CD15-12

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

February 26, 2015

What's Inside:

Clinical Supervision Process and Statewide Implementation

M E M O R A N D U M

TO: REGIONAL DIRECTORS, FIELD SUPPORT MANAGERS, CIRCUIT MANAGERS, AND SUPERVISORS

FROM: TIM DECKER, DIRECTOR

SUBJECT: CLINICAL SUPERVISION PROCESS AND GUIDE

The purpose of this memorandum is to announce the statewide implementation of the clinical supervision process and guide. This process was developed through the collaborative efforts of the Supervision Advisory Committee (SAC), the Quality Assurance (QA) and Quality Improvement (QI) units, the Professional Development and Training unit, and selected field staff. Staff participating in the clinical supervision pilot project also provided valuable data and feedback which was used to improve the process. (*See CD13-24 Clinical Supervision Process and Guide*)

Importance of Clinical Supervision

Supervisors fulfill a myriad of functions in such diverse roles as administrators, educators, and field staff support. According to the Supervision Advisory Committee Charter, the purpose of clinical supervision is:

- to advance the Division's vision, mission, and principles,
- to ensure a consist application of practice and policy,
- to ensure worker accountability and fairness in relation to practice standards, service delivery, and adherence to policy, and
- to appraise worker 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 and Guide is designed to provide supervisors with a framework and tool to evaluate the depth and completeness of information collected by the worker as well as the worker's practical application toward treatment planning and provision of services. Central to this process, supervisors should be cognizant of each worker's strengths, skill set and emotional make up which impacts work with families and acknowledge each worker's personal and professional growth and development. Through

training, mentoring or modeling best practice the supervisor may build on each worker's assets and address each worker's needs.

Three Components of the Clinical Supervision Process:

The Clinical Supervision Guide is not intended to be a form to be filled out, but is rather a list of pertinent questions a supervisor may reference to engage workers in the critical thinking process.

When supervisors promote an atmosphere of engagement, field staff will in return build alliances with families and engage families they are working with, leading 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 Child Welfare Outcomes reports, Annual Reports*, Results Oriented Management (ROM)*, *c*ase reviews and performance measures for a particular worker to establish the context for supervision with a particular worker. *(Worker specific data shall not be entered into FACES, but rather kept by the supervisor in a file).* Quality Assurance Specialists will provide assistance to supervisors in locating and utilization of data for supervision.

2) *Use the case specific Clinical Supervision Guide during consultation*

- Every case should be reviewed with a worker every month. If supervisors spend the time reviewing the information in the guide on each case, cases should come to a safe resolution more quickly because staff are attending to all cases, not just those crisis cases.

- Case specific information from the supervisory conference shall be entered into FACES by the supervisor, allowing case supervision to be tracked for each case. *See Steps to Document Case Consultation in FACES in next section.*

- The Clinical Supervision Guide provides headings to guide supervision with suggested prompts to assist supervisors in discussions with staff.

3) *Based on consultations and data reviewed, develop worker specific next steps*

- The supervisor and worker will look at their data, specific cases, and then work together on areas which need to be addressed, both case specific and from a professional development perspective.

- Supervisors may contact their Quality Improvement Specialist if they would like additional coaching or support in developing strategies or action steps with staff that also align with and promote the unit's or circuit's program improvement plan.

- The documentation of the worker's next steps of action will be held in a file by the supervisor but should not be entered into FACES, if it is about the worker and specific to professional or skill development, not specific to the case work.

Instructions for FACES Entry

Investigation or Assessment Cases	FCS or AC Cases
1. Select *Investigation or Assessment* 2. Select *Contact List* and enter the specific case number 3. Select the supervisor 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 select the supervisors name that is having the consult • 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.)	1. Select *Case Management* 2. Select *Contact List* and enter the specific case number 3. Select the supervisor 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 select the supervisors name that is having the consult • 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.)

The procedures for documenting clinical case consultation in FACES stated above are a requirement. Although during the process of development a variety of approaches to documentation in FACES were discussed, these procedures will provide supervisors and reviewers consistent documentation within the context and chronology of case narratives. A system change request to simplify the FACES entry process for supervisor consultation will be considered in the near future.

Results of Pilot Feedback Surveys

After the pilot, surveys were sent out to workers, supervisors and circuit managers. The results were varied. Examples of positive statements about how the new process has changed practice were as follows:

"As a supervisor, just being more aware of what is going on in AC cases."

“The workers are able to make a "to do" list from the guide.”

“I am more on top of their cases which forces them to be as well.”

“Although we are still improving, we are getting stronger every day in our practice and in our documentation.”

“The guide has helped keep the staffings consistent and focused on the necessary discussion of child safety and case progress.”

“Improved with a new worker as I was able to take time to discuss approach and model for him in the field. We could then come back and talk about it.”

Supervisors and staff also expressed concerns and/or challenges the new process presented for workers and supervisors. They included:

It is not feasible to address all the topics on the guide. There is not enough time for this. This guide clearly did not take into account the many time consuming job requirements of a supervisor.

“Previously, I had time to actually do field work and model with worker through client visits processes, most if not all time is spent in the office, so the direction is given, but from a practical experience, I'm not able to ascertain whether they were able to deliver/ present issues appropriately.”

“I do not have time to meet all the expectations anymore.”

The consultations are longer and it's hard to get all of the consultations in due to the high cases loads and scheduling conflicts.

“It is more cookie cutter, trying to make sure that we cover the specific all the points. It is not as free flowing as it was before.”

“Time. Former supervisions were about 5-7 min. Clinical supervision ran 10-12 min. The time discussing cases prevents more in depth supervision with workers regarding any other topic: worker stress, perform numbers, teaching tools, etc. I feel that we have to rush through that portion of supervision just so we can go through all of their cases. Even then we get behind.”

Supervisor Peer Mentors

It was apparent from the first conference call with pilot sites to the pilot survey, that there was a learning curve to supervisory consultation. Although discussion regarding the Clinical Supervision Guide and consultation was not entirely positive, it became more positive as the pilot progressed and time was allowed for supervisors to enhance their skills. The largest number of responses indicated that the supervision process had not changed significantly but it could be seen there was still the need to develop an understanding of how to utilize the guide.

One strategy to assist staff while transitioning to this new process is to make available a list of mentors who have participated in the pilot or have clinical supervision experience.

Please see the list of mentors below that have agreed to field questions from supervisors who are in the beginning stages of implementation. Please feel free to make contact with a mentor in your region.

St. Louis Region
St. Louis County 21st Circuit
Teresa Langford, Supervisor
Phone: 314-264-7694
Teresa.R.Langford@dss.mo.gov

Jackson County Region
Jackson County,16th Circuit
Tia Hogan, Supervisor
Phone: 816-889-2236
Tia.A.Hogan@dss.mo.gov

NE Region
Macon County, 41st Circuit
Jennifer Gunnels
Phone: 660-385-3191 ex 323
jennifer.gunnels@dss.mo.gov

SW Region
Morgan County, 26th Circuit
Dana Hutchison, Supervisor
Phone: 573-378-4681
Dana.Hutchison@dss.mo.gov

NW Region
Buchanan County 5th Circuit
Gary D. Flenthrope, Supervisor
Phone: 816-387-2087
Gary.D.Flenthrope@dss.mo.gov

SW Region
Christian County,38th Circuit
Tabitha D Julian-Read, Supervisor
Phone: 417-581-7511 ext 233
Tabitha.D.Read-Julian@dss.mo.gov

NW Region
Daviess County, Circuit 43
Jennifer Moss, Supervisor
Phone: 660-663-2189
Jennifer.A.Moss@dss.mo.gov

SW Region
Christian County, 38th Circuit
Wendy M. George, Supervisor
Phone: 417-581-7511 ext 249
Wendy.M.George@dss.mo.gov

SE Region
Washington County, 24th Circuit
Dawn Turnbough, Specialist
Phone: 573-438-2121
Dawn.Turnbough@dss.mo.gov

SW Region
Henry County, 27th Circuit
Nicole J. Montalbano, Supervisor
Phone: 660-885-5531
Nicole.J.Montalbano@dss.mo.gov

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	**UNIT MANAGER**
Randall D. McDermit 573-751-8932 Randall.D.McDermit@dss.mo.gov	Tricia Phillips 573-522-2713 Tricia.Phillips@dss.mo.gov

CHILD WELFARE MANUAL REVISIONS - N/A

FORMS AND INSTRUCTIONS
(CD-211) Clinical Supervision Guide
(CD-211REF) Clinical Supervision: Truth or Fiction

REFERENCE DOCUMENTS AND RESOURCES
The Child Welfare Supervision Strategic Plan

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