MEMORANDUM

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 consistent 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), case 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

<table>
<thead>
<tr>
<th>Investigation or Assessment Cases</th>
<th>FCS or AC Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Select <em>Investigation or Assessment</em></td>
<td>1. Select <em>Case Management</em></td>
</tr>
<tr>
<td>2. Select <em>Contact List</em> and enter the specific case number</td>
<td>2. Select <em>Contact List</em> and enter the specific case number</td>
</tr>
<tr>
<td>3. Select the supervisor the consultation is with</td>
<td>3. Select the supervisor the consultation is with</td>
</tr>
<tr>
<td>4. Select <em>Actual Communication</em></td>
<td>4. Select <em>Actual Communication</em></td>
</tr>
<tr>
<td>5. Enter:</td>
<td>5. Enter:</td>
</tr>
<tr>
<td>• <em>Type</em> – Select from dropdown</td>
<td>• <em>Type</em> – Select from dropdown</td>
</tr>
<tr>
<td>• <em>Point of Contact</em></td>
<td>• <em>Point of Contact</em></td>
</tr>
<tr>
<td>• <em>Date/Time</em></td>
<td>• <em>Date/Time</em></td>
</tr>
<tr>
<td>• <em>Duration</em></td>
<td>• <em>Duration</em></td>
</tr>
<tr>
<td>• <em>Purpose</em> - choose <em>Case Consult with CD Staff</em> from dropdown</td>
<td>• <em>Purpose</em> - choose <em>Case Consult with CD Staff</em> from dropdown</td>
</tr>
<tr>
<td>• <em>Other Individuals Involved</em> – check yes select the supervisors name that is having the consult</td>
<td>• <em>Other Individuals Involved</em> – check yes select the supervisors name that is having the consult</td>
</tr>
<tr>
<td>• Choose appropriate <em>Associated Functions</em> from list of <em>Possible Functions</em></td>
<td>• Choose appropriate <em>Associated Functions</em> from list of <em>Possible Functions</em></td>
</tr>
<tr>
<td>6. Select <em>Add Note</em> and enter case specific information collected from the <em>Clinical Supervision Guide</em>. (Personnel/Worker specific information is not entered into FACES, but kept in the supervisor’s file.)</td>
<td>6. Select <em>Add Note</em> and enter case specific information collected from the <em>Clinical Supervision Guide</em>. (Personnel/Worker specific information is not entered into FACES, but kept in the supervisor’s file.)</td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th><strong>PDS CONTACT</strong></th>
<th><strong>UNIT MANAGER</strong></th>
</tr>
</thead>
</table>
| Randall D. McDermitt  
573-751-8932  
Randall.D.McDermitt@dss.mo.gov | Tricia Phillips  
573-522-2713  
Tricia.Phillips@dss.mo.gov |

**CHILD WELFARE MANUAL REVISIONS** - N/A
## 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