

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: October 2,2001

MENTAL HEALTH POLICY NO.: 01-06

SUBJECT: Residency Program (Psychiatric) – Training Cases Open at Regional Clinics

AUTHORITY: Local; ACGME; MH Policy 01-04

SUPERSEDES: Prior existing policies and procedures

PURPOSE

To establish standards for the assignment and oversight of individual therapy provided by psychiatry residents treating cases for training purposes. This policy acknowledges and supports the requirement of the American Council on Graduate Medical Education (ACGME) that psychiatry residents, as part of their training experience, must work with clients representing a diverse spectrum of psychiatric illness and treatment modalities, including various types of psychotherapy.

This policy refers only to the small number of cases selected for individual therapy for training purposes. It does not set conditions for the treatment of other clients seen by the resident while serving as members of regional clinical teams.

Unless otherwise excepted, all additional stipulations concerning psychotherapy by graduate trainees, as written in MH Policy 01-04, apply to psychiatry residents and remain in force.

POLICY

I. Case Assignment

The Director of Residency Training shall receive and screen all referrals that are potential training cases for residents. This will provide administrative oversight and will ensure appropriateness for training.

The **Regional Medical Chief** has the responsibility for overall supervision of a resident's experience at the clinic. This includes the responsibility of determining whether a particular case assignment would be appropriate for a particular resident. The resident must present any proposed case to the Medical Chief, (or through his/her assigned supervisor to the Medical Chief,) prior to seeing the case at the clinic or

opening the case to any services. Issues to be considered with the Medical Chief shall include, but not be limited to, the training opportunities presented by the specific case for exposure to a specific diagnosis and/or psychotherapeutic modality.

The **Unit Chief** of a mental health team has the ultimate responsibility for the management of the clinical care of clients assigned to that team. Therefore, the Unit Chief, in collaboration with the Medical Chief, shall be involved in all decisions concerning assignment of training cases to residents.

II. Case Approval

Case approval shall occur *prior* to the resident beginning work with the client. All clients approved for training purposes shall reside in San Mateo County at the onset of treatment and for the duration of treatment.

Cases approved for training purposes will be opened to the Mental Health Management Information System (MIS), seen by the resident for intake, and have all necessary documentation completed in a timely manner according to standard San Mateo County Mental Health chart documentation policies and procedures.

Residents are responsible for providing initial assessment documentation to the Unit Chief within the first month of treatment, for presentation to the Case Review Committee. This Committee will indicate its authorization of services in the client record.

A case not approved by the Medical Chief shall not be seen at the Regional Clinics unless it meets current medical necessity criteria separate from its contribution as a teaching case.

III. Reporting Responsibility

The resident will be responsible for notifying the Director of Psychiatry Residency Training when each psychotherapy case is begun, interrupted, or discontinued. This will allow the Director of Residency Training to have an accounting of all cases of psychotherapy with psychiatric residents in all Regional clinics. The Mental Health Medical Director will periodically review this accounting with the Director of Residency Training.

The Director of Residency Training will distribute a list of currently open training cases to all Medical Chiefs and Unit Chiefs at least annually, in June.

IV. Financial Responsibility

All clients accepted as Training Cases shall be subject to the usual procedure for determination of financial responsibility. In most situations, the client will be expected to pay the usual sliding scale fee determined through the UMDAP process.

In rare cases, at the onset of treatment, a therapeutic fee exception may be submitted to the Mental Health Director for consideration.

V. Case Coordination

Residents shall communicate to the Regional clinical team all plans for psychiatric coverage in the resident's absence. Further, as clinically indicated, the clinical team shall be kept sufficiently informed of potential issues and crises that might require intervention by the team. The chart shall be available to the team as needed to provide information concerning medications and other medical issues.

VI. Case Disposition

Before starting psychotherapy, the resident will discuss with the client the special circumstances surrounding psychotherapy by trainees in the County system. This discussion will include the fact that psychotherapy may eventually be terminated for resident-related reasons (i.e., graduation) and that, in this situation, the client will be given appropriate referrals. If such a termination occurs, the resident shall be responsible for arranging a clinically appropriate disposition. Following this initial discussion, the resident will ask the client to review and sign the Notice of Conditions for Training Case Therapy (attached) and will file a copy in the chart.

As part of disposition planning, the case will be reassessed for medical necessity through the Case Review process. Where medical necessity remains for treatment through County Mental Health Services, the Unit Chief shall be responsible for appropriate assignment of the client for ongoing treatment.

Approved: _____
Gale Bataille, Director
Mental Health Services Division

Attachment: Notice of Conditions...