



Authority & Quality Improvement Services (AQIS)  
Quality Assurance & Quality Improvement Division

# A Guide to Clinical Supervision for BBS Registrants

This guide is to provide helpful information and guidance on clinical supervision requirements for all BHS County and County Contracted employees, interns and volunteers that are registered with the Board of Behavioral Sciences (BBS). *Please note providers are fully responsible for reviewing all BBS regulatory requirements to ensure their ongoing compliance.*

### **Clinical Supervision Requirements**

- The following activities may be provided by a registered/waivered BHS County and County Contracted employee, intern or volunteer **only** when under the clinical supervision of a Licensed Mental Health Professional (LMHP), regardless of whether or not the registered or waived staff has completed the collection of supervised hours required to sit for the licensing exam:
  - Provide services
  - Approve care plans
  - Act as a clinical team leader
  - Diagnose behavioral health condition(s)
  - Conduct a Mental Status Exam (MSE)
  - Capture medication history
  - Assess relevant conditions and psychosocial factors affecting the client's physical and mental health
- Every time a LMHP assumes the clinical supervision of a registered/waivered BHS County and County Contracted employee, intern or volunteer, the LMHP shall complete a **Clinical Supervision Reporting Form** and submit that form to the Health Care Agency Authority and Quality Improvement Services (AQIS). The LMHP shall also submit a copy of the completed **BBS Responsibility Statement for Supervisors**.
- Every time a LMHP terminates the clinical supervision of a registered/waivered BHS County and County Contracted employee, intern or volunteer, including the termination of clinical supervision because a staff person has become licensed, the LMHP shall complete a **second Clinical Supervision Reporting Form** and submit that form to the Health Care Agency AQIS. Also, any changes to the clinical supervision, such as name change or subsequent registration number, should be reported to AQIS by completing and submitting a Clinical Supervision Reporting Form.
- Mandated clinical supervision shall be provided and documented for ALL registered/waivered staff.

- Any registered/waivered BHS County and County Contracted employee, intern or volunteer not receiving the required clinical supervision on the date of service is prohibited from providing and billing for services.
- Any interns or trainees under the supervision of a registered/waivered BHS County and County Contracted employee, intern or volunteer who is not receiving the required clinical supervision on the date of service is prohibited from providing and billing for services.
- Clinical supervisors must understand and accept the full responsibility as outlined by the respective boards per the governing authorities.
- Health Care Agency AQIS shall track, monitor, audit and recoup to ensure compliance with the requirements of clinical supervision.

### **Important Reminders**

#### Supervisor Qualifications and Responsibilities

(This is not an all-inclusive list. For complete information, please see additional resources available on AQIS website and the BBS website.)

- All clinical supervisors are to read the [BBS Legislative Update 2019](#) (please note specifically pages 2 -3).
- A clinical supervisor is required to have full access to clinical records of the clients counseled by their registered/waivered staff.
  - The printing of notes is not sufficient and redaction of clinical information is not required. Access in this situation is appropriate, as the Clinical Supervisor is taking full responsibility for the direction of mental health treatment that is being provided.
- A clinical supervisor is expected to review documentation completed by their registered/waivered staff.
- A clinical supervisor is aware of all BBS licensing requirements/responsibilities and understands all legal and ethical obligations.
- A clinical supervisor must meet all the following requirements:
  - Possess a current, valid, and active California license for at least 2 years of the 5-year period immediately preceding commencement of any supervision as an LPCC, LMFT, Licensed Psychologist, LCSW, a Licensed Physician and Surgeon

certified in Psychiatry by the American Board of Psychiatry and Neurology, or an equivalent out-of-state license;

- For at least 2 of the past 5 years immediately preceding supervision, the supervisor has practiced psychotherapy or provided direct clinical supervision of psychotherapy performed by Marriage and Family Therapist trainees, Associate Marriage and Family Therapists (AMFTs), Associate Professional Clinical Counselors (APCCs), or Associate Clinical Social Workers (ASWs). Supervision of psychotherapy performed by Social Work interns (students) or Professional Clinical Counselor trainees is also acceptable if the supervision is substantially equivalent to the supervision required for board registrants;
  - Has and maintains a current, active California license that is not under suspension or probation, as an LMFT, LPCC, LCSW, a Licensed Psychologist, or a Physician and Surgeon certified in Psychiatry by the American Board of Psychiatry and Neurology;
  - Has received supervision training as required by the Board;
  - If the supervisor is an LPCC who is supervising an AMFT, MFT trainee, or LPCC licensee or registrant seeking experience to treat couples and families, he or she must meet the requirements to treat couples and families specified in BPC §4999.20;
  - Has not provided therapeutic services to the supervisee;
  - Is not a spouse, domestic partner, or relative of the supervisee; and
  - Does not have or has not had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of the supervision.
- A clinical supervisor is responsible for (this is not an all-inclusive list):
    - Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
    - Monitoring and evaluating the supervisee's assessment, diagnosis, and treatment decisions and providing regular feedback.
    - Monitoring and evaluating the supervisee's ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served.
    - Monitoring and addressing clinical dynamics, including, but not limited to, countertransference, intrapsychic, interpersonal, or trauma related issues that may affect the supervisory or practitioner-patient relationship.

- Ensuring the supervisee's compliance with laws and regulations governing the practice of marriage and family therapy, clinical social work, or professional clinical counseling.
- Reviewing the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.
- With the client's written consent, providing direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the supervisor.
- All clinical supervisors are to submit a copy of the BBS Responsibility Statement for Supervisors and the AQIS Clinical Supervision Reporting Form upon commencement of clinical supervision.
- All clinical supervisors are to submit a second AQIS Clinical Supervision Reporting Form upon termination of clinical supervision.
- AQIS Clinical Supervision Reporting Form:
  - All fields are to be completed
  - Start and End date should NOT be future dated

#### Required Supervised Experience

(For complete information, please see additional resources on the AQIS website and the BBS website.)

- The 1:3 clinical supervisor to supervisee ratio is pertaining to private practice ONLY. At this time, there is no limit on how many supervisees a licensee can supervise in an agency (Business and Professions Code, Section 4980.43.4. (c)).
- Clinical supervision does not end when the registered/waivered staff has collected all their required clinical supervision hours. Clinical supervision is ongoing for as long as the individual is functioning in the registered/waivered role. **A pre-licensure must have at least one hour of direct supervisor contact per week** for each setting in which direct clinical counseling is performed.
- ASWs, AMFTs, and APCCs must receive **at least one hour of direct supervisor contact** each week for which experience is credited in each setting. An associate gaining experience who performs **more than 10 hours of direct clinical counseling in a week in any setting shall receive at least one additional hour of direct supervisor contact** for that setting.

- **No more than six hours of supervision**, whether individual, triadic, or group, shall be credited during any single week: For AMFTs and APCCs, this applies to experience gained on or after January 1, 2009 (Business and Professions Code, Sections 4980.43.2. (a)(2), 4999.46.2. (a)(2)). For ASWs, this applies to experience gained on or after January 1, 2010 (Business and Professions Code, Section 4996.23. (a)(6)).
- Administrative supervision provided by a Service Chief/Program Director is not the same as the Clinical Supervision required by the licensing boards. Clinical Supervision is not to be provided during Administrative Supervision. For example, if a Clinical Supervisor is also a Service Chief/Program Director, they would be required to ensure that **ONLY** Clinical Supervision is provided for the hour that is being claimed by a registered/waivered staff as Clinical Supervision. All administrative guidance should be provided outside of Clinical Supervision.