

## Rural Regional Behavioral Health Policy Board - BDR Development Subcommittee

### Legislative Challenges Related to Workforce Development Pipelines for Behavioral Health

Updated 8.12.22

#### Potential Legislative Fixes for BDR Inclusion

Issue	Description	NRS/Statute
Schools - EB information used for health education and health services program	In context of the pipeline and priming students for higher education and interest in the BH Workforce	Adjustment to NRS 389.018, and/or New to NRS 389
"Home" for public and behavioral health	Center for BHECN or BH Center for excellence	New
Provisional licensing for professionals during background check process	This could be reconsidered for this legislative session	New to NRS 641, 641A, 641B, 641C, 641D (?), and NRS 630
Behavioral Health Workforce Development Center	<p>BHECN Model and others</p> <p>Creates systematic approach and system across all of segments of the pipeline; builds, coordinates, and provides QI for these systems.</p> <p>Center can/should collaborate with students and applicants for internships and licensure for all institutions of higher education, both within and outside of the NSHE system (online schools, out of state, etc.)</p> <p>Stronger ties to Nevada Health Service Corps (and federal loan repayment programs) and coordination of students towards</p>	New

	<p>those programs  Tie in better with Rural Recruitment and Retention Network at Office of Rural Health  Need to identify where it would be housed, funded, and generally supported.  Work closely with NV Dept of Education to enhance and expand their CTE programming to include behavioral health within their curriculum and core standards. At this time, I do not believe those competencies are included.</p>	
MFT/CPC Interstate Compact	Would require legislative action for Nevada to enter	New
Governor's Emergency Directive 011	<p>MFT/CPC Board had registry for providers operating under this directive. That board didn't have any complaints against any of these providers.  Revisit this expedited licensure by endorsement for all behavioral health licensing boards</p>	Alterations/New language for NRS 641, 641A, 641B, 641C, 641D (?), and NRS 630

**Additional Ideas Introduced to Rural RBHC 7.23 – 8.11**

- Engage students as peer leaders in SEL and other programs in K-12 education to not only support positive school climate, but also bolster interest in BH careers
- Leverage existing youth leadership programs through prevention coalitions, Boys and Girls Club, and others, to foster interest in behavioral health professions through leadership and peer support training.

**Washoe Regional Behavioral Health Policy Board**

- Still in process of narrowing concepts
- Likely graduate medical education spots (psychiatry, etc.); tuition/loan repayment
- Perhaps also looking at other therapeutic licensures for the same thing
- Conversations at the moment are focused on UNR and Renown, but will broaden with more information and development

## Discussion

- Create “BH Act” that mandates the state bodies work together
- Interim studies – SB 209, better aligned with other Interim Committees, prime for better success in subsequent sessions
- Appetite for moving forward, not just studies
- For large asks, need large amount of leadership support for legislative success
- Suggested (Megan C.) keep the focus narrow, and take bites off of the issue
- Dr. Hunt: the above mentioned by Megan is similar to the approach taken by Nebraska (BHECN)
- Valerie: Center and immediate NRS fixes? That way we can move if we have to remove pieces?
- Fergus: Take a step back. We need a center that can coordinate all of these pieces and decrease silos.
- Megan: maybe best way to start would be UNLV and UNR connected center/co-led, but must also tie in rural partners. Coordinated statewide – acting as convener
- Jose Melendrez – isn’t that similar to the existing Workforce Development Advisory Committee? Would this make this more formalized?
- Megan: Yes, formalized and also give it a framework.
- Valerie: Yes, also mandate NSHE institution involvement
- Dr. Hunt: That’s similar to how IL set up their center. Left it up to IL dept. of higher education to decide where it would live and how it would be administered, but indicated that the center would have to operate in a “hub and spoke” model that would also work with other higher ed.
- Julia: Good discussion, helps with Washoe Board work. The work is already happening, but this work is being funded out of public health funding streams – stretching to cover both health care and behavioral health as well as those are also needs. Maybe stretching it a bit thin; maybe more resources to have a focused effort on behavioral health to ensure that focus isn’t being taken away from other programs as well.
- Megan: would see this being a separate program that is separate from Center for PH Excellence
- Jose: Governor’s Office – there’s going to be an advisory committee or counsel; may change due to election results, but there IS work being focused on this. Concerns regarding sustainable funding; if we formalize it more, then that may not only reduce silos, but also create opportunities for other funding streams and sustainability. Build the model for what this could look like. And shop it around for support.
- Dr. Ryst: she’s hearing that we want to take action and that we’re very siloed in Nevada and there are different programs that people may not be aware of and the benefit of having a BH-focused Center would be to increase communication, reduce silos, and steer organizations in the right direction. Nebraska model might be good starting place as it has been successfully replicated. What’s the fiscal note going to look like? If it’s large, we need to garner support. Like the idea of establishing the

center this legislative session, then moving forward with other items in subsequent sessions. Can also focus on making sure that the system is also a favorable place for people to work in Nevada.

- Jose: Center – if higher ed is involved, a short-term fix could be that it sits within the colleges or universities for now to help it form, then launch into one cohesive center. Could be a starting point for early formalization.
- Dr. Hunt: vision of it is a collaborative effort between UNR and UNLV; currently have a great collaborative relationship with r. Packham and now Dr. Coll; this all leads towards the development of a stronger MH workforce program that is collaborative between the two universities. Have standing meetings with Provosts at both universities.
- Megan: responding to a couple of things: cost and fiscal note – opportunity to start small for next two years, like fund 2 staff until next legislative session, and identify what stakeholders need to be included. Could create framework within bill and provide parameters regarding what they need to do. The fiscal note on this wouldn't be too large, unless we added another initiative that was expensive. Look at Nebraska (or Illinois) model as a place to start.
- Gerald A.: Revenues in some areas are higher than normal, and what we have going against Nevada is that our Legislature only meets every two years. Try going a little bolder this year and scale back if necessary. At both UNR and UNLV, the collaboration among schools of Med and Schools of PH is strong, so it's not outside the realm of possibility to ensure the same happens with behavioral health.

#### **Draft BDR Concepts:**

- NE and IL:
- Creation of the Nevada Center for Behavioral Health Workforce Development/TBD
- Center scope of work:
  - Expectation that the administering institution(s) would work in a “hub and spoke” model
  - Would provide infrastructure that would administer education and outreach
  - Coordinate with key state agencies involved in workforce development and higher education
  - Organize a consortium of universities and provider agencies, law enforcement (and other stakeholders)
  - (See IL language)
  - Would act as repository for all previous BH workforce needs assessment data and all existing workforce groups
- (Reviewed comparative grid between language from bills in NE and IL)

## Parking Lot

The issues listed here are pertinent to the Nevada Behavioral Health System, but may not be an immediate focus of the BDR Subcommittee. However, the Rural Regional Behavioral Health Policy Board and its respective Coordinator do want to keep track of legislative needs brought to the table during this planning process, in case there are opportunities to either bring these ideas into the BDR for the upcoming legislative session, or to find other ways to address these needs.

Issue	Description	NRS/Statute
Umbrella licensing board		
Consolidate adult/youth BH policy		
Increase ability of schools to bill Medicaid for behavioral health services. Need professional on staff at each school to do billing.	Dana Walburn and others may be working on this already	
Singular licensing portal to be used by all boards	Also send to Governor's Office, DETR, and Commerce/Labor	
Background check - federal partnerships	Have behavioral health policy boards and licensing boards sign onto a letter to federal agencies to prioritize behavioral health licensure requests.	