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Sara Pelton, *Member*

MEETING MINUTES
FRIDAY, JUNE 21, 2024 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 9:01 AM.
 - Board members present: Steve Nicholas, Sara Pelton (arrived at 9:29 AM), Marta Wilson, Jenny Stepp, Sheldon Jacobs, Lauri Perdue (arrived at 9:40 AM and left at 11:40 AM), Jennifer Ross, Hal Taylor (left at 11:30 AM), John Nixon
 - Staff present: Joelle McNutt, Stephanie Steinhiser, Senior Deputy Attorney General Henna Rasul
 - Members of the public: Judye Marshall, Sheilah Vollmer, Keante Marshall, Elizabeth Hagan, Cecily Fernandez, Bernadette Mills, Vera Dunlap, Fergus Laughridge (Chair of the Rural Regional Behavioral Health Policy Board), Ariella Ruybal, Emma Bartlett, Geoff Kettling, Sarah Rosenbloom, Dorothy Paul, Nick Vander Poel (Flynn Giudici Government Affairs), Amy Cosner, Aaron Williams, Nicole Auldridge, Valerie Haskin (Coordinator for the Rural Regional Behavioral Health Policy Board), Dominique Carter, Lori Kearse, Daniel Logsdon (CSG), Lidia Karina Gamarra-Hoff
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)

- Joelle: Verbally read written public comment received from Valerie Haskin.
3. Discussion, recommendation, and possible action regarding review and approval of minutes from the April 19, 2024, meeting (For possible action)
 - Motion to approve minutes from April 19th meeting: 1st Marta, 2nd Jenny; John abstains; Motion approved.
 4. Board consideration of Consent Decree in the matter of Aaron Williams, Case Nos. NV20MFT011, NV23MFT006 and NV23MFT009 (For discussion/possible action)
 - Henna: This consolidates three different complaints so that you know because they were all similar in nature. I believe that Mr. Williams is on the line so you could ask him any questions.
 - Motion to accept the consent decree as written in the matter of Aaron Williams, Case Nos. NV20MFT011, NV23MFT006 and NV23MFT009: 1st Jenny, 2nd Jennifer; No abstentions; Motion approved unanimously.
 5. Disciplinary Matter – Recommendation for Dismissal (for possible action)
 - a. Case No. NV20MFT010
 - b. Case No. NV22MFT003
 - c. Case No. NV21CPC006
 - d. Case No. NV22CPC003
 - e. Case No. NV23MFT013
 - Motion to dismiss Case Nos. NV20MFT010, NV22MFT003, NV21CPC006, NV22CPC003 and NV23MFT013: 1st John, 2nd Jennifer; Sara abstains; Motion approved.
 6. 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 Approved Clinical Supervisor	University transcript showing 45-hour graduate-level supervision course	Mentor Signature of Supervisory Experience
Maria Monique Nicole Martinez-Quiros	Yes	N/A	N/A
Emma Bartlett	Yes	N/A	N/A
Deissy Rosenbaum	Yes	N/A	N/A
Madeline Clark	Yes	N/A	N/A
Nicole Brewer	Yes	N/A	N/A
Amy Cosner	Yes	N/A	N/A
Rasheda Anderson	Yes	N/A	N/A
Jason Weed	Yes	N/A	N/A
Nicole Troiano	Yes	N/A	N/A
Tony Wildey	Yes	N/A	N/A
Sarah Schonian	N/A	Yes	Yes
Mark Odland	N/A	Yes	Yes
Nicole Aldridge	N/A	Yes	Yes

- Joelle: These are clean applications with no anomalies.
 - Steve: Joelle, I would ask you to make a note that in the next board meeting I would like to have a discussion item on the agenda to discuss residency requirements for primary supervisors.
 - Jennifer: Unfortunately, I am abstaining from Nicole Aldridge's application since I signed her verification of hours.
 - Motion to approve Maria Monique Nicole Martinez-Quiros, Emma Bartlett, Deissy Rosenbaum, Madeline Clark, Nicole Brewer, Amy Cosner, Rasheda Anderson, Jason Weed, Nicole Troiano, Tony Wildey, Sarah Schonian, Mark Odland as Primary Supervisors: 1st Jennifer, 2nd Sheldon; No abstentions; Motion approved unanimously.
 - Motion to approve Nicole Aldridge as a Primary Supervisor: 1st Jenny, 2nd Marta; Jennifer abstains; Motion approved.
7. Review/Decision regarding the following applicants who have petitioned the Board for approval of prior experience hours from out-of-state: (For possible action)

Applicant	Total Number of Hours	Prior Experience Form	State Verified Hours	Letter from Previous Supervisor
Vera Dunlap	1355	Yes	Yes	Yes
Bernadette Mills	988	Yes	Yes	No
Cecily Fernandez	1610	Yes	No	Yes

- Joelle: For Vera Dunlap, the number of hours on the agenda, 1,355, is the correct amount. Bernadette's paperwork is good. Cecily is an applicant from April's meeting. Her agenda item was tabled because you requested an affidavit or verification from Mr. Jim Powell. He has written and signed a statement on the documents.
- Motion to accept the hours for Vera Dunlap, Bernadette Mills and Cecily Fernandez: 1st Jenny, 2nd John; No abstentions; Motion approved unanimously.

8. Review, discussion, and possible action regarding Judy Marshall's application for licensure as a CPC intern (For discussion/possible action) – Joelle McNutt
 - Joelle: Judy applied for CPC internship and on her ethical considerations portion of her application, she did disclose that she has Board orders from the Drug and Alcohol Board. I included those orders for your review. I put her on the agenda so the Board can approve her application for CPC internship.
 - Steve: I see that this happened in 2016, and it looks like all of the suspension and fines have been satisfied and the suspension was lifted in 2017.
 - Motion to approve Judy Marshall's application for licensure as a CPC intern: 1st Jennifer, 2nd Sheldon; No abstentions; Motion approved unanimously.
9. Review, discussion, and possible action regarding Keante Marshall's application for licensure as a MFT intern (For discussion/possible action) – Joelle McNutt
 - Steve: I've read the supporting documents, and I understand that that is a pretty harsh result in the state of California and it is not necessarily looked at the same in Nevada. I would like to definitely advocate for our Board and our profession by saying out of all the professions in the world, we're certainly the one that says we all deserve extra chances to do things well. As I read this, I see Mr. Marshall has done a lot of work to take care of what needed to be taken care of and he's on the home stretch with it.
 - Sheldon: It's something that you could have easily not put one foot in front of the other and gotten discouraged, right? I mean that would've been very easy to do. The fact that you kept fighting and pushing forward and fulfilling your obligations and what was asked of you. I mean that's a testament to who you are. I commend you for that.
 - Motion to approve Keante Marshall's application for licensure as a MFT intern: 1st Jenny, 2nd Marta; No abstentions; Motion approved unanimously.
10. Review, discussion, and possible action regarding years of clinical experience in lieu of career counseling course per NAC 641A.085, subsection 7, #3 (For possible action) – Elizabeth Hagan
 - Elizabeth applied through reciprocity. She is a licensed mental health counselor in the state of Nebraska. In order to diagnose a mental illness in Nebraska, you need to be a Licensed Independent Mental Health Counselor. It's not exactly a reciprocity application because it's not the same scope of practice. So, Elizabeth is instead applying as an intern because we cannot do reciprocity because it's not a corresponding license type. She is missing career counseling course. She has written a description of what she does in her job as a licensed counselor in hopes that it will count for career counseling.
 - Elizabeth Hagan: Nice to meet everybody. In Nebraska, my specialty was working with human trafficking survivors. So, by the nature of working with someone in human trafficking, a lot of that includes finding employment that is legal, more stable, more sustainable, more safe. I outlined in my documentation, my job description and then tried to lay it out in terms of what a career counseling course would have covered. That's essentially what we do. We look at their background, look at their work experience, look at any criminal convictions, any restrictions on locations, housing, childcare, everything like that.

- Steve: I think this will be an easy answer, what work have you been involved with? Can you describe the multicultural and demographic considerations that are at play when you're working with that population?
- Elizabeth Hagan: Absolutely. So human trafficking affects marginalized communities the most. So, a lot of our clientele were people of color, a lot of women, young teens, foster youth, anybody who either was currently or had been in the past unhoused. We worked with a lot of undocumented individuals, so we had a lot of immigration, legal concerns and a pretty high percentage of LGBTQ individuals as well.
- Steve: In my opinion, that overwhelmingly satisfies the spirit of what lifestyle and career classes would be covering. I see the only other consideration is that instead of taking the NCE, you would have to take the NCMHCE for our satisfaction.
- John: I agree and especially given that career counseling is not the essential counseling skills class, and the fact that the essential components of your job were doing career counseling. You've taken the steps to connect to the content areas of a career counseling course. I think you've clearly demonstrated that in fact your work experience does substitute. So, I very strongly support this.
- Marta: I strongly support this too. Just historically for the record, we have not accepted experience for a career class, but they did not have the very thorough documentation that they really have fulfilled what a career course would give.
- Motion to approve Elizabeth Hagan's years of clinical experience in lieu of career counseling course per NAC 641A.085, subsection 7, #3: 1st Sara, 2nd Marta; No abstentions; Motion approved unanimously.

11. Review, discussion, and possible action regarding the approval of prior experience hours: (For possible action) – Elizabeth Hagan

- Joelle: As Elizabeth and I both mentioned in the previous agenda item, she is licensed in Nebraska, and she has completed over 3,000 supervised hours. Her husband is in the military, and I made this separate from the other individuals requesting hours because Elizabeth can use the waiver written in the regulations for acceptance of more than the maximum hours for prior experience. She does have to take and pass the NCMHCE so she will be supervised in Nevada until she does that.
- Steve: This is our opportunity to try to streamline that process for our military families to the best that we can. Knowing that you still have to pass that national exam and study for it beginning an internship, getting some hours while you are working.
- Sheldon: I came up with 2,630 and it says the total is 3,000 so I have a question about that.
- Elizabeth Hagan: So, Nebraska only requires us to document indirect versus direct is kind of how they break it down. So essentially that's time that we're spending one-on-one with a client in traditional counseling versus time that we might spend and otherwise running groups, documentation, attending staff meetings, attending supervision, all of that counts towards some of those other hours. So that's where some of that discrepancy. So, then the breakdown I guess isn't going to add up exactly, if that makes sense.
- Sheldon: I see your point.
- Sara: We would only approve up to 200 of the additional training hours. I see there's 270 on here.

- Jennifer: Am I misunderstanding though that the waiver for veteran status or military affiliation sort of supersedes the maximums that we've set?
- Steve: That is correct.
- Jennifer: I wanted to clarify a point that you made, Steve, that the main difference in the licensure. That meant we couldn't do the reciprocity, which was the scope of practice that included diagnosing. I was hoping Liz, that you could just speak a little bit to what your knowledge and experience in that area was. I say that more for formality because I know that the national exam is going to hit you hard on diagnosis and you will have some time under supervision, but maybe you can speak a bit to your training in that area.
- Elizabeth Hagan: Absolutely. The way the two different licenses in Nebraska works is the LMHP, which I have, you are unsupervised, you've passed a national exam, you've reached all of your intern hours, everything like that but you have to work in a place that also has an LIMHP, licensed independent mental health practitioner. The way they kind of lay it out for us when we're going through our internship is if you want to teach or you want to own a private practice, then you need to get your licensed independent. Otherwise, you're always going to be working in a place where someone essentially signs off. You diagnose in consultation with them, but you've always got someone with that, I guess higher licensure over your shoulder, at least in the room signing the diagnosis, if that makes sense. Help make it a little clearer.
- Jennifer: So, it sounds like you've been doing it, it's really just a matter of the signing off.
- John: Okay, so if I understand then there's no additional training that's required. You get the diagnosis course as part of in your master's program and that's part of education requirements. It's simply that the scope of practice, including the right to diagnose is kind of held in check.
- Sara: Do you have 500 hours from university? If I can subtract those 70 hours from the additional training I get you to 2560, if you had 500 hours or 440 from university, you get to 3000.
- Motion to approve 2,560 prior experience hours for Elizabeth Hagan: 1st Sara, 2nd John; No abstentions; Motion approved unanimously.

12. Review, discussion, and possible action regarding years of clinical experience in lieu of academic coursework per NAC 641A.085, subsection 7, #3 (For possible action) – Sheilah Vollmer

- Joelle: Sheilah applied for CPC internship. She has a degree from Walden University in Psychology. When I completed her academic review, four courses applied. She requested that the Board review her qualifications for intern licensure.
- Steve: You went to Walden and what was the exact degree that you came out of Walden with?
- Sheilah Vollmer: General psychology.
- Steve: When you were working with the folks at Walden, did they know that you wanted to become a marriage and family therapist or a CPC?
- Sheilah Vollmer: My idea was to actually get that master's and being able to actually earn that master's and then get my internship on the spot, like working outside. I believe that being out there

will actually help me more in interactions and actually doing those dynamics and the counseling and the techniques and all this stuff.

- Steve: I agree with you. If you would've taken one of their two tracks that specifically align with working with people in a clinical way, and that would've been their marriage couple and family track or their counseling track. They have two very specific tracks at Walden that line you up for potential licensure and internship. The track that you took, according to their site, says that the degree that you took the career options are human resource manager, market researcher, project coordinator, family services worker, instructor at a community college, social service manager, health project coordinator, research assistant, data analyst, or an organizational consultant. I personally have reviewed your transcript. I've reviewed your program of study; I've reviewed that capstone that you're hoping to substitute in for internship hours. They do not even come close to the coursework that is required for clinical licensure. Do you have any response to that?
- Sheilah Vollmer: For me, right now I'm actually volunteering in the VA hospital. And when I was doing my capstone, I was interested in PTSD, which, in the long run, I want to work with veterans with PTSD. When I earned my degree from Walden and started researching jobs, there's a lot of positive employers out there who would like to take me in. The only thing that is actually hindering them is that license. The employers actually reached out and said that if you go through this licensing process, then reach out back so we can actually talk about the primary and secondary supervising. That's where I'm at. I believe that school itself is all theoretical and I just need to have that hands-on experience in order for me to be able to work. With. In the past in California and New York, I was able to go and work with a lot of diverse populations.
- Steve: I'm a little bit alarmed because it sounds like you're trending toward working into a scope of practice or competence that you just don't have. So, if you actually wanted to work with people, those are those clinical degree programs that would train you specifically. I'm looking at the description of that capstone course that you took. The course description reads: its students work on a capstone project in which they complete a major integrative paper on a topic related to their specialization, incorporating theoretical and practical knowledge as well as social scientific research skills acquired throughout the program. That is not a clinical whatsoever. I know that you've been talking to potential employers that want you to have these things that you haven't done in a graduate study yet. There's nothing that you can demonstrate in the supporting documents we reviewed that speaks to the coursework of those two academic tracks that Walden provides. You have to go back to school for a clinical program, not the general psychology program.
- Sheilah Vollmer: In California and New York, I was there with a clinical team and that's exactly what I'm trying to say is I can learn more with doing hands-on work and interacting with a clinical team. My experience was that I'm always part of a clinical team.
- Steve: Ms. Volmer, you haven't taken the coursework to prepare you for clinical work. So, you might've been a part of a team but not in a clinical role.
- John: So, when we say clinical programs, we mean practicum and internship courses that provide hours directly where you're working with clients, one-to-one that you have been supervised by a licensee who is a supervisor and supervised as well by a faculty member in a seminar class. We ask how many hundreds of hours do you have? That is the big part that's lacking. I've done plenty of academic reviews of people who've had psychology degrees but they're not clinical degrees. There are certificate programs that you can add on to your master's degree. It sounds like Joelle has told you what's missing based on your transcripts. So, you need to find a school, t's not necessarily another Master's, it depends on the number of hours you need, but that's what you have to do. That would include a nine-month internship, that is to say over 40 weeks a minimum where you're working directly with clients and you're being supervised by a licensee who is either a

licensed supervisor or has years of experience that's approved by your institution, that you'd be registered for the course. You would also be supervised then by the faculty member and do case presentations and conceptualizations in class with other students. That's the kind of academic experience that we need to see. So, it doesn't necessarily mean another master's degree, but it does mean additional coursework, which includes the clinical coursework. That's kind of how I'm seeing it

- Motion to deny Sheilah Vollmer's application of clinical experience in lieu of academic coursework: 1st Steve, 2nd Hal; No abstentions; Motion approved unanimously.

13. Review, discussion, and possible action regarding collection of comments on the proposed national standard for Marriage and Family Therapists from the US Department of Veteran's Affairs (For discussion/possible action) – Joelle McNutt

- Joelle: I received a letter from the Department of Veteran's Affairs, included that in your supporting documents, requesting the Board's comments for comments. What we are asked to do here is review the Interim Final Rule for the US Department of Veterans Affairs, compare that to the scope of practice and activities in our practice act and just make sure that they line up. That was my understanding of it anyway.
- Steve: Is your assessment that they line up?
- Joelle: Yes, I did not see anything that is contradictory.
- Steve: As I read it, they strongly align with education standards and ethical standards. In fact, they comply with the same ethical codes that we do. Personally, I've worked with the federal government for quite some time and when I'm working in that federal capacity, the supremacy clause is in effect. So how this reads with the VA is essentially parallel that when they have licensed clinicians who have met those education and ethical standards, when they're working for the VA, if they have a license in Connecticut, for example, but they're working in Nevada VA system, they're good.
- Hal: I agree with you. Let me simply read one thing that gives me great comfort in this. The page after the preemption. It says we emphasize that the intent of the regulation is to only preempt state requirements that are unduly burdensome and interfere with the VA healthcare professionals practice at the VA. For instance, it would not require a state to issue a license to an individual who does not meet the education requirements to receive a license in that state. So, unless there's something really strange and burdensome in here, for the most part, they're going to defer to the procedures and laws within the state of licensure.
- Motion to approve the Executive Director relay Board comments on the Interim Final Rule for the US Department of Veterans Affairs: 1st Hal, 2nd John; No abstentions; Motion approved.
- John: Could I ask for a future agenda item to re-visit the multi-state counseling compact and the opportunity to join that. Could we add that as an agenda item to our next meeting?
- Steve: Indeed.

14. Review and discussion regarding Nevada's involvement in the Counseling Compact for Clinical Professional Counselors (For discussion/possible action) – Joelle McNutt

- Joelle: There has been a lot of communication regarding the Counseling Compact. I did send out individual emails to all of you about a month or two ago just to get some initial feedback about your feelings about the Compact. I know that Valerie from the Rural Regional Behavioral Health Policy Board and Nick Vander Pool are here. They can speak to you regarding their work on the Social Work compact. I felt that there was a need for a more concentrated discussion where everyone was involved at the same time. Fergus Laughridge is here. He is the Chair for the Rural Regional Behavioral Health Policy Board. I did read Valerie's comment at the outset of the meeting in public comment and I'm glad she's here. Daniel Logsdon is here from CSG, the Council on State Government. What we're discussing is how the Board feels about entering into the Counseling Compact that is already formed for clinical professional counselors only.
- Steve: As a Board, we want to protect the public. We want to maintain standards and appropriate rigor of our licensees. So, discussing the pros and cons of joining a compact, that's where I would like all of our friends on here to help us with information, how we can best serve the public while definitely protecting the public and ensuring excellence, ethics, and standards for our licensees.
- Valerie Haskin: I will go ahead and just start out with how this has unfolded over the last several years. So, the focus of the Rural Regional Behavioral Health Policy Board's last two BDRs for the legislative session have focused on workforce development and mainly how we can get more providers readily available to serve Nevadans. As I'm sure you were well aware, we have a lot of backlogs and it's very difficult to recruit when we don't really have a pool to recruit from. While we did build and get AB37 passed last session, which creates BeHere Nevada, which is the K-12 through professional practice workforce development pipeline for all types of behavioral health providers, we do want to still make sure that we're looking and identifying opportunities to take more immediate action because anything with the pipeline is going to take several years in order for things to truly come to fruition. In previous years we've done some research and interstate licensure compacts have proven one of the methods that really helps enable folks to start practicing in new states in an expedient manner. It's our understanding the nature of the interstate licensure compacts in general terms ensures that the requirements of each state who is a part of that compact really aligns and that meets the same standards of care in previous years. Also doing some research with the requirements of the MFT and CPC board for their licensure types, it seemed that things kind of matched up, at the time, pretty nicely. I think that if this is something that you want to move forward with, this is something that we could definitely do and offer you a legislative vehicle to enter into the interstate compact. We are currently also going to be using our BDR for the interstate licensure compact for social workers, but if you would like to also move forward, we would like to again bring the counseling compact into the BDR as well. So, both licensure compacts would be affected.
- Nick Vander Poel: I'll just add, my firm Flynn Giudici, Government Affairs division represents the Nevada Social Workers Board. Last legislative session we attempted to do the social workers compact. They didn't finalize the language until late February, so it was kind of a little late to the game going to the legislature. We ultimately got an emergency bill draft request from the minority leader, but some uncertainty happened. We've since then cleared that hurdle and we are very appreciative of the Rural Behavioral Health Policy Board doing this bill draft request. In the world of Nevada lobbying, if you are given a bill draft request, you never turn it down. And so Nevada Social Workers Board is very appreciative and I applaud the Rural Behavioral Health Policy Board for when they made their motion on a bill draft request to keep it broad enough considering the counselor licensure compact or a compact that helped their mission. This is a priority. This is in conjunction with the Department of Defense and Council of State Governments and I will give huge

kudos to Dan and the entire CSG team on what they do on the compact level. They are a wealth of knowledge but I'm forever grateful. I did the massage therapy compact last session, which was a little bit of lift, but I can tell you that Governor Lombardo and his team are very supportive of the compact and compacts in general and just with Nevada being transient state, we definitely want to give the tools in place while at the same time acknowledging public safety as well. So definitely that's taken into account. Thank you.

- Daniel Logsdon: I'll just give you an overview of facts and then happy to answer any questions. CSG is a 50-state, including territories, member organization. We don't lobby. We're nonpartisan, nonprofit. We've worked on interstate compacts since we were founded in the 1930s. In terms of licensure compacts, there's now 16 of them out to the states. 356 separate pieces of licensure compact legislation have been enacted in the states. California, New York, Massachusetts have yet to enact any of them. Social work, psychology, which Nevada is a member of, and counseling are the compacts that focus on mental health. The social work compact went up like a rocket. It's going to get over 20 states this year. Counseling is in the mid-thirties. Psypact is at 42 and it is strictly a telemedicine compact. Essentially the way all these work, they're just a means for someone to practice in another compact member state, but without going through the licensure process there, the states retain control over scope of practice. They can discipline practitioners utilizing the compact so we're not creating a special class of practitioner. The compact commission, which governs the compact, is there to administer the compact and implement it. It can't dictate policy to the states and it can't take unilateral action against the practitioner. So hope that helped a little bit. Happy to answer more questions and thank you for letting me be here today.
- Fergus Laughridge: I just want to just reiterate that we've left this open so that other licensing bodies dealing with behavioral health workforce can enter into this. If we open it up for one, it's easier to do that as opposed to having a divergent compact language going through the legislature at the same time. We're all here for the same purpose and that is, getting folks properly licensed, getting that workforce shored up so that we can meet the amount of work that's left to be done. When I speak with folks about compacts, I've dealt with this with the emergency medical services compact some years ago, is compacts are very much like the driver's license all of us carry in our pocket today. They've been screened. We have a relationship with that other issuing state because of being a member of the compact. What their licensing capabilities are and it just streamlines that so that they come in without having a problem and get them practicing as quick as possible does not take away any of the oversight that a licensing board would have on them as far as the disciplinary actions or anything like that that we might see come up. Now my history is, states that have implemented a compact have not had untoward problems in the execution and application of being a compact state for their licensees at various levels of professional capability. We just want to extend that olive branch, if it's something this body would like to get in on, we're ready to do the legwork for you.
- Steve: That's really cool and thoughtful. I do think that as a board we should have a lengthy conversation. I have a question that's a little bit unrelated to your BDR, I think I recall last legislative session there was a bill up. It was termed either any willing provider or any licensed provider. Do you guys remember that at all?
- Valerie Haskin: There was one bill that I'm aware of that sounded like an any willing provider type of bill, but upon some of the public comment and conversation within the introduction of the bill, it sounded like that was actually not the case. I have heard discussion regarding the need for any willing provider type of bill, but in the context of the private insurance companies accepting those

providers into their networks and that's kind of the type of thing that I would foresee our stakeholders and our board supporting would be more of that, not the everybody has to get licensed, but more on the side of any qualified high quality provider who is licensed in the state who's applying for the network in a healthcare shortage area should be added into the network. So that's what I have heard. I don't know if Nick has heard anything else.

- Steve: That seems like a battlefield that I would like to still keep investigating. If we can get the managed care obstacles streamlined, I think that the population of therapists we do have access to would be even more accessible to the folks, especially in our rurals.
- Fergus Laughridge: We totally agree. Our board totally agrees with that. It's a sticky wicket. Once you get into that with the carriers and the lobbyist group that represents them, it can be a very slippery slope. Not that we're not going to continue. We definitely need that. I see it with my practice here as the Health Director for the Ft. McDermitt Paiute-Shoshone Tribe in my day-to-day job. I see it with our folks and I'm sure every one of your professionals see it. Our professionals on our board see it too.
- Steve: Even if we open floodgates and we had an endless supply of potential mental health professionals coming in, they still may not be drawn to the rurals because of very basic financial considerations. It is a big, big mountain to climb.
- Valerie Haskin: We recognize that it's a lot of the providers in the region we serve and represent have a lot of difficulty recruiting and frequently have to pay providers higher than average wages in order to increase interest. That's also one of the reasons why the interstate licensure compact and specifically the counseling compact is of interest. The providers in our region, I believe Joelle read in public comment, frequently lean on recruiting from neighboring states, specifically Utah, often for providers. So, by entering into the interstate licensure compact, it can facilitate those processes so that people who are already willing to move to rural Nevada, or anywhere else in the state for that matter, can do so and start practicing in a more expedited process. From what we understand, there's so much documentation regarding the quality of that person's care and the communication between the different states. It sounds like it needs to be pretty hefty with the oversight of the compact itself. So that would hopefully minimize any concerns regarding quality of care because we know we don't just need bodies and licensed bodies here. We need high quality providers in all parts of our state. We can get those out of Salt Lake City and St. George, but if we open those floodgates and all of a sudden somebody in Minneapolis wants to set up a distance telehealth shop, that's where I think we can start trying to really dive deeper into what the risks are and combine them with the benefits. So that's what I'd like our board to be able to talk about much more deeply.
- Hal: Any boards that have any regulations regarding telehealth care need to take a look at if there's an interaction there between those regulations and the compacts to make sure everything fits together.
- Steve: It does seem to me that if we move forward in a compact, that most of the new folks would probably be practicing telephonically, not necessarily moving to our state because our reciprocity process is very streamlined. It's incredibly easy to do, but if we are in a compact, it seems to be most people would be performing telehealth over state lines.
- Valerie Haskin: I would assume that might be the case, particularly for the more urbanized areas. So just as these conversations are happening, we obviously want to make sure that if this is

something that your board decides to move forward with, that it's something that you're comfortable with and have had that time to have those conversations. We would need to get that tightened up and ready to go by the end of August.

- Fergus Laughridge: If our Board takes this on, we will work with folks to submit the initial draft language and concept to the Legislative Counsel Bureau who then drafts it and looks at the connectivity between statutory language. It only affects the statutory language, not the regulatory language, and gets that back to us. We communicate. So, the September 1st deadline is a placeholder to get the initial concept draft in and then there will be continual work that goes on. We monitor that and then what goes into actual being heard and getting it to a committee. We work to get it into the right committee, work with the committee leadership of whatever house that may be in to iron out any details.
- Nick Vanderpoel: The greatest thing about the compact language is the language doesn't change, it's the language that's on for the counselor compact. It must remain the same across every state that considers it. So that's very fine tuned. I also want to add that this all came about through the Department of Defense, and it was focused on military families and spouses who carry a professional license. So, with Nevada having Nellis Air Force base and Fallon Naval Air Station, we get a lot of families that come into the state, but they have to make the decision as a family if they're coming from a state, whether or not their license can come across state lines or they have to start from scratch. So that's where the focus was on the military families. It just opens up the box to the general public getting benefit from the compact.
- Steve: Where would we find essentially the qualifications and standards of all licensees within that compact for accredited graduate school credit hours, CEU requirements per state? Obviously, we have our standards and requirements for Nevada and we'd want to make sure that they were at that level.
- Jennifer: In the sample that we have now, it looks like a 60-hour credit program. I'm guessing this is pretty representative.
- Steve: I want to know what the minimum standards of qualifications and professional expectations as far as continuing education.
- Daniel Logsdon: It is section three of the compact state requirements and section four is practitioner requirements.
- Joelle: To summarize, here are some of the concerns or questions that need answers: How are complaints handled? What jurisdiction handles the complaints that come through the compact? What does that look like? What are the CEU requirements? Is it based on home state? So how does that look? What does that look like? How are client's records protected? Anything else?
- Marta: How will the compact impact the Board office workload? What would be the financial impact of that?
- Steve: This definitely could have some significant financial impact on our board functioning if we lose the reciprocity licensing, if many of our CPCs are from other states and not having Nevada licensure? Yeah, I'm just saying that financially that is real too. The disciplinary actions that could potentially explode with an influx of potentially thousands of other professionals. if the infraction

occurred within Nevada, it's on us to investigate and discipline it. That's an enormous expense. So, we have a lot to talk about gang.

- This agenda item is tabled.

15. Review, discussion, and possible action regarding review of financial statements 3rd Quarter FY24 ending March 31, 2024 (For discussion/possible action) – Joelle McNutt

- Motion to approve the financial statements for 3rd Quarter FY24 ending March 31, 2024: 1st Jennifer, 2nd Sara; No abstentions; Motion passed unanimously.

16. Review, discussion, and possible action regarding Board Budget for FY25 ending 06/30/2025 (For discussion/possible action) – Joelle McNutt

- Joelle: We had some changes to the previous years budget including Workman's Compensation insurance, our office rent will increase, and we have to hire a CPA on retainer. We also increased our budgeted amount for legal as we navigate all of the disciplinary matters we have ongoing.
- Steve: We're still very conservatively budgeted and that's with all of these increases. Worth noting in our conversation about a compact is: What would be the potential impact on our buoyancy? Would we lose? Would we gain? Would we be able to satisfy the expenses on our budget if income shifted?
- Joelle: I will complete a fiscal analysis. Where it's concerning would be the amount of license renewals we could lose. People would have to renew their application with the compact.
- Steve: In their home state?
- Joelle: They would pay for their license, and they would have to renew their license. We would get renewal revenue from that and then they would pay an additional fee to be a member of the compact and renew the privilege to practice. It could potentially increase legal fees.
- John: Can you have that ready for our next meeting, Joelle? If we could look at how the complaints have changed pre-reciprocity and post-reciprocity. Has that been quantified? Because that would be a data point that we could get to get an idea of therefore how much the interstate compact might similarly create an increase in investigations, complaints and all that.
- Joelle: I can gather that data for you.
- Steve: The budget looks good. Anyone else have any comments on the budget?
- Sara: Not about the budget, but about how the compact could affect Certemy and if they would end up having to charge if things need to look different in the system and how they report on licensees?
- Joelle: I know the answer to that question. We would still maintain our database, but someone in our office would be responsible to transmit the data to the compact commission. They have their own database. They only have access to the data we provide them.
- Motion to approve the Board Budget for FY25 ending 06/30/2025: 1st Sheldon, 2nd Jenny; No abstentions; Motion approved unanimously.

17. Review, discussion, and possible action regarding establishing guidelines for the amount of operating reserves (For discussion/possible action) – Joelle McNutt

- Joelle: As a Board, you haven't discussed this. I know that when Sara was the Treasurer, she and I discussed operating reserves and what that would look like. We were still building up a reserve fund then. I would like it on record how much the Board would like to set aside for operating reserves. It's responsible to have an earmark of what we need to cover. Since our budget is based on the renewal cycle of two years, it would make sense to have two years of operating expenses in reserve.
- Steve: If we gave a generic two years of operating expenses, then that is an evolving number instead of a specific dollar amount. I like two years.
- Joelle: Sara, you have years of experience working with the budget. Does that feel comfortable to you?
- Sara: Two years sounds perfect.
- Motion to approve establishing two years of operating expenses as operating reserves: 1st Sara, 2nd Jennifer; No abstentions; Motion approved unanimously.

18. Review, discussion, and possible action to approve the Christiansen Accounting Network contract (For discussion/possible action) – Joelle McNutt

- Joelle: Connie Christiansen is a CPA and has agreed to be on retainer for our Board to address the material weakness found in our audit. She anticipates that it would be about 14 hours of work.
- John: Is the quoted price, is that reasonable? Is that within what we would expect to pay?
- Joelle: Yes.
- John: Okay. The second question is, so we still have a bookkeeper?
- Steve: The CPA legitimizes and signs off on our books.
- Joelle: This is what was recommended by our auditors: "We recommend the Board implement procedures to identify new standards and to provide training in implementation to enable the preparation of governmental full disclosure financial statements in accordance with generally accepted accounting principles". Those are the services that she's going to provide and then working with Carol to make sure that all of those things are taken care of.
- John: Sounds good to me.
- Motion to approve the Christiansen Accounting Network contract: 1st Jenny, 2nd John; No abstentions; Motion approved unanimously.

19. Nomination and election of Board Officers for the 2024 - 2025 fiscal year pursuant to NRS 641A.140 (For discussion/possible action) – Joelle McNutt

- Steve: I really want people to self-nominate. I would love if Lauri would retain the role of Treasurer. Lauri, are you comfortable with the nomination to stay as Treasurer?
- Lauri: I would be honored to stay as the Treasurer moving forward.

- Motion to nominate Lauri Perdue as Secretary/Treasurer: 1st Steve, 2nd Marta; Lauri abstains; Motion approved.
- Steve: I would like to nominate Jennifer Ross as the Chair.
- Motion to nominate Jennifer Ross as Chair: 1st Steve, 2nd Sheldon; No abstentions; Motion approved unanimously.
- Steve: Let's have a conversation about the Vice President. Is anyone inclined to say that they would do it?
- Jenny: Steve, I was going to ask you if you would be interested in the vice chair as a backup to Dr. Ross when necessary?
- Steve: I'm not opposed to that, but I really do want this to be an opportunity for anybody else if they want to step into that role.
- Hal: Steve, I have enjoyed working with you so much. I think it's a great idea. It would be easy to do. The only concern I have is one of the reasons we have vice chairs is so they can go through the training, they get a sense of what the chair has to do. It might be valuable to have somebody come in and get that new experience.
- Lauri: Steve, you're amazing. It would be great to see you in the vice chair role. I look at the vice chair role as succession planning as well, and long-term, would you want to be the chair again?
- Steve: My right now answer is no. Give me a month. Who knows?
- Jenny: I will say to Lauri's point with succession planning, because I could envision and would have some interest as vice chair, but I don't have interest in being the chair. So hence that wouldn't serve the succession planning purpose just for discussion.
- John: You've been on the Board for a few years. You would provide that presence of mind of institutional memory, historical memory, and that is important. So even if you're not pledging your estate in any way because you want to take this position that you therefore must succeed as President.
- Jennifer: Sheldon, what about you? You've been around for some years too and maybe have some time ahead.
- Sheldon: Thank you, Dr. Ross. I have so many things on my plate. I would love to; it would be an honor. I just have so much going on that it'll be hard for me to commit either way.
- Hal: Jenny, I think you would be great. You've got enough experience; you've seen how the Board works. This will give you a chance to see it from a slightly different perspective and you bring youthful energy into the process. I am going to strongly ask that you seriously consider taking this position. I think you'd learn a lot and I think it'd be a real benefit to the Board.
- Jenny: I would be interested, and I think I would have the bandwidth for Vice Chair and I wouldn't necessarily be able to commit right now to what could be in a year. But as long as we're understanding of that and on the same page with that expectation, I would accept that nomination.

- Motion to nominate Jenny Stepp as Vice President: 1st Hal, 2nd Jennifer; No abstentions; Motion approved unanimously.

20. Review, discussion, and possible action regarding results of the Executive Director's performance review (For discussion/possible action) – Steve Nicholas

- Steve: Joelle's review is a 360 review which includes her staff, Board members and herself. All the evaluations were glowing with one exception, herself. She said that there is always room to grow, learn and train. You didn't rate yourself poorly, just not perfectly. You are a consummate professional. Everybody gave feedback that you interact with the public and with licensees, with grace, kindness and patience. Amazing review.
- Motion to approve a 5% salary increase for the Executive Director effective July 1, 2024: 1st Steve, 2nd Marta; No abstentions; Motion approved unanimously.
- Joelle: Thank you so very much.

21. Report from President (Advisement)

- Steve: This is it. I think just in summary of being able to hang in this position for five years. It is one of the honors of my career. To be able to not only be in this career of working with people in meaningful ways, but then to be part of leading our profession in our state. It's an incredible honor and I've never taken it lightly. I still won't take it lightly. I'd love to stay on this board until I can't be on this board because it is just a way to serve that is so original and meaningful and I'm grateful to all of you for working with me and letting me work with you more specifically. If you look five, six years in time, what we have done as a board, we have cleaned up so much. We have dotted so many I's, crossed so many T's and we've always done it with public safety and the integrity of our licensees in mind. I have great affection and respect for all of you and thanks for letting me work with you for these times.

22. Report from Treasurer (Advisement)

- Joelle: No report from Lauri. She had to sign off.

23. Report from Executive Director (Advisement)

- Joelle: Our regulations were approved and therefore adopted. These regulation changes were in accordance with Executive Order 2023-003. I have included in your packet our Language Access Plan. I did solicit public comment on the plan as directed by the Office of New Americans.
- Steve: I read the Language Access plan, and it was so clean. It addresses that while we haven't experienced this, we are willing and able to use the interpretive resources that the state approves.
- Joelle: I am still working with the Department of Public Works to have our lease signed. I have also changed the email I send with license issuance to include the professional conduct section of our regulations as an attachment and the link to the Code of Ethics pertaining to their license type. For interns, I directed them to review all attached documents and ethical codes with their supervisors. Most of you are supervisors, hopefully you will start to get requests from your interns to go over these documents.

- Steve: It's essentially giving them a welcome packet. And quite frankly, it bolsters our opportunity to counter when somebody says, I didn't know. Well, not only you were supposed to know, but yeah, you did as we provided that for you.
- Joelle: I know that it's their responsibility, it's their license, it's their responsibility to know the laws and the regulations pertaining to that. I've always had that in the licensure email, that they need to look at these laws and regs. These are the rules that govern your license. I just thought, I'm going to take it just a step further. I just hope that it generates some conversations prior to something not so pleasant happening in the future. Maybe it will for one person. If that's all, then that's great. It's just unfortunate as I look back on this year and just some of the things that you have encountered as a Board with discipline. I felt like compelled
- John: If I could just add, this is an issue that's institutionalized in the educational institutions because you even look at the textbook titles, the word law or legal is usually not in it. It's usually an ethics book and then if anything it's like, ethical codes and legalities. When you're looking across the mental health disciplines, there's this soft pedaling legal part. I've had colleagues tell me; the important part is the ethics. Yes, it is, but they can read the law for themselves. So clearly that doesn't work. Maybe we could send a letter of concern to the schools where we're getting people from to say, we're seeing this uptick, and students don't seem prepared to be able to understand the law and their responsibility for knowing the law.
- Joelle: I have been asked to present at the NBCC Counseling Regulatory Boards Summit next week.

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

- Henna: No report.

25. Discussion regarding future agenda items and possible future meeting dates

- Joelle: I may ask, can we do far out in the future? So, August and September? We'll need to schedule hearings for complaints.
- Henna: One of them will need to be a two-day.
- Steve: So, the 22nd and 23rd of August for the Board meeting? For September, I might be able to make the 20th.
- Marta: Joelle, are you saying that we may need to do a hearing on the 20th also?
- Joelle: Yes, you should block the whole day for that.
- Jennifer: Are we talking about the discussion for the compact in either of these?
- Steve: I think we need to do that sooner. How does August 16th look for that?
- Joelle: August 16th, August 22nd & 23rd, and September 20th.

26. Board member comments

- Jennifer: I wanted to say was that Marta and I had the opportunity to actually meet in person at a conference last month and just got to talking about how once upon a time the board actually met in person from time to time. And so, I wondered if there was an opportunity to have an in-person

meeting either up here or down there. I don't know what's in the budget. I wanted to throw it out there because I thought it was a great idea.

- John: I think it's an excellent idea. We've done it before, but Covid kind of brought a halt to all that and we used to alternate up north and down south. I always liked the ones in the north, but I like going up there. But I think looking to do that again. So, it's once a year and it was done sort of like the June meeting was done there where there was the change of office. So, it needs planning, but for now, I mean could we look at maybe doing one of these meetings?
- Marta: I echo that sentiment.
- Joelle: I can take a look at the budget.
- Marta: Again, thank you Steve. So grateful for the leadership that you provided for us and getting us into a top-notch board that others now look to say this is the standard that we want. Thank you so much.

27. 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.

28. Adjournment

- Meeting adjourned at 12:37 PM.

Written Public Comment

From: Valerie Cauhape
Sent: Thursday, June 20, 2024 12:57 PM
To: Joelle McNutt
Cc: Fergus Laughridge; Nick Vander Poel
Subject: For Public Comment

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon Joelle,

Unfortunately, I have a grant site visit tomorrow in which I'm required to participate, so I won't be able to make the opening of your Board's meeting tomorrow. However, I would like to submit the following for public comment.

Dear members of the Board of Examiners for Marriage & Family Therapists and Clinical Professional Counselors,

I am reaching out to you today regarding Agenda Item 14, "Review and discussion regarding Nevada's involvement in the Counseling Compact for Clinical Professional Counselors". As you may be aware at this time, I serve the Rural

Regional Behavioral Health Policy Board (Rural RBHPB), which represents the interests of six northeastern frontier counties to various state bodies. The Rural RBHPB is allowed one bill draft request (BDR) each legislative session, and in the past has focused its legislative efforts to improve the number of licensed providers available across Nevada. This year, the Rural RBHPB is continuing with its work to bolster Nevada's behavioral health workforce, and is using its BDR as a legislative vehicle for behavioral health licensing boards who are interested in entering into interstate licensure compacts. The Rural RBHPB is intending to move forward with a bill that would enable the Board of Examiners for Social Workers (BESW) to enter into the newly-formed compact for social work licensure types, but the Board would also like to extend the same option to your Board to enter into the Counseling Compact. Obviously, the decision whether or not to move forward with efforts to enter the Counseling Compact is yours alone, but if you choose to do so, we can offer you the legislation to make it happen this session. We believe that interstate licensure compacts benefit not only the state as a whole through increased provider availability, but also the communities represented and served by the Rural RBHPB tend to have the best success recruiting providers from neighboring states, including Utah, who recently joined the Counseling Compact.

We do hope that your Board decides to enter into the Counseling Compact, and would we would be honored to provide the legislative vehicle to do so (the BDR would enable entering into respective interstate licensure compacts for both your Board and the BESW). As we need to submit our BDR by September 1, 2024, we would need to know whether or not you choose to move forward with entering the Counseling Compact in the next month or two, but the sooner the better so we can ensure our BDR is properly prepared to set you up for success.

Thank you so much for the work that you do, and we hope to be able to partner with you on this exciting opportunity.

Best,

Valerie M.C. Haskin, MA, MPH

Rural Regional Behavioral Health Coordinator