



## ***Counselor, Social Worker & Marriage and Family Therapist Board***

---

50 West Broad Street, Suite 1075  
Columbus, Ohio 43215-5919  
614-466-0912 & Fax 614-728-7790  
www.cswmft.ohio.gov

### **Social Worker Professional Standards Committee (SWPSC) Minutes** **Thursday, September 18, 2014**

**Members Present:** Mr. Tim Brady, Dr. Carl Brun, Ms. Jennifer Brunner, Ms. Erin Michel, Mr. Steve Polovick

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

**Guests Present:** Ms. Dorothy Martindale, NASW-OH

#### **1) Meeting Called to Order**

Mr. Brady called the meeting to order at 9:15 a.m.

#### **2) Discussion/Approval of the September 18 & 19 Agenda**

Mr. Brady asked if any changes or discussion were needed to the Agenda. Dr. Brun asked to add two items: 1) a report from the ASWB new board member training, and 2) an item related to the clinical and Advanced Generalist exams; Mr. Rough had asked him to review data from universities regarding how well students are doing on the exam right out of school, and there is preliminary data to share. Dr. Brun motioned to approve agenda as amended. Ms. Michel seconded the motion. Motion carried.

#### **3) Approval of the July 17 & 18 Minutes**

Mr. Brady asked if any changes or discussion were needed for the July 17 & 18 minutes. He then proposed a change to the Correspondence section of the minutes, where notes used in phototherapy are discussed. He disagreed with the wording in the minutes; as conceived by HIPAA, psychotherapy notes would not always appear in the client chart, and in the minutes the two are recorded as being equivalent. Mr. Polovick stated that until a therapist's notes are transcribed into the chart, they are not part of the record. During a session with a client, there must be a recording of the session, and while personal notes are not required, there must be a client chart. So if a therapist takes personal notes but enters nothing into the chart, the notes become the chart and are subject to subpoena. Mr. Warne read off a definition of psychotherapy notes from 45 CFR 164.501 – Definitions. Mr. Polovick motioned to approve the minutes as written. Dr. Brun seconded the motion. Roll call vote: Dr. Brun—yes, Ms.

Michel—yes, Mr. Polovick—yes, Mr. Brady—no. Motion carried.

#### **4) Approval of Applications for Licensure**

The SWPSC reviewed the 451 LSW applicants and 145 LISW applicants approved by the staff, and the 15 SWA applicants registered by the staff, from July 16, 2014 through September 18, 2014. Dr. Brun made a motion to approve the applicants. Ms. Michel seconded the motion. Motion carried.

#### **5) New Business**

- a) Dr. Brun discussed his attendance of the ASWB's new Board member training. He stated that according to the ASWB, they do recommend the clinical exam be given 2-5 years after degrees are earned, and that the Advanced Generalist not be used for those with a clinical degree. He stressed that this is not an issue of compliance, but a recommendation based on the model practice act (which not every state adheres to rigorously). Mr. Warne stated that the scope of practice for LISWs covers both micro and macro practice, and that the Board's law requires licensees to demonstrate competency in any work they're performing. Most states don't use the Advanced Generalist exam, but Ohio does. Dr. Brun replied that other states have a specific clinical designation for licensure, and ASWB's general statement is that they do not support the advanced generalist exam for clinicians. Mr. Miller stressed that the Advanced Generalist exam does contain direct practice content, and Ms. Michel stated that in her own work, she works with clients as well as performing administrative work like event planning. In her opinion, if a licensee is doing a job they're prepared for, that's what matters. Dr. Brun agreed and stated that most schools are moving toward a generalist program to prepare students for a variety of tasks.
- b) Dr. Brun also discussed the question of whether the Clinical and Advanced Generalist exam pass rates are lower for applicants who take those exams right out of school. According to preliminary data gathered from two universities, 29% of those who take the Clinical exam within two years of school fail, and 71% pass, which is fairly consistent with the pass rate that's been observed previously. He promised to provide more data as it becomes available. He stated that if data does show the pass rate is high enough, then the question becomes whether the Board should use the exam as it's intended.

#### **6) Correspondence**

- a) The Board reviewed an article provided by Teresa Lampl, discussing social workers who are doing psychiatric social work and mental health work, and integrating it with the work of primary care physicians. After reviewing the article, Mr. Polovick stated that he did not personally see this as being a primary solution in the fight to curb health care costs.
- b) Mr. Warne received an email from Malone University asking whether schools can post exam pass rates on their websites. Mr. Miller recalled that either ASWB or CSWE has

rules prohibiting the use of exam pass rates in schools' marketing campaigns. Dr. Brun responded that schools must report assessment data on their sites, and exam pass rates are part of that data. Mr. Warne agreed to look into it. Ms. Hosom suggested that in the response to the school, it should be stressed that posting exam scores would not be a violation of the Board's statute, but that other agencies are being consulted as a courtesy to provide this information to others.

## 7) Investigations

### a) Closed cases

Mr. Brady 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.

2014-72	Competency. Close with caution.
2014-121	Competency. Close with no violation.
2014-146	Improper supervision. Close with caution.
2014-153	Competency. Close with strong caution.
2014-156	Boundaries. Close with no violation.
2014-172	Professionalism. Close with light caution.

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

2014-89	Confidentiality. Close with no violation.
2014-123	Adoption issues. Close with no violation.
2014-125	Unlicensed practice. Close as unsubstantiated.
2014-131	Billing issues. Close as unsubstantiated.
2014-141	Neglect of client. Close as unsubstantiated.
2014-143	Custody. Close with no violation.
2014-167	Competency. Close with strong caution.
2014-185	Non-sexual boundaries. Allegation not substantiated.
2014-200	Competency. Close with strong caution.
2014-206	Competency. Close as unsubstantiated.

### b) Consent Agreements

a) **Ms. Tracy A. Waehler:** Ms. Waehler is a licensed social worker. In June 2014, Ms. Waehler was audited for compliance with continuing education requirements. She was unable to provide proof of the 30 hours needed to have renewed her license. This action constitutes a violation of ORC 4757.36(C)(1) and OAC 4757-11-01(C)(20)(b). Ms. Waehler admits to these allegations. The Board will allow her to surrender her license in lieu of other potential disciplinary action. Ms. Michel motioned to accept the consent agreement between the Board and Ms. Waehler based on the evidence in the document. Mr. Brady seconded the motion. Motion carried.

- b) **Ms. Irma J. Brainard:** Ms. Brainard is a licensed independent social worker. In May 2014, Ms. Brainard was audited for compliance with continuing education requirements. She was unable to provide proof of the 30 hours needed to have renewed her license. This action constitutes a violation of ORC 4757.36(C)(1) and OAC 4757-11-01(C)(20)(b). Ms. Brainard admits to these allegations. The Board will allow her to surrender her license in lieu of other potential disciplinary action. Mr. Brady motioned to accept the consent agreement between the Board and Ms. Brainard based on the evidence in the document. Dr. Brun seconded the motion. Motion carried.
- c) **Ms. Courtney Young:** Ms. Young is a licensed social worker. In June 2014, Ms. Young did not take reasonable steps to ensure that the documentation in her client records was accurate and reflected the services provided. This action constitutes a violation of ORC 4757.36(C)(1) and OAC 4757-5-09(B). Ms. Young admits to these statements. Ms. Young's license to practice social work is hereby Reprimanded. Mr. Polovick made a motion to accept the consent agreement between the Board and Ms. Young based on the evidence in the document. Ms. Michel seconded the motion. Motion carried.

c) **Goldman Reviews**

- a) **Ms. Alicia L. Lynn:** Mr. Polovick moved to revoke Ms. Lynn'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. Dr. Brun seconded the motion. Motion carried.
- b) **Ms. Faith V. Lloyd-Smith:** Dr. Brun moved to revoke Ms. Lloyd-Smith'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. Mr. Polovick seconded the motion. Motion carried.
- c) **Ms. Melvenia L. George:** Ms. Michel moved to revoke Ms. George'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. Dr. Brun seconded the motion. Motion carried.

8) **Old Business**

- a) Mr. Warne updated the SWPSC on the progress of his training supervision CEU project. A webinar was developed and recorded based off a supervision presentation he had put on in the past, with plans that the webinar will be posted to the Board's website along with 5 post-test questions, and offered as a CEU for LISW-S applicants. He showed the Committee printouts of his slide presentation, along with his notes and a written

transcript of his oral presentation. He clarified that the Board will own the CEU, not NASW. NASW will be involved in the recording of the final product, which will be provided to the SWPSC for approval before it's posted on the website.

- b) Mr. Warne presented a proposed definition of counseling to be added to OAC 4757-3-01(P), based on the ASWB model practice act:

(P) "Social work" means the application of specialized knowledge of human development and behavior and social, economic, and cultural systems in directly assisting individuals, families, and groups to improve or restore their capacity for social functioning, including counseling, the use of psychosocial interventions, and social psychotherapy for a fee, salary, or other consideration.

(1) Counseling means a method used by social workers to assist individuals, couples, families, and groups in learning how to solve problems and make decisions about personal, health, social, educational, vocational, financial, and other interpersonal concerns.

~~(1)~~(2) "Psychosocial interventions" means the application of social work that involves individual, dyadic, family, or group interventions that utilize treatment modalities such as a family systems therapy, client centered advocacy, environmental modifications, community organization and/or organizational change. These modalities are implemented in crisis, short-term, and long-term therapeutic interventions directed at reducing, increasing, enhancing, maintaining, or changing target behaviors, areas of functioning, or environmental structures or processes.

~~(2)~~(3) "Social psychotherapy" means the application of social work toward the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. It includes interventions directed to interpersonal interactions, intra-psychic dynamics, and life-support and management issues. It also includes the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including mental and emotional disorders. Social psychotherapy consists of assessment; diagnosis; treatment, including psychotherapy and counseling; consultation; and evaluation.

~~(3) "Social services" means those activities which improve and maintain an individual's functioning in institutions, at home, or in the community and which do not require the specialized knowledge of social work, counseling, psychosocial interventions, or social psychotherapy. For individuals performing only social services licensure is not required pursuant to Chapter 4757. of the Revised Code.~~

(4) "Social Functioning" means living up to the expectations that are made of an individual, by that person's own self by the immediate social environment, and by society at large. These expectations, or functions, include meeting one's own basic needs and the needs of one's dependents and making positive contributions to society. Human needs include physical aspects (food, shelter, safety, health care, and protection), personal fulfillment (education, recreation, values, aesthetics, religion, and accomplishment), emotional needs (a sense of belonging, mutual caring, and companionship), and an adequate self-concept (self-confidence, self-esteem, and identity).

Mr. Brady had suggested that CPT definitions be reviewed to ensure that the Board's definition would not conflict with theirs; Mr. Warne stated that the definitions clearly would not conflict. Mr. Warne asked if the SWPSC would like to adopt these definitions of counseling and social functioning, and move the social services definition to its own section as previously discussed. Dr. Brun stated that he approved of the definition of counseling, and liked that it's consistent with the national model. Mr. Brady and Mr. Polovick questioned whether this definition might affect the scope of practice of case managers and CPSTs; Mr. Warne replied that OMHAS has a definition of behavioral health counseling and therapy which addresses this. Mr. Brady was still concerned that this might affect billing practices in a way which the Ohio Council (among others) would not approve of, and that they should be made aware of this change as a courtesy, to make sure the Board doesn't upset the current system. Dr. Brun stated that it is still better to define a term that's used in the rules than to leave it undefined. Mr. Polovick expressed concern that counseling has been turning into an activity performed by CPSTs instead of social workers, and this rule may or may not address that. Ms. Michel clarified with Mr. Miller that if this rule change were to be proposed, then part of the process would be to send it out for public comment to determine if any conflicts existed with current rule and processes; she expressed confidence that the input process will work as intended, and that any issues will be raised. Ms. Michel motioned to add the definition of counseling to 4757-3-01(P) as written, move the definition of social services to a separate section of 4757-3-01, and add a definition of social functioning to 4757-3-01(P) as written. Dr. Brun seconded the motion. Roll call vote: Dr. Brun—yes, Ms. Michel—yes, Mr. Polovick—abstain, Mr. Brady—abstain. Motion carried.

- c) Dr. Brun asked to discuss the proposed rule change from 2013 which would have required students to wait to take the Clinical or Advanced Generalist exams. He asked the committee whether they wanted to move forward with the rule or let it go. The only foundation for a rule change is that the exam is designed for licensees who have been working in the field for two years; the pass/fail data is not likely to show significant numbers of people who are failing right out of school. Mr. Brady reminded the SWPSC of the original argument that applicants would take the Clinical Exam, get licensed, take whatever position they wanted, and complete their LISW supervision without being overly concerned whether they were learning to practice master's-level social work. Mr. Polovick stated that the two arguments against the rule change are that students will forget all they've learned if they don't test right away, and that there's a need for LSWs with advanced training and knowledge who are already on the path to an LISW. He questioned how this rule change applied to public protection, and not merely what's best for the profession. He also questioned how this would improve things from a quality standards standpoint. Ms. Michel asked, from the position of public protection, where's the harm currently? The committee would have to look at competency investigations and see when and how the applicants had tested. If the Board were being created today, the ASWB's model would likely be followed to ensure best competency and highest standards, but since Ohio's rules have been in place for some time, everything is a theoretical argument without evidence to back it up. Mr. Polovick asked if a 71% pass rate was considered good enough. Dr. Brun stated that the test measures minimal competency to show that an applicant will not cause client harm, which is all it needs to

measure; the only pieces of evidence in favor of a rule change are that students do a little better on the test if they wait, and that the ASWB recommends waiting. The committee agreed to table the issue for now and not add it to the agenda again in the near future, but to keep looking at the failure rate.

#### 9) Working Meeting

The SWPSC broke for lunch at 12 p.m., then began its working meeting at 1:00 p.m. to review pending applications for licensure, files to be audited, CEU Programs & Providers, supervision records, hardship requests, and licensure renewal and reinstatement issues. Ms. Michel attended the CEU Committee meeting at this time.

#### 10) CEU Committee Report

Ms. Michel reported that a number of licensees have requested waivers or extensions for renewal due to financial hardship; these have not been granted before, and the Committee decided to continue not granting them, since significant notice is given to licensees prior to renewal. Counselors and MFTs are interested in using the supervision CEU content developed by Mr. Warne. The Committee also received a rubric/outline from an approved provider who is looking to offer CEU credit for peer consultation; any licensee who wants to receive credit for this could go through ICFT, and they would grant the credit as an approved provider. Mr. Carnahan stressed that this is being presented as a model, and does not have a specific approval so far.

Another issue that was raised was, if the licensee who is reviewing a course for provider status is not licensed in Ohio, but the provider is stationed in Ohio and approved to offer courses for this state, is that acceptable? Does the reviewer need to be licensed in Ohio? Mr. Polovick stated that historically, this has not been required. Mr. Brady stated that according to the rule, the course must be reviewed by a social worker; is it reasonable to interpret the rule to mean a social worker as defined by Ohio laws? Dr. Brun and Mr. Polovick stated that they would both accept an out-of-state reviewer. Mr. Brady stated that in his opinion, the law requires an Ohio licensee. Ms. Michel argued that when the Board approves a provider who is stationed completely out of state, and their reviewer is completely out of state, it's accepted, and that amounts to the same thing.

Ms. Michel also raised the issue of a Crisis Prevention Institute that offers certifications to train others; if you are a certified trainer through this institute, is that enough of a credential to put on your resume to allow you to offer continuing education? Ms. Hosom stated that unlicensed individuals are able to perform crisis intervention; it's not a duty that requires a license. Mr. Brady compared it to offering first aid training to a surgeon. Dr. Brun stated that if a license reviewer looked over the course, and felt it would be appropriate for social work, then he wouldn't question that as long as the presenter was qualified. Mr. Polovick concluded, and the SWPSC agreed, that having this credential alone would not qualify an individual to teach continuing education to social workers, and that the Board would still need to review the individual's resume and qualifications as well.

## 11) New Business

- a) Mr. Warne and Mr. Rough had requested information from Teresa Lampl with the Ohio Council, questioning whether it was appropriate to require an LISW-S to supervise an SWT if that student is performing social psychotherapy. Ms. Lampl surveyed a number of agencies, and found that most agencies were already following this guideline. Since this had already been the Board's unwritten policy in the past, most agencies had already adopted it. Mr. Carnahan confirmed that a rule change to 4757-19-05 that clarifies this supervision requirement has already been filed and submitted.
- b) Mr. Warne presented a proposed rule change to clarify the differences between the LISW and the LISW-S, in terms of who they can supervise and their roles:

### 4757-21-03 Scope of practice for an independent social worker.

Using the definition of social work as defined in division (C) of section 4757.01 of the Revised Code, the board adopts the following scope of practice for an independent social worker. Each independent social worker has a personal competency within the license's scope of practice, which is determined by their education, training and practice as defined within the board's ethics rules in paragraph (A) of rule 4757-5-02 of the Administrative Code.

(A) An independent social worker may perform for a fee, salary or other consideration, counseling, psychosocial interventions, and social psychotherapy without supervision in an agency setting, as a private practitioner, or as an independent contractor.

(B) The scope of practice for an independent social worker may include those duties as described in the subparagraphs that follow.

(1) Psychosocial assessment: intervention planning, psychosocial intervention, and social psychotherapy, which includes the diagnosis and treatment of mental and emotional disorders and counseling.

(2) Program assessment, planning, and development, program implementation and evaluation.

(3) Organizational assessment, planning and development, intervention, accountability, and supervision.

(4) Specialized problem-oriented assessment, specialized project or case-oriented planning, specialized intervention, evaluation of consultation activities, ~~provide training supervision for social workers seeking licensure as independent social workers.~~

(5) Provide clinical supervision of social worker assistants, social workers except for their training supervision, professional counselors, and marriage and family therapists; and supervision of chemical dependency counselors and prevention specialists as specified in Chapter 4758.of the Revised Code. Provide clinical supervision per paragraph (A)(1) of rule 475723-01of the Administrative Code for social worker trainees practice except the diagnosis and treatment of mental and emotional disorders.

(C) The scope of practice for an independent social worker with training supervision designation may include those duties as described as follows:

(1) Psychosocial assessment: intervention planning, ~~pysehoseeial~~ psychosocial intervention, and social psychotherapy, which includes the diagnosis and treatment of mental and emotional disorders and counseling.

(2) Program assessment, planning, and development, program implementation and evaluation.

(3) Organizational assessment, planning and development, intervention, accountability, and supervision.

(4) Specialized problem-oriented assessment, specialized project or case-oriented planning, specialized intervention, evaluation of consultation activities, provide training supervision for social workers seeking licensure as independent social workers.

(5) Provide clinical supervision of social worker assistants, social workers, professional counselors, and marriage and family therapists; and supervision of chemical dependency counselors and prevention specialists as specified in chapter 4758. of the Revised Code. Provide training supervision for social workers gaining supervised hours to meet the requirements of paragraph (C)(2) of rule 4757-19-02 of the Administrative Code to become licensed as independent social workers per rule 4757-23-01 of the Administrative Code. Provide training and clinical supervision per paragraph (A)(1) and (A)(2) of rule 4757-23-01 of the Administrative Code for social worker trainees, which includes the diagnosis and treatment of mental and emotional disorders.

Dr. Brun motioned to approve the rule change as written. Ms. Brunner seconded the motion. Motion carried.

- c) The SWPSC had recently discussed whether to accept training supervision from non-social workers if that licensee had completed a certain amount of evidence-based training. He presented a draft rule change to 4757-23-01(D)(2) prepared by Mr. Rough:

(2) Employment experience obtained after October 10, 1986, that is required for licensure as an independent social worker, shall be supervised by a independent social worker. Employment experience obtained after September 1, 2008, that is required for licensure as an independent social worker, shall be supervised by an independent social worker with supervision designation, except that supervision received from a licensed professional clinical counselor, an independent marriage and family therapist, a psychologist, a psychiatrist, an individual authorized to practice as a certified nurse practitioner or clinical nurse specialist under Chapter 4723. of the Revised Code of training for evidence based practice is accepted.

Mr. Brady related an anecdote: he had recently interviewed a non-social worker who didn't know what social psychotherapy is, something that a social worker would definitely know; not all professions are equitable. Mr. Polovick agreed that the SWPSC typically only accepts supervision from outside the profession in cases where the licensee is in a very unique field of practice, or in an isolated location. Mr. Warne presented an ASWB report showing that only 23 states allow supervision from outside the profession, and many would not accept it even under endorsement. He also reiterated that the SWPSC allows supervision to be administered online through video chat, as long as proper safeguards are taken. Ms. Michel responded that cost of supervision and access to internet can still be an issue, though. Mr. Warne replied that although there are a large number of LISW-S licensees out there, not all of them are providing training supervision, and if more of them were encouraged to do so then this might ease the issue. The

SWPSC agreed not to move forward with any rule change uniformly allowing licensees to receive supervision credit for evidence-based trainings, and would continue to review any hardship requests on a case-by-case basis, on the merit of the information presented by the licensee.

## 12) Meeting Adjourned

The meeting was adjourned at 4:00 p.m.

### Social Worker Professional Standards Committee (SWPSC) Minutes Friday, July 19, 2014

Members Present: Mr. Tim Brady, Dr. Carl Brun, Ms. Erin Michel, Mr. Steve Polovick

Members Absent: Ms. Jennifer Brunner

Staff Present: Ms. Paula Broome, Mr. Brian Carnahan, Ms. Tracey Hosom, Mr. Andy Miller, Ms. Patty Miller, Mr. Doug Warne

Guests Present: Mr. Glenn Karr, Esq.; Ms. Danielle Smith, NASW-OH Executive Director

## 1) Meeting Called to Order

Mr. Brady called the meeting to order at 9:00 a.m.

## 2) Executive Committee Report

Mr. Polovick passed along a report from the MFTPSC on the September AMFTRB conference. He reported that the hiring committee for the Executive Director position has transferred to a Transition Committee in order to offer support and aid to Mr. Carnahan through the transition. He also reported that he would be attending the ASWB meeting in November as an ASWB member, which would allow for another Board or staff member to come along.

## 3) Executive Director's Report

Mr. Carnahan reported that the budget for the next two years has been submitted with no significant changes. There is a modest increase for insurance increase, and raises in bargaining unit salary are anticipated. He will be meeting with Boards and Commissions to discuss where they are with the reappointment process and filling vacancies. A hearing was held earlier that week for the rules coming out of HB232, with another hearing being held

later that day before the Board meeting. Oct 7th will be the hearing for the 5 year rule review. New language for veterans will be reviewed at the full Board meeting, which directs the Board to create a process ensuring that applications from active service members or recent veterans are processed quickly. Ms. Broome is redesigning the website, providing an opportunity to go over all the old forms and make sure everything is current. The Board also transitioned to a new credit card service provider, and there have been issues processing payments, with some people being charged multiple times, or not at all, or being charged by the old provider instead of the new one. DAS is working to resolve the issue.

#### **4) NASW Report**

Ms. Smith discussed NASW-Ohio's process of hiring a new practice associate. Interviews were completed, and a new hire was expected by the end of the month. This staff member will also be tasked with performing professional advocacy with the legislature. NASW is starting an ethics committee hotline for social workers; questions will be doled out to committee members, and they'll respond back to them. She reported on a problem that's come up with MyCare Ohio, an organization with deals with Medicare and Medicaid payments; there have been problems with providers being paid and clients having access to services, so there may be some upcoming investigations related to that. It's been taking as long as six months for some agencies to be reimbursed. Dr. Brun asked if there had been any more discussion of raising licensee fees to cover student debt relief. Ms. Smith responded that the issue has not been pursued since the Board was against it. NASW is still pursuing a solution that isn't related to fee increases, trying to get a line item in the state budget.

#### **5) New Business**

The SWPSC reviewed the minutes from the August 13 task force meeting to address acceptance of NASW-approved CEUs. Dr. Brun stated that Mr. Vittelli from NASW National seemed very committed, and that he took this very seriously. He detailed the resolution of that meeting, which was to draft a memorandum of understanding outlining very specific guidelines for NASW approval, building in issues like response time and CEU content. The proposal has two steps: 1) draft rule language outlining the need for a memo of understanding, and then 2) draft the memo. Ms. Brunner had agreed to draft the memo. There will be a 120 day pilot, and then the SWPSC can review to see if it's working; approval can be revoked if NASW does not abide by the MOU. He clarified for Ms. Miller that the SWPSC would still need to approve both the rule change and the MOU. Mr. Polovick stated that the MFTPSC and the CPSC had expressed concern over whether the SWPSC has the authority to enter the Board into an agreement with a third-party organization. Mr. Carnahan replied that he had discussed this with the AAG, and her opinion was that in order to bind the Board to an agreement, the full Board would need to approve it. An agreement of this type would also allow the other committees to pursue similar agreements if they wished. He suggested that he could ask the Board's AAG to come and address the issue of what input is needed from other committees. This would be an example of the Board ceding authority, and it brings into question what the limits are; it also sets a precedent for what can be done in the future. Mr. Warne suggested simply making NASW National a provider, but Ms. Smith responded that this would complicate things, making the

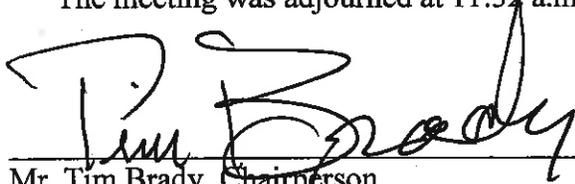
providers approved by NASW into sub-providers, which isn't right for the Board's structure. She expressed her preference for the idea of a living document that could be modified quickly and easily, rather than go through rule filings whenever changes are needed. Mr. Carnahan asked how many CEUs a social worker typically does; Ms. Smith replied that she generally recommends 50 every two years, and personally completes about twice as much as needed, so social workers generally have no trouble finding CEUs under the current structure. Dr. Brun asked if, in the absence of a rule change or MOU to vote on at this meeting, was any action needed on the previous proposed rule change to 4757-9-05, which would have removed NASW approval altogether. Mr. Carnahan responded that the rule change was never filed, and Mr. Miller clarified that in the July 2014 minutes, when Ms. Brunner made a motion to develop the task force that met in August, she also motioned to rescind the previous rule change; that motion was passed, and so the previously proposed rule change is currently off the table unless it's reintroduced.

6) **Working Meeting**

The Board resumed its working meeting.

7) **Meeting Adjourned**

The meeting was adjourned at 11:32 a.m.

A handwritten signature in black ink, appearing to read "Tim Brady", is written over a horizontal line.

Mr. Tim Brady, Chairperson