

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

April 1, 2013

M E M O R A N D U M

What's Inside: Clinical Supervision Process
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TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND CHILDREN'S DIVISION STAFF

FROM: CANDACE A. SHIVELY, DIRECTOR

SUBJECT: CLINICAL SUPERVISION PROCESS AND GUIDE

The purpose of this memorandum is to inform staff of current efforts by the Division to enhance the clinical supervision process. These efforts include the introduction of a new *Clinical Supervision Process*, [Clinical Supervision Guide](#) and the announcement of demonstration sites to pilot the new process.

The new clinical supervision process and guide are the result of input from field staff in collaboration with the [Supervision Advisory Committee \(SAC\)](#), [Quality Assurance \(QA\)](#) unit, [Quality Improvement \(QI\)](#) unit and the [Professional Development and Training](#) unit. These enhancements and this pilot project were also included as items in the Division's [Program Improvement Plan \(PIP\)](#) in response to the [Federal Child & Family Services Review \(CFSR\)](#) results.

Clinical Supervision Pilot Project

Regional Directors were asked to submit circuits/units to pilot the Clinical Supervision Process. The pilot sites selected include:

- St. Louis City - Two FCS supervisory units;
- Circuits 2, 5, 19, 27, 31, 36, 38, and 41 - All AC, CA/N and FCS supervisors; and
- Jackson County - the Newborn Crisis Assessment unit, FCS Drug Court unit, and AC Drug Court unit.

Supervisors from the pilot sites will use the new clinical supervision process and guide with field staff during consultation.

The Clinical Supervision Pilot Project will begin effective on the date of this memorandum for a period of three months. Supervisors will begin using the guide immediately, however it is expected that the first thirty days will be largely implementation and supervisors becoming comfortable with the process. At the end of thirty days, all pilot sites will participate in a conference call to discuss the process of implementation and consider possible modifications. Conference calls will be conducted every thirty days throughout the pilot. At the end of three months the process and guide will be evaluated and revised as needed. Depending on the evaluation results,

consideration will be given to the revision of Division policy and a plan for statewide implementation.

Importance of Clinical Supervision

Children's Division frontline staff have an obvious impact on the lives of children and their families. What is less obvious, but widely acknowledged by the Division as well as child welfare professionals nationally, is how key the role of clinical supervision is in preparing, educating and providing ongoing support to frontline staff. Frontline supervisors occupy a myriad of roles which include administration, education and support to the field. An effective supervisor will promote effective and consistent social work practice as well as assuring an adherence to agency policy and Missouri law.

The purpose of child welfare supervision as identified in the Supervisor Advisory Committee [Charter](#) is to advance the Division's vision, mission, and principles; to ensure the consistency of practice and policy application; to ensure worker accountability and fairness in relation to practice standards, service delivery, adherence to policy; and to appraise the worker's performance and, if required, administer disciplinary action. Ultimately the purpose of supervision is to assist workers in achieving positive outcomes for children and families who come to the attention of the Division.

The Clinical Supervision Process

The Clinical Supervision Process and [guide](#) were developed to provide supervisors with a framework and tool for evaluating the depth and completeness of information collected as well as the worker's practical application toward treatment planning and provision of services. The guide will assist supervisors in identifying the strengths and needs of each worker. Skills enhancement can be addressed through training, mentoring, or modeling best practice.

Three Components of the Clinical Supervision Process:

The Clinical Supervision Guide was designed to be used for all program areas (CA/N, FCS and AC) without duplicating information gathered in the [Supervisor Case Review Tool \(SCRT\)](#). The guide is not intended to be a compliance driven form to be filled out but rather is intended to assist supervisors in engaging workers in the process of critical thinking. When supervisors promote an atmosphere of engagement with field staff, field staff will engage families they are working with and this will ultimately lead to more positive outcomes.

The Clinical Supervision Process entails three components:

- 1) *Review of available data*
 - Supervisors will look at available data sources such as [Results Oriented Management \(ROM\)](#), SCRT results and PERforM measures for a particular worker to establish the context for supervision. *(Worker specific data shall not be entered into FACES, but rather kept by the supervisor in a file).*
- 2) *Use the case specific Clinical Supervision Guide during consultation*
 - Every open FCS or AC case should be reviewed with a worker every month. If supervisors spend the time reviewing this information on each

case, cases should come to resolution more quickly because staff are attending to all cases, not just those crisis cases.

- CA/N Supervisors should conduct at least one consultation during every investigation or family assessment.
- Case specific information from the supervisory conference shall be entered into FACES by the supervisor, allowing case supervision to be tracked for each case.
- The supervision guide has headings which may be covered in supervision with suggested prompts to assist supervisors in their discussions with staff.

3) *Develop a worker specific plan of action based on the consultations and data reviewed*

- This worker specific plan of action will be held in a file by the supervisor but should not be entered into FACES. (See [supervision examples](#) for non-FACES documentation)
- The supervisor and worker will look at their specific cases, the data, and then work together on areas which need to be addressed both case specific and from a professional development perspective.
- Supervisors may consider utilizing the Plan of Change when implementing those areas which need to be addressed. (*Child Welfare Memorandum CD09-96*).

Clinical Supervision FACES Documentation

Supervisors will document case consultation through the following steps:

1. Select *Case Management*;
2. Select *Contact List* and enter the specific case number;
3. Select the CD employee the consultation is with;
4. Select *Actual Communication*;
5. Enter:
 - *Type* – Select from dropdown
 - *Point of Contact*
 - *Date/Time*
 - *Duration*
 - *Purpose* - choose *Case Consult with CD Staff* from dropdown
 - *Other Individuals Involved* – check yes or no
 - Choose appropriate *Associated Functions* from list of *Possible Functions*
6. Select *Add Note* and enter case specific information collected from the *Clinical Supervision Guide*. (Personnel/Worker specific information is not entered into FACES, but kept in the supervisor's file.)

(See [supervision examples](#) for FACES documentation)

In Summary

Behind every frontline worker who exhibits the patience, empathy and skill to work with families in achieving positive change, there will most likely be a supervisor who has demonstrated the same patience, empathy and skill in working with the worker to develop best practice. More effective supervision leads to more effective child welfare practice resulting in better outcomes for children and their families.

NECESSARY ACTION

1. Review this memorandum with all Children’s Division staff.
2. All questions should be cleared through normal supervisory channels and directed to:

PDS CONTACT

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UNIT MANAGER

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CHILD WELFARE MANUAL REVISIONS

N/A

FORMS AND INSTRUCTIONS

[Clinical Supervision Guide](#)

REFERENCE DOCUMENTS AND RESOURCES

[Supervision Advisory Committee Charter](#)
[The Child Welfare Supervision Strategic Plan:](#)
[Supervision examples for non-FACES documentation](#)
[Supervision examples for FACES documentation](#)

RELATED STATUTE

N/A

ADMINISTRATIVE RULE

N/A

COUNCIL ON ACCREDITATION (COA) STANDARDS

[PA-TS: 3.01, 3.03, 3.06, 3.07, and 3.08](#)

CHILD AND FAMILY SERVICES REVIEW (CFSR)

[2.2B](#)

PROTECTIVE FACTORS N/A

Parental Resilience
Social Connections
Knowledge of Parenting and Child Development
Concrete Support in Times of Need
Social and Emotional Competence of Children

FACES REQUIREMENTS

[Case Management](#)