

# ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## ADMINISTRATIVE PROCEDURE

Date Issued 01/24

Page 1

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0020
<b>SECTION</b> Personnel		<b>SUBJECT</b> Personnel: Supervision of CMH Staff		
<b>WRITTEN BY</b> J. Johnson, T. Seilheimer, R. Reppenhagen, T. Krueger and D. Lesinski		<b>REVISED BY</b> Jody Kruskie		<b>AUTHORIZED BY</b> Tracey Pingitore

### I. APPLICATION:

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☐ Community Agency Contractors
- ☐ Residential Programs
- ☐ Specialized Foster Care

### II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) will ensure that supervision will be provided to all staff, both administrative and clinical, as appropriate.

### III. DEFINITIONS:

- A. Administrative Supervision: Oversight, by a supervisor, of emergency and day-to-day program and employee functioning. This may be done through individual, group, and full staff meetings. Topics for administrative supervision may include employee recognition for significant efforts, education regarding agency policies and protocols, reinforcement of program standards, program development activities, employee discipline, time management, general agency information sharing, employee evaluation, clinical protocols, education regarding Level I authorizations, as well as other activities.
- B. Clinical Supervision: Oversight, by a supervisor, of emergency and day-to-day clinical interventions and services provided to persons open for services by professional and paraprofessional staff. Clinical supervision is usually provided face to face, either individually, such as when a supervisor meets with a staff member, or in a team when staff meet together to discuss a case or cases. It may include activities such as support, education, skill building, and improvement feedback.
- C. Program Supervisory Format: A standard format used within a supervisory unit to document issues and expected outcomes from supervision sessions.
- D. Clinical Program Supervisory Plan: An attachment to the annual Program Contract that specifies, supervision requirements for service program staff. The plan is based upon a supervisory assessment of a variety of program factors such as population, intensity of services, skills and experience of program staff standards imposed by external agencies (Evidence Based Practices, etc.) and program capacity.

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0020
<b>SECTION</b> Personnel		<b>SUBJECT</b> Personnel: Supervision of CMH Staff		

- E. Supervisor: Includes all positions beginning with the level of manager through and including the Chief Executive Officer.

#### IV. STANDARDS:

- A. A professional staff who is licensed, certified, or registered by the state of Michigan will provide clinical supervision to non-professional direct service staff.
- B. When applicable, ongoing supervision of direct service personnel addresses the following (per CARF Behavioral Health Standards Manual):
  1. Accuracy of assessment and referral skills, when applicable.
  2. The appropriateness of the treatment or service intervention selected relative to the specific needs of each person served.
  3. Treatment/service effectiveness as reflected by the person served meeting his or her individual goals.
  4. The provision of feedback that enhances the skills of direct service personnel.
  5. Issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries.
  6. Clinical documentation issues identified through ongoing compliance review.
  7. Cultural competency issues.
  8. Model fidelity, when implementing evidence-based practices.
- C. Formal supervision should be at a frequency deemed necessary by the supervisor or as directed by Leadership.
- D. Supervisory format must be endorsed by the Program Director for each supervisory unit and should be attached to the Program Supervisory Plan. The format may vary from supervisory unit to supervisory unit but should be consistent within any supervisory unit. The format must delineate between clinical and administrative issues and document clearly expected outcomes.

#### V. PROCEDURES:

##### **Clinical Program Supervisor**

1. Assesses program supervisory needs based upon factors such as population served, intensity and modality of treatment, makeup and needs of staff program capacity, etc.
2. Develops a Program Supervisory Plan Outline (Forms Index #0726) which indicates requirements for frequency of supervision for all professional disciplines within the program, and if needed for any paraprofessional staff, the suggested modality (group by discipline, Planning Team, individual, etc) through which supervision will be provided, and designates alternate qualified staff to provide clinical supervision if that best meets program/division needs.

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0020
<b>SECTION</b> Personnel		<b>SUBJECT</b> Personnel: Supervision of CMH Staff		

### **All Supervisors**

3. Utilizes standardized supervisory form to document clinical and/or administrative supervision of staff.
4. Forwards Program Supervisory Plan Outline to Program Director for review and approval.

### **Director or Designee**

5. Approves Program Supervisory Plan Outline and/or negotiates any revisions.
6. Includes program specific supervisory responsibilities on supervisor's Functional Job Task List.
7. Maintains master file of Program Supervisory Plan Outline documents.

### **Supervisor**

8. Ensures there is consistency in terms of how much supervision is needed for a given employee when possible.
9. Ensures that supervision is conducted within the program and is documented via the approved Supervisory Form. If appropriate, the supervision should also be documented on a Case Consultation Form (Forms Index #1034) and submitted electronically to the case file.

### **Supervisor**

10. Maintains documentation of supervision in confidential program file. These do not get forwarded to personnel files.
11. Completes an Employee Communication Memorandum (Forms Index #0702) to note any accolades or concerns that are raised during a supervision session.
12. Forwards Employee Communication Memorandum for filing in the employee's personnel file.

## **VI. REFERENCES:**

- A. CARF Program/Service/Structure 2.A-25 & 26

## **VII. EXHIBITS:**

None Available

## **VIII. REVISION HISTORY:**

Dates issued 03/97, 02/99, 12/00, 08/02, 10/02, 10/04, 10/06, 10/08, 02/10, 03/12, 07/13, 07/14, 07/15, 07/16, 07/17, 07/18, 07/19, 3/20, 3/21, 3/22, 11/22.