

	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
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SUPERSEDES:	
APPROVED BY: DATE:	Commission on Mental Health and Developmental Services
REFERENCES:	Division of Health Care Financing and Policy Medicaid Chapter 400; Clinical Supervision: A Practice Specialty of Clinical Social Work, A Position Statement of the American Board of Examiners in Clinical Social Work; National Association of Social Workers Practice Update Supervision and the Clinical Social Worker; Nevada Revised Statutes (NRS) 433; 433A; 433B; Nevada Administrative Code (NAC) 284
ATTACHMENTS:	

I. POLICY:

It is the policy of the Division of Child and Family Services, Children's Mental Health Programs that clinical supervision is key to providing goal directed, competent and quality treatment. The focus of Clinical Supervision supports the clinical governance and system of care agenda, ensuring evidence-based high quality and safe care for children, youth and families.

II. PURPOSE:

The purpose of this policy is to provide the Division of Child and Family Services Children's Mental Health programs with a formalized framework for the development and implementation of clinical supervision according to National Standards of Children's Mental Health practice and regulatory guidelines. This policy will outline the process for clinical supervision, the responsibilities of the clinical supervisor as well as the clinical staff. This policy will reinforce the importance and value of clinical supervision as a means of practicing effectively and safely, to improve practice and to identify learning and workforce development needs

III. DEFINITIONS

A. Child and Family Team (CFT): A family-driven, child-centered, collaborative service team, focusing on the strengths and needs of the child and family. The team consists of the child recipient (as developmentally appropriate), parents and service professionals and may also consist of family members, care providers and

other individuals identified as being integral to the child's environment of mental health rehabilitation.

- B. Client: Pursuant to NRS 433B.050, client means a child who seeks, on his own or another's initiative, mental health services and can benefit from care and treatment provided by DCFS. Client will hereafter be referred to as child, youth and family.
- C. Clinical Supervisor: a qualified mental health professional within the scope of their practice under state law, must have the specific education, experience, training, credentials, and licensure to coordinate and oversee an array of mental and behavioral services.
- D. Comprehensive Assessment: an assessment of an individual's mental health symptoms and needs. The assessment includes written documentation by a Qualified Mental Health Professional to include the child and family strengths, the presenting mental health problems and mental status; emotional, cognitive, family, recreational, environmental, and cultural functioning; and developmental, medical, and legal history. A comprehensive assessment is done through an interview with the child, family and other relevant persons; a review of previous treatment records; observation and clinical judgment. It includes a DSM or DC: 0-3 diagnoses on all axes and assessment of a functional impairment in daily living. It determines the intensity of needs and daily service limit combinations.
- E. Employee: Pursuant to NRS 284.065, a person holding a position in public service for the State of Nevada.
- F. Intensity of Needs Determination: the assessed level of needs and the amount, scope and duration of mental health services required to improve or retain a client's level of functioning or prevent relapse. The Intensity of Needs determination is based on several components consistent with person and family-centered treatment/rehabilitation planning.
- G. Mental Health Therapies: the treatment of psychological, emotional, or behavioral disorders or maladjustments by a Qualified Mental Health Professional. They include the following, individually or in combination: family therapy, group therapy and individual therapy.
- H. Performance Evaluations: Pursuant to NAC 284.194, the overall rating of an employee's efficiency, character and conduct which is included in a report on performance.
- I. Qualified Mental Health Professional (QMHP): a Physician, Physician's Assistant or a person who meets the definition of a Qualified Mental health Associate (QMHA) and also meets the following documented minimum qualifications:
 - 1. Holds any of the following educational degrees and licensure:
 - o Doctorate degree in psychology and license;
 - o Bachelor's degree in nursing and APN (psychiatry);
 - o Independent Nurse Practitioner; Graduate degree in social work and clinical license;
 - o Graduate degree in counseling and licensed as a marriage and family therapist or clinical professional counselor: OR
 - o Who is employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor; AND
 - 2. Whose education and experience demonstrate the competency to: identify precipitating events, conduct a comprehensive mental health

assessment, diagnosis (sic) a DSM and/or a DC: 0-3 Axis I mental or emotional disorder and document a multi axial DSM diagnosis, determine intensity of services needs, establish measurable goals, objectives and discharge criteria, write and supervise a Treatment Plan, and provide direct therapeutic treatment within the scope and limits of their expertise.

3. Interns/Psychological Assistants

4. The following are also considered QMHPs:

- Licensed Clinical Social Worker (LCSW) Interns meet the requirements under a program of internship and are licensed as an intern pursuant to the State of Nevada, Board of Examiners for Social Workers (NAC 641B.035).
- Licensed Marriage and Family Therapist (LMFT) and Licensed Clinical Professional Counselor Interns who meet the requirements under a program of internship and are licensed as an intern pursuant to the State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors.
- Psychological Assistants who hold a doctorate degree in psychology, is registered with the State of Nevada Board of Psychological Examiners (NAC 641.151), and is an applicant for licensure as a Licensed Clinical Psychologist who has not yet completed the required supervised postdoctoral experience approved by the Board.

5. Reimbursement for Interns/Psychological Assistants is based upon the rate of a QMHP, which includes the clinical and direct supervision of services by a licensed supervisor.

- J. Rehabilitation Plan: includes all prescribed rehabilitation services (Basic Skills Training, Psychosocial Rehabilitation, and/or Day Treatment). It must include the appropriate treatment coordination to achieve the maximum reduction of the mental and/or behavioral health disability and to restore the client to their best possible functional level. It specifies rehabilitation services and/or interventions including amount, scope, duration, anticipated providers of the services, and discharge criteria.
- K. Treatment: a planned, medically appropriate, individualized program of interactive medical, psychological, rehabilitative procedures, therapeutic interventions and/or services designed to rehabilitate, relieve or minimize mental, emotional or behavioral disorders
- L. Treatment Plan: a written individualized plan developed jointly with the client and their parent/guardian/legal custodian that prescribes the specific treatment services and/or interventions including amount, scope, duration, anticipated providers of the services and discharge criteria
- M. Work Performance Standards: Pursuant to NAC 284.468, a written statement on a form prescribed by the Department of Personnel of the results or behavior, or both, of an employee when the job element standards are performed under conditions specified when the employee was hired
- N. Supervisor: a person who has charge of a workplace or authority over a worker

IV. PROCEDURE

- A. Every employee providing clinical care and treatment to children, youth and families will receive supervision a minimum of one time monthly from a qualified supervisor within the supervisor's scope of practice. The supervision session must include the following:
1. Clinical Supervision of Direct Practice - activities in which the supervisor guides and educates the clinician in assessment, treatment intervention, identification and resolution of ethical issues, and evaluation of client interventions
 - a. Ensure that the mental and/or behavioral health services provided are medically necessary and clinically appropriate
 - b. Ensure a comprehensive mental and/or behavioral health assessment and diagnosis is accomplished prior to providing mental and/or behavioral health services (with the exception of crisis intervention)
 - c. Ensure a comprehensive and progressive treatment plan and/or rehabilitation plan is developed and approved
 - d. Ensure goals and objectives are time specific, measurable, achievable, realistic, time-limited, outcome driven, individualized, progressive, and age and developmentally appropriate
 - e. Ensure the child, youth and family/legal guardian/legal custodian participate in all aspects of care planning, and they sign the treatment and/or rehabilitation plan(s), and receive a copy of the plan
 - f. Ensure the child, youth and families receive mental and/or behavioral health services in a safe and efficient manner
 - g. Ensure the development of clinical skills by guiding and educating the employee
 2. Administrative Supervision- oriented toward agency policy and public accountability
 - a. Guide and educate employee in regard to work related issues that frame the clinical work: record keeping, fees, handling of missed sessions, timelines, report-writing, caseload management, and resolution of ethical issues
 - b. Guide and Support the employee in Child and Family Team collaboration
 - c. Ensure the youth and family acknowledged in writing that they understand their right to select a qualified provider of their choosing, have signed and understood the Consent to Treat and Client Rights, and have completed appropriate releases of information
 - d. Ensure employee has completed appropriate assessments, treatment plans, rehabilitation plans, care coordination plans, and 90-day review of progress according to State of Nevada Division of Health Care Financing and Policy Chapter 400 guidelines and NRS 433.494

- e. Provide for dissemination of information to staff members on current agency policies, procedures, and practices
- f. Develop Work Performance Standards according to NAC 284.468 standards. Within 30 days of hire. Reviewed at all Performance Evaluations, or at least annually
- g. Complete Employee Development Reports (Performance Evaluations) according to NAC 284.470, 284.474 and 284.478

B. There are several methods in which supervision may take place. They include:

1. Individual Clinical Supervision – This is the primary model used within DCFS Children’s Mental Health Programs because it recognizes the importance of one-to-one communication. It is a formal process in which the employee and supervisor conduct regularly scheduled individual conferences with case presentations and process presentations. Case presentations address issues of assessment and treatment planning and can be opportunities for teaching and professional growth. Process presentations involve analyzing records of interactions with children, youth and families. The individual supervision session is a method to identify the employee’s strengths and develop support plans in areas of need.
 - a. Individual supervision sessions should occur depending on the individual needs of the employee and the employee’s experience, but must be at a minimum of every 30 days.
 - b. Individual supervision sessions should also be scheduled according to the individual needs of the children, youth and families being served by the employee. They should occur before treatment begins and periodically thereafter.
2. Group Supervision – includes meeting with a group of employees in similar job responsibilities; it is particularly helpful in order to address issues of common concern or where common training needs can be met in a group setting.
 - a. Group supervision sessions should be planned on a regular basis.
 - b. This should be a supplement to individual clinical supervision.
3. Ad-hoc or Informal Consultation – this involves the many unplanned but necessary contacts between the employee and the supervisor/manager during the day; the employee and Supervisor should develop a clear understanding of when this type of consultation is appropriate and required.
4. Direct Observation – this is when the work of the employee is reviewed and evaluated directly by the Supervisor; this will allow the employee immediate and accurate feedback regarding clinical skills directly related to the job duties.
5. Team Supervision – this is different from group supervision in that items related to agency systems and procedures, as well as information sharing may occur; team meetings are an excellent forum to promote team morale and team building.

C. Documentation of Supervision: Pursuant to the State of Nevada Division of Health Care Financing and Policy, Chapter 402.7 and 402.11, supervision must be documented by both the employee and supervisor.

1. The employee will document the supervision session using the following methods:
 - a. Utilizing the approved time study format and the assigned supervision code within the information management system (Avatar) and
 - b. Using written supervision notes related to clinical feedback and task assignments.
2. The supervisor will keep an individual file for each supervisee in order to document the supervision session using the following method:
 - a. Using written supervision notes for each individual employee
 - b. Written supervision notes should reflect the following:
 1. Date, duration and type of the supervision session;
 2. Employee strengths/weaknesses and areas for further development will documented in a support plan developed between the supervisor and employee;
 3. Content of clinical training and guidance on specific cases;
 4. Updates on projects and training and
 5. Assessment of time management and billable hour's standards.
 - c. The supervisor will complete one Children's Mental Health Direct Service Delivery Clinical Supervisor Checklist and one Children's Mental Health Targeted Case management Checklist per employee per quarter.
 1. Each checklist will be kept in the individual employee supervision file.
 2. Each checklist will be made available to the Program Evaluation Unit upon request.