Chapter Title	Chapter #		Subject #	
Human Resources	HR		524.1	
Subject Title	Adopted	Last Revised	Reviewed	
			04/10/17; 11/15/19	
Supervision - Clinical	4/15/15	11/15/19		

PROCEDURE

Application

This procedure shall apply to all clinical/direct service employees and interns of The Right Door for Hope, Recovery and Wellness.

1.0 Supervision Notes

- 1.1. Supervisors are expected to keep supervision notes for each formal supervision meeting in the designated format.
- 1.2. Supervisors must keep notes on clinical supervision discussions and clinical consultation as qualified by their state licensure or certification and according to their experience.
- 1.3. Supervision notes address:
 - 1.3.1. Clinical Documentation Issues, including quality and completion review, also a review of model fidelity in relationship with a provided evidence-based practice.
 - 1.3.2. Clinical Record Audit review.
 - 1.3.3. Policy/procedure review as needed and in relation to the Board of Directors review of policies and as changes in agency procedure occur.
 - 1.3.4. Performance issues/Feedback to enhance professional skills.
 - 1.3.5. Clinical Outcomes Review
 - 1.3.5.1. Accuracy of assessment and/or referral skills.
 - 1.3.5.2. Appropriateness of treatment or service intervention selected relative to the specific needs of each person served.

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- 1.3.5.3. Treatment effectiveness as reflected by the person served meeting their goals.
- 1.3.5.4. Risk factors for suicide and other dangerous behaviors.
- 1.3.6. Productivity
- 1.3.7. Staff Development Plan Reviews
- 1.4. Annually, supervision notes should reflect a review of the staff development plan, The Right Door for Hope, Recovery and Wellness Code of Ethics, and an evaluation.
 - 1.4.1. Supervision issues of ethics, legal aspects of clinical practice, professional standards/ethics (including boundaries) should be documented.
 - 1.4.2. Cultural competency issues should be documented.

2.0 The Right Door for Hope, Recovery and Wellness will provide supervision to all individuals providing direct service.

2.1. Supervision may occur through the supervisor's participation in assessment meetings, treatment/service planning meetings, organizational staff meetings, side-by-side sessions with the person served, or one-to-one meetings between the supervisor and individual providing direct services.

References:

CARF Standards: Programs/Service Structure

Kerry Possehn, CEO	Date	

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