Policies and Procedures Manual

Student Center for Health & Counseling

Counseling Services

Bemidji State University

March 10, 2020
# Policies and Procedures Manual Counseling Services
Bemidji State University

## Table of Contents

Section I. Overview
- Introduction 3
- Mission Statement 3
- Statement of Multicultural Commitment 4
- Unit Designation 4
- Accreditation 4

Section II. Counseling and Psychological Services
- Hours of Operation 4
- Services Provided 4
- Fees 5
- Eligibility for Services 6
- Legal and Ethical Conduct 6

Section III. Clinical Policies and Procedures
- Appointments 7
- Initial Client Paperwork 7
- Informed Consent 8
- Consent for Minors 8
- Confidentiality 8
- Use of E-Mail and Telephones 9
- Record Keeping 9
- Maintenance and Security of Client Records 9
- Clients’ Right to Information 10
- Signed Release of Information 10
- Mandated Reporters 10
- Duty to Warn 11
- Voluntary and Involuntary Hospitalization 11
- Death of a Student 12
- Suspension of Services 12
- Requests for Documentation and Support 12
- Psychological Assessment 13
- Client Outcome Surveys 13

Section IV. Office Procedures
- Schedules and Appointments 14
- Mail and Messages 14
- Telephone Calls 14
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furnishings, Equipment, and Use of Offices</td>
<td>14</td>
</tr>
<tr>
<td>Keys and the Key Lockbox</td>
<td>14</td>
</tr>
<tr>
<td>Supplies</td>
<td>15</td>
</tr>
<tr>
<td>Printers and Copiers</td>
<td>15</td>
</tr>
<tr>
<td>Research and Human Subjects Review</td>
<td>15</td>
</tr>
<tr>
<td>Section V. Personnel</td>
<td>15</td>
</tr>
<tr>
<td>Organizational Structure</td>
<td>15</td>
</tr>
<tr>
<td>Workload for MAPE clinicians</td>
<td>16</td>
</tr>
<tr>
<td>Workload for Counseling Faculty</td>
<td>16</td>
</tr>
<tr>
<td>Professional Titles</td>
<td>17</td>
</tr>
<tr>
<td>Support Staff Duties</td>
<td>17</td>
</tr>
<tr>
<td>Section VI. Training</td>
<td>17</td>
</tr>
</tbody>
</table>
Section I: Overview

Introduction

This document contains the current policies and procedures for counseling services at Bemidji State University. As a manual, it will be used to guide operations and activities in the center, and employees and trainees should familiarize themselves with its contents and any revisions.

The purpose of this manual is to give employees and trainees guidance in providing the best possible services to clients. It is written to supplement existing University policies and contracts of employment, laws, accreditation standards, and ethical guidelines and will be revised as needed in order to remain consistent with best practice standards, professional ethics, and legal guidelines for mental health practice. Existing state or federal law, ethical guidance of a professional association, or University policy shall take precedence when in conflict with these policies and procedures. It is important to note that no policies and procedures document can be written to cover every situation. Additionally, there may arise the need to make exceptions based on sound clinical judgment. In any case, the general expectation is that employees and trainees will consult with supervisors and/or peers, preferably in department meetings or case consultation, before deviating from these guidelines.

These policies and procedures shall be approved by and kept on file with the Associate Vice President for Student Life and Success.

Mission Statement

The Student Center for Health and Counseling (SCHC) is a unit in the Division of Student Life and Success that works in collaboration with the broader university community to support the academic mission of the university by engaging in activities that facilitate and enhance the student learning experience, promote students’ personal development, psychological well-being to assist them in defining and meeting their personal, academic, and career objectives.

To accomplish this mission, the objectives of SCHC Counseling Services are:

- To provide high quality counseling to students experiencing personal adjustment, development, academic, and/or psychological challenges that require professional attention;
- To develop and implement outreach programming to the campus community that effectively addresses mental health issues and psychological well-being;
- To provide consultation services to students, staff, and faculty with the goal of promoting an environment that maximizes the intellectual and emotional growth of our students;
- To provide professional training for graduate students in psychology, counseling, and social work;
- To support research and evaluation activities to determine the efficacy of services offered;
- To participate in student development activities and the cultural life of the university;
- To collaborate with community providers to ensure students receive specialized care when needed;
• To continuously improve our services and capacity to facilitate and enhance the growth and potential of our student body; and.
• To communicate and behave in accordance with respect for human differences on individual, organizational, and community levels; and

Statement of Multicultural Commitment

The SCHC is committed to providing services that are sensitive to human diversity in age, race, gender, ethnicity, nationality, religious and moral beliefs, sexual orientation, socio-economic background, and ability. We endeavor to treat all students, staff, and faculty with the utmost concern and respect, and we continually work to enhance our multicultural competence and our ability to be effective allies to diverse communities on campus.

Section II. Counseling Services

Hours of Operation

Counseling Services is open weekdays from 8:00 am to 4:00 pm during the academic year and 7:30 am to 4:00 pm in the summer. The center has reduced staffing during summer and break periods.

Services Provided

Counseling Services offers a variety of clinical services:

Assessment: When students request counseling, a counselor first meets with them to complete an initial assessment. Counselors and students may use this time to better understand the issues presented, judge the usefulness of counseling, assess for symptoms and impairments, formulate a tentative diagnosis, and outline initial goals or strategies. Counselors may also recommend other agencies or practitioners that may work well with the student.

Individual Counseling: Individual counseling is available to undergraduate and graduate students who are having difficulties in their personal lives. Counseling is usually provided on a short-term basis, although the needs of each student will vary. Counseling sessions are usually 45-50 minutes in length and may be scheduled weekly or as needed.

Referral: Counselors may make service recommendations based on the specific needs or request of a student. In some cases, the SCHC may not be the best place to meet a student’s individualized needs, and in these cases, a counselor will attempt an appropriate referral to an on- or off-campus resource. In other cases, a referral will be made for additional services (e.g., medication consultation) to supplement counseling.
**Group Counseling:** Counselors may offer counseling groups as time and other resources permit. Groups usually consist of students who have a common focus or similar needs. Counselors may interview potential group members to be sure the client is appropriate for the group.

**Couples Counseling:** Couples counseling is available to students and their partners. The SCHC provides services to students only, therefore both the student and the partner must be students.

**Crisis Intervention:** During open hours, the SCHC counseling staff and/or the SCHC Director will respond to crisis situations when able. Counseling staff provide consultation to students, faculty, and staff, as needed. Some students who are seen for crisis intervention are offered continued counseling services, whereas other students may be provided with a referral. In some instances, a student may require additional assessment through mobile crisis services. In rare occasions a student in crisis may request or be referred for inpatient services. Mobile crisis services are typically called in these cases to arrange assessment and when needed transportation. For reasons of safety and liability, counselors do not provide transportation for students.

**Consultation:** Consultation is available to all students, family of students, staff, and faculty of the university. Counselors who consult typically provide information about mental health issues, resources, or referral options and may provide brief advising. Consultations may be documented, such as when the consultation includes information pertinent to the on-going care of a client. Students who request consultation and appear to have need of further services may be offered counseling or referral.

**Outreach:** Counselors may provide workshops and presentations to students, staff, and faculty on counseling services, mental health and related issues. Generally, requests for outreach presentations require at least two weeks’ notice in order to prepare and determine availability. Requests are submitted to the SCHC Director for review and coordination with counseling staff. Counselors may also serve as educational resources for students’ research, course papers, campus news articles, etc., depending on availability and timing as determined by the Director of the SCHC.

**Diagnostic Assessment:** Counselors may recommend that students complete a standardized diagnostic assessment. All assessments must be completed in the center during open hours.

Case Management: Clinical case management is available to undergraduate and graduate students with complicated needs which may require internal or external referrals to resources needed to assist the student in being successful academically and personally. Coordination of care after hospitalization, advocacy for academic options, and assistance with preparing to return to college after an absence may be provided.

**Fees**

There are no fees charged for clinical assessment, individual counseling, couples counseling, group counseling, crisis intervention, referral, consultation, or outreach.
Eligibility for Services

Counseling Services at Bemidji State University serves currently-enrolled undergraduate and graduate students. Students enrolled in 3 or more credits are eligible for services. Parents or family of students, faculty, and staff members are eligible for consultation regarding students, but are not seen for assessment, counseling, or psychotherapy.

During summer months, both currently enrolled summer students and students enrolled in the recent spring semester and enrolled (or expecting to be enrolled) in the following fall semester are eligible for services. Students who withdraw from BSU/NTC are not eligible for services. Students who withdraw will be assisted with a referral to community resources when needed.

Legal and Ethical Conduct

Counselors at the SCHC are expected to adhere to the ethical standards and code of conduct for professional practice recommended by the professional organizations that represent their field of practice, including but not limited to the American Psychological Association (APA), American Counseling Association (ACA), and National Association of Social Work (NASW). In addition, SCHC counselors must follow Minnesota state law as it applies to the practice of psychology, social work, and related services. Psychologists licensed by the state of Minnesota are regulated in conduct by the Minnesota Board of Psychology. Social workers licensed by the state of Minnesota are regulated in conduct by the Minnesota Board of Social Work. Licensed Professional Clinical Counselors licensed by the state of Minnesota are regulated in conduct by the Minnesota Board of Behavioral Health and Therapy (BBHT).

While the health records of students at postsecondary institutions may be subject to FERPA, if the institution is a HIPAA covered entity and provides health care to nonstudents, the individually identifiable health information of the clinic’s nonstudent clients is subject to the HIPAA Privacy Rule. Postsecondary institutions that are subject to both HIPAA and FERPA and that operate clinics open to staff, or the public, or both (including family members of students) are required to comply with FERPA with respect to the health records of their student clients, and with the HIPAA Privacy Rule with respect to the health records of their nonstudent patients.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires national standards for the security and privacy of health data transmitted electronically. Compliance with the HIPAA Privacy Rule and Security Rules are triggered when a provider or billing service acting on behalf of a provider transmits information in electronic form in connection with a standard transaction such as a health care claim. The SCHC guidelines for security and privacy of client data should in general equal or exceed standards set by HIPAA.

Whenever in doubt, counselors should discuss ethical and legal dilemmas in consultation with professional peers, the Director, and/or the state board.
Section III. Clinical Policies and Procedures

Appointments

Appointments should be made by the student desiring the appointment. Appointments may be made by telephone, online or face-to-face contact. If a third party (e.g., parent, faculty, university office) contacts the SCHC seeking to make an appointment for a student, support staff will ask if the student is available to make the appointment themselves. If the student is unavailable, then the third party will be referred to speak with the crisis counselor or Director. A hospital or treatment facility discharging a student may make an appointment for a student who has agreed to the discharge plan.

Crisis and Walk-in Appointments

Students who walk-in to the center seeking a first-time or immediate appointment will first be asked to complete a brief screening assessment form. Students who indicate thoughts of harm to self or others should be met by a counselor that day for a brief crisis assessment. If counseling staff are not available, the front desk staff will notify the SCHC Director for guidance. Mobile Crisis services will be utilized when an assessment of safety is required and counselors and/or the SCHC Director are not available. Students who respond positively to other categories of urgent need will be seen the same day as counselor resources are available. When a counselor is not available, support staff will schedule the student an appointment and then a counselor will, at the earliest available time that day, call the student to briefly assess whether to a) schedule for same-day, b) find an appointment time sooner than previously scheduled, or c) confirm the appointment already scheduled. Students in crisis who are already existing clients will be given the opportunity to request their current counselor, if the clinician is available. Students who present in overt distress (e.g., excessive tearfulness, agitation, or otherwise concerning presentation) at time of scheduling may also be seen by a counselor the same day when scheduling permits.

Initial Client Paperwork

All new clients will be asked to complete initial intake data online or via electronic device prior to their initial appointment as well as sign a form that they have been advised of their rights as clients and give informed consent for counseling. Clients who return at the outset of a new academic year and those returning after three months of no contact will typically also be asked to complete a new set of intake data. Clients will be asked to come in fifteen minutes in advance of the session in order to complete the intake items. Whenever possible, clients should complete the initial paperwork only on the day of the appointment, just prior to meeting with the counselor. Counselors typically review the intake data prior to seeing the client.

On occasion, a student may say that they have not come for counseling and do not wish to complete intake items. These students may be seen for consultation and a consultation note documented in Point and Click. If the student seen for consultation turns out to be in need of counseling services and agrees to be seen for services, then the student typically will complete the initial paperwork before the proceeding appointment.

If the student refuses to complete initial intake items, then they may see the counselor, who will assess the situation and respond accordingly. If at the end of the meeting, the student still refuses to complete the initial intake items, the counselor may make a determination whether or not they have received sufficient information from the student.
to proceed with counseling or make a referral.
Informed Consent

In order to be seen for assessment, crisis intervention, or counseling, a student must provide informed consent for treatment. Informed consent is provided when a client who is able to consent reads and signs a copy of the SCHC form entitled “Client Rights / Informed Consent.” Additionally, counselors meeting with clients will review this form with the client and give them opportunity to ask questions and discuss concerns about these rights. Counselors document informed consent procedures completed with the client. A client may refuse to sign the “Client Rights / Informed Consent” form and instead verbally assent to treatment. The counselor should in this case document that the client refused to sign the form and that instead assent was made verbally. Any student who refuses to assent to counseling shall not be coerced or made to undergo treatment by any SCHC personnel.

Consent for Minors

According to Minnesota law, informed consent for treatment, right of access to and release of records, for a student under age 18 remains with a parent or legal guardian. Students who are minors may see a counselor at the SCHC for an initial assessment or crisis intervention. At that point, counselors will seek the written permission of a parent or guardian to continue services, using the “Consent for Provision of Services to Minors” form.

Confidentiality

Under Minnesota law, mental health care providers must keep a client’s health information and records confidential. Counselors may consult with other providers in the SCHC in order to provide the student with the best help available. Records will not be released to any other persons outside of the SCHC or another agency without the student’s written consent, using the “Release of Information” form, except in the cases described below.

Confidentiality is limited and disclosure is required, without requirement of client consent, by state and/or federal law in the following circumstances:

- There is a clear risk of imminent self-harm for the client or a specific, serious threat of risk of physical violence by the client against a specific, clearly identified or identifiable person;
- The counselor has knowledge or reason to believe that there is current, or within the past three years, physical abuse, neglect, or sexual abuse of a minor or vulnerable adult;
- The counselor has knowledge or reason to believe that two or more children not related to the perpetrator have been physically or sexually abused by the same perpetrator within the preceding ten years;
- The counselor has knowledge or reason to believe that there has occurred a deprivation of parental rights or kidnapping of a minor;
- The counselor has knowledge or reason to believe that a pregnant person has abused a controlled substance during the pregnancy;
• Counseling records are subpoenaed by a state court (valid only in the state where the court sits) or federal court (valid only within the court’s jurisdiction or within 100 miles of the district); or
• Disclosure is specifically authorized by law.

Counselors, case managers and office staff shall document the date and circumstances under which any disclosure of client information is made, the person or agency to whom the information was disclosed, and the records that are released, in the client’s record.

Use of E-Mail and Telephones

Electronic mail is not a safe means to transmit confidential information. Informed consent explaining the potential risks to confidentiality will be reviewed in the initial intake process, and students may choose whether to receive email from SCHC. All e-mails from SCHC staff to students will additionally include a reminder of the risks of using email. Wherever possible, staff will attempt to use the most confidential means of communication with or about clients.

Record Keeping

Documentation of counseling services should be completed following initial assessment, crisis intervention, and counseling sessions. These formal notes are legal documentation of the process and quality of client care and should at a minimum include identifying data, types of services provided, assessment, and plan for intervention. Group notes should be placed in each group member’s file, using initials only to identify other clients. When counseling is completed or after a period of inactivity in which the client is not expected to return, termination summaries should be completed for clients who have been seen for three or more appointments. Consultation notes should be written when they pertain to a client or prospective client (e.g., a client who, after consultation, reports that they will come for counseling). The official form of documentation is the electronic mental health record, Point and Click. While temporary use of paper files may be used initially, Point and Click is the official record into which all paper records should then be scanned or typed. Standardized assessment reports and copies of the signed Client’s Rights form, and signed releases and letters from, to, or on behalf of clients, should be kept in the electronic file. Scanning and electronic filing is managed by the office support staff under the direction of the Director.

Maintenance and Security of Client Records

Systematic case records must be maintained for clients seen for counseling services, including all pertinent clinical documentation such as assessment, case notes, termination summary, results of standardized assessment, etc. Confidentiality and appropriate handling of information and records must be reflected in the collection, classification, and maintenance of client information.

Access to counseling records is limited to the SCHC personnel only. Electronic records are housed in a secure server managed by university Information Services personnel. Temporary paper copies of session notes are kept in filing cabinets in counselors’ offices. File cabinets and counselor offices are locked when the counseling offices are unattended. Client files are never to leave the office suite or left anywhere they might be authorized. Records should not be transmitted by e-mail. All case records are the property of SCHC and should be maintained in secure storage for a minimum of 8 years.
from the last date of service, after which point the hard copy records will be shredded and computerized records will be deleted.

Clients' Right to Information

Under Minnesota law, clients have a right to “complete and current” information possessed by a provider concerning diagnosis, treatment, and prognosis of a client in terms and language that the client can reasonably be expected to understand. This includes clinical documentation such as assessment / intake reports, progress notes, and termination summaries. Providers may furnish only the pertinent portions of the record as they relate to the client’s request or, with the consent of the client, furnish instead only a summary of the record. If a provider reasonably determines that the information is detrimental to the mental health of the client, or is likely to cause the client to inflict self-harm or harm to another, the provider may withhold the information from the client and instead provide the information or a summary of information to an appropriate third party or other provider.

Minors who have provided informed consent for counseling hold the right to access their health information. Where parents or legal guardians have provided informed consent for counseling with minors, the parent or legal guardian is the person who is identified as having rights to this information. Once the student turns 18, the student becomes the identified client for the purpose of informed consent and access to records produced after that date. Documentation produced prior to that date remains legally accessible to the parent or guardian.

Signed Release of Information

A signed Release of Information should be obtained from the client when contacts are to be made with any other person or agency outside the counseling center. Where parents or legal guardians have provided informed consent for counseling with minors, the parent or legal guardian is the person who is identified as having the right to release information about the student. Exceptions to requiring a signed release of information are described in the section on Confidentiality and described in detail under Mandated Reporters and Duty to Warn sections.

Mandated Reporters

Minnesota law requires counselors to report knowledge or reason to believe that: 1) a minor (anyone under age 18) is being, or has been within the last three years, neglected, physically abused, or sexually abused; 2) two or more children not related to the perpetrator have been physically or sexually abused by the same perpetrator within the preceding ten years; 3) there has occurred a deprivation of parental rights or kidnapping of a minor; 4) a woman is pregnant and used for a non-medical purpose during the pregnancy any of the following controlled substance or their derivatives: tetrahydrocannabinol, cocaine, heroin, phencyclidine, methamphetamine, or amphetamine; and, 5) a woman is pregnant and has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

When a counselor becomes aware of a need to report, he or she should inform the client of this legal requirement. It is preferable that the client makes a report to the appropriate
agency, but it is ultimately the responsibility of the counselor. The counselor must report immediately the information to any one of the following: the local welfare agency, the agency responsible for assessing or investigating the report, the police department, or the county sheriff. In the event of a death, the medical examiner alone is contacted.

An immediate report means an oral report within 24 hours. An oral report by a mandated reporter shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing, unless the appropriate agency has informed the reporter that the oral information does not constitute a report. The report must be of sufficient content to identify the minor, any person believed to be responsible for the abuse or neglect of the minor, the nature and extent of the abuse or neglect, and the name and address of the reporter. It is also important to ascertain where the abuse or neglect occurred, because this will determine which county has the responsibility to investigate.

Whenever possible, counselors seek consultation from professional colleagues at the SCHC in the determination of a need to report or process of making a report. Trainees and counselors receiving supervision should always consult with the supervisor or, in the absence of the supervisor, the Director or another licensed professional in the center.

Duty to Warn

The Minnesota Psychology Practice Act requires counselors to make reasonable efforts to communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. A "reasonable effort" means that the counselor communicates the serious, specific threat to the potential victim and, if unable to make contact with the potential victim, communicates the serious, specific threat to the law enforcement agency closest to the potential victim or the client. The Act makes professionals immune from liability for disclosing confidential information in a good faith attempt to comply with this statutory duty.

Whenever possible, counselors seek consultation from professional colleagues at the SCHC in the determination of a duty to warn. Trainees and counselors receiving supervision should always consult with the supervisor or, in the absence of the supervisor, the Director or another licensed professional in the center.

Voluntary and Involuntary Hospitalization

If it is necessary to refer a student for hospitalization, the counselor is encouraged to consult with colleagues and will notify the Director as soon as possible during or after the hospitalization. Available counselors are expected to cooperate and assist during times of crisis. This might include a colleague taking over a crisis duty period or calling parents or the hospital while the counselor is involved with the client or contacting another party. Counselors will notify the Director when mobile crisis services are utilized and/or when a student presents as high risk. Trainees should always involve a senior staff member, preferably his or her supervisor, and the senior staff member should be directly involved in the subsequent process. The Office Manager may be asked by the Director to clear a counselor’s schedule, as necessary. When counseling staff and the Director are not available the Office Manager will use mobile crisis services. Except where contraindicated, parents or family members may also be contacted and involved. If the student is imminently dangerous to self or others, the counselor or Office Manager should call 911.
Transportation: For reasons of safety and liability, under no circumstances should a counselor transport a student to the hospital. If the hospitalization is voluntary and the
risks are considered minimal, a friend or family member of the student may be used to transport. The student should ask the friend or family member in such a case. For students who pose a risk to themselves or others, police services should be called to provide transportation. In the case of involuntary hospitalization, it will be necessary to call 911 and have the student taken into custody by police.

Communications: When the client goes to the Emergency Room, it is advised the Case Manager call and request to speak with an Emergency Room social worker in order to advise them of the situation. If the counselor or case manager deems it advisable, they may choose to meet the client at the hospital emergency room, wait with the student, or speak with the attending health providers. In cases of imminent harm to self or others, it will be necessary to release some information to the police or hospital. Finally, if the SCHC provider intends to continue work with the client after hospitalization, they should request a release of information from the hospital in order to be notified of the client’s release and the discharge plan. The Case Manager or counselor may be tasked with coordinating discharge and aftercare planning such as connection with campus resources.

Death of a Client

In the event that a counselor is notified (e.g., by a parent or officer) of the death of a client, the counselor shall immediately notify the SCHC Director, who shall in turn notify the Associate Vice President for Student Life and Success

Suspension of Services

Excessive No Shows or Cancellations

Services may be suspended if a client repeatedly does not keep appointments. Such action may be considered after the third such occurrence. The counselor will consider the clinical issues involved and attempt to speak with the student about these issues. Counselors may flag the client in the database and leave instructions for support staff, e.g., the student must speak with the clinician or Director prior to new scheduling. When suspending services, the clinician will attempt to provide written notice to the student and offer referral to alternative services. Students who repeatedly fail to keep intake appointments will receive written notice from the Director. Consultations with colleagues or the student, attempts to contact the client, and the decision to suspend will be documented.

Inappropriate or Disruptive Behavior

Services may be suspended if a student demonstrates inappropriate or disruptive behavior through face-to-face communication, telephone, electronic media, or other contact. When suspending services, the clinician in consultation with the Director will attempt to provide written notice to the student and offer referral to alternative services. Depending on the nature of the behavior, other offices or agencies such as Student Life and Development, Public Safety, or the police may be notified.

Requests for Documentation and Support
Students may request documentation from a counselor or case manager verifying that the student has received services, in order to support a student’s request or petition for full or partial academic withdrawal, removal of grades, dropping a class after the normal drop date, appealing grades or suspension notifications, or request for retroactive refund of tuition from BSU. This documentation is typically either a letter or medical verification form which verifies that a mental health condition interfered with a student’s performance or progress. In some cases, the provider may determine that they cannot, in fact, document such a condition. In other cases where the provider is involved only after the fact, a letter of support may not be possible. Providers must use their professional judgment in deciding whether it is appropriate to provide documentation supportive of any student academic request. Whenever a SCHC provider chooses to write a letter documenting services or supporting a request, a signed release of information form is required from the client.

Letters of documentation or support typically include the student’s name and BSU ID number; description of the context for the letter; specific dates of contact; counselor’s recommendations, where appropriate; and the counselor’s name, title, degrees, etc. A copy of both the letter and the signed release of information should be placed in the client’s file.

**Client Outcome Surveys**

SCHC uses client surveys to gather feedback about the quality of services provided. Questionnaires may be completed by clients at the termination of counseling or after a certain number of sessions. Alternatively, at points during the semester, SCHC may choose to survey all clients who are seen during a period of a few weeks. The procedure for outcome monitoring and the instruments used at SCHC are often updated in order to improve our understanding of how our services help students. Currently, the SCHC uses a brief Satisfaction Survey at the end of each semester. The survey is sent via email to students who have utilized counseling services during the previous semester. A separate satisfaction survey also may be given out to all returning clients during a brief period in the semester.


Section IV. Office Procedures

Schedules and Appointments

Scheduling Clients: Non-faculty clinicians are scheduled based on consultation with the Director. Support staff schedule their days based on student need. Appropriate time is given for notes, meetings, professional development, etc. Faculty volunteer counselors are responsible for managing their Point and Click calendars by placing “placeholder” hour appointments in the calendar to indicate times that they are available for new (Intake) or current (Individual) clients. Support staff may use these placeholders to schedule clients who contact the front office. Faculty volunteer counselors may schedule current clients for future sessions, but otherwise it will be the responsibility of the support staff to schedule new and returning clients that contact the office.

Students who have been seen by a counselor in past years will be listed on the calendar as “NTY” for “new this year.” NTY clients who were previously seen by a counselor/clinician at the SCHC will first be offered the opportunity, when available, to work with the same counselor.

Scheduling Other Activities: When placing other activities on your Point and Click calendar, counselors/clinicians should label them if they fall into one of the following categories: Crisis, Consultation, Consultation-SCHC (for case conference), Couples, Group, Outreach (with details in the note section), Supervision Received, Diagnostic Assessment, Training-Related Activity, Training Given, or Training Received (e.g., SCHC in- services). Outreach will be coordinated with the Office Manager and Director to ensure adequate counseling coverage at the SCHC.

Mail and Messages

The Office Manager or other support staff will be responsible for picking up mail daily and putting it in providers’ mailboxes. Outgoing mail should be placed in the outgoing mail basket near the Office Manager’s desk. Professional correspondence may be sent out using metered mail envelopes. Personal mail should not be sent out as metered mail.

Telephone Calls

All counselor offices are furnished with landline telephones. For security reasons, cordless and cellular phones should not be used to contact clients. As with any place of business, personal calls should be kept to a minimum.

Furnishings, Equipment, and Use of Offices

All BSU furnishings and equipment should remain in the SCHC office or on-campus when being used for an outreach presentation. If you need to take equipment home to work on something, ask the Director. Counselors should feel free to add furnishings to their offices to make them comfortable spaces, within bounds of good taste and professional judgment. Counselor offices are used for conducting BSU business and may not be used for private practice or a place from which to run another business.

Keys and the Key Lockbox
SCHC staff are issued key card access to the front doors, and keys to their personal offices. Staff who have lost keys should report this immediately to the Office Manager. A master key for offices and keys for the filing and supply cabinets can be located in the key lockbox near the Office Manager’s desk. The lockbox should be kept locked whenever not in use. If staff require access to storage, they will request the key from the Office Manager.

**Supplies**

Supplies for professional activities are kept in supply closets located in break room. Staff should use SCHC supplies for professional activities only and should not use them for personal projects or needs or take them home for personal use. Staff should let the Office Manager know if office supplies appear to be running low by the 15th of each month.

**Printers and Copiers**

The printers and copier machines are for professional activities only. Staff are responsible for knowing and following copyright laws.

**Research and Human Subjects Review**

Research that is conducted during work hours should be reviewed with the SCHC Director. Any research performed onsite and with SCSU students must be reviewed with the Director and approved by the Institutional Research Board (IRB).

**Section V. Personnel**

**Organizational Structure**

*Personnel:* The SCHC is staffed with members of several Minnesota state employee bargaining units. These include 9-month masters level clinicians in the Minnesota Association of Professional Employees (MAPE) bargaining unit; a full-time (12-month) Director who is administrative staff and follows a contract negotiated by the Minnesota State University Association of Administrative and Service Faculty (MSUAASF) bargaining unit; a .75 Office Manager (Full time 9 months and part time 3 months), who follows a contract negotiated by the American Federation of State, County, and Municipal Employees (AFSCME) bargaining unit. SCHC also provides students with employment opportunities as front desk receptionists and will contract with graduate students for practicum and internship counselor training positions.

*Internal Administration:* Administration in SCHC is provided by the MSUAASF Director. The Director is responsible for providing leadership in the administration and operational management, including budget and supervision of support staff.
Direct Supervisor: AFSCME support staff and MAPE clinicians, report to the MSUAASF Director. The MSUAASF Director report directly to the Associate Vice President for Student Life and Success.

Workload for MAPE Clinicians

According to the agreement of the MAPE bargaining unit, the workload of a counseling center clinician is based on a 40-hour work week, as they are paid hourly rate and not considered exempt employees. Their work in SCHC includes client contact hours, preparation for and evaluation of client contacts, maintenance of professional expertise, crisis intervention, and other professional activities. The following professional activities are considered a regular part of the work of MAPE clinicians:

1. Individual, couples, or group counseling service.
2. Crisis intervention during daytime hours.
3. Outreach and consultation with students, staff, and faculty.
4. Completion of intake assessment, case notes, treatment plans, and other case management documents in a timely manner.
5. Attendance at weekly/bi-weekly department meetings and weekly case consultation.
6. Performance of other professional duties as negotiated with the department and Administration.

Workload for Volunteer Faculty

According to the agreement of the IFO bargaining unit, the workload of a counseling center volunteer faculty member shall include client contact hours, preparation for and evaluation of client contacts, maintenance of professional expertise, crisis intervention, and other professional activities. IFO independently licensed professionals who volunteer time at the SCHC determine hours in conjunction with the Director. The following professional activities are permitted for faculty volunteers.

1. Individual, couples, or group counseling and psychological service.
2. Completion of intake assessment, case notes, treatment plans, and other case management documents in a timely manner.
3. Performance of other professional duties as negotiated with the department Administration, and IFO union.
Professional Titles

The job classification designated for MAPE clinicians is “Psychologist II." However, only SCHC providers who are licensed as a psychologist in the state of Minnesota shall refer to themselves publicly as a “psychologist.” Under Minnesota state law, professionals who are licensed as psychologists by the state of Minnesota shall reference that they are Licensed Psychologists (LP) in professional, written materials, including client documentation, correspondence, and business cards. The job title for MAPE clinicians is counselor.

Support Staff Duties

Office Manager: The support staff, including student workers who are supervised by the Office Manager and Director are responsible for customer service to all students, staff and faculty who call or come into the SCHC. They also manage the overall functioning of the office and maintain the front office, client reception, scheduling, administrative support activities, managing scanning and electronic records, advertising, including social media, digital signage. The support staff/Office Manager report to the Director of the SCHC

Section VI. Training

A separate Training Policies and Procedures Manual is maintained and distributed by the Director.