

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY
TIERED LICENSURE WORKING GROUP
MEETING MINUTES

September 25, 2013; 10:00 a.m.

Conference Room C, Third Floor, 2829 University Avenue SE, Minneapolis, MN

BBHT Committee Members Present: Judi Gordon, Marlae Cox-Kolek

Staff Present: Kari Rechtzigel, Executive Director; Samantha Strehlo, LADC Licensing Coordinator

Working Group Members Present: **Cindy Swan-Henderlite**, Minnesota Department of Human Services; **Roy Kammer**, MSU-Mankato; **Naomi Ochsendorf**, MARRCH and MATD; **Dustin Chapman**, Fairview; **Ted Tessier**, MARRCH.

Working Group Members Absent: **Liz Reid**, Turning Point; **Nelson Perez**, Century College; **Jonathan Lofgren**, Minneapolis Community and Technical College/Adler Graduate School/Minnesota Association of Resources for Recovery and Chemical Health; **Julie Rohovit**, University of Minnesota.

Members of the Public Present: **Therissa Libby**, Metropolitan 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, section 15.059.

Judi Gordon, Chair of the Tiered Licensure Working Group, convened the meeting at 10:20 a.m.

The minutes from the August 28, 2013 meeting were reviewed by the Working Group.

Chair Gordon wanted to confirm with the Working Group that they were in favor of moving toward a tiered licensure system.

Chapman: Based on the healthcare reform movement and alternative treatment settings, we are going to need to move to a tiered licensure system.

Libby: ACA has soft mandate that alcohol and drug counselors be licensed at the Master's level. for reimbursement.

Swan-Henderlite: DHS is also looking at tiers; Master's degree is not the only way. DHS is looking at how a tiered system could add some diversity to the field. Requiring a Master's degree does not automatically mean better outcomes. We need flexibility to attract a more diverse workforce.

Libby: The advantages to having a tiered license include having a pathway to greater professionalism by moving up tiers.

Gordon: We cannot assume having a tiered licensure system will result in a more diverse workforce.

Swan-Henderlite: Interested in what is being done as far as outreach for bachelor's, Master's, and diverse populations. Is MNCASE (alcohol and drug counselor educator group) in charge of this?

Kammer: MNCASE is meeting this Friday. Believe that diversity and recruitment are on the agenda for the meeting.

Ms. Gordon pointed out that student participation would be of value to the Working Group. Ms. Strehlo stated that a temporary permit holder, who is also a student, had been appointed to the group, but had not been to any meetings. Ms. Strehlo will contact this person to determine if he still wishes to be a part of the Working Group.

Swan-Henderlite: Also interested in LADC employer's perspective. Are the people that are hiring just out of school prepared?

Cox-Kolek: Who will pursue a Master's level license? Should we be marketing to mental health professionals that are already licensed?

Kammer: Concerns about the requirements. Would like to see a supervised practice requirement, not just a Master's degree.

Rechtzigel: Would envision it would be something similar to the LPCC supervised practice requirements, which is 4,000 hours (which follows the guidelines in the Adult and Children Mental Health Act).

Chapman: Mental health clinics and primary care clinics are now dealing with substance abuse clients. This service is outside their scope of practice and expertise.

Swan-Henderlite: How practical is it for alcohol and drug counselors to return to school? DHS is working on a survey that will collect information regarding the clinical make-up of the field. For example, how many people are practicing in the field (providing services), have a Master's or bachelor's degree, are dually licensed. It will also collect information on gender and race.

Gordon: When writing the Working Group's report, should we address that clients should be referred according to the needs of the individual. There is such a variety of services for clients, how do we determine what fits the client's needs best.

Libby: The demand at Metro State is huge. Right now, Metro State has 400-500 people enrolled in the alcohol and drug counseling major. About 25% of those people stated they would be interested in pursuing a Master's degree in alcohol and drug counseling.

Swan-Henderlite: We often hear of the large numbers of students enrolled in the colleges and universities, but where are these people? Employers still say they cannot find people to hire. The issue may be that there is a shortage of experienced counselors.

Libby: It is hard to say how many of the 400-500 enrolled at Metro State actually graduate. The ACA projects that there are 150,000 to 200,000 people in Minnesota that will qualify for reimbursement for CD services.

Gordon: That many people will not be seeking CD services. The projections right now are 4% of those qualified under ACA will seek CD services. In Minnesota, 97% of people are already covered.

Gordon: How can LADCs get reimbursed?

Chapman: At Fairview, counselors are billed through the program. At the counseling center, billing is done through the individual's license.

Ochsendorf: Can smaller agencies bill for LADC consultation?

Chapman: Can't bill through license. Rule 31 requires that services be billed at the address where the service took place.

Ochsendorf: This can be an issue because in out-state Minnesota, we sometimes need to leave the facility and provide services where the people are.

Gordon: Would consulting LADCs need to be at the Master's level?

Gordon: New ACA clients will be at low income level.

Swan-Henderlite: Poverty level people will get assistance with medical costs.

Kammer: Some companies are going to stop providing health insurance to their employees and will instead provide them with vouchers to buy their own health insurance.

Gordon: How do we figure out for Minnesota who can get reimbursed for services?

Chapman: CMS (Center for Medicare and Medicaid Services). Minnesota uses Medicaid money for Rule 25.

Kammer: Should we invite a CMS representative to a meeting?

Swan-Henderlite: Will bring clarifying information regarding CMS to the next Working Group meeting.

Gordon: We need to study reimbursement issues because it is intertwined with licensure levels.

Cox-Kolek: More independent practitioners would increase client participation. Some clients do not want to go to a traditional treatment center.

Ochsendorf: We should not create credentials that cannot be reimbursed.

Gordon: Should we add recovery coaches to this study?

Swan-Henderlite: Currently no protection in Minnesota for client's using a recovery coach/peer specialist. A license or certification is not required.

Rechtzigel: All new license/registrations would have to go through the Council of Health Boards for approval.

Kammer: IC&RC is developing a recovery coach certification.

Swan-Henderlite: Has the NAADAC tiered system been looked at? Liked the NAADAC system.

Ochsendorf: Will there be a mechanism for LADCs already in the field that have a bachelor's degree to be grandfathered in?

Strehlo: This will have to be kept in mind when we develop the scopes of practice for whichever tiers are decided on. Do not want to shut out people who have been in the field for years.

Chair Gordon recommended that the Working Group look at the national groups for their models for tiered licensure. Ted Tessier will collect this information from NAADAC and Jonathan Lofgren will collect the information from IC&RC. The Board already has a document from

SAMHSA regarding their model for tiered licensure. Cindy Swan-Henderlite will obtain information on CMS and Medicaid, including clarification on the educational requirements needed to perform assessments. Working Group members can email their findings to Ms. Strehlo and she will distribute them to the entire group.

The next meeting will be Wednesday, October 23, 2013 at 10:00 am.

The meeting adjourned at 11:40 am.