

These minutes have not been approved by the Board

MINUTES OF THE MEETING
Board of Mental Health Practice
March 6, 2026

1. ROLL CALL

The meeting of the Board of Mental Health Practice was called to order by Rebecca Czaja-Stevens, Chair, at 9:02 a.m. in the Otoe Conference Room, Nebraska State Office Building, 301 Centennial Mall South, Lincoln, NE. In accordance with §84-1411 of the Nebraska Open Meetings Act, copies of the agenda were 1) emailed to the Board members and other interested parties, 2) posted on the DHHS web site at <https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx>, and 3) posted on the bulletin board in the Nebraska State Office Building Lobby on February 23, 2026.

The following members answered roll call:

Members Present:

Sara Batter, Vice Chair
Rebecca Czaja-Stevens, Chair
Paul Davies, Secretary
Tammy Erickson
Yasmin Henderson
Adrian Martin
Jen McNally
Susan Meyerle
Amanda Milander-Mace

Members Absent:

Renea Gernant

Staff and Others Present:

Maiya Baumann, Program Manager, Licensure Unit
Jessica Dean, Health Licensing Coordinator, Licensure Unit
Abigail Hoy Nissen, Assistant Attorney General
Katherine Amyot, DHHS Department Legal
Jessie Enfield, IT Business Systems Analyst, Licensure Unit
Hayle Alvorado, DHHS Investigator
Randy Clark, DHHS Investigator
Trevor Klaussen, DHHS Investigator
Mark Meyerson, DHHS Investigator

A quorum was present, and the meeting convened.

2. ADOPTION OF AGENDA

MOTION: Meyerle moved, seconded by McNally, to adopt the agenda. A voice vote was taken. Voting yes: Batter, Czaja-Stevens, Davies, Erickson, Henderson, Martin, McNally, and Milander-Mace. Absent: Gernant. Motion carried.

3. APPROVAL OF MINUTES – JANUARY 16, 2026

MOTION: Meyerle moved, seconded by Batter, to approve the minutes with one correction. A voice vote was taken. Voting yes: Batter, Czaja-Stevens, Davies, Erickson, Henderson, Martin, McNally, and Milander-Mace. Absent: Gernant. Motion carried.

4. CLOSED SESSION – CONFIDENTIAL INFORMATION

MOTION: Martin moved, seconded by Erickson, to enter into closed session at 9:06 a.m. to hear discussions of a confidential nature, and for the prevention of needless injury to individual reputations. A voice vote was taken. Voting yes: Batter, Czaja-Stevens, Davies, Erickson, Henderson, Martin, McNally, and Milander-Mace. Absent: Gernant. Motion carried.

Open Session at 11:53 a.m.

Break at 10:49 a.m.

Back at 10:56 a.m.

5. APPLICATION REVIEW AND RECOMMENDATIONS

Ashley Tittle – Provisional Mental Health Practitioner, Provisionally Certified Master Social Worker

The application review for Ashley Tittle was tabled for more information. Licensure Unit staff will contact the Alabama board to obtain more information on the disciplinary action taken against her license and will contact the applicant to provide a statement and additional information.

6. SCOPE OF PRACTICE – SOMATIC THERAPY

This item was added to the agenda after the Licensure Unit received an inquiry about somatic therapy and whether it would be included in the scope of practice for mental health, and Amyot requested that it be added to the agenda as a topic of discussion for this board. Somatic therapy is a treatment which focuses on releasing trauma from the body using mind-body techniques. McNally said that somatic therapy is a practice which can be used in conjunction with other modalities such as talk therapy or medication. She said that she knew people with trauma who felt that receiving somatic therapy as part of their treatment had been helpful. Meyerle asked if the somatic therapy had been provided by a massage therapist and McNally said that it had. Czaja-Stevens said that some practitioners give the clients instructions on what to do with their bodies rather than doing it themselves. Batter asked who was typically being trained in somatic therapy and McNally said that it included both massage therapists and mental health practitioners. Amyot said that her question was where the line should be drawn, since virtually any practice involving trauma could fall under the scope of mental health therapy. If someone is practicing somatic therapy, when does it become mental health practice? There was discussion of mental health practices that have a massage therapist on site, which would be ideal since a patient who was receiving somatic therapy from a massage therapist would have access to a mental health practitioner for talk therapy if they needed it. Amyot asked about a theoretical situation where a massage therapist was providing somatic therapy in their individual practice, not in collaboration with a mental health practice, and someone called filed a complaint with DHHS because they were practicing mental health. Czaja-Stevens said that it can be hard to determine where that line would be, but that massage therapists are not trained to verbally process trauma. Meyerle brought up the example of a cosmetologist or barber listening to their clients talk about their problems and that it can be hard to differentiate between one person talking to another person about their problems and mental health therapy. McNally located a definition online which said that referral to a mental health practitioner is warranted when the client's need exceeds the scope of body-based regulation and moves into the territory of clinical diagnosis, acute crisis, or complex cognitive processing. Examples such as active psychosis, risk of harm, or medication management would warrant referral to a mental health practitioner. Amyot said that there would be a difference between talking about your problems to a hairstylist and receiving somatic therapy from a massage therapist, especially one who advertises that they can treat grief or trauma. Batter said that massage therapists practicing somatic therapy would need to be aware of when they might be crossing

the line into mental health therapy. Davies said that the line could be whether the practitioner is making recommendations or when the therapy takes place during recurring appointments or with homework being assigned. McNally and Meyerle brought up the examples of life coaching and spiritual advisors, which can also cross the line into mental health practice. Batter said that another line would be if the practitioner is setting treatment goals or scheduling interventions, which are modalities typically used as part of cognitive behavioral therapy. Amyot said the consensus seemed to be that somatic therapy is a viable treatment modality that should be done by a professional such as a massage therapist or athletic trainer who is used to working on the body, and that once it involves cognitive processing, recurring treatment goals, or focus that goes beyond emotional regulation using the body, that would be considered to be the practice of mental health and would require a mental health license. The board agreed. Czaja-Stevens said that the ideal practitioner would be licensed in both mental health and massage therapy. Amyot agreed and said that best practice could also be the massage therapist and mental health practitioner working in the same building so both would be available if needed, but that is not always possible.

7. UPDATES

a. Legislation

Baumann noted that LB 825, which would require continuing education hours on domestic violence for mental health providers, is currently in committee. The board had submitted a written statement in support of the bill; McNally had planned to testify in person at the hearing but was unable to attend. Martin pointed out that the testimony was agreed upon and submitted to the legislative committee without all board members having actually read the bill or considering the implications of the bill. There was a discussion of the procedure to follow when testimony is submitted by the board at legislative hearings and it was recommended that copies of written testimony be distributed to all board members. It was also recommended that when specific bills are placed on the agenda, links to the text copies of the bills should also be included.

Martin said that the Nebraska Association for Marriage and Family Therapy (NAMFT) had multiple concerns about LB 825, including the requirement for hours to be completed by provisionally licensed mental health practitioners, who are not required to complete CE hours for licensure as they do not renew their licenses. LB 825 also requires provisionally licensed mental health practitioners to complete training in domestic violence in order to apply for a full license, which could create issues. He noted that the same training would be required every two years and that NAMFT questioned why it would be necessary to repeat the same training. The current regulations already require completion of continuing education hours each renewal cycle to demonstrate that mental health practitioners are sufficiently trained and competent. There are no specific content requirements for CE hours other than requiring four hours of ethics training and six hours relating to diagnosis and treatment of major mental disorders for licensed independent mental health practitioners. Adding a requirement for CE hours specific to domestic violence could lead to a trend of requiring CE hours for specific topics such as PTSD or suicide assessment. NAMFT also had concerns about the language specifying who can provide the domestic violence CE training, because there would be a limited number of individuals able to provide the training. Martin suggested that rather than requiring the domestic violence training as continuing education, it could be added to the curriculum requirements for mental health graduate programs. McNally said that she thought the intent of the bill was good and suggested that the board could provide an updated statement to the committee which addressed the specific concerns being discussed. Meyerle said that while she supports training in domestic violence for mental health providers, she didn't think that specific CE requirements should be imposed through legislation but should rather come from the board. McNally said that while the board had previously discussed the bill and submitted a statement in support of the bill, its position had changed upon further discussion and that the board could submit another statement to the committee in order to reflect that. Czaja-Stevens brought up the point that adding domestic violence to graduate

program curricula could create issues for non-accredited programs. Amyot said that because legislation is required to change statutes, there really isn't another way to add to or change the current educational requirements. Meyerle suggested that instead of adding a domestic violence-specific CE requirement, the board could send a communication to all licensees reminding them that they need to be competent in the services they're providing and that if they are going to be working with couples or domestic violence situations, it would behoove them to be aware of issues related to domestic violence. Amyot said that the board could do that but it wouldn't be enforceable or binding. There was further discussion about whether it is a good idea to add specific CE requirements on top of what is currently required and where the line should be drawn. Amyot suggested that as part of a new statement, the board clarify that while they agree that domestic violence is an important issue, this bill is not the solution to the problem. The issue is not that therapists aren't trained; the issue is that domestic violence is occurring at an increasing rate. The board would like the legislature to find a better solution that treats the core causes of domestic violence other than continuing education requirements. It was suggested that McNally and Martin work together to submit a new statement to the legislative committee rescinding the board's previous stance. Once the statement is complete, it will be forwarded to Amyot for review and will be signed by Czaja-Stevens as the board chair.

MOTION: Martin moved, seconded by McNally, to write a new statement of the board's change in stance to opposition of LB 825 as written. A voice vote was taken. Voting yes: Batter, Czaja-Stevens, Davies, Erickson, Henderson, Martin, McNally, and Milander-Mace. Abstained: Meyerle. Absent: Gernant. Motion carried.

There was a discussion of how to address pending legislation in the future since there are typically bills related to mental health licensure introduced in every session. Since the first board meeting of the year usually occurs near the beginning of the legislative session, it is not always possible to discuss pending legislation in those meetings. It was decided that it would be advantageous to schedule a second meeting shortly after the first meeting of each year to discuss pending legislation. It would be better to schedule a specific meeting yearly rather than trying to schedule emergency meetings on an as-needed basis, since it can be difficult to coordinate schedules and achieve a quorum for those meetings. It was suggested that the appropriate professional associations will be notified of these meetings so that they have the option to attend and contribute, and licensure staff will be sure that those organizations have the correct contact information in order to ensure that any communications are forwarded to board members for review.

Baumann said that the following bills were still in committee: LB 1040, which is related to mental health commitments; LB 961, related to collateral sanctions; and LB 860, related to Medicaid waiver services for individuals under 21. LB 1084, related to emergency protective custody, has moved to general file status, and LB 722, related to the Behavioral Health Services fund for substance use disorders, has moved to engrossed status.

b. Association and Committee Updates

i. AASCB <https://aascb.org/>

Meyerle attended the annual conference in February. She said that the meeting focused on supervision requirements and noted that Nebraska regulations regarding supervision need to be updated. She found it interesting to see the difference in regulations between different jurisdictions; some other states have more detailed and specific regulations while Nebraska doesn't even require CE hours for supervisors. There was discussion at AASCB about what adequate supervision looks like. She said that since there are more licensed independent mental health practitioners (LIMHP) in Nebraska, it might be warranted to revisit who can provide supervision. Amyot asked if AASCB had any model regulations;

Meyerle said that AASCB had drafted model regulations in the past and that those model regulations included a section on supervision. She said that there was not a consensus on supervision at the AASCB meeting; the focus was more on what different states were doing with supervision. There was a discussion of which states require provisional licensees to submit reports to their licensing boards, as well as what to do when a licensee has completed the required supervised hours but is not otherwise progressing under supervision. Amyot said that since the Nebraska regulations will be reopened in the future, she will be compiling model regulations from other states to assist in that process.

ii. AMFTRB <https://amftrb.org/>

There were no new updates.

iii. ASWB <https://www.aswb.org/>

Batter will not be able to attend the April 17th education meeting of ASWB; Czaja-Stevens said that she could attend the meeting. Batter said that she will be on the ASWB regulation standards committee for 2026 so she will be attending a required meeting for that committee in May. Meyerle mentioned that ASWB has a training course for new board members that is very helpful and is available online. Batter said that due to lack of meeting attendance by public board members at ASWB meetings, she would encourage public members to attend more meetings; there was a discussion of participation by public board members at the annual ASWB meeting because of decreased attendance by those members.

MOTION: Batter moved, seconded by Meyerle, to approve funding for Czaja-Stevens to attend the April ASWB meeting in Batter's place. Voting yes: Batter, Czaja-Stevens, Davies, Erickson, Henderson, Martin, McNally, Meyerle, and Milander-Mace. Absent: Gernant. Motion carried.

c. Licensing Compacts

i. Social Work Compact

Bauman said that there were no significant updates. There have been smaller committee meetings held, but no larger meetings have been scheduled since November; that meeting included discussions about administrative fees and possible vendors.

ii. Counseling Compact

Meyerle said that she attended the annual meeting in February. Draft rules have been posted on consistent credentialing, which clarified the designation of the compact license. Since there isn't consistency between states on license designation, the compact is creating one. The current proposal for the designation is CC-LPC followed by the state abbreviation and state license number. Three states are currently issuing privileges to practice. She noted that the structures of the Social Work and Counseling Compacts will be different and that may be confusing for licensees once the compacts go live. The other draft rule for the Counseling Compact relates to the conversion of a privilege to practice to a home state designation. For the Counseling Compact, a licensee designates their home state and then requests a privilege to practice in the desired compact state. If there is an adverse action against a privilege to practice, the other states are notified immediately. For pending disciplinary

actions, the only notification is a check box on the application form and no other information is provided. If the investigation is closed with no action taken, the check box is removed. If disciplinary action is taken, it will be uploaded to the compact database and the licensee will lose compact privileges in all compact states. She said that in terms of eligibility for compact privileges, Nebraska will need to decide how to complete background checks for licenses issued prior to 2023 since they were not required by state statute prior to that year. When Nebraska is ready to go live with compact licensing, DHHS will need to designate which licensees are eligible to apply for compact privileges and only those licensees will be uploaded to the database. For states who require jurisprudence exams, applicants will need to attest to having completed the exam prior to application to the compact.

Baumann said DHHS is working on finishing up the database process; the fee amount for compact licensure has already been approved by the board. Once Nebraska is ready to go live, more information and answers to FAQ's will be posted to the website.

d. Email Ballots

Baumann reported on the following email ballots sent to the board for review: Leslie Gamble (LIMHP), Kelly Malge (PLMHP) and Robert Stanton (LIMHP) were approved for licenses with no restrictions by a majority of the board members who responded. The application for reinstatement after revocation for the LIMHP license of Brooke Wright was denied by a majority of the board members who responded.

e. Licensure statistics (attached to agenda)

8. ADJOURNMENT

The meeting was adjourned at approximately 1:36 p.m.

Summarized by:
Jessica Dean, Licensure Unit