

STATE BOARD OF PSYCHOLOGY OF OHIO

APPROVED MEETING MINUTES
SEPTEMBER 28, 2012
RIFFE CENTER, ROOM 31 SOUTH B&C
COLUMBUS

BOARD MEMBERS

President*: Pam Mattson, Consumer Advocate Organization Representative Member 2012
Secretary: Kathryn R. Shroder, Ph.D., Licensee Member 2013
Steven Keller, Consumer Advocate Member 2013
Suzanne S. LeSure, Ph.D., Licensee Member 2013
Julie A. Harmon, Ph.D., Licensee Member 2014
Victor McCarley, Psy.D., Licensee Member 2015
Alice Randolph, Ed.D., Licensee Member 2015
Kenneth Drude, Ph.D., Licensee Member, 2016

STAFF/BOARD LEGAL COUNSEL PRESENT

Ronald R. Ross, Ph.D., Executive Director; Carolyn Knauss, Investigator; Roger F. Carroll, Board Counsel

10:35AM MEETING CALLED TO ORDER BY MRS. MATTSON

DR. SHRODER CALLED ROLL:

Dr. Harmon	Present
Mrs. Mattson	Present
Dr. Shroder	Present
Dr. LeSure	Present
Mr. Keller	Present
Dr. McCarley	Present
Dr. Randolph	Present
Dr. Drude	Present

APPROVAL OF JUNE 18, 2012 BUSINESS MEETING MINUTES

Mrs. Mattson invited comments about the June 18, 2012 draft minutes distributed with the agenda. Other than the correction of typographical errors and clarification that Dr. Shroder did not vote on one motion, the minutes were not subject to comment or changes. Dr. McCarley made a motion to approve the minutes as corrected; Dr. Harmon second.

A vote was taken:*

Aye: Dr. LeSure; Dr. Shroder; Dr. Drude Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Harmon
Nay: None
Abstain: None

The motion carried.

PRESIDENT'S REPORT

Meeting Scheduling. After discussion, consensus emerged that the Board will hold its next business meeting on Friday January 18, 2013 beginning at 10:30AM. It was decided that spring and summer meetings would be scheduled on January 18.

¹ Year Board Member term ends (terms expire October 5 or December 4 if not re-appointed or replaced)

* President votes only to break a tie

PRESIDENT'S REPORT, CON'T

Special Meeting/Board Retreat. By consensus, the Board agreed to hold a Special Meeting/Retreat on Saturday November 3, 2012 from 9:00AM to 4:00PM. Mrs. Mattson then called the Special Meeting to be held at the Mohican State Park Lodge and Conference Center. It was made clear that this meeting shall be announced consistent with all meetings of the Board, although the primary purpose shall be to review the oral jurisprudence examination items and responses, a process that will occur in Executive Session for approximately 80% of the meeting.

The Board generated by consensus a list of topics to be addressed at the November 3, 2012 Special Meeting/Retreat:

- 1) Topic Generation for Updated Strategic Plan
- 2) Investigation Processes
- 3) New Board Member Orientation Manual Topic Generation
- 4) Jurisprudence Examination Update, including discussion of examination administration, items and item generation, and response scoring

It was agreed that Dr. Ross would send members, in advance of the Retreat, the current strategic plan, current outdated new member orientation manual, and the current oral examinations. Dr. McCarley requested that each topic on the agenda be accompanied by an estimated amount of time so that there would be substantial time to hold an Executive Session to review the oral examination, which was estimated by Dr. Ross to be a candidate for approximately five and one-half of the seven hours allotted.

Next, Mrs. Mattson, attending her final meeting on the Board, took a few moments to express her gratitude to each member of the Board and to Dr. Ross for the support and collegiality she has experienced during her two terms on the Board. She expressed that it has been an honor and a privilege to serve on the Board and reported that it has been an extremely rewarding professional experience. Applause was heard and gratitude was expressed to Mrs. Mattson from members of the Board and the staff.

On behalf of the Board and its staff, Dr. Shroder presented Mrs. Mattson with a plaque signifying recognition of Mrs. Mattson's dedication and passion in service to the Board and the citizens of Ohio. Again, congratulations and applause were heard and Mrs. Mattson again expressed her appreciation to the Board.

OFFICER ELECTIONS

President: Dr. Shroder nominated Dr. LeSure to serve as Board President for the term October 5, 2012 to October 4, 2013. Dr. Shroder specifically noted that her nomination was rooted in the leadership and time commitment that Dr. LeSure has shown over the past year, especially related to her work chairing the ABA Workgroup and taking the lead authoring the Workgroup's White Paper; Mr. Keller second; There were no other nominations.

A vote was taken:

Aye: Dr. Shroder; Dr. Drude Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Harmon
Nay: None
Abstain: Dr. LeSure

The motion carried.

Congratulations were offered to Dr. LeSure amid applause.

Next, Dr. Randolph nominated Dr. Harmon to serve as Board Secretary for the term October 5, 2012 to October 4, 2013; Dr. LeSure second; there were no other nominations.

A vote was taken:

Aye: Dr. Shroder; Dr. LeSure Dr. Drude Dr. McCarley; Dr. Randolph; Mr. Keller
Nay: None
Abstain: Dr. Harmon

The motion carried.

Again, congratulations were offered to Dr. Harmon amid applause.

ENTRANCE EXAMINER'S REPORT

The Board's appointed Entrance Examiner, Dr. Ross, presented his report for the Board's consideration with thanks to Chiquana Campbell-Hancock for compiling the report.

**LICENSURE/REINSTATEMENT/THIRTY-DAY PRACTICE AUTHORIZATION
6/16/2012 THROUGH 9/30/2012**

PSYCHOLOGISTS: Under the respective Ohio Revised Code sections

4732.12:

Carrie L. Berta, Psy.D.	#6918	Issued: 6/25/2012
Michelle R. Matzke, Psy.D.	#6919	Issued: 6/25/2012
Adam Harold Roth, Ph.D.	#6920	Issued: 6/25/2012
Elizabeth van der Oord, Ph.D.	#6921	Issued: 7/17/2012
Kristine Woods, Psy.D.	#6922	Issued: 7/17/2012
Andrea Jill Snyder, Ph.D.	#6923	Issued: 7/17/2012
Robert M. Dempster, Ph.D.	#6924	Issued: 7/31/2012
Kristin A. Wilson, Psy.D.	#6925	Issued: 7/31/2012
Jennifer E. Gibson, Ph.D.	#6926	Issued: 7/31/2012
Brittain E. Lamoureux, Ph.D.	#6927	Issued: 8/8/2012
Diane E. Johnson, Ph.D.	#6928	Issued: 8/8/2012
Victoria Diane Armstrong, Ph.D.	#6929	Issued: 8/8/2012
Tara Mehta, Ph.D.	#6930	Issued: 8/14/2012
Caryn E. Glosch, Ph.D.	#6932	Issued: 8/14/2012
Anna Vladimirovna Fedotova, Psy.D.	#6933	Issued: 8/15/2012
Kelly A. McNally, Ph.D.	#6934	Issued: 8/21/2012
Anthony Lamont Rivers, Psy.D.	#6935	Issued: 8/21/2012
Elizabeth J. Kiel, Ph.D.	#6937	Issued: 8/21/2012
Melanie Lyn Bierenbaum, Psy.D.	#6938	Issued: 8/21/2012
Lydia Romano Barhight, Ph.D.	#6939	Issued: 9/6/2012
Nicholas R. Forand, Ph.D.	#6940	Issued: 9/6/2012
Dalin Thomas Pulsipher, Ph.D.	#6941	Issued: 9/12/2012
Holly Marie Higgs, Psy.D.	#6942	Issued: 9/12/2012
Jennifer Elaine Phillips, Ph.D.	#6943	Issued: 9/18/2012
Jenifer L. Wilson, Ph.D.	#6944	Issued: 9/18/2012
Jennifer Amanda Hansen, Ph.D.	#6945	Issued: 9/18/2012

4732.15:

Sabrina Y. Chow, Ph.D.	#6917-NY, WA	Issued: 6/19/2012
Heather A. Ciesielski, Ph.D.	#6931-WI	Issued: 8/14/2012
Elizabeth A. Frantz, Psy.D.	#6936-FL	Issued: 8/21/2012

SCHOOL PSYCHOLOGISTS:

Brandon Schultz, Ed.D	#SP593	Issued: 7/9/2012
Beth Barrow, Ed.S.	#SP594	Issued: 7/9/2012
David Annable, Ed.S.	#SP595	Issued: 7/9/2012

REINSTATEMENTS:

Jill Shaffer, Psy.D.	#4245	Issued: 8/16/2012
Larry Killian, Ph.D.	#5486	Issued: 9/15/2012
Robert Cirino, Ph.D.	#4071	Issued: 9/15/2012
Rick D'Arca, Ph.D.	#275	Issued: 9/25/2012

THIRTY-DAY PRACTICE [4732.22(B)]

Ray Kamoo, Ph.D.	Michigan	Issued: 6/18/2012
Leigh D. Hagan, Ph.D.	Virginia	Issued: 6/25/2012
Deborah Orr Day, Psy.D.	Florida	Issued: 7/25/2012
David John Schretlen, Ph.D.	Maryland	Issued: 8/6/2012
Aaron Scott Hervey, Ph.D.	North Carolina	Issued: 8/15/2012
Mark D. Cunningham, Ph.D., ABPP	Texas	Issued: 9/5/2012
Cynthia M. Hartung, Ph.D.	Wyoming	Issued: 9/6/2012

Dr. Harmon put on the record that she will abstain from voting on approving the licensure of: Brittain E. Lamoureux, Ph.D.; Diane E. Johnson, Ph.D.; Caryn E. Glosch, Ph.D.; and, Victoria Diane Armstrong, Ph.D. Dr. McCarley noted that he will abstain from voting to approve the licensure of: Kristine Woods, Psy.D.; Anna Vladimirovna Fedotova, Psy.D.; and, Anthony Lamont Rivers, Psy.D.

Dr. Harmon made a motion to approve the Entrance Examiner's Report and officially journalize the actions with the noted abstentions; Dr. Shroder second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude

Nay: None

Abstain: As noted above (Drs. Harmon and McCarley)

The motion carried.

EXECUTIVE DIRECTOR'S REPORT

Dr. Ross began his report in haste, inadvertently skipping Dr. LeSure's update on the ABA Workgroup. It was agreed by consensus that he would complete his report and then Dr. LeSure would offer her update and the presentation of the Workgroup White Paper.

- 1) Budget Reports: FY12 Q4 & FY13 Q1. Dr. Ross explained that he wanted to get current on the quarterly reports and explained that the data presented for FY13 Quarter 1 were not available in time to send out as part of a consent agenda. He turned the Board's attention to the two budget reports. Mr. Keller sought clarification on a couple of expenditures for purchased personal services. There were no other comments or questions. Dr. Ross went on record as stating that the Board had reviewed the budget reports, although there was no need for a vote.

**EXECUTIVE DIRECTOR'S BUDGET REPORT
 APRIL 1, 2012 – JUNE 30, 2012
 FY12 Q4**

DETAILED STATEMENT OF REVENUE

<u>Description</u>	<u>Revenue Received</u>	<u># of Receipts</u>
Applications for Psychologist	\$5,375	43
Applications for School Psychologists	\$375	3
Retake Psychology Oral Exam	\$100	2
Retake School Psychology Oral Exam	\$0.00	0
License Renewal Fee	\$0.00	0
Reinstatement Penalty	\$0.00	0
Enforcement Public Records Request	\$0.00	0
Directory of Licensees Requests	\$0.00	0
General Public Information Requests	\$0.00	0
Duplicate License Card	\$5.00	1
Duplicate License Certificate	\$0.00	0
Miscellaneous Reimbursement	\$115.68	1
Total Q4 2012 Revenue Received	\$5,970.68	

ALL EXPENDITURES FY12 Q4

ACCOUNT 520 GENERAL MAINTENANCE SPENDING FY12 Q4

Date	Description	Amount	Balance
4/3/2012	LESURE TRAVEL ASPPB APRIL 2012	244887	\$1,288.08
4/5/2012	IRON MOUNTAIN EZA7259	1050	\$139.25
4/9/2012	CENTURY LINK Inv #1208102242 EDI OK BY EMAIL	1049	\$6.90
4/9/2012	RANDOLPH TRAVEL ASPPB 4.12.12	246100	\$900.46
4/18/2012	GREENE INC. 12277	1056	\$25.00
5/4/2012	JONES TRAVEL BOARD ORAL EXAMS 5/7/12	254004	\$16.35
5/4/2012	SHRODER TRAVEL ORAL EXAMS 5/11/12	254006	\$15.30
5/8/2012	OSS OBM TRAVEL REPORT PROCESSING OSS123PSY	1065	\$108.00
5/9/2012	CENTURYLINK EDI #1212268633 OK'D BY EMAIL	1062	\$10.57
5/9/2012	LESURE TRAVEL TASK FORCE 5.9.12	255284	\$130.40
5/9/2012	RANDOLPH TRAVEL TASK FORCE 5.9.12	255287	\$130.20
5/9/2012	KELLER TRAVEL TASK FORCE 5.9.12	255290	\$13.40
5/14/2012	GREENE INC. 12367	1068	\$25.00
5/21/2012	STAPLES EDI #3174573467	1066	\$313.58
5/29/2012	RONALD ROSS PARKING REIMB	1071	\$720.00
5/30/2012	REMI GROUP FY13 RSA0001568-02	1070	\$150.00
7/6/2012	JAMES KENNEY CO. SERVICE AGREEMENT #9081 PO 74	1084	\$199.95
5/30/2012	AUDITOR OF STATE PO 73 \$9,500 BILL128496	1076	\$9,184.55
6/7/2012	CENTURYLINK EDI 1216192038	1074	\$9.70
6/7/2012	STAPLES EDI 3175924010	1073	\$10.45
7/10/2012	AUDITOR OF STATE PO 73 \$9,500 BILL 130220	1085	\$315.45

PURCHASE ORDER #68 FOR DAS EXPENDITURES FY12 Q4

3/30/2012	DAS OIT NETWORK SVS #121330882202 FEB 2012	1047	\$555.43
3/30/2012	DAS ITS DESKTOP SVS 124P30882202	1046	\$1,246.00
4/9/2012	DAS TELECOMM MARCH PHONES 2X6453	1051	\$166.89
4/16/2012	DAS GENERAL SVS RENT Q4 FY12 #2MF117	1055	\$3,193.52
4/16/2012	DAS OAKS WARRANTS MARCH 2012 2R4374	1054	\$3.08
4/19/2012	DAS STATE PRINTING 2R4694	1057	\$320.00
4/23/2012	DAS CSA ASSESSMENT CHARGES Q4 2AC217	1059	\$4,731.93
4/23/2012	DAS STATE MAIL Q3 2UN334	1058	\$251.72
4/26/2012	DAS TELECOMM APRIL PHONES 2X7255	1061	\$167.34
5/7/2012	DAS OIT NETWORK SERVICES MARCH 121330882203	1063	\$551.02
5/7/2012	DAS ITS DESKTOP SVS MARCH 2012 124P30882203	1064	\$434.00
5/23/2012	DAS STATE PRINTING 2R4844	1069	\$2.64
6/1/2012	DAS STATE PRINTING 2R5415	1072	\$595.20
6/8/2012	DAS TELECOMM MAY PHONES 2X8059	1075	\$168.53
6/19/2012	DAS OIT NETWORK SVS APRIL 121330882204	1080	\$551.43
6/19/2012	DAS ITS DESKTOP SVS APRIL 124P30882204	1079	\$666.00
6/19/2012	DAS OIT & CRP MAY 2Q2684	1081	\$15.20
6/25/2012	DAS STATE PRINTING 2R5885	1078	\$170.00
7/17/2012	DAS TELECOMM JUNE PHONES 2X8859	1091	\$173.00
7/17/2012	DAS ITS DESKTOP SVS MAY 2012 124P30882205	1090	\$1,246.00
7/17/2012	DAS OIT NETWORK SVS MAY 2012 121330882205	1089	\$551.47
7/27/2012	DAS STATE MAIL Q4 2UN436	1099	\$235.91
7/31/2012	DAS OIT 121330882206	1100	\$551.52
7/31/2012	DAS OIT 124P30882206	1101	\$2,638.00
8/30/2012	DAS COST PER COPY Q4	1109	\$595.20

ACCOUNT 500 PAYROLL FY12 Q4

BEGINNING ALLOTMENT		\$ 105,672.00
VOUCHER 12020 FOR PPE 3/24/12	\$14,550.55	\$ 91,121.45
VOUCHER 12021 FOR PPE 4/7/12	\$12,633.77	\$ 78,487.68
VOUCHER 12022 FOR PPE 4/24/12	\$12,424.85	\$ 66,062.83
VOUCHER 12023 FOR PPE 5/5/12	\$13,040.50	\$ 53,022.33
VOUCHER 12024 FOR PPE 5/19/12	\$12,249.61	\$ 40,772.72
VOUCHER 12025 FOR PPE 6/2/12	\$12,646.29	\$ 28,126.43
VOUCHER 12026 FOR PPE 6/16/12	\$12,323.21	\$ 15,803.22

ACCOUNT 510 PURCHASED SERVICES FY12 Q4

4/2/2012	DEP. SPECIALISTS PO #69 INVOICE 7994	1048	\$ 188.00
4/9/2012	PHILLIP LEVENDUSKY PO # 71 1,000 INV	1053	\$ 1,000.00
4/23/2012	TRANSFER TO 530 FOR PC'S		\$ 3,000.00
4/27/2012	MARY E. SCHULER COURT REPORT TRANSCR 6.2009	1060	\$ 393.90
5/24/2012	DAVID SCHWARTZ EXPERT SERV PO 75 PSY052412	1077	\$ 1,200.00
6/14/2012	INFO MANAGEMENT SERVICES PO #76 INV. 30269	1088	\$10,435.84

ACCOUNT 530 EQUIPMENT FY12 Q4

4/26/2012	DIGITEK SOFTWARE PO 72	1067	\$3,800.00
4/26/2012	DIGITEK SOFTWARE PO 72 4 YEAR MAINT	1067	\$150.00
5/10/2012	DIGITEK SOFTWARE INC #46968 \$3,800	1067	\$0.00
5/30/2012	JAMES KENNEY CO. FAX MACH #9081 PO 74	1084	\$599.95

**EXECUTIVE DIRECTOR'S BUDGET REPORT
 JULY 1, 2012 – SEPTEMBER 30, 2012
 FY13 Q1**

DETAILED STATEMENT OF REVENUE

<u>Description</u>	<u>Revenue Received</u>	<u># of Receipts</u>
Applications for Psychologist	\$ 6,000.00	48
Applications for School Psychologist	\$ 125.00	1
Retake Psychology Oral Exam	\$ 50.00	1
Retake School Psychology Oral Exam	\$ 0.00	0
License Renewal Fee	\$ 1,138,200.00	3,252
Reinstatement/Late MCE Penalty	\$ 200.00	4
Enforcement Public Records Request	\$ 2.00	1
Directory of Licensees Requests	\$ 0.00	0
General Public Information Requests	\$ 0.00	0
Duplicate License Card	\$ 5.00	1
Duplicate License Certificate	\$ 0.00	0
Miscellaneous Reimbursement	\$ 0.00	0
Total 1st Quarter 2012 Revenue Received	\$ 1,144,582.00	

ALL EXPENDITURES FY13 Q1

ACCOUNT 520 GENERAL MAINTENANCE SPENDING FY13 Q1

<u>TO CSA</u>	<u>DESCRIPTION</u>	<u>V/SHEET ID</u>	<u>CHARGES</u>	<u>BALANCE</u>
	BEGINNING ALLOTMENT			\$121,000.00
6/30/2012	DAS BLANKET PO #78		\$50,000.00	\$71,000.00
7/6/2012	GREENE INC 12443	1083	\$25.00	\$70,975.00
7/17/2012	CSARB PARKING Q1 9QPSY01-31470	1093	\$570.00	\$70,405.00
7/10/2012	AUDITOR OF STATE BILL 130220	1085	\$1,460.25	\$68,944.75
7/16/2012	GREENE INC 12524	1086	\$25.00	\$68,919.75
7/16/2012	VANTIVE HOLDINGS 05/2012-590	1094	\$169.95	\$68,749.80
7/19/2012	OBM/OSS TRAVEL OSS124PSY FY12 Q4	1095	\$108.00	\$68,641.80
7/25/2012	ETHICS COMMISSION LATE FEE PSY72012	1096	\$200.00	\$68,441.80
7/26/2012	TRAVEL SHRODER 6/18 MTG	274834	\$175.65	\$68,266.15
7/26/2012	TRAVEL SHRODER ORALS 7/16	274838	\$15.30	\$68,250.85
7/26/2012	TRAVEL RANDOLPH 6/18 MEETING	274853	\$121.85	\$68,129.00
7/26/2012	TRAVEL MCCARLEY 6/18 MEETING	274857	\$72.35	\$68,056.65
7/26/2012	TRAVEL MCCARLEY 6/19 ORALS	274861	\$72.35	\$67,984.30
7/26/2012	TRAVEL MATTSON 6/18 MEETING	274865	\$104.30	\$67,880.00
7/26/2012	TRAVEL MATTSON WORKGROUP 7/16	274866	\$104.30	\$67,775.70
7/26/2012	TRAVEL LESURE MEETING 6/18	274867	\$130.40	\$67,645.30
7/26/2012	TRAVEL LESURE WORKGROUP 7/16	274867	\$130.40	\$67,514.90
7/26/2012	TRAVEL KELLER MEETING 6/18	274873	\$12.95	\$67,501.95
7/26/2012	TRAVEL GREG JONES ORALS 7/9	274876	\$18.80	\$67,483.15

7/26/2012	TRAVEL HARMON MEETING 6/18	274880	\$139.05	\$67,344.10
8/6/2012	CENTURYLINK EDI BY CSA EMAIL	1102	\$5.37	\$67,338.73
8/6/2012	CENTURYLINK EDI BY CSA EMAIL	1082	\$8.68	\$67,330.05
8/6/2012	AUDITOR OF STATE BILL 131879	1103	\$336.77	\$66,993.28
8/9/2012	GREENE INC. 12610	1105	\$25.00	\$66,968.28
8/8/2012	AMERICAN EXPRESS RENEWAL FEES 0612	1104	\$1,147.30	\$65,820.98
8/13/2012	VANTIVE HOLDINGS 06-2012-590	1106	\$19.95	\$65,801.03
8/21/2012	AMEX RENEWAL FEES 0712	1108	\$1,555.40	\$64,245.63
9/6/2012	TRAVEL DRUDE COLUMBUS ORALS 9/6/12		\$85.20	\$64,160.43
9/7/2012	AMEX RENEWAL FEES 080112 - 083112	1111	\$1,293.60	\$62,866.83
9/10/2012	GREENE INC 12700	1114	\$25.00	\$62,841.83
9/10/2012	CENTURYLINK EDI BY CSA EMAIL 128036669	1110	\$10.45	\$62,831.38
9/11/2012	VANTIVE HOLDINGS 07-2012-590 JULY 2012	1117	\$5,051.50	\$57,779.88
9/11/2012	AUDITOR OF STATE BILL133545	1116	\$541.38	\$57,238.50
9/11/2012	IRON MOUNTAIN FSC0583	1118	\$67.48	\$57,171.02
9/18/2012	STAPLES EDI VIA EMAIL #3181767293	1119	\$277.77	\$56,893.25

PURCHASE ORDER #78 FOR DAS EXPENDITURES FY13 Q1

<u>TO CSA</u>	<u>DESCRIPTION</u>	<u>V ID</u>	<u>CHARGES</u>	<u>BALANCE</u>
7/3/2012	DAS BLANKET PO #78			\$ 60,000.00
7/16/2012	CSA ASSESSEMENT Q1 3AC124	1087	\$5,249.37	\$ 54,750.63
8/21/2012	DAS TELECOMM JULY PHONES 2Y0719	1107	\$168.06	\$ 54,582.57
9/10/2012	DAS ITS DESKTOP SVS 134P30882207	1112	\$1,246.00	\$ 53,336.57
9/10/2012	DAS NETWORK SVS 131330882207	1113	\$551.49	\$ 52,785.08
9/11/2012	DAS TELECOMM AUGUST PHONES 3X0714	1115	\$169.67	\$ 52,615.41

ACCOUNT 500 PAYROLL FY13 Q1

<u>PPE</u>	<u>CHARGES</u>	<u>BALANCE</u>
		\$94,464.00
VOUCHER 13001 FOR PPE 6/30/12	\$13,647.94	\$80,816.06
VOUCHER 13002 FOR PPE 7/14/12	\$13,245.36	\$67,570.70
VOUCHER 13003 FOR PPE 7/28/12	\$13,531.23	\$54,039.47
VOUCHER 13004 OR PPE 8/11/12	\$12,940.26	\$41,099.21
VOUCHER 13005 FOR PPE 8/25/12	\$12,573.80	\$28,525.41
VOUCHER 13006 FOR PPE 9/8/12	\$12,880.41	\$15,645.00
VOUCHER 13007 FOR PPE 9/22/12	\$0.00	\$15,645.00

ACCOUNT 510 PURCHASED SERVICES FY13 Q1

<u>DATE TO CSA</u>	<u>DESCRIPTION</u>	<u>V ID</u>	<u>CHARGES</u>	<u>BALANCE</u>
7/2/2012	BEGINNING ALLOTMENT			\$26,595.00
7/17/2012	ASPPB ANNUAL MEMBERSHIP DUES	1092	\$ 2,750.00	\$23,845.00
7/25/2012	PES SPECIAL ACCOM EPPP 0027137-IN	1097	\$ 333.80	\$23,511.20

ACCOUNT 530 EQUIPMENT FY13 Q1

7/3/2012	BEGINNING BALANCE			\$1,000.00
			\$0.00	\$1,000.00

- 2) Enforcement Reports: FY12 Q4 & FY13 Q1. Similarly, Dr. Ross explained that he wanted to get current on the quarterly enforcement reports and explained that the data presented for FY13 Quarter 1 were not available in time to send out as part of a consent agenda. He turned the Board's attention to the two enforcement reports. He asked the Board to note that the open investigation caseload rose from twenty-four at the end of June 2012 to thirty-four by the end of September, emphasizing the need to hire into the vacant investigator position.

ENFORCEMENT REPORT
FY12 4TH QUARTER
APRIL 1, 2012 THROUGH JUNE 30, 2012

APRIL 2012

Informal Complaint Intakes	9
Formal Complaints Received	5
Closed Cases	4
Referred Cases	1

Disposition of APRIL Cases

No Jurisdiction	0
No Basis to Proceed	0
No Fault Found	3
Cease and Desist Letter	0
Restoration Request Denied	1
Reprimand	0
Suspension	0
Revocation	0

MAY 2012

Informal Complaint Intakes	11
Formal Complaints Received	3
Closed Cases	3
Referred Cases	5

Disposition of MAY Cases

No Jurisdiction	0
No Basis to Proceed	0
No Fault Found	3
Practice Restriction	0
Reprimand	0
Suspension	0
Revocation	0

JUNE 2012

Informal Complaint Intakes	17
Formal Complaints Received	9
Closed Cases	7
Referred Cases	2

<u>Disposition of JUNE Cases</u>	
No Jurisdiction	0
No Basis to Proceed	3
No Fault Found	0
Cease and Desist Letter	1
Practice Restriction	0
Reprimand	3
Suspension	0
Revocation	0

Categories of Investigations Currently in Process (as of 6/30/12)

(NOTE: Complaints often reflect alleged violations of rules in more than one general area. These numbers reflect the primary area of alleged misconduct under investigation).

<u>Category</u>	<u>Total</u>
Billing/Improper Financial Arrangement	1
Confidentiality	1
Criminal Act/Conviction	0
Fraud/Deceit/Misrepresentation	0
Multiple Relationship	0
Dual Sexual Relationship—0	
Non-Sexual Dual Relationship—0	
Negligence/Competence/Standard of Care	20
Domestic Relations—8	
Release of Records—0	
Other	2
Unlicensed practice—1	
Restoration request—1	
Supervision	0
TOTAL:	24

ENFORCEMENT REPORT
FY13 1ST QUARTER
JULY 1, 2012 THROUGH SEPTEMBER 30, 2012

JULY 2012

Informal Complaint Intakes	7
Formal Complaints Received	3
Closed Cases	7
Referred Cases	2

Disposition of JULY Cases

No Jurisdiction	0
No Basis to Proceed	0
No Fault Found	5
Cease and Desist Letter	1
Modification Request Denied	1
Reprimand	0
Suspension	0
Revocation	0

AUGUST 2012

Informal Complaint Intakes	10
Formal Complaints Received	5
Closed Cases	5
Referred Cases	1

Disposition of AUGUST Cases

No Jurisdiction	0
No Basis to Proceed	1
No Fault Found	3
Cease and Desist Letter	1
Practice Restriction	0
Reprimand	0
Suspension	0
Revocation	0

SEPTEMBER 2012

Informal Complaint Intakes	13
Formal Complaints Received	8
Closed Cases	1
Referred Cases	2

Disposition of SEPTEMBER Cases

No Jurisdiction	0
No Basis to Proceed	0
No Fault Found	1
Cease and Desist Letter	0
Practice Restriction	0
Reprimand	0
Suspension	0
Revocation	0

Categories of Investigations Currently in Process (as of 9/28/12)

(NOTE: Complaints often reflect alleged violations of rules in more than one general area. These numbers reflect the primary area of alleged misconduct under investigation).

<u>Category</u>	<u>Total</u>
Billing/Improper Financial Arrangement	1
Confidentiality	2
Criminal Act/Conviction	0
Fraud/Deceit/Misrepresentation	0
Multiple Relationship	2
Dual Sexual Relationship—0	
Non-Sexual Dual Relationship—2	
Negligence/Competence/Standard of Care	26
Domestic Relations—4	
Release of Records—2	
Other	3
Unlicensed practice—2	
Restoration request—1	
Supervision	0
TOTAL:	34

Dr. Ross took several minutes to call attention to the outstanding work ethic and dedication of the staff, beginning with investigator Carolyn Knauss. He reported that Ms. Knauss has been skillfully and artfully managing an enormous amount of work that should be split between two investigators. He also noted her steady presence and teamwork related to assisting with the license renewal process. He called attention to her ability to concurrently manage the caseload, open new investigations, interact with complainants and licensees with great skill, and foster teamwork among the supervising board members, executive director, and Mr. Carroll. Several members of the Board joined Dr. Ross in singing the praises of Ms. Knauss, noting her friendliness, steady demeanor, and command of case details.

In addition, Dr. Ross expressed sincere gratitude to Chiquana Campbell Hancock for her outstanding work ethic, her command of the new online payment processes, and her careful and timely attention to accounting for revenues. He stated that Ms. Hancock's management of the license renewal processes has been invaluable. Dr. Ross also commended Denitra Hairston for her work ethic, especially during the license renewal process. Board members again offered comments in support of the work of Mrs. Hancock and Ms. Hairston. Dr. Ross commended the entire staff on their teamwork and productivity in the office, all while fostering a relaxed and fun work environment.

- 3) License renewal update. Dr. Ross presented on the current status of the Board's first biennial license renewal process using online credit card payments and renewal form

responses. He emphasized how positive the feedback has been, in the form of comments entered into the system by license holders. He noted that there were some good suggestions for improving the process, and alerted the Board to the fact that the current Ohio eLicensing System is in the process of being replaced by "eLicensing 2.0," which should allow for an even more user-friendly online renewal experience in 2014. He reported that the number of renewed licenses (approximately 3,300) is consistent with past renewal cycles as of this date, although the MCE registration numbers with OPA-MCE for the 2012-14 MCE biennium have declined dramatically. This is true in spite of the bold, red font instructions within the license renewal system providing step-by-step instructions on how to register with either OPA-MCE online or with OSPA-MCE by going to their homepage.

- 4) APA-ASPPB Telepsychology Guidelines Reply from Ohio. Dr. Ross next called attention to the document distributed with the agenda—Dr. Drude's comments on the APA-APAIT-ASPPB Telepsychology Taskforce Guidelines Draft. Dr. Ross noted that the document was so thorough and thoughtful that he could not find anything to add or amend. This comment was echoed by members of the Board, all of who expressed high praise for the quality of the document and the comments. Members of the board expressed their ongoing appreciation to Dr. Drude for his command of the area of telepsychology. Dr. Shroder noted a few typographical errors that Dr. Ross indicated he would correct.

Dr. LeSure offered a motion that the document authored by Dr. Drude be adopted by the Board, with credit being given to him for authorship, and submitted by Dr. Ross to the APA-APAIT-ASPPB Telepsychology Taskforce by the October 26, 2012 deadline; Dr. Randolph second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude

Nay: None

Abstain: None

The motion carried.

- 5) Investigator vacancy posting/hiring committee. Dr. Ross next asked the Board for a formal action to post the investigator vacancy and to work with the Central Services Agency (CSA) Human Resources Office to review applications, develop an interview, and to participate in the interview process in an effort to locate the best candidate. Dr. Ross focused on the critical variable of chemistry when it comes to hiring into a small office environment, a concern shared by the Board. Dr. Randolph offered to work with Dr. Ross to form a committee with a representative of DAS HR to oversee the posting, application, interview, and hiring processes. The Board offered its authority by consensus that a selection can be made by Drs. Ross and Randolph. Dr. Shroder offered to assist in the process by reviewing applications or engaging in other tasks as needed. Mr. Keller offered a motion that the investigator position be posted and that a selection be made by Drs. Ross and Randolph; Dr. Randolph second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude

Nay: None

Abstain: None

The motion carried.

- 6) HB496 (ORC 4732 update bill) update. Dr. Ross explained to the Board that HB 496 received two hearings in May 2012, but that the bill has not been scheduled for the mandatory third committee hearing in spite of the fact that there is no known opposition. He reported that it appears highly likely that the current General Assembly will complete its term without taking up the bill, and that the process will need to begin fresh with the next General Assembly.

- 7) HB259 Alternative Healthcare Bill. Dr. Ross turned the Board's attention to the copy of HB259 As Passed by the House, distributed several weeks prior to the meeting and also with the agenda. Substantial concerns were raised by members of the Board in relation to the bill. Most noteworthy were concerns in Sec. 4783.02 specific to the proposed sanctioned practices of "Alternative Healthcare Providers." First, Dr. Harmon noted that in (F)(3), lines 137-140, the bill only prohibits these providers from recommending discontinuation of " (1) Medical care" and " (2)Medical treatment," not psychological care or treatment. Strong consensus was heard relative to this provision of the bill in relation to public safety.

Second, Dr. Ross pointed out that in (E) lines 133-136, the bill authorizes said "Alternative Healthcare Providers" to render a diagnosis of a mental health condition as long as the diagnosis does not pose to the individual "a recognizable and imminent risk of significant and discernible direct physical or mental harm." He forcefully pointed out that, given the fact that there are no educational requirements to be an "Alternative Healthcare Provider," that it is dangerous and shortsighted to include diagnosis within a scope of practice, because the education, training, and experience required to make a professional judgment about "a recognizable and imminent risk of significant and discernible direct physical or mental harm" is not required. Therefore, this will place consumers at risk of being diagnosed with mental health conditions by persons without any requirement to demonstrate that he or she has the qualifications to recognize, even minimally, what could constitute an "imminent risk of significant and discernible direct physical or mental harm."

Spirited discussion followed about the bill, including concerns that it would pose substantial risks of danger to citizens. Each member verbalized or agreed with statements emphatically opposing the enactment of the legislation. Dr. Ross explained that there is an organized coalition of boards and professional associations working to educate senators about serious problems with the bill in relationship to public protections, and the Board agreed that Dr. Ross should take affirmative steps to clarify that the Board strongly opposes the bill. Dr. Harmon made a motion that the Board formally oppose in the Ohio Senate HB259 As Passed by the House, and that Dr. Ross shall testify in opposition to the bill if asked by leaders opposing the bill; Dr. Randolph second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude

Nay: None

Abstain: None

The motion carried.

- 8) Audit Management Letter and policy updates. Finally, Dr. Ross called the Board's attention to the Auditor of State Management Letter and the recommendation to update Board policy relative to requesting and granting requests for leave and to make efforts to ensure that requests are approved in OAKS prior to the leave being taken. He explained some real-world reasons that some leave requests have not been approved in OAKS until after the leave has been taken. He pledged to update and implement relevant policy and present it to the Board at a future meeting.

**APPLIED BEHAVIOR ANALYSIS (ABA) WORKGROUP UPDATE
AND PRESENTATION OF WHITE PAPER**

Dr. LeSure

Dr. LeSure, who served as the primary author of the White Paper stemming from the work of the ABA Workgroup, began by acknowledging the work of Mrs. Mattson and Dr. Ross on the workgroup and on providing feedback on the White Paper, distributed to the Board with the agenda:

**Report of the Workgroup on Applied Behavior Analysis
to the Ohio Board of Psychology
September 6, 2012**

On September 21, 2011, the Ohio Board of Psychology (Board) authorized formation of a task force to examine issues relevant to the certification of professionals working in the field of applied behavioral analysis (ABA).

The Board took this action as a result of increasing concerns expressed by stakeholders. While ABA is delivered in a wide spectrum of settings and has long been considered an evidence based intervention within psychology, the use of this technique has grown exponentially due to its effectiveness with Autistic Spectrum Disorders (ASD). Early intervention with ASD's involves time intensive, highly structured positive reinforcement techniques by a trained professional competent in behavior analysis. These services may be provided at family expense, through Ohio's Autism Scholarship, through the County Board of Developmental Disabilities or through third party payers. Behavior analysis and the development of treatment and behavior plans to address symptoms of ASD are also paid for under CPST or community psychiatric support and treatment. The Nationwide Children's Hospital Autism Center and Step By Step Academy are two examples of community mental health centers in Franklin County who use CPST services through ODMH. Delivered effectively, ABA can make an enormous difference in the life of a consumer or family. However, behavior therapy is appropriately listed in Ohio Rule 4732-5 as a psychological procedure which may create a serious hazard to mental health, due to its efficacy, potential risks, and use with vulnerable consumers.

Not only has the Board heard concern from consumers regarding the difficulty assessing provider competency, third party payers have expressed the same concerns. For example,

CareSource, an Ohio Medicaid provider, issued a medical policy statement on 7/20/2012 expressing the following concern: "There is a wide variation in ABA practices from philosophy, approach, interventions and methodology, and outcome reporting. There is lack of definition and guidelines around characteristics of children who would benefit from treatment, lack of evidence-based guidelines for training and credentialing, program content, measurement of success, intensity, duration and clinical criteria."

Ohio is not alone in addressing the safe delivery of ABA services. On a national level, both the American Psychological Association (APA) and the Association of State and Provincial Psychology Board (ASPPB) have established workgroups and are partnering on a joint taskforce. The issue has been addressed by the state legislatures of thirty-five states, largely relative to insurance reform.

The Board designated the Board President Pam Mattson, Board member Suzanne LeSure, Ph.D., and Executive Director Ron Ross, Ph.D. to spearhead the investigation of these issues. Dr. LeSure served as Chair of the Committee. Ms. Mattson provided a strong voice for consumers. Dr. Ross invited a broad spectrum of stakeholders to discuss the issues, including:

Angela Denney, Autism Society of Central Ohio
Jim Carr, Behavior Analyst Certification Board (BACB)
Mike Wasmer, Autism Speaks
Jacqui Wynn, Psychologist, Nationwide Children's Hospital
Sandi Regula, Parent/advocate
Morten Haugland, President, OH-ABA
Marla Root, Autism Society of Ohio
Ann Brennan, Ohio School Psychologists Association
Jody Fisher, Ohio Department of Developmental Disabilities
Wendy Stoica, Ohio Department of Education (ODE)
Carolyn Knight, Ohio Developmental Disabilities Counsel
Kevin Aldridge, Ohio Center for Autism and Low Incidence (OCALI)
Luc LeCavalier, Psychologist, Ohio State Nisonger Center
Melissa Bacon, Office of the Governor
Michael Ranney, Ohio Psychological Association
Yolanda Tally-Cudney, Ohio Department of Jobs and Family Services
Jessica Foster, Ohio Department of Health
Lori Peacock, Parent/Advocate
Margaret Burley, Ohio Coalition for the Education of Children with Disabilities

A representative from the Ohio Department of Mental Health was on the invitation list but did not participate in the process. The ABA Workgroup group met four times between February and July 2012 and we are grateful for the immense amount of knowledge and experience that was brought forward. The following summary and recommendations are based on that wealth of information.

The work group began by reviewing the guidelines for our task:

1. The Board of Psychology is tasked with guaranteeing Ohioan's access to safe and competent services. We are focused on the rendering of services that are psychological in nature and on the competence of psychologists and their supervisees, with client and patient welfare being paramount.

2. While all participants were knowledgeable about the efficacy of ABA treatment for autism and supportive of behavioral health care for those with ASD's, the workgroup was not diagnostically focused. We recognize that ABA is an important tool with many populations, including but not limited to those with developmental disabilities, psychiatric diagnoses, health issues, and with organizations.

3. The leaders of the workgroup pledged to do everything possible to preserve and improve access to ABA services for individuals and families. The focus of the workgroup was on those who prescribe and design ABA programs, not on the "technicians" or "line workers" who might implement those programs. Such technicians are not viewed as "practicing" ABA or psychology; rather, they are viewed as implementing the ABA program via delegated technical interventions.

Applied Behavioral Analysis as Psychology

ABA is an area of practice that has its roots in behavioral psychology. Historically, ABA grew out of principles of associative learning, from classical and operant condition and the application of these methods to behavior change. ABA is considered to be an approach that uses the experimental analysis of behavior to identify fundamental elements, historically and situationally, that influence a target behavior and then uses these elements to achieve significant change in that behavior (Kazdin, Encyclopedia of Psychology, 2000.) ABA is thus a psychological procedure. The workgroup reached consensus on this matter with little discussion.

Ohio law (R.C. 4732.01) defines psychological procedures as:

"Psychological procedures" include but are not restricted to application of principles, methods or procedures of understanding, predicting, or influencing behavior, such as the principles pertaining to learning, condition, perception, motivation, thinking, emotions, or interpersonal relationships; the methods or procedures of verbal interaction interviewing, counseling, behavioral modification, environmental manipulation, group process, psychological psychotherapy, or hypnosis and the methods or procedures of administering or interpreting tests of mental abilities, aptitudes interests, attitudes, personality characteristics, emotions, or motivation.

Current Environment for State Certification

Certification of persons to provide ABA often develops through legislation aimed at increasing insurance coverage. Some states have implemented certification requirements as a part of laws that require insurance coverage for the treatment of ASD's. Thirty-two states now require insurance companies to provide coverage for the treatment of ASD's. Oklahoma and Oregon have active legislation that has not yet passed. Fourteen of those states implemented legislation that covers behavioral analysis, but did not specify the professionals who may conduct ABA. In other states, the legislation names ABA-certified providers as eligible for reimbursement, often using the Behavior Analysis Certification Board (BACB) certificate as the sole measure of preparedness. Four states (AZ, MO, NV, and ND) certify ABA providers under the state board of psychology. Two states (KY and OK) have established a state behavior analysis board. Two states (PA and VA) have established credentialing under their medical boards. Wisconsin licenses under the state department of professional services. Fifteen states require no state oversight and rely solely on certification by the BACB, a private non-governmental entity. Psychologists may need BACB certification or the equivalent, *in addition to a psychology license*, to

independently provide behavior analysis services in some states (LA, MA, ME, MT, NH, NJ, NY RI, VA, WV.)

It is the position of some stakeholders, most notably Autism Speaks, that BACB certification provides for adequate public protection and that state oversight does not add value. Representatives from Autism Speaks express concern that additional regulation would prohibit or interfere with access to services. However, other stakeholders, including the Association of Behavior Analysts International (OH-ABA) and the Ohio Psychological Association, believe that the key added value in regulation by a state regulatory board in Ohio is responsiveness to citizen complaints of alleged misconduct against behavior analysts and see it as of benefit to emerging professional identity of ABA providers. If behavior analysts were placed within the structure of a licensing board in Ohio, the responsible board would be authorized to suspend or revoke the license, to act immediately if the risk to the public is high, to provide a public hearing, to impose educational requirements pursuant to continued practice, etc. Without that regulatory structure, a provider censored by the BACB could continue to practice unchecked in Ohio. In addition, regulatory boards provide a significant measure of proactive protection by identifying elements of practice, e.g. independently setting licensure requirements, mandatory continuing education, standards of care, record retention, and informed consent, all of which are ensured if some level of independent practice certification is placed within an Ohio regulatory body. The Autism Society of Ohio believes that, if thoughtfully implemented, regulation would provide additional consumer protection and improved treatment outcomes, as long as education and/or training requirements above and beyond holding the Board Certified Behavior Analyst (BCBA) credential are not financially burdensome.

The Behavior Analyst Certification Board

The BACB is a nonprofit corporation that was founded in 1998. Their stated mission is to meet professional credentialing needs. They certify practitioners of Applied Behavioral Analysis at two levels: The Board Certified Assistant Behavior Analyst (BCaBA) and the Board Certified Behavior Analyst (BCBA.) The certification process includes coursework, degree, supervised experience, and examination. The degree requirement for the BCBA is a minimum of a master's degree in a very wide range of areas, including engineering, natural science, education, human services, or "a field related to behavior analysis and approved by the BACB." Supervised practice must be at least 1500 hours. The BCaBA must hold a bachelor's degree and must complete 1000 hours of supervised practice. The examination is a multiple choice examination, 150 questions for the BCBA and 132 questions for the BCaBA. The Behavior Analyst Certification Board contracts with Pearson VUE for examination administration, and contracts with Professional Testing Incorporated for psychometrics and examination development. The BACB administers the examinations three times per year in over 200 sites within the United States and over 150 sites outside the US. The BACB has approved 5-course course sequences in over 170 universities, intended to remediate educational deficits for persons without an educational background qualifying him or her for admission to the examination. The BACB's BCBA and BCaBA credentialing programs are accredited by the National Commission for Certifying Agencies in Washington, DC. The BACB has the ability to review complaints and suspend or revoke their own certification, but it does not have the ability to discipline psychologists or other behavioral health professionals other than that. A provider whose private credential has been revoked by the BACB could continue to practice in Ohio, placing the Ohio consumer at risk.

There are currently one hundred thirty-one (131) BCBA-level providers residing in in Ohio, and twenty-two (22) credentialed at the BCaBA level. There are course sequences at Ohio

University, University of Cincinnati, Kent State University and Youngstown State University that link to the course sequences approved by the BACB.

Ohio State has developed a program within their Department of Education. The program, a Master of Arts in Special Education with Specialization in Applied Behavior Analysis, is a combination of coursework in methods of instruction, applied behavioral analysis and research. It meets all coursework requirements and some of the supervised experience required to take the BCBA.

Model Legislation

The APA and ASPPB are currently studying the issues around certification and regulation of ABA professionals. The only known model legislation has been published by the BACB.

Multiple states have passed legislation that might serve as a model for Ohio. Key elements that differ in these state regulations are: scope of practice; training and experience requirements; certification vs. regulation; and (if regulated) the position of the regulatory body relative to existing regulatory boards in the state.

A review of legislation suggests that the definition of "practice of applied behavior analysis" is typically: "the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relationship between environment and behavior." (NRS 641.0247) ABA has also been defined by what it is *not*. Missouri specifically identified elements of psychological practice that were outside of the practice of ABA: "Applied behavior analysis does not include cognitive therapies or psychological testing, personality assessment intellectual assessment, neuropsychological assessment, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, family therapy and long term counseling as treatment modalities." (RSMo 337.330) Missouri also states clearly that psychologists may practice behavior analysis if within the rules and standards of practice for psychology.

There is no doubt that the BACB has been instrumental in developing national standards that define necessary competencies for practitioners of applied behavior analysis. Rather than specify requirements for practice, some states have adopted the BACB certification in its entirety and have not tied the authorization to practice to any permissions granted by a governmental regulatory board. In fact, there is concern that some states may have defined ABA as outside the scope of practice for psychologists who do not hold the BCBA (LA, MA, ME, MT, NH, NJ, NY, RI, VA and WV). Nevada law requires that ABA be provided under the direction of a licensed psychologist *or* a licensed behavioral analyst.

Other states have included the BACB certification, but added additional requirements. For example, Nevada requires BACB certification, but limits applicants to masters' degrees in social science or education, while the BACB certification permits a wider scope, e.g. engineering (NRS 641.170.) Nevada also requires an examination in relevant Nevada law. Missouri recognizes the BCBA, but would also recognize an "other equivalent nationally accredited nongovernmental agency approved by the committee" (RSMo 337.330) Legislators have also chosen to define their own educational and training qualifications for licensure, but to model it after educational and training qualifications for licensure established by the BACB or other national standards.

A high priority of our workgroup was to progress in a way that would avoid disrupting needed services and to support families currently working with ABA providers. We wish at all costs to avoid an interruption of services with which a family is satisfied. Arizona provides an example of "grandfathering" providers recognized by a "nationally recognized behavior analyst certification board as chosen by the board of psychologist examiners for a period of not less than two years" (32-2091.03, Arizona Revised Statutes). This avoids any disruption in the provision of ABA services while rules are established and filed.

Most states regulating ABA have identified two levels of practice: the behavior analyst and the assistant behavior analyst. Some legislation includes certification of behavior interventionists, who are at the level of direct implementation (NRS 641.172.) In many states that have implemented certification as part of insurance bills requiring care for autism, legislation describes "autism service providers." A guiding principle of our workgroup was to avoid focusing on a specific diagnostic group, recognizing that ABA is a core element in the treatment of many issues, both diagnostic and organizational.

States vary in the establishment of an oversight board. Arizona, North Dakota, Missouri and Nevada have identified the psychology board as the oversight agency. Pennsylvania and Virginia have identified the medical board as the oversight agency. Oklahoma and Wisconsin have placed ABA under "human services" and "professional services" regulatory boards. Kentucky and Oklahoma have created free standing ABA boards. Another model creates an ABA board within the regulatory psychology board. Missouri created an ABA advisory board to review applications, complaints, entities responsible for certifying behavior analysts, fees, rules, etc. (RSMo 337.305.) Seven states have enacted legislation that necessitates coverage of ABA with no specification of credentialing or regulation. Fifteen states have identified only BACB certification as necessary, but with no regulatory body (AK, CA, CO, CT, IN, IO, LA, ME, MA, MT, NH, NJ, NY, RI, WV.)

Ohio law currently provides exemptions from psychology licensure, (e.g. ordained ministers, academic psychologists, licensed allied mental health professionals, etc.) These are notably absent in most state laws that describe ABA. Exemptions are made in the laws of some states, notably persons who provide services under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the federal Rehabilitation Act (RSMo 337.319.) Our workgroup believes that exemptions, particularly within systems of care that have high levels of safeguards, e.g. Ohio Department of Developmental Disabilities, may be appropriate in Ohio. In addition, Ohio rules exempt a number of categories of psychologists and other professionals from licensure, e.g. academic psychologists who may be teaching basic applied behavior analysis.

State laws that refer to autism usually specify diagnosis and prescription of ABA. A critical element in many laws is the requirement that ABA be prescribed by "the insured's treating licensed physician or licensed psychologist" (RSMo 376.1224; NRS-689B.) In Pennsylvania, where regulation is under the medical board, diagnostic assessment must be performed by a physician, physician assistant, psychologist or certified registered nurse practitioner and prescribed, ordered or provided by a licensed physician assistant, psychologist, clinical social worker or registered nurse practitioner. In Wisconsin, ABA must be prescribed by a physician.

Current Proposals Pending in Ohio

Autism Speaks, working with consumers in Ohio, is currently working on a draft bill which would amend sections 1751.01, 3923 and 3923.282 of the Ohio Revised Code, with the

intent to define Pervasive Developmental Disorders as biologically-based severe mental illnesses and to include them (including ASD's) in the mental health insurance parity law.

This draft bill would require coverage for diagnosis and treatment for autistic spectrum disorders, a goal that is heartily approved of by workgroup members. The bill specifically includes coverage for ABA, when provided by a certified behavior analyst or a psychologist and extends coverage for those who work under the supervision of those professionals. However in the current version, the role of the ABA professional is not clearly limited to treatment, raising concerns over adequate training for differential diagnosis. The legislation does not speak to the regulation of the "technicians" implementing a treatment program, resting public protection on certification by the BACB, although the BACB is not specifically mentioned. Given the Board's tradition of including all important stakeholders in the formation of public policy, we would hope that future drafts would be collaborative in nature and would address these issues.

Potential Financial/Operational Impact

Ohio continues to face a challenging economic environment. Regardless of one's position on regulation, the establishment of an independent regulatory board for ABA seems fiscally imprudent for Ohio. Similarly, the establishment of a new regulatory body (with appointed members and staff support) within the Board of Psychology would add significant costs and needs for human resources. In addition, the Governor's Office in Ohio has not provided support, as of the writing of this paper, for the development of a new credential or license. The Board of Psychology, as currently comprised, has nine (9) members, six (6) of whom are psychologist members and three of whom are consumer advocate members. It would not be possible for the State Board of Psychology to have representation from all of the areas of practice that are considered to be psychological in nature, e.g. forensic psychology, neuropsychology, health psychology, applied behavior analysis, etc. Nor would it be feasible to have all special populations represented, e.g. geriatric, infant, those with autism or other developmental disabilities, etc. Currently, when the Board receives a complaint in an area outside of the scope of practice of its current members, the investigating Board member works with the Executive Director to identify and contract with a specialist with the appropriate expertise. Using this investigative protocol, it would be possible to identify and contract with ABA specialists without establishing an additional "advisory board" that might incur ongoing and untenable expenses.

Additional study by the Board and the Legislative Services Commission would be required to determine the feasibility of subsuming certification of behavior analysts under the State Board of Psychology. It is highly likely that a minimum of one 0.5 FTE would be required in order to administer a new program like this. Substantial legislative and rule-writing efforts would need to be undertaken, taking limited resources away from the Board's current staff, which is operating with a vacancy already secondary to budget constraints. Application and certification fees would reflect the need to offset these costs.

Conclusions:

There were many spirited discussions in our meetings. While we did not reach total consensus on all issues, there was general agreement on some key issues.

1. ABA falls within the scope of psychology.

2. Psychologists who practice or supervise ABA must hold themselves to our current standard of practice, e.g. practicing only in the areas in which one has demonstrated competence.
3. There are viable national models to train master's level ABA providers who have the expertise to design, provide and supervise ABA services, as a part of independent practice. We were all supportive of the growth of this professional group.
4. The primary thrust of the practice of ABA is appropriately defined as the provision of these services, when prescribed by a physician or psychologist. It is not the differential diagnosis of autism, schizophrenia, intellectual disability, etc.
5. Some type of certification or licensure for ABA providers will help assure quality care for vulnerable populations. Placing that certification or licensure under an existing regulatory board ensures both proactive and disciplinary protections for Ohio consumers.
6. Future activity in this area must take care to improve access rather than restrict it.
7. Certification or licensure is recommended only for those providers that design and monitor ABA programs. The committee believes that the "hands on" technicians/providers in homes and schools should not be required to be certified, assuming that they are working as part of a team with ABA certified providers. It is agreed that such technicians are not engaging in the practice of psychology per se.
8. Consumer education regarding ABA and certification receives our strong support. There is currently anecdotal evidence that suggests that vulnerable families have been negatively impacted by self-designated ABA specialists. If the Board of Psychology moves forward with certification, The Autism Society of Ohio will plan to partner with Ohio Association for Behavior Analysis to assure that consumer education regarding ABA certification is easily accessible, especially to minority advocacy groups and clinical professionals who service the ASD population.
9. The BACB provides a strong training model and provides a possible examination option, however Ohio adaptations may include both expansion of requirements (e.g. test measuring knowledge of Ohio law) and/or restrictions (e.g. restriction of type of master's degree.) In order to speed consumer access to services, grandfather clauses covering current BACB certificate holders should be included in any Ohio legislation or rules.
10. Substantial consumer protections are already available to those families receiving ABA services from providers employed by County Boards of Developmental Disabilities and through school based IDEA plans. Strong consideration should be given to exempting those providers from further regulatory oversight.
11. The State Board of Psychology provides the most reasonable home for regulation of ABA professionals.

Respectfully submitted,

Suzanne LeSure, Ph.D.
Chair, ABA Workgroup
Member, State Board of Psychology of Ohio

Dr. LeSure reviewed the White Paper, after hearing comments from members of the Board about its depth and breadth. Dr. LeSure focused on, and Board discussion centered on:

- 1) The Workgroup reached rapid consensus that ABA is within the domain of psychology and represents a psychological practice
- 2) Many states have “backed-in” to requirements to write regulations secondary to insurance reform legislation
- 3) Autism Speaks was vocal about concerns relative to deeming ABA as a “hazardous practice,” and Dr. LeSure explained and clarified that the use of such a term is specific to the Board’s list of procedures that are a risk to mental health and require expertise in psychology, deemed “serious hazards to mental health” in Board rules, not in the vernacular.
- 4) Most of the members of the ABA Workgroup want the practice of ABA to be regulated by the state for consumer protection—with the notable exception of Autism Speaks, which does not see merit in governmental regulation.
- 5) Throughout the U.S., there are many existing models relative to regulating ABA. For example, ABA is regulated in various states under medical boards, psychology boards, and an independent board. In approximately fifteen (15) states there is no regulation aside from requiring that the provider hold the Board Certified Behavior Analyst (BCBA) credential issued by the non-profit Behavior Analysis Certification Board (BACB).
- 6) If ABA is regulated by the state government in Ohio, the State Board of Psychology is the best “home” by consensus of the Workgroup.
- 7) The Ohio Department of Education (ODE) and the Ohio Department of Developmental Disabilities (ODDD) have their own models of care, services, and supervision. There was dialogue in Workgroup meetings about possibly exempting from any future credential providers working under these systems. There was not consensus reached on this issue by the Workgroup. In fact, Mrs. Mattson expressed during discussion her strong disagreement with exemptions because of the risk of a lack of accountability, based in large part on her own experience as a mother of a child with an ASD and her career as an advocate for children and families. She asserted that, in these systems, families are not always afforded due process and tend to get blamed for service problems.
- 8) The BACB provides an excellent model for the training of Applied Behavior Analysts and has an examination that is widely recognized.
- 9) A primary issue is whether the practice of ABA should be part of a state regulatory system or whether it should “stand alone,” for example, through requirements that a provider hold the BCBA credential.
- 10) Several other issues are present, including: whether to regulate via a “license” or a “certificate” or other term; whether to set standards that a candidate hold a degree in a specific field such as mental health or education; and, how to address any grandfathering provisions, which would be challenging but not impossible.

Ann Brennan of OSPA suggested that contact be made with the ODE (e.g., Wendy Stoica) relative to their current activities concerning possible updates to requirements to be a recognized ABA provider under the Autism Scholarship Program.

Dr. Drude suggested that a process be undertaken by which there would be investigation into options for the development of a regulatory structure in Ohio.

Dr. Harmon praised the Workgroup and Dr. LeSure for the quality of the White Paper, and made a motion that the Board adopt the position statement as its own; Dr. Drude second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude

Nay: None

Abstain: None

The motion carried.

Next, it was brought to the board's attention by Dr. Ross and Mr. Michael Ranney (OPA) that it appears that a bill written by Autism Speaks is on the cusp of introduction in both the House and Senate. Dr. Ross pointed out that, if the bill is consistent with the expressed position of Autism Speaks and a draft bill recently reviewed, the bill will amend the mental health parity law by including Pervasive Developmental Disorders as severe biologically-based mental illnesses. In addition, if consistent with the position of Autism Speaks, the bill would require insurance companies to reimburse ABA providers by virtue of their hold the BCBA designation, without governmental oversight, regulation of the profession, or public protections for service recipients.

Rapid consensus emerged on the Board to act quickly to decide how to regulate ABA service providers as a means of consumer protection by giving citizens a governmental oversight body to review qualifications, issue credentials, accept complaints, and met out discipline in the face of violations of client and patient rights.

Dr. Drude made a motion that the Board examine alternate ways to regulate ABA providers; Dr. Randolph second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude

Nay: None

Abstain: None

The motion carried.

Dr. LeSure made a motion directing Dr. Ross to testify against any bill introduced that recognizes the BCBA as sufficient to be reimbursed by third party payers for the provision of ABA; Dr. Drude second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude

Nay: None

Abstain: None

The motion carried.

Mrs. Mattson appointed a workgroup to examine alternate ways to regulate ABA providers and report back to the Board. Those appointed and/or volunteering to be on the workgroup

are: Dr. LeSure; Dr. Drude; Dr. Ross, Dr. Hayes (OPA); Mrs. Mattson; and, Ann Brennan. Dr. LeSure asked Dr. Ross to contact Kevin Aldridge of OCALI to invite him to join the workgroup, given his expertise, his collegiality, and his time devoted to assisting on the White Paper.

Dr. Randolph recommended that each member of the ABA Workgroup receive a letter of thanks from the Board, including a statement that the Board adopted the Workgroup White Paper as its formal position. Dr. Ross offered to draft a letter for the Board President to send to each member.

Dr. Shroder made a motion to enter Executive Session for the purpose of considering an investigation or a complaint against a Board license pursuant to ORC 121.22 (G)(1); Dr. Harmon second.

DR. SHRODER CONDUCTED A ROLL CALL VOTE TO ENTER EXECUTIVE SESSION:

Dr. Harmon	Yes
Mrs. Mattson	Yes
Dr. Shroder	Yes
Dr. LeSure	Yes
Mr. Keller	Yes
Dr. McCarley	Yes
Dr. Randolph	Yes
Dr. Drude	Yes

Executive Session began at 2:20PM

Executive Session ended at 2:35PM, when Mrs. Mattson gaveled the Board back into public session.

DR. SHRODER CALLED ROLL:

Dr. Harmon	Present
Mrs. Mattson	Present
Dr. Shroder	Present
Dr. LeSure	Present
Mr. Keller	Present
Dr. McCarley	Present
Dr. Randolph	Present
Dr. Drude	Present

Dr. Shroder made a motion to approve the consent agreement reviewed in Executive Session; Dr. Harmon second.

A vote was taken:

Aye: Dr. Harmon; Dr. McCarley; Dr. LeSure Dr. Shroder; Mr. Keller; Dr. Drude
Nay: None
Abstain: Dr. Randolph

The motion carried.

Ms. Knauss announced that the subject of the approved Consent Agreement is **Darlene Barnes, Ph.D. of Fremont, License #3915**. The subject admitted to violations of State

Board laws and rules governing Negligence. The agreed action is: Reprimand; successful completion of the requirements set forth in the sentencing order for Case No. 12-CR-58, Sandusky County, relative to treatment in lieu of conviction for felony charges, and completing up to three (3) year term of Community Control; agreed that a failure to successfully complete her term of community control and/or any other requirement set forth by the Court will constitute a violation of the agreement; individual face-to-face tutorial under the direction of a Board approved, doctorate level psychologist, to undertake a critical analysis of Dr. Barnes' professional conduct in this matter to remediate deficiencies in professional judgment and decision-making.

A 5-minute break was held.

DR. SHRODER CALLED ROLL AT 2:35PM

Dr. Harmon	Present
Mrs. Mattson	Present
Dr. Shroder	Present
Dr. LeSure	Present
Mr. Keller	Present
Dr. McCarley	Present
Dr. Randolph	Present
Dr. Drude	Present

GOLDMAN HEARING IN RE: JUDITH LALLI, PH.D.

Mr. Carroll addressed the Board, noting that a packet of exhibits and an affidavit written and signed by Ms. Knauss had been sent by Ms. Knauss to the board members by mail and email on September 19, 2012. He reviewed the case history, including a June 2009 consent agreement in which Dr. Lalli accepted an Indefinite Suspension and a referral for evaluation by the Program for Professionals at Levine, Risen & Associates. The evaluation report received in the Board office included conclusions that Dr. Lalli had a severe mental illness, a lack of insight into its impact on her functioning as a psychologist, and a risk of additional boundary crossings. Mr. Carroll reviewed the charges in the Notice of Opportunity for Hearing, in response to which the Board office did not receive a request for a hearing, and the recommendation of Investigator Knauss, Executive Director Ross, and Supervising Member Dr. LeSure—that the license of Judith Lalli be permanently revoked.

Dr. Harmon moved that the Board adjourn for quasi-judicial deliberations and adjudication of Goldman proceedings; Dr. Randolph second.

DR. SHRODER CONDUCTED A ROLL CALL VOTE:

Dr. Harmon	Yes
Mrs. Mattson	Yes
Dr. Shroder	Yes
Dr. LeSure	Yes
Mr. Keller	Yes
Dr. McCarley	Yes
Dr. Randolph	Yes
Dr. Drude	Yes

At 2:45PM the Board adjourned and all other persons left the room.

At 3:30PM the Board was gavelled back into public session by Mrs. Mattson.

DR. SHRODER CALLED ROLL:

Dr. Harmon	Present
Mrs. Mattson	Present
Dr. Shroder	Present
Dr. LeSure	Present
Mr. Keller	Present
Dr. McCarley	Present
Dr. Randolph	Present
Dr. Drude	Present

Dr. Harmon read aloud the Order of the Board, a signed copy of which is attached to the hard copy of these minutes. The Board concluded in its Order that Dr. Lalli's license shall be permanently revoked. Dr. Harmon concluded the reading of the Order.

DR. SHRODER CONDUCTED A ROLL CALL VOTE TO APPROVE THE BOARD ORDER

Dr. Harmon	Yes
Mrs. Mattson	Yes
Dr. Shroder	Yes
Dr. LeSure	Abstain
Mr. Keller	Yes
Dr. McCarley	Yes
Dr. Randolph	Yes
Dr. Drude	Yes

NEW BUSINESS None.

OLD BUSINESS None.

ADJOURNMENT

At the behest of Mrs. Mattson, the members of the State Board of Psychology agreed to adjourn the meeting by consensus.

The meeting adjourned at 3:40PM.

[SIGNED COPY ON FILE IN BOARD OFFICE]

Ronald R. Ross, Ph.D.
Executive Director

Pam Mattson
President

Next scheduled business meeting: January 19, 2013 10:30AM, Riffe 31st floor