

**Audit and Advisory Services**  
401 Golden Shore  
Long Beach, CA 90802-4210

May 23, 2022

Dr. Saúl Jiménez-Sandoval, President  
California State University, Fresno  
5241 N. Maple Avenue  
Fresno, CA 93740

Dear Dr. Jiménez-Sandoval:

**Subject: Audit Report 21-21, Counseling and Psychological Services, California State University, Fresno**

We have completed an audit of *Counseling and Psychological Services* as part of our 2021-2022 Audit Plan, and the final report is attached for your reference. The audit was conducted in accordance with the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing*.

I have reviewed the management response and have concluded that it appropriately addresses our recommendations. The management response has been incorporated into the final audit report, which will be posted to Audit and Advisory Services' website. We will follow-up on the implementation of corrective actions outlined in the response and determine whether additional action is required.

Any observations not included in this report were discussed with your staff at the informal exit conference and may be subject to follow-up.

I wish to express my appreciation for the cooperation extended by the campus personnel over the course of this review.

Sincerely,



Vlad Marinescu  
Vice Chancellor and Chief Audit Officer

c: Jolene Koester, Interim Chancellor  
Adam Day, Chair, Committee on Audit

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# **COUNSELING AND PSYCHOLOGICAL SERVICES**

**California State University, Fresno**

Audit Report 21-21  
May 23, 2022

## EXECUTIVE SUMMARY

### OBJECTIVE

The objectives of the audit were to ascertain the effectiveness of operational, administrative, and financial controls for the counseling and psychological services (CAPS) program and to ensure compliance with relevant federal and state regulations; Trustee policy; Office of the Chancellor (CO) directives; and campus procedures.

### CONCLUSION

Based upon the results of the work performed within the scope of the audit, except for the weaknesses described below, the operational, administrative, and financial controls for CAPS as of February 25, 2022, taken as a whole, provided reasonable assurance that risks were being managed and objectives were met.

In general, we noted that the campus had an appropriate framework for the administration of the CAPS program; however, we found that administrative oversight needed improvement related to the completion of required counseling forms and the assessment, collection, and reconciliation of CAPS fees. In addition, background checks, trainee evaluations, and training were not consistently completed in a timely manner, and evidence of background checks was not consistently retained. We also found that the campus was not in full compliance with CO policy regarding documented annual system access review of the CAPS electronic medical records (EMR) system, which stored protected health information (PHI), and CAPS policies needed to be updated to reflect current practices.

Specific observations, recommendations, and management responses are detailed in the remainder of this report. Additionally, on a limited basis, we reviewed information security practices related to the CAPS program. Due to the sensitive nature of specific observations, certain information security-related observations, recommendations, and management responses are detailed in Appendix A, which is redacted from public release.

## **OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES**

### **1. MEDICAL RECORDS AND FEE ADMINISTRATION**

#### **OBSERVATION**

Administration of required counseling forms and the assessment, collection, and reconciliation of CAPS fees needed improvement.

Prior to the start of any appointment, CAPS counselors are required to verify that the patient has completed all required forms. During the COVID-19 public health emergency, the campus created a new form, the Informed Consent for Telehealth and Counseling and/or Care Management form, which all patients were required to complete. We reviewed medical records for the appointments of 30 patients from July 1, 2020, to December 31, 2021, including group sessions, and we found that in two instances, the Informed Consent for Telehealth and Counseling and/or Care Management form was completed from 35 to 99 days after the appointment. Although these students had completed required forms for prior appointments, they did not complete the telehealth form because the Point and Click (PNC) system did not prompt them to complete it, according to CAPS management.

Additionally, monitoring, oversight, and reconciliation of CAPS fees needed improvement. We noted that matriculated students who have paid the Mandatory Health Fee (MHF) can obtain CAPS services at no charge, and students who waive payment of the MHF are assessed a \$15 fee for CAPS services. Also, students who do not show up for scheduled appointments are assessed a \$5 fee. We reviewed the fee collection reports, which included 490 students who did not show up for 583 appointments, and noted that CAPS should have assessed and collected a total of \$2,915. Of this amount, \$820 has been paid, \$635 was outstanding, and \$1,460 was waived by the counselors. We found that:

- CAPS management did not consistently review student visit reports to ensure that fees were timely assessed and collected. We noted that CAPS fees are normally assessed and collected directly after services are provided in person, and that services were provided via telehealth during the COVID-19 public health emergency.
- The fee collection report did not indicate the reason for waived or uncollected fees, and CAPS management did not have an adequate process to monitor waived or uncollected CAPS fees. According to CAPS management, many fees were waived due to the health emergency and an overall effort to reduce barriers keeping students from receiving necessary treatments.

Effective oversight related to completion of required medical records, and assessment, collection, and reconciliation of CAPS fees helps to decrease the risk of noncompliance with systemwide requirements and can provide greater assurance that required CAPS fees are timely assessed and collected.

#### **RECOMMENDATION**

We recommend that the campus:

- a. Implement a process to improve the completion of all required health forms, including the Informed Consent for Telehealth and Counseling and/or Care Management form, and reiterate to all CAPS staff that they are required to ensure that patients have completed all necessary forms before the start of an appointment.
- b. Implement a process to improve the timely assessment and collection all CAPS fees required by CAPS policy.
- c. Develop and implement a process to periodically reconcile all CAPS-related fees, including a review of waived or uncollected fees.

**MANAGEMENT RESPONSE**

We concur. The campus will:

- a. Implement a process to improve the completion of all required health forms and reiterate to all CAPS staff that they are required to ensure that patients have completed all necessary forms before the start of an appointment.
- b. Implement a process to improve the timely assessment and collection of all CAPS fees.
- c. Develop and implement a process to periodically reconcile all CAPS related fees, including a review of waived or uncollected fees.

Estimated completion date: August 1, 2022

**2. HIRING, TRAINING, AND EVALUATION**

**OBSERVATION**

Background checks, trainee evaluations, and training were not consistently completed in a timely manner, and evidence of background checks was not consistently retained.

We reviewed training and personnel records for 24 CAPS staff members, including nine counselors, 11 trainees, and four residents, and found that:

- In 17 instances (for seven CAPS staff member, six trainees, and four residents), the campus either did not perform a background check or failed to retain a record of the background check. Additionally, a background check for one counselor who was hired in September 2020 was not completed until February 2022.
- In 11 instances, trainee evaluations were not completed twice during the year as required by the CAPS policy.
- In four instances, staff members did not complete training timely. Specifically, training was completed from 18 to 22 days late, and included Health Insurance Portability and Accessibility Act (HIPAA), Injury and Illness Prevention Program, Healthcare Worker Bloodborne, and Annual Healthcare Worker Fire Extinguisher training. We noted that

CAPS staff completed the training after the exception was noted by the audit. Additionally, in one separate instance, a student trainee did not complete the FERPA and HIPAA training.

Timely completion and retention of required background checks, evaluations, and training helps to ensure compliance with legal requirements, provide feedback to trainees, and document that staff are properly trained and qualified for their position.

**RECOMMENDATION**

We recommend that the campus:

- a. Develop and implement a process to ensure that background checks are completed timely.
- b. Develop and implement a process to ensure that trainee evaluations are performed timely.
- c. Develop and implement a process to identify all staff who are required to complete the initial and refresher training, including specialized training noted above, and track and notify staff with overdue or incomplete training.
- d. Maintain records to support all background checks, trainee evaluations, and training requirements.

**MANAGEMENT RESPONSE**

We concur. The campus will:

- a. Review and update the current process for completing background checks, as needed, for staff and develop and implement a process for students.
- b. Develop and implement a process to ensure that trainee evaluations are performed timely.
- c. Develop and implement a process to identify all staff who are required to complete the initial and refresher training, including specialized training noted in the report, and track and notify staff with overdue or incomplete training.
- d. Develop and implement a process to ensure records to support all background checks, trainee evaluations, and training requirements are maintained and stored in accordance with the California State University Retention and Disposition Schedule.

Estimated completion date: July 1, 2022

### 3. USER-ACCESS REVIEW

#### OBSERVATION

The campus was not in full compliance with systemwide policy regarding documented user access review of the CAPS EMR system storing PHI.

CAPS uses PNC as its EMR system to document patient mental health records and other patient information. Access to the PNC system is granted at the time of hire and based on job responsibilities. All access requests must be submitted through an IT ticket by a supervisor or CAPS management and must include a business-need justification. Access to the PNC system is processed by the IT liaison. Also, all user accounts remain active until the CAPS staff member separates from the campus or has a change in job responsibilities, or until a request to modify the user's access is made.

Integrated California State University Administrative Manual (ICSUAM) §8060, *Access Control*, states that campuses are to develop procedures to detect unauthorized access and privileges assigned to authorized users that exceed the required access rights needed to perform their job functions.

ICSUAM §8060.S000, *Access Control Standard*, states that at least annually, appropriate campus managers and/or their designated delegates must review user-access rights to information assets containing protected data, and results of the review must be documented.

We reviewed user access for 38 active users, and we found that:

- The campus did not have a formal process to review all user-access privileges on an annual basis and to ensure that access to PNC was appropriate and required.
- In eight instances, CAPS did not maintain or provide documentation showing the request for user access. We confirmed during our review that access was appropriate based on these users' job functions.
- CAPS management allowed multiple Wellness Services staff members to share a single generic user ID. These Wellness Services staff members conducted health education sessions and had access to student PHI. CAPS management indicated that turnover in this area had been frequent. We noted that only one person was responsible for providing the health education sessions at the time of the audit.

Documented periodic review of user-access privileges for the EMR system can help to safeguard PHI, reduce the risk of unauthorized access, and ensure compliance with government regulations and CO regulatory information security requirements.

#### RECOMMENDATION

We recommend that the campus:

- a. Develop and implement comprehensive procedures to address the issues noted above, including an annual documented review of user-access roles and permissions to the CAPS EMR system.
- b. Maintain required documentation to support all PNC system access requests.
- c. Deactivate the generic ID used by the Wellness Services department and create a specific user ID for each employee.

**MANAGEMENT RESPONSE**

We concur. The campus will:

- a. Develop and implement comprehensive procedures to address the issues noted in the report and review user-access roles and permissions to the CAPS EMR system annually.
- b. Maintain required documentation to support all PNC system access requests.
- c. Deactivate the generic ID used by the Wellness Services department and create a specific user ID for each employee.

Estimated completion date: June 15, 2022

**4. POLICIES AND PROCEDURES**

**OBSERVATION**

CAPS policies and procedures needed to be updated to reflect current practices.

CAPS has various policies and procedures that are comprehensive and provide staff with guidelines and context required to complete their primary responsibilities. During our review, we found that:

- The *Clinical Records and Health Information* policy requires clinical records to be purged after 10 years, which is the current CAPS practice and aligns with the CO retention and disposition schedule. However, the primary CAPS policy was not updated and stated that a client's clinical records are to be purged seven years after the last entry in the client's records.
- The CAPS written training program did not include procedures regarding the recruitment, selection, and termination process for interns and trainees.
- CAPS policies and procedures did not specify that students who waive payment of the MHF were required to pay a \$15 fee for each CAPS visit.
- The criteria for fee waivers, as well as the review and approval process for fee waivers, were not documented in CAPS policies. CAPS management indicated that counselors have



the option to waive the no-show fee if the client is not a repeat offender or for extenuating circumstances.

Complete policies and procedures help to decrease the risk of noncompliance with systemwide requirements and improve effectiveness and consistency of operations.

**RECOMMENDATION**

We recommend that the campus:

- a. Review and update CAPS policies and procedures to address the issues noted above, including the retention of medical records; the recruitment, selection, and termination process for CAPS interns and trainees; the fees required for students who waive payment of the MHF; and CAPS fee waivers.
- b. Communicate and distribute the updated policies and procedures to appropriate CAPS staff.

**MANAGEMENT RESPONSE**

We concur. The campus will:

- a. Review and update CAPS policies and procedures to address the issues noted above, including the retention of medical records; the recruitment, selection, and termination process for CAPS interns and trainees; the fees required for students who waive payment of the MHF; and CAPS fee waivers.
- b. The campus will communicate and distribute the updated policies and procedures to appropriate CAPS staff.

Estimated completion date: September 1, 2022

## GENERAL INFORMATION

### BACKGROUND

The California State University (CSU) offers CAPS to matriculated CSU students to support student learning, well-being, and overall academic success. Provision of mental health services supports the Student Engagement and Well-Being element of the CSU Graduation Initiative.

All campus CAPS programs must adhere to Executive Order (EO) 1053, Policy on Student Mental Health. This systemwide policy requires that each campus maintain a minimum level of mental health services, including accessible, professional mental health care; counseling, outreach, and consultation programs; and educational programs and services. The basic services each campus must make available to CSU students includes counseling and psychotherapy, suicide and personal violence services, emergency and crisis services, outreach, mental health consultation, and referral resources. Basic services may be funded using state appropriations or mandatory student fees and are available without additional charge to all matriculated students. Campuses may also offer augmented mental health services beyond the scope of the required basic services, such as specialty care appropriate to the mental health needs of students; services to partners or family members of eligible students; and services to students of non-state-supported programs of the university, such as extended education. Augmented services are subject to user fees, the amount of which must be limited to the actual cost of the services provided.

CAPS at California State University, Fresno (Fresno State) is within the Student Health and Counseling Center (SHCC) and offers its students individual, relationship, and group counseling, classes, case management, and psychiatry services. Specific CAPS-related resources include Project HOPE, which focuses on basic needs and ensuring that students have the necessary resources to succeed in college; the CARE Team, which connects students with significant personal struggles, students in distress, or students of concern who may benefit from additional support or resources to the CARE Team; and Let's Talk, which offers easy virtual access to informal confidential and anonymous consultation with counselors. The SHCC and its facilities are accredited by the Accreditation Association for Ambulatory Health Care, and CAPS consists of a team of licensed mental health professionals, including a psychiatrist and eight counselors. The team is under the general supervision of the director of CAPS, who reports to the associate vice president of the SHCC, who reports to the vice president for student affairs and enrollment management.

### SCOPE

Due to temporary operating procedures and limitations resulting from the COVID-19 public health emergency, we performed fieldwork remotely from January 11, 2022, through February 25, 2022. Our audit and evaluation included the audit tests we considered necessary in determining whether operational, administrative, and financial controls are in place and operative. The audit focused on procedures in effect from July 1, 2020, through February 25, 2022.

Specifically, we reviewed and tested:

- Campus administration of counseling and psychological services, including clear reporting lines, well-defined roles and responsibilities, and maintenance of current program policies and procedures.
- CAPS program external reviews and management responsiveness to recommendations.
- Fiscal administration of fees managed directly by the program and the processing of operating expenditure transactions.
- Establishment of and any subsequent changes to mandatory student mental health services fees for basic services and user fees for augmented services.
- Provision of basic and augmented mental health services offered to students, including eligibility of services.
- Procedures to confirm licensure status of mental health clinicians and identify potential conflicts of interest.
- Medical records management, including practices to ensure security, confidentiality, access, record retention, and student consent to release medical information.
- Management of third-party vendors and providers to ensure that they have proper contracts, and that confidentiality of mental health information is properly defined and established.
- Information security practices to ensure system access controls, information security, and off-site location back-ups.

As a result of changing conditions and the degree of compliance with procedures, the effectiveness of controls changes over time. Specific limitations that may hinder the effectiveness of an otherwise adequate system of controls include, but are not limited to, resource constraints, faulty judgments, unintentional errors, circumvention by collusion, and management overrides. Establishing controls that would prevent all these limitations would not be cost-effective; moreover, an audit may not always detect these limitations.

Our testing and methodology, which was designed to provide a review of key operational, administrative, and financial controls, included interviews and detailed testing on certain aspects of CAPS. Our review was limited to gaining reasonable assurance that essential elements of CAPS were in place and did not examine all aspects of the program. We did not physically visit the counseling center due to pandemic-related restrictions.

## CRITERIA

Our audit was based upon standards as set forth in federal and state regulations and guidance; Trustee policy; Office of the Chancellor directives; and campus procedures; as well as sound administrative practices and consideration of the potential impact of significant risks. This audit was conducted in conformance with the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing*.

This review emphasized, but was not limited to, compliance with:

- EO 943, *University Health Services*
- EO 1053, *Student Mental Health*
- EO 1095, *CSU Policy Prohibiting Discrimination, Harassment, Sexual Misconduct, Sexual Exploitation, Dating Violence, Domestic Violence, Stalking and Retaliation*
- EO 1102, *CSU Student Fee Policy*
- California Civil Code Section 56-56.37, *Confidentiality of Medical Information Act*
- 20 United States Code §1232g; 34 CFR Part 99, *Family Educational Rights and Privacy Act (FERPA)*,
- Coded memorandum Human Resources 2005-16, *Requirements for Protecting Confidential Personal Data*
- ICSUAM §3000, *General Accounting*
- ICSUAM §8000, *Information Security*
- International Accreditation of Counseling Services, *Standards for University and College Counseling Services*
- Government Code §13402 and §13403
- Fresno State *Counseling and Psychological Services (Behavioral Health Services)*
- Fresno State *Clinical Records and Health Information*
- Fresno State *Credentialing and Privileging*
- Fresno State *Denial of Care Policy*

## AUDIT TEAM

Audit Manager: Joanna McDonald  
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