

2017

Report on the Workforce for the Treatment of Substance Use Disorders in Wisconsin



Ad-Hoc Committee on the Workforce for the
Treatment of Substance Use Disorders
Intervention and Treatment Committee of The
State Council on Alcohol and Other Drug Abuse

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Charge to the Intervention and Treatment Ad Hoc Committee on the Workforce

In 2013, the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA) passed a motion that created the 'Intervention and Treatment Ad Hoc Committee on the Workforce' (Workforce Committee). The Workforce Committee was convened in 2014 and charged with providing an evidence-based report addressing workforce capacity issues specific to the addiction field in Wisconsin.

The Workforce Committee subsequently presented, 'The Wisconsin Addiction Treatment Profession's Workforce Capacity Report' to SCAODA at its December 2015 meeting. Though a motion to adopt the Workforce Committee's recommendations as presented was not approved at the December meeting, helpful observations, feedback and suggestions were made to the Workforce Committee for its consideration. The Workforce Committee was encouraged to expand on its original recommendations and add additional information to the report for consideration by SCAODA and to request approval of its proposed recommendations at a subsequent meeting.

The Workforce Committee reconvened its work with the reprise of some of its original committee members early in 2016 and the addition of several new members to the committee. What follows is the Workforce Committee's attempt to incorporate suggestions made by SCAODA, including current workforce data, expand the scope of recommendations for consideration and provide SCAODA with an evidence-based report on ways to increase Wisconsin's substance use disorder (SUD) treatment workforce going forward.

The Workforce Committee adopted a 'Four Pillar' approach to present its findings and recommendations. These include: Recruitment, Education and Training, Supervision, and Retention. Each pillar has its identified workforce needs followed by data in support of the specific recommendations.

The Workforce Committee's recommendations are listed first and supporting data and evidence is then referenced under each pillar. It's hoped that by doing so, the reader has the benefit of a 'quick reference' to all recommendations.

Intervention and Treatment Ad Hoc Committee Membership

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Background

Wisconsin Demographic and Substance Use Data

Wisconsin's estimated population is 5.8 million people. Approximately 9.6% of persons' age 12 and older have a substance use disorder (a negative pattern of substance use resulting in significant health, social, psychological or vocational impairment or distress and where intervention or treatment is advised), equaling 551,000 people in Wisconsin.

"The Behavioral Health Barometer, Wisconsin 2015 SAMHSA" notes that in Wisconsin,

- about 376,000 individuals aged 12 or older (7.8% of all individuals in this age group) per year in 2013-2014 were dependent on or abused alcohol.
- about 126,000 individuals aged 12 or older (2.6% of all individuals in this age group) per year in 2013-2014 were dependent on or abused illicit drugs.
- about 377,000 adults aged 21 or older (9.2% of all adults in this age group) per year from 2010 to 2014 reported heavy alcohol use within the month prior to being surveyed.

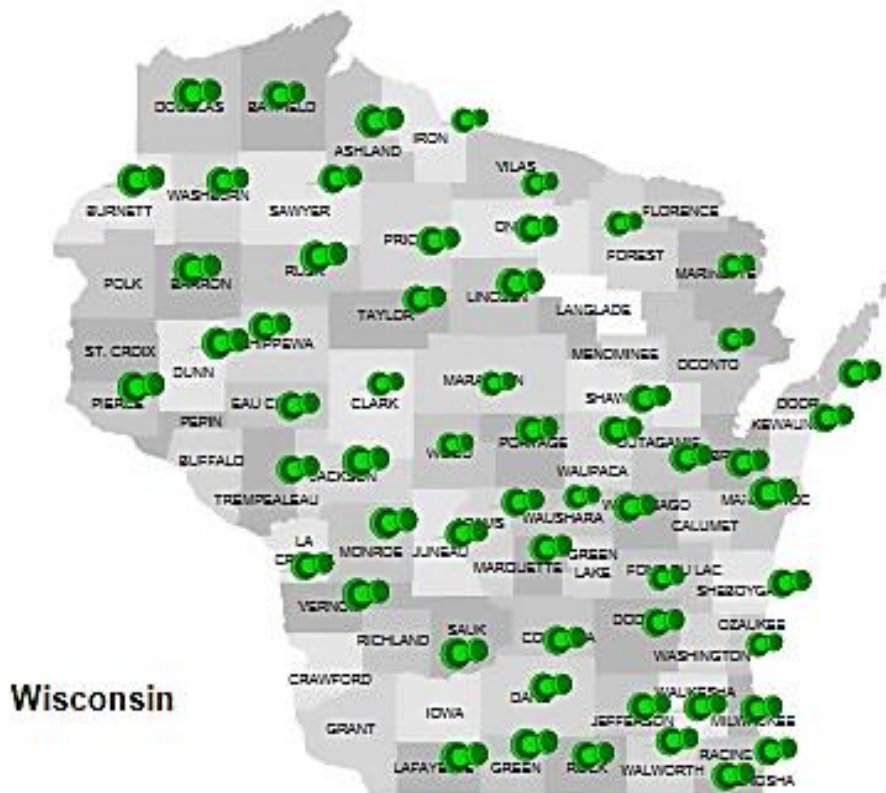
In 2012 the Department of Health Services (DHS) conducted the 'Wisconsin Substance Use Disorder Counselor Survey.' From the (967) responses from that survey, 55% of counselors were age 51 or older; 24% were at or near retirement age at age 60+; and less than 15% of the Wisconsin Substance Use Disorder Workforce was under the age of 35. The survey revealed in its implications' (section #4) that over half of the substance use disorder counselors may 'age out' of the workforce soon.

Our state's struggle to cope with SUDs, especially alcohol and the current opioid and other illicit drug overdose epidemic is well documented within previously published SCAODA reports; "Alcohol, Culture and Environment Workgroup Recommendations", (April 2010); "Reducing Wisconsin's Prescription Drug Abuse: A Call to Action", (January 2012); "Wisconsin's Heroin Epidemic: Strategies and Solutions", (July 2014); and "Marijuana In Wisconsin: Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana", (June 2016). However, none of these evidence-based reports addressed the ongoing recruitment, education, training, supervision or retention of the workforce needed to provide many of the treatment and/or prevention recommendations offered as solutions.

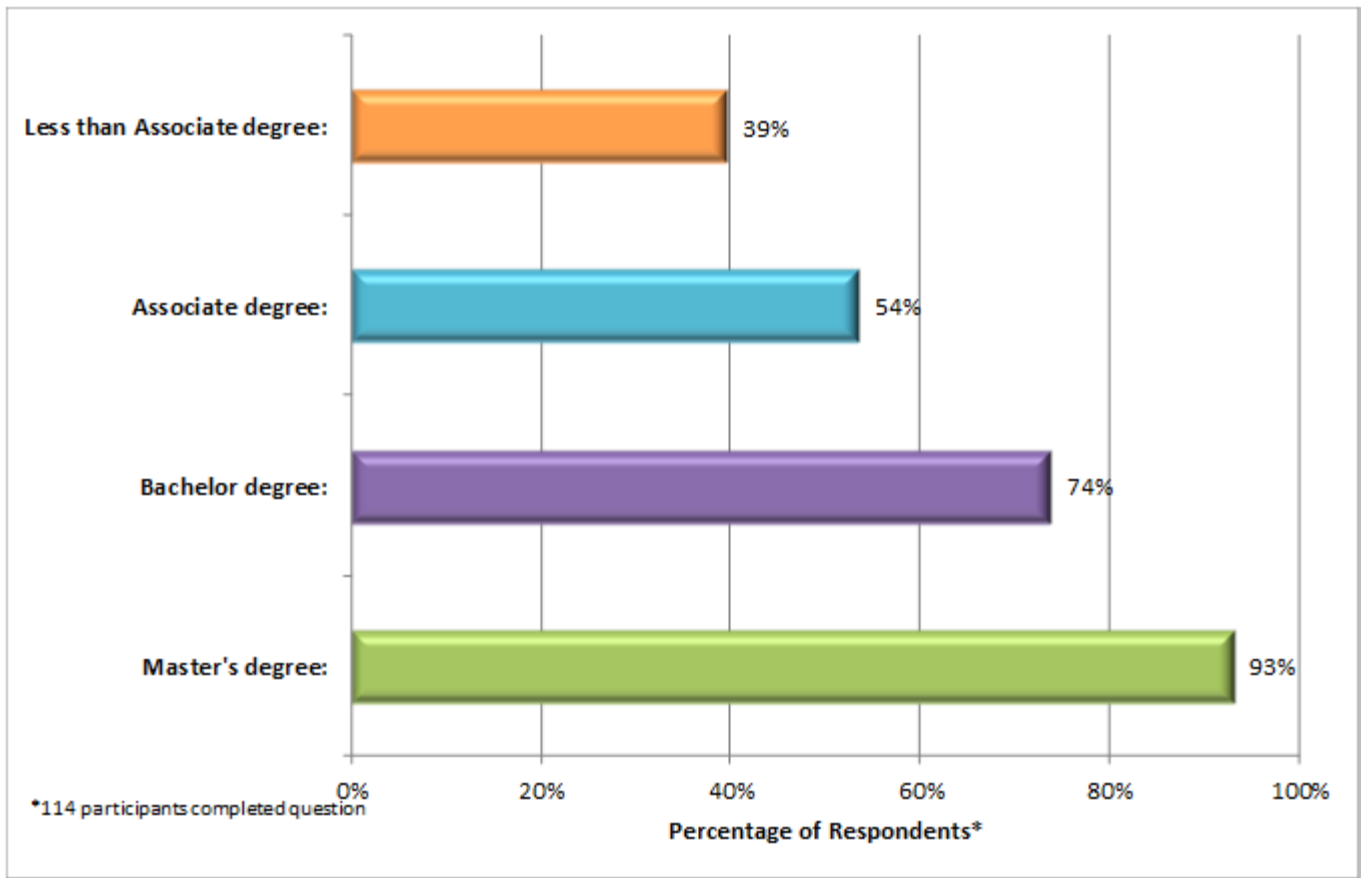
A Report to Governor Scott Walker, “Combating Opioid Abuse” (2016), included several recommendations addressing the workforce, some of which included:

- Funding and grant opportunities to provide training to support substance abuse and peer support sites. A ‘pilot’ program to aid in the transition from hospital-based care to on-going care with in-house recovery coaches, supporting recovery coaches and peer specialists in community corrections settings.
- Health care grants through the Department of Workforce Development (DWD) to support health care providers, educational institutions and other employers to fund projects to train substance abuse counselors, peer specialists, recovery coaches, mental health professionals and others to meet the shortage of substance abuse service providers.
- A Director level position created with staff within the Secretary’s Office at DHS to develop a strategic plan to work with agencies on rules, policies, insurers and Medicaid to improve access to substance abuse services.
- A Department of Safety and Professional Services (DSPS) Substance Abuse Counselor Certification Committee to revise clinical hour requirements for counselors to better balance adequate training with workforce accessibility.

To gather additional data the Workforce Committee requested the Marshfield Clinic Center for Community Outreach to complete a “Survey for AODA Certified Programs” (2016). Fifty-nine out of 72 counties representing 114 agency respondents replied.



Survey Question: Indicate the number of people providing substance abuse counseling at their highest level of educational preparation. (The total should reflect the total number of people providing substance abuse counseling at your agency)

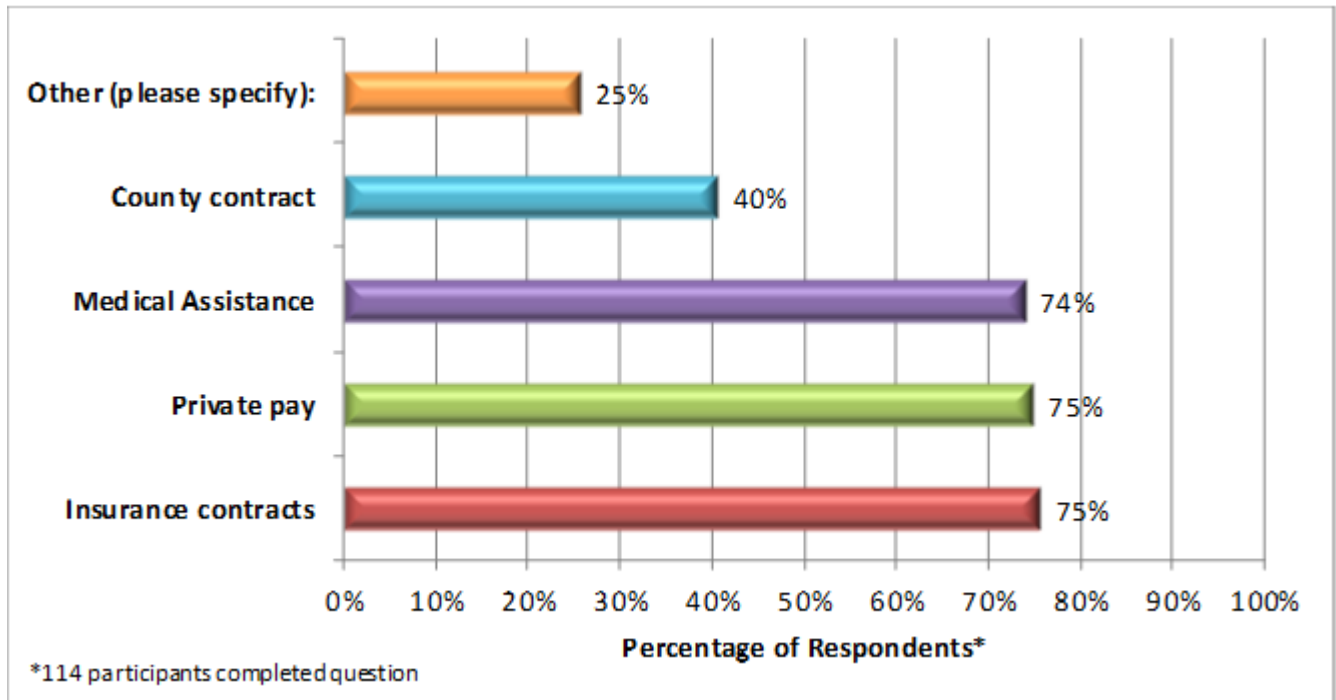


The responses revealed important data regarding agencies providing substance use disorder treatment in the following categories:

Education level of providers:

- 39% have providers with less than an Associate Degree
- 54% have providers with an Associate Degree
- 74% have providers with a Bachelor's Degree
- 93% have providers with a Master's Degree

Survey Question: What are your funding sources for reimbursement for substance abuse counseling? (check all that apply)



Funding sources for treatment reimbursement:

- 75% have commercial insurance contracts
- 75% accept private pay for services
- 74% accept Medical Assistance (MA)
- 40% have county contracts
- 25% noted “other” sources of reimbursement

Other includes: Internal company program, Department of Corrections contracts, Federally Qualified Health Centers (FQHC) reimbursement, scholarships, grants, Substance Abuse Block Grant (SABG), state contracts, county operated services, Indian Health Services, State of Minnesota, and local tax levy.

Recruitment and retention challenges were reported by 65% and 72% of reporting agencies – 73 and 81 agencies respectively. Some of the main issues cited were as follows:

Identified Recruitment and Retention Challenges:

- Varying degrees of competency
- Lack of dual licenses (AODA and Mental Health)
- Low pay. Once credentialed and/or staff receive their graduate degree, they often leave for higher paying positions.
- Rural locations have a difficult time finding and retaining counseling staff
- Challenges in meeting education requirements if already licensed in another discipline
- Independent Clinical Supervisor required for ongoing supervision with few available
- Low Medicaid reimbursement rates
 - High client “no show” rates.
 - Low treatment compliance.
- Substance Abuse Counselor – In Training (SAC-ITs) are non-billable to insurance companies.

Wisconsin’s Substance Abuse Workforce

The 2016 Wisconsin Mental Health and Substance Abuse Needs Assessment Update reported there were an estimated 1,200 employed substance abuse counselors in Wisconsin in 2013 and another 1,610 substance abuse and mental health social workers. In the Workforce Committee’s 2015 initial report, DSPS records indicated an estimated 1,920 active or inactive licensed or certified substance abuse professionals in Wisconsin.

The U.S. Bureau of Labor Statistics recently released its 2016 data which indicates the following:

In Wisconsin, there are 3,330 persons employed who are classified as Substance Abuse and Behavioral Health Counselors or Mental Health and Substance Abuse Social Workers. This equates to 5.76 of these professionals per 10,000 population – less than the state of Minnesota at 9.73 and Iowa at 7.21. Illinois and Michigan are comparable at 5.23 and 5.61 respectively.

Executive Summary

The fifth edition of *The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, a manual used by clinicians that contains descriptions and symptoms of all mental disorders classified by the American Psychiatric Association (APA), describes a substance use disorder as a problematic pattern of use of an intoxicating substance leading to significant impairment or distress. “The provision of culturally relevant, evidence-based practices and the demonstration of significant treatment outcomes depends on an effectively trained and supported workforce.” (Model Scopes of Practice and Career Ladder for Substance Use Disorder Counselors, SAMHSA-HRSA, 2011)

Over the past six months, the Treatment and Intervention’s Workforce Committee has reviewed available data from a multitude of sources: SAMHSA; Wisconsin Department of Health Services; Department of Workforce Development; Bureau of Labor Statistics; employment data from the states of Michigan and Nebraska for comparison; the Governor’s Task Force Report; and survey data obtained from DHS 75 state licensed substance abuse treatment providers in 59 of Wisconsin’s 72 Counties, regarding key workforce issues. From these data and other relevant resources, the Workforce Committee puts forth these proposals to increase, improve, enhance and sustain Wisconsin’s workforce to address substance use disorders.

If the recommendations that follow are adopted and put into practice, it’s the opinion of the Treatment and Intervention’s Workforce Committee that counseling for substance use disorders in Wisconsin will be enhanced, creating clear and concise pathways to viable, sustainable careers. If we do nothing, then the substance use disorder workforce will continue to shrink and people seeking treatment will not have access to quality, evidence-based care.

Encouraging already licensed behavioral health care providers to add a substance use disorder credential, increasing the number of professionals entering the field, and developing efficient and effective means to becoming clinical supervisors, will result in a subsequent expansion of treatment options for clients. Additionally, these recommendations highlight the value that those with ‘lived’ experiences (such as certified peer specialists and recovery coaches) add to the field, further improving outcomes.

These recommendations are organized into four pillars identifying workforce issues specific to the field of counseling for substance use disorders.

- **Recruitment Pillar:**
 - Initiatives to increase the number and promotion of educational programs with a career track in SUD counseling, peer specialists, and recovery coaching and encouraging currently licensed behavioral health professionals to expand their practices to include SUD counseling.
 - Clearly outline the pathways toward a career in substance abuse counseling.
 - Increase the number of clinical supervisors. Clearly outline the pathways toward a career in substance abuse counseling.
 - Negotiate parity in compensation for SUD treatment providers comparable to other behavioral health professionals.

- **Education and Training Pillar:**
 - Work to recognize licensed behavioral health professionals' prior coursework toward a SUD counseling certificate.
 - Provide support and consultation during the application review process and verification of the education requirements for Substance Abuse Counselor applicants.
 - Continue to support the on-line directories of all available SUD counseling, certified peer specialists and recovery coaching programs available in Wisconsin.
 - Attract formerly licensed SUD counseling professionals to re-enter the field.
 - Adopt and implement specific training and education guidelines for Adolescent SUD counselors.

- **Supervision Pillar:**
 - Conduct a critical review of the clinical supervision requirements for all levels of SUD counselors (SAC-IT; SAC; CSAC; CS-IT).
 - Promote opportunities afforded by obtaining a Clinical Supervisor credential.

- **Retention Pillar:**
 - Increase Medicaid rates paid for SUD treatment and those counselors treating only substance use disorder clients, who may lack a post-graduate degree.
 - Provide an appropriate financial subsidy to SUD treatment providers to encourage the hiring and retention of certified peer specialists and recovery coaches.
 - Develop and publish a 'career ladder' for SUD counseling as a viable and desirable career in Wisconsin.

Following is a review of each pillar, its primary emphasis, specific recommendations and the rationale for each.

Recruitment Pillar

Recommendation 1: The Wisconsin DHS shall support initiatives to increase the number and promotion of educational programs with a career track in SUD Counseling; Peer Specialists, Recovery Coaching and currently licensed Behavioral Health Professionals, in both high schools and colleges at Associate, Undergraduate and Graduate levels.

Rationale: In Wisconsin, evidence suggests that recruiting efforts have focused on attracting graduates from accredited educational programs for SUD counselors and other licensed behavioral health service providers to the field. Peer Specialists and Recovery Coaches are an emerging and developing part of the workforce and have become increasingly important in a variety of clinical and community oriented systems of support for substance use disorder treatment.

Recommendation 2: Department of Safety and Professional Services (DSPS) should develop a Board or modify an existing board for SUD Counselors to include representatives from education and training institutions as well as SUD professionals to clearly outline the three career pathways currently available toward a career in SUD counseling: Non-degree certificate programs; Associate Degree Programs; Licensed behavioral health professionals seeking Alcohol and Other Drug Abuse (AODA) Certification. DSPS should identify specialists from within the Department whose primary function is to oversee, instruct and aid SUD counselors in meeting all license requirements along with all application reviews done by a SUD professional within the field.

Rationale: There have been numerous reports from individuals seeking initial certification that the process is often confusing. Inquiries are often answered by different individuals who give different answers to the same question and require the same materials to be sent multiple times and other obstacles. While staff from DSPS have reported high turnover within the agency, we recommend that someone with tenure in the agency be designated to oversee the process and insure consistency.

Recommendation 3: DSPS shall increase the number of Clinical Supervisors by modifying current requirements for an ICS (Intermediate and Independent Clinical Supervisor). The requirements for Intermediate Clinical Supervisor should allow individuals with the knowledge and experience in the treatment of SUD's the opportunity to be certified as such. The requirement should be competency based only. (Becoming an Independent Clinical Supervisor simply requires two years of experience as an Intermediate Clinical Supervisor)

Rationale: As with initial application for Substance Abuse Counselor-In-Training (SAC-IT), this same process appears unnecessarily burdensome on the applicant. The number of certified Clinical Supervisors is dwindling. We believe the recommendation could entice more experienced professionals to obtain the credential without impacting the quality of care provided to the public.

Recommendation 4: The Department of Health Services should work with insurance companies licensed in the state of Wisconsin to advocate for parity in reimbursements and the potential for earnings comparable to other Behavioral Health Professionals.

Rationale: According to the Wisconsin Technical College System's (WTCS) "Graduate Outcomes" (Job Placement and Employment Data for 2015 Graduates) there were 35 Alcohol and Other Drug Abuse graduates. At the time of the survey, 24 of them were employed and just 17 (48.6%) were employed in the field of substance use disorder treatment. The same report for 2016 found that of the 40 graduates, just 16 were employed and 15 (37.5%) were employed in the field. In spite of the workforce shortage, the WTCS has graduates who do not get employed in the field because of the lack of reimbursement for Substance Abuse Counselors – In Training (SAC-IT), low wages, and the poor to no benefits. Anecdotally, some agencies have had to hire a counseling subcontractor. This group of individuals often have at least as much as and sometimes more education in the provision of counseling for substance use disorders than do many mental health professionals.

Education and Training Pillar

Recommendation 5: The State Council on Alcoholism and Other Drug Abuse (SCAODA) should encourage DSPS to ‘fast track’ eligible applicants for substance abuse counselor certification by recognizing individuals already licensed in closely related professions who have prior coursework toward the SUD “specialized education” requirements.

Rationale: Currently the DSPS Substance Abuse Counselor - Pre-Credential Education requirements include, “Attendance and completion of 360 hours of approved specialized education in substance use disorder counseling within a comprehensive program or a degree program approved by the department in a field with an addiction emphasis or concentration.” Individuals previously trained and licensed in closely related professions may have specific enough educational backgrounds that include the identified content areas and related hours to meet the SPS 166.01 through SPS 166.07 requirements within a comprehensive and credible training program. Many potential applicants are reluctant or unable to pay for (in both time and money) repeat coursework they’ve already completed.

Recommendation 6: DSPS should identify and make transparent to the public, a volunteer review team of three or four experienced personnel certified as substance abuse counselors and/or clinical supervisors geographically representative of the state to work with, support, and provide consistency in DSPS’s review of applications for SUD counseling-related credentials.

Rationale: Although DSPS credentialing for Substance Abuse Professionals is guided by Wisconsin Administrative Code Ch. SPS 160-168, many applicants have unique education and work experiences that require interpretation and judgment in order to determine if they meet minimum standards of the credential for which they have applied. Anecdotal reports from applicants, agency personnel, and recognized training institutions indicate a sense of inconsistency or perceived unfairness when these decisions have been made. Those who apply for advancement or as new Substance Abuse Professionals do not have an empowered representative board of experienced individuals with knowledge of the profession to represent them at DSPS. When decisions on granting certification require more than the typical amount of interpretation regarding an applicant’s eligibility, these experienced, licensed personnel can offer insight and recommendations that consider the uniqueness of the situation within the boundaries of professional practice and provide additional points for consideration to DSPS personnel. According to SCAODA minutes, the response to a similar recommendation in the original Workforce Committee’s initial ‘draft’ report (2015) was that the SCAODA Intervention and Treatment Committee wanted to keep this recommendation because, “an advisory board would assist DSPS to be a better servant to the field through greater connection and hearing from the field.”

Recommendation 7: DSPS should make more visible the list of approved SUD counseling-related education and training programs available in the State of Wisconsin.

Rationale: Wisconsin has 57 approved programs with coursework leading to SUD counseling-related certifications. Anecdotal evidence suggests that for those seeking a career in SUD counseling or supplementing an existing behavioral health practice with certification, starting the credentialing process to treat SUD is difficult to navigate at best and a discouragement for many who try. This career path is not clear and concise for people who don't know all the detailed processes involved. Orientating potential applicants to a link to this list would provide more detail on the required education.

The Federal Bureau of Labor Statistics in its Occupational Outlook Handbook projects an increased change in employment opportunities from 2014 to 2024 by 22 percent for SUD professionals. The average growth rate for all occupations is 7 percent. Published by the Pew Charitable Trusts, a 2015 article by Christine Vestal titled "How Severe is the Shortage of Substance Abuse Specialists?" (Vestal, 2015) notes that Wisconsin has only 30 providers for every 1000 non-elderly adults with addiction. The national average is 32. The Wisconsin Mental Health and Substance Abuse Needs Assessment (Department of Health Services, 2016) reported, the U.S. Bureau of Labor Statistics is projected a 33% increased need for SUD professionals by the year 2016. Wisconsin has seen an overall decline in its SUD treatment workforce since 2009, with only 1 percent gain between 2012 and 2013.

Recommendation 8: DSPS should establish a more flexible re-certification process by allowing formerly licensed SUD counselors the ability to re-enter the field beyond the current five-year limit with appropriate requirements.

Rationale: Per Safety Professional Services (SPS) 165.01 (2), "A credential holder who fails to renew certification shall cease practice and use of the professional title. Within 5 years following the renewal date, a credential holder may renew the expired credential without examination by filing the required renewal application, the renewal fee, and the late renewal fee under s. 440.08 (3), Stats. A credential holder who fails to renew certification within 5 years of the renewal date shall be reinstated by complying with the requirements for obtaining initial certification, including educational and examination requirements which apply at the time application is made."

The Wisconsin Technical College System most recent Outcomes Report for 2016 Graduates published in May 2017 noted that those with a 2-year specialized associate degree earn a median wage of only \$16.00 per hour or \$33,444 annually (down from the 2015 report of \$16.30 and \$33,599 respectively). Those with a one-year technical diploma earn \$9.00 or \$18,225 annually (no comparison reported in 2015). Formerly licensed counselors will find the cost (in both time and money) of complying with initial certification education and training requirements after lapse of their license to be overwhelming in comparison to the potential benefits in wages.

Recommendation 9: DSPS should adopt and implement the specific training and education guidelines for counselors as outlined in the 'Adolescent Treatment Framework and Practice Guidelines' as put forth in the 'Project Fresh Light' document.

Rationale: According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately nine percent of adolescents (ages 12 to 17) reported current illicit drug use in the 2014 National Survey on Drug Use and Health (NSDUH, 2014). Despite these trends, in 2013 less than ten percent of youth with an illicit drug or alcohol use problem receive needed treatment at a specialty facility (SAMHSA, 2017).

According to the Wisconsin Mental Health and Substance Abuse Needs Assessment released in February 2014, the 2010 National Survey on Drug Use and Health Wisconsin sample, there were 17,385 people in treatment for SUD on any given day in Wisconsin. Per this same survey, approximately 448,000 youth and adults needed treatment in Wisconsin but only 8% or 36,000 received it. For youth, this number is even lower at 3% or only 1,100 have received some type of formal SUD treatment.

Research shows that most individuals who develop SUDs later in life begin misusing substances in adolescence (Dewit, et al., 2000; Kandel, et al., 1984). Despite this reality, many states do not have adequate adolescent treatment or recovery support services in place for this vulnerable population. A lack of qualified and educated staff is one of the reasons for this shortage in qualified adolescent treatment providers. The Adolescent Treatment Framework states that: "...the Wisconsin adolescent treatment system appears to have an inadequate number of programs with a restricted range of service levels to address the immense prevalence of teen AODA; for the adolescent programs that do exist there are often access barriers; adequate counselor training, and the implementation of standardized adolescent assessment instruments and research-informed treatment methods are questionable."

Additionally, The Adolescent Treatment Framework identifies 10 Elements of Effective Programs and Corresponding Best Practices in the Practice Guidelines that were developed in 2008:

- Assessment, Screening and Treatment Matching
- Systems Integration
- Comprehensive, Integrated Approach
- Developmental Relevance
- Family Involvement
- Treatment Engagement and Retention
- Gender and Cultural Competence
- Outcome and Process Evaluation
- Continuing Care and Recovery Management
- Qualified Staff

Despite the need for specialized treatment, education, and support for best and evidence-based practices and programs in adolescent treatment, there is a lack of credentialed staff to ensure quality care for adolescents in Wisconsin. Importantly, there is also no certification available or required by the Department of Safety and Professional Services to provide this type of specialized care.

Supervision Pillar

Recommendation 10: DSPS should critically review the clinical supervision requirements for all levels of SUD counselors (SAC-IT; SAC; CSAC) and adopt realistic requirements that continue to support individual professional development and ethical, quality care.

Rationale: As of this writing, the Workforce Ad Hoc Committee is aware of the special committee of advisors recently formed to assist DSPS in its review of SPS 160-168. From DSPS data, it would appear the need for Clinical Supervisors (ICS) far exceeds those already seeking a license as a Substance Abuse Counselor (SAC). Draft recommendations from the special committee include changes that may be responsive to this concern.

DSPS License Data						
<i>Independent Clinical Supervisor (ICS)</i>	<i>Intermediate Clinical Supervisor (ICS)</i>	<i>Clinical Supervisor In-Training (CSIT- may NOT supervise SAC-ITs)</i>		<i>Clinical Substance Abuse Counselor (CSAC)</i>	<i>Substance Abuse Counselor (SAC)</i>	<i>Substance Abuse Counselor In-Training (SAC-IT)</i>
281	193	168		1608	688	1317
Supervision Requirements for each license level per SPS 162.01						
		1 hour per 40 hours of clinical supervision practice		1 hour for every 40 counseling hours, 1 in-person meeting per month	2 hours per 40 counseling hours, 1 in-person meeting per month	2 hours per 40 work hours, 1 in-person meeting per month

Recommendation 11: DSPS should encourage those licensed SUD counselors who meet DSPS requirements to apply for the Clinical Supervisor – In Training (CS-IT), thereby increasing the number of supervisors throughout Wisconsin, by evaluating the education and training requirements for the CS-IT credential to make it more accessible to working counselors.

Rationale: As of this writing, the Workforce Committee is aware of the special committee of advisors recently formed to assist DSPS in its review of SPS 160-168. Draft recommendations from the special committee include changes that may be responsive to this concern.

Retention Pillar

Recommendation 12: Increase Medicaid rates for SUDs to be in line with surrounding states for both individual and group therapy.

Rationale: While Wisconsin has significant challenges in attracting SUD counselors, retention of those same clinicians, before, during and after pursuing a substance abuse counseling credential is no less challenging. Despite encouraging wage data recently reported for Wisconsin's SUD counselors (U.S. Bureau of Labor Statistics, 2015), data gathered by our own Committee (Survey for AODA Certified Programs) highlighted several 'retention' issues that are the concern of treatment providers in 59 of Wisconsin's 72 counties.

Of the 114 respondents from the 59 counties, 76% reported they accept Medicaid as payment for services. Of those who do not, they reported:

- "Billing Medicaid is too complicated"
- "Don't like the hassle of not getting paid if I don't dot my 'i's"
- "Most of our clients come through the R25 system in Minnesota".

Seventy-two per cent of the same respondents reported that they have difficulty retaining staff due to, in their opinions:

- "Competition from other agencies"
- "Low Medicaid and insurance reimbursement rates"
- "Financial constraints affecting Masters level staff"
- "Pay"
- "The little reimbursement from Medicaid is not enough to cover a position"
- "Medicaid reimbursement rates are much lower for substance abuse Common Procedure Terminology (CPT) used in insurance billing code vs. a mental health CPT code. This does not even cover any of the overhead."
- "Medicaid reimbursement rates do not sustain front line clinics."
- "We have seen an increase in Medicaid clients and a decrease in other funding streams. We are considering capping our Medicaid client population due to low reimbursement and a high percentage of no shows."

Anecdotal evidence indicates that the facilities bordering neighboring states have the greatest problem with retention. This has been attributed, at least in part, to the higher Medicaid reimbursement rates in those states which enable the treatment agencies in other states to pay a higher salary.

A comparison of Medicaid rates in Wisconsin and neighboring states for reimbursement for a credentialed SUD counselor with a high school diploma, associate’s degree or bachelor’s degree:

	Individual Counseling/hour	Group counseling Group member/hour
Minnesota	\$71.40	\$34.68
Iowa	\$76.80	\$42.75
Illinois	\$60.32	\$22.80
Michigan	Not available	Not available
Wisconsin	\$32.28	\$8.53

The committee recommends that credentialed SUD counselors receive a reimbursement rate competitive with neighboring states regardless of the level of education. That is, persons employed as SUD counselors, and credentialed to perform the same tasks should be reimbursed at the same rate.

Wisconsin Credential	Individual Counseling/hour	Group Counseling Group member/hour
Associate Degree or Bachelor Degree SAC, CSAC	\$32.28	\$8.53
Master’s-level psychotherapist With SAC or DSPS SUD treatment specialty	\$55.55	\$11.37
Psychologist, Ph.D.	\$65.65	\$13.96
Physician or Physician Assistant	\$80.93	\$20.43

*See Appendix A

The committee further recommends that the reimbursement rate be equivalent to the highest rate of reimbursement of those surrounding states. Such a change could not only retain practitioners in Wisconsin, it could very well reverse the flow of credentialed professionals and increase their numbers in Wisconsin. In a 2016 memorandum to Representative John Nygren, an analyst from the Legislative Fiscal Bureau calculated that reimbursement rates that match those of Iowa would not have a significant increase in GPR expenditures. This calculation also made a number of assumptions including “with an increase in the payment rate, the amount of services provided would increase.” and “...this estimate uses a 30% increase in quantity for illustrative purposes.” It also assumes that “...it may be necessary to also increase the reimbursement rates for psychotherapy to match Iowa’s rates in cases where Wisconsin’s rates are currently lower.” These assumptions and calculations result in the following:

**“Estimated Fiscal Effect of Increasing MA Program Reimbursement Rates
to Match Iowa Medicaid Rates
(\$ in Millions)**

<u>Service Category</u>	GPR	FED	Total
Drug Abuse Treatment Procedure Codes	\$2.6	\$3.7	\$6.3
Psychotherapy Procedure Codes	<u>4.2</u>	<u>5.8</u>	<u>10.0</u>
Total	<u>\$6.8</u>	<u>\$9.5</u>	<u>\$16.3</u> “

Recommendation 13: DHS should provide some level of subsidy to SUD treatment providers hiring Certified Peer Specialists and Recovery Coaches for a period of (1) year and renewable for up to (3) consecutive years.

Rationale: Certified Peer Specialists and Recovery Coaches can be a useful adjunct to the work performed by counselors or therapist. These individuals, while not clinicians themselves, have “lived experience” as individuals who had a substance use disorder, often with a co-occurring mental health disorder, and are now in sustained recovery. Similar to physician assistants and nurse practitioners who are viewed as physician extenders, they can be viewed as counselor extenders. They can assist the SUD patient between appointments or assist with tasks that often fall to the counselor or therapists by default, thereby increasing the likelihood of a successful treatment experience as well as having the potential to expand the caseload of the clinician. Currently agencies can only expect reimbursement from Medicaid for those services, again at a very low rate. Commercial insurances rarely, if ever, reimburse for that level of training.

If Certified Peer Specialists (CPS) and Recovery Coaches (RC) are reimbursed through public funds, the CPSs and RCs could receive an income while working in the field and eventually obtain a SAC-IT or other certification. This also provides a vehicle for reimbursement for those seeking employment hours while working toward certification.

The work group’s survey participants reported that “The current system does not allow new graduates to be billable creating major barriers to employers hiring and new grads finding positions” and “We do not have adequate resources to meet the needs of all residents”. Subsidies to the agencies employing CPSs and RCs could help to resolve these issues. Allowing the credentialed staff to focus on providing the therapeutic services is likely to enhance job satisfaction and retention in the field.

Recommendation 14: DHS should work with Wisconsin licensed insurance companies to increase the reimbursement rates for SUD counselors treating only substance use disorders without a master's degree.

Rationale: While the State of Wisconsin cannot exert direct control over the reimbursement rates paid by private commercial entities, it does have a strong interest in insuring that all citizens, whether publicly or privately insured, have access to quality care for substance use disorders. The state has an interest in individuals having the resources necessary for recovery, not just for the amelioration of symptoms.

Conclusion

In Wisconsin, there has been a concerted effort on the part of law makers, health care and behavioral health care professionals, treatment providers, grassroots organizations, the recovering community and affected family members to address the heroin epidemic. More treatment options are needed as is a trained and dedicated workforce of professional providers of care for those suffering with substance use disorders. This report draws attention to specific strategies needed to attract new people to a SUD counselor career, retain as much of the currently available workforce as possible and begin the process of infusing the field with the support it needs to improve treatment outcomes at this most critical time. Wisconsin has already begun the task of safeguarding its public through the Heroin, Opiate, Prevention, and Education (HOPE) legislation, ongoing prevention efforts, education and awareness in communities across the state. It's the opinion of the Workforce Committee that Wisconsin must also keep and maintain a skilled workforce of SUD counselors to provide the treatment services that ultimately lead to a lasting recovery from addiction. Now is the time to support this unique workforce struggling to provide services to treat a devastating chronic illness and public health concern.

Summary of Recommendations

The following chart shows the interrelatedness of the recommendations and is not intended to prioritize or weight any of them.

REC = Recruitment, ET = Education and Training, SUP = Supervision, RET = Retention

Recommended in:	Recommendation	REC	ET	SUP	RET
Recruitment Pillar	<u><i>Recommendation 1:</i></u> The Department of Health Services shall support initiatives to increase the number and promotion of educational programs with a career track in Substance Abuse Counseling; Peer Specialists, Recovery Coaching and currently licensed Behavioral Health Professionals, in both high schools and colleges at Associate, Undergraduate and Graduate levels.	X	X		
	<u><i>Recommendation 2:</i></u> DSPS should develop a Board or modify an existing board for Substance Abuse Workers to include representatives from education and training institutions as well as substance abuse professionals to clearly outline the three career pathways currently available toward a career in substance abuse counseling: Non-degree certificate programs; Associate Degree Programs; Licensed behavioral health professionals seeking AODA Certification. DSPS should identify specialists from within the Department whose primary function is to oversee, instruct and aid substance abuse counselors in meeting all license requirements and that all application reviews be done by a substance abuse professional within the field.	X	X		
	<u><i>Recommendation 3:</i></u> DSPS shall increase the number of Clinical Supervisors by modifying current requirements for an ICS (Intermediate and Independent Clinical Supervisor). The requirements for Intermediate Clinical Supervisor should allow individuals with the knowledge and experience in the treatment of substance use disorders the opportunity to be certified as such. The requirement should be competency based only. (Becoming an Independent Clinical Supervisor simply requires two years of experience as an intermediate Clinical Supervisor)	X		X	

REC = Recruitment, ET = Education and Training, SUP = Supervision, RET = Retention

Recommended in:	Recommendation	REC	ET	SUP	RET
Recruitment Pillar	<u>Recommendation 4:</u> The Department of Health Services should work with insurance companies licensed in the state of Wisconsin to advocate for parity in reimbursements and the potential for earnings comparable to other Behavioral Health Professionals.	X			X
Education and Training Pillar	<u>Recommendation 5:</u> SCAODA should encourage DSPS to 'fast track' eligible applicants for substance abuse counselor certification by recognizing individuals already licensed in closely related professions who have prior coursework toward the substance use disorder "specialized education" requirements.	X	X		
	<u>Recommendation 6:</u> DSPS should identify and make transparent to the public, a volunteer review team of three or four experienced personnel certified as substance abuse counselors and/or clinical supervisors geographically representative of the state to work with, support, and provide consistency in DSPS's review of applications for substance abuse counseling-related credentials.	X	X		
	<u>Recommendation 7:</u> DSPS should make more visible, the list of approved substance abuse counseling-related education and training programs available in the State of Wisconsin.	X	X	X	X
	<u>Recommendation 8:</u> DSPS should establish a more flexible re-certification process by allowing formerly licensed substance abuse counselors the ability to re-enter the field beyond the current five-year limit with appropriate requirements.	X	X		
	<u>Recommendation 9:</u> DSPS should adopt and implement the specific training and education guidelines for counselors as outlined in the 'Adolescent Treatment Framework and Practice Guidelines' as put forth in the 'Project Fresh Light' document.	X	X	X	X

REC = Recruitment, ET = Education and Training, SUP = Supervision, RET = Retention

Supervision Pillar	<i><u>Recommendation 10:</u></i> DSPS should critically review the clinical supervision requirements for all levels of substance abuse counselors (SAC-IT; SAC; CSAC) and adopt realistic requirements that continue to support individual professional development and ethical, quality care.	X	X	X	X
	<i><u>Recommendation 11:</u></i> DSPS should encourage those licensed substance abuse counselors who meet DSPS requirements to apply for the CS-IT, thereby increasing the number of supervisors throughout Wisconsin, by evaluating the education and training requirements for the CS-IT credential to make it more accessible to working counselors.	X	X	X	X
Retention Pillar	<i><u>Recommendation 12:</u></i> Increase Medicaid rates for substance misuse and substance use disorders to be in line with surrounding states for both individual and group therapy.	X	X		X
	<i><u>Recommendation 13:</u></i> Provide some level of subsidy to substance use disorder treatment providers hiring Certified Peer Specialists and Recovery Coaches for a period of (1) year and is renewable for up to (3) consecutive years.	X	X	X	X
	<i><u>Recommendation 14:</u></i> Work with Wisconsin licensed insurance companies to increase the reimbursement rates for substance use disorder counselors treating only substance use disorders without a master's degree.	X	X		X

Frequently Used Acronyms

AODA	Alcohol and Other Drug Abuse
CSAC	Clinical Substance Abuse Counselor
CS-IT	Clinical Supervisor in Training
DHS	Department of Health Services
DOC	Department of Corrections
DSM-V	Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition
DSPS	Department of Safety and Professional Services
DWD	Department of Workforce Development
HOPE	Heroin, Opiate, Prevention, and Education Legislation
ICS	Independent Clinical Supervisor
ITC	Intervention and Treatment Committee
MA	Medical Assistance
MS	Master of Science
SAC	Substance Abuse Counselor
SAC-IT	Substance Abuse Counselor in Training
SAMHSA	Substance Abuse and Mental Health Services Administration
SCAODA	State Council on Alcoholism and Other Drug Abuse
SUD	Substance Use Disorder

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Appendix A: Outpatient Substance Abuse Treatment

ForwardHealth covers outpatient substance abuse treatment services to ameliorate negative symptoms from substance abuse and to restore effective functioning in persons with substance abuse dependency or addiction. These services are reimbursed when provided in accordance with ForwardHealth policy requirements, such as provider enrollment, claims submission, or documentation requirements.

The maximum fee reimbursed by ForwardHealth is set according to both the service provided and the qualifications of the provider who renders the service. The table below summarizes the ForwardHealth fee schedule for outpatient substance abuse treatment.

Procedure Code	Description	Provider Qualifications	Max Fee
H0005	Alcohol and/or drug services; group counseling by a clinician	SAC or CSAC without MH credential	\$8.53
		Master's-level psychotherapist with SAC or DSPS SUD treatment specialty	\$11.37
		Psychologist, Ph.D.	\$13.96
		Physician or Physician assistant	\$20.43
H0022	Alcohol and/or drug intervention service (planned facilitation)	SAC or CSAC without MH credential	\$32.28
		Master's-level psychotherapist with SAC or DSPS SUD treatment specialty	\$55.55
		Psychologist, Ph.D.	\$65.65
		Physician or Physician assistant	\$80.93
H0047	Alcohol and/or other drug abuse services, not otherwise specified	SAC or CSAC without MH credential	\$32.28
		Master's-level psychotherapist with SAC or DSPS SUD treatment specialty	\$55.55
		Psychologist, Ph.D.	\$65.65
		Physician or Physician assistant	\$80.93
T1006	Alcohol and/or substance abuse services, family/couple counseling	SAC or CSAC without MH credential	\$32.28
		Master's-level psychotherapist with SAC or DSPS SUD treatment specialty	\$55.55
		Psychologist, Ph.D.	\$65.65
		Physician or Physician assistant	\$80.93

Note – Information current as of April 11th, 2017. Content developed for guided discussion; please refer to ForwardHealth publications for official policy guidance.