

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

February 26, 2026

Dr. J. Luke Wood, President
California State University, Sacramento
6000 J Street
Sacramento, CA 95819

Dear Dr. Wood:

**Subject: Audit Report 25-30, Student Health and Counseling and Psychological Services,
California State University, Sacramento**

We have completed an audit of *Student Health and Counseling and Psychological Services* as part of our 2025-2026 Audit Plan, and the final report is attached for your reference. The audit was conducted in accordance with the Institute of Internal Auditors' *Global Internal Audit Standards*.

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

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

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

Sincerely,



Vlad Marinescu
Vice Chancellor and Chief Audit Officer

c: Mildred García, Chancellor
Christopher Steinhauser, Chair, Committee on Audit
Yammilette Rodriguez, Vice Chair, Committee on Audit

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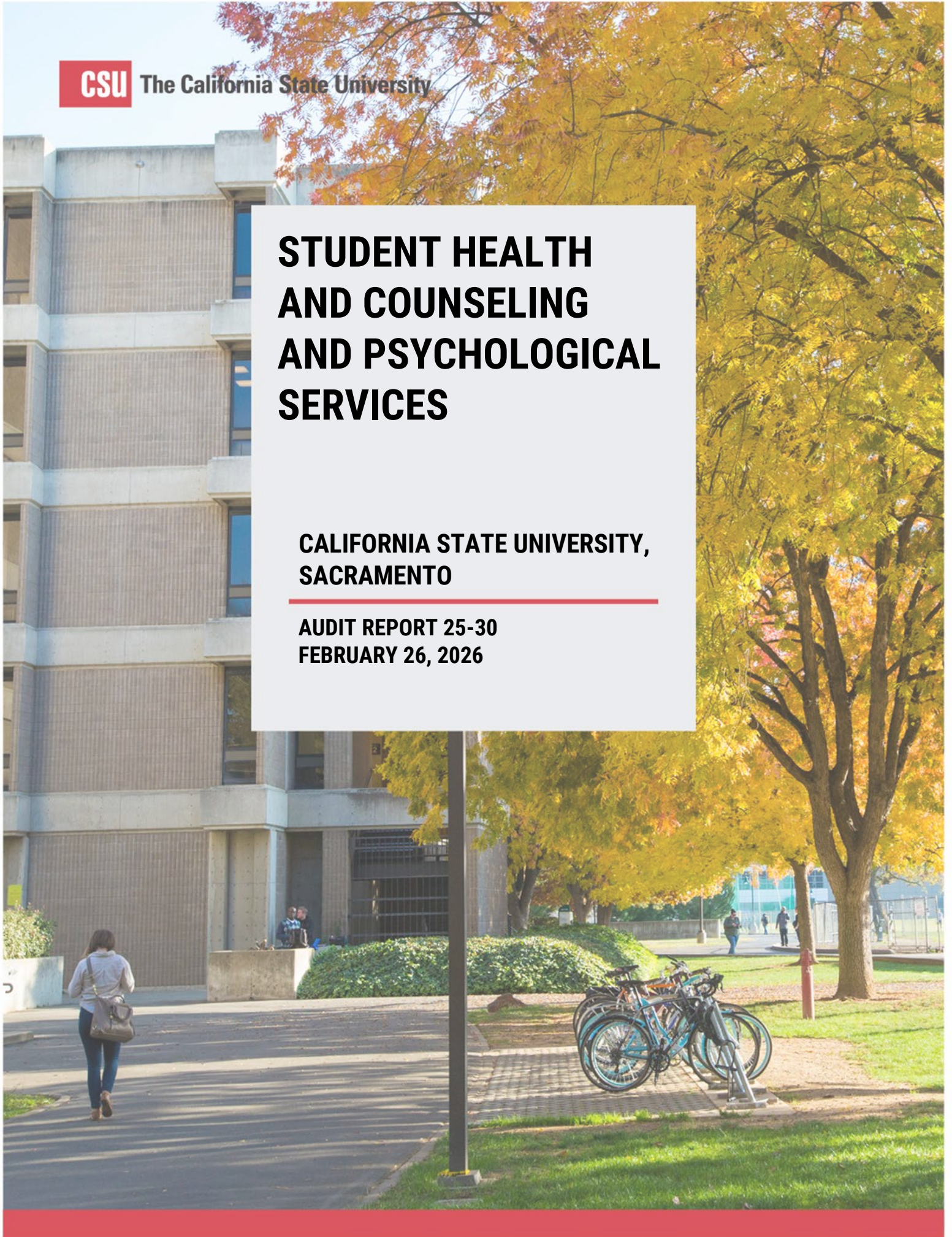
CSU

The California State University

STUDENT HEALTH AND COUNSELING AND PSYCHOLOGICAL SERVICES

**CALIFORNIA STATE UNIVERSITY,
SACRAMENTO**

**AUDIT REPORT 25-30
FEBRUARY 26, 2026**



EXECUTIVE SUMMARY

AUDIT OBJECTIVES AND BACKGROUND

In accordance with the fiscal year 2025/26 Audit Plan, as approved by the Board of Trustees, Audit and Advisory Services performed an audit of student health and counseling and psychological services at California State University, Sacramento (Sacramento State).

The objectives of the audit were to ascertain the effectiveness of governance, risk management, and control processes related to student health services (SHS) and counseling and psychological services (CAPS) and to ensure compliance with relevant federal and state regulations, Trustee policy, Office of the Chancellor (CO) directives, and university procedures.

The California State University (CSU) offers SHS and CAPS to matriculated CSU students to support student learning, well-being, and overall academic success. SHS plays a pivotal role in promoting student success by offering comprehensive medical and preventive care, including primary outpatient services, family planning, immunizations, diagnostic services like labs and X-rays, pharmacy access, health education, first aid, consultations with community health agencies, and referral services. These services are authorized under the *CSU Policy on University Health Services*, which directs campuses to maintain accessible, high-quality health centers to support student retention and enhance academic performance.

Provision of mental health services helps to ensure equitable student success by supporting the diverse needs of the student population, supporting retention and graduation, and fostering a healthy university environment. The *CSU Policy on Student Mental Health* governs CAPS programs at each university and requires that each university maintain a minimum level of mental health services, including counseling and psychotherapy, suicide and personal violence services, emergency and crisis services, outreach, mental health consultation, and referral resources. Together, SHS and CAPS provide an integrated framework of physical and mental health support comprising clinical care, wellness promotion, and educational programs that reinforce the CSU's commitment to holistic student development and academic excellence.

At Sacramento State, student health, counseling, and wellness services (SHCWS) is housed within the Division of Student Affairs, under the oversight of the vice president of student affairs. The department operates under the direction of the senior associate vice president and provides an integrated model of care that encompasses physical health, mental health, and wellness services. SHCWS supports all aspects of student health and wellness for eligible students by offering access to primary care, preventive services, psychological services, wellness education, pharmacy, radiology, and laboratory services within a coordinated structure. The department also administers the university's Crisis Assistance and Resource Education Support (CARES) and Basic Needs Support programs to provide resources and support to students who are in crisis or experiencing unique challenges.

The CAPS unit provides a range of mental health services designed to promote emotional well-being and academic success. Core services include individual counseling, peer counseling, group therapy, urgent care, immediate response to suicidal or violent behavior, and after-hours crisis intervention provided through TimelyCare Services. In addition to direct clinical services, CAPS also conducts prevention and outreach activities such as psychoeducational workshops, tabling events, guided tours of the health center, and departmental presentations aimed at reducing stigma and promoting mental health awareness across the campus community.

SHCWS also has a sports medicine unit that delivers medical services for intercollegiate athletics, including injury evaluation, treatment, rehabilitation, and related care for student-athletes.

OVERALL CONCLUSION

Based upon the results of the work performed within the scope of the audit, except for the weaknesses described below, the governance, risk management, and control processes for SHS and CAPS as of September 25, 2025, taken as a whole, provided reasonable assurance that risks were being managed and objectives were met.

AUDIT SCOPE AND RESULTS

We found that SHS and CAPS operations generally delivered services in compliance with CSU policies and procedures; however, we identified opportunities for improvement in administrative areas of SHCWS, including delegation of authority for oversight of SHCWS, record retention, and third-party agreements. We also noted issues related to SHC augmented service definitions and approvals, eligibility of students in the College of Continuing Education (CCE), and physical and system access controls.

Management has already taken steps to address some of these areas, such as updating and enhancing existing policies and establishing a letter of understanding with the athletics department to outline roles and responsibilities as they relate to the care of student athletes.

A summary of the observations noted in the report is presented in the table below. Further details are specified in the remainder of the report. Observations in the report are listed in order of significance, grouped by activity, if applicable.

Area	Processes Reviewed	Audit Assessment
STUDENT HEALTH SERVICES		
Governance	Oversight, roles and responsibilities, policies and procedures, external health services and providers, reviews and accreditations, SHS advisory committee, and reporting to the CO	<i>Observations noted in oversight and roles and responsibilities</i>
Programs and Eligibility	Basic and augmented services, student eligibility, and denial of care	<i>Observations noted in definition of basic and augmented services and student eligibility for SHS</i>
Health Professionals	Qualification of providers, conflict-of-interest statements, and educational programs	<i>Effective – no reportable observations noted</i>
Pharmacy Operations	Prescription authorization, formulary, dispensing controls, inventory management, security, clinical medication, and licensure compliance	<i>Effective – no reportable observations noted</i>
Sports Medicine	Roles and responsibilities, policies and procedures, program oversight, medical records, and quality assurance and risk-management practices	<i>Effective – no reportable observations noted</i>
COUNSELING AND PSYCHOLOGICAL SERVICES		
Governance	Oversight, roles and responsibilities, policies and procedures, external health services and providers, reviews and accreditations, and outreach and communication	<i>Effective – no reportable observations noted</i>

Area	Processes Reviewed	Audit Assessment
Programs and Eligibility	Basic and augmented services, student eligibility, and continuation or denial of care	<i>Effective – no reportable observations noted</i>
Mental Health Professionals	Licensing requirements and procedures; evaluation of training program, including the selection of trainees; and disclosures to students	<i>Observations noted in training/intern program documentation</i>
COMBINED OPERATIONS		
SHS and CAPS Health Records	Information systems, user-access reviews, security and confidentiality of electronic and physical records, record retention, and consent to release information	<i>Observations noted in user-access reviews, CAPS medical records, policies for facilities access, and record retention</i>
SHS and CAPS Program Operations	Service provision, appointment availability, workload and staffing, demand and scheduling, referral processes, program quality and continuous improvement, and telehealth service protections	<i>Observations noted in provider workload and scheduling</i>
SHS and CAPS Fiscal Administration	Establishment and changes of mandatory student health fees, augmented services fees, cash handling and fee collections, budgets and financial records, and expenditure transaction review	<i>Observations noted in establishment of augmented services and procurement and contracts</i>

The audit focused on procedures in effect from July 1, 2023, through September 25, 2025. Our audit and evaluation included the audit tests we considered necessary in determining whether governance, risk management, and control processes in the scope of our review were in place and operative. Additionally, although this audit assessed the security of medical records, it did not include detailed testing of the Health Insurance Portability and Accountability Act (HIPAA). Our review was limited to gaining reasonable assurance that essential elements of SHS and CAPS were in place and did not examine all aspects of the programs.

OBSERVATIONS, RECOMMENDATIONS, AND RESPONSES

1. AUGMENTED SERVICES AND CATEGORY IV FEES

OBSERVATION

The university had not clearly defined the distinction between basic and augmented health services and did not consistently obtain or maintain required approvals for augmented services and related fees.

Systemwide policy defines the basic services that shall be available in all university SHCs to all matriculated students who have paid the appropriate mandatory student health fee. Augmented services are services offered by the SHC that are elective or specialized in nature. These services must be approved by the president or designee. Fees may be charged for augmented services, if appropriately approved.

We found that the university did not maintain a comprehensive list identifying which SHC services were classified as basic and which were augmented, and the distinction between these categories was not clearly defined.

We also found that the university was unable to provide documentation demonstrating that augmented services offered by SHCWS, including elective physical exams, elective immunizations, and clinical laboratory services, were reviewed by the student health advisory committee or approved by the president or designee, as required by the *CSU Policy on University Health Services*.

The university did provide documentation of the approval to establish augmented laboratory fees, durable orthopedic supplies/appliance fees, and augmented professional services fees in 2010. However, this approval was outdated and did not reflect current operations or fee structures. Additionally, the approval characterized these fees as Category V (self-support) rather than Category IV (materials, services, and use) fees, which is inconsistent with CSU policy. According to management, the university has historically relied on this approval framework as the basis for service delivery and fee assessment, and the services have been consistently provided since that time without any material change in their nature or intent.

Furthermore, the *CSU Policy on University Health Services* requires that all fees for augmented services be accounted for in a fund separate from the Mandatory Student Health fee to ensure transparency and proper use of funds. However, we found that the augmented service (Category IV) fees collected in fiscal year (FY) 23/24 and FY 24/25, (\$391,108 and \$431,657, respectively), were commingled in SHCWS's operating fund.

Clarifying service definitions and maintaining required approvals help to ensure consistent application of CSU policies and promote transparency in the management of student health services and related fees.

RECOMMENDATION

We recommend that the university:

- a. Develop and maintain a comprehensive list of basic and augmented health services in accordance with CSU policy and document the review and approval of these services by the student health advisory committee and the president or designee.

- b. Document approval of current augmented services and other Category IV fees charged by SHCWS, and develop a process to ensure that future augmented service fees are approved appropriately.
- c. Establish a separate fund to account for and track augmented service fees.

Responsible Party: Vice President (VP) for Student Affairs

MANAGEMENT RESPONSE

We concur. The university will take the following actions by July 22, 2026:

- a. Develop and maintain a comprehensive list of basic and augmented health services in accordance with CSU policy and document the review and approval of these services by the student health advisory committee and the president or designee.
- b. Document the approval of current augmented services and other Category IV fees charged by SHCWS and develop a process to ensure that future augmented service fees are approved appropriately.
- c. Establish a separate fund to account for and track augmented service fees.

2. TRAINING PROGRAMS

OBSERVATION

The university’s oversight of practicum and internship training programs required improvement, as key documentation was incomplete, was not retained, or was not approved in accordance with CSU policy.

For practicum, internship, and postdoctoral training programs, CSU policy requires the approval of the president or designee, written agreements approved by the CSU Office of General Counsel, and oversight by the student health center director or designee. CSU document retention standards and best practices for clinical training programs require that related documentation be retained to demonstrate compliance with accreditation, licensing, and liability standards.

We reviewed practicum and internship documentation (evaluations, agreements, and screening documentation) for three CAPS practicum interns and two pharmacy interns, and we found that:

- Neither pharmacy intern had a signed agreement outlining program roles and responsibilities.
- Background checks were not available for all five interns, and evidence of Live Scan fingerprinting was not available for two interns.

According to SHCWS management, practicum files are not generally retained beyond the one-year training period, as these records are not considered part of the official student health record and are disposed of at the conclusion of the training period.

Through discussion with management, we noted that SHCWS recently implemented three key forms for its practicum program in 2025: the Intern Expectation form, Supervisor Expectations form, and Intern Evaluation form. These forms define professional standards, ethical expectations, and performance criteria for participants. However, SHCWS had not developed comprehensive policies governing training program administration to address broader administrative and procedural requirements such as onboarding, document retention, supervision protocols, and grievance processes.

Additionally, we found that an agreement with Touro University executed in 2013 to establish the pharmacist training program was signed by the former SHCWS director, who did not have contracting authority, rather than being routed through university procurement. There was also no evidence that this program had been approved by the president or designee and systemwide Office of General Counsel, as required by CSU policy.

Adequate oversight and documentation practices for practicum and internship programs helps to ensure compliance with CSU policies and accreditation requirements, strengthens accountability, and supports program continuity.

RECOMMENDATION

We recommend that the university:

- a. Develop a comprehensive training program policy that establishes clear administrative procedures covering onboarding, supervision, evaluation, remediation, grievance handling, and retention of key program documents for a period consistent with CSU retention standards and any relevant accreditation standards.
- b. Obtain the required approvals from the university president or designee and the CSU Office of General Counsel for the pharmacist training program, and consider amending or re-executing the Touro University agreement with an individual who has proper delegation.

Responsible Party: VP for Student Affairs

MANAGEMENT RESPONSE
<p>We concur. The university will take the following actions by July 22, 2026:</p> <ul style="list-style-type: none">a. Develop a comprehensive training program policy that establishes clear administrative procedures covering onboarding, supervision, evaluation, remediation, grievance handling, and retention of key program documents for a period consistent with CSU retention standards and any relevant accreditation standards.b. Obtain the required approvals from the university president or designee and the CSU Office of General Counsel for the pharmacist training program and consider amending or re-executing the Touro University agreement with an individual who has proper delegation.

3. PROCUREMENT AND EXPENDITURES

OBSERVATION

Administration and oversight of third-party agreements and expenditures needed improvement.

We reviewed documentation for 35 expenditures, as well as contracts for 10 third-party providers with access to student information and/or personal health information (PHI), and found that:

- In eight instances, a current contract was not in place during the audit period. Instead, services were procured during the audit period through the use of purchase orders (PO), rather than contract amendments or term extensions to the original agreements. The university is in the process of renewing two of these agreements. According to SHCWS management, contract updates and

reviews were initiated in late 2024; however, due to the volume of contract requests within the procurement department at that time, procurement management advised SHCWS to continue operating under the existing expired contract. Systemwide management is currently developing guidance for universities on determining appropriate contracting methods and ensuring adequate protection for the CSU.

- In three instances, the agreement was not signed by the appropriate authority. In two of those instances, the original contract was not signed by the vendor, and in one instance, the contract was signed by SCHWS management instead of a representative from procurement.
- In one instance, the contract for a psychiatrist to provide ADHD assessments for students did not contain a data protection clause.
- In one instance, adequate expenditure support, such as documentation demonstrating review and approval of student eligibility, was not provided to fully support a payment of \$37,247 for emergency housing.

Enhancing procurement and expenditure documentation and approval processes helps to strengthen compliance, improve financial accuracy, and promote accountability and transparency in the use of university resources.

RECOMMENDATION

We recommend that the university:

- a. Develop and implement procedures to ensure that all third-party agreements include the CSU *General Provisions* and appropriate data retention and secure disposal provisions when PHI is involved, are signed and dated by individuals with delegated authority, and are appropriately renewed or amended.
- b. Remind staff reviewing and approving expenditures that all expenditures must be properly supported with documentation demonstrating compliance with trust fund requirements, such as documentation verifying student eligibility and approval for emergency housing assistance.

Responsible Party: VP of Business and Finance

MANAGEMENT RESPONSE

We concur. The university will take the following actions by July 22, 2026:

- a. Develop and implement procedures to ensure that all third-party agreements include the CSU *General Provisions* and appropriate data retention and secure disposal provisions when PHI is involved, are signed and dated by individuals with delegated authority, and are appropriately renewed or amended.
- b. Remind staff reviewing and approving expenditures that all expenditures must be properly supported with documentation demonstrating compliance with trust fund requirements, such as documentation verifying student eligibility and approval for emergency housing assistance.

4. USER-ACCESS CONTROLS

OBSERVATION

SCHWS's controls over user access did not always meet the requirements of CSU's *Information Security Policy and Standards*.

We found that although SHCWS had two policies addressing user-access management, Administrative and Operational Procedures (AP).0124 *Auditing Electronic Health Record System User Access* and AP.018 *Clinical Record System/Health Information Management*, these policies were not comprehensive and did not address elements required by CSU's *Information Security Policy and Standards*, including:

- Procedures for granting system access to a new employee.
- Procedures for changing or revoking system access upon employee transfer or termination.
- An annual documented review of user-access rights.

Our review of system access documentation for 16 Point and Click (PnC) users, including eight SHS users and eight CAPS users, confirmed that all of the individuals were active employees with appropriate levels of access. However, we identified delays in the approval process. For the one employee in our review who was hired during the audit period, the access request form was not approved until 179 days after the employee's hire date, and workflow reports suggested that additional users received access approvals in an untimely manner.

During our review, management updated Policy AP.124 *System Access Policy and Procedure*, effective September 2025, to incorporate the elements required by CSU's *Information Security Policy and Standards*.

Properly managed access rights support accountability, data integrity, and compliance with CSU information security policies.

RECOMMENDATION

We recommend that the university review the process for granting user access to ensure that approvals are completed timely.

Responsible Party: VP for Student Affairs

MANAGEMENT RESPONSE
We concur. The university will review the process for granting user access to ensure that approvals are completed timely by July 22, 2026.

5. CAPS MEDICAL RECORDS

OBSERVATION

Signed privacy notices were not always retained in CAPS student medical records.

SHCWS policy requires that all patients be informed of their privacy rights and provided with a *Notice of Privacy Practices* outlining SHCWS's privacy policies, legal obligations, and patients' rights concerning

their PHI. During a patient’s first visit, the notice is presented either electronically through the patient portal or as a printed document at the reception desk. Patients are asked to acknowledge receipt by signing digitally in the portal or by providing a handwritten signature, which is then uploaded or filed in the patient’s record. The notice is also posted on the SHCWS website and is available upon request.

We reviewed 15 CAPS student medical records and found that in three instances, the records did not contain a signed privacy notice acknowledging receipt of required privacy practices.

Signed privacy notices are essential documentation confirming that patients have been informed of their rights regarding the use and disclosure of PHI. Retaining these records helps ensure compliance with privacy regulations and demonstrates that patients were properly notified of their rights and protections.

RECOMMENDATION

We recommend that the university implement a required intake checklist to ensure that all clients review and sign the privacy notice before services begin, and that the signed acknowledgment is retained in the client’s record.

Responsible Party: VP for Student Affairs

MANAGEMENT RESPONSE

We concur. The university will implement a required intake checklist to ensure that all clients review and sign the privacy notice before services begin and that the signed acknowledgment is retained in the client’s record by July 22, 2026.

6. STUDENT ELIGIBILITY – COLLEGE OF CONTINUING EDUCATION

OBSERVATION

There was no memorandum of understanding (MOU) between SHCWS and the College of Continuing Education (CCE) to provide health and counseling services to those students who do not pay the student health fee.

In Spring 2025, CCE and graduate students began receiving services from SHCWS following the development of an opt-in student health fee process for this population. However, this expansion of service eligibility and associated fee structure was not formalized in an MOU or other official documentation between the CCE program and SHCWS. Although this arrangement was not formally documented, internal documentation indicates that similar practices were in place prior to the pandemic and do not represent a new approach.

During our review, SHCWS started working with the university’s contracts and procurement office on drafting an MOU between the two departments. The draft MOU and is currently under review by procurement and both departments.

A documented agreement outlining the terms of service provision, funding responsibilities, and scope of care can help to ensure program oversight, service eligibility verification, billing transparency, and compliance with CSU executive orders.

RECOMMENDATION

We recommend that the university finalize the MOU between CCE and SHCWS and communicate roles and responsibilities to appropriate CCE and SHCWS staff.

Responsible Party: VP of Business and Finance, VP for Student Affairs, and Dean of CCE

MANAGEMENT RESPONSE

We concur. The university will finalize the MOU between CCE and SHCWS and communicate roles and responsibilities to appropriate CCE and SHCWS staff by July 22, 2026.

7. PROVIDER TIME-TRACKING

OBSERVATION

Time spent delivering care for SHC and CAPS providers was not accurately recorded due to canceled or missed appointments.

Appointment Recording

Providers recorded the full scheduled duration of appointments, including canceled or missed sessions, as direct service hours. Typical appointment durations range from 20 to 60 minutes, depending on the appointment type. Recording the full duration for canceled or no-show appointments may overstate the actual hours of patient care provided and could affect the accuracy of utilization and productivity metrics used in staffing decisions.

Management indicated that this practice was intended to avoid penalizing providers and counselors for cancellations or no-shows beyond their control. Though both SHS and CAPS offer walk-in services that could potentially use this time, opportunities for same-day reallocation are limited and depend on patient demand. There was no formal guidance for providers or counselors on how to effectively repurpose time from canceled appointments (for example, conducting outreach, performing administrative tasks, or other operational duties) to maintain productivity.

CAPS Review of Provider Utilization

CSU policy requires a 60%-65% direct service rate for CAPS counselors. We reviewed five CAPS counselors for fall 2024 and found that, after removing time recorded for canceled and no-show appointments, none met this rate.

In addition to scheduled appointments, we noted that counselors perform outreach, supervision, and liaison activities that may be considered direct service but are not consistently tracked. There is no mechanism to monitor whether CAPS counselors are meeting the required direct service rate or document reasons for deviations from the target, such as time spent on administrative or coordination duties.

Accurate tracking of appointment activity and adequate review and monitoring of provider utilization enables management to make informed decisions regarding staffing, productivity, and resource allocation, and supports effective performance evaluation and continuous improvement in service delivery.

RECOMMENDATION

We recommend that the university develop and implement procedures that ensure accurate recording of appointment activity and effective use of time from canceled or missed appointments. This should include clear guidance for documenting canceled appointments and no-shows to support accurate reporting of provider and counselor utilization, as well as expectations for repurposing unused time with activities such as patient outreach, administrative duties, or professional development.

Responsible Party: VP for Student Affairs

MANAGEMENT RESPONSE

We concur. The university will develop and implement procedures that ensure accurate recording of appointment activity and effective use of time from canceled or missed appointments by July 22, 2026. This will include clear guidance for documenting cancelled appointments and no-shows to support accurate reporting of provider and counselor utilization, as well as expectations for repurposing unused time with activities such as patient outreach, administrative duties, or professional development.

8. OVERSIGHT OF HEALTH AND MENTAL HEALTH SERVICES

OBSERVATION

The university had not formally documented the required delegation of authority from the president to the VP for student affairs to oversee SHCWS, which includes the sports medicine program and the student health advisory committee.

Although the VP for student affairs and the student health advisory committee were active in providing oversight and advisement, CSU policy requires that these responsibilities be formally delegated by the president.

Clearly documented delegations help ensure appropriate oversight of student health programs and compliance with systemwide policy.

RECOMMENDATION

We recommend that the university formally document a delegation of authority from the university president to the VP for student affairs to include oversight of SHCWS and all its departments.

Responsible Party: VP for Student Affairs

MANAGEMENT RESPONSE

We concur. The university will formally document a delegation of authority from the university president to the VP for student affairs to include oversight of SHCWS and all its departments by July 22, 2026.

9. RECORDS RETENTION

OBSERVATION

SHCWS medical and mental health record retention practices did not meet the CSU-mandated 10-year minimum period.

At the time of our review, SHCWS's internal *Health Records Retention & Destruction Policy* (last revised in October 2024) required that student health records for adults be retained for seven years following the last date of service and that those for minors be retained for seven years past the age of majority or seven years from the last service date, whichever was longer. This practice did not align with CSU Executive Order 1031, which requires that medical and mental health records be retained for a minimum of 10 years from the last visit or date of service.

Based on the audit feedback, SHCWS updated its policy in September 2025 to reflect the 10-year retention requirement consistent with CSU standards.

GENERAL INFORMATION

ADDITIONAL BACKGROUND

At the CO, the student academic support department in the Academic and Student Affairs division is responsible for providing systemwide oversight and guidance for both SHS and CAPS activities. In addition, a systemwide health services advisory committee meets at least twice per year to provide recommendations to the chancellor regarding revisions to applicable CSU policies. The committee also identifies and implements corrective measures for issues identified in the systemwide survey and accreditation report reviews.

The primary health entity on each CSU campus is the student health center (SHC), although other areas on campus may provide health services to students, such as intercollegiate athletics and intramural sports. Each university SHC and its pharmacy is required to be accredited by a nationally recognized and independent review agency, such as the Accreditation Association for Ambulatory Health Care (AAAHC). In addition, pharmacies are subject to periodic inspections by the California State Board of Pharmacy.

Health services are funded in part by two mandatory student fees: a health services fee covering basic health services and a health facilities fee to support the health center facility. Each SHC may provide augmented services and either impose a fee-for-service for each augmented service rendered or a fee that allows unlimited use of all augmented services provided by the SHC. These fees, described in CSU *Student Fee Policy*, can be changed only after a student referendum or a consultation that allows meaningful input and feedback from appropriate campus constituents. As of the spring 2025 semester, Sacramento State students paid a health services fee of \$152 and a health center facilities fee of \$19 per semester.

Baseline mental health services may be funded using state appropriations or mandatory student fees and are available without additional charge to all matriculated students. The Budget Act of 2021 included \$15 million in ongoing appropriations for student mental health services in the CSU, a number that was increased to \$15.8 million in the Budget Act of 2023. Additional funds have also been appropriated to support CSU Basic Needs Initiatives. Several campuses have been able to increase the number of counselors providing services, leading to a decrease in wait times for appointments and an expansion of outreach activities. Campuses may also offer augmented mental health services beyond the scope of the required basic services, such as specialty care appropriate to the mental health needs of students; services to partners or family members of eligible students; and services to students of non-state-supported programs of the university, such as extended education. Augmented services are subject to user fees, the amount of which must be limited to the actual cost of the services provided.

At Sacramento State, the SHCWS is accredited by the AAAHC, and the pharmacy is licensed by the California State Board of Pharmacy. SHCWS electronic medical records are maintained in PnC, while pharmacy operations are supported by ProPharm.

CRITERIA

Our audit was based upon standards as set forth in federal and state regulations and guidance, Trustee policy, Office of the Chancellor directives, and university procedures, as well as sound administrative practices and consideration of the potential impact of significant risks. This audit was conducted in conformance with the Institute of Internal Auditors' *Global Internal Audit Standards*.

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

- CSU *University Health Services Policy*
- CSU Clarifications to *Executive Order (EO) 943 Policy on University Health Services*
- CSU *Delegation of Fiscal Authority and Responsibility Policy*
- CSU *Student Mental Health Policy*
- CSU *Risk Management and Public Safety Policy*
- CSU *Student Tuition and Fee Policy*
- California Civil Code Section 56-56.37, *Confidentiality of Medical Information Act*
- CSU *Conflict of Interest Code*
- 20 United States Code §1232g; 34 Code of Federal Regulations Part 99, *Family Educational Rights and Privacy Act (FERPA)*
- AAAHC *Accreditation Standards*
- Coded memorandum Human Resources 2005-16, *Requirements for Protecting Confidential Personal Data*
- International Accreditation of Counseling Services *Standards for University and College Counseling Services*
- Government Code §13402 and §13403
- CSU *Information Security Policy and Standards*
- CSU *Contracts and Procurement Policy*
- CSU *Record Retention and Disposition Schedules*
- CSU *Administration of University Property Policy*
- SHCWS *Patient No Show, Same Day Cancellation Late Fee Appeals Process*
- SHCWS *AP.018 Clinical Record System Health Information Management Policy*
- SHCWS *AP.066 Health Records Retention & Destruction Policy*
- SHCWS *AP.123, Key and Fob Security Policy*
- SHCWS *AP.124, Auditing HER System User Access*

AUDIT TEAM

Senior Audit Manager: Christina Chen

Senior Auditor: Brenda Auner

Internal Auditor: Alec Bezjian