



**Chemical Dependency Professionals
Treatment and Education & TRN Committee Meeting**

Minutes

**December 11, 2020 1:00 pm – 3:00 pm
(Virtual Meeting on TEAMS Platform)**

Treatment Members Present: John Lisy (TX CHAIR), Tom Stuber, Bruce Jones, Jim Mermis, Adreana Tartt, Gary Gonnella, Teresa Lampl.

Education Members Present: Dianne Fidelibus, Kathy Elson, Michael Brubaker, Kathy Yokum, Ken Yeager

Members Absent: Ray Packard, Scott Beach, Maria Nemeč (has resigned from committee due to work commitments)

Others Present: Jill Smock - Executive Director, Janice Thomas – Admin. Support

Meeting called to order: 1:01 pm

Introductions: Welcome and introduction of those on virtual meeting. Kenneth Yeager introduced as a new Board member and member to the Education & TRN Committee

Approval of Minutes:

Motion to approve the 9/11/2020 meeting minutes

B. Jones, T. Stuber

Approved

Directors Update:

The Directors Updates presented by Jill Smock included brief highlights of HB404 which grants an additional licensure renewal extension to Ohio licensees and briefly shared information about other bills of import such as HB365 as it relates to the CDCA advancement to the LCDC II, and HB432 & SB246 that relate to occupational licensing.

Teresa L. commented on HB432 & SB246 stating that there are definite challenges for providers in boarder communities to hire and have individuals meet the requirements but not in agreement with watering down the requirements.

Jill S. mentioned a few things discussed in the last Board Meeting. The launching of an audit of licensees to take place this month. Also, both the Board and TX, ED & TRN Committees has discussed changes to the degree requirements for the LCDC III. Currently the requirement is a Bachelor's degree in a behavioral science but the proposed idea was accept any Bachelor's degree in combination with an

Associate degree in substance use disorder counseling with practicums/Internships. The degree requirement is in law so it would require legislative action. The Board decided at this time they do not have the bandwidth to address at this time, but would support if the field wanted to move for these changes.

Jill S. presented along with Brian Carnahan with CSWMFT Board to the Addiction Roundtable on workforce.

Jill S. introduced a discussion of ASI going virtual for their next conference and asked for input regarding any suggestions for national presenters. John L. stated that it has in the past been easier for higher credentials to take time off to attend ASI but now there may be more opportunity for other credentialed professionals to benefit from the presentations. Adreana T. mentioned that there's a need for coverage on topics such as working with special populations, racially relevant issues, aging individuals vulnerable to misuse of substances. She suggested enhancements in developing education specific to communities and providers. Jill S. also requested the committees input on timing for the trainings being lumped together or spread out and several members agreed that spreading out the conference would be better. Teresa L. said there would need to be a balance. Gary G. posed the question of whether there is a possibility to record the events.

Peer Support Position Statement

Jill S. briefly outlined the issue surrounding Peer Supporter certificate holders who were being told by Medicaid that they could not also hold an active CDCA certificate. She and OHMHAS spoke with a representative at Medicaid and there are discussions for a possible change. She presented the Board's position statement on this subject for the committee review. OHMHAS supports individuals not working as both at the same agency. John L. asked for input from members who are providers at agencies. Teresa L. stated that Ohio Council is working on this in OTP settings as opposed to a limit for opioid treatment programs. There are no standards that say that a Peer can't work at the same organization as a CDCA. Dianne F. asked for clarification on the Board's view on this. Jill S. stated that ODCP would be not against individuals holding both certificates but does not agree with them holding both credentials and working with the same client as this could set them up for possible ethical violations. The position statement is to protect CDCA's. Kathy E. expressed a concern from the standpoint of an educator with students earning practicum hours. How will the client know whether their counselor or Peer Supporter has both credentials? Ken Y. and Gary G. agree that individuals could be held to a set of standards that they may not understand and it could be hard to monitor this as a supervisor. Peer Supporters can benefit from more supervision at the agency level. A question was posed as to whether OHMHAS could clarify this in their statement? Jill S. questioned whether there needed to be any corrections or additions to the Board's statement. Ken Y. suggested clarifying the role of the CDCA and supervisor responsibility. Gary G. specified that the agency needs to have some responsibility. Both clinical and administrative supervisors should consult with the agencies. Mike B. pointed out that satellite offices may require individuals who can perform dual roles.

Work Plan Review:

Mental Health Services

John L. prompted a discussion and review of the Texas Administrative Code with regard to their LCDC scope versus Ohio licensees' scope in relation to co-occurring disorders. This is a preliminary view for the possibility of adding to the scope in regard to mental health. Dianne F. asked if the CSWMFT Board has given feedback on this subject. John L. indicated that this is still in the fact finding stage so there is no reason to pursue their input if the committees do not see a need for it. Tom S. said that trauma informed care and co-occurring disorders is being pushed but does the Board have approval to do that. Gary G. agrees with the idea overall but could be a problem with Medicaid only accepting one License entry. John L. asked Jill S. is there is a law or regulation around the SUD counselors providing mental health care, and she responded that currently laws and rules state that the AOD license is a specialized license that is specific to substance use disorders. Tom S. recommended to move forward on this the committee should first identify a plan to get people trained with established standards and second to work on changing legislative rule. John asked for any other members to join the workgroup to discuss changes and/or clarification of scope and move forward to join John, Adreana, and Gary. Tom S. and Mike B. agreed. John will set up the next workgroup meeting with them to move forward with researching this effort. Teresa L. noted that there could be some push back from various areas of the field about expansion to the scope of practice.

The 12 Core Functions (Work Experience)

John L. reviewed the issue of combining the current 12 core function/practical experience categories into the 4 IC&RC categories as opposed to having the hours separated in individual categories. John L. asked the members to take a final look at the functions and categories with a goal of coming to an agreement and possibly moving this issue forward. Mike B. made mention that there is a difficulty in obtaining family counseling hours but it's still necessary. He also suggests considering a minimum of 30 hours in counseling and 30 hours in group counseling. Kathy E. has the recommendation of the CD specific education requirements and she will resend to Jill to get out to the committee.

Test Acceptance

John L. has entered preliminary talk with NAADAC to discuss OCDP acceptance of more than one exam. He asked the question of whether IC&RC has any say on the subject. Jill S. reported that OCDP is an IC&RC member board so a license cannot be reciprocal to other states if the test is not taken through IC&RC. John L. will continue to follow-up on this issue.

Education and Training Committee

- **Supervision Definitions:** Jill S. distributed the updated Supervision definitions for review as they were missed when the other definitions were checked. Mike B. and Tom S. will be the subcommittee to review these and provide feedback.
- **Accredited Colleges/Universities:** Jill S. asked if the Board Staff could get some clarification on locating the list of accredited College or University /Institutions for education review purposes. Kathy E. and Mike B. will act as subcommittee to clarify this information.
- **Bachelor's Degree Endorsement:** Questions that have arose and Mike B. and Dianne F were part of the initial drafting of the endorsement so can serve as POC for Jill.
- **OTHER** Jill S. requested a revisit of the Master's degree education grid waiver policy to get clarification on the minimum number of educational hours required to complete a Master's program that waives the education grid requirement. Committee members agreed that

individuals completing a degree with less than 45-60 hours and no undergraduate courses accepted by the college or university to complete the degree graduate level requirements would not satisfy the waiver requirement. The degree must also satisfy the clinical education requirements to be reviewed by the board staff .

Telehealth- tabled due to time

Work Plan Review- tabled due to time, but provided to all committee members in documents sent out

Other Business/ Public Comments

HB365 – Hours for Field Work

Tom S. and Dianne F. wanted the committee feedback on the # of practicum field work hours referenced in HB365. Both Tom and Dianne agree that there is a significant workforce shortage, but Dianne F. reasons that out of 16 colleges in Ohio only 2 would meet the statute requirements for practicum currently in HB365. She agrees with having a clinical practicum with incentive for advancement but would like more leniency on spreading the practicum over more than a single semester. Tom S. expressed the need for individuals stepping into the workforce to be able to provide services upon hire. He states that counselor training needs to be at a level of ASAM 2.1 or higher which constitutes 12-20 hours per week of treatment experience for the client. Tom S. has a meeting next week and requests input from the committee on coming up with language to support the minimum number of practicum hours in a single semester. He met with the Department of Mental Health and Addiction Services and their recommendation is to not make any changes, but if necessary, go down to 14 hours per week. Tom S. stated that in his experience if the level of care is not there it can take up to 6 months to train a new hire. Gary G. is curious to know whether there's room for a certain percentage of work experience hours to be used. Tom S. answered that if students are only exposed to ASAM 1.0 they are not ready for the work force. Kathy E. informed the committee that no practicum placement students are hired until they complete their practicum and if HB365 goes through as is the changes may not be able to be adjusted until 2022. This creates an issue because agencies have affiliation agreements with colleges. Teresa L. pointed out that the Ohio Council doesn't want to diminish the number of hours. Committee members were asked if any objections to having the total 240 hours over 2 semesters with the 2-hour supervision requirement and there were no objections.

Jill S. announced that Ken. Y. will Chair the Education Committee. Congratulations were extended to Ken.

Meeting adjourned 3:15 pm

Next Meeting scheduled for 3/12/2021

J.T.

Committee Chair: JTZ Date: 3/16/21

Board Chair: Andrew R. Mm Date: 3/16/2021