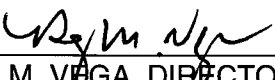


Guam Behavioral Health and Wellness Center		
TITLE: Supervision of Direct Service Personnel	POLICY NO.: CL- 10	Page 1 of 2
RESPONSIBILITY: Clinical Services		
APPROVED BY:  REY M. VEGA, DIRECTOR	EFFECTIVE: MAR 14 2017	LAST REVIEWED/REVISED:

POLICY:

- A. Guam Behavioral Health and Wellness Center is committed to providing the highest level of services and support to the persons we serve. To achieve this GBHWC shall provide ongoing supervision to all direct service personnel.

- B. All levels of service staff are assigned a direct supervisor. The direct supervisor is responsible for the following supervision activities that addresses the following;
 - 1. Accuracy of assessment and referral skill.
 - 2. Appropriateness of the treatment or services intervention selected relative to the specific needs of each person served.
 - 3. The provision of feedback and/or training needs that enhances the skills of the staff.
 - 4. Issues of ethics, legal aspects of recovery and clinical practices, and professional services
 - 5. Documentation and record keeping
 - 6. Cultural competency issue
 - 7. Miscellaneous areas as identified
 - 8. Client care (process, coaching, and counseling)
 - 9. Model Fidelity when implementing evidence based practices

- C. Supervision may be in the form of supervisor’s participation in treatment/service planning meetings, organizational staff meetings, and side-by side session with the consumer or one on one meeting between the supervisor and personnel.

DEFINITIONS:

- 1. Supervision: is provided by person(s) qualified to provide this service as determined by state licensure or certification, the experience level of the supervisor, or the GBHWC rules governing the qualifications of supervisor as determined by the Director.

PROCEDURE:

Supervision

- A. Individual supervision shall be provided to all direct service personnel in need of supervision at a minimum of once a month.
- B. Supervision shall be provided to staff in group settings, one-to-one settings, and/or on the job during specific situations.
- C. Supervision shall be documented by the supervisor and shall include topic(s), date, duration, name of individual (s) receiving supervision and name of individual providing supervision.
- D. Supervision that is conducted through other means, such as through trainings, didactics and meetings must also be documented.
- E. Each supervisor is required to keep a master file of all supervision activities to be used as a basis for an employee mid period and annual evaluation.

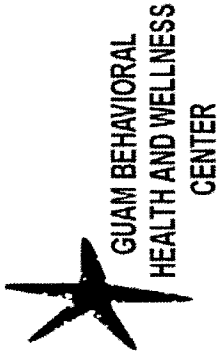
- F. The supervisor the direct service personnel ensures documentation of ongoing supervision which addresses the following;
1. Clinical skills that are appropriate to the position
 2. Accuracy of assessment and referral skills
 3. Treatment plan development
 4. The appropriateness of the treatment or service intervention selected relative to the specific needs of each person served;
 5. Treatment effectiveness as reflected by the person served meeting his or her individual goals;
 6. The provision of feedback that enhances the skills of direct service personnel including information of best practices;
 7. Issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries
 8. Clinical documentation issues identified through ongoing compliance and peer review; and
 9. Cultural competency issues
 10. Supervision plan;
 11. Supervision contact record
 12. Signed Confidentiality Agreement;
 13. Cumulative treatment record;
- G. Supervision documentation specifically includes assessment of professional competencies and clinical skills and recommendations for improvement.

REFERENCES:

CARF. (2016). *Behavioral Health Standards Manual*. Tucson, Arizona: CARF International.

ATTACHMENTS:

I. Supervision Form



GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
 Child Adolescent Services Division – I Famagu'on-ta
 215A Chalan Santo Papa, Suite 107F
 J&G Commercial Center
 Hagatna, Guam 96910
 Telephone: (671) 477-5338 Fax: (671) 477-5330



SUPERVISION FEEDBACK FORM

Employee Name: _____ Date: _____
 Title: _____ Start Time: _____
 Division: _____ End Time: _____

**Please follow directions below:

Under "subject area" please indicate the following:			
1. Clinical/ Counseling Skills	6. Treatment/WRAP Plan	11. Cultural Humility	16. Reports/Projects
2. Administrative	7. Documentation-SOIRP	12. Employee Conduct	17. Work Schedule
3. Accuracy of assessment Skills	8. Referral Skills/Follow up action	13. Work Ethics	18. Work Attitude
4. Care Coordination	9. Model Fidelity	14. Attitude towards client care	19. Other
5. Direct service skills	10. Client Care	15. Attitude towards co-workers	

Subject Area of Supervision	Comments/Recommendations	Review Date

 Employee Signature and Date

 Supervisor Signature and Date