PART I: DEMOGRAPHICS

* 1. Institution

   [Dropdown]

* 2. Contact information for survey submitter

   Name
   [Line for Name]

   Title
   [Line for Title]

   Email Address
   [Line for Email Address]

   Phone Number
   [Line for Phone Number]

3. Names and titles of individuals who contributed to the responses

   [Textbox]
PART II: SERVICES

* 4. Please indicate the staffing method by which your institution attempts to meet the mental health needs of students

○ a. Faculty Counselors focused on comprehensive counseling services (personal, educational and career counseling).

○ b. Faculty Counselors focused on primarily on clinical mental health services.  See pg 13 for logic

○ c. Some counselors are focused primarily on comprehensive counseling and others are focused primarily on mental health counseling.  See pg 13 for logic

○ d. Referral/partnering with an external provider/community network  See pg 14 for logic

○ e. None of the above (by selecting this option, your survey will end)
CTC Counselor Survey

* 5. Please describe the required credentials for faculty counselors providing services:
   - a. Doctorate in related field
   - b. Master’s in related field
   - c. Bachelor’s or below in related field
   - d. Licensure regardless of degree
   - Other (please specify)

6. If you answered d. above, please indicate license required.

* 7. Do you require ongoing professional development faculty counselors?
   - a. Yes
   - b. No

8. If you answered “Yes” to the previous question, please select all that apply:
   - Licensure renewal
   - Continuing education credits
   - Specified training/professional development
   - Generally related training/professional development
   - Other (please specify)
9. Do you have other staff who perform counseling-related services?

- Yes
- No

Please describe the staff in addition to any challenges you may have had.

10. Please describe any opportunities this has created.

11. Do you have a diverse and representational counseling staff that reflects the identities, needs, and experiences of your student population?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>To some extent</th>
<th>No</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnicity</td>
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<tr>
<td>Sex</td>
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<td>Sexual Orientation/Gender Identity</td>
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<tr>
<td>Other (please specify below)</td>
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</tbody>
</table>

Other (please specify)

12. Have you taken intentional steps to diversify your counseling staff and/or to provide access to mental health services that reflect the diverse identities, needs, and experiences of your student population?

- Yes
- No

If Yes, Please describe steps taken.
If No, please describe any challenges you have had in this area.
CTC Counselor Survey

Does your institution actively track the number of students served per term?

If Yes:

13. Please indicate the approximate number of students served

14. What kind of data are you collecting actively (e.g., number of students served daily, appointment length, etc.)?

If No:

15. Please describe any challenges in this area:
CTC Counselor Survey

* 16. Please indicate the top three services requested/provided by clicking on no more than three below:

- [ ] Anxiety
- [ ] Depression
- [ ] Stress
- [ ] Relationship Problems
- [ ] Family Concerns
- [ ] Other (please specify)
- [ ] Academic Performance Difficulties
- [ ] Social Isolation/Loneliness
- [ ] Adjustment/Coping
- [ ] Career Indecision
- [ ] Educational Goals/Planning
- [ ] Career Development
- [ ] Other Mental Health Issues
- [ ] Suicidal Thoughts
- [ ] Identity

* 17. Do you actively conduct assessment of services?

- [ ] Yes
- [ ] No

If yes, please describe:

[ ]
CTC Counselor Survey

* 18. Who currently supervises counselors providing mental health services?

* 19. Do you have special counselor credential requirements for the supervisor?
   - Yes
   - No

   If yes, please describe:

20. Where are the offices for those providing mental health counseling?
   - a. General student services space
   - b. Dedicated counselor center
   - c. Connected to an academic program (like psychology or mental health)
   - d. Not directly connected to another unit/each other (e.g. hallway office, etc.)
   - Other (please specify)

Please estimate the percentage of time your faculty counselors spend on these roles annually:

21. Direct Counseling Services:

   0%  50%  100%
22. Campus Committees:

23. Teaching & Preparing for Classes/Workshops:

24. Professional Development:

25. Record Keeping/Office Work:

26. Record Keeping/Office Work:

27. Research & Follow-Up:

28. Other:

* 29. Does your college provide Counseling services during the summer quarter and/or breaks?

- Yes
- No
30. If yes on question 29, mark all staffing practices that apply:

- Part-Time Hourly
- Additional Contracts
- Trading Days/Quarters
- Extended Annual Contracts
- Other (please specify)

* 31. Below is a list of Council for the Advancement of Standards (CAS) for college counseling services. If you are familiar with them, please click on the three standards your college finds most challenging/difficult to meet.

- Mission
- Programs and Services
- Student Learning, Development, and Success
- Assessment
- Access, Equity, Diversity, and Inclusion
- Leadership, Management and Supervision
- Human resources/staffing

- Communication
- Ethics, Law, and Policy
- Financial Resources/Budget
- Technology
- Facilities and Infrastructure
- I am not familiar with these.
PART III: Emerging/Promising/Excellent Practices

Please review the Rubric for Evaluating Excellent Practices before answering the following questions. In your brief descriptions of each practice, please indicate whether it is emerging, promising, or excellent based on the Rubric definitions.

32. Please briefly describe the counseling model used at your college, if any, to guide counseling practice.

In the sections below, please describe any counseling practices at your college that are effective in generally meeting the needs of the students you serve.

33. Practice 1 - Description:

34. How would you rate this practice?
   - Emerging
   - Promising
   - Excellent

35. Practice 2 - Description:

36. How would you rate this practice?
   - Emerging
   - Promising
   - Excellent
37. Practice 3 - Description:

38. How would you rate this practice?
   - Emerging
   - Promising
   - Excellent

Please describe any counseling practices at your college that are effective specifically in meeting the mental health needs of students.

39. Practice 1 - Description:

40. How would you rate this practice?
   - Emerging
   - Promising
   - Excellent

41. Practice 2 - Description:

42. How would you rate this practice?
   - Emerging
   - Promising
   - Excellent

43. Practice 3 - Description:
44. How would you rate this practice?

- Emerging
- Promising
- Excellent

45. What advice or lessons learned would you share with other colleges if they desire to implement or adapt these practices to their own campuses?

Survey Ends - Survey Monkey estimated completion time 20 minutes

Ending message:

"Thank you for completing this survey. We are very appreciative of the time you have taken to contribute this valuable information."

Logic pages below
<table>
<thead>
<tr>
<th>CTC Counselor Survey</th>
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</thead>
<tbody>
<tr>
<td>Dedicated mental health faculty counselors (full or part time)</td>
</tr>
</tbody>
</table>

46. How many FTE? 

47. How many part-time FTE? 

* 48. What estimated percentage of each FTE is specifically focused on mental health needs?
**CTC Counselor Survey**

**Referral/partnering with an external provider/community network**

49. Name of organization(s)

50. Briefly describe your protocol for referral (e.g., when you refer students, referral limitations such as enrollment type or provider capacity)

51. Do you think providers have sufficient capacity to accept these referrals?
   - Yes
   - No

52. Please briefly describe your strengths and challenges of your community referral resources.