

## BHS Policies and Procedures



City and County of San Francisco  
Department of Public Health  
San Francisco Health Network  
BEHAVIORAL HEALTH SERVICES

1380 Howard Street, 5th Floor  
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415.255-3400  
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### POLICY/PROCEDURE REGARDING: Use of Trainees/Interns for Clinical Services

Issued By: Jo Robinson, MFT  
Director of Behavioral Health Services

Date: March 1, 2016

Manual Number: 2.06-16  
References:

Substantive Revision. Replaces 2.06-16 dated June 25, 2010.

#### **Purpose:**

Behavioral Health Services (BHS) provides training and supervision to student trainees and pre-licensed interns (MSW, MFT, and LPCC students, LCSW Associates, MFT Interns, LPCC Interns, bachelor and M.S. Nursing students, practicum doctoral students, pre-and post-doctoral Psychology interns, Pharmacy clerkship students, etc.) in order to ensure that those individuals trained acquire the knowledge and skills to work with the public mental health client. For the purpose of this policy a trainee is defined as a student who is actively enrolled in a graduate program (MSW, MFT, LPCC, Ph.D./Psy.D etc.) as defined by their academic institution. Upon graduation these trainees are eligible to register with their licensing board (BBSE, Board of Psychology etc.) as a registered intern and accrue hours toward licensure. A registered intern is defined as a post graduated but pre-licensed person who is registered with their appropriate licensing board (BBSE, Board of Psychology, etc.) as a registered intern who can accrue supervised hours toward licensure. Supervision is an activity that is provided by a senior member of a profession to a junior member of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior, monitoring the quality of professional services offered to the clients they see, and serving as a gatekeeper for those who are to enter the particular profession.

**Scope:** This policy applies to all BHS programs that host trainees/interns in a training program.

#### **Policy:**

The following are standards and guidelines for all BHS Trainee/Internship programs (including contract agencies') in order to ensure the quality, consistency and continuity of care of assigned trainees/interns. SF County BHS Civil Service Clinics will only accept trainees (see definition above) into its training program. The only exception to this policy for Civil Service Clinics are those seeking post-doctoral placements/supervision. (These standards are not meant to pre-empt any State regulations, which take precedence.)

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## **1. Minimum Orientation and Preparation**

At the beginning of the trainees/interns internship, programs must provide all their them with a basic orientation to the System-of-Care, including important policies and procedures (such as the User Confidentiality Agreement, HIPPA etc.) basic documentation practices, and information about the variety, types, and levels of clinical services available. This can be achieved by sending trainees/interns to the Annual BHS Intern Orientation that is held at the start of every school year. In addition, on-boarding of trainees/interns should include, at a minimum, orientation to the specific placement agency (client population and services provided) agency administrative policies, and other important procedures (such as emergency and safety protocols).

Trainees/Interns who do not have much clinical experience, or who do not have any experience with the agency's specific client population, should go through a preparatory process before seeing clients alone. This preparatory process should include as close to direct observation as possible by the supervisor (or designee) of the inexperienced trainee/intern's initial client interviews. This can be accomplished by methods such as direct observation of the intern doing initial assessments with clients, use of one-way mirror or audiotape with the client's permission, and/or verbatim process recording; in order to ascertain the trainee/intern's skill level, and provide targeted coaching.

**All trainees/interns must:** Have a cleared TB test, administered and read within the past year (12 months) and a finger print clearance (within 30 days) prior to beginning their training within a BHS program. Please contact the BHS Internship Coordinator at (415) 255-3949 for the TB clearance/fingerprinting procedure. Students who are training within Civil Service Clinics must complete a student information form and return it to the Student Internship Coordinator within the first 30 days of placement.

## **2. On Boarding**

Through the course of the trainee/internship, placement agencies must arrange to provide their trainees/interns with an orientation and didactic training on a variety of important topics that are generally useful for all trainees/interns irrespective of the specific program or special client population they might be working in/with. These important *basic* and *general* trainings include:

- General Administration Orientation
- Agency Orientation
- Systems-of-Care (available services and how to access)
- BHS Policies and Procedures
- Confidentiality/HIPAA Privacy Policies
- Cultural Competence/Humility
- Language Needs (use of interpreters)
- Dual-Diagnosis Policy
- Harm-Reduction Policy

- Recovery Perspective
- Documentation/Electronic Health Record-Avatar
  - Certification for CANS-(Child and Adolescent Needs and Strengths)
  - Certification for ANSA-(Adult Needs and Strengths)
- Suicide Intervention
- Mandatory Reporting Requirements
- Management of Assaultive Behaviors
- Psychiatric Medications

In addition, other *specific* trainings on special client populations may also be useful and beneficial, such as:

- Homelessness
- Mentally-Ill Offenders
- HIV/AIDS
- Working with Black Families
- Working with undocumented clients/families
- Cultural/Racial Humility
- LBGQTIQ Sensitivity
- Child & Adolescent Development
- Aging Mental Health Issues
- Family Systems
- Domestic Violence
- Child Abuse and community resources
- Gang violence
- The IEP process

Trainee/Internship programs must also provide didactic trainings on a range of *clinical* topics, to reinforce and strengthen the academic training trainees/interns receive, such as on:

- DSM V
- Trauma Informed Care
- Wellness/Recovery Philosophy
- Reflective Practice
- Clinical Interviewing
- Family Systems Theory
- Motivational Interviewing
- Client Engagement and Rapport-Building
- Case Management & Utilizing Community Resources
- Coordination between Psychiatric Medications, Counseling, and Case Management
- Law & Ethics
- Special Client Population Issues

- Transference/Counter-Transference
- Treatment Approaches toward different Diagnostic Groups
- Short-Term Treatment Interventions
- Termination Issues

The BHS Training Department conducts a variety of trainings that are available to BHS trainees/interns. Additionally, trainee/internship programs should partner and coordinate with each other to develop efficient didactic training programs. For example, a program could open up a number of seats to other programs for an in-house intern training that they've organized. Trainee/Internship programs should employ a variety of effective training methods for their trainees/interns, including use of non-didactic tools, such as vignettes for case discussions, videotapes and other audio-visual materials, written handouts, role-playing, etc.

### **3. Supervision**

The relevant supervision requirements imposed by the Board of Behavioral Science Examiners, Board of Psychology, Board of Registered Nursing, Board of Pharmacy, and required by academic programs (such as schools of social work) must be adhered to for each intern. These include such requirements as: minimum hours of supervision per week; the type of license, number of clients assigned, years of experience, and continuing education credits, required of intern supervisors; written individual educational plans and performance evaluations as may be required by graduate schools; and memorandums-of-understanding between schools and agencies. Supervisors need to understand the supervision requirements of their trainees/interns' disciplines before agreeing to supervise.

Arrangement must be in place so that all trainees/interns have access to on-the-spot, urgent supervision or case consultation from the supervisor (or designee) whenever needed – such as for a client crisis, diagnostic concerns, suicide assessment etc. Additional supervision in the form of group supervision is also encouraged in agency placements with more than one intern.

Clinical supervisors must take a training in clinical supervision (as defined by their licensing board) before being allowed to oversee trainees/interns; in order to ensure the quality of the oversight of their trainees/interns' work. Copies of supervisors' clinical licenses must also be kept in public view within their clinic.

### **4. Liability**

Trainee/Intern supervisors and their agencies may be held responsible for the acts of their trainees/interns who may be deemed as agents of the supervisors and agencies. All agencies contracting with Behavioral Health Services must maintain liability insurance that will fully protect itself, its officers, agents and employees, as well as the City & County of San Francisco, from any and all claims which may arise from their operations. Civil service programs are similarly insured through the City & County.

Supervisors and agencies have a legal responsibility for the welfare of their clients, and for the services provided by their trainees/interns. To minimize liability risk, the following practices should be adhered to by BHS Trainee/Internship programs and clinical supervisors:

- Be able to demonstrate competency in supervision
- Careful selection, assessment, and monitoring of trainees/interns
- Knowledge of current legal and ethical codes by supervisors and their supervisees
- Appropriate delegation of cases (see section #5 below)
- Give trainees/interns a written crisis management plan (such as agency protocols for suicide intervention)
- Always have supervisory staff on site when trainees/interns are in the clinic
- Give clear, regular and timely feedback to trainees/interns on their performance
- Make sure trainees/interns have read and have access to agency policies and procedures
- Be aware of and address signs of client impairments
- Avoid dual intern/client relationships
- Use third-party consultation when indicated
- Record-keeping:
  - review and co-sign trainees/interns' notes regularly
  - review and co-sign all trainees/interns assessments, re-assessments, and treatment plans
  - check for informed consents
  - monitor high-risk clients
  - read and sign (or co-sign) reports that go outside the office
  - keep your own records of supervision
  - document all activities in supervision
  - carefully document all suggested interventions for high-risk situations
  - keep copies of all relevant documents
  - Regular process of review trainees/interns documentation (PURCQ)

## **5. Types of Client Assignments**

The trainee/intern's prior experience, skills, knowledge, progress in learning, and personal comfort-level, must be considered in deciding the level-of-difficulty of client situations that will be assigned. In all instances, trainees/interns must be trained to identify themselves to clients as a trainee/interns at the start of contact. Trainees/Interns must give their supervisors contact information to all of their assigned clients and to add this information to their office voice mail to support the quality of care provided to those seeking BHS services. Adequate care, preparation and forethought must be taken before assigning trainees/interns to clients with serious histories of suicide, dangerousness, psychosis, and significant abandonment and separation issues.

Trainees/Interns must not be given the responsibility for conducting OD-intake duties, except when the intern has advanced experience and they must do so under clinical supervision. Also, trainees/interns cannot be assigned as care managers who authorize a client's overall services in the system-of-care. Lastly, consideration for continuity-of-care also requires minimizing the rotation of clients from one new intern to another.

**Contact Persons:**

BHS Student Internship Coordinator 415-255-3949  
Assistant Director, Adult/Older Adult Services,  
Assistant Director of Children, Youth & Families, (415) 255-3692

**Distribution:**

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