



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT CLINICAL, REHABILITATIVE, AND CASE MANAGEMENT SERVICE DELIVERY SUPERVISION	POLICY NO. 106.8	EFFECTIVE DATE 08/01/96	PAGE 1 of 6
APPROVED BY: Original signed by: ARETA CROWELL <div style="text-align: right;">Director</div>	SUPERSEDES 11/01/95	ORIGINAL ISSUE DATE 11/01/95	DISTRIBUTION LEVEL(S) 1, 3

PURPOSE

- 1.1 To enhance quality of care by establishing minimum standards for a uniform system of supervision of clinical, rehabilitative services in the Department of Mental Health (DMH). Language throughout the policy has been adapted to conform with the language currently used in the service delivery system.
- 1.2 To encourage a service delivery setting which promotes personal job satisfaction and high staff morale as they relate to a quality service delivery system.
- 1.3 To promote a strong service delivery system and supportive work environment to help minimize the risk of potentially dangerous situations.

DEFINITIONS

- 2.1 Unless otherwise specified, the term “service delivery supervision” refers to the supervision of clinical, rehabilitative, and/or case management services. It is the ongoing process whereby trained and experienced staff or consultants assist and support other staff in the delivery/provision provision of these services. This policy adopts the State’s broad philosophy of services as defined in the State DMH Manual for the Rehabilitation Option and Targeted Case Management. It focuses on expanding a supervisee’s knowledge of client dynamics, the treatment process, brokerage activities, and/or any other rehabilitative services designed to facilitate and enhance positive outcomes. Monitoring and evaluating a supervisee’s performance are also important components of the supervision process.
- 2.2 Categories of Staff Providing Services to Clients: Staff may deliver only those services which are within the scope of their respective State licensing law or are commensurate with their class specification.
 - 2.2.1 Probationer: A staff person in his/her beginning probation period with the DMH, regardless of prior experience.
 - 2.2.2 New Employee: A staff person not on probation, but new to the assignment either by virtue of transferring to the DMH or changing assignments.



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- 2.2.3 Licensed or Registered, with Department Classifications: A licensed physician, psychologist, social worker, registered nurse, psychiatric technician, or vocational nurse.
- 2.2.4 Waivered or Registered: An unlicensed psychologist or social worker who is registered with his/her licensing board to accumulate the required pre-license hours of experience and who has an approved waiver from the State DMH.
- 2.2.5 Adjunctive Therapist: Therapists who have a specific body of knowledge related to mental health needs, such as occupational, recreational, movement/dance, art, or music.
- 2.2.6 Unlicensed: Medical caseworkers, community workers, mental health services coordinators, or other unlicensed staff.
- 2.2.7 Student, Intern or Trainee: A person providing clinical, (re)habilitation, or case management services through a placement with the DMH as part of the formal training program of an educational institution.
- 2.2.8 Volunteer: Persons who are not compensated but provide direct or indirect client related services.

- 3.1 All directly operated service provider staff with responsibility for delivering services will receive individual performance-centered supervision by a licensed mental health professional. In addition, these staff shall also participate in group case-centered conferences which serve to evaluate, plan for, or monitor clients.
 - 3.1.1 In programs having distinct service delivery and administrative supervisors, the supervisors shall meet on a regular basis to discuss the supervisee's work and to ensure documentation of such progress in the performance evaluation.
 - 3.1.2 Supervision of service delivery staff will be appropriate to the supervisee's scope of practice and in accord with the services being delivered by the staff and commensurate with the staff's skill and training.

- 3.2 All DMH contract agencies will abide by the section in their contract on "Staff Training and Supervision." They also may adopt this policy.

- 3.3 Minimum Individual Service Delivery Supervision Requirements for Full-Time Staff: Except as noted in Section 4.1, the following list of supervision requirements are the absolute minimum for these categories of staff. When possible, and if appropriate for the maintenance of quality service delivery, the supervisor and supervisee shall schedule more frequent face-to-face supervision. Supervision for part-time staff may be prorated.



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- 3.3.1 Probationer: Probationers will receive at least one hour face-to-face individual supervision per week.
- 3.3.2 New Employee: Notwithstanding other applicable service delivery supervision requirements, new employees will receive at least one hour per week face-to-face individual supervision for the first three months of employment.
- 3.3.2 Licensed or Registered with Department Classifications: This class of employees will receive a minimum of one hour face-to-face individual supervision per month.
- 3.3.4 Waivered or Registered: This class of employees will be supervised as specified by the appropriate licensing board, but never less than one hour face-to-face individual supervision per week.
- 3.3.5 Adjunctive Therapist: This class of employees will receive a minimum of one hour face-to-face individual supervision per month.
- 3.3.6 Unlicensed: This class of employees will receive a minimum of one hour face-to-face individual supervision per month.
- 3.3.7 Student, Intern or Trainee: This class will receive supervision as specified by the requirements of the institution with which they are affiliated.
- 3.3.8 Volunteer: This class will receive appropriate individual supervision based on the relevant category and criteria noted above in this Section.

PROCEDURES

- 4.1 In addition to, or in lieu of, the minimum individual requirements set forth in Section 3.3, the following are examples of group service delivery supervision that may take place to meet the individual needs of the service program.
 - 4.1.1 Case staffing or disposition meeting/conference
 - 4.1.2 Special service delivery problems conference
 - 4.1.3 Interdepartmental case-centered conference
 - 4.1.4 Staff meeting with case-centered focus.



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- 4/2 Group case-centered meetings/conferences must be documented on the Case Presentation form (Attachment I) and filed sequentially in the Progress Note Section of the service delivery record.
- 4.3 As identified in the Individualized Service Delivery Supervision Plan, group supervision will satisfy the requirement of this policy, except for staff covered by Sections 3.3.4 and 3.3.7.
- 5.1 Responsibilities of the Service Delivery Supervisor
 - 5.1.1 Inform each supervisee of the Department’s service delivery policies and procedures.
 - 5.1.2 Evaluate the overall needs for service delivery supervision of each individual supervisee, and prepare an Individualized Supervision Plan. Establish more frequent supervision when needed.
 - 5.1.3 Review a sample of each supervisee’s case records in preparation for supervision conferences. The caseload review will be ongoing and systematic throughout the supervision year.
 - 5.1.4 Assist each supervisee in learning how to establish, provide, and document client-centered services, in accordance with quality improvement and fiscal standards.
 - 5.1.5 Provide for interdisciplinary case-centered supervision/consultation when critical service delivery issues arise in difficult cases.
 - 5.1.6 Hold periodic conference with each supervisee in which his/her service delivery performance is evaluated.
 - 5.1.7 Help ensure that all service delivery staff are made aware of training opportunities.
 - 5.1.8 Prepare and submit quarterly reports to the program manager verifying supervision provided to waived/registered staff who are gaining qualifying hours for licensing examinations.
- 6.1 Documentation of Supervision for All Staff – (Attachment II: Individualized Service Delivery Supervision Plan)
 - 6.1.1 It is the responsibility of the program or unit administrator to ensure that an Individualized Service Delivery Supervision Plan (Attachment II) is completed by the service delivery supervisor for all staff providing services to clients.



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- 6.1.2 The plan will be developed and agreed upon by the supervisor and supervisee at the time of hire or transfer in, and updated yearly thereafter.
- 6.1.3 The plan will specify supervision and training requirements and will comply with at least minimum requirements as defined in this policy.
 - 6.1.3.1 If changes occur during the year, modifications will be made and noted on the plan.
 - 6.1.3.2 The plan will be signed off by the supervisor and supervisee, approved by the unit or program manager and filed in the employee's office file. It will be available for review by the DMH.
- 6.1.4 The program manager will be responsible for ensuring compliance with service delivery supervision procedures.
- 7.1 Service Delivery Supervision for Waivered/Registered Staff Gaining Qualifying Experience – (Attachment III: Verification of Supervision Provided During Waiver/Register Period)
 - 7.1.1 Each program manager will identify a Service Delivery Supervision Coordinator, at a supervisory level or above, who will monitor service delivery supervision for qualifying hours for the L.C.S.W. and psychology licensing examinations.
 - 7.1.2 The program manager will establish a workload that will provide the appropriate service delivery experience which will help to prepare the individual for the licensing examination.
 - 7.1.3 The program manager will be responsible for reviewing the quarterly Verification of Supervision Provided During Waiver/Register Period form (Attachment III) initiated and completed by the Service Delivery Supervision Coordinator.
 - 7.1.3.1 The form will be filed in the employee's office file and will be available for review by the DMH. A copy of the form shall be forwarded to the Training Division.
 - 7.1.4 If an employee does not meet the established deadline to obtain his/her license, the program manager will coordinate a plan of action with Human Resources Bureau, Employee Relations Section.



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AUTHORITY

State licensing standards issued by the Board of Behavioral Science Examiners and the Medical Board of California Board of Psychology
State Department of Mental Health Policy Letter No. 90-27
DMH Policy No. 600.8, Educational Degrees and Professional Licenses and Certificates
Los Angeles County Department of Mental Health Uniform Client Records Manual
Los Angeles County Quality Management Plan
Los Angeles County Annotated Version of the State DMH Short-Doyle/Medi-Cal (SD/MC) Manual for the Rehabilitation Option and Targeted Case Management

ATTACHMENTS

Attachment I	Case Presentation
Attachment II	Individualized Service Delivery Supervision Plan
Attachment III	Verification of Supervision Provided During Waived/Registered Period

VERBAL CONTENT OF PRESENTATION (sample)

Reason for Presentation

periodic review, disposition, problem specific, etc.

Identifying Data

admission date, personal demographics including living situation, family information

Presenting Problem(s)

client's presenting complaint, service staff's perceptions including behavioral and symptomatic manifestations

History relevant psychosocial, medical, and psychiatric

Diagnosis

review supporting diagnostic criteria

Current Service Plan

short and long-term goals, service modality and approach, estimated duration, medications

Family/Service Staff Relationship

cultural/language issues, psychodynamics

Progress Towards Goals

factors leading to or interfering with change

DOCUMENTATION

Required minimum: Date of presentation, Reason for presentation, Issues discussed, Service suggestions

Signature (primary service staff/supv. when required) and Discipline

This confidential information is provided to you in accord with applicable Welfare and Institutions Code Section. Duplication of this information for further disclosure is prohibited without the prior written consent of the patient/ authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

MIS#:

Agency:

Los Angeles County - Department of Mental Health

CASE PRESENTATION

THIS IS A REDUCED VERSION OF THE ACTUAL FORM.

CASE PRESENTATION

Purpose: This form provides a unique place for the documentation of any one of a variety of formal staff conference activities: Interdisciplinary case conferences, periodic case reviews, problem case conferences, case training conferences, disposition conferences, transfer conferences, intake conferences, etc. In essence, it is the form that should be used to document any case conference activities that occur in a provider.

Verbal Content of Presentation: These sample items are not intended to set minimum standards or requirements for a presentation. It is intended primarily to assist students and new professionals in preparing a presentation. Many conferences will have a focus that does not include all of the elements listed, such as a conference focused on a discharge plan. Other conferences may specifically include areas not noted, but relevant to the type of conference or presentation.

Recording Procedure: The Documentation section is intentionally brief. It was designed to highlight only the issues discussed and service suggestions made at the presentation. There are a variety of other places in the service record where summaries of the patient, his/her service, or any other aspects of the case may be found. In the face of ever increasing demands on service time, it seemed unnecessary to repeat this information, thus the focus on the discussion aspect of the case conference and information which may not be available elsewhere in the service record. Individual programs may require additional documentation by specifying required content in service procedures.

If additional space is needed, use a *Progress Notes* page. Cross out any unused space at the end of the case presentation documentation.

Reason for Presentation: This should be a brief statement (such as problem specific, periodic review, interdisciplinary case conference, disposition, etc.). If the presentation is problem specific, a brief statement of the problem should follow.

Signature: The service staff presenting the case should complete and sign the form. Supervisors are encouraged to review conference documentation of their supervisees. All student/trainee notes must be co-signed by his/her licensed supervisor.

Filing Procedure: This form should be filed sequentially in the progress notes section of the service record.

Type	Frequency	Conducted by	Title	Date(s) of Actual Supervision
_____ Special Clinical Problems Presentation/ Conference	_____	_____	_____	_____
_____ Inter- Departmental Case/Centered Conference	_____	_____	_____	_____
_____ Staff Meeting with Case Centered Focus	_____	_____	_____	_____
_____ Medical Supervision	_____	_____	_____	_____
_____ Other(Specify)	_____			

III. OTHER TRAINING/PROFESSIONAL DEVELOPMENT ACTIVITIES

List any other training or professional development activities which are part of the plan.

a. _____

b. _____

c. _____

I have developed this plan with the supervisor and agree.

Supervisee

Date

I have developed this plan with the supervisee and agree to ensure that it is adhered to.

Supervisor

Date

I approve the above plan.

Unit Administrator

Date

c: Unit Administrator
Office File
Employee

**QUARTERLY REPORT
VERIFICATION OF SUPERVISION PROVIDED DURING WAIVER PERIOD**

Quarter Beginning _____ Date of Submission: _____

Quarter Ending: _____ Employee # _____

Name: _____

Work Location: _____

Address: _____

Telephone No. _____

Service Delivery Supervisor _____ Discipline: _____

Address: _____

Telephone No. _____

**Total hours of Service Delivery
Supervision provided this quarter:**

**Total Supervised Hours
provided this quarter:**

Factors having potential impact on Waiver period: _____

- None
- Change in Service Delivery Supervisor Date: _____
- Leave of Absence Date began: _____ Date ended: _____
- Extended Medical Leave Date began: _____ Date ended: _____
- Transfer to non-service delivery program Date: _____
- Completed supervised hours for licensure Date: _____
- Other

Worker needs additional Training/Experience Yes No

If yes, please explain: _____

Signature of Service Delivery Supervisor: _____ Date _____

Please forward form to County of Los Angeles Department of Mental Health
550 S. Vermont Ave., Los Angeles, CA 90020, Attn Training Division