

Supervision Plan 1/13/2023

Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision shall be provided for all staff delivering direct services and shall be provided by persons knowledgeable of clinical services as determined by the program.

Qualifications:

To qualify as a Clinical Supervisor, staff must be a fully licensed Masters Level Clinician, in good standing with his/her/their authorizing licensing board. The agency will consider LADC, LADC/MH, LPC, LMFT, and LCSW licenses. Anyone seeking this position must have documented proof of competence through supervision training. Certificates, letters of completion, etc. will be maintained in the personnel file.

Case Loads:

In an attempt to assure quality care, Life Recovery Services limits clinicians to a caseload of 50 clients. This number has been increased to account for a significant number of clients who are not interested in weekly sessions due to the COVID crisis. Temporary exceptions can still be made in the case of being short-staffed, covering for a staff member on vacation/sick leave, etc. These can be authorized by the Clinical Director or Executive Director. In the event of a request for longer-term additions to the caseload, the Executive Director must approve the change.

Case Reviews:

As part of the clinical review process, a clinical review of a minimum of 10% of a clinician's cases will be conducted quarterly. This will be accomplished utilizing the agency's clinical review forms. The clinical supervisor will use the results of the quarterly reviews to provide any needed training, education, etc. If outside training is needed, the supervisor will work with management to make the necessary arrangements.

Supervision Requirements:

Direct care staff is provided access to qualified clinical consultation on an as needed basis, with monthly sessions minimally. During these consultations, the Clinical Supervisor will participate in clinical staffing with treatment team staff and will also be responsible for monitoring treatment plans for consumers.

Monthly consultation/supervision sessions may occur in any of the following ways:

- Treatment plan meeting
- Staff meeting (Group)
- Side-by-side session w/ person served
- One-to-one meeting between supervisor and personnel (Individual).

On-going supervision will minimally address the following:

- Accuracy of assessment and referral skills (when applicable)
- Appropriateness of the treatment or service intervention selected
- Treatment/service effectiveness as reflected by the person served meeting his/her/their individual goals
- Risk factors for suicide and other dangerous behaviors
- Feedback that enhances the skills of direct service personnel (best practices and/or areas of needed professional growth)

- Issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries
- Clinical documentation issues identified through ongoing compliance review
- Cultural competency issues
- Model fidelity, when implementing evidence-based practices
- Agency status information reports

Results will be forwarded for inclusion in the agency's quality assurance/annual reports.

Documentation:

Refer to the Monthly Supervision Log for details concerning completed supervision.