

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

PROCEDURE

No: 02-008

Effective: January 1, 1989
Revised: November 19, 2010

Prepared by:

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CMH Human Resources Committee

Subject: Screening, Orientation,
Supervision, and Processing
of Student Observers/Interns

Approved by:

John North, Director

I. PURPOSE

To provide a single point of entry for Student Observers and Interns and assure they are screened for the position, achieve orientation to the Agency, are accountable for their services and assignments, and receive adequate supervision from CMH staff.

II. APPLICATION

All CMH student observers/interns and CMH staff/contract providers responsible for the supervision of the students.

III. DEFINITIONS

Student Observers

Individuals participating in "career exploration" or field observation at a CMH site. Student Observers do not deliver care and/or services.

Intern

Individuals completing career development or practicum experience in CMH sites by delivering care and/or service with appropriate levels of supervision.

Placement

The activity duration, program, and discipline of the student/ observer intern.

Field Instructor

CMH staff/contracted provider responsible for the screening, orientation, and supervision of the student observer/intern and any services they provide.

Learning Contract

Document formatted by the learning institution and required of the student observer or intern. Goals and objectives may be standardized or constructed by the intern in consultation with the Field Instructor. The document may be completed and progress evaluated once, or reviewed and updated on an ongoing basis. The Field Instructor will be designated by the supervisor of the program.

IV. PROCEDURE

- A. Inquiries from colleges/universities for day observation/internships will be directed to the designated Projects Coordinator.
 - 1. These requests will be forwarded to the assigned Contract Specialist who will assure there is an agreement in place with the specific college/university and inform the Projects Coordinator if/when an agreement is completed.
 - 2. The Projects Coordinator will maintain a list of Student Observer/Intern opportunities as defined by the Agency Program Managers.
 - 3. All requests will be forwarded to the Clinical Director/Chief Operations Officer and appropriate Program Manager.
- B. An agreement between Community Mental Health Services of Muskegon County and the college/university will be processed by the assigned Contract Specialist prior to any student placements in the agency.
- C. Student Observers
 - 1. Student Observers will be assigned to the appropriate program, and the Program Manager will assign a Field Instructor for participation in any CMH service.
 - 2. Prior to obtaining any information regarding any individual receiving services or having any contact with them, the Program Manager/designee will assure all Student Observers complete the following forms. When completed, the Program Manager/designee will forward these forms to the CMH Human Resources Secretary for filing.
 - a. Student Observer Application (Attachment A).
 - b. Confidentiality Statement (A076, Attachment B).
 - c. Submission of a Learning Contract.
- D. Student Interns
 - 1. Student Interns will be assigned to the appropriate program and Field Instructor prior to interview for placement.
 - 2. All Student Intern applicants will complete a Student Intern Application, (A083, Attachment C).

3. All Student Intern applicants will be interviewed and screened by the potential Field Instructor using the Agency interview scenario questions for the pertinent discipline. The Human Resources Secretary will maintain copies of all interview scenario questions.
4. After the interview, the Field Instructor will ask the CMH Human Resources/Recipient Rights Secretary to complete:
 - a. The Recipient Rights check.
 - b. The Michigan Driver's License check.

Depending on the results of these checks, the Field Instructor will indicate acceptance or denial of the Student Intern to their school and note the same on the Student Intern Application. If the Student Intern is accepted, the Field Instructor will ask he/she for the personal information required to initiate a Criminal Background Check (refer to New Hire Procedure # 02-010), and the CMH Human Resources Secretary will perform that check.

5. The Student Intern will attend, within the first ten (10) working days, the New Employee Orientation that is presented the first Monday of each pay period. At that time they will be oriented to pertinent Muskegon County and CMH policies and procedures. (See Attachment G: Student Orientation List) The Student Intern will also review and sign the Confidentiality Statement (A076, Attachment B) and Intern Statement of Terms (A085, Attachment D). The CMH Human Resources Secretary will schedule the Student Intern to attend the additional required training for clinical and non-clinical Interns. (See Attachment H: Additional Required Training for All Clinical and Non-Clinical Student Interns.)
6. The CMH Human Resources Secretary will file the original Student Intern Application (A083), Confidentiality Statement (A076), and any other submitted internship documents.
7. The Field Instructor will orient the Student Intern to the pertinent practices, procedures, policies, and responsibilities not addressed in the New Employee Orientation. During orientation, Student Interns will be provided access to Muskegon County's and the Agency's policies and written procedures. All Student Interns are expected to adhere to the County and Agency's policies and procedures including confidentiality. The Field Instructor will also orient the Student Intern using the Orientation Checklists for the Site (A008, Attachment E).
8. The Field Instructor will contact the CMH Training Department and schedule the Student Intern to attend any other required training.
9. The Student Intern will submit their Learning Contract for consultation, review, and approval to their Field Instructor.
10. The Field Instructor will forward a photocopy of the completed and signed Learning Contract to the CMH Human Resources Secretary.
11. The Field Instructor/designee of the assigned Student Intern will conduct and document supervision meetings with the Intern as indicated in the Learning Contract.

12. Field Instructors will orient Student Interns to relevant changes in practice, procedure, and/or policy on an as-needed basis.
13. Field Instructors will complete written evaluations of their Student Intern's progress at least quarterly. If the school requires a more frequent evaluation schedule, the Field Instructor will comply with the school's expectation. The Field Instructor will submit photocopies of the evaluations for filing to the CMH Human Resources Secretary. If such evaluations are required by the school, the Intern is asked to submit both the school's document and the Agency form (A087, Attachment F) to their Field Instructor.
14. If, through the evaluation process the Field Instructor confirms that the Student Intern is not meeting the criteria for the internship and/or has been in violation of a CMH or Muskegon County policy, the internship may be terminated.
15. The Field Instructor will inform the CMH Human Resources Secretary in writing (i.e., e-mail) when a Student Intern has completed his/her internship.

V. REFERENCES

Attachment A, Student Observer Application
Attachment B, Confidentiality Statement (CMH form A076)
Attachment C, Student Intern Application (CMH form A083)
Attachment D, Intern Statement of Terms (CMH form A085)
Attachment E, Orientation Checklists for the Site (CMH form A008)
Attachment F, Placement Evaluation (CMH form A087)
Attachment G, Student Orientation List
Attachment H, Additional Required Training for Clinical and Non-Clinical Student Interns
Policy/Procedure No. 02-010, New Hire Procedure
Policy/Procedure No. 02-016, Workforce Development

/jec

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY STUDENT OBSERVER APPLICATION

1. Requested CMH Program: _____
2. Name: _____ Address: _____
City/ZIP: _____ Telephone: _____
3. Driver's License: _____ Expiration Date: _____
4. Social Security #: _____
5. Current Employment: _____ Telephone: _____
6. Are any Physical Accommodations needed? No Yes Please explain: _____

7. Education and special training: _____

8. Work experience and skills: _____

9. Please indicate when you are available to be reached by telephone:
a) Days: _____ b) Time: _____ c) Telephone: _____
10. Emergency Contact Person: _____ Relationship: _____
Address: _____ City/ZIP: _____ Telephone: _____
11. In the past three years have you had your driver's license suspended, or have you accumulated more than 4 points? No Yes Explain: _____
12. Have you ever been convicted of any violation of the law other than traffic offenses?
 No Yes Explain: _____
13. University or School: _____ Telephone: _____
14. Reason for requesting CMH: _____
15. Hours required: _____ Start Date: _____
16. Faculty Liaison: _____ Telephone: _____
17. Reference checks: Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____

All statements made by me on this application are true, complete and correct.

Applicant's Signature: _____ Date: _____
Screened By: _____ Date: _____

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

VOLUNTEER - STUDENT OBSERVER/INTERN

CONFIDENTIALITY STATEMENT

The County of Muskegon has the following general written policy:

“The misuse or removal from the premises, without prior authorization, of any County records, confidential information, or any other County property except as necessary in the performance of an employee’s duty, shall be grounds for immediate discharge.”

Maintaining confidentiality is a part of the Mental Health Code of the State of Michigan (see Chapter 7: Section 330.1748 of the Code for an in-depth description). Since the Community Mental Health Services Board operates on the assurance of said confidentiality to all individuals receiving services, it has adopted a detailed policy that speaks to this issue. (See Policy and Procedure 4-001 and 4-002 located at all facilities.)

In all services offered by Community Mental Health, the individual receiving services is assured that his name and all records will remain confidential. If confidentiality was not promised to those individuals, many would not be coming to the agency for services.

The phrase “maintaining confidentiality” is very broad and inclusive. In effect it means an employee of Community Mental Health is not permitted to divulge the names of individuals receiving services unless it is in a work-related situation that requires such information to be given and only to authorized personnel, agencies, and appropriate individuals. As specified in the State Mental Health Code, information is to be released only with the individual’s informed written consent.

This form has been developed to ensure that Community Mental Health Volunteer Student Observer/Interns are informed of the importance of maintaining confidentiality. After you have read this form, and it has been discussed with you by your Field Instructor/Supervisor, please sign your name on the line indicated below.

Student Observer/Intern Signature _____

Date _____

Supervisor Signature _____

Date _____

NOTE: A copy of the Mental Health Code of the State of Michigan is available through the Department of Community Health. Contact your Field Instructor/Supervisor if you need a copy of the Code.

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY STUDENT INTERN APPLICATION

- 2. Requested CMH Program: _____
- 2. Name: _____ Address: _____
City/ZIP: _____ Telephone: _____
- 3. Driver's License: _____ Expiration Date: _____
- 5. Social Security #: _____
- 5. Current Employment: _____ Telephone: _____
- 6. Are any Physical Accommodations needed? No Yes Please explain: _____

- 7. Education and special training: _____

- 8. Work experience and skills: _____

- 9. Please indicate when you are available to be reached by telephone:
a) Days: _____ b) Time: _____ c) Telephone: _____
- 10. Emergency Contact Person: _____ Relationship: _____
Address: _____ City/ZIP: _____ Telephone: _____
- 11. In the past three years have you had your driver's license suspended, or have you accumulated more than 4 points? No Yes Explain: _____
- 12. Have you ever been convicted of any violation of the law other than traffic offenses?
 No Yes Explain: _____
- 13. University or School: _____ Telephone: _____
- 14. Reason for requesting CMH: _____
- 15. Hours required: _____ Start Date: _____
- 16. Faculty Liaison: _____ Telephone: _____
- 17. Reference checks: Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____

All statements made by me on this application are true, complete and correct.

Applicant's Signature: _____ Date: _____
Screened By: _____ Date: _____

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

Intern Statement of Terms

The individual (Intern) seeking to gain clinical/professional experience, whether

1. employed by the County of Muskegon’s Community Mental Health Department (Agency); or
2. engaged by the Agency through a contractual arrangement; or
3. a student unassociated with the Agency

while completing academic work or completing certification/licensing requirements (placement) enjoys the privilege and responsibilities of access to the Agency’s records and clients and supervision at the discretion and pleasure of the Agency. Placements can and will be terminated immediately should the CMH staff responsible for the placement (field instructor) or their supervisor (if the field instruction does not hold Program Supervisor status) determine that said termination is in the best interest of the Agency, the Agency’s clients and/or the Agency’s mission. The Intern has no recourse to appeal or grieve placement termination, as placement and Internship have only probationary status in the Agency or personnel rules of the county.

The Intern is responsible for the services they provide and must follow established policy, procedure and practice guidelines.

The Intern will seek appropriate resources and guidance should they have professional and/or personal concerns. These include their faculty liaison (if still in school), their field instructor, their field instructor’s supervisor, the Agency Recipient Rights Officer, and the County Equal Opportunity Officer.

The Intern will follow and demonstrate professional ethics as described in the Agency’s ethical statement and the code of ethics for their profession/discipline. Ref: CMH Policy and Procedure: 1-036—Agency’s Mission, Vision, Values and Ethics Statements.

The Intern is subject to peer review and customer satisfaction surveys as part of their clinical and professional supervision. Results of these and other Quality Improvement activities will be used as part of their evaluation.

The Intern must inform their field instructor immediately if they are unable to perform/complete as assigned service. Ref: CMH Policy & Procedure 2-020—Staff Requested Exemption From Delivering Care and/or Services.

I understand and agree to the terms as stated above.

Intern

Date

Field Liaison

Date

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

SITE SPECIFIC EMPLOYEE ORIENTATION

NAME: _____

LOCATION: _____

DATE	TOPIC	<i>INITIALS</i> Employee / Supervisor
	Introduction of new employees to co-workers	/
	Use of equipment and/or facilities (copy machine, kitchen facilities, telephone procedures, county vehicles, etc.)	/
	*Timekeeping procedures/work schedule	/
	Lunch hour and work breaks	/
	Overtime and on-call payments (when applicable)	/
	Mailing process and procedures	/
	Location of supplies and how to secure supplies	/
	How to respond if there is a risk of infection from a bloodborne pathogen	/
	Vehicle parking and guidelines	/
	FORM: Employee Key Record	/
	*FORM: Building Safety Orientation Checklist	/

*Indicates that these items should be trained on the **first day** at the site.

COMMENTS: _____

Please return completed checklist to:
Human Resources Secretary
John Halmond Center

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY PLACEMENT EVALUATION

Name: _____ **Placement Dates:** From _____ To _____

Assigned Program: _____

Briefly describe your duties: _____

How many hours to date? _____

Please rate the following in regard to your CMH experience:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I had a high-quality learning experience.						
2. I had sufficient opportunities to develop/apply my skills.						
3. I am pleased with the quality of the supervision received.						
A. Frequency (at least monthly)						
B. Relevancy to the learning contract goals						
4. I am pleased with the following opportunities:						
A. Observations						
B. Direct client contact						
C. Presentations						
D. Case consultation						

5. What would you like to see changed?

Signature _____

Date _____