



Behavioral Health Supervision Standards

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Introduction

The Connecticut Workforce Collaborative on Behavioral Health has developed this set of standards to promote the delivery of supervision in mental health and addiction programs and services throughout the state. While voluntary in nature, the adoption of these standards is considered a key step for provider organizations and service systems in developing a *culture of supervision* that promotes safe and effective care, improved client outcomes, and a healthy and supportive work environment for staff members.¹

The term “supervision” refers to a relationship in which one individual has authority and responsibility for the work and work-life of another. Supervision does not include “consultation” or “peer supervision” relationships in which advice and support may be provided, without responsibility or authority for the work of others. Consultation and peer supervision can serve as important *adjuncts* to supervision.

The standards attempt to identify measurable characteristics of supervision, such as: who provides it; how it is delivered; and how it is documented. Given that organizations vary greatly in the nature of the services provided, the standards are largely “content” neutral in that they do not prescribe what is taught or supervised. Supervision needs to be implemented in a manner that is consistent with the mission and practices for each agency. For example, each organization must ensure that supervisors are well versed in the service models that it has adopted (e.g., Standard 4a) and promote those models in their supervisory role (Standard 5a). In Connecticut the concepts of resilience and recovery-oriented, culturally competent, and evidence-based practice are expected to guide service delivery in the systems of care serving children and youth, and adults. Supervisors’ knowledge and skills in these approaches to practice and their promotion of these approaches to care during supervision are essential.

The Standards

1) **Written Supervision Plan**

The organization develops and adopts a written plan regarding the provision of supervision. The plan should be developed with input from all levels of the organization. The organization’s senior administrative officer must approve the plan, which should be circulated, either in full or summary format, to all employees. It should be reviewed, updated, and re-approved at least every two years.

Measurement of Standard #1

¹ Agencies are responsible for reviewing applicable accreditation, regulatory and payer requirements as these pertain to supervision.

- a. Evidence of a current organizational supervision plan, signed by the senior administrative officer;
- b. Evidence that the plan addresses the content of Standards 2-5.
- c. Evidence that the plan was circulated to all staff members, in full or summary format.

2) Documentation of Supervision

Supervision sessions are documented, with a minimum of the following information: date, duration of time, and the format (e.g. individual, group). The delivery of supervision is routinely documented in accordance with the policies outlined in the organization's supervision plan. Supervisors comply with agency policies regarding the review and co-signature (if required) of a supervisee's documentation of the services they provided.

Measurement of Standard #2

- a. Evidence that there is a method for documenting supervision, such as a form or log.
- b. Evidence that documentation (e.g., form, log) is routinely being completed by supervisors.
- c. Evidence of supervisor co-signature of supervisee's documentation (if required).

3) Minimum Frequency, Duration, and Format of Supervision

The organization ensures that supervision is provided to all full-time direct care staff members at a frequency of no less than twice monthly, with at least one session per month in an individual or "one to one" format. All part-time staff members must receive a minimum of one supervision session per month in an individual or group format. Supervision sessions are expected to last a minimum of 45 minutes. Agencies must assure that there is a system in place to ensure access to a supervisor during all times at which supervisees are providing services.

Measurement of standard #3

- a. Evidence that the agency collects and reviews data on the provision of supervision.
- b. Evidence that the frequency, duration, and format of supervision provided meets the expectations established in the organization's written supervision plan.

4) Supervisor Qualifications

The organization ensures that individuals providing supervision: (1) are competent in the type of practice they are supervising; (2) have received training and/or mentoring in how to supervise and are competent to provide supervision; and (3) recognize the limits of their knowledge and skills and seek consultation from other supervisors when necessary.

Measurement of standard #4

- a. Evidence of competency to practice from personnel evaluations.
- b. Evidence that supervisors have received formal training or mentoring in the practice of supervision.
- c. Evidence that supervisors have received continuing education on supervision on an annual basis.

5) Supervisory Functions

The supervision provided to staff effectively addresses four core supervisory functions, which are to ensure: (a) quality of care (care provided by the supervisee is safe, client-centered, timely, efficient, equitable and focused on fostering improved client outcomes); (b) compliance with administrative requirements; (assurance that supervisee meets agency policies and procedures and applicable laws, regulations and standards); (c) staff development (teaching and continuing education are consistent with a supervisee's individualized learning needs); and (d) support of supervisees (development of a trusting, respectful and empathic relationship between supervisor and supervisee).

Measurement of standard #5

- a. Evidence that job descriptions and personnel evaluations for supervisors address these functions of supervisory roles.
- b. Evidence that the organization utilizes data to assess supervisors' performance within the four core functions. Such data may include:
 1. Surveys of clients focused on satisfaction and outcomes
 2. Documentation reviews and reports
 3. Compliance reviews and reports
 4. Incident reviews and reports
 5. Staff satisfaction surveys
 6. Staff attendance reports
 7. Staff turnover data or requests for transfer
 8. Staff exit interviews
- c. Evidence that each staff member has a professional development plan cosigned by the supervisor and supervisee.