

SERENITY BEHAVIORAL HEALTH SYSTEMS

SUBJECT: CLINICAL SUPERVISION OF NON-LICENSED STAFF
POLICY NUMBER: HR-25
EFFECTIVE DATE: June 1997
SUPERSEDES: N/A
LAST REVISION DATE: August 2009

POLICY:

It is the policy of Serenity Behavioral Health Systems (SBHS) that privileged Licensed Independent Practitioners (LIP's) and/or Developmental Disability Professionals (DDP's) clinically supervise all non-licensed clinicians who provide clinical care to clients.

DEFINITIONS:

- I. "Clinical supervision" may take several forms and will occur with differing frequencies depending on the assessed needs of the supervisee. Basically, clinical supervision is case-oriented and focuses on the various aspects of treatment provision.
- II. "Dual supervision" is necessary when non-licensed staff have an administrative supervisor and a clinical supervisor due to program staffing patterns. The administrative supervisor is responsible for the overall performance evaluation and the clinical supervisor provides input to the evaluation regarding the supervisee's clinical performance, strengths, weaknesses and areas for improvement.
- III. Privileged practitioners are those Licensed Independent Practitioners who have been granted Clinical Privileges status by the Credentialing and Privileging Committee (C&P).

PROCEDURES:

- I. All non-licensed mental health and substance abuse clinical staff will receive a minimum of 12 hours clinical supervision per year by a Licensed Independent Practitioner.
- II. All mental health/substance abuse services are provided by or under the direct supervision of a LIP. All mental retardation/developmentally disabled services are provided by or under the direct supervision of a DDP.
- III. A DDP with a minimum of two years experience as a DDP may provide clinical supervision to those seeking credentialing or recredentialing as a DDP.

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IV. Non-licensed clinical staff is responsible for maintaining documentation of their clinical supervision. Documentation may consist of client staffing using SBHS Form 502 Individual Documentation of Clinical Supervision. Settings for supervision include, but are not limited to:

- A. Person Staffing
- B. Case Presentations in Treatment Team
- C. Group Clinical Supervision (should be a manageable group with six to eight participants)
- D. Individual Case Consultation
- E. Referral, case consultation, and receiving orders at the Crisis Stabilization Program

Clinical supervision must be verified by the signature of the Licensed Independent Practitioners or DDP who provided the supervision.

V. The immediate supervisor must get input from a clinical supervisor to evaluate each supervisee's clinical skills and competencies on a biannual basis that is included in the PMF/MRF structure. This assessment is used for developing the supervisee's clinical supervision plan and for evaluating the supervisee's job performance.

REFERENCES:

- I. SBHS Policy HR-21 Credentialing
- II. SBHS Policy HR-22 Clinical Privileges
- III. SBHS Policy HR-23 Designation of Levels, DDP, Paraprofessional and Peer Specialist
- VI. DHR Standards for Community Service Boards

ATTACHMENTS:

- I. [Individual Documentation of Clinical Supervision](#) SBHS Form 502
- II. Treatment Team Clinical Supervision Standard Operating Procedure
- III. [Treatment Team Minutes](#) SBHS Form 800

APPROVAL SECTION:

Chief Executive Officer

Date

Committee Chairperson

Date

RECISSION SECTION:

Chief Executive Officer

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Committee Chairperson

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