Standard 12: Ongoing Reflective Supervision

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**ON-GOING SUPERVISION FOR DIRECT SERVICE STAFF** (EFFECTIVE 11/27/2024)

**HFA Best Practice Standard 12-1.A**

**POLICY: All direct service staff, FSSs and FRSs, receive regular, ongoing reflective supervision, are provided with skill development and professional support, and are held accountable for the quality of their work.**

HFNY Policy Guidelines

* Full-time staff that are at least .75 FTE participate in regular, individual supervision for a minimum of 1.5 to 2 hours a week (over a seven-day period). HFNY Performance Indicators set the expectation that this frequency and duration of supervision is achieved at least 75% of the time.
* Part-time staff that are at least .25 FTE-.74 FTE participate in regular, individual supervision for a minimum of 1 to 1.5 hours a week (over a seven-day period). HFNY Performance Indicators set the expectation that this frequency and duration of supervision is achieved at least 75% of the time.
* For staff that work less than .25 FTE, supervision may be provided according to role and occurrence of services.
* For Full time staff who serve in more than one role (e.g. a position that is 100% FSS also responsible for conducting the FROG Scale with their families) 1.5 hours per week is the expectation to meet the supervision requirements of both roles and functions, and documentation clearly indicates both are being addressed.
* Full time supervisors (35 hours a week or more), will supervise no more than five full time direct service staff. The maximum number of direct service staff a part-time supervisor can supervise is prorated (see the HFA proration tool in the appendix) based on the percentage of time in the supervisory role. **(12-1. D)**
* Supervision is usually conducted in one session per week. Supervision must be completed in no more than two sessions per week.
* Supervisors document the dates, duration, and content of all supervisory sessions, this is tracked in the MIS.
* If providing supervision remotely it must be via video call, and it is recommended that the site have at least one supervision session per month as an in-person meeting, when possible.
* The only acceptable reason for missing a supervision session is the supervised staff person’s absence for an entire “week”, calculated as the 7-day period after their assigned supervision date.
* It is required that when staff are in the field, they always have access to a supervisor and/or program manager.
* Programs are strongly encouraged to have team or staff meetings at least every two weeks at a regular set time.
* Reflective supervision groups are required for CWP sites and are optional for non-CWP sites. The content and topics discussed during the session can be used to build on reflective practice in regular supervision. Typically these sessions last approximately 1.5-2 hour**s** **per month** and include but are not limited to:
  + Family Presentation
  + Focus on holding the space that encourages self reflection and self regulation for staff, both physically and emotionally.
  + Observing staff member’s internal responses to the work, including parallels between what might be going on for the worker as well as how that might impact the work.
  + Focus on the parallel process by expanding to what might be going on for the staff in conjunction with what the family and the baby might be experiencing.
  + Considering what the supervisor might do differently for the next supervision
  + Developing a plan with staff for work going forward
  + Opportunities for participants in the group to reflect on the group session they just observed.
* A site may choose to provide monthly reflective consultation groups in place of one weekly individual supervision session per month for direct service staff who have been in their role for a minimum of 12 months and are .25-1.0 FTE and the group must be facilitated by a qualified individual. **Reflective group facilitator must meet the following qualifications**:

1. IMH Endorsement or Master’s degree or higher in human services related field: Master of Arts (MA), Master of Science (MS), Master of Education (MEd), Doctorate in Education (EdD), Master of Social Work (MSW), Master of Nursing (MSN), Doctor of Psychology (PsyD), Doctor of Philosophy (PhD), Medical Doctor (MD), Doctor of Osteopathy (DO) or other degree specific to one’s professional focus in infant mental health; university certificate program, and/or course work in areas such as infant/very young child development, family-centered practice, cultural sensitivity, family relationships and dynamics, assessment, and intervention.
2. Two years of work experience providing culturally sensitive, relationship-focused infant mental health services with infants and toddlers and their families. This specialized work experience must be with both the infant/toddler and his/her biological, foster, or adoptive parent on behalf of the parent-infant relationship. Infant mental health services will include early relationship assessment, and parent-infant/very young child relationship-based therapies and practices. Infant mental health services include parent-infant psychotherapy, interaction guidance, and child-parent psychotherapy. These therapies and practices are intended to explicitly address issues related to attachment, separation, trauma, and unresolved losses as they affect the development, behavior, and care of the infant/very young child.
3. Previous recipient of reflective supervision. The facilitator will need to have received relationship focused, reflective supervision/consultation, individually or in a group, post-Masters, while providing services to infants, very young children, and families from a qualified professional.
4. Training or experience facilitating groups and managing group dynamics.

* For sites participating in Reflective Supervision Groups supervisors are responsible for documenting the reflective group in the MIS on the Reflective Consultation Meeting form. Documentation must include at minimum:
  + Facilitator’s name
  + Date and time session occurred
  + Program staff attendance
  + Content topics covered
* Volunteers and interns may serve as a support to direct staff, but may not assume the role of FSS or FRS and therefore do not need the required supervision.

**The site will adhere to all HFNY Policy Guidelines specified above. Additionally, please insert site-specific procedures that include**:

1. Describe how the site ensures that all weekly supervision requirements are met based on HFA BPS 12-1.
2. Describe how supervision will be documented for staff that functions in more than one role (e.g. a position that is 100% FSS, also responsible for conducting the FROG Scale with their families. Reference the Supervision Note Guidelines for additional information).
3. Describe how the site will ensure that the ratio of supervisors to direct service staff does not exceed 1:5.
4. If participating in reflective group consultation, describe who will be assigned as the qualified facilitator (NYSAIMH Consultant, internal program designee etc.)

**ADMINISTRATIVE, CLINICAL & REFLECTIVE SUPERVISION AND PROFESSIONAL SUPPORT** (EFFECTIVE 11/27/2024)

**HFA Best Practice Standard 12-2.A**

**POLICY: All direct service staff are provided with reflective supervision pertaining to their work and opportunities for skill development and professional support, including twice annual observation visits and debrief with their supervisors, and are held accountable for the quality of their work.**

HFNY Policy Guidelines

* Supervisory sessions encourage professional and personal development by providing a safe yet challenging environment where taking initiative is nurtured and supported. Reflection is a key component of all supervisory discussions, regardless of whether those discussions are administrative or clinical (related to the family) in nature.
* Supervisors utilize the HFNY Supervision Note for each supervision session. During supervision, staff are provided with supervision that includes administrative, clinical and reflective components, are held accountable for the quality of their interactions with families on a regular and routine basis and are provided with professional support (as noted in 12.1B). Supervisors focus on various areas including those listed below under *Tasks* *Within Supervision Sessions* and the MIS Supervision Note.
* Supervisors ensure each family on the staff’s caseload is discussed in-depth at the frequency specified in Supervision Note Guidelines below. This should be documented within the MIS according to Supervision Note Guidelines. More frequent discussions are encouraged if needed and must be documented.
  + Families who are on Level 1, 1P, Level SS, are discussed in-depth at least once a month.
  + For families on Level 2 the in-depth discussions must occur a minimum of once every other month.
  + For families on Level 3, and Level 4 in-depth discussions should occur before or after their visit.
* All FROG Scales are reviewed in line with timelines established in 2-1.A.
* Supervisors provide a minimum of **twice annual observation visits (one per PI cycle)** and debrief with staff (when staff are new to their role, supervisors can demonstrate support by observing visits more frequently than twice annually during the onboarding process).
  + Dual role FRS/FSS receive one assessment and one home visit observation.
  + **Observations should be documented on the Home Visit Log and FROG by clicking on the corresponding box.**
  + An observation visit combined with debrief conversation between supervisor and direct service staff can be counted as a weekly supervision session, as long as this is documented in the MIS Supervision Note **(12-2.C)**.

**Tasks Within Supervision Sessions**

*Any activity engaged in by a supervisor with staff can and probably will have aspects of administrative, clinical, and reflective supervision. These supervision tasks have been grouped by the type of supervision most often, but not exclusively associated with each task:*

**Administrative**

* Integrating quality assurance results that include review of all assessments and assessment records
* Monitoring due dates for screenings and measurement tools
* Discussing family acceptance, retention and attrition
* Providing feedback on documentation
* Assisting staff in implementing new training or new policy into practice
* Sharing of information related to community resources

**Clinical**

* Discussing activities to address assessment issues/risk factors
* Developing the Service Plan
* Supporting Parent-Child Interaction work and CHEERS observations
* Guiding culturally sensitive practice **(5-2.A)**
* Providing guidance on use of curriculum
* Integrating results of tools used (developmental screens, evaluation tools, etc.)
* Identifying areas for growth **(5-1.A)**
* Strengthening engagement techniques
* Discussing strategies aimed at building protective factors
* Reviewing Family Goal progress and process
* Reviewing family progress and level changes
* Integrating policy changes into practice

**Reflective**

* Exploring/reflecting on impact of the work on the worker **(5-1.A)**
* Coaching and providing feedback on strength-based approaches, reflective strategies, and interventions used (e.g. motivational interviewing)
* Support staff in developing their relational skills (i.e. self-awareness, self-regulation, self-reflection, skilled listening, and empathy) **(5-1.A)**
* Encouraging self-care
* Guiding culturally sensitive practice **(5-2.A)**
* Identifying areas for growth **(5-1.A)**
* Identifying and reflecting on role boundaries
* Discussing ongoing worker safety

**Tasks Outside of/Prior to Supervision sessions (12-2.C practice):**

**Administrative**

* Reading home visit narratives & FROG Scale Narratives
* Reviewing of CHEERS and CHEERS Check In
* Reviewing home visit completion rate
* Discussing home visit/assessment rates
* Offering regular staff meetings
* Monitoring Family Support Specialist records, and all documentation used by the site
* Monitoring productivity
* Providing tools for performing job
* Scheduling flexibility
* Offering employee assistance program when available
* Providing a career ladder for direct service staff
* Acknowledging performance

**Clinical**

* Observing Family Support Specialists and Family Resource Specialists according to HFNY QA Policy
* Providing multi-disciplinary teams (holding team meetings for specific professional development purposes or building areas of expertise) **(5-1.A)**
* Assuring on-call availability is provided to support workers in the field

**Reflective**

* Creating a nurturing work environment that provides opportunities for respite
* Assuring an open-door policy with supervisors to support growth and professional development the following:

1. All FSSs and FRSs are provided with feedback on the results of quality assurance reports
2. Family files are reviewed, and feedback is provided in accordance with the HFNY QA Policy
3. Home visit observations are conducted in accordance with the HFNY QA Policy
4. FROG observations are conducted in accordance with the HFNY QA Policy

**The site will adhere to all HFNY Policy Guidelines specified above. Additionally, please insert site-specific procedures that:**

1. Describe how your site's procedures ensure supervisors are responsible for providing all direct service staff with professional support and supervision which includes administrative components, clinical components, reflective components in order to continuously improve the quality of their performance. Include specific consideration for how supervisors support staff in developing their relational skills (self-awareness, self-regulation, self-reflection, skilled listening, and empathy). **(5-1.A)**
2. Describe how workers are held accountable for the quality of their work (i.e., using information gathered through MIS reports and forms).

**SUPERVISION OF SUPERVISORS** (EFFECTIVE 11/27/2024)

**HFA Best Practice Standard 12-3.A**

**POLICY: Supervisors are held accountable for their work, receive skill development and professional support through regular and ongoing supervision, including both administrative and reflective components.**

HFNY Policy Guidelines

* Supervisors receive individual, regularly scheduled, comprehensive supervision from the program manager or designated supervisor who has received all HFA required trainings as outlined in Standards 10 & 11 for at least ninety minutes per month (sixty minutes if supervisor is less than .49 FTE). Discussions **must always** include administrative and reflective components.
* Supervisions can be broken up into shorter sessions with one expected to be at least 45 minutes. Additional supervision is strongly recommended, as needed for skill development especially with new supervisors. Additional supervision time can be either individual or group sessions.
* The program manager or designated supervisor conducting the supervision documents the topics discussed and strategies developed on the MIS Supervision Note.
* Topics may include but are not limited to:
  + Addressing personnel issues
  + Feedback/reflection to supervisors regarding team development/dynamics and agency issues.
  + Review of documentation including supervisor notes, family documentation, site goals, quarterly reports, other statistics and reports.
  + QA feedback from QA activities i.e., participant satisfaction surveys, staff observations (external and internal).
  + Feedback from Supervisor Observation **(GA-2.A)**
  + Strategies to promote professional development and growth.
  + Use of and support of reflective strategies, discussion of protective factors, integration of Service Plan, etc.
  + Clinical support related to families in the program.
* If providing supervision remotely it must be via video call, and it is recommended that the site have at least one supervision session per quarter as an in-person meeting, when possible.
* When a supervisor is carrying a caseload on an ongoing basis (2 or more visits each week, including FROG administrations), the supervisor will receive supervision according to the policies related to Standard 12-1 and 12-2 including observations in the role of home visitor for their direct service at a minimum of twice annually. The supervisor to staff ratio is to be taken into account based on the percentage of time the supervisor is providing direct services. The individual providing this supervision must have received training outlined in Standard 10 and 11.
* When supervisors carry smaller caseloads (one visit or less per week) on a permanent basis, or carry a larger caseload on a temporary basis, or occasionally administer the FROG Scale (as a back-up), they shall receive supervision based on the frequency of contact. In this case the individual providing supervision does not have to be trained as an HFA supervisor and the supervision notes may be kept by the supervisor.
* Sites will use the 12-1.D Supervisor Ratio MIS report to ensure that supervisors carrying a caseload do not exceed maximum supervisor weight and are receiving the appropriate supervision for direct services provided.

**The site will adhere to all HFNY Policy Guidelines specified above. Additionally, please insert site-specific procedures that:**

1. Describe how the site ensures that all supervision requirements are met based on HFA BPS 12-3.
2. How supervisors are held accountable for the quality of their work and how the reflective nature of the discussions is documented (on the MIS Supervision Note).
3. For Supervisors that carry a caseload ongoing, describe how the program will ensure that supervision requirements in the direct service role are met including observations in the role of supervisor and home visitor.

**SUPERVISION OF PROGRAM MANAGERS** (EFFECTIVE 11/27/2024)

**HFA Best Practice Standard 12-4. A**

**POLICY:** **The site ensures program managers are held accountable for the quality of their work and receive skill development and professional support.**

HFNY Policy Guidelines

* The program manager receives regular ongoing support from their direct supervisor at least monthly.
* **The program manager’s supervisor and/or program manager maintains documentation indicating dates of these meetings and topics discussed.** Topics may include:
  + Personnel issues
  + Review of progress on QA plan
  + Review of site goals and mechanisms to address goal issues
  + Input and recommendations from the advisory board.
  + Advocacy, marketing, system building and outreach.
  + Implementation challenges (i.e., accessing target population, accessing training, data issues, etc.)
  + Supervision of supervisors
  + Skill development in program development and management.
  + Strategies developed during supervision to address any concerns
* Accountability of the program manager can be addressed through quarterly reports, Annual Service Reports, annual performance reviews, and regularly scheduled meetings with the program manager’s supervisor.

**The site will adhere to all NYS Policy Guidelines specified above. Insert site-specific procedures that include:**

1. That the program manager receives supervision at least once a month, who provides their supervision, and how their supervision is documented.
2. How the program manager is held accountable for the quality of their work.
3. How the program manager is provided skill development and professional support.
4. For program managers that also assume the supervisor role, describe how support is provided in the supervisor role and how this is documented.

**Reference Table**

**Best Practice Standard 12**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

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| --- | --- | --- |
| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| 12-1.A  Ongoing supervision for direct service staff | * Accreditation/12-1.B Regularly Scheduled and Protected Supervision - Details and Summary * Accreditation/12-1. B Summary of Supervision Activities * Accreditation/12-1.D Supervisor Ratio/Case Weight Report | * [Supervision Note Guidelines](https://www.healthyfamiliesnewyork.org/Staff/Documents/Supervision%20Note%20Guidelines%200224.pdf) (HFNY Network password needed) |
| 12-2.A  Administrative, Clinical and Reflective Supervision and Professional Support | * Accreditation/12-2. C Observation by Supervisor | * Supervision Note Guidelines (see link above)  * + [Also found under Support Materials on the TOL website](https://tol397.wixsite.com/transferoflearning/supportmaterials) |
| 12-3.A  Supervision of Supervisors | * Accreditation/ 12-3 C Supervision of Supervisors Report * Accreditation/12-1.DSupervisor Ratio/Case Weight Report | * Supervision Note Guidelines (see link above) |
| 12-4.A  Supervision of Program Managers | * NONE | * [Quarterly Report Guidelines](https://www.healthyfamiliesnewyork.org/Staff/reporting.htm)  * [Annual Report Guidelines](https://www.healthyfamiliesnewyork.org/Staff/reporting.htm) |