

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Standards in Supervision of Mental Health and Substance Use Disorder Treatment Services		
POLICY NUMBER DBH Policy 710.3	DATE JAN 13 2015	TL# 274

Purpose. This policy sets the minimum standards for supervision of mental health (MH) and substance use disorder (SUD) treatment services.

Applicability. Department of Behavioral Health (DBH) licensed, certified and/or contracted behavioral health providers with a human care agreement who provide MH and SUD treatment services.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. The due date for implementation for Mental Health Rehabilitation Services (MHRS) providers is July 1, 2015 to provide time to come into compliance. Substance Use Disorder (SUD) treatment providers must be in compliance with this policy in order to be certified under the revised Adult Substance Abuse Rehabilitative Services (ASARS) rule (spring into fall 2015).

Superseded Policy. None.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.



Stephen T. Baron
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 710.3	Date JAN 13 2015	Page 1
	Supersedes None		
Subject: Standards in Supervision of Mental Health and Substance Use Disorder Treatment Services			

1. **Purpose.** This policy sets the minimum standards for supervision of mental health (MH) and substance use disorder (SUD) treatment services.
2. **Applicability.** Department of Behavioral Health (DBH) licensed, certified and/or contracted behavioral health providers with a human care agreement who provide MH and SUD treatment services.
3. **Authority.** Department of Behavioral Health Establishment Act of 2013; 22 DCMR A34 Mental Health Rehabilitation Services (MHRS) Provider Certification Standards; 22 DCMR A73 Department of Behavioral Health Peer Specialist Certification; and 29 DCMR 23 Certification Standards for Substance Abuse Treatment Facilities and Programs.
4. **Policy.** The Department of Behavioral Health (DBH) requires that staff delivering MH and/or SUD treatment services must be supervised in accordance with the standards detailed in this policy.
 - 4a. MH and SUD treatment staff providing services shall be adequately supervised by a qualified practitioner (QP) – see definition in section 7b.
 - 4b. Supervisors shall ensure that MH and/or SUD treatment services are necessary, appropriate, efficient, effective, and delivered in compliance with DBH certification standards and other regulatory guidelines.
 - 4c. Providers shall ensure that the mix within supervisor-supervisee and consumer assigned ratios (see section 5g) is adequately distributed to address the complexity of the case, intensity of the service and staff capacity.
5. **Standards of Supervision.** Behavioral health providers shall adhere to the following standards of supervision:
 - 5a. **Core Values and Principles.** Supervision shall be based on the DBH core values and practice principles, creating an environment which supports the delivery of high quality, safe and effective service delivery of integrated treatment supporting recovery and resiliency.
 - 5b. **Supervisors' Qualifications.** A supervisor shall:
 - (1) Be a QP, acting within the scope of their license;

- (2) Be certified to deliver the services being supervised (e.g., a specific evidence-based practice or EBP – see definition in section 7f);
- (3) Have a minimum of three (3) years in behavioral health in any given capacity (e.g., field practicum, previous job, etc.) and has demonstrated knowledge in navigating local resources and systems in serving consumers with mental health and/or substance use disorders.
- (4) Be fully responsible for the supervised practice, establishing the supervisory relationship; ensuring that supervisees are authorized to provide the services they deliver; and that the services delivered are provided in accordance with the consumer's treatment plan.
- (5) Be competent in providing supervision of MH and/or SUD treatment services.
- (6) The supervisor shall have the ability to:
 - a. Review assessments and treatment plans for accuracy and appropriateness.
 - b. In SUD treatment services, review and sign the Level of Care Authorization or Reauthorization.
 - c. Coach/teach supervisee in appropriate interventions;
 - d. Recognize and evaluate competencies in supervisees;
 - e. Develop a supervision plan for each supervisee including an evaluation process; and
 - f. Document supervisory sessions with each supervisee.
- (7) Not be the supervisee's blood or legal relative or cohabitant or someone who has acted as the supervisee's service provider within the past two years.
- (8) Adhere to own discipline's Code of Ethics and Standards of Practice.

5c. Supervisor-Supervisee Written Agreement. There shall be a written supervisory agreement developed with the participation of both the supervisor and supervisee. The supervision agreement shall include the following information:

- (1) Frequency, length, and format (i.e., individual or group supervision - see section 5e).
- (2) Purpose and general content of supervision sessions with principal emphasis on quality of clinical domains and consumer recovery; not administrative areas.
- (3) How the supervisor shall evaluate the supervisee's performance.

- (4) How confidentiality shall be addressed in supervision.
- (5) The supervisor and supervisee's rights and responsibilities in supervision.
- (6) Individual goals designed to improve the performance of the supervisee.

5d. Documentation of Supervision.

Sessions shall be documented by the supervisor with, at a minimum, the following: date, names and signatures of supervisor and supervisee, length of session, format (i.e., individual or group), highlights and needed follow-up.

5e. Frequency and Format of Supervision.

- (1) At least four hours per month of individual or group supervision with focus on consumer care is required.
- (2) The content of discussion must be related to identifying supports and services that will help a person or family achieve an adequate level of well-being, daily functioning, basic supports for daily living and fulfillment of key life roles.
- (3) Supervision shall include a review of clinical records to ensure they are current, including documentation of any change(s) in the consumer's behaviors and condition that contribute to modification in clinical status or treatment services.
- (4) The supervisor shall also use supervision to accomplish the following:
 - a. Review assessments and treatment plans for accuracy and appropriateness;
 - b. In SUD treatment services, review and sign the Level of Care Authorization or Reauthorization;
 - c. Coach/teach supervisee in appropriate interventions; and
 - d. Recognize and evaluate competencies in supervisees.

5f. Supervision of Certified Peer Specialists. Supervision of Certified Peer Specialists shall follow the requirements for supervision in 22 DCMR A 7314 Department of Behavioral Health Certified Peer Specialist Certification in addition to the requirements of this policy.

5g. Supervisor and Staff – Consumer Ratios. A maximum of one supervisor per ten (10) fulltime supervisees serving no more than three hundred (300) adult consumers or two hundred (200) children/youth, is allowed.

5h. Supervision Coverage. The behavioral health provider shall develop an internal system for line-staff access to a supervisor 24/7. This shall include circumstances and events that call for supervisor contact and other necessary information.

5i. Evidence Based Practices (EBPs). For services delivered in accordance with standards developed for an EBP, supervisory frequency, duration and format shall satisfy either the supervision fidelity standards of the EBP or these guidelines, whichever is more stringent.

5j. Written Policy. Each MHRS provider shall have a current written policy that integrates the DBH core values and practice principles on supervision for all levels of the organization. The policy shall:

- (1) Be signed by the senior executive officer.
- (2) Identify the supervision standards for each staff level in the organization, including qualifications of supervisor(s) and specifications of supervisees.
- (3) Comply with and include all standards required by this DBH policy.
- (4) Be acknowledged by each staff member.
- (5) Be reviewed, updated, and re-approved at least every two years upon recertification.
- (6) Establish that contracted staff acting in a supervisory role shall be compensated explicitly for the provision of supervision separate from other contracted services.
- (7) Adhere to supervisor qualifications designated in this policy (see section 5b).
- (8) Require internal monitoring of the implementation and evaluation of supervision of MH and SUD services.

6. Accountability. The DBH Office of Accountability shall conduct periodic audits on the implementation of this policy.

7. Definitions.

7a. Behavioral health providers. Organizations certified by the DBH to provide MH and SUD treatment services that have a human care agreement. Also, refers to credentialed staff or qualified practitioners delivering mental health (MH) and SUD treatment services within these organizations.

7b. Qualified practitioners (QP). Refers to (a) board-eligible psychiatrist, or physician (SUD only); (b) psychologist; (c) independent clinical social worker; (d) advance practice registered nurse; (e) a registered nurse; (f) a licensed professional counselor; (g) an independent social worker; (h) certified addiction counselor; and (i) licensed marriage and family therapist (SUD only).

7c. Credentialed staff. Staff who is not a qualified practitioner who is credentialed by the provider to perform certain services individually or under the supervision of a qualified practitioner (e.g., Community Support Worker).

7d. Supervision. A professional supervisory relationship between a supervisor and supervisee wherein there is a dedicated and documented time in which the supervisor provides oversight and guidance to ensure competent, ethical, and responsible consumer care.

7e. Supervisory relationship. The interaction between the supervisor and supervisee that includes quality interface in person, telephone, video conference, or internet communication, as well as regular personal observation, evaluation, oversight, review, and actions toward improvement of service delivery, as appropriate.

7f. Evidence-based Practice (EBP). Field tested practices that have consistent scientific proof in showing improved outcomes for consumers (e.g., Community Based Intervention, Assertive Community Treatment).

7g. Group supervision. A meeting of no more than ten (10) supervisees led by a supervisor to discuss general and individual cases and services.

Approved by:

**Stephen T. Baron
Director, DBH**


(Signature) _____ 1/13/15 (Date)