful to discuss this openly so it does not get in the way of the client's success, and mentioning the importance of the client educating the therapist on relevant issues of African American culture where about which the therapist may be ignorant. It is the director's belief that this open manner of discussing the potential for racial tension and cross-cultural naivete has helped to create a safe place to deal with such issues and has led to counseling center staff being considered white allies with regard help-seeking African American females in particular.
Close connection with the Black Student Union.
Collaborating with multi-cultural affairs to do preventative programming and education
Collaboration with the Office of Multi-cultural student Affairs
Connection with student groups
Continue to participate in as many African American Association campus events and do outreach presentations to increase visibility of our staff and services.
Counselor designated to collaborate with multicultural center.
Create a more welcoming environment in the Counseling Center
Developing a liaison with the campus programs that serve these students and offer outreach programs to student clubs.
Did hire an African American therapist, but otherwise not much at present. Too overwhelmed by the majority who request services.

Diversity team that has liaison with the campus Black Cultural Center; we do numerous and varied outreaches.
Establishing special programs in collaboration with the Black Cultural Center
Formal and informal partnering with the multicultural center
Getting involved on all 3 campuses with outreach and service awareness
Group aimed at African American Men and collaboration with African American student center on campus
groups. outreach
Health coaching at Intercultural Affairs Center and Athletic Department. More group facilitation, consultation, and groups for multicultural organizations and students of color.
Hired African American Counselor
Hired two people in the past year to specifically focus on outreach to students of color in addition to their clinical work.
Improve outreach through multi-cultural affairs office
In the last year we did focus groups and solicited feedback from this group (and others) about how to better serve this population.
In the process of developing relationships with student organizations for students of color.
Increased involvement with multicultural student affairs programming; speaking to groups; consultations with multicultural faculty/staff
Increased work with Multi-Cultural center, staff member advising Black Men Emerging
Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year
Informal meetings with center staff; outreach to staff who work with AA students re: referrals
Interact closely with Office of Multicultural Concerns and have a liaison to them
Involvement with intercultural center and culturally focused groups; consult with black sorority; attend culturally focused events
Let's talk
Let's Talk and liaison
Let's Talk program, reaching out to student organizations
Liaison to Student and Cultural Engagement. Recruitment of more diverse staff.
Meetings with Black cultural Center advisors, outreach program offerings
More collaboration with Multicultural Affairs and Black Student Union.
more visibility with multi-cultural center
Multicultural training
No specific steps at this time - general outreach to all students.
Not enough. We are trying to make the Counseling Center more welcoming to them
Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.
Outreach activities with the Multicultural Center; offered Men of Color groups in the past; special diversity projects each year
Outreach and co-programming with this group's student retention and outreach groups

Outreach and support to multicultural and African-American issues and committees, student groups, programs. Staff counselors have leadership in committee for faculty-staff of African descent, and their events e.g. Black History Month activities.

Outreach at orientation and to clubs.

outreach programs in conjunction with the inter-cultural center on campus

Outreach to primary minority recruitment program and participation in culturally identified events

Partner with multicultural student affairs, continue to provide groups and outreach sessions to AA students

peer education outreach

Peer mentor program for first year students of color.

Production of print materials promoting Counseling Services as a department that embraces diversity

Running a "Women of Color" group.

Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.

special enrichment programs, embedded counselor in the program with drop in hours, new summer program for high school students who may come to art school with counseling, art and academic enrichment

Special programming to African American students via our center's multicultural specialist

specialize student support network training

staff liaison relationships with Multicultural Student Center

Staff member as contact/liaison to Black Student Alliance

Strengthen our outreach to the units and organizations serving this population.

Student Life Dept. has developed a multi-cultural center and a director Of Multicultural Students which will help identify students in need of counseling services

Talk to HEOP, attend diversity meetings

Targeted outreach programming

The counseling center staff has developed a REACH Committee to offer outreach programming to traditionally under-represented students and to raise awareness of support services to those students who historically are reluctant to seek counseling.

This answer will apply to all of the groups. The center is involved with multicultural training of all student leaders during orientation and we are able to talk about the counseling center's focus on diversity and inclusivity. One assistant director advises a men's group that is primarily made up of African-American men and the same assistant director teaches a first year experience course on multicultural competency through which he talks about the counseling center. Our College is involved with the Posse Foundation, and many of the advisors invite us to come to their meetings to talk about the center.

We are doing outreach programming in the halls to address all underserved populations

We are engaged in a search and hope to hire an ethnic minority person.

We are offering a support group and doing some strategic marketing (open house)to this population. We are also creating liaison relationships with our Black/African American student organizations.

We do not keep statistics in this way: we look at "underrepresented minorities" (African Americans, Hispanics, Native Americans) as a group. We do not have access to data pertaining to house staff so just considering enrolled students, 13% of the student body may be considered underrepresented; 10% of our clientele may be described in this way. I am in discussions with the multicultural advisor regarding referrals.

We engage in relationship-based consultation efforts, whereby we routinely spend time with the African-American student community at the Black Cultural Center, developing relationships and indirectly providing service.
We have a liaison to our Black Student Cultural Center
While a higher percentage of our clients are African American than the campus percentage, this group is still in need of more solid connections to our services. We have taken steps through alliances with Academic Retention Services and the Black Culture Center to get our message out in a stronger way.
work closely with programs under the umbrella of Vice President for Institutional Diversity
work with office of multicultural affairs to broaden outreach
Working more closely with the Multicultural Center
working through RA's
working with multicultural office
working with OMA, designed group for women of color; hired counselor of color
Working with student groups and the ALANA center.
working with the African American student group and International student group to engage students.
Working with the Office of Diversity Education

**American Indian/Native-American - Steps Taken (LA432)**

We are creating liaison relationships with our AI/NA student organizations.
"Targeted" UCC Services brochures, collaborative multicultural outreach that includes working closely with relevant campus partners
A member of our senior staff serves as liaison to the cultural office serving Native American students.
A new staff member to reach out to special populations
Connections with Multicultural Student group. Continued outreach.
Continue to participate in as many Native American Association campus events and do outreach presentations to increase visibility of our staff and services.
Ditto
groups. outreach
Have a SAMHSA grant which will assist with increased outreach to NA students as well as specific brochure for NA students
Hired two people in the past year to specifically focus on outreach to students of color (one of whom is African-American) in addition to their clinical work.
Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year
Let's Talk and liaison
Liaison to American Indian Student Support Services Department; offer workshops
Meetings and consultation with American Indian Center staff and groups at their center
No aware of population on campus
none

None at present.
None at this time; due in part to our ongoing issues with wait lists.
One of our counselors serves on a committee in the Office of Diversity and Minority Affairs which provides services to the Native American students and works with them to put on a Native American Heritage Day festival every year.
One of our staff members is the liaison to our Native American academic and social groups and attends meetings regularly. We have a Native American therapist on staff as well (who is currently on leave). The percentage above reflects the 10/11 year. This year the number is 1.3
Outreach and co-programming with this group's student retention and outreach groups
outreach programs in conjunction with the inter-cultural center on campus
Outreach to center for diversity on campus, group for "bridging worlds", outreach to student groups
Peer mentor program.
Production of print materials promoting Counseling Services as a department that embraces diversity
same as above
Same as above
Same as for other students of color.
staff liaison relationships with Multicultural Student Center
Strengthen our outreach to the units and organizations serving this population.
Talks/discussion groups at American Indian Student Services facility.
Targeted outreach
This group is so small on our campus and is very hard to identify or reach. We continue to promote and demonstrate a solid multicultural stance and an openness to serve. We are consistently seeking applicants of diversity when we have staff openings.
Trying to work out a connection to this group. They are a recently increasing population on our campus
We are doing outreach programming in the halls to address all underserved populations
We are engaged in a search and hope to hire an ethnic minority person.
We are unaware if there are currently any Native Americans attending school year.
We engage in relationship-based consultation efforts, whereby we routinely spend time with this student community at the Native American Educational and Cultural Center, developing relationships and indirectly providing service.
We have a liaison to our Native American Cultural Center
Work with multicultural center and student support offices. Attend functions put on by those students
working with mutl-cultural office

**Asian/ Asian-American - Steps Taken (LA436)**

A member of our senior staff serves as liaison to the cultural office serving Asian/Pacific-American students.



Above, and trying to link with stakeholders in Business School and ISSO as well as CR and SL campuses
Asian International population underserved; recruiting for 1/2 time, Mandarin speaking clinician; Int'l student support group; collaboration with international student services and intercultural center
Collaboration with International Programs Office.
Collaboration with International Student Affairs.
Connections with key academic units
consult with International Student Services; presence at orientations; discussion with referral sources
Continue to participate in as many Asian American Association campus events and do outreach presentations to increase visibility of our staff and services.
Coordinating works w/ the director of Intern'l Programs.
get referrals from health service
groups. outreach
hired Asian American intern
Increased involvement with Department of Multicultural Student Affairs
Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year
Let's talk and liaison
Meeting with Pacific Asian Student organization, provide additional professional development training, hire staff member with expertise in Asian American issues
More collaboration with ESL program through consultation and outreach
New Asian staff member doing special outreach to international students
New staff member for special population
New staff psychologist is A/A, new half time psychiatrist is A/A
none
One staff counselor is assigned to International Student committee. We provide a session about Counseling Center services at International Student Orientation in Fall and Spring.
Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.
orientation program to international students.
Our Associate Dean is also a counselor and meets regularly with international students and often uses her counseling skills without engaging in actual therapy. It is our belief that this builds a bridge in case therapy is ever needed. Welcome clients from diverse backgrounds and discusses cross-cultural experiences in our bios.
Outreach
Outreach and co-programming with this group's student retention and outreach groups
Outreach efforts (meetings and consultation) with staff of Asian Student Services Center; creation of poster advertising services with culturally sensitive content
Outreach efforts at the English Language Institute and other social gatherings and presentations and, hopefully positive comments made by students who have received services.

Outreach in the dorms and the clubs
Outreach Liaison with Asian American Association Group
Outreach to student groups
Particularly international students- see the above remarks, as well particularly focused on reaching out to this group and have made multiple efforts to offer support groups and workshops that are more easily accessible to this population.
Production of print materials promoting Counseling Services as a department that embraces diversity
recruited and hired two Asian staff members
Researching what the best approach actually should be
Same
same as above
selected a pre doctoral student of asian decent and bilingual who is outreaching
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
specialized student support network training
staff liaison relationships with Multicultural Student Center
Strengthen our outreach to the units and organizations serving this population.
uncertain
Utilizing orientation and other presentation welcoming and focus on seeing the CC as "normal." <sup>10</sup>
We are creating liaison relationships with our Asian/Asian American student organizations.
We are doing outreach programming in the halls to address all underserved populations
We are engaged in a search and hope to hire an ethnic minority person.
We have a FTE multicultural specialist whose role is to work specifically to increase access to tx for Asian students
We have lost traction with this group.
We hired an Asian-American pre-doc intern.
working through International student services
Working with Korean Student Advisor
working with multicultural office
workshops with our international students

**Latino/Latina - Steps Taken (LA440)**

A member of our senior staff serves as liaison to the cultural office serving Latino/Latina students.
Affiliation with university CAMP program
Conduct counseling and outreach in Spanish.
continued work with Multi-Cultural Center
connections with related student organizations, marketing, liaisons with connected staff/faculty

consult with International Student Services; presence at orientations; discussion with referral sources
Consultation with El Centro de la Raza director and staff. Planning is underway to develop an outreach/liaison function to this community. Trying to identify early intervention strategies for freshmen/women.
Continue to participate in as many Latin American Association campus events and do outreach presentations to increase visibility of our staff and services.
Create a more welcoming environment in the Counseling Center
Ditto, plus involvement with Centro Victoria and MEChA
groups. outreach
Hired two people in the past year to specifically focus on outreach to students of color (one of whom is as Spanish-speaking Latina) in addition to their clinical work.
Increased involvement with Department of Multicultural Student Affairs
Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year
Let's talk and liaison
Let's talk site a Latino studies program
Liaison to Student and Cultural Engagement. Create bi-lingual website. Outreach to student groups.
Meetings with the staff of the Latino/a Center and offerings of outreach program. Providing a test anxiety group to students of that center
More programming, publicity, speaking to Latina groups
new staff member for special populations
Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.
Our Associate Dean is also a counselor and meets regularly with international students and often uses her counseling skills without engaging in actual therapy. It is our belief that this builds a bridge in case therapy is ever needed. Welcome clients from diverse backgrounds and discusses cross-cultural experiences in our bios.
Our number are the best we have ever had in this group.
Our percentages are close to those of our University population, but this group also needs a closer connection to us and our services. We maintain a working relationship with our Social Justice colleagues in Student Affairs and our Multicultural Office. We also seek diversity when we are recruiting for positions in our Center.
Outreach and co-programming with this group's student retention and outreach groups
Outreach Liaison with Hispanic Association
Outreach to encourage help-seeking behaviors. Normalizing therapy within Hispanic culture.
Outreach to Hispanic and Mexican American students, hired staff member with expertise in working with Mex/Amer/Hispanic/Latino/a students and is bilingual
Outreach to Hispanic student organizations; offering a Latino(a) identity group/workshop series, Hispanic student workers, hire Hispanic clinical staff
outreach to multicultural sororities and fraternities
Outreach with Multicultural Center; participation with the Latino/a Student Organization

Outreach to Latino Groups, sorority, Latino focused group offered
Peer mentor program.
Production of print materials promoting Counseling Services as a department that embraces diversity
Providing targeted outreach in the Center for Student diversity, providing services in Spanish as needed, not enough
Reach out to our Latin American Group on campus.
Recent inquiry on UCCCD List Serve regarding steps other centers have taken.
Same
same as above
see above
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
staff liaison relationships with Multicultural Student Center
Strengthen our outreach to the units and organizations serving this population.
Talk to HEOP, attend diversity meetings
The counseling center staff has developed a REACH Committee to offer outreach programming to traditionally under-represented students and to raise awareness of support services to those students who historically are reluctant to seek counseling.
The staff has engaged Latino students through out-of-center activities like our, Meet and Greet, speaking w/ specific sport teams they are highly represented on.
These numbers and percentages have been increasing since hiring an Hispanic social worker about 5 years ago. As part of SAMHSA grant we plan to offer QPR in surrounding community with a Spanish Speaking QPR trainer from our staff.
Uncertain
We are also creating liaison relationships with our Latino/Latina student organizations.
We are doing outreach programming in the halls to address all underserved populations
We are engaged in a search and hope to hire an ethnic minority person.
We are working at getting translations of some of our materials on our website into Spanish to at least get some of our information more user friendly to these students. We do not have any spanish-speaking clinical staff.
We do our best to have a bilingual therapist on staff, but do not have this at present. We try to attend Latino events and, after looking at these numbers, I plan to assign a staff member to be a liaison to the Latino student group.
We engage in relationship-based consultation efforts, whereby we routinely spend time with the Latino/Latina student community at the Latino Cultural Center, developing relationships and indirectly providing service.
We have a liaison in the Multicultural Student Affairs office which serves this office.
We need to do more.
Work with Multicultural Student Affairs
working with multicultural offices

Working with multi-cultural affairs to collaborate on educational and outreach programs.  
 working with office of multicultural student success to increase outreach to first year students of color

**White - Steps Taken (LA444)**

See above, trying to get admin clearance to hire a female counselor/psychologist since this is South TX and most of our White students are females and not too keen uniformly on working w/ a one handed Chicano psychologist who is (gasp) a Democrat too.  
 white males have lowest retention rate--special training for working with men; white identity dev. workshops;

**Multiracial - Steps Taken (LA448)**

Continued outreach.  
 Do not know the percent of Biracial students at university  
 Health coaching at Intercultural Affairs Center and Athletic Department. More group facilitation, consultation, and groups for multicultural organizations and students of color.  
 Outreach  
 Outreach and collaboration with student groups  
 outreach and support of cultural and ethnic diversity events, programs  
 outreach programs in conjunction with the intercultural center on campus  
 same  
 same as above  
 See above  
 see above Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year  
 Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.  
 staff liaison relationships with Multicultural Student Center  
 Strengthen our outreach to the units and organizations serving this population.  
 Unknown  
 We are creating liaison relationships with our Multiracial student organizations and considering satellite offices across campus.  
 We are doing outreach programming in the halls to address all underserved populations  
 We are engaged in a search and hope to hire an ethnic minority person.  
 We do not collect 'multiracial' for clients  
 We do not have statistics on multiracial percent of our student body.  
 working with all on campus offices

**Other Race/Ethnicity - Steps Taken (LA452)**

Arab / Middle Eastern students.

consult with International Student Services; presence at orientations; discussion with referral sources

middle eastern -word of mouth very effective

same as above

see above Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year

Special interest group social activities and workshops offered throughout the year. Also a special support group offered when enough students are available.

We do not have statistics on "Other" percent of our student body.

We haven't. It's hard to know how to reach out to "other" as they are a very diverse group and may overlap with other racial groups.

**Males - Steps Taken (LA456)**

Attempting to hire more male staff.

Attempting to secure funding to hire more counselors.

Attempting to utilize peer health educators to promote services offered

Better liaison relationship with Athletics Department and student groups where high percentage of participants are male.

Building referral networks with fraternities, athletics.

connections with related student organizations, marketing, liaisons with connected staff/faculty

Continued outreach. Specific steps with athletics.

dedicated men's group

Develop and distribute brochures covering "Mental Health Concerns for Men."

Educating faculty and staff about differences between the signs of males and females with depression.

Educating the campus community to increase referrals and msle student's awareness

General de-stigmatization of mental health services

Have been working on this group for several years. This is the best we have ever had.

Have tried to form a men's group for a few years but have failed so far to populate it.

Hired additional male staff member

Hired male intern; searching for (preferably) male clinician to fill new position

improve relationship with coaches

Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year

Let's talk

Liaison with Athletics and Engineering

Lots of outreach to athletics and Greeks

male trainee recruitment; specialized training for staff; reach out to athletics, ROTC, fraternities
males are already over privileged we don't need to take steps to reach out to them
men's group
Men's group
men's group / parenting workshops, other outreach
men's groups, tailored marketing
Men's Therapy Group
More focus on workshop activities for this population.
More programs for male students, reaching out to individual students because we are a small campus.
No specific plans at this time
No steps taken at this time except attempts to work with our extensive athletic program.
None as of yet.
None at this time.
Nothing at this time due to our on going issue of wait list.
Nothing at this time.
Now that I see the different % between student body and client numbers, I realize this may be an under-served population. I'm not sure what steps we'll take.
Offer an men's group, strengthened our partnership with Athletics (e.g. all student athletes were required to attend the suicide prevention speaker), targeted outreach to male-dominated academic programs
Offer relevant therapy/outreach and be as welcoming as possible.
Outreach
Outreach activities to fraternities, male sports teams,
Outreach and co-programming through Athletics, the Residence Halls, and the Fraternities. Targeted outreach for schools/divisions with disproportionately high numbers of male students (e.g., Engineering).
Outreach focused, business school outreach, Hiring more men - staff Trainees
Outreach initiatives.
outreach to athletics, developing a group intervention this year
outreach to male athletic coaches; workshops for male athletes
Outreach, marketing and collaboration with student groups
Plan to offer a men's group, review applications for male trainees (staff are female).
Programming that targets male population. We have a Men's therapy group and a GBITQQAA Men's Discussion Group
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
speaker for Mental Health Awareness Week was male Iraq war vet we hand out mini-footballs with center logo to mostly male groups we offer a workshop for students who have a problem with severe procrastination we have our brochures displayed prominently outside of fitness centers we have sports magazines in reception area

Special efforts to present counseling in a variety of formats and messages, including ways that will not lead to stigma for males.
Special training for staff, recruiting male staff members, offer men's group.
Starting a men's group and a counselor from the counseling center is working with our Gender and Sexuality Resource Center to develop a men against violence program
Strategically recruited male interns for 2011-2012 who had special interest and experience in men's issues for the following year.
targeted outreach activities
Targeted Outreach to general student body, targeted outreach to fraternities and first year students, themed housing.
The counseling center staff has developed a REACH Committee to offer outreach programming to traditionally under-represented students and to raise awareness of support services to those students who historically are reluctant to seek counseling.
This is an issue worth considering at AUCCCD and other orgs --- men continue to be underserved or unwilling to seek the tx they need
trainings for counselors on how to engage men in therapy
Trying to advertise and offer more male focused treatment
Trying to offer more male focused outreach programs
Utilize another customer friendly location on campus. Utilize male peer educators to reduce the stigma of counseling for men
Various programs targeted toward men our campus.
We are a women's college.
We are doing outreach and education
We are doing outreach programming in the halls to address all underserved populations
We have 3 male therapists on staff. We try to have a diversity of groups and workshops that will appeal to/apply to men.
We have created a shared position with Prevention and Wellness to focus on outreach and counseling to male and LGBT students.
We have tried to reach out to male students via a men's group which has been marginally successful. We are currently looking at other ways to connect with male students on campus, such as presentations to fraternities, and partnering with Athletics regarding alcohol and substance abuse education, as well as generally promoting services to the campus at large and increasing Center visibility.
We hired two male professional staff to better reach men.
We now have a male clinical psychologist and male post-doc in the center (half the clinicians)
We're not really doing anything to reach men as a group.
Work with athletics, especially men's basketball and football teams
working with male sport team



Would like to hire a male clinician, at least part-time. This was attempted, unsuccessfully, in the previous search for a new hire.

### Females - Steps Taken (LA460)

Because our resources are so limited, in one sense I believe all subgroups are underserved. Our staff ratio is 1 male and 2.5 females.

groups. outreach

out reach

Power is a big issue for women in South Texas, our forced rape and domestic/dating violence stats in Victoria County almost double national rates. Those are the reported ones, and not even what is not reported...

We are a women's college

### Transgender - Steps Taken (LA464)

.1% of clients identified as Trans last year, but 2.7% of students had no response to the gender question and I would hypothesize that many of these folks were questioning their gender identity. We actually see a fair number of students who are in transition or questioning their gender identity. The % identifying as trans this year is .7%. The university does not track this number.

Anecdotally, it is an underserved population; there were no stats last year to prove it. Still, we hired a counselor to program towards and work with glbtq students.

At this time we are not taking time to reach out to this group. Due to the climate (catholic institution) I think this would have to be carefully done.

don't know

Don't have the data on transgendered student population.

Gathering data on what we can do. Right now, feminine looking/acting gay males are being stalked and assaulted at differential rates, so we are trying to affirm our supportiveness. This is much more complex socially here, very taboo. Still.

Good connection with GLBT group. Did outreach to GLBT.

groups. outreach

Have an ongoing group "Inside Out" which is facilitated by lesbian-identified staff counselor who also works on Safe Zone and Pride Alliance, and raises awareness on campus. Our SAMHSA grant is focusing on GLBT as a high risk group.

I work with the campus Gender and Sexuality Resource Center to develop and present a safe Space work shop to train faculty staff and students to be allies to Trans students. I attend our GSA events.

Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year

It is actually less than one, but I don't think the program can accept decimals. We worked with one person last year, and as far as I know from surveys, we only have one person on campus who identifies as transgendered. It is very hard to get an accurate count, especially since so many students are in the process of defining themselves along the continuum of sexuality.

Let's Talk, outreach to the LBGTQ Center

Most counselors have taken Safe Zone training this summer, one more to take it in the fall. Active outreach to LGBT student group on campus.

No university data, but we have started asking this question on our intake data to get a better sense of our clientele.

Offer Pride group for LGBT students Network with Queer Center on campus Focus some of our suicide prevention efforts on this population Director of CC served on gender-inclusive housing task force

Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.

outreach and advocacy for Gay/Straight Alliance, GLBT Initiatives groups on campus

Outreach to GLBTQ student organization to build relationships with students and help develop a "safe" reputation.

outreach to LGBTQ

Provide gender variance services and developed group for this next year.

Providing group for LGBTQ spectrum students; providing culturally sensitise service in individual therapy

Public information campaigns, other outreach

Safe zone advertising Non-gender unisex bathrooms Task force representation for LGBTQ concerns

see below

Specialized training for staff

specialized training; intro. topic to the campus; form support services

Support group. let's talk, liaison

Support Trans Events

The Counseling Center provides a Rainbow Walk-in Service for students who identify as LGBTQ, in which students can consult with a counselor who is lesbian/gay or speak with a member of the counseling staff who is a gay ally without an appointment between the hours of 3 to 4 p.m. daily. The Center has sponsored continuing education sessions on transgender students to the staff, strengthened our liaison relationship with the Office of LGBT Equity, and attended functions/forums sponsored by transgendered students.

Unknown population.

We are doing outreach programming in the halls to address all underserved populations

We engage in relationship-based consultation efforts, whereby we routinely spend time with the GLBTQ student community at the Queer Resource Center, developing relationships and indirectly providing service.

we have a GLBT support group

We have a well-attended transgender therapy group

We have close working relationships with LGBT Center (it's part of our department).

We have offered groups for transgender students; Safe-Zone trainings; co-sponsor an annual conference with the Office of Institutional Diversity that deals with Advocacy and GLBTQ issues. Transgender presenters and students have participated each year.

Work with GLBTQ Center

Work with LGBTQ center

working to build relationship with LGBTQA student services office

Working with student organizations.

Working with University to form SAFE Zones

### Gay - Steps Taken (LA468)

Advocacy for GLBT students in campus policy and practice discussions.

As we are able to hire staff, recruit staff to serve this population

Because of our Catholic status, we suspect that students may be reluctant to identify as "gay" on our paperwork. At the same time, the non-heterosexual populations are probably underserved by us and by the campus. We are participating in "safe zone" training on campus to help sensitize the campus and make the environment more sensitive and supportive.

Center participates in SafeSpace training, has liaison to GSA committee.

Completing Safe Zone program

Counseling staff involvement on University Diversity Action Committee. Recent hiring of staff member with an interest in LGBTQ issues. Increased contact with LGBT group on campus.

Developed Safe Zone Program

Did outreach to GLBT.

don't know

GBITQQAA Men's Discussion Group

GLBTQII support group, outreach programs, gay pride events, Nat'l coming out day observance, hire GLBTQQ identified trainees

groups. outreach

Hard to say. We have a LGBT discussion group and the students that come to this group are not tracked in our statistics.

Hired a counselor to program towards and work with glbtq students (same as above)

I work with the Diversity and Equality group, a student run group, to provide opportunities for social outings and education and support for GBLTQ students

LGBTQ support group Faculty and staff training

Liaison LGBT Center

Liaison with the campus gender and sexuality resource center and student gay-straight alliance

Maintain close LGBTQ office ties.

Offer Pride group for LGBT students Network with Queer Center on campus Focus some of our suicide prevention efforts on LGBT population
Offering an LGBTQ group this year. Presentations to the GLBTQ organization on campus. CC staff providing Safe Zone training.
Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.
outreach
outreach and advocacy for Gay/Straight Alliance, GLBT Initiatives groups on campus
Outreach to GLBTQ staff, faculty, student organizations to build trust, programs, etc.
outreach to LGBTQ
outreach, targeted intervention and collaboration with student groups
partnering with lgbt office on educational events
Production of print materials promoting Counseling Services as a department that embraces diversity
Providing group for LGBTQ spectrum students; providing culturally sensitise service in individual therapy
Public information campaigns, other outreach
Running GLBTQQ! group.
same as above
same as question above
See above for transgender.
see above Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year
see below
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
Started a GLBT support group that meets weekly.
support group and safe zones programming, out staff
Support group. let's talk, liaison
The Counseling Center provides a Rainbow Walk-in Hour Service for students who identify as LGBTQ, in which students can consult with a gay/lesbian counselor or a member of the staff who is a gay ally without an appointment between the hours of 3 to 4 p.m. daily. Have an ongoing relationship with the Office of LGBT Equity; attend campus forums sponsored by gay students, and provide continuing education sessions for staff.
The Inside Out group offered at The Counseling Center; numerous outreaches and attendance at GLBT student committees/groups, outreach local Pride Alliance and off-campus services for Gay and Lesbian Youth to strengthen networks. New SAMHSA grant focuses on GLBT as a high risk group

There is no statistics on the percentage of gay students in our student body. Despite this, we take efforts to increase utilization by our gay students by serving as an advisor on the only organization on campus which is focused on LGBTQ professional student issues and ensuring that resources for LGBTQ are on our Student Counseling Services website as well as making sure in all presentation we use non-exclusionary language when discussing our services to couples.

There is some reticence but we see many glbtq students ... of which many simply identify as sexual.

Unknown population.

We are doing outreach programming in the halls to address all underserved populations

We engage in relationship-based consultation efforts, whereby we routinely spend time with the GLBTQ student community at the Queer Resource Center, developing relationships and indirectly providing service.

We had 2 gay staff members last year and over the years have been actively reaching out to the Gay Students Organization.

we have a GLBT support group

We have been reaching out to our GLBT group and working with them on a poster campaign about being supportive of friends who may be in the process of identifying themselves at members of the GLBTQ community.

We have successful GLB group

We partner with the LBGTQ Center on outreach, support and clinical issues

Work with campus Alliance groups and campus Diversity Concerns Committee

Work with GLBT Center

Working with our GLBT program to increase awareness and programming

Working with support group on campus and individual outreach

Working with University to form SAFE Zones

### Lesbian - Steps Taken (LA472)

As we are able to hire staff, recruit staff to serve this population

co-sponsoring LBTQ group (for women)

Completing Safe Zone program

Developed Safe Zone Program

Did outreach to GLBT group.

don't know

groups. outreach

Hired a counselor to program towards and work with glbtq students

Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year

LGBTQ support group Faculty and staff training

Liaison LGBT Center

Liaison with the campus gender and sexuality resource center and student gay-straight alliance

Offer Pride group for LGBT students Network with Queer Center on campus Focus some of our suicide prevention efforts on LGBT population
Offer relevant therapy/outreach and be as welcoming as possible.
Offering an LGBTQ group this year. Presentations to the GLBTQ organization on campus. CC staff providing Safe Zone training.
Offering LGBTQ group experiences; engaging in/sponsoring sexual orientation, gender orientation education programs
Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.
outreach
outreach and advocacy for Gay/Straight Alliance, GLBT Initiatives groups on campus
outreach to LGBTQ
Production of print materials promoting Counseling Services as a department that embraces diversity
Providing group for LGBTQ spectrum students; providing culturally sensitive service in individual therapy
Public information campaigns, other outreach
Running GLBTQQI group
Same
same as above
Same as above
Same as above.
Same as above. Our campus is not gay-friendly as a whole. Working on that by supporting alliances and stating that we are a safe zone.
same as question above
see above
see below
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
Started a GLBT support group that meets weekly.
support group and safe zones programming, out staff
Support group. let's talk, liaison
There is some reticence but we see many glbtqi students ... of which many simply identify as sexual.
This is even more isolated, with no identifiers here, though we know there are students with this as a primary orientation
Unknown population.
We are doing outreach programming in the halls to address all underserved populations
We engage in relationship-based consultation efforts, whereby we routinely spend time with the GLBTQ student community at the Queer Resource Center, developing relationships and indirectly providing service.

We had 2 gay staff members last year and over the years have been actively reaching out to the Gay Students Organization.

we have a GLBT support group

We have active individual and group therapy with GLB community

We maintain very close working relationships with our LGBTQ Center

We partner with the LBGTQ Center on outreach, support and clinical issues

Work with campus Alliance groups and campus Diversity Concerns Committee

Work with GLBTQ Center

Working with University to form SAFE Zones

**Bisexual - Steps Taken (LA42876)**

Completing Safe Zone program

Continue to be available to talk to groups on campus regarding sexual identity, bullying, & being true to yourself.

don't know

groups. outreach

Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year

involvement with gender and sexuality center to increase awareness; focus in training

LGBTQ support group Faculty and staff training

Liaison with the campus gender and sexuality resource center and student gay-straight alliance

Many of our students identify as bisexual

Offer Pride group for LGBT students Network with Queer Center on campus Focus some of our suicide prevention efforts on LGBT population

Offering an LGBTQ group this year. Presentations to the GLBTQ organization on campus. CC staff providing Safe Zone training.

Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.

outreach and advocacy for Gay/Straight Alliance, GLBT Initiatives groups on campus

Providing group for LGBTQ spectrum students; providing culturally sensitive service in individual therapy

Public information campaigns, other outreach

Running GLBTQQI group

Same

same as above

same as above with outreach, and offering groups, and SAMHSA grant

Same as above.

same as question above

see above

See whole three areas above here prn.
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
started a GLBT weekly support group.
support group and safe zones programming, out staff
Support group. let's talk, liaison
support of GLBT programming, support groups, new initiatives committee member, allied training
There is some reticence but we see many glbtq students ... of which many simply identify as sexual.
Unknown population.
We are doing outreach programming in the halls to address all underserved populations
We engage in relationship-based consultation efforts, whereby we routinely spend time with the GLBTQ student community at the Queer Resource Center, developing relationships and indirectly providing service.
We had 2 gay staff members last year and over the years have been actively reaching out to the Gay Students Organization.
we have a GLBT support group
We have good participation of GLB students in individual and group therapy
We partner with the LBGTQ Center on outreach, support and clinical issues
Work with GLBTQ Center
Working with University to form SAFE Zones

**Heterosexual - Steps Taken (LA480)**

don't know
marketing and publicizing our services
Not in isolation of other psychosocial identity components....
We don't ask students about sexual orientation, but Ithaca College has a national reputation for being LGBT friendly. Most of our client demographics match the student population, except for gender (where F outnumbered M in requesting appointments).

**Diagnosed Disability - Steps Taken (LA484)**

attendance on diversity committee, consultation with disabilities director,
don't know
Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year
It is a difficult number to speculate when the students do not come to service or do not identify on pre admit forms
No data
outreach to Disability Resource Center



Production of print materials promoting Counseling Services as a department that embraces diversity
Public information campaigns, other outreach
staff liaison relationships with Disability Services office, serve on ADA Compliance Committee
Strong relationship with Disability Center
Students self identify so this isn't a question asked in our demographics
We are doing outreach programming in the halls and with the Academic Support Center to address all underserved populations
We collaborate closely with the Disability Services office.
We provide counseling and disability services out of the Counseling Center/ Disability services office.
We work closely with the disabilities services office.
working more closely with disability services
working to build more rapport with a newly enhanced office of students with disabilities
Working with Disabilities office, and several faculty to set up a weekly workshop for students with attention and learning problems. Will be co-facilitated as a structured group--

**International Students - Steps Taken (LA488)**

staff member is assigned to international students group/Committee and we offer special session at their Orientation
"Targeted" UCC Services brochures, collaborative multicultural outreach that includes working closely with relevant campus partners
Attempt to have informational/support groups for adjustment; work with international division staff to develop programs for orientation; print materials for distribution in welcome packets, offer class room presentations
Became part of the International Student orientation, provides brochures, as well as workshops on acculturation, navigating the US educational system, etc.
Building referral networks with international student advisors, minority organizations.
Collaborate with Academic Support Services and set up referrals when necessary.
Collaboration with International Student Affairs.
Collaboration. with International Programs Office
conduct orientation sessions for international students.
consult with International Student Services; presence at orientations; discussion with referral sources
Continued work and collaboration with the Office of OISS
Do outreach to international students.
Greater participation in international student orientation
Have extensive collaboration with International Office to increase awareness
Increased contact with Office of International Education
Increased outreach efforts and consultation with International student programs. Hosted Friday afternoon tea at least once per semester for international students.

Increasing outreach through presentations and introductions to minority group organizations. Will be attempting to hire staff from minority population this year
International student support group participate in international student orientation
Let's talk and liaison
liaison to international office. outreach to students
More involved with International Programs and attending more international program on campus
Multicultural and international outreach efforts
Nothing in particular.
Offering a weekly international student coffee hour with the international programs office. A member of the Counseling Services staff attends this outreach activity to build relationships with international students.
offering support group for Int students
Offering workshop the following year on introducing our services and addressing challenges of acculturation during new International Student Orientation
offering workshops on cultural adjustment, lunch hour meet and greet with staff,
One of our counselors serves as liaison to international students and staff serving them
Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.
Orientation sessions with international student's office
Our Associate Dean is also a counselor and meets regularly with international students and often uses her counseling skills without engaging in actual therapy. It is our belief that this builds a bridge in case therapy is ever needed. Welcome clients from diverse backgrounds and discuss cross-cultural experiences in our bios.
outreach
Outreach efforts at the English Language Institute and other social gatherings and presentations and, hopefully positive comments made by students who have received services.
Outreach Liaison with International Office Group
outreach to culture clubs
outreach to international services
Potentially creating a satellite office in Office of International Education and increasing cultural competency of our counselors through professional development opportunities.
Presentations, group
Provide outreach to International Student House; increased communication with Office of Global Studies
Public information campaigns, other outreach; participate in international student orientation, other specialized programming
same as above
Satellite and Outreach to Office
see above
See comment above for Asian Americans.

See presence increases on all 3 campuses, links with Business, Nursing, and COE, and CAS, but also focusing on undocumented/under documented int'l students. Which is opening up far bigger than F-1 visa, J-1, etc...?
seeking staff w/ int'l background/skills
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
Serve as a liaison with International Education Services, provide presentations during orientation, outreach sessions for international students, offer an international support group, offer English Conversation groups.
Specialized student support network training
Staff is trying ti reach out
staff liaison relationships with International Student Center
Strong relationship with international Office
We are doing outreach programming in the halls to address all underserved populations
We have a senior staff liaison to our International office. We are working to better explain the difference between student fees that support counseling and health insurance that is not required for our services.
We have built a relationship with the coordinator for international students.
we have positive working relationship with international student services office.
We just recently started seeing students that are part of the IELI program (for international students).
We speak at International Student Orientation and have a good working relationship with International Affairs.
We work with our Gender and Diversity Center's programming
We've notice a significant increase in the number of Chinese student attending this university as well as accessing Counseling Center services. It's starting to be an issue.
Work with international services
Working more closely with the International Education staff.
Working w/ the director of International Programs.
Working with International Education office to set up a workshop each semester to introduce the American concept of counseling, clear up misperceptions, and understand their expectations and their perceptions.
Working with the international advisor to inform her small group of international students of our services. Will present at international orientation.

**Student Athletes - Steps Taken (LA492)**

Athletic department contracts with an outside firm of psychologists for sports psychology and mental health interventions for athletes
Athletic department has their own counseling program
Building referral networks with coaches.
Continue to work with the AD to utilize the center as a helpful resource.
display brochures prominently outside and within fitness center meet with coaches to orient to service each year

don't have student athletic teams/organizations
Good relationships with athletic director and coaches; referral system in place; psychoeducation events for athletes on mental health topics
Health coaching offered at Athletic Department and more consultations and interventions with coaches and teams.
Hiring a psychologist with sports psychology expertise.
Increased consulting roles with athletic trainers and coaches.
Increased contact with coaches and teams
none, usually referred by the coaches
Offer relevant therapy/outreach and be as welcoming as possible.
Ongoing liaison relationships with student organizations and professional offices/resources with this population as a primary target group.
orientation meetings for athletes, consultation with trainers, athletic staff attending sporting events, outreach and consultation with coaches and athletic department
Outreach to Athletic Dept., including intervening with drug/alcohol violators and QPR training
Outreach to athletics
Participation on "Personal Best" committee through Athletics.
Recent partnership forged with Athletics department around alcohol and substance abuse education and intervention. Counseling staff will be key in administering program using MyPlaybook. We are hopeful that this partnership will grow and help to facilitate an increase in the number of athletes served by the Center.
same as above
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
significant outreach to athletics, esp. men
Starting specialized sports psychology team to serve athletes
The Department of Athletics has many of its own programs for student development, including a special relationship with a local psychologist.
We are doing outreach programming in the halls to address all underserved populations
We are working closely with Athletic Department to ensure close collaboration around student-athletes. We also sit on a committee on health and wellness within the Athletic Department.
We have done outreach to athletics and coaches, though this remains tough to "break through".
We have made special efforts to support Athletic programs when student deaths have occurred. This is a very hard area to impact since Athletics has its own psychologists and tends to use alternate services.
Work with Coach and Student affairs to reduce stigma of counseling
Working w/ head coaches and AD when asked, and asking to do more.
Working with coaches and athletic department to offer MH information training.
Workshop series designed for student athletes

<b>Greek Affiliated - Steps Taken (LA496)</b>
Building referral networks with Greek advisors and leaders.
Data is not taken on Greek affiliation.
don't have Greek life on campus
don't know
Peer Health education workshops designed to get greek's involved with student health and safety issues
same as above
Selective outreach and developmental programming; active relationships/liaisons with campus life centers and student organizations.
we don't have Greek life at our campus.
We offer presentations to the Greek community, meet regularly with the dean in charge of greek life, and the director served on a trustee committee devoted to reviewing Greek life.
We participate in two programming series within Student Affairs, Greek Growth Series and Academic Skills Series and market toward this group, as well as other groups (athletes, etc.).
work with Greek life coordinator to develop programming

## Triage Systems, DSM Diagnosis, and High-risk Transports

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Triage systems (MR515)		Count
A telephone triage system	Yes	52
A computerized assessment/intake system	Yes	65
A specialized team of triage/intake counselors	Yes	38
All counselors conduct full intake assessments	Yes	234
No Pre-assessment (Direct assignment of client to ongoing therapist for therapy)	Yes	94

Does your center generate a DSM-IVTR diagnosis (MR516)		
	Count	%
Yes, on most clients	181	48.14%
Yes, on about half of clients	18	4.79%
Yes, but on less than half of clients	46	12.23%
Never, or very rarely (an exception might be for trainees)	131	34.84%

Transportation methods (MR517)		Count	%
Campus police	Yes	237	56.8%
Psychiatric staff	Yes	1	.2%
Counseling Center staff	Yes	39	9.4%
Other campus administrative personnel (e.g., Resident Hall Director)	Yes	56	13.4%
Family members	Yes	123	29.5%
Friends (roommate, classmate, etc.)	Yes	126	30.2%
Local EMS	Yes	197	47.2%

<b>Experience of Severity (D518 to D521)</b>			
	Yes	No	Yes, but only for initial assessment from specific sources, and not on-going counseling.
Based on your experience has there been an increase in the past year in the number of students coming for counseling that are already taking psychiatric medications?	311	104	
Does your Counseling Center accept referrals for mandatory counseling?	102	60	225
Do you believe that the number of students with severe psychological problems on your campus has increased in the past year?	261	108	
Is the number of students with significant psychological problems a growing concern in your center or on campus?	346	28	

<b>Managing high risk students(D523-D529)</b>		<b>Count</b>	<b>%</b>
When you hospitalize a student for psychological reasons, do you believe it is legally permissible to notify: a. The schools Chief Student Affairs Officer (or other appropriate administrator)	Yes	104	24.9%
	No	266	63.8%
When you hospitalize a student for psychological reasons, do you believe it is legally permissible to notify parents or other significant relative(s) without client consent?	Yes	138	33.1%
	No	233	55.9%
Who notifies parents	We do the notification no matter what the hospital does	39	9.4%
	Only the hospital or clinic does the notification	21	5.0%
	Chief Student Affairs Officer or related office	33	7.9%
	Dean of Students (If not Chief Student Affairs Officer)	54	12.9%
	Residence Life	9	2.2%
	Other (Specify Below)	19	4.6%
Who else notifies parents	Case by Case, sometimes parents are not contacted	1	.2%
	Case Manager	1	.2%
	Dean on Duty or Res Life Staff or Counseling Center staff. whoever is responsible for transporting	1	.2%
	Depends on the circumstances, we prefer that another professional do this, but in some cases we do it.	1	.2%
	depends on the situation and the age of the student	1	.2%
	Depends who is providing service to the student during the crisis.	1	.2%
	Could be counseling. Could be residence life.		

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





## Guidelines and Policies

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

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

## Records (Including Electronic) and Outcome Assessment

Services that exist on your campus (MR538)		Count	%
On-site counseling center adequately staffed and trained.	Yes	327	82%
Targeted education programs for faculty, coaches, clergy, and student/resident advisors	Yes	317	79%
On-site medical services	Yes	309	77%
Off-campus referral network	Yes	307	77%
Medical leave policies	Yes	306	77%
University/Divisional Student Concern Committee	Yes	305	76%
Stress reduction programs	Yes	274	69%
Emergency services	Yes	270	68%
Educational programs and materials for parents and families	Yes	266	67%
Broad based, campus wide, public education	Yes	258	65%
On-line screenings	Yes	246	62%
Mental Health Screening Days	Yes	236	59%
Ulifeline	Yes	165	41%
Non-clinical student support network	Yes	158	40%
Post-vention programs	Yes	150	38%

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

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

N	230
Mean	66.88
Median	70.00

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

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

<b>Use of electronic records (MR544-MR545)</b>		Count	%
Do you use electronic records and scheduling?	Yes, for scheduling only	57	13.7%
	Yes, for scheduling and recordkeeping	279	66.9%
	No	62	14.9%
If you use Electronic records and scheduling which do you use?	Titanium Schedule	232	55.6%
	Point and Click	31	7.4%
	PyraMED	2	.5%
	Medicat	15	3.6%
	Clockworks	0	.0%
	Outlook	16	3.8%
	Therascibe	1	.2%
	A custom application designed for our center	13	3.1%
Other (Specify Below)	25	6.0%	

<b>Online services offered (MR546)</b>	Count	%
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Mental health screenings	Yes	248	59.5%
Self-help pamphlets to be downloaded	Yes	261	62.6%
Electronic support groups	Yes	6	1.4%
On-line counseling	Yes	2	.5%
Chat rooms around specific themes for students	Yes	2	.5%
Other	Yes	23	5.5%

<b>Counseling Center webpage? (MR547)</b>		Count	%	
Do you have a Counseling Center Home Page?		Yes	383	91.8%
		No	15	3.6%

<b>If yes, how many homepage hits did you have last year? (MR548)</b>		Mean
School Size	Under 1,500	1500
	1,501 - 2,500	1088
	2,501 - 5,000	2714
	5,001 - 7,500	4456
	7,501 - 10,000	8679
	10,001 - 15,000	15006
	15,001 - 20,000	533893
	20,001 - 25,000	24466
	25,001 - 30,000	14642
	30,001 - 35,000	34328
	35,001 and over	2066795

<b>How will you use survey information (MR549)</b>		Count	%
For my own information	Yes	369	88.5%
Distribute to staff	Yes	220	52.8%
Share data at a staff meeting	Yes	297	71.2%
Share with others on campus	Yes	241	57.8%
Share data with my boss	Yes	351	84.2%
Quote data in professional writing	Yes	85	20.4%
Quote data for in-house or institutional reports	Yes	241	57.8%
Use directory to contact other directors	Yes	108	25.9%
Use data to support a request for new resources	Yes	235	56.4%

Follow-up with another director who shared information in the survey	Yes	48	11.5%
Generate a new program which was stimulated by ideas shared in the survey	Yes	121	29.0%
Other (Specify Below)	Yes	3	.7%

## Client Severity

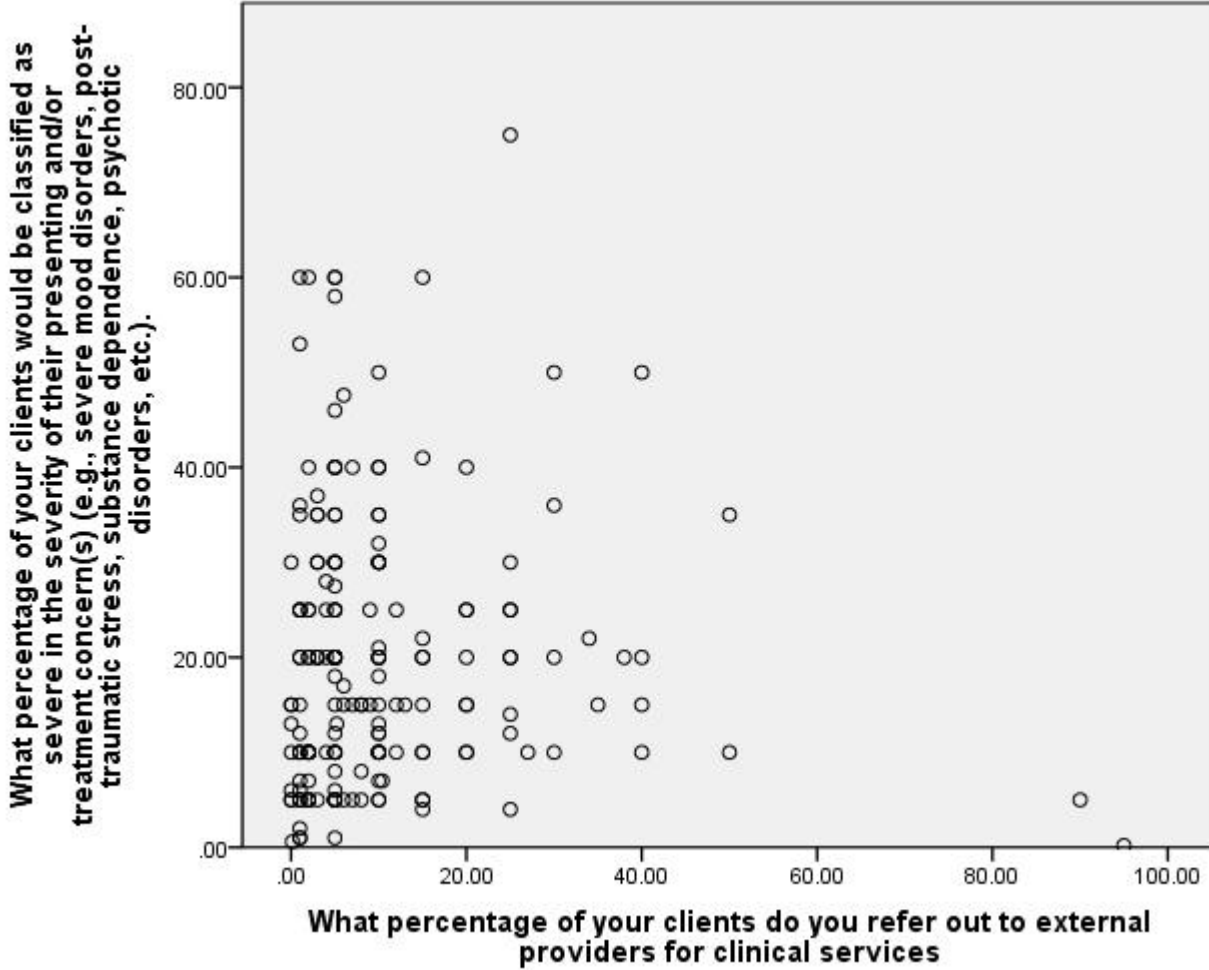
<b>What percentage of your client would be classified as....in the severity of their presenting and/or treatment concern(s) (NA554 NA555)</b>		
	<b>Severe</b> (e.g., severe mood disorders, post-traumatic stress, substance dependence, psychotic disorders, etc.).	<b>Mild</b> (s) (e.g., adjustment disorder, V-code diagnoses, etc.)
Mean	20.39	42.75
Median	18.00	40.00
Mode	10.00	50.00
Maximum	75.00	95.00
Minimum	.20	.20
Standard Deviation	14.52	23.63
Percentile 05	5.00	8.00
Percentile 25	10.00	25.00
Percentile 75	30.00	60.00
Percentile 95	50.00	85.00
Percentile 99	60.00	95.00

		Count	%
<b>Do you vary the preferred treatment modality based on client severity?(D556)</b>	Yes	190	45.6%
	No	101	24.2%

<b>What percentage of your clients do you refer out to external providers for clinical services (D559)</b>	
N	235
Mean	10.7
Median	5.0

**What percentage of your clients do you refer out to external providers for clinical services (NA559)**

Mean	Median	Mode	Standard Deviation	Maximum	Minimum	Percentile 05	Percentile 25	Percentile 75	Percentile 95	Percentile 99
10.65	5.00	5.00	13.25	95.00	0.00	1.00	2.00	13.00	35.00	50.00





## Outreach

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<b>Outreach Initiatives (MR560)</b>			
		Count	%
We consult with faculty and staff	Yes	375	89.90%
We are involved in suicide prevention	Yes	311	74.60%
We are involved in mental health stigma reduction efforts	Yes	262	62.80%
We are involved in sexual assault prevention	Yes	256	61.40%
We do a lot of presentations	Yes	226	54.20%
We are involved in AOD prevention	Yes	206	49.40%
I do these activities in conjunction with another office	Yes	198	47.50%
We are involved in violence prevention	Yes	170	40.80%
We do a few presentations	Yes	156	37.40%
I do these activities in conjunction with a campus coalition	Yes	131	31.40%
We utilize population level interventions.	Yes	106	25.40%
We see this area as advertising	Yes	103	24.70%
We utilize environmental management based interventions.	Yes	86	20.60%
We don't do outreach	Yes	6	1.40%
<b>A recent SAMSHA meeting encouraged a move into a common model for all prevention efforts based on the success of the environmental management and population level interventions in dealing with alcohol issues. Is your school using these models for prevention? (D562)</b>	Yes	82	19.70%