

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN  
BEFORE THE SOCIAL WORKER SECTION OF THE MARRIAGE AND FAMILY  
THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

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IN THE MATTER OF DISCIPLINARY :  
PROCEEDINGS AGAINST :  
 :  
 : FINAL DECISION AND ORDER  
PAMELA M. OLSON, L.C.S.W., :  
RESPONDENT. :

0005607

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Division of Legal Services and Compliance Case No. 16 SOC 025

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Pamela M. Olson, L.C.S.W.  
548 North Lake Avenue  
Phillips, WI 54555

Social Worker Section of the Wisconsin Marriage and Family Therapy, Professional  
Counseling, and Social Work Examining Board  
P.O. Box 8366  
Madison, WI 53708-8366

Division of Legal Services and Compliance  
Department of Safety and Professional Services  
P.O. Box 7190  
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Social Worker Section of the Wisconsin Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board (Section). The Section has reviewed this Stipulation and considers it acceptable.

Accordingly, the Section in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Pamela M. Olson, L.C.S.W., (DOB July 11, 1962) is licensed in the state of Wisconsin to practice clinical social work, having license number 1865-123, first issued on November 24, 1993, and current through February 28, 2019. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 548 North Lake Avenue, Phillips, Wisconsin 54555.

2. At all times relevant to this proceeding, Respondent owned, operated and directed Safe Haven Counseling and Support Center (Safe Haven CSP). Safe Haven operated as a community support program (the CSP) and also as a certified outpatient mental health clinic (Safe Haven). Price County Department of Human Services (Price County) contracted with the CSP to provide outpatient counseling and case management to chronically mentally ill clients. In addition to funding by Price County, Safe Haven CSP received funds from Medicaid.

3. Part of Safe Haven's services as a CSP included medication management. A psychiatrist saw clients and provided written prescription orders for psychotropic medications and controlled substances. A part-time nurse was also employed.

4. Respondent or Safe Haven CSP staff retrieved the prescription medication for some CSP clients from pharmacies. Respondent decided how the medications were stored between the time the prescription medication was obtained and when it was dispensed to clients.

5. Some specific chronically mentally ill clients who were capable of safely managing their own medications, or who had access to someone who could manage the medications for them, were permitted to retrieve their own prescription medication from the pharmacies. Safe Haven CSP staff, including Respondent, sometimes visited their homes to help organize the medications.

6. Dr. H.W. worked with Safe Haven for approximately fourteen (14) years and Respondent reports that Dr. H.W. visited Safe Haven an average of ten (10) times per year.

**Obtaining or Attempting to Obtain a Controlled Substance Through Dishonesty, Misrepresentation or Fraud.**

7. Adderall® is a brand name for a stimulant containing four (4) different kinds of amphetamine salts, one of which is dextroamphetamine.

8. In November 2010, Respondent presented to a psychiatrist, Dr. A.V., who practiced in Edina, Minnesota. Per Respondent's request, Dr. A.V. initially prescribed Ritalin®, which the patient reported taking in the previous year. During her second appointment, Respondent requested the prescription order be changed to Adderall®, and Dr. A.V. complied.

9. Between December 2010, and November 2016, Respondent filled monthly prescriptions for Adderall® written by Dr. A.V. At times she requested, and received, an increase in her prescription.

10. On November 2, 2011, a pharmacist alerted Dr. A.V. that Respondent had altered a prescription date for an early refill. On November 29, 2011, Respondent emailed Dr. A.V. to report she filled the prescription early because she thought she had lost the bottle. Respondent then suggested that one of her patients may have stolen the medication from her home. Respondent requested a refill, but Dr. A.V. asked to see her before issuing the prescription order to discuss the prescription incident.

11. On December 28, 2011, Respondent presented to Dr. A.V., indicating she had stopped taking the Adderall® as well as her other medications because of the issue with the early refill.

12. Respondent asked for refills of her other medications and agreed to try Strattera® instead of Adderall®. Both Adderall® and Strattera® are used to treat attention deficit disorder, however Strattera® is not a controlled substance and does not create a high risk of addiction.

13. One month later Respondent reported that she could not tolerate Strattera® and Dr. A.V. again prescribed Adderall®.

14. Doctor A.V. documented that he then required Respondent to fill his prescription orders at a pharmacy across the street from his office, although Respondent denies this. At times Respondent failed scheduled appointments and Dr. A.V. mailed to her prescription orders for Adderall® to her home.

15. Despite his close monitoring of her medications, Respondent did not tell Dr. A.V. she was receiving Adderall® prescriptions from other physicians while also filling prescriptions from Dr. A.V. for the same drug. According to Dr. A.V., if he had known she would be obtaining the drug from other physicians, he would not have prescribed it.

16. Between January 2012, and October 27, 2016, Respondent filled prescription orders, in her name, for 30 mg of dextroamphetamine-amphetamine, usually monthly. The prescriber was Dr. J.F., whose practice was located in Wausau, Wisconsin. According to Respondent's health care records, when her treatment commenced she told Dr. J.F. that she was transferring her care to him from Marshfield due to insurance issues.

17. Respondent never informed Dr. J.F. that, during the same time period, she was receiving amphetamines or Adderall® prescriptions from any other physician.

18. Between December 2014 and September 2015, Respondent received prescription orders for Adderall® from a physician at Marshfield Clinic. When specifically questioned, Respondent did not disclose that she was receiving Adderall® prescriptions from other physicians.

19. Between September 2015, and November 2016, physicians at the Marshfield Clinic did not issue Adderall® or other amphetamine prescription orders for Respondent.

20. During a November 2016 appointment at the Marshfield Clinic, Respondent asked the physician to resume prescribing Adderall® for her. The physician checked the prescription drug monitoring program (PDMP), and learned that Respondent was already receiving Adderall® from Dr. J.F. Respondent contended that she had been the victim of identity theft. Respondent requested a urine drug screen, which came back positive for amphetamines.

21. In November 2016, staff at Marshfield Clinic alerted Dr. J.F. that Respondent had been receiving or attempting to receive prescription orders for amphetamine from practitioners at the Marshfield Clinic, while also getting the dextroamphetamine/amphetamine medication orders from Dr. J.F.

22. After being confronted, Respondent made no further appointments with Dr. J.F. or with practitioners at the Marshfield Clinic.

23. Neither Dr. J.F., nor the Marshfield Clinic practitioners, required Respondent to complete a controlled substances medication contract. However, each year Respondent reported to Marshfield Clinic, in writing, that her medications had not changed. Had the physicians known that Respondent was receiving Adderall® from another physician or two, they would not have ordered the medication for her.

**Practicing Social Work While Impaired Due to Mental or Physical Health Condition or Both.**

24. On approximately March 23, 2016, Respondent's staff, in the presence of Respondent's husband, staged an unfacilitated intervention. Staff reported that Respondent was frequently late for client appointments, rambled during a clinical staffing, was paranoid, was disjointed in her train of thought and showed up for work disheveled and poorly groomed. Staff expressed their concern that client medications, most often Adderall®, were sometimes missing from Safe Haven CSP. They suspected that Respondent diverted and abused Adderall® without proper prescription orders. They suggested her behavioral issues could have been due to other physical and/or mental health issues, but that Respondent was not herself.

25. Respondent vehemently denied diversion or abuse of any drug, including Adderall®. When staff said that Respondent was very disconnected from operations at Safe Haven, Respondent acknowledged that "of course" she was disconnected. She explained that she was not compliant with her prescribed medications, that she had been on hormones for years due to a fertility issue, that she had postpartum depression, that she had cancer and surgery, and that she suffered extreme grief after the death of a life-long friend. Respondent said that she was "not supposed to be working full-time, let alone half-time." Respondent stated that part of her stress was due to the staff's incompetence.

26. On March 23, 2016, Respondent terminated the four (4) staff members who staged the intervention. Respondent states that the staff were terminated because they were attempting to take over her business, were incompetent, stole from her, and made false observations about her in bad faith. Respondent says that she did not watch the staff as closely as she should have because for decades she had highly competent staff and she trusted them.

**Failure to cooperate in the transition of clients, resulting in an unacceptable risk to clients.**

27. On March 23, 2016, Respondent orally told staff she was closing Safe Haven. Respondent did not offer details to program staff, including the psychiatrist, funding

sources/contractors including the Wisconsin Department of Health Services (DHS), local human services organizations, family care organizations or other insurance companies regarding the transition of care and treatment for then-current clients and referrals pending admission.

28. On April 12, 2016, Respondent notified the contracting human service agency, Price County, via facsimile, that Respondent would be out of the office for two weeks, returning between April 27 and 28, and would commence seeing clients again on May 1, 2016.

29. On April 14, 2016, Price County Human Services notified Respondent that the county was terminating its contract with Haven House Community Support Program effective the same day, April 14, 2016. The notice asked that Respondent help maintain continuity of care for clients:

I am hoping you will agree to participate in a transition process of transferring clients to the new CSP. Please contact me to make arrangements for a transition process and delivery of client case files/records to [the county] no later than noon, Friday, April 15, 2016. Your anticipated cooperation with assuring that client services will not be interrupted will be appreciated.

30. On April 29, 2016, Mark Hale, Section Chief of the Behavioral Health Certification Section of the DHS Division of Quality Assurance emailed Respondent the Notice of Summary Suspension and Non-Renewal of Certification of Safe Haven Counseling, as well as the Notice of Termination of Certification of the Community Support Center of Price County, both effective May 1, 2016. Mr. Hale admonished Respondent:

Please ensure records for consumers served are properly maintained, consistent with requirements in Chapter DHS 92, Confidentiality of Treatment Records, and help in the transition of consumer treatment to other providers, as needed, to ensure continuity of care.

31. On March 31, 2016, a DHS representative requested records Respondent maintained for Price County's CSP clients. Despite subsequent requests on April 14, 2016, April 28, 2016, and May 2, 2016, Respondent failed to provide complete patient health care records. Some of the records she did provide lacked medication lists, documentation of medication scheduling, notes and records from the psychiatrist, psychiatric evaluations, crisis plans and treatment plans. Documents for some patient files were provided piecemeal over a period of weeks extending to May 12, 2016. Some were never provided.

32. During August 2016, two (2) of Respondent's former CSP clients sent Respondent authorizations for release of confidential information to the agency that assumed responsibility for their care. As of October 7, 2016, Respondent had not released the treatment records.

33. By failing to maintain and transfer full treatment records to a subsequent provider, including full documentation of medications, Respondent created the unacceptable risk that patients would not receive continuity of care, including inconsistent administration of medications.

34. The Division has no evidence that Respondent practiced social work while under the influence of alcohol.

**Denying a Department of Health Services Representative Access to Health Care Records as Required by Law.**

35. In each and every application Safe Haven CSP and Safe Haven made to DHS, Respondent identified herself as the administrator or director.

36. On April 27, 2016, an official representative of DHS contacted Respondent via telephone requesting access to Safe Haven and Safe Haven CSP. The DHS representative was previously known to Respondent and explained that she was legally authorized to access the premises and files upon request. Respondent said she was out of town and denied the representative's request to have another employee make the premises available. Respondent indicated she would need to see the complaint and identification of the files being sought before she would make the files available to the representative.

37. On August 28, 2016, the representative appeared at Safe Haven and requested access to Safe Haven premises and records. Respondent denied the DHS representative access to the premises and to Safe Haven CSP and Safe Haven documents. When the DHS representative requested access to the clinic and its records, Respondent requested a list of items and records the representative planned to review. However, the representative explained that she was authorized to gain unconditional access for the purposes of an investigation.

38. Therefore, on April 29, 2016, pursuant to Wis. Stat. § 51.421(3) and Wis. Admin. Code § DHS 63.04(2), DHS served Respondent, as the Director of Safe Haven CSP, with a Notice of Termination of Certification. The certificate of revocation was effective May 1, 2016.

39. Also on April 29, 2016, DHS served Respondent, as the Director of Safe Haven Counseling, with a Notice of Summary Suspension and Non-Renewal of Certification. The grounds for the action included the allegations set out in the Notice of Termination of Certification for Safe Haven CSP. Summary suspension was authorized pursuant to Wis. Admin. Code § DHS 35.11(2)(b), based on Safe Haven's Counseling's failure to cooperate with the DHS' investigation of serious allegations including allegations affecting client health, safety and welfare. These were characterized as major deficiencies, and DHS determined that immediate action was required to protect the safety and welfare of consumers.

40. The Termination of Certification, the Summary Suspension and Non-Renewal of Certification barred Safe Haven's ability to operate a community support program, a community mental health clinic, or both.

41. Respondent initially appealed the decisions, but ultimately agreed to withdraw its application for recertification as an outpatient mental health clinic, agreed to cease operation of any CSP and agreed not to reapply for recertification as a CSP. In exchange DHS dismissed the revocation, summary suspension and statement of non-renewal.

### **Inadequate or Untimely Treatment Records**

42. Ultimately, on April 28, 2016, local law enforcement obtained a state search warrant and the DHS representative, along with local and federal authorities gained access to Safe Haven CSP and Safe Haven Counseling.

43. During execution of the search warrant, authorities discovered multiple blank prescription forms that had been pre-signed by Dr. H.W.

44. On April 28, 2016, Respondent admitted that she no longer had a client health care record for Client A, who last received treatment and services from Safe Haven CSP in 2015. She believes a staff member shredded the file without her knowledge.

45. As of approximately April 28, 2016, the following occurred at Safe Haven:

- a. Respondent or her staff shredded facility documents, including treatment notes, filling at least two (2) tall kitchen garbage bags with shredded material;
- b. Computer data containing clients' medication and other clinical documentation was lost; and
- c. Respondent's husband and co-owner of Haven instructed a registered nurse to dispose of prescription orders dated 2014 as the prescriptions were outdated.

45. Respondent believes her staff were responsible for the missing and destroyed records, for missing medications, and for purposefully corrupting the computer data.

46. In addition to the conduct identified in paragraph 31, above, Respondent later admitted she sometimes completed partial treatment notes up to three (3) weeks after the clients' sessions. She ultimately discovered that staff were not transcribing her notes in a timely fashion.

47. Respondent states that she is a committed and experienced social worker who has served her community for decades. She denies wrong-doing, incompetent practice and allegations that she practiced social work while impaired. Respondent contends she did not neglect her clients. She has elected to enter into this stipulation solely to avoid the expense and uncertainty of litigation. Respondent agrees that the facts set out above are sufficient to sustain this Order. Respondent has not engaged in the practice of social work since October 12, 2017.

### **CONCLUSIONS OF LAW**

1. The Social Worker Section of the Wisconsin Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 457.26, and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Pamela M. Olson, L.C.S.W., engaged in unprofessional conduct as defined by Wis. Admin. Code § MPSW 20.02(9), by practicing or attempting to practice while the credential holder is impaired due to the utilization of alcohol or other drugs, or as a result of an illness which impairs the credential holder's liability to

appropriately carry out the functions delineated under the credential in a manner consistent with the safety of a client, client, or the public.

3. Adderall® is a combination of dextroamphetamine and amphetamine salts. Pursuant to Wis. Stat. § 961.16(5)(a), an amphetamine is a schedule II controlled substance for which, under the circumstances at issue, a prescription is required pursuant to Wis. Stat. § 961.38(2).

4. Wisconsin Stat. § 961.43, which prohibits the acts of acquiring or obtaining a controlled substance by misrepresentation, fraud, or deception, is, under the circumstances of this case, a law the circumstances of which are substantially related to the practice of social work.

5. Pursuant to Wis. Admin. Code § DHS 35.11(1), which is a rule substantially related to the practice of social work, DHS representatives may make unannounced on-site inspections of a clinic at any time to investigate a complaint against the clinic, its staff members, or outpatient mental health services provided by the clinic.

6. By the conduct described in the Findings of Fact, Pamela M. Olson, L.C.S.W., Respondent violated Wis. Stat. § 961.43, and Wis. Admin. Code § DHS 35.11(1), and therefore engaged in unprofessional conduct as defined by Wis. Admin. Code § MPSW 20.02(2), by violating a law of any jurisdiction, the circumstances of which substantially relate to the practice under the credential.

7. Pursuant to Wis. Admin. Code § DHS 63.15(2), which is a rule substantially related to the practice of social work, the director of a community support program is responsible for maintaining and securing patient health care records.

8. Pursuant to Wis. Admin. Code § DHS 35.123(1), which is a rule substantially related to social work, provides that a director of a certified outpatient mental health clinic is responsible for clinic operations, including compliance with state and federal law.

9. Pursuant to Wis. Admin. Code § DHS 63.15(1), which is a rule substantially related to social work, CSPs are required to maintain a treatment record for each patient that is sufficiently detailed to enable a person not familiar with CSP to identify the types of services the client has received.

10. Pursuant to Wis. Admin. Code § DHS 63.15(3), which is a rule substantially related to social work, every CSP client's treatment records are to include, inter alia, results of all examinations and assessments, treatment and service plans, progress notes that document the location where services were provided, and medication records. Medication records are to document ongoing administration of medications, and are to specify the name of the medication, dose, route of administration, frequency of administration, and the person administering the medication.

11. Wisconsin Admin. Code § DHS 92.12, which is a rule substantially related to social work, requires treatment records to be retained for at least seven (7) years after treatment has been completed.

12. By the conduct described in the Findings of Fact, Pamela M. Olson, L.C.S.W., engaged in unprofessional conduct as defined by Wis. Admin. Code § MPSW 20.02(18), by failing to maintain timely and adequate records relating to services provided a client in the course of a professional relationship.

13. By the conduct described in the Findings of Fact, Pamela M. Olson, L.C.S.W., engaged in unprofessional conduct as defined by Wis. Admin. Code § MPSW 20.02(21), by failing to make reasonable efforts to notify a client or a client's authorized representative when professional services will be interrupted or terminated by the credential holder.

14. By the conduct described in the Findings of Fact, Pamela M. Olson, L.C.S.W., engaged in unprofessional conduct as defined by Wis. Admin. Code § MPSW 20.02(22), by gross negligence in practice in a single instance, or negligence in practice in more than one instance.

15. As a result of the above violations, Pamela M. Olson, L.C.S.W., is subject to discipline pursuant to Wis. Stat. § 457.26(2)(b),(e),(f) and (g).

#### ORDER

1. The attached Stipulation is accepted.

2. The license to practice clinical social work, issued to Respondent Pamela M. Olson, L.C.S.W., (license number 1865-123) is **SUSPENDED** as follows:

#### SUSPENSION

A.1. The license of Pamela M. Olson, L.C.S.W., to practice social work in the state of Wisconsin is **SUSPENDED** for an indefinite period. The suspension shall be retroactive to October 12, 2017.

A.2. Respondent shall mail or physically deliver all indicia of licensure to practice social work in Wisconsin to the Department Monitor within fourteen (14) days of the effective date of this order. Limited credentials can be printed from the Department of Safety and Professional Services website at <http://dsps.wi.gov/index.htm>.

A.3. Upon a showing by Respondent of continuous, successful compliance for a period of at least five (5) years with the terms of this Order, including at least 600 hours of active social work for every year the suspension is stayed, the Section may grant a petition by the Respondent under paragraph D.6. for return of full Wisconsin licensure. The Section may, on its own motion or at the request of the Department Monitor, grant full Wisconsin licensure at any time.

#### STAY OF SUSPENSION

B.1. The suspension shall not be stayed for the first twelve (12) months from October 12, 2017, but any time after twelve (12) months the suspension may be stayed upon Respondent providing proof, which is determined by the Section or its designee to be sufficient, that: Respondent does not then possess any untreated physical health condition that renders her

unable to safely and reliably engage in practice as a clinical social worker; and that she has been in compliance with the provisions of Sections C and D of this Order for the most recent three (3) consecutive months. Acceptable proof shall include an evaluation by a psychiatrist licensed in the state of Wisconsin, who has reviewed this order, who has never been disciplined by a credentialing body and who has no history of providing treatment to Respondent.

- B.2. The Section or its designee may, without hearing, remove the stay upon receipt of information that Respondent is in substantial or repeated violation of any provision of Sections C or D of this Order. A substantial violation includes, but is not limited to, a positive drug or alcohol screen. A repeated violation is defined as the multiple violation of the same provision or violation of more than one provision. The Section or its designee may, in conjunction with any removal of any stay, prohibit the Respondent for a specified period of time from seeking a reinstatement of the stay under paragraph B.4.
- B.3. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:
  - (a) Mailing to Respondent's last-known address provided to the Department of Safety and Professional Services pursuant to Wis. Stat. § 440.11; or
  - (b) Actual notice to Respondent or Respondent's attorney.
- B.4. The Section or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly within the discretion of the Section or its designee.
- B.5. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. SPS 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within sixty (60) days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

## CONDITIONS AND LIMITATIONS

### Treatment Required

- C.1. Respondent shall enter into, and shall continue, drug and alcohol treatment with a treater acceptable to the Section or its designee (Treater). Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.
- C.2. Respondent shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.
- C.3. Treater shall be responsible for coordinating Respondent's rehabilitation and treatment as required under the terms of this Order, and shall immediately report any relapse, violation

of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as required by this Order, Respondent shall immediately seek approval of a successor Treater by the Section or its designee.

- C.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater. Therapy may end only with the approval of the Section or its designee, after receiving a petition for modification as required by D.4., below.
- C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in drug and alcohol treatment. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

#### Releases

- C.6. Respondent shall provide and keep on file with Treater, for all treatment facilities and personnel, laboratories and collections sites, current releases complying with state and federal laws. The releases shall allow the Section, its designee, and any employee of the Department of Safety and Professional Services, Division of Legal Services and Compliance to: (a) obtain all specimen screen results and client health care and treatment records and reports, and (b) discuss the progress of Respondent's treatment and rehabilitation with Treater and treatment facilities and personnel, laboratories and collection sites. Copies of these releases shall immediately be filed with the Department Monitor.

#### AA/NA Meetings

- C.7. Respondent shall attend Narcotics Anonymous and/or Alcoholics Anonymous meetings or an equivalent support program for recovering professionals, at the frequency recommended by Treater, but no less than once per week. Attendance of Respondent at such meetings shall be verified and reported quarterly to Treater and the Department Monitor.

#### Sobriety

- C.8. Respondent shall abstain from all personal use of alcohol.
- C.9. Respondent shall abstain from all personal use of controlled substances as defined in Wis. Stat. § 961.01(4), except when prescribed, dispensed or administered by a practitioner for a legitimate medical condition. Respondent shall disclose Respondent's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Respondent shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to discuss Respondent's treatment with, and provide copies of treatment records to, Treater and the Section or its designee. Copies of these releases shall immediately be filed with the Department Monitor.

- C.10. Respondent shall abstain from all use of over-the-counter medications or other substances (including but not limited to natural substances such as poppy seeds) which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation. It is Respondent's responsibility to educate herself about the medications and substances which may violate this paragraph, and to avoid those medications and substances.
- C.11. Respondent shall report to Treater and the Department Monitor all prescription medications and drugs taken by Respondent. Reports must be received within twenty-four (24) hours of ingestion or administration of the medication or drug, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Each time the prescription is filled or refilled, Respondent shall immediately arrange for the prescriber or pharmacy to fax and mail copies of all prescriptions to the Department Monitor. Except in the case of a verifiable medical emergency, Respondent may obtain prescription orders for controlled substances only by practitioners licensed in the state of Wisconsin and may fill the prescriptions only in Wisconsin pharmacies.
- C.12. Respondent shall provide the Department Monitor with a list of over-the-counter medications and drugs that they may take from time to time. Over-the-counter medications and drugs that mask the consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation, shall not be taken unless ordered by a physician and approved by Treater, in which case the drug must be reported as described in paragraph C.11.

#### Drug and Alcohol Screens

- C.13. Respondent shall enroll and begin participation in a drug and alcohol monitoring program which is approved by the Department (Approved Program).
- C.14. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program is a substantial violation of this Order. The requirements shall include:
- (a.) Contact with the Approved Program as directed on a daily basis, including vacations, weekends, and holidays.
  - (b.) Production of a urine, blood, sweat, fingernail, hair, saliva, or other specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- C.15. The Approved Program shall require the testing of specimens at a frequency of not less than forty-nine (49) times per year, for the first year of this Order. After the first year, Respondent may petition the Section on an annual basis for a modification of the frequency of tests. The Section may adjust the frequency of testing on its own initiative at any time.

- C.16. If any urine, blood, sweat, fingernail, hair, saliva or other specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Section or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- C.17. In addition to any requirement of the Approved Program, the Section or its designee may require Respondent to do any or all of the following: (a) submit additional specimens; (b) furnish any specimen in a directly witnessed manner; or (c) submit specimens on a more frequent basis.
- C.18. All confirmed positive test results shall be presumed to be valid. Respondent must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody, or other valid defense.
- C.19. The Approved Program shall submit information and reports to the Department Monitor as directed.

#### Practice Limitations

- C.20. Respondent shall not work as a social worker in a setting in which Respondent has access to controlled substances.
- C.21. Respondent shall practice only under the direct supervision of a licensed social worker or other licensed health care professional approved by the Section or its designee. Direct supervision means that a licensed social worker or other licensed health professional approved by the Section or its designee shall be on the same premises whenever Respondent sees a client.
- C.22. Respondent shall practice only in a work setting pre-approved by the Section or its designee.
- C.24. Respondent shall provide a copy of this Final Decision and Order and all other subsequent orders immediately to supervisory personnel at all settings where Respondent works as a social worker, currently or in the future.
- C.25. It is Respondent's responsibility to arrange for written reports from supervisors to be provided to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance, and shall include the number of hours of active social work practice worked during that quarter. If a report indicates poor performance, the Section may institute appropriate corrective limitations, or may revoke a stay of the suspension, in its discretion.
- C.26. Respondent shall report to the Section any change of employment status, residence, address, or telephone number within five (5) days of the date of a change.
- C.27. During the pendency of the indefinite suspension, Respondent may not provide supervision to any licensee in training.

MISCELLANEOUS

Department Monitor

- D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor  
Division of Legal Services and Compliance  
Department of Safety and Professional Services  
P.O. Box 7190, Madison, WI 53707-7190  
Telephone (608) 267-3817; Fax (608) 266-2264  
[DSPSMonitoring@wisconsin.gov](mailto:DSPSMonitoring@wisconsin.gov)

Required Reporting by Respondent

- D.2. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Treater, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent.
- D.3. Every three (3) months the Respondent shall notify the Department Monitor of the Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

Change of Treater or Approved Program by the Section

- D.4. If the Section or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Section or its designee may direct that Respondent continue treatment and rehabilitation under the direction of another Treater or Approved Program.

Petitions for Modification of Limitations or Termination of Order

- D.5. Respondent may petition the Section on an annual basis for modification of the terms of this Order, however no such petition for modification shall occur earlier than one (1) year from the date of the initial stay of the suspension. Any petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a), and Respondent shall not have a right to any further hearings or proceedings on the denial.
- D.6. Respondent may petition the Section for termination of this Order any time after five (5) years from the date of the initial stay of the suspension. However, no petition for termination shall be considered without a showing of continuous, successful compliance with the terms of the Order, for at least five (5) years.

Costs of Compliance

D.7. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order. Being dropped from a program for non-payment is a violation of this Order.

Costs of Proceeding

D.8. Respondent shall pay costs of \$6549.39 to the Department of Safety and Professional Services, within ninety (90) days from the date of this Order. Payment should be directed to the attention of the Department Monitor at the address in paragraph D.1., above. In the event Respondent fails to timely submit any payment of costs, the Respondent's license (no. 1865-123) may, in the discretion of the Section or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

Additional Discipline

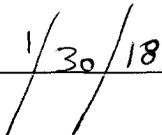
D.9. In addition to any other action authorized by this Order or law, violation of any term of this Order may be the basis for a separate disciplinary action pursuant to Wis. Stat. § 457.26.

3. This Order is effective on the date of its signing.

SOCIAL WORKER SECTION OF THE WISCONSIN MARRIAGE AND FAMILY THERAPY,  
PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

By:

  
A Member of the Section

  
Date

STATE OF WISCONSIN  
BEFORE THE SOCIAL WORKER SECTION OF THE MARRIAGE AND FAMILY  
THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

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IN THE MATTER OF DISCIPLINARY  
PROCEEDINGS AGAINST

PAMELA M. OLSON, L.C.S.W.,  
RESPONDENT.

STIPULATION

0005607

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Division of Legal Services and Compliance Case No. 16 SOC 025

Respondent Pamela M. Olson, L.C.S.W., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

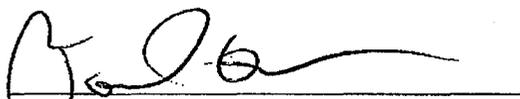
1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.
2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:
  - the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
  - the right to confront and cross-examine the witnesses against Respondent;
  - the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
  - the right to testify on Respondent's own behalf;
  - the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
  - the right to petition for rehearing; and
  - all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.
3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Respondent is represented by Attorney Stephen D. Willett.
4. Respondent agrees to the adoption of the attached Final Decision and Order by the Social Worker Section of the Wisconsin Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board (Section). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Section's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Section, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Section, the parties agree not to contend that the Section has been prejudiced or biased in any manner by the consideration of this attempted resolution.

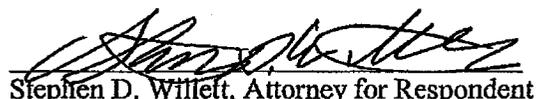
6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Section ever assigned as an advisor in this investigation may appear before the Section in open or closed session, without the presence of Respondent or Respondent's attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Section may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Section should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Section adopt this Stipulation, the Section's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

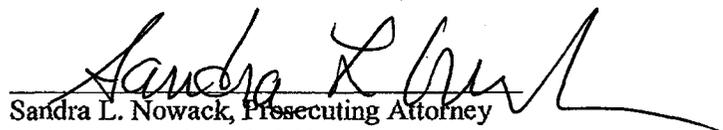
8. The Division of Legal Services and Compliance joins Respondent in recommending the Section adopt this Stipulation and issue the attached Final Decision and Order.

  
Pamela M. Olson, L.C.S.W., Respondent  
W7290 County Road W  
Phillips, WI 54555  
License no. 1865-123

12-28-17  
Date

  
Stephen D. Willett, Attorney for Respondent  
Stephen D. Willett & Associates SC  
106 Beebe Street  
P O Box 89  
Phillips, WI 54555

12/28/17  
Date

  
Sandra L. Nowack, Prosecuting Attorney  
State Bar Number 1025643  
Department of Safety and Professional Services  
Division of Legal Services and Compliance  
P.O. Box 7190  
Madison, WI 53707-7190  
Tel. (608) 266-8098  
[sandra.nowack@wisconsin.gov](mailto:sandra.nowack@wisconsin.gov)

12/28/17  
Date