

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

November 7, 2014; 9:00 a.m.  
Minnesota State University-Mankato  
Centennial Student Union, Room 245

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

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

Working Group Members Present: **Roy Kammer**, Hazelden Graduate School; **Naomi Ochsendorf**, Adolescent Treatment Center of Winnebago

Working Group Members Absent: **Dustin Chapman**, Fairview; **Therissa Libby**, Metropolitan State University; **Cindy Swan-Henderlite**, Minnesota Department of Human Services; **Ted Tessier**, MARRCH; **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: Tim Volz, Addiction Recovery Technologies, Inc. (ART); Bob Dickhudt, ARTM; Nancy Delmaire, ARTM; Wade Besemer, ART-Mankato; Emily Martin, ART-Mankato; Nicole Lewis, ART-Mankato; Michael McGinnis, ART; James C. ("Curt") Murphy, ART, Inc.; Zach Hanson, MSU-Mankato; Carolyn Breuig, Winona State-student

Duties of the Working Group:

Laws of Minnesota 2012, Chapter 197, Article 2, 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.

## Introductions and Review of Minutes from Previous Meetings

Judi Gordon, Chair of the Tiered Licensure Working Group, convened the meeting. She read the statutory language requiring the creation of the working group and summarized the discussion items from past meetings between January 2014 and the present.

The group is not recommending any changes to the scope of practice for alcohol and drug counseling practitioners. A future proposal may include changing the temporary permit to a permanent associate's degree level credential. Practitioners at this level would practice under supervision. Discussion also included developing a master's level credential. Samantha Strehlo clarified that language in the minutes of past meetings related to any changes in licensure is draft language only.

## MARRCH Fall Conference Presentation

Judi Gordon reported that she, Kari Rechtzigel, and Samantha Strehlo presented information on the tiered licensure study at the MARRCH conference on October 29, 2014. This presentation involved two hours in a question/answer format. Approximately 200 people were in attendance. Attendees expressed fear of change and a fear of losing something if licensure changes.

## Discuss Interest in Doing a Survey

The Working Group considered the idea of sending a survey to all LADCs, temporary permit holders, and licensed Rule 31 facilities. Possible items on a survey would be questions regarding the level of interest in a master's level license and associate's level license. Questions for employers might include "who would you hire and why?" The survey might also include an outline of proposed licensure tiers and a section for general comments.

## Discussion

Marlae Cox-Kolek stated she herself has two licenses (LADC and LPCC) and does not believe there will be a lot of interest in a master's level alcohol and drug counseling license. Duane Reynolds noted that people will probably not want to repeat coursework at the master's level that they have already completed at the bachelor's level. Mr. Reynolds was also interested in learning the number of students in Minnesota programs who are pursuing a master's degree at the present time. Roy Kammer wondered how much support there would be for a change requiring that the bachelor's degree required for licensure be a degree in human services. The topic of reimbursement for services arose, especially with respect to practice setting and educational requirements that are part of the Centers for Medicare & Medicaid Services (CMS) and the federal Affordable Care Act (ACA).

Discussion followed related to accreditation of education programs. Duane Reynolds stated that the Council for Accreditation of Counseling and Related Education Programs (CACREP) is self-serving, and requiring a degree from a CACREP accredited program will limit the numbers of providers entering the counseling field. The Minnesota statutory degree requirement for LPCs and LPCCs is currently either a degree completed at a CACREP program **or** a degree completed

at an institution of higher education that is accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation (CHEA). A degree recognized by CHEA is probably all that is necessary for alcohol and drug counselor applicants.

Roy Kammer encouraged all interested parties to review a document prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) related to substance abuse counseling service delivery and scopes of practice. He also noted that the Minnesota working group looked at requirements in other states. A career ladder is attractive. Practitioners can enter the profession at an associate's degree level and stay at that level if they want to.

#### Feedback/Questions (9:45 to 10:05 a.m.)

Comments/Questions included the following:

One male member of the public stated he does not see the benefit of a master's level credential. A master's level practitioner will not earn more money.

Samantha Strehlo noted that a master's degree credential may add a mental health services delivery component. A question in response to this comment was, "Why not just get the LPC or LPCC license?"

In connection with a proposal for an associate's degree level license, responsive comments included a fear that if an employer can hire an associate's degree person, why hire a bachelor's degree level practitioner and pay them more. Ms. Strehlo clarified that an associate's degree level credential would be a credential requiring supervision (not an independent practitioner credential).

Chair Gordon noted the trend toward the medical model of having an interdisciplinary team/group of providers for clients.

Marlae Cox-Kolek commented that the law would need to include the number of associate's level supervisees each LADC supervisor could supervise (*e.g.* 1 LADC could supervise 5 associate's degree level practitioners). Duane Reynolds opined that a permanent associate's degree level practitioner is not all that attractive.

A female member of the public asked how the Board would ensure compliance with supervision requirements. Ms. Strehlo noted that when the Board of Psychology regulated Licensed Psychological Practitioners (LPPs), supervisors were required to sign off on supervision at the time the LPCC credential was renewed.

Questions arose as to whether there will be a "grandfathering" period for LADCs who already have a master's degree if a master's level of practice is established. Ms. Strehlo responded "yes" and noted transition provisions would also be put in place for temporary permit holders to meet any new associate's degree level practitioner requirements.

Questions related to reimbursement for services were raised. Will insurance providers pay for services provided by a master's level LADC? Duane Reynolds noted that reimbursement

requirements would have to mimic requirements for other established credentials. Minnesota has defined “mental health professionals” and “mental health practitioners.” Marlae Cox-Kolek stated that a person needs to have a mental health professional credential to get Medicaid reimbursement.

Roy Kammer stated that diversity issues are important. Having licensure tiers should enhance diversity in the field of providers.

Curt Murphy asked if tiered licensure is about competency? public protection? Services should be provided in a cost efficient, reputable manner with an emphasis on preventing harm/harm reduction.

Roy Kammer acknowledged the issue of whether creating a master’s degree level practitioner is necessary to protect the public. Mr. Murphy asked how much knowledge and experience is needed to reduce harm. How would this issue be evaluated? Would master’s level education programs allow conversion of coursework completed at the associate’s/bachelor’s level or testing out of certain courses? Roy Kammer stated that higher education programs must follow accreditation standards already in place. Mr. Kammer noted it is difficult to measure competence.

Chair Gordon noted the importance of the link between licensure requirements and public protection. One goal of making any changes to licensure requirements should be to increase the number of providers in the field. She encouraged all persons present to send their comments to the Board office.

The meeting adjourned at 10:05 a.m.