St. Clair County Community Mental Health

**Clinical/Direct Service Personnel Supervision**

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| **Date:** | Click here to enter text. |
| **Staff Name:** | Click here to enter text. |
| **Name & Credentials of Staff Providing Supervision:** | Click here to enter text. |

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| **Length of Supervision:** |
| [ ]  15 minutes [ ]  30 minutes [ ]  45 minutes [ ]  60 minutes [ ]  Other: Click here to enter text. |

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| **Certifications & Credentials:** |
| [ ]  LLBSW - Limited Licensed Bachelors Social Work  | [ ]  LLMSW - Limited Licensed Masters Social Work  |
| [ ]  LLPC - Limited Licensed Professional Counselor | [ ]  TLLP - Temporary Limited Licensed Psychologist |
| [ ]  Master Level Graduate  | [ ]  Student Intern  |
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| [ ]  QIDP - Qualified Intellectual Disability Professional | [ ]  QMHP - Qualified Mental Health Professional |
| [ ]  CMHP - Child Mental Health Professional | [ ]  Non-Credentialed Staff  |
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| [ ]  SATS - Substance Abuse Treatment Specialist | [ ]  SATP - Substance Abuse Treatment Professional |
| [ ]  CAADC - Certified Advanced Alcohol & Drug Counselor  | [ ]  CADC - Certified Alcohol & Drug Counselor |
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| [ ]  DP-C - Development Plan - Counselor | [ ]  DP-S - Development Plan - Supervisor |
| [ ]  CCS - Certified Clinical Supervisor |  |
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| [ ]  CPSS - Certified Peer Support Specialist | [ ]  CPRC - Certified Peer Recovery Coach |
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| [ ]  Other: Click here to enter text. |

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| **Topics Covered:** |
| [ ]  Accuracy of assessment & referral skills (Appropriateness of Referral) |
| [ ]  Appropriateness of the treatment & service intervention selected relative to the specific needs of each person served (Medical Necessity) |
| [ ]  Treatment & service effectiveness as reflected by the person served meeting goals identified in the person-centered plan. |
| [ ]  Risk factors for suicide and other dangerous behaviors.  |
| [ ]  Issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries.  |
| [ ]  Cultural competency issues |
| [ ]  Model fidelity, when implementing evidence-based practices.* Curriculum changes? [ ]  Yes [ ]  No
 |
| [ ]  Staff productivity |
| [ ]  Service utilization – Amount, Scope, Duration, & Frequency (ASDF) |
| [ ]  Integrated Care/Health Status |
| [ ]  Trauma |
| [ ]  Other: Click here to enter text. |

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| **Case(s) Reviewed:** (Please do not use client names, only case numbers & initials. Thank you.) |
| Click here to enter text. |

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| **Case Review Summary:** |
| Click here to enter text. |

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| **Documentation:** |
| Click here to enter text. |

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| **Staff Productivity:** |
| Click here to enter text. |

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| **Training Needs/Requirements:** |
| Click here to enter text. |

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| **Issues/Concerns:** |
| Click here to enter text. |

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| **Other:** |
| Click here to enter text. |

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| **Tasks to be Completed Before Next Meeting:** |
| Click here to enter text. |

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| **Next Meeting:** | Click here to enter text. |

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Employee Signature Print Name Date

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Supervisor Signature Print Name Date