

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, APRIL 22, 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 10:15 AM.
 - Board members present: Steven Nicholas, John Nixon (left at 12:20pm), Sara Pelton, Marta Wilson, Jenny Stepp, Sheldon Jacobs, Lauri Perdue, Jennifer Ross, Hal Taylor (left at 12:20pm)
 - Staff present: Senior Deputy Attorney General Henna Rasul, Joelle McNutt, Stephanie Steinhiser
 - Members of the public: Michele Langholz, Vanessa Humphrey, Shari Andreasen, Jessica Goicoechea-Parise, Stacey Lance, Vincent Hartman, Emily Hartman, Kimberly Schwartz, Kiera McGillivray, Valerie Haskins, Toni Garguilo, Grettel Beltran, Meri Shadley, Michael Horn, Dave Wilborn

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)

- No public comment.

3. Consideration of Proposed Regulations Based Upon Comments Received at Public Workshop (For Possible Action)

The Board will consider additions, amendments, and/or repeal of regulations taking into consideration comments from the public.

- Steve: This is where we will revisit as a Board, what we just did in a public workshop to refine any of those considerations into language for us to vote on, to submit to the Legislative Council Bureau and for the members of the public who are listening. This process can take quite a bit of time. So just because we vote on them, that does not in any way mean that these are now regulations that have been adopted. This means that we've done the extent that we can do. We give it to the Legislative Counsel Bureau, and they can either take this language, suggest revisions, or decline this language. Henna perhaps you could give some direction if needed, but I'm thinking that we take each one and vote on each one. Henna, would that be the best course of action?
- Henna: It would be the cleaner. You want to make the record comprehensive and clean. So, I think that would be probably the preferable method. You can do that.
 - NAC 641A.146 paragraph 5, subsection 2 & 5 – increases the maximum allowable supervised experience hours in group therapy and training categories for licensed interns.
 - Steve: Okay, great. Then we will take each one individually starting with NAC 641A.146, paragraph 5 subsections, 2 and 5. Joelle, would you walk us through the language?
 - Joelle: I will do that. For the record, Lauri Perdue is here now and Dr. Ross, I did not call your name during roll call.
 - Jennifer: You didn't. I am present.
 - Joelle: Dr. Jacobs is here also.
 - Sheldon: Present.
 - Joelle: All the Board members are present.
 - Steve: Back to our proposed language. Joelle, walk us through NAC 641A.146 please.
 - Joelle: This will increase the number of hours from 300 to 600 for group. I added in language to include the psycho education groups. I wanted to get consensus on that. We're going to increase training hours from 50 to 200.
 - Steve: Do any board members have any comments on the language as it stands?
 - Hal: I'm assuming psychotherapy and process groups are well known terms within the industry. We don't have to define them or anything, right?
 - Steve: I believe that's correct.

- John: With the understanding that a process group is a psychotherapy group.
- Hal: Okay. All right.
- Joelle: Dr. Shadley had brought up to replace the words "at least" in subsection C. Would you like to take that into consideration?
- Steve: We have had the workshop, and this is our opportunity to modify it. We're not biting off anything new. I think it might reduce the likelihood of headaches in the future.
- Joelle: What would you like to change it to?
- Steve: What if you just strike it? How does it read?
- Joelle: It would read, 1200 hours of work related to the practice of MFT or CPC as applicable. Is everyone comfortable with striking those two words in section C?
- Steve: So, this will be a little bit clumsy, but this is how I'm going to do it. I'm going to ask for a motion and a second, and now I want Joelle to insert the language. So, I'm going to ask for a motion and a second for:
- Joelle: For removal of the words, at least in NAC 641A.146 subsection C, to increase the number of group hours in NAC 641A.146, number 5, subsection 2, to add a qualifier to subsection 3 indicating psycho education groups and to increase the number of hours from 50 to 200 in NAC 641A.146, number 5, subsection 5.
- Steve: Do we have a motion to approve that language?
- Jenny: I make a motion to approve the language Joelle just stated.
- Sara: I will second.
- Steve: All in favor, signify by saying aye.
- Hal: Would you want to put in 1200 hours of work or more? It's going to screw it up. Let's not muck it up anymore. I think people will read 1200 hours of work and realize if you get more, great.
- Steve: It seems to be my experience that many people submit over 3000 hours. I don't know how often people land right on the bull's eye.
- Jennifer: I have a slight concern that in removing the language, at least we may be implying that then it's 1200 required. Is there a way to make the language say that the 1200 are supplementary to the required 1500? Does that make sense?

- Joelle: It does. What if we did 1200 hours of supplemental work related to the practice?
- Steve: I believe the language is already there, that the mandatory hours exist in direct contact and primary supervision and secondary supervision for 40. Anything else goes.
- Jennifer: It's just worded exactly the same. So, one doesn't say mandatory versus optional. The language is identical in those items. So, I think it's always just been the assumption, right? That one is mandatory and is not. But if, but if we're worried about making it clear, then maybe we should specify.
- Steve: What do you think you should say?
- Jennifer: It might say an additional 1200 hours of supplemental work. I'm blanking on that one.
- Steve: Because the first 1800 are already required. I think that's pretty understood. Correct?
- Hal: Right.
- Marta: I like the word supplemental, but I think for some people it could still add confusion because they could say, well, I'm doing my notes and that's supplemental work and it's not part of our categories. There are multiple things that they could say is supplemental work.
- Jennifer: Could we say something like, in addition to the required hours, the 1200 additional hours may be accrued via these options?
- Joelle: These values equal 3000. That's why it says at least because we need 3000.
- Steve: The term at least applies to their direct hours and their supervision hours. They must have at least 1800 grand total of direct and supervision hours.
- Stephanie: Would it help if we took out all of the at least and not more than, and changed it to minimum and maximum, does that help sort of with what Jen's saying or does it not help at all?
- Steve: I believe that at least is on par with saying minimum for the direct hours. I don't think we need to quantify the indirect hours. A person actually doesn't have to have any of them.
- Jenny: I think clarifying C by adding you may accrue additional hours in these supplemental areas, leaving A and B as is, but then clarifying C as supplemental in these areas and then leaving those areas as is, but just clarifying C.

- Sara: How about at the end of that sentence, there with C that we put as applicable and may include? I think supplemental might be confusing to interns.
 - Joelle: We could say in addition to required hours listed in subsection A and B, 1200 hours and just leave the language as is, and add that little qualifier in the beginning to say, in addition to these hours, maybe?
 - Jennifer: I like that a lot, Joelle. I would propose right in addition to blah, blah, specifying the remaining 1200 hours so that we keep that.
 - Joelle: Got it. Remaining 1200 hours may be accrued through the following.
 - Steve: If I hear you correctly, you are striking the words, "at least" in section C and substituting "the remaining"?
 - Joelle: Not exactly. We're going to say, "in addition to the required hours pursuant to subsection A and B the remaining 1200 hours of work related to the practice of MFT or CPC, as applicable, including".
 - Henna: The motion maker just needs to amend their motion to incorporate the changes and then the same person who seconded would second that.
 - Jenny: I move to make a motion to update this new language with the changes that we just described.
 - Sara: I second that motion.
- Motion to approve proposed language in NAC 641A.146, number five to increase the maximum allowable supervised experience hours in group therapy and training categories and add clarifying language to the optional categories: 1st Jenny, 2nd Sara; No abstentions; Motion approved unanimously.
 - NAC 641A.146 paragraph 6 – removes the restriction that no credit be given for supervised practice hours gained prior to becoming an intern in the state of Nevada.
 - Joelle: We did have public comment that there should be an additional type of waiver to make an exception for military families.
 - Steve: I recall that part of the discussion of creating exception and opportunity to grant exceptions for affiliations of military. Do we want to loosen it more and grant that opportunity for anybody who thinks they have extenuating circumstances? I believe that might be a slippery slope.
 - Marta: I think that we should open it up because many people move because of a spouse's job transfer, et cetera, that they don't have control over.
 - John: Do we want language that is in some way going to attempt to contain it? To say, as determined by the Board on a case-by-case basis or that kind of thing?

- Stephanie: Being a military spouse, I understand it. It does create hardships to me, limiting it to military. There are documents that the Board can request that make it a very clean and easy decision. There doesn't have to be a vote. There's a DD214. There are things that will show that they had to move. It was a military move. I think opening up beyond that, I do believe is going to complicate things and it could open us up to a lot of legal issues as well.
- Steve: I do believe case by case would put us in a lot of uncomfortable situations where people would say, but you established precedent when you gave this person an opportunity. Being in line with Governor's directive to make this more streamlined for military folks, I believe that is that's on our plate to do.
- Hal: At some point we've got to have standards. These set standards now get an application in for military spouse and to would normally be two meetings down or something. We may be able to move them up and get considered sooner the ways to, to facilitate that way without changing our standards and standards of what we use to establish the quality of the people we're licensing. So, I think we need to keep the standards because, you're right, everybody's going to come in here, we are going to end up with 10 of these a meeting because we haven't held fast to standards that people can look at and be forewarned about so they can complete those standards. So, keep the standards.
- Stephanie: Military spouses are resilient. You find another way. I did. If you add it in, it does create more problems in this. The office would then get inundated plus people from before would say, "I was turned down and now I want to be reevaluated". It's really going to open up a lot out of concerning areas.
- Steve: So, the proposed language right now is allowing credit to be given approximately 50% in those direct hours. And up to 100% for the indirect hours to add in a piece of language that allows for military. How do we want to say it for military folks?
- Joelle: Let me look up NAC 424.800, like Stacey suggested.
- Steve: We did have language for our fee structure for military folks too.
- Stephanie: You're going to have to delineate active duty, retired. There's lots of different things; on orders, PCS move versus temporary deployment. It gets thick.
- Steve: Here at the bottom of 105 with our fee structure, we have language that we're introducing that says if an applicant for an initial license as a marriage and family therapist, marriage family therapist intern, CPC or CPC intern is an active member of, or the spouse of an active member of the armed forces of the United States, a veteran or the surviving spouse of a veteran, the board will charge one half fee for the processing. We could use some of that language as kind of the boiler plate language. I don't know if we

want to put veteran in there because veterans don't necessarily deploy like active do, but I believe supporting active duty and the transient moving all over the place for active duty or spouses of active duty. I think it's very appropriate that we give that consider for additional exemption or exception.

- Sara: What if we use that language for active duty and then add, may petition the Board for a waiver to accept those hours?
 - Steve: May petition the Board for a waiver of transferable hours.
 - Sara: And then we narrow that focus just to the active duty.
 - Joelle: I'm going to add another subsection to this language. Subsection C, if an applicant is an active member of, or the spouse of an active member of the armed forces of the United States, they may petition the Board for a waiver to accept 100% of hours accumulated?
 - Steve: To consider hours.
 - Joelle: Subsection C, if an applicant is an active member of, or the spouse of an active member of the armed forces of the United States, they may petition the Board for a waiver consider additional hours pursuant to this section.
 - Steve: We will need a motion and a second. Joelle?
 - Joelle: The addition of language to NAC641A.146, subsection number 6, we are approving the transfer of 750 direct client hours, 150 hours of credit for supervision, 100% of hours of credit pursuant to subparagraph 5C. The request for approval must be submitted at the time of application to include verification of hours, where applicable; a letter from the state board approved supervisor or its equivalent and we are adding if an applicant is an active member of the armed forces, or the spouse of an active member of the armed forces, they may petition the Board for a waiver to consider additional hours pursuant to this section.
- Motion to approve proposed language in NAC 641A.146 approving the transfer of 750 direct client hours, 150 hours of credit for supervision, 100% of hours of credit pursuant to subparagraph 5C and we are adding if an applicant is active duty or an active-duty spouse, they can request consideration of additional hours: 1st Hal, 2nd Lauri; No abstentions; Motion approved unanimously.
 - NAC 641A.252 paragraph 1 – addition of the ACA Code of Ethics to the adopted professional associations.
 - Joelle: This is the language to add the ACA Code of Ethics. We didn't have any public comments related to this proposed regulation change, so we don't have any additional information to consider for this.
 - Steve: This motion is to approve adding the Code of Ethics for the American Counseling Association. In addition, it deletes the potentially temporary

mailing addresses of these Boards. We have a motion to add ACA code of ethics?

- Hal: It also makes it clear that it's whatever the most recent edition is because we had it locked in and this keeps it current, including if there's some sort of change in the organizational structure. So, if we have another organization producing this document, those changes automatically go in. We don't have to keep amending for a certain edition of these codes.
 - John: Just for clarification then, this would specifically apply to CPCs because MFTs have the AAMFT Code of Ethics. CPCs currently have the NBCC Code of Ethics. So, this would add the ACA Code of Ethics on top of the NBCC code for the CPCs.
 - Stephanie: All licensees have to adhere to all of the Codes of Ethics regardless of whether they're MFT or CPC.
 - John: So yes. In the event of a conflict, it's always the higher standard that rules. And we're keeping NBCC because why?
 - Joelle: They have references to members of the public, the community. It's not just licensees, students, and interns. It encompasses people in general.
 - John: Okay. I'll make a motion to accept the addition of the ACA Code of Ethics.
- Motion to approve proposed language in NAC 641A.252 paragraph one to add the ACA Code of Ethics and streamline language to remove specific addresses: 1st John, 2nd Marta; No abstentions; Motion approved unanimously.
- NAC 641A.182 paragraph 3 – addition that an approved supervisor must hold a current license in good standing in Nevada.
 - NAC 641A.182 paragraph 6 – addition that an approved supervisor must adhere to the supervision standards set forth by the adopted professional associations.
 - Joelle: This is language to specify that a supervisor must hold a current license in good standing in the state of Nevada. I changed subsection B to say a person must have held a license in Nevada or the District of Columbia, any state or territory for at least three years. That a supervisor is agreeing to consult with the Board upon request concerning the professional record, competence and practice, and emotional and mental stability, or professional and ethical conduct of an intern. For section 4, I cleaned up the language of what is minimally required, which is the graduate level class and mentorship. Specified professional qualifications consist of obtaining and maintaining current status as applicable of AAMFT approved supervisor certification or approved clinical supervisor certification from CCE. Number 6 is that the Board may periodically review the qualifications or performance of an approved supervisor for compliance with the provisions of this section and the standards of supervision set forth by all of those adopted professional

associations. The Board may rescind the approval of a supervisor if it is determined that the licensee no longer meets the requirements as an approved supervisor or for non-compliance with the supervision standards set forth by the adopted professional associations codes of ethics.

- Hal: I keep looking at number four, subsection B. That means they have to maintain their approved supervisor, supervisor candidate or approved clinical supervisor status? That's what's that's referring to right below.
- Joelle: If the Board approves the supervisor, based on the fact that they are an approved clinical supervisor, they have to maintain that certification in good standing in order to maintain their approved primary supervisory status.
- Hal: So, there are ongoing requirements for them to maintain that status?
- Joelle: Yes, it is actually already in the language. If you see the strikeout in number 5, it does already say a potential supervisor may provide evidence satisfactory to the Board that he or she has obtained and maintained as applicable. So, we already did require them to maintain it. This is spelling it out a little bit differently.
- Steve: Any other feedback?
- Jennifer: So, for people who get Board approved through the avenue of having the 25 clock hours of mentored supervision, so they get in, but somebody who gets approved based on having met the other professional qualifications is then locked into keeping that professional qualification, regardless of all the other people who never had it to begin with? Do you get where I'm going with that? I'm always for the higher standard and I'm also recognizing that that creates some level of unfairness to say, well, now if I got the AAMFT certification, now I always have to pay for that every five-year training. And I always have to pay for the re-certification as opposed to, if I had just never got it to begin with, then I'm in with my 25 hours and the course that I took. Right? So, so supervisors who come in the way that that's been outlined, um, there's no recertification, there's no requirement to do what the others have done?
- Steve: Right.
- Jennifer: I wish I would've caught that when we started this conversation months ago.
- Steve: Folks who take a 45-hour doctoral level class, they get a pretty quick pass on it too. So, becoming a supervisor is not necessarily a level playing field. There are different avenues to become a primary supervisor and they're not necessarily equal. I think what we're ultimately asking of supervisors is to remain a good standing. Now, how is it deemed that a supervisor is in good standing?

- Sheldon: I know that supervisors are required to get supervision CEUs. That can be up for scrutiny as well. I feel there is some things that we ask that supervisors maintain in order to keep their standing.
- Jenny: What I'm looking at is the spirit of what we're asking, and requiring is that our supervisors maintain good standing and that we have a path for overseeing the supervisors, so I like that, that we're including some language here to do that. Dr. Ross brought up some really great points regarding the two paths now, and I guess it seems like we're far down the road with that, but the spirit in which this has written allows us more opportunity to really regulate and oversee our supervisors. And I like that.
- Jennifer: I'm not proposing that we loosen the AAMFT and the ACS, but that we tighten up the other one. If we're requiring one to maintain a status, how do we then ask something equivalent of the others to say, and you're also still doing more than just, you know, acquiring an hour a year of supervision.
- Jenny: Could we ask that those who came in on the other path eventually do get their designation from one of the two? Is that unreasonable or is that actually fairly reasonable? That at some point that is a requirement then?
- Steve: I think that it's reasonable from an ethical practice standpoint, but a practical standpoint, that might be an interesting call. We could add in a subsection C that says a supervisor remains in good standing with their governing board, or does that allow us if there's, if there's a complaint and, and a hearing, and somebody is found doing bad stuff, this whole proposal, this language allows us to flex and remove supervisory status.
- Jennifer: I've been doing a little bit of research in this area for another project that I've working on. In order to get that approved clinical supervisor status, you need 100 hours, an approved course and you need five years of licensed practice, which can include internships. So, assuming then that, that initial pathway gets us supervisors. It gets people in and working and doing what we need them to do. Knowing that once they add an additional 75 hours and they reach a certain point, then we say, okay, now you're there. Now you're accountable to this other governing body that holds you to a standard. So, I, I just wonder if that does actually kill two birds, um, AAMFT of course has their own class. And so, any other pathway isn't going to satisfy AAMFT, but, but the other one doesn't necessarily.
- Steve: CCE and AAMFT would have a code of ethics, a code of conduct for the people that they give the credentials to. Just having a graduate class satisfies the requirement. There is no compliance with a code of ethics on that, except underneath their code of ethics as CPCs and MFTs.
- Joelle: The language we're adding here, even if they got their supervisory status accomplished through criteria listed in subsection A, they would still be held by the supervision standards set forth by those codes of ethics regardless of how they did that. So that I think we're covered there.

- Jennifer: It's the re-certification and the increased standards for continuing education that differentiates the two pathways in my eyes.
- Hal: If we don't have too much heartburn over the people who got qualified under these other requirements and have continued to supervise for many, many years, why don't we simply say from this point forward, they've either got to be an approved supervisor, supervisor candidate under subsection A, or an approved clinical supervisor on subsection B, and you can no longer get qualified as a supervisor under these previous requirements?
- Steve: That really strengthens and actually makes it a little bit more difficult and rigorous become an approved supervisor. People that go through doctoral programs or graduate programs train pretty darn hard and they do go through quite a bit of training in doctoral programs to be able to supervise. So, I think this might ruffle some feathers of graduate programs.
- Joelle: I'm not sure if this will be helpful or not but the majority of people choose option B. We have had a total of three people maybe in the last year that I can think of that have used A, which is the course and the mentorship. I don't know if it makes a difference, but the majority of the supervisors approved are choosing the AAMFT or ACS route.
- Steve: The huge majority of approved supervisors do the AAMFT and the CCE courses and folks who go through and do the graduate work, I think in some ways, is a more arduous route. It's pretty legit. Just because they don't have to subscribe to a re-certification through a body doesn't make them less qualified, in my opinion. If somebody has the AAMFT or the CCE designation, well, then they have to maintain that. I think that has more to do with AAMFT and NBCC than it does with us, because we have the ability to now regulate and hold supervisors more accountable in the other section.
- Jenny: Then do we even need that in there?
- Steve: In my opinion, Jenny? No, but I'm one of nine.
- Jenny: It makes it more cumbersome. And now we have the other pieces tightened up for which we can oversee and regulate our supervisors. Then perhaps that takes the need for this piece it entirely away.
- Steve: Are we editing any of that language gang?
- Joelle: So, what are we taking away?
- Jenny: Number 4, subsection B.
- Steve: Essentially striking section B professional qualifications, consist of obtaining and maintaining current statuses applicable, and then A and B, because that's already in place. If somebody has the designation through NBCC or AAMFT in order to keep it, they have to stay current with those bodies. But in order to keep providing approved supervision in the state of

Nevada, they don't have to maintain, they have to just work ethically. It is our opportunity now with this language to examine their performance or their ethics.

- Joelle: Do you want to change it back to the way it was and just say he or she has obtained as applicable, not maintained?
- Hal: I think it's a great idea.
- Stephanie: Joelle, wasn't one of the reasons that you included this was not everyone was completing the second portion. Is that it?
- Joelle: What Stephanie is referring to is that the current language does not say that a supervisor candidate has to ever finish the process and become an approved supervisor. We could have supervisors that gave us candidacy paperwork, but never did the mentorship. So, they only did the 30-hour course, but we don't have any way to find that out. But what you're saying now as a group is that we don't really need to find that out. We're not asking them to maintain it. We're just asking them to get it. The proposed language would allow us to actually see if they completed it and became an approved supervisor. But does it matter now? They would have completed the 30 hours course through AAMFT.
- Steve: We need them to be able to prove that they are an approved supervisor.
- Jennifer: In order to get the professional, the, the additional certification, those bodies, those accrediting bodies don't give the certification until the mentored hours have been completed. Right? So, candidates have to submit that to even get that extra designation. So, I think the idea is that if they come in with that designation, that means they've completed all the requirements, which then means they meet the standards set forth by us. So, for me if they have it, they've completed all of that. And so now it's just a question of what is the maintenance that we're asking of both paths. And is that fair or is it equivalent, I guess, as opposed to holding a different maintenance status for the two paths.
- Marta: I hold both the AAMFT supervisor certification and the ACS. The AAMFT is much more rigorous. Going through the mentorship process when you're, when you are the candidate, that is a two-year process minimum, and you have to see so many hours of interns who are underneath you, you have to receive so many hours of AAMFT approved supervision. It's quite rigorous. Then you have to maintain that every five years, and there's a cost to that. So, a lot of people keep that maintenance schedule going and, on the ACS, because it is a requirement of our Board. So, to take that maintenance away, the supervisors may just say, okay, that's an extra \$500 a year, plus the CEUs on top of that to maintain it. That could be up to \$1,000.00. They may just say, I won't do this and then they're not going to be getting that except for what we require as a Board, which is two CEUs a renewal period. I think

there is some benefit to having the maintenance of the license and keeping you current with what's going on under mental health or under MFT.

- Jennifer: I agree with you 100%. And my concern is if the standards remain so different, then moving forward, people may not ever seek those others to begin with. Right? And so, then everybody kind of comes in with this lower expectation. So then how do we boost? How do we get people in as supervisors, but then also boost it and make sure that everybody's amazing?
- Marta: I agree, Jennifer, and that's where having the maintenance keeps everybody current at those supervisory skills. We do have to go fulfill these other CEUs that are more than what our Board requires, and we have to keep current with all of that.
- Sheldon: I get everybody's points. I'm somebody who came in from doing a doctoral program from a COAMFTE accredited program. That track is not available for everyone. I do know it was extremely rigorous. People have different situations, and the tracks are based on where folks are at in their clinical and educational journey. I want the Board to be mindful of that.
- Steve: So, I do want to echo some thoughts that were said earlier this morning, that these are living professions and living documents. And I question how problematic this situation that we're talking about has been, and if we currently need to really reinvent the wheel here. It is important, but is this problematic that it needs to be addressed right now? Or can we find some language that we want to push?
- Hal: We've got a lot of things we need to get onto the Legislative Counsel Bureau. This, we can take a look at separately. We are not putting unqualified supervisors in place. They're all qualified. I think we can clean this language up. I'd rather at this point, pull this out and work on this as a separate set of criteria, and then perhaps add it to regulations later.
- Steve: We get to keep revising and revisiting our NAC every year, whenever we want.
- Marta: Keep it like it is right now because everybody is subjected to the ethics of AAMFT, ACA, and NBCC.
- Steve: Jenny, keeping section B with the, A and B subsections from that for the time being, can we live with that?
- Jenny: Absolutely.
- John: Only that this also provides a template in terms of the expression of people from other professions that themselves are exclusive in terms of who they can receive supervision from in their training processes wanting to become primary supervisors for us. It an opportunity if they want to take the path that we currently require in addition to what they have, rather than simply to come without any additional requirements. This sort of codifies, the

supervision, training, and maintenance of that training within our disciplines of MFT and CPC.

- Steve: Thank you. We want to move forward with the proposed language, if so, we will need a motion and a second. So, a motion to adopt.
- Motion to approve proposed language in NAC 641A.182 to add that supervisor applicant must hold a current license in good standing in Nevada and that a supervisor must adhere to ethical standards set forth by adopted professional associations: 1st Marta, 2nd Lauri; No abstentions; Motion approved unanimously.
- NAC 641A.105 – addition of clarifying language regarding the collection of fees specifically for those affiliated with the military, persons applying for a license through reciprocity and licensees requesting placement on inactive list.
 - Joelle: I added the application for initial license by endorsement because that is in NRS but wasn't in NAC. If a person wants to get a license printed from the Board office, it's an official license certificate versus a duplicate license because they can do that through the online system now. I added subsection 2 which adds language to our NAC for discounted military fees. Clarification for annual approval of a continuing education provider and irons out the fees collected for inactive status.
 - Steve: Any Board member comments? Motion to approve?
- Motion to approve proposed language in NAC 641A.105 to add clarifying language for collection of fees for reciprocity and military applicants, continuing education providers and placement on inactive status: 1st Sara, 2nd Lauri; No abstentions; Motion approved unanimously.
- NAC 641A.243 – addition of language to professional responsibility that licensees must adhere to the supervision standards set forth by the adopted professional associations.
 - Joelle: This is adding in the language to our professional conduct section that people need to adhere to the standards for supervision set forth by the adopted professional associations. This is mirroring language and making it consistent from 182 to 243.
- Motion to approve proposed language in NAC 641A.243 to add that licensees must adhere to the standards for supervision set forth by the adopted professional associations: 1st Jennifer, 2nd Jenny; No abstentions; Motion approved unanimously.
- NAC 641A.131 – addition of proration of continuing education credits needed for license renewal based on initial license issue date.
 - Joelle: I added in language based on the length of time licensed. So, what I used as a template was 20 per year, which is what Marta had said originally. So, 20 per year and then based on how long they've been licensed, and they need to do at least the required CEUs of suicide, ethics, and cultural competency if they have been licensed less than six months.

- Steve: This is an oversight from the last time changes were made. So, this allows folks who are getting licensed for the first time to not have to climb a serious wall of CEUs. Any Board member comments? Anybody have a motion for us to adopt these prorated hours?
 - Motion to approve proposed language in NAC 641A.131 to allow for proration of CEUs based on license issue date and double the amount of cultural competency CEUs from 2 hours to 4 hours in the licensure period: 1st Marta, 2nd Lauri; No abstentions; Motion approved unanimously.
 - NAC 641A.133 – addition of clarifying language based on the proration of continuing
 - Joelle: This is striking out at least 40 hours because we are now prorating the CEUs. So, I removed the specific amount and added during the licensing period immediately preceding the date of expiration of the current license.
 - Steve: Any Board member comments on this sentence? May we have a motion to approve the language to 641A.133?
 - Motion to approve proposed language in NAC 641A.133 to remove language specific to number of CEUs based on proration: 1st Hal, 2nd Marta; No abstentions; Motion approved unanimously.
 - NAC 641A new paragraph – addition of language pertaining to the exemption of recordings of training activities.
 - Joelle: This is in response to Assembly Bill 366, that requires the Board to create language pertaining to the exemption of recordings of training activities.
 - Steve: Any Board member comments? Motion to approve?
 - Motion to approve proposed language in NAC 641A, new paragraph that creates language pertaining to the exemption of training activities: 1st Jenny, 2nd Sara; No abstentions; Motion approved unanimously.
4. Discussion, recommendation, and possible action regarding review and approval of minutes from the March 21, 2022, meeting (For possible action)
- Steve: Any discussion of those minutes? Can I have a motion to approve the meeting minutes from March?
 - Motion to approve minutes from March 21st: 1st Lauri, 2nd Marta. No abstentions; Motion approved unanimously.
5. Review, discussion, and possible action regarding Michele Langholz's application for licensure as a MFT intern (For discussion/possible action) – Joelle McNutt
- Joelle: Michelle has applied to be an MFT intern, and she answered a yes to one of background information questions on the application. I wanted to bring it before the Board for review. That information is in your supporting documentation and Michelle's primary supervisor Kiera is here so that you will be able to ask questions.

- Hal: You were a nurse when this happened, and you had a diversion case and I assume you had drug issues. Can you just to give us an overview? I'm trying to see how you addressed the drug problem in your previous profession.
- Michele: I've been a nurse since 1994. I did helicopter rescues, sat on an advisory board similar to yours and was also a professor at Touro University and then got an opportunity to go to anesthesia school. All of those achievements in my life were a pattern of external validation reward. That means I'm, you know, I'm, I'm doing it, I'm being just like I'm supposed to be. So, I go to anesthesia school, and I'm not cut out for it at all. I believed this notion that I have to still proceed and achieve this. I had two incidents of diversion. The first time nothing happened and the second time I got called into the administration. I confessed and felt this immediate relief and I couldn't be happier that I was ending the program. I returned to Vegas, went into IOP, and immediately surrendered my nursing license in Washington. I did not renew any of my nursing licenses that were coming up. I entered IOP, 12 step and been sober ever since. And I really sat on that notion of going back into direct patient care and thought about the ethics violation I had and decided that I will not be a nurse again. I'm a huge client advocate and have been ever since in a completely different role. I'm happy to discuss with you what I do for a living now. So, what do I do for support system now? I'm actively involved in learning to do equine therapy, not only for myself, but it's a joy, and I have my son. I definitely reconnected with my sense of spirituality and I'm tight with my family. This journey has been amazing. It's been incredibly difficult, challenging. A divorce occurred which was one of the healthiest things that could have happened. I feel incredibly supported by all the people that are around me, including Kiera, which has been amazing for me. It's just a really new place that I've been in my life for almost four years and it's amazing. So hopefully that gives you a little bit of information.
- Hal: That's what I was looking for. I do want to make sure that people that have been your kind of experience learn from the experience and they don't then try to do this all on their own, whether it's through therapy or family support or changing careers or whatever it is. The people who don't make it are the people who don't find other ways to support their life and their growth. What we don't want to see is people who stay on that path, they find a way for them, that's appropriate for them to go onto the path that they need to go on. it certainly seems that you've done a lot of thinking about this. You've put some support structures in place and I'm very glad to hear that.
- Michele: I'm not sure if I mentioned this, but I'm actively involved in therapy since the incident sometimes twice a week. Currently once a week, every two weeks, just kind of depending on what's going on. So very much actively engaged in my own personal therapy and personal growth.
- Jennifer: I was hoping the two of you could elaborate a bit more on the supervision plan in terms of kind of the work that you'll be doing. Kiera, I see that you have an address listed in Delaware. I want to understand a bit more about the arrangement that the two of you have.
- Kiera: I've been supervising Michele since she was a student intern through Northcentral. I am very familiar with Missy, and we work very collaboratively, and she has been a strong therapist throughout her student internship, and we have met virtually throughout all of this and that will remain the same. I am licensed in Nevada as well. I maintain that licensure. My plan is I always come from a trauma informed place. So, our plan always consists of checking on how Missy is doing and what she's doing for self-care. I am assessing her for compassion fatigue, burnout, any vicarious trauma. I'm always assessing that piece of it. We're looking into that. We frequently discuss boundaries that Missy can create for herself. So, this is an ongoing process

that we do. Every session we check in and Missy communicates very well with me and is open in a way that allows us to have helpful supervision with things that she is struggling with or boundaries or anything along those lines. That will continue to remain the same; having effective communication, collaborating on ideas, meeting weekly, calling when necessary for anything that pops up. I've always been available 24/7 and that will remain the same.

- Jenny: I would just like to take a moment and say, thank you for coming before us today and having a clear plan together. I see just a really lovely working relationship, Michele, between you and your supervisor. I wouldn't be in this profession if I didn't think people could grow, change, evolve and triumph after some really tough challenges. So, I'm delighted to see you here today, and I appreciate your openness and honesty with us.
- Sheldon: Thank you both for being here and coming before us. We have kind of similar journeys. I was towards the end of my doctoral program, and I made a very poor choice. It was probably one of the lowest points in my life. I was given another a chance because I was a good student that had never had any issues. I had to do some real soul searching and it was hard. The biggest thing that I had to do was take accountability for what I did. It sounds like you have done the same thing in terms of your support system and reaching out for support and acknowledging that you can't do this on your own. I learned it's because I thought that I could do it on my own that I made a poor choice when things got challenging. I commend you. Like you said, it is a journey of self-growth, self-improvement, and triumph. I encourage you to continue to embrace this journey that you are on.
- Steve: Can I ask you to elaborate on your internship proposal? It reads very generic and a little thin for my comfort level. You will work at Las Vegas Counseling Center via telehealth. Tell me more about the work you're going to be doing.
- Michele: I am going to be working with children with trauma. Las Vegas Counseling Center is really focused on trauma. There is definitely a desire to get EMDR certified. I hope to do Equine therapy and I need equine certification, so I'm still working with my horses to get them dialed in before they're ready.
- Steve: My concern is if you're doing only telehealth therapy with traumatized youth, can you walk me through emergency protocols when things go south?
- Michele: I could tell you that when something has gone wrong or not felt right, the first thing I do is pick up the phone or text Kiera and she's immediately available to me.
- Steve: I'm more concerned with what the emergency protocols are with working via telehealth with at risk youth?
- Michele: I am not a current employee yet of Las Vegas Counseling Center so I do not know what their exact emergency protocols would be other than 911 intervention. Other than that, I cannot answer a protocol question for you.
- Steve: Kiera, would you like to jump in?
- Kiera: The policy at Las Vegas Counseling Center is anyone who had any recent suicidal ideation or is a suicide risk are not appropriate for telehealth. So those individuals are already screened out. The second piece is we have emergency contacts for every individual. A question

that we ask at the beginning of the telehealth session is where they are at in case an emergency does occur. For children, obviously we would have that parent contact. We require a parent or guardian to be there while we are completing the session. So, a child is just not home by themselves. If there were another type of emergency, we need to reach out to mobile crisis and follow those procedures. I will expand that Las Vegas Counseling Center is looking at having a physical location as well. They just moved telehealth via during the pandemic. I know that's something they're considering again. So, Missy would have that option. Missy is beginning her journey in trauma, and we are not going to just jump into the trauma, with a child without doing a lot of self-regulation skills and making sure that they can withstand in that window of tolerance piece for a time to be able to do that therapy work via telehealth. And obviously if they were not appropriate, we would refer out to someone in person because telehealth is not for everyone. So, we are very aware of that.

- Steve: I appreciate that expansion and moving forward that articulation would be a good internship proposal, because otherwise it is incredibly thin and suspect. And unfortunately, as it's been written it's primed to have kids fall through the cracks. So, what you just offered moving forward, I hope that it's language like that that is included in an internship proposal, especially for something that is purely going to be telehealth. So, I'm much more comfortable. Thank you for that.
- Motion to approve Michele Langholz's application for licensure as an MFT intern: 1st Hal, 2nd Jenny. No abstentions, Steve opposes; Motion approved.

6. Review, discussion, and possible action regarding waiver of systems course & supervised clinical practice course requirements for his MFT Intern application (For possible action) – Vincent Hartman

- Joelle: Mr. Hartman submitted his application for MFT internship, and an academic review was completed. It was determined that he was missing a systems course as well as a third supervised clinical practice course. Vincent has had experience in both California and Colorado as a licensed intern there. It does state in our regulations that experience may be used to satisfy academic requirements. Vincent has agreed to come to the Board meeting today and that is what you will be considering on his behalf. I have included in your supporting documentation the academic review that was completed by Dr. Nixon and his official transcripts. I have also included documentation that Vincent has provided for your review as well, including, but not limited to, his resume, letters of recommendation, previous license numbers and official transcripts.
- John: I recall doing this one and it is a good example of how we have all alternative paths or options. Depending on the nature of the candidates' experience, which I assume we'll hear in a moment, in terms of numbers of hours, status in the previous states, I think this would be a good case likely for approval of utilizing a supervised postgraduate experience to meet the criterion for the missing third internship course.
- Steve: Mr. Hartman, would you like to say some words on the transcript and the absence of some classes we need? Your program was how many years ago? Help explain the difference between then and now.
- Vincent Hartman: I graduated in 2007 from the University of Phoenix.
- Steve: were you pursuing licensure in another state?

- Vincent: I passed my LPC exam in the state of Colorado. The state of Colorado had required that I take a course that was missing in my MFCT program. They wanted me to take a career development master's level class. At that point I would've had my LPC in Colorado. I enrolled in Capella University to take that course, but I withdrew from it hoping I'd get back into that course and be done after so many years, however, what happened is I had compounding medical issues. My doctor was moving his practice here and I trust him, so I moved to Las Vegas. He assured me that I could reenter my field. I waited until I had stayed out of the hospitals for more than a year. I maintained going to therapy to help deal with my chronic health issues. That was kind of like having the carpet taken out from underneath me. I understand that now they require three practicum courses instead of just the two that I had. I worked with the county of San Diego mental health, and I got to work with a lot of people that were suffering from schizophrenia, bipolar, borderline issues, things that I would not see if I had left that opportunity. I definitely stayed on with Dr. Paul Standal at East County Mental Health. And he invited me to join him in his private practice on the side. So, I was able to work between mental health systems as what they call job developer in the state of California and working with the department of rehabilitation there. I worked with people with chronic mental illness or chronic disabilities. I worked also with the dual diagnosis clients from Jeanie McAllister and used the motivational interviewing was their big model. At that time, it was also becoming financially difficult in California. I had a lot of family support in Colorado, and I also had a cousin who was a therapist and had his own private practice in Colorado. I chose not to work with family. I went to Aspen Point which was more of a nonprofit state funded organization where I could do family systems. And I was also put on the suicide prevention team. I was asked to consider possible management position there and so I stayed on board there long enough to accomplish those things. That is when you'll see on my resume where I was holding three positions at one time where I was working at Aspen Point, but I also had a chance to have a private practice office with two other therapists. We did court ordered visitations or therapeutic visitations. I built my own caseload up to about 20 clients there. I had my feet in all kinds of directions. I was looking at going to Grand Canyon University pursuing my PhD in sports psychology, where I was looking at using magnetic sound frequency to heal at a cellular level for people that have sports injuries and concussions.
- Steve Nicholas: Thank you for all of that Mr Hartman. So, were you pursuing licensure in Colorado and in California?
- Vincent Hartman: I was.
- Steve: Were you an intern?
- Vincent Hartman: In Colorado? They considered me an intern. When I look at the paperwork its intern psychotherapy is what they call it. You take an ethics and law exam. You turn in all your practicum hours and all your supervised hours. You get a supervisor pretty much the same as here.
- Steve: So how close were you to attaining your, your LPC licensure?
- Vincent Hartman: One class.
- Steve: How about your hours? Were you in an internship for all of your 3,000 hours?

- Vincent Hartman: Yes, they were completed.
- Steve: Why didn't you finish your licensure in Colorado?
- Vincent Hartman: I was forced to leave the state of Colorado due to treatment for my chronic medical issues and ended up in California again.
- Steve: If you were that close to the finish line of full licensure in Colorado, then it'd be reciprocity for Nevada licensure. Would've been a snap. It still seems to me that that would be the easiest route.
- Vincent Hartman: I found out that I had to have renewed my registration number in that state.
- Steve: So, your internship expired in Colorado, correct? Joelle, does he meet the academic review for CPC internship?
- Joelle: I don't believe he does. For CPC intern licensure he is missing career, at least and the second internship course. We would still be in the same situation we're in right now, whether it be a systems course or a career course plus internship. Marta or John may have other thoughts on that.
- Steve: Have you passed your national licensing exam?
- Vincent Hartman: No, in Colorado you take a different test.
- Steve: I'm not comfortable looking at 10-year period of not working in clinical mental health. I'm not comfortable giving an MFT internship based on missing a systems class. I would be more comfortable at giving credit for the hours, especially if you could demonstrate that you'd successfully passed the national licensing exam that would say that you're definitely up to speed on the content and case conceptualizations.
- Vincent Hartman: I'm willing to do whatever it takes. I've been studying the whole time I've been out. So, I've been keeping up with what's going on in our field. I have never stopped.
- Marta: I didn't do this academic review, but I do believe that we could switch some classes around and he could get that other systems course under the categories that are mentioned, but he still would be lacking the one clinical course. I don't know if we would want to look at his experience to pass at least the academic review.
- John: Is there no practicum? I think it's CNSL592. It's not on there.
- Steve: Marta and John, are you saying that we could do another academic review and probably satisfy his systems requirement?
- Marta: That is what I am saying.
- John: Mr. Hartman, what is the total contact hours of your two internships?
- Vincent Hartman: It was 79 weeks altogether. The practicum class itself completed at 500 hours and then I continued after that when I went to McAllister and did over a thousand hours there.

- John: That is more than the CACREP standard. I'm thinking then if you have documented supervision for those additional hours as part of your licensed internships, and that certainly meets the spirit of utilizing that experience to satisfy a deficit in the supervised practice category.
- Steve: I'm looking at a pile of hours on this completed post-degree experience and supervision for your LPC. Yes, sir. I'm looking at a grand total of 1,466 hours between '08 and '09.
- Vincent Hartman: That is only the paperwork that made it from Colorado that I've kept in my safe. I have more than that.
- Motion to approve Mr. Hartman's application for licensure for MFT internship by waiving missing supervised clinical practice course using documented experiential hours from another state: 1st Marta, 2nd Lauri; No abstentions; Motion approved unanimously.

7. 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
Rachel Ann Augustus	Yes	N/A	N/A
Irene Monique Mascetti	Yes	N/A	N/A

- Steve: Does anybody have any comments about their supervisor applications? I believe they met our standard.
- Marta: Would you like a motion?
- Motion to approve Rachel Augustus and Irene Mascetti as Primary Supervisors: 1st Marta, 2nd Jenny; No abstentions; Motion approved unanimously.

8. Report from President (Advisement)

- Steve: I have no report.

9. Report from Treasurer (Advisement)

- Sara: Credit card processing. Thanks to Joelle we are making some movement there. This year we were able to dodge those credit card fees because we didn't have it, but we did account for it in the budget. It is going to be about \$20,000.00 in processing fees at renewal time, so no one has sticker shock. More to come in June.

10. Report from Executive Director (Advisement)

- Joelle: Dr. Freeman will be at our meeting in June to discuss 9-8-8. I was a panelist at the Governor's Provider Health Summit last Tuesday. It was an honor to be selected to participate in that. There were only two behavioral health boards present. It was moderated by Director Whitley of the State Department of Health and Human Services. It went really well. One of the

main topics of discussion was the speed of licensure and how that impacts workforce development. I have included the productivity spreadsheet for you. I created a year in review document for you. My performance review is during June's meeting, and I wanted to outline all of my accomplishments for you and what my goals are for next year.

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

- Henna: I have no report.

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

- Thursday, June 16th and Friday June 17th at 9:00 AM for a hearing

13. Board member comments

- Sheldon: I know that there has been a lot of attention on there not being enough providers in the state, especially mental health providers. We don't have the saturation that other states have, like California, when it comes to clinicians. One of the things that I want to make sure that people understand is that we do have a good number of clinicians. One of the issues that doesn't get talked about is a lot of people have left the public sector and got into the private sector because of MCOs and the reimbursement rates being lower, especially in this region versus other parts of the country. That's a very real issue that doesn't get talked about a lot.
- Steve: Sheldon, thank you so much for saying that. I agree with you a 1000% and our numbers are pretty legit. We have a lot of clinicians licensed and intern licenses in our state. We actually have a lot of supervisors. It breaks down to a 3.5 ratio of interns to supervisors in our state. So that's not a shortage, but these issues that you're bringing up are about access to care. It isn't necessarily about licensed clinicians. It's about a lot of other measures. Thank you.

14. 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)
--

- No public comment.

15. Adjournment

- Meeting adjourned at 12:33 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 or mftbd2@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 mftbd2@mftbd.nv.gov.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Joelle McNutt at (702) 486-7388 or mftbd2@mftbd.nv.gov no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

THIS MEETING HAS BEEN PROPERLY NOTICED AND POSTED IN THE FOLLOWING PUBLIC LOCATIONS AND WEB SITES:

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/>