



STATE OF MINNESOTA

BOARD OF SOCIAL WORK

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REGULAR BOARD MEETING
University Park Plaza
University Conference Room A – 4th Floor
2829 University Avenue S. E.
Minneapolis, Minnesota 55414

December 15, 2006

Members Present: Anthony Bibus, III, LISW
William Cullen, Public Member
Roy Garza, LICSW
David Hallman, LSW, Secretary-Treasurer
Rosemary Kassekert, Public Member
Mary Casey Ladd-Bowman, LICSW
Peter Langseth, LSW
Kenneth Middlebrooks, Public Member
Anoma Mullegama, LICSW, Vice-Chair
Beverly Ryan, LISW
Antonia Wilcoxon, Public Member, Chair

Members Absent: Kathleen Beehler, LSW
Robin Bode, LSW

Staff Present: Brenda Mammenga, Compliance Coordinator
Sheryl McNair, LICSW, Staff Social Worker
Frank Merriman, Executive Director
Kate Zacher-Pate, LSW, Assistant Director

1. PROPOSED AGENDA

Chair Wilcoxon called the meeting to order at 10:05 a.m.; a quorum was present. **A motion was made by Garza, and seconded by Langseth, to approve the agenda. The motion carried unanimously.**

Wilcoxon expressed her appreciation for the Board convening this extra Board meeting, and asked that everyone present introduce themselves. Guests included the following:

- Pam Berkwitz, Chair of the Minnesota Coalition of Licensed Social Workers and representing the Board's Advisory Committee
- Christine Black-Hughes, representing Minnesota State University-Mankato ("MSU-Mankato") and the Ombudsman Board
- Gary Cox, Department of Human Services, Task Force Staff

- Nancy Fitzsimmons, MSW Program Director, Minnesota State University-Mankato ("MSU-Mankato")
- Tamara Kaiser, Professor of Social Work-St. Thomas University and representing the Minnesota Society of Clinical Social Workers
- Pam Luinenberg, Chair - Mental Health Professionals Steering Committee and Coordinator of the Minnesota Coalition of Licensed Social Workers
- Alan Ingram, Executive Director, National Association of Social Workers, Minnesota Chapter
- Mike Raschick, Department Head of University of Minnesota-Duluth ("UMD"), Department of Social Work
- Sandra Traudt, Program Director-Department of Social Work, Bethel University and representing the Minnesota Conference on Social Work Education.

2. MINUTES FOR NOVEMBER 17, 2006 MEETING

Wilcoxon asked if there were revisions to the November 17, 2006 minutes. **A motion was made by Bibus, and seconded by Ladd-Bowman, to approve the November 17, 2006 Board Minutes. The motion carried unanimously.**

3. DHS TASK FORCE REPORT ON CLINICAL STANDARDS

Wilcoxon introduced Pam Berkwitz.

A. Advisory Committee Recommendations: Pam Berkwitz

Berkwitz said that Annyea Berg, Chair of the Board's Advisory Committee, asked her to address the Board on behalf of the Committee. Merriman distributed the following documents and Berg asked those present to refer to them instead of an earlier version that was mailed:

- "Advisory Committee Minutes-Revised Version"
- "Social Work Clinical Standards Stakeholders Committee-Response to Draft Report"
- "Clinical Social Work Standards Subcommittee-Minority Report [Final Version]"
- "Clinical Social Work Standards Subcommittee-Majority Report [Final Version]"
- "Steering Committee Review of Task Force Draft-Revised Version"
- Memo from the MN Coalition of Licensed Social Workers to the MN Board of Social Work, dated December 15, 2006.

Berkwitz noted that the Advisory Committee has addressed the clinical reports several times, and that her focus today would be on the Minority and Majority Reports listed above. She said the following:

- That the Advisory Committee's recommendations do not coincide line by line with the DHS recommendations.
- Referring to the Committee's minutes, AC Recommendation #1: Propose 4-6 years for enactment of new clinical standards. The reason is that schools will need adequate time to develop curriculum to meet the standards, and clinical supervisors need to be trained.
- AC Recommendation #2: All provisions of any legislation should become effective at the same time for efficiency and cost effectiveness.

- AC Recommendation #3: Support the requirement of 200 hours of clinical supervision before LICSW licensure in place of the present 75 hours, and the funding for the payment of supervision.
- AC Recommendation #4: Supports Work Group proposal of 75 hours of one-on-one, in-person clinical supervision with remaining hours to be satisfied by group or electronic clinical supervision. (Note: DHS recommends 50 hours)
- AC Recommendation #5: Agrees with the current law which requires that supervision be received under a written agreement that identifies clinical practice.
- AC Recommendation #6: Agrees with SW work group recommendation of a 360 hour education requirement in clinical knowledge areas, broken down into recommended percentages. Applicants would be responsible for documenting necessary requirements.
- AC Recommendation #7: Board of Social Work should read and consider the Minority Report. (Note: Recommends the Board accept the Majority Report.)
- AC Recommendation #8: The Board of Social Work should proactively draft legislation and be prepared to introduce it in response to the legislature's reaction to the DHS report.
- AC Recommendation #9: Increase CE hour requirement from 30 to 40 hours for licensees in clinical practice to be effective in 4-6 years.
- AC Recommendation #10: Supports the proposed training requirements for clinical supervisors. (Note: In addition to the 30 hours of clinical supervisory training, there would be an additional six hours of training every renewal period.)
- AC Recommendation #11: If there is a change in the law regarding required training for clinical supervisors, training for all supervisors should be addressed (i.e., LSW, LGSW, LISW.)

Berkwitz noted the following:

- The Advisory Committee supports DHS recommendations numbers 1, 3, 4, 5, and 6.
- The Committee takes no position on DHS recommendation numbers 4, 7, 8, 9 and 10.
- The AC endorses the Majority Report, which is needed to protect the public.
- The AC voted to increase LICSW standards to address increasing complex mental health needs.

B. Public Comment

Wilcoxon said that guests could make public comments at this time.

Mike Raschick, Department Head of UMD's Department of Social Work, said that he was here to represent the perspective of a social work educator from northern Minnesota and that he wrote the Minority Report for the Standards Subcommittee and he offered the following,

- He supported the spirit of the majority report and the DHS recommendation as he believes that clinical social work has become more complicated and that special training in clinical social work is needed to assure quality service for clients.
- He advocates a 300 hour educational requirement instead of 360 because it would be a great hardship to students who graduate from his program in northern Minnesota. He explained that some graduates would need an additional 150-200 hours of training, and that only 90 hours could be from continuing education.

Therefore, students would be pushed to take clinical course work and would miss the courses that would match the needs in rural Minnesota.

- Raschick said that UMD's advanced generalist program has courses other than clinical as it includes community planning, organization, and administration so that students are prepared to meet the needs of clinical social work in northern Minnesota.
- Bibus asked about the importance of cultural competence and what role it plays in MSW education today.
- Raschick referred to his comment in the Minority Report: "... I would add a content area of: 'Culturally specific clinical assessment and intervention.'" He believes cultural competence should be a separate category and that practitioners should not be turned away who do not have cultural specific training. UMD's program focuses on the needs of Native Americans.

Wilcoxon thanked Raschick for speaking.

Christine Black-Hughes spoke next as a representative from MSU-Mankato, Department of Social Work, and the Ombudsman Board as an appointee of the Governor for the past ten years. Black-Hughes made the following comments:

- She talked with Dr. William Anderson, Chair of the SW Department of MSU, and he believes that if the supervision requirement is going to be changed for LICSW's, then it should be changed across the board for all social workers.
- Based on the complaints it receives regarding competence and unlicensed social workers using the title of social worker, the Ombudsman Board would like to see changes to mental health services for children and adults.
- In the ten years Black-Hughes has been on the Ombudsman Board, there have been less than five complaints filed on licensed social workers.

Tamara Kaiser, LICSW representing the Minnesota Society of Clinical Social Workers and faculty member of the St. Catherine/St. Thomas Social Work Masters program spoke next and shared the following:

- The Clinical Society supports the majority report, and she agrees with Raschick that it is important for people to be trained to do generalist practice, but that should not diminish clinical training.
- Consideration should also be given to the important work of the LISW, and raising the standards for both groups.
- The importance of maintaining the integrity of the profession as other entities, such as DHS and Licensed Professional Counselors, are willing to take over if this Board has lower standards.
- She comments on the limitations of Evidence-Based Practice mentioned in the DHS draft. The focus of Evidence-Based Practice is cognitive or behavior based and does not take into account systemic or relationship work.
- Concern about designating a supervisor as "legally" responsible for a supervisee's work because it is impossible to know everything a supervisee does.

Ladd-Bowman asked Kaiser how the proposal could be altered regarding the supervisor/supervisee relationship.

Kaiser responded that the wording should relay that the supervisor's job is to hold the supervisee accountable and to provide training, but that there is a limit as to what a supervisor knows about the supervisee's practice. She said that a supervisee does not need to inform a supervisor of everything, but that a relationship built on trust and safety would likely encourage a supervisee to contact the supervisor in challenging situations.

Kaiser also recommended the following:

- There is no mention in the report about the number of people that can be in group supervision, and that there should be so as to limit its size.
- The language is unclear about the type of training supervisors receive in the six hour training requirement per renewal period - consultation, supervision or field instruction.
- Ten continuing education hours in consultation regarding supervision could be used towards the 40 hour requirement.
- Supervisors need support, and they should also receive supervision.

Pam Luinenberg, Coordinator of the Minnesota Coalition of Licensed Social Workers commented next on the process rather than the draft of the clinical coursework issue. She referred to the memo distributed to the Board from the Coalition regarding clinical standards for LICSWs dated December 15, 2006. In the memorandum, Luinenberg noted the list of seven Coalition associations involved in this two-year debate on clinical coursework. She said that in 2005, this Board changed its licensure law by removing the clinical coursework requirement for LICSWs. However, in late December 2005, the Coalition voted to reinstate the coursework requirement. Six Coalition member organizations voted on December 6, 2006 to support the Majority Report, with one member organization abstaining.

Nancy Fitzsimmons, Director of the MSW Program, MSU-Mankato, spoke next. She reiterated that an advanced generalist model for clinical social work is needed in rural Minnesota. Mankato will be offering an advanced generalist model, but will be offering a certificate program for post-MSW clinical training. She commented on evidence-based practice. She said that there are limitations of research in this area and that it doesn't take into account the issues of people from non-majority or ethnic backgrounds.

Ladd-Bowman asked Fitzsimmons what she thought should be included in the post-MSW clinical certificate program.

Fitzsimmons responded that curriculum content should be examined to determine what additional coursework is needed, including more child and adult psychopathology and psychopharmacology. She said that the two-year MSW program should include an understanding of direct practice, organization and administration, and that the post-MSW certificate program should include the areas that were not covered earlier.

Ladd-Bowman asked Fitzsimmons about the limitations in obtaining clinical internships in greater Minnesota.

Fitzsimmons responded that there are very few options for clinical internships and even fewer for Master clinical social workers. She said that faculty agree it will take time to overcome this, but that eventually there will be more social workers with a Master's degree and license in greater Minnesota.

Ladd-Bowman said that advanced standing students are more challenged by the new requirement.

Fitzsimmons agreed that advanced standing students will need to take additional coursework to meet the standards.

Black-Hughes interjected that it should be made clear that advanced standing students at MSU will be eight credits short, and that they will need to take two more classes to meet the newly proposed clinical coursework requirement.

Fitzsimmons concluded by saying that MSU is working on accreditation and developing its program as an advanced generalist model in response to the needs of southern and rural Minnesota, but recognizes the importance of developing the post-MSW certificate program to offer an option to students.

Alan Ingram, Executive Director of the National Association of Social Workers-Minnesota Chapter, spoke next and said that NASW accepts the report from the Clinical Standards Stakeholders and the Majority Report, but that it expressed concerns about the implementation deadlines. He said that there is concern about the effects on the social work community and he thought that DHS should delay a decision until the community can develop a strategy to meet the demands. He also said it would be a great disservice to the public if the changes would lead to marginalization or the reduction in the number of clinical social workers.

Berkwitz said that as Chair of the work group that developed the Majority Report, many people have spent hours of deliberation over the past two years about increasing clinical standards. She said that it is important for social workers to take action to control their destiny, or someone else will take action for them. She concluded by saying that she hoped the Board would consider the Majority Report as it is the best wisdom social workers have to make a decision at this time.

Gary Cox from DHS spoke next about the report, "Baseline of Competency: Common Licensing Standards for Mental Health Professionals, A Report to the Minnesota Legislature". He said that this report comes as a recommendation from a broad-based task force, not from DHS, of which he is a staff member. Cox said that he would like to clarify that this is a contextual issue and that he is here today to portray the vision of the report. He said that other fields should thank the social work community as it has been the biggest single driver of the report, and that the Task Force would be meeting later today to address any errors and omissions of this first draft.

Bibus asked Cox to review the process that DHS used to invite Boards to join in the discussion with the Task Force.

Cox responded that the Task Force began in 2005 and its membership came from stakeholders who were interested in Medicaid reimbursement eligibility for Licensed Professional Counselors.

Merriman noted that five Executive Directors from the Health Licensing Boards were concerned that they were not consulted regarding Board Member representation and that he wrote a letter on behalf of the Executive Directors to DHS expressing their concerns about the Task Force membership.

Cox responded that this is an accurate statement because the original criteria for Task Force membership was based on individuals, not Boards. The concern at this time was that the Task Force had from May 2006 to January 2007 to complete its report to the legislature. Therefore, it decided to build on the work that it had already been done rather than starting over.

Ladd-Bowman expressed the concerns she has heard about the DHS Task Force not having a good representation from greater Minnesota. She said that the purpose and content of the study states that it comes from a diverse group, but it is not diverse.

Cox responded that this is a fair criticism.

Mullegama stated that there should be evidence-based practice because professionals are not providing adequate service.

Cox responded that evidence-based practice should be down played in this report as it has not been developed to a point where it can be a guideline for licensure standards. He also said that evidence-based practice is being pushed by the Feds, and that it is being looked at as a way to bring up a different focus and that it is one of the many delivery approaches in the real world. Cox said the content of the Task Force Report relates that evidence-based practice should not be the only practice service delivery approach.

Merriman confirmed that the Task Force is meeting later today.

Cox responded as follows: There may be an additional meeting after today. Additional comments should be submitted to the Task Force by January 5 as the final draft must be signed by Commissioner Ludeman, and the final report is due to the Legislature on January 15.

Merriman asked if the Board could review the final report before it goes to the Legislature on January 15.

Cox responded that he hopes once the Department's Commissioner has reviewed the final draft it will be distributed to the Boards and other stakeholders to review.

Ladd-Bowman asked if the Task Force could relay to the legislature that these issues are too complicated to address in this short time frame.

Cox responded that the Task Force decided to address a number of issues and to make as much progress as possible. If some things are not addressed, then he said the Task Force could ask the legislature for more time. DHS is required by statute to submit a report to the Legislature on January 15, and he said that the content of the report is up to the Task Force.

Ladd-Bowman responded she has heard from other Boards that if the items in this draft report were implemented into law now, it would be reactive rather than discerning, and that the issues are too complicated to address in this time frame. She said that perhaps an additional legislative session is required to address all the issues, especially clinical supervision.

Cox agreed that the clinical supervision issue may need more time, but that the Task Force has made a good conclusion on the less complicated issues such as the education and experience issues. He said that the Task Force could pull out some of the wording today if it is not comfortable with it and that there could be a recommendation to the legislature to start up a new scope of practice task force related to age, and another one for clinical supervision.

Merriman asked what may be the outcome of the Task Force's Report to the legislature and would DHS introduce legislation from the Task Force recommendations.

Cox responded that the Governor's mental health initiative is full and that the Task Force Report contains recommendations, not draft legislation. He said that organizations such as NAMI and the Boards could craft the legislation around these issues. He stated that DHS is not planning to initiate legislation based on the Task Force Report this session.

Middlebrooks commented that if legislation is not being drafted, then what is the urgency of the deadline.

Cox responded that it began two years ago when DHS and the mental health community responded negatively to the LPC proposal. Representative Abler and Senator Kiscaden said that the mental health professions needed to get together and present a united response to the legislature. The legislature asked for technical recommendations that it would use to draft the bills that the community agreed to. Therefore, the broad-based stakeholders decided to meet during this interim session and hash out common minimum standards for all disciplines.

Black-Hughes commented that from the social work perspective, if the legislature passes the Licensed Professional Clinical Counselor category, the LICSW will have a lower set of standards than other boards, and consumers may stop coming to social workers.

[Wilcoxon called a break from 10:25 to 10:40 a.m.]

Upon reconvening, Wilcoxon thanked everyone who participated in the public comment, and for their passion and concern for public protection.

C. Board Discussion and Action

Wilcoxon stated that the Board has three options to review and that Merriman prepared a worksheet to guide them in their discussion. Merriman distributed "Worksheet on Recommendations, Board Meeting December 15, 2006." The Board's three options are as follows: 1) endorse the DHS report and its comments; 2) ask for more time, or 3) develop its own proposal. The questions to consider are whether the Board would like to respond to the report today, would it like to delegate that to a committee, or would it like to do something on its own? The discussion follows:

- Bibus stated that he is in favor of the Board initiating its own legislative agenda for the 2009 session including the issue of the removal of county social work exemptions as the Board is concerned with minimum practice standards and protecting the public.

- Wilcoxon asked either the Advisory Committee representative or Cox to respond to whether such legislation would carry any weight.
- Cox responded that it would carry weight if someone would submit in writing or discuss in person the Board's view on this matter at the DHS Task Force meeting this afternoon. He added that he expects the Task Force will make substantial changes to the report.
- As the Advisory Committee representative, Berkwitz referred to AC Recommendation #8: "The Board of Social Work should proactively draft legislation and be prepared to introduce it in response to the legislature's reaction to the DHS report." She said the Committee's consensus is that 2009 is too late to introduce such legislation, and that it wants the Board to address the proposal with recommendations in 2007 so that it knows what the Board's position is. Also, BBHT will bring legislation to the table in 2007.
- Ladd-Bowman said that as a Board, we should develop our own clinical standards by using the Minority and Majority Reports.
- Luinenberg said that in the larger context professional counselors are committed to extensive legislative changes this year for clinical standards. She agrees with Berkwitz that if we wait until 2009 it will be too late. Social workers could have standards and legislation forced on them by other entities.
- Berkwitz commented that if the professional counselor's language is passed, it could be inserted into social work law, and we want to have a say in what the law looks like.
- Bibus questioned whether the professional counselor's statute exempts public workers.
- Luinenberg said she doesn't remember this being addressed.
- Kaiser commented that we should remember what Cox said – that the DHS standards are standards initially generated by the social work community, and the Task Force has decided that they are good. She is not worried about the professional counselor standards recommendations being inserted into our law, but that they won't, and then our law would be substandard as compared to other professionals.
- Black-Hughes commented that the Advisory Committee said that we need to be proactive and to put together our own proposal. Also, DHS is saying that we may comment on the report.

Wilcoxon said that this Board thanks everyone who made comments today, and that now the Board has some decisions to make. She then commented that the Board has worked on clinical standards, and she asked if the Board would like to make comments on the report or create a Board proposal. The following is the discussion:

- Ladd-Bowman asked what are the Board's comments regarding the DHS report.
- Langseth said that if the Board endorsed the report now, things may change because of the DHS meeting this afternoon, or if the Task Force asks the legislature for more time to complete its report.
- Bibus recommended that the Board should keep its attention on supervised practice, and that the current Practice Act's focus is on high quality supervision. Also, that the Advisory Committee agrees with the Task Force draft that the number of supervisory hours should be increased, that supervision could be done by other means than in person, and that supervision of all licensees is valuable to ensure minimum standards. Also, that the payment of supervision should be made by public money.

- Bibus also recommended that the Board should go to the legislature regarding an alternate path to licensure for FB/ESL candidates to emphasize the Board's role of ensuring competence for its licensure applicants. A reasonable timeline to implement these recommendations is six years.
- Bibus noted that the potential consequence of implementing the increased supervision requirement is that his colleagues in the educational field who offer pro bono supervision would have to cut the number of their supervisees in half. He asked if the Board should take the Advisory Committee's recommendation, with this anticipated consequence, to achieve increased standards for supervision.
- Hallman said that we are fixing something that is not broken, but that he would support the recommendations if it would help keep the practice competitive.
- Ladd-Bowman questioned what the number of licensees should be in group supervision. She said that the Practice Act says seven including the supervisor. Therefore, this should be emphasized on lines 18 and 22 in "Recommendation 1. Requirements for Supervised Clinical Practice," of the DHS Task Force Report.
- Mullegama commented that this should be the option or choice of the LICSW because they do not all bill Medicaid. The clause should say that if a social worker works independently, this rule applies. However, if the social worker works in a setting such as a hospital and does not want to bill, this rule should not apply.
- Ladd-Bowman commented that the issue should not be about billing, it should be about raising the standards, and that raising the clinical standards of LICSWs does not mean that the Board is dictating to the academic programs.
- Wilcoxon asked if the Board endorses the Advisory Committee's recommendations and noting the increase in the number of supervision hours, redefining how they should be determined, and the number of hours in group supervision.

The Board decided to comment on each of the DHS Task Force Report recommendations as follows:

DHS Task Force Recommendation 1. Requirements for Supervised Clinical Practice.

A motion was made by Ladd-Bowman, and seconded by Hallman, to accept the DHS Task Force Recommendation 1: Requirements for Supervised Clinical Practice, to increase the supervision requirements, and to clarify that in-person group supervision will have a maximum of seven people.

- Bibus said that he would be in favor of increasing supervision hours on the contingency that they could be done by means other than in person, and that the requirement would be implemented in a reasonable time in the future. Also, that payment for the supervision would be provided by the public sector.

A motion was made by Bibus, and seconded by Middlebrooks, to increase clinical supervision to 200 hours, contingent upon supervisor/supervisee contact, to be implemented in six years, and that payment for the supervision would be provided by the public sector.

- Kaiser commented that in person supervision does not address the problem of 200 hours of supervision.
- Bibus revised the motion as follows:

A motion was made by Bibus to amend Ladd-Bowman's motion, and seconded by Middlebrooks, to accept the DHS Task Force Recommendation 1. Requirements for Supervised Clinical Practice which increases the clinical supervision requirement to 200 hours either in person, by telephone, or electronically, with the group size of six participants and the supervisor, to be implemented in 4-6 years, with the public sector paying for the supervision. The motion passed with one abstention and one opposed.

DHS Task Force Recommendation 2: Educational Requirements for Licensure.

A motion was made by Langseth, and seconded by Cullen, to support the Clinical Social Work Standards Subcommittee Minority Report which requires 300 clock hours or 20 semester credits of training as compared to the DHS Task Force Recommendation 2. Education Requirements for Licensure, which requires 360 clock hours or 24 semester credits.

Bibus made a friendly amendment to the motion above to adjust the knowledge area percentages so that cultural competency is a separate knowledge category as noted in the Minority Report. The motion passed with one opposed.

- Ladd-Bowman commented that the requirement for 360 clock hours of training is in parity with the standards of the other Mental Health Licensing Boards. She is concerned that coursework is not sufficient and that students have to take additional courses. She wants it to be clear that the Advisory Committee does not support the Minority Report.
- Mullegama said that it doesn't matter if the requirement is 360 hours or 300 if it is high quality training.

A motion was made by Bibus, and seconded by Langseth, to implement all clinical standards requirements in the recommendations in 4-6 years instead of the dates proposed in the DHS Task Force. The motion carried unanimously.

DHS Task Force Recommendation 3: Continuing Education Requirement.

A motion was made by Bibus, and seconded by Mullegama, to accept DHS Task Force Recommendation 3: Continuing Education Requirement. The motion carried unanimously.

DHS Task Force Recommendation 4: Definition of Clinical Supervision.

A motion was made by Bibus, and seconded by Ladd-Bowman, to reject the DHS Task Force Recommendation 4: Definition of Clinical Supervision which is not congruent with the definition of supervision in the Social Work Practice Act.

Bibus made a friendly amendment to the motion above to recommend that the Task Force create a new definition based on the Social Work Practice Act definitions of supervision and clinical practice. The motion carried unanimously.

DHS Task Force Recommendation 5: Qualifications of a clinical supervisor.

A motion was made by Ladd-Bowman, and seconded by Middlebrooks, to support the "spirit" and qualifications of DHS Task Force Recommendation 5: Qualifications of a clinical supervisor, but not to endorse it as written. The motion carried with three abstentions.

- Bibus will seek to include supervisor qualifications for all scopes of practice and licenses.

DHS Task Force Recommendation 6: Payment of Clinical Supervision.

A motion was made by Ladd-Bowman, and seconded by Bibus, to strongly support the DHS Task Recommendation 6. Payment for Clinical Supervision, page 15, lines 15 and 16, which states that payment of clinical supervision should be paid by Minnesota Health Care Programs. The motion carried unanimously.

DHS Task Force Recommendation 7: *Allied Fields* as a class of mental health professional.

A motion was made by Bibus, and seconded by Mullegama, to support the initiative to remove all non-professional practitioners from practice as referred to in DHS Task Force Recommendation 7: *Allied Fields* as a class of mental health professional. The motion carried unanimously.

[Note: Ryan left the meeting at this time.]

DHS Task Force Recommendation 8: Follow-up Study on Age-Related Practice Standards.

A motion was made by Ladd-Bowman, and seconded by Bibus, for the Board to abstain from commenting on DHS Task Force Recommendation 8: Follow-up Study on Age-Related Practice Standards. The motion carried unanimously.

DHS Task Force Recommendation 9: Delete Exception to Psychiatric Nursing Standard.

A motion was made by Ladd-Bowman, and seconded by Bibus, for the Board to abstain from commenting on DHS Task Force Recommendation 9: Delete Exception to Psychiatric Nursing Standard. The motion carried unanimously.

DHS Task Force Recommendation 10: Consistent standards across insurers or payors.

A motion was made by Bibus, and seconded by Mullegama, for the Board not to make a recommendation on DHS Task Force Recommendation 10: Consistent standards across insurers or payors. The motion carried unanimously.

Wilcoxon asked if the Board was prepared to initiate legislation or give direction on the clinical standards issue. She said that the Board received the memorandum from the Coalition

of Licensed Social Workers and heard comments today that the Board should be proactive in its decisions. The discussion follows:

- Ladd-Bowman asked that the Board take the constituent recommendations seriously, that the Board increase its standards and that it should do so in this legislative session. She does not agree with Bibus' proposal to wait until 2009 as there has been a great deal of discussion and dialog on this issue and that it is the clinical social work community's consensus that we need to take action now.
- Berkwitz commented that 2008 is the second year of a session and this type of issue is not ordinarily taken up in the second year of the session.
- Bibus commented that the exemption issue would be taken up in the 2009 session.

A motion was made by Ladd-Bowman, and seconded by Garza, for the Board to take its recommendations from the Clinical Standards Majority Report and draft legislation which will be submitted to the Legislature during the 2007 session. The motion carried unanimously.

- Bibus commented that any agenda or legislation would come through the Legislation and Rules Committee. Ladd-Bowman is the Chair and Langseth and Bibus are on the Committee. He said that the Legislative Drafting Subcommittee builds the legislation for the Legislation and Rules Committee
- Ladd-Bowman said that a lot of the work is already done, but she did not know how complicated it would be to draft the language.
- Langseth said that the legislation could be prepared for the 2007 session with the help of the Advisory Committee, professional organizations and volunteers.
- Merriman said that it is possible to complete the work from the staff perspective. He stated that the Board must approve the legislative proposal at the January or March Board meeting.
- Bibus commented that the Legislative and Rules Committee, Social Work licensees, the Advisory Committee and the Board should be in full consensus with the legislative proposal because the Legislature will ask if there is any opposition to the proposal. This is a major policy issue and the Majority and Minority Reports and the DHS Task Force Report should be in consensus.
- Cullen asked if it is possible to serve the underserved communities and still accomplish this work by March.
- Langseth said that the Legislation and Rules Committee will try to get a proposal to the groups.
- Ladd-Bowman said that it is important to remember that a lot of the work has been done by these groups, and that clinical standards need to be enhanced. She said that the work is done, and it is time for the Board to take action.
- Berkwitz said that the groups agree that there should be an increase in clinical standards. Today it was discussed that there should be a 4-6 year period for the schools and community to respond to the changes. She said that everyone is considering the underserved community, and that consumers receive quality service from social workers.
- Langseth said that a proposal will be brought to the Board for consideration.
- Luinenberg said that if the Board could make a decision in January about a general piece of legislation, it could present it to the Legislature as a draft and then ask the legislature or the authors of the bill for additional time to prepare a final draft. By

getting a draft in at the beginning of the session, the Board would have time to work on the controversial issues.

- Merriman said that a draft could be submitted in January and the author can substitute a final draft of the bill at a later date.

Wilcoxon said that it has been an honor for her to serve as your Board Chair.

4. OTHER BUSINESS

There was no other business.

5. ADJOURN

The meeting adjourned at 12:02 p.m.

Respectfully submitted,



David Hallman, LSW
Secretary-Treasurer

Relevant Materials

Attached:

- Minutes for November 17, 2006 Meeting
- DHS Task Force Report
- Advisory Committee Recommendations
- PowerPoint Presentation of Casey Ladd-Bowman

To Be Distributed When Available:

- Clinical Standards Work Group Recommendations
- Mental Health Steering Committee Recommendations
- Staff Summary of Issues