Center for Collegiate Mental Health 2020-2021 Membership Application

*All responses must be submitted online. Please only use this PDF to prepare your responses.

Membership

Please select your appropriate member type below. You will be "pending" until CCMH reviews your application. For more details regarding member types, please review our website or contact cmh@psu.edu.

- **Clinical Member:** a college counseling center or training clinic using CCMH tools for student mental health treatment. (examples: counseling and psychological services, counseling center within athletics, psych training clinic)
- **Non-Clinical Member:** a department using the CCAPS-Screen for college student mental health screenings. (examples: academic department, athletic department, research and assessment)

Institution/Center Information

<table>
<thead>
<tr>
<th>Institution Name*</th>
<th>Center/Department Name*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Contact Email (will receive invoices, notifications, announcements)*</td>
<td>Address (to appear on your invoice)*</td>
</tr>
<tr>
<td>Address of your center/department - please provide if it is different than your billing address above.</td>
<td></td>
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<tr>
<td>Center/Department Phone*</td>
<td>Center/Department Website*</td>
</tr>
</tbody>
</table>

Institution Enrollment*

- Under 1,501
- 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
- 35,001-45,000
- 45,000+

Institution Type (check all that apply)*

- 2-year College/University
- 4-year College/University
- Community College
- Creative Focus
- Health professional School
- Historically Black College/University (HBCU)
- Religious-Affiliated School
- STEM Institution
- Tribal
- Other ________________________
Private or Public?*
  o Private
  o Public

Center Type* (CLINICAL MEMBERS ONLY)
  o Counseling and Psychological Services
  o Counseling Center within Athletics
  o Integrated Counseling/Health Services
  o Integrated Counseling/Disability Services
  o Integrated Counseling/Career Services
  o Training Clinic
  o Other ________________________

Department Type* (NON-CLINICAL MEMBERS ONLY)
  o Academics
  o Athletics
  o Career Services
  o Health Center
  o Health Promotion and Wellness
  o Student Affairs
  o Institutional Research
  o Other ______________

Is the director of your center a member of AUCCCD?* (CLINICAL MEMBERS ONLY)
  o Yes
  o No

Is your center closed for some portion of the year?* (CLINICAL MEMBERS ONLY)
  o Yes
  o No

If so, what months is your center closed? (CLINICAL MEMBERS ONLY)
  o January
  o February
  o March
  o April
  o May
  o June
  o July
  o August
  o September
  o October
  o November
  o December

CCAPS Scoring Method* (CLINICAL MEMBERS ONLY)
  o CCAPS-Web
  o Medicat
  o Point N Click
  o Pyramed
  o Titanium

If you use Titanium, do you have IRB approval to contribute data to CCMH? (CLINICAL MEMBERS ONLY)
  o None
  o Yes- approved
  o Yes- exempt
  o No- not contributing data

UPDATED 9/7/20
How many students did your counseling center interact with during the 2019-2020 academic year? (CLINICAL MEMBERS ONLY)

- 1-800 students
- 801-1,599 students
- 1,600+ students

Clinical Load Index Information (CLINICAL MEMBERS ONLY)

The 2020-2021 CCMH Membership Renewal Form requires that you provide data on your center's clinical capacity, utilization, and respond to 40 true/false questions about your counseling center operations. This de-identified information will be used to inform our 2020 Annual Report. To ensure this information is accurate, please consult with the director and/or person responsible for operations at your center before submitting responses. If needed, please pause here, download the PDF below, and come back to this form when you are ready to submit. If you have questions, please reach out to cmh@ccmhp.edu. We are happy to help!

Details about calculating utilization can be found below (page 7). Details about calculating clinical capacity can be found below (page 8).

**Utilization:** The total number of students who attended at least 1 appointment of any type between July 1, 2018 and June 30, 2019. See instructions for obtaining utilization.

**Clinical Capacity:** The total number of contracted/expected clinical hours for a typical/busy week when the center is fullystaffed. This is different from historical FTE calculations. For every person in your center who provides clinical services (all trainees, part-time staff, full-time staff, administrators, etc.), add up the total number of contracted/expected clinical hours for a typical/busy week in 2018-2019 when you are fully staffed, including individual and group therapy, and on call or crisis hours, regardless of whether the hours were utilized. Exclude psychiatry, case management, and non-mental health specialty hours. See instructions for calculating clinical capacity.

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**Center Characteristics (CLINICAL MEMBERS ONLY)**

The statements below describe characteristics of counseling center operations. Please review each statement and indicate whether it was true or false for your center during the 2018-2019 academic year. (The year prior to the widespread counseling center service changes that occurred during COVID-19 pandemic in the Spring 2020.)

To maximize the accuracy and consistency of the data, it is important that this questionnaire be informed by the administrator responsible for operations at your center.

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE/FALSE</th>
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</thead>
<tbody>
<tr>
<td>1. We have some regular extended hours (open until at least 7-8pm on weekdays OR weekend hours)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>2. A student can routinely schedule and attend a first clinical contact (triage or intake) within 1 week*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>3. Students are routinely placed on a waiting list prior to individual counseling*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>4. Routine individual counseling appointments usually occur weekly*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>5. Routine individual counseling appointments are usually scheduled bi-weekly or more (e.g., every 2 or 3 weeks)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>6. Routine individual counseling appointments are usually 45-60 minutes*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>7. Routine individual counseling appointments are usually 20-30 minutes*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>8. A student's first clinical contact is usually a brief (5-30 min) assessment (e.g., triage, screening)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>9. A student's first clinical contact is usually a full (45-60 min) assessment*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>10. We routinely retain the most severe and chronic cases internally*</td>
<td>TRUE/FALSE</td>
</tr>
<tr>
<td>11. We routinely refer the most severe and chronic cases to outside providers*</td>
<td>TRUE/FALSE</td>
</tr>
<tr>
<td>12. We provide some form of online service to help students locate off-campus providers and referrals*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>13. Students are routinely offered other services (e.g., workshop, online self-help, Let's Talk) before individual counseling*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>14. We provide some form of group counseling (process, psychoeducational, support)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>15. We offer some kind of online self-help service (e.g., Welltrack, SilverCloud)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>16. We have some kind of online mental health-screening tool*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>17. Our staff provide some amount of tele-counseling services*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>18. The institution has a contract with a 3rd party tele-counseling service that is available to at least some of the students*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>19. We provide a drop-in consultation service for students (e.g., Let's Talk)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>20. We provide drop-in group workshops (e.g., anxiety, depression)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>Question</td>
<td>TRUE/FALSE</td>
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<tr>
<td>21. After-hours crisis services are primarily handled by counseling center staff (i.e., not by a 3rd party such as ProtoCall)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>22. Staff are required to provide a specified number of initial contacts each week (e.g., triage, intake, crisis)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>23. Staff are required to take on a specific number of new clients per week (regardless of current caseload)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>24. We have some form of &quot;counselor on duty&quot; during the business hours*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>25. There is a local intensive outpatient service (IOP) available for students if needed*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>26. There is a local inpatient psychiatric hospital available for students if needed*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>27. The leadership at our institution expects the counseling center to retain almost all students who seek services*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>28. The leadership at our institution does not allow us to use a waiting list for individual counseling*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>29. We use some form of appointment reminders (e.g., text, email, phone)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>30. We charge a fee for at least some no-shows and/or cancellations*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>31. During the busiest time of the year, we decrease or eliminate community education/outreach activities*</td>
<td>TRUE/FALSE</td>
</tr>
<tr>
<td>32. During the busiest time of the year, we decrease or eliminate non-clinical activities*</td>
<td>TRUE/FALSE</td>
</tr>
<tr>
<td>33. We charge a fee for at least some attended counseling appointments*</td>
<td>TRUE/FALSE</td>
</tr>
<tr>
<td>34. Some students are not eligible for some individual counseling services (e.g., part-time)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>35. We have some &quot;session limits&quot; for individual counseling (e.g., per student, semester, year)*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>36. Staff are provided dedicated time outside the clinical hour to complete notes/reports*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>37. Staff receive a reduction in required clinical hours when they assume administrative and/or supervisory responsibilities*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>38. We provide dedicated work-time for staff development/training activities at least 2 times annually*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>39. We provide dedicated work-time for staff case-consultation on a weekly or bi-weekly basis*</td>
<td>TRUE/FALSE</td>
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<tr>
<td>40. We have 1 or more staff who focus on community referrals (e.g., Case/Care Manager, Referral Coordinator)*</td>
<td>TRUE/FALSE</td>
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</table>
Current Events (optional) (CLINICAL MEMBERS ONLY)

CCMH hopes to be able to describe how the field of college counseling responded to the challenges presented by COVID-19 and increased national awareness around racial inequality. We would be appreciative if you would take a few minutes to provide us with information in response to the questions below.

How did your center respond to COVID-19?
For example, did the types of services you provided change (e.g. only check ins, eliminating groups, increasing drop in groups)? Did the way you provided services change (e.g. telephone, video)? Did your center’s response change over time (e.g. initially closing, then transitioning telehealth later)?

What were the biggest challenges you faced in responding to COVID-19?
For example, did you experience IT challenges? Did your staff’s working location change (e.g. everyone completely from home, some working from home, working from home part time)? Did your center experience layoffs or furloughs? Did you experience budget cuts?

How did COVID impact your administration of the CCAPS?
Did you continue using the CCAPS? How long before appointments did clients complete it? Did the frequency of administration change?

How has your center responded to national events and dialogue around racism?

How can CCMH be helpful to you moving forward?

Utilization (instructions for Clinical Members)

Utilization should include all clients with at least one attended appointment between July 1st and
June 30th. If your center or EMR is combined with a medical center or other non-mental health center, exclude appointments at those centers.

*Please note that CCMH previously included clients with scheduled appointments, but due to feedback and other considerations, utilization now includes only clients with 1 or more attended appointment(s).

Below are instructions for obtaining this number in several different EMRs. Because specific installations may differ, specific steps for obtaining this number may differ for you. If you are having difficulties, please contact your EMR for more specific instructions on obtaining this number.

**Titanium**
- Go to “Reports” Tab > Select “Appointment Statistics”
- Choose the following report parameters:
  - Schedules to include: “Group” – Select “All”
  - Appointment types to include: “Group” – Select “All”
  - Start Date: Select 7/1, End Date: Select 6/30
  - Attendance: Select “Attended”
  - Breakdown By: Use all existing boxes already checked
  - Appointment Types: Select “Combine Individual and group”, “Individual Appointments”, & “Group Appointments” (Uncheck “Other Appointments”)
- Click “Preview”
- After selecting “Preview”, the utilization number is located at the top of the Appointment Statistics Report, in the row titled “Attendance”, in the column titled “No. of Clients”

**Point N Click**
- In the windows version, go to OpenChart > Organization > Clinical Reports > AUCCCD Folder > Appointment & Unique Client Count by Therapy Session Type & Department
- In the web version, go to PncReports > Counseling Measures > Appointment Yearly Volume > Total Unique Clients by Year (use "Report as of 06/30/2020")

**Medicat**
- Run a Standard Report –Clinical Studies - Transactions. Filter by date (July 1 to June 30 of the following year). If there are Clinics you would not count, the filter those out. Click Print Report. After it compiles, go to the last page for your aggregate numbers. Report on unique students.

**Pyramed**
- Main tab > Other Workplaces > Data Analysis Workplace > Counseling > Patient Count per active appointment > Select Start Date “July 1” End Date “June 30” and Division “Counseling”

UPDATED 9/7/20
Clinical Capacity (instructions for Clinical Members)

Clinical capacity definition:
Clinical capacity is the total clinical hours available in one typical/busy week. This is different from historical FTE calculations. For every person in your center who provides clinical services (all trainees, associate staff, senior staff, administrators, etc.), add up the total number of contracted/expected clinical hours for a typical/busy week when you are fully staffed. Here are a couple of guidelines to help:

- This question is best answered by reviewing each provider individually to determine the number of clinical hours per week you expect each person to provide.
- Exclude hours devoted to the following specialties: (1) psychiatry, (2) case-management, and (3) dedicated ancillary or non-mental health specialty hours (e.g., BASICS).
- Staffing can vary from week to week, so use a typical full/busy week when you would be fully staffed. Count 45 or 50-minute sessions as one hour. Shorter increments (15, 20, 30) should be counted as such.
- For group or couples counseling, count each clinician’s hours separately, and only count clinical hours (i.e. not the number of students served).
- Do not include any supervision, meetings, outreach, paperwork or other administrative hours – only direct interaction between a clinician and student.
- If you allot hours for walk in crisis, count all allotted hours, even if not all those hours were utilized. Do not include on-call hours outside of normal business hours.

Calculating Clinical Capacity:
If your center documents clinical contracts for each staff member, this is the best method to calculate clinical capacity. Add up all clinical hours (exclude psychiatry, case management, and ancillary or non-mental health specialty hours, e.g., BASICS) from the contracts. Please include contracts from all providers (all levels of trainees, part-time, and full-time providers) working during the time period you are selecting.

If your center does not document clinical contracts, choose a busy week during the applicable academic year, and within your EMR schedule (Titanium, Point and Click, Medicat, PyraMED, etc), hand count the available clinical hours for those staff who were working and providing clinical services during that time period. If an active staff member was out of the office on that day for any reason (e.g. vacation, sick, parental leave) but would have otherwise provided the clinical hours, please include the clinical hours of the absent staff member in your calculation.

Example:
You have 4 staff (director, two clinicians, and a nurse-practitioner) and 2 trainees (practicum, intern). The director provides 6 clinical hours each week, Clinician A provides 24, Clinician B provides 10, practicum provides 5, intern provides 10, and the NP provides psychiatric services, which are not counted. The total number of "clinical hours" is 55.