SUBSTANCE ABUSE COUNSELOR CERTIFICATION REVIEW COMMITTEE
Room 121C, 1400 E. Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
February 15, 2017

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of actions and deliberation of the Board.

9:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. Adoption of the Agenda (1)

B. Administrative Matters – Discussion and Consideration
   1) Welcome and Introductions
   2) Committee Members
      a. Deborah Bilzing – Lakeland University
      b. Peter Fabian – Marriage and Family Therapy, Professional Counseling and Social Work Examining Board
      c. Jessica Geschke – Affiliated Clinical Services
      d. Lorie Goeser – Department of Health Services
      e. April Hameau – Northcentral Technical College
      f. Sandra Hardie – Mahala’s Hope
      g. Kathryn Ihus – American Mental Health Counselors Association
      h. Michael Waupoose – UW Health Madison

C. Legislative and Administrative Rule Matters – Discussion and Consideration (2-19)
   1) SPS 160-168, Relating to Substance Abuse Counselors, Clinical Supervisors and Prevention Specialists
   2) Update on Legislation and Pending or Possible Rulemaking Projects

D. Information Item(s)

E. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
   1) Proposed Future Meeting Dates

F. Public Comments

ADJOURNMENT
EXECUTIVE ORDER #228

Relating to the Implementation of the Recommendations of the Co-Chairs of the Governor's Task Force on Opioid Abuse

WHEREAS, I have previously created a Governor's Task Force on Opioid Abuse and designated Lt. Governor Rebecca Kleefisch and State Representative John Nygren as co-chairs; and

WHEREAS, the Task Force has met several times since its creation, heard testimony from a number of experts, and diligently studied the many facets of the opioid epidemic facing our state; and

WHEREAS, the Co-Chairs have prepared a report recommending a number of actions to be undertaken by state agencies,

NOW THEREFORE, I, SCOTT WALKER, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and laws of this State, and specifically by section 14.019 of the Wisconsin Statutes, do hereby order the following:

1. The Wisconsin Department of Administration and the Well Wisconsin Programming Committee shall work with state agencies to promote opioid abuse awareness among state employees, especially during Prescription Opioid and Heroin Epidemic Awareness Week and on statewide Prescription Drug Take-Back Days.

2. The Wisconsin Department of Children and Families shall report to the Task Force on its efforts to integrate mental health and substance abuse awareness into its programs. In particular, the Department shall consult U.S. Department of Health & Human Services memorandum TANF-ACF-PI-2009-12 and the National Conference of State Legislatures' publication "Treatment of Alcohol and Other Substance Use Disorders" to determine whether federal Temporary Aid for Needy Families (TANF) funds may be used to combat the opioid epidemic affecting many impoverished families, including those on W-2.

3. The Wisconsin Department of Corrections shall:

   (a) Develop a web-based training module on opioid abuse for DOC staff who work with inmates who may have potential, current, or past addiction issues;
   (b) Work with the Wisconsin Department of Health Services to better assess the number of fatal and non-fatal overdoses among offenders by comparing offender data with vital records data;
   (c) Develop better methods to evaluate and screen incoming inmates for opioid and drug abuse in order to tailor programming to the health and social needs of inmates upon entry into custody;
   (d) Continue with its pilot program administering Vivitrol to volunteer participants paroled in eight northeast Wisconsin counties and share data on the pilot project's results with the Task Force; and
   (e) Report to the Task Force on the feasibility of developing a recovery housing unit within an institution where inmates would voluntarily commit to living clean after release, participating in an addiction program, and supporting their fellow inmates in their common battle for healing.
4. The Wisconsin Department of Health Services shall:

(a) Improve Wisconsin’s community substance abuse service standards to require all state-certified AODA clinics to have Naloxone on-site to administer in the event of an overdose. The Department should revise DHS Rule 75 to grant the state’s opioid treatment authority greater discretion to require certified clinics to embrace evidence-based practices in treatment. The Department may further revise DHS Rule 75 to simplify and streamline regulation of other health care and service providers to ease access to services; and
(b) Work with professional associations, medical groups, hospitals and health systems, medical schools, and others to increase the number of physicians familiar with Medically Assisted Treatment, which is a proven therapy approach that combines medicine with counseling and support services.

5. The Wisconsin Department of Safety and Professional Services shall:

(a) Evaluate, develop, and implement rules and procedures to ensure that the standards, investigatory practices, and discipline for all professions that prescribe, dispense, administer, and use opioids are as similar as possible to ensure consistency;
(b) Work with Wisconsin’s professional associations to promote best practices for counseling and support services to assist regulated professionals fighting addiction issues;
(c) Work with the Controlled Substances Board (CSB) to promote information sharing among federal, state, and local agencies. Moreover, the CSB should hold an annual hearing with law enforcement agencies and prosecutors to receive information on drug trends so the CSB can consider updating its schedules;
(d) Dedicate all necessary resources to ensuring the efficacy of the Prescription Drug Monitoring Program; and
(e) Work with the Substance Abuse Counselor Certification Committee to revise the clinical hours requirements for counselors to ensure adequate training is balanced with appropriate workforce access.

6. The Wisconsin Department of Workforce Development shall review the Workers Compensation Research Institute’s most recent report on interstate variation on opioid use and consult with the Workers Compensation Advisory Council to incorporate best practices into Wisconsin’s workers compensation statutes.

7. The Wisconsin Department of Veterans Affairs shall:

(a) Ensure that its Division of Veterans Homes provides care in line with best practices for opioid prescription and pain management. In particular, home residents with opioid prescriptions should have individualized plans of care that may include adjunct non-pharmaceutical treatment options. Department medical and pharmaceutical staff should ensure that opioid prescribing is in line with best practices recommended by the Medical Examining Board; and
(b) Promote public awareness among the veteran community of opioid-related resources, for instance by ensuring that Department and county veterans services staff, homeless veterans service providers, and Department grantees and allies have information on opioid abuse.

8. The Wisconsin Commissioner of Insurance shall conduct a survey of opioid addiction treatment coverage for the major insurers in Wisconsin. Once the results of this survey come back, the Commissioner shall share them with the Task Force. The Commissioner shall use the survey results to develop a consumer’s guide to insurance coverage for opioid and substance abuse services, modeled on other OCI publications that empower consumers with important information.

9. The Wisconsin Housing and Economic Development Authority shall report to the Task Force on the potential for expanding permanent supportive housing through Low Income Housing Tax Credits or other tools to provide homeless or inadequately housed individuals with substance abuse disorders the support they need to achieve and retain housing stability.
10. The Governor's Task Force on Opioid Abuse shall continue its important work under the leadership of its Co-Chairs, to whom I extend my appreciation for their hard work preparing these recommendations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done in the City of Green Bay this fifth day of January, in the year two thousand seventeen.

SCOTT WALKER
Governor

By the Governor:

DOUGLAS LA FOLLETTE
Secretary of State
SPS 161.01 Applicability (1) Chapters SPS 160 to 168 do not apply to any of the following:
(a) A physician as defined in s. 448.01 (5), who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment or prevention services within the scope of his or her licensure.
(b) A clinical social worker as defined in s. 457.01 (1r), who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment or prevention services within the scope of his or her licensure.
(c) A licensed psychologist, as defined in s. 455.01 (4), who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment, or prevention services within the scope of his or her licensure.
(d) A person credentialed under ch. 457, Stats. with the specialty authorization of s. MPSW 1.09.
(e) The preparation of a patient for substance use disorder treatment by referral, the treatment of a patient for substance use disorder until a referral for substance use disorder treatment is completed, and the continuation of treatment with the non-substance use disorder issues of a person, when performed by a mental health provider practicing within the scope of their credential.

Substance Abuse Counselor-In-Training. An applicant for certification as a substance abuse counselor-in-training shall submit all of the following:
(1) An application.
(2) The fee established by the department under s. 440.05 (1), Stats.
(3) Evidence of a high school diploma, an HSED or GED.
(4) Evidence of successful passage of an ethics, boundaries and jurisprudence examination developed or approved by the department.
(5) Evidence of completion of 100 hours of specialized education in the transdisciplinary foundations as follows:

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<th>Content Area</th>
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<td>Education</td>
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<td>Electives within the performance domains listed above</td>
<td>25</td>
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<td><strong>Total</strong></td>
<td><strong>100</strong></td>
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(6) Evidence of current employment, a written offer of employment or an agreement authorizing volunteer hours at an agency providing substance use disorder treatment.
(7) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance use disorder counseling.
Substance Abuse Counselor. (1) Except as provided in sub. (2), an applicant for certification as a substance abuse counselor shall submit all of the following:
(a) An application.
(b) The fee established by the department under s. 440.05 (1), Stats.
(c) Evidence of a high school diploma, an HSED or GED.
(d) Evidence of successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse written counselor examination.
(e) Evidence of completion of 360 hours of specialized education in a comprehensive program approved by the department as follows:

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<td><strong>Total</strong></td>
<td><strong>360</strong></td>
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(f) Evidence of completion of 4,000 hours of work experience performing the practice dimensions, supervised by an individual defined in s. SPS 162.02 (1), within 5 years immediately preceding the date of application. Experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement. The 4,000 hours shall include all of the following:
1. Two thousand hours in performing the practice dimensions with patients who have a primary substance use disorder diagnosis.
2. One thousand hours in substance use disorder counseling with at least 500 hours in a one-on-one individual modality setting.
3. A minimum of 200 hours of counseling during the 12 month period immediately preceding the date of application, of which 100 hours shall have been completed using an individual modality setting.

(g) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance use disorder counseling.

(2) An applicant for certification as a substance abuse counselor who is previously credentialed by the marriage and family therapy, professional counseling and social work examining board shall submit evidence satisfactory to the department of fulfilling the requirements of s. MPSW 1.09.

Clinical Substance Abuse Counselor. An applicant for certification as a clinical substance abuse counselor shall submit all of the following:
(1) An application.
(2) The fee established by the department under s. 440.05 (1), Stats.
(3) Evidence of a high school diploma, an HSED or GED.
(4) Evidence of successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse written counselor examination.
(5) Evidence of completion of 360 hours of specialized education in a comprehensive program approved by the department as follows:

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(6) Evidence of an associate’s, bachelor’s, master’s or doctoral degree in a behavioral science field from an accredited school.

(7) Evidence of completion of 7,000 hours of work experience performing the practice dimensions, supervised by an individual defined in s. SPS 162.02 (1), within 5 years immediately preceding the date of application. Experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement.

(8) Evidence of successful passage of an ethics, boundaries and jurisprudence examination developed or approved by the department.

(9) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance use disorder counseling.

**Clinical Supervisor-In-Training.** An applicant for certification as a clinical supervisor-in-training shall submit all of the following:

1. An application.
2. The fee established by the department under s. 440.05 (1), Stats.
3. Evidence of current employment, a written offer of employment or an agreement authorizing volunteer hours at an agency providing substance use disorder treatment service as a clinical supervisor of counselors certified under this section or under s. MPSW 1.09.
4. Evidence of successful passage of an ethics, boundaries and jurisprudence examination developed or approved by the department.
5. Evidence of current certification of one of the following:
   a. A clinical substance abuse counselor.
   b. A professional counselor, marriage and family therapist or social worker holding a credential under ch. 457, Stats., at the master’s level or higher with the specialty authorization of a MPSW 1.09.
6. Evidence of completion of 7,000 hours of work experience performing the practice dimensions, supervised by an individual defined in s. SPS 162.02 (1), within 5 years immediately preceding the date of application. The 2,000 hours shall include 200 hours in direct, in person substance use disorder patient counseling. Experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement.

**Intermediate Clinical Supervisor.** An applicant for certification as an intermediate clinical supervisor shall submit all of the following:
(1) An application.
(2) The fee established by the department under s. 440.05 (1), Stats.
(3) Evidence of current certification of one of the following:
   (a) A clinical substance abuse counselor.
   (b) A professional counselor, marriage and family therapist or social worker holding a
        credential under ch. 457, Stats., at the master’s level or higher with the specialty authorization of
        a MPSW 1.09.
(4) Verification of one year clinical supervisory experience as the supervisor of counselors
    certified under this section or under s. MPSW 1.09. Clinical supervisory experience shall be
    supervised by an intermediate clinical supervisor, an independent clinical supervisor, a
    physician, or a psychologist who practices as a substance abuse clinical supervisor within the
    scope of his or her license. This one year shall include the provision of 200 contact hours of in
    person clinical supervision.
(5) Verification of completion of 2,000 hours of work experience performing the practice
    dimensions, supervised by an individual defined in s. SPS 162.02 (1), within 5 years immediately
    preceding the date of application. The 2,000 hours shall include 200 hours in direct, in person
    substance use disorder patient counseling. Experience in excess of 40 hours per week or 2,000
    hours per year does not count in meeting the experience requirement.
(6) Verification of 30 hours of classroom training in clinical supervision. This shall include a
    minimum of 6 hours of training in each of the following domains:
        (a) Assessment or evaluation.
        (b) Counselor development.
        (c) Management or administration.
        (d) Professional responsibility.
(7) Evidence of successful passage of the International Certification Reciprocity Consortium
    Alcohol and Other Drug Abuse written clinical supervisor certification examination
(8) Evidence of successful passage of an ethics, boundaries and jurisprudence examination
    developed or approved by the department.

**Independent Clinical Supervisor.** An applicant for certification as an intermediate clinical
supervisor shall submit all of the following:
(1) An application.
(2) The fee established by the department under s. 440.05 (1), Stats.
(3) Evidence of current certification of one of the following:
    (a) A clinical substance abuse counselor.
    (b) A professional counselor, marriage and family therapist or social worker holding a
        credential under ch. 457, Stats., at the master’s level or higher with the specialty authorization of
        a MPSW 1.09.
(4) Verification of 2 years clinical supervisory experience as the supervisor of counselors
    certified under this section or under s. MPSW 1.09. Clinical supervisory experience shall be
    supervised by an intermediate clinical supervisor, an independent clinical supervisor, a
    physician, or a psychologist who practices as a substance abuse clinical supervisor within the
    scope of his or her license. This one year shall include the provision of 200 contact hours of in
    person clinical supervision.
(5) Verification of completion of 10,000 hours of work experience performing the practice
    dimensions, supervised by an individual defined in s. SPS 162.02 (1), within 5 years immediately
preceding the date of application. This experience shall include 2,000 hours of patient counseling experience performing the practice dimensions as a clinical substance abuse counselor and 200 hours in direct, in person substance use disorder patient counseling. Experience in excess of 40 hours per week or 2,000 hours per year does not count in meeting the experience requirement.

(6) Verification of 30 hours of classroom training in clinical supervision. This shall include a minimum of 6 hours of training in each of the following domains:
   (a) Assessment or evaluation.
   (b) Counselor development.
   (c) Management or administration.
   (d) Professional responsibility.

(7) Evidence of successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse written clinical supervisor certification examination.

(8) Evidence of successful passage of an ethics, boundaries and jurisprudence examination developed or approved by the department.

**Prevention Specialist-In-Training.** An application for certification as a prevention specialist-in-training shall submit all of the following:

(1) An application.
(2) The fee established by the department under s. 440.05 (1), Stats.
(3) Evidence of a high school diploma, an HSED or GED.
(4) Verification of 40 hours of approved education and training covering the prevention domains. At least 5 hours shall be in ethics.

**Prevention Specialist.** An application for certification as a prevention specialist shall submit all of the following:

(1) An application.
(2) The fee established by the department under s. 440.05 (1), Stats.
(3) Evidence of a high school diploma, an HSED or GED.
(4) Evidence of successful passage of an ethics, boundaries and jurisprudence examination developed or approved by the department.
(5) Evidence of completion of 240 hours of approved education and training covering the prevention domains. Fifty hours of this training shall be specific to alcohol, tobacco or other substance abuse. At least 6 hours shall be in ethics.
(6) Verification of a 120 hours practicum in the prevention domain areas with no less than 10 hours in any prevention domain area.
(7) Verification of 2,000 hours of work experience as a prevention specialist-in-training with a minimum of 100 hours of the experience in each prevention domain.
(8) Evidence of successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse written prevention specialist certification examination.

**Educational equivalencies — substance abuse counselor and intermediate clinical supervisor.** Successful completion of education resulting in a degree in a behavioral science field with an addiction emphasis or a concentration in clinical counseling from an accredited school may be used to satisfy, in part, the experience requirement. The possession of the following levels of the degrees may be exchanged for experience at the following rate:
(1) An associate degree equals 500 hours of supervised experience.
(2) A bachelor degree equals 1,000 hours of supervised experience.
(3) A master or doctoral degree equals 2,000 hours of supervised experience.

**Educational equivalencies — clinical substance abuse counselor and independent clinical supervisor.** Successful completion of education resulting in a degree in a behavioral science field with an addiction emphasis or concentration in clinical counseling from an accredited school may be used to satisfy, in part, the experience requirement. The possession of the following levels of the degrees shall be exchanged for experience at the following rate:

(1) An associate degree equals 1,000 hours of supervised experience.
(2) A bachelor degree equals 2,000 hours of supervised experience.
(3) A master or doctoral degree equals 4,000 hours of supervised experience.

**Certification by reciprocity**

(1) Applicants who hold a credential substantially similar to a clinical substance abuse counselor who are credentialed in another state or territory that is a member of the International Certification Reciprocity Consortium shall submit all the following:

(a) An application.
(b) The fee established by the department under s. 440.05 (1), Stats.
(c) Evidence of successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse written counselor examination.
(d) Evidence of successful passage of an ethics, boundaries and jurisprudence examination developed or approved by the department.
(e) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance use disorder counseling.
(f) Verification of the applicant’s eligibility for reciprocity by the International Certification Reciprocity Consortium.
(g) Verification of the applicant’s credentials in all states or countries in which the applicant has ever held a credential.

(2) Applicants who hold a credential substantially similar to a independent clinical supervisor who are credentialed in another state or territory that is a member of the International Certification Reciprocity Consortium shall submit all the following:

(a) An application.
(b) The fee established by the department under s. 440.05 (1), Stats.
(c) Evidence of successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse written clinical supervisor certification examination.
(d) Evidence of successful passage of an ethics, boundaries and jurisprudence examination developed or approved by the department.
(e) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance use disorder counseling.
(f) Verification of the applicant’s eligibility for reciprocity by the International Certification Reciprocity Consortium.
(g) Verification of the applicant’s credentials in all states or countries in which the applicant has ever held a credential.
(h) Evidence of holding a valid current certification as a clinical substance abuse counselor in Wisconsin or concurrently submits an application which satisfies the requirements for clinical substance abuse counselor reciprocity.

(3) Applicants who hold a credential substantially similar to a prevention specialty issued by another state or territory that is a member of the International Certification Reciprocity Consortium shall submit all the following:
(a) An application.
(b) The fee established by the department under s. 440.05 (1), Stats.
(c) Evidence of successful passage of the International Certification Reciprocity Consortium Alcohol and Other Drug Abuse prevention specialist certification examination.
(d) Evidence of successful passage of an ethics, boundaries and jurisprudence examination developed or approved by the department.
(e) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance use disorder counseling.
(f) Verification of the applicant’s eligibility for reciprocity by the International Certification Reciprocity Consortium.
(g) Verification of the applicant’s credentials in all states or countries in which the applicant has ever held a credential.
Required supervision. (1) Clinical supervision may be provided by a clinical supervisor-in-training, an intermediate or independent clinical supervisor, a physician knowledgeable in addiction treatment, or a psychologist knowledgeable in psychopharmacology and addiction treatment.

(2) Notwithstanding sub. (1), a clinical supervisor-in-training may not provide clinical supervisor for an individual holding a substance abuse counselor-in-training certificate.

(3) Clinical supervisors shall exercise supervisory responsibility over substance abuse counselors-in-training, substance abuse counselors, clinical substance abuse counselors, clinical supervisors-in-training and intermediate clinical supervisors in regard to all activities including, but not limited to, counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility. A clinical supervisor shall provide a minimum of:

(a) Two hours of clinical supervision for every 40 hours of work performed by a substance abuse counselor-in-training.

(b) Two hours of clinical supervision for every 40 hours of counseling provided by a substance abuse counselor.

(c) One hour of clinical supervision for every 40 hours of counseling provided by a clinical substance abuse counselor.

(d) One in person meeting each calendar month with a substance abuse counselor-in-training, substance abuse counselor or clinical substance abuse counselor. This meeting may fulfill a part of the requirements of pars. (a) to (c).

(4) Clinical supervisors shall exercise supervisory responsibility over clinical supervisors-in-training in regard to all activities. A clinical supervisor shall provide a minimum of one hour of clinical supervision for every 40 hours of work performed by a clinical supervisor-in-training.

(5) The required clinical supervision shall include in person individual or group sessions consisting of no more than 6 supervisees per group. The clinical supervision hourly requirement may be averaged out over a period no longer than one month.

(6) Methods for supervision may include, but are not limited to, auditing of patient files, case review and discussion of active cases, direct observation of treatment, video or audio review and observation of the counselor’s professional interaction with patients and staff.

(7) The goals of clinical supervision are to provide the opportunity to develop competency in the transdisciplinary foundations, practice dimensions and core functions, provide a context for professional growth and development and ensure a continuance of quality patient care.

(8) The supervisor shall not permit a supervisee to engage in any practice that the supervisee is not competent to perform. The supervisor shall not permit a supervisee to engage in any practice that the supervisor cannot competently supervise.

A supervisor is legally and ethically responsible for the supervised activities of the substance use disorder professional supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases, or recommend to the supervisee’s employer that the employer interrupt or stop the supervisee from practicing in given cases, and to terminate the supervised relationship, if necessary.

Prohibited practice. (1) A clinical supervisor may not permit students, employees, or supervisees to perform or hold themselves out as competent to perform professional services beyond their training, level of experience, competence or credential.
(2) Clinical supervisors may not disclose supervisee confidences, except:
   (a) As mandated by law.
   (b) To prevent a clear and immediate danger to a person or persons.
   (c) In educational or training settings where there are multiple supervisors, and then only
to other professional colleagues who share responsibility for training of the supervisee.
SPS 163.02 Substance abuse counselor-in-training; limited scope of practice. (1) A substance abuse counselor-in-training may provide services in any of the core functions, except counseling, if authorized by the clinical supervisor.

(2) A clinical supervisor may only authorize a substance abuse counselor-in-training to provide counseling after the substance abuse counselor-in-training has completed 300 hours of supervised training or supervised work experience in the core functions.
SPS 164.01 Unprofessional conduct. (1) For the purposes of this chapter:
   (a) “Department” means the department of safety and professional services.
   (b) “Substance abuse professional” means the holder of any license, permit, certificate, or registration issued by the department pursuant to s. 440.88, Stats., or issued by the Wisconsin certification board.

(2) Unprofessional conduct comprises any practice or behavior that violates the minimum standards of the profession necessary for the protection of the health, safety, or welfare of a patient or the public. Misconduct or unprofessional conduct includes the following:
   (a) Submitting fraudulent, deceptive, or misleading information in conjunction with an application for a credential.
   (b) Violating, or aiding and abetting a violation of, any law or rule substantially related to practice as a substance abuse professional. A certified copy of a judgment of conviction is prima facie evidence of a violation.
   (c) Having a license, certificate, permit, registration, or other practice credential granted by another state or by any agency of the federal government to practice as a substance abuse professional, which the granting jurisdiction limits, restricts, suspends, or revokes, or having been subject to other adverse action by a licensing authority, any state agency or an agency of the federal government, including the denial or limitation of an original credential, or the surrender of a credential, whether or not accompanied by findings of negligence or unprofessional conduct. A certified copy of a state or federal final agency decision is prima facie evidence of a violation of this provision.
   (d) Failing to notify the department that a license, certificate or registration for the practice of any profession issued to the substance abuse professional has been revoked, suspended, limited or denied, or subject to any other disciplinary action by the authorities of any jurisdiction.
   (e) Violating or attempting to violate any term, provision, or condition of any order of the department.
   (f) Performing or offering to perform services for which the substance abuse professional is not qualified by education, training or experience.
   (g) Practicing or attempting to practice while the substance abuse professional is impaired as a result of any illness that impairs the substance abuse professional’s ability to appropriately carry out his or her professional functions in a manner consistent with the safety of patients or the public.
   (h) Using alcohol or any drug to an extent that such use impairs the ability of the substance abuse professional to safely or reliably practice, or practicing or attempting to practice while the substance abuse professional is impaired due to the utilization of alcohol or other drugs.
   (i) Engaging in false, fraudulent, misleading or deceptive behavior associated with the practice as a substance abuse professional, including advertising, billing practices, or reporting or falsifying or inappropriately altering patient records.
   (j) Discriminating in practice on the basis of age, race, color, sex, religion, creed, national origin, ancestry, disability or sexual orientation.
   (k) Revealing to other personnel not engaged in the care of a patient or to members of the public information which concerns a patient’s condition unless release of the information is authorized by the patient or required or authorized by law. This provision
shall not be construed to prevent a credential holder from cooperating with the department in the investigation of complaints.

(L) Abusing a patient by any single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain or injury, mental anguish, or fear.

(m) Engaging in inappropriate sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient. For the purposes of this subsection, an adult shall continue to be a patient for 2 years after the termination of professional services. If the person receiving services is a minor, the person shall continue to be a patient for the purposes of this subsection for 2 years after termination of services, or for one year after the patient reaches age 18, whichever is longer.

(n) Failing to avoid dual relationships or relationships that may impair the substance abuse professional’s objectivity or create a conflict of interest.

(o) Obtaining or attempting to obtain anything of value from a patient without the patient’s consent.

(p) Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit or undue influence in the course of practice.

(q) Offering, giving or receiving commissions, rebates or any other forms of remuneration for a patient referral.

(r) Failing to provide the patient or patient’s authorized representative a reasonable description of anticipated tests, consultation, reports, fees, billing, therapeutic regimen or schedule, or failing to inform a patient of financial interests which might accrue to the substance abuse professional for referral to or for any use of service, product or publication.

(s) Failing to conduct an assessment, evaluation, or diagnosis as a basis for treatment provided.

(t) Failing to maintain adequate records relating to services provided a patient in the course of a professional relationship.

(u) Failing to make reasonable efforts to notify a patient or a patient’s authorized representative when professional services will be interrupted or terminated by the substance abuse professional.

(v) Engaging in a single act of gross negligence or in a pattern of negligence as a substance abuse professional.

(w) Failing to respond honestly and in a timely manner to a request for information from the department. Taking longer than 30 days to respond to a department request creates a rebuttable presumption that the response is not timely.

(x) Failing to report to the department or to institutional supervisory personnel any violation of the rules of this chapter by a substance abuse professional.
**165.01 Credential renewal procedures**  
(1) **GENERAL.** A person with an expired license may not reapply for a license using the initial application process.  
(2) **RENEWAL WITHIN 5 YEARS.** A person renewing the license within 5 years shall do all of the following:
   (a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and any applicable late renewal fee.  
   (b) Verification of completion of the continuing education required under s. SPS 168.  
(3) **RENEWAL AFTER 5 YEARS.** This subsection does not apply to credential holders who have unmet disciplinary requirements. A person renewing the license after 5 years shall do all of the following:
   (a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and late renewal fee.  
   (b) Verification of completion of the continuing education required under s. SPS 168.

**165.02 Reinstatement.** A credential holder who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:
(1) Evidence of completion of the requirements in s. SPS 165.01 (3) if the credential has not been active within 5 years.  
(2) Evidence of completion of the disciplinary requirements, if applicable.  
(3) Evidence of rehabilitation of change of circumstances warranting reinstatement.
**Continuing education.** (1) A credential holder shall complete at least the following continuing education hours in alcohol or substance dependency or abuse education during each biennial credentialing period:

(a) Substance abuse counselor-in-training — 40 hours.
(b) Substance abuse counselor — 40 hours.
(c) Clinical substance abuse counselor — 40 hours.
(d) Clinical supervisor-in-training — 6 hours
(e) Intermediate clinical supervisor — 6 hours
(f) Independent clinical supervisor — 6 hours
(g) Prevention specialist-in-training — 25 hours.
(h) Prevention specialist — 40 hours.

(2) Continuing education hours may apply only to the registration period in which the hours are acquired. If a credential has lapsed, the department may allow continuing education hours acquired after the lapse of a credential to a previous biennial period of license. In no case may continuing education hours be applied to more than one biennial period.

(3) During the time between initial credentialing and commencement of a full 2-year credential period new credential holders shall not be required to meet continuing education requirements.

(4) A credential holder may apply to the department for a postponement or waiver of the requirements of this chapter on grounds of prolonged illness, disability, or other grounds constituting extreme hardship. The department shall consider each application individually on its merits.

(5) Continuing education programs, relevant to the practice of substance use disorder counseling, are approved as follows:

(a) Continuing education programs approved, sponsored, provided, endorsed or authorized by:
   [list associations or organizations which offer approved continuing education.]

(b) Courses or continuing education courses offered by an accredited college or university.

**SPS 166.10 Continuing education credit and format.** A continuing education program may take any of the following forms, with credit for relevant subject matter granted as follows:

(1) Formal presentations of relevant professional material at seminars, workshops, programs or institutes, which may include formal presentation and directed discussion of videotaped material: 1 CEH per hour of continuing education for attendees, 2 CEHs per hour of continuing education for presenters, but no additional CEHs may be granted for subsequent presentations of the same material.

(2) University, college or vocational technical adult education courses, which may include formal presentation and directed discussion of videotaped instruction: 10 CEHs per semester credit or 6.6 CEHs per quarter credit for students, 20 CEHs per semester hour or 13.2 CEHs per quarter hour for instructors, but no additional CEHs may be granted for subsequent presentations of the same material.

(3) Educational sessions at state and national conferences: 1 CEH per hour of continuing education for students; 2 CEHs per hour of continuing education for presenters, but no additional CEHs may be granted for subsequent presentations of the same material.
(4) Internet learning courses offered by an accredited college or university: 10 CEHs per semester credit or 6.6 CEHs per quarter credit.

(5) Self-study courses approved by accredited college or university schools, local or national professional or mental health related organizations, 1 CEH per credit completed, but self-study courses may not be used to satisfy the ethics requirement.