

**Board of Behavioral Health and Therapy**  
**LADC Tiered Licensure Working Group Meeting**  
**10:00 AM, Wednesday, August 28, 2013**

**MINUTES**

**Board Members Present:** Judi Gordon, Marlae Cox-Kolek

**Staff Present:** Carly Lykes Frostman, LPC/LPCC Licensing Coordinator

**Working Group Members Present:** **Jonathan Lofgren**, Minneapolis Community and Technical College/Adler Graduate School/Minnesota Association of Resources for Recovery and Chemical Health; **Julie Rohovit**, University of Minnesota; **Charlie Mishek**, Minnesota Department of Human Services/ADAD; **Dustin Chapman**, Fairview Behavioral Services; **Ted Tessier**, MARRCH; **Elizabeth Reid**, Turning Point, Inc.

**Working Group Members Absent:** **Duane Reynolds**, BBHT; **Roy Kammer**, Hazelden; **Naomi Ochsendorf**, MARRCH and ATCW; **Nelson Perez**, CLUES/Century College

**Others Present:** **Ian McLoone**, U of MN, MN Center for Mental Health; **Annie Peters**, Hazelden; **Janelle Carle**, U of MN; **Cindy Swan Henderlite**, DHS ADAD; **Therissa Libby**, Metro State University

**Duties of the Working Group:**

**Sec. 43. REPORT; BOARD OF BEHAVIORAL HEALTH AND THERAPY.**

(a) The Board of Behavioral Health and Therapy shall convene a working group to evaluate the feasibility of a tiered licensure system for alcohol and drug counselors in Minnesota. This evaluation shall include proposed scopes of practice for each tier, specific degree and other education and examination requirements for each tier, the clinical settings in which each tier of practitioner would be utilized, and any other issues the board deems necessary.

(b) Members of the working group shall include, but not be limited to, members of the board, licensed alcohol and drug counselors, alcohol and drug counselor temporary permit holders, faculty members from two- and four-year education programs, professional organizations, and employers.

(c) The board shall present its written report, including any proposed legislation, to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services no later than December 15, 2015.

(d) The working group is not subject to the provisions of Minnesota Statutes, 59.22section 15.059.

**1. Intro members.** Chair Gordon called the meeting to order at 10:10 AM and asked working group members to identify themselves. Charlie Mishek and Cindy Swan Henderlite from DHS were both present. Swan Henderlite will replace Mishek on the working group.

**2. Review Minutes from May 22, 2013 and June 26, 2013 Meetings.**

Chair Gordon encouraged members to share ideas and engage in free-for-all discussion. No objections to minutes.

**3. Review Document Drafted by Jonathan Lofgren.**

Gordon: Any new research? No.

Rohovit: Still missing state information; suggested missing research be turned over to others to complete.

Swan Henderlite: Will send resources from task force.

Lofgren: His document is offered as a starting point for discussion; collection of research by the working group, including SAMHSA information. There is no overall uniform standard, but there are some generally accepted standards. He sent his draft to BBHT for Kari Rechtzigel's review and edits. Need to maintain consistent language when communicating with the public. The associate level of practice would replace the current temporary permit. Exam required. Cert. jurisdictions have 2 exams – state specific and national. Rechtzigel recommended not adding a state exam, but Lofgren noted that new practitioners in Minnesota don't know state requirements. Current exam structure in Minnesota allows for taking the national exam at any time.

Swan Henderlite: Asked if AADC would be licensed.

Lofgren: Yes. Practice scope would be limited and credential would be restricted to 2 years to allow for better tracking.

Chapman: What would the scope of practice be for the AADC level?

Lofgren: Current Temporary Permit holders can do almost all LADC practices, but under supervision. Perhaps assessments should be removed from the scope of practice, since that function has been identified as particularly important in the treatment process. LADC – compare to current license and maybe add training to co-occurring category. New state exam at all proposed levels.

Swan Henderlite: Would this only apply to new applicants?

Lofgren: Explore grandfathering options.

Rohovit: Is clinical supervision training to be required for bachelor's level practitioners?

Lofgren: Yes; current requirements allow for bachelor's level supervisors. New folks need intro to training. Working group to look at supervisor training requirements; 12 hours came from current regulations.

Gordon: Training and education are two different things.

Mishek: Supervisor at Rule 31 facility is required to complete 12 hours of training and have three years of experience.

Lofgren: Master's level practitioners are often promoted quickly; initial title confusing.

Gordon: Use "substance abuse" instead of "alcohol and drug."

Swan Henderlite: Use of "clinical" implies other levels are not doing clinical work; use levels 1, 2, 3, etc.

Rohovit: Are 24 credits at the master's or bachelor's level?

Lofgren: Needs to be discussed.

Swan Henderlite: Need to build work force; make it accessible.

Rohovit: Master's level should be MA-level. A master's-level practitioner should not do bachelor's-level ADC work.

Lofgren: Students and current licensees are concerned that they will have to start over and complete additional education credits.

Swan Henderlite: Field needs people with experience. Persons with a master's degree often do not have experience.

Lofgren: BBHT accepts what schools identify as meeting the coursework and practicum requirements for licensure. The graduate level credential would also require post-degree supervised practice. Some jurisdictions accept training in mental health, but education in addictions, in order to issue a credential.

Tessier: Have the feds endorsed a particular state model?

Rohovit: will the master's level requirements proposed in MN leave practitioners in the same spot as LPCs?

Swan Henderlite: Feds say MN is ahead by not permitting other credentials to provide addiction counseling.

Chapman: What will future look like? Won't only be people in treatment centers; will also be primary care settings. Currently practitioners in primary care are expressing need for addictions training.

Lofgren: Look at associate's degree scope of practice; discrepancy over reimbursement for current LADCs. We aren't deciding reimbursement, but it should be considered.

Peters: Need more than 45 hours of training to differentiate substance-induced from independent causes of depression. High level diagnostic skills needed.

Lofgren: master's level would require high-level training.

Swan Henderlite: would need to make referral to mental health professional. Are U of MN and Hazelden the only master's level education programs at present? How many current exp. professionals?

Rohovit: U program offers 10 credits in assessment; 25% of students are exp. professionals; already have LADC.

Gordon: We are establishing minimum standards of acceptable and prevailing practice; should coursework really be at the master's level?

Cox-Kolek: Would like to see add-on to current master's level prof. – to increase accessibility to those already in the field.

Lofgren: cert. programs available to add specialty to current license

Libby: MD req. certificate of adv. studies; req. education at master's level

Gordon: What about people with bachelor's level education? Who wants master's level?

Rohovit: SW has models for this; to start at bachelor's level and move up. Current cert. program is for current licensed prof. who want specialty.

Gordon: Let's review outline of cert. program. What about 12 core functions vs. TAP 21?

Lofgren: Trend toward TAP 21; but cert. entities still based on 12 core functions.

Cox-Kolek: Thanks Lofgren for outline.

Gordon: Disagrees with Rechtzigel on state exam requirement issue.

Lykes Frostman: Talked with Board Member Kristen Piper about recent NBCC conference; Piper favors idea of state exam. More work up front for staff, but less crisis and complaint work for staff later. Staff spends a lot of time explaining requirements to applicants.

Gordon: "We" like state exam.

Swan Henderlite: What % are non-white students at the graduate level?

Lofgren/Peters: 5-10% at grad level.

Rohovit: 10%

Tessier: Excused self.

Gordon: Next?

Lofgren: Groups to clarify scopes and levels of practice? Clarify scope and clarify training?

Swan Henderlite: Want to build work force to meet needs; not just focus on education and training.

Lykes Frostman: huge discrepancy between complaints related to LADCs and LPC/LPCCs; biggest difference in licensure requirements is education.

Swan Henderlite: is aware; more with nursing-not just education

Lofgren: Let's move forward with scope and requirements to fit in with mandate.

Peters: Did you speak with states to get definition of scope of practice?

Mishek: tried to talk with them

Rohovit: only defined scope of practice if there is licensure

Gordon: we decided levels

Rohovit: Did we? We need to consider reimbursement. Why create program with no possibility of reimbursement?

Mishek: we're not there yet; partly market forces

Gordon: our charge – scope, degree, tiers, exams; create charts for visual reference

Cox-Kolek: Commit next meeting to level 1 credential?

Gordon: scope: 12 core functions or TAP 21?

Lofgren/Rohovit: TAP 21

Gordon: Who is familiar with laws required to create/develop exams?

Lofgren: there is one group that has been doing this

Swan Henderlite: Recovery month kick-off on September 4.

Gordon: next meeting is scheduled for September 25, 2013