President’s Commission on University Security
(in the wake of the Virginia Tech incident)

Final Report

- Counseling Services Subcommittee
- Effective Emergency Communications Subcommittee
- Law Enforcement/Security Needs of UW Colleges and UW Extension Subcommittee

August 2007
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Counseling Services Subcommittee

The President’s Commission on University Security

*In the wake of the Virginia Tech Incident*

This report is the result of the work of the Commission on University Security sub-committee on counseling services. This sub-committee was formed at the direction of commission chair, Sue Riseling in June of 2007. The charge of the Commission was to review the UW System’s counseling resources and develop further campus specific recommendations regarding on counseling services as they relate to violent behaviors. The sub-committee attempted to gather campus specific information and report on our status compared to national benchmarking information. Despite a short time frame and summer schedules, the sub-committee has fulfilled the charge with the submission of this report.

The Committee Membership

The sub-committee comprised representatives from:
- Four of the four-year UW Universities
- A representative from UW Colleges

Initial members were selected from the broader commission membership representing direct counseling services, residence life, and student affairs. Once the committee began its’ work it became evident that representation should include a representative from the UW Colleges. The committee also learned of a mental health audit which is currently being conducted. Contact was made with the lead investigator in attempt to complement their efforts.

Those members are as follows:
Marcy Hufendick, Senior Counselor, Student Health and Counseling Center, UW-Parkside
Paula Knudson PhD, Dean of Student Development & Academic Services, UW-La Crosse
Deborah Newman, Associate Director of Housing, UW-Eau Claire
Sandi Scott Duex, Associate Director Residence Life, UW-Whitewater
Patti Wise, Special Assistant to the Provost, UW Colleges

In addition, the committee was staffed by Ms. Terri Parks, Assistant to Chief Riseling UW-Madison Police, Ms. Marge Troka, Administrative Assistant, Student Development & Academic Services, UW-La Crosse, a student intern with UW-Whitewater.

Subcommittee Charge

UW Regent Policy 23-1 states that “the University of Wisconsin System recognizes that the present and future health of its students is among the most precious of its public resources. Students’ most pressing health concerns influence academic achievement and affect civility, citizenship, and connectedness. Attention to important health issues permits the university to educate and prepare learners as whole human beings.”

The subcommittee on counseling services will conduct a thorough review of the current system processes related to Counseling Services on all University of Wisconsin campuses as they pertain to the Commission charge. Per the request at the recent Regent meeting, the Counseling sub-committee will develop recommendations related to specific campus needs. This will include the gathering of pertinent and accurate data and information from each of the campuses as well as campus specific needs in regards to Counseling Services to prevent and respond to violent behavior.

Subcommittee Approach

- Identify appropriate terminology to use for seeking information.
- Develop a template for interviewing and information gathering across campuses (Appendix A).
- Conduct interviews of all campuses with more than one source.
- Develop a summary by campus of existing resources (including percentage and types of appointments), campus approaches to potentially violent individuals, and campus specific needs and directions.
- Identify comparative data/benchmarks
- Review national data and resources to help determine staffing and professional expectations of counseling centers.
- Review consistency across campuses.
- The group has identified an optimistic timeline of completion by September 1, 2007.
Introduction

The work of this committee must be taken in the context of the broader commission on security efforts. The role of the committee is to assess institution status in relationship to violent tragedies. **It was not the role of this committee to address the broader needs for mental health on campuses.** The following excerpts from the commission report are especially pertinent when dealing with mental health issues and thus are included to frame the committee’s work and results.

“Educating adults, especially young adults, needs an environment that is flexible, tolerant, and patient. It requires an environment where freedom of expression in all facets is welcomed and encouraged, open to exploration, creativity, and is accepting of difference. The university strives to maintain our humane and caring environment. The physical safety of members of our community must be paramount when it is determined that an actual threat exists, even at the expense of an individual’s right to self expression. The Commission recognizes that, while the VTU tragedy involved a perpetrator who was mentally ill, most people living with mental illness are not violent and not all those who are violent are mentally ill. These recommendations also take into account that while the VTU incident was carried out by a student, it could have been committed by anyone: staff, faculty, or visitor.

Throughout the recommendation process, the Commission was mindful that our System has limited financial resources that are often times allocated and controlled by our shared governance, as well as state and federal governments. If, as a System, we are to be as prepared as realistically possible each campus must have the resources to be effective in dealing with security threats and enabled to implement required elements of the Commission’s recommendations. In order to develop and implement effective systems, some campuses will require a significant allocation or reallocation of resources; other campuses may be able to implement a system using existing resources, with some supplements.

The Commission also recognized the University’s obligation to abide by all applicable laws, including laws which protect the rights of individuals as well as the safety of members of our community.” (2007 President’s Commission on Campus Security, p. 5)

It is imperative to keep in mind, that campus security does not have a direct correlation with mental illness. In fact the likelihood of acts such as at Virginia Tech being committed by an individual with a mental illness holds about the same probability as it being committed by a male (Comments from Gary Pavela, on Campus Safety Summit on August 9, 2007).

Consider this very real scenario: He refused food, and would not sleep. A gloom came over him, and his friends became alarmed for his life. Imagine this scenario: “He went "crazy", and his friends had to remove razors, knives and other such dangerous things from his room for fear of possible inappropriate behavior. This incident was just one of
many periods of mental depression.” This scenario describes a point in the life of Abraham Lincoln, who overcame all to be arguably one of the best Presidents of the United States.

It is imperative that our efforts toward increased safety not impinge upon the access to our institutions of higher education or the guaranteed freedoms offered to those coping with mental illnesses.

**Summary of Recommendations**

1. The UW-Colleges have specific needs which must be addressed regarding mental health services. (Appendix B)
2. Each campus should work toward meeting national standards. In the short term, campuses should work toward, minimally, 75% of national standards which means immediate additional staff at Eau Claire, Milwaukee, Parkside, River Falls, Stevens Point and Whitewater.
3. Campuses should have a designated counselor available for emergency student, faculty, staff appointments, yet we recognize that campuses are not necessarily staffed to be able to accommodate this service.
4. Optimally, a counselor should be available for 24 hour consultation with a campus professional with new resources being allocated to provide this support. It should be noted that many campuses have very limited summer coverage, although fewer students on campus does not negate some safety risks.
5. Only four campuses indicate that they offer any level of mental health screening days. The rationale reported by campuses included the following: limited staff and resources; outreach efforts bring in too many clients that can’t be served; effectiveness of mental health screening days versus client service. This is a decision that should be made at each institution. If screening days are not held, there should be some outreach efforts to get students to access services.
6. Each campus should highlight and make accessible to the campus community an on-line link to self-screening and referral information. (eg. ULifeline/Jed Foundation)
7. All campuses should have systematic training and education dealing with suicide prevention. A few campuses indicated that they have a systematic suicide prevention program. There are suicide prevention efforts occurring on the other campuses, but these efforts are limited predominately by resources. It should be noted that campus interpretation of a “systematic suicide prevention program” varied widely. The majority of campuses indicate that they assess clients on suicidal ideation and conduct Resident Advisor training.
8. Campuses should develop a systematic and comprehensive suicide prevention plan. This includes training for student leaders, faculty, and staff as well as
This should also include online services such as that available through the Jed Foundation.

9. Campuses should identify specific funding for suicide and violence prevention in line with national standards.

10. Each Chancellor should appoint a task force to resolve for each campus the funding sources, impact on services and teaching capacity of Counseling Centers.

11. While the focus of campus improvements should be meeting students needs, we recognize the need for employee assistance.

12. Each institution should review the information and process for tracking clients and ensure an effective process is in place.

13. Campuses should review their data collection systems to ensure programs are designed for counseling such as “Titanium” or “Pyramid”.

**Guiding Principles for All Recommendations**

- All persons should be treated fairly, with dignity and respect.
- Not all those who are mentally ill are violent and not all who are violent are mentally ill.
- A diagnosis of mental illness is not, in and of itself, a lens to screen for violence.
- Defining the behavior of concern should be tantamount to defining prevention and intervention.
- Students are free-thinking adults.
- “One size fits all” solutions rarely work.

(2007 President’s Commission on Campus Security, p. 6)

- This is not meant to be a critical review, but a dashboard of current resources.
- The survey and responses are not precisely comparable due to different procedures and interpretations by various institutions.
- There is no one best practice model for mental health services on college campuses. As reflected at the UW institutions, some counseling services are organizationally aligned with the Health Center while some organizations have a stand alone operation or as with the UW Colleges they may contract out services to the local community.
- Mental illness is not exclusive to homicidal behaviors. The vast majority of homicides are not committed by individuals with mental illnesses.
- We recognize that resources are limited and that funding and risk assessment will have to be addressed. The feasibility of necessary resources was not considered the charge of this committee and thus is only limitedly addressed in the survey.
- Periods of dormancy from students of concern are not always a good thing. There is a propensity to believe that not hearing from or about a student means they are doing well. This can be a faulty assumption.
Survey Findings and Recommendations

The committee reviewed the responses from the 12 responding institutions. Unfortunately due to staff transitions, we were not able to get a response from UW-Superior given our quick time frame. We sought clarification when it deemed appropriate and aggregated information when it seemed relevant. We also requested information from the UW Colleges and discovered significant gaps in the mental health coverage at the colleges so our aggregate information does not reflect the Colleges. Our findings identified six key areas to be addressed: staffing; outreach and mental health assessment; suicide and violence prevention; structure and financing; employee assistance; and information tracking. A summary of our findings along with aligned recommendations are below. Please note that the findings and recommendations are numbered for the ease of the reader and have no bearing on recommended priorities.

Survey data returned by the thirteen UW Colleges indicate that there are significant deficiencies in the provision of basic mental health services, and that not one of the two-year campuses meets the minimum standard for care required by Policy 23-1. UW Colleges students, however, display, and suffer from, the same types of mental health problems as do students at four-year campuses.

- The thirteen UW Colleges do not have on-campus counseling centers.
- None of the UW Colleges employ credentialed mental health counselors.
- Two campuses have contractual agreements for a minimum number of counseling visits; otherwise, students with mental health concerns are seen by academic advisors or student services staff who have no professional training.
- The UW Colleges do not have security officers or campus police. Mental health emergencies are handled by calling local law enforcement.
- UW Colleges students are dealing with the stress of academic, family, and financial pressures, and at times, develop serious mental health problems with depression, substance abuse, relationships, and eating disorders.

Recommendation:
1. The UW Colleges have specific needs which must be addressed regarding mental health services. As mandated by Regent Policy 23-1, the UW Colleges should provide a minimum level of counseling services for its students. In order to reach 75% of the national standard of 1 counselor for every 1,500 students, the UW Colleges should hire six (6) credentialed mental health counselors, assigning .25 of a position to the smallest campus up to a full-time position at the largest campus.

2. A minimum level of counseling services should be provided on every two-year campus including assessment and referral, short-term counseling, and
consultation. Faculty and staff should receive training around symptom identification and intervention strategies.

3. Each two-year campus should establish a formal network for the purpose of sharing information about troubled students. System-wide and Colleges-wide discussions following the tragedy at Virginia Tech have continually pointed at prevention as the means to avoid similar incidents in the future. (Appendix B)

**Staffing (Appendix C1-C4):**

- The Accreditation Association for University & College Counseling Services recommends a minimum requirement of one FTE mental health counselor for every 1,500 students. As reported earlier, all campuses with the exception of Madison are below these standards. However, the earlier Commission report indicated a short fall of 21 full time positions at a cost of roughly $2.1 million annually. Our survey discovered a short fall of 30 (without including Superior) full time positions across the campuses which would equate to approximately a three million dollar annual shortfall.

- Seven of the reporting campuses indicated that they do not have the ability to meet the changing client demand. Two campuses indicated that the demand has increased but that they are still able to meet the demand. One (Oshkosh) has improved counseling due to grant funding. Whitewater indicated that services have improved because an outreach position was reinstated. Every campus reported that client demand and complexity has increased in recent years.

**Recommendations:**

4. Each campus should work toward meeting national standards. In the short term, campuses should work toward, minimally, 75% of national standards which means immediate additional staff at Eau Claire, Milwaukee, Parkside, River Falls, Stevens Point and Whitewater.

5. Campuses should have a designated counselor available for emergency student, faculty, staff appointments, yet we recognize that campuses are not necessarily staffed to be able to accommodate this service.

6. Optimally, a counselor should be available for 24 hour consultation with a campus professional with new resources being allocated to provide this support. It should be noted that many campuses have very limited summer coverage, although fewer students on campus does not negate some safety risks.

**Outreach and Mental Health Assessment (Appendix D1-D3):**

- The majority of campuses with outreach programs indicate that this outreach is limited to training of residential staff. In addition, the majority of campuses without outreach programs indicate that they currently do not have sufficient staff to cover clinical demand.
• Two of the four-year reporting campuses have a designated staff member specifically for outreach efforts.
• Most campuses do have outreach efforts but they are difficult to compare because information is reported differently.
• Outreach efforts are often influenced by the availability of grant funding. For example, violence prevention grants allow campuses to do more outreach. Unfortunately, these grant-funded efforts often are not sustainable. Individual institutions’ responses will provide more detailed information; responses may also vary by campus based on whether they are commuter or residential campuses.
• Campuses are severely limited in staff designated to providing outreach with only Stout and Whitewater having designated staff. We have excellent staff in place that attempt to provide outreach, but they are limited by client counseling demand to do their outreach. Campuses that appear to do more outreach are often grant funded, without which they would not be able to conduct outreach. The extent of resources has a direct relationship with the amount of outreach. Oshkosh and Stout currently have grants and thus are able to do more outreach and reach more students.
• There are on-line services that allow individuals to complete a mental health assessment. Ten of the thirteen four year UW campuses have links on ULifeline available through the Jed Foundation. The Jed Foundation is a charitable organization with a mission to reduce the suicide rate among college and university students.
• The number of students with presenting issues and seeking services is increasing.
• Existing counseling center staff can not physically increase their contact hours. Increased severity and case loads coupled with limited resources has resulted in significantly limiting outreach.

Recommendations:
7. Only four campuses indicate that they offer any level of mental health screening days. The rationale reported by campuses included the following: limited staff and resources; outreach efforts bring in too many clients that can’t be served; effectiveness of mental health screening days versus client service. This is a decision that should be made at each institution. If screening days are not held, there should be some outreach efforts to get students to access services.
8. Each campus should highlight and make accessible to the campus community an on-line link to self-screening and referral information (eg. ULifeline/Jed Foundation).
Suicide and Violence Prevention (Appendix E1-E2):

- Most campuses have no or limited resources to provide either suicide or violence prevention.
- Most campuses could not delineate or do not have funding designated for suicide or violence prevention. There appears to be a systematic suicide prevention plan in place at a few of the four-year institutions; however, some campuses incorporate their plan into general outreach.
- Six of the twelve reporting campuses have violence prevention programs, six campuses do not have violence prevention programs.
- Violence prevention outreach predominately conducted by those with designated (often grant funding) resources or staff are able to offer violence prevention outreach. Grant funding is wonderful but if not sustainable it is merely a temporary solution. Those who are able to conduct outreach are able to reach more students. Minimally, over 10,000 contacts have been made in the UW four year institutions. (It is important to note that a contact does not correlate to individual clients served as an individual can make multiple appointments.) Counseling Centers across the system and nation are experiencing an increase in number of counseling contacts. The 2006 National College Health Assessment found that a considerable number of college students experienced stress or symptoms of depression within the last year:
  - 93% felt overwhelmed by all they had to do
  - 92% felt exhausted
  - 79% felt very sad
  - 62% felt things were hopeless
  - 44% felt so depressed that it was difficult to function
  - 9% seriously considered attempting suicide, and 1% attempted suicide

Recommendations:

9. All campuses should have systematic training and education dealing with suicide prevention. A few campuses indicated that they have a systematic suicide prevention program. There are suicide prevention efforts occurring on the other campuses, but these efforts are limited predominately by resources. It should be noted that campus interpretation of a “systematic suicide prevention program” varied widely. The majority of campuses indicate that they assess clients on suicidal ideation and conduct Resident Advisor training.

10. Colleges should develop a systematic and comprehensive suicide prevention plan. This includes training for student leaders, faculty, and staff as well as passive and educational outreach. This should also include online services such as that available through the Jed Foundation.

11. Campuses should identify specific funding for suicide and violence prevention in line with national standards.
Structure and Financing (Appendix F1):

- Counseling services essentially do not exist on the two-year campuses. All of the four-year campuses do provide some degree of mental health services on campus. The services at the four-year institutions are funded and structured differently on each campus. This apparently made it difficult for some campuses to respond effectively to the budget questions. The sub-committee concluded that an aggregate of this information would not present an accurate picture, but individual campus responses are available in the appendices.
- In regards to funding, campuses run the gamut from complete student fee funding at Milwaukee to complete GPR funding at Eau Claire and Whitewater. It should be noted that UW-Parkside, Milwaukee and River Falls are segregated fee funded counseling services and are the most significantly below industry standards.

Recommendation:
12. Each Chancellor should appoint a task force to resolve for each campus the funding sources, impact on services and teaching capacity of Counseling Centers.

Employee Assistance (Appendix G1-G2):

- There is significant variation in Employee Assistance Program services. In general these services are not offered for employees at the two-year colleges while the four-year institutions typically have some assistance, yet it is offered to different degrees and through different structures.
- Employee Assistance Programs (EAP) are handled through a variety of venues by campuses and individuals, yet our counseling centers are still in consultation with faculty and staff and are first to be involved in crisis situations involving employees. The responding campuses seemed to be confused by the questions related to EAP, yet the surveys suggested that campuses are structured and use EAP resources very differently. Charts of EAP information are available upon request with the caveat that this is not an apple to apple comparison.

Recommendation:
13. While the focus of campus improvements should be meeting students needs, we recognize the need for employee assistance.

Information Tracking (Appendix H1-H3):

- Based on our survey reviews, there is significant variance in the efficiency and type of information collected on the campuses. Those that have more extensive record keeping systems had more complete information to share with us.
- Campuses structure and tracking systems are not the same, so it is important to note that this is not an apple to apple comparison.

Recommendations:
14. Each institution should review the information and process for tracking clients and ensure an effective process is in place.
15. Campuses should review their data collection systems to ensure programs are designed for counseling such as “Titanium” or “Pyramid”.

Conclusion

All of the responding institutions reported unanimously that they have seen both an increase in demand, and in the severity and complexity of client needs. While nearly every campus responded with comments regarding the increases, perhaps it was best summed up in the following statement by Jon Hageseth, Director of the Counseling & Testing Center at UW-La Crosse who indicated, “Almost every day I have encountered conversations with at least one of my staff about issues of “danger to self”. We have evolved into an outpatient mental health center without the training and back up psychiatric resources. More and more of our client conversations have moved from career indecision, homesickness, and relationship problems to bi-polar, personality disorders, eating disorders, depression, and anxiety disorders which take more staff time and energy.”

The counseling sub-committee has verified the very serious gap in counseling services as compared to national standards across most of the system campuses. At the same time, campuses are seeing a very serious increase in demand. A review of serious crimes suggests that college campuses are still relatively safe places to be. In context, it remains a fact that with nominal counseling staff, our capacity to prevent and respond to potentially life threatening violence becomes a matter of serendipity. Without committed resources we will not make our campuses safer. Without new counseling resources safety and learning will be compromised.
Effective Emergency Communications
Subcommittee

Introduction

Effective emergency communications requires an approach that incorporates multiple strategies. The mix of strategies selected for any crisis event must alert as many people as possible, as quickly and effectively as possible. Each institution should review the types of emergency events that are likely or possible for their area and choose which solutions to implement.

In the following document, emergency communications options are outlined in terms of the method used, when the method might be most appropriate, the prerequisites for using the method, the target availability of the method, and the number of people each method may reach. In addition to these options, the organization must also ensure that policies and procedures are in place, that the organization is well-practiced in crisis event management, and the technologies are tested and operationally effective.

Types of Emergency Events

In Wisconsin, emergency communications might be needed for natural disasters (primarily weather), accidents, acts of violence, or terrorism. Examples include:

1. Natural Disasters (primarily weather-related)
   - Winter weather storm or extreme cold
   - Tornado (or high wind)
   - Flood
   - Forest fire
   - Earthquake

2. Accidents
   - Hazardous material spill
   - Rail, truck or bus accident
   - Lab accident
   - Utility failure (gas leak)
   - Asbestos release

3. Terrorism or Acts of Violence
   - Active shooter
• Bomb threat or other threat of violence  
• Food or water poisoning  
• Riot/civil disturbance  
• Cyber-terrorism  
• Bombing or explosion  
• Fire  
• Chemical, biological, radiological, nuclear, or explosive terrorism

Communications and Alert Systems and Services

When an emergency event occurs, the following communications responses should be considered:

1. Toll-free Telephone Service (Basic “800” Service)
   - Communication tool description: Provides users with free phone access to a campus or informational message.
   - When is this a good method: When used in conjunction with informational message, call center, voice prompt or web posting.
   - Prerequisites: Toll free number needs to be communicated so people know what number to call.
   - Target Availability: 24 hours a day, 7 days a week (24/7)
   - Number of people this method potentially reaches: Because this is for incoming calls, there is no way of knowing beforehand how many people will use it.
   - Possible shortcomings: Could be expensive if call volume is high. Processes need to be in place to handle potentially large call volumes.

2. Low-volume Voice Call-in Message Service
   - Communication tool description: Informational recorded message for low to medium number of incoming calls.
   - When is this a good method: Informational recorded message for low to medium number of incoming calls
   - Prerequisites: Call in number needs to be communicated.
   - Target Availability: 24/7
   - Number of people this method potentially reaches: Because this is for incoming calls, there is no way of knowing beforehand how many people will use it.
   - Possible shortcomings: If demand is higher than expected, may interfere with normal voice mail operations.
3. High-volume Voice Call-in Message Service Without Voice Prompt (Toll Free)

- Communication tool description: Informational recorded message for a high volume of incoming calls.
- When is this a good method: When information must be posted for retrieval by a large audience. Could be used as part of a multi-channel communication plan.
- Prerequisites: Call-in number needs to be communicated. Information is retrieved via telephone.
- Target Availability: 24/7
- Number of people this method potentially reaches: Because this is for incoming calls, there is no way of knowing beforehand how many people will use it.
- Possible shortcomings: Limited to a four-minute message. It may be difficult to get the call-in number to all of the intended audiences.

4. High-volume Voice Call-in Message With Voice Prompt (Toll Free)

- Communication tool description: Ability to route calls to various destinations based on caller input – “press 1 only”.
- When is this a good method: When incoming calls need to be controlled and sorted based on caller needs. Used in conjunction with information messages and/or call centers, when demand is expected to be high (more than 50 simultaneous calls).
- Prerequisites: Call-in number needs to be communicated -- press 1 destination needs to be defined.
- Target Availability: 24/7
- Number of people this method potentially reaches: Because this is for incoming calls, there is no way of knowing beforehand how many people will use it.
- Possible shortcomings: Must choose from a predefined list of "press 1" destinations.

5. Call Center(s) Service

- Communication tool description: A defined group of individuals to handle incoming or outgoing calls.
- When is this a good method: When interactive communication is necessary.
- Prerequisites: Availability of physical space, call routing capabilities, appropriate staffing and maintenance of information.
6. Broadcast Messaging Service

- Communication tool description: Organization-owned mechanism for calling, paging, or emailing predetermined lists of people based on contact preference.
- When is this a good method: When a predefined group needs to be contacted.
- Prerequisites: Contact information must be available for the predefined group that needs to be contacted.
- Target Availability: 24/7 (Note: The primary challenge will be coordinating the composition and release of the message outside normal business hours.)
- Number of people this method potentially reaches: Whoever is on the predefined list.
- Possible shortcomings: Maintaining accurate contact lists. A limited number of outgoing calls can be made at one time. Voice services groups are generally not staffed outside normal business hours.

7. Reverse 911 Service

- Communication tool description: Organization-owned mechanism for calling, paging, or emailing predetermined lists of people based on contact preference.
- When is this a good method: When it is necessary to notify people by geographical location.
- Prerequisites: Integration with voice enabled directory assistance system and building managers list.
- Target Availability: 24/7
- Number of people this method potentially reaches: Whoever is on the predefined list.
- Possible shortcomings: Maintaining accurate contact lists. A limited number of outgoing calls can be made at one time.
8. Individual or List Voice Mail Message Service

- Communication tool description: Voice mail message left for a specific person or a list of people as determined by sender
- When is this a good method: When the audience is small and all are on an organization’s voice mail service.
- Prerequisites: All recipients must be on an organization’s voice mail service.
- Target Availability: 24/7 (Note: The primary challenge will be coordinating the composition and release of the message outside normal business hours.)
- Number of people this method potentially reaches: Whoever is on the predefined list and is subscribed to the service.
- Possible shortcomings: No acknowledgement of message received. Voice services groups are generally not staffed outside normal business hours.

9. Organization Voice Menu Service

- Communication tool description: Ability to route calls to various destinations based on caller input — press 1 through 9.
- When is this a good method: When incoming calls need to be controlled and sorted based on caller needs. Used in conjunction with information messages and/or call centers, when demand is expected to be low to moderate (less than 50 simultaneous calls).
- Prerequisites: Call-in number needs to be communicated — “press 1 through 9” destinations need to be defined.
- Target Availability: 24/7
- Number of people this method potentially reaches: Because this is for incoming calls, there is no way of knowing beforehand how many people will use it.
- Possible shortcomings: If demand is higher than expected, may interfere with normal voice mail operations.

10. Voice Mail Broadcast Message Service

- Communication tool description: Information message to all subscribers of an organization’s voice mail system.
- When is this a good method: If audience includes all the organization’s voice mail subscribers.
• Prerequisites: All recipients must subscribe to the organization’s voice mail service.
• Target Availability: 24/7 (Note: The primary challenge will be coordinating the composition and release of the message outside normal business hours.)
• Number of people this method potentially reaches: All individuals that subscribe to the organization’s voice mail service.
• Possible shortcomings: Only the organization’s voice mail subscribers can get the message. Voice services groups are generally not staffed outside normal business hours.

11. Text Messaging Service

• Communication tool description: Mechanism for sending short text messages to mobile phones.
• When is this a good method: When the message is time-critical and can be succinctly communicated (in 160 characters or less).
• Prerequisites: Users must have a wireless phone with text messaging service. Organization must have cell gateway information for individuals who will receive messages. Usage of mass test messages must be coordinated with cellular service providers.
• Target Availability: 24/7 (Note: The primary challenge will be coordinating the composition and release of the message outside normal business hours.)
• Number of people this method potentially reaches: Whoever is on the predefined list.
• Possible shortcomings: The cellular network may be overloaded. The sender could be blacklisted from the cellular network. Only individuals who have cellular technology, have signed up for the service, and have provided their cellular gateway information can receive messages. Several groups needed to support this service are generally not staffed outside normal business hours.

12. Mass Email Service

• Communication tool description: Ability to send message to a very large group of email recipients
• When is this a good method: When the message is time-sensitive, but not time-critical.
• Prerequisites: Users must have access to their e-mail service. Organization must have e-mail address information for individuals who will receive messages.
• Target Availability: 24/7 (Note: The primary challenge will be coordinating the composition and release of the message outside normal business hours.)
• Number of people this method potentially reaches: Everyone with valid e-mail account information.
• Possible shortcomings: Unless individuals have access to their e-mail service, they will not get the message. Processing large e-mail lists may not meet time-critical delivery needs. The email list management services group is generally not staffed outside normal business hours.

13. Web Pages and Knowledgebase

• Communication tool description: Information posted on a web site.
• When is this a good method: When periodic updates are helpful to the intended audience.
• Prerequisites: User must have an internet connection and the organization’s network and web server are available.
• Target Availability: 24/7 (Note: The primary challenge will be coordinating the composition and posting of information in a timely manner outside normal business hours.)
• Number of people this method potentially reaches: Because this is for incoming access, there is no way of knowing beforehand how many people will use it.
• Possible shortcomings: Only available if network and web server are reachable. Server may become overloaded in heavy use situation (slow response). Several groups involved in this process generally are not staffed outside normal business hours.

14. Signage

• Communication tool description: Indoor or outdoor signs or electronic message boards.
• When is this a good method: Notification of traffic patterns or alerts to local audiences.
• Prerequisites: Signage and power for electronic message boards.
• Target Availability: 24/7
• Number of people this method potentially reaches: Everyone who can see the signage.
• Possible shortcomings: Individuals must be within sight range of signage.
15. Siren System

- Communication tool description: Indoor or outdoor sirens.
- When is this a good method: When those that need to be notified are within hearing distance of the siren.
- Prerequisites: Sirens placed in appropriate places. Education concerning meaning of specific alert tones.
- Target Availability: 24/7
- Number of people this method potentially reaches: Everyone within hearing distance of the siren.
- Possible shortcomings: Individuals must be within hearing distance of the siren. Individuals may not know the meaning of a specific alert tone. Not effective when alert needs to be geographically restricted within the coverage area.

16. Public Address System

- Communication tool description: Indoor or outdoor public address systems.
- When is this a good method: When those that need to be notified are within hearing distance of the public address system.
- Prerequisites: public address systems placed in appropriate places.
- Target Availability: 24/7
- Number of people this method potentially reaches: Everyone within hearing distance of the public address system.
- Possible shortcomings: Individuals must be within hearing distance of the public address system.

17. Broadcast Radio and Television

- Communication tool description: Message or alert through radio and television.
- When is this a good method: When large numbers of individuals need detailed access to information.
- Prerequisites: Individuals must be tuned to the correct frequency or channel.
- Target Availability: 24/7 (Subject to each broadcast entity’s “on-air” time and schedule constraints.)
• Number of people this method potentially reaches: Because individuals access the service, there is no way of knowing beforehand how many people will use it.
• Possible shortcomings: Individuals must be tuned to the correct frequency or channel. Generally used for reporting and updating after or well into the crisis event.

18. Word of Mouth (“Knocking on Doors”)

• Communication tool description: Contacting individuals or groups to spread a message.
• When is this a good method: When individuals need to be and can be contacted immediately.
• Prerequisites: Individuals can safely make personal contact with individuals.
• Target Availability: 24/7
• Number of people this method potentially reaches: Generally a small but important group.
• Possible shortcomings: Only a small number of individuals can be contacted.

Summary

Effective emergency communications requires an approach that incorporates multiple strategies. It is unlikely that any single organization could incorporate the entire portfolio of strategies documented here. Policies and procedures would need to be developed to match each organization’s organization structure, operating hours, and crisis management approach. Based on the likelihood of a particular crisis event and each organization’s unique circumstances, it is recommended that a portfolio of communications and alert services and systems be evaluated to meet the organization’s needs. (Appendix I)
Law Enforcement/Security Needs
UW Colleges and UW Extension Subcommittee

The Committee Membership

The 2007 President’s Commission on University Security forwarded the following recommendation:

“The security/law enforcement needs of the two-year Colleges and Extension should be reviewed. The Commission has formed a sub-group for this purpose to make recommendations by September 7, 2007.”

The Committee included the following individuals:

Richard Barnhouse; Asst. Dean for Administrative Services, UW-Sheboygan
Carolyn Davis; Asst. Dean for Administrative Services, UW-Baraboo/Sauk County
Ruth Joyce; Asst. Dean for Student Services, UW-Baraboo/Sauk County
John Kiefer; Asst. Dean for Administrative Services, UW-Fond du Lac
Christopher Lewis; Asst. Dean for Student Services, UW-Manitowoc
Bruce Peters; Asst. Dean for Administrative Services, UW-Manitowoc
Joanne Robis; Asst. Dean for Administrative Services, UW-Waukesha
Scott Ward; Asst. Dean for Administrative Services, UW-Marinette
Dennis Ward; LTE, Institutional Office
Patti Wise; Special Assistant to the Provost, Institutional Office
Steven Wildeck; Vice Chancellor for Administrative and Financial Services, UW Colleges & UW-Extension (chair)

Background

UW Colleges

The UW Colleges consists of a collection of thirteen individual freshman/sophomore campuses with approximately 12,300 students. Collectively, UW Colleges campuses span 1,100 acres and contain 2.3 million square feet of space in 75 buildings. Two campuses have student residence facilities on or near campus. Campus buildings and grounds are owned by individual counties and cities, or combinations thereof. Campus buildings are usually open and accessible to the public an average of 15 hours every weekday and eight hours each day of the weekend.
UW Colleges has no sworn police officers and no police/security staff, either at the campuses or the institutional office. Literally all of the building contents and liability risk are that of the university. Like UW four-year institutions, UW Colleges campuses fall within the law enforcement jurisdiction of local police or sheriff departments. However, unlike the four-year campuses, UW Colleges campuses rely on municipal authorities for all of their law enforcement needs.

**UW Extension**

UW Extension consists of four divisions, all headquartered in Madison:

- Broadcast and Media Innovations
- Cooperative Extension
- Continuing Education, Outreach and E-Learning
- Entrepreneurship and Economic Development

Law enforcement and security services for the UW-Extension Madison-based operations are provided through UW-Madison. County cooperative extension offices are served by their local police authorities. Wisconsin Public Television and Wisconsin Public Radio facilities are located around the state, both on UW campuses and in non-campus locations. Some specific concerns regarding public broadcasting are noted in this report.

**Findings**

The committee focused on the needs of the UW Colleges and UW-Extension within the following framework:

- Law enforcement – Emergency Response
- Law enforcement – Institutional Administration and Information
- Law enforcement – Awareness and Education
- Security – Asset Management and Protection
- Security – Personal and Public Safety

It is important to note that counseling and mental health needs of UW Colleges campuses are being examined in detail by other committees, and will not be discussed here.

- Law Enforcement – Emergency Response
UW Colleges campuses are generally comfortable with the level of emergency response they receive from local law enforcement agencies, and are confident in those agencies’ ability to respond within the required 4-7 minutes in the event of an active shooter. Other response needs typically involve theft, vandalism, or vehicular accidents.

UW-Extension divisions are generally comfortable with the level of emergency response they receive from UW campus and local law enforcement agencies. Emergency response procedures between public broadcasting facilities and campus/local law enforcement agencies should be reviewed.

- Law Enforcement – Institutional Administration and Information
  UW Colleges has no sworn officer and therefore is unable to perform some required administrative law enforcement duties. University police departments play a critical role in carrying out legislative mandates, and in placing emphasis on the unique public safety issues that are of particular interest to students and campus communities.

  One example involves recently passed legislation in Wisconsin which requires the Department of Corrections to send sex offender information to law enforcement authorities for possible public notification. While UW Colleges was brought into this discussion, any solution will require the assistance of another law enforcement agency, perhaps from within the UW System.

- Law Enforcement – Awareness and Education
  University police departments provide valuable crime prevention services through awareness and education of students and employees. On UW Colleges campuses, these services can be provided by local law enforcement agencies, so long as those agencies have the time and the resources to do so. Campuses are generally not the top priority of the local police, as they have many other concerns in the community. Other than when responding to an emergency, or an occasional “drive through,” police are rarely seen on campus.

UW Colleges campuses could benefit greatly from regular awareness and education programs. Development of a campus police department is not required to deliver these programs. Instead, they could be effectively performed by campus security staff, an institutional safety officer, and/or through a contractual arrangement with local law enforcement agencies. None of these resources currently exist within the UW Colleges.

- Security – Asset Management and Protection
  UW Colleges campuses lack a security presence, in part, because uniformed officers are only seen when responding to a law enforcement need or when taking a report.
A greater presence of a uniformed police or security officer would enhance the protection of campus physical assets. Theft and vandalism incidents could be reduced with education and training performed by campus security personnel, and through use of technology including electronic access systems and cameras.

Security of public broadcasting facilities is a concern of UW-Extension’s Division of Broadcasting and Media Innovations (BAMI). Disruptions to live broadcasts by individuals or groups are an ongoing potential risk. Improved security of broadcasting towers and equipment to prevent intrusion and vandalism would be beneficial.

- Security – Personal and Public Safety
  UW Colleges campuses are perceived by the public, students, and employees as being safe places to visit, learn, and work. Maintaining a robust safety and risk management program continues to be difficult for the UW Colleges due to the lack of any institutional or campus safety staff. Physical plant employees are sometimes viewed as public safety officers by visitors and other employees. Campuses generally feel that, due to an absence of more appropriate personnel, physical plant employees are sometimes performing security tasks for which they are not adequately equipped or trained.

**UW Colleges and UW Extension Recommendations**

*In priority order…*

1. An institutional safety and risk management officer position should be established for the UW Colleges and UW-Extension. Resources should be provided by the state or the UW System to meet this need.

   Such a position would provide critical training, planning, and coordination of safety and security activities for all UW College campuses. It would also serve as the key liaison on these issues with the UW System, state government, and other institutions.

   The estimated cost for this position is shown in Appendix J1.

2. A minimum recommended level of law enforcement and security service should be established for UW Colleges campuses. Resources should be provided by the state or the UW System to meet this need through staffing or contractual services.
The minimum recommended level of UW Colleges law enforcement and security service need is estimated in Appendix J2.

3. In lieu of being granted law enforcement status, a contractual relationship should be established between UW Colleges and another entity (e.g., UW-Madison) for the purpose of providing an administrative law enforcement liaison for UW Colleges. Resources should be provided by the state or the UW System to meet this need.

A formalized relationship would keep the UW Colleges in the mainstream of communication on law enforcement matters and establish an administrative mechanism to ensure compliance.

4. The UW System should establish minimum standards for various aspects of campus security, including but not limited to:
   - Electronic building access
   - Use of security cameras
   - Interior and exterior lighting
   - Emergency telephones
   - Tornado/foul weather notification
   - Campus-wide communication systems

Resources should be provided by the state or the UW System to meet these needs.

Note: The first 3 recommendations, when taken together, provide the most integrated and effective response to the security/law enforcement needs of the UW Colleges.
President Reilly’s 2007 Commission on Campus Security
Counseling Subcommittee

Institution ________________________________________________________________

Name of person responding to survey _________________________________________

Contact person e-mail and phone _________________________________________________________________________________

Institutional headcount ______________________________________________________

Number of FTE Professional Counselors / Client Service Providers ____________________________ Note: Do not include EAP

What is your FTE for EAP? ______ How many faculty/staff do you have on campus? _________

If FTE is 0, do you outsource? ___ Yes _____ No

Number of EAP programs presented and numbers in attendance for each of the following years:

2006 – 07 __________ 2005 – 06 __________ 2004 – 05 __________

Number of clients seen by EAP staff for each of the following years:

2006 – 07 __________ 2005 – 06 __________ 2004 – 05 __________

Number of consults regarding staff for each of the following years:

2006 – 07 __________ 2005 – 06 __________ 2004 – 05 __________

Which of the following provide funding for your operation and approximately what percentage of your budget do they provide (mark all that apply)?

28
________Segregated Fees __________Grant Funding
________Insurance        __________Other ______________________________  __________S & E

What is your overall budget for counseling services? ______ Personnel ______ Services & Supplies ______

What percentage of your budget is devoted to suicide prevention? ______ Personnel______ Services & Supplies ______

What percentage of your budget is devoted violence preventions? ______ Personnel ______ Services & Supplies ______

Do you have a systematic suicide prevention program?  _Yes  _____No

  If Yes, please explain:
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

If no systematic prevention program, do you have suicide outreach programs?  _____Yes  _____No

Do you have mental health screening days? _______Yes  ______No

  If Yes, number of days held each of the following academic years:
  2006 – 07_________  2005 – 06_________  2004 – 05_________

  If no, why not?
  ____________________________________________________________________

Do you have a staff member specifically designated to do outreach? _____Yes  _____No

  If Yes, percent of position dedicated to outreach? __________
Do you have a violence relationship prevention program?  _____Yes     _____No

Outreach efforts
   Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
</tr>
</tbody>
</table>

Comments:________________________________________________________

______________________________________________________________

Number of outreach programs focused on violence prevention for each of the following years:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
</tr>
</tbody>
</table>

Clients Served
   Number of students seen by staff for each of the following years:

<table>
<thead>
<tr>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of sessions attended for each of the following years:

<table>
<thead>
<tr>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th></th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of faculty/staff/parent/other consults for each of the following years:

<table>
<thead>
<tr>
<th></th>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
</table>

Do you have a network of service providers in your immediate area to use as a referral option?

- [ ] Yes
- [ ] No

Comments: ____________________________________________________________

Client Demand

1. Has your center witnessed an increase in client demand over the last 5 – 10 years?

- [ ] Yes
- [ ] No

Comments: ____________________________________________________________
2. Has your center experienced an increase in the severity / complexity of client needs?  _____Yes  _____No
Comments:__________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?
   _____Improved  _____Declined
Please Explain:__________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
__________
Appendix B

UW Colleges Survey Findings

UW Colleges Survey Data

<table>
<thead>
<tr>
<th></th>
<th>13 campuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount</td>
<td>11,700</td>
</tr>
<tr>
<td>Campuses with:</td>
<td></td>
</tr>
<tr>
<td>--Mental Health Counseling Centers</td>
<td>0/13</td>
</tr>
<tr>
<td>--On-campus Mental Health Counselors</td>
<td>0/13</td>
</tr>
<tr>
<td>--Contract with local Mental Health Provider</td>
<td>2/13</td>
</tr>
<tr>
<td>--Referral to community Mental Health Provider</td>
<td>9/13</td>
</tr>
<tr>
<td>--Suicide Prevention Program</td>
<td>0/13</td>
</tr>
<tr>
<td>--Mental Health Screening Days</td>
<td>0/13</td>
</tr>
<tr>
<td>--Violence Prevention Program</td>
<td>0/13</td>
</tr>
<tr>
<td>--Increase in client demand</td>
<td>13/13</td>
</tr>
<tr>
<td>--Increase in severity/complexity of client needs</td>
<td>13/13</td>
</tr>
</tbody>
</table>

Examples of Current Campus Counseling Models

**UW-Baraboo/Sauk County** has a referral contract with Baraboo Psychological Services. Students are allowed three counseling visits at no charge. The program is funded primarily through segregated fees. The cost is about $4000 for the academic year and $500 for the summer.

**UW-Fond du Lac** has a Wellness Center staffed by a graduate student intern from UW-Oshkosh who provides short-term counseling under the supervision of the Student Work Zone Coordinator. If a student needs further assistance, they are referred to the county mental health clinic or one of two private health providers.

**UW-Marathon County** refers all students in need of mental health counseling to one service provider with ten years of professional experience working with young adults. The provider charges $75 an hour with the campus spending about $1500 from segregated fees and $500 from other sources.
UW-Richland has a service agreement with Richland County Health and Human Services. The contract provides two free visits for each student. The campus pays $3000 for the service in three ways: Campus Foundation-$1000; Campus View Housing-$1000; and Student Segregated Fees-$1.35 per semester, per student.
## Counseling Center Headcounts

**Appendix C1**

<table>
<thead>
<tr>
<th>Institutional Headcount</th>
<th>FTE Professional Counselors/Client Service Providers</th>
<th>Recommended Counselors based on Industry Standard</th>
<th>Headcount Divided by Counselors/Client Service</th>
<th>FTE EAP</th>
<th>Faculty/Staff Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>UW-Eau Claire 10500</td>
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<td>UW-Eau Claire 7.00</td>
<td>UW-Eau Claire 2,785.15</td>
<td>0.33</td>
<td>1150</td>
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<tr>
<td>UW-Green Bay 5888</td>
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<td>UW-Green Bay 3.93</td>
<td>UW-Green Bay 2,284.62</td>
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<td>UW-La Crosse 8974</td>
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</table>

| 148737                  | -                                                  | 68.93                                           | 99.16                                         | 4.42    | 30546                   |
Institutional Headcount
Appendix C2

- UW-Whitewater: 7%
- UW-Eau Claire: 7%
- UW-Green Bay: 4%
- UW-La Crosse: 6%
- UW-Madison: 27%
- UW-Milwaukee: 19%
- UW-Oshkosh: 7%
- UW-Parkside: 3%
- UW-Platteville: 4%
- UW-River Falls: 4%
- UW-Stevens Point: 6%
- UW-Stout: 6%
- UW-Superior: 0%
- UW-Superior: 0%
- UW-Whitewater: 7%
Recommended Headcount by Industry Standards
Appendix C4

FTE Recommendations Based on Industry Standard

- UW-Eau Claire
- UW-Green Bay
- UW-La Crosse
- UW-Madison
- UW-Oshkosh
- UW-Parkside
- UW-Platteville
- UW-River Falls
- UW-Stevens Point
- UW-Stout
- UW-Superior
- UW-Whitewater

FTE Professional Counselors/Client Service Providers
Recommended Counselors based on Industry Standard
Mental Health Screening Days

Below are UW Campuses that provide Mental Health Screening Days:

- UW-Green Bay
- UW-La Crosse
- UW-Milwaukee
- UW-Whitewater

Below are UW Campuses that do not provide Mental Health Screening Days:

- UW-Eau Claire
- UW-Madison
- UW-Oshkosh
- UW-Parkside
- UW-Platteville
- UW-Platteville
- UW-River Falls
- UW-Stevens Point
- UW-Superior
Mental Health Screening Days
Appendix D1

Provide Mental Health Screening Days
Appendix D2

Staff Member Designated Outreach

Below are UW Campuses that have a staff member designated to outreach:

UW-Stout
UW-Whitewater

Below are UW Campuses that do not have a staff member designated to outreach:

UW-Eau Claire
UW-Green Bay
UW-LaCrosse
UW-Madison
UW-Milwaukee
UW-Oshkosh
UW-Parkside
UW-Platteville
UW-River Falls
UW-Stevens Point
UW-Superior
Staff Member Designated Outreach
Appendix D2

Provide Staff Member Designated Outreach
### Outreach Programs

#### Appendix D3

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Systematic Suicide Prevention and Outreach

Below are UW Campuses that provide systematic suicide prevention and outreach:

UW-Green Bay
UW-La Crosse
UW-Madison
UW-Oshkosh

Below are UW Campuses that do not provide systematic suicide prevention and outreach:

UW-Eau Claire
UW-Milwaukee
UW-Parkside
UW-Platteville
UW-River Falls
UW-Stevens Point
UW-Stout
UW-Superior
UW-Whitewater
Systematic Suicide Prevention and Outreach
Appendix E1

Systematic Suicide Prevention

Identified Systematic Suicide Prevention

[Bar chart showing data for various University of Wisconsin campuses]
Appendix E2

Violence Relationship Program

Below are UW Campuses that provide a Violence Relationship Program:

UW-Green Bay
UW-La Crosse
UW-Madison
UW-Milwaukee
UW-Oshkosh
UW-Stout

Below are UW Campuses that do not provide a Violence Relationship Program:

UW-Eau Claire
UW-Parkside
UW-Platteville
UW-River Falls
UW-Stevens Point
UW-Superior
UW-Whitewater
Provide Violence Relationship Program
Sources of Funding by Campus
Appendix F

Sources of Funding for Program
## EAP Statistics by Campus

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45
EAP Number of Programs
Appendix G2

EAP Programs Presented 2004-2007
## Student Contacts

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| her Consults 2006-07 | N/A | N/A | N/A |
| her Consults 2005-06 | N/A | N/A | N/A |
| her Consults 2004-05 | 88  | 54  | 14  |
| her Consults 2006-07 | N/A | N/A | N/A |
| her Consults 2005-06 | N/A | N/A | N/A |
| her Consults 2004-05 | 446 | N/A | N/A |
| her Consults 2006-07 | 54  | 59  | 57  |
| her Consults 2005-06 | 54  | 59  | 57  |
| her Consults 2004-05 | 81  | 45  | 92  |
| her Consults 2006-07 | N/A | N/A | N/A |
| her Consults 2005-06 | N/A | N/A | N/A |
| her Consults 2004-05 | 40  | 51  | 45  |
| her Consults 2006-07 | 286 | 88  | 219 |
| her Consults 2005-06 | 286 | 88  | 219 |
| her Consults 2004-05 | 88  | 219 | 1,347 | 522 | 734 |

1,546 776 955 - 17 13 13 - 48 35 26
Effective Emergency Communications

Selecting the best Communications Options

- **When is this a good option**
- **Prerequisites to using this option**
- **Target availability of this option**
- **Number of people this option potentially reaches**
- **Possible shortcomings of this option**

Communications Options

- Toll-Free Telephone Service
- Reverse 911/Broadcast Message
- High-Volume Call-in Message Service
- Low-volume Call-in Message Service
- Call Center Service
- Broadcast Message Service
- Reverse 911 Service
- Individual or List Voice Mail Message Service
- Organization Voice Menu Service
- Voice Mail Broadcast Message Service
- Text Message Service
- Mass Email Service
- Web Pages and Knowledgebases
- Signage
- Siren System
- Public Address System
- Broadcast Radio and Television
- Word of Mouth “Knocking on Doors”

Appendix I

50
**Estimated Cost of UW Colleges & UW-Extension**

**Safety & Risk Management Officer**

<table>
<thead>
<tr>
<th>UW Colleges / UW-Extension</th>
<th>Enrollment *</th>
<th>Position Need – FTE</th>
<th>Salary /Fringe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety &amp; Risk Mgt Officer</td>
<td>12,762</td>
<td>1.0</td>
<td>$69,600</td>
</tr>
</tbody>
</table>

* Enrollment includes UW Colleges Online

**Appendix J2**

**Minimum Recommended Level of Law Enforcement / Security Service for UW Colleges campuses**

UW System institutions currently employ an average of 1.03 sworn officers per 1,000 students. Most institutions provide 24/7 coverage with this level of staffing.

It is difficult to estimate the need for law enforcement and security coverage for UW Colleges campuses. While most campuses do not require 24/7 coverage, buildings are usually open and accessible to the public an average of 15 hours every weekday and eight hours each day of the weekend (54% of 24/7 coverage). The following estimates were calculated using the UW System average of 1.03 sworn officers per 1,000 students, and the rate of 54% of 24/7 coverage.

<table>
<thead>
<tr>
<th>Campus</th>
<th>Enrollment</th>
<th>Law Enforcement / Security FTE Equivalent Need</th>
<th>Salary / Fringe Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>UW-Baraboo/Sauk</td>
<td>620</td>
<td>.3</td>
<td>$14,500</td>
</tr>
<tr>
<td>UW-Barron</td>
<td>591</td>
<td>.3</td>
<td>$13,800</td>
</tr>
<tr>
<td>UW-Fond du Lac</td>
<td>797</td>
<td>.4</td>
<td>$18,000</td>
</tr>
<tr>
<td>UW-Fox Valley</td>
<td>1,731</td>
<td>1.0</td>
<td>$40,600</td>
</tr>
<tr>
<td>UW-Manitowoc</td>
<td>588</td>
<td>.3</td>
<td>$13,800</td>
</tr>
<tr>
<td>UW-Marathon</td>
<td>1,320</td>
<td>.7</td>
<td>$30,900</td>
</tr>
<tr>
<td>UW-Marinette</td>
<td>460</td>
<td>.3</td>
<td>$10,800</td>
</tr>
<tr>
<td>UW-Marshfield/Wood</td>
<td>594</td>
<td>.3</td>
<td>$13,900</td>
</tr>
<tr>
<td>UW-Richland</td>
<td>450</td>
<td>.3</td>
<td>$10,500</td>
</tr>
<tr>
<td>UW-Rock</td>
<td>930</td>
<td>.5</td>
<td>$21,800</td>
</tr>
<tr>
<td>UW-Sheboygan</td>
<td>690</td>
<td>.4</td>
<td>$16,200</td>
</tr>
<tr>
<td>Campus</td>
<td>Hours</td>
<td>Staff</td>
<td>Total Cost</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>UW-Washington</td>
<td>967</td>
<td>.5</td>
<td>$22,700</td>
</tr>
<tr>
<td>UW-Waukesha</td>
<td>2,020</td>
<td>1.1</td>
<td>$47,400</td>
</tr>
<tr>
<td><strong>Campus Total-UW Colleges</strong></td>
<td>11,728</td>
<td>6.4</td>
<td><strong>$274,900</strong></td>
</tr>
</tbody>
</table>

Where appropriate, campuses should have the flexibility to establish contractual arrangements with local authorities to provide coverage instead of hiring staff. Funding is essential in order to guarantee the level of service.
Appendix K

President Reilly’s 2007 Commission on Campus Security
Counseling sub-committee

Institution ______ UW-Eau Claire

Name of person responding to survey ______ P. J. Kennedy, Director UWEC Counseling Services

Contact person e-mail and phone _pkennedy@uwec.edu_ (Work) 715-836-5521 (home) 715-835-0386 [vacation until August 20th but check e-mail]

Institutional headcount ______ 10,500

Number of FTE Professional Counselors / Client Service Providers _____ 3.77 FTE (4.1 w/ EAP) Note: **Do not include EAP**
(note we supplement this FTE with 24 hours of part time consultant/counselor work weekly for 7 months a year paid with First Offender fees.)

What is your FTE for EAP? __ .33 FTE __

If FTE is 0, do you outsource? _____ Yes _____ No

Number of EAP programs presented and numbers in attendance for each of the following years:

- 2006 – 07 ______ 6/89 ______
- 2005 – 06 ______ 6/102 ______
- 2004 – 05 ______ 2/40 ______

Number of clients seen by EAP staff for each of the following years:

- 2006 – 07 ______ 55 ______
- 2005 – 06 ______ 45 ______
- 2004 – 05 ______ 66 ______

Number of consults regarding staff for each of the following years:

- 2006 – 07 ______ 10 ______
- 2005 – 06 ______ 8 ______
- 2004 – 05 ______ 10 ______

Which of the following provide funding for your operation and approximately what percentage of your budget do they provide (mark all that apply)?

- ______ Segregated Fees
- ______ Grant Funding
- ______ Insurance
- ______ XX Other _General Operations Budget_ (& $8,000 from FOF last year)
- ______ S & E

What is your overall budget for counseling services? ______ 329,606 ______

Personnel ______ 310,706 ______ Services & Supplies ______ 18,900 ______

What percentage of your budget is devoted to suicide prevention? _Pooled budget estimate 3% _Personnel 2% _Services & Supplies 1%_

What percentage of your budget is devoted violence preventions? _Est 2% _Personnel 1% _Services & Supplies 1%_

Do you have a systematic suicide prevention program? _____ Yes _____ No
If Yes, please explain: ____________________________________________________________

If no systematic prevention program, do you have suicide outreach programs? ______X__ Yes ______ No

Do you have mental health screening days? ______ Yes ______ No

If Yes, number of days held each of the following academic years:

2006 – 07_________ 2005 – 06_________ 2004 – 05_________

If no, why not? We don’t offer screening days because of reduced staffing and focus on direct counseling instead. (We had these when we had more staff). We now offer the mental health self-help screening instruments online on our website every day of the year and find this constant access is a plus.

Do you have a staff member specifically designated to do outreach? ______ Yes ______ No

If Yes, percent of position dedicated to outreach? ______ All staff do outreach and it is about 5 to 10% of their job depending on demand

Do you have a violence relationship prevention program? ______ Yes ______ No

Outreach efforts

Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>66</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>121</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>41</td>
</tr>
</tbody>
</table>

Comments: Some of this outreach is done over the summer in orientation when we have more time – preventive outreach has taken a backseat to direct counseling and we did more of this when we had more staff.

Number of outreach programs focused on violence prevention for each of the following years:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>2</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>4</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>3</td>
</tr>
</tbody>
</table>

Clients Served

Number of students seen by staff for each of the following years:

| 2006 – 07 | 775         | 2005 – 06 | 841          | 2004 – 05 | 882         |

Number of sessions attended for each of the following years:

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
<th>police “mental cases”</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>50</td>
<td>no data</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>37</td>
<td>no data</td>
<td>est. 14 no data</td>
<td>24</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>27</td>
<td>no data</td>
<td>est. 12 no data</td>
<td>14</td>
</tr>
</tbody>
</table>

Number of faculty/staff/parent/other consults for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>est. 250</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>est. 225</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>est. 200</td>
</tr>
</tbody>
</table>

Do you have a network of service providers in your immediate area to use as a referral option?  
XX Yes  _____ No

Comments: We contract and pay for an initial assessment and two med check follow-ups with two local psychiatric services for uninsured students. We refer students needing long term or intensive services out to a variety of community agencies and use a short term counseling model on campus with our average number of sessions per client last year being 2.63.

Client Demand

1. Has your center witnessed an increase in client demand over the last 5 – 10 years?  
XX Yes  _____ No

Comments: We have seen an increasing demand for clinical mental health services at the same time that we have reduced staffing and reduced access to services and programs due to university budget cuts and staffing reductions. We are spending less time doing developmental counseling and more providing clinical and crisis services. We have reduced the overall number of students seen over the past ten years as we have ben cut 2.8 FTE due to limited state funding and retrenchment. We have fewer programs and services but meet the needs of those in crisis.

2. Has your center experienced an increase in the severity / complexity of client needs?  
XX Yes  _____ No

Comments: We began to see an increase in the number of students coming in with depression about 12 years ago and probably see twice as many depressed students annually as we once did. Last year we saw 211 students for depression. We have also seen some increase in the number of students coming in with anxiety disorders and a small increase in bipolar disorder. We saw 372 students for mental health issues last year which is 51 more than the previous year. I believe that this increase is because of something positive – psychoactive medication is more effective today and high school students who would have once been derailed by a psychiatric disorder can now succeed in getting into college. Yet college is stressful and we need to provide these students with services that help them succeed despite their vulnerabilities.
3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?

   _____ Improved    XX Declined

Please Explain: As noted previously the combination of staffing reductions and increase clinical mental health demands has meant that we place a greater emphasis on direct clinical service and have fewer resources to spare for preventive programming. We not only provide less preventive outreach but also do less developmental counseling. At peak periods the wait for an appointment can be two weeks or more for those who are not in a crisis. In the past we provided personal counseling to 9% of our student population (also the national average for college counseling services). This past year we provided personal counseling to 7 and ½ percent of our student population. We know that people give up on coming in if they have to wait too long for services. Over the past ten year we have had a gradual reduction in staffing and have also seen a gradual reduction in programs and services.
President Reilly’s 2007 Commission on Campus Security
Counseling sub-committee

Institution __UW-Green Bay______________________________

Name of person responding to survey __Greg Smith______________________________

Contact person e-mail and phone ___smithg@uwgb.edu______920-585-2380______________________________

Institutional headcount ______5888______________

Number of FTE Professional Counselors / Client Service Providers ______2.6______________________________ Note: Do not include EAP

What is your FTE for EAP? ___No FTE is assigned, counselors work with employees as needed to provide EAP services.________

How many faculty/staff do you have on campus? ___1411____

If FTE is 0, do you outsource? ____Yes  ___No

Number of EAP programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004–05</td>
<td>2</td>
<td>30 attended</td>
</tr>
</tbody>
</table>

Number of clients seen by EAP staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006–07</td>
<td>15</td>
</tr>
<tr>
<td>2005–06</td>
<td>15</td>
</tr>
<tr>
<td>2004–05</td>
<td>17</td>
</tr>
</tbody>
</table>

Number of consults regarding staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006–07</td>
<td>10*</td>
</tr>
<tr>
<td>2005–06</td>
<td>10*</td>
</tr>
<tr>
<td>2004–05</td>
<td>10*</td>
</tr>
</tbody>
</table>

* Estimates

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?

- 5% Segregated Fees
- Grant Funding
- Insurance
- 95% Other
- GPR
- 4.4% S & E

What is your overall budget for counseling services? ___$149,237________________ Personnel ___$135,131____________ Services & Supplies ___14,106____

What percentage of your budget is devoted to suicide prevention? ___5%*____ Personnel ___5%*____ Services & Supplies ___2%*____

What percentage of your budget is devoted violence preventions? ___5%*____ Personnel ___5%*____ Services & Supplies ___2%*____

* These numbers are estimates
Do you have a systematic suicide prevention program?   X Yes   ____ No

If Yes, please explain:   _____ RA trained in prevention, Employees informed to contact counselor if there is a suicide concern Counselor will follow-up with that person ASAP. Public Safety also has clear procedures for concerns about suicide

If no systematic prevention program, do you have suicide outreach programs?   _____ Yes   ____ No

Do you have mental health screening days?  X Yes   ____ No
If Yes, number of days held each of the following academic years:
   2006 – 07  1
   2005 – 06  1
   2004 – 05  1

If no, why not?  ________________________________________________________________

Do you have a staff member specifically designated to do outreach?   _____ Yes   X No
If Yes, percent of position dedicated to outreach?  __________

Do you have a violence relationship prevention program?   ____ X Yes   _____ No

Every year we do a number of programs concerning relationship violence. We work cooperative with the Human Relationships Programming Taskforce and one of our staff is the Sexual Assault Response Coordinator on campus and will be coordinating our sexual assault prevention efforts this coming year.

Outreach efforts

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>25</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>19</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>23</td>
</tr>
</tbody>
</table>

Comments:  Programs include active and passive programs from the Counseling and Health Center and several programming taskforces that Counseling and Health staff, including counselors, plays an active part on.

Number of outreach programs focused on violence prevention for each of the following years:
<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**Clients Served**

Number of students seen by staff for each of the following years:

- 2006 – 07: 303
- 2005 – 06: 293
- 2004 – 05: 265

Number of sessions attended for each of the following years:

- 2006 – 07: 616
- 2005 – 06: 508
- 2004 – 05: 502

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

- 2006 – 07: Emergency Sessions 31*, Voluntary Transportations 0**, Emergency Detentions assessment 2 EM-1 1
- 2004 – 05: Emergency Sessions 25*, Voluntary Transportations 3**, Emergency Detentions Assessment 2 EM-1 1

* These were the sessions coded as concerning suicide.
** These were direct results of counseling sessions, others may have been transported with help from Residence Life or Public Safety.

Number of faculty/staff/parent/other consults for each of the following years:

- 2006 – 07
- 2005 – 06
- 2004 – 05

* Although not specifically tracked Counseling Services works closely with Residence Life, Dean of Students office and Public Safety. We are very often consulted where there is a concern about mental health issues and where there is a need because of risk of harm to self or others we share information with these offices to help keep students safe. During the school year such consultations likely happen once or more a week.

Do you have a network of service providers in your immediate area to use as a referral option?  

- X Yes
- No

Comments: Green Bay is generally rich in mental health resources. The exception is psychiatry. Even when a student has insurance it can be several weeks before they can schedule a psychiatric evaluation. For a student who needs to depend on county resources it is even longer.

Client Demand
2. Has your center witnessed an increase in client demand over the last 5 – 10 years?  X Yes _____ No
Comments: The raise in demand for individual counseling has been steady but not dramatic. This year our individual sessions did go up 21%, which was dramatic but is likely partly explained by our having some new capabilities where we are working with students who may in the past been referred out.

2. Has your center experienced an increase in the severity / complexity of client needs?  X Yes _____ No
Comments: Clearly we are seeing more people on medication for mental health issues, which is not a bad thing at all but does I think stand as an indicator that some of the situations we work with are more complex than in past years. This year in particular we say a significant, almost doubling, of sessions where there was a concern about suicide over last year. Last year however that number was lower than it had been in a couple years. There is a significant variation from year to year but my sense is that we are seeing an increase in the severity of the situations we work with.

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?
   _____ Improved   X Declined
Please Explain: Our situation is somewhat mixed. We were cut .4 FTE of counseling time last year. With the cut there is less time to do one on one counseling, planning, programming etc. On the plus side we have been able to contract with a consulting psychologist whose guidance and expertise has allowed us to better serve our clients and expand some of the services we are able to provide.
Institution: University of Wisconsin – La Crosse
Name of person responding to survey: Jon Hageseth, Director
Contact person e-mail and phone: hageseth.jon@uwlaex.edu 608 785-8073
Institutional headcount: 8974 for 06-07
Number of FTE Professional Counselors / Client Service Providers: 4.5 FTE

Note: Do not include EAP

Comment: I converted the various staff contracts to annual appointments and only included staff who have duties that include personal counseling. I did not include any FTE for interns, nor did I factor out any staff who have administrative responsibilities.

What is your FTE for EAP? 0.0
How many faculty/staff do you have on campus? 1100 estimate
If FTE is 0, do you outsource? Yes and No (The CTC is still listed as a place to help make EAP referrals)

Number of EAP programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Programs</th>
<th>Number of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 - 07</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2005 - 06</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2004 - 05</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Number of clients seen by EAP staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 - 07</td>
<td>10 est</td>
</tr>
<tr>
<td>2005 - 06</td>
<td>10 est</td>
</tr>
<tr>
<td>2004 - 05</td>
<td>10 est</td>
</tr>
</tbody>
</table>

Number of consults regarding staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 - 07</td>
<td>25 est</td>
</tr>
<tr>
<td>2005 - 06</td>
<td>25 est</td>
</tr>
<tr>
<td>2004 - 05</td>
<td>25 est</td>
</tr>
</tbody>
</table>

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?

- Segregated Fees = 30%
- Grant Funding = 0%
- Insurance = 0%
- Other = I supplement our operation with testing revenue
- S & E (102) = 70%

What is your overall budget for counseling services? 460,000 Personnel $445,000 Services & Supplies $15,000
What percentage of your budget is devoted to suicide prevention?  

Personnel

Services & Supplies

What percentage of your budget is devoted violence preventions?  

Personnel

Services & Supplies

Comment: I use the ??? because I am not sure how to answer this. We don’t have a formal process in place, but in essence that is what we try to prevent by seeing the students in individual sessions regarding their personal concerns.

Do you have a systematic suicide prevention program?  

xxx Yes  

No

Comments: We do a number of things to work on this problem. We train RAs and Hall Directors regarding the detection and referral of students who have these concerns. We maintain good information on the website. We do screenings, but most importantly we try to make sure that the entire student community knows about the Counseling Center. We send out a letter and brochure every year to faculty and staff. Our Division also convenes a bi-weekly meeting to discuss high risk students.

If no systematic prevention program, do you have suicide outreach programs?  

XX Yes  

No

Do you have mental health screening days?  Yes and No

If Yes, number of days held each of the following academic years:

2006 – 07 2  

2005 – 06 3

2004 – 05 4

If no, why not? We have reduced them because of diminishing returns. It is better to be widely known on campus and have students come in any time. I frequently send out emails to the entire student community which alerts them to the fact that we have a counseling center on campus.

Do you have a staff member specifically designated to do outreach?  

Yes xx  No

If Yes, percent of position dedicated to outreach?  

Comment: We have a person who coordinates outreach requests, but we all do outreach.

Do you have a violence relationship prevention program?  

xx Yes  

No

Comments: We do some workshops in this area, but UWL has just received a 3-year violence prevention grant that will help the campus.
### Outreach efforts

Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>38</td>
<td>1148</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>Unk</td>
<td>Unk</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>28</td>
<td>Unk</td>
</tr>
</tbody>
</table>

If you include media, email, and web programs than we have 1000s.

I did not include the outreach by the Reach and Share program. This would amount to 100 programs annually to over 5000 people. This peer education program will not be located in the Counseling Center after June, 2007.

Comments: We stopped counting attendance at outreach programs because that number gets very inflated with the media and technology.

Number of outreach programs focused on violence prevention for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>6</td>
<td>180</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>4</td>
<td>120</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>4</td>
<td>120</td>
</tr>
</tbody>
</table>

These programs represent a 2-hour workshop we do in a general education classes on “consent and violence in relationships”.

Note: UWL now has a 3 year Violence Prevention Grant located in Women’s Studies.

### Clients Served

(Note: We changed computer systems and the 05-06 data is a disaster)

Number of students seen by staff for each of the following years:

- 2006 – 07: 813
- 2005 – 06: 800 est
- 2004 – 05: 788

Number of sessions attended for each of the following years:

- 2006 – 07: 3847
- 2005 – 06: 3800 est
- 2004 – 05: 3783

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>150</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>Unk</td>
<td>Unk</td>
<td>Unk</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>105</td>
<td>Unk</td>
<td>Unk</td>
</tr>
</tbody>
</table>
Comments: We had 5 hospitalizations involving the Counseling Center. This occurs if we initiate the hospitalization and work with the parents or if the parents initiate the hospitalization and then get the Counseling Center involved. I also know that emergency hospitalizations occur independent from us and we never get involved with the aftercare.

Number of faculty/staff/parent/other consults for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>105 (Note 1)</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>Unk</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>107</td>
</tr>
</tbody>
</table>

Note 1. With the advent of my distribution list for parents of first year students (n = 1200) I have had many consults with parents regarding a variety of issues. I probably should count these, but in the fall I get 50 to 100 emails a month from parents.

Do you have a network of service providers in your immediate area to use as a referral option? xx Yes _____No

Comments: We have very poor access to psychiatric services – almost nil unless someone is hospitalized. This is a huge problem for us despite having two very large medical centers in La Crosse. Our ability to refer to outpatient is limited by availability and sliding fees. Referring isn’t really a very viable option. It sounds good on paper, but it is very problematic. Every agency in LaCrosse has a waiting list.

Client Demand

3. Has your center witnessed an increase in client demand over the last 5 – 10 years? xxx Yes _____No

Comments: I would say so, but the numbers suggest only a small trend. It is a paradox. We don’t market our services in the summer or during breaks because of limited staff so we see fewer numbers during those times. We have not gone to a waiting list because we have used interns to help cover the demand.

2. Has your center experienced an increase in the severity / complexity of client needs? xxx Yes _____No

Comments: This is the major problem. Almost every day I have conversations with at least one of my staff about issues of “danger to self”. We have evolved into an outpatient mental health center without the training and backup psychiatric resources. More and more our client conversations have moved from career indecision, homesickness, and relationship problems to bi-polar, borderline, eating disorders, depression, and anxiety disorders.
3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?

xxx Improved xxx Declined

Please Explain: Technology has helped. We finally have a good software program to manage client records and scheduling. We are not using it to our full capacity and we still need a lot of work on definitions and coding. The Counseling Center has not received a budget increase in my 18 years as a Director. I totally raid our testing funds to pay for Counseling Center expenses. This is not practical, but it will last for another 3-4 years. Some of our personnel expenses have moved from GPR to Seg Fees which is a trend that will probably continue.

The Wisconsin Counseling Center Directors meet annually in the fall, usually in Wisconsin Rapids. I would strongly suggest that the commission meet with this group. I think our collective experience would be a great asset to your work.
President Reilly’s 2007 Commission on Campus Security
Counseling sub-committee

Institution ____________________________ University of Wisconsin Madison – Counseling and Consultation Services, a unit of University Health Services

Name of person responding to survey ____________________________________________________________________________ Robert A McGrath, PsyD, ABPP

Contact person e-mail and phone ___________________________________________ rmcgrath@uhs.wisc.edu 608/262-5218

Institutional headcount 39,409

Number of FTE Professional Counselors / Client Service Providers 27.65 FTE, includes 2.9 FTE Psychiatrists, 2.5 Psychiatric Clinical Nurse Specialists with prescriptive authority, and 4 FTE predoctoral interns in APA accredited internship. There are also 8 (2FTE) graduate counselors in training.

EAP is a separately funded program, not a C&CS/UHS program.

What is your FTE for EAP? __3 (EAP is a separately funded operation) How many faculty/staff do you have on campus? __16,000

If FTE is 0, do you outsource? ______ Yes ______ No

Number of EAP programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>38</td>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

Number of clients seen by EAP staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>1,163</td>
<td>1,280</td>
<td>1,328</td>
</tr>
</tbody>
</table>

Number of consults regarding staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>62</td>
<td>50</td>
<td>46</td>
</tr>
</tbody>
</table>

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?

- 61.2% Segregated Fees
- Grant Funding
- Insurance
- 38.8% Other includes funding from 101 and 178 and funding from campus partners (School of Medicine and Public Health, College of Engineering, and University Housing)
- S & E

What is your overall budget for counseling services? __2,409,400 ______ Personnel ______ 1,956,500 ______ Services & Supplies ______ 124,800

What percentage of your budget is devoted to suicide prevention? ______ Personnel ______ Services & Supplies ______

Suicide prevention has no separate budget, but is integrated within general counseling services
What percentage of your budget is devoted violence preventions? ______ Personnel ______ Services & Supplies ______
No separate budget

Do you have a systematic suicide prevention program?  ___X___ Yes ___ No

If Yes, please explain: We assess suicidal thoughts/plans in all clients. The risk of suicide and aggressive feelings/thoughts towards others is assessed on Intake Questionnaire, and also during Intake Interview. Even students who indicate no suicidal thought/intent on questionnaire are assessed for suicidality and thought/intent to harm others. We provide 24 hour crisis services (telephone access from 5pm-8:30am) to students and faculty/staff, family or friends who are concerned about a student.

If no systematic prevention program, do you have suicide outreach programs?  ___Yes ___ No

Do you have mental health screening days?  ___Yes ___X___ No

If Yes, number of days held each of the following academic years:

If no, why not? ___ Evidence on the effectiveness of such screening days is lacking. We believe effort in promoting our services and providing consultation/training to faculty/staff is more effective.

Do you have a staff member specifically designated to do outreach?  ___Yes ___X___ No

Do you have a violence relationship prevention program?  ___X___ Yes ___ No

The violence related prevention program is within Prevention Services, UHS. There are two student-led and UHS supported dating violence and sexual assault prevention programs at UW-Madison: 1) PAVE (Promoting Awareness, Victim Empowerment), a peer-to-peer education and awareness organization hosting hundreds of hour-long presentations and other events each academic year, and 2) the Fraternity Action Coalition, a leadership program for men in social fraternities.

Additional programming, training, and education on sexual assault and dating violence are provided by the UHS Violence Prevention Specialist in conjunction with the Offices of Dean of Students and other University Health Services staff. This training includes, but is not limited to, specialized trainings for university staff on current issues (such as restraining orders, campus statistics, and victim sensitivity), presentation developed with and for student athletes, and training and ongoing assistance for University Housing staff about victim response, prevention programming, and campus resources.
## Outreach Efforts

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAVE Sexual Assault and Dating Violence Peer Education (one hour interactive) presentations</td>
<td>5400</td>
</tr>
<tr>
<td>Greek new member Sexual Assault and Dating Violence Education</td>
<td>800</td>
</tr>
<tr>
<td>Fraternity Action Coalition (12 hour, one credit class)</td>
<td>60</td>
</tr>
<tr>
<td>New Student Orientation (information, resource fairs, evening discussion, staff training)</td>
<td>5200</td>
</tr>
<tr>
<td>Professional Development Trainings, Assorted (for students, professional staff and faculty, including specialized training and consultation for Housing staff, student athletes, new student orientation staff, and University Health Services staff)</td>
<td>453</td>
</tr>
<tr>
<td>Awareness and Educational Events (such as concerts, educational forums and awareness raising campaigns)</td>
<td>8000</td>
</tr>
</tbody>
</table>

### 2005-2006

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAVE Sexual Assault and Dating Violence Peer Education (one hour interactive) presentations</td>
<td>2600</td>
</tr>
<tr>
<td>Greek new member Sexual Assault and Dating Violence Education</td>
<td>572</td>
</tr>
<tr>
<td>Fraternity Action Coalition (12 hour, one credit class)</td>
<td>36</td>
</tr>
<tr>
<td>New Student Orientation (information, resource fairs, evening discussion, staff training)</td>
<td>5500</td>
</tr>
<tr>
<td>Professional Development Trainings, Assorted (for students, professional staff and faculty, including specialized training and consultation for Housing staff, student athletes, new student orientation staff, and University Health Services staff)</td>
<td>768</td>
</tr>
<tr>
<td>Awareness and Educational Events (such as concerts, educational forums and awareness raising campaigns)</td>
<td>4300</td>
</tr>
<tr>
<td>Programs</td>
<td>Attendance</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>PAVE Sexual Assault and Dating Violence Peer Education (one hour interactive) presentations</td>
<td>1000</td>
</tr>
<tr>
<td>Greek new member Sexual Assault and Dating Violence Education</td>
<td>400</td>
</tr>
<tr>
<td>Fraternity Action Coalition (12 hour, one credit class)</td>
<td>28</td>
</tr>
<tr>
<td>New Student Orientation (information, resource fairs, evening discussion, staff training)</td>
<td>5000</td>
</tr>
<tr>
<td>Professional Development Trainings, Assorted (for students, professional staff and faculty, including specialized training and consultation for Housing staff, student athletes, new student orientation staff, and University Health Services staff)</td>
<td>240</td>
</tr>
<tr>
<td>Awareness and Educational Events (such as concerts, educational forums and awareness raising campaigns)</td>
<td>2400</td>
</tr>
</tbody>
</table>

Comments: Though UW-Madison supports a wide variety of prevention programs and trainings across campus, perhaps the most valuable way our campus addresses violence is through two distinct cross-campus collaborative bodies which work to address campus needs through both intervention and prevention: 1)The university subcommittee on sexual assault and dating violence, with representation from UHS, ODOS, UWPD, Housing, Students, and victim services agencies, and 2) University Health Services Inter-departmental Working Group on Sexual Assault and Relationship Violence, which is composed of medical staff, clinical/counseling staff, prevention staff, students, and other interested parties. Both collaborations address the intersections of victim services, perpetrator accountability, prevention education, and campus wide (or unit-wide) policies/practices. Finally, it is worth noting that violence prevention programming in specialized areas (greek life and fraternities, student athletes, new students, Housing) incorporates both compassionate and responsible interventions to victims as well as primary prevention strategies (bystander intervention skills, addressing harmful gender norms, and debunking myths about violence against women).

Number of outreach programs focused on violence prevention for each of the following years: Violence prevention efforts coordinated and supported by University Health Services (Prevention Services) are all focused on sexual assault, dating/domestic violence, and stalking. Violence prevention programs, such as roommate violence, crowd violence, gun violence, and workplace violence, are not the focus of these programs.
Clients Served

Number of students seen by staff for each of the following years:

Number of sessions attended for each of the following years:

These numbers do not include students seen for management of mental health issues by clinicians at UHS’ medical clinic.

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th></th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>503</td>
<td>5 approx</td>
<td>0</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>389</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>515</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Number of faculty/staff/parent/other consults for each of the following years:
2006 – 07 2005 – 06 2004 – 05

We do not have exact figures but approximately 400-500 faculty, staff, parents, and fellow students are provided consultation about a concerning student.

Do you have a network of service providers in your immediate area to use as a referral option?  _X_ Yes  _____No

Comments: _____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Client Demand

4. Has your center witnessed an increase in client demand over the last 5 – 10 years?  __X__ Yes  _____No
Comments:____________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

2. Has your center experienced an increase in the severity / complexity of client needs?  __X__ Yes  _____No
Comments:____________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?
   _____Improved   _____Declined
Please Explain: The severity and intensity of student mental health difficulties has increased significantly in recent years. Due to great
effort on part of our exceptional counseling staff and important collaboration with medical staff, we have been able to meet the demands for
direct care adequately.
### UW-Milwaukee
Norris Health Center
Counseling and Consultation Services/Health Promotion and Wellness
Safety/Mental Health Outreach Activities

<table>
<thead>
<tr>
<th>Type of Activity/Program</th>
<th>Coun</th>
<th>HPW</th>
<th>7/04-6/05 #programs/attendance</th>
<th>7/05-6/06 #programs/attendance</th>
<th>7/06-6/07 #programs/attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Large programs in which Counseling and/or HPW took part; number of attendees are an estimate of individuals attending the event</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. UWM Campus and Communities United Against Violence Resource Fair Part of sexual assault awareness month</td>
<td>+</td>
<td>+</td>
<td>1/175</td>
<td>1/150</td>
<td>1/200</td>
</tr>
<tr>
<td>2. Depression Screening Day</td>
<td>+</td>
<td></td>
<td>1/40</td>
<td>1/38</td>
<td>1/40</td>
</tr>
<tr>
<td>3. Eating Disorders Screening Day</td>
<td>+</td>
<td>-</td>
<td>1/19</td>
<td>5/30</td>
<td></td>
</tr>
<tr>
<td>4. Alcohol Screening Day</td>
<td>+</td>
<td></td>
<td>1/10</td>
<td>1/10</td>
<td></td>
</tr>
<tr>
<td>5. WUWM Radio Broadcast “UWM Today”</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Personal Safety</td>
<td>+</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>1/200</td>
</tr>
<tr>
<td>7. RAINN Day (Rape, Abuse &amp; Incest National Network)</td>
<td>+</td>
<td>+</td>
<td>N/A</td>
<td>N/A</td>
<td>1/500</td>
</tr>
<tr>
<td>8. Relationships Fair</td>
<td>+</td>
<td>+</td>
<td>1/310</td>
<td>1/250</td>
<td>1/250</td>
</tr>
<tr>
<td>9. Wellness Fair</td>
<td>+</td>
<td>+</td>
<td>N/A</td>
<td>N/A</td>
<td>1/300</td>
</tr>
<tr>
<td>10. New Student/Parent Orientations-Tables</td>
<td></td>
<td></td>
<td>21/4150</td>
<td>24/5981</td>
<td>18/4020</td>
</tr>
<tr>
<td>Type of Activity/Program</td>
<td>Coun</td>
<td>HPW</td>
<td>7/04-6/05</td>
<td>7/05-6/06</td>
<td>7/06-6/07</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------</td>
<td>-----</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Coun=Counseling activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HPW=Health Promotion and Wellness activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VP=Violence Prevention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ongoing Counseling and HPW activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. AODA</td>
<td>+</td>
<td></td>
<td>2/105+</td>
<td>2/210</td>
<td>5/424</td>
</tr>
<tr>
<td>2. AODA and Mental Health</td>
<td>+</td>
<td></td>
<td>5/120</td>
<td>6/115</td>
<td>4/54</td>
</tr>
<tr>
<td>3. Mental Health</td>
<td>+</td>
<td></td>
<td>2/150</td>
<td>1/140</td>
<td>2/135</td>
</tr>
<tr>
<td>4. Sexual Assault</td>
<td></td>
<td>VP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Stress Management</td>
<td>+</td>
<td></td>
<td>27/815</td>
<td>18/648</td>
<td>8/642</td>
</tr>
<tr>
<td>6. Healthy Relationships</td>
<td>+</td>
<td></td>
<td></td>
<td></td>
<td>1/70</td>
</tr>
<tr>
<td>7. Parent Orientation - Presentations</td>
<td>+</td>
<td></td>
<td>N/A</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total Counseling and HPW</strong></td>
<td></td>
<td></td>
<td>61/5895</td>
<td>59/7585</td>
<td>52/6875</td>
</tr>
</tbody>
</table>
President Reilly’s 2007 Commission on Campus Security
Counseling sub-committee

Institution  UNIVERSITY OF WISCONSIN-MILWAUKEE

Name of person responding to survey  Julia Bonner, M.D., Executive Director, Norris Health Center

Contact person e-mail and phone jbonner@uwm.edu  414-229-5684

Institutional headcount  28,356 (Fall 2006)

Number of FTE Professional Counselors / Client Service Providers  5.65 Counseling, .9375 Psychiatry

Note:  Do not include EAP

All EAP information supplied by Director of Human Resources, Karl Sparks.

What is your FTE for EAP?  __0____ How many faculty/staff do you have on campus?  __5,350_____ This number is approximate and is based on the number of non-student workers on Payroll in March, 2007.

If FTE is 0, do you outsource?  XXX_ Yes  ______ No

Number of EAP programs presented and numbers in attendance for each of the following years:

UW-Milwaukee has only tracked programs in hours of presentation.

2006 – 07___10 hrs  2005 – 06___4.5 hrs  2004 – 05___9 hrs

Number of clients seen by EAP staff for each of the following years:


UW-Milwaukee outsources EAP to Symmetry. The first number represents new cases in each of the fiscal years. The second number represents the total number of sessions provided.

Number of consults regarding staff for each of the following years:


Symmetry has also provided conflict mediation and critical incident counseling as follows:

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2005-06</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict Mediation</td>
<td>16.25 hrs</td>
<td>12.5 hrs</td>
<td>20.5 hrs</td>
</tr>
<tr>
<td>Critical Incident</td>
<td>3.5 hrs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?
UW-Milwaukee’s contract with Symmetry for EAP is paid for out of 101 (S&E) funds allocated to the Department of Human Resources. Presently, that contract calls for an annual fee of $12,000 plus additional counseling fees if the hours go above a contract-specified level.

**UW-Milwaukee’s Counseling Services:**

<table>
<thead>
<tr>
<th>100% Segregated Fees</th>
<th>Grant Funding</th>
<th>Insurance</th>
<th>Other</th>
<th>S &amp; E</th>
</tr>
</thead>
</table>

Below budget services and supplies and breakdown are estimates. The supply budget does not reflect outreach material provided through health promotion.

What is your overall budget for counseling services? 708,000 Personnel 700,000 Services & Supplies 8,000

What percentage of your budget is devoted to suicide prevention? 10% Personnel 0% Services & Supplies 10%

What percentage of your budget is devoted violence preventions? 10% Personnel 1% Services & Supplies 10%

Do you have a systematic suicide prevention program? Yes X No

If Yes, please explain:

If no systematic prevention program, do you have suicide outreach programs? Yes X No

Do you have mental health screening days? Yes X No

If Yes, number of days held each of the following academic years:

- 2006 – 07 7
- 2005 – 06 3
- 2004 – 05 1

If no, why not?

Do you have a staff member specifically designated to do outreach? Yes X No*

If Yes, percent of position dedicated to outreach?

**Each member of the counseling staff does a limited amount of outreach as listed in their position description, as time permits, but no one person is designated the ‘outreach person.’**

Do you have a violence relationship prevention program? Yes X No
Outreach efforts

Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th></th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>52</td>
<td>6875</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>59</td>
<td>7585</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>61</td>
<td>5895</td>
</tr>
</tbody>
</table>

Comments: Please note that though there is no individual within the Counseling Department dedicated to outreach, between each counselor’s individual time and the Health Promotion & Wellness department, programs are provided on both large and small scales. See the attached supporting documentation for a breakdown of large events in which our staff participated and smaller, organized programs that our staff provided.

Number of outreach programs focused on violence prevention for each of the following years:

<table>
<thead>
<tr>
<th></th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>3</td>
<td>900</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>3</td>
<td>174</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>2</td>
<td>105</td>
</tr>
</tbody>
</table>

Clients Served

*Number of students seen by staff for each of the following years:

| 2006 – 07 | 1422 |
| 2005 – 06 | 1408 |
| 2004 – 05 | 1283 |

Number of sessions attended for each of the following years:

| 2006 – 07 | 4813 |
| 2005 – 06 | 4862 |
| 2004 – 05 | 4849 |

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>350</td>
<td>1</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>246</td>
<td>0</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>200</td>
<td>0</td>
</tr>
</tbody>
</table>

Number of faculty/staff/parent/other consults for each of the following years:

| 2006 – 07 | 86 |
| 2005 – 06 | 54 |
| 2004 – 05 | 14 |

Do you have a network of service providers in your immediate area to use as a referral option?  X  Yes  No

Comments: There is no standard network utilized uniformly by all mental health providers. Each provider refers students to community resources on an individual basis based on relationships established over the years. Resources in Milwaukee County are extremely limited, although the county does still operate a mental health facility with inpatient beds and 24/7 crisis services.
5. Has your center witnessed an increase in client demand over the last 5 – 10 years?  X____Yes ______No
Comments: Not only are more students seeking mental health services, they are seeking more immediate attention and resolution to the problem. The volume increase has been due to the increased enrollment by 30% over the past 10 years as well as the increasing proportion of students in the population seeking services. Many students at UWM are uninsured and look to the campus counseling center as the most viable option for getting help. The expectation and need for longer term treatment at the center for little or no cost has also impacted clients’ demand.

2. Has your center experienced an increase in the severity / complexity of client needs?  X____Yes ______No
Comments: Students often present with mental illness that has been present for years. Some of these individuals have been in treatment for years and in others the illness has gone unrecognized. The chronicity of the disease, comorbid conditions such as alcohol and drug abuse, and environmental factors including working often more then 20 hours a week have contributed to the increased severity and complexity of patients. The needs of these patients cannot be adequately met in a short term therapy model.

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?
   ______Improved      X____Declined
Please Explain: Our ability to meet the demands of the students in this area has declined given the reasons stated above along with our limited counseling services staffing. UWM’s ratio of counseling staff to student ratio is 1:5,018 (ratio of 1:4,264 includes all mental health professionals) is not only significantly worse then all other UW System schools it is also much worse than the 1:1,500 ratio recommended in the recent Campus Security Commission Report. Even with the majority of counseling staff time being devoted to direct care, students must sometime wait over four weeks for an initial appointment. In January in order to immediately address the time for a student to make initial contact with a mental health professional we added a crisis counselor to the staff. Even with this addition, however, wait times for non-urgent mental health appointments continued to exceed 4 weeks for both counseling and psychiatry appointments.

(* UWM added a Crisis Counselor to its Counseling staff on January 16, 2007. UWM provided psychiatry services through an outside contract until 8/16/04 when .5 FTE was hired and 11/1/05 when .4375 FTE was hired. )
Institution University of Wisconsin Oshkosh

Name of person responding to survey Joseph J. Abhold, Ph.D., Director, Counseling Center

Contact person e-mail and phone Joseph J. Abhold, abhold@uwosh.edu, 920-424-2061

Institutional headcount 11,080

Number of FTE Professional Counselors / Client Service Providers 6.8 plus 1.0 fte for differential tuition position. This is a mix of 9 and 12 month appointments. Note: Do not include EAP

What is your FTE for EAP? .5

How many faculty/staff do you have on campus? ________

If FTE is 0, do you outsource? ______ Yes  X ______ No

Number of EAP programs presented and numbers in attendance for each of the following years:

2006 – 07 28/600  
2005 – 06 36/560  
2004 – 05 11/269

Number of clients seen by EAP staff for each of the following years:

2006 – 07 76  
2005 – 06 74  
2004 – 05 66

Number of consults regarding staff for each of the following years:

2006 – 07 24  
2005 – 06 17  
2004 – 05 6

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?

Segregated Fees  12.5%  Grant Funding - 3 year grant

Insurance  71.8%  Other  102 budget

S & E  15.6%  Differential Tuition

What is your overall budget for counseling services? 597,776 Personnel 518,164 Services & Supplies 79,612

What percentage of your budget is devoted to suicide prevention? 12.5% Personnel 26,159 Services & Supplies 48,841

What percentage of your budget is devoted violence prevention? 6.5% Personnel 36,900 Services & Supplies 2,000
Do you have a systematic suicide prevention program?  ____Yes  ____No

If Yes, please explain:  ____SAMHSA grant to develop suicide prevention protocols both in Center and campus-wide; train faculty and staff; and increase service utilization by wider served groups.

If no systematic prevention program, do you have suicide outreach programs?  ____Yes  ____No

Do you have mental health screening days?  ____Yes  ____No
If Yes, number of days held each of the following academic years:

2006 – 07  2005 – 06  2004 – 05

If no, why not?  ____can be time intensive and poorly attended.

Do you have a staff member specifically designated to do outreach?  ____Yes  ____No
If Yes, percent of position dedicated to outreach?  ____

*all staff dedicate 15-50% of time to outreach

Do you have a violence relationship prevention program?  ____Yes  ____No

*Yes we have a relationship violence prevention program. We advise a student advocacy group, coordinate victim services coordination on weekly interdepartmental meeting and conduct outreach and training. Subsequent to a DOJ/VAWO grant have a .5 FTE Victims Advocate housed on campus and supervised by Center staff, but paid by a community agency. This fte is not counted in budget or fte numbers. Time for our supervision of the Advocate and relationship violence personnel costs are estimated in “violence prevention” budget estimate above.

Outreach efforts

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>255</td>
</tr>
<tr>
<td>2005 – 06</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
</tr>
</tbody>
</table>

Comments:  ____Prior to last year our outreach data is incomplete due to conversion in data management systems. Overall outreach has been fairly stable over past 3 years.____

Number of outreach programs focused on violence prevention for each of the following years:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>63</td>
</tr>
<tr>
<td>2005 – 06</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
</tr>
</tbody>
</table>

* includes both outreach and training
Clients Served

Number of students seen by staff for each of the following years:
2006 – 07 794
2005 – 06 798
2004 – 05 678

Number of sessions attended for each of the following years:
2006 – 07 3497
2005 – 06 3638
2004 – 05 2818

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>328*</td>
<td></td>
<td>17 ('06 calendar year)</td>
</tr>
<tr>
<td>2005 – 06</td>
<td></td>
<td></td>
<td>5 ('05 calendar year)</td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
<td></td>
<td>8 ('04 calendar year)</td>
</tr>
</tbody>
</table>

*Not all “emergencies” but triage was needed

Number of faculty/staff/parent/other consults for each of the following years:
2006 – 07 445*
2005 – 06
2004 – 05

*Includes planning with other departments, students at risk meetings. Does not include other campus committees. Typically very brief consults are not tabulated. These represent 522 staff hours of consultation.

Do you have a network of service providers in your immediate area to use as a referral option?  X Yes  ____ No

Comments: It is difficult, even for motivated students to follow through on referrals due to insurance, transportation and access problems. For example, our community mental health center (designated by campus as the safety net for the uninsured with mental health concerns has a 2 month waiting list and puts suicidal persons discharged from the hospital on a 1-2 month waiting list.

Client Demand

6. Has your center witnessed an increase in client demand over the last 5 – 10 years?  X Yes  ____ No

Comments:

2. Has your center experienced an increase in the severity / complexity of client needs?  X Yes  ____ No

Comments:

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?  X Improved  ____ Declined
Please Explain: This is due to grant funding, differential tuition funding, changes in service delivery paradigm (more groups, more time focused, more referral out of long term cases).
Institution: University of Wisconsin – Parkside  Student Health & Counseling Center (SHCC)

Name of person responding to survey: Michaelina Young

Contact person e-mail and phone: youngm@uwp.edu

Institutional headcount: 5,100

Number of FTE Professional Counselors / Client Service Providers: 1.3 (.83 and .5 FTE)

Note: Do not include EAP

What is your FTE for EAP?  0 Outsourced

How many faculty/staff do you have on campus?  566

If FTE is 0, do you outsource?  X Yes  No

Number of EAP programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005–06</td>
<td>4 programs</td>
<td>41</td>
</tr>
<tr>
<td>2004–05</td>
<td>5 Programs</td>
<td>51</td>
</tr>
</tbody>
</table>

Number of clients seen by EAP staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>2006–07</th>
<th>2005–06</th>
<th>2004–05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44 (incomplete figures)</td>
<td>151</td>
<td>138</td>
</tr>
</tbody>
</table>

Number of consults regarding staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>2006–07</th>
<th>2005–06</th>
<th>2004–05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Source description</th>
</tr>
</thead>
<tbody>
<tr>
<td>57%</td>
<td>Segregated Fees</td>
</tr>
<tr>
<td>11%</td>
<td>Grant Funding</td>
</tr>
<tr>
<td>32%</td>
<td>Other</td>
</tr>
</tbody>
</table>

What is your overall budget for counseling services?  $167,792.00

<table>
<thead>
<tr>
<th></th>
<th>Personnel</th>
<th>Services &amp; Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$164,317.00</td>
<td>$3,475.00</td>
</tr>
</tbody>
</table>

What percentage of your budget is devoted to suicide prevention?  0

What percentage of your budget is devoted violence preventions?  0

Do you have a systematic suicide prevention program?  Yes  No

If Yes, please explain:__________________________

If no systematic prevention program, do you have suicide outreach programs?  Yes  No

Do you have mental health screening days?  Yes  No
If Yes, number of days held each of the following academic years:
2006 – 07
2005 – 06
2004 – 05

If no, why not? __Counselors felt they could not serve all of the issues that were uncovered during screening days.

Do you have a staff member specifically designated to do outreach? _____ Yes   X  No

If Yes, percent of position dedicated to outreach? __________

Do you have a violence relationship prevention program? _____ Yes   X  No

Outreach efforts
Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07                  Resident Advisors and Peer Health Educator trainings (Depression and Suicide)</td>
<td>30</td>
</tr>
<tr>
<td>2005 – 06                  as above</td>
<td>30</td>
</tr>
<tr>
<td>2004 – 05                  as above</td>
<td>30</td>
</tr>
</tbody>
</table>

Comments: Counselors made occasional presentations to classes they were invited to but there was no specifically formulated program.

Number of outreach programs focused on violence prevention for each of the following years:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>0</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>0</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>0</td>
</tr>
</tbody>
</table>

Clients Served
Number of students seen by staff for each of the following years: (counselors and psychiatrist)

<table>
<thead>
<tr>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>865</td>
<td>920</td>
<td>895</td>
</tr>
</tbody>
</table>

Number of sessions attended for each of the following years:

<table>
<thead>
<tr>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>801</td>
<td>881</td>
<td>835</td>
</tr>
</tbody>
</table>

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Number of faculty/staff/parent/other consults for each of the following years:

- 2006 – 07: 54
- 2005 – 06: 59
- 2004 – 05: 57

Do you have a network of service providers in your immediate area to use as a referral option?  
Yes  No

Comments:  
No local psychiatric hospital in Kenosha County and limited availability at the psychiatric hospital in Racine County. The SHCC has a list of area resource individuals and clinics/offices. Some of the disparity has been alleviated with a contract for weekly limited two hours on-site private practice psychiatrist.

Client Demand

7. Has your center witnessed an increase in client demand over the last 5 – 10 years?  
Yes  No

Comments:  
Students being admitted and seen at the SHCC have more serious issues and are more likely to require medication intervention. An additional problem occurs when the student doesn’t have the financial supports to purchase the medication leaving them reliant on the good will of certain companies or samples provided by the psychiatrist.


2. Has your center experienced an increase in the severity / complexity of client needs?  
Yes  No

Comments:  
As above. In addition to medication needs increasing, the number of clients with severe mental health issues has increased the requirement for more long term care and client contact.


3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?  
Improved  Declined

Please Explain:  
My answer is both yes and no. Higher acuity and demand for counseling time leaves less time for outreach and longer waiting time between appointments. However, UW-Parkside SHCC has been fortunate to have an on site psychiatrist once a week. The problem is that he can only be here 2 hours a week. In general, the ability to provide both direct care and prevention programming has declined
because many clients require more care than the 8-10 sessions outlined in the Client/Counselor Expectations Contract. Prevention outreach from the SHCC counselors has been minimal and primarily limited to the Resident Advisors and Peer Health Educator training sessions and their programming.
Institution: UW-Platteville

Name of person responding to survey: Roger Meyer

Contact person e-mail and phone: meyer@uwplatt.edu, 608-342-1865

Institutional headcount: 5610 (not including Distance Learning students) during Spring, 2007

Number of FTE Professional Counselors / Client Service Providers: 2.50 (0.50 is administrative – Director). Note: Do not include EAP

What is your FTE for EAP? 0.25

How many faculty/staff do you have on campus? 527 (682 counting classified staff)

If FTE is 0, do you outsource? Yes

NOTE: EAP is not part of Counseling Services

Number of EAP programs presented and numbers in attendance for each of the following years:

- 2006 – 07
- 2005 – 06
- 2004 – 05

Number of clients seen by EAP staff for each of the following years (includes consults):

- 2006 – 07
- 2005 – 06
- 2004 – 05

Number of consults regarding staff for each of the following years:

- 2006 – 07
- 2005 – 06
- 2004 – 05

Which of the following provide funding for your operation and approximately what percentage of your budget do they provide (mark all that apply)?

- 75% Segregated Fees
- 0 Grant Funding
- 0 Insurance
- Other

- 25% Services & E

What is your overall budget for counseling services? $54,453

Personnel $48,435

Services & Supplies $6,018

NOTE: This is tax-based funding only. Other personnel costs are paid out of both Student Housing and Student Health Services budgets.

What percentage of your budget is devoted to suicide prevention? 0%

Personnel

Services & Supplies

What percentage of your budget is devoted violence preventions? 0%

Personnel

Services & Supplies

Do you have a systematic suicide prevention program? Yes X No
If no systematic prevention program, do you have suicide outreach programs?  X__ Yes  ____ No

Do you have mental health screening days? ______ Yes  ____X__ No

If Yes, number of days held each of the following academic years:

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Days Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
</tr>
</tbody>
</table>

If no, why not? ______ We have tried several times in the past with a very poor response from our students. Presently we use those days to do topic specific outreach and provide information

Do you have a staff member specifically designated to do outreach? ______ Yes  ____X__ No

If Yes, percent of position dedicated to outreach? ______

Do you have a violence relationship prevention program? ______ Yes  ____X__ No

We present programs on an as requested/as needed basis.

Outreach efforts

Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>30</td>
<td>836</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>43</td>
<td>687</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>24</td>
<td>603</td>
</tr>
</tbody>
</table>

Comments:

____________________________________________________

Number of outreach programs focused on violence prevention for each of the following years:

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Clients Served

Number of students seen by staff for each of the following years:
Number of sessions attended for each of the following years:

- 2006 – 07: 379
- 2005 – 06: 341
- 2004 – 05: 299

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

We do not keep these statistics.

Number of faculty/staff/parent/other consults for each of the following years:

- 2006 – 07: 81
- 2005 – 06: 45
- 2004 – 05: 92

Do you have a network of service providers in your immediate area to use as a referral option?  
- Yes
- No

Comments: But very limited.

Client Demand

8. Has your center witnessed an increase in client demand over the last 5 – 10 years?  
- Yes
- No

Comments: 

2. Has your center experienced an increase in the severity / complexity of client needs?  
- Yes
- No

Comments: 

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?
_____ Improved  X  Declined

Please Explain: *The increased demand for individual counseling has reduced the amount of time available to do prevention programming*
President Reilly’s 2007 Commission on Campus Security
Counseling sub-committee

Institution ______ UWSP ___________
Name of person responding to survey ______ Dr. Sharon Gahnz
Contact person e-mail and phone _____ sgahnz@uwsp.edu 715 3463553
Institutional headcount ______ 8645

Number of FTE Professional Counselors / Client Service Providers ______ 3,5 Note: Do not include EAP we do not have a separate EAP person

What is your FTE for EAP? __0____ How many faculty/staff do you have on campus? __1200_____
If FTE is 0, do you outsource? _____ Yes  x No

Number of EAP programs presented and numbers in attendance for each of the following years:
2006 – 07 ______ 0____  2005 – 06 ______ 0____  2004 – 05 ______ 0____

Number of clients seen by EAP staff for each of the following years:
2006 – 07 ______ 0____  2005 – 06 ______ 0____  2004 – 05 ______ 0____

Number of consults regarding staff for each of the following years:
2006 – 07 ______ 0____  2005 – 06 ______ 0____  2004 – 05 ______ 0____

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?
0____ Segregated Fees  0____ Grant Funding
0____ Insurance  0____ Other _______________________________________

S & E

What is your overall budget for counseling services? ______ Personnel ______ Services & Supplies ______
What percentage of your budget is devoted to suicide prevention? __0____ Personnel ______ Services & Supplies ______
What percentage of your budget is devoted violence preventions? __0____ Personnel ______ Services & Supplies ______
Do you have a systematic suicide prevention program? _____ Yes  x No
If yes, please explain: ____________________________________________________________

______________________________________________________________________________

If no systematic prevention program, do you have suicide outreach programs? ______ Yes __x____ No

Do you have mental health screening days? ______ Yes ______ xNo

If Yes, number of days held each of the following academic years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>2005 – 06</td>
</tr>
<tr>
<td>38</td>
<td>29</td>
</tr>
</tbody>
</table>

If no, why not? ______ not enough staff; ethical issues

Do you have a staff member specifically designated to do outreach? ______ Yes x No

If Yes, percent of position dedicated to outreach? ______

Do you have a violence relationship prevention program? ______ Yes __x____ No

Outreach efforts

Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

______________________________________________________________________________

Number of outreach programs focused on violence prevention for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Clients Served

Number of students seen by staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>7%</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>4%</td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
</tr>
</tbody>
</table>

Number of sessions attended for each of the following years:
### Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>we have an emergency hour available every day; we don’t do voluntary transportations; and are not responsible for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005 – 06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004 – 05</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of faculty/staff/parent/other consults for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>2006 – 07</th>
<th>2005 – 06</th>
<th>2004 – 05</th>
</tr>
</thead>
</table>

Do you have a network of service providers in your immediate area to use as a referral option?  
_____Yes  x_____No

**Comments:**

**Client Demand**

9. Has your center witnessed an increase in client demand over the last 5 – 10 years?  
   x_____Yes  _____No

**Comments:**

2. Has your center experienced an increase in the severity / complexity of client needs?  
   x_____Yes  _____No

**Comments:**

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?  
   _____Improved  x_____Declined

Please Explain: understaffed—we spend our time seeing clients.  
We do not have anyone to provide prevention
President Reilly’s 2007 Commission on Campus Security
Counseling sub-committee

Institution: University of Wisconsin-Stout
Person responding: John Achter, Ph.D., Counseling Center Director
Email/phone: achterj@uwstout.edu / 715-232-2468
Institutional headcount: 8,327 (fall 2006)
FTE Professional Counselors: 4.07

FTE for EAP: .10 (internal allocation for EAP coordinator; other counselors may also see EAP clients)
Faculty/staff on campus: 1,200 employees, including 390 teaching faculty/staff

Number of EAP programs presented/numbers attending:
2006/07: 2/50 2005/06: 3/75 2004/05: 3/75

Number of EAP clients seen by EAP staff: (# of individuals/# of consultations):

Number of consults regarding staff for each of the following years:
2006/07: 2 2005/06: 3 2004/05: data not available

Which of the following provide funding and what percentage of your budget do they provide?
S & E: 60% (if this means state GPR funding?)  Grant funding: 15%
Other: 10% (Chancellor discretionary fund); 15% (alcohol and testing program revenue)

Overall Budget: $410,000  Personnel: $360,000  S & S: $50,000
Comment: Amounts are approximate and include counseling, testing, alcohol/drug prevention, and campus violence prevention programs.
Percentage of budget devoted to suicide prevention? 0% (these efforts are subsumed under general budget)
Percentage of budget devoted to violence prevention? 15% (federal grant program)

Do you have a systematic suicide prevention program? NO
If no systematic prevention program, do you have suicide outreach programs: YES
Do you have mental health screening days? **NO**

If no, why not? **They are time consuming to organize with historically low attendance on our campus and others. As an alternative, we offer access to online mental health screening 24/7 via our website.**

Do you have a staff member specifically designated to do outreach? **Yes. We have a coordinator at 10-15% time, and all staff members participate in outreach at approximately 5-10% of their contract time.**

Do you have a relationship violence prevention program? **YES (supported by a Dept. of Justice grant currently in its second 2-year funding cycle)**

### Outreach efforts

Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Years: 06/07</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>178</td>
<td>&gt;6,000</td>
</tr>
<tr>
<td>2005/06</td>
<td>168</td>
<td>&gt;6,000</td>
</tr>
<tr>
<td>2004/05</td>
<td>110</td>
<td>&gt;3,000</td>
</tr>
</tbody>
</table>

Comments: The increase after 04/05 is primarily due to obtaining grant funding to hire a staff for violence prevention programming beginning in January 2005. We also benefited from community grant-supported suicide prevention training in Fall 2005, which increased our suicide prevention outreach efforts.
Number of programs focused on violence (and suicide) prevention for each of the following years:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>60</td>
</tr>
<tr>
<td>2005/06</td>
<td>50</td>
</tr>
<tr>
<td>2004/05</td>
<td>10</td>
</tr>
</tbody>
</table>

Clients served

Number of students seen by staff for each of the following years:

2006/07: 521  
2005/06: 523  
2004/05: 428

Number of sessions attended for each of the following years:

2006/07: 2536  
2005/06: 2466  
2004/05: 1952

Number of emergency sessions, voluntary transportations, and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>Emergency sessions</th>
<th>Voluntary transportations</th>
<th>Emergency detentions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Not tracked</td>
<td>2</td>
</tr>
<tr>
<td>2005/06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Not tracked</td>
<td>5</td>
</tr>
<tr>
<td>2004/05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Not tracked</td>
<td>2</td>
</tr>
</tbody>
</table>

*data from University Police

Number of faculty/staff/parent/other consults for each of the following years:

2006/07: 40  
2005/06: 51  
2004/05: 45

Comment: These numbers are approximate. We try to keep track of all consultations that are serious and/or could result in a counseling center referral, but staff documentation practices are inconsistent in this regard.

Do you have a network of service providers in your immediate area to use as a referral option? YES

Comments: Options for specialty care (e.g., eating disorders, alcohol/drug treatment) are limited due to rural setting.
Client Demand

1. Has your center witnessed an increase in client demand over the last 5-10 years? YES
   Comments: In the past 2 years, we have experienced a 20% increase in demand over the previous 5-year average.

2. Has your center experienced an increase in the severity/complexity of client needs? YES
   Comments: Our counselors would say yes, though our evidence is primarily anecdotal. I guess you could point to our increase in crisis sessions (noted above) as evidence. At times it is easy to conflate increased demand with increased severity, because both increase counselor workload and stress!

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?
   Direct care: DECLINED  Prevention Programming: IMPROVED
   Please explain: We’ve lost approximately .10 FTE in GPR support for counseling in the last 5 years, but we have been fortunate to benefit from 1.10 FTE from grant funding for violence prevention, and .50 FTE from the chancellor’s discretionary budget for alcohol/drug prevention. To help us meet direct care demands, we rely on approximately 80 hours/week from 3-4 graduate trainees (practicum counselors) during the academic year. While we realize an overall gain in ability to meet demand, it is not like having more licensed counselors, since trainees see proportionately fewer clients, require supervision time from our licensed counselors, and do not see the most complicated clients.
President Reilly’s 2007 Commission on Campus Security
Counseling sub-committee

Institution: **UW-River Falls**

Name of person responding to survey: **Alice Reilly-Myklebust, Director of Student Health and Counseling Services**

Contact person e-mail and phone: **715/425-3293/3884; alice.m.reilly-myklebust@uwrf.edu**

Institutional headcount:

**Fall 2006:  6346**

Number of FTE Professional Counselors / Client Service Providers (for 2006/2007 and currently):

Two 1.0 Academic Staff master’s level licensed counselors (one licensed social worker, one licensed professional counselor)

Two LTE (Limited Term Employee) Professional Consultant master’s level licensed professional counselors, both also Certified Alcohol and Drug Counselors (CADCIII)

(one at approximately .25 and one at .50)

Total: **2.75 Academic Staff and LTE**

Note: **Do not include EAP.**

What is your FTE for EAP?: **Zero**

How many faculty/staff do you have on campus?: **Approximately 820**

If FTE is 0, do you outsource? _____ Yes   **X** No

Number of EAP programs presented and numbers in attendance for each of the following years (mostly faculty and staff):

2006 – 07: **14 sessions** (Attendance: 31/11/40/12/3/10/14/14/15/40/10/10/10)

2005 – 06: **7 sessions** (Attendance: 16/25/35/35/20/150/40)

2004 – 05: **4 sessions** (Attendance: 15/20/8/40)

Number of clients seen by EAP staff for each of the following years:

2006 – 07: **19 clients with 73 sessions**  
2005 – 06: **4 clients with 49 sessions**  
2004 – 05: **14 clients with 68 sessions**

Number of consults regarding staff for each of the following years:

2006 – 07: **1-5**  
2005 – 06: **1-5**  
2004 – 05: **1-5**

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?

69.2% Segregated Fees  
3.7% Grant Funding (**2006/2007 only**)  
27.1% Other: **GPR**
What is your overall budget for counseling services? This is a challenging question to answer, as our Student Health Services and Counseling Services are essentially combined, and our budget varies from year to year, including funding sources and percentages. The Director, who is a master’s level Registered Nurse, was initially only Director of Student Health Services, but also took over administrative oversight of Counseling Services as well in 2001, but does not provide direct counseling services; so I will include half of the Director’s salary (which is funded through program revenue-health segregated fees). In addition, we have a 1.0 permanent University Associate position and a .75 Limited Term Employee (LTE) (.75 total) University Associate position that supports Student Health and Counseling Services (50%) and Career Services (50%), so I will include 25% of these two salaries (funded through program revenue-health segregated fees). Student Health and Counseling Services also has a 1.0 Health Education Coordinator and a .75 Student Health Nurse, but I have not included them in this budget estimate.

2006/2007 estimated Counseling Services budget:
Two 1.0 Academic Staff personal counselors:
$66,458 (GPR)
$40,833 (started in September 2006, so partial salary for 2006/2007-program revenue-health segregated fee)
LTE professional consultant personal counselors:
$28,768 (program revenue-health segregated fee)
Director (50% Counseling Services):
$26,897 (program revenue-health segregated fee)
Office support staff:
1.0 University Associate (25% Counseling Services):
$7,278 (program revenue-health segregated fee)
.75 LTE University Associate (25% Counseling Services):
$5,927 (program revenue-health segregated fee)
Students:
$5,611 (program revenue-health segregated fee)
Total Counseling Services Personnel (2006/2007):
$66,458 (GPR)
$109,703 + $5,611 = $115,314 (program revenue)

Estimated Fringes:
$54,852 (program revenue only-health segregated fee)

Total personnel:
Services and Supplies/Supplies and Expenses:
$18,229 (program revenue-health segregated fee)

Counseling Services related contracts (psychologist consultant and contracted psychiatrist):
$7,240 (GPR)

Grants (only for 2006/2007-grant in collaboration with the College of Arts and Sciences-from the Association of American Colleges and Universities):
$10,000

Total 2006/2007 estimated Counseling Services budget:
$272,093

Breakdown by funding source:
$188,395 or 69.2%-program revenue-health segregated fee
$73,698 or 27.1%-GPR
$10,000 or 3.7%-Grants

Counseling Personnel
Personnel: $236,624
Services & Supplies (Contracts and Supplies and Expenses): $25,469
Grants (2006/2007 only): $10,000

What percentage of your budget is devoted to suicide prevention? ________ Personnel__________ Services & Supplies ________
We do not have a specific program (and hence budget) for suicide prevention specifically, but rather incorporate and integrate this issue with other mental health issues into our services, marketing, programming, outreach, policies, etc.

What percentage of your budget is devoted violence prevention? ________ Personnel__________ Services & Supplies ________
We do not have a specific program (and hence budget) for violence prevention specifically, but rather incorporate and integrate this issue with other mental health issues into our services, marketing, programming, outreach, policies, etc.

Do you have a systematic suicide prevention program? ________ Yes ________ No
If Yes, please explain: ____________________________________________________________

__________________________________________________________
If no systematic prevention program, do you have suicide outreach programs? ______ Yes ______ No

We do not have a specific program (and hence budget) for suicide prevention/outreach specifically, but rather incorporate and integrate this issue with other mental health issues into our services, marketing, programming, outreach, policies, etc.

Do you have mental health screening days? ______ Yes X No (Not in the last three years)

If Yes, number of days held each of the following academic years:

2006 – 07
2005 – 06
2004 – 05

If no, why not? We have tried these in the past and have not been successful in generating participation, so for 2006/2007 initiated online mental health screening on our Counseling Services web page.

So, for online screening for 2006/2007, there were 71 persons screened for bipolar disorder, 32 screened for post-traumatic stress disorder, 36 screened for alcohol, 144 screened for depression, 97 screened for general anxiety disorder, and 40 screened for eating disorders.

Do you have a staff member specifically designated to do outreach? ______ Yes X No

If Yes, percent of position dedicated to outreach? ______

Outreach is incorporated and integrated into each staff person’s role, and is done daily through a variety of means.

Do you have a violence relationship prevention program? ______ Yes X No

We do not have a specific program (and hence budget) for relationship violence prevention specifically, but rather incorporate and integrate this issue with other mental health issues into our services, marketing, programming, outreach, policies, etc.

**Outreach efforts**

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>110 (Estimate; Still compiling)</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>104</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>109</td>
</tr>
</tbody>
</table>

5,200 (Estimate; Still compiling; includes Orientation)
5,128 (includes Orientation)
5,287 (includes Orientation)

Comments: Includes Student Health and Counseling Services Outreach Efforts: Summer Registration/Parent Sessions, Orientation, New Faculty/Staff Orientation, RA and Residence Hall Staff Orientation, Simulated House Party Event, class presentations, Faculty/Staff Sessions, International Student Orientation, Study Abroad Sessions, class presentations, residence hall and student group presentations, Annual Health and Wellness Fair, Finals Stress Reducing Event, etc.

Number of outreach programs focused on violence prevention for each of the following years: Incorporated and integrated into overall programming, so see above.

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>___________</td>
</tr>
</tbody>
</table>
### Clients Served

Number of students seen by staff for each of the following years:
- 2006 – 07: **315**
- 2005 – 06: **233**
- 2004 – 05: **256**

Number of sessions attended for each of the following years:
- 2006 – 07: **1126**
- 2005 – 06: **804**
- 2004 – 05: **816**

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th></th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>12</td>
<td>2</td>
<td>6 for 2006 (3 were committed)/None so far for 2007</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>10</td>
<td>2-3</td>
<td>2005-1 student ED’d 2 times &amp; was committed</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>11</td>
<td>2-3</td>
<td>None for 2004</td>
</tr>
</tbody>
</table>

Number of faculty/staff/parent/other consults for each of the following years:
- 2006 – 07: __________
- 2005 – 06: __________
- 2004 – 05: __________

We do not track these but regularly get telephone calls, e-mails, visits, etc. from faculty, staff, parents, administration and even other students to consult about concerns related to the mental health of a student.

### Comments

We update this list annually, and as we learn of service providers in the area, especially those that provide services on a sliding fee scale. However, service providers that provide services on a true sliding fee scale (all the way to zero for those unable to pay) are nearly non-existent in our area. Our already very limited county mental health services cut services back even more so last year, so is really not a viable referral source because of the several months long waiting period. We also do not have a psychiatrist within our community that we can refer students to, with the closest at least 30-45 minutes away, and most psychiatrists have long waiting periods and do not offer sliding fee scale payment options. Some students continue to use their previous psychiatrist and counselor, but may see us to establish a safety net in the event of an emergency.

### Client Demand

10. Has your center witnessed an increase in client demand over the last 5 – 10 years?  **X** Yes  _____ No
Comments: Appointments with campus counselors has doubled in the last five years, but some of this may have been due to a decline in staff five years ago (only two on-campus counselors at that time), to this year being four (but the additional two counselors are part-time LTE).

2. Has your center experienced an increase in the severity / complexity of client needs?  X Yes _____No

Comments: Similar to students nation-wide, we are seeing more and more students each year who come to us already diagnosed with depression, anxiety, and more serious mental health diagnoses. Our UW-River Falls students National College Health Assessment data indicates that from 2000 to 2003 to 2006, more male and female UW-River Falls students have been diagnosed with depression and anxiety, and more of these students are on medication and in therapy for these conditions. Some of these students have no health insurance or are underinsured (high deductibles, high copays/coinsurances, no providers in the area, very limited mental health/medication coverage, etc.), and so we do what we can to assist these students and to refer them if we can, but again this is challenging because of our limited county mental health services and providers in the area who offer true sliding fee scales.

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?  _____Improved  X Declined

Please Explain: Approximately 10-15 years ago, UW-River Falls Counseling Services consisted of a full-time permanent Director, who was a psychologist, two other full-time permanent psychologists, and two master’s level licensed personal counselors (funded primarily by GPR). Since that time, due to budget cuts, retirements, reallocation of staff FTE and funding, by 2006-2007 Counseling Services would have been reduced to one full-time permanent master’s level personal counselor (GPR). We were able to garner support to fund an additional full-time permanent master’s level personal counselor, funded through the health segregated fee. In addition, to try to help provide the needed personal counseling time for students, we have also gained approval and hired two part-time, limited term employee (LTE) (for a total of .75) professional consultant master’s level personal counselors, also funded through program revenue-health segregated fees.
President Reilly’s 2007 Commission on Campus Security
Counseling sub-committee

Institution __University of Wisconsin-Whitewater______________________________

Name of person responding to survey __Richard Jazdzewski________________________

Contact person e-mail and phone __jazdzewr@uww.edu 262.472.1305________________________

Institutional headcount
Headcount for Fall 2006: 10,502; Headcount for Spring 2007: 9,835

Number of FTE Professional Counselors / Client Service Providers 2006/2007 = 3.8375 Note: Do not include EAP

What is your FTE for EAP? __.2375____ How many faculty/staff do you have on campus? 1067_____

If FTE is 0, do you outsource? _____ Yes _____ No

Number of EAP programs presented and numbers in attendance for each of the following years:
2006 – 07 3 presentations-108 attendees 2005 – 06 2 presentations-60 attendees 2004 – 05 5 presentations -162 attendees

* It should also be noted that EAP counselor attends numerous other annual events (Human Resources: Involvement Opportunity Fair; Benefits Fair; Wellness Fair) where the counselor provides information about EAP services. This data is not compiled.

Number of clients seen by EAP staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>21</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>10</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>13</td>
</tr>
</tbody>
</table>

Number of consults regarding staff for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>Not Assessed</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>NA</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>NA</td>
</tr>
</tbody>
</table>

* We do not differentiate the content of our consultation data, i.e. - whether the consult is regarding students, staff or faculty.

Which of the following provide funding for your operation and approximately what percentage of your budget to they provide (mark all that apply)?

- Segregated Fees
- Grant Funding
- Insurance
- Other __________________

100% of Counseling is GPR  S & E

What is your overall budget for counseling services? $334,150 Personnel 316,565 Services & Supplies 17,585

What percentage of your budget is devoted to suicide prevention? Personnel 0 _______ Services & Supplies 0 _______

What percentage of your budget is devoted violence preventions? Personnel 0 _______ Services & Supplies 0 _______

* It can be argued that both all and/or none of our budget is devoted to suicide and violence prevention in that counseling services help prevent both events. However, strictly speaking we currently do not have funds strictly dedicated to either.
Do you have a systematic suicide prevention program?  _____Yes  X__No

If Yes, please explain: Although Counseling Services (CS) does not have a systematic suicide prevention program, CS works closely with a numerous organizations throughout campus (Residential Life, Dean’s Council, Student Life, Athletics, Recreation Sports, Faculty and other staff) to address this serious concern. Currently staffing and budget does not provide sufficient resources to have a systematic suicide prevention program.

If no systematic prevention program, do you have suicide outreach programs?  ___X___ Yes  _____No

Do you have mental health screening days?  X__Yes  _____No

If Yes, number of days held each of the following academic years:

- 2006 – 07 1
- 2005 – 06 0
- 2004 – 05 0

If no, why not?  Prior to the 06-07 year we did not feel that we had adequate staff to meet clinical demand and host screening days. In 06-07 we hired an outreach counselor and thus hosted our first Mental Health Screening Day.

Do you have a staff member specifically designated to do outreach?  X__Yes  _____No

Do you have a violence relationship prevention program?  _____Yes  ___X__ No

* UW-W has a Sexual Assault Prevention Coordinator housed in Student Life that we work with to address relationship violence.

Outreach efforts

Number of programs presented and numbers in attendance for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>UHCS Programs</th>
<th>UHCS Attendance</th>
<th>Counseling Programs</th>
<th>Counseling attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>109</td>
<td>6240</td>
<td>52</td>
<td>2963</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>68</td>
<td>3799</td>
<td>27</td>
<td>1743</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>95</td>
<td>5189</td>
<td>27</td>
<td>2653</td>
</tr>
</tbody>
</table>

Comments: UHCS has a Wellness coordinator who oversees all wellness and outreach programming. The initial two data points describes all UHCS programs and attendance. The second set of data points is our effort to separate Counseling Services efforts from UHCS efforts.

Number of outreach programs focused on violence prevention for each of the following years:  

<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>24</td>
<td>536</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>20</td>
<td>349</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>15</td>
<td>314</td>
</tr>
</tbody>
</table>

* UW-W has a Sexual Assault Prevention Coordinator housed in Student Life that we work with to address relationship violence. These numbers are NOT programs led by Counseling Services rather they were sponsored by Student Life.
Clients Served
Number of students seen by staff for each of the following years:
2006 – 07 682  
2005 – 06 560  
2004 – 05 438  
Number of sessions attended for each of the following years:
2006 – 07 2608  
2005 – 06 2097  
2004 – 05 2033  
*It should be noted that UHCS also has an ongoing relationship with a consulting psychiatrist that works for Health Services for limited hours (8 hours every two weeks during the academic semesters). The number of students seen and number of psychiatric sessions were not included in these totals. Details of these appointments are available upon request.

Number of emergency sessions, voluntary transportations and emergency detentions for each of the following years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Emergency Sessions</th>
<th>Voluntary Transportations</th>
<th>Emergency Detentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – 07</td>
<td>79</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2005 – 06</td>
<td>41</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2004 – 05</td>
<td>55</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Number of faculty/staff/parent/other consults for each of the following years:
2006 – 07 286  
2005 – 06 88  
2004 – 05 219  

Do you have a network of service providers in your immediate area to use as a referral option?  X Yes  No

Comments: We are continually working on building relationships with our local providers.

Client Demand
11. Has your center witnessed an increase in client demand over the last 5 – 10 years?  X Yes  No
Comments: Please refer to the numbers above.

2. Has your center experienced an increase in the severity / complexity of client needs?  X Yes  No
Comments: It seems that each year the severity/complexity of clients’ needs continue to increase and with this increase so does the administrative time necessary for case management.

3. How has your ability to adequately meet the demands of both direct care and prevention programming changed in recent years?  
   X Improved  Declined
Please Explain: UW-W administrators approved an additional position (outreach counselor) approximately 3 years ago. The position was held through several budget cuts despite being unfilled due to failed searches. This position was truly needed to help provide additional outreach and clinical services. However, despite the new hire additional CS positions are necessary to meet the growing demand for counseling services at UW-Whitewater.