




State of Wisconsin


LEGISLATIVE REFERENCE BUREAU


RESEARCH APPENDIX - **PLEASE DO NOT REMOVE FROM DRAFTING FILE**


Date Transfer Requested: 02/02/2018 (Per: CMH)


Compile Draft - Appendix F **... Part I**


Appendix A  The 2017 drafting file for LRB-4937

Appendix B  The 2017 drafting file for LRB-4955

Appendix C  The 2017 drafting file for LRB-5006

Appendix D  The 2017 drafting file for LRB-5014

Appendix E  The 2017 drafting file for LRB-5017

Appendix F  The 2017 drafting file for LRB-5086

has been copied/added to the drafting file for

2017 LRB-5242

2017 DRAFTING REQUEST

Bill

For: **John Nygren (608) 266-2343** Drafter: **kpaczusk**
 By: **Chris** Secondary Drafters: **tdodge**
 Date: **12/14/2017**
 Same as LRB: May Contact:

Submit via email: **YES**
 Requester's email: **Rep.Nygren@legis.wisconsin.gov**
 Carbon copy (CC) to: **michael.duchek@legis.wisconsin.gov**
Konrad.Paczuski@legis.wisconsin.gov
tamara.dodge@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

DSPS rule changes regarding substance abuse counseling

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kpaczusk 12/19/2017	kfollett 12/20/2017			
/P1	kpaczusk 1/3/2018	kfollett 1/3/2018	lparisi 12/20/2017		
/P2	kpaczusk 1/10/2018	kfollett 1/11/2018	dwalker 1/3/2018		State
/P3			mbarman 1/11/2018		State

LRB-5086

FE Sent For:

<END>

Paczuski, Konrad

From: Borgerding, Chris
Sent: Thursday, December 14, 2017 7:50 AM
To: Paczuski, Konrad <Konrad.Paczuski@legis.wisconsin.gov>
Subject: LRB-5016/P2

Good morning Konrad,

It has come to my attention that DSPS has a set of draft rules that look to accomplish MUCH of what we were looking to have them do in LRB-5016/P2. With that said, it will still take 2-3 years for those rules to go into effect, so Representative Nygren would like to have their rules drafted in bill form to speed up the process. I have attached the draft of the rules from DSPS that we would like drafted.

In addition,

We have a few elements we believe are important to add:

- Within "SPS 161.08 Reciprocity," ensuring language that recognizes if an applicant holding a current credential in good standing as a substance abuse counselor meets the aforementioned requirements within the given statute, that they will not only have an opportunity to submit, but, be accepted as an SAC as determined by the board. (currently no language exists that an SAC with all necessary requirements would be accepted to practice, only that they have the ability to submit for reciprocity).
- We do feel there is value in passing a bill to direct DSPS to pass these rules as they have laid out; in addition the following should be considered:
 - o Establishing a review committee where DSPS examines the minimal standards and qualifications of clinical supervisors, prevention specialists, MFT, and other relevant behavioral health professions, similar to their "Substance Abuse Certification Review Committee." This committee can review current rules, recommendations, and requirements in an evaluatory process that includes public comment and an ongoing feedback loop that ensures requirements are fair and do not provide a barrier for entry into these professions.

Please let me know if you have any questions.

Thanks so much,

Chris

Chris Borgerding
Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2343

Paczuski, Konrad

From: Borgerding, Chris
Sent: Thursday, December 14, 2017 3:44 PM
To: Paczuski, Konrad <Konrad.Paczuski@legis.wisconsin.gov>
Subject: bill draft

Good afternoon Konrad,

In relation to the email I sent you earlier today, I have two attachments that we would like to change in admin code, not statutorily. Please let me know if you have any questions.

Thank you!

Chris

Chris Borgerding
Office of State Representative John Nygren
Co-Chair, Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2343

Draft

STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : DEPARTMENT OF SAFETY AND
DEPARTMENT OF SAFETY AND : PROFESSIONAL SERVICES
PROFESSIONAL SERVICES : ADOPTING RULES
: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Department of Safety and Professional Services to repeal SPS 160.02 (9) and (10), 160.02 (14), (16) an (22), 160.02 (29), 163.01 and 163.02 (2) and (3); to renumber and amend SPS 163.02 (1); to amend ch SPS 160 (title), SPS 160.02 (6), 160.02 (28), 164.01 (2) (j), (k), and (x) and ch. SPS 165 (title); to repeal and recreate ch. SPS 161, ch. SPS 162, ch. SPS 165, ch. SPS 166 and ch. 168; and to create SPS 160.015, 160.02 (2m), 160.02 (3) (g) and (h), 160.02 (3m), 160.02 (11m) and (13m), 160.02 (24m) and 164.01 (2) (fm) and (y) relating to substance abuse counselors, clinical supervisors and prevention specialists.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 440.88, stats.

Statutory authority: s. 440.88 (3), (9), (10) and (11), Stats.

Explanation of agency authority:

The department shall promulgate rules that establish the following: minimum standards and qualifications for the certification for substance abuse counselors, clinical supervisors and prevention specialists; minimum number of hours of continuing education required for renewal of certification and the topic areas that the continuing education must cover; the criteria for the approval of continuing education programs and courses required for renewal of certification of substance abuse counselors, clinical supervisors and prevention specialists; the criteria for the approval of the sponsors and cosponsors of those continuing education programs and courses; and minimum standards for the practice of substance abuse counseling, supervision, and prevention.

Related statute or rule: s. 457.02 (5m) and s. MPSW 1.09

Plain language analysis:

Section 1 amends the title to include applicability as well as definitions.

Section 2 creates a section clarifying the title protection for substance abuse counselor, clinical supervisor, and prevention specialist. It specifies that Chapters SPS 160 to 168 do not apply to a physician, clinical social worker, psychologist or person credentialed under ch. 457 with the specialty authorization under s. MPSW 1.09 as well mental health providers practicing within the scope of their credential preparing a patient for treatment by referral until the referral is completed and the ability to continue treatment with the no-substance use disorder issues of the patient.

Section 3 adds a definition for "assessment training". The definition was previously located in s. SPS 166.01 (1). Assessment training is education on the process of collecting data as a basis for making decisions regarding a diagnosis and treatment or referral.

Section 4 adds marriage and family therapy and professional counseling to recognized behavior science fields.

Section 5 adds a definition for "case management". The definition was previously located in s. SPS 166.01 (2). Case management is education on administrative, clinical, and evaluative activities included in the process of patient treatment goals and working with the patient and others and other services, agencies and resources to achieve the treatment goals.

Section 6 revises the last sentence to indicate the primary purpose of "clinical supervision" is to ensure quality patient care.

Section 7 repeals the definitions of "comprehensive program" and "core functions" due to the terms no longer being used in the code.

Section 8 adds the definitions for "counseling" and "education". The definition for "counseling" was previously located in s. SPS 166.01 (3) and "education" was previously located in s. SPS 166.01 (4). Counseling is education which includes theories, principles and techniques of counseling to help patients reach treatment goals. Education is education about teaching others on risks of substance use, the process of dependence and available resources for prevention, treatment and recovery.

Section 9 repeals the definitions of "GED", "HSED" and prevention domains due to the terms no longer being used in the code.

Section 10 adds the definition for "professional responsibility". The definition was previously located in s. SPS 166.01 (5). Professional responsibility is education which address standards of conduct and professional behavior.

Section 11 deletes the terms "substance dependence" and "substance abuse" due to those being obsolete DSM terms. It adds the term "substance use disorder" because that is the diagnosis term in the DSM.

Section 12 repeals the definition for "transdisciplinary foundations" due to the term no longer being use in the code.

Section 13 repeals and recreates the requirements for certification chapter.

Requirements for substance abuse counselor-in-training are:

- Completion of 100 hours of substance use disorder education;
- Current or offer of employment of a place to obtain experience hours; and
- Pass an exam on Wisconsin laws.

Requirements for the substance abuse counselor are:

- Completion of 360 hours of substance use disorder education;
- Pass the NCAC I exam;
- Pass the jurisprudence exam (except if taken for the substance abuse counselor-in-training credential); and
- Complete 3,000 hours of work experience.

In the alternative, the substance abuse counselor requirements are deemed met if the person holds a credential under ch. 457 with the substance abuse specialty.

Requirements for the clinical substance abuse counselor are:

- Holds a substance abuse counselor credential or completion of 360 hours of substance use disorder education;
- Associate's degree or higher in a behavioral science field;
- Pass the NCAC I exam
- Pass the jurisprudence exam (except if taken for the substance abuse counselor-in-training credential); and
- Complete 5,000 hours of work experience (may include hours accrued for the substance abuse counselor credential)

In the alternative, the clinical substance abuse counselor requirements are deemed met if the person holds a credential at the master's level or higher under ch. 457 with the substance abuse specialty.

Requirements for the clinical supervisor-in-training are:

- Holds a clinical substance abuse counselor credential or a credential at the master's level or higher under ch. 457 with the substance abuse specialty; and
- Current or offer of employment of a place to obtain experience hours.

Requirements for the intermediate clinical supervisor or independent clinical supervisor are:

- Holds a clinical substance abuse counselor credential or a credential at the master's level or higher under ch. 457 with the substance abuse specialty;
- 2 years clinical supervisory experience as a supervisor-in-training or intermediate supervisor within the last 5 years;
- Complete 30 hours of education in clinical supervision or hold an intermediate clinical supervisor credential; and
- Pass the NCSE exam.

Requirements for the prevention specialist-in-training is:

Complete of 40 hours of approved education, including 5 hours specific to ethics.

Requirements for the prevention specialist are:

- Pass the jurisprudence exam; and
- Complete 120 hours of education, including 50 hours specific to alcohol, tobacco and other substance abuse and 6 hours specific to ethics.

Applicants who hold a credential from another state whose requirements are not lower than Wisconsin's requirements shall pass the jurisprudence exam.

Section 15 repeals and recreates the supervised practice chapter.

Supervision for a substance abuse counselor shall be done by a clinical supervisor, physician knowledgeable in addiction treatment or a psychologist knowledgeable in psychopharmacology and addiction treatment.

A supervisor will provide 1 hour of clinical supervision for every 40 hours of work performed by a substance abuse counselor obtaining a clinical substance abuse counselor. A supervisor will provide 2 hours of clinical supervision for all other applicants for a substance abuse counselor credential. The hourly requirement can be averaged over a month period. One meeting per month must be done in person or by visual electronic conferencing.

Group supervision may be done in groups of 8 or less.

Supervisor responsibility includes:

- Exercise supervisor responsibility over all activities;
- Provide the opportunity to develop competency;
- Allow the supervisee to engage only in practice that the supervisee is competent to perform and that the supervisor can competently perform;
- Be legally and ethically responsible for the supervisee's activities;
- Be available for consultation and intervention;
- Be able to interrupt or stop the supervisee from practicing in certain cases; and
- Be able to terminate the supervised relationship.

Supervision for clinical supervisor practice shall be done by clinical supervisor, physician knowledgeable in addiction treatment or a psychologist knowledgeable in psychopharmacology and addiction treatment.

A supervisor shall provide 1 hour of supervision for every 40 hours of clinical supervisory practice. The hourly requirement can be averaged over a month period. One meeting per month must be done in person or by visual electronic conferencing.

Supervisor responsibility includes:

- Exercise supervisor responsibility over all clinical supervisory activities;
- Provide the opportunity to develop supervision competency;
- Be legally and ethically responsible for the supervisee's activities;
- Be available for consultation and intervention; and
- Be able to terminate the supervised relationship.

Section 16 repeals the employment restrictions due lack of statutory authority for this section.

Section 17 amends the rule to allow a substance abuse counselor-in-training to provide counseling services if authorized and documented by the clinical supervisor.

Section 18 removes the obsolete provisions relating to substance abuse counselor-in-training that transferred from a previous credential issued by the Wisconsin Certification Board, Inc.

Section 19 updates unprofessional conduct provisions. It is unprofessional conduct to discriminate in practice on the basis of gender identity. It is unprofessional conduct to reveal information about a patient's identity or condition unless authorized by the patient or required by law. The reporting requirement is amended to remove the word "institutional". New unprofessional conduct provisions are created to prohibit allowing students or supervisees to perform services that they are not educated or trained in and prohibiting supervisors from disclosing supervisee confidences.

Section 21 and 22 repeal and recreate the chapter on renewal and reinstatement of a credential. A credential can be renewed within 5 years by paying a renewal fee and certifying the completion of continuing education.

A credential renewed after 5 years requires practicing in another state or 60 hours of continuing education, including 6 hours in ethics and 6 hours of psychopharmacology.

A credential may be reinstated by completing any outstanding disciplinary requirements and providing evidence of rehabilitation or change in circumstances warranting reinstatement.

Section 23 repeals and recreates the education approval chapter.

An application to become an approved program requires:

- An outline of each course;
- An allocation of hours for each course; and
- Evidence the instructors meet qualifications.

Approvals remain in effect for 5 years.

Approved programs must provide certification of completions or transcripts to those who complete the program and retain student records for 7 years after the student completes the program.

The department accepts prevention specialist education from all of the following organizations:

- An accredited college or university.
- Wisconsin Association of Alcohol and Drug Abuse (WAAODA).
- National Association of Alcohol and Drug Abuse Counselors (NAADAC).
- Wisconsin Clearinghouse for Prevention Resources.
- Federal Center for Substance Abuse Prevention.
- National Center for the Application of Prevention Technologies or their regional centers.
- United States department of health and human services, its agencies, institutes, administrations and centers.
- White House Office of National Drug Control Policy (ONDCP).
- Wisconsin department of health services.
- Wisconsin department of public instruction.

Section 24 repeals and recreates the continuing education chapter.

A substance abuse counselor or prevention specialist are required to complete 30 hours of continuing education, including 4 hours in ethics every 2 years. A credential holder who also

holds an active credential under ch. 457, Stats. may meet these requirements with the education required for the other credential.

Clinical supervisors are required to complete 4 hours of supervisory continuing education every 2 years.

Continuing education is not required at the first renewal of a credential.

The department accepts continuing education from all of the following organizations:

- National Association of Alcohol and Drug Abuse Counseling (NAADAC) or affiliated divisions.
- IC & RC.
- American Association for Marriage and Family Therapy or affiliated divisions.
- Wisconsin Association for Marriage and Family Therapy.
- National Rehabilitation Counseling Association.
- American Rehabilitation Counseling Association.
- Wisconsin Rehabilitation Counseling Association.
- National Board for Certified Counselors.
- Commission on Rehabilitation Counselor Certification.
- Association of Social Work Boards
- National Association of Social Workers or affiliated chapters.
- Association of Baccalaureate Program Directors.
- Council on Social Work Education.

The department also accepts programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education and Committee for the Approval of Continuing Education Sponsors of the American Psychological Association. In addition, college courses and employee sponsored inservice trainings are accepted.

Continuing education can also be received for the following:

- Presenter of continuing education;
- Developer of professional material; and
- Authorship of published textbook, professional resource book or professional journal article.

The department may grant continuing education postponement or waivers based upon prolonged illness, disability or extreme hardship.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois does not credential substance abuse counselors, clinical supervisors or prevention specialists. There is a private, non-profit organization (Illinois Certification Board, Inc) that provides certifications for these professions.

Iowa: Iowa does not credential substance abuse counselors, clinical supervisors or prevention specialists. There is a private, non-profit organization (Iowa Board of Certification) that provides certifications for these professions.

Michigan: Michigan does not credential substance abuse counselors, clinical supervisors or prevention specialists. There is a private, non-profit organization (Michigan Certification Board for Addiction Professionals) that provides certifications for these professions.

Minnesota: Licensed alcohol and drug counselor requirements are: a bachelor's degree from an accredited school or educational program; 18 semester credits (or 270 clock hours of academic course work; 880 hours of supervised alcohol and drug counseling practice from an accredited school or education program; and pass the IC & RC Alcohol and Other Drug Abuse Counselor exam. Instead of the IC & RC exam an applicant may pass an approved written exam and either complete 2,000 hours of postdegree supervised practice or a written case presentation and oral exam. A license may be issued to a holder of a license in another state if the credentialing requirements in the other state are substantially similar. Supervised postdegree professional practice requires a supervisor who is: a licensed alcohol and drug counselor or other qualified professional as determined by the board; has 3 years of experience; and has received a minimum of 12 hours of training in clinical and ethical supervision. The supervision is at a rate of one hours of supervision per 40 hours of professional practice and at least 75% of the supervision hours must be received in person and at least 50% on an individual basis. All licenses must complete 40 hours of continuing education activities every 2 years. Continuing education activities include: conferences, workshops, panel discussions, seminars, symposia, college or university course, home study; teaching courses; and presenting continuing education. Minnesota also licenses alcohol and drug counselor technicians. Minnesota does not credential other alcohol and drug counselor levels, clinical supervisor or prevention specialist.

Summary of factual data and analytical methodologies:

The Department of Safety and Professional Services convened a substance abuse certification review committee to review current rules and make recommendations. The Department also considered the directive in Executive Order #228 to revise the clinical hour requirements for counselors to ensure adequate training is balanced with appropriate workforce access.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held on * to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Chapter SPS 160 title is amended to read:

Chapter SPS 160
APPLICABILITY AND DEFINITIONS

SECTION 2. SPS 160.015 is created to read:

SPS 160.015 Applicability (1) Except as provided in sub. (2), no person may represent himself or herself to the public as a substance abuse counselor, clinical supervisor, or prevention specialist or a certified substance abuse counselor, clinical supervisor, or prevention specialist or use in connection with his or her name a title or description that conveys the impression that he or she is a substance abuse counselor, clinical supervisor, or prevention specialist or a certified substance abuse counselor, clinical supervisor, or prevention specialist unless he or she is so certified under s. 440.88, Stats.

(2) Chapters SPS 160 to 168 do not apply to any of the following:

- (a) A physician as defined in s. 448.01 (5), who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment or prevention services within the scope of his or her licensure.
- (b) A clinical social worker as defined in s. 457.01 (1r), who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment or prevention services within the scope of his or her licensure.
- (c) A licensed psychologist, as defined in s. 455.01 (4), who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment, or prevention services within the scope of his or her licensure.
- (d) A person credentialed under ch. 457, Stats. with the specialty authorization of s. MPSW 1.09.
- (e) The preparation of a patient for substance use disorder treatment by referral, the treatment of a patient for substance use disorder until a referral for substance use disorder treatment is completed, and the continuation of treatment with the non-substance use disorder issues of a person, when performed by a mental health provider practicing within the scope of their credential.

SECTION 3. SPS 160.02 (2m) is created to read:

SPS 160.02 (2m) "Assessment training" means education on the comprehensive process of collecting pertinent data about patient or patient systems and their environment and appraising the data as a basis for making decisions regarding substance use disorder diagnosis and treatment or referral. The education shall consist of culturally inclusive studies in understanding addiction, psychopharmacology, recognition and differentiation of co-occurring medical and psychological disorders, clinical evaluation and treatment planning.

SECTION 4. SPS 160.02 (3) (g) and (h) are created to read:

SPS 160.02 (3) (g) Marriage and family therapy.
(h) Professional counseling

SECTION 5. SPS 160.02 (3m) is created to read:

SPS 160.02 (3m) "Case management" means education on culturally appropriate administrative, clinical, and evaluative activities included in the process of coordinating and prioritizing patient treatment goals and working with the patient and significant others, as well as other services, agencies and resources to achieve those treatment goals. The education shall include studies in implementing treatment plans including continuing assessment, the referral process, service coordination, including for co-occurring medical and psychological disorders, record management and documentation and utilizing the written client record to guide and monitor services to reach measurable goals and objectives.

SECTION 6. SPS 160.02 (6) is amended to read:

SPS 160.02 (6) "Clinical supervision" means a specific and definitive process of oversight of a counselor's professional development in the didactic, experiential and application of the transdisciplinary foundations, and practice dimensions including core functions. Supervision takes place in intermittent in person contact between a clinical supervisor and treatment staff provided on or off the site of a service to ensure that each patient has an individualized treatment plan and is receiving quality care. A primary purpose of "clinical supervision" is to ensure ~~skill development evidenced in~~ quality patient care.

SECTION 7. SPS 160.02 (9) and (10) are repealed.

SECTION 8. SPS 160.02 (11m) and (13m) is created to read:

SPS 160.02 (11m) "Counseling" means education which includes the study of fundamental theories, principles and techniques of substance use disorder counseling to facilitate the progress of diverse patients toward mutually determined treatment goals and objectives using culturally sensitive modalities. Counseling education shall include studies of understanding addiction, recognized treatment theory and practice, the recovery process, effective strategies for meeting the counseling needs of diverse patients, crisis management skills, and treatment of co-occurring medical and psychological disorders.

SPS 160.02 (13m) "Education" means education about the process of providing patients, groups, families, couples, significant others, and communities with information on risks related to substance use, the processes of dependence including signs, symptoms and behavior patterns, and available resources for prevention, treatment, and recovery in culturally relevant ways. The education shall include studies in understanding addiction, including addiction to nicotine, the classification and basic pharmacology of drugs, basic physiology and the effects of drug use on the human body and patient, learning styles and teaching methods, delivery of educational programs, health and behavior problems related to substance use including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, and other infectious diseases, and basic life skills such as stress management, communication, and assertiveness.

SECTION 9. SPS 160.02 (14), (16) and (22) are repealed.

SECTION 10. SPS 160.02 (24m) is created to read:

SPS 160.02 (24m) "Professional responsibility" means education which addresses standards of conduct or professional behavior expectations for counselors, supervisors and prevention workers. Professional behavior areas to be studied shall include, at a minimum, legal issues specific to substance use disorder professional practice, patient welfare as a primary concern, responsibility for professional competence and professional development, participation in ongoing supervision and consultation, counselor values and self-care, relationships with other professionals and institutions and the establishment of limits and boundaries in the patient relationship. This education shall also address the impact of specific cultural, ethnic and racial influences and expectations.

SECTION 11. SPS 160.02 (28) is amended to read:

SPS 160.02 (28) "Substance use disorder" means the existence of a diagnosis of ~~"substance dependence" or "substance abuse"~~ "substance use disorder" listed in the most current edition of DSM.

SECTION 12. SPS 160.02 (29) is repealed.

SECTION 13. Ch. SPS 161 is repealed and recreated to read:

SPS 161.01 Substance abuse counselor-in-training application. An applicant for certification as a substance abuse counselor-in-training shall submit all of the following:

- (1) An application form.
- (2) Fee as determined by the department under s. 440.05, Stats.
- (3) Evidence of successful passage of jurisprudence examination.
- (4) Evidence of completion of 100 hours of substance use disorder specialized education through a postsecondary institution, department approved continuing education, or department approved education program. The 100 hours shall be in all the following:
 - (a) 15 hours in assessment training.
 - (b) 15 hours in counseling.
 - (c) 10 hours in case management.
 - (d) 15 hours in patient education.

- (e) 20 hours in professional responsibility.
- (f) 25 hours in electives in any of the subjects in par. (a) to (e).
- (5) Current employment, a written offer of employment, internship, practicum or agreement authorizing volunteer hours at an agency providing substance use disorder treatment.
- (6) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance abuse counseling.

SPS 161.02 Substance abuse counselor application. (1) Except as provided in sub. (2), an applicant for certification as a substance abuse counselor shall submit all of the following:

- (a) An application form.
 - (b) Fee as determined by the department under s. 440.05, Stats.
 - (c) Evidence of successful passage of jurisprudence examination unless the applicant has previously passed the examination in the process of obtaining a substance abuse counselor-in-training credential.
 - (d) Evidence of completion of 360 hours of substance use disorder specialized education through a postsecondary institution, or a department approved education program. The 360 hours shall be in all the following:
 - 1. 60 hours in assessment training.
 - 2. 60 hours in counseling.
 - 3. 60 hours in case management.
 - 4. 60 hours in patient education.
 - 5. 60 hours in professional responsibility.
 - 6. 6 hours in boundaries and ethics.
 - 7. 54 hours in electives in any of the subjects in subd. 1. to 6.
 - (e) Evidence of successful passage of the National Association for Alcoholism and Drug Abuse Counselors' NCAC I exam.
 - (f) Evidence of completion of 3,000 hours of work experience performing the practice dimensions, supervised by an individual defined in ch. SPS 162 within 5 years immediately preceding the date of application. The 3,000 hours shall include all of the following:
 - 1. 1,000 hours in providing substance use disorder counseling with a minimum of 500 hours in a one-on-one individual modality setting.
 - 2. 200 hours of providing counseling during the 12 month period immediately preceding the date of application, of which 100 hours shall have been completed using an individual modality setting.
 - (g) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance abuse counseling.
- (2) An applicant for certification as a substance abuse counselor who is credentialed by the marriage and family therapy, professional counseling and social work examining board at the bachelor's level or higher shall submit evidence satisfactory to the department of fulfilling the requirements of s. MPSW 1.09.

SPS 161.03 Clinical substance abuse counselor application. (1) Except as provided in sub. (2), an applicant for certification as a clinical substance abuse counselor shall submit all of the following:

- (a) An application form.
 - (b) Fee as determined by the department under s. 440.05, Stats.
 - (c) Evidence of successful passage of jurisprudence examination unless the applicant has previously passed the examination in the process of obtaining a substance abuse counselor-in-training or substance abuse counselor credential.
 - (d) Evidence of one of the following:
 1. Holds a substance abuse counselor credential.
 2. Completion of 360 hours of substance use disorder specialized education through a postsecondary institution, or department approved education program. The 360 hours shall be in all the following:
 - a. 60 hours in assessment training.
 - b. 60 hours in counseling.
 - c. 60 hours in case management.
 - d. 60 hours in patient education.
 - e. 60 hours in professional responsibility.
 - f. 6 hours in boundaries and ethics.
 - g. 54 hours in electives in any of the subjects in subd. 2.a. to f.
 - (f) Evidence of an associate's degree or higher in a behavioral science field from an accredited university or college.
 - (g) Evidence of successful passage of the National Association for Alcoholism and Drug Abuse Counselors' NCAC I exam.
 - (h) Evidence of completion of 5,000 hours of work experience performing the practice dimensions, supervised by an individual defined in ch. SPS 162 within 5 years immediately preceding the date of application. The 5,000 hours may include any work experience hours obtained as a requirement of the substance abuse counselor credential.
 - (i) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance abuse counseling.
- (2) An applicant for certification as a clinical substance abuse counselor who is credentialed by the marriage and family therapy, professional counseling and social work examining board at the master's level or higher shall submit evidence satisfactory to the department of fulfilling the requirements of s. MPSW 1.09.

SPS 161.04 Clinical supervisor-in-training application. An applicant for certification as a clinical supervisor-in-training shall submit all of the following:

- (1) An application form.
- (2) Fee as determined by the department under s. 440.05, Stats.
- (3) Evidence of current employment, a written offer of employment, or an agreement authorizing volunteer hours as a clinical supervisor of counselors providing substance use disorder treatment services who are certified under s. 440.88, Stats. or under s. MPSW 1.09.
- (4) Evidence of one of the following:
 - (a) Holds an active clinical substance abuse counselor.

- (b) Holds and active credential under ch. 457, Stats., at the master's level or higher with the specialty authorization under s. MPSW 1.09.

SPS 161.05 Intermediate clinical supervisor or independent clinical supervisor application.

An applicant for certification as an intermediate clinical supervisor or independent clinical supervisor shall submit all of the following:

- (1) An application form.
- (2) Fee as determined by the department under s. 440.05, Stats.
- (3) Evidence of holding an active credential of one of the following:
 - (a) Clinical substance abuse counselor.
 - (b) A credential under ch. 457, Stats., at the master's level or higher with the specialty authorization under s. MPSW 1.09.
- (4) Evidence of 2 years clinical supervisory experience as a supervisor-in-training or intermediate supervisor within the last 5 years as the supervisor of counselors certified under s. 440.88, Stats or have the specialty authorization under s. MPSW 1.09.
- (5) Evidence of one of the following:
 - (a) Holds an intermediate clinical supervisor credential.
 - (b) Successful completion of 30 hours of education in clinical supervision, including a minimum of 6 hours of training in each of the following:
 - 1. Assessment and evaluation.
 - 2. Counselor development.
 - 3. Management and administration.
 - 4. Professional responsibility.
 - (c) Holds an American Association for Marriage and Family Therapy supervisor certification.
- (6) Evidence of successful passage of the National Association of Alcoholism Counselors and Trainers' NCSE exam.

SPS 161.06 Prevention Specialist-In-Training application. An applicant for certification as a prevention specialist-in-training shall submit all of the following:

- (1) An application form.
- (2) Fee as determined by the department under s. 440.05, Stats.
- (3) Evidence of successful completion of 40 hours of approved education, including 5 hours specific to ethics, in the following content areas:
 - (a) Planning and evaluation.
 - (b) Prevention education and service delivery.
 - (c) Communication.
 - (d) Community organization.
 - (e) Public policy and environmental change.
 - (f) Professional growth and responsibility.

SPS 161.07 Prevention Specialist application. An applicant for certification as a prevention specialist shall submit all the following:

- (1) An application form.
- (2) Fee as determined by the department under 440.05, Stats.
- (3) Evidence of successful passage of jurisprudence examination.

(4) Evidence of successful completion of 120 hours of approved education, including 50 hours specific to alcohol, tobacco and other substance abuse and 6 hours specific to ethics, in the following content areas:

- (a) Planning and evaluation.
- (b) Prevention education and service delivery.
- (c) Communication.
- (d) Community organization.
- (e) Public policy and environmental change.
- (f) Professional growth and responsibility.

SPS 161.08 Reciprocity. An applicant holding a current credential in good standing as a substance abuse counselor, clinical supervisor or prevention specialist or its equivalent in another state or U.S. territory and the requirements for the credential is not lower than specified in this chapter shall submit all of the following:

- (1) An application form.
- (2) Fee as determined by the department under 440.05, Stats.
- (3) For applicants who have a pending criminal charge or have been convicted of a crime, all related information necessary for the department to determine whether the circumstances of the pending criminal charge or conviction are substantially related to the practice of substance abuse counseling.
- (4) For applicants who have had disciplinary or adverse action taken on their substance abuse counselor, clinical supervisor, or prevention specialist credential or equivalent, all related information necessary for the department to determine whether the circumstances of the disciplinary action or adverse action warrant denial.
- (5) Evidence of successful passage of jurisprudence examination.

SECTION 15. Ch. SPS 162 is repealed and recreated to read:

SPS 162.01 Supervised practice requirement. An applicant for a credential under 161.02 (1), 161.03 (1) or 161.05 shall complete a period of supervised practice. Supervision may be exercised by a person other than an employment supervisor.

SPS 162.01 Substance Abuse Counselor Supervised practice. (1) SUPERVISOR QUALIFICATIONS. Supervision of the supervised practice may be exercised by any of the following:

- (a) Clinical supervisor-in-training.
 - (b) Intermediate clinical supervisor.
 - (c) Independent clinical supervisor.
 - (d) Physician knowledgeable in addiction treatment.
 - (e) Psychologist knowledgeable in psychopharmacology and addiction treatment.
- (2) SUPERVISION REQUIREMENTS. (a) A supervisor shall provide 2 hours of clinical supervision for every 40 hours of work performed by any of the following:
1. Substance abuse counselor-in-training.
 2. Applicant for a substance abuse counselor.
 3. Applicant for clinical substance abuse counselor unless the applicant holds a substance abuse counselor credential.

- (b) A supervisor shall provide one hour of clinical supervision for every 40 hours of work performed by a substance abuse counselor obtaining supervised experience for a clinical substance abuse counselor.
 - (c) A supervisor shall provide one in person meeting or visual electronic conferencing each calendar month. This meeting may fulfill part of requirements in (a) or (b).
 - (d) The clinical supervision hourly requirement may be averaged out over a period no longer than one month.
- (3) **GROUP SUPERVISION.** Group supervision shall meet all of the following:
- (a) The group shall consist of no more than 8 supervisees for every one person providing supervision.
 - (b) Each person receiving supervision as part of the group session receives one hour credit for each hour that the group meets for supervision, but may not credit any time which is primarily social activity with the group or supervisor as part of the a supervision session.
- (4) **METHODS.** Methods for supervision may include any of the following:
- (a) Direct observation of treatment.
 - (b) Auditing patient files.
 - (c) Case review and discussion of active cases.
 - (d) Video or audio review.
 - (e) Observation of the supervisee's professional interaction with patients and staff.
- (5) **SUPERVISOR RESPONSIBILITIES.** The supervisor's responsibilities include all of the following:
- (a) Exercise supervisory responsibility in regards to all activities, including counselor development, counselor skill assessment, performance evaluation and professional responsibility.
 - (b) Provide the opportunity to develop competency in substance abuse disorder counseling, a context for professional growth and development, and ensure a continuance of quality patient care.
 - (c) Permit the supervisee to engage only in practice that the supervisee is competent to perform.
 - (d) Permit the supervisee to engage in only practice that the supervisor can competently perform.
 - (e) Be legally and ethically responsible for the supervised activities of the supervisee.
 - (f) Be available or make appropriate provision for emergency consultation and intervention.
 - (g) Be able to interrupt or stop the supervisee from practicing in given cases or recommend to the supervisee's employer that the employer interrupt or stop the supervisee from practicing in given cases.
 - (h) To terminate the supervised relationship.

SPS 162.02 Clinical supervisory practice. (1) SUPERVISOR QUALIFICATIONS. Supervision of the clinical supervisory practice may be exercised by any of the following:

- (a) Intermediate clinical supervisor.
- (b) Independent clinical supervisor.
- (c) Physician who practices as a substance abuse clinical supervisor within the scope of his or her license.
- (d) Psychologist who practices as a substance abuse clinical supervisor within the scope of his or her license.

(2) SUPERVISION REQUIREMENTS. (a) A supervisor shall provide one hour of supervision for every 40 hours of clinical supervisory practice performed by any of the following:

1. Clinical supervisor-in-training.
2. Intermediate supervisor.

(b) A supervisor shall provide one in person meeting or visual electronic conferencing each calendar month. This meeting may fulfill part of requirements in (a).

(c) The supervision hourly requirement may be averaged out over a period no longer than one month.

(3) SUPERVISOR RESPONSIBILITIES. The supervisor's responsibilities include all of the following:

(a) Exercise supervisory responsibility in regards to all clinical supervisory activities.

(b) Provide the opportunity to develop competency in supervising substance abuse counselors.

(c) Be legally and ethically responsible for the supervised activities of the supervisee.

(d) Be available or make appropriate provision for emergency consultation and intervention.

(e) To terminate the supervised relationship.

SECTION 16. SPS 163.01 is repealed.

SECTION 17. SPS 163.02 (1) is renumbered to 163.02 and is amended to read:

SPS 163.02 Substance abuse counselor-in-training; limited scope of practice. (1) The granting of a substance abuse counselor-in-training certificate does not denote or assure competency to provide substance use disorder counseling. A substance abuse counselor-in-training may provide services in any of the core functions, ~~except counseling~~, if authorized and documented by the clinical supervisor. ~~A clinical supervisor may only authorize a substance abuse counselor-in-training to provide counseling in accordance with sub. (2).~~

SECTION 18. SPS 163.02 (2) and (3) are repealed.

SECTION 19. SPS 164.01 (2) (j), (k) and (x) are amended to read:

SPS 164.01 (2) (j) Discriminating in practice on the basis of age, race, color, sex, religion, creed, national origin, ancestry, disability, gender identity, or sexual orientation.

(k) Revealing to other personnel not engaged in the care of a patient or to members of the public information which concerns a patient's identity or condition unless release of the information is authorized by the patient or required or authorized by law. This provision shall not be construed to prevent a credential holder from cooperating with the department in the investigation of complaints.

(x) Failing to report to the department or to institutional supervisory personnel any violation of the rules of this chapter by a substance abuse professional.

SECTION 20. SPS 164.01 (2) (fm) and (y) is created to read:

(fm) Allowing students or supervisees to perform services for which the substance abuse professional is not qualified by education, training or experience.

(y) Disclosing supervisee confidences, except as follows:

1. As mandated by law.
2. To prevent a clear and immediate danger to a person or persons.
3. In educational or training settings where there are multiple supervisors who share responsibility for training of the supervisee.

SECTION 21. Chapter SPS 165 title is amended to read:

Chapter SPS 165
RENEWAL REQUIREMENTS SUBSTANCE ABUSE PROFESSIONALS AND
REINSTATEMENT

SECTION 22. Ch. SPS 165 is repealed and recreated to read:

SPS 165.01 Renewal. (1) GENERAL. A person with an expired credential may not reapply for a license using the initial application process.

(2) RENEWAL WITHIN 5 YEARS. A person renewing the credential within 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and any applicable late renewal fee.
- (b) Certify the completion continuing education under ch. SPS 168.01 during the last biennium.

(3) RENEWAL AFTER 5 YEARS. This subsection does not apply to credential holders who have unmet disciplinary requirements. A person renewing the credential after 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats. and the renewal late fee.
- (b) Provide evidence of one of the following requirements:
 1. Holding a substantially equivalent credential in another state.
 2. 60 hours of continuing education in the last two years, including 6 hours of ethics and boundaries, and 6 hours of psychopharmacology.

SPS 165.02 Reinstatement. A credential holder who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in SPS 165.02 (3) if the license has not been active within 5 years.
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.

SECTION 23. Ch. SPS 166 is repealed and recreated to read:

SPS 166.01 Approval of substance abuse counselor education. (1) An application to be a department approved education program shall include all of the following:

(a) A detailed outline of each course or for core competency programs a detailed outline of each core competency and how the competency will be measured.

(b) For each course or core competency, indicate the allocation of hours or competency hour equivalencies for the following content areas:

1. Assessment training.
2. Counseling.
3. Case management.
4. Patient education.
5. Professional responsibility.
6. Boundaries and ethics.

(c) Evidence the instructors meet the following qualifications:

1. Holds one of the following credentials in good standing:
 - a. Substance abuse counselor.
 - b. Clinical substance abuse counselor.
 - c. A credential under ch. 457, Stats. with the specialty authorization under s. MPSW 1.09.
2. A physician with knowledge and experience related to substance use disorder counseling.
3. A psychologist with knowledge and experience related to substance use disorder.
4. An instructor of substance use disorder related courses at an accredited institution.

(2) An instructor whose credential has been limited, suspended or revoked may not instruct in an approved program while the disciplinary action is in effect.

(3) Approved programs are required to inform the department in advance of any major changes in courses or instructor qualifications.

(4) Approvals remain in effect for 5 years. After 5 years, the program shall resubmit a new application to become an approved education program.

(5) Approved programs shall provide certificate of completion or transcripts to students and retain student records for 7 years after a student has completed the program.

SPS 166.02 Approved prevention specialist education. The department shall accept prevention specialist training provided, sponsored or approved by any of the following:

- (1) An accredited college or university.
- (2) Wisconsin Association of Alcohol and Drug Abuse (WAAODA).
- (3) National Association of Alcohol and Drug Abuse Counselors (NAADAC).
- (4) Wisconsin Clearinghouse for Prevention Resources.
- (5) Federal Center for Substance Abuse Prevention.
- (6) National Center for the Application of Prevention Technologies or their regional centers.
- (7) The United States department of health and human services, its agencies, institutes, administrations and centers.
- (8) The White House Office of National Drug Control Policy (ONDCP).
- (9) The Wisconsin department of health services.
- (10) The Wisconsin department of public instruction.

SECTION 24. Ch. SPS 168 is repealed and recreated to read:

SPS 168.01 Continuing education requirements. (1) Unless granted a postponement or waiver of the continuing education requirements under s. SPS 168.03, a substance abuse counselor or prevention specialist shall complete 30 hours of continuing education credit hours in approved continuing education programs during each 2 year credential period and certify on the application for renewal that all required continuing education was completed.

(2) A minimum of 4 continuing education credit hours, of the required 30 continuing education credit hours, shall be in the area of professional ethics and boundaries.

(3) A credential holder who also holds an active credential issued under ch. 457, Stats. may satisfy the continuing education requirement by meeting the continuing education requirements under s. MPSW 1.09 (5) and ch. MPSW 19.

(4) Clinical supervisors shall complete 4 hours of continuing education each 2 year credential period related to supervision of substance abuse counselors. The 4 hours of continuing education may count toward the continuing education required for renewal of clinical substance abuse counselor credential.

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

(6) Continuing education credit hours shall apply only to the 2 year credential period in which the credit hours are completed. If the credential holder fails to meet the continuing education requirement during a 2 year credential period, any additional continuing education credit hours completed on or after the renewal date to satisfy the requirement of the preceding period will not apply to the period in which they are earned.

SPS 168.02 Approved continuing education. Continuing education, if relevant to the practice of substance abuse counseling, are approved as follows:

(1) (a) Any continuing education program approved, sponsored, provided, endorsed, or authorized by:

1. National Association of Alcohol and Drug Abuse Counseling (NAADAC) or affiliated divisions.
2. IC & RC
3. American Association for Marriage and Family Therapy or affiliated divisions.
4. Wisconsin Association for Marriage and Family Therapy.
5. National Rehabilitation Counseling Association.
6. American Rehabilitation Counseling Association.
7. Wisconsin Rehabilitation Counseling Association.
8. National Board for Certified Counselors.
9. Commission on Rehabilitation Counselor Certification.
10. Association of Social Work Boards
11. National Association of Social Workers or affiliated chapters.
12. Association of Baccalaureate Program Directors.
13. Council on Social Work Education.

(b) Any continuing education program or course offered by a training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education.

(c) Any continuing education program approved, sponsored, or co-sponsored by a presenter approved by the Committee for the Approval of Continuing Education Sponsors of the American Psychological Association.

(d) Any course or continuing education program offered by an accredited college or university. A credential holder shall receive 15 continuing education hours per semester credit.

(e) Employee sponsored inservice training and development programs. Only 15 of the required 30 continuing education credit hours shall be met through employee sponsored inservice training and development programs which are not approved by an organization identified in par. (a) to (d)

(2) Up to 15 hours of continuing education may be awarded for the following professional activities, if relevant to the practice of substance abuse counseling, are approved as follows:

(a) A presenter of professional material shall receive 1 continuing education credit hour per hour of continuing education. A presenter of semester education course shall receive 15 continuing education hours. Continuing education may not be granted for subsequent presentations of the same presenter. A presenter of professional material at any of the following qualifies for continuing education:

1. Seminars, workshops, programs, or institutions approved above.

2. University, college, or vocational technical adult education courses.

(b) A developer of professional material shall receive 1 continuing education credit hour per hour of development of continuing education.

(c) Authorship of a published textbook or professional resource book. Authors of a book shall receive 15 continuing education credit hours.

(d) Authorship of a published chapter in a textbook or professional resource book, or a professional journal article. Authors of chapters or articles shall receive 8 continuing education credit hours.

SPS 168.03 Postponement or waiver. A credential holder may apply to the department for a postponement or waiver of the requirements of this chapter on grounds of prolonged illness, disability, or other grounds constituting extreme hardship. The department shall consider each application individually on its merits.

SECTION 25. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Regulatory Reform Recommendations for Substance Use Disorder Treatment in Wisconsin
Compiled by Bradley Boivin, Psy.D. – Licensed Psychologist

- **SPS 160.02(26)**
 - **Revision:** *This would not need to be revised if recommended revisions are made to: SPS 161.01(3) and DHS 35.03(21)*
- **SPS 160.03**
 - **Revision:** A person may use the title “addiction counselor,” “substance abuse counselor,” “alcohol and drug counselor,” “substance use disorder counselor” or “chemical dependency counselor” only if he or she is certified as a substance abuse counselor by the department, or is a psychotherapy professional licensed by the department and knowledgeable in addiction treatment.
- **SPS 161.01(3)**
 - **Revision:** Chapters SPS 160 to 168 do not apply to any of the following professionals licensed by the department who are knowledgeable in the practice of substance use disorder counseling, treatment, or prevention services: (a) A physician, as defined in s. 448.01(5); (b) A licensed psychologist, as defined in s. 455.01(4); (c) A clinical social worker, as defined in s. 457.01(1r); (d) A marriage and family therapist, as defined in s. 457.01(3); (e) A professional counselor, as defined in s. 457.01(7).
- **SPS 161.04(2)**
 - **Revision:** *Remove par. (a). Would read: “An applicant for certification as a substance abuse counselor shall submit evidence satisfactory to the department of all of the following:”*
 - **Revision:** *Remove par. (b)*
- **SPS 161.04(3)**
 - *This specific certification (clinical substance abuse counselor) may be redundant given revisions recommended in this document. Eliminating this specific certification altogether might be considered. In theory, the only practical certifications for non-licensed individuals (paraprofessionals) would be (1) substance abuse counselor-in-training and (2) substance abuse counselor.*
- **SPS 161.05**
 - **Revisions** for section (1):
 - *Remove “or under s. MPSW 1.09” from par (a)*
 - *Remove “with the specialty authorization of s. MPSW 1.09” from par (c, 2.)*
 - **Revisions** for section (2)
 - *Remove “with the specialty authorization of s. MPSW 1.09” from par (a, 2.)*
 - *Remove “or under s. MPSW 1.09” from par (b)*
 - **Revision** for section (3)
 - *Remove “with the specialty authorization of s. MPSW 1.09” from par (b, 2.)*
- **MPSW 1.09**
 - **Revision:** *Recommend removing altogether. MPSW 1.02(2m) already includes “addiction” in the definition of psychotherapy. The goal of the recommended revisions in this document is to remove rules/regulations that place additional requirements on licensed psychotherapy professionals who practice substance use disorder treatment within the scope of their training and experience. This particular regulation is the one that most significantly drives the CSAC requirement for licensed psychotherapy professionals (e.g., professional counselor, clinical social worker, marriage and family therapist).*

Regulatory Reform Recommendations for Substance Use Disorder Treatment in Wisconsin
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- **DSPS 440.88**
 - **Revision** for sub. (3)
 - *Reference to HFS 75.02 (11) and (84) should be updated to DHS 75.02 (11) and (84).*
 - **Revision** for sub. (3m)
 - **EXCEPTION:** This section does not apply to any of the following professionals licensed by the department who are knowledgeable in the practice of substance use disorder counseling, treatment, or prevention services: (a) A physician, as defined in s. 448.01(5); (b) A licensed psychologist, as defined in s. 455.01(4); (c) A clinical social worker, as defined in s. 457.01(1r); (d) A marriage and family therapist, as defined in s. 457.01(3); (e) A professional counselor, as defined in s. 457.01(7).
- **DSPS 457.02**
 - **Revision:** *sections (5) and (5m) should be removed as they would no longer be applicable secondary to revisions recommended in this document.*
- **NOTE:** All references to DSM-IV in the current rules/regulations should be changed from DSM-IV to either DSM-V or simply "DSM." The DSM will continue to be revised in the future and subsequently, any legislation that refers to a specific edition of the DSM will not be up-to-date when future editions are published.

Motivation for Recommended Reforms:

I was first motivated to further research the current substance abuse counselor certification (CSAC) requirements after learning that these requirements were the reason why I was the only provider at my clinic providing services to patients with substance use disorders. Shortly after beginning my position at the clinic I was inundated with "AODA" referrals. When I asked the lead therapist at the clinic why these patients were not being scheduled with other providers at the clinic I was told, "Because they're not AODA certified," meaning they did not have the CSAC. It is worth noting that as a licensed psychologist, I am exempt from the CSAC requirement and since I have experience in the area of substance use disorder treatment, I was receiving all the AODA referrals for the clinic. This is currently happening with another psychologist who recently started at the clinic. All the other providers at the clinic are licensed as professional counselors, clinical social workers, or marriage and family therapists without the CSAC, so they are not allowed to treat substance use disorders.

It didn't take long before I had to stop accepting the AODA referrals because my caseload was full. I wondered what was happening to the patients being referred for AODA treatment that could not get scheduled or were scheduled out several months. I began looking up the history of how long some of these patients had been waiting to see me for AODA treatment and was surprised to learn that many had been scheduled several months earlier. Something else I noticed was that a significant number of those scheduled for AODA treatment did not show for their first appointment with me. Some of my colleagues and I have talked about the possible impact the long wait was having on patients' no-show behavior. It certainly seems reasonable to posit that the longer a patient seeking treatment for addiction issues has to wait to be seen the greater the risk for relapse during that waiting period. What if the other psychotherapists at my clinic, as well as throughout the state, could work with these patients without the CSAC? Would that help increase access to treatment? It seemed to me that it would, so I began to further explore the current rules and regulations.