



Chapter 2955/2965 Advisory Committee 6-18-2024 Meeting Notes

Meeting began around 10:02 a.m. central time

Page-and-line numbers correspond with the online rule draft, dated 4/18/2024.

1. Definitions (2955.0020).

- *business day* (lines 2.12-.13): the context in which the term is used in the rule doesn't necessitate adding a specific timeframe.
- *clinical services* (lines 3.1-.10): discussed Robin's written comments:
 - Make the listed items grammatically parallel.
 - Clarify that these services are provided, coordinated, or overseen by clinical staff (or treatment staff).
 - Tighten the catchall provision (item I) to connect more with services provided by treatment staff; this catchall provision will capture adjunctive services for clients that are provided by community volunteers or other experts.

Action item: redraft the definition of clinical services.

2. Monitoring certified programs (2955.0050).

- Briefly discussed why this part is being repealed; committee members couldn't remember, but it's possible that the decision to repeal the part was made at other meetings with the previous DOC inspector.
- Some of the language is unnecessary or duplicative (subparts 1 and 2), but subpart 3 on monitoring program records is important for inspections.

Action item: DOC will discuss which 2955.0050 requirements should be kept in the rule, if any.



3. Staffing requirements (2955.0080).

3.1 Subunits of a program.

- The proposed language on lines 17.18-.21 was considered unnecessary.

Action item: Except for the first sentence, remove the new language.

3.2 Clinical supervision.

- Discussed whether the current requirement on lines 17.22-.23 should be revised (a clinical supervisor must provide at least 2 hours per month of clinical supervision per client):
 - It is difficult to document this supervision and quantify it.
 - Some clients could need more—or less—depending on treatment progress.
 - Would this language allow for group sessions?
 - There was a consensus that we should replace the language with a ratio of how many clinical staff that a clinical supervisor can oversee; Shanna will check if there are comparable staffing ratios in SUD certification standards.
- Discussed whether the current requirement on lines 18.6-.8 should be revised (a clinical supervisor must supervise each staff member providing treatment services at least 4 hours per month):
 - Does the 4-hour requirement of supervision include group meetings?
 - The number of supervision hours depends on a staff member's experience.
 - There was a consensus to not count staff meetings but to decrease the 4-hour requirement and focus on clinical supervision.

Action item: Identify any relevant language on staffing ratios; check with other programs on the supervision requirements.

3.3 Staff member holding more than one position.

- The proposed language on lines 19.6-.9 can be clarified; this provision ensures that a program can't count a therapist's hours spent doing administrative duties as time spent providing treatment.

Action item: Redraft the language.

3.4 Staff-to-client ratios.

- For the ratio, dividing treatment into phases was considered unnecessary or, for some programs, inaccurate. Additionally, the second ratio of 1:20 or 1:24 doesn't reflect how programs keep the same staff for clients throughout treatment—that is, they don't change therapists or case managers.

- For both the juvenile and adult ratios, it was agreed to amend the language to require 1 full-time equivalent position for 10 clients. It was also agreed to allow flexibility in the ratio to account for clients that still need treatment, but not as much as other clients (for example, a client is in aftercare).
- **Action item:** Redraft the language.

3.5 Staff training.

- What kind of training, and which staff members must complete it (lines 20.11-.14)?
 - The language should require unlicensed clinical staff to complete the training; this wouldn't apply to correctional officers or security staff.
- Discussed that this requirement aligns with licensed staff and their respective licensing requirements but that the language should be reverted to training every 2 years instead of annually (allows for flexibility to complete training in a 2-year period).
 - Will also need to continue to ensure flexibility for the program if an audit happens during the 2-year window.
- **Action item:** Redraft the language.

4. Miscellaneous.

- Follow-up on ATSA standards:
 - The 2014 adult standards are available on the [DOC's website](#) (thank you to Robin for sending and Jessica for pinpointing their availability!).
 - The 2017 juvenile standards will be posted when available.
 - Both standards are being revised; Robin will try and confirm an expected completion date.
- Discussion on whether to (1) continue going through the rule, or (2) review revised language that reflects the discussions so far. It was decided to review revised language, which will be sent to the group before the July meeting.

The meeting ended around 11:30 a.m. central time

Attendees

Ian Lewenstein, Robin Goldman, Lauren Bizzotto, Mindy Malm, Tara Osborne Leivian, Holly Hanson, Jessica Brueggen, Gina Mulder, Kristi Strang, Shanna Langston, Toni Krynski, Jesse Clark, Tim Schrupp, Janae Sullivan, Unverified (by phone)