

MONTANA BOARD OF BEHAVIORAL HEALTH
PO BOX 200513 (301 S. Park Ave, 4th Floor)
Helena, MT 59620-0513
Licensing Phone Number: 406-444-5773
E-Mail: dlibsdbbh@mt.gov Website: www.bbh.mt.gov

Supervision Termination Summary

The following information must be completed by the Supervisor and submitted to the Board office upon termination of all supervisory relationship. Further, the CBHPSS should maintain this record with the clinical supervision logs.

If supervision occurred in more than one site, please include the information on a separate sheet.

1. _____
Name and CBHPSS Certificate Number

Address City St Zip

Cell Phone number Work Phone Number E-mail Address

2. _____
Facility or agency

Address City St Zip

Cell Phone number Work Phone Number E-mail Address

3. _____
Supervisor's name, Credential Supervisor Eligibility Date, (3 years post licensure) or

Provide certificate of completion for the approved supervision training & date of completion

Supervisor's Address City St Zip

Cell Phone number Work Phone Number E-mail Address

CBHPSS are required to receive a minimum of one hour of face-to-face supervision and consultation for every 20 hours of work experience. No more than 40 hours of work experience may transpire without receiving the required hours of supervision and/or consultation. Less frequent supervision may take place only with prior approval of the licensure board.

The Supervision Log must confirm that the CBHPSS has had contact with the Supervisor and the content (excluding confidential information) of the contact is summarized and demonstrates the CBHPSS's ongoing competence. Supervisory comments must indicate ongoing competence and any areas in need of improvement.

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The following information should coincide with the Supervision Log used for documenting contact and content.

4. Dates of Supervision: From: _____ To: _____
Mo Day Yr. Mo Day Yr.
5. Total number of hours of clinical supervision and consultation received by the CBHPSS? _____
6. Number of hours per week of face-to-face supervision. _____
7. Was group supervision and consultation provided? _____
8. If so how many hours were provided? _____

9. Substance Abuse and Mental Health Administration Core Competencies
CBHPSS must demonstrate minimum competence in the areas listed below.

Circle choices as follows:

- 1-2 = Does not meet minimal competency,
3-4 = Minimal competency met in this area.
5 = Above minimum competence in this area.

Please provide comments for any section receiving a One (1) or Two (2).

1. **Boundaries and Ethics**

1 2 3 4 5 _____

2. **Confidentiality**

1 2 3 4 5 _____

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3. **Scope of Practice**

1 2 3 4 5 _____

4. **Communication Skills**

1 2 3 4 5 _____

5. **Self-Care**

1 2 3 4 5 _____

6. **Suicide Awareness**

1 2 3 4 5 _____

7. **Stages of Change**

1 2 3 4 5 _____

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8. **Trauma-Informed Care**

1 2 3 4 5 _____

9. **Cultural Awareness;**

1 2 3 4 5 _____

10. **Pathways of Recovery**

1 2 3 4 5 _____

11. **Recovery Story**

1 2 3 4 5 _____

12. **Clinical Supervision**

1 2 3 4 5 _____

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13. **Accessing Community Resources**

1 2 3 4 5 _____

14. **Emotional Intelligence**

1 2 3 4 5 _____

15. **Supporting Others in Recovery**

1 2 3 4 5 _____

16. **One-On-One Session Skills**

1 2 3 4 5 _____

17. **Support Group Facilitation**

1 2 3 4 5 _____

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18. Recovery Planning

1 2 3 4 5 _____

10. Do you approve this CBHPSS to practice under a new qualified Supervisor according to ARM 24.219.902. If not, please clarify. Yes No

11. Additional Comments:

DECLARATION BY SUPERVISOR & CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST

As a Supervisor, in my opinion, the preceding is true and correct. I understand that by submission of this form to the Board of Behavioral Health, the post-certification supervision has ended. Future practice by the CBHPSS must be done under a new qualified supervisor. The CBHPSS must submit a Supervision Packet that includes the Supervision Contract and Supervision Plan for the new Supervisor(s). Without prior Board approval of a new Supervisor, the CBHPSS is subject to discipline by the Board.

Supervisor (Print name and license number): _____

Supervisor (Signature): _____
Date

CBHPSS (Print name and certification number): _____

CBHPSS (Signature): _____
Date