

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT

Standards in Supervision of Community-Based Mental Health and Substance Use Disorder Treatment Services

POLICY NUMBER
DBH Policy 710.3B

DATE
JUN 08 2016

TL# 298

Purpose. This policy sets the minimum standards for supervision of outpatient community-based mental health (MH) and substance use disorder (SUD) treatment services. This revision updates the definition of Qualified Practitioner (QP) as set forth in the published 22 DCMR A63 Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

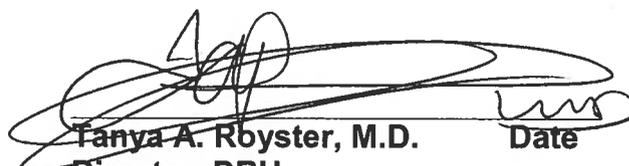
Applicability. Department of Behavioral Health (DBH) licensed, certified and/or contracted behavioral health providers with a human care agreement who provide community-based MH and SUD treatment services.

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

Effective Date. This policy is effective immediately.

Superseded Policy. This policy replaces DBH Policy 710.3A Standards in Supervision of Mental Health and Substance Use Disorder Treatment Services dated Jan. 13, 2015.

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.


Tanya A. Royster, M.D. Date
Director, DBH

<p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA</p> <p style="text-align: center;">***</p>  <p style="text-align: center;">DEPARTMENT OF BEHAVIORAL HEALTH</p>	<p>Policy No. 710.3B</p>	<p>Date JUN 08 2016</p>	<p>Page 1</p>
<p>Supersedes DBH Policy 710.3A Standards in Supervision of Mental Health and Substance Use Disorder Treatment Services dated Jan. 13, 2015</p>			
<p>Subject: Standards in Supervision of Community-Based Mental Health and Substance Use Disorder Treatment Services</p>			

1. **Purpose.** This policy sets the minimum standards for supervision of outpatient community-based mental health (MH) and substance use disorder (SUD) treatment services. This revision updates the definition of Qualified Practitioner (QP) as set forth in the published 22 DCMR A63 Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

2. **Applicability.** Department of Behavioral Health (DBH) licensed, certified and/or contracted behavioral health providers with a human care agreement who provide community-based 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 22 DCMR A63 Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

4. **Policy.** The Department of Behavioral Health (DBH) requires that staff delivering outpatient community-based 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. The following shall be supervised in accordance with this policy:

- (1) Volunteers/Interns/Residents;
- (2) Credentialed/Unlicensed staff;
- (3) Certified Peer Specialists; and
- (4) Licensed or certified individuals who require supervision pursuant to their license or certification.

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 authorized to supervise within the scope of their license (see section 7b);

(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 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) 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.

(6) 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.

(7) 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, length of session, format (i.e., individual or group), highlights and needed follow-up.

5e. Frequency and Format of Supervision.

- (1) A minimum of four hours of supervision to full-time employees per month, prorated to two hours minimum for part time employees (working 20 hours or less).
- (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 contributes 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 10 full-time supervisees or 12 part-time/full-time supervisees, serving no more than 300 adult consumers or 200 children/youth is allowed for one supervisor.

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 behavioral health 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 MH and SUD treatment services within these organizations.

7b. Qualified practitioners (QP). Clinical staff authorized to provide treatment and other services. They are as follows:

- (1) a qualified physician;
- (2) a psychiatrist;
- (3) a psychologist;
- (4) a licensed independent clinical social worker (LICSW);
- (5) a licensed graduate social worker (LGSW);¹
- (6) a licensed marriage and family therapist (LMFT);
- (7) a physician's assistant (PA);
- (8) an advance practice registered nurse (APRN);
- (9) a registered nurse (RN);
- (10) a licensed professional counselor (LPC);
- (11) an independent social worker (LISW);
- (12) a graduate professional counselor for services provided outside of the Human Care Agreement with the Department; and
- (13) Certified addiction counselor (CAC).²

7c. Credentialed staff. Staff who is not licensed, certified, or 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.

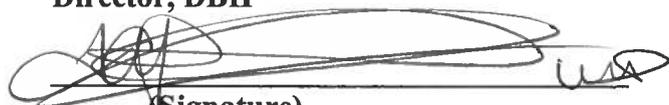
7e. Supervisory relationship. The interaction between the supervisor and supervisee that includes quality interface in person, telephone, video conference, or internet communication, as well as regular personal observation, evaluation, oversight, review, and actions toward improvement of service delivery, 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 twelve (12) supervisees led by a supervisor to discuss general and individual cases and services.

Approved by:

Tanya A. Royster, M. D.
Director, DBH



(Signature)

(Date)

¹ 17 DCMR 70, Social Work, states that an LGSW cannot supervise and needs supervision to practice independently.

² 17 DCMR 8700, Certified Addictions Counselor I and II, prohibits supervision by a CAC I or II.