



Counselor, Social Worker & Marriage and Family Therapist Board

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Social Worker Professional Standards Committee (SWPSC) Minutes **Thursday, March 19, 2015**

Members Present: Dr. Carl Brun, Ms. Lisa Haberbusch, Ms. Erin Michel, Mr. Steve Polovick

Staff Present: Mr. Brian Carnahan, Mr. Bill Hegarty, Ms. Tracey Hosom, Mr. Andy Miller, Ms. Tammy Tingle, Mr. Doug Warne

Guests Present: Mr. Jason Myers, Ms. Cailen Haggard

1) SWPSC Administrative Denial Hearing

The matter of the eligibility of Mr. Gary M. Supinski to be a Licensed Social Worker (LSW) in the state of Ohio came before the Ohio Counselor, Social Worker & Marriage and Family Therapist Board's Social Worker Professional Standards Committee on March 19, 2015. Members present were Dr. Brun, Ms. Haberbusch, Ms. Michel, and Mr. Polovick.

A Notice of Proposed Opportunity for Hearing was issued to Mr. Supinski by the Counselor, Social Worker, & Marriage and Family Therapist Board on 10/6/2014, and an administrative hearing was held on March 19, 2015 at 9:00 a.m. in the offices of the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, 50 West Broad Street, Columbus, Ohio 43215, pursuant to Chapter 119 and Section 4757 of the Ohio Revised Code. The State was represented by Assistant Attorney General Melissa L. Wilburn. Mr. Supinski was present and represented by counsel, Mr. Glenn Karr.

After hearing testimony and reviewing state evidence, the SWPSC entered into executive session to discuss the denial of Mr. Supinski's application for licensure. The SWPSC determined that Ms. Supinski has met the educational requirements to be licensed as a social worker and is not a threat to the safety of the public. His request for licensure is approved.

2) Meeting Called to Order

Dr. Brun, filling in for Ms. Michel as chairperson, called the meeting to order at 1:01 p.m.

3) Approval of the January 15 & 16 Minutes

Dr. Brun asked if any changes or discussion were needed for the January 15 & 16 minutes. Mr. Polovick motioned to approve the minutes as written. Ms. Haberbusch seconded the motion. Motion carried.

4) Discussion/Approval of the March 19 & 20 Agenda

Dr. Brun asked if any changes or discussion were needed to the Agenda. Ms. Haberbusch motioned to approve agenda as written. Mr. Polovick seconded the motion. Motion carried.

5) Approval of Applications for Licensure

The SWPSC reviewed the 182 LSW applicants and 135 LISW applicants approved by the staff, and the 15 SWA applicants registered by the staff, from January 15, 2015 through March 19, 2015. Mr. Polovick made a motion to approve the applicants. Ms. Haberbusch seconded the motion. Motion carried.

6) Investigations

a) Closed cases

Dr. Brun made a motion to close the following cases, as he had determined that no actionable offenses had been found. Mr. Polovick seconded the motion. Motion carried.

2014-198	Falsification of record. Close with no violation.
2014-229	Sexual Boundaries. Close as unsubstantiated.
2014-231	Impairment. Close with caution and flag computer system.
2014-282	Confidentiality. Allegation not substantiated.
2014-285	Competency. Close as unsubstantiated.
2014-286	Mandated reporting. Close with strong caution.
2014-287	Billing issues. Close with no violation.
2014-288	Sexual boundaries. Allegation not substantiated.
2014-290	Record keeping. Close with caution.
2014-292	Record keeping. Close with caution.
2014-296	Non-sexual boundaries. Close with caution.
2014-297	Records case. Allegation not substantiated.
2014-298	Improper supervision. Close with no violation.
2015-3	Record keeping. Close with strong caution.
2015-4	Competency. Allegation not substantiated.
2015-10	Record keeping. Allegation not substantiated.
2015-13	Supervision. Close with no violation.
2015-19	Competency. Close with caution.
2015-22	Competency. Allegation not substantiated.
2015-55	Practice on lapsed license. Close with caution.

b) Consent Agreements

Ms. Lisa Padgett: Ms. Padgett is a licensed social worker. Between March and August of 2014, while employed by a community mental health center, Ms. Padgett failed to maintain appropriate boundaries with clients. This inappropriate conduct constitutes a violation of ORC 4757.36(C)(1) and OAC 4757-5-02(A)(2). Ms. Padgett admits to this allegation. Her license is hereby suspended for three years, beginning March 20, 2015 through March 20, 2018. It is her responsibility to renew her license when appropriate if she intends to return to practice. Mr. Polovick motioned to accept the consent agreement between the Board and Ms. Padgett based on the evidence in the document. Ms. Haberbusch seconded the motion. Motion carried.

c) Notices of Opportunity for Hearing

a) **2014-259:** Mr. Polovick made a motion to issue a Notice of Opportunity for Hearing to Ms. Tiffany Weemes. Beginning in October 2013, Ms. Weemes violated professional boundaries by entering into a sexual relationship with a former client within 5 years of terminating the professional relationship, a violation of ORC 4757.36(C)(1) and OAC 4757-5-04(C). Ms. Haberbusch seconded the motion. Motion carried.

b) **2015-35:** Ms. Haberbusch made a motion to issue a Notice of Opportunity for Hearing to Ms. Zaria Davis-Humphries. On November 6, 2014, Ms. Davis-Humphries entered into a plea agreement where she entered a guilty plea to a violation of 18 USC Sections 1347 and 1349, conspiracy to defraud Medicaid. Her felony conviction constitutes a violation of ORC 4757.36(C)(5). Mr. Polovick seconded the motion. Motion carried.

d) Goldman Reviews

a) **Ms. Mary J. Martin:** Mr. Polovick moved to revoke Ms. Martin's social work license because she did not comply with a Board audit for continuing education as required by Ohio Revised Code 4757.36(C)(1) and Ohio Administrative Code 4757-11-01(C)(20)(b), and offered no response or communication to the Board regarding said audit. Ms. Haberbusch seconded the motion. Motion carried.

b) **Ms. Dana Stewart:** Ms. Haberbusch moved to deny Ms. Stewart's application for social work licensure, because on the date of her application Ms. Stewart did not possess a qualifying degree in social work as required by ORC 4757.28(B) and OAC 4757-19-01(C). Ms. Stewart did not request a hearing. Mr. Polovick seconded the motion. Motion carried.

c) **Ms. Kaleigh Ziegler:** Mr. Polovick moved to deny Ms. Ziegler's application for social work licensure. On September 20, 2013, the Board had revoked Ms. Ziegler's previous licensure due to non-sexual professional boundary violations. Ms. Ziegler applied for reinstatement in 2014, and based on the evidence, the SWPSC had voted

to deny her application. Ms. Ziegler did not request a hearing to appeal this decision. Ms. Habermusch seconded the motion to deny. Motion carried.

7) Correspondence

- a) Mr. Warne presented emails from Jason Myers, an LISW-S working at the VA, who had emailed NASW to ask if social workers could administer Naloxone, a drug that counteracts drug overdoses. He and another social worker from the VA were invited to come speak to the SWPSC about this. Mr. Carnahan discussed HB4, an upcoming bill that contains Good Samaritan language regarding Naloxone, excusing private citizens from any civil liability in its use. Ms. Habermusch pointed out that social workers don't dispense medication. Mr. Polovick stated that there's a similar issue with CPR, where it's not in the scope of practice and CEUs on the topic are not approved, but social workers aren't prohibited from doing it as a private citizen if they have the training. Mr. Hegarty clarified that with regard to medication, social workers aren't able to prescribe anything, and can't physically take pills out of a bottle, but can deliver pills to a client based on a doctor's orders. He suggested that social workers should obtain consent from clients beforehand to use Naloxone if they're opiate addicts. The main questions of Mr. Myers's email are: 1) what's the SWPSC's view on social workers providing education on the medication, and 2) what's the SWPSC's opinion on delivery of the medication by social workers? They also want to be able to train employees to use the kits. Ms. Habermusch pointed out that if someone is trained in CPR, and is a CPR trainer who happens to be a social worker, they could still provide the training as a citizen and not a social worker.

Mr. Myers then arrived with Ms. Haggard to discuss the issue in person. They discussed the rise of opioid related deaths in Ohio, and the need for medication that can curb it. They presented handouts on the use of Naloxone, and gave a demonstration of both delivery methods. Ms. Myers asked whether or not 1) social workers have the ability to provide information to their clients about the use of this kit, 2) social workers have the ability to carry this kit, and 3) social workers can actually administer the drug, especially in light of HB4. Many state and nationwide programs are already providing information and Naloxone kits to social workers, along with handouts and pamphlets that help identify whether a person is suffering an opioid overdose. In case the overdose is misdiagnosed, the drug is inert inside the body. It only reacts to the presence of an opioid, otherwise it has no effect. Ms. Haggard stated that police officers, nurses, and addiction counselors are getting this training. Ms. Hosom asked under what circumstances a client might file a complaint against a social worker using the kit. Mr. Myers responded that if someone is having an overdose, this kit will block the opioid reaction and immediately send them into withdrawal. They are training users to immediately contact emergency services after use. To date, there are no known complaints from individuals who have received Naloxone. Mr. Myers described the training that social workers receive, how to recognize overdose symptoms, how to use the kit, and how to activate emergency services. Ms. Haggard confirmed that trainers do need to be certified, and that ASWB has approved Naloxone trainings for continuing education. Dr. Brun

questioned whether Naloxone use falls under social work scope of practice, or whether it's simply not prohibited. Ms. Myers contended that it falls under crisis intervention, and Ms. Haggard contended that it falls under psychosocial education. Dr. Brun summarized that if Naloxone administration came up in an investigation, it seems that the SWPSC would need to determine whether the licensee had been given the right training, and whether it was used appropriately. Its usage can be allowed, although no particular methods have typically been endorsed. Mr. Carnahan suggested that he could ask the Senate to amend HB4, so that no licensee could face professional discipline if they used Naloxone appropriately and with proper training. Ms. Michel confirmed that while the SWPSC will not specifically endorse the drug, they will not actively pursue action against social workers for scope of practice violation if they administer Naloxone, unless a complaint arises from a client. Mr. Polovick opined that it wouldn't hurt to provide links on the CSWMFT website and newsletters to information regarding the drug.

- b) The Board received an email from a social worker complaining about boundary violations being committed by SSAs (social service assistants). Mr. Hegarty wanted the SWPSC to see this email, to be aware of it. The Board has no jurisdiction over SSAs, but Mr. Hegarty wanted them to be aware that complaints are received on this issue. Ms. Michel stated that if this person's not licensed, the licensee needs to file a complaint within the agency and follow agency guidelines.
- c) Mr. Hegarty also received an email from an attorney wants to take a course in CFTSI (Child and Family Traumatic Stress Intervention), and wants to be sure she wouldn't run into trouble for implementing this practice in her own work. The SWPSC were uncertain whether this methodology involves any type of practice that is protected under licensure law. Ms. Michel requested that Mr. Warne ask for more information. If the attorney wants to use this, and wants to apply it to a treatment plan, how would she do so and how would she integrate it with other evidence-based practice? It's unclear what she's seeking clarification on and what she's trying to do, who will be performing this practice and in what setting.

8) Old Business

- a) Mr. Warne discussed the status of his CEU supervision training project. When he had started this project in 2012, there was a huge need for it due to confusion over training and clinical supervision. He'd brought in a number of people to form a committee to discuss the issue, and had gotten input from licensees who completed a survey. In the past year he completed probably half a dozen trainings on this issue, and attended others offered by NASW. It seems like the information has gotten out, and there seem to be fewer errors in supervision now. Rather than put up an hour-long CEU, Mr. Warne suggested simply using shorter videos when issues arise. The SWPSC agreed that the issue seems to have resolved itself, and shorter videos can be used when needed.
- b) Following up on an issue from the November meeting, Mr. Warne presented information from NASW, who completed a study seven years ago on caseload sizes for licensees

working in the field. ASWB also put the issue out on their Listserv to see if other states had rules on standards of care and caseload size. Only two states responded, and both said they don't have any rules on this issue. Ms. Michel suggested reaching out to ODMHAS and to larger agencies. This would be a difficult issue to regulate, but she expressed curiosity over what standards have been set by other agencies, and where people can be directed to on this issue. It's likely that other states who didn't respond to the ASWB survey don't have any rules, or they would have responded. It might be useful to simply ask larger agencies what they think, rather than make a large project of it.

- c) Following up on another issue from an earlier meeting, Mr. Warne confirmed that schools are able to post ASWB exam pass rates for their students on their websites. In the past, ASWB had a statement of limited use which restricted schools from posting pass rates, but they no longer do. No response was received from CSWE, but research shows that they encourage it.
- d) Mr. Polovick once again asked to raise the issue of whether students should be required to wait to take the Clinical or Advanced Generalist exams until they've completed a certain number of post-MSW supervised experience. Only about 4 or 5 states allow students to take those exams right out of school, but ASWB won't provide any more breakdown data to show how much education or work experience test takers have when they sit for it. Looking at the 2014 pass rates, Ohio is routinely below the national average by 5-10% on these exams; the question is, are these pass rates good enough, and how does this affect public protection either way? Mr. Polovick stated that this is at the very least an awareness issue for applicants, and it is a public protection issue if Ohio licensees are not as knowledgeable. The SWPSC discussed, and agreed that the data presented was not clear enough or compelling enough to revisit the issue or making a rule change. Dr. Brun stated that this information has changed what he says to his own graduates, which might be the best way to approach the issue, to simply get the word out to the applicants and let them know their options.

9) **Meeting Adjourned**

The meeting was adjourned at 4:24 p.m.

Social Worker Professional Standards Committee (SWPSC) Minutes
Friday, March 20, 2015

Members Present: Dr. Carl Brun, Ms. Lisa Haberbusch, Ms. Erin Michel, Mr. Steve Polovick

Staff Present: Mr. Brian Carnahan, Mr. Bill Hegarty, Mr. Andy Miller, Mr. Doug Warne

Guests Present: Mr. Glenn Karr, Esq., Ms. Dorothy Martindale, NASW-OH

1) Meeting Called to Order

Ms. Michel called the meeting to order at 9:22 a.m.

2) New Business

- a) The issue was raised in an email to Mr. Carnahan whether the Board should be made aware when students receive non-criminal discipline from their school (i.e. expulsion for possession of drug paraphernalia, which does not always result in an arrest). Mr. Warne asked whether the LSW license application should have a question on it as to whether or not an applicant has received school discipline. Dr. Brun clarified that schools would not be able to release this information to anyone, but that the student can be asked to give consent. In most cases the student won't actually graduate if the discipline is severe, so it wouldn't come up. The Committee agreed that they were not sufficiently concerned by this issue to ask about it on the application.
- b) Mr. Warne presented a draft of two proposed technology rules drafted by Mr. Hegarty, which will be presented to the full Board. The drafts includes wording from the ASWB model practice act, prohibiting licensees from using internet-based search engines to gather information from clients without their consent, and requiring them to document any searches in the client's records. Ms. Haberbusch stated that in her own practice working with mental health inpatients, she has monitored clients through their social media. Boundary violations come from how the information is used. The SWPSC agreed that informed consent was a good idea in these situations.
- c) Mr. Warne presented information from Ms. Paula Broome, detailing her responses to licensees who have CEU audit questions. She wanted the SWPSC to be aware of the information being given to licensees.

3) NASW Report

Ms. Martindale reported that NASW-OH held their annual advocacy day, with about 400 attendees. The major issues being discussed were: 1) supporting 120 million in the budget for educational debt relief, 2) supporting a bill that sets up a community police task force to look into police violence and racial profiling, and 3) supporting a bill banning the use of gay

conversion therapy on minors. Many legislators were appalled at the use of conversion therapy practice, and there is a bill pending. Mr. Polovick personally expressed his support of the bill, SB 74, and stated that he would also like to see support come from the Board as an organization. Ms. Michel reiterated that the Board can not single out this practice in particular, but can release information through the newsletter that the Board opposes non-evidence based practice. If the Board received a complaint regarding conversion therapy, it would ultimately have to be referred to the Attorney General. Mr. Hegarty agreed that the complaint would be investigated, and all possible information gathered, but whether he could carry it forward to a full hearing would depend on higher levels. As far as he was aware, no Board has yet made this practice illegal, and action has instead come through the legislature. Advocates for the therapy would argue that there is no client harm, that they're actually helping people trying to change their sexual identity, and that would make it difficult to push a rule change through the process. The issue needs to be pursued by advocacy organizations; the Board reports to the Governor, and would need permission from both the Governor and Boards and Commissions to take a stance on this bill. Ms. Martindale asked whether ASWB could be contacted to see if any other state boards have taken action on this. Mr. Warne responded that they could certainly use the ASWB Listserv to do that.

Ms. Martindale argued that if the Board doesn't accept CEUs on Reiki therapy and other similar practices, why aren't those practices specifically banned in the Board's rules? Mr. Carr pointed out that the Board's current rule doesn't specifically prohibit non-evidence based practice, but rather requires informed consent from the client and an explanation that the practice is experimental and not based on evidence. Ms. Martindale proposed that the rule could be expanded to ban harmful practices. Ms. Michel suggested that would be more appropriate to discuss this with the full Board rather than one committee. Mr. Carnahan expressed his opinion that a broader rule which doesn't specifically name a particular therapy would be more palatable. Dr. Brun motioned to ask staff to contact the ASWB and see if other states have drafted a rule on this issue, and to find out what challenges they've faced on the topic. Ms. Haberbusch seconded the motion. Motion carried.

4) **ASWB Report**

Mr. Warne presented information on the ASWB's upcoming Spring conference. They will be discussing social work licensure mobility, which the plan being that by 2017 there could be clusters of states that allow for greater reciprocity or endorsement. They will also be discussing technology in practice.

5) **Executive Committee Report**

Mr. Polovick and Mr. Carnahan discussed a possible new tele-work policy for employees. The technology is not available right now, but Mr. Carnahan is looking into getting remote desktop access and state-owned laptops. An extensive policy has been drafted, but as a public agency, appropriateness also needs to be demonstrated. This probably would not be a routine schedule offered to employees, it would be for episodic events where a staff member could stay at home to get work done if needed. It would be planned in advance. Mr. Polovick discussed a Medicaid update, stating that social workers will soon be able to collect

up to 85% of Medicaid dollars, as opposed to the 50-65% it's currently set at. This creates a minimum of 85%, although the rate can be slightly higher depending on the service. The Board is also entering into a data-sharing agreement with Ohio State University, to assist with a Medicaid study they're completing. The idea is to poll service providers and find out who's accepting Medicaid and who isn't, and why or why not. Mr. Polovick also discussed SB 33, a cultural competency law, and SB 90, a law that would require health care professionals to wear photo identification badges. Many of the Board's licensees are not in an institutional setting, so this wouldn't be required for most people. However, there are privacy issues; if a licensee is out in public with a client, then people would be able to see who the client's therapist is. Mr. Polovick also discussed site visits for the July planning meeting, which Dr. Brun volunteered to spearhead for the SWPSC, and discussed the formation of a continuing education advisory committee, which has gained a few members. Mr. Carnahan discussed potential rule changes, and his desire to keep rule changes on something of a schedule. One proposed rule will add a definition of counseling to the LSW scope of practice, and another will slightly change the scope of practice for the LISW. There are also some changes surrounding social media usage, and references to the professional disclosure statement are being removed. On the legislative front, Rep. Sprague is going to add an amendment to reduce the CEU hours for SWAs down from 30 to 15. Mr. Carnahan will also be sending out a survey to college and university programs to see what information they're providing to students on licensing and ethics, to ensure that students are receiving the best information before they apply.

6) CEU Committee Report

Ms. Haberbusch reported that the Committee discussed the new failed audit fee, and received an update on the number of CEU audits being conducted. She reported that the new inactive/escrow status is now available. The Committee confirmed that Board members sent to conferences by the Board can receive CEU credit if it's offered by the conference sponsors, and that wallet cards have been done away with.

7) Meeting Adjourned

The meeting was adjourned at 11:30 p.m.



Ms. Erin Michel, Chairperson

ACTION ITEMS

March 2015 meeting

1. Follow up with attorney regarding CFTSI issue (see Correspondence)
2. Follow up with area agencies and ODMHAS on caseload sizes (see Correspondence)
3. Use ASWB Listserv to enquire whether other state Boards have banned conversion therapy (see NASW report) (COMPLETE)