

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**



MHRS Bulletin

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MHRS PROVIDER CLINICAL LEADERSHIP.

DESCRIPTION:

This bulletin provides guidance regarding the requirements for clinical leadership and oversight for Mental Health Rehabilitation Services providers. It reiterates the requirements, clarifies their interpretation by DBH, and serves as notice that these requirements will be strictly enforced by the Department.

GUIDANCE:

Clinical Director

Chapter 34 mandates that providers of Mental Health Rehabilitation Services (MHRS) must have a “Clinical Director who is a qualified practitioner with an appropriate, relevant behavioral health advanced degree, with overall responsibility for oversight of the clinical program of the MHRS provider. The Clinical Director may also serve as the Medical Director if the Clinical Director is a board-eligible psychiatrist.” (3411.3) In order to provide adequate oversight for the clinical program at a MHRS provider, the Clinical Director needs to work an amount of time sufficient to carry out the assigned tasks. The Department interprets this to mean that Clinical Director is a full time position.

Clinical Manager/Clinical Supervisor

These terms are used throughout Chapter 34 and they have overlapping characteristics. Both are defined in the definitions section of Chapter 34 as follows:

“Clinical manager” -- the qualified practitioner chosen by the consumer to coordinate service delivery. The clinical manager shall participate in the development and review of the consumer's IRP/IPC, along with the approving practitioner. The clinical manager may also serve as the approving practitioner. The clinical manager shall be employed by the CSA [Core Services Agency], except that a psychiatrist serving as a clinical manager may be under contract to the CSA.

“Clinical supervisor” -- The qualified practitioner responsible for monitoring consumer welfare, ensuring compliance with professional standards of service delivery, monitoring clinical performance and professional development of team members, and evaluating team members for performance, service delivery and credentialing purposes.

While both are defined as qualified practitioners with clinical oversight of the direct treatment provided to consumers of MHRS services, clinical managers (other than contracted psychiatrists) are by definition employees of the CSA. The duties of the clinical manager are detailed in 3411, and are consistent with general oversight and supervision of clinical care. The duties of clinical supervisors are addressed in the definition quoted above, and clinical supervisors are referred to in sections on the provision of specific services. (E.g., 3422.)

MHRS are to be provided by qualified practitioners (QP), or by credentialed staff supervised by a QP; non-licensed individuals may not provide clinical supervision of MHRS. DBH considers clinical managers and/or clinical supervisors to be the staff identified in regulation as providing clinical supervision and oversight. Clinical supervisors or clinical managers must be on duty at the same time as their assigned credentialed staff in order to coordinate service delivery and monitor both clinical performance and compliance with MHRS standards effectively. Agencies may utilize non-licensed individuals in their administrative hierarchy but the onus is on the agency to affirmatively demonstrate adequate oversight of clinical care for all consumers by a clinical manager and/or clinical supervisor who meets the Chapter 34 definitions quoted above.