



CCS Training & Clinical Supervision Expectations

In This Packet:

- What degrees/credentials are approved within the CCS Program?
 - What are the Training requirements for the CCS Program?
 - What is Clinical Supervision within the CCS Program?
- Please complete the last page of this document and return to ISRSProgramSpec@lacrossecounty.org



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Contents

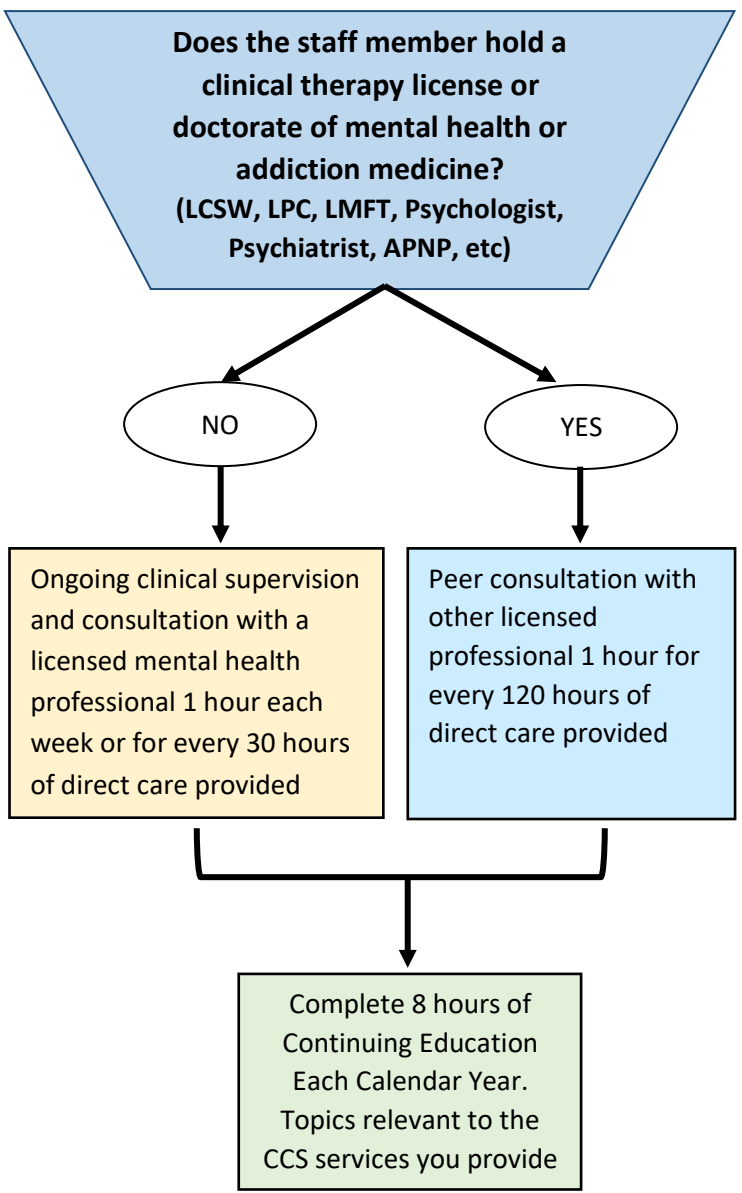
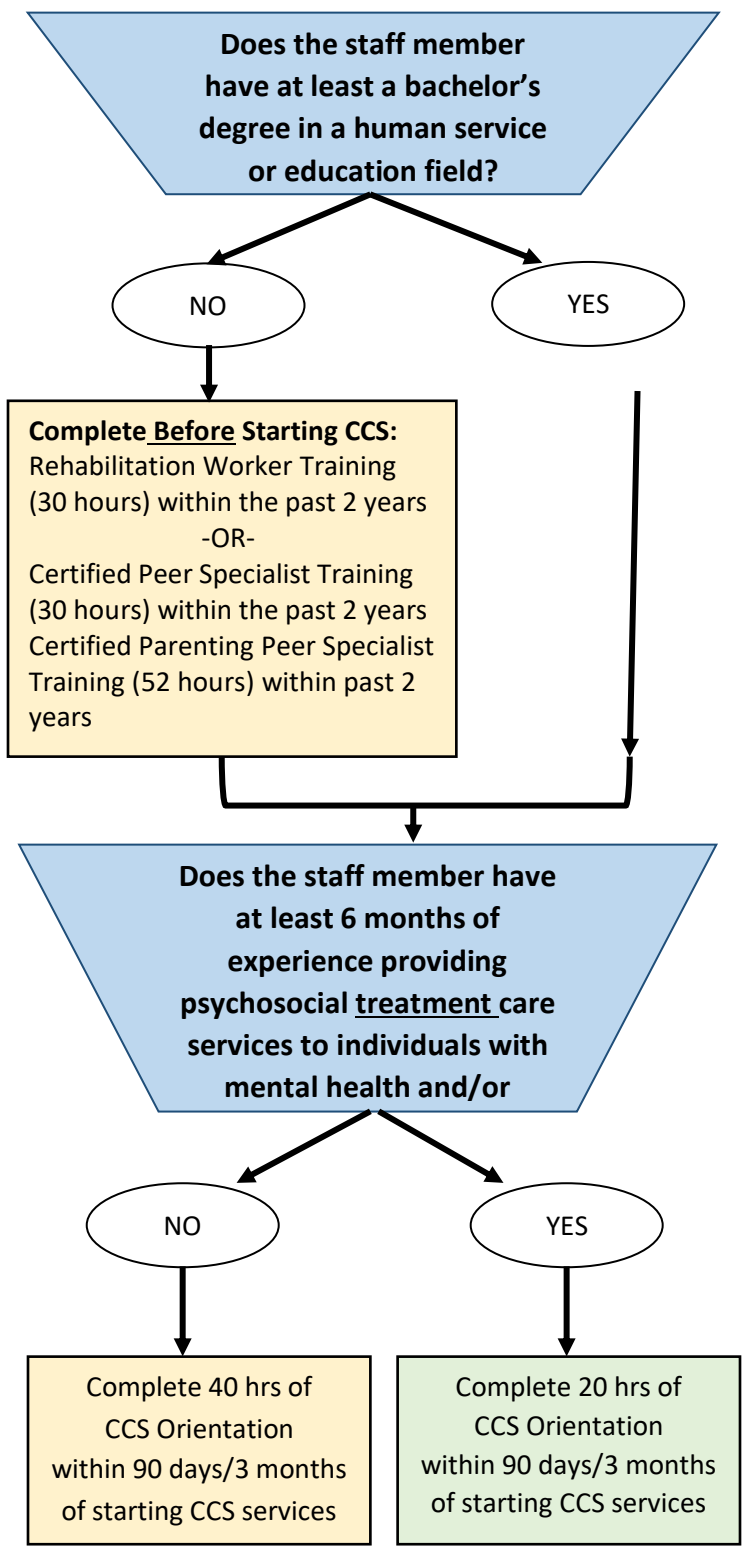
CCS New Staff Training and Clinical Supports Flowchart.....	3
What Degrees or Credentials are Considered within the CCS Program?	4
CCS Training	7
What are the Training Requirements for the CCS Program?	7
What Training Topics Do I Need to Complete for the Orientation Training Log?	7
Do I Need to Complete a Rehabilitation Worker training log <i>before</i> I can start CCS?	8
What’s the difference between a Rehabilitation Worker training and the CCS Orientation Log?	8
How Many Training Hours Do I Need?	9
What Experience Can Count Towards Training Hours (i.e. Do I need 40 hours or 20 Hours)?	9
What Types of Trainings Count for the Completion of the Training Hours?	10
Can College Courses Count for Training Hours?	10
How Far Back Can I Count Completed Trainings?	10
How or Where Can I Get the Training Topics Completed?.....	11
If a Staff Completed Training Logs at Another Agency or Program, Does the Staff Have to Complete Training Again?.....	11
If Completed for Another CCS Program/Consortium:	11
If Completed within another WRIC Contracted Agency:.....	11
Continuing Education Requirements.....	11
WRIC Additional Training.....	12
CCS Clinical Supervision	12
What is Clinical Supervision within the CCS Program?	12
Supervision Requirements within the CCS Program:	13
Does WRIC CCS Provide Clinical Supervision?	15
Who Can Provide Clinical Supervision?	15
Who is Required to Receive Clinical Supervision?	16
Documenting Clinical Supervision:	17
Requirements for Those Acting as Clinical Supervisors	20
Training & Clinical Supervision Agreement	22

CCS New Staff Training and Clinical Supports Flowchart

*This is a guide only, please connect with Program Specialist to confirm credentialing specifics.

All Staff Once Credentialed

New Staff



What Degrees or Credentials are Considered within the CCS Program?

1. Psychiatrists shall be physicians licensed under ch. 448, Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry, child or adolescent psychiatry, or geriatric psychiatry in a program approved by the accreditation council for graduate medical education and be either board–certified or eligible for certification by the American board of psychiatry and neurology.
2. Physicians shall be persons licensed under ch. 448, Stats., to practice medicine and surgery who have knowledge and experience related to mental disorders of adults or children; or, who are certified in addiction medicine by the American society of addiction medicine, certified in addiction psychiatry by the American board of psychiatry and neurology or otherwise knowledgeable in the practice of addiction medicine.
3. Psychiatric residents shall hold a doctoral degree in medicine as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.
4. Psychologists shall be licensed under ch. 455, Stats., and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of one year of supervised post–doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance-use disorders.
5. Licensed independent clinical social workers (LCSW, LICSW) shall meet the qualifications established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.
6. Professional counselors and marriage and family therapists (LPC, LMFT) shall meet the qualifications required established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.
7. Adult psychiatric and mental health nurse practitioners (AP/MHN), family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a master's degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consistent with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.
8. Advanced practice nurse prescribers (APNP) shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch. 441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advanced psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university. [DHS 36.10\(2\)\(g\)8.b](#). Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised clinical psychotherapy experience.

9. Certified social workers (CSW), certified advance practice social workers (CAPSW) and certified independent social workers (CISW) shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.
10. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 455.04 (1) (c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.
11. Physician assistants (PA) shall be certified and registered pursuant to ss. 448.05 Stats., and chs. Med 8 & 14.
12. Registered nurses (RN) shall be licensed under ch. 441, Stats.,
13. Occupational therapists (OT) shall be licensed and shall meet the requirements of s. 448.963 (2), Stats.
14. Master's level clinicians (QTT: LPC-IT, MFT-T, CISW, CAPSW) shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or social work.
15. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.**
16. Alcohol and drug abuse counselors (CSAC, SAC, SAC-IT) shall be certified by the department of safety and professional services.
17. Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession. **
18. Certified occupational therapy assistants shall be licensed and meet the requirements of s. 448.963 (3), Stats.
19. Licensed practical nurses (LPN) shall be licensed under ch. 441, Stats..
20. A peer specialist (PS, CPS), meaning a staff person who is at least 18 years old, shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance use disorder.
21. A rehabilitation worker (RW), meaning a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.
22. Clinical students shall be currently enrolled in an accredited academic institution and working toward a degree in a professional area identified in this subsection and providing services to the CCS under the supervision of a staff member who meets the qualifications under this subsection for that staff member's professional area.

**** Staff Qualifications Expanded Definitions**

(15) Bachelor’s Degrees: *Other professionals shall have at least a bachelor's degree in a relevant area of education or human services*

Generally Accepted Human Service Fields in Medicaid Behavioral Health Treatment Programs:

Child Development	Health and Wellness Management	Psychology
Chemical Dependence	Health Administration	Social Work
Communication Sciences & Disorders	Health Education	Sociology
Community Mental Health	Human Services	Special Education
Criminal Justice	Nursing	Vocational Counseling
Education	Nutrition	
Gerontology	Pastoral Counseling	

*Note: review additional qualifying professions, degrees, and credentials included under descriptions 1-22

**Note 2: other bachelor’s degrees may be considered. A copy of college transcripts and potentially course syllabi are requested to be submitted for review. The administrative review process will look to ensure topics from the rehabilitation log are covered adequately by course content.

(14) Master’s Degrees: *Shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or social work*

Psychology	Counseling
Clinical Psychology	Marriage and Family Therapy
Education/School Psychology	Social Work
Counseling Psychology	Addiction Counseling
Health & Wellness Management	Human Services Professional with focus in Counseling
Rehabilitative Psychology	Counseling & Guidance
Nursing APNP	Rehabilitative Counseling

(17) Therapeutic Specialists: in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession.

Art Therapy	Drama Therapy	Prevention Specialist
Dance Therapy	Music Therapy	Physical Therapy
Dietician	Occupational Therapy	Recreational Therapy

*Note: degrees/specialties listed are regulated by Wisconsin Department of Safety & Professional Services dps.wi.gov

**Note: review additional qualifying professions and credentials included under descriptions 1-22

CCS Training

What are the Training Requirements for the CCS Program?

What Training Topics Do I Need to Complete for the Orientation Training Log?

CCS staff members are required to have training and be able to adequately apply information in the following topics:

1. Understanding of Wisconsin DHS statute chapter 36 – Comprehensive Community Services programs
2. Policies and Procedures for the CCS program in which they are contracted/employed with, understanding that each program/consortium may have different applications of the CCS program
3. Job responsibilities, as it relates to role and scope of service within the CCS program
4. Basic understanding of State of Wisconsin legal codes:
 - Mandated Reporter laws,
 - Children’s Services (DHS 48),
 - Services for Alcohol, Drug, Developmental Disabilities, and Mental Health (DHS 51),
 - Protective Services (DHS 55)
5. Basic understanding of Federal regulations and legal codes
 - Civil Rights Act of 1964,
 - Americans with Disabilities Act of 1990
6. Understanding of both state and federal regulations on confidentiality and client records including:
 - HIPAA (Health Information Portability and Accountability Act),
 - Confidentiality of Mental Health records (DHS 51.30),
 - Confidentiality of Treatment Records (DHS 92),
 - Confidentiality of Substance Use records (42 CFR part 2).
7. Understand client’s legal rights as indicated in:
 - Mental Health Patient Rights (DHS 51.61),

Patient Rights & Grievances (DHS 94)8. Understanding of Mental Health, Substance Use, and Co-occurring Disorders and current treatment interventions.

8m. Recovery concepts and principles which ensure that services promote consumer hope, healing, empowerment, and connection to others within their community.

9. Principles and procedures for providing services to children and adults with mental health and/or substance use disorders including:
 - Methods to assess needs and appropriate service delivery,
 - Age-appropriate assessments for services across the lifespan,
 - Relapse prevention methods,
 - Psychosocial rehabilitative services philosophy and service models,
 - Trauma assessments, and providing trauma responsive care treatment,
 - Supporting consumers with symptom self-management,
 - Culturally and linguistically appropriate services
 - Telehealth service delivery (*if providing services via telehealth*)

10. Techniques to provide non-violent crisis management to include:

- Methods for verbal de-escalation,
- Suicide risk assessments,
- Methods for safety planning and protection,
- Crisis prevention planning

11. Training unique to the specific position and services that each staff member provides

12. Telehealth/Telemedicine

13. Human Service Professional Ethics & Boundaries

Reference: [DHS 36.12\(1\)\(b\)](#)

Do I Need to Complete a Rehabilitation Worker training log *before* I can start CCS?

A rehabilitation worker is a staff member who is at least 18 years old, does not hold any other degree or credentials approved in the CCS program, and is under the direct supervision of a licensed mental health or substance use counselor. In other words, if a staff member does not have at least a bachelor's degree in a qualifying field of study.

Rehabilitation Workers (RW) need to complete pre-training of 30 hours in topics that are general to the human services fields (essentially a condensed replacement of a bachelor's degree level of education in human services) within the past 2 years of their CCS start date.

If the staff member completed the DHS Certified Peer Specialist training program, those training hours can be submitted as substitute to the Rehabilitation Worker training log.

To be credentialed as a Rehabilitation Worker or Certified Peer Specialist, the staff must demonstrate training and ability to adequately apply the following:

1. Understanding of recovery concepts,
2. Consumer rights,
3. Consumer-centered treatment planning,
4. Mental illness,
5. Substance use disorders,
6. Co-Occurring mental illness and substance use disorders,
7. Psychotropic medications and their side effects,
8. Functional assessments,
9. Local community resources,
10. Confidentiality

Reference: [DHS 36.10\(2\)\(g\)21](#)

What's the difference between a Rehabilitation Worker training and the CCS Orientation Log?

A Rehabilitation Worker training log is required for any staff member who does not have at minimum a bachelor's degree in a relevant human services related field. The Rehabilitation log must be completed before a staff member can begin in CCS. The Rehabilitation Worker log ensures that all staff members have some level of education related to human services concepts (essentially a condensed replacement of a bachelor's degree level of education in human services). The themes of training topics include: understanding vulnerable populations, how to assess needs, general provisions of confidentiality, and introductory concepts of mental illness and substance use issues.

All CCS staff members must complete the CCS Orientation log. The themes of training topics include: understanding the CCS program, relevant legal statutes that impact CCS services, additional training on recovery based treatment models that align with the CCS treatment philosophy.

References: [DHS 36.10\(2\)\(g\)21](#), [DHS 36.12\(1\)\(b\)](#)

How Many Training Hours Do I Need?

The number of training hours required depends on the staff member's credential/degree type along with the amount of experience the staff member has. The total training hours may be either: 20 hours, 40 hours, or 70 hours.

- If a staff does not have at least a qualifying bachelor's degree, the staff must complete 30 hours of pre-training indicated on the Rehabilitation Worker log, and then 40 hours of CCS Program Orientation training within their first 3 months of starting in CCS. This adds up to 70 hours of training time needing to be reported.
- If a staff holds an ACTIVE Certified Peer Specialist credential, they provide proof of the completed 30 hours of peer specialist training from DHS and then complete 40 hours of CCS Program Orientation training within their first 3 months of starting in CCS.
- If a staff holds an ACTIVE Certified Parenting Peer Specialist credential, they provide proof the completed 52 hours of Parenting Peer Specialist training from DHS and then complete the 40 hours of CCS Program Orientation training within their first 3 months of starting CCS.
- If a staff holds at minimum a qualifying bachelor's degree, they complete 40 hours of CCS Program Orientation training within their first 3 months of starting in CCS.
- Professional experience may be considered to reduce the 40 hours of CCS Program Orientation down to 20 hours. See the next section for more details on qualifying experience:

Reference: [DHS 36.12\(1\)\(a\)](#)

What Experience Can Count Towards Training Hours (i.e. Do I need 40 hours or 20 Hours)?

A new staff member in CCS is required to complete 40 hours of training related to the CCS Program within their first 3 months of starting in CCS program services. 20 hours of training can be replaced with experience if the staff member has at least 6 months of prior experience providing professional psychosocial rehabilitative services to individuals with mental health or substance use disorders.

Psychosocial rehabilitative services in the state of Wisconsin are programs such as another CCS (Comprehensive Community Services), CRS (Community Recovery Supports), or CSP (Community Support Program).

Experience from providing mental health or substance use treatment services as part of an outpatient or in-patient behavioral health program would also be considered.

Common examples of experiences that may not count are experiences in long-term care disability programs (such as Family Care or Children's Long-Term Care Services/CLTS). Long-term disability programs have a treatment philosophy that focuses more on maintenance and safety, where in contrast psychosocial rehabilitative programs have a treatment philosophy of short-term interventions that promote independent skill building in the recovery process. Given the range of target groups within the long-term care programs, staff may be able to demonstrate some relevant work experience on a case-by-case basis.

Experience working with the target population but not providing treatment and recovery service may be considered but are not guaranteed.

References: [DHS 36.12\(1\)\(a\)2](#), [DHS 36.03\(22\)](#), [DHS 49.45\(30e\)](#), [42 CFR 440.130\(d\)](#)

What Types of Trainings Count for the Completion of the Training Hours?

Training can be completed in various ways. Below are some common methods for training in psychosocial rehabilitative programs. CCS staff must have adequate understanding of the training topics and must be able to apply the training materials to direct practice. Different training methods are encouraged to promote staff learning and competency.

College Course – completion of a secondary education course with a passing grade. May be a community college, bachelor, master, doctoral level program. Each completed college credit is worth 10 hours of training (regardless of technical, bachelors, or masters courses)

- **Online Interactive Training** – online LIVE training that requires interaction (e.g. quizzes, interactive activities throughout, simulations, competency test at the end, etc), not just a text-based presentation
- **Reading** – reading source material (e.g. books, policy handbooks, etc)
- **Training/Conference** – attended a live in-person training
- **Video/Video Recording of a Presentation** – watching a training video
- **Webinar** – online live training where viewers can see, hear, and ask questions of the presenters

Reference: *Community Recovery Support Services – Orientation Training*

Can College Courses Count for Training Hours?

College courses that have been completed with a passing grade can be considered for training hours if completed within the respective timelines. WRIC uses the following: Each completed college credit is worth 10 hours of training (regardless of technical, bachelors, or master's courses). Courses must be provided with course description if course title does not clearly relate to the training topic.

How Far Back Can I Count Completed Trainings?

For rehabilitation training and certified peer specialists: the trainings can be completed anytime within the past 2 years of the CCS start date.

For CCS orientation logs: CCS statute indicates the training must be completed within 90 days of starting employment with CCS. This start date could either be a staff member's date of hire or CCS credential date.

WRIC CCS will allow staff members to count any trainings completed in the past 2 years towards their CCS orientation if one of the following criteria are met:

- Has at least a bachelor's degree in a human service related field; and has at least 6 months of experience providing psychosocial rehabilitation treatment services (see [What Experience Counts](#) section above)
- OR-
- Has a professional license regulated through the Department of Safety and Professional Services (DSPS)
- The license aligns with CCS professional qualifications under DHS 36.10(g)

- The license in good standing with the state licensing board

References: [DHS 36.12](#)

How or Where Can I Get the Training Topics Completed?

Wisconsin CCS does not have a required standardized training program as each agency's services may be different, and each CCS program may be different (from consortium to consortium). WRIC CCS has a list of suggested resources attached to each training log type that provide various resources and training methods to complete the required topics. The primary suggested methods are completing the statewide CCS training through UW-Green Bay and reviewing WRIC CCS program specific information on the WRIC SharePoint site.

If Staff Completed Training Logs at Another Agency or Program, Do Staff Have to Complete Training Again?

If Completed for Another CCS Program/Consortium:

If staff members work/worked with another CCS program and have completed training for another CCS program WRIC will review the original training logs and seek to honor partial or all training hours. It is still required that staff review the WRIC CCS specific guidance documents to understand how WRIC CCS may operate differently from other CCS programs.

If staff are seeking to become newly credentialed with WRIC CCS, staff will be asked to provide copies of the original training logs for review to include: CCS orientation, Rehabilitation Worker training (*if applicable*), ongoing continuing education training for each subsequent year between initial orientation to current date. When submitting training logs, please ensure that you are including information/proof of trainings (agenda, certification, PowerPoint, etc) for completed trainings. If Completed within another WRIC Contracted Agency:

If staff members completed CCS training at another WRIC Contracted agency, WRIC Administration can transfer the training logs to the new agency's records. If a staff member is out of compliance with WRIC Administration, a staff member may be asked to re-complete training.

Continuing Education Requirements

Each calendar year, every CCS staff member must document completion of 8 hours of continuing education. The continuing education training should enhance and build on knowledge and skills of staff members and align with any of the topics covered under the CCS orientation or Rehabilitation Worker training logs.

Please send in training logs on September 1 of each calendar year. The purpose of this is to ensure Program Specialists have time to review and provide guidance for potential additional hours needed. All logs will need to be finalized and submitted by December 31 of each calendar year. If training logs are NOT finalized by January 31st of the following calendar year, vendors may be placed on hold payment until all corrections are submitted and approved by WRIC.

When submitting training logs, please ensure that you are including information/proof of trainings (agenda, certification, PowerPoint, etc) for completed trainings.

Continuing education may be obtained through:

- Agency In-Service training, including discussion and presentation of current principles and methods of providing psychosocial rehabilitative services,
- Presentations by community resources from other agencies

- Conferences or Workshops

Professional Ethics and Boundaries Training:

- For providers who are regulated by a DSPS licensing board, professional ethics and boundaries must be completed as continuing education in accordance with the appropriate licensing board. In general, this is 4 hours of ethics and boundaries training every two years.
- For providers who are not regulated by a DSPS licensing board, 2 hour of professional ethics and boundaries training must be completed each year as part of continuing education.

Reference: [DHS 36.12\(1\)\(c\)](#)

WRIC Additional Training

Each CCS program has the ability and authority to require additional training of any/all CCS staff members. WRIC CCS does require the completion of Ethics & Boundaries training for all providers regardless of credential type that is not required by CCS statute. WRIC CCS may also assign a staff member or agency additional training requirements as part of a corrective action plan to address any compliance or performance issues.

CCS Clinical Supervision

What is Clinical Supervision within the CCS Program?

The Human Services field is often referred to as a practice. This is because no one is truly an expert in the field. As research evolves, as the people we work alongside grow and change, we as professionals are constantly learning and adapting how we interact and serve others. As such we are constantly *practicing* at getting better in serving others. To assist in our growth as professionals in a mental health and substance use services program, there are requirements both for ongoing training to expand our knowledge, and clinical supervision to assist with our understanding and integration of training materials into direct care practice.

Purposes of Clinical Supervision:

- Ensures the quality of services provided to clients and program participants
- Develops staff's clinical knowledge, theoretical framework, and clinical skills
- Assists staff with their own self-awareness, personal and professional development
- Assists with bridging the gap between policies to daily practice
- Consults and Evaluates a staff's job performance to provide quality and ethical services

What Clinical Supervision is **not**:

- Training or an Education Program
 - Clinical supervision is meant to be fluid to daily practice and individual needs, not solely based on a set standard curriculum. Trainings or Education programs are focused on gaining knowledge. Clinical supervision involves a performance evaluation of a staff's ability to use and integrate their knowledge to provide quality services. While education and training may be one

part of clinical supervision, the focus of the training in clinical supervision is based around individual strengths and needs, and application to unique cases of each supervisee.

- Personal Counseling
 - A boundary exists between the professional workplace ability to provide services, and personal needs for therapeutic supports. A clinical supervisor may recommend a staff seek out personal counseling if it impacts their ability to meet workplace expectations.
- Having Proximity to a Person with the Correct Credentials or Licensure
 - Simply being in the presence of an individual with credentials to provide clinical supervision does not constitute clinical supervision (e.g. presence of a therapist at a team meeting or session, etc). Clinical supervision involves an exchange between the supervisee and supervisor in which a staff member's personal and professional development occurs to include a feedback loop by which performance evaluation is provided by the supervisor.

For more information review the Substance Abuse and Mental Health Services Administration's (SAMHSA) treatment protocols for [TIP 52: Clinical Supervision and Professional Development \(samhsa.gov\)](https://www.samhsa.gov/clinical-practice/52)

Supervision Requirements within the CCS Program:

1. *Non-Clinician Staff:* Each staff member described below under qualifications 9-22 shall receive day-to-day supervision and consultation from a provider qualified as listed under 1-8. Clinical supervision and consultation must occur at least 1 hour of supervision per week or for every 30 clock hours of face-to-face CCS psychosocial rehabilitative services the staff member provides
2. *Clinician Staff:* Each staff member described below under qualifications 1-8 shall participate in at least 1 hour of supervision or clinical peer collaboration per month or for every 120 clock hours of face-to-face CCS psychosocial rehabilitative services they provide
3. Clinical supervision records shall be dated and documented with a signature of the person providing the clinical supervision. It is the responsibility of each staff member and/or agency to ensure that clinical supervision sessions are documented and submitted.
4. The CCS Clinical Service Director may direct a staff person to participate in additional hours of supervision beyond the minimum requirements in order to ensure that consumers of the program receive appropriate services.
5. Each staff member is responsible for ensuring and maintaining supervision and consultation to meet the requirements for the CCS program and for any other licensing or credential requirements by state and federal laws and professional associations. Clinical supervision may be used for multiple purposes if all criteria are met (*e.g. DSPS required supervision for a QTT may also be considered for CCS clinical supervision requirements*)

- If needed, the WRIC CCS Directors have a list of area providers who are willing to contract with agencies or individuals for clinical supervision requirements.

6. Approved Methods of Clinical Supervision:

- a. Individual Sessions between a clinical supervisor and staff member to review cases, assess staff performance, and provide feedback
- b. Individual Side-by-Side sessions in which the clinical supervisor is present while the staff provides assessment, service planning team meetings, or direct care psychosocial rehabilitative services during which the supervisors assesses, teaches, and gives advice regarding the staff member's performance
- c. Group Sessions to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies
- d. Other professional recognized methods of supervision designed to provide sufficient guidance to assure the delivery of effective services to consumers

7. Telehealth in Clinical Supervision

- Supervision requirements and respective telehealth allowances vary depending on service and provider type. Some supervision requirements necessitate the physical presence of the supervising provider to meet the requirements of appropriate delivery of supervision.
- For behavioral health services the supervising provider is present through audio-visual means or in-person. Supervision requirements cannot be met through audio-only means.
- Providers are reminded to review the requirements of their licensing and/or certifying authorities to determine if supervision can be met via telehealth.
- Providers who supervise paraprofessionals are responsible for confirming if the required components of supervision can be met through telehealth delivery or if the supervision must occur in-person. Supervision via telehealth must be functionally equivalent to in-person sessions, that is they must be of the same quality and level of service interaction.

Additional Requirements from WRIC Consortium

- 8. Content and Focus of Clinical Supervision session are relevant to WRIC CCS consumers and service delivery.
 - Supervision sessions that focus on clients from another CCS program or consortium will not count for WRIC CCS program purposes; those hours may count for the CCS program the consumer is connected with.

Please Note: The Medicaid Office of Inspector General (OIG) has recouped funds from service providers/agencies who have not met the clinical supervision requirements during program audits. Wisconsin Division of Quality Assurance (DQA) has reflected they will be paying additional attention to this during state program audit reviews and may issue citations for programs not in compliance with clinical supervision requirements.

Does WRIC CCS Provide Clinical Supervision?

Each provider/agency is responsible to plan to have access to their own clinical supervisor. WRIC CCS may offer vendor clinical supervision groups as a supplement as staff ability allows. WRIC CCS will maintain and provide a list of providers in the area that are willing to offer clinical supervision for CCS purposes. It will be between each entity to plan for clinical supervision; WRIC will only provide contact information for potential providers of clinical supervision. **Who Can Provide Clinical Supervision?**

****note: staff with these credentials must also document 1 hour of peer consultation with another provider on this list for every 120 hours of supervision or direct service provided related to CCS**

- 1. Psychiatrists** shall be physicians licensed under ch. 448, Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry, child or adolescent psychiatry, or geriatric psychiatry in a program approved by the accreditation council for graduate medical education and be either board-certified or eligible for certification by the American board of psychiatry and neurology.
- 2. Physicians** shall be persons licensed under ch. 448, Stats., to practice medicine and surgery who have knowledge and experience related to mental disorders of adults or children; or, who are certified in addiction medicine by the American society of addiction medicine, certified in addiction psychiatry by the American board of psychiatry and neurology or otherwise knowledgeable in the practice of addiction medicine.
- 3. Psychiatric residents shall hold a doctoral degree in medicine** as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.
- 4. Psychologists** shall be licensed under ch. 455, Stats., and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance-use disorders.
- 5. Licensed independent clinical social workers (LCSW, LICSW)** shall meet the qualifications established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.
- 6. Professional counselors and marriage and family therapists (LPC, LMFT)** shall meet the qualifications required established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.
- 7. Adult psychiatric and mental health nurse practitioners (AP/MHN), family psychiatric and mental health nurse practitioners** or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a master's degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consistent with American Nurses Association scope and

standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.

8. **Advanced practice nurse prescribers (APNP)** shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch. 441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university. [DHS 36.10\(2\)\(g\)8.b](#). Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised clinical psychotherapy experience.

Who is Required to Receive Clinical Supervision?

****Note: Staff with these credentials must document 1 hour of clinical supervision with a licensed mental health provider on the previous list for every 30 hours of direct service related to CCS; or 1 hour each week if they provide more than 30 hours of direct service during a work week**

9. **Certified social workers (CSW), certified advance practice social workers (CAPSW) and certified independent social workers (CISW)** shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.
10. **Psychology residents** shall hold a doctoral degree in psychology meeting the requirements of s. 455.04 (1) (c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.
11. **Physician assistants (PA)** shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 & 14.
12. **Registered nurses (RN)** shall be licensed under ch. 441, Stats.,
13. **Occupational therapists (OT)** shall be licensed and shall meet the requirements of s. 448.963 (2), Stats.
14. **Master's level clinicians (QTT: LPC-IT, PC-IT, MFT-T, CISW, CAPSW)** shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or social work.
15. **Other professionals** shall have at least a bachelor's degree in a relevant area of education or human services.
16. **Alcohol and drug abuse counselors (CSAC, SAC, SAC-IT)** shall be certified by the department of safety and professional services.
17. **Specialists in specific areas of therapeutic assistance**, such as **recreational and music therapists**, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession.
18. **Certified occupational therapy assistants** shall be licensed and meet the requirements of s. 448.963 (3), Stats.
19. **Licensed practical nurses (LPN)** shall be licensed under ch. 441, Stats..
20. **A peer specialist (PS, CPS)**, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance use disorder.

21. A rehabilitation worker (RW), meaning a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.

22. Clinical students shall be currently enrolled in an accredited academic institution and working toward a degree in a professional area identified in this subsection and providing services to the CCS under the supervision of a staff member who meets the qualifications under this subsection for that staff member's professional area.

Documenting Clinical Supervision:

Clinical supervision and clinical collaborations need to be documented and contain the date of supervision, length of supervision, documentation of the supervision, a signature of the person providing clinical supervision. Approved methods of documentation can be done via:

- A Master Log
- Supervisor Records
- Staff Records of each staff member who attends the session or review
- Consumer Records

Visual examples of the supervision log types are below. Electronic copies of the starting templates are available on [WRIC Sharepoint](#). For access to WRIC sharepoint, email CCSsups@lacrossecounty.org with the information of the person to be granted access: staff member's name, agency, staff role, email address.

The WRIC Consortium requires submission of clinical supervision logs at least every 3 months (March, June, September, December), however clinical supervision logs may also be submitted more frequently such as with monthly submission of notes and invoices.

Clinical Supervision logs can be submitted to IISRSProgramSpec@lacrossecounty.org . For ease of making sure the supervision logs get to the right people and place it is asked that files are submitted in a saved format of "Supervision Log – Agency Name – Staff Name" (e.g. "Supervision Log – Acme Skills Training – Sam Doe").

Missing or outstanding clinical supervision logs may result in held or denied payment for services from WRIC.

Reference: [DHS 36.11\(4\)](#)

Master Log Example:

Suggested Use: for agencies with multiple staff that has a clinical supervisor facilitating regular supervision meetings (individual and/or groups)

Date	Supervision Hours	Notes	Staff Able to Provide Clinical Supervision or Require Clinical Collaboration				Staff Requiring Clinical Supervision						
			Prof. Hinkle PHD				Gligan	Skipper	Mary Ann	Ginger	Thurston	Loyle	
	788.5	Total Direct Hours Worked	0.0	0.0	0.0	0.0	255.0	235.0	128.0	115.5	45.0	10.0	0.0
		January - March					120.0	115.0	63.0	52.0	22.0	1.0	
		April-June					135.0	120.0	65.0	63.5	23.0	9.0	
		July-September											
		October-December											
		Total Supervision Hours	9.0	0.0	0.0	0.0	9.0	9.0	7.0	3.0	3.0	2.0	0.0
10	9.0	Supervision Hours Required	0.0	0.0	0.0	0.0	8.5	7.8	4.3	3.9	1.5	0.3	0.0
01/15/19	1.0	Case Consult: DX, LT, JS	X				X	X					
01/30/19	1.0	Trauma Informed Practices	X				X	X	X	X	X	X	
02/15/19	1.0	Case Consult: TJ, BJ, RJ	X				X	X	X				
02/28/19	1.0	Case Consult: DX, TJ, RB	X				X	X	X	X	X		
03/15/19	1.0	Case Consult: LB, JF, FD	X				X	X	X				
03/30/19	1.0	Mandated Reporting scenarios	X				X	X		X	X	X	
04/15/19	1.0	Case Consult: TX, JD, BK	X				X	X	X				
04/30/19	1.0	Case Consult: PT, RJ, DX	X				X	X	X				
05/15/19		*Professor out sick*											
05/30/19	1.0	Case Consult: LT, JS, TJ	X				X	X	X				

Supervisory Record Example:

Suggested Use: for individual staff members to track supervision sessions.

Clinical Supervision/Collaboration Log

Name of Agency:		Happy Junction		Requirements: Non-Clinical Staff 1 hr supervision with a clinician for every 30 hrs of services	
Staff Name:		Sam Tate		Clinical Staff (LPC, LCSW, LMFT, PsyD) 1 hr peer collaboration every 120 hrs of services	
Months/Year:		January - March 2019		Total Staff Hours Worked this Period (CCS services only): 100 hr	
Date:	Supervisor/ Credentials:	Supervision Method: Individual, Group, Side-by-Side Session, Other (specify)	Cases Reviewed: (Initials only; Progress Note should be completed and placed in consumer file)	Clinical Supervisor Suggestions: (focus area, strengths, barriers, objectives, progress toward objectives, and recommendations)	Total Time Spent in Supervision:
1/11/2019	M Howard, LPC	Individual	DS, KT, LL	Consult with individual ; self-awareness/bias	1 hr
1/28/2019	M Howard, LPC	Side-by-Side Team Meeting	JT	JT team meeting, methods to support client and family in the home	1 hr
2/13/2019	M Howard, LPC	Individual	DS, KT, LL	Consult with individual; discharge termination preparation	1 hr

Staff Member Attendance Record Example:

Suggested Use: for a clinical supervisor to track group supervision. Includes both a list of attendees and notes of supervision.

WRIC CCS SUPERVISION & TRAINING LOG

Location: _____
 Date: _____
 Time: _____
 Topic: _____
 Facilitator(s): _____



/

	<u>Print Name</u>	<u>Signature</u>	<u>Notes</u>
1			
2			
3			
4			

MEETING AGENDA				
	MEETING: CCS Clinical Support			
	PURPOSE: CCS clinical supervision, program updates, and training to ensure collaboration and quality of services is provided			
Meeting Date	Facilitator/Lead	Start Time	End Time	
Thursday 7/11/19	Ryan Ross, LCSW	1:30pm	2:30pm	
Location(s)		Teleconference Lync:		
La Crosse Administration Conf. #1107		https://meet.lync.com/lacrossecounty.org/ross/JOC08K3A		
Materials/Preparation Required				
Agenda				
Meeting Attendees				
See Sign-in Sheet (attached)				
Summary: ___ persons in attendance Note Taker: _____ ___ agencies/entities represented				
Agenda Items		Time	Outcome/Notes	
Introductions:			(see sign in sheet)	
<ul style="list-style-type: none"> • Mission & Purpose of Meeting • Persons Present & Agencies Representing <ul style="list-style-type: none"> ○ Roles ○ Goals for this Support Group 				
Successes & Accomplishments:				
<ul style="list-style-type: none"> • 				
Program Updates:				
<ul style="list-style-type: none"> • Business Skype <ul style="list-style-type: none"> ○ New opportunities for clinical supervision and/or training 				

Requirements for Those Acting as Clinical Supervisors

CCS has some requirements for those who provide clinical supervision for CCS staff members. It should be noted that clinical supervision for CCS is different than clinical supervision requirements for DSPS licensing standards. Clinical supervision standards for DSPS will often meet all requirements for CCS.

Requirements:

- **Of the Providing Supervisor:**
 - The provider is fully licensed from the approved list of credentialed providers listed under [DHS 36.10\(2\)\(g\)](#) minimum qualifications #1-8. This list is also in this document under [“Who Can Provide Clinical Supervision?”](#)
 - *Note: CCS does not have criteria for length of time in practice as a licensed therapist as DSPS often requires. Because of this, staff members should be made aware that clinical supervision under CCS may or may not meet requirements for DSPS licensing purposes.*
 - The supervisor cannot provide more than 60 hours per week combined of providing CCS direct services and providing supervision for CCS.
 - The supervisor is acting within the scope and role of their training and practice
 - The supervisor has completed training related to providing clinical supervision within the past 2 years
 - Awareness that the clinical supervisor may be liable for the conduct of supervisees in providing clinical treatment services to clients dependent upon conditions outlined within a supervision agreement.

- **Of the Supervision Sessions:**

- The clinical supervision session must have a visual component, either conducted in-person or through an audio/visual telehealth means.
- Follows one of the approved supervision methods:
 1. Individual sessions with the staff member case review, to assess performance and provide feedback.
 2. Individual session in which the supervisor is present while the staff member provides assessments, service planning meetings or psychosocial rehabilitation services and in which the supervisor assesses, teaches and gives advice regarding the staff member's performance.
 3. Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies.
 4. Any other form of professionally recognized method of supervision designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.
- Records are kept of supervision sessions (who attended, when, how long, signed by the supervisor)

Supervision Agreement:

It is strongly recommended that clinical supervisors have a written supervision agreement/acknowledgement with the supervisee or agency they provide supervision to. CCS clinical supervision may/may not meet requirements for DSPS licensing or other program purposes, and it is the staff member's responsibility to ensure they are receiving the correct type of supervision for any professional purposes. The Supervision Agreement can help ensure that communication and arrangements are clear.

CCS endorses the SAMHSA's clinical supervision guide which has a supervision agreement template (pg 111) [TIP 52: Clinical Supervision and Professional Development \(samhsa.and.gov\)](#) along with other guidance for clinical supervision best practices.

Skills Evaluation & Professional Development Plan

It is strongly recommended that clinical supervisors conduct and document a clinical skills evaluation of staff members they provide supervision to and implement a professional development plan by which supervisee's clinical skills are enhanced to ensure quality service delivery to recipients of mental health and/or substance use treatment care services. Suggested resources *[insert]*

Reference: [DHS 36.11](#)



**Western Region Integrated Care
Comprehensive Community Services**

Training & Clinical Supervision Agreement

Staff Member's Name: _____

Agency: _____

I acknowledge that I have received and reviewed a copy of the WRIC Training & Clinical Supervision Expectations.

My signature below indicates that I understand the information enclosed within the WRIC Training & Clinical Supervision Expectations.

Signature

Date

Primary Clinical Supervisor:

Staff member listed above will receive and participate in clinical supervision related to the provision of community based mental health and/or substance use recovery services within the CCS program by:

Clinical Supervisor's Name
(printed): _____

WI DSPS License Number: _____

Clinical Supervisor's License
Credentials:

- LCSW Psychiatrist APNP
- LMFT Psychologist AP-MHN
- LPC MD Other: _____

Clinical Signature of Supervisor: _____

Signature Date: _____