

Steve Sisolak, Governor



Steve Nicholas, *President*
John Nixon, *Vice President*
Sara Pelton, *Secretary/Treasurer*
Jenny Stepp, *Member*
Jennifer Ross, *Member*
Marta Wilson, *Member*
Hal Taylor, J.D., *Public Member*
Sheldon Jacobs, *Member*
Lauri Perdue, *Public Member*

MINUTES OF TELEPHONIC MEETING
FRIDAY, FEBRUARY 18, 2022 at 9:00AM

Teleconference

**Nevada Board of Examiners
For Marriage & Family Therapists and Clinical Professional Counselors
7324 W. Cheyenne Avenue, Suite 10
Las Vegas, NV 89129**

Please Note: The Board may (a) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; (b) combine agenda items for consideration by the public body; and (c) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030).

Public comment is welcomed by the Board. Public comment will be limited to three (3) minutes per person and comments based on viewpoint will not be restricted. A public comment time will be available prior to any action items on the agenda and on any matter not specifically included on the agenda prior to adjournment of the meeting. At the discretion of the President, additional public comment may be heard when that item is reached. The President may allow additional time to be given a speaker as time allows and at his/her sole discretion. (NRS 241.020, NRS 241.030) Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. (NRS 233B.126)

Action by the Board on any item may be to approve, deny, amend, or table

1. Call to Order, Roll Call, Confirmation of Quorum. Meeting called to order at 9:02 AM.
 - Board members present: Steven Nicholas, Marta Wilson, Jenny Stepp, Sheldon Jacobs, Lauri Perdue (left at 10:45am), Jennifer Ross (left at 12:03pm), Sara Pelton, Hal Taylor
 - Board members absent: John Nixon
 - Staff present: Senior Deputy Attorney General Henna Rasul, Joelle McNutt, Stephanie Steinhiser
 - Public Members: Gena Segno, Naomi Wilborn, Hannah Ware, Richard Seigler, Lea Case, Kimberly Schwartz

2. Public comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

- Gena Segno shared some research that she has done regarding how other Boards in our state handle transfer of hours from other states.

3. Discussion, recommendation, and possible action regarding review and approval of minutes from the January 21, 2022, meeting (For possible action)
 - Marta: There are several spots on page 10 where it says LADC and that was LCADC, which is the higher tiered licensing from the drug and alcohol board.
 - Joelle: I'll correct that, Marta.
 - Steve: Good catch, Marta.
 - Motion to approve minutes from January 21st: Marta 1st, Sheldon 2nd. Motion approved unanimously.
4. Review/Decision regarding the following licensees who have petitioned the Board to be Primary Supervisors for Marriage and Family Therapist (MFT) and Clinical Professional Counselor (CPC) Interns: (For possible action)

Supervision Applicant	AAMFT Approved Supervisor/Supervisor Candidate or CCE Approved Certificate/ Supervisor Course	Transcript of 45-hour Graduate-level Supervision Course	Mentor Signature of Supervisory Experience
Hannah Ware	Yes	N/A	N/A
Richard Seigler	Yes	N/A	N/A

- Steve: We have two names. I have reviewed these in our supporting documents, and I want to talk about the states of residence that are listed for both of their applications.
- Jenny: I saw in the applications, and I just wanted to ask questions, I think maybe at least one of the candidates is on, Hannah Ware. I wanted to ask a question of how these potential primary supervisors are working in our state or working with Nevada state interns. Just open that discussion and get some understanding of how they're involved here in Nevada.
- Hannah: I spent eight years in Clark County, Nevada, and then moved to Northern California, so right now I reside on the California side of the border between Reno on the north side and Lake Tahoe on the south side. I do have a business address in Reno, and my AAMFT supervisor, is also located in Reno. I do go back and forth.
- Marta: Are you considering having a dual license in Nevada and in California?
- Hannah: I do hold unrestricted licenses in both states.
- Sheldon: I've known Hannah for some years, and I would say that she will be a huge asset to our interns. She does offer a very unique skill set.
- Steve: I know that one thing that will be a topic we'll be discussing later in the day is supervising from across state lines. And while it makes sense and actually, I think the language in our law supports that a supervisor has to be licensed in the state of Nevada because ultimately, they have an extension of responsibilities and liabilities to the clients of their interns. I have concerns of out-of-state supervisors providing supervision to folks in the state of Nevada. I think Miss Ware is an interesting example because she has been in Nevada for quite some time. I'm not concerned that she is not fluent in Nevada law and in Nevada practices. But I'm wondering if we're beginning down an interesting slope that could get slippery with having out-of-state supervisors for our Nevada interns. And I'm curious if other board members have some thoughts to that.

- Hal: One of the things I was thinking about when Miss Ware came on is our interns come under all sorts of supervision. Some of those are simply, this is the company I worked for, and this is who my supervisor is. So, they're not picking it. You're not picking of hours or something. Just the nature of the practice. So, you're going to have people who are not there in a formal supervisory position, but it's just the nature of the practice. I absolutely agree there are good reasons and things to be concerned about. Now's the time to start looking at those issues because across the board, especially in a pandemic situation where we have people further apart or unable to meet personally with people.
- Jennifer: Are you actively seeing clients here in Nevada? I know you said you have a business address here. Are living in El Dorado Hills?
- Hannah: Yes, I do. Yeah.
- Jennifer: I think that it's relevant to know if supervisors are out-of-state, whether or not they're actively working with Nevada residents.
- Steve: Miss Ware, I see that you're using Dr. Shadley for your mentorship. Is that right?
- Hannah: Yes, that's correct.
- Marta: I would have really grave concerns if they weren't licensed and seeing clients. So, I don't know if that how that would be crafted in our future discussions, but on an individual case. It would look like Hannah fulfills the requirements that we would have. She just lives on the other line of the border, so. But she practices here and has.
- Steve: While it's not, matter of factly, specified that supervisors must be licensed in the state of Nevada. I think it's a reasonable conclusion to draw that a licensed intern in Nevada receiving supervision from somebody. Ultimately, the liabilities and the protections of those clients, of the public, filters up into that primary supervisor's license and insurance. So, because of that, I believe that it would mean that they need to be licensed in the state of Nevada. Residing is an interesting question, though. And I think it's even I agree with you, Marta. I don't have a problem with this one. The next one. I also have some questions about because it's in Oregon and Oregon's, not 12 miles over our line.
- Hal: We've also got to look at the issue of licensure here is critical because that provides us with jurisdiction if in fact, we have some failure by the supervisor to meet our standards here. So, if they're not licensed here, then we don't have jurisdiction to look at their activities. So, I agree. I think they've got to be licensed here so that we maintain jurisdiction.
- Steve: Yeah. Which is our job.
- Stephanie: I know we're going to be discussing it later when we're doing some of the language for the regs. Regardless of where they reside, I feel putting some mechanisms in place for us to establish standards for supervisors. It's going to be really important whether they're in the state or not in the state. We're seeing some disturbing things in terms of supervisors. It would be helpful to us to pursue things that are under our jurisdiction when a supervisor is not doing the correct and proper things with the intern.
- Steve: I think at a bare minimum that supervisors must be licensed in the state in Nevada so that we can do our job of oversight and regulation as I am trying to be licensed in another state currently as well, providing which would be Idaho, which is far enough away from me to not really know what's going on. But if I were to be a supervisor in Idaho, I am not comfortable providing supervision to people in Idaho because I'm not in Idaho. That is my personal perspective. But as a regulatory

board, I want to go slowly on making a motion and voting on these two candidates because again, we are in the we're in the process of considering this very topic in our regs. Mr Seigler, are you online, could you unmute, sir? So, some of us have concerns about the fact that you reside in Pendleton, Oregon. In that, can you articulate to us who you will be supervising, how, where et cetera?

- Richard: I'm originally from Las Vegas and I moved to Pendleton, Oregon. My wife is finishing a nursing program and she's going to be graduating soon. So, we're entertaining the idea of potentially moving back home. But I'm licensed currently in multiple states Washington, Nevada and obviously Oregon. And I think from everything that I've seen online, you are able to offer virtual supervision unless something has changed. I try to carry a super small caseload in Nevada. And I was I'm still trying to very much trying to figure it out.
- Steve: I appreciate that that response. You have been licensed in Nevada and you've practiced in Nevada, correct?
- Richard: Yes.
- Steve: Ok, that that comforts me tremendously. A lot of the concern that we've been discussing as a board surrounds essentially the expansion of cross jurisdictional counseling services. So conglomerate companies from, let's say, East Coast, wherever it would be. So, you have A.B.C. agency out of Cleveland, Ohio, who is trying to supervise and have clinicians in all the states, and they end up being for profit mills that probably aren't necessarily very accountable to their interns, let alone the public. So as a board, we are trying to advocate for safety of the public and the appropriate supervision for interns. That's why we wanted to ask for more information from you. And quite frankly, the other candidate applicant that we had today about what is your Nevada affiliation and your Nevada experience. So, what I heard from you is that you have been an established clinician and you're very fluent and consistent with Nevada law and protocols.
- Richard: Yeah, absolutely. I was born and raised in Las Vegas, my entire family still in Las Vegas. I just happened to be living in a really comfortable, small, rural Oregon community that's treated us really well. So, we're absolutely struggling as a family right now to kind of leave rural community and head back to the metropolitan area or just kind of kind of ride it out here. But I come to Vegas very, very frequently. I'm in Vegas. I travel out there all the time.
- Steve: Thank you very much, and I'm glad that this worked that we could meet up on this. I'd like any other board members to ask any questions or make any other comments that they have.
- Sara: I was wondering if you're supervising folks in three different states simultaneously or if that's something you're doing.
- Richard: I appreciate you asking that question. In the state of Washington, you have to be fully licensed for five years in order to be an approved supervisor. I've already went through the registration process for Oregon, and I got approved after I found an in-state AAMFT approved supervisor for the state of Oregon. So, I am an approved supervisor in the state of Oregon. Then I also secured an AAMFT approved supervisor for Nevada. So, I'm making sure that I meet both state requirements and not getting jammed up at all.
- Sara: If you're doing group supervision, would you combine folks from Nevada and Oregon or Washington at some point?
- Richard: I understand that this is all very unfamiliar territory that if I'm licensed in both states, is there a big difference? If they're participating, you have some interns in Oregon or some interns in Nevada. If they're both receiving supervision at the same time, if they're carrying licenses for two

states. My number one priority is making sure that I'm doing everything ethical. So, I'm really excited that you guys are asking the question because I don't want to be jammed up and having any kind of problems. So, whatever you guys need to ask, please fire away because I want to make sure I'm walking on the on the straightest line possible.

- Jenny: It's really helpful to understand your familiarity with Nevada, how you are working with Nevada clients and how you would potentially be working with Nevada interns. That gives us more comfort in being able to potentially approve you in this role or not. So, thank you. But we know we took you by total surprise today.
- Jennifer: Richard, the interns that you're seeing, and this may not apply to you, this may be kind of a larger issue for a conversation later, but in asking if you are supervising interns in multiple states, part of what comes to mind for me is that if there's a maximum in each state, say, six or 10 interns and you're supervising in multiple states, now we have somebody who may be supervising 20 or 30 people simultaneously. And I don't know Sara if that was part of where you're asking there?
- Sara: Yes, yes it was.
- Richard: I do not plan on taking on more interns than any state allows. In Washington is down the road, but I'm practicing in these states. I jumped into telathrapy way before the pandemic just because as a person of color living in rural Oregon, I wasn't sure how accepting my community was going to be of me. And as a sole provider in my family, I had to make sure that we were going to be able to eat when my wife was finishing our nursing program.
- Steve: I'm much more comfortable than when we began this conversation.
- Motion to approve Hannah Ware as a Primary Supervisor: Jenny 1st, Jennifer 2nd; No abstentions; Motion approved unanimously.
- Motion to approve Richard Seigler as a Primary Supervisor: Hal 1st, Sara 2nd; No abstentions; Motion approved unanimously.

5. Review, discussion, and possible action regarding how clinicians provide emergency/crisis response to their clients (For discussion/possible action) – Jennifer Ross

- Jennifer: I just was hoping to invite a conversation about whether it would be prudent for the board to establish something more specific. I can't find anything that says anything about how we are really required to respond to emergency situations. This conversation came up not just with some of my colleagues, but also my husband is a company officer with Reno Fire Department. They do a lot of response to suicidal subjects and coordinating with Reno police. I was informed of a training that they had gone through that cites general order P325-20, that essentially says that they're not going to intervene with the suicidal subject unless there's a potential to harm for other people. For example, we have a client having suicidal thoughts and our voicemail says, call 9-1-1, we have a family member or friend who calls 9-1-1. We're using up resources. They're going to show up and they're not going to be able to do anything. They are trained, in many cases, not to do anything. So that was one side of it of really recognizing that we're tying up resources, recognizing that our inpatient mental health is really, really limited, at least here in the North right now. And then also recognizing that if we are trying to maintain a standard of care, if we have clients who are calling the crisis call center, that's a super valuable service. But for people who are not already established with the clinician who knows them, who knows their story, who can adequately assess what higher level they might need. My suggestion is that that we require something that holds us more accountable to our clients in providing commensurate level of care when they're in crisis.

- Steve: I really echo the direction that Jen Ross is going in the standard of care that licensed clinicians, MFTs and CPCs in the state of Nevada, have the standard of care. If somebody is in a session with us and they are experiencing suicidal distress, homicidal distress that is not only our opportunity, it is our obligation, to thoughtfully take care of that client, which according to a medical model, is to pass the buck and essentially clock out and reduce that level of care. I believe it's a profoundly substandard level of care that we are putting them in an emergency department to be interviewed by people who are not in some ways, even close to the standard of care that they've been accustomed to. I believe that's negligent.
- Jennifer: Dr Nicholas and I have had conversations with other colleagues and interns regarding some other licensed folks who, for example, limit their practice to say, "I don't see suicidal clients" or "I don't see or work with high acuity people". We're very blessed in our profession that we've signed on for something that is very rewarding and potentially lucrative and offers lots of opportunity to be helpful. I don't think we get to say I want to be in practice. I want to charge a bunch of money and then I don't want to have to be responsible after 5 p.m. We don't get to choose the acuity of our clients. Life happens and things change, and I just really think we need to be appropriately available.
- Steve: I believe that's what makes a licensed profession different from a certified position. That licensure comes with rigor, responsibilities, and liabilities. So, to discharge those to a substandard of care, I believe, is negligent to licensure. That's my that's my opinion as I understand licensure in our professions.
- Sheldon: I do agree wholeheartedly that we are in a state of crisis. And I think that as clinicians, we do have a responsibility to our clients. So, a couple of things. It's the first. The first point I want to make is that first responders, a lot of times, are required to respond to a colleague in crisis, that they're required to respond to that crisis, to that colleague. And one of the things that I've found and kind of as a vice president, NAMI is we don't do a lot of support groups for first responders. And one thing I notice is that culture like they have a hard time reaching out for help. There is evidence that shows peer to peer support holds a lot of weight. That's not to say that I completely agree with that, but from my experiences as being in NAMI and the support group that we've offered, they don't want to talk to us, but they'll go talk to a peer. I guess one of the things I want to add to the discussion is a lot of times in most of us know this for clinicians is a lot of times crises don't happen for 9:00 to 5:00. A lot of times, they happen at 2:00, 3:00, 4:00 o'clock in the morning. Right. I think it's important that our clients know what to do. You know, it's a safety plan. If something's happening like at 2:00 or 3:00 in the morning and there is a crisis, you know how to go about that. Boundaries is also a big piece of this discussion. If a crisis happened at 3:00 or 4:00 in the morning, I'm not going to be always able to respond. I try my best because I think my clients deserve that.
- Hal: There are two issues here. First, what do our responders need for themselves? Secondly, is there any way that we can help the responders with the problems they find in the field?
- Steve: This isn't about just first responders and frontline workers. This is about a standard of care that all licensed practitioners would be either abandoning or granting to their entire caseload.
- Hal: I recognize that.
- Jennifer: Maybe I should clarify; I have a lot of first responders on my client load. So, if my voicemail said, if you're in crisis, call 9-1-1, many of them are going to say "No, I know dispatch" or "No, those are my colleagues. They don't show up in my crisis". We are then putting a very large client base in a position to have to call their colleagues to say "Hey, I'm in crisis", which is not likely to happen.

- Steve: We are asking the board to start considering what is an appropriate standard of care for our established clients, patients who are in crisis. And if we say that it's the emergency department in 9-1-1, we are equating a psychological emergency to a medical emergency. Personally, I have a problem equating those two. So, I think it's a very effective example that a first responder, a frontline worker, quite possibly quite literally can't and won't call 9-1-1 dispatch because they're calling somebody who they know and who knows them. But the general public largely. And I won't say if they will or won't call 9-1-1 or go to the emergency department, but I don't believe that is a standard of care that is appropriate for a licensed clinician.
- Jenny: I would be willing to do some research on this, but I wonder what other boards in Nevada? I'm curious what the clinical social workers, if they have any language around this or if other states and other boards have adopted some language. And if anybody knows, I'd be curious to hear. But certainly, we could do some research to just for food, for thought.
- Steve: I am under the impression that there is not formalized language for any of our affiliated professions for licensed mental health providers that say what a standard of care for emergency response is.
- Jennifer: I spent some time researching and I had a really hard time finding language represented anywhere. What I did find was a lot of research talking about best practice versus standard of practice and working to a higher level. But I'm still looking for how other boards are wording this. So, I appreciate any support and what you all might know to.
- Steve: I think it would be very interesting if we moved forward and we established a base standard of care and disallowed the passing of the responsibility to an emergency department. I think it would be one. I'm curious to know what the contrary argument is. This is a huge topic that I hope we can keep in current conversation.
- Sara: I went to a CEU training last week on suicide prevention from the Nevada Psychological Association and in July of this year, we are going to have a 9-8-8 number. We're going to have paid resources, some peer-to-peer support, and licensed professionals, too. They are trying not to use volunteers, which I know was a concern. They're going to have a crisis line for the 9-8-8, a mobile crisis, team crisis facilities and post-crisis wraparound care. So, I like the conversations we're having about this.
- Steve: Sara, when's the start date for that this summer?
- Sara: I think it's July 16th. So, I was also thinking the difference between a solo practitioner and an agency, sometimes if you're an agency client, getting to your therapist in a crisis can be problematic. So, I would love to have a standard of care where agencies can be responsive to the clients in an emergency too.
- Steve: I think that that is incumbent on solo practitioners and group practitioners and agency practitioners to come up with a mechanism that does not kick the ball down the street to a lower standard of care.
- Jennifer: I also think that for solo practitioners working in isolation, a requirement like this would encourage folks to work together and form a call group and not be working in isolation.
- Steve: I suggest that more research is done about 9-8-8 to find out if they are licensed practitioners and try to understand what the standard of care could be. And then we can pick this back up.
- Sara: I think that's reasonable. Dr. Ross, you were concerned about volunteers, right?

- Jennifer: Yes, not having somebody sort of equally or better trained than.
- Sara: In my understanding was they were going to try not to have that as maybe working the crisis lines. But in the in-person crisis places, I think they're trying to staff with licensed professionals.
- Lauri: Would the group that did that training for you, would they be the right people to invite to one of our meetings?
- Sara: I'll reach out.
- Steve: I have a question to our public members. What standard of care do you think is appropriate? If you were an established client to a licensed therapist and you were in crisis, what would you assume to be an appropriate standard of care response?
- Lauri: Such a loaded question. I've been sitting here thinking that the whole time. So, my husband is also a firefighter for Clark County and has an ethic ethical obligation to provide services in the event of a disaster, whether it's manmade or not. If we're anywhere in public and something happens, he said, I will do this. I can speak to two instances where I said, "go do that", "go do that", and in that instance, he had no backup, no protection, and I put him in a bad situation. There's got to be a balance, right, because just because you're a licensed professional, you can't be on call 24 hours a day, seven days a week. Does that then create a stipulation where you need to have a circle of comrades that come together and work together for total coverage? I don't think it would be fair for me to say you are on call for me for whenever I need you.
- Steve: What would be fair for you being a client receiving services?
- Lauri: To have a resource if you are not available.
- Hal: I think what we're looking at here is, what's a model that we can contribute to provide these services? And there may be situations where it's not that you're providing the services, but you're getting that person to the right person.
- Steve: Dr. Ross is proposing a conversation to what is the appropriate level of standard of care. So, if licensed practitioners who go through a heck of a lot more training than the hotline volunteers, the whole graduate degree where it's interspersed according to accreditations and continuing educations. I would like this to be agendized also at our next meeting to continue the conversation with a little bit more information on what 9-8-8 might look like.
- Lauri: You could reach out to people in other states and see if anybody is doing this well, like maybe they have a policy or a procedure in place already. We can't be the first people bringing it up.
- Steve: We are pretty progressive in comparison to a lot of other states. We do have good, strong standards.
- Marta: I thought that this was an interesting topic that I immediately brought it up to my interns and ask them, you know what standard practices their agencies went? What did they do in the ones that have a private practice, more of a private practice situation? And there seemed to be it almost seemed to be that if we if we can de-escalate them in the moment, that was the best thing to do. Otherwise, it was to call 9-1-1. Individuals that are seeing more of the acute psychiatric patients, they could have these calls once a week. The interns who are working in agencies are exhausted because if somebody comes off their schedule instead of finally getting an hour to rest, somebody is immediately dropped in. I think if we know that if it's something that we can't take in our off hours

as clinicians, that we can provide some really good resources, not just a 9-1-1 that may or may not tie up a situation that that 9-1-1 person really needs to be on.

- Sheldon: First thing is the 9-1-1 versus 3-1-1. Somebody is having a psychiatric emergency. We use 3-1-1 versus 9-1-1. There are several reasons for that because we call 9-1-1 a lot of times a licensed person is using that part of that response team versus a 3-1-1. Typically, there's somebody that has specialized training or someone that's licensed that responds with that team. The second piece is when it comes to a kid or youth in crisis, and somebody licensed responds and is determined that person needs to be hospitalized. And unfortunately, there's a process with that. A lot of times what happens is a person has to go to get medical clearance first before they can go to a psychiatric hospital. And sometimes that medical clearance can take, it can take hours, sometimes beyond 24 hours. I know here in Nevada that Metro has been very progressive when it comes to mental health and mental health crises. And they created a CIT team, one of the first police departments nationwide to create a CIT team. I'm glad that we're having this conversation. I think there has been a paradigm shift in terms of addressing these concerns and issues.

6. Review, discussion, and possible action of AB 330 – Occupational/Technical Training Credit for Licensure (For discussion/possible action) – Joelle McNutt

- Joelle: This is a bill to amend NRS Chapter 622, which is the statute governing regulatory bodies. It has the potential to impact us because we issue professional licenses. This is a bill that would give credit for vocational or technical training approved by the State of Nevada Board of Education toward licensure. My thought process is that our requirements for licensure supersede a technical or vocational training since we require master's level coursework. I wanted to make sure the Board is aware of it and give you all the opportunity to act if necessary.
- Steve: I agree with what you just said that this actually doesn't directly apply to us. One, it's the Department of Education and not a state licensing board. Our educational requirements are apples and oranges to the language that is in AB330. Any other interpretations?
- Marta: How does it affect our board?
- Steve: I'm reading this, that in act relating to professions providing for equivalent credit towards requirements for professional and occupational licenses and certifications for certain occupational, vocational, and technical training. It also authorizes the State Apprenticeship Council to determine which I don't. We're not affiliated with the State Apprenticeship Council to determine the applicability of credit towards requirements for approved apprenticeship programs for certain occupational, vocational, and technical training. I don't think that would apply to licensed internships. I'm specifically thinking about granting potentially granting hours from out of state people for licensed internships. Reciprocity for full licensure is one thing that we bid off. This is another thing. I don't think that this applies to ours from out of state for licensure. But I don't want to be a final say on that, I don't want to get this wrong. As it's talking about technical training for certain occupational, vocational, and technical training. I do not think that there's anything we need to address on this, except for us to say, noted. We looked at it, but we do not fall under any programs approved by the State Board of Education. So, we are separate from them. So, no action needed.

7. Review, discussion, and possible action for the approval the audited financial statements for the fiscal year-end June 30, 2021 (For discussion/possible action) – Joelle McNutt

- Joelle: Overall our audit went well. I have included the financial statements and management letter for your review and approval. There were no corrective actions needed or advised by the auditing firm moving into the next fiscal year. There were no concerns noted. This information was forwarded to LCB. Sara, do you have anything you would like to add?

- Sara: I just want to say thank you so much for all your hard work. Joelle. It is a very clean audit.
- Steve: For Sara, for Joelle, for your entire office down there. You're so organized and you communicate so fluently with each other. This, in my experience, this is the smoothest audit that has ever happened. So, books are clean. Thank you all very, very much.
- Motion to approve the audited financial statements for the fiscal year-end June 30, 2021: Lauri 1st, Sheldon 2nd; No abstentions; Motion approved unanimously.

8. Report from President (Advisement)

- Steve: We are in the middle of the hustle of scrubbing our NAC, our NAC opportunity for tightening up, loosening up, revising. So today we're about to jump back into the conversation for our handful of NAC considerations with the hope that language will be initially drafted for our review in March and then a hearing workshop in April, where we can then push those forward. The timeline that Joelle distributed, how do we do this as a board for NRS and NAC, was a phenomenal document, really explains that it's our opportunity to try to hustle and make sure that these changes get put forth quickly. And then when it gets to LCB, that's where it could take as long as it takes. So, let's do our part. So, I don't have any other report except to say, let's keep pushing because we're getting close.

9. Report from Treasurer (Advisement)

- Sara: One thing on the audit for the last two years is the mention of FDIC insurance. Toward the end of a two-year biennial renewal cycle it isn't a big deal. At the beginning of one, we have money that could be at risk. I think last year I proposed that we set aside a fund for emergencies in another institution so we can protect more of that money. So, I'm kind of putting two ideas together because we also have some guidance that boards may consider creating a reserve fund policy. Joelle gave me some guidance on that, on how we can break it down into different categories: contingency reserves, which are wish list contingent upon sufficient funds, operating reserves, emergency reserves, current and future capital needs reserve for equipment, facilities, data systems and liability reserves for compensated absences, pension post, employment benefits, unemployment, et cetera. So, one of my goals is to start drafting some kind of funds policy with Joelle and setting aside some funds that will be insured.

10. Report from Executive Director (Advisement)

- Joelle: I wanted to give you an update on the second quarter financials. December was just closed this week. There were a lot of return checks from renewals and a lot of different clarifying information we needed to put into QuickBooks. So those financials will be available for you to review and approve next month. I had an opportunity this month to attend the AASCB annual conference and it was a good conference. It was all virtual this year. I attended the Sunset Subcommittee meeting because I wanted to know which boards they're choosing to review for the next Interim session. We were not chosen. It was good to see what other Boards included in their reports. They are required by law to review boards that fall under their jurisdiction every 10 years, but what I was gathering from the chair, is that she likes to do reviews close to every six years. I believe we were reviewed in 2018 so the possibility of review would be 2024. Our website will be migrated to a different platform. So we were on the oldest platform, which is the V2. We did a lot of work to make it ADA compliant. V2 was not mobile friendly which is why we moved to V3. If you look at our website now, it has a different color scheme. The navigation menus are different too. We have been chosen phase one of a migration to a different type of website, which is through Adobe.

We're only one of 12 websites to be named in the first phase. I attend meetings daily with the StateWeb & Adobe teams. The migration will not be complete until the end of June. Certemy is well underway with integrating credit card processing. I did reach out to the Treasurer's office regarding that. I wanted to give you all an update on Board office response times. People call over and over leaving multiple messages and emailing about the same issue. It makes us less efficient in getting people what they need.

- Steve: So, you have a policy of your own that you will try to respond to people within three business days? And I just want to like to say that's amazing and very professional, while at the same time you are the most efficient and productive Executive Director that I've ever been acquainted with in 15 years of being in this in this state with this license. You are crushing it on so many levels. And again, I we recognize and applaud your level of professionalism to licensees.
- Joelle: I want to do the best job I can and it's a work in progress. I don't want to be insensitive to people's needs. I also want to be respectful and be able to do the best job that we can here in the office. My goals and what people want are the same: to issue licenses and get people working as soon as possible.
- Sheldon: I wonder if it becomes a supervisory issue? You know what I mean? If somebody continues to exhibit negative behavior. Can we loop their supervisor in to have a conversation? It becomes a greater issue.
- Joelle: Thank you Dr. Jacobs. I view my work in terms of a system. When I have repeated patterns of behavior, I look to try to mitigate that with a process or system that will be consistent over time. I hear the stories of what it was like before and my solution to that is consistency.
- Jennifer: Joelle, I want to just emphasize what Dr. Jacobs said about it. Sounds like there's also a professional comportment issue that as we're looking at the NACs, I don't I guess I haven't read deeply enough to see if we address that, but that is unacceptable for our colleagues to be behaving this way. I think we do need to address it as a comportment issue, as a profession.
- Joelle: Thank you very much. I provided you with the complete 2021 productivity spreadsheet and current productivity stats. We issued 555 licenses last year & processed 478 applications. In the month of January, I issued 88 licenses. I provided material in your supporting documents on the legislative process, laws, and regulations, and I think that we're right on track with that. I feel very secure in the fact that we're following the correct process. I just thought it would be helpful for new board members to know what that process looks like.

11. Report from Senior Deputy Attorney General Henna Rasul (Advisement)

- Henna: I don't have a report. Most of my work is done behind the scenes. I'm tirelessly working with Joelle on complaints and everyday issues that come up. We're in constant contact, if not once or twice a week. I am present at Board meetings to ensure compliance with Open Meeting Law, which Steve ensures you do very well.

12. Review and discussion regarding possible regulation changes including, but not limited to: (For discussion)

- NAC 641A.085
 - Marta: I thought it would be advantageous for us to review the four courses that were added to each of the CPC academic review and the MFT academic review and see if we want to keep that because it was almost a totally different board when this was discussed before. And now we have more experience with our academic reviews and what other universities are beginning to add to their coursework so that

individuals coming in from out of state can or even our own state can have the necessary academic coursework to pass those reviews.

- Joelle: I was not here for this but when the equal scope of practice for MFTs and CPCs was created in 2018, if this if this course work was somewhat in relation to that. The law says you have to operate within your ethical scope of competence.
- Steve: That's what I remember from that period back then is that we were trying to mirror the licensure for scope.
- Marta: And just for information for everybody, that's always the issue, too, when reviews come through and they're with the psychology with a family emphasis, it's not necessarily a systems emphasis. They're having a lot of family courses, but they're not necessarily systems courses.
- Joelle: This is the Pepperdine University issue. They have a counseling psychology degree with an emphasis in family systems and all of the graduates that come from Pepperdine are CPCs because they're lacking at least one systems course.
- Steve: Are you proposing any revisions to NAC 641A.085?
- Marta: I guess what I want to do is just make the board aware of that. We may want to make some changes. Do we need the family systems?
- Steve: So, board members, I do not support removing that, but I'm one person on a board of nine.
- Hal: I don't get into the academics, but I was here for those discussions in the past.
- Steve: The equal license scope?
- Hal: Yes. I'm worried about something which is an educational issue which then gets us into the equivalency issue. And off we go again.
- Steve: This part in the NAC was to remove the scope of practice argument, and by changing any of those course requirements, we might wake that back up.
- Joelle: I talk to potential applicants and speak to people that haven't started school, and I'm honest with them. I tell them they have two choices. Either you pick a program that is CACREP or COAMFTE accredited, or you take four extra courses to meet academic requirements.
- Jenny: I will speak as a CPC, and I'm sitting here trying to formulate my thoughts and years of some frustrations around this, and as I'm sitting here looking through things now, I can actually say I'm good with the language that's in here. There was a time I probably wouldn't have said that, but that is where I am now as we really scrub through, and I can say that I think this is reasonable. And even based on what Joelle was just saying, I think people have some clear paths now. And it's a matter of decision making.
- Marta: I thank you for allowing the time for a discussion because I wanted everybody on the board to be able to offer remembering some of those discussions. It's very nice to have more of a consensus of mind with some of these things.

- NAC 641A.146, #5(c) subsection 2 & 5
 - Sara: My thought is increasing those hours for group therapy and for additional training hours, which are optional for the interns to be able to count for their license. I think Dr. Jacobs brought up the idea of psychoeducation groups and how that might bleed into training hours, should we count that? And I did want to find out if anybody had additional thoughts about that.
 - Steve: I remember the dividing line was how do we delineate therapy and training? So, if we can come up with the working definition, then we can add that and we can adjust the number.
 - Marta: These are process groups, not psychoeducation groups, and making sure that that's very clear. Right now, I think it's just as group therapy, which to me says process group. Some people may need a little bit more clarification, we could do that.
 - Sheldon: Differentiating between the two because my biggest issue is this being abused. For example, interns are doing a psychoeducational group, like a group on yoga, and counting it as a process group.
 - Steve: So if we don't change the language. Sara, what number of hours are you hoping for?
 - Sara: I would like to increase the 300 group to 600 and I would like the additional training from 50 to 200. Just very clean.
 - Jenny: I would be in support of that, both of those increases and in that also, I think it is fairly clear in the language if people are abusing that, I would hope the supervisors would be overseeing that because that Section C subsection 2 is the process group. Section 3 there talks about no more than 200 hours of teaching, including but not limited to leading sessions for parent or family education, meeting workshops or participating in other teaching activities which are approved by a primary supervisor and documented. So, I think it is already actually as clear as could be. Yet then we would need supervisors monitoring and just making sure they're signing off accurately on those hours.
 - Steve: Which is what they're supposed to be doing already.
 - Marta: I would agree with Sara's numbers.
 - Jennifer: I also am in support of the numbers; changes and I wonder what you all think about the language of specifying group psychotherapy or process groups. To replace the current language to make that just slightly more specific.
 - Steve: I really appreciated that specificity right there.
 - Sheldon: I think I think that is perfect.
- NAC 641A.146, #6
 - Joelle: I know that we didn't come to consensus on this last meeting. So, do you want to allow the transfer of hours from another state? If so, how many? What documentation would you like, or would you like the language to say?

- Steve: I do not support the bringing over of internship hours from states where we cannot vouch for the level of training, the level of supervision. I don't support that. I do absolutely support full license or reciprocity. But until somebody has a full licensure, I think it's a slippery slope that we are potentially going down by granting people to bring in a mishmash of other hours. That's my position, but I'm one of nine.
- Marta: I do support us transferring hours if it could be supported and demonstrated that everything is through a licensing board and also through a licensed approved supervisor from that state. If we say you can have this percentage come over so that then the rest of it picks up here. So, somebody is just not transferring, all their hours but it's proportional to them coming in. And then that way they get acquainted with our laws and regulations and the way things are done in Nevada. Under supervision, I propose something like that.
- Steve: Like transferring in credits in their grad program.
- Jenny: I also would support some allowance of whether it's a certain number or percentage. We've had a couple of compelling cases people, especially in this day and age now who are having to move and just life circumstances. So, I think if we have these other pieces that are really clear as far as academic review, I would say capping it at a percentage or a minimum and with the appropriate documentation from the state that they would be coming from their supervisor. But having a clear process, I would definitely be open to it.
- Sara: I'm thinking about military families who move quite frequently and have to start over every time. Now that I'm thinking about it, I would be in supportive of accepting a certain number of hours.
- Jennifer: Would it be fair to require that the primary supervisor of the transferring person provide a letter of recommendation that covers a certain elements that we need to know about, or we can make a form, but something that says we need your supervisor to speak to X, Y and Z in terms of your performance, your ethical awareness, whatever we decide, but that it becomes part of the application process.
- Marta: I've had both where an intern went to another state, and I signed off on an affidavit. And last week, I have an old intern or who is now fully licensed in our state, going to another state. And she's so grateful that I kept all the records of every day that we ever met and the amount of time that we had because the state is requiring that. So, I had so I was able to the state was able to know that, yes, she did have this type of supervision this many hours on this day.
- Steve: This is this is what would be better for ultimately the public, but definitely for the intern being able to get some reciprocity of some of their hours. Now what how do we want to define some? So, if we think of graduate schools, you're allowed to, for example, the UNLV and UNR, you can be grad special for nine credits before being fully enrolled, but you're also allowed to transfer in. I want to say 6 credits. Which is approximately 10 percent of your program.
- Marta: I would be in favor of giving more than 10 percent. Maybe at a minimum of 50 percent because that's a lot of work.
- Steve: I certainly think that number of half is reasonable for military folks.
- Marta: I would even suggest a little more.

- Steve: If they pass that academic review and they have an affidavit from a primary supervisor, that's pretty legit. I'm not comfortable with Nevada practitioners getting over half of their training outside of Nevada.
 - Jenny: I would like to see a letter of hours from a state board. That's a great idea. Also then, if not, the supervisor, a letter of reference of some point. I do think that piece is important that you're getting the technical numbers and a verification from the board, but also some kind of supervisor reference. Maybe two pieces are required.
 - Hal: You may want to throw in some language that says or its equivalent because you might not be able to get a hold of supervisors.
 - Steve: What are the thoughts on putting the number 50 percent? Of our equivalents, and that would have to be 50 percent of the breakdown for our breakdown of criteria for hours. So, if it's 600 group hours, it could only be they could sub in 300. Everybody on board with where I'm going with that?
- NAC 641A.247, #13
 - Joelle: I know that Sara mentioned the AAMFT Code of Ethics does prohibit having romantic relationships as a standard.
 - Jennifer: I just think we create a clear conflict if we change the language.
 - Steve: Changing this language puts a tripwire in front of us that we have conflicting language. I believe it stays.
- NAC 641A.252
 - Steve: Adding ACA Code of Ethics. Actually, substituting ACA Code of Ethics for NBCC Code of Ethics if I recall.
 - Joelle: The general consensus was already formed at the last meeting that the answer would be yes, correct?
 - Steve: That's correct. That's the appropriate code of ethics for CPCs.
- NAC 641A.182
 - Steve: Would we like board approved supervisors to reside in the state of Nevada? Here we go again. So, this was in play today. So, have we figured this one out? In an ever growing and technologically advancing world, to remain somewhat nimble is appropriate. I also believe that us having the ability and authority to ask more questions about out of state providers to make sure that they fall in line with what we hope for in that training grey area. So, asking more questions on if you're supervising from out of state, how will you be accountable not only to your license interns, but also to the clients they serve.
 - Jennifer: I kind of hear you asking for them to have to speak to. What's the language I'm looking for? That they have a vested interest in Nevada residents as opposed to just a business opportunity? Help me out with the words.

- Jenny: The vested interest and demonstrate your vested interest in Nevada.
- Marta: My concern again at that business opportunity. They just get a reciprocity license in our state. They don't practice in our state. They now can have our supervisees and provide a service to them. To me, that's more of a slippery slope. I like the idea that we are really looking at it to make sure that we're protecting the public
- Sara: I think the secondary supervision when people are trying to gain some extra consultation and supervision around a specific area that maybe a Nevada therapist wouldn't have. So maybe we make a distinction between primary and secondary when we're considering this too.
- Sheldon: I think it's really prudent of us, especially during this time with the pandemic, with so much virtual stuff happening. that we're on top of this because I'm seeing people trying to circumvent certain processes. That is unethical. It's prudent of us just to make sure that we are staying on top of this and that we're having these conversations.
- Steve: So earlier today, we approved two supervisors who are familiar with Southern Nevada. So even though they're supervising from out of state, if they had an intern who was working out of Mesquite Nevada, they understand Mesquite Nevada not only the cultural considerations for any of the rurales in Nevada, but also probably the legal concepts within all of those communities. This NAC opportunity, we can add that out of state supervisor applicants must be board approved.
- Joelle: I don't think we need to make any changes to the language; I just think they need to be available on the board meeting to answer questions if you so choose to ask them.
- Steve: Agreed but Joelle, you can pull this off practically right now, but you won't be our Executive Director forever. And if it's in our NAC for future people, it's written down that out-of-state supervisors are approved.
- Joelle: Good point. I see.
- Marta: I really like the idea of the board having hands on so that we make sure that we're protecting our interns and the public.
- Hal: I guess if we got a Nevada approved supervisor, then they move to Oregon. But they are still in a Nevada approved group supervisor. What do you do in that instance? You still ask these questions?
- Sheldon: We had a primary supervisor relocate to Florida a couple of years ago. How do we provide oversight of that? We have said we the supervisors have been approved and so somebody who moves out-of-state and doesn't plan on coming back to Las Vegas whatsoever. They're still a primary.
- Steve: The whole after the fact concept of that one will get by us, and perhaps it should get by us because that would be after the fact. But for folks who are trying to become new Nevada primary supervisors from out of state to Marta's point today, you know, these people who have Nevada experience those I do believe are going to be rare. More and more, it is these conglomerate companies that are trying to do therapy services, broad brush therapy services nationwide, and they can offer

approved supervision through somewhere far away. So, I think the ex post facto peace isn't necessarily within our realm. However, new supervisor applicants absolutely are, and if they're out of state, I think that we put in a very quick piece of language out of state supervisors must be board approved.

- Jenny: Could we add language that they must appear in front of the board because the conversation today was immensely helpful? So, if an out-of-state person is applying, then there will be an extra piece to it that they must appear in front of the board with a plan.
- Steve: I'm good with that.
- Jennifer: I'm wondering, do we need to have the language that gives us justification for the denials?
- Steve: Dr. Ross to that 182 Section 5 in lieu of providing evidence satisfactory to the Board of completion of Supervisor Training and superior experiences so that that area of the existing law, the existing NAC, gives us the interpretation. I think we're just firming it a bit by calling out who would need to be interpreted to meet our interpretation.
- Hal: Frankly, there should be language in our minutes with regards to that every time for whatever basis, so that if it's ever questioned why we did it, that we can in fact show that we were consistent there. This is the reason we did it and you know, we'd have to go back to the tapes or something. We have a good reason we articulated. We put it in the minutes and the board is protected then in terms of having used a good basis for the denial.
- Steve: It's specifically says each potential supervisor must offer evidence satisfactory to the board of his or her training or experience or both, which qualifies him or her to supervise. So, Joelle, if you can find the right place to enter out of state, primary supervisors will be board approved. It probably goes right at the top.
- Joelle: Ok, so then do you want the language to say in any state or territory of the United States for at least three years and be currently licensed in the state of Nevada?
- Steve: Well. That's cleaner because we want primaries to be three years mature, we want them to be at least three years old just for street experience of being a clinician to clarify in their licensed in Nevada makes it clean without the interpretation.
- Joelle: I have a couple more things in this section, if I may. NAC 641A.182 #5. In lieu of providing evidence of satisfactory of evidence satisfactory to the board, he or she has obtained and maintained as applicable A or B, but I don't know how we're maintaining that, how we're enforcing that. Are they maintaining their approved supervisor status through AAMFT? There's no feedback loop currently in my process.
- Steve: That is very interesting. It seems to me that a simple way to address this. So maybe three years we'll look at the candidacy expires within three years. Just food for thought. What does anybody else think?
- Marta: I think a candidate must be under their mentorship process for 18 months to get all those hours in. Once they complete that process, they send that in to AAMFT. The AAMFT Approved Supervisor Certificate is a five-year certificate.

- Joelle: Can check that like online or something?
 - Sara: You could have people put their designation into Certemy when they renew their license as well.
 - Steve: What you're saying is that we could have in Certemy uploading your current supervisor cert. We don't have to change anything, in NAC, we can just add that to Certemy. To load it. I don't think that we can tackle monitoring mechanisms for supervisor performance right now. That's a big one when we talk about it in March. That's a big idea.

- NAC 641A.105
 - Joelle: We came to a consensus that the continuing education provider fee was annual. Correct?
 - Steve: That was the intent when we passed it.
 - Joelle: I would say in January each calendar year for renewal and then we already agreed on placement on inactive status fee. We were going to change it to inactive status to two years and the payment of the fee once of two hundred dollars for two years. That biennial period. Is that correct?
 - Sara: I started thinking about what Marta said last month that sometimes there's like catastrophizing event in somebody's life and rethinking this over the last month. Three years does feel better. And I'm wondering if we could do a proration at that time. I know it's an administrative nightmare though.
 - Joelle: So, we would need to figure out the language for that then. If everyone is in consensus of three years and then proration of an amount, then I can craft language. I can give you an example of what that would look like in March. And then you can say yes or no.
 - Marta: I just wondered, could we just say it's two hundred not to exceed three years?
 - Joelle: Then they fall in the middle of a cycle for renewal.
 - Sara: Can we do the proration for the license so they're paying \$225 when they come back at that three year for the rest of the year?

- NAC 641A.131
 - Steve: This is about AB327 consistent language.
 - Joelle: Do you want the licensees to have two or four hours of cultural competency CEUs? The NAC language pertaining to CEUs indicates the licensing period.
 - Steve: I want our licensees to be as robustly trained and competent as possible. I do want four. What do you guys want?
 - Jenny: I thought we had the wiggle room for the four because of the biannual reporting period. I thought that's what we said last time.

- Joelle: Correct. We need specific NAC language.
- Steve: It should be consistent language.
- Joelle: I have some further direction on this from LCB: It's read to mean that a licensee may take a continuing education course in any one of the listed topics and is not required to take a continuing education course that covers all of the topics. The intent of the list of topics was to ensure that the licensing boards approved courses of instruction in a broad range of topics that could be used to satisfy the requirement.
- Marta: Thank you, Joelle. I'm so glad you brought that up because I thought each one of those could be a CEUs on their own.
- Steve: Joelle, do you have what you need for that for AB327?
- Joelle: Yes. And then the proration of CEUs. I think we had a good conversation last month. What Marta said, which made a lot of sense to all of you, was 20 per year, so 10 each six months. Is that what we agreed on?
- Steve: That's what I remember.
- Joelle: The only other thing is the language that's required by AB366, which is the exempting recordings of training activities. We do need to address that somehow in in NAC.
- Steve: We do need to find a place in the NAC to where we can say that training videos are exempt from the filing.
- Jenny: I may be throwing out a possible place, NAC 641A.247. Responsibilities to clients and others.
- Joelle: What about where we talk about our educational requirements since we're talking about school?
- Steve: Well, this is more like informed consent stuff.
- Joelle: Let me work on it and I'll and I'll see what I can come up with and then I'll bring it to you guys in March.

13. Discussion regarding future agenda items and possible future meeting dates:

- Steve: If it's possible to have the next board meeting on Monday, Tuesday, Wednesday, or Thursday of the week of the 21st.
- Marta: Steve, what day were you proposing for March?
- Steve: That's the 21st, 22nd, 23rd or 24th. Joelle, can you do a poll for the board members to see what we can do the 21st, 22nd, 23rd?
- Marta: And then in April, was there different dates too? The third Friday is Good Friday, so that may mean something for some people not to be able to attend a meeting.
- Joelle: Would you be here, Steve on the 22nd?

- Steve: I will be here Friday, the 22nd.

14. Board member comments

- No Board member comments

15. Public comment.

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

- Naomi Wilborn shared her experience transferring from another state as an intern.

16. Adjournment

- Meeting adjourned at 12:28 PM.

Meeting agendas are available for download at the Nevada State Board of Marriage Family Therapists & Clinical Professional Counselors website: <http://marriage.nv.gov>. Anyone who needs the agenda or supporting materials for this meeting is invited to call or email Joelle McNutt at (702) 486-7388 x 102 or JMcNutt@mftbd.nv.gov. The agenda and supporting materials may be provided by email or can be arranged to be picked up in person. This agenda has been sent to all members of the Board and other interested persons who have requested an agenda from the Board. Persons who wish to continue to receive an agenda and notice should make a formal request to Joelle McNutt at JMcNutt@mftbd.nv.gov.

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State of Nevada Administrative Website: <https://notice.nv.gov/>

State of Nevada Board of Examiners for Marriage & Family Therapists and Clinical Professional Counselors: 7324 W. Cheyenne Ave. Suite #10 Las Vegas, Nevada 89129

State of Nevada Board of Examiners for Marriage & Family Therapists and Clinical Professional Counselors Website: <https://marriage.nv.gov/>