

# Annual Program Description 2023

## Contact Information and Staffing

For any questions please email [Leah Pan](#)

Please complete prior to August 15, 2023.

\* 1. Region

\* 2. Center

\* 3. Person completing APD name and title

\* 4. Health and Wellness Director or designee email

\* 5. Do you currently have a Health and Wellness Director?

- Yes
- No

## HWD

\* 6. Health and Wellness Director (HWD) compensation type

- Salary
- Contract
- Subcontract
- Fee-for-service

\* 7. HWD total hours per week/ hourly rate

HWM total hours per week

HWM hourly rate

## Nurses

\* 8. Do you have a second RN (not the HWD)?

- Yes
- No

\* 9. Staff Nurses compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

\* 10. Staff Nurses total hours per week/ hourly rate

Staff Nurses total hours per week

Staff Nurses average hourly rate

## Center Physician

\* 11. Do you currently have a CP/NP/PA?

- Yes
- No

\* 12. CP/NP/PA provider type (Check all that apply)

- Center Physician
- NP
- PA

\* 13. CP/NP/PA compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

\* 14. CP/NP/PA total hours per week/ hourly rate

CP/NP/PA total hours per week

CP/NP/PA average hourly rate

\* 15. CP/NP/PA provider days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- \* 16. Do you currently have a Center Mental Health Consultant?
  - Yes
  - No

**CMHC**

- \* 17. CMHCs license types (Check all that apply)
  - PhD/PsyD
  - LCSW
  - LPC/LMHC
  - Other (please specify)

- \* 18. CMHC compensation type (Check all that apply)
  - Salary
  - Contract
  - Subcontract
  - Fee-for-service

- \* 19. Center Mental Health Consultant total hours per week/ hourly rate  
CMHC total hours per week   
CMHC average hourly rate

- \* 20. CMHC days on center
  - Monday
  - Tuesday
  - Wednesday
  - Thursday
  - Friday

- \* 21. Do you currently have a TEAP Specialist?
  - Yes
  - No

**TEAP Specialist**

- \* 22. TEAP Specialist compensation type (Check all that apply)
  - Salary
  - Contract
  - Subcontract
  - Fee-for-service

- \* 23. TEAP Specialist license types (Check all that apply)
  - LADC
  - CAADC

- CADC
- CASAC
- CRADC
- CSAC
- LAC
- LADAC
- SUDPC
- Other (please specify)

\* 24. TEAP Specialist total hours per week/ hourly rate

TEAP Specialist total hours per week

TEAP Specialist average hourly rate

\* 25. TEAP Specialist days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

\* 26. Do you currently have a Dentist?

- Yes
- No

**Dentist**

\* 27. Dentist compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

\* 28. Dentist total hours per week/ hourly rate

Dentist total hours per week

Dentist average hourly rate

\* 29. Dentist days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

\* 30. Do you currently have a Dental hygienist?

- Yes
- No

### Dental Hygienist

\* 31. Dental hygienist compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

\* 32. Dental hygienist total hours per week/ hourly rate

Dental hygienist total hours per week

Dental hygienist average hourly rate

\* 33. Dental hygienist days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

\* 34. Do you currently have a Dental assistant?

- Yes
- No

### Dental Assistant

\* 35. Dental assistant compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

\* 36. Dental assistant total hours per week/ hourly rate

Dental assistant total hours per week

Dental assistant average hourly rate

\* 37. Dental assistant days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

\* 38. Do you currently have a clerk?

- Yes
- No

### Clerk and Optometrist

\* 39. Clerk compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

\* 40. Clerk total hours per week/ hourly rate

Clerk total hours per week

Clerk average hourly rate

\* 41. Clerk days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

\* 42. Optometrist

Name

Address

Cost of exam

Cost of glasses/lenses

### Medical Unit

\* 43. Medical Unit

Health and Wellness Clinic hours

Emergency care hospital details: Name

Emergency care hospital: Address

Emergency care hospital: Distance from center

\* 44. Medical Unit: In patient care

In patient care: Name

In patient care: Address

In patient care: Distance from center

In patient care: Physician have admitting privileges? Y/N

In patient care: Written agreement with the facility? Y/N

\* 45. List all professionals on-call after hours when the HWC is closed (Check all that apply)

- HWD
- Nurse
- CP/NP/PA
- CMHC
- TEAP Specialist
- Other (please specify)

### Dental Unit

\* 46. Dental operations

- On-center
- Off-center

\* 47. Off-center dental services (If applicable)

Name

Address

### Mental Health Unit

\* 48. Mental Health Unit

Average number of applicant files reviewed per week

Average number of student appointments for intake/assessment per week

Average number of student appointments for short-term treatment per week (case load)

List local behavioral health agencies, community programs, or networks available for long-term mental health treatment

\* 49. Mental Health Unit  
(Please complete if different from Medical Unit)

Mental Health Emergency care hospital details: Name

Mental Health Emergency care hospital: Address

Mental Health Emergency care hospital: Distance from center

Mental Health In patient care: Name

Mental Health In patient care: Address

Mental Health In patient care: Distance from center

Mental Health In patient care: Written agreement with the facility? Y/N

\* 50. Is a mobile crisis unit available?

- Yes
- No

### TEAP/TUPP

\* 51. Number of intervention group sessions

\* 52. Who conducts urine drug screen? (Check all that apply)

- TEAP Specialist
- Nurses
- Other (please specify)

\* 53. Who conducts alcohol tests? (Check all that apply)

- TEAP Specialist
- Security staff
- Residential staff
- Other (please specify)

\* 54. Medical Breathalyzer last calibration date  
Date

\* 55. Number of on-center smoking locations

### Obstetrical/Gynecological Services

\* 56. Family Planning Program (FPP) coordinator is

- HWD
- Staff Nurse
- CP/NP/PA
- Other (please specify)

\* 57. Birth Control methods offered on-center (Check all that apply)

- Condoms
- Oral Contraceptives
- Depo
- Patches
- Rings
- Long lasting methods (IUD or implant)
- Other (please specify)

\* 58. What is the address of where off-center FPP services are conducted (if applicable)

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

## Pharmaceuticals and Medical Supplies

\* 59. Vaccination Supplier (Check all that apply)

- VFC
- Health Department
- Other (please specify)

\* 60. Pharmaceutical Suppliers (list all)

\* 61. Medications

Number of students currently on any daily medications

Number of students currently on psychotropic medications

Number of students currently on controlled medications

\* 62. Location of student medication lockboxes (Check all that apply)

- Dorm
- Recreation
- Security
- Other (please specify)

\* 63. Emergency supplies available on center with 24/7 access (Check all that apply)

- Narcan
- AED
- Grab and Go Kit
- Other (please specify)

\* 64. Describe any other special services, outside agencies providing health-related services, and/or innovative programs not mentioned above