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**DIVISION OF PUBLIC & BEHAVIORAL HEALTH**

**BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE**

**DOMESTIC VIOLENCE TREATMENT PROGRAMS**

**LCB File No. R071-20**

**Informational Statement per NRS 233B.066**

1. A clear and concise explanation of the need for the adopted regulation;

The adopted regulations bring current regulations into compliance with NRS 439.258 which was passed during the 2019 Legislative Session and requires the Division of Public and Behavioral Health (Division) to adopt regulations which require a program for the treatment of domestic violence to include a module specific to victim safety, to be based on evidence-based practices and to be based on the assessment of a program participant by a supervisor or provider of treatment.

Current regulations do not outline the application and renewal process to become a supervisor or provider of treatment; therefore, the application process is not transparent in regulations and has resulted in inefficiencies. The adopted regulations outline the application process to become an approved provider or supervisor of treatment. The adopted regulations do not change any of the qualifications to become an approved provider or supervisor of treatment such as any educational or licensure requirements currently in regulations.

To help increase efficiencies but at the same time ensure compliance with continuing education requirements, the adopted regulations authorize the Division to audit a supervisor of treatment or provider of treatment to verify compliance with the requirements for continuing education. To help ensure compliance with the continuing education requirements, the adopted regulations outline ramifications for lack of compliance, such as:

- Revoking the approval to work of a supervisor of treatment or provider of treatment who is found to not be in compliance with the continuing education requirements; and
- Requiring a supervisor of treatment or provider of treatment to reapply for an approval to work in that position if their approval as a supervisor of treatment or provider of treatment has been revoked by the Division due to his or her noncompliance with the requirements for continuing education.

The adopted regulations remove the 70-mile limitation and instead authorizes any offender to attend counseling sessions or other meetings electronically if: (1) the program has implemented a mechanism to ensure that the person attending electronically is actually the offender; and (2) the provider of treatment verifies the identity of the offender at each meeting by utilizing the mechanism.

There are several reasons for bringing this change forward:

- 1) It has been noted that one of the contributing factors to the lack of effectiveness of programs for the treatment of domestic violence is due to individuals that do not complete the program. It stands to reason that if a program is not completed in full, the effectiveness of the program would be negatively impacted. It has been noted that telehealth results in higher retention rates.
- 2) A mileage limitation on the ability to be able to provide counseling sessions via electronic means, such as the current 70-mile limitation, continues to result in individuals having difficulty attending program for the treatment of domestic violence sessions. This may contribute to low participation rates and contribute to higher dropout rates.
- 3) Although not directly related to domestic violence treatment programs, an article in the American Psychological Association noted that research to date shows that telepsychology or teletherapy is effective; therefore, it stands to reason that virtual, interactive domestic violence counseling sessions, if effective in person, would be effective virtually. At least one Nevada provider of treatment expressed there were several advantages to having virtual, interactive counseling sessions, including having better control over disruptive participants.
- 4) Difficulty exists in finding qualified supervisor and providers of treatment in rural areas. Opening the virtual, interactive counseling sessions would allow participants in rural areas to attend Nevada certified domestic violence treatment programs that are based out of Clark or Washoe County where many programs are based. This would allow for greater choice in selecting a program and perhaps finding one that better suits the individual. In addition, it may make it easier for rural programs to find qualified providers and supervisors of treatment as they would be able to utilize approved providers and supervisors located in counties such as Clark or Washoe, to provide counseling sessions via electronic means.

As expressed in an article published by the American Psychological Association, July 1, 2020, available at: <https://www.apa.org/monitor/2020/07/cover-telepsychology> ):

*And research to date shows mental health care delivered remotely—also known as telepsychology or teletherapy—is effective. Psychologists—along with psychiatrists, social workers and others—have built a substantial literature base on telehealth interventions that work for a variety of problems and populations.*

*“What we’ve seen is that telehealth is essentially just as effective as face-to-face psychotherapy—and retention rates are higher,” says David Mohr, PhD, director of the Center for Behavioral Intervention Technologies at Northwestern University’s Feinberg School of Medicine, who has spent his career studying telepsychology and digital mental health.*

2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary;

### **March 31, 2021 - Public Workshop Comments**

All certified domestic violence treatment programs were emailed (with a link to the documents posted on the Division’s website) the public workshop notice, proposed regulations, and the small-business impact statement on 2/25/21. The public workshop notice was also posted on the Legislative Counsel Bureau’s website.

A public workshop was held virtually on March 31, 2021. Five individuals, not including Division of Public and Behavioral Health staff, participated in the public workshop.

The following is a summary of the testimony provided at the public workshop.

One person indicated they were present just to stay up to date.

A second individual testified that the 70-mile limitation, which is currently in regulations, to attend counseling sessions via telehealth is burdensome to rural Nevada. She also noted it was currently difficult to get two providers to facilitate the groups and that it was a great expense to get providers in rural Nevada.

A third individual was in favor for continuing the ability to conduct virtual classes no matter the distance because it resulted in better participation and more engaged providers and participants. She noted her program will use a hybrid system, with both virtual and in person classes. She noted some batterers will be pulled from the virtual program because of too many distractions or lack of participation. She noted her program has absolutely seen the benefit of having two providers. She noted two providers helps manage the group with one person delivering the curriculum and one watching the participation of the batterers.

A fourth individual indicated he was in support of the removal of the 70-mile restriction. He would like to cut back to one counselor instead of two. He noted that having one counselor is better than two and that California has only had one counselor for the last 40 years. He noted agencies cannot turn away anyone, regardless of their ability to pay and that having two counselors puts a financial burden on the agency because it results in double the costs. He noted legislation should permit a self-learning online course with anti-cheating software because it is not always possible to have an online relationship and that it could be done more easily. He noted some offenders are geared towards online courses because of work and schedules. He also noted that currently testing is not required, and that online testing would be a requirement. He also proposed changing the requirement for evidence-based learning to just when it is available due to the lack of availability.

A fifth individual testified in support of the proposed regulations noting they strike a nice balance and that the pandemic revealed some of the strengths and streamlining these regulations will help provide these services throughout Nevada.

### **June 22, 2021 – Public Hearing Comments**

All certified domestic violence treatment programs were emailed (with a link to the documents posted on the Division's website) the public hearing notice, proposed regulations, and the small-business impact statement on May 5, 2021. The public hearing notice was also posted on the Legislative Counsel Bureau's website.

A public hearing was held in person and virtually on June 22, 2021.

The following is a summary of the testimony provided at the public hearing.

Only one individual testified virtually that he was concerned about the online counseling session allowance. He noted it was a very uncontrolled environment. He believed this would result in the online format becoming the only model and he would be required to maintain everything online. He noted that even if in person classes were allowed only one to two people would attend but he would still need staff for the in-person sessions. He felt that nobody would attend the in-person classes. He noted that you cannot order people into a class and it would turn it into an alcoholic anonymous type meeting.

Another individual did provide written testimony for consideration.

**Written Comment Received April 14, 2021**

Lisa Sherych

Division Administrator

Division of Public and Behavioral Health

Re: Input on current proposed Domestic Violence Treatment Regulations R071-20RP1-DraftRegsPW

I would like to suggest 2 additions to the proposed regulations:

1. Lower the DV provider requirement from 2 to 1 like California and the rest of the US.
2. Permit the option of online Self Study courses for offenders with anti cheating software.

Explanation:

1. Lower the provider requirement from 2 to 1 like California and the rest of the US.

a) California has had one DV provider for the last 40 years. Their system works fine. There is no other state that requires 2 providers.

b) Originally the idea in NV was to have the perspective of a male and female provider. This is no longer required. So there is no longer a gender advantage in having two providers.

c) DV agencies losing money: DV agencies are required to accept all offenders regardless of their ability to pay for the counseling. DV agencies are not reimbursed as are hospitals and other institutions. In fact, there is unfair competition with private DV agencies from the county with Alternative Sentencing of Las Vegas Municipal Court who had the most offender clients before the pandemic, about 700 clients a month. Private DV agencies are suffering financially. The lowering of provider requirements from two to one would save each of the 6 DV agencies I supervise at least \$200 a month (\$50x4 sessions a month) or \$2400 a year.

d) Two providers are not better than one. There is usually a lead provider and a beginner provider. There are rarely two lead providers teaching a group together. Since the two providers frequently alternate in a group session, it cuts down on the impact of both providers, especially the more experienced provider. So switching to one provider can actually be helpful by giving more time to the provider with more experience.

e) Not 2 points of View: Two points of view can be helpful but that is not the case in DV agencies. Most Nevada DV agencies teach the same philosophy within each agency. Some are CBT based, some are Reality Therapy based, some use the Duluth model. There is not a variety of approaches within one agency.

f) Debate Me: The arguments I am making here are irrefutable. I am willing to debate anybody on these points.

2. Permit the option of online Self Study courses for offenders with anti cheating software.

a) Why are DV offenders the only group not permitted to use Self Study courses? Many of the managers in the Division of Public and Behavioral Health have their degrees from institutions that offer Self Learning courses such as Princeton, Yale and many other colleges.

b) Offenders Can Learn More: There is no data that proves that "in-person" instruction is effective or better than "self study" online courses. In fact, MIT and the US Dept. of Education say the Self Study non-interactive model is superior because the student can progress at their own pace and the student spends more time on task. Also students learn more when they have to dig out the answer as opposed to being spoon fed online.

c) Tests! There is no proof that offenders learned anything from the present "in-person" method because there are no tests! The Self Study courses I suggest contain 25 questions for each week of material. Unless the offender scores 75% or better they must repeat the course.

d) Cheating: Anyone who has monitored present "in-person" online DV courses can see that the offenders are busy on their cell phones or other media during the online classes. Offenders are not even required to be visible online. If offenders knew they would be tested or repeat the class, there would be a different level of attention. This could lead to less relapse. Self Study courses with anti cheating software like auto proctoring is the model used by Princeton, Yale and many others. There is a trend this way because of the cost of monitoring interactive tests.

e) Cost: The present "in-person" model costs \$30x26 classes=\$780 plus intake fees. The Self Study Model even with anti cheating software can be done for less than half or \$390. It is the perfect answer for the stay at home parent person especially in this pandemic.

f) Debate Me: The arguments I am making here are irrefutable. I am willing to debate anybody on these points. I can present research to back up my presentation, if requested.

Respectfully submitted,

Dennis Fitzpatrick

Reality Therapy Certified (RTC), M.M.

Domestic Violence Supervisor 18 years, State of Nevada

Retired Supervisor for Board of Examiners for Alcohol, Drug and Gambling Counselors

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to:

Leticia Metherell  
Division of Public and Behavioral Health  
727 Fairview Drive, Suite E  
Carson City, NV 89701  
Phone: 775-684-1045  
Email: lmetherell@health.nv.gov

3. A statement indicating the number of persons who attended each hearing, testified at each hearing, and submitted written statements regarding the proposed regulation. This statement should include for each

person identified pursuant to this section that testified and/or provided written statements at each hearing regarding the proposed regulation, the following information, if provided to the agency conducting the hearing:

- (a) Name
- (b) Telephone Number
- (c) Business Address
- (d) Business telephone number
- (e) Electronic mail address; and
- (f) Name of entity or organization represented

A public workshop was held virtually on March 31, 2021. The following five individuals, not including Division of Public and Behavioral Health staff, attended and testified at the public workshop.

- Craig Merrill representing Sierra Counseling Center
- Lacie Menzies representing New Frontier Treatment Center
- Liz Ortenburger representing Safe Nest
- Dennis Fitzpatrick representing Bilingual Center for Behavioral Health, Eagle Mind Health Services, Empowerment Centre, and P.A.R.C. at Sankofa
- Linda Anderson representing the Nevada Public Health Foundation

A public hearing was held in person and virtually on June 22, 2021. Except for Division staff, there were no in person participants at the physical location. The following 10 individuals, not including Division staff or the Division's deputy attorney general, attended, testified or submitted written statements regarding the proposed regulation.

- Jerusha DeBattista      jerushad@safehousenv.org
- Paul Reeves              optionsdp@earthlink.net
- Craig Merrill            craig@sierracounselingcenter.com
- Randall Stiles            randall.stiles@unlv.edu
- Karla Landero            klandero.abc@lvcoxmail.com
- Cesar Sanchez          csan@safenest.org
- Josh Cabral              joshc@newfrontienv.us
- Eric Rust                 erus@safenest.org

One individual signed into the virtual hearing but did not provide a name or email address and were only noted as:

- "Call-in User\_3".

Dennis Fitzpatrick dfdesk@gmail.com provided written testimony for consideration at the public hearing. Please refer to number 2 for written testimony.

4. A description of how comment was solicited (i.e., notices) from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

### **Summary of Response**

All certified domestic violence treatment programs were emailed on 12/4/2020 (with a link to the documents posted on the Division's website) the proposed regulations and a small business impact questionnaire to be

used to provide feedback on the proposed regulations. The feedback received can be found in the table below.

Out of the small-business impact questionnaires sent to all 31 domestic violence treatment programs certified at the time the questionnaire was distributed, 2 responses were recorded as received.

<b>Will a specific regulation have an adverse economic effect upon your business?</b>	<b>Will the regulation(s) have any beneficial effect upon your business?</b>	<b>Do you anticipate any indirect adverse effects upon your business?</b>	<b>Do you anticipate any indirect beneficial effects upon your business?</b>
Yes – 2 No – 0	Yes – 1 No – 1	Yes – 2 No – 0	Yes – 0 No – 2
<p>Comments – (NAC 228.100) Section 5 of this regulation removes the 70-mile limitation and instead authorizes any offender to attend counseling sessions or other meetings electronically if: (1) the program has implemented a mechanism to ensure that the person attending electronically is actually the offender; and (2) the provider of treatment verifies the identity of the offender at each meeting by utilizing the mechanism. The intent of the initial legislation was to ensure perpetrators of DV would receive quality "in person" counseling to help the individual from becoming a repeat offender. This rule was put in place to ensure clients were in a controlled environment to promote the best learning atmosphere. While alternatives are needed to accommodate individuals through the pandemic, the continued use of online counseling will eventually negate all in person counseling. We will not be able to bare the cost of conducting programming with one or two facilitators, an admin worker and the cost of keeping a facility open to accommodate one or two clients that choose to meet in person. Agencies like mine have developed our current facilities to meet the requirement of completing in-person counseling as outlined in current guidance. Multiple year leases were signed to allow for the square footage that was needed to accommodate these programs. The removal of the 70-mile stipulation will leave agencies like mine paying the premium for square footage that will be no longer be needed with multiple years left on an existing lease. The cost of procuring computers and services to accommodate this type of counseling is another additional cost that will require consistent</p>	<p>Comments – Altering this regulation will eliminate "in person" counseling and force all agencies to procure hardware, software and bandwidth to meet the need of our online clientele. Yes, they will continue to allow for greater service and access to rural clients, disabled clients and clients without means for transportation. It could potentially lower other costs over time, but not immediately.</p>	<p>Comments – I foresee an influx of individuals (facilitators) who obtain training and have a computer to certify and offer programming. No longer can they be required to provide a physical address to accommodate programming. These agencies/individuals may not even be local counseling professionals. Yes, one indirect impact is increased difficulty in managing and measuring success of programs. More specifically it has the potential to invite unqualified providers without the best interest of our communities to participate and diminish the overall positive impacts of treatment making our community as a whole less desirable for business.</p>	<p>Comments - We do not anticipate any.</p>

maintenance and monthly meeting fees. The increase in internet bandwidth will also be an additional cost to seamlessly stream classes.

Additionally, agencies who will be forced to only provide online counseling will have to require their participants to have all the needed hardware, software and adequate internet or cellular coverage to attend these weekly meetings. This will leave little or no access to individuals who do not have the required resources and will narrow or eliminate their ability to comply with the court order.

It is my belief that proceeding down this path, will be the implosion of this current requirement. It will be a disservice to the courts and the victims of domestic violence. It will transpose the quality counseling that these individuals are currently receiving and turn it into a checkbox to fulfill a requisite. The unintended consequences will be dire and will alter the beneficial end of this law to just another punitive requirement.

Section 5 of the proposed changes has the potential to have an adverse economic effect if not implemented thoughtfully. Specifically, the part of the section that waives the 70-mile radius for allowing online treatment. In the DUI space we face a similar issue with low quality out of state programs offering cheap alternatives that are not in the best interest of the community or the clients taking classes. We believe it is important to have guidelines helping to ensure these programs remain community based and can provide services to indigent clients and those needing live options. None of this will work if oversight and accountability are not part of the regulation change. We are not opposed to the changes in principle but are opposed to the changes without these additional safeguards in place to protect the integrity of treatment for domestic violence offenders. In addition, we also see this as having adverse effect on the court systems in regards to oversight and reporting. We are open to providing additional details and feedback for how these concerns can be addressed.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to:

Leticia Metherell  
Division of Public and Behavioral Health  
727 Fairview Drive, Suite E  
Carson City, NV 89701

Phone: 775-684-1045  
Email: lmetherell@health.nv.gov

5. If, after consideration of public comment, the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change. The statement should also explain the reasons for making any changes to the regulation as proposed.

The feedback received during the development of the adopted regulations was taken into consideration. Based on the feedback received no further modifications to the adopted regulations were made for the following reasons:

- 1) Allowing for a self-study course. NRS 200.485 requires weekly counseling sessions. A self-study course would not meet the weekly counseling session requirement pursuant to NRS 200.485.
- 2) Require Tests/Prevent Cheating/Require Visual Presentations – These items all have a greater association with an educational model rather than a counseling session model. In accordance with NRS 439.258, which was passed during the 2019 Legislative Session, the Division must adopt regulations which requires a program to be based on the assessment of a program participant by a supervisor or provider of treatment; therefore, visual presentations may not be applicable to all offenders, for example, visually impaired individuals and written tests may also present a problem, for example, to illiterate individuals; therefore, until further study is conducted these changes will not be incorporated at this time. In addition, requiring these items would reduce the ability for the offender's treatment program to be tailored based on the assessment of the offender by the provider or supervisor of treatment.

Several providers indicated that reducing the requirement from two providers of treatment to one provider of treatment per counseling session would reduce costs and that two providers were not necessary. The providers were asked to provide evidence-based supporting documentation for their positions but were not able to. One supervisor did provide an opinion from a psychiatrist that noted one counselor was better, but it appeared to be in the context of individual therapy versus a group therapy session. One article, published by the Journal of Family Violence (2016), titled, *Elements Needed for Quality Batterer Interventions Programs (BIP); Perspectives of Professionals Who Deal with Intimate Partner Violence*, noted:

*Co-Facilitation Participants expressed the belief that BIPs should be co-facilitated, or rather led by two individuals as opposed to one, I think two is better because you can see different things. You are actually literally seeing a different perspective. You can debrief, so you are not just getting your own perspective. Having two people co-leading groups, it was believed, allowed facilitators to better manage the group and attend to clients. It also allowed those running the groups to gain greater insights into their clients: You need two facilitators; you need someone watching the group. You can't always do that if you are focused, but if you have two people, one can watch and observe what is going on and that is oftentimes when you get the real kind of confession of what it is because you've caught them reacting.*

Although these were participant perspectives and we had Nevada program providers argue that two providers of treatment were not necessary, in a conversation with one Nevada program provider, she indicated that two providers should be continued, even during online counseling sessions, for similar reasons presented in the article.

Although it is recognized that reducing the current regulatory requirement from 2 providers to 1 provider would reduce the fiscal burden on these businesses, it is not clear if changing the regulations at this time would have a negative impact on the quality of the group counseling sessions; therefore, no further changes to the number of required providers to the existing regulations were made. This may be revisited at a future time when more information becomes available on this topic.

The adopted regulations do not make any changes to the required number of providers; therefore, no fiscal impact is being realized regarding the number of required providers as a result of what is being moved forward in the adopted regulations.

6. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must include:
- (a) Both adverse and beneficial effects; and
  - (b) Both immediate and long-term effects.

Beneficial Effects: There are several indirect financial beneficial effects that may be realized including:

- Increased participation by offenders; therefore, greater potential that payment for services will be received.
- Increased accessibility to certified programs by offenders that live in rural areas, offenders with disabilities and those without a means for transportation. This would also result in increased accessibility to programs located in less densely populated areas; therefore, potentially increasing business.
- Increased transparency in supervisor and provider of treatment application process with the goal of reducing the time and effort in submitting current applications; therefore, saving time (staff costs) that could be directed to conduct other work.
- Potential for improved outcomes as programs will be required to be evidence-based; therefore, a potential for reducing costs associated with repeated offenses.

Adverse effects: No significant direct adverse economic effects are anticipated. The following addresses the concerns noted in the comments section of the summary of responses:

- Currently there is no prohibition for an out-of-state program to offer its services online so long as it meets the requirements set forth in NAC 228.104, certification of program located in another state; renewal. As the adopted regulations do not make any changes to NAC 228.104, the adopted regulations would not make it easier for out of state applicants to provide services in Nevada just because instate providers can provide the services electronically.
- The adopted regulations only allows a program to offer counseling sessions by electronic means if it has a mechanism in place to ensure the offender attending the session is the offender that is supposed to be attending the session; therefore, a program that does not implement such a means does not have to offer electronic sessions and can continue to provide only in person counseling sessions. This removes any requirement that would force a program to purchase computer hardware and associated items needed to provide sessions electronically.

- The adopted regulations outline the application process for a provider or supervisor of treatment to obtain approval to become a provider or supervisor of treatment but does not reduce the qualification criteria, such as any educational or professional licensing requirements needed; therefore, it does not make it any easier for someone to become a provider or supervisor of treatment in terms of who would be qualified to provide these services.
- Although the adopted regulations outline the application process to become a provider or supervisor of treatment this is not enough to open a certified program for the treatment of domestic violence. An applicant would still have to apply and meet all the requirements to become a certified program for the treatment of domestic violence. In addition, NAC 228.100, continues to require that an applicant provide the address of the program. Although it is true that there would not be a prohibition for a program to offer all of their sessions electronically, the program would still have to meet all of the regulatory requirements to become a program and provide an address which the Division could go onsite to perform a complaint investigation, as an example, if needed. In addition, as a program address, this address would be made available to the public through our online licensing system's public facing facility locator feature.

Based on the feedback received from the small business impact questionnaire and analysis of the adopted regulations and their impact, it was concluded there would be no significant adverse economic effect on existing businesses if they are an evidence-based program. In addition, there may be a small impact on programs that currently do not have a module specific to victim safety, to incorporate such a module into their existing program but since it is a statutory requirement for the regulations to require a module specific to victim safety, this requirement could not be removed from the adopted regulations and still be in compliance with NRS 439.258.

Programs that are not based on evidence-based practice would need to update their program to meet this requirement or action may be taken on their certificate, for failure to meet regulatory requirements. The actions taken may result in a negative financial impact to a business and may result in closure if action to revoke a certificate is taken against the program's certificate. As it is a statutory requirement for the regulations to require a program be evidence-based, this requirement could not be removed from the adopted regulations and still be in compliance with NRS 439.258.

In addition to the comments received through the small business impact questionnaire providing feedback on the proposed regulations, feedback was received regarding current regulations that are not currently being amended by the adopted regulations. These included the following:

- Allowing for a self-study course. NRS 200.485 requires weekly counseling sessions. A self-study course would not meet the weekly counseling session requirement pursuant to NRS 200.485.
- Require Tests/Prevent Cheating/Require Visual Presentations – These items all have a greater association with an educational model rather than a counseling session model. In accordance with NRS 439.258, which was passed during the 2019 Legislative Session, the Division must adopt regulations which requires a program to be based on the assessment of a program participant by a supervisor or provider of treatment; therefore, visual presentations may not be applicable to all offenders, for example, visually impaired individuals and written tests may also present a problem, for example, to illiterate individuals; therefore, until further study is conducted these changes will not be incorporated at this time. In addition, requiring these items would reduce the ability for the offender's treatment

program to be tailored based on the assessment of the offender by the provider or supervisor of treatment. Although written testimony noted: "Offenders are not even required to be visible online.", this is not accurate, as NAC 228.100 requires the following:

*(2) The electronic means by which the offender attends the counseling session or meeting allows the provider of treatment who is overseeing the counseling session or meeting to receive audio and video of the offender;*

Several providers indicated that reducing the requirement from two providers of treatment to one provider of treatment per counseling session would reduce costs and that two providers were not necessary. The providers were asked to provide evidence-based supporting documentation for their positions but were not able to. One supervisor did provide an opinion from a psychiatrist that noted one counselor was better, but it appeared to be in the context of individual therapy versus a group therapy session. One article, published by the Journal of Family Violence (2016), titled, *Elements Needed for Quality Batterer Interventions Programs (BIP); Perspectives of Professionals Who Deal with Intimate Partner Violence*, noted:

*Co-Facilitation Participants expressed the belief that BIPs should be co-facilitated, or rather led by two individuals as opposed to one, I think two is better because you can see different things. You are actually literally seeing a different perspective. You can debrief, so you are not just getting your own perspective. Having two people co-leading groups, it was believed, allowed facilitators to better manage the group and attend to clients. It also allowed those running the groups to gain greater insights into their clients: You need two facilitators; you need someone watching the group. You can't always do that if you are focused, but if you have two people, one can watch and observe what is going on and that is oftentimes when you get the real kind of confession of what it is because you've caught them reacting.*

Although these were participant perspectives and we had Nevada program providers argue that two providers of treatment were not necessary, in a conversation with one Nevada program provider, she indicated that two providers should be continued, even during online counseling sessions, for similar reasons presented in the article.

Although it is recognized that reducing the current regulatory requirement from 2 providers to 1 provider would reduce the fiscal burden on these businesses, it is not clear if changing the regulations at this time would have a negative impact on the quality of the group counseling sessions; therefore, no further changes to the number of required providers to the existing regulations were made. This may be revisited at a future time when more information becomes available on this topic.

Important note: The adopted regulations do not make any changes to the required number of providers; therefore, no fiscal impact is being realized regarding the number of required providers as a result of what is being moved forward in the adopted regulations.

7. The estimated cost to the agency for enforcement of the proposed regulation.

These proposed regulations will not add any costs to the current regulatory enforcement activities conducted by the Bureau of Health Care Quality and Compliance (HCQC).

8. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

There is no known overlap or duplication with other state or federal regulations.

9. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions; and

There are no known federal regulations that are more stringent than the adopted regulations.

10. If the regulation establishes a new fee or increases an existing fee, a statement indicating the total annual amount the agency expects to collect and the manner in which the money will be used.

The proposed regulations do not provide for a new fee or increase any existing fee to certify programs for the treatment of domestic violence.