Guidance Recommendations for Supervision of School-Based Mental Health Clinicians

School Year 2025-2026

BACKGROUND: The Michigan Departments of Education (MDE) and Health and Human Services (MDHHS), state-level 31n consultants, and the Community Mental Health Association of Michigan (CMHA) regularly meet to foster connections and collaboration between school-based mental health clinicians and Community Mental Health (CMH) centers in their communities.

School-based mental health clinicians in communities across the state and the school districts in which they work recognize the need for clinical supervision and supports in meeting the needs of Michigan's school children. CMHA and its Children's Mental Health Advisory Group as the lead, in collaboration with MDHHS and MDE, developed a set of recommendations for supervision and supports to strengthen the quality of mental health services provided by school-based clinicians. These recommendations are designed as collaborative guidance to the state's Intermediate School Districts (ISDs) and local school districts (LEAs) to support the provision of quality school-based mental health services.

Guidance Recommendations

While this guidance outlines comprehensive clinical supervision and supports, establishing any of these components would strengthen Michigan's school-based mental health programming and bolster the work at the ISDs and LEAs.

1. **Regular (weekly) one-on-one and/or group clinical supervision focused on case review and professional clinical development.** Supervision should reinforce roles and responsibilities of a school-based mental health clinician distinct from other roles in the school (e.g., administrator, psychologist, etc.), along with requirements related to Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) compliant documentation. An emphasis on the clinician's cultural competency and awareness is critical.

This supervision should be provided by a licensed clinician with demonstrated experience and/or training in providing clinical supervision. Ideally, the supervisor would have experience as a practicing children's mental health clinician, preferably in both community and school settings, strong knowledge of the multi-tiered system of supports, and the ability to help clinicians determine appropriate care pathways for youth and families. This supervisor could come from a variety of sources: such as a school district employee, a contractual clinical supervisor, or via the local CMH on contract with the school district.

2. Peer consultation/peer support groups to allow school-based clinicians to discuss care and treatment of youth and barriers to family engagement, in addition to feedback on their work and challenges they are facing. These peer support groups identify trends and needs among students and schools which are key to refining the service delivery system. Additionally, when these groups meet regularly, they are key to sound clinical practice and to preventing burnout and secondary traumatic stress.

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3. A structure and process to link the school-based clinician with a multi-disciplinary team as a central part of the school-based mental health infrastructure. This inter-disciplinary collaborative team may include the school-based mental health clinician, school counselors, nursing staff, administrative staff, and teachers, at a minimum. This collaboration helps solidify roles and responsibilities of each discipline and improves cross-team communication, leading to better youth and family support.

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4. A commitment to continuing education. This may involve formal in-services and professional development day offerings shared by multiple school disciplines/providers, but should also include specific opportunities for training and practice on core skills for youth and family mental health practice, such as assessment, engagement, brief mental health interventions, and reflective practice.

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5. A commitment to community and family engagement that can support youth and their family system's participation in mental health services. This commitment can help reduce suspicion and resistance by families and students to seek and participate in mental health services.

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6. A commitment to implementing evidence-based and promising practices related to screening and mental health services to youth and families. This would include evidence-based screening and referral processes and prevention and treatment interventions appropriate to implement in school settings.

At a minimum, implementation of suicide prevention and the school's protocol for action when concerns arise around potential suicide, is highly recommended. Additionally, a clearly developed screening process to identify youth in need of behavioral health services and the process of referring them to the school-based clinician. Visit the Choosing and Using Screeners and Assessments resource for more information.

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7. Care pathways or similar protocols that provide clarity as to when each level of mental health intervention would be provided by the school-based clinician or when these services may be more appropriate if provided by community-based providers. The levels of care/modalities embedded in a comprehensive service array, some of which would be provided by school-based clinicians, would include crisis intervention, referral to crisis services, screening, assessment, brief psychotherapy, family therapy, homebased services, psychiatry, wrap-around, respite, community living supports, and crisis services.

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8. A protocol based on all interacting aspects of a child, including behavioral and mental health, cognitive, social, emotional, and physical health to determine when the needs of a child are appropriate for mental health treatment and when needs are related to other factors such as homelessness, abuse and neglect, family discord or dysfunction, unemployment, and/or transitory housing.
