

Clinical Licensure Program (LCSW, LMFT, LPCC)

Management Directive, 18-01 | Revision Date: 10/05/2026

Overview

The Department's Clinical Licensure Program secures and coordinates clinical supervision for all eligible DCFS employees. It meets the experience and supervision standards and follows the regulatory requirements set by the Board of Behavioral Sciences (BBS), Business and Professions Code of California, Chapter 13 (Licensed Marriage and Family Therapist [LMFT]), Chapter 14, (Licensed Clinical Social Worker [LCSW]) and Chapter 16, (Licensed Professional Clinical Counselor [LPCC]) and California Code of Regulations, Article 3 (LPCC), Article 4 (LMFT) and Article 6 (LCSW).

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Version Summary

This management directive was updated from the 05/25/2018 version to be in compliance with updated BBS mandates, update the maximum weekly approved supervision hours for SCSWs from ten (10) hours to fifteen (15) hours, include an appeals process for denied applications, and provide clarification regarding program eligibility for permanent full-time employees. The title has been changed from Clinical Licensure Program Policy (LCSW, LMFT, LPCC) to Clinical Licensure Program (LCSW, LMFT, LPCC).

POLICY

Program Overview

The protection and safety of a child is always the priority. The DCFS Clinical Licensure Program conforms to the BBS regulations applicable for each license. The Clinical Licensure Program provides oversight, support, and consultation services to the understanding and application of the BBS Statutes and Regulations that guide clinical practice behaviors. All employees providing and receiving clinical supervision **through DCFS** must do it under the umbrella of the **Clinical** Licensure Program.

The policy and procedures in this Management Directive are effective upon release for all DCFS employees who are **registered with the BBS (as an Associate Clinical Social Worker [ASW], as an Associate Marriage and Family Therapist [AMFT]) or an Associate Professional Clinical Counselor [APCC]**, or licensed by the BBS (as an LCSW, LMFT, LPCC) **and** who have applied for participation in the Clinical Licensure Program.

The Clinical Licensure Program identifies and communicates with DCFS employees who are interested **in**, registered **with**, or licensed by the **BBS**. The process begins with new employees at all academies with a formal presentation of the Clinical Licensure

Program. All program participants are placed on e-mail distribution lists which allows for ongoing communication and organization.

All employees who are licensed or registered with the BBS are expected to acknowledge, understand, and abide by their profession's "code of ethics."

Staff licensed and registered with the BBS must be aware of and adhere to their licensing laws and regulations regardless of employment role functions or Department expectations. DCFS employment does not provide exemption from BBS Statutes and Regulations regarding practice behaviors, advertising guidelines, or CEU requirements.

The Clinical Licensure Program provides the BBS mandated oversight of the clinical supervision process through:

1. Coordination of services,
2. Clarification of the BBS rules/regulations/directives/guidelines,
3. Participation in BBS meetings and decimation of updates/changes,
4. Provision of consultation services to both licensed and registered participants.

Additional information and forms regarding the Clinical Licensure Program can be found on the [Professional Advancement Section website](#) on the LAKids Intranet. All information related to state licensing for LCSW, LMFT and LPCC can be found on the [Board of Behavioral Sciences \(BBS\) website](#). Information and forms regarding the Clinical Licensure Program can be obtained directly from the [Program Coordinator](#) or the [Professional Advancement Section website](#).

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Program Goals

It is the Department's goal to support eligible employees who wish to pursue clinical licensure. Providing clinical supervision for employees while they pursue a clinical license serves to enhance clinical case management practice with clients and fosters professional growth for staff.

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Eligibility and Requirements

Eligibility for Participation

An eligible participant in the Clinical Licensure Program is any permanent full-time employee (licensed or unlicensed) who maintains a satisfactory or better rating on their performance evaluation.

Employees participating in the Clinical Licensure Program must meet the eligibility requirements above, and must first be BBS licensed as an LCSW, LMFT, or LPCC or registered as an ASW, AMFT or an APCC.

Participation in the DCFS Clinical Licensure Program must be through the application process highlighted in the [Procedures Section](#). All program participants must have management approval to provide or receive clinical supervision. The [Supervisee](#) and [Supervisor](#) Program Applications document management approval.

Completion of the Supervisor or Supervisee Application form is required for participation in the Clinical Licensure Program. A new application is not required when there is a change in management chain. A new application will be required when:

1. A promotion or change in job function occurs,
2. Returning from a [leave of absence](#),
3. Disciplinary action is taken and participation in clinical supervision is rescinded by management,
4. There is a change in work location.

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 must** occur **during the employee's regular work week**.

1. Employees (including clinical supervisors) participating in clinical supervision may use a maximum of four (4) hours per week **to participate in clinical supervision, including driving time (if applicable)**.
2. Mileage may also be claimed as clinical supervision is part of an employee's work week.
3. Employees are not allowed to study for or take licensing exams on County time.

All employees licensed and registered with the BBS must **follow existing [BBS advertising guidelines and display of registration](#)**.

Employees who are under BBS disciplinary action must immediately notify the Clinical Licensure Program Coordinator.

Registered Associates (Supervisee)

An eligible supervisee is any unlicensed employee who is BBS registered as an ASW, AMFT, or APCC, and who provides direct services as defined by their registration status and BBS scope of practice guideline and has taken and passed the Law and Ethics exam.

Employees seeking clinical supervision must be on the Program's Needs List, **which is a list comprised of employees eligible for clinical supervision**. The **Program's** Needs List is shared on a monthly basis with all interested employees who need and want clinical supervision.

In order to be placed on the Program's Needs List, a Supervisee must provide a copy of their active BBS registration certificate and documentation that the [Law and Ethics exam has been passed](#) in addition to a [Clinical Licensure Program's Supervisee Application](#). A registrant's BBS registration number must remain active in order to remain on the Need's List, or in clinical supervision.

- The Needs List is updated every month and emailed to all participating licensed employees who are currently on file and able to provide clinical supervision.
- The clinical supervisor will contact the employee in need of supervision directly or ask the coordinator to refer to them people in need of supervision.
- Once an arrangement for supervision has been confirmed, the supervisee's

name is removed from the list. A supervisee cannot receive clinical supervision and be on the Needs List concurrently.

- It remains the supervisee's responsibility to contact the program coordinator should their status and need change.

Per the BBS, Clinical Social Work is defined as:

The practice of clinical social work is defined as 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 nonmedical 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 in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; doing research related to social work; and the use, application, and integration of the coursework and experience required by [Sections 4996.2 and 4996.23](#).

"Clinical social work is broadly based and addresses the needs of individuals, families, couples, groups, communities, and psychosocial systems affected by life changes and challenges in various areas of functioning, including mental, behavioral, and physical health conditions. Clinical social workers seek to provide essential services in the environments, communities, and psychosocial systems that affect the lives of the people they serve" ([NASW Practice Standards for Clinical Social Workers, 2025](#)).

Per the BBS, Psychotherapy is defined as:

"Psychotherapy, within the meaning of this chapter, 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, and 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" ([BBS Statutes and Regulations](#)).

Employees must be engaged in direct clinical practice and psychotherapy to receive supervision and clinical hours through DCFS. Employees in the positions listed below are not clinically oriented and therefore are not eligible to receive supervision or clinical hours through DCFS (this is not an exhaustive list):

- Child Protection Hotline
- Juvenile Court Services (Intake and Detention Control, Court Officer, etc.)
- Human Services Aide
- Management
- Administration

Employees in the SCSW job function may claim clinical hours while in clinical supervision if they are doing clinical practice. Oversight for SCSWs in clinical supervision is defined and guided by the Clinical Licensure Program through the [SCSW-Scope of Practice Agreement](#) and the [SCSW Tracking Log](#) forms.

Administrative tasks, travel time, indirect services and agency paperwork do not count as qualifying hours of experience. Qualifying experience is defined by the BBS through the BBS scope of practice guidelines, tracking logs, and Experience Verification forms.

The Board will accept a maximum of **forty** (40) hours per week of qualifying experience.

- Given our **DCFS** exempt setting **status** and the fact that employees must perform many tasks that are not **eligible for clinical supervision, in accordance with the BBS Statutes and Regulations**, the Clinical Licensure Program has set the maximum standard at **thirty (30)** hours for case-carrying positions and **fifteen (15)** hours for SCSW positions.
- Actual hours may be less depending on the work assignment of the supervisee.
- Any clinical hours above those maximum standards should be claimed on an approved overtime basis and the clinical supervisor should secure documentation of this.

To be licensed as an LCSW, LMFT or LPCC, a registrant must take and pass **the California Law and Ethics exam and the Clinical Exam**. **Eligibility** to take the clinical exam **is dependent on** the following:

- **Passing the California Law and Ethics exam**
- 3000 hours of practice
- 104 weeks of clinical supervision

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.

Clinical Supervisors

The Clinical Licensure Program consists of employees who are licensed in California as **an** LCSW, LMFT or LPCC, and have committed their time and expertise to the goal of enhancing professional practice standards within the department by providing clinical supervision to eligible **colleagues**. These **colleagues** are employees who participate in the program by being registered **as an ASW, AMFT, or APCC** with the BBS and are actively seeking or currently receiving clinical supervision.

An LCSW, LMFT, or LPCC 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.

Direct Supervisors hold the Department's work item of SCSW, or, in the case of an SCSW receiving clinical supervision, ARA. A Direct Supervisor, who may or may not be the supervisee's Clinical Supervisor, is responsible for the training, job performance, supervision and case management decisions of their employee.

Factors for Clinical Supervision Ineligibility

The Program's Ineligible List is comprised of employees who are BBS registered and want clinical supervision but remain ineligible due to:

1. Not having a signed application on file, and/or
2. Having a "delinquent" registration status with the Board, and/or
3. Not having passed the CA Law and Ethics exam, and/or
4. Not being in a clinically oriented job function.

The Program's Ineligible List is shared on a monthly basis.

Employees must be engaged in direct clinical practice and psychotherapy to receive supervision and clinical hours through DCFS. Employees in the positions listed below are not clinically oriented and thus, are not eligible to receive supervision or clinical hours through DCFS (This is not an exhaustive list.):

- Hotline
- Juvenile Court Services (Intake and Detention Control, Court Officer, etc.)
- Human Services Aide
- Management
- Administration

Clinical supervision will no longer be available to employees who have received or completed their hours at DCFS and failed to apply for or take their licensing exam. Any exceptions to this must be approved by the Clinical Licensure Program Manager.

Exceptions are not guaranteed.

Licensed or Registered Program participants found not following stated Management Directive will be denied the ability to provide or receive clinical supervision for a period of no less than six (6) months. Exceptions to this and return to active program participation must be approved by the Clinical Licensure Program Manager.

Unlicensed employees who seek clinical supervision, but who are not yet registered with the BBS will be considered "deferred" until BBS registration is secured. Clinical supervision towards licensing hours cannot be acquired without first being BBS registered with a "License Renewed and Current" status.

Clinical supervision cannot be provided to MFT Trainees or Clinical Counselor Trainees.

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The Clinical Supervision Process

Per the [BBS Statutes and Regulations](#), supervision includes, but is not limited to all of the following:

- The term “supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. “Supervision” includes, but is not limited to, all of the following:
 1. Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
 2. Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.
 3. Monitoring and evaluating the supervisee’s ability to provide services at the site or sites where the supervisee is practicing and to the particular clientele being served.
 4. Monitoring and addressing clinical dynamics, including, but not limited to, countertransference, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship.
 5. Ensuring the supervisee’s compliance with laws and regulations governing the practice of clinical social work/marriage and family therapy/licensed professional clinical counseling.
 6. Reviewing the supervisee’s progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.
 7. 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.

Supervision is “defined as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place.” ([NASW Standards in Social Work Supervision, 2013](#)).

It is the primary responsibility of the Clinical Supervisor and the Clinical Supervisee to know and follow the guidelines set by the current BBS [statutes](#), standards, laws, and regulations. Clinical Supervisors remain responsible for ensuring 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, performing practice hours as defined by their license scope of practice guideline, securing the training required, being proactive in securing and attending clinical supervision, and passing the licensing exams.

Clinical Supervisors select a supervisee from the Program Needs List at their discretion. The Clinical Supervisor will contact the Supervisee directly. Together the Supervisor and Supervisee determine if they are a good clinical fit for clinical supervision.

- Clinical supervision can be provided by an employee’s direct operational

supervisor or any other licensed employee who meets clinical supervisor criteria so long as the Supervisor/Supervisee relationship does not create a conflict of interest for either party.

- If during the course of supervision, the Clinical Supervisor or Supervisee becomes aware of any impairment of a Clinical Supervisor/Supervisee that impacts their work with DCFS clients, this information shall be shared with appropriate parties to maintain the safety of the clients involved. This includes notifying the chain of command for the individual displaying the concerning behavior, such as their immediate supervisor or manager.
- Clinical Supervisors are encouraged to terminate supervision with Supervisees who fail to resolve or grow from issues addressed in supervision and/or who demonstrate a disregard for the process by failing to attend or come prepared for supervision on a regular basis. Should a Clinical Supervisor terminate with a Supervisee due to concerns with the Supervisee's commitment, it shall be the Program Manager's discretion whether the Supervisee will be placed back onto the Needs List. This determination will be based on multiple factors, including the availability of clinical supervisors and other resources.
- Formal termination of the Supervisee/Supervisor relationship is a professional expectation that should be met prior to any Clinical Supervisee entering into another clinical supervision arrangement.
- In the event of a disagreement between the Clinical Supervisor and the Clinical Supervisees' direct supervisor or manager, all 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 assigned CSW/SCSW.
- Program participants are reminded of their responsibility to stay up to date with the [County Policy of Equity \(CPOE\) training requirements](#) and to report any incidents that involve violations of the CPOE or other Los Angeles County/DCFS policies and procedures.

Clinical Supervision includes the following options:

- a) Individual Supervision: Face-to-face contact with one (1) supervisor and one (1) supervisee.
- b) Triadic Supervision: Face-to-face contact with one (1) supervisor and two (2) supervisees.
- c) Group Supervision: Face-to-face contact in a group of not more than eight (8) Supervisees and one Supervisor.
- d) Videoconferencing: Can be defined as connecting two or more locations at the same time utilizing cameras, microphones, monitors and a network.
 - Videoconferencing is considered face-to-face supervision and may be done in either individual, triadic, or group.
 - Supervision via telephone/audio only call is not permitted because it does not have a face-to-face component.

- There is no limit to the number of hours that may be claimed through live two-way videoconferencing in a government entity.
- Within sixty (60) days of the commencement of supervision, the Clinical Supervisor must conduct a meeting with the Supervisee to assess the appropriateness of allowing the supervisee to be supervised via videoconferencing. This assessment must include, but is not limited to, the abilities of the supervisee, the preferences of both the supervisee and Clinical Supervisor, and the privacy of the locations of the supervisee and supervisor while supervision is conducted.
 - The Clinical Supervisor shall document the results of the assessment, and shall not utilize Supervision via two-way, real-time videoconferencing if their assessment finds it is not appropriate.
 - The Clinical Supervisor is responsible for ensuring confidentiality during clinical supervision.

The required amount of weekly supervision needed is determined by the [BBS Statutes and Regulations](#).

Clinical supervision must be weekly and structured to place and time. Clinical Supervisors and Supervisees shall maintain their own records regarding their participation in clinical supervision. The Clinical Supervisors are responsible for ensuring confidentiality. The BBS mandated forms are fundamentally the responsibility of the Supervisee to secure and safeguard as it becomes part of their application for licensure. Clinical Supervisors should have their Supervisees sign-in to document their attendance on a weekly basis. A [sign-in sheet](#) has been provided by the Clinical Licensure Program to simplify the request. Additionally, the BBS requires that their [Weekly Log of Experience Hours](#) also be completed and signed by the Clinical Supervisor on a weekly basis. The identified forms are specified and available on the [BBS website](#). Original forms should be retained by the Supervisee in the event of an audit by the BBS. Clinical Supervisors should make copies of all [BBS forms](#) provided to their supervisees.

All forms required by the BBS can be located on the [BBS Website](#).

The Clinical Licensure Program is supported by volunteers; as such, resources are limited.

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Program Coordinator Role

A member of the [Professional Advancement Section](#), the Clinical Licensure Program Coordinator is responsible for the organization, maintenance, and enhancement of the Clinical Licensure Program including, but not limited to, supporting licensed employees, securing clinical supervision resources for registered employees, the provision of clinical supervision, oversight of agency adherence to BBS Law and Regulations and monitoring of BBS trainings provided to agency staff, consultation services to BBS licensed and registered staff; provision of BBS information and updates, and presentations of the Clinical Licensure Program at all academies.

The Clinical Licensure Program Coordinator is responsible to report to the Clinical Licensure Program Manager any employee who is under BBS disciplinary action. Issues of concern related to participating in clinical supervision will be addressed directly with the employee by the Licensure Program Manager or designee.

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Confidentiality

DCFS case records are confidential under applicable law ([Welfare and Institutions Code \(WIC\) Section 827; Revised Blanket Order re: Confidentiality of Juvenile Case Files and Public and Media Access; California Rules of Court, Rule 5.551; Los Angeles Superior Court Local Rule 7.2](#)). Failure to follow confidentiality laws and related policies may lead to disciplinary action, including discharge, civil action and/or criminal prosecution.

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.

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Resources

The Clinical Licensure Program works in collaboration with the DCFS Training Section and the University of California, Los Angeles (UCLA) – Academy of Workforce Excellence to secure and provide BBS mandated trainings for pre and post licensed employees.

Registered Associates

DCFS encourages both CSW's and SCSW's to use their individual \$300.00 annual Self-Directed Training Funds towards licensure-related costs. [Action Directive \(AD\) 98-04: Self-Directed Training Funds for SCSWs & CSWs](#) provides information and procedures for how to request Self-Directed Training Funds. For questions and information related to the provision of Self-Directed Training Funds, please contact AccountsPayableInbox@dcfs.lacounty.gov.

Clinical Supervisors

Represented staff who provide clinical supervision are eligible for a monthly stipend for the provision of supervision. Supervisors may claim this reimbursement on a monthly basis but should claim the reimbursement no later than on a quarterly basis (every 3 months). Clinical Supervisors not in compliance with license renewal or program procedures will not have their reimbursement claims approved for payment. Clinical Supervisors must also ensure that the Supervisee's registration is active for the period of time that reimbursement is claimed. Directives regarding reimbursement amounts can be found within the DCFS/Union Memorandum of Understanding (MOU) or the [Clinical Licensure Program website](#). Clinical Supervisors (represented staff) claim reimbursement for weekly hours of supervision provided by completing the [Represented Staff Clinical Supervision Claim Form](#).

In addition to the \$300.00 annual Self-Direct Training Funds towards licensure-related funds allocated to CSWs and SCSWs, represented staff who are Clinical Supervisors are also eligible for an additional \$100.00 towards licensure-related costs.

Direct Supervisors who also provide Clinical Supervision for BBS registrants in their unit may claim a reimbursement for the clinical supervision provided.

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PROCEDURE

Requesting to be Placed on the Needs List to Receive Clinical Supervision

Supervisee Applicant Responsibilities

1. Provide a copy of the following to the Clinical Licensure Program Inbox (clinicallicensure@dcfs.lacounty.gov):
 - a. [Clinical Licensure Program, Supervisee Application](#)
 - Obtain Supervisor/ARA/Office Head approval (whichever applicable)
 - b. BBS Registration
 - Information found on the [BBS website](#)
 - c. Proof of passing the Law and Ethics Exam
2. Should the status or need change (requesting to be put back on the Needs List), contact the Clinical Licensure Program Coordinator.

Supervisor/ARA Responsibilities

1. Review application and sign if approved.
2. Return to applicant.
3. If denying Clinical Licensure participation, provide a letter on DCFS Letterhead explaining the reason for the denial and informing the employee of their right to appeal.
 - Provide notification via email within ten (10) business days of receipt of Clinical Supervision Application. For more information, refer to the [Internal Appeal Process](#).

Clinical Licensure Program Coordinator Responsibilities

1. Verify completeness of application.
2. Verify that the applicant is in a clinically oriented position.
3. Verify that BBS registration is current and active.
4. If all requirements are met, add Supervisee to the Needs List.

5. Inform Supervisee that they have met all requirements and are placed on the Needs List.

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Internal Appeal Process for a Clinical Supervision Request Denial

Employee Responsibilities

1. Submit the original application for Clinical Licensure with a written statement to the corresponding RA, explaining the basis for the appeal.
 - An appeal must be submitted within ten (10) business days of receiving the denial letter.

Regional Administrator Responsibilities

1. Review the appeal, make a decision, and notify the employee, and the employee's chain of command, in writing on DCFS Letterhead of the outcome of the employee's appeal within ten (10) business days from the receipt of the appeal.
 - The Regional Administrator's decision is final.

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Requesting to Provide Clinical Supervision

Clinical Supervisor Applicant Responsibilities

1. Per the BBS Clinical Supervisors must meet the "REQUIREMENT FOR SUPERVISORS" as stipulated in:
 - [Article 6, Section 1870 of the California Code of Regulations within the BBS Statutes and Regulations, January 2026](#) for LCSWs and/or
 - [Article 4, Section 1833.1 of the California Code of Regulations within the BBS Laws and Regulations, January 2026](#) for LMFT and/or
 - [Article 3, Section 1821 of the California Code of Regulations within the BBS Laws and Regulations, January 2026](#) for LPCC.
 - Have been licensed for at least two (2) years prior to commencing any supervision.
 - The Clinical Supervisor has "practiced psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision . . . **OR** provided direct supervision to ASWs, AMFTs, MFT Trainees, or APCCs who perform psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision. Supervision of psychotherapy performed by a student shall be accepted if substantially equivalent to the supervision required for registrants."

2. Provide a copy of the following to the Clinical Licensure Program Inbox (clinicallicensure@dcfs.lacounty.gov):
 - a. [Clinical Licensure Program, Supervisor Application](#)
 - b. [Clinical Supervisor Statement of Responsibility](#)
 - c. BBS Registration
 - Information found on the [BBS website](#)
 - d. Proof of completion of one BBS mandated 15-hour introductory clinical supervisor training.
3. Attend a Clinical Supervision Orientation with the Clinical Licensure Program Coordinator.
 - The orientation will review program procedures, BBS mandates, and answer specific questions and needs.

Supervisor/ARA/Office Head Responsibilities

1. Review application and sign if approved.
2. Return to applicant.
3. If denying Clinical Supervision participation, provide a letter on DCFS Letterhead explaining the reason for the denial and informing the employee of their right to appeal.
 - Provide notification via email within ten (10) business days of receipt of Clinical Supervisor Application. For more information, refer to the Internal Appeal Process

Clinical Licensure Program Coordinator Responsibilities

1. Verify completeness of application.
1. Verify that the potential Clinical Supervisor meets the BBS practice requirements to provide clinical supervision, including that the potential supervisor has been licensed for a minimum of at least two (2) years.
2. Verify that BBS registration is current and active.
3. If all requirements are met, schedule a Clinical Supervision Orientation with the Applicant.
4. Inform Supervisor that they have met all requirements and are now able to select a Supervisee from the Needs List.

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Internal Appeal Process for Clinical Supervisor Request Denial

Employee Responsibilities

1. Submit the original application for Clinical Supervision with a written statement to the corresponding RA, explaining the basis for the appeal.
 - An appeal must be submitted within ten (10) business days of receiving the denial letter.

Regional Administrator Responsibilities

1. Review the appeal, make a decision, and notify the employee, and the employee's chain of command, in writing on DCFS Letterhead of the outcome of the employee's appeal within ten (10) business days from the receipt of the appeal.
 - The Regional Administrator's decision is final.

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Clinical Supervisor Selecting a Supervisee from the Needs List

Clinical Supervisor Responsibilities

1. Review the Needs List.
2. Contact the potential Supervisee directly.
3. Once an arrangement for supervision has been confirmed, either the Clinical Supervisor or Supervisee will notify the Clinical Licensure Program Coordinator.

Clinical Licensure Program Coordinator Responsibilities

1. Once notified that the Supervisee has secured supervision, remove the Supervisee from the Needs List.

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Submitting Claims Forms

Clinical Supervisor Responsibilities

1. Complete the [Represented Staff Clinical Supervision Claim Form](#).
 - The Represented Staff Clinical Supervision Claim Form should be submitted monthly, but no later than quarterly.

Clinical Licensure Program Manager or Designee Responsibilities

1. Sign and forward to finance for payment after review and cross reference the information provided with the information on file.

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APPROVALS

SCSW/ARA/Office Head

- Clinical Supervisee Application (if applicable)

- Clinical Supervisor Application (If applicable)

Clinical Licensure Program Coordinator

- Clinical Supervisee Application
- Clinical Supervisor Application

Clinical Licensure Program Manager

- Represented Staff Clinical Supervision Claim Form
- Reinstatement for Clinical Supervision

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HELPFUL LINKS

Attachments

[Clinical Licensure Program Statement of Responsibility](#) (Rev. 12/25)
[Clinical Licensure Program, Supervisee Application](#) (Rev. 12/25)
[Clinical Licensure Program Supervisee Sign-in Sheet](#) (Rev. 12/25)
[Clinical Licensure Program, Supervisor Application](#) (Rev. 12/25)
[Represented Staff Clinical Supervision Claim Form](#) (Rev. 12/25)
[Management Directive \(MD\) 09-13, Leave of Absence](#)
[Scope of Practice Agreement-SCSW](#) (Rev. 12/25)
[SCSW Tracking Log](#), (Rev. 12/25)

Forms

None

References

[Board of Behavioral Sciences \(BBS\) Statutes and Regulations](#) - The statutes and regulations governing Professional Clinical Counseling, Marriage and Family Therapy, and Clinical Social Work which establish licensing requirements, ethical standards, scope of practice, and continuing education for mental health professionals.

[California Rules of Court, Rule 5.551](#) - Provides information on the strict confidentiality of juvenile case files and states that no portion of these files may be accessed or released unless specifically authorized by applicable law.

[Los Angeles Superior Court Local Rule 7.2](#) - Provides information on the strict confidentiality of juvenile case files and confirms that access is restricted to authorized individuals or requires a petition under [WIC Section 827](#).

[Revised Blanket Order re: Confidentiality of Juvenile Case Files and Public and Media Access](#) - Provides information on the strict confidentiality of juvenile case files, who may

access them, and the limited circumstances under which the court may allow public or media access.

[Welfare and Institutions Code \(WIC\) Section 827](#) – Provide information on who can access juvenile court records, limiting access primarily to involved parties like the minor, their parents or guardians, attorneys, law enforcement, and certain public agencies. The law emphasizes protecting the confidentiality of minors, allowing release or inspection of case files only under specific legal conditions or court authorization.

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