

Treatment Committee Meeting Minutes
Maryhaven
1430 S. High Street, Columbus, OH 43207
December 8, 2017
12:00pm (Noon)

Members present: Alisia Clark, Wendy Haynes-Britton, Robert Yurisko, Andrew Moss, Maximino Cortez, Amy Becker and John Lisy

Opening Activities

The committee meeting opened with members introducing themselves to one another. There were two new additions to the treatment committee: John Lisy of the Ohio Association of Alcoholism and Drug Addiction Counselors (OAADAC) and Amy Becker of the Rapid Response Emergency Addiction Crisis Team (RREACT) at Southeast Inc.

Minutes from the previous treatment committee meeting were reviewed. A. Moss motioned to accept the minutes, W. Haynes-Britton 2nd the motion. All members unanimously approved accepting the minutes as is.

There were no announcements from members and no agenda updates.

Members of the committee were led on a tour of Maryhaven's new Addiction Crisis Center. The new Crisis Center will be a place where potential clients, people have overdosed on opiates will be brought for potential clinical triage, assessment and treatment.

Directory Updates

A. Clark reported: 40 day processing time for LCDC applications – hoping to get back to 30 day processing time by the beginning of the new year. Ohio ID is a new state interface system – all renewals will be done through this new state system. An email will be sent out to the field regarding this system which may make the initial renewal more time consuming. A new formal application change is in the system for felony convictions. Money that the board collects from the IC&RC exams down from \$35 to \$20 per test. The volunteer draft rule has been added for continue education. The new website has been postponed for now due to other changes / issues that need attention before that project begins.

Clinical Supervision Rule Change Status

Common Sense Initiative (CSI) completed, JCARR process begins on January 3rd, 2017 and will be the final step in the process.

The committee processed a question posed about who is eligible to supervise CDCA's. LSW's cannot supervise CDCA's but RN's can if it is in their scope of practice.

Obtaining a CDCA at the masters level was discussed and whether a change might need

to be made in the future so those applicants can access that credential without needing to completing two phases of education. Best practice advice was discussed with regard to group size for clinical supervision. The committee agreed that the recommendation will be no more than 8 supervisees in group supervision and that a clinical supervision contract should never exceed 2 years before being reviewed and updated. The definition of face-to-face supervision was discussed and the committee was easy with supervision taking place via video conferencing when needed. Alisia indicated a FAQ sheet would be developed for the new CDCA supervision rule that includes these recommendations.

CDCA Scope of Practice

As it stands now CDCA and LCDC II have the same scope of practice. The committee discussed whether they should be or if there should be a difference. J. Lisy noted that this might not be the time to make any changes with regard to scope of practice because of the current epidemic and shortage of workers. He also pointed out the new CDCA supervision rule will be a major change between the two. A. Moss also highlighted the shortage of professionals during the crisis indicating now does not seem a good time to change scope of practice but noted that maybe more training should be required for CDCA's with regard to assessment. A. Clark suggested to perhaps sunset the credential after a certain amount of time, indicating that the CDCA be expected to advance licensure within a reasonable time frame or forfeit the credential. J. Lisy noted that OhioMAS has workforce development funds that could be used to help train strengthen education for CDCA's. That money could perhaps be used toward advancing licensure. J. Lisy noted the importance of LPCC and LISW professionals to have addiction related education to obtain license and include AoD treatment in scope of practice. He noted there may be a lack of quality AoD related education for Counselors and Social Workers working in treatment settings.

Work Plan Updates

The committee reviewed and updated the work plan. IC&RC domain changes from 12 core functions to 4 domains will be future work. A. Moss and W. Haynes – Britton shared sample clinical supervision contract and supervision note. A. Clark and R. Yurisko will meet to update the work plan to reflect changes.

Examination Remediation Rule

Rule change for examination remediation to reflect current practice has been created. Provision #2 was removed. The committee discussed whether to align with IC&RC standard to begin remediation after the 4th failed attempt or to keep current policy to begin remediation after 3 failed attempts. J. Lisy noted the failed attempts as an alert for more supervision being needed. A. Moss noted that failed attempts should be a sign for increase support being needed. R. Yurisko suggested the Board reach out to IC&RC regarding an updated study guide being created by them and shared with the field. A. Moss suggested this might be work for the education committee to pick up. The committee decided to keep the current policy to begin remediation after 3 failed attempt.