

OCDP Treatment Committee  
March 25, 2016  
Meeting Minutes

Present: Max Cortes, Amanda Ferguson, Wendy Haynes-Britton, Bruce Jones, Andrew Moss, Robb Yurisko

The Meeting was called to order at 1:03pm at Maryhaven (Special Select location).

The committee reviewed and approved the minutes from 12/18/15 meeting.

Agenda Update: Amanda requested to add a scope of practice question.

Director Updates:

- Changes to IC&RC standards. Education committee made a recommendation to Amanda to engage colleges to discuss the 270 to 300 education hours change. We are at 180 hours. Education committee wants to know how many hours can colleges accommodate. Amanda contacted the Coalition of Associate Degree Human Service Programs and will meet with them on April 8<sup>th</sup> to see if they can build hours into their curriculum. She will also talk with them about changing the education subject areas to the 4 IC&RC uses. Amanda will start talking with two year colleges and then maybe talk with 4 year colleges. Amanda drafted the rule that talks about our reciprocity and will present it to the board at the May meeting.
- Behavioral Health redesign with OHMAS and Medicaid. A web site has been developed. The work has been focused on transitioning the AoD side of things from being provider centered to being clinician centered and where AoD won't be a separate process in Medicaid. Transition trainings coming up. Rates are changing based on credentials and level of care. LICDC will be added to fee for service effective July 1, 2016.
- There was some discussion about the relationship between OhioMHAS and OCDPB. Is there a place for us at the OhioMHAS table? Amanda explained that there have been ties between OhioMHAS and the prevention and education committees but that the ties with the treatment committee have not been as solid. She further shared that she has worked on this before but it is still not as consistent as the other committees.
- Amanda received an email from a lady about scope of practice for a CDCA. Can a CDCA administer the PC-PTSD screen and do a brief gambling screen during their clinical examination. After discussion the treatment committee members decided: If they are not interpreting the results; as long as the results are concrete and they are not diagnosing; or making conclusive remarks.

#### Gambling Endorsement Clinical Hours:

- Amanda and Bruce were on a panel for the recent gambling conference. Providers indicated that getting the 100 gambling specific hours is difficult. One follow up question about screening was received. If screening every client with NODS (Norc diagnostic Screen for Gambling) during assessment process, how much assessment time can be counted? After discussion the treatment committee members decided: If screening is built into the assessment then you can count the entire assessment time. If screening is separate then consider building it into the assessment.

#### Clinical Supervision Discussion- Survey Results

- We got 839 results, about 10% of our population. Majority were professionals in the field. A lot of CDCA's are doing group and case management services. The majority do get clinical supervision. Several comments on types of and quality of supervision people are or are not receiving. Resounding theme throughout the survey responses is to clarify requirements. Treatment committee discussed that we may need to consider a portion of the hourly education requirements to be face-to-face versus online/distance learning. We should also think about shrinking the 8 categories and focus on what we really want the credentialed members to get. Also, that certain courses should be approved by the OCDP Board; and we should possibly consider an education requirement- e.g. associates degree- to be a CDCA. Amanda added that OHMAS Auditors see 90% of supervision in the form of case reviews. They want the OCDP Board to consider a certain number of supervision hours to be face to face and the number of supervisees a supervisor can have beneath them. They like the idea of an ethics class and the idea of a supervisor's class. Also, to have CDCA's learn counseling models and theories.
- Next steps- present summary version of survey results to board and express committee's interest in creating board specific ethics and supervision classes. At the next treatment committee meeting we can talk through supervision guidelines of what we want and go over the draft we worked on a few months back.

#### Z code Update:

- At a prior meeting, the treatment team committee asked Amanda to go back and see where the board landed on the old DSM Vcodes and what could and could not be done. Amanda's research found that the board was divided on whether or not the Vcodes could be used. Amanda stated that the board discussion focused more on Axis I and Axis II. She stated that the consensus was that Vcodes could not be used except for deferred diagnosis, but on Axis IV they could report psychosocial and environmental problems. Amanda followed up with the licensee who had the questions. He spoke with his supervisor and they told him he would not be required to use Zcodes. Because there is no clarification on how to instruct licensees on using the Zcodes- Rob, Andrew and Max will look through Zcodes to suggest what chemical dependency counselors should stay away from.

Closing Activities:

- Workplan Update: Leg/Rule Strategy #1- in senate now waiting for opponent and proponent testimony; Task #2 will not make rule changes until law is passed. Amanda will draft rules changes when the law is passed.

Credential Strategy #1,2, and 3 – committee looked at old DSM language to make changes. Wait until board has the strategic planning meeting to identify our priorities on these strategies.

Work on supervision as a priority and wait on establishing reciprocity agreements with non-ICRC jurisdictions.

Review current conviction process- process for asking applicants about their convictions and the process to review the convictions. Want visibility and oversight on the way we do this. Do we want to require background checks, etc. Need to have dialogue around this.

- Next Agenda- supervision- curriculum, guidelines published and out to public.

Meeting adjourned at 2:50pm.