

**TENNESSEE BOARD OF ALCOHOL AND DRUG ABUSE COUNSELORS
MINUTES**

DATE: April 29, 2013

TIME: 9:00 a.m., CST

LOCATION: Health Related Boards
Poplar Room
227 French Landing, Suite 150
Nashville, TN 37243

BOARD MEMBERS

PRESENT: Sherry Butler, LADAC, Chair
Susan Cunningham, LADAC
Richard Terry Kinnaman, LADAC
Karen Dennis, LADAC
Major McNeil, Citizen Member, Secretary

STAFF PRESENT: Melody Spitznas, Board Administrator
Stacy Tarr, Interim Unit Director
Teddy Wilkins, Unit Director
Caroline Tippens, Assistant General Counsel
John R. Smith, Chief Deputy Counsel

Ms. Butler, Chair, called the meeting to order at 9:07 a.m. and declared a quorum to be present.

Mr. Rodney Bragg, Assistant Commissioner of the Division of Substance Abuse Services, Department of Mental Health and Substance Abuse Services was recognized by the Chair. Mr. Bragg introduced his colleagues: Sejal West, Assistant Commissioner for Mental Health Services, Deputy Commissioner Marie Williams, and Assistant General Counsel, Ty Thornton. Mr. Bragg stated that he was present today to clear up any misunderstanding and answer any questions concerning the Department of Mental Health's Peer Recovery Specialist program.

Mr. Bragg stated that the Peer Recovery Specialist (PRS) is a nationwide movement. Mr. Bragg stated several states have Mental Health Peer Recovery Specialists or Substance Abuse Peer Recovery Specialists. The PRS movement began in 2007 on the mental health side in the state of Tennessee. Mr. Bragg stated that the purpose of the Peer Recovery Specialist program was formed in order to increase the competency level of non-licensed individuals that are working in the field. It is a TennCare reimbursement rate as a Peer Recovery Specialist, not as a clinical therapist. Currently, there are two hundred twenty-two (222) mental health peers that have been certified in Tennessee. The Tennessee Department of Mental Health began reviewing the Peer Recovery Specialist program through a BRSS TACS Policy Academy sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). A team was formed

that was composed of executive directors from both Substance Abuse and Mental Health agencies, the Deputy Commissioner, Assistant Commissioners, peers, organizations and LADAC's and all were required by federal grant for the Policy Academy. Mr. Bragg stated that team meetings were held monthly to put the program together and they just had their one year celebration as they have been working on the project for twelve months. Mr. Bragg stated that the Department of Mental Health and Substance Abuse Services developed a curriculum with the help of a professional curriculum developer. Mr. Bragg stated that they expanded the Peer Recovery Specialists from mental health only to substance use disorders and co-occurring disorders. The substance use disorder subgroup reviewed the former policies and provided language for the current handbook and the curriculum. They took what they already had and increased the language in it to include substance use disorders. Mr. Bragg stated it was a team effort through community, peers and the Department.

The requirements to become a certified Peer Recovery Specialist include forty (40) hours of training plus ten (10) continuing education training hours per year, which includes one (1) hour in ethics each year, must be at least two (2) years in recovery (they just changed it from one year in recovery), a minimum of a high school diploma or GED and are actively supervised by qualified alcohol and drug abuse treatment personnel. PRS's are not trained to be experts in substance use disorders or mental health disorders. Mr. Bragg stated that the PRS's are looked at as life-long learners as they are learning for the entirety of their life, as we all are. There is an advisory committee made up of three (3) mental health providers, three (3) substance abuse providers, three (3) mental health peers, and three (3) substance use peers. A substance use disorder peer must be supervised by a qualified alcohol and drug abuse treatment personnel as defined in licensure rules.

Mr. Bragg explained what a PRS can do. They provide recovery education, support, socialization, resource information, role modeling, using one's own experience, which compliments clinical treatment. Mr. Bragg stated that PRS's are really good at engagement. Several research projects that have looked at peers and how they engage other peers and science indicate that peers engage others well. They teach recovery education classes, WRAP, relapse prevention, stress management, health and wellness, but must be trained in these classes in order to teach them. They can also lead support groups, such as women's support groups, men's support groups, parenting support groups, and recovery skills support groups. PRS's can assist in resource information gathering, help an individual understand what may be expected of them, host sober parties and social outings, as we know persons in early recovery need to learn how to play in different arenas and not go back to their old playgrounds. PRS's can help with bus training, grocery shopping, and healthy habits. They can be agency techs, housing monitors, van drivers, re-engage individuals in their treatment process, and focus on the long-term recovery. For more information, Mr. Bragg stated to contact him, Ms. West, or Lisa Ragan, who is the director of the office of Consumer Affairs and Peer Recovery Specialists Services. Mr. Bragg asked the Board if anyone had any questions. Ms. Cunningham thanked Mr. Bragg for his presentation and stated it helped clear up some things and she has a couple of questions. Ms. Cunningham asked who provides the training and who approves the training required for the forty (40) hours and the ten (10) hour required annual continuing education. Mr. Bragg stated that the Department of Mental Health and Substance Abuse Services provides the forty (40) hour training, but the agency provides the ten (10) hour continuing education requirement, but the

Department of Mental Health would have to approve the training. In order to renew their certification each year, a PRS must submit the annual continuing education requirement. If the annual continuing education requirement is not submitted or approved by the Department of Mental Health, then they PRS cannot renew their certification.

Mr. Bragg stated that the trainings are held across the state. Mr. Bragg stated that the Department of Mental Health has a contract with TADAAS and TADAAS sometimes provides the continuing education for the PRS. Ms. Cunningham asked if the PRS is a full-time position. Mr. Bragg stated that the positions are both part-time and full-time. Ms. Cunningham asked if PRS's are being informed that the hours they obtain for certification apply toward becoming a LADAC. Mr. Bragg stated absolutely not. Mr. Bragg stated there may be cases where someone starts out as a PRS, but decides later on they want to become licensed. In those cases, the PRS would be referred to the appropriate rules for LADAC licensure. Ms. Cunningham asked if the trainers are employees of the Department of Mental Health and do they go through alcohol and drug abuse training. Mr. Bragg stated that the trainers are contracted out and trained by the Department of Mental Health to deliver the training, but are not employees of the Department. Mr. Bragg stated the trainers are people with lived experience in mental health or substance abuse and are also in recovery. Mr. Kinnaman asked what agencies hire the trainers. Mr. Bragg stated Peninsula (for mental health) in Knoxville and TAADAS (for abuse services) in Nashville. Mr. Kinnaman asked what type of credentials the trainer holds. Mr. Bragg stated other than being in recovery and obtaining the training provided by the Department of Mental Health, none. Ms. Butler asked who keeps up with the certification process such as who is certified, renewal, continuing education, etc. Mr. Bragg stated that Lisa Ragan and her staff keep up with this information. Ms. Dennis asked if there were an ethical violation, to whom is it reported and how is that handled. Mr. Bragg stated that ethical violations are reported to the Department of Mental Health and Substance Abuse Services. Mr. Bragg stated they are initially reported to him or Ms. West, as Assistant Commissioners and then bumped up to the Deputy Commissioner William or Commissioner Varney if needed, for an appeal.

Mr. Kinnaman asked if a PRS was employed by a treatment facility licensed by the Department of Mental Health and Substance Abuse Services, would one of the advantages be that the PRS would be able to do third party billing (i.e. TennCare, Medicare) for peer services. Mr. Bragg stated yes, if the facility employs a PRS and has a TennCare contract for that service. Mr. Bragg stated that PRS's have been used for years on the mental health side. Mr. Kinnaman asked if the treatment facilities were able to up until this time collect third party billing. Mr. Bragg stated they were not. Mr. Kinnaman stated then this is an avenue in order for the treatment facilities to be able to collect third party billing through the PRS. Mr. Bragg stated yes, for services rendered by the PRS. Mr. Kinnaman asked why the LADAC was not being considered to be a part of this. Mr. Bragg stated because the LADAC is a professional and provides clinical treatment services and the PRS does not provide those clinical services. It is a different level of responsibility. Mr. Kinnaman stated that PRS can bill third party, but a LADAC cannot. Ms. Williams stated that treatment facilities that employ LADAC's can bill third party for case management, residential services or intensive out-patient services if they have a contract, but this is a just an added service that is a lower reimbursed service.

Mr. Kinnaman asked why is the Board was not asked to be part of the process during the initial development of the PRS program. Mr. Bragg stated that members of the BRSS TACS team were specified by SAMHSA as to who had to be on the work group. Ms. Tippens stated it was her understanding that a licensed LADAC was involved in the task force. Mr. Bragg stated, yes Debbie Hillin, LADAC was part of the group. Ms. Tippens stated that she wanted to remind the Board that the Department of Mental Health and Substance Abuse Services is another state agency and part of our job is to work with other state agencies and encourages the Board to work under the umbrella of cooperation. Ms. Williams stated that Commissioner Varney wanted everyone to know that nothing was intentionally done to go around or behind the Board. They did not see the need for the Board's participation as the program was not related to this Board. Ms. Williams stated Commissioner Varney is willing to work with the Board if needed. Mr. Kinnaman stated that one of the things that the Board has been working on is the tiered system. Mr. Kinnaman asked if the Department of Mental Health would possibly want the PRS to be part of the entry level of the tiered system. Ms. Williams stated that the Department would be more than willing to discuss that option.

Ms. Dennis stated one of the concerns she had was that in reading the list of those who participated, it appears that TAMHO was there to represent mental health; TADDAS was there to represent the service providers, but TAADAC was not invited to represent the addiction professionals and since the Board was unaware and not drawn into the process, it just doesn't seem very transparent to her. Ms. Williams stated she understands, but as Mr. Bragg stated before, there were very few slots to fill as to who participated and feels they included the representatives. Mr. Bragg stated he wanted to clarify something about the eligibility for someone to become a PRS. A peer must hold a high school diploma or GED; have at least two years of recovery from a mental illness, substance abuse, or co-occurring disorder; have demonstrated strengths evident of self-directed recovery, as documented in three letters of reference; and have a minimum of 75 hours of supervised paid or volunteer work providing peer recovery services with individuals who have mental illness, substance abuse, or co-occurring disorders. Mr. Bragg stated that they just cannot come off the street so to speak, they have to have some experience as well. Ms. Dennis would like to state that PRS are really excellent and are utilized throughout. Ms. Dennis said agencies in the state of Tennessee have hired people that have gone through their treatment. Ms. Dennis stated that she has worked as a clinical director for many years and in her opinion, the most successful people in treating people with addictive disorders are recovering alcoholics, and it did not matter what their credentials were and that level of caring and commitment are very important. Ms. Dennis stated that she thinks everyone on the Board would agree with that, but are concerned that they were not part of the building process and not quite sure what is going on and why LADACS were not part of it. Ms. Dennis stated she feels certain that the Department of Mental Health would have had the Board's support. Mr. Bragg stated that in hindsight, they would do it differently if they had it to do over. Mr. Kinnaman asked about the economic impact and who actually oversees the program. Mr. Bragg stated that the Department of Mental Health and Substance Abuse, Consumer Affairs manages everything to do with the program. Mr. Kinnaman asked who pays for it. Mr. Bragg stated that initially was funded by the grant, but the Department hired a staff member. Ms. Dennis asked if the certification fees cover the costs. Mr. Bragg stated there is no cost to renew the certification, no cost to the peer. Ms. Tippens stated that there is an advisory committee that provides additional oversight, in addition to the staff member. Mr. Bragg stated there is an

advisory committee being formed that is comprised of twelve people, three substance use providers, three mental health providers, three mental health peer recovery specialists and three substance use peer recovery specialists.

Mr. Kinnaman asked about supervision and whether the PRS supervisors are qualified clinical supervisors as outlined in the LADAC rules. Mr. Bragg stated that there is a list of approved supervisors. Ms. Dennis stated that this is a highly specialized disorder to treat and it is not that they want to exclude others, but want to protect the public and allow them to get the best services they can get. Mr. Bragg stated he agreed. Ms. Butler asked if there was a list of people who are qualified to supervise. Mr. Bragg referred the Board to the handbook (page 13). Mr. Bragg stated they are not called qualified clinical supervisors, but are qualified supervisors according to the Department of Mental Health's licensure rules. Ms. Dennis stated that she is a qualified clinical supervisor and it took her a long time to learn how to supervise and train people how to interact with a population that is really wounded. Ms. Dennis stated she has concerns with someone who just obtained their license, as that person that may not necessarily have those skills in supervision. Mr. Bragg stated he would take her concern back to the Department for discussion.

Ms. Butler stated according to the handbook, the following professions supervise: physicians, RN's, LPN's, psychologists, psychological examiners, social workers, LADAC's, teachers, professional counselors and marital and family therapists. Ms. Butler inquired about teachers. Mr. Bragg stated that the teacher would have to have some experience in substance abuse. Mr. Kinnaman asked Mr. Bragg to give an example as to what that experience may be. Mr. Bragg stated that there could be a teacher that is teaching in an adolescent residential treatment facility working with young men and women in treatment and that would qualify them to supervise a peer. Ms. Dennis expressed her concern that some of these professions do not have much education about substance abuse and they really do not understand the disorder. Ms. Dennis stated she is a nurse and she stated that a lot of nurses don't get it. Ms. Dennis stated she is concerned about the lack of expertise among the people doing the supervision. Mr. Bragg stated that PRS's are not providing clinical services. Ms. Dennis stated it is still therapeutic interaction. Ms. Cunningham expressed concern regarding the title "qualified alcohol and drug abuse treatment professional", as it could be misleading, as it leads her to believe it is referring to a licensed alcohol and drug abuse counselor. Ms. Cunningham stated that she too is in support of the PRS. Mr. Kinnaman that he too is in support of the PRS program, but is appalled by the way in which the Department of Mental Health and Substance Abuse Services went about implementing it. Mr. Kinnaman also stated he was appalled at TAADAS for being part of it. Ms. Butler thanked Mr. Bragg for being at the meeting.

Ms. Butler stated the Board would now hear public comments. Ms. Butler stated that those who wish to make comments should limit their time to five minutes.

Ms. Butler recognized Bob Rudolph, LADAC. Mr. Rudolph stated that it appears that this is expanding government. Mr. Rudolph feels that the efforts of TAADAC were wiped away. Mr. Rudolph stated when he first heard of this, he reacted with suspicion, but after hearing the presentation today, it sounds a little better. Mr. Rudolph stated that he feels the Board was

blindsided. Mr. Rudolph stated he wonders why we are expanding this, when they cannot get enough LADAC's to do what we are doing. The Board thanked Mr. Rudolph for his comments.

Ms. Butler recognized Ken Horvath, LADAC. Mr. Horvath stated that the LADAC's are not getting the membership like they should. PRS is a good thing. Mr. Horvath expressed that his concern is with the profession. Mr. Horvath stated that the profession needs to become professionalized. Mr. Horvath stated that this is an opening, an opportunity to open the door, work together and come to a solution. Mr. Horvath stated that he feels that LADAC's are not always appreciated for what they do. Mr. Horvath stated that from one to another, I know we do good stuff. The Board thanked Mr. Horvath for his comments.

Ms. Butler recognized Toby Abrams. Ms. Abrams stated that she was speaking on behalf of the Tennessee Association for Addiction Counselors (TAADAC). Ms. Abrams explained that TAADAC is the Tennessee affiliate of Washington, DC based NAADAC and she is the current President of TAADAC. Ms. Abrams stated she hold a Tennessee LADAC license under the governance and oversight of the Board of Alcohol and Drug Abuse Counselors. Ms. Abrams stated that she talked with Mr. Bragg prior to this meeting and was glad to see one of her concerns had been already addressed regarding requiring the PRS to be at least two years in recovery, instead of just one year. Ms. Abrams stated that under three years, addicts are beginning to resolve their own issues and learning to live with themselves and few are ready to assist anyone else due to dealing with their own recovery issues. Ms. Abrams stated that she is not opposed to PRS's and we need them. They can be trusted confidants, companions, AA/NA sponsors and more to fellow clients in recovery.

Ms. Abrams stated she has the following concerns with the PRS: the adequacy of training – questions whether anyone can absorb the material described in the PRS handbook in one week; supervision; using workers early in recovery instead of LADAC's; using a force of workers presented to the public as “specialists” in recovery, who operate with LADAC-like responsibilities and yet do not answer to the LADAC Board; and PRS workers are eligible for insurance billing recovery work, as well as co-occurring disorder work and the LADAC's are not. Ms. Abrams stated that TAADAC prefers to raise our professionalism and keep the standards high. Ms. Abrams stated that TAADAC recommends stricter supervision requirements, not looser and less effective requirements. Ms. Abrams said that LADAC's have worked hard for licensure and we believe in real recovery, not revolving door recovery where clients benefit temporarily and agencies meet funding requirements. Ms. Abrams stated that we (LADACs) look at the recovery evidence before us and the science behind recovery and we know it takes time and hard work. Ms. Abrams stated you cannot manufacture supervisors or counselors.

Ms. Abrams stated that Kathryn Benson developed the first set of classes for training Alcohol and Drug Abuse Counselors in Tennessee. Ms. Benson's classes were organized based on National NAADAC and SAMHSA guidelines. Ms. Benson offered certification, but in an effort to advance the legitimacy and professionalism of this field, sought an oversight board and licensure; hence, the establishment of the Tennessee Board of Alcohol and Drug Abuse Counselors. Ms. Abrams wanted to present a letter on behalf of Kathryn Benson, as Ms. Benson was unable to attend the meeting. Ms. Abrams stated that Ms. Benson wanted to be on record

stating that she believes there is a need and a place for the PRS. Ms. Butler informed Ms. Abrams that her time limit was up. Ms. Abrams asked if Ms. Benson's letter could be entered into the record. Ms. Butler stated yes and to give it to Ms. Spitznas (a copy of the letter is on file and will be attached to the minutes located in the Board's administrative office). The Board thanked Ms. Abrams for her comments.

Ms. Butler recognized Martin Starr, LADAC. Mr. Starr stated that he is concerned about the professionalism of the title of PRS. Mr. Starr said it gives the public the appearance that they are professionals. Mr. Starr stated he questions the supervision portion. Mr. Starr stated the following statement is listed in the handbook under supervision: "The amount, duration and scope of supervision of Certified Peer Recovery Specialists may range from direct oversight to periodic consultation." Mr. Starr stated that the statement is undefined and is too vague and broad. Mr. Starr stated he is concerned about the economic incentive for the agencies to hire these people and if afraid that the care of the patient will be lost. The Board thanked Mr. Starr for his comments.

Ms. Butler recognized Paul Hart, LADAC and Qualified Clinical Supervisor. Mr. Hart stated that he is also a Peer Recovery Specialist Supervisor in the state of Georgia. Mr. Hart expressed that he is truly concerned about what we are doing and how we do it in this profession. If people that don't understand this illness are put in these positions, he is afraid there will be repercussions later on. Mr. Hart stated he feels this process is backwards and the supervisor qualifications should have been looked at a little more closely and had that in place before starting to certify PRS's. Mr. Hart stated that we are dealing with people who suffer from a serious chronic illness and we need qualified people who are equipped to handle this illness. Mr. Hart stated that he hopes we can do better for those out there suffering from this illness than we have done in the past. Mr. Hart stated he thinks the PRS should be placed under the LADAC Board. The Board thanked Mr. Hart for his comments.

Ms. Butler recognized Tina Reddy, LADAC. Ms. Reddy stated she has been in the field twenty years. Ms. Reddy stated that she feels this is not being managed appropriately and is concerned not only for the client, but for the people in the twelve step community. The Board thanked Ms. Reddy for her comments.

Ms. Tippens stated that since we are both state agencies we should be able work together in the spirit of cooperation. Ms. Tippens stated that the PRS program could somehow be implemented into the tiered system, possibly as an entry level. Ms. Tippens suggested that a recommendation could be made at the rulemaking hearing. Ms. Tippens stated this is one way to resolve some of these issues. Ms. Tippens referred to the PRS handbook and stated that it is important to note that PRS's must provide documentation of successful completion of forty hours of PRS training from the state. In addition, they must have at least seventy-five hours of supervised paid or volunteer work and receive supervision from a mental health professional or qualified alcohol and drug abuse treatment professional. Ms. Tippens stated that sponsorship in a twelve step programs does not qualify as meeting this requirement. Ms. Tippens stated that the PRS has some training and it is not as if they put persons in those positions directly from the street. Ms. Tippens stated that PRS's must work in an agency that is licensed by the Department of Mental

Health and authorized to participate in TennCare. Ms. Tippens stated that PRS's cannot practice in private practice.

Ms. Butler asked Ms. Tippens to clarify what action(s) is the Board able to do today. Ms. Tippens replied that the Board is able to request that the Department of Mental Health come back and report to the Board with updates regarding the PRS program. Work together on changing their rules. Ms. Tippens stated that the Board cannot mandate the Department of Mental Health to do anything as it is a separate state agency and under a federally funded program. Ms. Tippens stated that the Board may also want to consider amending some of its rules to include the PRS.

Ms. Butler stated there was a letter for review from Kathryn Benson. Mr. Kinnaman made a motion, seconded by Mr. McNeil, to accept Ms. Benson's letter as a permanent part of the record. The motion carried.

Mr. Kinnaman made a motion to send a letter to the Tennessee Department of Mental Health and Substance Abuse Services stating that the Board does support PRS program, but opposes some of the qualifications and supervision and ask the Commissioner of that department if they would allow the LADAC Board to oversee the PRS program. Ms. Tippens stated that it could not; as it is a federally funded program under the Department of Mental Health and Substance Abuse Services, but can send a letter stating it is willing to amend rules to include the PRS at part of the tiered system. Ms. Cunningham stated she is in favor of sending a letter to the Department of Mental Health in the spirit of partnership, but in the future would like the LADAC Board to be more involved regarding the PRS program. Ms. Cunningham stated she would like to see a very proactive letter that states the Board is in support of working together. Mr. Kinnaman amended his motion, seconded by Ms. Cunningham, to send a letter to the Tennessee Department of Mental Health and Substance Abuse Services that states the following, which was read for the record by Mr. McNeil: In the spirit of collaboration, the Board is completely in favor of supporting the CPRS, but has the following areas of concern and suggestions: who can supervise CPRS; the expanded definition of supervision; Ethics; Power Differential; Dual Relationships; the Board would like to see Tennessee meet or exceed National Standards for becoming a CPRS; scope of activity/practice consider narrowing the definition so as to not infringe on that of clinical practice; consider changing the wording in the Handbook from Drug Abuse Professional to Drug Abuse Personnel. The Board would also like to extend an invitation for the Department of Mental Health to attend a future meeting of the Board of Alcohol and Drug Abuse Counselors to give a progress report on the CPRS program. The motion carried.

Mr. Kinnaman made a motion, seconded by Mr. McNeil, to approve the Regulatory Flexibility Analysis as prepared by Ms. Tippens. A copy of the Regulatory Flexibility Analysis is attached to the minutes housed in the Board's administrative office. The motion carried.

Mr. Kinnaman made a motion, seconded by Mr. McNeil, to approve the Statement of Economic Impact to Small Businesses as prepared by Ms. Tippens. A copy of the Statement of Economic Impact to Small Businesses is attached to the minutes housed in the Board's administrative office. The motion carried.

Ms. Butler asked if the rules would be delayed any further should the Board decide to implement the PRS into the tiered system. Ms. Tippens stated that it would not.

With no other Board business to conduct, Mr. Kinnaman made a motion, seconded by Ms. Cunningham, to adjourn the meeting at 10:55 a.m. The motion carried.

Ratified by the Board on July 19, 2013.