California State University Channel Islands
Counseling and Psychological Services

Policy & Procedures Manual for
Student Mental Health Services Policy

January 2021
COUNSELING & PSYCHOLOGICAL SERVICES (CAPS)

OVERVIEW

The CSU Executive Order 1053 (EO 1053) - Policy on Student Mental Health develops and communicates systemwide policies, procedures, and/or guidelines for mental health services to matriculated students. This policy governs the provision of mental health services to matriculated students in the California State University (CSU) System. Regardless of where or how these services are provided, the provision of services must comply with the policies contained in EO 1053. Each campus' president or designee shall ensure appropriate oversight of all university mental health services. 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.

Governance

Designation and to Whom Responsible

- The President shall be directly responsible to the Board of Trustees. All other Officers shall be responsible to the President directly or through designated channels.
- Officers of the University shall be the Vice President for Student Affairs, Associate Vice President for Campus Life, and the Director of Counseling and Psychological Services.
- Governance has been delegated to the Director of Counseling and Psychological Services, who reports directly to the Associate Vice President for Campus Life and the Vice President for Student Affairs.
- The Governing Body shall be comprised of the Officers of the University as noted above.

Purpose Statement

Counseling and Psychological Services (CAPS) provides short-term mental health services in a confidential setting to assist students in achieving their academic and personal pursuits. Individual counseling is focused on an individual's immediate or near future concerns. Short-term counseling at college counseling centers nationwide provides help for students who need assistance in coping with a recent life stressor. Our work focuses on individualized treatment aimed at enhancing individual strengths, coping skills and personal well-being. We combine counseling and practical techniques to address the needs of clients. Services are offered in-person and via telehealth, also known as virtual counseling. Services are provided in a safe and supportive environment that celebrates all forms of diversity and polyculturalism.

Specific Service Goals, Aims and Strategies
In keeping with these commitments and the University Mission Statement, CAPS maintains a staff of highly trained and skilled mental health professionals with appropriate licensure and sets the following as specific goals:

**Campus Life Purpose**
The purpose of Campus Life is to provide intentional opportunities for students to transition into the CI community, engage in purposeful co-curricular experiences that support their development, promote healthy physical, psychological, and social lifestyle choices and empower them to be contributing members of a diverse society.

**CAPS Program Aims**
- To promote mental health throughout the campus community by providing direct clinical service, consultation, outreach, and psychoeducational workshops; and
- To provide immediate help and relief for students who are distressed and in crisis

**CAPS Program Strategies**
- We accomplish our purpose and program aims by practicing our knowledge of the science of human behavior as we make biopsychosocial interventions; teach; mentor; and consult with our students, faculty, staff, and other stakeholders to student success.
- We educate the campus community through outreach, workshops, consultation, and providing psychoeducational materials.
- We respond to distressed students by providing immediate access to services through same day, triage appointments, 24/7 phone counseling, consultation for the University community, and participate on the CI Campus Access, Retention & Equity (CARE) Team.
- We further accomplish our mission by evaluating the effectiveness of our services as it relates to student success.

**Scope of Services**

Though a common core of basic mental health services shall be provided to students throughout the CSU, there may be some variance beyond the basic services on individual campuses due to the availability of personnel, facilities, and other resources. At a minimum, CSU campuses shall offer the following basic services:

**Counseling/Psychotherapy**
Campuses shall offer short-term individual and group counseling/therapy services that are responsive to the diverse population of currently enrolled students experiencing the types of psychological or behavioral difficulties that limit their academic success. Individual, couples, and/or group counseling/therapy shall be available to students for educational, personal, developmental and relationship issues. Most students in need of individual counseling are able to effectively deal with their concerns within a relatively brief period. While some students have need for extensive counseling services, CSU campuses may limit the number of sessions students can utilize to maximize student access to services.

**Suicide and Personal Violence Services**
Each campus shall develop a protocol for immediate response to suicidal and violent behavior. The protocol shall cover a continuum of services for students, families, and the campus community spanning from identification of suicide, or violence towards others through the loss and grieving process.

Emergency/Crisis Services
Campuses shall develop protocols for addressing mental health crises that occur during Counseling Center hours of operation as well as protocols for crises after its regular business hours.

Outreach
Campuses shall provide psycho-educational workshops, programs and services that address critical student issues as well as prevention and wellness programs. Programs must be responsive to the diversity of the CSU student population and enhance the ability of students to develop healthy and effective styles of living and learning.

Mental Health Consultation
Mental health professionals may provide consultative services to members of the university community regarding student mental health issues. As part of this consultation service, mental health professionals should identify and address real, perceived, and potential issues that may impede students' academic progress or success.

Referral Resources
Mental health professionals should identify appropriate referrals both within the institution and the local community to assist students whose problems are outside the scope of the campus' basic mental health services. When clinically indicated, mental health professionals should also make an effort to ensure that students follow up on those referrals.

Eligibility for Services

Enrolled Students - Student Health Fees
This protocol applies to mental health service provided to matriculated students at CSUCI. CAPS services are covered by mandatory Student Health Fees assessed every semester. No additional fees are charged for counseling, consultation, outreach, or other services provided to the campus community.

Short-Term Counseling
Students who present for services at CAPS should be deemed able to respond to short-term treatment modalities. Criteria that indicate the ability for short-term treatment success include generally good ego strength (i.e., able to make commitments, take responsibility for themselves, engage in relationships, and have a capacity for basic trust); have a focus issue or problem to address and can articulate this; have previous adequate or healthy functioning; have motivation for change and/or treatment; and have the ability to form a therapeutic alliance.
Students who do not wish to have or who are not appropriate for short-term treatment include those who present with (but not limited to) acute psychosis, severe personality disorder, severe depression with high suicide potential, and those in need of psychiatric hospitalization due to their condition or diagnosis. Those with chronic or vague problems and who are unable to specify a central issue of focus for therapy may also not be appropriate for CAPS services.

Session Limitations

CAPS operates on a short-term, problem and solution focused approach to treatment. Individual counseling is counseling focused on the individual's immediate or near future concerns.

Short-term counseling at college counseling centers nationwide provides help for individuals who are in need of assistance in coping with a recent life stressor. Our work focuses on individualized treatment aimed at enhancing individual strengths, coping skills and personal well-being. We combine counseling and practical techniques to address the needs of clients.

Eligible students are typically entitled to an initial consultation and a bridge to referral resources. While enrolled students may be eligible, they are not entitled to all of the counseling services available through CAPS. It is the responsibility of a clinician, in discussions with the student, to determine the clinical appropriateness of counseling, the number of sessions, as well as the mode of service to be provided. The clinician is responsible for informing the student of any service limits and dealing with the student’s concern about these limitations. The first contact with CAPS is generally a brief initial consultation appointment, typically lasting approximately 30 minutes. Prior to that meeting, as the student checks into Titanium (EHR system) for the first time, the student acknowledges receipt of the Notice of Privacy Practices.

During the first meeting, the clinician gathers additional information to assist in determining what would be the most appropriate treatment plan. The clinician conducting the initial consultation may or may not be the person whom the client subsequently sees for personal counseling. The clinician determines if a referral to another staff member, CAPS service such as group or a care provider in the community is indicated as the most appropriate plan to address the student’s needs.

Extension of Service Limits

Some cases may require an extension of services beyond the short-term model. When the clinician judges the termination of counseling would be seriously deleterious to the client and/or no effective community referral options exist, the clinician consults first with the Director to determine the appropriateness of extending service limits.

Criteria and suggested guidelines:

With each of the following guidelines there is an underlying provision that the student be making reasonable progress and in the clinician’s judgment could derive measurable benefit from additional sessions. The following are general criteria used in considering an extension of service:
- A situational crisis or threat of crisis that can be managed within the scope of CAPS and additional sessions are required to manage the crisis and/or effect a referral to outside resources.
- A justifiable reason is present that makes referral to other resources impractical.
- New circumstances, information or case reassessment suggest a need for extended services (e.g., significant changes in critical support systems or exacerbated environment stressors).
- Regularly enrolled continuing students who are enrolled as a matriculated student in state-supported instruction during the current or preceding term, paid all charges and fees due to the campus, and registered (or is expected to register) for the succeeding term. In other words, the student must be enrolled in classes in pursuit of an academic degree.
- Students eligible for services over the summer must have been enrolled in the spring semester and the preceding fall semester. If a student has never been seen at CAPS and does not meet eligibility criteria to be seen over summer, a clinician may see that student for a one-time consultation only. If a student has been seen at CAPS but does not meet summer eligibility, then the treating clinician may see that student for 1-2 transition sessions only.
- The California Administrative Code (40700) specifically excludes extended education and students auditing without credit. These students are not eligible for services unless they fall into one of the preceding categories. However, exceptions can be made at the discretion of the Director.
- Recent Graduates - Upon graduation, students are no longer eligible for ongoing CAPS services. At times, 1-3 sessions may be authorized within two months of graduation to assist with transition to community providers/coordination of care.
- Alumnae - Graduated students of CI may continue to access 24/7 phone counseling services to obtain mental health referrals from CAPS.

**Family and Spouse/Partner**
- A CI student (who is eligible for services as defined above) is eligible for couples counseling or consultation when rendering of such service is advantageous to the welfare of the student AND the partner is a CI student. However, non-CI student partners of CI students are not eligible for individual, couples, or group counseling.
- Parents of a CI student are eligible to participate in occasional counseling sessions with the student on a limited basis when the rendering of such service is advantageous to the welfare of the student. However, this is not intended to be family therapy. Parents of CI students are not eligible for individual, couples, or group counseling.
- Children of a CI student are eligible to participate in occasional counseling sessions with the student on a limited basis when the rendering of such service is advantageous to the welfare of the student. However, this is not intended to be family therapy. Children of CI students are not eligible for individual, couples, or group counseling.

**Faculty and Staff**
- CI faculty and staff may consult with or be consulted by CAPS staff regarding generalized student concerns or specific situations involving students (subject to policy on confidentiality).
The Employee Assistance Program on campus is equipped to offer the same service to faculty/staff and can see the faculty/staff in person if so desired.

**Guidelines for Denial of Counseling Services at CAPS**

Because of this somewhat limited response capability, certain clients may fall outside the capacity of CAPS to meet their needs and provide adequate service. Clients who present serious psychopathology, a chronic history of instability and/or indices of extensive case/crisis management needs, are thought to be better served through other community resources and referral is recommended.

The Director may, in some cases, deny care beyond an initial assessment. The following are general criteria used in considering denial of ongoing counseling services at CAPS.

- Students whose primary concern and history suggest a poor prognosis for a short-term therapy (e.g., severe psychopathology, severe and chronic substance abuse);
- Students with chronic levels of need for high contact counseling services (e.g., counseling required more than once a week, frequent after-hours care necessary, and/or a history of multiple hospitalizations);
- Students who are being seen concurrently by an outside clinician;
- Students whose psychopathology requires long-term counseling;
- Students who present for counseling repeatedly but fail to benefit from short-term interventions; and
- Students who have the financial means and/or insurance to receive ongoing treatment as so indicated.

**After Hours Clinical Services**

24/7 phone counseling is provided to student via ProtoCall Services, Inc. by calling the main CAPS phone number (805-437-2088) and selecting “2” when reaching the voicemail.

**Parental Consent for Counseling of Minors**

- Regulations that went into effect January 1, 2011 allow for minors age 12-years and older to provide consent if they are deemed mature enough to participate intelligently in the treatment.
- Parental consent is still needed for inpatient mental health treatment and providing psychotropic medications.

**Missed Appointments/No Shows**
Missed appointments are approached primarily from a clinical perspective. If a student “no-shows” (does not present nor call to cancel) for two appointments, no further appointments are scheduled until a clinician speaks with the student regarding their commitment to treatment and utilization of services. If a student cancels two appointments in less than 24 hours, the clinician is to call the student and address this issue before accepting another appointment. For clinical reasons, the clinician may ask the Director to make the contact.

Change of Counselor Requests
It is an agency policy to honor requests for change of counselor when possible. A student may request a Change of Counselor in person, via phone, or email and do not need to provide a reason for the request. Director may follow up with student regarding disposition as needed.

Requests for Documentation in Support of Legal Problems
CAPS clinicians will not see students for mandated treatment, nor accommodate those clients that are seeking to provide documentation in support of legal problems. In these cases, only documentation of appointment attendance will be provided. Any such requests should be reviewed with the Director prior to providing documentation.

Requests for Documentation for Emotional Support Animals
CAPS that clinicians do not provide letters of support for emotional support animals (ESA) at the request of clients, particularly those who have never been seen at the agency. The process of evaluating and documenting the need for an ESA is beyond the scope of the short-term counseling that we provide at CAPS.

Crisis Intervention
Students may present to CAPS and/or call-in crisis and need to be seen on a same-day basis. To accommodate this need, CAPS clinicians provide triage services. This is accomplished by

https://www.csuci.edu/caps/services.htm

A client is recommended to receive an urgent appointment under the following circumstances:

- The client is having suicidal thoughts, has a current plan to attempt suicide or a plan to inflict harm onto someone else.
- The client recently had/or is having the following experiences:
  - Inflicted or attempted to inflict harm on themselves or someone else
  - Attempted suicide or made verbal or written threats to do so
  - Been physically and/or sexually assaulted
  - Has heard or seen things that others cannot hear
  - Experienced overwhelming depression, anxiety, anger, fear, or panic
  - Has a severe reaction to psychiatric medication
  - Been unable to provide for their own basic needs (i.e., food, clothing, and/or shelter).

While these are examples of reasons for an urgent counseling appointment, it is left up to the student to define their own crisis. A student does not need to inform the administrative staff the nature of the crisis, only that they need to be seen the same day.

Hospitalization
At times, the needs of the student may require psychiatric hospitalization to maintain the student’s safety and/or the safety of the community. CAPS takes a team approach to hospitalization. These guidelines are aspirational in nature. However, these types of situations are very dynamic and therefore these procedures need to be applied in a flexible manner.

- **CI Police - MUST** always be called to assist with hospitalizations (911 or 805-437-8444), regardless of whether they are voluntary or involuntary, or whether they are initiated on campus or via telehealth. The person who calls the police can be determined among the primary clinician, secondary clinician, and front desk staff.

- **Crisis Team - A mobile crisis unit is typically called by police to provide additional on-site assessment to determine whether the student meets criteria for hospitalization. At the time of assessment both arrangements for transportation and a hospital bed will be made, or safety planning will be developed.**
  - **Adult (18-years-old or older)** – Adult Mobile Crisis Response Team at 1-866-998-2243
  - **Minor (17-years-old or younger)** – Crisis Intensive Response Team (CIRT) at 1-866-431-2478

**Individual/Couples/Conjoint Counseling**

- CAPS attempts to provide necessary mental health services to as many CSUCI students as possible utilizing a short-term, problem and solution focused model.
- Students are not entitled to counseling but rather are only guaranteed an initial consultation to determine clinical needs.
- Early assessment of student counseling needs and appropriate referral are essential in order not to establish unrealistic expectations and to serve the best interests of our clients.
- CI students are only eligible for couples counseling if both partners are CI students. Couples may not also have individual counseling at CAPS but may attend separate groups. If a student is seen at CAPS and reports a history of treatment elsewhere, the clinician may make reasonable efforts to obtain past treatment records.
- Clients should only fill out initial consultation forms immediately prior to being seen in the clinic, meaning they should not fill them out and then leave and return at a later date for the appointment. For Telehealth appointments, client forms are to be completed no earlier than 24 hours prior to the appointment. Forms will be reviewed prior to the appointment. If, for some reason, a student fills out intake forms and leaves without being seen, the triage clinician may review the forms and follow up as indicated.

**Group Counseling**

CAPS has a Group Counseling Program with updated offerings each semester. Some groups focus on specific skills and themes while others provide support for specific groups of students. Group therapy may be the most appropriate service initially, after short-term individual counseling or as an adjunct to short-term individual counseling. The clinician is to refer students to the group program as deemed appropriate. Some of the groups offered by CAPS require that the student complete an initial consultation session with one of the group leaders in order to
assess appropriateness of the group for the student’s needs. Other groups are considered "drop-in groups" and have no requirements for participation beyond current registration as a CI student.

- Eligible students have access to multiple modalities of treatment including individual, couples, group, and medication management. Due to limited resources, students may attend one course of brief individual or couples counseling and two groups. Students may not “double/triple dip” for services. If clinical needs require a higher frequency of contact then students will be referred to the community for a higher level of care than is available through CAPS.
- Students may attend up to three groups during their academic career at CSUCI.

Psychiatric Services
CAPS provides limited psychiatric services to eligible CI students as an augmented service as defined by the CSU Chancellor's Office Executive Order 1053. The psychiatrist provides consultation to CAPS clinicians, evaluation and assessment for the provision of psychotropic medication, and medication management follow-up appointments. The psychiatrist does not provide individual psychotherapy, unless arranged in advance with the Director. Eligible students may receive on-going psychiatric services if so indicated by their provider and they utilize the services in a manner that is conducive to their successful treatment.

In order for students to see the CAPS psychiatrist, they must first see a CAPS clinician for an initial assessment. Exception to this can be made by the Director on a case-by-case basis. Clients do not have to continue in counseling with a CAPS clinician in order to have psychiatric care unless directed by the treating psychiatrist. If clinically indicated, students may be eligible for psychiatric care for the duration of their academic career at CI. It is up to the clinical discretion of the psychiatrist to determine if referral for continued care outside of CAPS is most appropriate. The psychiatrist reserves the right to refuse to treat a CSUSI student and to refer to the community.

Training Program
Training future generations of clinicians is a fundamental component of the mental health profession across disciplines including professional counseling, marriage and family therapy, social work, psychology, and psychiatry. All disciplines require practical experience in various treatment settings. The purpose of a training program at CAPS is to provide trainees with clinical experience in working with students in a college counseling center setting. Trainees are graduate students in the behavioral sciences carefully selected to participate in our program. CSUCI students have the opportunity to work with doctoral students who are seeing clients under supervision of licensed psychologists. Often, video recording is an element of clinical training and clients may be asked to sign an additional consent to have sessions confidentially recorded for training and deleted at the end of the semester. Counseling sessions will never be recorded without explicit consent.

Research
At times, CAPS participates in research projects with both internal and external collaborators. Clients will have opportunities to participate in research and will be provided with informed consent and the option to decline participation.
Confidentiality

NOTE: The CSU Channel Islands email is the official University method for dissemination of information and communication among students, staff, and faculty. CAPS typically uses students' myCI email for communication regarding appointment scheduling and forms as it is encrypted. However, exceptions are made for students who request to use their personal email address with the acknowledgement that the email from CAPS is no longer encrypted once it leaves the CSUCI email system.

All records, including medical information, referrals and evaluations are kept strictly confidential in accordance with federal and state laws.

This policy follows and is subject to both the general University policies on confidentiality, privacy, and disclosure of information and professional legal/ethical guidelines regarding the practice of counseling and psychotherapy.

It is understood that the nature of counseling requires an atmosphere of trust between the client and mental health professional. Because a major process variable necessary for effective counseling is client self-disclosure, an assurance must be given that this clinical information resides within the professional relationship. All client electronic files are secured through password protection, dual authentication, and secure firewalls.

Confidentiality of Counseling Information

In keeping with ethical and legal standards of mental health professionals, no information is released to outside parties without the client’s prior written release with the exceptions noted to client at the initiation of the counseling relationship. No information is a matter of public record, including the names of clients utilizing counseling services.

Formal File Request Procedures

All file requests must go directly to the CAPS Director for review. Typically, the Director or treating clinician will contact the student to discuss the request to assure appropriate documentation is provided. File requests can be initiated in person, via phone, or email. Files are officially requested by completing the File Request and Authorization for Release of Confidential Information forms. Even if clients have signed an Authorization for Release of Confidential Information for a third party, they will still be requested to sign a CI CAPS Authorization for Release of Confidential Information and official form requesting their records.

CAPS does not provide clinical services that are court mandated nor attorney recommended. If this disposition is disclosed during initial scheduling, then the front desk staff can inform the student that CAPS does not provide services nor clinical documentation for legal matters. If this information is revealed during session, clients should be informed that the only documentation that CAPS clinicians are authorized to send, after consultation with the Director, is verification of attendance.

File requests will be processed as soon as possible and within 15 business days of receiving the written request. Unless it is determined that there could be substantial risk of significant adverse consequences if the client had access to the record or specific portions of the records. (Civil
Code Section 1798.40. Exceptions to this timeline and records release process may be made by legal counsel or risk management if there is a subpoena involved or other complex requests.

**Disclosure of Confidential Information - Client Access to Records**
- Upon receipt of a valid request for records by a client or a third party a copy of those records will be made available in the format requested (e.g., documentation of attendance, summary of treatment, copies of record, etc.).
- Within a period of 15 working days following receipt of a client’s written request, the client may inspect or obtain copies of his or her official counseling record. Clinicians must consult with the Director before releasing a record directly to a client or third party.
- Reasonable attempts should be made for clients that want to review their records to come to CAPS to review their record with a clinician and a note will be entered regarding this offer and the response. Clients should sign a form indicating they have read their records and have asked any questions related to the content of those records. This note should become part of their file.
- When the request to inspect and/or obtain copies of all or a portion of counseling records is denied, there shall be written entry in the record noting the date of the request, explaining the reason(s) for refusal and describing the specific adverse consequences anticipated.
- In the event of a refusal to permit a client to inspect or obtain copies of counseling records, the client shall be informed by the Director in writing of the right to designate a licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or psychiatrist who shall be permitted to inspect or obtain copies of the records with the client’s written authorization.
- Minors eligible for treatment without parental consent have the same rights with regard to access of records as adult clients; their parents or guardians have no access to their records.
- Parents or guardians of minor clients who have given their consent for counseling have no access to the minor’s record where it is determined that access would have a detrimental effect on the CAPS staff’s professional relationship with the minor client.

**Challenge of Records Content**
- Clients may request and receive an interpretation of information to which they have access. They may correct by addendum any factual data supplied by them on the Initial Consultation Note.
- Test data contained in the record may not be challenged. Re-testing is possible but not guaranteed; results of repeated test administrations are added to the client’s records.
- Clients who believe it necessary to challenge the CAPS’ staff judgment in the above matters may seek additional consultation with the Director. The Director may involve the client and the clinician in a joint meeting or may act as a second consultant to the client.

**Disclosure to Third Parties**
A signed Authorization for Release of Confidential Information is requested from clients requesting release of counseling records, test data, test interpretations or other information gathered in the course of counseling to other appropriate professionals. The form includes:

- The individual or agency to whom the information is to be made available
- The data or information to be released.
- The client’s signature.
- Date signed and expiration date (typically one year).

Disclosure without Prior Consent
Under certain circumstances disclosure may be made without prior consent, although efforts are made first to obtain client consent. Under FERPA, disclosures of students’ personally identifiable information from an education record are allowed, even without a student’s permission, under a variety of circumstances. (See 34 C.F.R. 99.31, at https://www.law.cornell.edu/cfr/text/34/99.36.) One such circumstance is “in connection with a health or safety emergency.” (34 C.F.R. 99.31(a)(10)). A very good description of what “a health or safety emergency” can be found in 34 C.F.R. 99.36, especially subsection (c):

https://www.law.cornell.edu/cfr/text/34/99.36

https://www.hhs.gov/hipaa/for-professionals/faq/518/does-ferpa-or-hipaa-apply-to-records-on-students-at-health-clinics/index.html

- In summary, information may be released from client records to appropriate persons in connection with an emergency if the knowledge of such information is necessary to protect the health and safety of a client or other persons.
- CAPS staff have a legal responsibility (Tarasoff vs. Regents of the University of California) to follow specific guidelines for dealing with potential violent behavior on the part of the client.
- CAPS staff have an ethical responsibility to follow specific guidelines for dealing with potentially suicidal clients when he/she becomes aware of potentially suicidal behavior on the part of the client.

Disclosure Pursuant to Judicial Order
Confidential information shall be released if properly subpoenaed pursuant to a judicial proceeding. Clinicians are not to release information in response to a subpoena. In such proceedings, an attempt shall be made to notify the client prior to compliance. Director should be notified of such a request who will consult with Risk Management prior to releasing records in response to a subpoena.

Disclosure for Research Purposes
Clients participating in research studies conducted by CAPS will be informed of the safeguards against disclosure in the research design. Research studies of this nature demand prior student knowledge and consent and proper review by the CSUCI Institutional Review Board.
Procedures for Disposing of Records
CAPS maintains clinical records for at least (7) years. After seven years, physical records are shredded using a contracted secure shredding service (that is HIPAA/FERPA compliant). Electronic medical records are kept at least seven years and will be purged per approved policy from California State University regarding electronic records retention. CAPS will collaborate with Risk Management to approve the actual destruction of records.

Mandated Reporting

The Child Abuse Law
A clinician has a legal responsibility to follow these procedures when he/she becomes aware of child abuse (Penal Code section 111166a).

An Abbreviated Summary: In California, a child is any person under 18 years of age.

- Professional persons (clinicians and trainees at CAPS) are among those who have responsibility to report cases of child abuse. The expressed legislative purpose and intent of the report act is “to protect children from abuse.”
- Child abuse may be evidenced by: non-accidental physical injury, sexual assault, and willful cruelty, cruel and inhuman corporal punishment resulting in traumatic conditions, severe and general neglect, and abuse in out-of-home care.
- Specifically, a mandated reporter who has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment whom he/she reasonably suspects has been the victim of child abuse must report the situation.
- Mandated reporters who fail to do so commit misdemeanors and are liable to prosecution.
- Mandated reporters who do render reports in accordance with the law are not liable for civil damages because of making such a report.

Sexual Assault, Dating Violence, Domestic Violence or Stalking
- CAPS clinicians are NOT mandated reporters of interpersonal violence as described in Executive Order 1095 (See Appendix 3.16.4 for EO 1095 or see http://www.calstate.edu/E0/E0-1095.html)
- When students report to a CAPS clinician that they have been exposed to interpersonal violence, clinicians must provide them with verbal and written information about the campus and community resources available to them as well as their rights.
- Specifically, the required document that must be provided to students if they report interpersonal violence that occurred on campus property or at any campus-sponsored function is “Rights and Options for Victims of Sexual Misconduct, Dating and Domestic Violence, and Stalking.”
- Additional resources can be found on the CAPS website.

Dangerous or Potentially Violent Clients
The following guidelines have been adopted by the Organization of Counseling Center Directors in Higher Education (OCCDHE) and each clinician has a legal responsibility to follow these guidelines when he/she becomes aware of potentially violent behavior on the part of their client (Tarasoff v. Regents of the University of California).

The following criteria may be sufficient cause for notification of the intended victim and for the invocation of the procedures below:

- A threat, made in the clinician’s presence, to others, or to property that could reasonably cause bodily harm.
- A threat and a known history of violent attacks toward others by the client.
- Additional factors to be considered in the assessment include:
  - The intended action is sufficiently identifiable.
  - The client has or potentially could have the ability to carry out the threat.

As part of the process of identifying the intended violent action (threatened violence toward a specified victim), the clinician should immediately call 911 and notify the Director of CAPS.


Feedback

Satisfaction Surveys

CAPS administers an annual Satisfaction Survey to clients. Results are compiled and utilized to improve services.

Focus Groups

CAPS hosts annual Focus Groups with students to encourage honest feedback about our services. Results are compiled and utilized to improve services.

Complaints

It is the goal of CAPS to provide the best services possible to students. Any complaint or critical feedback about anyone’s experience with CAPS is taken very seriously, not only students but also faculty, staff, and non- affiliates (e.g., family members and community providers). The Director makes every effort to investigate the situation and circumstances in order to address the situation and improve services. In addition, students may take complaints to the Dean of Students office or the Board of Consumer Affairs.

[https://www.csuci.edu/caps/faq.htm#feedback](https://www.csuci.edu/caps/faq.htm#feedback)
Outreach Services

Mission and Purpose
A core part of the mission of CAPS and Wellness Promotion and Education (WPE) is to provide educational prevention and early intervention services to the campus community. This is done through the facilitation of workshops, lectures, presentations, debriefings, professional consultations, and tabling.

Goals
The Counseling and Psychological Services Outreach Program has three primary goals:

1. The first goal is to enhance the overall functioning and well-being of the students, staff and faculty of CI. We accomplish this through a systems approach, which emphasizes gearing interventions towards groups of people in the immediate environment rather than an individual person as the client. Interventions may involve training, organizational development activities, and responding to community trauma/crisis events such as debriefings following deaths or other disasters.

2. The second goal is to maintain collaborative relationships with Academic Affairs, Business & Financial Services, and Student Affairs organizations and campus departments as an effective use of staff resources. This is a way to strengthen the philosophy of community within the university in support of our mission of scholarship, leadership, and citizenship. Collaboration may occur through program development, training, and membership in campus committees or task forces.

3. The third goal is to ensure the delivery of quality services to the campus community. This includes maintaining a multi-faceted consultation and outreach team of individuals who are aware of issues unique to underrepresented and vulnerable groups of students. This is accomplished through training, continuing education, and evaluative assessments given to program participants along with their general feedback.

All of our services are intended to support student success and well-being. We welcome questions and feedback. Thank you for the opportunity to serve the CSUCI community.

Kirsten Olson, PhD, ABPP
Director of CAPS
Kirsten.olson@csuci.edu
805-437-2088