

The California State University Counseling & Psychological Services (CAPS) Mutual Aid Assistance Agreement

It is the intent of the California State University (CSU) that resources and personnel of a CSU campus and its Counseling and Psychological Services (CAPS) departments will be made available to other CSU campuses through Mutual Aid Assistance and the Critical Response Unit, as appropriate, to provide additional clinical services after a critical incident. Additionally, CSU shall share public safety, mental health personnel and resources across the State as needed in response to Mutual Aid Assistance requests. This policy memorandum provides an overview of general procedures and/or guidelines for obtaining and coordinating mental health assistance between CSU campuses as well as State and local public safety agencies.

For represented employees, whenever there is a conflict between the Mutual Aid Assistance Agreement and the applicable collective bargaining agreement, the applicable collective bargaining document will be controlling.

I. DEFINITIONS

- A. Counseling and Psychological Services (CAPS) mutual aid is the temporary reassignment of personnel and/or other resources from one campus to another campus within the California State University (CSU) CAPS system.
 - a. **Host campus:** the campus requesting and receiving Mutual Aid Assistance.
 - b. **Guest campus:** any campus providing mutual aid assistance.
 - c. **Privilege:** privilege refers to the authority granted to a licensed clinician by a university governing board to provide patient/client care by the campus. Clinical privileges are limited by the clinicians' professional license, education, experience, and competence.
- B. This agreement references mutual aid between CSU campuses only.
 - a. Higher Education Partners - Campuses should refer to the Organization of Counseling Center Directors in Higher Education (OCCDHE) policies for mutual aid procedures for cross-system requests. Requests for approvals to use stated procedures should be made through the host campus delegated authority.
 - b. Community Agencies - Community clinicians may be able to provide aid if they have previously been privileged by the host campus. Requests for approvals should be made through the host campus delegated authority.

II. REQUESTING MUTUAL AID

- A. Requests for mutual aid will be made when incidents of civil disorder, special campus events, natural unexpected substantive emergencies, or other emergencies leave the host campus with insufficient resources to respond to the need for clinical services on the campus.
 - a. Requests for mutual aid will be made by the Director (or Director equivalent) of the CAPS of the host campus requesting approval to petition for mutual aid from their

Vice President of Student Affairs or designee (following campus specific protocols).

- b.** In the absence of the Director (or Director equivalent) of the CAPS, the most senior ranking staff member from the CAPS may initiate the request of mutual aid assistance. The senior ranking staff member will make every effort to coordinate with the host Campus Emergency Operations Team prior to requesting mutual aid assistance.
- c.** Upon approval, the Vice President of Student Affairs or designee makes a formal request for mutual aid assistance directly to the Vice President of Student Affairs or designee of all relevant guest campuses. Requests for mutual aid will be on the CSU Mutual Aid Assistance Request Form (Appendix A). Telephone requests may be made, but shall be followed up in writing as soon as possible. Written requests may be sent via fax or email.
- d.** Every effort will be made to provide sufficient advance notice of mutual aid assistance requests in order that guest campuses can evaluate available resources and make necessary schedule adjustments.
- e.** It is the responsibility of the guest campus CAPS Director (or Director equivalent) to seek approval from their Vice President of Student Affairs or designee prior to sending staff to the host campus.
- f.** The CAPS Director (or Director equivalent) of the host campus then coordinates the mutual aid response with the CAPS Director (or Director equivalent) of the guest campus(es).

III. RESPONDING TO MUTUAL AID REQUESTS

- A.** Guest campuses will make every reasonable effort to provide the requested mutual aid assistance commensurate with available resources and depending on local circumstances.
 - a.** All guest campus clinicians providing aid to the host campus will be accepting the assignment on a voluntary basis.
 - b.** When applicable, all guest campus clinicians must be licensed, privileged, and credentialed by their home campus. Requests for exceptions to this policy should be made through the host campus and approved through the host campus delegated authority.
 - c.** A CSU Mutual Aid Assistance Response Form (Appendix B) will be transmitted via fax or email to the host campus specifying if mutual aid will be provided.

IV. REIMBURSEMENT POLICY

The host campus shall reimburse a guest campus for those costs that are a direct result of the assignment of personnel and/or other resources to the host campus for mutual aid

assistance. Such costs are only those that are over and above the cost of the routine operation of the guest campus. All travelers must comply with CSU Travel Policy.
<https://csyou.calstate.edu/Policies/icsuam/Pages/3601-01.aspx>

- A. Personnel Costs- Salary-** Costs for the regular wages of personnel on mutual aid assignments are not reimbursable; personnel who would be on-duty at the guest campus are assigned to a host campus at no charge.
- B. Travel Costs -** Travel costs to/ from the host campus from the guest campus are reimbursable to the personnel. The guest or host campus has the option to reimburse based on the ability of the host campus to pay.
 - a.** Air or other commercial means of travel –costs for commercial fares of personnel are reimbursable.
 - b.** If the guest campus leased/rented a vehicle, such as a van to transport assigned personnel to the host campus, costs would be reimbursable.
- C. Lodging and Meal Costs –**The host campus is responsible for arranging lodging and meals for personnel from guest campuses. The following two arrangements or a combination of the two may be used, based on circumstances:
 - a. Funds Provided -** The guest campus, if time allows, may provide individual personnel with funds in advance to cover the cost of lodging and meals during the mutual aid assignment. Such costs are reimbursable to the guest campus.
 - b. Meals and Lodging Provided -** The host campus may provide meals and arrange lodging for the personnel from guest campuses. In such situations there would be no cost to the guest campuses and reimbursement would be unnecessary.
 - c. Combination Approach -** The host campus may provide some combination of meals and lodging. In such situations, those expenses incurred by guest campus personnel would be a charge to the guest campus and subject to reimbursement from the host campus.
- D. Other Costs to Guest Campuses-** Any costs incurred by a guest campus as a result of providing personnel to a host campus that are not covered in this agreement should be discussed by CAPS Directors (or Director equivalents) and ultimately resolved with the approval of the campus Vice President of Student Affairs or designee that is mutually acceptable.

V. WORKING HOURS/CONDITIONS:

- A.** The host campus shall ensure that adequate work conditions are provided in accordance with collective bargaining agreements:
 - a.** Clinicians from guest/host campus should be provided adequate downtime between duties for rest to avoid burnout and compassion fatigue.

- b. Compensatory/flex time should be provided (by the guest campus) to account for additional days worked in accordance with union regulations.
- c. The host campus will ensure that mutual aid personnel receive adequate meal breaks and that appropriate food is available. Food and beverages, including water, will be made available at appropriate times.
- d. The host campus may determine that personnel from other campuses should be released because the need for mutual aid assistance no longer exists.
- e. The guest campus, at their discretion and with collaboration with the host campus, can recall personnel should a need arise at the guest campus.

VI. MEDICAL

- A. The host campus shall ensure that all injuries or illnesses of mutual aid personnel should be treated in a licensed medical facility consistent with the policies and procedures of the host campus.
 - a. The guest campus shall be notified of any injuries or illnesses as soon as possible. Guest campuses shall provide a Guest Clinician Contact Information Form (Appendix C) for each person in their mutual aid unit.

VII. REPORTING MUTUAL AID

- A. Upon termination of a mutual aid incident, each guest clinician will complete a Guest Clinician Summary Report (see Appendix D) summarizing the aid provided. The Guest Clinician Summary Report should be submitted to both the home and guest campus CAPS Director (or Director equivalent) within ten (10) business days of the end of the assignment.
- B. The host campus will forward a written report on the Mutual Aid delivered to the guest Vice President of Student Affairs or designee summarizing the extent of the assistance provided, including a list of guest clinicians from campuses, hours worked, and a brief summary of the incident or event.

VIII. WORKERS COMPENSATION

When personnel from a guest campus are injured while in the course and scope of their participation under the mutual aid assistance agreement, the guest campus will be responsible for the accepted workers' compensation claim of the guest campus' injured personnel. Per Cal/OSHA recordkeeping requirements stipulate that it is the employers' responsibility to pay for and record the injury on the OSHA 300 log.

IX. SUMMARY OF CAMPUS RESPONSIBILITIES

- A. The host campus will be responsible for the following duties:
 - a. Initiate the request for mutual aid assistance.
 - b. When applicable, all guest campus clinicians must be licensed, privileged, and credentialed by their home campus. Requests for exceptions to this policy should be made through the host campus by delegated authority.

Appendix A

**CAPS Mutual Aid Assistance
REQUEST FORM**

TO BE COMPLETED BY THE REQUESTING CAMPUS (HOST CAMPUS)

Requesting CAMPUS:		Requesting DEPARTMENT:		
Date/Time Prepared:		Prepared by:		
Event Name:				
Requester:	Name:	Position:	Contact Phone #/Email	
Authorizing Official: (Signature required below)	Name:	Position:	Contact Phone #/Email	
Resources Required: (provide description of your needs and include # of clinicians required)				
Date Required:				
Time From/To:				
Location (main campus/satellite campus/other):				
Travel Instructions: (Hotels/Transportation provided):				
Other Information:				
Responder Briefing (Time/Place):				

Signature of Authorizing Official

Date

Appendix B

ASSISTANCE RESPONSE FORM
TO BE COMPLETED BY ASSISTING CAMPUS (GUEST CAMPUS)

Host Campus :	DEPARTMENT:
Date/Time Prepared:	Prepared by:

Event Name:			
Contact Person:	Name:	Position:	Contact Phone #/Email
Authorizing Official: (Signature required below)	Name:	Position:	Contact Phone #/Email
Type of Assistance Available (# of staff)			
Date & Time Available :			
Estimated Total Cost:			
Other Information: (Arrival date(s), Logistics information required)			
Responder Briefing (Time/Place):			

Signature of Authorizing Official

Date

Appendix C

**CAPS Mutual Aid Assistance
GUEST CLINICIAN CONTACT INFORMATION**

DATE _____
NAME OF GUEST CLINICIAN _____
GUEST CAMPUS _____
REQUESTING CAMPUS _____
SERVICE DATES _____
CELL PHONE _____
EMAIL (where to send latest updates) _____

EMERGENCY CONTACT (PERSON TO BE NOTIFIED IN EMERGENCY)

NAME _____
RELATIONSHIP _____
CELL PHONE _____
ADDITIONAL PHONE _____
HOME ADDRESS _____

SECOND EMERGENCY CONTACT (IF PRIMARY PERSON IS UNAVAILABLE)

NAME _____
RELATIONSHIP _____
CELL PHONE _____
ADDITIONAL PHONE _____
HOME ADDRESS _____

Appendix D

**CAPS Mutual Aid Assistance
GUEST CLINICIAN SUMMARY REPORT**

DATE: _____

NAME: _____

MUTUAL AID EVENT: _____

DATE(S) AID PROVIDED: _____

Clinician Home Campus

- | | |
|---|--|
| <input type="checkbox"/> Bakersfield | <input type="checkbox"/> Pomona |
| <input type="checkbox"/> Channel Islands | <input type="checkbox"/> Sacramento |
| <input type="checkbox"/> Chico | <input type="checkbox"/> San Bernardino |
| <input type="checkbox"/> Dominguez Hills | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> East Bay | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> San José |
| <input type="checkbox"/> Fullerton | <input type="checkbox"/> San Luis Obispo |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> San Marcos |
| <input type="checkbox"/> Long Beach | <input type="checkbox"/> Sonoma |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Stanislaus |
| <input type="checkbox"/> Maritime Academy | <input type="checkbox"/> Off-Campus |
| <input type="checkbox"/> Monterey Bay | Centers _____ |
| <input type="checkbox"/> Northridge | |

COSTS		PERSONNEL HOURS	
TRANSPORTATION		COUNSELING HOURS	
MEALS		OUTREACH/OTHER HOURS	
LODGING			
OTHER COSTS			
TOTAL COSTS		TOTAL PERSONNEL HOURS	

BRIEF SUMMARY OF SUPPORT PROVIDED (attach additional sheets if needed)

***Submit a copy of this completed form to the CAPS Director at your home campus and the visiting campus within ten (10) business days after the completion of your mutual aid assignment.**