

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

July 28, 2022

Dr. Erika D. Beck, President
California State University, Northridge
18111 Nordhoff Street
Northridge, CA 91330

Dear Dr. Beck:

**Subject: Audit Report 21-40, Counseling and Psychological Services,
California State University, Northridge**

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
Lateefah Simon, Chair, Committee on Audit
Yammilette Rodriguez, Vice Chair, Committee on Audit

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COUNSELING AND PSYCHOLOGICAL SERVICES

California State University, Northridge

Audit Report 21-40
July 28, 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 weakness described below, the operational, administrative, and financial controls for CAPS as of June 24, 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 the campus was not in full compliance with California State University (CSU) policy regarding documented annual system access reviews of the CAPS electronic medical records (EMR) system, which stored protected health information (PHI).

The specific observation, recommendation, and related management response is detailed in the remainder of this report.

OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES

1. USER-ACCESS REVIEW

OBSERVATION

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

The University Counseling Services (UCS) uses Point and Click (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. We found that although the system administrator stated that he performed an annual user-access review, this review was not documented. During the audit, the campus documented a user-access review for the PNC system as of June 30, 2022. However, we noted that the review was performed and signed off by the system administrator in the Student Health Center rather than the UCS data owner.

We sampled 25 of 48 PNC users as of June 2022, and we confirmed that all were active employees with positions that appeared to have appropriate access to perform their job functions.

CSU Information Security Policy and Standards states that campuses must develop procedures to detect unauthorized access and privileges assigned to authorized users that exceed the required access rights needed to perform their job functions. Appropriate campus managers and data owners must review, at least annually, user-access rights to information assets containing Level 1 or Level 2 data. The results of the review must be documented.

Documented periodic review of user-access privileges by the data owner for the information system containing PHI can help to decrease the risk of mismanagement of that data and ensure compliance with government regulations and CSU information security requirements.

RECOMMENDATION

We recommend that the campus develop and implement procedures to document annual user-access reviews of the PNC system to be conducted by department data owners, and maintain evidence of these annual reviews.

MANAGEMENT RESPONSE

We concur. The campus will implement procedures to maintain an annual documented formal review of user-access roles and permissions to the UCS EMR system, as required by systemwide policy.

Expected completion date: August 12, 2022

GENERAL INFORMATION

BACKGROUND

The 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.

At California State University, Northridge (CSUN), UCS is within the Division of Student Affairs and helps students meet the personal challenges associated with identifying and accomplishing academic, career, and life goals. The program provides all required basic services to matriculated students as part of the mandatory student fee and to students enrolled in the Tseng College of Extended Learning through a cost-recovery process. In addition to providing direct client services, which include individual/group counseling, intakes, assessment, crisis intervention, psychiatry services, and other clinical services assigned, UCS counselors develop and participate in outreach and dedicated events tailored to the mental health demographics of the campus. Additionally, the UCS accredited internship in health service psychology program offers a full-time internship to doctoral students in counseling and clinical psychology programs from other nationally accredited universities. UCS also provides a master of social work internship training program and participates in the UCLA-Olive View psychiatry residency training program. UCS and its facilities are accredited by the American Psychology Association and consists of a team of licensed mental health professionals, including four psychiatrists and 24 counselors. The team is under the general supervision of the licensed director of UCS, who reports to the vice president for student affairs.

SCOPE

Due to temporary operating procedures and limitations resulting from the COVID-19 public health emergency, we performed fieldwork remotely from April 11, 2022, through June 24, 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 June 24, 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:

- *CSU Information Security Policy and Standards*
- *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*
- *International Accreditation of Counseling Services Standards for University and College Counseling Services*
- *Government Code §13402 and §13403*
- *CSUN UCS Policies and Procedures Manual*
- *CSUN UCS Front Office Policies and Procedures*
- *CSUN UCS Tele Mental Health (TMH) Policies and Procedures*

AUDIT TEAM

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