

# **Policy and Procedures Manual**

## **Counseling and Psychological Services (CAPS) at California State University Maritime Academy**

**Volume 2, Number 1**

**(revised June 2022)**

All activities of CAPS are under the jurisdiction of the California State University, Maritime Academy (Cal Maritime) and California State University Office of the Chancellor. The information contained herein is believed to be consistent with CSU, Cal Maritime, and California Faculty Association policies and any discrepancies will be resolved in accordance thereof.

## **ACKNOWLEDGEMENTS**

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## **1. POLICY STATEMENTS**

### **1.1 Vision**

Counseling and Psychological Services (CAPS) at the California State University, Maritime Academy (Cal Maritime) is committed to the health, well being, and academic success all students. As an integrated service within Student Health Services (SHS), in the Division of Cadet Leadership and Development, CAPS endeavors to provide accessible, high-quality services that enhance Cal Maritime students' personal and professional development.

### **1.2 Mission**

CAPS believes that personal development and mental health are inherently connected to intellectual, academic, and professional success. Cal Maritime's overarching mission is served by providing students with access to high quality healthcare. CAPS strives to support this mission by delivering a variety of services for individuals and groups that promote personal growth, increase self-awareness, enhance coping skills, provide support during times of crisis, foster professionalism, and promote a safe and healthy campus environment. CAPS is dedicated to supporting and uplifting the diverse experiences of Cal Maritime students. We provide mental health care for individuals and groups in a campus community where there exist historical causes to current health inequities. Based on training and personal experience, CAPS counselors foster discussions of race, gender, class, sexual orientation, and other identities so to improve the self-awareness and interpersonal relations of students. These efforts are guided by our shared community values of fairness and dignity, which we uphold through ongoing development of self-awareness, cultural humility, and professional expertise.

### **1.3 Purpose of Policy and Procedures Manual**

The primary purpose of this Policy and Procedures Manual (PPM) is to define the services provided by CAPS at Cal Maritime and to specify eligibility for and limitations of counseling services provided. This manual is designed to be an easy reference to policies and procedures of CAPS as well as laws governing psychotherapy in the State of California. The policies and procedures outlined in this manual are in accordance with the California State University System Executive Order No. 1053 – Policy on Student Mental Health (2022). The PPM is a dynamic, living document that can change with updated procedures within SHS, the Division of Cadet Leadership and Development, and/or laws within California.

### **1.4 Objectives of the Policy and Procedures Manual**

- 1) To define the counseling services provided by CAPS.

- 2) To articulate a policy of eligibility for services at CAPS.
- 3) To establish a policy that defines the range and extent of counseling services provided by CAPS.
- 4) To establish a policy for maintenance, handling, and release of student counseling records.
- 5) To establish a policy for use and storage of psychological tests.

### **1.5 CAPS Values**

- 1) Self-awareness
- 2) Diversity, Equity, Inclusion, and Justice
- 3) Personal and Professional Development
- 4) Expertise in counseling
- 5) Compassion
- 6) Integrity
- 7) Trust
- 8) Service

### **1.6 About Counseling and Psychological Services (CAPS)**

Health and well-being have a tremendous impact on a students' academic performance. CAPS aims to enhance the health and well-being of Cal Maritime students through competent service delivery that helps students achieve and maintain optimal performance in diverse learning environments, including curricular, co-curricular, and extracurricular activities. We meet these goals by helping students obtain the skills to build healthy habits that will last throughout their lives and enable them be active, contributing members of Cal Maritime and wider communities where they live and work.

CAPS is an integrated service within Student Health Services, which is a department within the Division of Cadet Leadership and Development (see Appendix A: Division of Cadet Leadership and Development Organization Chart). The CAPS offices are located within SHS and may be at satellite locations on campus. CAPS counselors organizationally report directly to the Director of SHS as well as to the CAPS Director regarding service delivery. CAPS provides confidential, high quality, and accessible mental health services to all enrolled students. CAPS provides assistance to students experiencing personal, educational, interpersonal/relationship, family, social, and other psychological difficulties. The services available include counseling, consultation, assessment, crisis support, education, prevention, outreach, and referral to community resources at no additional charge to Cal Maritime students. Consultation services are also available to faculty and staff who may have questions or concerns regarding students. While on campus or at sea, the care of certain illnesses, injuries and conditions may require

hospitalization or services beyond our scope of authorized care. In these incidences, CAPS assists students throughout the process of obtaining additional care.

### **1.7 Goals**

1. To facilitate student success and development through direct and indirect psychological services that are effective and appropriate to the missions of the California State University System, Cal Maritime, the Division of Cadet Leadership and Development, and of Student Health Services.
2. To enhance and promote a worldview throughout the campus community that is rooted in an appreciation and application of cultural diversity that includes cross-cultural knowledge, skills, and awareness.
3. To intentionally contribute to the development of the fields of college counseling through professional activities such as research and evaluation, collegial collaboration, policy development, and other forms of advancement.

### **1.8 Strategies and Objectives**

1. Students will develop skills and habits to resolve crisis situations, work through psychological difficulties, and enhance their personal well-being and interpersonal development.
2. Students will develop skills and attitudes to achieve academic goals and meet university standards.
3. Students will learn about themselves in relation to the world of work and develop decision-making skills for vocational exploration and choice.
4. CAPS counselors will continually develop competencies in counseling, consultation, outreach and evaluation/research. Counselors will apply such interventions across diverse populations.
5. CAPS counselors will encourage and promote the value of cultural diversity through outreach and consultation efforts on campus with an approach that displays cultural humility.
6. CAPS counselors will develop psychological and educational outreach efforts towards underrepresented groups on campus including but not limited to students of color, non-male identified students, students with disabilities, international students, and LGBTQ students.
7. CAPS counselors will assist students in their academic progress through consultation, referral, and cooperative programming and outreach efforts with others on and off campus.
8. CAPS counselors will develop and prioritize activities and outreach programs based on assessed student needs, priorities of the Division of Cadet Leadership and Development

and Student Health Services, availability and adequacy of other resources, and skills/expertise/interests of CAPS counselors.

9. CAPS counselors will systematically evaluate the effectiveness of services provided.
10. CAPS counselors will systematically evaluate their efforts towards increasing cross-cultural sensitivity and reaching diverse students, staff, and faculty.
11. CAPS counselors will be involved in professional activities such as research and evaluation, conferences and workshops, collegial collaboration, policy development, and other forms of involvement.

## 2. CONFIDENTIALITY STATEMENT

All CAPS counselors are expected to maintain confidentiality of all protected health information (PHI). This includes, but is not limited to, the following:

- Name
- Physical description
- Demographic information (e.g., ethnicity, gender identity, able-bodiedness, etc.)
- Contact information
- Date(s) of service
- Presenting problem(s)
- Diagnosis/es
- Information shared over the phone, in person, via letter, email, fax, or any other electronic means

Counselors may disclose confidential client information **only under the following conditions:**

- Signed, written release of information from the client that is current (i.e., signed within the past 12 months).
- Disclosure to medical providers. As an integrated service within SHS, CAPS counselors may disclose PHI to medical providers when there is a clinically relevant reason for communication (e.g., holistic care, continuity of care). Disclosure is done on a need-to-know basis, with the least information necessary disclosed. Counselors are encouraged to share their intent to disclose with clients and give serious consideration to contraindications (e.g., client's preference for privacy, potential for harm).
- The client presents an imminent danger to himself/herself.
- The client presents an imminent danger to a readily identifiable person or group of persons or property (including disclosure to the CARE or BIT teams).
- The client is gravely disabled.
- The client has shared information regarding abuse (e.g., physical, sexual, neglect, financial, etc.) of a child (i.e., person under age 18), elder (i.e., person over age 65), or dependent adult (i.e., person over age 18 who is in the legal custody of another person).

At no time is it permissible for CAPS counselors to keep any confidential information unsecured after normal operating hours due to potential breach of confidentiality. Secure means of locking up confidential information are provided for this purpose (i.e., locked file cabinet in CAPS Director's office as well as in the medical records office).

In order to maintain client confidentiality, CAPS counselors do not discuss PHI in open areas where it may be overheard, such as the administrative desks area. CAPS counselors are advised to speak in private and speak softly whenever discussing PHI for any purpose (e.g., supervision, consultation, providing psychological services, etc.). CAPS counselors do not discuss

confidential client information outside the physical premises of SHS. At no time do CAPS counselors discuss confidential client information over a cellular phone, text, email communication, or another electronic means of transmission through which confidentiality cannot be guaranteed.

Only those counselors with a justifiable clinical purpose may access confidential information. If a CAPS counselor accesses confidential information for any reason other than for treatment purposes, this is considered a potential breach of confidentiality and the counselor may be subject to disciplinary action. This includes information in the electronic health record system Point and Click (PNC) as well as information not yet entered/scanned into a client's electronic record (e.g., paper documents; handwritten notes).

CAPS counselors who intentionally or repeatedly violate the confidentiality policy will be subject to disciplinary action.

### **3. SERVICES**

#### **3.01 Nature of Services at CAPS**

CAPS provides mental health services primarily for enrolled students. Services are provided by CAPS counselors who may be professional counselors, licensed clinical social workers, or licensed psychologists. Recipients of direct service at CAPS are enrolled students who are experiencing personal or interpersonal concerns or difficulties for which they are seeking professional assistance. In addition, faculty and staff members are assisted on a limited basis, normally resulting in referrals for off-campus services. At sea aboard the Training Ship Golden Bear (TSGB), services are provided to all crewmembers (i.e., students, staff, and faculty). Consultation is provided to International Experience faculty trip leaders and students before, during, and after these summer immersion trips.

Counseling will be provided individually or in groups depending upon the nature of the student's problem, availability of services, and staff determination of appropriate service. Students' difficulties may or may not interfere with their ability to perform effectively in their academic courses or with their ability to live and work among other university members. Consistent with CSU Executive Order No. 1053, CAPS may, on a limited basis, also provide counseling services to community members (e.g., crisis response and intervention).

##### **3.01.1 COVID Service and Safety Protocols**

Working and learning during the global COVID-19 pandemic since the start of 2020 has been a significant adjustment. The mental health effects of the pandemic, as well as racial injustices and political unrest, has contributed to a high demand for services, as well as the resultant high acuity of case presentation.

CAPS provided 100% remote services between 3/2020-4/2021. During that time period one counselor provided the remote service from the campus office. The other two counselors provided service remotely off campus. From 4/2021, a hybrid approach was initiated in which the full-time counselor returned to campus providing a hybrid of remote and in person sessions through 8/2021. Beginning fall term, all three counselors returned to on campus service modality with the intention of developing a safe hybrid model.

The onset of the highly infectious variants as well as frequently changing medical and safety guidelines from state, local and professional organization officials, necessitated flexible and changing approaches to service delivery.

With our campus returning to 100% in person repopulation and instruction in fall 2021, CAPS now offers hybrid services (in person, Zoom, and telephonic) from offices on campus and

remotely off campus. Appointments are scheduled either in-person on campus or via telehealth, depending on student preference and counselor availability.

### **Protocol for scheduling:**

- Students scheduling with CAPS will be asked if they have a fever, cough or cold symptoms OR “I have been exposed to someone with these symptoms” or who tested positive for COVID-19 in the last 2 weeks. If they say yes, they will only be offered telehealth appointments.
- Counselors can look at the appointment type to determine if the session is in person or remote (Counselor sets up Zoom appt if remote).

### **Holding in person counseling sessions:**

Counselors will do the following when an in-person session is scheduled:

- Counselors and students will wear a mask, an N95 mask if is desired, which are available and proper fitting can be provided.
- Explain that masks will be worn by both client and counselor for the entire session, in accordance with campus policy (this statement will also be reinforced by medical assistants when booking appt and will be updated as campus policy changes).

If session is in person, session will be held in the SHS Main Office or URH Counseling Office:

- Turn on air filter before session begins
- Let student enter room first, indicate chair/couch they should sit on – set up with tissues, hand sanitizer and garbage can close by
- Counselor can sanitize any object touched by student with medical grade sanitizing wipes (i.e. doorknob etc). Counselor may abbreviate session length to allow time for sanitization after session as well as reducing 1:1 exposure, at their clinical discretion.

### **3.02 Scope of Services at CAPS**

CAPS provides short-term counseling to help students with personal or academic difficulties. Counseling services at CAPS are not intended to provide long-term therapy for students with chronic and serious emotional or psychological problems. Students whose problems or counseling needs are determined by the professional staff to be beyond the scope of services as defined herein, will be referred to appropriate licensed or certified professionals outside the university. Scope of Services is also defined by the position description from the Cal Maritime Human Resources department (see Appendix B: CAPS Counselor Position Description) as well as CSU Executive Order 1053.

### *Definition of a Client*

A student who is eligible to access CAPS (see Section 4 for further detail on eligibility) becomes a client of CAPS if any of the following conditions apply:

- The student accesses clinical services (i.e., individual, couples, crisis, or group appointment)
- The student receives any kind of therapeutic intervention from a CAPS counselor or counselor-faculty member who is acting within their role as a Cal Maritime employee, whether it is inside CAPS or anywhere else on or off the Cal Maritime campus.

A student who is eligible to access CAPS is NOT a client of CAPS when:

- The student has made a first appointment but failed to complete any paperwork or attend a session
- The student filled out a crisis sheet but did not attend a crisis session
- The student has attended an outreach conducted by a CAPS counselor-faculty
- The student has enrolled in a class taught by a CAPS counselor-faculty

### **3.03 Session Limits**

CAPS does not maintain a formal session limit. Instead, the counselor, in working with the student, will determine the number, type, and frequency of sessions that are appropriate based on the nature of the student's concerns as well as available resources. The limits to service are explained within the context of a discussion about each student's presenting concerns and the CAPS scope of practice. Cal Maritime faculty and staff members are given consultation aimed at providing a referral for assistance either in the community or via the Employee Assistance Program.

### **3.04 Emergency/Crisis Services**

Providing urgent care counseling and being responsive to students in crisis are top priorities of the CAPS counselors as well as SHS. During regular operating hours, 8am to 5pm Monday through Friday, CAPS offers an urgent care Walk-In counseling hour daily from 2-3pm. This time is reserved for drop in appointments with urgent concerns. Mental health crises on campus at times involve a coordinated effort between multiple parties, including CAPS, SHS, Cal Maritime Police Services, and others. The Crisis Response Flowchart (Appendix DD) outlines the decision making procedures for responding to a crisis on campus and also contains contact information for important campus stakeholders (e.g., SHS, Cal Maritime Police Services). In general, crisis intervention aims to stabilize the client, typically using structured, focused interventions, and then connect the student to follow up care to address needs and concerns.

Following a crisis session, whether in CAPS or when called out to campus (e.g., residence halls), the client is to be scheduled for an Mh Intake or Mh Direct Services (if an existing client) if they desire to receive further treatment at CAPS.

CAPS and SHS contract with the company FONEMED, a telephone-based health information service, to provide emergency/crisis services after normal business hours. To reach a trained operator students call the SHS main line (707-654-1170), then press 1 to be forwarded to the after hours assistance line. A report about each call received is faxed to the SHS Director within 24 hours. The Director will then address the situation and/or forward it to the CAPS Director. In the event that a student needs immediate attention, the SHS Director and/or CAPS Director may be contacted directly by FONEMED. Note: SHS and CAPS provided FONEMED with a database of local information related to emergency contacts, phone numbers, community resources, as well as preferences for when and who to call. To edit this information, first consult with the SHS Director and contact FONEMED directly (877-870-8068, Ext 3). Additional emergency services are included on the CAPS voicemail message as well as on the CAPS Web site. For more information about emergency/crisis services see sections 6.04 and 6.05 as well as Appendices L through U.

### **3.05 Psychological Testing and Assessment**

Psychological and educational testing services may be provided as needed and as resources allow in order to:

- 1) assist students in enhancing self-awareness and to facilitate student growth and development.
- 2) assist in the diagnosis of psychological or educational difficulties.
- 3) supplement psycho-educational and psychological evaluation reports submitted by students.
- 4) provide testing support for career counseling services provided through the Career Services Center.
- 5) provide testing support for Disability Services or for any other campus unit, department or effort focused upon maximizing a student's academic performance with appropriate accommodations.
- 6) support the individual and group counseling process.

The provision of psychological assessment services must always be limited by considerations of the expertise of the CAPS counselors, the determination of need, and the availability of resources. These determinations are made on a case-by-case basis.

The psychological tests utilized at CAPS are as follows: Alcohol Use Disorders Identification Test (AUDIT); Columbia Suicide Severity Rating Scale (C-SSRS); Counseling Center Assessment of Psychological Assessment (CCAPS-34 and -62). These and other assessments are available on the CAPS share drive (SAVANA → Medical → CAPS). CAPS counselors are encouraged to utilize clinical assessments based on their approach to counseling as well as the clinical presentation and needs of the client. Completed paperwork of hard copies are scanned into PNC as part of documented case notes and then shredded.

CAPS counselors are highly encouraged to incorporate Feedback Informed Treatment (FIT), or a comparable evaluation measurement of counseling, into their sessions with clients. Specifically, the Partners for Change Outcome Management System (PCOMS) is a FIT evidence-based treatment that includes two 4-item measures, one delivered at the start of each session (Outcome Rating Scale [ORS]) and one at the end of every session (Session Rating Scale [SRS]). More information about FIT and PCOMS is available at <https://www.scotttmiller.com/how-does-feedback-informed-treatment-work/>.

### **3.05.1 ADHD Assessment and Testing**

CAPS counselors may assess Attention Deficit Hyperactivity Disorder (ADHD) symptoms and their severity, although they do not make formal ADHD diagnoses nor conduct formal testing and assessment for ADHD. Common side effects of ADHD include low self-esteem, sleep disturbances, anxiety and depression. Students are encouraged to make an appointment with a CAPS counselor if they are experiencing any of these problems. CAPS counselors can provide referrals for ADHD testing and assessment. All students diagnosed with ADHD or other learning disabilities are encouraged to make an appointment with Accessibility and Disability Services (ADS) to discuss possible accommodations. The ADS coordinator may also coach students in self-advocacy and consult with faculty members on behalf of students.

### **3.06 Outreach and Training**

CAPS counselors develop, deliver, and evaluate an array of outreach programming that aims to address critical student issues by focusing on prevention and wellness. These efforts are responsive to the diversity of Cal Maritime students, and will enhance the ability of students to develop healthy and effective styles of living and learning. These activities are often in conjunction with campus partners, including SHS, Housing and Residential Life (HRL), Associated Students of Cal Maritime (ASCMA), and others.

Educational and training workshops are provided to students as an additional method of facilitating student learning and development. These programs are offered or provided on request to academic classes, student organizations, and other student groups. Trainings (e.g., QPR,

MHFA, Red Folder) are also offered to faculty and staff members in an effort to help them identify and assist students who are in distress.

Outreach activities vary each semester based on student needs, interests of staff, requests from administration, and other factors. However, events commonly offered include mental health screenings for depression and substance use, training in Mental Health First Aid (MHFA) for Residence Hall Officers (RHOs) prior to the start of the fall semester, CAPS informational session for incoming students during orientation week, Peer Health Educators (PHE) events, Question, Persuade, and Refer (QPR) and Red Folder trainings, and more. Outreach activities occur during regular operating hours as well as on evenings and weekends in order to satisfy requests, increase accessibility, and meet student needs.

Outreach is also provided digitally on diverse platforms, but predominantly on the CAPS Web pages located under the SHS page (<http://www.csum.edu/web/health-services/counseling-services>). The CAPS Director has access to editing the web site but also works closely with SHS colleagues to upload content and edit the Web pages. The site provides students with information about CAPS hours of operation and services, community resources (e.g., mental health counseling, social services, etc.), mental health information (self-help, videos, forms and documents, and more). There are anonymous online screenings for depression, anxiety, PTSD, and other concerns that generate de-identified reports, which provides feedback about student needs and concerns. The online screenings also serve a psychoeducational purpose and as an access point to seeking help with CAPS. There are also Web pages with information about how faculty and staff can assist students in distress as well as helpful information for parents and loved ones.

### **3.07 Consultation**

CAPS counselors provide consultation to members of the campus community (and at times surrounding communities) upon request. Consultation is conducted in a manner that adheres to professional, legal, and ethical rules and regulations. Consultation is provided to students, faculty, staff, parents, and others who seek professional assistance helping a Cal Maritime student.

### **3.08 Service to the Campus Community**

CAPS counselors will likely serve the campus community in capacities beyond direct and indirect clinical service. Campus service often includes committee involvement, including membership on the Alcohol, Tobacco and Other Drug (ATOD) Advisory Committee; CARE Team (see next section 3.08.1). Other roles may include assisting with campus events and programs, hiring committees, support for colleagues (health education and confidential campus

advocate) and supervision of student groups. CAPS counselors must consult with the CAPS Director before joining a campus committee or taking on additional roles and responsibilities beyond primary duties of direct service to students.

### **3.08.1 CARE Team**

The CARE Team is an interdepartmental campus group of Cal Maritime staff and faculty that focuses on identifying students in distress, providing early intervention, and preventing student crises. The Dean of Students serves as the chair of the CARE Team. As a member of CARE, the CAPS Director serves to gather information, provide feedback and guidance to the group, as well as to encourage referrals to counseling. However, in instances where information from counseling indicates an imminent threat to members of the campus community, information from counseling may be shared with the committee.

The CARE Team helps to facilitate communication among departments and units on campus regarding students in distress. By using early coordinated communication, prevention, and intervention efforts, more serious student situations may be prevented or reduced. Prevention, communication, recommendation, and follow up are four important roles of the CARE Team. In cases of greater concern or urgency, a Behavioral Intervention Team (BIT) may be formed to meet and address the concern in a timelier manner. This team is typically comprised of select members of the CARE Team, including but not limited to the Dean of Students, VP, Police Services representative, SHS Director and CAPS Director. The CARE Team is not designed to address serious urgent situations involving imminent harm to self and others, substantive threats to self or others, or damage to property. These issues are handled directly by the Cal Maritime Police Services.

### **3.09 Health Review Process for Incoming Students**

All admitted incoming Cal Maritime students, including transfer and returning students, are required to submit completed health history forms for a Health Review process. The purpose of the Health Review is to evaluate and inform incoming students about any health conditions or medications that could potentially prevent them from obtaining a Merchant Mariner Credential (MMC) or United States Coast Guard (USCG) license. This review is conducted primarily by SHS and done so in consultation with the CAPS Director when there is a history mental health concerns. Standards for the Health Review are based on the Navigation and Vessel Inspection Circular 04-08 (NVIC): Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials. The Psychiatric subsection is particularly relevant for reviewing mental health history and conditions.

The Health Review commences in late spring semester and continues through the summer leading into the beginning of the academic year. The CAPS Director receives Health Review documents for cases where there is a history of mental health concerns. Upon review, the CAPS Director provides recommendations for whether to require the student to meet with a CAPS counselor to discuss mental health considerations that could potentially prevent them from obtaining a MMC or USCG license. Recommending this meeting is based upon NVIC standards, which serve as evaluation criteria for determining whether any mental health condition, diagnosis, or medication may be an obstacle to obtaining a MMC or USCG license. The CAPS counselor takes a conservative approach and applies a sensitive evaluation to mental health history so to err on the side of meeting with the student and discussing mental health considerations. These consultation appointments to discuss mental health history are important because the student on a license-track is starting a career path where attaining a credential and license are required for graduation and are therefore essential to entrance and progression in the profession. Thus, the aim of these consultations is to fully inform students of any and all potential barriers. During the consultation, the CAPS counselor provides the client with information about NVIC guidelines, how a physical examination is part of the application process, as well as guidance and recommendations for managing symptoms while enrolled, including treatment recommendations and referrals to student support services (e.g., Accessibility and Disability Services).

### **3.10 Research and Teaching**

CAPS encourages the conduct of research and evaluation projects consistent with its mission, goals, and priorities. The following policies should be considered whenever a project is contemplated at the CAPS and, if a review is necessary, should form the basis of the review process.

1. All evaluation and research activities undertaken at CAPS conform to APA Standards for Providers of Psychological Services, APA Ethical Principles of Psychologists and Code of Conduct, APA Ethical Standards for Research with Human Subjects, ACPA Statement of Ethical Principles and Standards, and Cal Maritime Institutional Review Board guidelines. It is the investigator's responsibility to know and adhere to these guidelines. Dissemination of data obtained and reported from CAPS will also be in accord with the above ethical guidelines. Reports and publications based on research activities at by CAPS counselors must acknowledge CAPS.
2. CAPS observes strict confidentiality regarding a student's status as a client. Accordingly, access to PNC client records is restricted to authorized personnel as determined by the SHS director. Only relevant portions of client records in PNC are to be read for evaluation and research purposes.

3. In all cases of conflict of interest or multiple relationships, those responsible for coding or data analysis shall consult with the SHS Director and determine methods to avoid the above issues.

Teaching, or formal academic instruction for credit, is not a required duty of CAPS counselors nor is it listed in the counseling services outlined in CSU Executive Order 1053. However, teaching a course may be a supplemental activity for CAPS counselors that serves mental health outreach and promotion efforts. CAPS counselors must consult with and receive approval from the CAPS Director and SHS Director before accepting a formal academic teaching opportunity.

### **3.11 Responding to a Death**

#### **3.11.1 Assistance to Communications Functions**

CAPS will be prepared to play as active a role as is requested by the SHS Director, Vice President for Cadet Leadership and Development (VPCLD), Campus President, or members of the university community. The role CAPS will play in assisting others to cope with the death will be a function of the circumstances surrounding the death, the circumstances surrounding the learning of the death, the identity of the deceased, and possibly other related variables. The following procedures describe issues of importance CAPS shall address if asked to assist in such a circumstance.

CAPS will recommend and assist to the degree practicable and requested by the SHS Director and VPCLD in the process of identifying and appointing an individual to coordinate the campus response. Such a “coordinator” acts as a compassionate link between the family and the campus community. They assign others to help with some of the tasks, but retain ultimate responsibility for the outcome.

The coordinator should have the necessary authority to accomplish all needed tasks. The coordinator or the person they assign should possess communication skills sufficient to enable effective and appropriate dispersal of information. Each death is unique and requires a series of careful judgments in order to ensure a compassionate and supportive response from the campus.

How someone dies may have an impact on the grieving process. The coordinator of the campus response to a death should be mindful of the benefit of assisting those impacted by the death to address the emotions generated from a sudden or unexpected death. Even when deaths are not entirely unexpected, it is often important for survivors to examine the impact the death has had on them.

When the death occurs can also have an impact on the campus response. If someone dies during the winter break or during the summer, the coordinator may choose to delay the communication of the news to the campus community until the time when people return from the break. It is advised that condolences be sent to the family in a timely way, even if the ideal person to send the condolences is away from campus.

### **3.11.2 Major Steps for a Coordinator to Consider**

- Confirm that the death has occurred. The coordinator should document the source of the information and verify that the source is authentic. In some cases, this may involve contacting the coroner's office or campus Police Services. The responsibility for determining the level of verification needed rests with the coordinator.
- The coordinator will likely want to identify a family member who can represent the family's wishes. It is best for the coordinator to ensure that someone carefully and clearly explains to the family representative what areas need to be addressed, and when, and asks the family member what information the family wishes to be released about the cause of the death. The coordinator will want to inquire as to whether the family has made arrangements for a memorial service or funeral and which campus community members they would like to invite to the service.
- It is generally a good idea for the coordinator to speak with the same family representative throughout the process. The goal of the communication is to keep the family informed and to coordinate with them when necessary. It is important that the coordinator make an effort to minimize the burden placed on the family due to unnecessary communications.
- Once the confirmation of the death has been made, the coordinator can assist by ensuring that a death report is completed, preferably within 24 hours, and sent to the VPCLD, who will then disseminate it to other campus units the VPCLD deems to be appropriate recipients.

### **3.11.3 Counseling Assistance after a Death**

CAPS shall offer both urgent care and normal counseling appointments subsequent to the death of a campus community member. Due to the extenuating nature of a campus death, CAPS might offer counseling during hours when CAPS is normally closed. In cases of urgent need, counseling may occur in offices not normally designated for these services.

In cases in which a traumatic event led to a sudden death, CAPS will be available to offer crisis intervention and debriefing services. Consistent with research regarding this form of counseling

assistance, debriefing sessions shall be voluntary and attendees shall be reminded at the start of the session that they will be free to leave at any time should they find the service to be unhelpful or counterproductive.

#### **3.11.4 Procedures after the Death of a CAPS Client**

Consistent with the legal and ethical obligations of psychologists in California, a deceased client's counseling record shall not be released subsequent to the death of that client unless the release is requested by the individual designated in the decedent's will as possessing the power to acquire that record or, if the individual had no will, by California law. Normally, only the executor shall have the power to request the decedent's record. Unless and until an appropriate request has been made by the appropriate individual, the contents of the counseling record, including the information that the counseling occurred, shall not be disclosed to anyone.

For more information, see Appendix C: Guidelines and Recommendations for Grief Processing, the HEMHA guide *Postvention: A Guide for Response to Suicide on College Campuses*, and resources for grief and loss located on the share drive.

#### **3.12 Crisis/Trauma Management Plan**

The role of CAPS at Cal Maritime if a trauma or crisis arises is responsive. CAPS shall respond to directions issued by Cal Maritime Police Services, by the VPCLD, and by the SHS Director. CAPS will be prepared to provide information-giving or crisis counseling services to individuals, families, or groups. Should the counseling need exceed CAPS's resources, the CAPS Director shall request mutual aid assistance from cooperative networks of university counseling centers, including CSU counseling center directors as well as the Organization of Counseling Center Directors in Higher Education (OCCDHE).

CAPS will recommend and assist, to the degree practicable and requested by the VPCLD and SHS Director, the appointment of an individual to coordinate the campus response. Such a "coordinator" would act as a compassionate link between the family and the campus community. They may assign others to help with some of the tasks, but retains ultimate responsibility for the outcome.

The coordinator should have the necessary authority to accomplish all needed tasks. The coordinator or the person he/she assigns should possess communication skills sufficient to enable effective and appropriate dispersal of information. Each crisis is unique and requires a series of careful judgments in order to ensure a compassionate and supportive response to the needs of the campus community.

How trauma impacts individuals varies with both the trauma and the individual. The coordinator of the campus response to a trauma should be mindful of the benefit of assisting those impacted by the trauma. Psycho-educational materials, both written and presented via discussion with mental health professionals, would be advisable tools to implement. This information should be offered both to those appearing to have been traumatized and to those who do not seem to have been traumatized.

The time and date of a trauma can also have an impact on the campus impact. If a trauma occurs during the winter break or during the summer, the coordinator may choose to offer the campus community psycho-educational interventions both near to the time of the trauma and also later in time, once most of the campus community has returned to the campus.

### **3.12.1 Major Steps for a Coordinator**

- Gather information about the trauma including what occurred, what injuries were sustained, where injured people can receive care, and whether, when and how loved ones of injured and non-injured can be informed of the incident.
- Be prepared with information that will help connect the injured with treatment.
- The coordinator will likely collaborate with those at Cal Maritime who will be charged with making a public statement regarding the traumatic incident. This includes coordination that follows the Campus Emergency Response Plan as well as the Emergency Response Plan for SHS (for further information see SHS Emergency Response Plan as well as the resource *Postvention: A Guide for Response to Suicide on College Campuses*).

### **3.12.2 Response Models for Mental Health Crises**

CAPS counselors will employ principles and steps of established mental crisis response models such as Psychological First Aid (PFA, 2006) and Acute Traumatic Stress Management (ATSM, 2004):

#### **Psychological First Aid**

1. ***Contact and engagement:*** Goal—to respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner. *Introduce self/role, ask permission to talk, explain you're there to see if you can be of help; be mindful of confidentiality*

2. **Safety and comfort**: Goal—to enhance immediate and ongoing safety, and provide physical and emotional comfort. *Ensure immediate physical safety; help reorient and comfort survivors; provide information (what to do next, what’s being done to assist them, what is currently known about the event, available services, common stress reactions, self-care/family care/coping); attend to physical comfort/special needs of elderly or those with disabilities; facilitate group and social interactions as appropriate; protect survivors from unnecessary exposure to additional trauma/trauma reminders (e.g., media); assist with location of missing family member; support if family or close friend has died*
3. **Stabilization**: Goal—to calm and orient emotionally overwhelmed or disoriented survivors. *Look for those with signs of disorientation/overwhelmed; determine what she/he is experiencing and respond to need; use a grounding technique if agitated; cautiously consider medication if unresponsive to other intervention*
4. **Information gathering: current needs/concerns**: Goal—to identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions. *Approach respectfully; ask a question like “would it be helpful to talk about any of what you’ve been through?” but avoid probing questions; look for traumatic loss, concerns about immediate threats, separation from loved ones, physical illness/need for medications; feelings of guilt/shame; suicidal/homicidal thoughts; lack of a support system; current or past issues with substances, trauma, mental illness*
5. **Practical assistance**: Goal—to offer practical help to survivors in addressing immediate needs and concerns. *Identify what person sees as most pressing need, clarify what the need entails, create an action plan, support the person in taking action; help survivor to help himself/herself*
6. **Connection with social supports**: Goal—to help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources. *Assist with connection to support system; support can be emotional, social connection/belonging, feeling needed, reassurance of own ability to handle challenges, reassurance that others will be there if you need them, useful advice and information, physical assistance, provision of material assistance*
7. **Information on coping**: Goal—to provide information about stress reactions and coping to reduce distress and promote adaptive functioning. *Help people know what to expect of themselves and others - common reactions to traumatic experiences and losses (intrusive thoughts/images reactions, avoidance/withdrawal reactions, physiological arousal reactions; response to reminders of the trauma/losses/changes; emotional and physiological reactions); discuss ways of coping; teach relaxation techniques; address anger management, guilt and shame, sleep problems, substance use, and other mental health issues as needed*

8. ***Linkage with collaborative services***: Goal—to link survivors with available services needed at the time or in the future. *Provide referrals as appropriate, “warm handoffs” as possible*

### **Acute Traumatic Stress Management**

1. Connect with the individual
2. Ground the individual
3. Provide support
4. Normalize the response
5. Prepare for the future

#### **4. ELIGIBILITY FOR SERVICES**

Because Student Health Services and therefore Counseling and Psychological Services (CAPS) is funded by student fees, only currently eligible students may access CAPS, including individual, crisis, couples and group sessions. For couples therapy, all members of the couple must be eligible.

Eligibility for services is in part defined by Executive Order 1053, which identifies matriculation status as one marker of eligibility. According to Executive Order 1099,

“A matriculated student is a student who has, through normal procedures, been admitted formally at a CSU campus to pursue an authorized degree, credential or certificate (for academic credit) and who is enrolled in or is expected to enroll in courses. A student may be matriculated through state-supported university enrollment or through self-supporting extended education enrollment, or both.”

Students who are matriculated and have paid tuition and fees for a given semester are eligible for services. Eligibility for incoming students begins at the start of Orientation Week in Fall Semester, or on the first day of the first term in which they are enrolled if not Fall Semester. During summer session, all students who have enrolled in summer courses or were enrolled in the previous spring semester and the next fall semester are eligible.

Students who have withdrawn from a term maintain eligibility for services at CAPS through the end of that semester. If a student is on any kind of medical or academic leave, or if they have been disqualified or suspended from the university for any reason, they are eligible for services through the end of the semester from which they left unless otherwise specified. Reasonable steps will be taken to connect the student to the level of care they need should eligibility end unexpectedly. Case management services may be provided regardless of eligibility status.

Students who are no longer eligible (loss of matriculation status and/or refund of tuition and fees), may receive case management services until another appropriate treatment option is identified. Refusal to accept a referral is not sufficient reason to continue care.

Any currently enrolled CSU student (i.e., on any campus) may be seen one time for an assessment and referral.

##### **4.01 Enrolled Students**

Services at CAPS are provided to enrolled Cal Maritime students, defined as being registered for at least 6 semester credits and having paid the student health fee. Exceptions to eligibility are outlined in this section.

##### **4.02 Students Who Are Minors**

Students who are not yet 18 years of age are eligible for treatment at CAPS. Consistent with California law, students who are 12 years of age and older and who, in the opinion of the treating CAPS counselor, possess a level of maturity that enables that student to engage intelligently in psychotherapy, will be permitted to consent to the therapy without parental involvement. Subsequent to the initial intake session, but prior to commencement of on-going treatment, the student's parent(s) shall be contacted by the counselor who will inform the parents of the counseling relationship. The CAPS counselor shall document this contact in the student's clinical record. The parental contact shall not be obtained for purposes of consent and the parents shall not be notified of the counseling relationship if in the view of the CAPS counselor, to do so would be "inappropriate." In the event the CAPS counselor concludes it would be inappropriate to inform the parents of the treatment, the counselor shall note the basis(es) for the conclusion regarding inappropriateness of informing the parents and shall document these bases in the student's clinical record. CAPS does not provide counseling services to students whom the CAPS counselor deems to be incapable of consenting to their own counseling services.

A minor can never consent to the following types of treatment:

- Inpatient mental health treatment
- Psychotropic medications
- Convulsive therapy
- Psychosurgery

#### **4.03 Priority**

Priority for services will be equally granted to enrolled students, regardless of status.

#### **4.04 Part-time Students**

Students enrolled in at least 6 semester credit hours and who pay the health services fee are eligible to receive the same number of sessions of counseling as a student enrolled on a full-time basis.

#### **4.05 Family Members**

Spouses, family members, and "significant others" who are not enrolled at Cal Maritime are not eligible to receive services at CAPS. However, with the client's consent and agreement with the CAPS counselor, they may accompany a client to session for the purposes of meeting therapeutic goals. CAPS counselors will document any third-party who is present during a counseling

session and also clarify with the individual that they are not present in support of the client and the client's counseling. For more information see next section 4.06 Third Party Contact.

#### **4.06 Third Party Contact**

If someone other than the client(s) accompanies the client(s) to an individual or couples counseling session, the CAPS counselor will ask the client(s) if they feel comfortable with that person present in the room. If the Answer is 'no', the counselor will ask the third party to wait in the waiting area. If the Answer is 'yes', the counselor will

1. allow the third party to be in the counseling room as long as the client agrees with it (i.e., have them leave the room if the client changes their mind).
2. get the name and position (as applicable) of the third party for the counselor to document it in the case note.
3. not engage the third party as a client (doing so constitutes therapy, and the third party is not a client). Instead, incorporate the third party into the session as a consultation, adjunct, and support role for the client(s) such that the focus of the treatment remains on the client(s) and does not establish a therapeutic relationship with the third party.

#### **4.07 Staff and Faculty**

Cal Maritime faculty and staff members who present to CAPS with personal concerns are provided consultation aimed at providing a referral for assistance either in the community or via the (EAP). The assistance provided faculty and staff members is generally a brief meeting or conversation. Generally, this service involves triage-oriented treatment. The objective of the intervention is to identify the nature of the problem and to then provide the staff or faculty member with referrals to professionals who are not affiliated with the university and who can provide the needed counseling assistance. Assistance to staff and faculty members is typically treated in this different way due to the pre-existing relationship as a fellow staff member with any CAPS counselor as well as to adhere to CSU Executive Order 1053, which restricts mental health services to students. An exception to this approach is while at sea aboard the TSGB, where services are provided to all crewmembers (students, staff, and faculty).

#### **4.08 Services Prior to the Start of Classes**

Students who have registered for class but who have not yet attended their first class are eligible to receive services at CAPS as early as two weeks prior to the start of classes in the term in which the student is enrolled. Exceptions to this rule may be granted based on determination by the CAPS Director and SHS Director. Such determination will consider the student's need, the availability of alternative off-campus resources, and the availability of CAPS resources to meet

the students' need. Due to the fact that professional ethical guidelines will be prioritized, if CAPS does not possess the resources necessary to address the student's counseling needs in a way that satisfies the demands of the APA code of ethics, the student will be provided referrals for treatment off-campus.

#### **4.09 Students on International Experience, Commercial Cruise, Internship, or Studying Abroad**

Students on International Experience, Commercial Cruise, internship, or who are studying at an off-campus site will not be eligible to receive counseling services from CAPS, except in circumstances where access to CAPS services is legal, ethical, and feasible. In lieu of direct service delivery, consultation with CAPS will be provided to assist the student to secure counseling services from off-campus providers. Consultation will also be provided to assist Faculty Trip Leaders and others before, during, and after summer immersion trips to prevent and respond to student mental health concerns. During crises involving an imminent risk of student safety, services may be provided to the degree possible in order to assist the threatened student to acquire assistance in the location where the study abroad is occurring. For information about eligibility while on the TSGB see section 9.

#### **4.10 Suspended Students**

Former Cal Maritime students who are on suspension from the university are not eligible to receive services at CAPS. At the suspended student's request, consultation with the CAPS counselor will be provided to assist the suspended student to secure counseling services from off-campus providers. If the suspended student was receiving services at CAPS, those services shall continue for the purpose of achieving a termination of the counseling relationship that is consistent with relevant principles and guidelines articulated in the American Psychological Association Code of Ethics.

#### **4.11 Alumni**

Cal Maritime alumni who are not currently enrolled are not eligible to receive services at CAPS except when the services are part of the process of terminating the counseling relationship. Courtesy referral assistance will be provided to assist former students in securing off-campus counseling services, but this assistance will not involve conducting a formal clinical interview or assessment.

#### **4.12 Waitlist**

CAPS makes every effort to provide counseling to as many students as possible and to do so as promptly as possible. When the limited counseling resources at CAPS are being used to their capacity, a wait list will be established. The waitlist may result in some students experiencing a delay in being seen for on-going counseling at CAPS. At such times, a student will be given referrals to counselors in the community and, if the student requests to be placed on the waitlist, the student will be placed on a waitlist to receive counseling at CAPS. Students will not be placed on the waitlist unless they have been seen for an intake appointment and have been determined to have needs that can be met via CAPS services. In addition, no student will be placed on the waitlist if that student's counseling needs are of a nature that requires immediate attention. Students placed on the waitlist will also be provided information regarding the availability of group counseling at CAPS. Efforts will be made to contact students who are on the waitlist on a weekly basis to be sure the student's emotional state has not deteriorated significantly and to a dangerous level. Students placed on the waitlist will also be informed of the availability of urgent care Walk-In counseling daily from 2-3pm and will be urged to contact CAPS if urgent care counseling becomes necessary.

Once a student who had been on the waitlist has been offered a counseling appointment, that student will be removed from the waitlist. The CAPS counselor contacting the student shall be responsible for removing that student from the following week's waitlist. The waitlist procedures are further outlined in Appendix D: Procedures for the Waitlist and Appendix E: Procedures for Removing a Student from the Waitlist.

#### **4.13 Exclusion from Services**

CAPS makes every effort to meet the counseling needs of all enrolled students. When the CAPS counselor has determined that a student's counseling goals can more appropriately and effectively be reached by accessing off-campus counseling resources, CAPS will make an effort to assist the student to find a suitable resource in the local community. Referrals to such resources are provided in written form and documented in the student's record. In the rare circumstance in which a student's psychological state would suggest it is important for the student's health to be monitored by trusted others, CAPS may ask a student to permit CAPS to alert family members or Cal Maritime officials of treatment recommendations and/or concerns. In the event CAPS perceives an imminent risk to the student's or to another person's health, CAPS may be obligated to contact others even without the student's permission. The unavailability of resources in the community to meet the student's needs will not alter the determination by the CAPS counselor regarding whether CAPS is an appropriate treatment provider. Consistent with ethical and legal mandates, CAPS will not endeavor to provide services when the needed services extend beyond the scope of that which CAPS is capable of providing.

Concerns that might require referral to longer-term care include but are not limited to:

- Chronic suicidality and/or recent history of multiple suicide attempts
- Serious addiction/substance misuse
- Eating Disorders (requiring medical or psychiatric services)
- Psychotic symptoms (requiring medical or psychiatric services)
- Need for psychiatric medication or medication management

Other reasons why we may deny services and/or refer individuals to community resources include but are not limited to:

- Poor compliance or lack of engagement with counseling services and recommendations
  - Consistent missing of appointments without notice
- Harassing, inappropriate, dangerous, or threatening behaviors
- Mandated or required treatment, including but not limited to:
  - Counseling ordered through legal proceedings, such as substance abuse treatment, alcohol education, anger management, parenting education, or domestic violence treatment
  - Counseling required by employers, government agencies, academic departments, or classes
- Comprehensive psychological evaluation of any type, including but not limited to:
  - Neuropsychological evaluations
  - Forensic assessments
  - Custody evaluations
  - Assessment and documentation for service or support animals
  - Fitness-for-duty evaluations
  - Pre-surgical mental health evaluations

#### **4.14 Mandated Counseling**

CAPS embraces the notion that on-going counseling must be seen as a process of growth that one engages in voluntarily. As a result, CAPS does not conduct mandatory on-going counseling. When appropriate, given resources and competencies available to CAPS, CAPS will provide consultation and/or assessment on a mandatory basis. The number of such mandated sessions is limited and normally involves fewer than three (3) individual meetings. The goal of these mandated meetings would be to assist a student to make a decision regarding whether on-going counseling might be of benefit, or to assist campus personnel to preserve campus safety.

It is the opinion of CAPS that there is convincing empirical evidence supporting the position that mandatory counseling is not effective. Unless an individual is ready to choose to carefully

examine the personal challenges that led that person to exhibit problematic behavior, the experience of consulting even a skilled psychologist will have limited effectiveness, whether mandatory or not. For counseling or psychotherapy to be effective, a person must be willing to acknowledge to themselves the opportunity to improve, the existence of a problem, and/or the need for a change in behavior. Moreover, the person must be ready and willing to engage in the difficult on-going work of confronting and authentically examining personal struggles, and then to work to achieve the desired behavior change on an on-going basis.

Mandatory counseling is inherently vulnerable to being viewed as punitive. If CAPS were to openly embrace disciplinary counseling, it could be counterproductive and even possibly damaging, not only to the person receiving the service, but also to the perception of the role CAPS plays on the Cal Maritime campus. The policies and procedures followed by CAPS regarding mandatory counseling are enumerated in a formal statement on the subject in the following subsections.

#### **4.14.1 Policy Regarding Mandatory Counseling**

CAPS requests that the Cal Maritime Judicial Affairs Officer(s) consult the CAPS counselor whenever considering requiring a student to seek counseling as a result of a conduct code violation. CAPS will agree to see a student as part of a sanction, at the student's initiative, to assess the situation, to determine the needs, and to encourage the person to consider whether counseling assistance might be viewed as a positive step. Were a counselor to meet with a student under such circumstances, the counselor would discuss openly with the student what can be accomplished in a counseling relationship, the fact that to seek counseling would in some ways be in the student's best interest (if that is the case), and that the counselor will report back to the referring agent solely to inform the referring agent of the student's attendance for the initial counseling session. Due to the possibility that the power differential between the student and members of disciplinary bodies and other members of the Cal Maritime community could lead a sanctioned student to agree to releases that the student would not otherwise choose, CAPS will not agree to releases of information of counseling sessions that extend beyond information that confirms attendance. To be clear, CAPS will not inform non-CAPS members of the Cal Maritime community of any content of sessions conducted pursuant to past disciplinary proceedings.

#### **4.14.2 Procedure Regarding Mandatory Counseling**

In fulfilling its function, CAPS attempts to balance the needs of the client, the Cal Maritime community, and of CAPS itself. When a student is mandated for any reason to obtain counseling at CAPS, the student will receive a clinical evaluation with the CAPS counselor. The student will be apprised of the benefits of counseling. The student's decision to continue in counseling will

remain voluntary. Furthermore, both counselor and client must jointly decide that the student's needs may best be met at CAPS. Depending upon a client's presenting difficulties, a referral may be more appropriate.

At the start of the intake session, the counselor will explain the student's rights and responsibilities in the presenting situation. The student will then be asked to sign a Consultation Request: Information and Consent form (see Appendix F) that explains why the student is being seen and spells out the limits of confidentiality under the circumstance they are being seen. The student will be asked to sign this form as a requirement of the referral. The release of information contained on the form will expressly be limited to confirmation of the student's attendance at an initial session.

If the student refuses to sign the form, the counselor will consult with the SHS Director and/or the referring party before taking any further steps to see the student. If the student agrees to sign the form, the counselor will proceed with the interview, and a regular case record will be opened. If the counselor determines at the close of the initial interview that it is in the student's best interest to receive counseling at CAPS and the student agrees to a plan to do so, voluntary on-going counseling will commence. Information obtained in subsequent sessions will be confidential and its treatment bound by the same rules of confidentiality applicable to all clinical cases at CAPS.

#### **4.15 Referrals**

At times and in certain circumstances it is advisable to refer a student to other treatment providers. This includes the consideration of scope of practice, access to off campus services, client preference, and more.

##### **4.15.1 When to Refer a Student**

1. When the student requires a type of assessment or treatment not available at CAPS (e.g., medication evaluation; neuropsychological assessment; residential treatment; serious and chronic eating disorder; thought disorder requiring maintenance anti-psychotic medications, etc.).
2. Concerns that might require referral to longer-term care include but are not limited to:
  - Chronic suicidality and/or recent history of multiple suicide attempts
  - Serious addiction/substance misuse
  - Eating Disorders (requiring medical or psychiatric services)
  - Psychotic symptoms (requiring medical or psychiatric services)
  - Need for psychiatric medication or medication management

3. Other reasons why we may refer to community resources include but are not limited to:
  - Poor compliance or lack of engagement with counseling services and recommendations
    - Consistent missing of appointments without notice
  - Harassing, inappropriate, dangerous, or threatening behaviors
  - Mandated or required treatment, including but not limited to:
    - Counseling ordered through legal proceedings, such as substance abuse treatment, alcohol education, anger management, parenting education, or domestic violence treatment
    - Counseling required by employers, government agencies, academic departments, or classes
  - Comprehensive psychological evaluation of any type, including but not limited to:
    - Neuropsychological evaluations
    - Forensic assessments
    - Custody evaluations
    - Assessment and documentation for service or support animals
  - Fitness-for-duty evaluations
  - Pre-surgical mental health evaluations
  - The student has a history of sexual offenses / violence
  - The student currently appears to be incapable of exercising a reasonable level of judgment and self-care that would permit them to function both productively and autonomously in the college environment
  - A student whose behavior creates a hostile working environment at CAPS, affecting counselors, SHS staff, and/or other students (e.g., a student who is grossly verbally abusive and/or threatening towards staff).
  - Students who indicate they seek counseling strictly for the purpose of obtaining documentation of treatment in order to acquire a release from a contract or to satisfy a requirement of some kind (e.g. residence life, food services, academic requirements).

See the CAPS Referral Database for a current list of community providers (located on the share drive). A list of community mental health services and agencies is also available on the CAPS Web site. Additionally, it may also be helpful to have the client contact their insurance company to determine which providers are covered by their insurance, if applicable.

#### **4.15.2 When Not to Refer a Student Out**

CAPS counselors do not refer students when they do not have the resources to pay for the treatment, if providing a referral will “abandon” the client, or a referral is contraindicated for other reasons.

#### **4.15.3 Referrals for Medication Evaluation**

Whenever a CAPS counselor determines that a client may benefit from medication, or if it is the standard of practice to refer for a medication evaluation with a particular set of symptoms/diagnosis, the first consideration should be to refer to a medical provider in SHS. It is expected that in all but extremely rare situations students will be referred to SHS.

##### **Affording Medication**

If a student is already prescribed but cannot afford their medication, many pharmaceutical companies have “compassionate need” programs. CAPS counselors encourage clients to contact the Web site of the manufacturer and fill out the available forms.

#### **4.15.4 Referrals to Student Health Services**

##### **Non-Urgent Issues**

- Refer the student to make an appointment with a medical provider in SHS by stopping by the front desk or calling x1170.
- Consider and discuss with the client a release of information to consult with the provider beyond de-identified consultation as permitted legally and ethically with fellow health care colleagues.
- Document referrals and consultations in the electronic health record.

##### **Urgent (but Non-Emergency) Issues**

- Call the front desk (x1170) or briefly step out of the office to consult with a medical provider in SHS.
- Consider whether the patient’s needs are best met in the CAPS office or in a medical exam room.
- Consider and discuss with the client a release of information to consult with the provider beyond de-identified consultation as permitted legally and ethically with fellow health care colleagues.
- Document referrals and consultations in the electronic health record.

##### **Emergency Medical Situations**

- Call SHS at x1170 and request medical provider to CAPS office immediately
- Call 911

## **5. SCHEDULING**

All clinical work must be accounted for in the electronic health record Point and Click (PNC). It is important that all time spent with clients is accounted for and that the record is accurate. The PNC schedule is considered a legal document.

Client sessions are typically 30 or 45 minutes long. If a client is late, the CAPS counselor notes this in the case note but does not change the beginning time of the appointment in PNC. However, all other time increments should be coded for their exact duration (i.e., 90 minutes with a client = 90 minutes in PNC).

In order to ensure that clinical time is available throughout the semester and a waitlist is avoided, appointments are scheduled one (1) session in advance. Exceptions to this will be if a client needs guaranteed treatment for a clinical reason.

### **5.1 Scheduling Appointments**

Counseling sessions generally occur between 8am and 5pm, Monday through Friday. This ensures that coworkers are present in SHS and at satellite locations for safety and consultation reasons. After hours services (mornings, evenings, and weekends) may be scheduled to meet the needs of students but are first approved by the CAPS Director. Sessions may be scheduled by SHS staff or CAPS counselors. Students can schedule appointments in person, by telephone, or with their counselor through the student health portal.

### **5.2 Background Scheduling Templates**

There are a variety of clinical and non-clinical appointment types in PNC. Appointments are encouraged to be made according to the background templates defined as follows:

- Mental Health Intake – CAPS Intake or CAPS Intake Telehealth (1<sup>st</sup> appointment)
- Mental Health Direct Services – CAPS Direct Services or CAPS Telehealth Services (ongoing session)
- Crisis or Emergency Walk-In – Walk-In
- Administrative Time – CAPS Administrative Time
- Outreach Activities and Events – Mh Outreach
- Meetings (general or CAPS-specific) – Meeting or CAPS Meeting
- Supervision – Mh Supervision

Changes to the background template can be made and will be considered based on meeting the availability and needs of the students. Initial Visits shall not be scheduled more than 2 weeks in advance.

CAPS counselors are to be flexible when scheduling in order to meet the many duties and responsibilities of the work, including individual discretion to make changes to their schedule on a daily basis. Counselors are also encouraged to block direct service hours when they have scheduled clinical hours during non-direct service templates. CAPS counselors should also maintain appropriate boundaries regarding their time.

The CAPS counselor on campus is expected to schedule 22 to 25 hours of direct service each week, which is consistent with the CAPS counselor job description and CSU EO 1053 (see Appendix B).

### **5.3 Types of Appointments**

The following are commonly used types of appointments for Counseling Services in PNC. These are located in the dropdown menu next to “Visit Type”. See Appendix G: Appointment and Encounter Types with Associated Case Note Template Type for a table of all appointments and case note templates.

#### **5.3.1 Client Appointments**

1. CAPS Initial (Telehealth) Visit (45 minutes): The first appointment or intake. A new Initial Visit shall occur at the first visit of each new academic year.
2. CAPS (Telehealth) Treatment Visit (45 minutes): Any regularly scheduled individual session after the Initial Visit. This type is also used for a final termination session.
3. CAPS Walk-In Visit (30 minutes): Any walk-in or same day appointment with a CAPS counselor. It may be the first contact with a client (after which an Initial Visit would be completed)
4. CAPS Crisis Intervention (specific to length of intervention): Any non-scheduled intervention that occurs outside of CAPS (e.g., residence halls).
5. CAPS Initial Conjoint (45 minutes): The first appointment or intake for couples counseling. A new Initial Conjoint shall occur each new academic year. Both members of the couple must be eligible students.
6. CAPS Conjoint Treatment Visit (45 minutes): Any regularly scheduled couples session after the Initial Conjoint. This type is also used for a final termination session. Both members of the couple must be eligible students.

#### **5.3.2 Non-Client Appointments**

1. Block (specific to length of time away): To indicate non-working hours where the CAPS counselor is unavailable and/or out of the office (e.g., holiday, illness, vacation, personal, etc.).
2. CAPS Administration Time (specific to length of time): Time spent completing notes or other non-case management administrative tasks.
3. CAPS Case Management Time (specific to length of time): Time spent in support of a client's treatment (e.g., researching treatment resources and information, analyzing clinical data, chart review, etc.).
4. CAPS Consultation Meeting (specific to length of consult): An appointment (scheduled or unscheduled) with a third party (e.g., parent, friend/loved one, faculty/staff) concerning a particular client or student. Documentation of these notes shall be done with caution, recognizing this is part of the client's record.
5. CAPS Meeting (specific to length of meeting): Meetings between members of CAPS.
6. CAPS Outreach Event (specific to length of event): Actual administration of an outreach activity (e.g., presentation, workshop, training, etc.) to members of the campus community or other audience.
7. CAPS Supervision (specific to length of meeting): A scheduled appointment supervising staff or students.
8. Lunch (specific to length of time away): Self-explanatory. CAPS counselor will note if they will be off campus or out of the office during this time.
9. Meeting (specific to length of meeting): Any meeting involving more departments than CAPS that occurs on or off campus, including those that occur inside CAPS (e.g., SHS, campus committees, off campus trainings, professional development, etc.).

### **5.3.3 Group/Workshop Appointments**

1. CAPS Group (60-120 minutes): Any regularly scheduled group counseling session. CAPS counselors make note of location and time of group.
2. CAPS Crisis Debrief (specific to length of meeting): An intervention, typically with a group, that occurs outside of CAPS following a crisis.

Adding information to an appointment may be helpful for communicating with coworkers as well as for reminders (e.g., "please complete initial paperwork"). To add information to an appointment, CAPS counselors use the following components within the appointments scheduling window: Reason Code (a dropdown menu), Reason (text box), and Additional (text box).

### **5.4 Transgender Client Scheduling**

For any client who identifies as transgender, it is important to handle their scheduling in as fair and ethical manner as possible. For those clients who have progressed in their transition process such that they go by a different name and/or pronouns but have not gone through the process of legally changing their name, this information may be reflected in their electronic health record in PNC. It is important to inform students of this option that they can access via the student health portal. At times it may be necessary to alert SHS staff to the client's preferred name, pronouns, and gender when this information is reflected in their PNC profile. CAPS counselors do not share this or other personal identifying information with others without each individual client's informed consent.

When/if the client legally changes their name and it goes through all of the university administrative systems, it may or may not automatically show up on PNC under their [new] name. Therefore, it is important to monitor and be sensitive to their preferred name and gender pronouns on an ongoing basis.

## **6. CASE MANAGEMENT**

### **6.01 Record Keeping**

CAPS client records and PHI are secured in compliance with state and federal laws, including the Family Educational Rights and Privacy Act (FERPA). These records conform to standards of practice set by professional bodies, including the American Psychological Association (APA). Prior to March 15, 2012, CAPS records were in paper form. These records are currently maintained in a locked file cabinet in the CAPS Student Health Center office, which is separate from the student health records and from subsequent electronic mental health records. After March 15, 2012, CAPS records were, and continue to be, maintained within a Health Insurance Portability and Accountability Act (HIPAA)-compliant electronic health record (EHR).

Access to CAPS records in the EHR is provided to the mental healthcare providers in SHS and with limited access to medical providers. Mental health information accessible to medical providers include scheduling and summary information. They do not have access to mental health notes, surveys, secure messages, or scanned documents. Medical assistants in SHS have access to scheduling but do not have access to records.

#### **6.01.1 Electronic Records**

In a manner consistent with the ever-evolving standard of practice in university counseling centers in the United States, records of counseling sessions at CAPS are kept electronically. The software utilized is Point and Click Solutions, which is shared with SHS. Barring computer unavailability, all case notes will be electronic. Hard copies of electronic records will be created only in rare circumstances in which it would be indicated due to client welfare considerations or due to an appropriate request. Original paper documents completed by clients, such as the Release of Information, hard copy Intake forms, or non-electronic documents the client creates pursuant to that client's counseling, are scanned into the client's electronic record and then confidentially discarded to be shredded.

#### **6.01.2 Back-up Procedures**

See SHS Policies and Procedures for a description of back-up procedures for electronic records, including a memorandum of understanding between SHS and PNC.

#### **6.01.3 Record Retention and Disposal**

Consistent with California Law and the ethical guidelines applicable to the practice of psychology, records shall be retained for a minimum period of seven (7) years after the

termination of services to that individual. After seven years have elapsed since the termination of the counseling, CAPS retains the right to destroy the records. Records shall be destroyed in a way that protects client privacy. Consistent with California law, records of people treated at CAPS at a time when they were not adults or people whose treatment records are reasonably likely to be requested by a court of law (based on appropriate notice having been provided to CAPS of legal actions underway in which it would be foreseeable to a layperson that CAPS records would be desired by a court of law ruling in the action), shall be kept for 10 years since the termination of CAPS services or for seven (7) years from the time the minor person reached age 18 or, in the case of foreseeable litigation, seven (7) years from the date on which CAPS received notice of the litigation, whichever is longer.

#### **6.01.4 Requests for Records**

Documents in the client's record that are provided by other medical or mental health providers external to SHS shall not be transferred to the client or any other party requesting a copy of the record. Release or disclosure of PHI may only be made with the written authorization of the patient, who is the holder of the confidential privilege. An Authorization to Release/Exchange Confidential Information form (Appendix H) is completed with the written consent of the patient in order to disclose PHI.

#### **6.02 Progress Notes**

At CAPS, all clinical activities appropriate for documentation in the view of the counselor shall be documented in the client's electronic record. At the very minimum, all electronic records of individuals who received individual or group counseling at CAPS shall contain electronic versions of a progress note describing each session, the client's consent for treatment form, testing results, assessment reports, the reports provided by past or concurrent treatment providers and other documents considered appropriate for inclusion, based on the criteria described above.

##### **6.02.1 Progress Note Style Guidelines**

CAPS counselors document their clinical work via "progress notes." Although there exist various types of notes utilized by professional counselors in other treatment settings, such as case notes, progress notes, and process notes, at CAPS only "progress notes" shall be utilized.

##### **6.02.2 Progress Note Defined**

At CAPS, a "progress note" shall refer to a note written in a way that effectively serves the following multiple purposes:

1. adhere to the legal and ethical requirement that the counselor maintain clear

documentation of the course of treatment.

2. documentation shall occur after each session of treatment and after any communication with the client or with anyone regarding the treatment, with the exception of consultation within SHS (documentation of which is ethically and legally prudent but is not mandatory in all cases and is left to the discretion of the counselor).
3. provide evidence that the person being treated is receiving professional assistance that meets the standard of practice in this region for professional psychotherapy.
4. enables the person being treated to acquire a record of treatment for the purpose of providing a future provider with information that will facilitate effective continuity of care. The same function is, of course, also served if the subsequent counselor is a CAPS counselor.

### **Progress Notes Shall:**

1. be typed.
2. limit, if not entirely avoid, use of jargon.
3. strictly limit the use of abbreviations and never use an abbreviation that has not been defined earlier in that same document (a document refers to the specific note or record within the given record, in question; a “document” does not refer to an entire client record).
4. provide a clear and comprehensive description of the treatment.
  - a. Note: it is ethically and legally appropriate for progress notes to avoid explicit mention of sensitive information that could harm the person in treatment due to discrimination, prejudice and/or harassment.
5. indicate the nature of the service (e.g., psychotherapy, assessment, etc.), the date of service, the participants present, and the duration of the service.
6. be electronically signed by the counselor.
7. be completed within 24 hours of the completion of the session (not including weekend days). If the counselor knows they will not be in the office the next day, the progress notes shall be completed by the end of the same day the treatment was provided, except in the case of Initial Visit notes, the guidelines for which are described, below.
8. Initial Visit notes may be completed as late as 72 hours after the completion of the Initial Visit session.

### **Progress Note Recommendations**

1. Refer to the client by their first name, their initials, “client” or “patient”. Whichever one you choose, be consistent.
2. If there is a “collateral” present (i.e., third party who is not a member of the therapeutic process but who is present to give additional information), use the full name and position/relationship to the client.

3. Put any direct quotes from a client in quotations.
4. Do not write in a judgmental way. Try to present information as descriptively and objectively as possible.
5. Do not write as if you know what the client was thinking. Instead, use terms like “reportedly,” “according to,” etc.

### **6.02.3 Progress Note Templates**

The following is a list of common progress note templates available in PNC for Counseling Services. For the complete list see Appendix G: Appointment and Encounter Types with Associated Case Note Template Type.

**Counseling – CAPS Missed Appointment Note:** To be completed whenever a client has no-showed or cancelled an appointment less than 24 hours in advance. Note: No follow up is necessary with the client if they are not at risk, but this is to be documented.

**Counseling – CAPS Closing Summary:** For all clients following the end of treatment. These are regularly completed for all clients following the end of each academic year.

**Counseling – CAPS Non-Contact Note:** For any kind of client information that does not meet the criteria of other types of progress note templates (e.g., to document if a client had not picked up a letter left for them at the front desk).

**Counseling – CAPS Phone/Email Message:** For information received via telephone or email.

**MH Case Management Note:** For all case management efforts and time.

**MH Client Phone Contact Note:** For communication with clients on the phone that is beyond scheduling and is clinically significant.

**MH Consultation Visit Note:** For all Consultation Meeting appointments.

**MH Couples Visit Note:** For all Initial Conjoint and Conjoint Treatment Visit appointments.

**MH Crisis Note:** For all Crisis Intervention appointments.

**MH Group Visit:** For all CAPS Groups appointments.

**MH Individual Session Note:** For all Treatment Visit appointments.

**MH Initial Evaluation:** For Initial Visit appointments.

**MH On-Call Note:** For after-hours crisis calls.

### **Progress Note Template Guidelines**

Progress notes templates provided for appointments and encounters possess numerous fields for entering data and clinical information. These include checkboxes, open text boxes, and DSM/ICD diagnoses. CAPS counselors are not required or expected to complete all fields in each progress notes. Counselors are not required to provide a diagnosis for each client. When completing progress notes, counselors are responsible for the content of the notes and are expected to follow their professional training, state and federal laws, ethical guidelines, as well

as the guidelines provided in this manual. The following is a list of components to be included in each client's record that meets CSU Executive Order 1053:

- Informed Consent (signed by the student at the initial meeting or as soon as otherwise possible).
- Services, assessments, testing, diagnoses, and follow up, indicating the dates, names of the provider(s), and a description of the service.
- Referrals
- Correspondence
- Legal documents, including release of information forms

### **6.03 Opening a Case—Non-Urgent Care**

The first client contact is made when the prospective client requests to be seen at CAPS. In serving the prospective client's needs prior to the intake appointment, the CAPS staff shall follow procedures described in Appendix I: Protocol for Non-Urgent Care Counseling. In response to the appointment request, the SHS administrative staff member or CAPS counselor will request the prospective client to return for an Initial Visit appointment and, if the prospective client agrees to do that, will schedule an Initial Visit appointment. The prospective client will be told to arrive at least 15 minutes prior to the intake appointment time in order to fill out the necessary initial paperwork or given the option to complete initial paperwork electronically via the student health portal in advance of the appointment.

Upon arriving for the Initial Visit appointment, prospective clients shall greet the receptionist and, if needed, will then be provided the initial paperwork as well as directions to follow the instructions on each document. The prospective client completes the paperwork and then hands it to the receptionist who indicates that the CAPS counselor will see the individual as soon as possible.

Prospective clients fill out an Informed Consent for Counseling Services (Appendix J) form, an Intake Questionnaire for Counseling Services (Appendix K), and the SHC Telehealth Visit Patient Consent (Appendix FF). A Notice of Privacy Practices form (located at <https://www.csum.edu/student-health-center/privacy-practices.html>) is provided in hard-copy form and electronically. In addition, all CAPS clients (group counseling, and walk-in appointments) fill out the Counseling Center Assessment of Psychological Symptoms (CCAPS), an assessment tool normed on college students and used for the purpose of providing the CAPS counselor with information regarding the prospective client's psychological functioning levels in a variety of areas. The CCAPS is issued electronically via the student health portal and completed in the portal. This information is directly inputted to the client's record via a secure electronic process protected with encryption practices that conform to APA and other relevant

legal-ethical guidelines.

#### **6.04 Opening an Urgent Care Case**

Assisting individuals when they are experiencing a personal crisis is of the absolute highest priority for CAPS. If a prospective new client requests immediate counseling, the receptionist shall follow procedures described in detail on the Protocol for Urgent Care Counseling Sessions (see Appendix L). Specifically, a prospective new client indicating a desire to receive immediate counseling is given the Crisis Triage Form (see Appendix M) to assist the prospective client and SHC staff to determine whether to seek Urgent Care counseling or a regular appointment.

If, after answering questions on the Crisis Triage Form, the student indicates a desire to receive immediate counseling or endorses high acuity (distress scale > 7 or endorsing a crisis situation), the receptionist shall hand the individual the Informed Consent and Intake Questionnaire for new clients or the Walk-In Questionnaire for Counseling Services (Appendix GG). When the student has completed the forms, the student shall inform the receptionist who will then take the forms and will inform the CAPS counselor or a medical provider if the CAPS counselor is unavailable. If a prospective client refuses to complete the intake forms, a “consultation” with the CAPS counselor will be offered. During a consultation the individual’s mental status will be assessed and assistance will be provided to whatever degree is possible and appropriate, considering the participation of the consultee and the legal and ethical guidelines that attach to that level of participation. Such an individual will be informed by the counselor that this consultation does not create a therapist-client relationship and that no person may be a client of CAPS without providing the information requested on the initial forms.

When an individual is seen at CAPS for Urgent Care Counseling, the counselor shall follow procedures described in Appendix the instruction sheet entitled the Protocol for Urgent Care Counseling (see Appendix L).

#### **6.05 Urgent Care Case Clinical Treatment Guidelines**

CAPS counselors have an ethical and legal responsibility to follow these Policies and Procedures when dealing with a potentially suicidal student-client.

##### **6.05.1 Evaluation and Documentation**

1. An assessment of potentially suicidal behavior is included in every Initial Visit and urgent care Walk-In counseling appointment. When clients present for an urgent care appointment, or when clients presenting for an Initial Visit appointment present with suicide risk, the standards for CAPS counselors’ interventions are raised. For detailed

standards of care see section 6.05.2 Guidelines for Suicide Risk Assessment and Appendix N: Checklist for Assessing Suicide Risk and Protective Factors. For guidance evaluating clinical severity see Appendix CC: Risk Management Terminology and Definitions.

2. When a CAPS counselor determines that a client is at moderate to high risk of suicide they are encouraged to consult with the CAPS Director or other health care provider in a manner that protects the client's identity. The consultation should be documented electronically in the chart.
3. Based upon this consultation, a mutual decision regarding suicide risk shall be made. If consultation results in a joint opinion that there is a low risk of suicide, no further evaluation or unilateral intervention is required beyond the routine monitoring of suicide risk.
4. If consultation results in an opinion that there is a moderate to high risk of suicide, further evaluation and actions may be warranted, as outlined below.
5. One or more additional steps may be taken in the disposition of the case:
  - a. If the risk of suicide is unclear, or is moderate to high, but suicide is not an imminent threat:
    - i. The counselor shall determine whether to implement further treatment and case management recommendations that are specifically helpful for the potentially suicidal client, including completing a Safety Plan Template (Appendix O), adherence to guidelines provided by the Crisis Intervention Plans for Suicidal Students (section 6.05.3) and consultation of the Checklist for Assessing Suicide Risk and Protective Factors (Appendix N).
    - ii. The counselor shall provide electronic documentation of any recommendations.
    - iii. An additional consultation shall occur within one week of the session, or earlier than one week, as appropriate, in which the unclear risk or the moderate to high suicide risk was identified.
  - b. If the imminent risk of suicide is high:
    - i. The counselor shall seek and document the client's agreement for voluntary psychiatric hospitalization for safety and intensive treatment purposes.
    - ii. If the client refuses to seek voluntary admission for psychiatric inpatient treatment, the counselor proceeds to seek an involuntary psychiatric

hospitalization to protect the individual's safety and to bring the individual in contact with intensive treatment appropriate to the person's condition.

- iii. All actions shall be electronically documented, including documentation of the outcome of these efforts.
  - iv. For further information see Appendix P: 5150 and Hospitalization Flowchart, Appendix Q: 5150 and Hospitalization Checklists, and Appendix R: Hospitalization Procedures.
6. Regardless of the level of suicide risk perceived, the counselor shall:
- a. always consider the value of and, when appropriate, shall pursue the active involvement of family, spouse, or significant other(s) in the client's treatment.
  - b. consider involving or informing faculty, staff, and other students in situations where they are an important part of a student's support network.
  - c. encourage clients to complete a Release of Information form to permit helpful and supportive communication between the counselor and the individuals in the person's support network.
  - d. breach confidentiality without the patient's consent in situations of imminent danger.
  - e. carefully document efforts to involve family members, spouses, or significant others, with particular attention paid to documenting the nature of the danger, the nature of the relationship with the person in the support network, and the efforts to reach that person.
7. Involvement of supportive others may be clinically indicated if, among other reasons:
- a. the family, spouse or significant other(s) can increase the client's immediate safety; and/or
  - b. the family, spouse or significant other(s) can support and facilitate treatment recommendations regarding psychiatric hospitalization; and/or
  - c. the family, spouse or significant other(s) can support the client's post-crisis and/or post-hospitalization return to functioning.
8. In instances where the client is a minor and is experiencing moderate to high risk of suicide, efforts must be made to involve the client's family. A clinical justification must be electronically documented if a minor's parents are not to be involved (e.g., where a history of extreme abuse by a parent might reasonably be expected to increase the danger to the client's safety and welfare).
9. A CAPS counselor shall continue to communicate with the CAPS Director to review the progress of the case, until the suicidal concerns are resolved, or arrangements are made for referral and transfer to an appropriate long-term or intensive treatment resource.

10. All consultations of any kind regarding the treatment of a client experiencing any level of suicidal ideation must be electronically documented by the CAPS counselor to reflect case consultation, progress, and disposition.

### **6.05.2 Guidelines for Suicide Risk Assessment**

1. Review existing CAPS clinical records
2. Conduct and document a face-to-face clinical interview
3. Conduct and document a mental status examination
4. Document all mental health diagnostic impressions
5. Assess and document suicidal ideation
6. Assess and document suicide-homicide risk (see Appendix N: Checklist for Assessing Suicide Risk and Protective Factors)
7. Examine and document prior self-injurious behavior and suicidal behavior
8. Request prior treatment records and collateral information
9. Conduct further psychological assessment for additional clarification as needed
10. Incorporate the above data to develop and document a risk profile, identifying
  - a. acute and chronic suicide risk factors, and
  - b. temporary and permanent protective factors

### **6.05.3 Crisis Intervention Plans for Suicidal Students**

The primary goal of any crisis intervention plan for suicidal students is to keep the student alive until the crisis is resolved. Crisis intervention should always entail an intensified level of intervention, and can include the extraordinary measure of psychiatric hospitalization to maintain safety and stability. The following list of protective measures (summarized by M. Silverman, in Grayson & Meilman's College Mental Health Practice, 2006) should be considered:

1. Restricting access to means of death
2. Decreasing interpersonal isolation
3. Decreasing agitation, anxiety, sleep loss
4. Structuring the treatment ( e.g., increasing the number of sessions, providing increased accessibility via phone calls)
5. Working on problem-solving skills
6. Creating future linkages
7. Negotiating the maintenance of safety and the development of a contingency plan
8. Hospitalizing in cases of clear and imminent suicide risk

## **6.06 Responding to Potentially Violent or Homicidal Students**

CAPS counselors have an ethical and legal responsibility to follow these Policies and Procedures when dealing with potentially homicidal behavior on the part of a student.

1. CAPS counselors have a *duty to protect* in circumstances in which the counselor has concluded that either the client themselves or through a person closely connected to that client's treatment (e.g., family member, partner, friend, or someone involved in the client's treatment, whether that person ever served as third party in a treatment session), has articulated a credible threat for the client to cause serious bodily harm to a reasonably identifiable person. A review of the relevant case and statutory law on this subject is provided in Appendix S: Managing Potentially Violent Clients.
2. In cases involving potentially violent clients, consultation with the CAPS Director or other health care provider is essential as it related to a counselor's duty to protect.
3. Despite California statutory language permitting alternative actions, the CAPS counselor who concludes that a client has articulated such a threat to a person shall issue a warning to both the threatened party and to the appropriate law enforcement department.
4. Consistent with California law, a threat to damage the property of another in a way or via a means which could reasonably be expected to cause serious bodily injury to others will constitute sufficient justification for issuing the warning discussed above.

#### **6.06.1 Evaluation and Documentation of Potentially Violent or Homicidal Behavior**

1. An assessment of potentially homicidal behavior is included in every clinical intake and shall be conducted informally or formally, as clinically indicated, on an ongoing basis throughout a client's treatment at CAPS, as appropriate.
2. Although a formal risk assessment exceeds the scope of the CAPS counselor's expertise, they shall conduct gross assessments of future violence risk, to determine whether a formal risk assessment is needed.
3. In conducting gross assessments of risk, the CAPS counselor shall rely on the clinical interview, Intake Questionnaire for Counseling Services (Appendix K), data from the CCAPS, and the degree to which items are satisfied on the Checklist for Assessing Violence/Homicidal Risk and Protective Factors (Appendix T).
4. The CAPS counselor who determines that a client is at moderate to high risk of homicidal violence should immediately advise and consult with the CAPS Director or other health

care provider. The consultation shall immediately be documented electronically in the chart.

5. Based upon this consultation, a mutual decision shall be made regarding how to proceed.
6. If consultation results in a joint opinion that there is no probable danger (i.e., low risk of violence), no further evaluation or unilateral intervention is required beyond the routine monitoring of safety concerns.
7. Should the consultation result in an opinion that there is potential danger (i.e., moderate to high risk of homicidal violence), further evaluation and actions may be warranted, as outlined below.
8. One or more additional steps may be taken in the disposition of the case:
  - a. If the risk of violence is moderate to high but homicide is not an imminent threat:
    - i. The CAPS counselor shall consider presenting the case to the CARE Team for further case management recommendations and then complete documentation of this step, including rationale and subsequent actions taken by the CARE Team.
  - b. If the risk of violence is unclear:
    - i. The CAPS counselor shall refer the client to an off-campus provider for a voluntary, independent, formal assessment of risk of violence.
    - ii. The counselor shall seek the client's permission to inform the Vice President for Cadet Leadership and Development, Dean of Students, and/or CARE Team of the counselor's concerns.
    - iii. Regardless of whether the student signs a Release of Information form permitting disclosure, the CAPS counselor shall contact the Vice President for Cadet Leadership and Development, Dean of Students, and/or CARE Team to notify others of the situation.
    - iv. The counselor shall present the case to the CAPS Director for further treatment and case management recommendations, and shall document all consultations, recommendations, and actions.
    - v. If a timelier consultation is required, the counselor shall discuss the case with, in this order of preference, the CAPS Director, SHS Director, the highest campus safety officer available, Dean of Students, or Vice President for Cadet Leadership and Development.

#### **6.06.2 Guidelines for Potentially Violent or Homicidal Behavior Risk Assessment**

In conducting the gross and preliminary estimate of the risk of violence the client presents, the counselor shall evaluate the following five (5) elements of potential violent behavior. This checklist is not intended to represent an exhaustive list but rather a list that assists the CAPS counselor to conduct the gross and preliminary assessment of violence for a counselor who is not a specialist in forensic assessment of the likelihood an individual will engage in a future act of violence:

**Note: none of the items below is, alone, sufficient to trigger the need to protect; the combination of these items necessary is provided after each item.**

1. Has the client stated, or has a person closely connected with the client's treatment informed the counselor that the client stated, a specific intention to engage in a specifically articulated type of violent act? This is opposed to expressing a mere transitory thought to violently act at some point or a mere feeling of extreme anger without an intent to commit a specific violent act (necessary; requires additional presence of items 2, plus item 3 or 4).
2. Does the client have the ability to carry out the threat presently or within a time that creates a threat that may reasonably be considered imminent (i.e., foreseeable access to the weapon/means identified, proximity to intended victim, etc.)? (necessary; requires presence of items 1, plus item 3 or 4).
3. Has the client identified an intended victim? (requires presence of items 1 and 2).
4. If the client has not identified a specific victim, has the client described an act of violence to property that is reasonably likely to injure people? (requires the presence of items 1 and 2).
5. Is the client unable to understand what he/she is doing and/or incapable of exercising self-control (i.e., history of prior violence would provide an additional—though not necessary—indication of the likelihood of this risk)? (requires presence of item 2 plus most likely item 1, and either item 3 or 4).

The CAPS counselor does not conduct formal forensic assessments of risk of future violence. In seeking to evaluate the five items mentioned above, in order to conduct a preliminary and gross estimate of the risk that a student might engage in violent acts in the future, the CAPS counselor may also choose to consult the Checklist for Assessing Violence/Homicidal Risk and Protective Factors (Appendix T).

### **6.06.3 Intervention Plans for High Risk of Imminent Violence**

1. The counselor shall seek and document the client's agreement for voluntary psychiatric hospitalization for safety and intensive treatment purposes (see Appendices P, Q, and R);  
or
2. If the client refuses to seek voluntary admission for psychiatric inpatient treatment, the counselor shall proceed to seek an involuntary psychiatric hospitalization for safety and intensive treatment purposes (see Appendices P, Q, and R).
3. The counselor shall electronically document the actions taken and outcome of these efforts.
4. The counselor shall actively seek the involvement of family, spouse, or significant other(s) in the client's support network, even if this requires violating the promise to the student of confidentiality (Note: Efforts to involve family members, spouses, or significant others should be specific regarding the nature of the danger, and these efforts must be electronically documented.).
5. Faculty, staff, and other students may be an important part of a student's support network, and, if so, their involvement should also be considered, although breaches of confidentiality to inform these individuals shall be done only in cases in which the breach is reasonably believed to be necessary to adequately protect members of the campus community from an imminent threat of serious harm due to the client's potential for acting out violently.
6. Clients should be encouraged to waive their confidentiality by completing a Release Information form, though confidentiality may be breached without the patient's consent in situations of imminent danger.
7. Involvement of supportive others may be clinically indicated if:
  - a. the family, spouse or significant other(s) can reduce the client's immediate lethality; and/or
  - b. the family, spouse or significant other(s) can support and facilitate treatment recommendations regarding psychiatric hospitalization; and/or
  - c. the family, spouse or significant other(s) can support the client's post-crisis and/or post-hospitalization return to functioning.
8. In instances in which the client is a minor at moderate to high risk of homicide, efforts must be made to involve the client's family. A clinical justification must be documented if a minor's parents are not involved (e.g., cases in which a history of abuse by a parent

might reasonably be expected to increase the danger to the safety and welfare of the client or others).

9. The treating counselor shall continue to communicate with the SHS Director or other aforementioned campus officials, as appropriate and needed, to review the progress of the case, until
  - a. the homicidal concerns are resolved or
  - b. until arrangements are made for referral and transfer to an appropriate long-term or intensive treatment resource.
10. All consultations must be electronically documented by the treating counselor to reflect case consultation, progress and disposition.
11. Notification of Client, Police, and Intended Victim(s)
  - a. When a warning must be issued due to a client's threat, the counselor may or may not choose to inform the client at the time of disclosure that the CAPS counselor has a duty to warn the intended victim and the appropriate law enforcement authorities of the danger.
  - b. The counselor must notify the intended victim regarding the specific threat. This notice must be provided using whatever means are necessary and appropriate, including telephone, email or certified mail, to provide the warning promptly enough to enable the intended victim to take effective protective actions.
  - c. The counselor must notify the appropriate law enforcement agency regarding the specific threat and the nature of the assistance required. Notification must be as soon as is possible and must include the intended victim's community police office and also include Cal Maritime Police Services.
12. A flowchart of this decision making process is available in Appendix U: Responding to Potentially Threatening Students.

### **Removing Lethal Means from Clients**

If the client reports having lethal means to harm self or others, attempts should be made to secure those means in a manner which protects the client and assures the CAPS counselor, to a reasonable degree, that access to the lethal means has been removed or reduced to a safe level. As a general policy statement, CAPS counselors do not personally take possession of or maintain possession of lethal means. In some rare instances, counselors may serve as a deliverer of lethal means to appropriate agencies, but this should be the exception rather than the rule. In most cases, the client should transport the lethal means to the appropriate agency as follows:

1. Weapons of any kind should be delivered to the nearest police agency
  - a. If the student is on campus, the police agency is Cal Maritime Police Services. That office should be notified of the situation prior to any transfer of weapons, and arrangements for the safe transfer of the weapon should be made.
  - b. Students living off-campus should deliver the weapon to their nearest local police agency. The counselor may negotiate with the client that the client be accompanied by a third party whom the client will permit to verify with CAPS that the weapon has, in fact, been removed.
    - i. Drugs and medications should be delivered to SHS for disposition. In addition, SHS, under their policies and procedures, must inform the prescribing physician of the status of the student in relation to the subsequent prescription of that medication.
    - ii. Other lethal means should be dealt with in similar ways.

## **6.07 Initial Visit**

A counselor's first meeting with a prospective client is typically the Initial Visit. In this session a clinical intake is conducted during which the counselor will assess the fit between the type of counseling assistance from which the individual will benefit and the assistance CAPS is able to provide. It is possible the intake process will occur over the course of more than one session. At the conclusion of the intake process, the counselor will determine whether the prospective client will best be served by CAPS or whether referral to an off-campus provider is advisable. In the latter case, the individual is provided with the names of at least three (3) professionals or agencies as referrals and this is documented by the counselor.

When the CAPS counselor meets a student for an initial session, an electronic record is created for that client, containing all counseling forms. On-going counseling is documented with electronic progress notes. At the conclusion of an Initial Visit appointment at CAPS, the counselor will complete a MH Initial Evaluation note in PNC. This form summarizes all relevant clinical information, the counselor's preliminary impression of the client, plus identifies a treatment plan and diagnostic impressions, unless further assessment is needed to formulate one.

### **6.07.1 Initial Visit—Couples Counseling**

If two people in a romantic relationship are seen pursuant to a request for Couples Counseling, there will be separate forms for each person and separate records will be opened under the name of each individual. If the couple becomes a client of CAPS, the counselor will create separate electronic notes for each member of the couple for each session of couples counseling, including intake forms for each individual. At the time of the couples counseling Initial Visit, the members

of the couple will also acknowledge and assent, in writing, to the CAPS policy of requiring joint releases of information of any parts of a couples counseling record. The form used for this purpose can be found in Appendix V: Informed Consent for Couples Counseling Services.

## **6.08 Following a Case**

As the client returns for on-going treatment, the following policies and procedures apply.

### **6.08.01 Location of Services**

Absent an emergency, or a circumstance in which a different arrangement has been made and approved by the CAPS counselor, counseling services shall be provided on the premises of SHS or a designated satellite office with both the CAPS counselor and the client being physically present, or remotely via telehealth.

Clients typically enter CAPS through the SHS main entrance. However, established clients may enter CAPS through the side entrance based on clinical discretion as well as to not disturb SHS staff (e.g., during lunch hour, before or after regular operating hours). At the end of the session, clients are welcome to exit the counseling office through the side exit, although they may exit through SHS.

At satellite locations, the CAPS counselor arranges with the client to communicate procedures that ensure privacy and confidentiality as it regards presenting to and leaving from appointments.

**Clients are not to be left alone in the counseling office.** If necessary, the CAPS counselor may excuse themselves to use the restroom or consult, but this should only be for relatively short periods of time.

### **6.08.02 Missed or Cancelled Appointments**

During the Initial Visit appointment, the CAPS counselor will discuss the missed appointment policy. The prospective client will be informed that appointments should be cancelled at least 24 hours in advance and that appointments cancelled within 24 hours may lead to discussion and review of impact on clinical services. The cancellation will be noted in the client's record. In addition, during the Initial Visit the prospective client will be informed that exceptions to the 24-hour notice rule are granted only after consultation. At the CAPS counselor's discretion, a client may be considered to have not kept the session once the client is 20 minutes late for the appointment.

When a client misses more than two appointments, the counselor will discuss with the client the

issue of the client’s motivation for continuing counseling and will arrive at a mutual agreement regarding future appointments that shall be documented in the client’s record. This is done even if the client gives prior notification each time they miss an appointment. If a client misses two appointments in a row without providing 24 hours of notice of the cancellation, any future sessions scheduled for the client will be cancelled, unless and until the client makes a request for an additional session.

The CAPS counselor may choose to contact a client regarding violation of the policy on missed appointments. The following verbiage is recommended for ensuring the client understands CAPS is not denying them service:

*“I understand that it can be difficult to make every appointment you schedule, but according to the Informed Consent that you signed when you started treatment at CAPS, if you do not attend 2 appointments without providing 24 hours notice, we cannot guarantee you future appointments. I am sure you understand that we cannot continue to make appointments for people who do not attend them, as there are many other students who need to be seen. Please contact me if you would like to make another appointment but keep in mind that you must provide 24 hours notice if you are unable to keep your appointment.”*

### **6.08.03 Progress Notes and Records**

For each appointment, the CAPS counselor will provide documentation in the client’s record in the form of progress notes. Progress notes are typically completed by the end of the day for each client seen. This standard is mandatory for high-risk cases. When a counselor does not complete a case note by the end of the day, the progress note must be completed no later than the end of the second workday after the appointment day.

Progress notes may be brief or extended, but should in any case be succinct and objective, avoiding speculation and the use of professional jargon. The counselor summarizes the content areas discussed by the client, the observations made of the client, and any agreements made with respect to the client’s treatment goals and the ways to accomplish them. Complete names of individuals other than the client, (e.g., roommates, boyfriends) should not be entered in a client’s record. Instead, descriptive (e.g., “boyfriend”) or other identifying terms (e.g., first names) are to be used in order to protect the privacy of these other persons, should the case note be read by others pursuant to a Release of Information or other valid reason for record content being shared with third parties. For more information on progress notes see section 6.02.

### **Diagnosis**

Strict adherence to DSM diagnoses runs counter to the empowerment-based philosophical and clinical foundation of CAPS as well as many other university counseling centers and other centers of goal-directed, short-term psychotherapy created to serve the needs of high-functioning people. Therefore, diagnosing clients is generally discouraged as it may lead to unintended consequences that include but are not limited to stigmatization, pathologizing, bias, discrimination, and misunderstanding by health care providers, third parties, and/or clients themselves. Despite this, diagnosis skill building carries value and thus diagnostic impressions are encouraged.

#### **6.08.04 Process Notes**

Another category of notes are process notes. These are notes written by the counselor that contain clinical hypotheses and interpretations about the case, primarily for consultation, training and supervision purposes. Process notes should not contain identifying information and shall not become a part of the clinical treatment record. Such notes will be destroyed as soon after being used in a consultation as possible.

#### **6.08.05 Crisis Clients**

In circumstances involving potential harm to self or others, or information revealed by a client that could lead to a mandated report, the counselor must document the facts on which his or her decision was based concerning the disposition of the case or the course of action taken. In all such cases involving revelations of confidential information to third parties, prior to revealing confidential information about a CAPS client, the counselor shall make reasonable efforts to consult with the CAPS Director or a professional colleague. Required documentation includes consultation with, and/or actions taken by, others (e.g., CARE Team, hospital staff, parents, etc.). The latter contacts must, in every case, be noted with a brief summary of the content and form of the contact. Upon termination of counseling, progress notes are kept as a part of the client's record for a period of seven years after the last termination of therapy. For more information about emergency/crisis or urgent care services and response see sections 6.05.

#### **6.08.06 Potentially Violent or Homicidal Clients**

In circumstances in which a counselor feels threatened by a client, the counselor shall utilize the front desk notification button and/or call SHS. The following procedures shall be followed:

1. Depress the front desk notification button. This will notify front office at SHS. Satellite offices are not equipped with this button, thus should proceed to step 2.

2. Call the receptionist at SHS (x1170) and state “I was just calling to request Dr. Green”. This is the code (i.e., mentioning “Dr. Green” somehow) to inform the receptionist that there is, in fact, a need for Cal Maritime Police Services to come and assist.
3. The receptionist will then contact Cal Maritime Police Services and request that an officer come to the CAPS office to assist.
4. The receptionist will then contact the SHS Director. If the Director is unavailable, the receptionist shall contact another SHS provider or staff member in the building to stand by and offer any assistance the threatened counselor may request.
5. Once the Cal Maritime Police Services officer arrives, they shall be led to the office where the threatening client is being seen. The receptionist and assisting staff member should be mindful of the need to not compound the perception of crisis, either in the threatening client’s mind or in the minds of others in the center. For this reason, it may be advised for the receptionist and staff member to remain in the front office, but this decision shall ultimately be left to the receptionist and staff member to make.
6. After the incident, the staff member who assisted shall write a summary describing the actions that they and the front office staff undertook during the crisis. This summary shall be documented in the record of the client who was perceived to have threatened the safety of the CAPS counselor.

For more information about potentially violent or homicidal clients see section 6.06.

### **Safety**

CAPS counselors are not required to work with a client with whom they feel unsafe for any reason and should discuss concerns with the SHS Director if ever feeling unsafe with a client.

If the CAPS counselor anticipates feeling unsafe during a session but decides to work with the client, the following actions should be considered:

- Sit by the door (i.e., do not let the client block the exit/door)
- See the client with the door open
- See the client in a different physical location that feels more secure
- Request that a police officer stand outside the therapy room door (advance notice required to schedule this with Cal Maritime Police Services)

### **6.08.07 Test Protocols and Reports**

Client records may include test protocols, raw test data, and reports of test results. These are released pursuant to appropriate requests accompanied by the client's written permission to release the information. As with all requests for information to be released, the counselor shall independently assess the prudence of the release and, if appropriate, will seek to discuss with the client the potential impact the release could have. Pursuant to APA guidelines regarding protection of test integrity and the importance that test data to be understood by recipients, release will be tailored based upon the qualifications of the recipient.

#### **6.08.08 Reports by Other Professionals**

Client records may include records or reports obtained by other professionals who are not staff members at CAPS. These shall be released only in unusual cases in which a demand for all contents of a client's record is supportable. Typically, reports by non-CAPS staff members must be acquired by the requesting party contacting the professionals who created the documents.

#### **6.08.09 Correspondences and Other Materials**

##### **Written Communications**

Client records may contain correspondences from the client and consultations about the client with campus community members, family members, or others. All written records of contacts with or regarding the client, by phone or in person, and contacts with other persons or agencies concerning the client, that are made a part of the client's record, will be protected according to the ethical guidelines propounded by the APA. Uncertainty over whether to include a document in the client's record will be resolved after consultations with the CAPS Director and SHS Director.

##### **Electronic Communications**

Communications that are clinical/treatment in nature may occur via the telephone or video (health Zoom account) that enables communication with another person who is not physically present in the room. In cases of telecounseling (aka telehealth, telepsychology) the consent for telehealth (see Appendix FF) shall be completed as part of the informed consent process.

CAPS does not support the use of email as a mode of communicating PHI and rarely for scheduling purposes. The Student Health Portal in PNC serves as the primary mode of secure electronic communication with students.

CAPS counselors use email as a means of communication for intraoffice correspondence as well as for dissemination of information, notices, and memoranda from other University offices and units. All emails generated from CAPS counselors to clients or potential clients should be generated from the counselor's "csum.edu" account. Every email should contain a standard

professional signature that includes the counselor's full name, any applicable professional degree or credentials, their Cal Maritime working title, and the name of CAPS along with its address and phone number. Every email to a client or potential client should also include a statement covering appropriate use of email communication, confidentiality, and what to do if one receives the email in error. CAPS counselors are encouraged to use the following example:

*Please be aware that e-mail communication can be intercepted in transmission or misdirected. Please consider communicating any sensitive information by telephone, student health portal, fax, or mail. The information contained in this message may be privileged and confidential. If you are NOT the intended recipient, please notify the sender immediately and destroy this message. APPOINTMENTS: To schedule an appointment call (707) 654-1170 or use the daily walk-in hour (2-3pm) for urgent or brief appointments. If you have an urgent concern, please call Student Health Services at (707) 654-1170. For the After Hours Assistance Line call (707) 654-1170 and press ext 1. For emergencies call campus police by dialing 911.*

CAPS counselors who receive email communications from clients regarding matters beyond scheduling, redirect clients to use the student health portal, and may address communication as a therapeutic matter in subsequent session(s). CAPS counselors consider the lack of security and confidentiality when deciding how to manage such communications.

Counselors are expected to maintain active email accounts, to check email on a daily basis during working hours, and to reply to any messages that request a reply in a timely manner. When the CAPS counselor is not going to be checking email for a day or more due to absence from the office, they should turn on the "Automatic Reply (Out of Office)" message in Outlook for the duration of the absence. The following is a sample of the body of the automatic email:

*I'm out of the office and away from my email until (day, date). If you are in need of services, please contact Student Health Services between the hours of 8 a.m. and 5 p.m., Monday through Friday, at (707) 654-1170. If you are in crisis, please call the After Hours Assistance Line call (707) 654-1170 and press ext 1. For emergencies call campus police by dialing 911, or go to the nearest emergency room.*

Faxing is deemed a secure mode of communicating confidential clinical information. A CAPS counselor faxing clinical information must ensure that the intended recipient of the fax is available to receive it prior to the transmission. A completed cover sheet must be used on all faxes containing confidential clinical information. Blank Release of Information forms may be faxed upon the request of an individual. A complete, current, and valid Release of Information form must be on file prior to any client information being faxed (except in an emergency and in consultation with the CAPS Director).

Client records and other client related material shall generally not be stored on individual staff computers or network drives, but in exceptional cases, they are always password protected. CAPS counselors shall integrate documentation of word-processing client materials (e.g., letters) into the clinical record on a timely basis.

CAPS counselors neither accept nor seek out friend/contact/message invitations from current or former clients on any social media or networking sites (e.g., Facebook, LinkedIn, Twitter, etc.).

### **6.08.10 Confidentiality**

CAPS observes all ethical and legal guidelines that govern confidential client information. All client records are confidential. Access to them is exclusively granted to the CAPS counselor and with access to summary information for SHS medical providers. SHS support staff shall have access only to CAPS scheduling data and not progress notes. No non-clinical SHS staff member shall ever read a client's progress notes or view other parts of a client's record. Likewise, the CAPS counselors shall not discuss clinical material in an identifying way with non-clinical staff members. No other persons, on or off campus, shall be permitted to view or otherwise access counseling records, including the information that the client was treated at CAPS, without a client's express prior consent or unless the criteria for an exception to this standard has been met. The physical records are kept in locked cabinets in the CAPS office and in password protected records within the PNC software system. Under no circumstance are records or portions of records to be removed from the CAPS office.

The fact of a client being in counseling is itself confidential and is subject to the same rules of confidentiality to which content from sessions is subjected. This means the counselor shall not disclose the fact to any other person without a client's express prior consent, unless the criteria for an exception to this standard has been met. This proscription applies whether the person to whom the disclosure is requested is a parent, an administrator, a staff member, or a faculty member, whether they referred the student to CAPS or not. When a faculty or staff member speaks with a counselor regarding a student referral, the counselor will explain the rules of confidentiality and indicate that the student's consent to release of information will be needed in order to confirm or deny that the student was seen at CAPS.

### **Multiple Relationships**

Multiple relationships are those in which two persons share social, personal, or other nonprofessional contact and one person plays a therapeutic or evaluative role in some setting with the other person. In accordance with Standards of the APA Ethical Principles of Psychologists and Code of Conduct regarding multiple relationships, CAPS counselors do not

initiate or accept initiations of alterations in therapeutic relationships with current or former clients. When potential for overlapping roles arises or a multiple relationship is unavoidable, the CAPS counselor seeks consultation with appropriate colleagues in determining the best course of action.

### **Confidentiality when clients know each other**

On a small campus, a client sometimes tells the counselor that they know that the counselor also sees someone they know. Likewise, the client might ask the counselor to indicate whether the counselor knows a particular campus member. When confronted with this type of situation, the counselor will refrain from indicating that the counselor has provided counseling to the identified person, explaining that a counselor is bound by the rules of confidentiality and can neither confirm nor deny the identities of the clients they see.

### **The use of confidential information for training or consultation purposes**

In case conferences with CAPS or SHS colleagues or on the TSGB with members of the medical team, a counselor need not disguise information that will lead to exposing the identity of a client. Consultations with professionals who are not SHS staff members are only permitted if the CAPS counselor disguises personal information that might lead to the identification of an CAPS client. Discussions of client material, even if identities of clients are disguised, are not permitted for purposes other than professional development or improved service provision.

### **Client requesting records for employment or security background check**

It is the policy of CAPS to maintain and release records in a manner that ensures the confidentiality of its clients and is consistent with the provisions of state and federal law and the guidelines of the APA. Records are released with the prior written consent of the client when the release is made for purposes of facilitating clinical care or when the release is required by law. Records may be released as a response to requests for employment or security checks but only after efforts are made to confer with the client or former client, including an effort to obtain a completed Release of Information form. In the event a client or an agency requests release of the client's records for employment or security checks, the request may also be brought to and, discussed with, the SHS Director.

## **6.08.11 Exceptions to Confidentiality**

### **Release of Information**

No client information is released unless a client's explicit prior consent is obtained through the use of a signed Authorization to Release/Exchange Confidential Information form (see Appendix H). Exceptions to this requirement are discussed herein. Whether a client presents a situation that constitutes an exception is a question considered by the CAPS counselor in consultation with the CAPS Director or SHS Director.

Upon obtaining a client's consent to release information, information is provided to the specific party identified by the client on the form. Information provided will conform to the permission granted in form and content and will not be provided after the Release's expiration date. Any client information that is provided to a third party pursuant to such a release will be accompanied by communication including the name of the client, the name of the requesting party, and containing a reminder that the information is not to go beyond the requesting party without the client's express written consent.

When information requested is the client's entire treatment record, a counselor will first offer to provide a case summary, rather than the complete client record. If the response is to a court order to produce records in a legal proceeding, the legal guidelines dictate what information is discoverable (see below section **Subpoenas**). In all such circumstances, counselors are advised to consult with the CAPS Director and SHS Director before taking steps to respond.

CAPS client information will not be released unless the client or former client signs a CAPS Release of Information form. If a counselor suspects a client's request for information to be released was obtained while the client was under duress, or if the counselor is concerned that a client might not have an adequate understanding of the implications of the requested release, the counselor will contact the client directly to discuss the matter prior to disclosing information to a third party.

When a counselor wishes to obtain information about the client from a third party, (e.g., a client's previous counselor, a client's prescribing psychiatrist, etc.) the counselor will first obtain the client's consent and signature on the Release of Information form. This signed form is sent to the party from which information is sought, along with a cover letter describing the nature of the request.

A client's consent is required in every non-emergency instance in which a non-CAPS counselor or agency seeks information about a client. SHS administrative support personnel shall not have access to case notes and shall not be involved in clinical discussions regarding clients. Administrative staff members shall make an effort to minimize their exposure to personal information client's provide in the course of their contact with CAPS, particularly if assisting with the authorized disclosure of records containing PHI.

### **Subpoenas**

A counselor may receive a subpoena to produce confidential clinical records concerning a client. Complex legal and ethical considerations guide how such a situations must be handled. CAPS and SHS may be legally required to comply, but such requests may also be in conflict with California state law concerning patient confidentiality and copyright, relevant national ethics

codes and guidelines, and conditions of use agreements with test publishers. The CAPS counselor who receives such a request shall immediately or as soon as practicably possible, consult with the SHS Director and campus legal counsel to determine how to proceed.

Due to the strong interest in protecting the psychotherapist-client privilege, the Committee on Legal Issues of the APA (1995) recommended strategies for psychologists responding to subpoenas or compelled testimony for client records or test data. The committee offered a number of suggestions that a psychologist could follow in requesting that the guiding Court consider the psychologist's obligations to protect the privacy and other interests of the client as well as third parties such as test publishers and others. Among their suggestions that CAPS counselors may follow in attempting to protect the client's private information are:

1. The Court direct the psychologist to provide data only to another appropriately qualified psychologist designated by the Court or by the parties seeking such information.
2. That the Court limit the use of client records or test data to prevent wide dissemination.
3. That the Court limit the categories of information that must be produced.
4. That the Court determine for itself, through a non-public hearing or review by the judge in chambers, whether the use of the client records or test data is relevant to the specific issues before the Court or whether the data might be insulated from disclosure in whole or in part by the therapist-client privilege or any other privilege.

They also list possible grounds for opposing or limiting production of test data:

1. Perhaps the Court does not have jurisdiction over the psychologist or the records.
2. The psychologist does not have custody or control of the test records.
3. The therapist-client privilege insulates the records or test data from disclosure.
4. Information is not relevant to the issues before the Court.
5. Public dissemination of test information may harm the public interest because it may affect responses of future test populations.
6. Test publishers have an interest in protection of test information.
7. Psychologists have a contractual or legal obligation not to disclose such information.
8. Psychologists have an ethical obligation to protect the integrity and security of test information to avoid misuse of assessment techniques and data.

Test materials and protocols are not limited to paper and pencil tests or other more commonly used psychological assessment tools. They can extend to any standardized materials that a psychologist uses in performing comprehensive evaluations of individuals.

### **Clients who are under 18 years of age**

Infrequently, a client at CAPS may be under the age of 18. Students who are not yet 18 years of age are eligible for treatment at CAPS. Consistent with California law, students who are 12 years of age and older and who, in the opinion of the CAPS counselor, possess a level of

maturity that enables that student to engage intelligently in psychotherapy, will be permitted to consent to the therapy without parental involvement. The students' parents shall not be notified of the counseling relationship if in the view of the CAPS counselor, to do so would be "inappropriate." Otherwise, the CAPS counselor will take steps to inform the students' parents of the student's involvement in counseling. If the minor in question has consented to their own counseling, they shall retain authority to make voluntary waiver decisions regarding the privacy protections of counseling treatment. CAPS does not provide counseling services to students whom the CAPS counselor deems to be incapable of consenting to their own counseling services.

### **Client Requests Review of Own Record**

The question of a client's access to their own counseling record raises complex clinical, ethical, and legal issues. The general policy of CAPS is to refer students to the PHI and records available to them in the student health portal as well as to respond to such requests on a case-by-case basis. The CAPS counselor should consult with the CAPS Director or SHS Director as needed before taking steps to respond to such requests. The protocol a counselor will follow in such instances is described in Appendix W: Procedures Followed when a Client Requests to View their Counseling Record form.

Effective January 1995 and expanded with the federal 21<sup>st</sup> Century Cures Act, clients' rights to inspect their own treatment record under the Health and Safety Code extends to psychotherapy records. The code provides some latitude in the handling of this kind of request. If, in the counselors' clinical judgment, there is a *substantial risk of adverse or detrimental consequences* to the client due to their reviewing their own record, the counselor may suggest that an oral or written summary be provided. However, if, following this suggestion, the client still insists on seeing the entire record, the counselor may grant this request. This decision will be made by the CAPS Director, in consultation with the CAPS counselor.

It is important that the CAPS counselor document fully and accurately the facts surrounding a client's request to review the psychotherapy record, including the counselor's response to the request. The documentation will also note if the client agreed to accept the alternative of reviewing a summary of their record, and will include a copy of the summary. The documentation will note the date and time the client reviewed the summary. If, on the other hand, the client chose to review the entire record, the documentation will note that and will provide the date and time the review took place.

Sometimes a client will accept a counselor's suggestion that the client's record or its summary be reviewed by an independent third party licensed practitioner. In this instance, the documentation will note the arrangement the client accepted, and will include with the documentation a copy of

the client's signed Release of Information permitting this and a note identifying the materials forwarded to the independent practitioner for review.

### **Informing Others of a Client who is a Danger to Self**

It is often the case that a client who is presenting a risk of self-harm is not appropriate for emergency hospitalization due to suicide risk or grave disability. This presents CAPS counselors with a difficult challenge of protecting the client's safety while respecting the client's privacy in a way that is consistent with legal and ethical guidelines. When someone presents a danger of self-harm, the CAPS counselor shall make an effort to gain the client's permission to inform trusted others about the risk of self-harm. The goal of sharing information shall be to involve others who care about the client's welfare and are in a position to provide support and increase safety in addition to that provided by CAPS. CAPS counselors shall follow these steps in such a situation:

1. Seek to have the client complete a Release of Information form, permitting CAPS to inform the client's parent, guardian, or other trusted individual of the risk of self-harm. Unless contraindicated by clear and convincing reasons, the counselor shall seek permission to contact the client's parents.
2. If the client refuses to sign the Release form, the counselor shall use clinical judgment as to whether to inform the client of the decision to contact trusted others.
3. Prior to making such a call, the counselor shall consult with the CAPS Director or SHS Director, unless either are unavailable.
4. In informing trusted others, the CAPS counselor shall limit the disclosure to the degree that most protects the client's privacy while conveying the reason for the safety concern.

For additional information about helping students who present a Danger to Self, see section 6.05 as well as Appendices L, M, N, and O.

### **6.08.12 Requests for Telecounseling and Counseling Outside of the CAPS Office**

Sessions at CAPS are typically conducted from the designated CAPS offices or from a private remote location for telecounseling. Under certain circumstances, exceptions to this practice are permitted (e.g., group counseling, crisis intervention). The CAPS counselor presented with this request shall consult with the CAPS Director prior to granting the request. Examples of exceptions include, but are not limited to, counseling conducted via the telephone, counseling conducted while walking or sitting outside, and counseling conducted in campus buildings other than the designated CAPS offices.

### **6.08.13 Procedures for Hospitalization**

CAPS counselors are equipped with the training and expertise to evaluate and assess mental health crises that may require hospitalization. This level of care is initiated only after other less restrictive levels of care have been thoroughly considered and determined to be inadequate. Assessment and evaluation includes a complete review of symptomatology, risk factors, evidence of imminent threat to self or others, mental health history, alcohol or other drug use, social support and client strengths, as well as other relevant factors. CAPS counselors are encouraged to collaborate with the CAPS Director and SHS colleagues, and others as necessary, to coordinate care and assist in the best possible treatment for the student in crisis. When a client requires transportation for further mental health or psychiatric evaluation, or to an in-patient psychiatric facility, CAPS procedures will be followed to whatever extent is possible and practicable. Specific processes and procedures for involuntary holds (e.g., California Welfare and Institutions Code 5150; for more see Appendix EE: Types of Involuntary Holds in the State of California) are outlined in section 6.05 and 6.06 as well as Appendices P, Q, and R. These checklists and procedures address voluntary and involuntary holds, communication and collaboration with Cal Maritime Police Services, coordination with community mental health facilities, and preserving the rights and dignity of the client. These procedures are intended to provide an outline of those which would be advised in handling a situation in which a client is in need of in-patient psychiatric care. It is understood that specific circumstances may lead the mental health professional to diverge from the stated procedures.

### **During Hospitalization and Postvention Care**

Following the psychiatric transport or hospitalization of a student or upon learning of the psychiatric transport or hospitalization of a student, the CAPS counselor will call the psychiatric facility and attempt to talk with the student to provide continuity of care and follow up treatment. The counselor may, but is not required to, meet with the student at the psychiatric facility. This decision should be made following consultation with the CAPS Director.

The CAPS counselor will protect the client's privacy and confidentiality while facilitating follow up counseling and treatment. This may include psychiatric evaluation and medication management as well as coordinating their return to housing on campus and integration back into campus life (e.g., Corps of Cadets, academics, etc.). The counselor will assist the Dean of Students in this process yet be sensitive to how involvement may compromise the client's privacy and confidentiality. Open and explicit communication with the client about this process is recommended. If the client does not desire follow up counseling with CAPS, the CAPS counselor will work to support the student in indirect ways by consulting with others (e.g., Dean of Students, housing pro staff, CARE Team) and providing resources and information to facilitate postvention care.

In the event that the student does not return to school, the CAPS counselor will consider and discuss with the student the possibility of taking a medical withdrawal as well as providing follow up support and resources.

#### **6.08.14 Letter Writing**

It is possible that, during the course of working with a client, they will ask for a letter. CAPS counselors only provide letters for clients with whom they have an established working relationship. It is possible to establish a working relationship after one session, but typically requires more than one session. Letters shall reflect any conclusions the counselor was able to draw, based on the treatment provided, the conditions treated, and the dates of treatment.

A letter in support of a student's request for a medical withdrawal from an entire semester may only be written if the CAPS counselor has an established working relationship with the client as well as sufficient time in counseling to assess, evaluate, and determine the impact of mental health concerns on academic performance. Furthermore, such a letter shall only be written if the CAPS counselor has concluded that the student's condition is one that could reasonably be expected to severely diminish the student's ability to meet the academic requirements.

If a letter is provided, it may be delivered directly to the student or to a third party, in which case the CAPS counselor shall obtain a Release of Information before releasing the letter. The letter policy includes the request be made at least five (5) working days in advance of when it is needed. Letters must be on CAPS letterhead, dated and signed by the CAPS counselor.

Any student who has been treated at CAPS is entitled to receive a letter confirming the dates of treatment and individual session confirmation of visit letters.

#### **6.08.15 Medical Withdrawal Requests**

Requests for a medical withdrawal will be made in consultation with the SHS Director, who has the authority to complete the Medical Withdrawal Request form (MWR; see Appendix HH). Students seeking medical leave for psychological reasons must receive an intake evaluation and assessment, and preferably have an established and ongoing working relationship with a CAPS counselor. However, in lieu of a working relationship, the CAPS counselor will review evidence of psychological concerns and decreased functioning during the period of concern, which will be considered for a medical withdrawal request. The MWR is filled out jointly between the CAPS counselor and the client, then granted final approval by the SHS Director. Careful emphasis is given to informed consent during this process, including steps for completing the process, a timeline of events for leaving campus, as well as steps and requirements involved in returning to school.

The completed request is signed by the client and by the SHS Director. The client is advised that before they are permitted to re-enroll at Cal Maritime, a letter from the treating provider (e.g., licensed mental health professional) will be required documenting: 1. Treatment of the disorder or condition leading to the medical leave, and 2. Current status of psychological well-being and functioning, including readiness to return to school.

Students are provided the original completed MWR that they are required to also meet with a University Advisor who will facilitate the academic leave process that includes approval by an academic dean and university provost. A copy of the completed MWR is scanned into the client's record. A "Hold" with the registrar will be placed on a student's eligibility to re-enroll until documentation of the student's fitness is provided to SHS by the outside treating provider. Students are also required to meet with the CAPS counselor upon returning to campus following a medical withdrawal.

### **6.09 Collecting Statistics**

Following an Initial Visit for first contact with CAPS, data and information provided in initial paperwork are scanned into PNC or completed electronically in the student health portal. Clinical assessments such as the CCAPS are automatically entered into the client's record. The CAPS counselor is advised to consult the client's record prior to conducting any session with that client. Subsequent progress notes, forms, assessments, and other clinical information are entered into the client's record during the course of treatment.

Outreach appointments will be entered and kept via the PNC system as well as in an excel spreadsheet on the share drive where aggregate data are de-identified. For this reason it is important that all outreach activities be correctly recorded in PNC. The same is true of consultation activities and other professional activities, which are entered and recorded in PNC as way to track and tabulate indirect service provided by CAPS.

Evaluations of CAPS services by clients are completed on at least an annual basis. An anonymous online Client Satisfaction Survey (Appendix X) is sent electronically through the student health portal to each client seen at CAPS since the last survey administration. Completion of the form is voluntary. Evaluation efforts may also include hard copy paper forms.

### **6.10 Closing a Case**

A case closes when counseling terminates, whether by mutual agreement between the client and counselor or when a client discontinues contact without consulting the counselor. In the latter case, barring clinical reasons that indicate otherwise, when a client misses a scheduled

appointment without contacting CAPS, the counselor will be encouraged to contact the client by telephone or electronic health portal message. Any such contact will be pursuant to the client's prior consent. Despite the consent, the counselor is advised to refrain from referencing any clinical information other than the missed meeting, in the message. Generally speaking, it is preferable to make such contact before scheduling another appointment. If the client misses two scheduled appointments in a row without contacting CAPS, any remaining appointments for that client will be cancelled, pending contact from that client and a request for future sessions. Each CAPS counselor will review client records annually in May at the end of the academic year and complete a Closing Summary note for each client seen during the previous academic year.

In closing a case, the counselor completes a Closing Summary note using the template in PNC and indicates in the way provided by PNC that the client's case has become inactive. Generally, detailed termination notes are written only for clients who have received four (4) or more sessions of counseling from a CAPS counselor. An exception to this practice would involve circumstances in which, despite there being fewer than four sessions of psychotherapy, the counselor believes a termination summary will contribute to future continuity of care.

## **6.11 Groups**

CAPS group counseling may be psychoeducational, supportive, process-oriented, or a combination of approaches or formats. They are often pre-determined at or before the start of a semester but may also arise based on request or need. There are no limits to the number of group sessions a client may receive. Clients may be withheld or removed from the group for clinical and behavioral reasons that are consistent with treatment goals and standards of care. The policies and procedures for group counseling differ in some ways from those for individual and couples counseling. The following subsections address how a group is opened, how group participants are screened, how a group is followed, and how it is terminated or closed.

### **6.11.1 Joining a Group**

Prior to the first group meeting, prospective group members are asked to complete the initial documents (Informed Consent, Intake Questionnaire, and CCAPS, as well as Telehealth Consent if virtual). The completed forms are scanned into the client's record or entered electronically via the student health portal. Each prospective member is also given the Group Participation Agreements form (Appendix Y).

#### **Screening**

Screening takes place when a counselor meets potential members in a group individually prior to forming a group, in order to assess whether the purpose and function of the group fits the client's group counseling needs and preferences. The use of screening meetings is recommended but not

required and may differ based on the format and focus of the group. The methods utilized in screening prospective group members are left to the discretion of the CAPS counselor group facilitator. When a client participates in a screening interview, the Group Participation Agreements will be reviewed and discussed. If a client's needs are not well suited for a particular group and therefore will not be a part of a group, the decision is documented in the client's record, with the basis for the decision being documented.

### **6.11.2 Documentation of Group Sessions**

As group sessions proceed, the CAPS counselor completes progress notes for each group member, for each group session using the Group Visit case note template.

### **6.11.3 Terminating and Closing a Group**

When an individual is screened out or leaves a group, or when a group ends, the group terminates for the individual. The counselor documents this information in the client's record.

## **6.12 Grievance Procedure for Clients**

Clients who report a complaint regarding a CAPS counselor to CAPS or SHS will be informed that a grievance procedure exists and will be directed to speak with the CAPS director or SHS Director. The following are steps outlining the grievance procedure:

1. The client should first discuss the concern or complaint with their counselor. Because many complaints are issues that are therapeutic in nature, it is important that the client discuss these concerns with their counselor. The counselor should make appropriate notes in the client's record that a complaint has been made by the client along with any information as to how the issue was or was not resolved.
2. If the client is dissatisfied with the results of discussions with their counselor or is unwilling to discuss the issue with their counselor, the client may schedule an appointment to talk to the CAPS Director. This meeting will be used to discuss the nature of the complaint and any actions which have previously been taken to remedy the situation. If the client has not first talked to the counselor, the CAPS Director will, in most cases, refer the client back to the counselor. Where the client has already spoken with the counselor and felt dissatisfied with the results, the CAPS Director will record the client's complaint, speak to the counselor about the nature of the complaint, and determine what the appropriate next step should be. This may include but is not limited to: arranging a meeting between the client, counselor, and CAPS Director; consulting with the SHS Director; consulting with other professionals. The CAPS Director will then

proceed with whatever steps are appropriate, informing both the client and counselor in writing of these steps, and seeking agreement on these steps from the client.

3. If the client still feels the matter is not settled, the CAPS Director will submit a report, with appropriate release forms from the client to the SHS Director. In addition, a meeting may be arranged by the CAPS Director between the SHS Director, the counselor, and the client. If a client seeks further appeal, the SHS Director may share the complaint with the Vice President for Cadet Leadership and Development, who will have final authority for any disposition of the complaint, based on this meeting and other information relevant to the situation.
4. If the client refuses to sign a release form to forward this information to the SHS Director or external party, the client will be informed that they have refused to sign a release form and an option will be provided to release the information directly to the client. If the client declines this option, they will be informed that, as a result, CAPS cannot legally forward this information and that the matter is resolved.

## 7. LAWS RELATED TO THE PRACTICE OF PSYCHOTHERAPY IN CALIFORNIA

CAPS counselors are required to practice within the legal parameters established in the state of California as well as the current code of ethics relevant to their specific field as specified in the table below.

Field	Code of Ethics	California Laws and Regulations
Clinical Social Workers	National Association of Social Workers (available at: <a href="https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English">https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English</a> )	Board of Behavioral Science Statues and Regulations Related to the Practice of Professional Clinical Counseling, Educational Psychology, Clinical Social Work
Marriage and Family Therapists	American Association for Marriage and Family Therapy (available at: <a href="https://www.aamft.org">https://www.aamft.org</a> )	(available at <a href="http://www.bbs.ca.gov/pdf/publications/lawsregs.pdf">www.bbs.ca.gov/pdf/publications/lawsregs.pdf</a> )
Professional Clinical Counselors	American Counseling Association (available at <a href="http://www.counseling.org/Resources/aca-code-of-ethics.pdf">www.counseling.org/Resources/aca-code-of-ethics.pdf</a> )	
Psychologists	American Psychological Association (available at <a href="http://www.apa.org/ethics/code.html">http://www.apa.org/ethics/code.html</a> )	Board of Psychology Laws and Regulations Relating to the Practice of Psychology (available at <a href="http://www.psychology.ca.gov/laws_regs/index.shtml">http://www.psychology.ca.gov/laws_regs/index.shtml</a> )

### 7.1 Mandated Reporting of Child Abuse

CAPS counselors are mandated reporters of child abuse and neglect. This means that if the counselor has knowledge or reasonable suspicion that a child has been the victim of child abuse or neglect, they are required to file a report, even if the client was or is the perpetrator. If the counselor has knowledge or reasonable suspicion that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including severe anxiety, depression, withdrawal, or aggressive behavior toward self or others, the counselor may file a report but it is not required. Current California law states that counselors are not required to be investigators regarding child abuse, which means that the CAPS counselor is not required to investigate for information related to potential abuse of a child.

Mandated child abuse reporting applies to anyone under age 18, including emancipated minors. The report must be made whether the perpetrator is an adult or another child. This includes reporting information the counselor receives from a third party while in a professional capacity.

Licensed counselors are granted immunity from prosecution when they alert the police about suspected abuse. CAPS counselors shall respect cultural and religious values regarding child rearing practices but simultaneously follow state law. Counselors are not legally required to tell clients that they are filing a report.

### **7.1.1 What to Report**

Child abuse and neglect are reportable. Neglect includes acts of neglect as well as neglect that occurs through omission(s). Abuse includes any non-accidental, willful, physical injury or death, including unlawful corporal punishment. Note: mutual fighting among minors is not considered abuse, even if it results in injury.

Sexual abuse, sexual assault, and sexual exploitation must be reported according to the guidelines outlined in the following subsections as well as according to the table in Appendix Z: When Sexual Intercourse with a Minor Must be Reported as Child Abuse in California.

#### **Lewd and Lascivious Acts**

Any *lewd and lascivious* touching of a minor accomplished with the use of force, violence, duress, menace or fear of immediate and unlawful bodily injury to the victim or another. A “lewd and lascivious act” is an intentional touching of the body, or any part or member thereof, of a child, “with the intent of arousing, appealing to, or gratifying the lust, passions or sexual desires of that person or the child.”

- Any lewd and lascivious touching of a child under 14 years old, if the other person is 14 years old or older, irrespective of consent.
- Any lewd and lascivious touching of a child 14 years old, if the other person is 24 years old or older, irrespective of consent.
- Any lewd and lascivious touching of a child 15 years old, if the other person is 25 years old or older, irrespective of consent.

#### **When Sexual Intercourse is Reportable**

- Sexual intercourse between a minor who is under 14 years old and a partner 14 years old or older, irrespective of consent.
- Sexual intercourse between a minor who is 14 or 15 years old and a partner 21 years old or older, irrespective of consent.

#### **When Sexual Intercourse is not Reportable**

- It is consensual intercourse, there are no other indications of abuse, and:
  - A minor is under 14 years old and his or her partner is under 14 years old.

- A minor is 14 or 15 years old and his or her partner is over 14 years old but under 21 years old.
- A minor is 16 years old or older and his or her partner is 16 or older.

Mandated reporters also should not report consensual touching that otherwise may be deemed a ‘lewd and lascivious act’ when there are no other indications of abuse and:

- A minor is under 14 years old and his or her partner is under 14 years old.
- A minor is 14 years old and his or her partner is under 24 years old.
- A minor is 15 years old and his or her partner is under 25 years old.

### 7.1.2 How to Report

Reports must be made as soon as possible by telephone. The CAPS counselor is then required to prepare and send, fax, or electronically transmit a written follow-up report within 36 hours of the phone call.

The report shall be made to the following agencies:

1. Any Police or Sheriff’s Department, except K-12 police or security departments
2. Any county Probation Department that is designated by the county to receive mandated reports
3. Any county Welfare Department

<u>Child Abuse Reporting by County</u>	
<b>Solano County</b>	<b>(800) 544-8696</b>
Alameda County	(510) 259-1800
Contra Costa County	(877) 881-1116
Napa County	(800) 464-4216

For a complete list of county emergency response child abuse reporting telephone numbers see: <https://www.cdss.ca.gov/reporting/report-abuse/child-protective-services/report-child-abuse>

Any of the above departments may receive the report unless they can immediately transfer the call to an agency with the proper jurisdiction. These agencies may not refuse to accept a report of suspected child abuse or neglect and they must maintain a record of all reports received.

### 7.1.3 What to Include in a Report

1. The CAPS counselor’s name, business address, and phone number
2. Capacity that makes the person a mandated reporter

3. Information that gave rise to the reasonable suspicion of the child abuse or neglect
4. The child's name, address, present location, school, grade, class, etc.
5. The name, address, and phone number of their parent(s)/legal guardian
6. The name, address, and phone number of anyone who may have abused the child

Note: The counselor must make the report even without all of the above information. See [https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss\\_8572.pdf](https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf) for a fillable child abuse reporting form.

#### **7.1.4 After Reporting**

No mandated reporter will be civilly or criminally liable for any report that is filed as long as the mandated reporter did not file a frivolous claim. This protection applies even if the report was made for information obtained outside of the counselor's scope of professional duties (i.e., during personal time).

#### **7.2 Responding to Sexual and Physical Assaults**

CAPS counselors will likely encounter situations in which clients share that they have been physically and/or sexually assaulted. Whether this occurs from a stranger or someone they know, the following procedure should be followed (for referral resources see Appendix AA: Sexual Assault, Dating Violence, and Stalking Referrals):

1. Inform the client about on campus resources: Title IX Coordinator, Confidential Campus Sexual Assault Advocate, SHS, and Cal Maritime Police Services.
2. Inform the client about off campus resources: County Organizations, local hospitals, and local police departments.
3. Discuss with the client their *option* to have a Sexual Assault Response Team (SART) examination with support from SHS, or in Solano County or neighboring counties.
4. Discuss with the client their *option* to discuss the matter with the Cal Maritime Police Services (Note: the advocate can also do this).

#### **7.3 Mandated Reporting of Elder and Dependent Adult Abuse**

CAPS counselors are a mandated reporters of elder and dependent adult abuse. If the counselor has knowledge or reasonable suspicion that an elder and/or dependent adult has been the victim of abuse, they are required to file a report.

##### **7.3.1 Definitions**

An elder is considered anyone age 65 or older who resides in California. A dependent adult is considered anyone age 18-64 who resides in California and has been declared a dependent by the state (i.e., has a physical or mental limitation that restricts their ability to carry out normal activities or protect their rights, including people who are admitted to an inpatient, 24-hour health facility).

### 7.3.2 What to Report

Physical or sexual abuse, abandonment, abduction, isolation, financial abuse, and neglect must be reported. Emotional abuse may be reported but is not required.

CAPS counselors are not required to report under the following conditions:

1. When there is no independent evidence that the client’s claim of abuse is true
2. When the client has been diagnosed with a mental illness or dementia
3. When the counselor believes the abuse did not occur

### 7.3.3 How to Report

If the abuse occurred in a long term care facility, the CAPS counselor shall report it to the local ombudsperson or local law enforcement. If the abuse occurred in a state psychiatric hospital or state Developmental Center, report it to the State Department of Mental Health, the State Department of Developmental Services, or local law enforcement. If the abuse happened anywhere else, report it to an adult protective services agency or local law enforcement.

See [https://cdss.ca.gov/MandatedReporting/story\\_content/external\\_files/SOC341.pdf](https://cdss.ca.gov/MandatedReporting/story_content/external_files/SOC341.pdf) for a fillable dependent adult/elder abuse reporting form.

<u>Dependent Adult/Elder Abuse Reporting by County</u>	
<b>Statewide</b>	<b>1-833-401-0832</b>
Solano County	(800) 850-0012
Alameda County	(866) 225-5277
Contra Costa County	(877) 839-4347
Napa County	(888) 619-6913

For a complete list of county Adult Protective Services emergency response dependent adult/elder abuse reporting telephone numbers see:  
[https://www.cdss.ca.gov/Portals/9/APS/County\\_APD\\_Contacts.pdf](https://www.cdss.ca.gov/Portals/9/APS/County_APD_Contacts.pdf)

## 7.4 Mandatory Breaches of Confidentiality

The state of California requires mental health professionals, including CAPS counselors, to breach confidentiality in order to take reasonable steps to keep the client and others safe under certain conditions. For more information see section 6.08.11.

#### **7.4.1 Client is a Danger to Self**

- This information may come from the client or their family members
- Must have intent, a specific and lethal plan, and access to the means to commit suicide

#### **7.4.2 Client is a Danger to Others, Including Property**

- This information may come from the client or immediate family members.
  - If the information comes from a third party, you are not obligated to make a report but should discuss it with the client and act accordingly
- A “clear and present danger” must exist
- Includes knowledge of the following:
  - Name of the intended victim or group of victims or if you have enough information that the victim(s) are “reasonably identifiable”
  - Description of motive to harm the victim(s)
  - Specific and concrete plan to carry out the motive
  - Means to carry out the plan

#### **7.4.3 Client is Gravely Disabled**

##### **For Adults**

This means the client is unable to provide for the basic needs of food, clothing, or shelter due to chronic alcoholism or a mental disorder or the client has been found mentally incompetent under the penal code. Intellectual disability by itself does not indicate grave disability in an adult.

##### **For Minors**

This means the client is unable to use the elements of life that are essential to health, safety and development even though these are provided. Intellectual disability, developmental disabilities, alcoholism, drug abuse, or antisocial behavior by themselves cannot be considered grave disability in a minor.

#### **7.4.4 What to Do**

Involuntary hospitalization may be necessary in order to prevent harm. For more information on hospitalization procedures see sections 6.05, 6.06, and 6.08.13 as well as and Appendices P, Q, and R.

### **7.5 HIV Positive Clients**

Mental health professionals in the state of California are not required to report when a client is HIV positive. However, CAPS counselors must notify clients that they are legally obligated to share their HIV-positive status with any sexual partner and/or needle sharing partner. The counselor will document in the client's record having communicated this to the client. Failure to do so may result in legal consequences/liability for negligence.

### **7.6 Clients Who Report Sex with a Previous Counselor**

If a client informs a CAPS counselor that they had sex with a person who was or is their counselor, the CAPS counselor will provide them with a copy of the document entitled, *Therapy Never Includes Sexual Behavior* and discuss its contents. The CAPS counselor may file a complaint with the relevant state Board but only if it does not violate the client's confidentiality.

## **8. PROGRAM EVALUATION AND DEVELOPMENT**

CAPS is committed to ongoing growth and development of counseling service delivery and professional expertise. CAPS counselors, as well as the SHS Director, takes multiple steps toward program development, implementation, assessment, evaluation, and revision.

### **8.1 Internal and External Program Evaluation and Review**

The CAPS Director gathers data on an ongoing basis that is compiled in an Annual Report that includes sections for each respective service (see Section 3 Services). This internal process complements the CSU Executive Order 1053, which requires Counseling Services to have an external review conducted every five (5) years as part of an ongoing assessment directed toward program improvement.

The following are assessment and evaluation efforts that the CAPS Director conducts:

- Counseling outcome data
  - Session Rating Scale
  - Client Satisfaction Survey
- Client outcome data
  - Outcome Rating Scale
  - CCAPS
- Outreach activities
  - Outreach Evaluation form (Appendix BB).
- TSGB counseling review
  - TSGB CAPS counselor survey and interview debriefing
- CAPS Counselors
  - Annual performance review
- 5-year External Review
  - Site visit and interviews
  - Chart review/audit
  - Accreditation or objective standards for programs and services (e.g., Council for the Advancement of Standards in Higher Education [CAS])
- Informal solicitation of feedback
  - Internally with CAPS and SHS coworkers
  - Across campus departments
- Trainings and certificates
  - Mental Health First Aid
  - Question, Persuade, and Refer
- Awards and nominations

## 8.2 Professional Development

CAPS maintains an ongoing commitment to professional growth among individual counselors and as a team. This is accomplished internally through case conferences, consultation, trainings, and informal discussions. Attendance at external training workshops is also encouraged, after consultation with the CAPS Director and SHS Director. Additional resources for professional development are the books, journals, and training tapes available in the CAPS Director's office in SHS.

Professional development is also facilitated through activities and associations that help achieve the knowledge, skills, and awareness that comprise professional competence. The following is a list, not exhaustive, of common activities to this end in which CAPS counselors engage:

- Licensure renewal and continuing education credit requirements.
- Subject Matter Expert workshops with the California Board of Psychology
- Membership in professional organizations
  - The Association for University and College Counseling Center Directors (AUCCCD)
  - Organization for Counseling Center Directors in Higher Education (OCCDHE)
  - Center for Collegiate Mental Health (CCMH)
  - American Psychological Association and related divisions (17, 45, 51)
- Attendance and presentations at state and national conferences.
- Maintaining independent Professional Liability Insurance.
- Collegial relationships and consultation
  - with college counseling professionals at the state and national level, including ongoing communication with counselors at other maritime academies.
  - with colleagues in the field of international maritime (or seafarer) health.

## **9. MENTAL HEALTH SERVICES AT SEA ABOARD THE TRAINING SHIP**

### **9.1 About the Training Ship Golden Bear**

The Training Ship Golden Bear (TSGB) serves as the primary training platform on which cadets apply technological skills introduced in the classroom and leadership skills acquired from their work assignments and responsibilities with the Corps of Cadets. Each summer, cadets in their first and third years depart with licensed faculty officers for two months during the annual training cruise. During these periods at sea, intellectual learning, applied technology, and leadership development blend daily as cadets apply what they have learned in the classroom, in the lab, in the Corps, and on the waterfront.

Those working toward a license can feel the responsibility of command, demonstrate their effectiveness as leaders, and refine their technical skills and leadership styles. Cadets encounter an international experience where they interact with people from other countries, learning the customs and traditions of diverse cultures. They can also experience connections to the larger world and develop an understanding of how their selected vocations will function in the context of an international setting. In this way the cruises enhance the global awareness of cadets as they apply the intellectual and practical training they have received during the school year.

### **9.2 About CAPS Aboard the TSGB**

During the annual training cruise(s) SHS provides services aboard the TSGB that include a CAPS counselor. Medical Officers are located on the 01 deck in what is referred to as Sickbay. The medical team is comprised of a Chief Medical Officer, Medical Officer, and a Counselor (since summer 2014). Services are available 24 hours a day for emergency care. In addition to 24-hour on-call service, the medical team provides a drop-in clinic for cadets and crew twice daily while at sea and once daily while in port. The training ship is equipped with a basic lab, x-ray, medical commodities, and pharmaceuticals to support most of the crew's health care needs.

When a CAPS counselor is assigned to the TSGB, they are a member of the medical team and are responsible for reporting to the Chief Medical Officer, and ultimately the Captain of the TSGB. The CAPS counselor's office is located on the 01 Deck across from Sickbay. The CAPS counselor provides direct mental health services to members of the ship's crew, which includes cadets, staff, and faculty. The standards for ethical and competent practices aboard the ship are consistent with state and federal law as well as the relevant professional ethical standards. The CAPS counselor works in close consultation with medical team colleagues, particularly regarding cases requiring ethical decision making and crisis management. The CAPS counselor is also encouraged to consult with the on campus CAPS Director as needed.

*More information about CAPS aboard the TSGB, including the role of the CAPS counselor, services offered, and logistics, is in the CAPS Cruise Orientation Manual located on the share drive*

### **9.3 Health Evaluation and Fitness for Duty**

Prior to embarking on the TSGB all cadets submit health information for review and evaluation by the SHS team on campus. This evaluation includes screening for mental health and wellness. In advance of cruise the CAPS Director consults with SHS colleagues and external partners regarding cadets with mental health concerns who are scheduled to sail on the TSGB. Of particular concern in this evaluation is danger to self or others, ability to care for basic needs, as well as fitness to meet the essential responsibilities of the educational experience as a cadet aboard the TSGB. This process involves a safety evaluation that reviews mental health history, current CAPS records, third party information (e.g., CARE Team reports), combined with ongoing consultation and assessment. This review abides by the local, state and federal regulations governing the rights of students in the areas of access to higher education, disability status protections, and health information privacy. Concurrently, the evaluation also includes an assessment of anticipated impact to others aboard the TSGB and the safety and integrity of the vessel. This includes assessing for danger to self and others, as well as ability to care for basic needs.

While underway at sea aboard the TSGB, there are times when further mental health evaluation is necessary. In this environment a similar approach is followed by the CAPS cruise counselor, including review of health history, current functioning, and third-party reports. Consultation with medical colleagues and the Chief Medical Officer are routine components of the safety and fitness evaluation conducted by the cruise counselor while at sea. A Behavioral Intervention Team meeting may also be an appropriate step to gather information and make decisions regarding safety of the identified cadet of concern, others' safety, and the integrity of the vessel. The cruise counselor is expected to continue to follow California laws and professional ethics in this setting, while simultaneously recognizing the unique risks and needs of others while underway at sea. Finally, as the master of the vessel, the Captain of the TSGB possesses the authority to make final decisions that ensure the safety of the vessel and its crew. Thus, cruise counselors are encouraged to collaborate with the captain (and others) while employing professional judgement with regards to sharing PHI. It is imperative that the cruise counselor be mindful of balancing client privacy and confidentiality, along with client safety and the safety of all crewmembers aboard the vessel.

### **9.4 Emergency Services Aboard the TSGB**

Presentations of crewmembers, whether students, staff or faculty, who are exhibiting signs of significant psychological distress or a mental health crisis, are to be referred to the TSGB Medical Officers for evaluation and management. Any crewmember who has concerns about the mental health or well-being of another crewmember or observes a situation in which another crewmember exhibits inappropriate behavior, must report the concern or incident immediately to their reporting superior, the Commandant Staff, or Medical Officers.

Threats of suicide or violence are treated as medical emergencies. It is extremely important that threats of harm to self or others be taken seriously and reported immediately. If the Commandant Staff receives the referral, they are advised to bring the crewmember to Sickbay for evaluation by the Medical Officers who are available 24-hours a day, 7 days per week.

Typical signs of a psychological crisis may include uncontrolled crying, feelings of panic or anger (without indications or threats of physical harm). Crewmembers may also report:

- Stressed out more than usual;
- Constant feelings of sadness, helplessness, guilt or worthlessness;
- Powerful, intense mood swings;
- Crying a lot and not sleeping;
- Inability to concentrate or make firm decisions;
- Thoughts of suicide or death

Sometimes these feelings are temporary and can be eased by rest, relaxation, exercise, good nutrition and the support of trusted friends. At other times, stressors and relationship conflicts may become overwhelming and impacting the crewmember's ability to function.

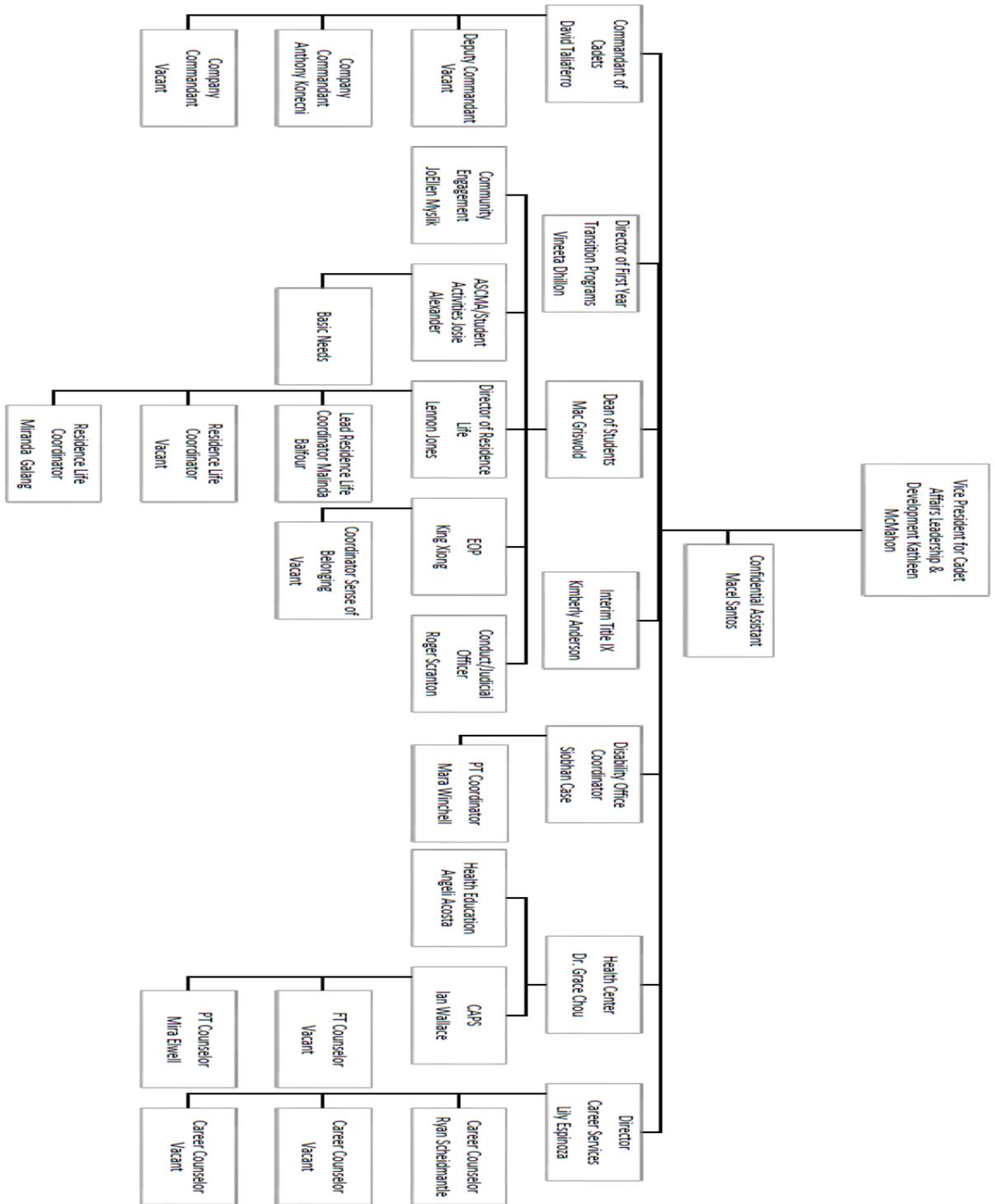
1. In these cases crewmembers should be referred to Sickbay to meet with Medical Officers immediately.
2. The medical staff is available 24-hours per day, 7 days per week for emergencies while the ship is at sea. The Medical Officers may be reached after hours by contacting the bridge and speaking to the on-duty licensed watch officer who will access the medical staff.

*For additional information regarding CAPS emergency response services aboard the TSGB, see the CAPS Cruise Orientation Manual located on the share drive*

## **10. TRAINING PROGRAM**

CAPS does not have an active training program at this time. In past years CAPS intermittently provided formal practicum training on an individual basis. The CAPS Director shall consider re-introducing a training program when the conditions within CAPS and SHS, as well as at Cal Maritime generally, are conducive to expanding in this manner. A training program can provide expanded services to students and maintain professional connections with colleagues at other universities. However, a training program should be considered in light of the time, energy, and resources required to make it viable and sustainable.

**APPENDIX A: DIVISION FOR CADET LEADERSHIP AND DEVELOPMENT ORGANIZATIONAL CHART (May 2022)**



## APPENDIX B: CAPS COUNSELOR POSITION DESCRIPTION

The position description is the foundation for recruitment, classification, formulation of work plans and the basis for performance management, training and evaluations. Supervisors are expected to review the position with the employee: (1) when the employee begins the assignment; (2) if/when the position description is revised; and (3) when the position is evaluated. Please note that whenever there is a major change in the assignment, the position description should be revised and submitted to Human Resources to determine if there is a classification impact.

### SECTION I (General Information)

<b>ACTION REQUESTED:</b> <input type="checkbox"/> New Position -- Proposed Classification: <input type="checkbox"/> Replacement Position (Former Incumbent Name) <input checked="" type="checkbox"/> Updated Description <input type="checkbox"/> Reclassification -- Proposed Classification: (Reclassification requested by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor)		
<b>APPOINTMENT TYPE:</b> Regular <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Collective Bargaining Unit: 3		
<b>Name:</b>	<b>Current Classification:</b> SSP-AR II	<b>Working Title (if different)</b> Counselor
<b>Division:</b> Cadet Leadership and Development	<b>Department:</b> Student Health Services	<b>Full-Time Equivalent (% of Time Worked)</b> 1.0
<b>Immediate Supervisor:</b>	<b>Title:</b> Director, Student Health Services and Chief Medical Officer	<b>Work phone:</b> 1-707-654-1170

Complete this job description as accurately as possible. An organization chart MUST accompany this position description form.

### SECTION II (Signatures)

Signatures denote that this position description is an accurate statement of the duties and responsibilities assigned to this position.

Employee's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Vice President or President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Human Resources Analyst's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION III (Responsibilities and Requirements)

**1. POSITION SUMMARY:** Briefly state the purpose or objective of the position.

*The CSUM Student Health Services (SHS) is an integrated outpatient health and counseling services. It is authorized under EO 1053 to provide accessible student mental health services for the purpose of enhancing academic performance and retention of matriculated students. These services consist of the provision of professional mental health care including counseling, outreach, and consultation as well as educational programs and services.*

*Under general direction, the Counselor provides direct counseling/clinical services that include short-term individual, couples, and group psychotherapy for students; clinical triage, crisis intervention and debriefing; clinical assessment, case management, collaboration with other medical providers, and consultation and referrals to services both on and off campus. In addition, the Counselor develops and implements outreach programs on campus, consisting of workshops, presentations, Resident Hall Officer training, student peer educator training, prevention projects, and mental health screening activities. The Counselor also provides consultation with University faculty, staff, and administrators regarding student mental health and well being.*

**2. DUTIES/RESPONSIBILITIES:** Briefly describe the most important duties performed in the normal course of work. List, in order of importance, the specific duties performed on a regular basis. Estimate the percentage of time spent on each duty. Essential responsibilities are those tasks which are basic, necessary and an integral part of the job. Non-essential responsibilities are those considered peripheral, incidental or a minimal part of the job.

Estimated Percentage of Time	DESCRIPTION OF DUTIES
65%	<b>Direct Counseling/Clinical Services</b>
	<i>Provide direct clinical services including but not limited to: short-term individual, group and couples psychotherapy for students; clinical triage, crisis intervention and crisis debriefing; clinical assessment; case management, collaboration with medical professionals; consultation and referrals with educational and disability services staff, student health services medical staff, and other on and off-campus referrals. Includes summer session, based on operational need. Some evening and weekend hours may be required.</i>

25%	<b>Outreach and Program Development Services</b>
	<i>Develop and implement programs including but not limited to: presentations, workshops, prevention projects, residence hall training, seminars, mental health screening days and other outreach activities, workshops, and groups; supervise and work with mental health services health educator and student peer educators, as well as provide training workshops.</i>
10%	<b>Consultation Services</b>
	<i>Provide consultation including but not limited to: providing consultative expertise to the university community regarding issues that affect the educational, developmental and psychological well being of students; provide consultation services and occasional in-service training to faculty, administrators, and student leaders on mental health and developmental issues. Provide consultation to the Director, SHS regarding fitness for admission to the University and for US Coast Guard license eligibility for newly admitted students with identified mental health issues. Also, provide consultation as needed for students interfacing with the student judicial system who may have mental health issues. Serves as a consultant on the Behavioral Intervention Team.</i>
	<b>Perform other duties as assigned by the Director, Student Health Services.</b>
	<b>Training Ship Golden Bear</b>
	<i>Provision of mental health services aboard the Training Ship Golden Bear on part of its annual training cruise (optional).</i>  <i>Recruitment, orientation, and coordination of counselors for cruise, based on operational need.</i>

**3. MAJOR CHANGES FOR UPDATES AND/OR RECLASSIFICATIONS:**

*List major changes in the position since it was last reviewed. Briefly describe what is different about the assignment in terms of responsibility, complexity, authority, work assignments (duties) and skill levels.*

Assignment now includes duties related to coordinating hiring and activities of counselors on cruise (as needed) and summer duties as needed (similar to academic year but proportions may vary depending on operational need).

**4. SUPERVISION/DIRECTION RECEIVED:** Indicate the type of supervision the incumbent will receive:

- Direct Supervision - *Employee receives immediate, close and regular supervision*
- General Supervision - *Employee receives some delegation of responsibility and independence*
- General Direction - *Employee functions independently under broad guidelines*

5. **SPECIAL CONDITIONS OF EMPLOYMENT MAY INCLUDE:**

- Overtime
- Travel
- Shift work hours
- Travel outside of normal business hours

Other (Please describe)\_\_\_May require occasional evening and weekend work consisting of phone consultation, student orientations and trainings, campus fairs; May require one month of duty aboard the Training Ship Golden Bear(optional).

6. **PHYSICAL, MENTAL and ENVIRONMENTAL CONDITIONS:** To comply with the Americans with Disabilities Act (ADA), which prohibits discrimination against qualified individuals on the basis of disability, indicate the type of physical effort, which is essential to the position activities. Also, indicate the type of environmental factors (if any) which are essential to the position.

**SEDENTARY WORK** - involves mainly sitting; walking and standing is minimal; involves lifting lightweight objects limited to 15 pounds.

**LIGHT WORK** - involves mainly sitting with up to 25% of the activities involving regular standing or walking; involves lifting of medium weight objects limited to 25 pounds.

**MEDIUM WORK** - up to 40% of the activities involve sitting, standing, squatting, kneeling or walking; involves lifting heavy weight objects limited to 50 pounds; may involve pushing and pulling objects within the weight limits.

**HEAVY WORK** - 50% or more of the activities involve walking, standing, squatting, kneeling or climbing, involves lifting heavy weight objects which may exceed 50 pounds.

Environmental Factors - On the job, the employee:

- Is exposed to excessive noise
- Is around moving machinery
- Is exposed to marked changes in temperature and/or humidity
- Is exposed to dust, fumes, gases, radiation, microwave (circle)
- Drives motorized equipment

**7. EQUIPMENT, MACHINERY, TOOLS OR MOTOR VEHICLES USED:**

Daily use of computers, telephone, scanner, copier.

**SECTION III (Responsibilities and Requirements)**

**1. Required Skills, Knowledge and Abilities:** List specific knowledge, skills, and abilities required to perform the job.

- Demonstrated ability to conduct brief individual, couples and group psychotherapy for currently enrolled students.
- Experience working with issues pertinent to a diverse student population with a broad spectrum of psychological issues. Demonstrated effectiveness in counseling work with a variety of racial/ethnic groups and diversities including multi-racial identity, gender, sexual preference, disabilities, religion, socio-economic backgrounds, and age.
- Experience and knowledge working with high-risk clients.
- Demonstrated ability to conduct clinical intake interviews, psycho-diagnostic assessment, case conceptualization, and treatment plan formulation.
- Demonstrated ability to provide crisis intervention.
- Demonstrated ability to develop and implement outreach programs, provide consultation and guest lecture.
- Knowledge of applicable laws and ethics pertaining to mental health, including California laws.
- Excellent interpersonal and written and oral communication skills and strong planning and organizational skills.
- Ability to collaborate with a multi-disciplinary team of healthcare providers within an integrated Student Health Services.

**2. Preferred Skills, Knowledge and Abilities:** List specific knowledge, skills, and abilities preferred to perform the job.

- Experience in critical incident debriefing.
- Experience with development of prevention and wellness programs suitable for college campuses.
- Experience working with a student Peer Education program.
- Experience with Alcohol and Other Drug abuse prevention and treatment.

- Ability to assess and treat dual diagnosed clients.
- Experience with electronic health records.
- Demonstrated knowledge of basic computer skills.
- Ability to participate in after-hours consultation.

**3. Certificates, licenses, education required or preferred:**

- Possession of an appropriate terminal degree in behavioral sciences, counseling, psychology or a related academic field and California license as a Psychologist, Marriage and Family Therapist, Professional Counselor, or as a Clinical Social Worker.
- Licensed or immediately license eligible in the State of California. Must maintain licensure throughout employment.
- Demonstrated compliance with continuing education requirements per licensure.

**4. Supervisory Responsibilities:** *Indicate the type of supervisory responsibilities that are associated with this position. Include positions reporting directly to the incumbent, as well as positions reporting indirectly.*

- No responsibility for supervising others
- Oversees the work of student assistants
- Serves as a lead for a work group
- Oversees the work of others in a non-management/union position
- Oversees the work of others in a management or confidential position
- Oversees the work of others in both management and non-management positions

## **APPENDIX C: GUIDELINES AND RECOMMENDATIONS FOR GRIEF PROCESSING**

### **Introductory Comments and Considerations**

- Introduce yourself and CAPS affiliation. Discuss briefly your reasons for being present. Orient participants to CAPS role in grief counseling on campus.
- Offer your understanding (if any) of the circumstances surrounding the death, and offer condolences.
- Ask the participants if it would be helpful for them to discuss their understanding of what happened and offer support to anyone who would rather leave and not participate.
- Begin by inquiring and/or offering information regarding the facts related to the death.
- Ask if it would be helpful for participants to talk about the death on a personal level (past and recent interactions with the person; their response to the loss).
- Support silence between comments and quiet listening to others as valuable ways to participate.
- If in a classroom and the professor is present, attend to what they are going through and gauge whether reaching out to them in this public forum will be helpful for them and/or for the students.

### **Psychoeducational Suggestions**

In a non-didactic, informal way (e.g., consult the following points if necessary, but don't read them and don't lose eye contact with participants), offer information about the process of grieving:

- Depending on how close you were to the individual, you might experience a whole array of strong and complex emotions, or you may not experience much of anything, at least not at first.
- Despite the conventional thinking derived from Kubler-Ross's work among others, there are, in fact, no reliable linear stages of grief that people typically pass through on their way toward "acceptance."
- This means that the timing of your grief may differ significantly from others who were close to the person who died. Generally, when people allow themselves to grieve, their pain diminishes over time, but grieving doesn't always begin immediately after the loss, and it doesn't always happen at convenient times or for a convenient span of time.
- So even those people for whom the loss is significant will experience a variety of responses, different from peers, friends, and family, and different over time. It may help to know that right now it is normal to—feel a predominant strong emotion or a complex, perhaps even confusing, combination of strong emotions:
  - deep sadness, anger, exhaustion, resignation, shock, disbelief, anxiety and panic, regret, and/or guilt
  - find yourself thinking about death and questioning your own mortality

- find yourself crying, sometimes a lot, sometimes unpredictably
- find yourself not crying, at least not now
- be unable to sleep well
- have an increased need and ability to sleep
- have an increased desire to reach out, to be and talk with friends and family
- have an increased desire for silence and not to have to talk to anyone, including friends and family
- It is often helpful to balance opportunities for deep emotion and silent reflection with opportunities to connect with friends and family.
- Sometimes it is too painful or complicated to talk openly with the people with whom you're closest, particularly if they seem too distraught or distracted for you to be open and vulnerable.
- At such times, meeting with a counselor can provide the necessary environment—safe, non-judgmental, patient, and supportive—for your grief to help you move through the experience.

### **Considerations for Death by Suicide**

- If the death was by suicide, be prepared for more complicated emotional responses from the participants, and add the following information to your non-formal offering of ideas:
  - It is normal when someone important to you dies by suicide for you yourself to have thoughts about suicide.
  - If these thoughts persist, are intense or frightening, or seem alluring, reach out for help:
    - Seek confidential support from CAPS, whether by appointment or during the walk-in hour (2-3pm daily).
    - When CAPS is closed, call the confidential after hours assistance line (707) 654-1170 and press 1.
    - For emergencies call campus police by dialing 911
    - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
  - Briefly discuss what participants can expect from coming to CAPS (helping them to make sense of what's going on and what they're going through; finding ways to cope; etc.), including information about the availability of psychiatric services (and what that means).
  - Hand out brochures and/or business cards; underscore the 24/7 availability of CAPS via the numbers above.
  - Inquire about any further thoughts or questions.

## APPENDIX D: PROCEDURES FOR THE WAITLIST

CAPS makes every effort to provide counseling to as many students as possible and to do so as promptly as possible. When the limited counseling resources at CAPS are being used to their capacity, a wait list will be established. The following priorities guide the wait list protocol:

1. **Each week the CAPS counselor will call all students on the waitlist, as described at no. 7, below.** When contacting the student or that student's automated response (i.e., machine or voicemail), the counselor will provide necessary information described below and will, if the student answers, seek to assess for conditions that require immediate attention. The purpose of the call will be to confirm that the student's emotional state has not deteriorated to a degree that renders the student's place on a waitlist inappropriate due to severe clinical need.
2. Barring a student's extremely limited availability, all Cal Maritime students who present at CAPS requesting counseling will be provided an **intake appointment within two weeks of their request to be seen. Any time there is a delay of more than two weeks, the SHS Director will be informed. At the time their intake appointment is scheduled, the prospective CAPS client is reminded of the availability of urgent care Walk-In counseling daily, Monday through Friday.**
3. If, while a waitlist exists, the CAPS counselor determines that the student's counseling needs can be met by services provided by CAPS, and that the student's level of present distress does not give rise to a need for urgent care Walk-In counseling, the student will be placed on the CAPS waitlist. The student will be informed that they have been placed on a waitlist and will be instructed accordingly, as noted below.
4. When initially placed on the waitlist, all students so placed will be offered referrals for off-campus counseling for them to use if they choose. Such students will be offered those referrals before they leave after their initial intake session.
5. All students placed on the waitlist will be informed that they will be contacted weekly for brief check-ins by a CAPS counselor.
6. Referrals to off-campus resources are provided in writing, including digital communication if preferred and with the client's consent. Off-campus resources provided to students are documented in the student's CAPS record.
7. Each week, CAPS counselors will be assigned the task of contacting all students on the waitlist for a "check-in." Students on the wait list will be contacted weekly by CAPS counselors in an effort to be aware if the student is urgently in need of assistance, plus to

remind them of urgent care Walk-In counseling, and to seek to determine whether the student has chosen to commence on-going psychotherapy with an off-campus provider and should therefore be removed from the waitlist. The counselor contacting the student will document any of this information received from the student in the student's CAPS record. Students on the waitlist will be called once and a message will be left if the student does not answer. The counselor calling shall provide the call back number for CAPS for the student to use if they would like to speak with a CAPS counselor.

8. Students on the waitlist will be reminded that urgent-care walk in counseling is available to all students daily from 2-3pm.

## **APPENDIX E: PROCEDURES FOR REMOVING A STUDENT FROM THE WAITLIST**

- 1.** The counselor contacting the waitlisted student shall inform the student that an appointment can now be made. The appointment will either be made at the time of the call or, if the student cannot be reached at that moment, when the student can be reached, at another time. If the student no longer seeks counseling, they will be removed from the next week's waitlist by the calling counselor.
- 2.** If the counselor does not reach the student, the following steps shall be followed
  - a.** assuming the student's schedule is available
    - i.** The counselor shall leave a message indicating that an appointment for counseling may now be made, and
    - ii.** the counselor shall indicate the time and day of the appointment, and
    - iii.** the counselor shall request that the student call to confirm that he/she will attend at that time and day
    - iv.** the counselor shall then note in EHR scheduled appointment whether this is the "first call to client" or the "second call to client"
    - v.** If this is the first call made to the client, the counselor shall create an appointment for this client the following week, noting in the location section that "client has been called once."

Note: If the client confirms that they will attend the scheduled appointment, a note indicating the client's intention to keep the scheduled appointment will be made in the EHR scheduled appointment.
    - vi.** If this is the second such call made to this client, the counselor shall note that in the EHR scheduled appointment, and
    - vii.** the counselor making the second call shall inform the client in the message that the client has been removed from the CAPS waitlist and that if CAPS does not receive a reply from the client within 3 calendar days of the offer of the appointment, CAPS will assume the client is no longer interested in receiving treatment at CAPS.
    - viii.** the counselor making the second call shall state in the casenote that this client has been removed from the waitlist.

**APPENDIX F: SINGLE SESSION EVALUATION: INFORMATION AND CONSENT FORM**

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**SINGLE SESSION EVALUATION: INFORMATION AND CONSENT**

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\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Date of Birth*

You have been referred for a mental health evaluation, which you can complete with CAPS or an outside licensed mental health professional. If you choose to participate in this single session with a CAPS counselor, you will meet with a licensed mental health professional. During this session, the CAPS counselor will gather information, discuss your current situation, and provide recommendations. While meeting with you, the counselor will also help determine whether your needs may best be met by meeting with a counselor at CAPS or if a referral to an outside counselor would be more appropriate.

Beyond this single session, **your decision to engage in on-going counseling is voluntary**. If the counselor recommends at the end of the session that it is in your best interest to receive counseling at CAPS and you agree to a plan to do so, voluntary on-going counseling will be provided.

If you agree to participate in the single session evaluation, the CAPS counselor will inform the referring party of your attendance. The below Release of Information will expressly be limited to confirmation of your attendance at the single session evaluation and will not include any information gathered in the session. A formal Release of Information document must be completed to permit the counselor to share any additional information. If you choose to engage in on-going counseling at CAPS, no information obtained in subsequent meetings will be shared without your written consent.

**Consent to Single Session Evaluation and to Release Attendance Information to the Referring Party**

I have read and I understand the above conditions of receiving a single session evaluation. I authorize the CAPS counselor to release only my attendance information for this session, to the referring party listed below.

\_\_\_\_\_

**Signature**

**Date**

\_\_\_\_\_

**Referring Party**

**Title**

**APPENDIX G: APPOINTMENT AND ENCOUNTER TYPES WITH ASSOCIATED CASE NOTE TEMPLATE TYPE**

<b>Appointment Type</b>	<b>Appointment Name</b>	<b>Appointment Description</b>	<b>Case note Template Type</b>
Client	CAPS Psychological Testing	Treatment session for the administration and discussion of psychological testing	MH Psychological Testing Note
Client	CAPS Conjoint Treatment Visit	Treatment session for couples counseling	MH Couples Visit Note
Client	CAPS Crisis Debrief	Meeting, discussion, or interview to debrief following a crisis	MH Crisis Note
Client	CAPS Crisis Intervention	Individual session or intervention in response to a crisis	MH Crisis Note
Client	CAPS Group	Treatment session for Group Counseling (formatted as an individual note)	Group Visit
Client	CAPS Initial Conjoint	Initial treatment session for couples counseling	MH Couples Visit Note
Client	CAPS Initial Telehealth Visit	Initial virtual treatment session for individual counseling	MH Initial Evaluation
Client	CAPS Initial Visit	Initial treatment session for individual counseling	MH Initial Evaluation
Client	CAPS On-Call	Tele-counseling for clinical concerns	MH On-Call Note
Client	CAPS Telehealth Treatment Visit	Virtual treatment session for individual counseling	MH Individual Session Note
Client	CAPS Treatment Visit	Treatment session for individual counseling	MH Individual Session Note
Client	CAPS Walk-In Visit	Unscheduled walk-in appointment for urgent concerns	MH Crisis Note
Non-Client	Block (Global)	non-working hours; out of the office; note whether available or unavailable	
Non-Client	CAPS Administration Time	Time spent completing notes or other non-case management administrative tasks	
Non-Client	CAPS Case Management Time	Time spent supporting treatment and helping meet the client's needs	
Non-Client	CAPS Consultation Meeting	Communication with a third party concerning a client. May be in person or remote	
Non-Client	CAPS Meeting	Meetings between members of CAPS	
Non-Client	CAPS Outreach Event	Administration of an outreach presentation or workshop to the campus community	
Non-Client	CAPS Supervision	Meeting with staff or students to provide oversight and direction	
Non-Client	Lunch (Global)	Self-explanatory. Note whether on or off campus, available or unavailable	
Non-Client	Meeting (Global)	Any meeting involving more departments than CAPS that occurs on or off campus	
Group/Workshop	CAPS Conjoint Treatment Visit	Treatment session for couples counseling (formatted as a group note)	MH Couples Visit Note

Group/Workshop	CAPS Crisis Debrief	Meeting, discussion, or interview to debrief following a crisis (formatted as a group note)	Group Visit
Group/Workshop	CAPS Group	Treatment session for Group Counseling	Group Visit
Group/Workshop	CAPS Initial Conjoint	Initial treatment session for couples counseling (formatted as a group note)	MH Couples Visit Note
Non-Appointment Encounter	Counseling – CAPS Missed Appt Note	Notation for missed appointment	Missed Appointment Note
Non-Appointment Encounter	Counseling – CAPS Closing Summary	Notation for closing a client case or record	MH Termination – Transfer Summary Note
Non-Appointment Encounter	Counseling – CAPS Non-Contact Note	Notation for any contact not better categorized	MH Misc Note
Non-Appointment Encounter	Counseling – CAPS Phone/Email Message	Digital or remote, non-clinical contact with a patient	Client Phone Contact Note

**Type of Service**

Direct:   Indirect:

**APPENDIX H: AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION FORM**

**AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Purpose of this disclosure: \_\_\_\_\_  
(Examples: Coordination of Care, Evaluation, Academic Support, Documentation, referral)

**I authorize Counseling and Psychological Services (CAPS) to release/exchange information contained in my counseling record between CAPS and:**

Cal Maritime Student Health Services medical providers

Name: \_\_\_\_\_ Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Information released/requested confined to the following:

<b>Counseling &amp; Psychological Services (CAPS)</b>	
___ Courseload Reduction Information	___ Financial Aid Appeal Letter
___ Information	
___ Psychological & Counseling Evaluations & Progress Notes	___ Psychiatric Progress Notes,
___ Evaluation & Medication Reports	
___ Lab Reports/Tests	___ Psychological Testing Reports
___ Verification of Treatment	___ Entire CAPS Record
___ Other: _____	

Information and records requested may contain references to: HIV/AIDS status, substance use disorders, and sexual assault.

**HIV/AIDS Status**

\_\_\_ I DO want it included

\_\_\_ I DO NOT want it included

**Substance Use Disorders**

\_\_\_ I DO want it included

\_\_\_ I DO NOT want it included

**Sexual Assault**

\_\_\_ I DO want it included

\_\_\_ I DO NOT want it included

This authorization automatically expires in 90 days unless otherwise indicated.

Other Date/Event: \_\_\_\_\_

This information is intended only for the named recipient herewith. It may not be given to another individual or agency without the patient's consent. This authorization will expire 90 days from the date

below. I understand that I may revoke this authorization and **must do so in writing**. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, except when such disclosure may be a severe detriment to patient/client welfare. The patient may request to review Counseling and Psychiatric records with their provider as provided by CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I may contact the director of CAPS or Student Health Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent/Guardian) If Applicable

\_\_\_\_\_  
Date

## APPENDIX I: PROTOCOL FOR NON-URGENT CARE COUNSELING

In order to provide services that are effective, fair and predictable, the following procedures will be followed for students who seek counseling:

1. Upon presenting at SHS to request an initial appointment, if the student demonstrates clear and obvious signs of distress, the student is asked to complete the Crisis Triage Form (see Appendix M).
2. Students who indicate responses of NON-Urgent counseling (distress score below an 8 and not endorsing any crisis situations) will be provided an Initial Visit appointment. Unless the student identifies themselves to be in need of urgent care, the student will generally NOT see a counselor on the same day they first present at CAPS. All students presenting for services will be offered an intake appointment within two weeks of requesting to see a counselor. Intake appointments are conducted during CAPS's normal operating hours.
3. It is preferred that the individual complete the pre-intake information forms no earlier than 24 hours prior to the Initial Visit appointment. An individual who insists on speaking with a counselor without providing the information requested by the initial forms will be seen, but the meeting will be considered an informational consultation aimed at informing the individual of the services offered at CAPS. At such a meeting, the individual's mental status will be assessed and assistance will be provided to whatever degree is possible and appropriate, considering legal and ethical guidelines. Any individual seen under such circumstances will be informed that the purpose of the consultation will be to assist the individual to make an informed decision as to whether the individual would like to receive professional counseling, whether at CAPS or elsewhere. Such an individual will be informed that a consultation does not create a therapist-client relationship.
4. The initial forms ask the individual to provide demographic information, contact information, and information that is related to the individual's psychological functioning. Prior to the start of the Initial Visit, the intake counselor will review the information and will use it to prepare for the Initial Visit appointment.
5. During the Initial Visit appointment the counselor will assess the individual to determine the type of counseling that will most effectively provide the needed assistance to reach the identified treatment goals. To whatever extent possible and clinically advised, the client's expressed preferences will be respected. It is possible a determination will be made to refer the individual to a different treatment facility or provider.

6. In the event the CAPS counselor determines an individual's treatment goals would be better served by an off-campus provider, the individual will be provided appropriate referrals. CAPS will notify the individual of the determination within one week of the completion of the initial session.
  
7. If an Initial Visit appointment is not available within two (2) weeks, the student will be placed on a wait-list. Individuals placed on the wait-list will be contacted weekly in order to assess their continued interest in receiving treatment at CAPS. Such individuals may be offered group counseling, Walk-In counseling daily from 2-3pm, after hours support, and mental health resources. Individuals placed on the wait-list will also be offered the opportunity to receive referrals for off-campus counseling.

## APPENDIX J: INFORMED CONSENT FOR COUNSELING SERVICES

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### INFORMED CONSENT FOR COUNSELING SERVICES

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#### **Introduction**

Welcome to Counseling and Psychological Services (CAPS) at CSU Maritime Academy (Cal Maritime). This informed consent document is intended to give you general information about our counseling services. This is a legal document; please read it carefully before signing. If you have any questions about signing this document and/or would like a copy, please ask your counselor.

#### **Eligibility**

I understand that eligibility for services is contingent upon my status as an enrolled or continuing Cal Maritime student.

#### **Provision of Services**

I understand that CAPS offers a variety of clinical services to students, including assessment and evaluation, short-term individual counseling, psychiatric consultation and treatment for certain conditions, crisis intervention, group counseling, admissions health records review, conduct violation-related counseling, workshops, trainings, referrals, and more. Services are available in person as well as virtually by video and telephone. During the initial assessment, my CAPS counselor and I will work together to determine how best to serve my needs. I further understand that appropriate referrals will be provided to me if it is determined that I would be best served by a community resource.

#### **Nature of Counseling**

I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve my ability to relate to others, increase self-awareness, change health behaviors, better manage stress, and improve academic habits. Although counseling can be beneficial to many people, it may not be helpful for everyone. Therefore, it is essential that I discuss any questions or discomfort I might have with my counselor.

#### **Counseling Staff**

CAPS is an integrated service within Student Health Services (SHS), with offices in the Student Health Center and in Upper Residence Hall. CAPS counselors are licensed mental health professionals with experience and expertise in college counseling and student mental health. CAPS is also part of the medical team aboard the Training Ship Golden Bear.

#### **Confidentiality**

I understand that CAPS counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective integrated health care sometimes requires that staff members share confidential information with other staff members on a need to know basis, including medical providers in Student Health Services. I understand that no records or information about me will be released from CAPS or Student Health Services without my permission, **except under certain circumstances:**

- If I present a serious danger to myself or another person.
- If I was abused (physically or sexually) or neglected as a child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused me.
- If I am under 18 years of age and disclose abuse or neglect to my counselor.
- If CAPS learns that an older adult (65 years and older), dependent adult, or minor child is being abused or neglected.
- If I have physically or sexually abused a minor child and that child or other minor children are at risk of ongoing abuse.
- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

### **Acknowledgment of Notice of Privacy Practices**

I acknowledge that I have received information pertaining to the Cal Maritime, Student Health Services Notice of Privacy Practices and that the current notice is also available at:

<http://www.csum.edu/web/health-services/>

### **Attendance Policy**

I agree that while I am seeing a counselor or participating in a group or workshop, whenever possible, I will notify CAPS **at least 24** hours in advance if I know I will miss a session. I understand that if I do not show for an individual session and do not call, it may be a factor toward being provided community referrals for further services.

### **No Show Policy**

Currently, CAPS has a 24-hour appointment cancellation policy, which states you must change or cancel your appointment at least 24 hours ahead of the scheduled time. We have a high demand for our services and non-cancelled appointments translate into missed opportunities for other students in need of timely services. **If you no show**\* for your appointment two times, you may lose your privilege of seeing a counselor at CAPS and will be given outside referral sources for you to continue your counseling. This policy reflects the mission of Counseling and Psychological Services to serve as many Cal Maritime students as possible. Please feel free to clarify this policy with your counselor. (\* **No Show** is defined as not calling to cancel your appointment or calling to cancel with less than 24 hours notice. There are exceptions such as last minute illness or emergency.)

### **Conflict of Interest**

I understand that in some situations there may be a conflict of interest in participating in counseling. I have been advised to discuss this possibility with my counselor.

### **Health Leave/Withdrawal (Full, Partial, and/or Retroactive)**

I understand that counselors do not grant health leaves/withdrawals but may provide documentation and recommendations under very specific circumstances. I understand that counselors cannot adequately document psychological distress (or other reasons for withdrawal) unless I have been in treatment at CAPS. Documentation from a counselor to support a health leave/withdrawal is usually not given to students who have not received previous services at CAPS. While we may not be able to directly

accommodate your requests for a health leave/withdrawal, we are available to assist you during this difficult process.

**Mandatory Counseling**

If you have been referred for mandatory evaluation/counseling, please let your counselor know at the start of the initial session. If you do not, you may be denied documentation verifying your attendance and treatment. We may not be able to provide court mandated evaluation or counseling.

**Records**

Your records are stored electronically in an Electronic Health Record (EHR) system that includes information you provided to CAPS and SHS. CAPS documents information in your record pertaining to appointments, communications, and other interactions you have with CAPS. Records are protected by multiple security measures. A short summary of your CAPS record is accessible to medical providers in SHS, including total appointments, date of last appointment, counselors seen, diagnosis(es), and treatment letters. The following are not accessible without your written consent: intake documents, session notes, and assessments. In compliance with federal (Cures Act) and CA state law, you have access to your protected health information (PHI) via the student health portal, <https://csumportal.pointnclick.com>. All PHI in your EHR is separate from your academic records.

**Contacting Your CAPS Counselor**

The best and most confidential way to communicate with your counselor is via the student health portal. Should your counselor need to reach you sooner, please provide your cell phone number below. I am aware that information exchanged over cell phone and email could be intercepted by an outside party.

**Cell Phone:** \_\_\_\_\_ **Check if not okay to leave message:**

**If there are any concerns with CAPS services that you cannot discuss with your counselor, please contact the Director of Student Health Services at (707) 654-1170.**

I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of Counseling and Psychological Services. I hereby give my consent to authorize Counseling and Psychological Services to evaluate, treat, and/or refer me to others as needed. I have had the opportunity to discuss with my counselor any questions regarding the above information.	
_____	_____
<b>Student Signature</b>	<b>Date</b>
_____	_____
<b>Student Name (PLEASE PRINT)</b>	<b>Date of Birth</b>

**Emergency Contact** – In case of an emergency or urgent situation, I understand that my emergency contact person may be notified.

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**Name**

**Relationship**

---

**Address**

**Phone**

## APPENDIX K: INTAKE QUESTIONNAIRE FOR COUNSELING SERVICES

### INTAKE QUESTIONNAIRE FOR COUNSELING SERVICES

The information on this form is confidential and will not be released without your prior written consent or as required by law.

**Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_  
*Last First Middle Preferred Name month day year*

**Local Address** \_\_\_\_\_  
*Street City Zip*  
**Hometown (City, State)** \_\_\_\_\_

Age \_\_\_\_\_ Student Health Insurance (Y/N)? \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Other insurance \_\_\_\_\_  
*Month Day Year*

#### GENERAL INFORMATION

Please check or fill in the appropriate answer(s); All questions are optional

<p><b>Gender</b></p> Male _____ Female _____ Transgender _____ Genderqueer _____ Self-Identify _____	<p><b>Race/Ethnicity</b></p> African-American / Black _____ American Indian or Alaska Native _____ Asian / Asian American _____ Hispanic / Latino/a _____ Native Hawaiian or Other Pacific Islander _____ White / Caucasian _____ Other (please specify) _____	<p><b>Academic Major</b> _____</p> <p><b>Credit hours</b> _____</p> <p><b>Academic Status</b></p> First Year _____ Second Year _____ Third Year _____ Fourth Year _____ Fifth Year or beyond _____ <p><b>Transfer student (Y/N)?</b></p>
<p><b>What sex were you assigned at birth?</b></p> Male ___ Female ___		

<p><b>Do you think of yourself as:</b></p> Gay, lesbian, or homosexual _____ Straight or heterosexual _____ Bisexual _____ Something else _____ Don't know _____	<p><b>Relationship Status</b></p> Single _____ Partnered/in a relationship _____ Recent break-up _____ Married _____ Separated/Divorced _____ Widowed _____	<p><b>Residence</b></p> On Campus _____ Location _____ Off Campus _____ <p><b>Military Service (circle)</b></p> Active/ Reserve or Guard/ Veteran
--	--	---

Briefly describe the concerns that led you to request an appointment at this time

**Is this a Crisis (Y/N)?** \_\_\_\_\_ **Referral** Who referred you to CAPS? \_\_\_\_\_  
 May we inform the referral of your attendance today (Y/N)? \_\_\_\_\_  
 (Note: No information discussed in counseling will be shared)

**Urgency of Problem** Not Urgent \_\_\_\_\_ **Mental Health History** Have you seriously considered attempting suicide in the past (Y/N)? \_\_\_\_\_

Somewhat Urgent \_\_\_\_ Have you made a suicide attempt in the past (Y/N)? \_\_\_\_  
 Urgent \_\_\_\_ Have you purposefully injured yourself without suicidal intent (Y/N)? \_\_\_\_  
 Very Urgent \_\_\_\_ In the last few days, have you had suicidal thoughts (Y/N)? \_\_\_\_  
 Have you seriously considered harming another person (Y/N)? \_\_\_\_  
 Do you CURRENTLY have thoughts of harming another person (Y/N)? \_\_\_\_  
 Do you generally use alcohol (Y/N)? \_\_\_\_  
 Do you consider your alcohol consumption a problem (Y/N)? \_\_\_\_  
 How many drinks do you typically have when you drink? \_\_\_\_

**Please CHECK ITEMS THAT APPLY. Pleas also rank your top three presenting concerns (e.g., 1, 2, and 3):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Academic concerns                  | <input type="checkbox"/> Episodes of manic behavior     | <input type="checkbox"/> Obsessive thoughts                              |
| <input type="checkbox"/> Addictions (including pornography) | <input type="checkbox"/> Faculty/advisor concerns       | <input type="checkbox"/> Panic attacks                                   |
| <input type="checkbox"/> ADHD/Learning problems             | <input type="checkbox"/> Family problems                | <input type="checkbox"/> Paranoia  |
| <input type="checkbox"/> Adjustment to Cal Maritime         | <input type="checkbox"/> Feeling doomed or helpless     | <input type="checkbox"/> Phobias   |
| <input type="checkbox"/> Adjustment to new situations       | <input type="checkbox"/> Financial concerns*            | <input type="checkbox"/> Physical abuse or assault                       |
| <input type="checkbox"/> Alcohol* or drug concerns          | <input type="checkbox"/> Graduation preoccupations      | <input type="checkbox"/> Procrastination                                 |
| <input type="checkbox"/> Anger management                   | <input type="checkbox"/> Harassment                     | <input type="checkbox"/> Re-entry concerns                               |
| <input type="checkbox"/> Anxiety, fear, nervousness         | <input type="checkbox"/> Identity/sense of self         | <input type="checkbox"/> Relationship concerns                           |
| <input type="checkbox"/> Career/job concerns                | <input type="checkbox"/> Impulse control                | <input type="checkbox"/> Sexual abuse or sexual assault*                 |
| <input type="checkbox"/> Compulsive behavior                | <input type="checkbox"/> Internet/video game concerns   | <input type="checkbox"/> Sexuality concerns                              |
| <input type="checkbox"/> Concentration difficulties         | <input type="checkbox"/> Intimate relationship concerns | <input type="checkbox"/> Sleep difficulties                              |
| <input type="checkbox"/> Concern with other's well being    | <input type="checkbox"/> Interpersonal concerns         | <input type="checkbox"/> Spiritual or religious concerns                 |
| <input type="checkbox"/> Cultural/multicultural concerns    | <input type="checkbox"/> Legal concerns                 | <input type="checkbox"/> Stress* or tension                              |
| <input type="checkbox"/> Cutting or self-injury             | <input type="checkbox"/> Loneliness*                    | <input type="checkbox"/> Thinking about suicide                          |
| <input type="checkbox"/> Depression*, sadness               | <input type="checkbox"/> Loss, grief, death             | <input type="checkbox"/> Thoughts racing through your mind               |
| <input type="checkbox"/> Discrimination                     | <input type="checkbox"/> Self-esteem                    | <input type="checkbox"/> Trouble making decisions or getting things done |
| <input type="checkbox"/> Eating Concerns/body image         | <input type="checkbox"/> Medical or health concerns     | <input type="checkbox"/> Other presenting concern (please specify)       |
| <input type="checkbox"/> Emotional or psychological abuse*  | <input type="checkbox"/> Mood swings                    | _____  |

**How much do your concerns interfere with your:** (use this scale: *Low interference 1—2—3—4---5 Severe interference*)

Academic performance \_\_\_\_ Emotional well-being \_\_\_\_ Daily routine \_\_\_\_ Relationships/Activities \_\_\_\_

**Due to the impact of your concerns on your Academic Performance, are you considering:**

Withdrawing \_\_\_\_ Not enrolling next semester \_\_\_\_ Dropping out \_\_\_\_ Transferring \_\_\_\_ N/A \_\_\_\_

**Previous Mental Health Services**

(Check all that apply)

- None \_\_\_\_  
 CAPS therapy/medication \_\_\_\_ Year? \_\_\_\_  
 Other campus counseling service \_\_\_\_  
 Hospitalization (psychiatric) \_\_\_\_ Year? \_\_\_\_  
 Private Therapist \_\_\_\_  
 Other \_\_\_\_\_

**Service(s) Requested**

- Individual \_\_\_\_  
 Couples \_\_\_\_  
 Group: women's support, positive masculinity,  
 alcohol moderation, other  
 Alcohol/Drug Assessment \_\_\_\_  
 Other \_\_\_\_\_

---

**FAMILY INFORMATION**

Parents living (Y/N)? \_\_\_\_\_

Spouse/Partner (Y/N)? \_\_\_\_\_ Name \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Age \_\_\_\_\_

Occupation \_\_\_\_\_

Parents' relationship status \_\_\_\_\_

History of psychological problems in your immediate family (Y/N)? \_\_\_\_\_

Number of brothers \_\_\_\_\_ Ages \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Number of sisters \_\_\_\_\_ Ages \_\_\_\_\_ History of physical problems in your immediate family (Y/N)? \_\_\_\_\_

Number of children \_\_\_\_\_ Ages \_\_\_\_\_ If yes, please describe \_\_\_\_\_

---

### PERSONAL HEALTH INFORMATION

#### General Health\*

Excellent \_\_\_\_\_

Good \_\_\_\_\_

Fair \_\_\_\_\_

Poor \_\_\_\_\_

Do you have any health problems (Y/N)? \_\_\_\_\_ Experiencing Pain (Y/N)? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Are problems being treated (Y/N)? \_\_\_\_\_

If so, by whom? \_\_\_\_\_

Are you currently taking any medication (Y/N)? \_\_\_\_\_

If yes, what? For how long? And are they effective? \_\_\_\_\_

## APPENDIX L: PROTOCOL FOR URGENT CARE COUNSELING

Assisting individuals when they are experiencing a personal crisis is of the absolute highest priority for CAPS. The following procedures will be followed in dealing with individuals who present at CAPS seeking Urgent Care counseling:

1. A prospective new client indicating a desire to receive counseling is given the Crisis Triage Form (see Appendix M).
2. If the student indicates a desire to receive immediate counseling or presents with high acuity (distress score > 7 or endorses a crisis situation) the receptionist shall hand the individual the Informed Consent and Intake Questionnaire for new clients, or the Walk-In Questionnaire for returning clients.
3. While the student completes the paperwork, the receptionist shall inform the CAPS counselor of the presenting student. If a CAPS counselor is unavailable, the receptionist will notify a medical provider who can meet with the student until a CAPS counselor is available.
4. When the student has completed the initial forms, the receptionist will retrieve the paperwork and inform the student that a counselor (or medical provider) will see the individual as soon as possible.
5. The receptionist will then inform the CAPS counselor that the student is ready to be seen.  
**Additional administrative procedure information:**
  - a. Note: CAPS provides a daily urgent care Walk-In counseling hour from 2-3pm and the SHS is closed for lunch from 1-2pm daily.
  - b. A student stating they are unable to wait until the CAPS counselor is available shall be referred to an available SHS medical provider.
  - c. If the neither the CAPS counselor or SHS medical providers are available, the receptionist shall then contact Cal Maritime Police Services by dialing 911 and shall request that an officer come to SHS immediately to address the individual in crisis.
6. If a prospective client refuses to complete the initial forms, a consultation with the CAPS counselor will be offered during which the individual's mental status will be assessed and assistance will be provided to whatever degree is possible and appropriate, considering the consultee's participation as well as legal and ethical guidelines.  
The purpose of a clinical consultation shall not be to provide treatment but rather shall be to assist the individual to identify the concerns prompting the consultation, to inform the consultee—to the degree reasonably achievable given the consultee's level of participation--of the degree of fit between the apparent treatment needs and the services offered at CAPS,

and finally to assist the individual to make an informed decision as to whether the individual would like to seek to receive a formal Initial Visit appointment and crisis assessment. Such an individual will be informed that a consultation at CAPS, particularly when the consultee is reporting experiencing a psychological crisis, does not create a therapist-client relationship and that no person may be a client of CAPS without providing the information requested on the initial forms and subsequently being accepted for formal, on-going treatment.

7. Assessment in Crises. The Urgent Care counselor shall utilize assessment data, including suicide threat assessment risk factors, and the clinical interview data to make a preliminary determination of the level of threat to self or others the individual presents, plus to determine the appropriateness of directing the services CAPS can provide to the consultee's needs, given the consultee's treatment needs. The CAPS counselor shall not provide formal forensic assessment of threat to others. The CAPS counselor attempting to assess for suicide or homicide risk may choose to request that the student respond to additional assessment tools specifically designed to assess for suicide risk.
8. Removal of Students from Campus. The counselor shall consult with the SHS Director or CAPS Director if the counselor is considering assisting the individual to receive in-patient treatment, whether voluntarily or involuntarily, or if the counselor is considering a legal breach of confidentiality by contacting the police or another source of assistance due to a concern that a serious threat to others may exist.
9. Threat to Others
  - a. CAPS does not utilize homicide risk assessment instruments but may consult the CCAPS item on danger to others. CAPS is able to provide a gross assessment of risk to others by utilizing the clinical interview and validated suicide assessment tools. If, based on information derived in utilizing these tools, the CAPS counselor concludes that it is not possible to conclude that the student presents no imminent threat to others, the counselor shall take immediate steps to recommend that the university require the student to undergo a formal assessment of risk to others. If the situation requires immediate intervention to protect the safety of others, the counselor shall inform the SHS Director or a SHS medical provider, who will assist the counselor to contact Campus Police Services to arrange for further safety intervention.
  - b. Stressing the need to protect the student being treated, plus other campus or community members, the counselor shall request that the student voluntarily permit the SHS Director or, if unavailable, the CAPS Director, to immediately inform the Vice President for Cadet Leadership and Development, the Dean of Students, and/or others of the situation.

- c. If the student refuses to permit this disclosure, the SHS Director or CAPS Director shall inform the Vice President for Cadet Leadership and Development or Dean of Students of the situation.
- d. The CAPS counselor shall consult with the SHS Director, CAPS Director, or available medical provider in order to decide whether it is best to inform the student, who is evaluated to be a threat to others, of the CAPS disclosure.

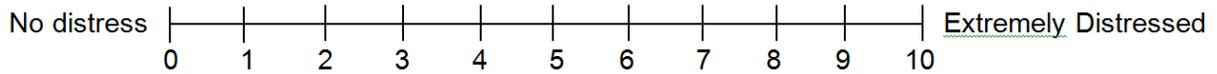
In addressing a mental health crisis, the CAPS counselor shall at all times have the option to contact Police Services by dialing 911 or the Vallejo Police Department at (707) 552-3285.

**APPENDIX M: CRISIS TRIAGE FORM**

**Counseling and Psychological Services  
(CAPS)  
Student Information Form**

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate your **current** level of distress by placing a circle on the scale below:



1. \_\_\_\_ I am having thoughts of suicide or doing serious harm to myself and may act on them.
  2. \_\_\_\_ I am having thoughts of doing serious harm to someone else and may act on them.
  3. \_\_\_\_ I believe my physical safety/life is in danger.
  4. \_\_\_\_ I am hearing voices or seeing things that no one else sees or hears.
  5. \_\_\_\_ I have been physically or sexually assaulted recently.
  6. \_\_\_\_ Other (Please briefly explain): \_\_\_\_\_
-

## APPENDIX N: CHECKLIST FOR ASSESSING SUICIDE RISK AND PROTECTIVE FACTORS

### Risk Factors

#### *Psychopathology*

- |  |  |
|--|--|
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Personality disorder associated with suicide (e.g., borderline, antisocial) |
| <input type="checkbox"/> Schizophrenia or schizophrenia spectrum disorders | <input type="checkbox"/> Conduct disorder or history of violent behavior                             |
| <input type="checkbox"/> Drug or alcohol abuse                             | <input type="checkbox"/> Panic disorder  |

#### *Family and Genetic*

- |  |   |
|--|---|
| <input type="checkbox"/> Family history of suicidal behavior | <input type="checkbox"/> Parental psychopathology |
|--|---|

#### *Psychosocial-Environmental*

- |  |   |
|--|---|
| <input type="checkbox"/> Social isolation  | <input type="checkbox"/> Any significant loss (e.g., dissolution of significant relationship) |
| <input type="checkbox"/> Firearm availability  | <input type="checkbox"/> Childhood abuse/sexual abuse   |
| <input type="checkbox"/> Family conflict and/or diminished family cohesion   | <input type="checkbox"/> Suicide contagion (recent known suicide)                             |
| <input type="checkbox"/> Lack of parental support  |   |
| <input type="checkbox"/> Major life stressors (e.g., physical or sexual assault, threats against life, diagnosis of serious medical problem, sexual identity issues, gender identity difficulties, etc.) |   |

#### *Medical*

- |  |
|--|
| <input type="checkbox"/> Major medical problems, particularly chronic, incurable or painful conditions |
| <input type="checkbox"/> History of head injury  |

#### *Previous suicidal behavior*

- |   |   |
|---|---|
| <input type="checkbox"/> Suicide attempts | <input type="checkbox"/> Suicidal behavior in the past 3 months |
| <input type="checkbox"/> Suicide threats  |   |

#### *Sexual Orientation*

- |   |
|---|
| <input type="checkbox"/> Sexual orientation distress, confusion or conflict |
|---|

#### *Personal Risk Factors*

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic emotional instability     | <input type="checkbox"/> Low stress tolerance                    |
| <input type="checkbox"/> Chronic impulsivity or aggression | <input type="checkbox"/> Rigid thinking                          |
| <input type="checkbox"/> Poor coping skills                | <input type="checkbox"/> Distorted thinking (e.g., pessimism)    |
| <input type="checkbox"/> Poor judgment                     | <input type="checkbox"/> Irrational beliefs (e.g., hopelessness) |
| <input type="checkbox"/> Poor problem solving              |  |

### **Clinical Risk Factors**

\_\_\_\_\_ Specific behaviors suggestive of suicide planning (e.g., giving away possessions; saying goodbye to friends; telephoning or writing to family, friends or both to say goodbye; thinking about suicide; talking about death, suicide, or both; verbalizing specific plans to commit suicide; rehearsing suicidal acts; asking about ways to die; suicide web/internet searches; seeking means to commit suicide; accumulating medications; and threatening suicide, including verbalizations about suicide and death (e.g., “I wish I were dead.” “Life isn’t worth living.” “I just want to sleep forever.” “My family will be better off without me”)).

\_\_\_\_\_ Changes in mental status (e.g., acute deterioration of mental functioning; onset of major mental illness, particularly early phase of schizophrenia or depression; psychosis with agitation, command hallucinations or both; extreme anxiety, paranoia, or both; severe depression)

\_\_\_\_\_ Changes in behavior (e.g., social withdrawal, withdrawal from academics, agitation, provocativeness, increased decreased appetite, disturbed sleep, impulsivity, aggressive behavior, increased use and abuse of alcohol or other drugs)

\_\_\_\_\_ Changes in mood (e.g., depression, hopelessness, helplessness, fearfulness, unfounded happiness, anger, anxiety, lability)

\_\_\_\_\_ Changes in attitude (e.g., unrealistic sense of the future, apathy, over-optimism, extreme pessimism)

\_\_\_\_\_ Non-compliance with treatment (e.g., stopping the use of prescribed medication)

### **Protective Factors**

\_\_\_\_\_ Married or significant relationship

\_\_\_\_\_ Employed or involved in an educational program

\_\_\_\_\_ Support system (e.g., family, friends, church, clubs, sports)

\_\_\_\_\_ Enjoyable activities in leisure time

\_\_\_\_\_ General purpose for living

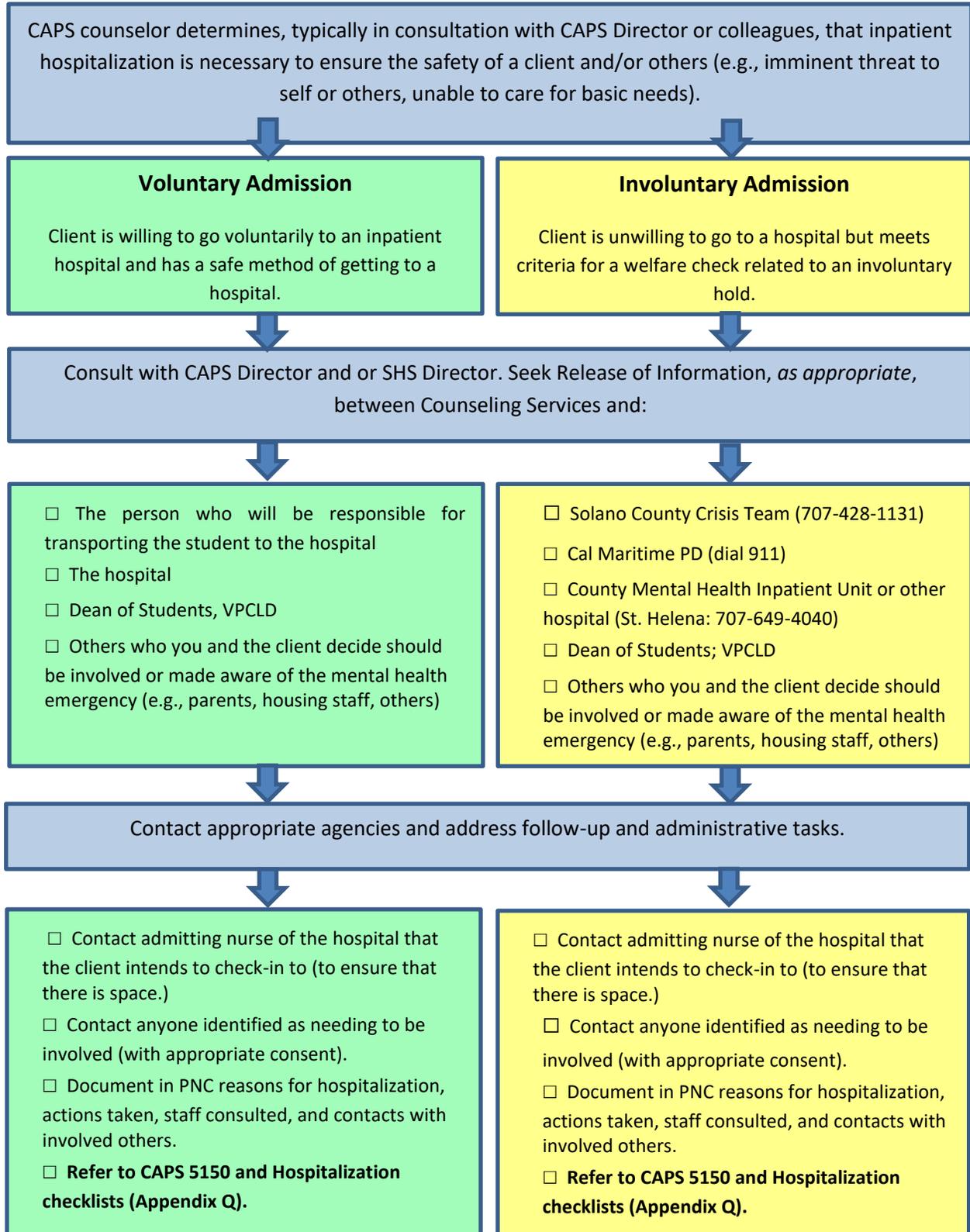
\_\_\_\_\_ Effective problem solving skills

\_\_\_\_\_ Involvement in and compliance with mental health treatment

## APPENDIX O: SAFETY PLAN TEMPLATE

SAFETY PLAN	
<b>Step 1: Warning signs:</b>	
1.	_____
2.	_____
3.	_____
<b>Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:</b>	
1.	_____
2.	_____
3.	_____
<b>Step 3: People and social settings that provide distraction:</b>	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
<b>Step 4: People whom I can ask for help:</b>	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4.	Local Emergency Service _____ Emergency Services Address _____ Emergency Services Phone _____
<b>Making the environment safe:</b>	
1.	_____
2.	_____
From Stanley, B. & Brown, G.K. (2011). Safety planning intervention: A brief intervention to mitigate suicide risk. <i>Cognitive and Behavioral Practice</i> . 19, 256–264	

## APPENDIX P: 5150 AND HOSPITALIZATION FLOWCHART



## APPENDIX Q: 5150 AND HOSPITALIZATION CHECKLISTS

### Voluntary Hospitalization Checklist

\_\_\_ **Get help from colleague(s) & inform front desk @ x1170 of hospitalization**

\_\_\_ **Verify student's insurance coverage and request authorization**

\_\_\_ Verify student's insurance as either Cal Maritime Insurance, Kaiser, or other.

\_\_\_ Complete "Referrals" within **MH Crisis Note**. In "Organization" select where the student will be hospitalized. In "Clinical History" type "Emergency inpatient psychiatric hospitalization at (hospital name)". "Urgency" is "STAT". "Type" is "Inpatient".

\_\_\_ Kaiser: Call Kaiser referral office @ (707) 651-1000.

\_\_\_ Solano County Crisis Stabilization Unit @ 707-428-1131

\_\_\_ No Student Insurance or Kaiser: Call student's insurance carrier.

\_\_\_ **Secure a hospital bed**

\_\_\_ Complete **MH Crisis Note**. (Hospital may request fax of this.)

\_\_\_ Solano Crisis Stabilization Unit (2101 Courage Dr., Fairfield): (707) 428-1131.

\_\_\_ St Helena (525 Oregon St., Vallejo): (707) 649-4040 or admissions department (707) 649-4042. Intake fax: (707) 649-4089.

\_\_\_ Kaiser (975 Sereno Dr., Vallejo): (707) 651-1000.

\_\_\_ Other Hospital: Arrange w/Student Insurance or other insurance and hospital intake.

**[If going directly to Solano Crisis, St. Helena, or Kaiser ask specifically "are you ready to receive the student?" May need to fax information and wait for call back from intake to confirm authorization of admit.]**

\_\_\_ **Determine need/plan for medical clearance in consultation with hospital admissions**

\_\_\_ Consult w/SHS NP or physician, if available, about options for medical clearance.

\_\_\_ Discuss medical clearance w/intake coordinator at admitting hospital.

\_\_\_ **Arrange transportation to the hospital**

\_\_\_ Taxi

\_\_\_ Family/friend

\_\_\_ Ambulance (if medical clearance needed at hospital): Call **Medic Ambulance**

**Service for Basic Life Support (BLS) ambulance (non-emergency) @ (707) 644-8989**

**[\* If Advanced Life Support (ALS) ambulance dispatched in error or other problems, call Medic Ambulance Service dispatch. Ask to speak to a supervisor if necessary.]**

\_\_\_ **Inform student of Hospitalization Coordinator’s role; obtain 2-way Authorization**  
(CAPS and Hospital).

\_\_\_ **Call hospital intake office to confirm that student arrived** (At least 15-20 minutes after student has left SHS)

\_\_\_ **Inform Hospitalization Coordinator of hospitalization & debrief w/manager or senior counselor**

### **5150/Involuntary Hospitalization Checklist**

\_\_\_ **Get help from colleague(s) & inform front desk @ x1170 of 5150**

\_\_\_ **Verify student’s insurance coverage and request authorization**

\_\_\_ Verify student’s insurance as either Cal Maritime Insurance, Kaiser, or other.

\_\_\_ Complete “Referrals” within **MH Crisis Note**. In “Organization” select where the student will be hospitalized. In “Clinical History” type “Emergency inpatient psychiatric hospitalization at (hospital name)”. “Urgency” is “STAT”. “Type” is “Inpatient”.

\_\_\_ Kaiser: Call Kaiser referral office @ (707) 651-1000.

\_\_\_ Solano County Crisis Stabilization Unit @ 707-428-1131

\_\_\_ No Student Insurance or Kaiser: Call student’s insurance carrier.

\_\_\_ **Secure a hospital bed**

\_\_\_ Complete **MH Crisis Note**. (Hospital may request fax of this.)

\_\_\_ Solano Crisis Stabilization Unit (2101 Courage Dr., Fairfield): (707) 428-1131.

\_\_\_ St Helena (525 Oregon St., Vallejo): (707) 649-4040 or admissions department  
(707) 649-4042. Intake fax: (707) 649-4089.

\_\_\_ Kaiser (975 Sereno Dr., Vallejo): (707) 651-1000.

\_\_\_ Other Hospital: Arrange w/Student Insurance or other insurance and hospital intake.

**[If going directly to Solano Crisis, St. Helena, or Kaiser ask specifically “are you ready to receive the student?” May need to fax information and wait for call back from intake to confirm authorization of admit.]**

\_\_\_ **Determine need/plan for medical clearance in consultation with hospital admissions**

\_\_\_ Consult w/SHS NP or physician, if available, about options for medical clearance.

\_\_\_ Discuss medical clearance w/intake coordinator at admitting hospital.

- \_\_\_ **Call Cal Maritime Police Services for 5150 assistance by dialing 911**
  - \_\_\_ Inform Cal Maritime Police Services that **SHS & CAPS staff can contact Medic Ambulance Service (707) 644-8989** to arrange transportation.
  
- \_\_\_ **Cal Maritime Police Services to complete 5150 letter and paperwork**
  - \*Make copies for chart*
  
- \_\_\_ **Arrange transportation to the hospital**
  - \_\_\_ Ambulance (if medical clearance needed at hospital): Call **Medic Ambulance Service** for **Basic Life Support (BLS) ambulance (non-emergency)** @ (707) 644-8989 [**\* If Advanced Life Support (ALS) ambulance dispatched in error or other problems, call Medic Ambulance Service dispatch. Ask to speak to a supervisor if necessary.**]
  
- \_\_\_ **Inform student of Hospitalization Coordinator's role; obtain 2-way Authorization** (CAPS and Hospital).
  
- \_\_\_ **CAPS staff meet Medic Ambulance Service at Student Center parking lot to inform of situation, coordinate w/Cal Maritime Police Services, and escort to student**
  - \_\_\_ Clarify transport plan (gurney, walk, handcuffs). Confirm destination (admitting hospital or ER).
  
- \_\_\_ **Inform Hospitalization Coordinator of hospitalization & debrief w/manager or senior counselor**

## APPENDIX R: HOSPITALIZATION PROCEDURES

(1)

### **Verify Insurance and Request Authorization Before Sending Student to the Hospital.**

#### **Cal Maritime Insurance**

If the student has **Cal Maritime Insurance**, verify their current coverage. If you have any questions, call Aetna at 1-800-443-2386 or 1-877-480-4161.

#### **OTHER INSURANCE**

If the student has **insurance other than Aetna**, call that insurance company directly to verify coverage and obtain authorization if necessary. If possible, obtain the group, plan, or policy number from the student.

#### **KAISER**

If the student is covered by **Kaiser** obtain the Kaiser ID number from the student and call the **Kaiser Referral Office** in Martinez at **(925) 372-1103** or Kaiser Vallejo at **(707) 651-1000**. Provide clinical information to them and they will determine the coverage and admitting hospital.

\*\*The Referral Office may direct you to call another Kaiser office that has responsibility to authorize admission if the student is not a Vallejo Kaiser patient. They will make the referral to the hospital although may request more detailed information about the need for hospitalization.

If the student must be on a **5150** Kaiser may facilitate transfer to a psychiatric facility by ambulance. Kaiser very seldom admits individuals who are voluntary. However, if they have questions about the admission or if the student is **voluntary** and for some reason Kaiser does not feel the admission is warranted, they may request that the student be evaluated further at a Kaiser facility (likely, Kaiser Vallejo, 975 Sereno Dr., 707-651-1000) at the time of your phone call or at 8:30 the next morning.

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(2)

### **Obtain a bed at the hospital.**

Determine where the student will be hospitalized - Solano Crisis Stabilization Unit, St. Helena, Kaiser, or another facility - based on the student's insurance coverage, availability of beds, and clinical issues.

Students may go to a hospital of their choice. However, coverage will be lower if the hospital is not covered by their insurance. Cal Maritime Insurance covers hospitals in the Aetna network.

The Aetna website at

[https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site\\_id=student\\_health](https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=student_health) (or [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)) includes a listing of network hospitals.

**Complete an Inpatient Referral Note** or a brief summary of the student's presenting issues and history. Include demographics, insurance information, presenting problem, mental health history, medication, AOD issues, medical issues, medical clearance plan, and any other information relevant to the hospitalization. The hospital intake office will ask you for this information verbally and may request a fax in order to determine if they will admit the student.

**Contact the Admissions Office** of the chosen hospital to secure a bed, provide relevant information, determine the need/plan for medical clearance, and arrange for the student's arrival. Though we will attempt to obtain a **Release of Information** from the student to communicate with the hospital, we may provide information without a ROI in the case of hospitalization to coordinate care. Our Informed Consent informs students that we may discuss their care with healthcare providers outside of SHS to coordinate care in instances of hospitalization. In addition to faxing the Inpatient Referral Note or brief written summary, it may also be helpful to include copies of the Informed Consent, the 5150 if involuntary, a recent note, and/or a recent evaluation. Coordinate this with the hospital intake office.

**SOLANO CRISIS STABILIZATION UNIT:** Call the **Solano Crisis Stabilization Unit Office at (707) 428-1131**. Inform admissions of identifying information, insurance, presenting problem, mental health history, medications, substance abuse, and any medical problems. Discuss options for medical clearance (see #4). You may need to fax information and wait for a call for authorization from the admitting psychiatrist before sending the student to the hospital, particularly for voluntary hospitalizations. If the student is going directly to **Solano Crisis**, **confirm with the Admitting Intake Office that they are ready to receive the student**. If there are **problems with approval for admission** ask to speak with the director of intake.

**ST. HELENA – CENTER FOR BEHAVIORAL HEALTH:** Call **St. Helena at (707) 649-4040** or admissions department **(707) 649-4042** and ask to speak with intake staff. You will be asked to verbally provide relevant referral information including: identifying information, insurance status, presenting problem, mental health history, medications, substance abuse, and any medical problems. You will be asked to fax a brief summary of this information to **(707) 649-4089**. You may use the Inpatient Referral Note for this purpose or write a brief summary. Inform intake staff if student has insurance other than

Cal Maritime. Discuss options for medical clearance (see #4). Provide your contact information for call back regarding disposition. They will review clinical information with their psychiatrist and obtain admission orders if clinically appropriate. Once St. Helena calls back with disposition, transportation may be arranged. If you do not receive a call back in 30 minutes, call the intake worker to follow up. If necessary you may also ask to speak directly to the Administrator on Call (AOC).

**KAISER VALLEJO:** Call Kaiser Vallejo at **(707) 651-1000**. Inform admissions of identifying information, insurance, presenting problem, mental health history, medications, substance abuse, and any medical problems. Discuss options for medical clearance (see #4). You may need to fax information and wait for a call for authorization from the admitting psychiatrist before sending the student to the hospital, particularly for voluntary hospitalizations. If the student is going directly to Kaiser, **confirm with the Admitting Intake Office that they are ready to receive the student**. If there are **problems with approval for admission** ask to speak with the director of intake.

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(3)

### **Release of Information/CAPS Follow-Up**

**If possible, have the student sign a two-way Authorization to Release Information form authorizing mutual exchange of information** between CAPS and hospital staff. FAX the signed Authorization to the hospital admissions office (St. Helena fax#: (707) 649-4089).

Inform the student that the CAPS Director is available to assist with follow-up care. The CAPS Director may also be available to answer questions about hospitalization as needed before the student goes to the hospital (check schedule).

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(4)

### **Medical Clearance**

A student must be medically cleared prior to admission. If appropriate, **consult with a SHS Physician or Nurse Practitioner** to determine if they can assess the student for medical clearance. **Discuss** the need/plan for medical clearance **with the hospital admissions staff**. If the student needs a more complete physical review, call the appropriate hospital (Sutter Solano or Kaiser depending on insurance) to arrange for evaluation and inform them that the student is coming for medical clearance. **Ask for the name of the charge nurse in case we** (CAPS/SHS,

**Medic Ambulance Service, or Cal Maritime Police Services) need to identify our contact person.**

**If there is any question of medical stability**, the student should be medically cleared (e.g., by our SHS staff or others) unless otherwise indicated by the admitting hospital. Check with Kaiser regarding Kaiser Patients.

The Medical Clearance form can be obtained by SHS staff.

*If it is a medical emergency beyond the scope of SHS, then 911 should be called.*

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(5)

### **Arrange Transport – VOLUNTARY HOSPITALIZATION**

**If voluntary, call a taxi if transportation is needed.** Find vouchers at the front desk. Support staff or another counselor can assist you in calling the taxi and possibly completing the voucher. Instruct the taxi driver to come to the Student Center parking lot D. SHS staff should be notified that CAPS is expecting a cab should the driver not know where to go.

**Alternative forms of transportation**, such as a family member or friend, may also be considered if you feel that is a safe option. Students should not be encouraged to drive themselves.

If an **ambulance** is needed for transportation (e.g. if medical clearance is needed at the hospital emergency department), call **Medic Ambulance Service** at (707) 644-8989 to request a **NON-EMERGENCY Basic Life Support (BLS)** ambulance. If an Advanced Life Support (ALS) ambulance is dispatched in error, they are typically required to take the individual to a specific hospital. Therefore, if an ALS ambulance is dispatched or if there are other problems, call Medic Ambulance Service dispatch and ask to speak with a supervisor if necessary. Confirm with the ambulance drivers where student is to be transported.

**Follow up** with the admitting hospital by phone to confirm student's arrival.

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(6)

5150

CAPS counselors are not authorized to write 5150s. Therefore, we must contact **CSUM PD (dial 911)** to request their assistance. **Inform CSUM PD that we will contact Medic Ambulance Service (ambulance transport company) to arrange transportation.** Unless there is an emergency, paramedics should not be called by CSUM PD because policy requires them to take individuals to a specific hospital. Ask CSUM PD dispatch to direct the officers to enter SHS through the back door. **Complete Inpatient Referral Note** to provide the officers with the information needed to write the 5150/Application for Emergency Psychiatric Detention. The officers keep the original 5150 form. **Make copies** for Medic Ambulance Service and our chart. CSUM PD may ask us and/or the student questions about the need for a 5150. They have been encouraged to rely on our professional opinion but hold the responsibility for the 5150.

**Call Medic Ambulance Service at (707) 644-8989**, to request a **NON-EMERGENCY Basic Life Support (BLS) ambulance**. Inform the dispatcher of where the student needs to be transported. CAPS and Medic Ambulance Service have agreed that students will be transported directly to the admitting hospital or to the ED for medical clearance then transferred to the admitting hospital. If an Advanced Life Support (ALS) ambulance is dispatched in error or there are other problems, call Medic Ambulance Service dispatch and ask to speak with a supervisor if necessary.

If possible **inform the student of the Cal Maritime Police Services/CAPS 5150 procedures**. Once the paperwork and verbal detainment advisement by police are completed and Medic Ambulance Service has arrived, CSUM PD will escort the student to the ambulance. It may be police policy to handcuff the student. However, the student may also be transported by Medic Ambulance Service gurney. In addition, if there are no safety concerns, the CSUM PD may allow the student to walk to the ambulance freely. **Discuss the plan with Medic Ambulance Service and the CSUM PD officers prior to meeting with the student**. If the student is handcuffed, a blanket or jacket may be draped over their hands or shoulders. **Exit through the back door** in order to protect the student's privacy.

If the 5150 is taking place elsewhere on campus, CAPS may be called to assist. **Before meeting with the student clarify with staff on the scene what type of assistance they need** (e.g. transfer of care, assistance with facilitation of hospitalization, consultation).

**Confirm with Medic Ambulance Service and the Cal Maritime Police Services where the student is to be transported (ED or admitting hospital).**

**\*\*If possible before calling CSUM PD and Medic Ambulance Service, obtain insurance authorization/verification and hospital bed unless CSUM PD support is needed immediately.**

(7)

### Overview of Hospitalization Scenarios

**A. Voluntary with medical clearance at CAPS/SHS:** This is the most straightforward. Check the insurance, obtain a hospital bed, get Authorizations, complete and fax paperwork to the hospital, confirm with hospital intake staff that medical clearance can occur at SHS, confirm admit. The student can go directly to the hospital on his/her own, accompanied by a friend or family member, in a taxi that CAPS staff will call, or by ambulance. Follow up with hospital to confirm student's arrival.

**B. Voluntary with medical clearance at ED:** Above + if CAPS staff or SHS cannot provide medical clearance, then the student will need to go to Sutter Solano ED or Kaiser ED (depending on insurance). Depending on the student's condition, they may go to the ED on their own by taxi, with family or a friend, or by Medic Ambulance Service Basic Life Support (BLS) ambulance. Either ED may put the student on a 5150. Follow up with the admitting hospital to confirm student's arrival.

**C. 5150 with medical clearance at CAPS/SHS:** Check insurance, obtain a hospital bed, get Authorization, complete and fax paperwork to the hospital, confirm with hospital intake staff that medical clearance can occur at SHS, confirm admit. Call CSUM PD to request assistance with a **non-emergency** detention. Inform CSUM PD that **CAPS staff will call Medic Ambulance Service**. Complete 5150 note. Call Medic Ambulance Service for a **BLS** ambulance to transport the student directly to the admitting hospital.

**D. 5150 with medical clearance at ED:** Same as above, but the student will be transported to the ED for medical clearance and transferred to the admitting psychiatric facility from the ED.

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(8)

### Notify CAPS and SHS Director

**Please notify CAPS Director and SHS Director that you have admitted a student to the hospital, and they will follow up regarding status and discharge plans.**

You can also ask the student to let the hospital staff know that you would like them to stay in touch with you and the CAPS counselor during their inpatient stay to coordinate outpatient care.

(9)

### **Alternative to Hospitalization: Partial Hospitalization Programs (PHP)**

**PHP at St. Helena may be considered** if a student needs more support than can be provided at CAPS but does not need hospitalization. The program runs multiple hours per day, most days each week (M-F) and may be offered virtually. Individual and group therapies are the primary treatment modalities. Medication monitoring by a psychiatrist is also available. Students often do not want to attend the PHP because it may conflict with their classes. However, there is sometimes flexibility in the program, and students frequently transition to the Intensive Outpatient Program (IOP) 2-3 days a week. PHP staff will work with the student to arrange a viable schedule.

**To arrange an intake at St Helena PHP** the student may call intake staff at (707) 649-4925 or (707) 649-4040. PHP will call Cal Maritime Insurance for authorization. Physical exam may be required for admission. This may be done at SHS on a walk-in visit as a same-day or next-day appointment.

**Other Partial Hospitalization Programs in the Bay Area** to consider include:

**John Muir BHC in Martinez, (925) 674-4100.**

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(10)

### **Solano Crisis Stabilization Unit /Police Welfare Checks**

If a welfare check to assess for safety/hospitalization is needed in the community, for students who live in **campus housing** you may contact **CSUM PD** (dial 911). For students who live in Vallejo in **off campus housing** you may contact **Solano Crisis Stabilization Unit at (707) 428-1131**. You may also contact the **City of Vallejo Police Department** directly at **(707) 552-3285**. In an emergency call 911. Not all cities/counties have a mobile crisis team. Outside of Vallejo contact the local mobile crisis team if that service is available or contact the local police department.

For students in **Alameda County**, we may contact the **Alameda County Crisis Response Program Mobile Crisis Team**, Monday-Friday 8:30am-5pm at (800) 491-9099.

For students in **Contra Costa County**, we may contact the Contra Costa County **Mental Health Crisis Services (925) 646-2800, available 24/7, located at Contra Costa Regional Medical Center, 2500 Alhambra Ave., Martinez, CA 94553.**

In any case, please **inform** our **Cal Maritime Police Services** when mobile crisis or another police department is involved. **The Cal Maritime Police Services is also available to contact other police departments on our behalf** to help facilitate welfare checks more effectively.

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## APPENDIX S: MANAGING POTENTIALLY VIOLENT CLIENTS

### What to do:

1. **Assess the danger.** The counselor responsible for the treatment must assess the credibility of the threat, the identifiability of the victim, the seriousness of the danger, and the need for implementing additional protective measures.
2. **Consult.** It is likely a CAPS counselor will benefit from immediately consulting with either the CAPS Director or another professional colleague. This consultation should be documented in the client's record.
3. **If required, take protective measures.** If the responsible counselor determines the threat of violence is one requiring protective measures, the CAPS counselor or the CAPS Director should act. Immediate notification of both the intended victim and the local law enforcement agency of the threat will satisfy statutory requirements for immunization from liability for any threatened harm actually caused by the client.
  - a) In such circumstances, the intended victim must be notified in addition to local law enforcement officials in order to limit the liability exposure of CAPS and SHS.
  - b) A decision may be made to notify the city police where the victim resides, the campus police, or both agencies.
  - c) Clear and comprehensive documentation should be provided of efforts to notify and warn (e.g., telephone calls, email, etc.).
4. **Notify the client.**
  - a) California Code Section 43.92 does **NOT** require a "therapist" to inform the client that the client's threat has been revealed to the intended victim(s) and local law enforcement officials.
  - b) A CAPS counselor confronted with the task of revealing a client's threats, should assess the risks and benefits of informing the client of the counselor's intentions or, if after revelation, of the counselor's actions; consultations are advisable in this process.
  - c) A CAPS counselor and consultants should weigh the costs and benefits of various clinical approaches that could be used in informing the client.
  - d) Clear and careful documentation should be maintained of all consultations and decisions.
5. **Additional actions to consider.**
  - a) Protection of the intended victim and the client may best be achieved by hospitalization of the client.

- b) Hospitalization will not immunize the therapist and/or agency from liability for harm the client might cause to the intended victim of the threat post-hospitalization.
  - c) It may be helpful to offer to provide the victim of the threat with referral information for agencies that assist victims of violence.
6. **Situations where no warning is issued.** In cases in which the counselor concludes there appears to be no credible and serious threat of harm to a reasonably identifiable victim, a decision may be made to suspend the evaluation and take no further action. In such cases, the reasons for not doing so should be carefully documented, ideally with evidence that more than one person was involved in the decision (e.g., CAPS Director, colleague, others prescribed in a Policy and Procedures Manual). In such cases, the counselor may choose to take any or all of the following additional actions:
- a) Further psychological assessment, including the administering of individual psychological tests.
  - b) Referral to an off campus counselor or consulting psychiatrist for further differential diagnosis and opinion on possible medical or neurological involvement.
  - c) Other appropriate medical diagnostic or laboratory procedures to document the need for on-going medical/psychiatric collaboration.
  - d) A CAPS counselor shall have continued regular contact with the CAPS Director or other professional(s) designated by the CAPS Director to document and review steps taken in carrying out the above.

**\*Note: Negligence could be demonstrated by a failure to follow the previously detailed steps, including meticulous documentation, sufficient consultation, and any other legally and ethically appropriate actions to notify and take steps to protect intended victims of a threat of violence.**

## **APPENDIX T: CHECKLIST FOR ASSESSING VIOLENCE/HOMICIDAL RISK AND PROTECTIVE FACTORS**

### **Process Variables**

- Approach behavior: the client's actions toward a target of interest that are escalating with a particular goal in mind
- Evidence of escalation: threats, proximity seeking
- Fantasy rehearsal
- Evidence of deterioration: deteriorating mental state, psychosis
- Actively violent state of mind: suicidal or homicidal thoughts
- Command hallucinations, thought insertion/withdrawal, paranoia of imminent threat
- Diminishing inhibitions
- Diminishing or impaired coping
- Inability or limited view or ability to pursue other options
- Obsession
- Reduced protective inhibitors
- Sense of inevitability (tunnel vision, foregone conclusion)
- Pre-attack or ritualistic preparatory actions (writing of suicide note, suicide video, religious rituals, purchase of camouflage clothing)
- Recent acquisition or preparation of weapons, escalation of practice with no sanctioned reason
- Client's response to assessment and inquiries regarding the above

### **Risk Factors**

- Weapons-use connected to emotional release, fascination with destructive power
- Motivational factors: delusion, fanatical beliefs, revenge, entitlement, grandiosity need to force closure
- Drug use: methamphetamine, cocaine, steroids, alcohol
- History of head trauma
- Criminal history, including history of violence, homicide, stalking, threats, assaultive behavior, violation of conditional release
- Adverse responses to authority and limit setting
- Reference groups, heroes, affiliations and community attachments
- History of mental illness compromising coping, or enhancing appeal of violence, possibly including depression, paranoia, psychopathy, bipolar illness, personality disorders
- Perceptions of injustice or insoluble problems

### **Inhibitors/Stabilizers**

- Treatment availability, utilization and past receptivity
- Supportive family involvement

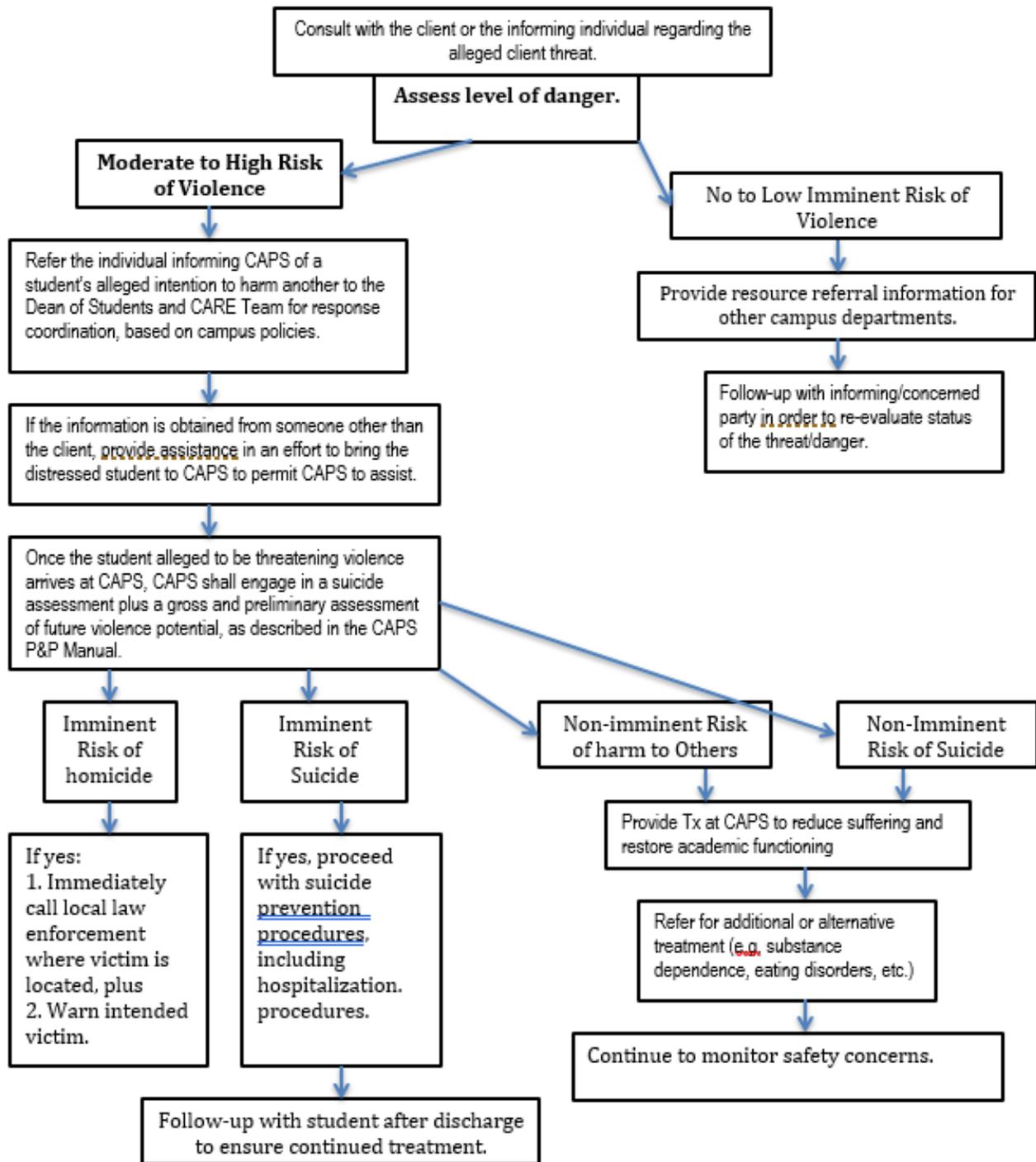
- \_\_\_\_\_ Other social support
- \_\_\_\_\_ Spiritual or religious beliefs opposing violence
- \_\_\_\_\_ Connectedness and healthy affectional bonds

**Potentially Stabilizing or Destabilizing Triggers**

- \_\_\_\_\_ Pending perceived negative academic or job-related event
- \_\_\_\_\_ Rejection or abandonment
- \_\_\_\_\_ Increased psychosis
- \_\_\_\_\_ Campus judicial affairs or civil (child custody, etc) or criminal justice system events(s)
- \_\_\_\_\_ Disruption of support system
- \_\_\_\_\_ Financial problems

*(Excerpted and adapted from “Risk Assessment Guideline Elements for Violence: Considerations for Assessing the Risk of Future Violent Behavior,” Association of Threat Assessment Professionals 2006)*

## APPENDIX U: RESPONDING TO POTENTIALLY THREATENING STUDENTS



Note: Any time there is a question of whether a campus community member presents an imminent risk of future serious violence, at least two CAPS and SHS providers shall consult one another.

## APPENDIX V: INFORMED CONSENT FOR COUPLES COUNSELING

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### INFORMED CONSENT FOR COUPLES COUNSELING

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\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Middle Initial(s)*

Please read this Informed Consent statement and provide authorization to release information prior to your first couples counseling session. When you meet with your counselor you may discuss any questions or concerns you have before signing this document.

**Confidentiality:** CAPS counseling records are confidential and not release without written consent or in exceptional circumstances. Couples Counseling records, however, contain private information about two separate people. This creates the potential problem that a client could choose to allow access to information that contains confidential information about someone else (i.e., their partner in couples counseling).

In an effort to prevent this from happening, CAPS has a policy that strictly restricts releases of couples counseling information. Under this policy, records from Couples Counseling sessions at CAPS shall not be released unless both members of the couple, in writing, permit the release of information. It must be understood that there are certain circumstances, rare though they may be, such as a court order, that could compel the release of information without a client's consent. This policy cannot prevent such releases.

**Concerns:** Concerns about any of CAPS policies or the counseling you have received may be discussed with the CAPS counselor or with the CAPS Director, at any time.

**Consent to Receive Counseling:** I have read and I understand the above conditions of receiving couples counseling services. I have had the opportunity to discuss this information. I accept the conditions and give my consent to be treated.

#### **Consent to Receive Counseling**

I have read and I understand the above conditions of receiving couples counseling services at CAPS. I have had the opportunity to discuss this information. I accept the conditions and give my consent to be treated at CAPS.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

## **APPENDIX W: PROCEDURES FOLLOWED WHEN A CLIENT REQUESTS TO VIEW THEIR COUNSELING RECORD**

All CAPS records are confidential and are the property of Cal Maritime SHS. In accordance with the California Health and Safety Code as well as federal regulations (e.g., The 21<sup>st</sup> Century Cures Act), students may have access to their student counseling records. If a student requests access, proceed through the following steps:

1. Ask the student to make the request in writing.
2. Let the student know that you must review the record before access is granted and that it may take up to five (5) working days before access can be granted. Let the student know that this procedure is in accord with professional ethical and legal guidelines. Let the student know that access to the record rather than a copy of it may be provided.
3. Notify the CAPS Director that the request has been made.
4. Thoroughly review the record to determine if there is any information that could, through access, prove harmful to the client's physical, mental or emotional health. Consult with the CAPS Director or a professional colleague during this process. Generally, raw test data including completed answer forms, specific test scores, profiles, and symptom checklists or inventories should not be made accessible. When a student is granted access to test data, an interpretation must be provided at the time access is provided.
5. If, after review, the counselor concludes there is a reasonable likelihood that a student's access to portions of that student's records would be harmful to the student's mental, physical, or emotional health, the treating counselor may deny access to those portions. This requires approval of the CAPS Director. The student must be informed of this decision during a face-to-face contact in the privacy of the counseling office. This meeting and the rationale for denying the student access to portions of the record shall be documented in the students' record.
6. If the student objects to the denial of access to any portion of the record, contact University Counsel before taking any further action. The university must request a decision within ten days of the date of receipt of the student's written request in order to avoid the presumption that the material is available to the requester.
7. Remove and set aside in a separate temporary record, any information determined to be potentially harmful to the student.
8. The student's record must be reviewed in the presence of the CAPS counselor or CAPS Director.
9. Provide a test interpretation for any data or profiles provided.
10. The student may copy by hand or copy machine, in the counselor's presence, any portion of the record for which access is granted. The pages copied should be stamped "copy." References to other persons in the record should be deleted on the copy of the record only. This meeting and an account of copied records shall be documented in the student's record.

**APPENDIX X: CLIENT SATISFACTION SURVEY**

**CLIENT SATISFACTION SURVEY**

Please help us improve our program by answering some questions about the services you received with Counseling and Psychological Services (CAPS). The information you share will be kept confidential and will be separate from identifying information about you. We are interested in your honest opinions. Your feedback helps us improve the quality and effectiveness of the counseling program. Please do not include your name on this survey. Thank you.

**GENERAL INFORMATION**

<b>Gender</b>	<b>Race/Ethnicity</b>	<b>Cal Maritime Status</b>
Female ____	African-American / Black ____	First Year ____
Male ____	American Indian or Alaska Native ____	Second Year ____
Transgender ____	Asian / Asian American ____	Third Year ____
Decline to state ____	Hispanic / Latino/a ____	Fourth Year ____
Self-Identify _____	Native Hawaiian or Other Pacific Islander ____	Fifth Year or beyond _
	White / Caucasian ____	
<b>Age</b> ____	Decline to state ____	<b>Month/Year:</b> _____
	Other (please specify) _____	

**EVALUATION OF SERVICES**

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	N/A
1. The staff in CAPS & Student Health Services were courteous and helpful.						
2. I would refer my friends to CAPS.						
3. I would return for counseling if I felt the need.						
4. Overall, my counseling was effective.						
5. Counseling has helped me to be more successful in school.						
6. My experience with CAPS has positively affected my decision and ability to stay in school.						
7. I regard CAPS as an important part of the University.						

**IMPRESSION OF COUNSELOR**

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	N/A

8. My counselor understood the concerns I brought to counseling.						
9. My counselor really listened to me.						
10. My counselor helped me feel better.						
11. My counselor helped me deal more effectively with problems.						
12. My counselor related to me in a respectful way.						
13. My counselor seemed knowledgeable about my issues.						

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**IMPRESSION OF OFFICE**

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	N/A
14. The office was in a convenient and accessible location for me.						
15. The reception area was comfortable and offered enough privacy.						
16. I was able to schedule appointments in a timely manner.						
17. The written materials in the waiting area were up to date and useful to me.						

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**ADDITIONAL QUESTIONS**

**18. What did you find most helpful about counseling?**

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**19. What did you find least helpful about counseling?**

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**20. If you could change anything about your counseling, what would it be?**

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**21. Were there services that you needed that weren't offered?**

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**22. Please list any groups or topics you would like CAPS to cover/offer.**

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**23. Additional comments.**

## APPENDIX Y: GROUP PARTICIPATION AGREEMENTS

At CAPS we value therapy and support groups as an effective way to address many concerns. To make the group as safe, supportive and productive as possible for all the participants, we ask that you agree to abide by the following guidelines:

1. **Attendance:** Please attend each week, be on time and stay for the entire meeting. If you need to miss a meeting or will be late, please call CAPS at 707-654-1170 and leave a message. If you miss more than 2 sessions, you may be asked to discontinue the group.
2. **Active Participation:** In order to get the most out of the group meetings, we encourage you to work actively on the concerns that prompted you to join the group. This can mean actively listening and/or sharing thoughts, feelings, and reactions in a respectful way. In general, the more you put into the group, the more you'll get out from it.
3. **Speak from Experience & Avoid Advice-Giving:** People usually don't benefit much from being told what to do, but can benefit greatly from hearing how others have managed similar situations. When speaking to others in the group, please make an effort to speak from personal experience and avoid giving advice unless asked to do so by someone.
4. **Confidentiality:** In counseling groups, members are asked to protect the names and identities of the group members by NOT revealing any personal information that is shared in the group with anyone outside the group. Group leader(s) also cannot reveal information without written permission unless disclosure is required by law: a) if someone is an imminent danger to self or others, b) when someone becomes gravely disabled, c) when there is a reasonable suspicion of child, elder or dependent adult abuse, d) if a court issues a subpoena.
5. **Self-Care in Emergencies:** If at any time you feel like harming yourself or injuring another, please immediately let the group leader(s) know. You can also call Student Health Services at 707-654-1170 during business hours. In the evening or on the weekend, call the After-Hours Assistance Line at 707-654-1170 or The Suicide Prevention Lifeline 1-800-273-TALK (8255). In an immediate emergency, call Campus Police by dialing or go to the nearest hospital emergency department.
6. **Commitment to Group:** We ask that you commit to attending the group till the end of the semester. It is common, for a variety of reasons, to consider leaving early. If you are considering this, please discuss your concerns and get feedback from the group before making a final decision. If you decide to discontinue attending the group, this will also

give you an opportunity to acknowledge changes you've made, express what you've liked and haven't liked about the group, and say good-bye.

7. **After Group Ends:** If you need additional counseling or other services after completing the group, you may consult with the group leader(s) or schedule an appointment with CAPS. Any group members who decide to keep in touch with one another after a group will need to meet outside the group room.

You will be asked at your first meeting if agree to follow the above guidelines for the group. Please let your group leader(s) know if you have any problem with any of the group guidelines. Thank you!

**APPENDIX Z: WHEN SEXUAL INTERCOURSE WITH A MINOR MUST BE REPORTED AS CHILD ABUSE IN CALIFORNIA**

*(Adapted from the National Center for Youth Law – www.teenhealthrights.org)*

The following chart illustrates when consensual sexual activity is reportable as child abuse.

M = reporting is Mandatory. A report is mandated based solely on age difference between partner and patient.

CJ = use your Clinical Judgment. A report is not mandated based solely on age; however, a reporter must use clinical judgment and must report if they have a reasonable suspicion that act was coerced.

		AGE OF PARTNER										
		12	13	14	15	16	17	18	19	20	21	22+
<b>A G E  O F  C L I E N T</b>	11	CJ	CJ	M	M	M	M	M	M	M	M	M
	12	CJ	CJ	M	M	M	M	M	M	M	M	M
	13	CJ	CJ	M	M	M	M	M	M	M	M	M
	14	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M	M
	15	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M	M
	16	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
	17	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
	18	M	M	CJ	CJ	CJ	CJ	Note: You are NOT required to ask the age of anyone involved in the alleged behavior.				
	19	M	M	CJ	CJ	CJ	CJ					
	20	M	M	CJ	CJ	CJ	CJ					
21+	M	M	M	M	CJ	CJ						

**APPENDIX AA: SEXUAL ASSAULT, DATING VIOLENCE, AND STALKING  
REFERRALS**

<b>Organization/Department</b>	<b>Services Offered</b>	<b>Contact Info</b>	<b>Who They Report To</b>
<p>Madeline Hamill (she/her) CSUM Confidential Campus Advocate Community Educator WEAVE™ <a href="mailto:mhamill@weaveinc.org">mhamill@weaveinc.org</a> <a href="mailto:WEAVE@csum.edu">WEAVE@csum.edu</a></p>	<ul style="list-style-type: none"> <li>• CONFIDENTIAL state certified rape crisis and domestic violence counselor advocate</li> <li>• Accompaniment to Title IX and or Police hearings and investigations</li> <li>• Resources and Information</li> <li>• Provide referrals as needed</li> </ul>	<p>Office:(707) 724-9606</p> <p>24 Hour Support&amp; Information Line:916.920.2952</p>	<p>No one, Supervised by WEAVE and CAPS</p>
<p><b>SafeQuest Solano</b> Website: <a href="http://www.safequest.org">www.safequest.org</a></p>	<ul style="list-style-type: none"> <li>• CONFIDENTIAL state certified rape crisis and domestic violence counselors/Advocates</li> <li>• Provide referrals as needed</li> </ul>	<p>707-422-7345 (9-5, M-F) 866-487-7233 (24/7 crisis line)</p>	<p>No one</p>
<p><b>Campus Title IX Coordinator</b> Email: <a href="mailto:kanderson@csum.edu">kanderson@csum.edu</a> Website: <a href="https://www.csum.edu/title-ix/index.html">https://www.csum.edu/title-ix/index.html</a></p>	<ul style="list-style-type: none"> <li>• Report any sexual assault involving a member of the Cal Maritime community (as student, staff, faculty)</li> <li>• Discuss other options/referrals available</li> </ul>	<p>707-654-1460</p>	<p>No one</p>
<p><b>Deputy Title IX Coordinators:</b></p>	<ul style="list-style-type: none"> <li>• Report any sexual assault involving a member of the Cal Maritime community (as student, staff, faculty)</li> <li>• Discuss other options/referrals available</li> </ul>		<p>Title IX Coordinator</p>
<p><b>Student Health Services</b> Website: <a href="http://www.csum.edu/web/health-services/">http://www.csum.edu/web/health-services/</a></p>	<ul style="list-style-type: none"> <li>• STI screening and referral</li> <li>• Medical evaluation</li> <li>• Consultation and referral for SART exams</li> <li>• Medication (if necessary for sleep, anxiety, etc.)</li> </ul>	<p>707-654-1170</p>	<p>Medical Providers are a confidential source</p>
<p><b>Sutter Solano Medical Center, Vallejo</b> 300 Hospital Drive</p>	<ul style="list-style-type: none"> <li>• Medical care – primary and emergency</li> <li>• SART exams or referrals</li> </ul>	<p>707-554-4444</p>	<p>Vallejo Police Department</p>
<p><b>Kaiser Permanente Vallejo Medical Center</b> 975 Sereno Drive</p>	<ul style="list-style-type: none"> <li>• Medical care – primary and emergency</li> <li>• SART exams or referrals</li> </ul>	<p>707-651-1000</p>	<p>Vallejo Police Department</p>
<p><b>Cal Maritime Police Services</b></p>	<ul style="list-style-type: none"> <li>• File a report</li> </ul>	<p>911</p>	<p>No one</p>

Website: <a href="https://www.csum.edu/web/police-services/home">https://www.csum.edu/web/police-services/home</a>	<ul style="list-style-type: none"><li>• Have an officer who specializes in Sexual Assaults</li></ul>		
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## APPENDIX BB: OUTREACH EVALUATION FORM

### Cal Maritime CAPS Outreach Event Evaluation Form

Event Name: \_\_\_\_\_ Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

A. Are you:  Undergrad  Parent of a Cal Maritime Student  Cal Maritime Faculty/Staff  Other

B. Are you 1<sup>st</sup> generation in your family to go to college?  Yes  No

C. Are you an International student?  Yes  No

D. Gender: (*Check all that apply*)  F  M  Transgender

E. Ethnicity: (*Check all that apply*)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian/Alaska Native    | <input type="checkbox"/> Chinese/Chinese American       |
| <input type="checkbox"/> East Indian/Pakistani  | <input type="checkbox"/> Filipino/Filipino-American       | <input type="checkbox"/> Japanese/Japanese-American     |
| <input type="checkbox"/> Korean/Korean-American | <input type="checkbox"/> Polynesian/Micronesian           | <input type="checkbox"/> Vietnamese/Vietnamese American |
| <input type="checkbox"/> Other Asian            | <input type="checkbox"/> Mexican/Mexican-American/Chicano | <input type="checkbox"/> Middle –Eastern                |
| <input type="checkbox"/> Puerto Rican           | <input type="checkbox"/> Other Spanish/American/Latino    | <input type="checkbox"/> White/Caucasian                |
| <input type="checkbox"/> Decline to Answer      | <input type="checkbox"/> Other                            |   |
- 

F. How did you hear about this event? (*Check all that apply*)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Flyer or brochure      | <input type="checkbox"/> Email               | <input type="checkbox"/> Cal Maritime web site |
| <input type="checkbox"/> Professor announcement | <input type="checkbox"/> Friend or colleague | <input type="checkbox"/> Fantail               |
| <input type="checkbox"/> Formation announcement | <input type="checkbox"/> Campus TV screen    | <input type="checkbox"/> Other                 |
- 

#### 1. How effective was this program in:

	<i>Very Effective</i>	<i>Somewhat Effective</i>	<i>Neutral</i>	<i>Mostly Ineffective</i>	<i>Very Ineffective</i>	<i>N/A</i>
a. Providing information that was relevant to you?	5	4	3	2	1	N/A
b. Offering new skills that you can use in your daily life?	5	4	3	2	1	N/A
c. Increasing your awareness of Cal Maritime Counseling and Psychological Services (CAPS)?	5	4	3	2	1	N/A
d. Demonstrating sensitivity to multicultural differences?	5	4	3	2	1	N/A

- e. Increasing your comfort in seeking counseling for yourself during times of need?      5                      4                      3                      2                      1                      N/A
- f. Increasing your comfort in referring other students to counseling during their times of need?

	<i>Extremely Satisfied</i>	<i>Moderately Satisfied</i>	<i>Neutral</i>	<i>Moderately Dissatisfied</i>	<i>Extremely Dissatisfied</i>
<b>2. Please rate your overall satisfaction with the program:</b>	5	4	3	2	1
<b>3. Please rate your overall satisfaction with the presenter:</b>	5	4	3	2	1

**Please let us know any suggestions for improving this program and/or suggestions for other topics:**

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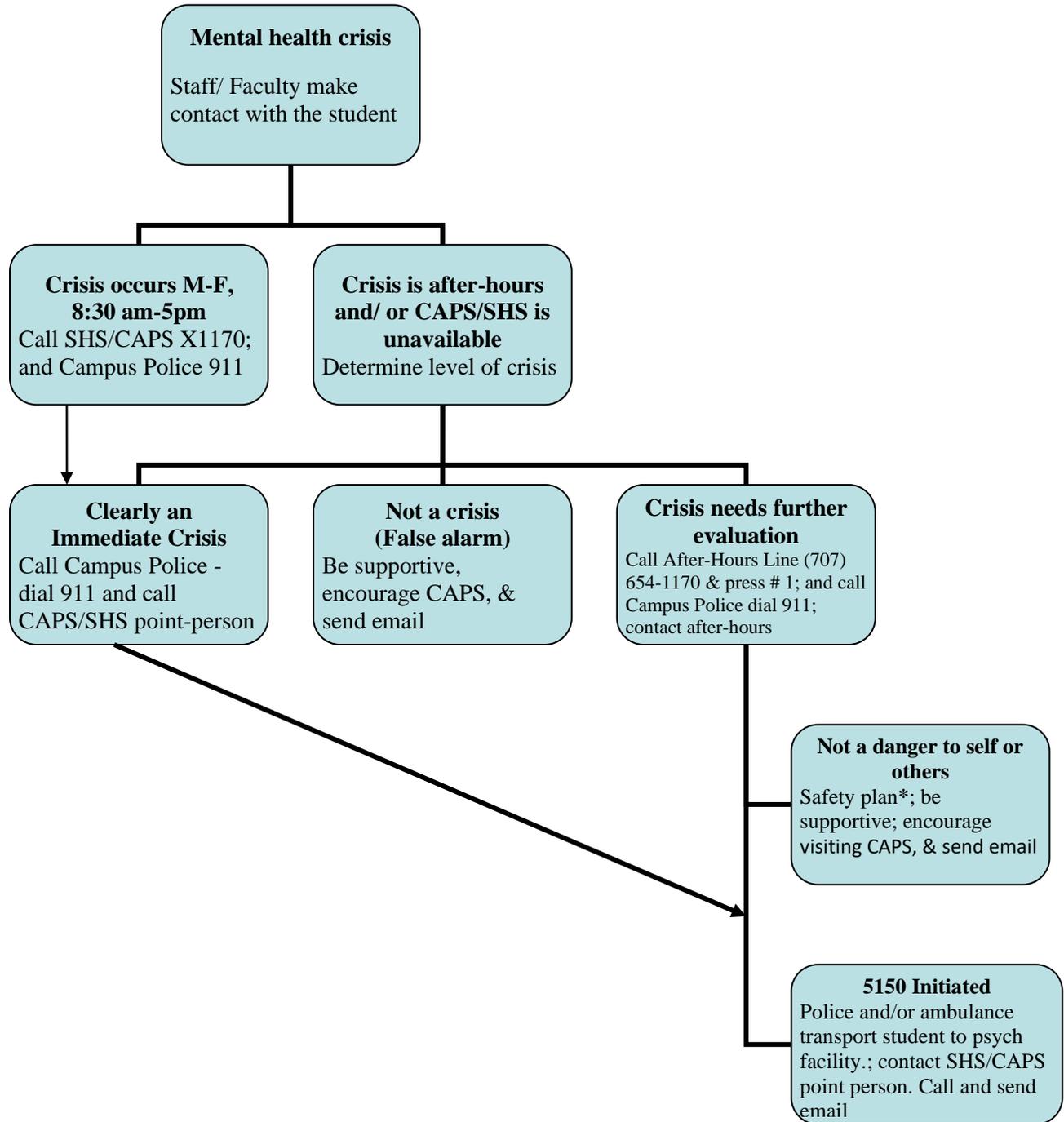
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**APPENDIX CC: RISK MANAGEMENT TERMINOLOGY AND DEFINITIONS**

<b>Issue</b>	<b>Least Serious</b>	<b>Moderately Serious</b>	<b>Most Serious</b>
Global Impairment	Almost/Slightly impaired academic, social, or physical functioning, including hygiene	Impaired in some of the following areas: academic, social, or physical functioning, including hygiene	Severe impairment in academic, social, or physical functioning, including hygiene
Harm to self: Suicidality	Suicidal ideation with vague method, no plan and no intent	Suicidal ideation with vague to no plan, mild intent, method OR history of previous attempts	Suicidal ideation with clearly defined plan, intent, lethal and/or accessible method
Harm to self: Non-suicidal self-injury	Engages in self harm that has never required medical attention; injuries do not leave permanent damage or scarring	Engages in self harm more regularly and injuries leave lasting marks/scars/ permanent damage (internal or external); injuries infrequently warrant medical attention	Engages in frequent self-harm that results in significant bodily harm, scarring and/or permanent damage (internal or external); medical attention is frequently warranted
Harm to others	Thoughts of hurting other(s) with no plan and no intent	Thoughts of hurting others with vague to no plan OR a history of violence against others, including emotional abuse, stalking, repeated violation of another person’s boundaries, harassment, etc.	Thoughts of hurting others with a clearly defined plan OR active stalking (including cyber-stalking) OR active harassment OR active engagement in emotional, sexual, and/or physical intimate partner violence OR significant history of violence against others
Disturbed Eating with Potential for Serious Harm	Binges, purges or otherwise gets rid of food, restricts eating or excessively exercises infrequently and/or with little to no impact on social, academic or physical functioning; does not require medical intervention	Binges, purges or otherwise gets rid of food, restricts eating or excessively exercises more frequently with some impact on social, academic or physical functioning; sometimes requires medical intervention	Binges, purges or otherwise gets rid of food, restricts eating or excessively exercises often with severe impact on social, academic or physical functioning; often requires medical intervention and/or medical attention is warranted NOW
Command Hallucinations with Impaired Judgment	Presence of hallucinations with infrequent to no command hallucinations and intact reality testing	Presence of hallucinations with intermittent command hallucinations OR history of command hallucinations consisting of content that is potentially harmful to self or others with inconsistent reality testing	Presence of hallucinations with frequent command hallucinations consisting of content that is potentially harmful to self or others with severely impaired reality testing
Personality Disorder with harm to self or others	Presence of personality disorder or traits that are well managed with little to no potential for harm to self or others, including NSSI	Presence of personality disorder or traits with inconsistent management of symptoms with some harm to self or others and/or historical harm to self or others, including NSSI	Presence of personality disorder or traits that is poorly managed with potential for serious harm to self or others or history of serious harm to self or others, including serious NSSI
Substance Use with harm to self or others	Use of substance(s) with minimal impact on social, financial, academic or physical functioning with little potential for harm to self/others	Use of substance(s) with some impact on social, financial, academic or physical functioning with some potential for harm to self or others, or history thereof	Use of substance(s) with significant impact on social, financial, academic or physical functioning and potential for serious harm to self or others, or history thereof

<b>Issue</b>	<b>Least Serious</b>	<b>Moderately Serious</b>	<b>Most Serious</b>
Emotional Reactivity	Infrequently exhibits incongruent and/or extreme response to stressor(s) with little to no impairment to social, academic, or physical functioning	More frequently exhibits incongruent and/or extreme response to stressor(s) with some impairment to social, academic, or physical functioning that may lead to danger to self and/or others	Frequently and/or chronically exhibits incongruent and/or extreme response to stressor(s) with significant impairment to social, academic, or physical functioning that will likely lead to danger to self and/or others
Impulsivity	Recognizes impulses and can manage them well most of the time	Recognizes impulses but does not always manage them well OR does not recognize impulses much of the time OR experiences consequences related to inability to manage impulses	Does not recognize impulses and does not manage impulses most of the time OR consistent inability to manage impulses with severe consequences in the present or past

**APPENDIX DD: CRISIS RESPONSE FLOWCHART**



**Mental health crisis on campus:** *Staff/Faculty to make contact with the student.*

Staff/ Faculty may ask the student basic questions related to the safety of self and others (e.g., Have you harmed yourself? Are you thinking about harming yourself/others? Do you feel safe?).

See the **CMA Red Folder** for further information

- **Crisis occurs M-F, 8:30am-5pm:** *Call CAPS/SHS ext. 1170 and Campus Police, 911*
- **Crisis is after-hours or CAPS is unavailable**
  - **Clearly an immediate crisis:** *Call Campus Police, 911; contact CAPS/SHS point-person*
  - **Not a crisis (false alarm):** *Be supportive; encourage visiting CAPS, & send e-mail.*  
Be supportive of the student, provide resources for if a crisis emerges later (e.g., CMA-CAPS web page), and encourage them to visit CAPS as soon as possible. Also, send a summary e-mail about the incident ASAP\*\*\*.
  - **Crisis needs further evaluation:** *Call After-Hours Assistance Line (707) 654-1170 and press # 1.*

*Also, call Campus Police 911. Call SHS/CAPS point-person*

This should be based on there being any potential for imminent harm to self or others.

(Note: always err on the side of caution).

- **Not a danger to self or others:** *Safety plan\*, be supportive, encourage CAPS, & email.* Follow the operator's and Campus Police's directions for ensuring the student's safety\*. Take these steps, encourage them to visit CAPS first thing the next morning, and send a summary email about the incident ASAP\*\*\*.
- **5150 Initiated:** *Police or ambulance transport to crisis unit (e.g., AKA Solano Crisis Stabilization Unit, St. Helena Hospital).*

Campus police may then take them or call an ambulance to transport the student for an inpatient admission. Campus Police are to then call SHS/CAPS point person and send a summary email about the incident ASAP\*\*\*.

Non-emergency Dispatch on-campus extension for UPD: X 1176

Emergency UPD: 911

## **APPENDIX EE: TYPES OF INVOLUNTARY HOLDS IN THE STATE OF CALIFORNIA**

- 5150** 72 hour involuntary psychiatric hold
- 5230** 72 hour hold for treatment and evaluation of someone with alcohol or drug use who is a danger to self, others, or is gravely disabled
- 5250** 14 day involuntary psychiatric hold
- 5251/5253** Law that says a notice of certification for a 14 day hold must be signed by 2 people. A copy must be given to the client, their attorney or attorney advocate.
- 5256** Client's have the right to be informed that they're entitled to a certification review hearing that is held within 4 days. It can be requested for postponement up to 48 hours. The client can waive their right to a hearing or their right to be present at the hearing.
- 5276** Judicial writ by habeas corpus. This is a trial to "prove" that the involuntary hold is appropriate/legal. The review must be in the same county. The client cannot be transferred until completion of the review.
- 5260** If there was any suicidal behavior during a 5150 or 5250, the involuntary psychiatric hold can be extended up to another 14 days without a certification review hearing. The client can request a habeas corpus hearing at any time.
- 5270** An involuntary psychiatric hold for up to 30 days for grave disability. The client has a right to a certification review or habeas corpus hearing. This type of hold can only happen in authorized counties
- 5300** An involuntary psychiatric hold for up to 180 days if the client is a danger to others. The district attorney must file a petition with a certification hearing within 4 days (or 10 days, if requests a jury trial). The client can request a habeas corpus hearing at any time
- 5350** Conservatorship that is appointed by the court for grave disability. This can last for 30 days or 12 months. Family and friends are NOT considered available unless they have agreed in writing to help out

## **APPENDIX FF: SHC TELEHEALTH VISIT PATIENT CONSENT**

### STUDENT HEALTH CENTER

200 Maritime Academy Drive | Vallejo, CA 94590

(707) 654-1170 | Fax (707) 654-1171

<https://www.csum.edu/student-health-center/index.html>

### **PATIENT CONSENT FOR TELEHEALTH MEDICAL SERVICES**

#### **What is telehealth?**

Telehealth is a way to visit with health care providers, such as your doctor or nurse practitioner.

You can talk to your provider from any place, including your home. You don't go to a clinic or hospital

#### **How do I use telehealth?**

You talk to your provider by phone, computer, or tablet.

Sometimes, you use video so you and your provider can see each other.

#### **How does telehealth help me?**

You don't have to go to a clinic or hospital to see your provider.

You won't risk getting sick from other people.

#### **What are the drawbacks of telehealth?**

You and your provider won't be in the same room, so it may feel different from an office visit.

Your provider may make a mistake because they cannot examine you as closely as at an office visit. (We don't know if mistakes are more common with telehealth visits.)

Your provider may decide you still need an office visit.

Technical problems may interrupt or stop your visit before you are done.

### **Will my telehealth visit be private?**

We will not record visits with your provider.

If people are close to you, they may hear something you did not want them to know. You should be in a private place, so other people cannot hear you.

Your provider will tell you if someone else from their office can hear or see you.

We use telehealth technology that is designed to protect your privacy.

If you use the internet for telehealth, use a network that is private and secure.

There is a very small chance that someone could use technology to hear or see your telehealth visit.

### **Do you have to agree to and acknowledge this consent?**

No. Only do so if you consent to use telehealth.

### **Contacting Me**

In order to maintain confidentiality the best way to contact me should the need arise is noted below. I am aware that information exchanged over cell phone and email could be intercepted by an outside party.

### **Contact Information**

Phone:

- Is it ok to leave a message:

Email:

**\*\*I certify that I have read and understand this consent and agree to telehealth services for medical evaluation, treatment, and/or referring me to others as needed. I understand that I have the opportunity to discuss any questions or concerns regarding the above information at the time of my appointment.**

In case of an emergency or urgent situation, I understand that my emergency contact person listed may be notified. Emergency Contact:

Name:

Relationship:

Phone:

Address:

**APPENDIX GG: WALK-IN QUESTIONNAIRE FOR COUNSELING SERVICES**

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**WALK-IN QUESTIONNAIRE FOR COUNSELING SERVICES**

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**The information on this form is confidential and will not be released without your prior written consent or as required by law.**

**Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_  
*Last First Middle Preferred Name month day year*

Please check or fill in the appropriate answer(s); All questions are optional

**Is this a Crisis (Y/N)?** \_\_\_\_ **Referral** Who referred you to CAPS? \_\_\_\_\_

Briefly describe the concerns that led you to request an appointment at this time

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**Please CHECK ITEMS THAT APPLY. Please also rank your top three presenting concerns (e.g., 1, 2, and 3):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ADHD/Learning problems                 | <input type="checkbox"/> Feeling doomed or helpless    | <input type="checkbox"/> Physical abuse or assault      |
| <input type="checkbox"/> Adjustment to Cal Maritime concerns    | <input type="checkbox"/> Impulse control               | <input type="checkbox"/> Relationship                   |
| <input type="checkbox"/> Alcohol or drug concerns               | <input type="checkbox"/> Loss, grief, death            | <input type="checkbox"/> Sexual abuse or sexual assault |
| <input type="checkbox"/> Anxiety, fear, nervousness             | <input type="checkbox"/> Mood swings                   | <input type="checkbox"/> Sleep difficulties             |
| <input type="checkbox"/> Cutting or self-injury                 | <input type="checkbox"/> Obsessions and/or Compulsions | <input type="checkbox"/> Stress or tension              |
| <input type="checkbox"/> Depression, sadness about suicide      | <input type="checkbox"/> Panic attacks                 | <input type="checkbox"/> Thinking                       |
| <input type="checkbox"/> Family problems (please specify below) | <input type="checkbox"/> Paranoia                      | <input type="checkbox"/> Other presenting concern       |
- 
- 

**How much do your concerns interfere with your:** (use this scale: *Low interference 1—2—3—4—5 Severe interference*)

Academic performance \_\_\_\_ Emotional well-being \_\_\_\_ Daily routine \_\_\_\_  
Relationships/Activities \_\_\_\_

**Due to the impact of your concerns on your Academic Performance, are you considering:**

Withdrawing \_\_\_\_ Not enrolling next semester \_\_\_\_ Dropping out \_\_\_\_  
Transferring \_\_\_\_ N/A \_\_\_\_

**Urgency of Problem Mental Health History**

Not Urgent \_\_\_\_ Have you seriously considered attempting suicide in the past (Y/N)? \_\_\_\_  
Somewhat Urgent \_\_\_\_ Have you made a suicide attempt in the past (Y/N)? \_\_\_\_  
Urgent \_\_\_\_ Have you purposefully injured yourself without suicidal intent (Y/N)? \_\_\_\_  
Very Urgent \_\_\_\_ In the last few days, have you had suicidal thoughts (Y/N)? \_\_\_\_  
Have you seriously considered harming another person (Y/N)? \_\_\_\_  
Do you CURRENTLY have thoughts of harming another person (Y/N)? \_  
Do you generally use alcohol (Y/N)? \_\_\_\_ Do you consider your alcohol  
consumption a problem (Y/N)? \_\_\_\_  
How many drinks do you typically have when you drink? \_\_\_\_

**APPENDIX HH: MEDICAL WITHDRAWAL REQUEST FORM**



**MEDICAL WITHDRAWAL REQUEST**

Student Health Services is advising the immediate withdrawal from classes this FALL / SPRING semester for student:

STUDENT NAME	STUDENT ID# (Student to initial all sections below)	DATE
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\_\_\_\_\_ Due to a serious and compelling medical condition the above student will be withdrawing from his/her classes from Cal Maritime for this semester. This medical condition is beyond the student's control and requires immediate attention.

\_\_\_\_\_ This student understands he/she will be withdrawing from all courses and losing a semesters work. If this request is granted by the Cal Maritime's Academic Dean after the beginning of the term, courses in which the student was enrolled after the drop deadline appear on the student's transcript and show the symbol "W" for Withdrew.

\_\_\_\_\_ This student understands it is his/hers responsibility to contact the Registrar's Office in person for other paperwork requiring departmental signatures.

\_\_\_\_\_ This student's medical condition does not allow him/her to contact the Registrar's Office to obtain departmental signatures. In this case, the Registrar's Office will route the additional paperwork for department signatures. It is the student's responsibility to contact the Registrar's Office for final decision.

\_\_\_\_\_ This student understands he/she is required to leave campus with all belongings (unless otherwise arranged with housing) within 72 hours from the Academic Dean's approval.

\_\_\_\_\_ This student plans on returning to campus FALL / SPRING of \_\_\_\_\_.

\_\_\_\_\_ Student understands he/she is required to provide fitness letter from personal medical provider before re-enrolling.

As a currently enrolled student I am requesting and/or in agreement with the Student Health Services recommendations for a Medical Withdrawal from the current semester. I understand the Academic Dean holds authority for granting my request. If my request is approved, I agree to all the above conditions.

Student's Name	Signature	Date
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Director, Student Health Services	Signature	Date
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**Approved / Denied**

Academic Dean	Signature	Date
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**THE CALIFORNIA MARITIME ACADEMY**

200 Maritime Academy Drive, Vallejo, CA 94590-8181 PHONE (707) 654-1000 FAX (707) 654-1001

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