A Best Practice Model of Clinical Supervision

KESTREL
Behavioral Health

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Today's Presentation

- A Trip Down Memory Lane
  - Level 1 – a Brief History in Indiana
  - Problems with an ill-defined Service
- Side-by-Side Comparison
- ARPA & IPP – funded project to find out more
- Best Practices in Clinical Supervision
- Guidance on appropriate Billing
- Practical Examples of Clinical Supervision

Snapshot of Clinical Supervision



, Clinical Supervision started
improve quality

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Level 1 Supervision

The Problem:

- Indiana's 460 IAC (Indiana Administrative Code) that includes Medicaid Waiver supports
- Behavior Support *(Level 2)* was included
- so was Level 1 Supervision

Level 1 Supervision

The Problem *(continued)*:

- Few standard practices on what was needed for clinical supervision – 460 IAC has two:

  1. Behavior Clinicians (BCs) must be supervised by a Level 1 Licensed Psychologist/HSPP, and
     - *(changed in recent Waivers, but not 460 IAC)*

  2. Behavior Support Plans (BSPs) must be approved by the Level 1 supervisor

- **Result:** few standards = uneven implementation



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Supervision or . . . ??		
Feedback		
Complex Cases		
Compliance with 460?		

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Quality Components ??

- What do you think?



Expert Advice

Effective supervision is defined as practice that encourages supervisee development and autonomy, facilitates the supervisory relationship, protects the client, and enhances both client and supervisee outcomes.

Clinical Supervision: The State of the Art in *The Journal of Clinical Psychology*

Expert Advice

Supervision incorporates bi-directional feedback between supervisor and supervisee.

APA Guidelines for Clinical Supervision in Health Service Psychology

Expert Advice

Supervisors are legally and ethically responsible for the work product of their supervisees who legally become the "hands and legs" of the supervisor.

Assessing and Managing Risk in Psychological Practice from The Trust

ARPA and Innovation

- Medicaid is a Federal program administered by the states
  - The Federal Government pays most - FMAP
  - Indiana's share is about 1/3
  - American Rescue Plan Act (ARPA) set aside money to pay 100% of some state spending on HCBS
- Indiana had multiple ARPA-funded programs to help agencies cope with the pandemic

- Innovation Pilot Project (IPP) Grants

IPP and Clinical Supervision

- Kestrel applied for and won a two-year grant
  - Use multiple methods to develop *Best Practices*
  - Then help Indiana update its regulations and Waivers

- ARPA paid the bill, & Kestrel completed the project
- Then Indiana changed its regulations and Waivers
  - *but Kestrel's findings were <u>not</u> included in the changes*
  - *. . . just an appendix in the "Quality Guide"*

- But we learned quite a bit – here's how . . .

Collecting Data

- Focus Groups – Live, in-person
  - Case Managers (n = 14)
  - Behavior Clinicians (n = 10)
  - Level 1 Psychologist Supervisors (n = 9)

- Questionnaires after Focus Group feedback
  - Case Managers (n = 114)
  - Behavior Clinicians (n = 151)
  - Psychologists (n = 50)

Case Manager Survey

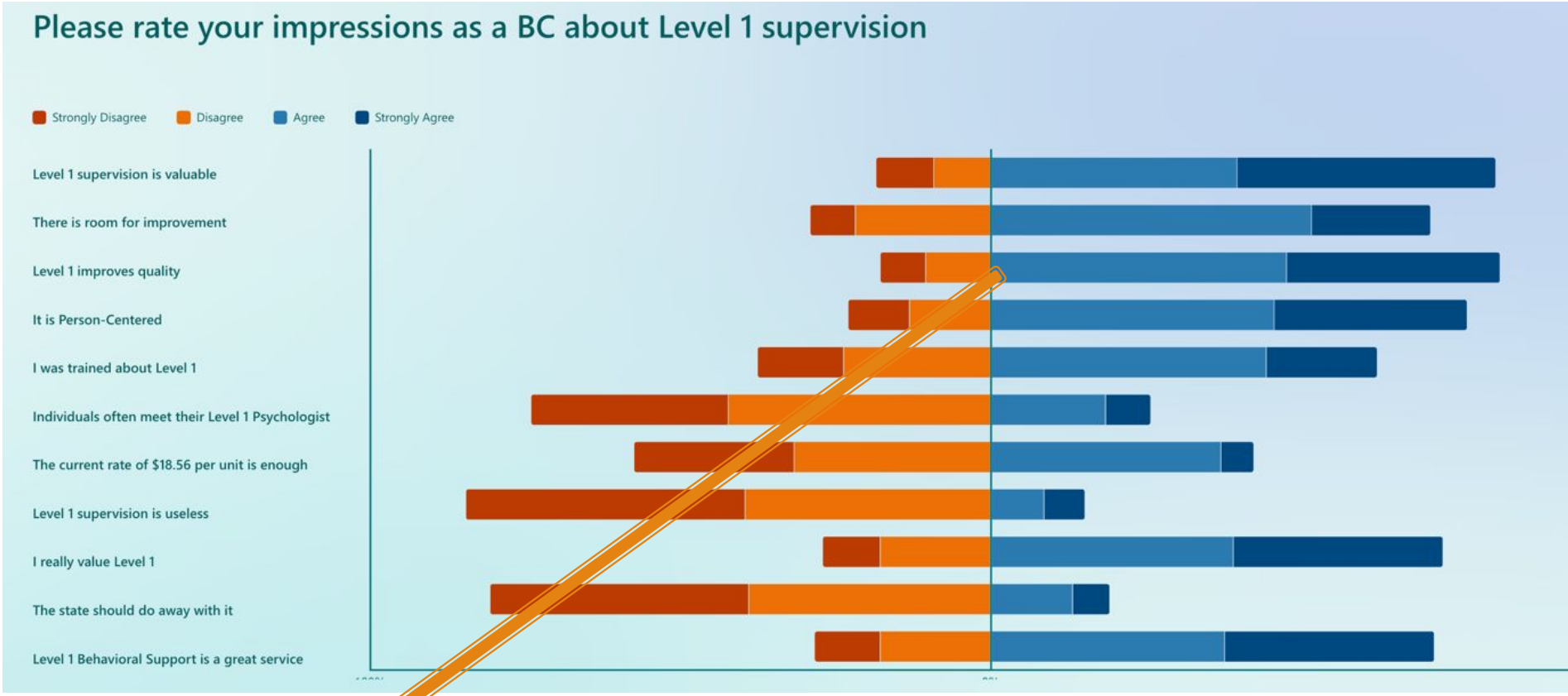
N = 114

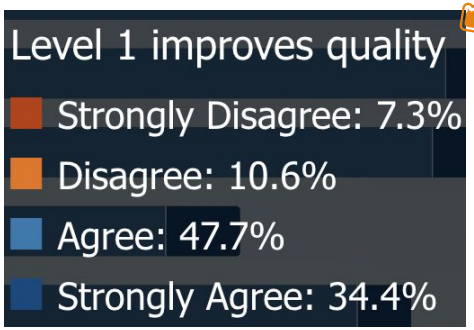
- 70% believed that Level 1 improves Quality
- 88% Disagreed when asked if it is “Useless”
- 99% said BCs should be able to contact L1 Supervisor with Questions
- 71% think units should be allocated based on behavioral acuity

BC Survey

N = 151

- 73% were satisfied with current Level 1
- 82% believed Clinical Supervision improves Quality
- 25% had “No Contact” with Clinical Supervisor and just had documents signed
- Let’s take a closer look at which BCs think Supervision is valuable





An independent samples T test (two-tailed) showed a significant difference between BCs who have “no contact” with their Level 1 supervisor (M = 1.53, SD = .92) and those who interact with their supervisor (M = 2.28, SD = .75) in whether they believe Level 1 supervision improves quality **t(149) = 5.1, p < .001**

BC Survey: Open-ended Qs

Themes from open-ended items:

- BC wants supervisor “available and responsive”
- Clinical supervisor helps to understand and question restrictions
- “I would like to receive feedback”
- Most beneficial for “high acuity clients”
- Helps BC understand medications & diagnoses
- Multiple Negative responses were linked to no contact or feedback with Clinical Supervisor

Psychologist Survey

N = 51

- 0% thought that Level 1 is “useless”
- 98% said they believe that Clinical Supervision improves Quality
- 98% said that there “is room for improvement”
- 70% endorsed more units of Clinical Supervision for higher acuity issues

Additional Sources of Data

- Demonstration Level 1 Pilot Clinics

  Live observation of Level 1 Supervision

  - Fort Wayne
  - South Bend
  - Bloomington

  Virtual observation x 9, including 2 groups

- Monthly “Community of Practice” Virtual Mtgs.
  - 15 HSPP participants
  - 20 others – via Email

Analyzing the Data

Clinical Supervisor Summit – Live, in-person

- Nine (9) HSPPs with over 100 years' experience
- Data from all sources were presented
- Split into groups to discuss pros / cons
- Focused on Best Practices, but not too onerous

  (e.g., in-person supervision can be impractical)

- Result: Consensus

  Four Principles of High-Quality Clinical Supervision

Four Core Principles

1. There must be a *Working Relationship* between BC and Clinical Supervisor
2. The Relationship with provider agency must allow *Bi-Directional Communication* and Access between BC and Clinical Supervisor
3. Clinical Supervisors need *Access to Client Records* in order to fulfill their role
4. Clinical Supervisors need opportunity to coach *"Clinical Soft Skills"*

Supervision Changes in Waivers

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Compliance with 460?	**Yes**	**Yes**



Quality = 4 Core *Plus*

- How is the Individual actually doing? Discuss current status
- Restrictions discussion
- Psychotropic medication review
  - Medication Savvy not Expert/Prescriber
  - Doses? not really Side Effects? be familiar
- Offer work samples and examples
- Document Review
  - BSP, FBA, IRs? Notes? interRAI? PCISP?

KESTREL Behavioral Health

Level One Review

Individual's Name **JohnJav**

Behavior Clinician Albert Skinner

Date of Service 10/29/26

Start Time 1:03pm End Time 1:31 ¼ Hour Units 2

Level One Supervision Activity *(please check all that apply)*

- ☐ In-Person Supervision with Behavior Clinician (BC)
- ☐ Telephone Supervision
- ☒ Virtual (e.g., Zoom) Supervision
- ☒ BSP – Behavior Support Plan Review
- ☐ FBA – Functional Behavioral Assessment Review
- ☐ Case Consultation other than BSP or FBA Review

Notes: Met with BC by Zoom. We discussed current status of the individual, including several recent incidents. Food seeking behavior has escalated, so we also reviewed medication with a focus on side effects. The BSP was reviewed, and a reinforcement schedule was added. The BSP is approved.

Signature: PhD HSPP
James Wiltz, PhD HSPP

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be billed

aid

of 8

inutes = 3 units

minutes = 4 units

minutes = 5 units

note

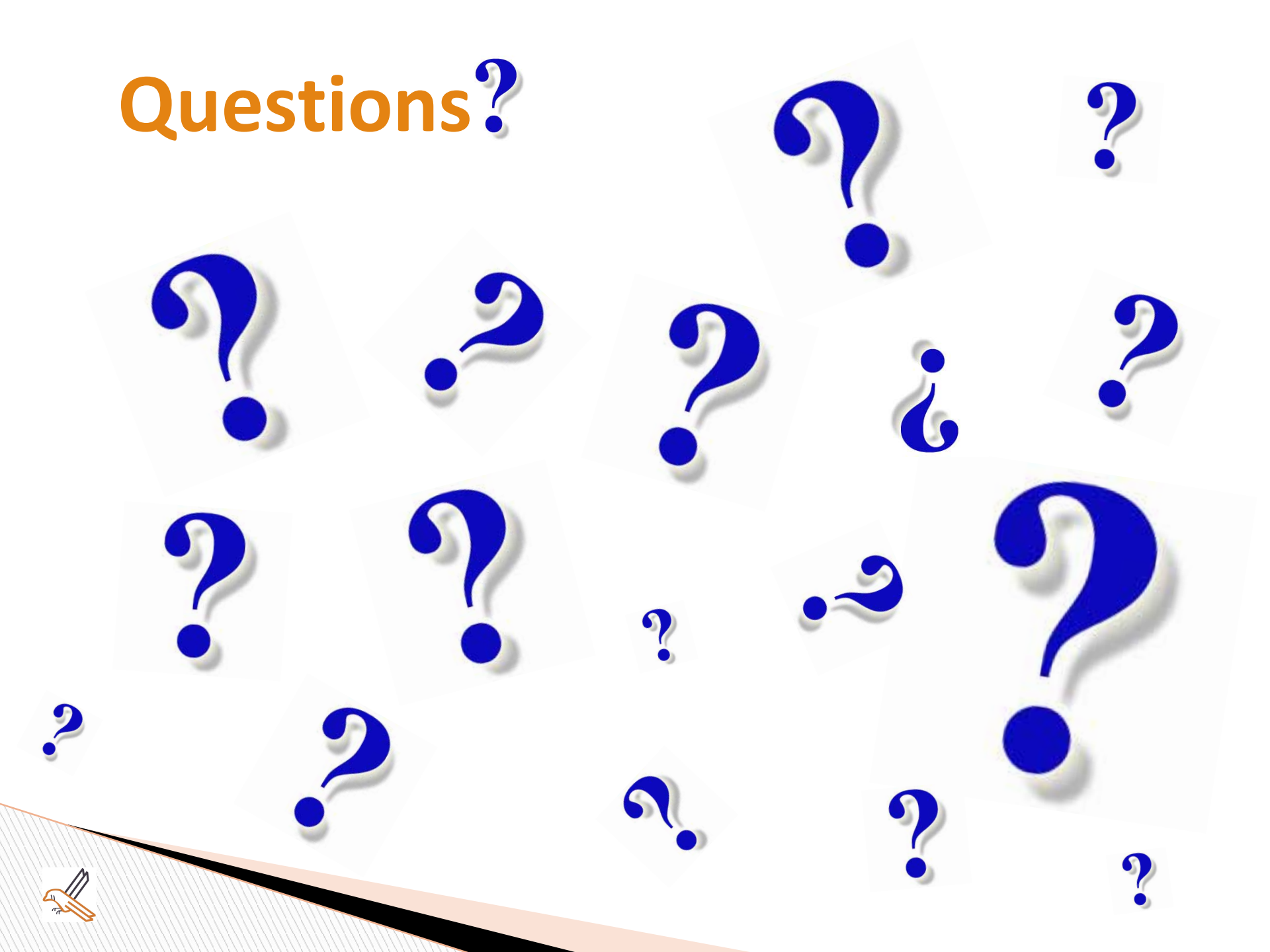
Practical Best Practices

- Get to know the BC – “how are you?”
- Build Trust through regular contact *(monthly?)*
- Ask how the individual has been doing, and talk about recent activities, social relationships, and if they have any fun plans
- Be prepared to spend more time on crises
- Be mindful of billing timeframes *(e.g., 7 minutes)*
- Some FBAs and BSPs need extra attention

Vignettes - Supervision



Questions?



Thank You!

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