



**ADDICTION COUNSELING ADVISORY COMMITTEE
MINUTES
Friday, April 24, 2015
1:00-3:00 PM
Hannah Hall, room 117**

Members Present: Lynette Tracy, Committee Chair, Lifeline Connections; Sandi Kendrick, Vice Chair, Clark County Public Health; Chris Thompson, VOA; Laurie Ellett, Helping Professionals; Helen MacArthur, Cowlitz Tribal Treatment; Roberta Morgan, Western Psychological Services; Jared Sanford, Lifeline Connections

Members Absent: Josh Barrett, Western Psychological Services; Ed Febish, Columbia River Mental Health; Angela Ball, Daybreak Youth Services

Clark College: Dr. Marcia Roi, Professor, Addiction Counseling Ed.; Jim Jensen, Instructor; Catherine Kroll, Professor; Miles Jackson, Dean, Social Science & Fine Arts; Andreana DiGiorgio, Secretary Sr., Advisory Committees

Committee Chair, Lynette Tracy, called the meeting to order at 1:11 p.m. with introductions.

A motion was made to approve the January 30, 2015 minutes with one change from Dr. Roi. The motion was seconded and unanimously approved.

Office of Instruction Updates

Clark College Strategic Plan 2015-2020 was adopted in March of 2015. Dean Miles Jackson reported that there are four core themes: academic excellence, social equity, economic vitality, and environmental integrity. The organizational management process was used to set priorities, focus energy and resources, strengthen operations and ensure that stakeholders are working toward common goals. The plan will be the over-arching document linking academic, enrollment, retention and other future plans for the college. Please visit the main Clark College web site to read the plan.

Marcia mentioned that the college is going through a process looking at reducing programs. Miles said that there is a budget challenge going on. Over the past 3 years there has been a 15% cumulative drop in enrollment and anticipate that it will continue to drop more next year. We are still waiting for the legislature to allocate funds for next year; however, the college is in a budget cutting scenario for next year as there is a \$3.6M budget deficit. The process is that the college is looking at which programs should be cut, which should be protected. This includes transfer courses. Could look like a reduction in course options or completely eliminating programs, and Miles added that there could be some painful decisions to be made. The Instructional Counsel created rubrics which will be a screening. Josh asked if there's anything that the advisory members can do. Miles said we are in a wait and see situation. We will know more mid-summer. Final decisions will be made in fall and there will be more firm information available by the fall advisory meeting.

Director/Division Chair Report:

Recovery Coach. Dr. Marcia Roi reported that she attended a 2-day Recovery Coach Alliance meeting at the Recovery Café in Seattle. A person from the Department of Mental Health requested information from the CD coaches so that they can craft some recovery coach curriculum. The first day was somewhat frustrating. The Washington Mental Health providers have peer mentors and now want to create both co-occurring and co-

dependency mentors. At the meeting, the mental health representatives kept asking what they should put in their curriculum and mental health was mentioned. She said the Mental Health practitioners don't want to teach MI because they believe it is very manipulative. So the question is why is mental health putting together chemical dependency recovery coaches? Marcia said the room was very tense. Some of the other questions and comments follow:

- In Marcia's estimation the recovery coach piece on the CD side is very fragmented.
- DBHR trained 60 faith-based recovery coaches but there's no supervision, nor protection for consumers.
- Marcia wrote a concept paper for the DBHR representative (Vince Collins), asking how to do follow up and other pertinent questions.
- In order to be reimbursed by Medicare, Recovery Coach training needs to be professionalized to a certain degree.
- There is a recovery coach supervisory position but who is going to pay them?
- Marcia can create a new 5-credit course but there is no incentive to bring it forward as there is no certification process in Washington State. Portland has certified recovery coaches and peer mentors, and are paid a good wage.
- We need statewide curriculum so how do we develop it?
- The bottom line is: how is it going to be funded? Do we want co-occurring and co-dependency mentors. We want to keep it a peer-based but no protection for the consumer.
- Josh asked what the advisory committee can do to get all these ideas to the right people. Marcia said she'll be in Tacoma at the WACASE and she will ask Vince Collins then.

Jared made a motion to have Marcia continue to explore the process if this is the right time to start the recovery coach program. Approved.

Old Business

Dr. Roi's Sabbatical—Marcia will be exploring Baccalaureate degree pathways. Her sabbatical project is to explore BAS pathways. Miles verified that she can go and visit eight schools that she has identified to hammer out articulation agreements. ECE wants a BAS. This BAS could possibly be two tracks; to Early Childhood Education or ACED. Marcia has the proposal written up already, just need to make some minor changes. What does the committee do while our fearless leader is out? Jim will take over in her absence.

New Business

Overdose Prevention Program. Sandi Kendrick of Clark County Public Health gave a presentation about the Overdose Prevention Program. The program began about one year ago. As of this week they have dispensed 1,000 doses of Naloxone and have ordered the next 1,000 doses. There have been 100 rescues reported back to CCPH. Sandi handed out a flyer that gave information about the program and opiate related deaths. She wanted to talk about how a person is trained to be a first responder. First, they talk about prevention. People are more likely to overdose in a public setting; in a public restroom, in a car, at a park. They are in a hurry and can be reckless. They teach that at-risk people are ones who have just gotten out of the hospital or treatment center and don't realize their resistance is lower. Overdosing on an opiate is very easy to do. Others have to be very careful because people don't realize alcohol and opiates do not mix and the person overdosing could also be intoxicated. She showed the members "Smartie", who is a practice dummy. He/she is overdosing. In the training they teach to shake them, make noise, etc. if they don't wake up, they are overdosing. Call 911, give the address or cross streets and try to give rescue breathing as opposed to CPR. Some are afraid to call 911 because they may get in trouble themselves but there is a Good Samaritan Law which provides protection from felony charges for possession if you are trying to save someone's life. You are also allowed a Naloxone kit, by prescription, if you've taken the training. These kits are only available at the county; not available at any of the local pharmacies. Some members would like Sandi to come and give a presentation at their clinic.

Field placement update. Marcia said there were nine placements in fall, all AAS students. Outcomes/assessment ask basically, how do you know if what you're teaching is working? The logical answer is that once

students are in field placement, the surveys will tell us. Marcia showed the outcomes of the recent surveys. There were two questions:

1. *What did you see that ACED did well in preparing the student?* Some of the answers were:
 - a. Good grasp of foundations of treatment.
 - b. Good understanding of addictions theory.
 - c. Enthusiasm.
 - d. Good grasp of MI, confidentiality and treatment planning

2. *What would you like to see more of in regards to training?* Some of the answers were:
 - a. More interaction with clients, more role-play, practice building rapport and using power in groups.
 - b. More information on managed care systems.
 - c. Understanding of how to distill facts into documents; this falls under case management. Don Wissusik from Kaiser is looking for case management software right now.
 - d. Self-care vicarious trauma, burnout, PTSD, health behaviors.
 - e. Education in suicide prevention; there is now a state regulation that requires suicide prevention be taught in the program. Still up in the air where to teach this.

Dr. Roi had a department meeting to discuss where to put the suicide prevention curriculum as the courses are already stuffed. The complete list of Interview Summaries of ACED 210/211 Outcomes for fall 2015 is available through Dr. Roi.

Summer 2016 would be the earliest we could make a change in credits for ACED 170 Air & Blood Borne Pathogens. With adding another credit, Catherine Kroll will have time to do some role-play on risk intervention. *A motion was made to move Air & Blood Borne pathogens, ACED 170, from 2 credits to 3. The motion was seconded and unanimously passed.* This can be presented at Curriculum Committee in November by Jim Jensen.

If anyone has a case management system they know of, let Dr. Roi know and she will move forward with the possible purchase.

Next Meeting Date

The committee agreed that the next meeting will be a morning meeting on Friday, July 24, 2015 at 9:00 am.

The meeting adjourned at 2:45 pm.

Prepared/submitted by Andreana DiGiorgio