
Interim Director

Bureau Chief, Child Protection

Bureau Chief, Children & Family Services

Bureau Chief, Information Services

Bureau Chief, Finance & Administration

MANAGEMENT DIRECTIVE

SUBJECT: CLINICAL LICENSURE PROGRAM POLICY (LCSW/MFT)

POLICY # MD 02-04

EFFECTIVE DATE: APRIL 2002

This Management Directive cancels and replaces MD 95-04 dated September 1, 1995. Laws and Regulations Chapter 14 (LCSW Licensing Law) and/or Chapter 13 (MFT Licensing Law) of the Board of Behavioral Sciences (BBS) will be used as a reference throughout this policy. The Department's Licensure Program secures and coordinates clinical supervision and internships for all eligible DCFS employees. It meets the experience and supervision standards set by the BBS, California's licensing body, as stated in Business and Professions Code Article 1, Chapter 14, Sections 4990-4998.7 (LCSW) and Article 1, Chapter 13, Sections 4980-4988.2 (MFT).

The Board of Behavioral Sciences' web site (www.bbs.ca.gov) can be viewed on LA Kids Intranet, Links of Interest page. This site can be utilized for inquiries regarding BBS rules and regulations including their registration and application procedures. Current policy, procedures, and forms regarding the Department of Children and Family Service's Clinical Licensure Program can be found on the Clinical Program's web-site on LA Kids Intranet. **Note:** This management directive is dependent upon the current language in the BBS Laws and Regulations. DCFS is aware the BBS is currently proposing drafted language change for chapter 13 and 14. To date, (11/02) no change has been enacted.

1. DEFINITIONS

A. Eligible Employee

Any full time employee (licensed or unlicensed) who maintains a satisfactory or better rating on his/her performance evaluation is eligible to participate in the Clinical Licensure Program. A new employee's probationary status does not prohibit participation in the program.

B. Eligible Supervisee

Any unlicensed employee who performs a social work function and is registered (registration number secured) with the BBS as an Associate Social Worker (ASW), a Marriage and Family Therapist Intern (MFT), or registered with an accredited MFT program, (MFT Trainee).

NOTE: Every effort will be made to accommodate all employees who apply. Contingency shall include, but not be limited to, the availability of clinical supervisors and program funding.

C. ASSOCIATE

An unlicensed person registered with the BBS as an Associate Clinical Social Worker (ASW). An Associate must possess a master's degree from an accredited school or department of social work. Individual's must be registered as an Associate with the BBS in order "to be credited with experience toward licensure requirements." Only post degree experience may be counted toward licensed hours. Section 4996.18, BBS Laws and Regulations, January 2002.

D. MFT INTERN

"An unlicensed person who has earned his or her master's or doctor's degree qualifying him or her for licensure and is registered with the board" as a Marriage and Family Therapist Intern. Section 4980.03, BBS Laws and Regulations, January 2002.

E. MFT Trainee

"An unlicensed person who is currently enrolled in a master's or doctor's degree program, as specified in Section 4980.40, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program." Section 4980.40, BBS Laws and Regulations, January 2002. MFT Trainee's are not required to be registered with the BBS.

F. Eligible Clinical Supervisors

1) LCSW:

- a) Any employee licensed as a Clinical Social Worker who meets the "REQUIREMENTS FOR ASSOCIATE CLINICAL SOCIAL WORKER SUPERVISORS" as stipulated in section 1870 of the BBS Laws and Regulations, January 2002. NOTE: A Clinical Supervisor licensed as an LCSW must have "practiced psychotherapy as part of his/her clinical experience for at least two (2) years within the last five (5) years immediately preceding supervision." Per the BBS, LCSW's are eligible to provide clinical supervision

upon licensure provided they have taken the mandated 15-hour Clinical Supervision Training.

- b) A registered Associate may receive clinical supervision from a Licensed Clinical Social Worker or a licensed mental health professional acceptable to the board. The BBS defines licensed mental health professional as “one who, at the time of supervision, has possessed for at least two years a valid license as a psychologist, marriage, family and child counselor or physician certified in psychiatry by the American Board of Psychiatry and Neurology.” Section 1874 BBS Laws and Regulations, January 2002. “Up to 1000 hours of required experience may be gained under the supervision of a licensed mental health professional acceptable to the board.” Section 4996.20 (b) Laws and Regulations, January 2002.

2) MFT:

- a) Any employee licensed as a Marriage and Family Therapist who meets the “REQUIREMENTS FOR SUPERVISORS” as stipulated in Section 1833.1 of the BBS Laws and Regulations, January 2002. NOTE: A Clinical Supervisor licensed as an MFT must have “practiced psychotherapy for at least two (2) years within the five (5) year period immediately preceding any supervision and has averaged at least five (5) patient/client contact hours per week.” Per the BBS, MFT's are eligible to provide clinical supervision only after two years post licensure provided they have taken the mandated 6-hour Clinical Supervision Training and the 6-hour Clinical Supervision Training updates every two years.
- b) A registered MFT Intern may receive clinical supervision from a licensed Marriage and Family Therapist, “a licensed clinical social worker, licensed psychologist, or physician who is certified in psychiatry as specified in Section 4980.40 (f) of the Code and has been licensed in California for at least two years prior to commencing any supervision.” There is no limitation on the amount of hours a registrant can receive under the supervision of any of the stated disciplines.

G. Clinical Licenses

Licensed Clinical Social Worker (LCSW)
Marriage and Family Therapist (MFT)

NOTE: It is a licensing mandate that LCSW's and MFT's secure continuing education units prior to license renewal. The current number of required units can always be found in the BBS Laws and Regulations.

H. Clinical Supervision

“Supervision means responsibility for and control of the **quality** of clinical social work services being provided. Consultation shall not be considered to be supervision.” BBS Laws and Regulations, Section 4996.20.

It is “the relationship between supervisor and supervisee that promotes the development of responsibility, skill, knowledge, attitudes, and ethical standards in the practice of clinical work.”

I. Clinical Supervision Options:

- a) Individual Supervision means one hour of face-to-face contact on an individual basis. An ASW may gain all their clinical hours under individual supervision or a minimum of 1600 hours, not less than half of the required 3200 hours may be gained under individual supervision.
- b) Group Supervision consists of two hours of face-to-face contact in a group of not more than 8 persons. An ASW is not required to have group supervision but may gain up to 1600 hours of the required 3200 under group supervision.
- c) "Clinical Internship" is defined as a training program which provides practical experience in giving treatment services to clients and specialized teaching and supervision for employees who are involved in that internship. DCFS provides two Internship options within the Department, the Child Sexual Abuse Project (CSAP) and the Central Los Angeles Sexual Abuse Unit (CLASAU). The Clinical Licensure Program continually attempts to secure approved internship programs outside of the Department for DCFS staff.

NOTE: For MFT Interns and Trainees “Supervision shall include at least one hour of direct supervisor contact for each week of experience claimed.” “One hour of direct supervisor contact” means “one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons.” MFT Interns must have 52 weeks of individual supervision.

J. Clinical Social Work

“A service in which a special knowledge of social resources, human capabilities and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a non-medical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects of the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or, doing research related to social work.” Section 4996.9 Laws and Regulations, January 2002.

K. Clinical Case Management

“Distinct from other forms of case management, social work case management addresses both the individual client’s biopsychosocial status as well as the state of the social system in which case management operates. Social work case management is both micro and macro in nature; intervention occurs at both the client and system levels. It requires the social worker to develop and maintain a therapeutic relationship with the client, which may include linking the client with systems that provide him or her with needed services, resources, and opportunities. Services provided under the rubric of social work case management practice may be located in a single agency or may be spread across numerous agencies and organizations.” The social work case manager “assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the specific client’s complex needs.” From NASW Standards for Social Work Case Management, June 1992.

L. Psychotherapy

“Psychotherapy, within the meaning of Chapter 14 of the Business and Professions Code (Section 4996.9) is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.”

M. Direct Supervisor

An individual who has responsibility for the supervision, training, job performance, and case management decisions of clinical supervisees. Direct Supervisors hold the Department’s work item of SCSW or higher. A Direct Supervisor may or may not be the supervisees’ Clinical Supervisor.

N. Program Liaison

The Clinical Licensure Program Liaison is the DCFS employee who represents the Clinical Licensure Program at each DCFS work location. The Program Liaison is knowledgeable regarding the Clinical Licensure Program’s goals, policy, procedures, and is dedicated to maintaining a clinical case management perspective within the Department. Program Liaison’s volunteer their time and services to the Clinical Licensure Program; they may or may not be actively providing clinical supervision. Liaisons provide an open line of communication between the Clinical Program and the working environment to which they belong. Program Liaison’s attend the Clinical Licensure Program’s quarterly meetings and are the work-site contact person for the Clinical Program.

O. Program Coordinator

The Clinical Licensure Program and Coordinator(s) are under the Department's Staff Development section. The Program Coordinator(s) is responsible for the organization, maintenance, and enhancement of the Clinical Licensure Program. The Program Coordinator(s) duties include, but are not limited to, maintaining a tracking and master file system of the DCFS licensed staff, licensed staff actively providing Clinical Supervision, and unlicensed staff interested in securing qualifying hours towards licensure. It is the function of the Coordinator to actively secure clinical supervision for qualified unlicensed staff and the ongoing recruitment and retention of licensed staff to provide such supervision. Program Coordinator(s) provide clinical supervision and act as liaison between the Department and the Board of Behavioral Sciences. Program Coordinator(s) regularly attend the BBS board meetings to receive and disseminate information about changes in regulations or procedures. Coordinator(s) duties include participation and monitoring of BBS required courses provided by the Department, maintenance of the Program's web-site, quarterly meetings with the Liaisons and Clinical Supervisors, and networking with regional administrators to promote a clinical perspective within DCFS.

2. POLICY AND STANDARDS

- A. The protection and safety of a child is always the first priority.
- B. DCFS case records are confidential pursuant to WIC Section 827 and order of the Los Angeles County Juvenile Court. Failure to follow confidentiality policy may lead to disciplinary action, including discharge, civil action and criminal prosecution.
- C. The policy and procedures in this release are effective upon release for all DCFS employees who are licensed as an LCSW or MFT or registered as an ASW, MFT Intern or MFT Trainee and who have applied for participation in the Clinical Licensure Program.
- D. Though it is not a requirement for employment, it is Department policy to provide clinical supervision towards licensure to all eligible employees. Providing clinical supervision for employee's while they pursue the LCSW or MFT licensure serves to enhance clinical case management practice with clients and fosters professional growth for staff. DCFS provides pre-licensure training and exam preparation courses and post-licensure continuing education training courses as well as authorizes both CSW's and SCSW's to use their individual \$300.00 annual self-directive education funds towards licensure related costs. Participation in the Clinical Licensure Program is voluntary. The ability to secure clinical supervision is contingent upon the availability of licensed staff who agree to provide such supervision and program funding.
- E. Participation in the Clinical Licensure Program as a Clinical Supervisor or a Clinical Supervisee shall be counted as part of an employee's work week and, therefore, may occur on county time.

- F. An LCSW or an MFT employee who, by application, is participating in the Clinical Licensure Program is the only authorized individual to provide clinical supervision and sign for licensure hours at DCFS. There are no exceptions.
- G. An employee who seeks and secures clinical supervision from a resource outside of DCFS **may not apply this supervision towards their DCFS work experience. DCFS policy regarding client confidentiality and the confidentiality of case records prohibits the processing of effective clinical supervision according to BBS standards. Agency policy regarding client confidentiality remains paramount to the BBS regulations regarding an employee's ability to secure clinical supervision from a non-employee.**
- H. The DCFS Clinical Licensure Program conforms to the BBS regulations applicable for each license. It is the primary responsibility of the Clinical Supervisor and the Clinical Supervisee to familiarize themselves with current BBS standards, laws, and regulations. Clinical Supervisors remain responsible to ensure that the supervision they provide and sign hours for meets BBS standards. Clinical Supervisees who seek licensure remain responsible for the pursuit of their license including maintaining their registration with the BBS, securing the training required, being proactive in securing their licensed hours, and passing the licensing exams.
- I. Participation in the DCFS Clinical Licensure Program must be through an application process highlighted in the Procedures section of this policy directive. All program participants must have on file with the Clinical Licensure Program a current copy of their BBS license or registration and an application to the program signed by their administrator. Proof of attendance to the mandated Clinical Supervision Training is required to be on file with the Clinical Licensure Program. A certificate of attendance or a training transcript is acceptable proof. NOTE: Per the BBS, mandated Clinical Supervision Training became effective January 1, 2000 (MFT) and January 1, 2001 (LCSW).
- J. Clinical Supervisors are provided reimbursement for their services to the program through a monthly stipend. Supervisors should claim this stipend. Reimbursements can be claimed retroactively for up to 12 months only.
- K. Employees attending individual or group supervision for licensure hours at their work location or at another DCFS work location are allowed a maximum of four hours per week of county time to participate. Travel time and mileage are included. Employees are not allowed county time to participate in "study group" activities which are solely for the purpose of studying for the licensing exam.
- L. Internships with the Child Sexual Abuse Project (CSAP) and the Central Los Angeles Sexual Abuse Unit (CLASAU) may include paid overtime, depending on that program's funding.

- M. Employees who attend DCFS approved outside internships shall be allowed mileage and county time to participate, not paid overtime. Employees shall not see/treat DCFS clients during their internships at these agencies.
- N. Persons whose primary job function is not direct client service must add a clinical component, under supervision, to accrue qualifying experience hours. Administrative tasks, travel time, indirect services and agency paperwork (other than doing progress notes, written case assessments, or treatment plans) **do not count** as qualifying hours of experience. **Qualifying experience as defined by the BBS:**
- 1) LCSW: clinical social work services consisting of psychosocial diagnosis; assessment; treatment and referrals; including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. (Section 4996.9)
 - 2) MFT: “service performed with individuals, couples or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments.” (Section 4980.02)
- O. The clinical Supervisor/Supervisee relationship:
- 1) Clinical supervision can be provided by an employee’s licensed direct operational supervisor or any other licensed employee so long as the Supervisor/Supervisee relationship does not create a conflict of interest for either party.
 - 2) If during the course of supervision, the Clinical Supervisor becomes aware of any physical or emotional impairment of a Supervisee that significantly impacts his/her work with DCFS clients, this information shall be shared with appropriate parties to maintain the safety of the clients involved.
 - 3) If at anytime it is deemed that the Supervisee’s performance/behavior is grossly negligent, or incompetent, the Clinical Supervisor may terminate supervision. If a Supervisee wishes to terminate clinical supervision with their Clinical Supervisor, it should be done by mutual consent with that Clinical Supervisor, as it is part of the clinical experience.
 - 4) In the event of a disagreement between the Clinical Supervisor and the Clinical Supervisees’ direct Supervisor, both parties shall meet to discuss/resolve areas of concern as soon as possible. If the disagreement cannot be satisfactorily resolved, the Supervisees’ chain-of-command will be followed for consultation/resolution. Case-management decisions remain the primary responsibility of the case manager and his or her direct supervisor.
- P. All employees who are licensed or registered with the BBS are expected to acknowledge, understand, and abide by their license “code of ethics.”

- Q. Staff licensed and registered with the BBS must be aware of and adhere to their licensing laws and regulations regardless of DCFS employment role functions or Department expectations.
- R. All employees licensed and registered with the BBS must display their license or registration certificate in a conspicuous place at their primary place of practice.
- S. All employees licensed and registered with the BBS must adhere to advertising mandates defined by the BBS. **Note:** DCFS employment does not provide exemption from BBS requirements regarding practice behavior(s).
 - 1) Licensed staff: Licensure status must be shown either by including the complete name of the license OR by including the initials of the appropriate license AND the license number.
 - 2) Registered staff: Any unlicensed person practicing under supervision MUST also include the name and correct licensure status of the supervisor. BBS Laws and Regulations state, “A registrant shall inform each client or patient prior to performing any professional services that he or she is unlicensed and is under the supervision of a licensed professional.” Section 4996.18(e) ASW and Section 4980.44(a)(4) MFT Intern of Trainee.

3. PROCEDURES

- A. Information and forms regarding the Clinical Licensure Program can be obtained from the Program’s web-site on LA Kids, the Program Liaison(s), or the Program Coordinator(s).
- B. Quarterly meetings are held with Program Liaisons and Clinical Supervisors to maintain open and accurate communication, support staff, and enhance the Clinical Program’s presence and perspective within the Department through skill enhancement and program development.
- C. All active participants in the Clinical Licensure Program must first be licensed or registered with the Board of Behavioral Sciences as an LCSW, MFT, ASW or MFT Intern. MFT Trainees must be enrolled in a qualifying degree program and the school must have a written agreement on file with DCFS that meets the BBS requirement.
- D. All unlicensed staff who state interest in securing licensed hours and participating in the Clinical Licensure Program but who have not yet registered with the BBS will be considered “deferred” until BBS registration is secured. Clinical supervision towards licensing hours cannot be acquired without BBS registration.
- E. A Licensed employee who wishes to participate in the Clinical Licensure Program must first complete a Supervisor Application form (Attachment I). The application is complete when administrative approval has been secured and a recommendation for participation has been made. The supervisor/applicant must provide to the Clinical

Licensure Program Coordinator the signed Supervisor Application, a copy of their current BBS license and proof that the BBS mandated training has been completed.

- F. An unlicensed employee who wishes to participate in the Clinical Licensure Program and secure hours towards clinical licensure must first complete a Supervisee Application form (Attachment II). The application is complete when administrative approval has been secured and a recommendation for participation has been made. The supervisee/applicant must provide to the Clinical Licensure Program Coordinator the signed Supervisee Application and a copy of their current BBS registration certificate. There is no registration certificate requirement for an MFT Trainee.
- G. Completion of the Supervisor or Supervisee Application form is required for initial entry into the Clinical Licensure Program. A new application is not required when changing supervisor/supervisee assignments.
- H. The LCSW and MFT Clinical License must be renewed with the BBS every two-years and the ASW and MFT Intern registration must be renewed yearly with the BBS. A copy of the clinical supervisor/supervisees' current license and registration renewals must be on file with the Clinical Licensure Program.
- I. Clinical supervision assignments are obtained through the Clinical Licensure Program Coordinator. If a clinical supervision assignment is arranged through a Program Liaison or through the individual participants (supervisor/supervisee); these arrangements **MUST** be registered with the Program Coordinator. It is the responsibility of the clinical supervisee to complete this process.
- J. Clinical Supervisors and Supervisees shall each maintain their own records regarding their participation in the Clinical Licensure Program. The program recommends, and prudent practice would suggest, that Clinical Supervisors keep a file of the Supervisees' BBS registration, DCFS application forms, and clinical notes. Clinical Supervisees should request and document the Clinical Supervisor's licensing and mandated training status. BBS Laws and Regulations, section 4982(V) for MFT and section 4992.3(S) for LCSW states, unprofessional conduct shall include, "Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered."
- K. A maximum of 40 hours per week of qualifying experience may be claimed by either a Social Work Associate or an MFT Intern receiving clinical supervision, according to the BBS. Actual hours may be less depending on the work assignments of the Supervisee. Clinical Supervisors and Supervisees should regularly discuss this in supervision and agree on the number of qualifying hours to be signed for and claimed. **Note:** the mandated ratio of 10 hours to 1 hour of supervision refers only to "client contact" hours.
- L. Clinical Supervisees shall seek clarification regarding requirements for licensure hours from the BBS Law and Regulations, dated January 2002.
 - 1. MFT Interns and Trainees:
 - a) Sections 4980.40 through 4980.44 specifically.

- b) 3000 hours of supervised experience is required.
 - c) Required experience shall be gained in a minimum of 2 calendar years over a period of not less than 104 weeks. “File for renewal of registration annually for a maximum of five years after initial registration with the board.” Section 4980.44 (3).
2. ASW:
- a) Sections 4996.18, 4996.20, 4996.21, and 4996.23 specifically.
 - b) 3200 hours of supervised experience is required.
 - c) Required experience shall be gained “in not less than two nor more than six years.” Persons registered with the board on or after 1/1/02: a minimum of 2 years experience is required “to be obtained over a period of not less than 104 weeks” and shall have been gained within the six years immediately preceding the filing date of the application for licensure.
- M. Employees participating in the Clinical Licensure Program must process the **applicable** forms with the BBS:
- 1. MFT, MFT Intern, MFT Trainee:
 - a) RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A MARRIAGE, FAMILY, AND CHILD COUNSELOR INTERN OR TRAINEE
 - b) MARRIAGE AND FAMILY THERAPIST EXPERIENCE VERIFICATION
 - c) WEEKLY SUMMARY OF HOURS OF EXPERIENCE
 - 2. LCSW, ASW:
 - a) RESPONSIBILITY STATEMENT FOR SUPERVISORS OF AN ASSOCIATE CLINICAL SOCIAL WORKER
 - b) CLINICAL SOCIAL WORKER EXPERIENCE VERIFICATION
 - c) SUPERVISORY PLAN
 - d) TERMINATION OF SUPERVISION
- N. DCFS employees who provide or receive clinical supervision through the CSAP or CLASAU internship programs must be on file with the Clinical Licensure Program. Participation in an internship program outside DCFS for licensing hours must also be registered with the Clinical Licensure Program.

- O. Clinical Supervisors claim reimbursement for the clinical supervision provided by completing the Clinical Supervision Reimbursement Claim form (attachment V). This form must be completed and signed by the Clinical Supervisor and either the Regional Administrator or Assistant Regional Administrator. The original signed form must be forwarded to the Clinical Licensure Program Manager. The Program manager signs the form certifying that the Clinical Supervisor met BBS requirements to perform clinical supervision and forwards it to Finance for processing.
- P. A licensed staff who is the direct supervisor of an employee, to whom they are providing clinical supervision, may claim reimbursement for the clinical supervision provided. Licensed staff providing clinical supervision for either CSAP or CLASAU may claim reimbursement for the clinical supervision provided.
- Q. Clinical Supervisors claim reimbursement on a monthly basis and may only claim retroactively for up to 12 months. Clinical Supervisors not in compliance with license renewal or mandated training requirements will not have their reimbursement claims approved for payment. Directives regarding reimbursement amounts can be found within the DCFS/Union Memorandum of Understanding (MOU) or the Clinical Licensure Program web-site.

4. FORMS

A. Forms Required:

- 1. Clinical Licensure Program, Supervisee Application, dated 11/02 (Attachment I).
- 2. Clinical Licensure Program, Supervisor Application, dated 11/02 (Attachment II).
- 3. Clinical Supervision Reimbursement Claim, dated 2/02 (Attachment III).

B. Forms Cancelled/Revised:

- 1. Licensure Supervisee Application-revised 11/02.
- 2. Licensure Supervisor Application-revised 11/02.
- 3. Letter of Agreement-cancelled.
- 4. Letter of Confidentiality and Conflict of Interest-cancelled.
- 5. Certification of Licensure Supervision Claim-revised 2/02