GEORGIA DEPARTMENT
OF JUVENILE JUSTICE

Applicability:
{  } All DJJ Staff
{  } Administration
{  } Community Services
{  } Secure Facilities

Related Standards & References:
O.C.G.A. §§ 49-4A-7, 49-4A-8
ACA Standards: 3-JDF-5B-03, 4-JCF-5C-01
DJJ 3.80, 5.1, 12.1, 12.5, 12.11

Chapter 12: BEHAVIORAL HEALTH SERVICES
Subject: CLINICAL SUPERVISION
Attachments:
A: Clinical Supervision Log

I. POLICY:

The Department of Juvenile Justice shall ensure that clinical supervision is provided by a qualified clinical supervisor to oversee staff that provides mental health assessment and treatment services to youth.

II. DEFINITIONS:

Clinical Supervision: Will focus on support, development, and monitoring of mental health staff’s clinical work with youth.

Designated Mental Health Authority (DMHA): The individual responsible for providing behavioral health services at the facilities including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The Designated Mental Health Authority must be a mental health professional with at least a master’s degree in a mental health related field and who is serving in a mental health staff position.

Licensed Mental Health Professional (LMHP): A licensed psychiatrist, licensed psychologist, licensed clinical social worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or clinical nurse specialist (CNS) in psychiatry/mental health. Licensure at the independent practice level is required in order for a clinician to be considered an LMHP.

Qualified Clinical Supervisor: A psychologist or other approved licensed professional as designated by the Director of the Office of Behavioral Health Services (OBHS) or designee.

Qualified Mental Health Professional (QMHP): Mental health staff with education, training, and experience adequate to perform the duties required in accordance with
professional standards. When the QMHP is required to complete assessments, or provide individual counseling to youth with mental illness, the QMHP must have at least a master’s degree in a mental health related field, training, and experience in the provision of mental health assessment and counseling procedures. A master’s-level student under the supervision of a QMHP may perform the functions of a QMHP.

**Supervisee:** For the purposes of this policy, a qualified mental health professional (QMHP) or a student in a clinical field placement, who is receiving supervision from a qualified clinical supervisor.

**III. PROCEDURES:**

A. All DJJ staff whose primary job responsibilities include the provision of mental health assessment and/or treatment services in a secure facility shall engage in clinical supervision with a qualified clinical supervisor. The purpose of clinical supervision is to:

1. Protect the welfare of youth receiving mental health services;
2. Ensure that staff function within their level of competence and scope of training;
3. Facilitate development of clinical knowledge and skills; and
4. Monitor the quality of treatment services provided to youth.

B. Clinical supervision shall be provided through the following processes:

1. Psychologists shall review and approve all mental health assessments completed in accordance with DJJ 12.11, Mental Health Assessment.

2. Licensed Mental Health Professionals (LMHP) shall conduct the following reviews:

   a) Reviews of the facility’s suicide prevention and special management planning processes which shall be completed monthly and results shall be submitted to the Regional Behavioral Health Services Administrator (RBHSA) by the first business day of the following month.

   b) Clinical reviews focusing on qualitative aspects of clinical documentation shall be completed every other month, on odd numbered months, in accordance with DJJ 12.5, Behavioral Health Quality Assurance.
3. Qualified clinical supervisors shall provide assistance, on an as-needed basis, whenever a clinician needs support, problem solving, and/or guidance with difficult clinical situations and/or ethical dilemmas.

4. Qualified clinical supervisors shall meet with staff at least once a month to provide clinical supervision. These sessions may be provided in an individual or group format. In situations where the work schedules of the supervisor and staff are not conducive for a face-to-face meeting, supervision may occur via telephone contact or video conference.

5. Clinical supervision sessions shall serve one or more of the following functions:
   a) Development of clinical case formulations: assist staff with the development and clarification of clinical issue(s) they are working on with youth on their caseload;
   b) Development or refinement of the clinician’s therapeutic interactions with youth on their caseloads;
   c) Review and feedback regarding mental health assessment reviews and results of quality assurance reviews; and
   d) Knowledge and skills development.

C. The qualified clinical supervisor must maintain a record of clinical supervision sessions on the Clinical Supervision Log (Attachment A). Clinical supervision notes will include:
   1. Name of the clinician(s);
   2. Format of supervision (group, individual, phone, or video);
   3. Date, time, and duration of the clinical supervision session;
   4. Youth discussed, if any (identified by initials only);
   5. Focus of discussion; and
   6. Any assignments or follow-up tasks that were identified in the session, including review of any previous assignments, if any.

D. The Designated Mental Health Authority shall be responsible for arranging and maintaining the secure storage of all clinical supervision records. Access to the supervision record will be limited to the qualified clinical supervisor, the facility
Designated Mental Health Authority, and OBHS staff responsible for monitoring the work of mental health staff.

E. Clinical supervision is not performance planning supervision. If the qualified clinical supervisor has significant concerns about the staff’s performance of clinical duties, the staff’s immediate supervisor and the RBHSA will be notified. Performance issues will be addressed in accordance with DJJ 3.80, Employee Progressive Discipline.

F. Clinical supervision records will be maintained in accordance with DJJ 5.1, Records Management.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO

Although there is no LOP required for this policy, the facility Behavioral Health Program Plan should include the name and title of all facility Qualified Clinical Supervisors, the names and titles of the employees they each supervise, and the location of the clinical supervision records.