



PATRICK SNYDER

STATE REPRESENTATIVE • 85th ASSEMBLY DISTRICT

Testimony in Support of Assembly Bill 686 Assembly Committee on Substance Abuse and Prevention January 13th, 2022

Chairman James and members of the Committee:

Senator Kooyenga and I, authored this bipartisan legislation to fix an unfortunate oversight from the from the HOPE agenda several sessions ago.

Prior to the HOPE legislation passing licensed clinical social workers were able to provide substance use treatment services within their scope of practice. All other master's level licensed mental health professionals were required to obtain a "substance use treatment specialty certification" in addition to their mental health license in order to treat substance use.

2017 Act 262 sought to bring equivalency to fully licensed mental health practitioners by eliminating this requirement for marriage and family therapists and professional counselors. The bill also eliminated the requirement to obtain an additional substance use treatment credential for "in training" licensed marriage and family therapists and professional counselors (i.e., still pursuing their 3000 hours of practice).

Unfortunately, due to an oversight when this change was made master's level social workers that are "in training" (Certified Advanced Practice Social Workers (CAPSW) and Certified Independent Social Workers (CISW)) were omitted because they are not licensed but instead certified under the statutes.

Assembly Bill 686 rectifies this omission to allow these social work professionals to provide substance use treatment within their scope of practice without obtaining a specialty designation on their credential – removing an unnecessary government barrier to treatment.

Thank you for taking the time to hear my testimony today. I am happy to answer any questions you may have.



DALE KOOYENGA
STATE SENATOR · 5TH DISTRICT

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January 13, 2022

TO: Members of the Assembly Committee on Substance Abuse and Prevention

FR: Senator Dale Kooyenga

RE: Support for AB 686 – Advanced practice social workers and independent social workers treating substance use disorder as a specialty

Thank you for holding a hearing on Assembly Bill 686. This bill makes a small but important technical correction to one of the HOPE package bills enacted in 2018 to expand access to substance use treatment.

Prior to the passage of 2017 WI Act 262, licensed clinical social workers were able to provide substance use treatment services within their scope of practice. All other master's level licensed mental health professionals were required to obtain a "substance use treatment specialty certification" or another substance use treatment certification in addition to their mental health license in order to treat substance use.

2017 WI Act 262 sought to bring equivalency to fully licensed mental health practitioners in the state by eliminating the specialty requirement for marriage and family therapists and professional counselors. In addition, that law eliminated the requirement to obtain an additional substance use treatment credential for licensed marriage and family therapists and professional counselors who are still pursuing their required 3,000 hours of practice.

Unfortunately, these master's level social workers that are "in training" (Certified Advanced Practice Social Workers (CAPSW) and Certified Independent Social Workers (CISW)) were unintentionally omitted from this statutory change because their credential is titled "certified" instead of "licensed."

The unintentional omission of CAPSW and CISW credentialed staff from the changes enacted in 2018 has resulted in differential treatment of these social work professionals under the law. Currently DSPS and by extension Medicaid require these certified master's level mental health practitioners to obtain a "specialty" designation on their mental health credential or obtain a substance use certification in order to provide substance use treatment.

This bill corrects this error and enables these master's level social workers to provide substance use treatment within their scope of practice, thus removing an unnecessary regulatory barrier that impacts access to treatment.

Thank you for hearing AB 686. I respectfully ask for your support.

TO: The Honorable Members of the Assembly Committee on Substance Abuse and Prevention
FROM: Marc Herstand, NASW-WI and Kathy Markeland, WAFCA
DATE: January 13, 2022
RE: Support for AB 686 - Removing Substance Use Specialty for Certified Master's Level Social Workers

On behalf of the members of the Wisconsin Chapter of the National Association of Social Workers (NASW-WI) and the Wisconsin Association of Family & Children's Agencies (WAFCA), thank you for the opportunity to appear before you today in support of Assembly Bill 686. AB 686 is a technical trailer bill to 2017 Wisconsin Act 262 - a HOPE package bill enacted to improve access to substance use treatment. In short AB 686 permits master's level social workers in-training (pursuing their 3000 hours) to provide substance use treatment services within their scope of practice without obtaining an additional credential from DSPS. Other master's level mental health professionals in training were granted this regulatory relief under 2017 WI Act 262.

BACKGROUND

Prior to the passage of 2017 WI Act 262, licensed clinical social workers (LCSW) could provide substance use treatment services within their scope of practice. 2017 WI Act 262 sought to create the same standard across all fully licensed mental health practitioners by removing additional substance use treatment credentialing requirements for licensed marriage and family therapists (LMFT) and licensed professional counselors (LPC).

To further expand substance use treatment access, 2017 WI Act 262 also eliminated the requirement for master's level "in-training" licensed marriage and family therapists (LMFT-IT) and professional counselors (LPC-IT) to obtain a specialty certification or substance use treatment credential.

Unfortunately, master's level certified advance practice social workers (CAPSW) and independent social workers (CISW) were inadvertently omitted from the streamlining provisions adopted for LMFT-IT and LPC-IT practitioners, because their credential title is "certified," instead of "licensed."

The practical effect of this statutory oversight has been the continuation of specialty certification requirements for CAPSW and CISW practitioners. These additional requirements are unnecessarily burdensome and impose greater cost and complexity on master's level social workers in training and those supervising their clinical development. In addition, the differential requirements for CAPSW and CISW practitioners complicate the Medicaid certification process for these professionals.

ASSEMBLY BILL 686

AB 686 resolves the imbalance and places all master's level mental health practitioners on a level playing field with regard to the DSPS credentialing required of them in order to provide substance use treatment services.

The demand for mental health and substance use treatment services continues to grow. Master's level social workers are key to continuing to expand our treatment capacity in the state with nearly 1000 professionals currently holding the CAPSW or CISW credential.

The mental health workforce and access issues before us as a state are significant and complex. We appreciate the ongoing commitment of policymakers to actively pursue solutions. We are committed to continuing to work in collaboration with all stakeholders toward greater access to quality services. Ab 686 is one small component of this larger task before us and we thank you for your consideration and support.

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January 13,2022

Honorable Committee on Substance Abuse and Prevention

Thank you for hearing my testimony opposing AB686: Relating to advanced practice social workers & independent social workers treating Substance Use Disorders as a specialty.

My name is Michael Kemp and I am a certified Substance Abuse Counselor in the state of Wisconsin. I have been an Addiction Professional for 36+ years, providing treatment and interventions for people with substance use disorders (SUD). I am also co-chair of NAADAC, the Association for Addiction Professionals that represents over 200,000 addiction professionals. I am also the chair-elect of the National Certification Commission of Addiction Professionals, the organization that writes, evaluates, & assures the Quality of the exam for addiction professionals in the state of Wisconsin, & 35+ other states. I am also an instructor in the Addiction Studies Program at Fox Valley Technical College, which I have done for 17+ years.

I am here to express my grave concern regarding AB686 (advanced practice social workers and independent social workers treating substance use disorder as a specialty) that has been put forth by Senators Kooyenga and Johnson, and Representatives Snyder, Magnafici, and Doyle. It is stated that "This bill makes a small but important technical correction to one of the HOPE package bills enacted in 2018 to expand access to substance use treatment. 2017 WI Act 262 made a variety of changes to the licensing and certification requirements for professionals who provide substance use treatment services."

As a person who has received an extensive education and training focusing on the treatment of substance use disorders, and completed the extensive certification process, I am deeply disturbed by this effort to qualify professionals who have mostly received minimal education on the treatment of this unique brain disorder. Whereas I have the same concerns about the effects of 2017 WI Act 262, in which licensed clinical social workers and licensed professional counselors were able to provide substance use treatment services "within their scope of practice", this effort expands that scope to persons who far less experience in the profession. I would compare this to needing brain surgery and having a general practitioner MD engage in such surgery. Would you consent to a surgery performed by someone who had completed a 3 credit course on surgery & a short rotation, or would you want a surgeon who has completed the complete course on brain surgery and completed an extensive internship under an experienced brain surgeon?? In an emergency, maybe, yet, you take a significant risk when addressing the brain.

Whereas I acknowledge we need to expand the workforce to meet the growing addiction crisis in our state, the public deserves to have fully qualified people providing the evidence-based practices that make recovery a reality for the people in need. There is a concern that qualifying this level of social workers to provide SUD treatment is misleading (& possibly unethical) to a person believing they are receiving treatment by

someone who has gone through the specified education & testing that qualifies that a person has the knowledge & expertise in treating SUD.

I am not here to criticize social workers. I am a certified social worker myself. I have taught, mentored, trained, & supervised social workers at all level of education in Wisconsin for over 25 years. I have constantly been told by them that their bachelor's & master's levels of schooling ill prepared them for the complexities of SUD treatments. Again, this is not a criticism of our educational systems, it is the reality of the needed understanding of psychopharmacology of substances, the Evidence-Based Practices associated with treating specific SUDs, the multiple pathways to recovery & the continuum of care, amongst other specifics.

It is my hope that you will oppose such legislation until which time there are measures introduced that require education & testing requirements that meet the minimum standards to engage in treating substance use disorders and provides the requirement of supervision by a clinical supervisor that has that has expertise in such treatment. Currently, to be a certified Addiction Professional in this state, one must complete 360 hours of education focusing extensively on the trans-disciplinary foundations & 8 practice domains that assure competency in threating the brain disorder of addiction. One must also complete an internship under the supervision of a clinical supervisor, plus the pass the above-mentioned competency exam before receiving their certification to practice.

I totally understand we are in the realms of an addiction crisis' where there are record numbers of opioid overdoses, increasing reports of methamphetamine use, plus the standard & most destructive substance, alcohol, continues to affect our communities. And, we have a shrinking workforce & a shift in society functioning due to the pandemic responses in our communities. We need to do something, correct. I applaud this measure as such an attempt. Yet, providing an unprepared workforce will not affecting this progressing crisis, & may further harm those receiving & those providing treatment if appropriate education & supervision requirements are not required.

A couple quick thoughts as pathways to address this crisis:

- Support of national credentials for addiction counselors (see NAADAC.org) where portability is an option to attract workers
- Such credentials will assure competency
- Use the Opioid settlement funds, as well as other available funding sources to seed recovery centers thru out our state where people will have access to peer recovery & support that has lessened the need for treatment interventions.
- Look for funding sources & methods for reimbursement for SUD counselors & recovery coaches: the WI DOC rewards those with SUD credentialing with increased pay.
- Look for opportunities to provide incentives for SUD training & education. Note that many of the SUD students are addressing their education as non-traditional

students so issues like child-care & outside employment while in school are challenges

Wisconsin used to be a national leader in SUD interventions, education, research, & we are beginning again to be progressive & innovative in various treatment & recovery movements. This bill I believe is a step backward, rather than forward.

Thank you for your time and taking a deep look at criteria for addiction counseling while reviewing this legislation. If I can be of any further assistance, please contact me at michaeledwinkemp@gmail.com / 920-410-4367

Michael Kemp, ICS/ CSAC/ CSW/ NCAC I

I am writing this in hopes that you will reconsider passage of a bill that will delegitimize the field of substance use disorder professionals thereby minimizing the importance of the services they provide to those suffering from addiction. I am a Licensed Professional Counselor and also a Substance Abuse Counselor. I can tell you from personal experience, that the education and training I received as a psychology major and then at the master's level for my degree in counseling did little to adequately prepare me to work with those suffering from addiction. Treating those affected by addiction requires additional knowledge and skills to address the unique needs of these individuals. Substance use disorder professionals gain valuable understanding of the interaction between mental health and addiction issues that plague a majority seeking treatment along with the affected psychosocial concerns that cause significant impairment in their daily lives. Because of the specific skills and training the substance use disorder professional receives, they are better able to provide more effective therapeutic interventions to address individual needs. This knowledge and training is also invaluable when it comes to working effectively with doctors and nursing staff who provide medically assisted treatment and psychotropics thereby providing cohesive care to the individual.

I understand the growing epidemic of those affected by addiction and the crisis it has become creating a greater need for those of us qualified to treat them. However, lowering the educational and training standards crucial to our ability to provide quality informed care to the individual is not the answer. As healthcare professionals, we take an oath to do no harm, which includes not practicing outside the scope of our expertise, but isn't that exactly what the passage of this bill would allow? How many individuals will receive inadequate care by lowering the standards and expectations of the professionals who treat them? The potential resulting harm is incalculable. It is conceivable for those needing help to prematurely leave treatment feeling frustrated and misunderstood by professionals that are ignorant in their ability to address their specific needs. The resulting spiral downward into addiction and deterioration of mental health could have serious consequences including increased hospitalizations and deaths with diminished hope of re-engaging in a system unprepared to treat them.

Are we at a point in which the needs of an individual suffering from addiction are marginalized to the point that the standard of care and expertise required for those appointed with the task of helping them is also diminished? I for one hope not.

Dawn Dohr, LPC, CSAC