POLICY on Evaluation of Temporary Counselor Faculty

Policy drafted by: Faculty Affairs Committee (FAC) 2015-16: Phil Hampton and Sean Anderson (Co-Chairs), Brian Thoms, Susan Andrzejewski, Sohui Lee, Kimmy Kee, and Brittney Veldman with input from Counseling and Psychological Services (CAPS).

PURPOSE: To address the nature of work undertaken by temporary counselor faculty and their evaluation. Current SP 12-10, which addresses evaluation of lecturer faculty (and which tacitly includes librarian faculty and counselor faculty), bases evaluation on demonstrated teaching effectiveness. While the assignments and responsibilities of a temporary counselor faculty may include teaching, the greater likelihood is that counselors will provide direct and indirect services as described below, and thus require separate evaluation. This revised policy also brings temporary counselor faculty in line with the university policy (SA.19.002) on Student Mental Health Services.

BACKGROUND: Executive Order (EO) 1053 Policy on Student Mental Health, states: “Student mental health services shall be established and maintained to enhance the academic performance of matriculated students and to facilitate their retention in state-supported programs of the university. These services shall include accessible, professional mental health care; counseling, outreach and consultation programs; and educational programs and services.” Specifically, all counselor faculty, whether permanent or temporary, are charged with providing short-term individual, couples, and group counseling services, crisis intervention for those students threatening harm to self and/or others, and referral services to those whose needs are beyond the scope of basic mental health services. Thus, temporary counselor faculty shall be evaluated largely based on the provision of Direct Clinical Services (60-65% expectation) and Indirect Services (35-40% expectation). EO 1053 further states, “Although these recommendations establish a baseline or benchmark, adjustments to a mental health clinician’s direct clinical service expectations may be necessary to accommodate additional responsibilities, assignments, and the academic calendar. These recommendations are not meant to supersede the terms of any collective bargaining agreement.” These adjustments will be made on a case-by-case basis upon discussion with the Director of Counseling and Health Services and the counselor. For example, assignment as a supervisor of a trainee or a coordinator role will contribute to adjustments to the clinician’s direct service expectations on a temporary or permanent basis.

POLICY:

Accountability:
Vice President for Student Affairs, Associate Vice President for Student Affairs -- Wellness and Athletics, Director of Counseling and Health Services, Chair of the Psychology program. The Student
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Health Advisory Committee shall be advisory to the University President, or designee, and CAPS on the scope of service, delivery, funding, and other critical issues relating to mental health services at CI.

Applicability:
Temporary counselor faculty.

Definition(s):
Direct service is defined as time spent assessing and counseling clients, providing consultative services to campus stakeholders, or in direct supervision. Indirect service is defined as time spent in aspects of counseling services ancillary to direct client contact. Examples of both direct and indirect services follow:

Direct Clinical Services – This category may include but are not limited to:
- Individual counseling
- Group counseling
- Intakes
- Assessment
- Crisis intervention
- Other clinical services assigned

Indirect Services – This category may include but are not limited to:
- Documentation of clinical work
- Staff meetings
- Clinical team meetings (e.g., Case Assignment Team - CAT)
- Committee work
- Scoring of assessment materials
- Outreach activities such as class presentations and tabling
- Preparation for outreach activities such as creating PowerPoint presentations
- Coordinator role-related activities such as campus-wide collaborative meetings & planning
- Training team meetings
- Supervision meetings with trainees
- Review of trainees’ documentation
- Other supervision-related activities such as review of video recording
- Research-related activities (if involved in research, not required)
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- Teaching-related activities (if involved in teaching, not required)
- Other duties as assigned

Policy Text:

Expectations and Qualifications of Mental Health Professionals at CSU Campuses

The CSU Classification and Qualification Standards, state law (as it relates to mental health clinicians), and the current Unit 3 CBA guide hiring of mental health clinicians. California State University Channel Islands (CI) requires the following minimum qualifications of clinicians both at the time of hire and throughout their employment. Mental health clinicians shall provide documentation of and demonstrate:

1. Knowledge, skills, and abilities in working with students of diverse backgrounds.

2. A thorough understanding of normative developmental issues faced by university students of various ages. Clinicians should also demonstrate the ability to work with students presenting with a wide variety of concerns.

3. A competency in providing individual and group counseling, crisis intervention, outreach and consultation, case management such as assisting with referrals, and program development. To effectively carry out these duties, mental health providers must demonstrate an ability to communicate effectively with a wide range of students, faculty, staff, and administrators.

4. Remain current in relevant research and outcome-based assessment.

5. All mental health clinicians who are currently licensed shall maintain their license. If licensed within another state or unlicensed, they shall obtain licensure in California within one year. Those who are unlicensed or possess a license within another state may provide care during the interim period of obtaining a license while practicing under the supervision of a licensed clinician. CAPS shall routinely check the licensure status and disciplinary actions for each mental health clinician.

6. The annual evaluation for temporary counselor faculty shall follow the same calendar, and the same two-stage review, as for other temporary faculty. Each counselor faculty member shall submit a one to two page narrative on the Direct and Indirect Services provided since the last evaluation for inclusion in their Personnel Action File (PAF).
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7. The PAF shall first be reviewed by a peer-level committee convened by the Chair of the Psychology Program, and comprised of tenured faculty. Once the committee reviews the PAF, the committee shall provide a written evaluation. The temporary counselor faculty under review will then have ten days to respond or to request a meeting. The second and final stage of the review shall be conducted by the Director of Counseling and Health Services who reviews the PAF. Upon receipt of the Director's evaluation, the faculty member shall have ten days to respond and/or request a meeting.

APPENDIX:
Counseling and Psychological Services Annual Evaluation Form