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