

Rural Regional Behavioral Health Policy Board  
Serving Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties

May 17, 2022

Assemblywoman Sarah Peters, Chair, Joint Interim Standing Committee on Health and Human Services  
401 S. Carson St.  
Carson City, NV 89701

Dear Chair Peters,

The Rural Regional Behavioral Health Policy Board (hereafter referred to as “the Board”) would like to reach out and outline some of its concerns regarding the behavioral health workforce of Nevada and other state-level or policy issues that are creating challenges in creating a robust system that provides appropriate care for all Nevadans, regardless of their area of residence. While we realize the Joint Interim Standing Committee on Health and Human Services (hereafter referred to as “the Committee”) may not be able to affect change in all areas described here, it is important to note how these system fractures interplay to create barriers to Nevadan’s who are seeking access to treatment.

**Behavioral Health Licensing Boards:**

As you may be aware, the Board sponsored SB 44 during the 2021 legislative session, which focused on streamlining processes for licensure by endorsement, the licensure type for seasoned professionals from out of state who are seeking licensure in Nevada, when their licensure board does not have a pre-existing interstate compact in place that includes that applicant’s home state. SB 44 limited the amount of time a licensing board could take to process a complete application to 45 days (from 60), and provided other mechanisms to give priority to special populations, such as active-duty military and veterans of the U.S. Armed Forces.

The bill also sought to create mechanisms to allow interns seeking clinical or practicum hours to meet licensure requirements in a remote manner, which would both open doors for future professionals located in rural or frontier communities who wish to serve their community, as well as assist them in gaining access to supervisors who may otherwise not be available. Currently, if someone completes their education either online or via a hybrid format (there are great options offered through a partnership between University of Nevada, Reno and Great Basin College, for example), graduates must often leave their home communities to complete the required clinical hours for licensure, as there is a vast shortage of available supervisors. If an intern is able to find a supervisor in their community, they may not have experience in working with special populations or with specific treatment areas, thus these interns may miss out on valuable professional development opportunities. By having access to remote supervision outside of those enacted through the Governor’s emergency declarations, more options for supervision would come available to help prospective professionals gain the necessary experience for licensure, while still serving these communities through meeting an urgent need.

For the sake of conversation, the licensing boards addressed by SB 44, and the boards who will be referred to collectively in this letter, include:

- The Board of Examiners for Social Workers (hereafter referred to as the SW Board);
- The Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors (hereafter referred to as the MFT/CPC Board);
- The Board of Psychological Examiners (hereafter referred to as the Psych Board);
- And the Board of Examiners for Alcohol, Drug, and Gambling Counselors (hereafter referred to as the Drug and Alcohol Board)

In the wake of the passing of SB 44 and the sunseting of the Governor's emergency declarations, there are persistent issues that need to be addressed in order for Nevada to ameliorate the statewide lack of providers. Those that relate specifically to the licensing Boards and their processes include:

- We need to have some mechanism to ensure more accountability for licensing boards to meet statutory requirements (i.e., process for licensure not taking longer than 45 days). Through the development process of SB 44, it was incredibly difficult to find real-time data from the licensing boards regarding the span of time between application submission and licensure decisions. When asked at a panel held at the Governor's Health Care Provider Summit in Las Vegas this last April, both the MFT/CPC Board and the Psych Board described their process as taking between four to eight weeks from application submission (if complete) to licensure decision. Representatives from the other licensing boards have described similar timelines as well. This does not align with the statutory 45-day limit moved forward by SB 44.
- Lagging times for background check completion seem to be a challenge experienced by all professional licensure types that require them for licensure. The licensing boards seem to have varying processes for the completion of background checks. These should be streamlined by the boards internal processes, but there also needs to be a mechanism for those background checks which run through Nevada Department of Public Safety to fast track these applications to expedite the licensure process.
- Originally, SB 44 sought to add provisional or temporary licensure into statute for each of the licensing boards, so that applicants could begin practicing at their chosen location if appropriate oversight was available. However, the licensing boards would not agree to this practice, citing concern for patient safety. It was recently learned that the Nevada State Board of Nursing provides provisional licensure to allow applicants to begin practicing sooner, and it would not be a stretch to reason that nurses practice in settings that also serve patients when they are at their most vulnerable, while it be purely physical rather than psychological or related to substance misuse. We are asking the licensing boards to again consider instituting policies and regulations that would allow for provisional licensure, but this may come forward in the form of a bill this next legislative session if they refuse.
- The licensing boards who are not currently a part of interstate compacts should be encouraged to participate in these compacts and assisted through that process by the Nevada Legislature as applicable. It is this Board's understanding that entering into an interstate compact is complicated and takes participation on behalf of the Nevada Legislature, as well as those of other states. As licensure through these compacts is streamlined and improves communication regarding the clinician's practice record, disciplinary actions (or lack thereof), and other

important matters, this mechanism may be seen as a best practice for improving the volume of providers available while protecting patient safety.

- The strength of professional pipelines from NSHE institutions and licensing boards needs to be encouraged and supported. It has come to the attention of this Board that not all students who graduate from NSHE professional programs are able to complete the licensure requirements within the required time frames, often because of what seems to be a lack of communication and partnership between the licensing boards and NSHE programs. Fixing this issue does not land solely on the shoulders of the licensing boards, but also requires equal participation and compromise on the part of NSHE institutions as well, to ensure they are completely preparing graduates of their respective programs for the licensure process. Additionally, students should be well-informed of the resources available to support them and their education, such as Nevada Health Corps, which assists new health care and behavioral health professionals with placement in shortage areas and assists with all or the majority of student loan repayment. This requires communication at multiple touch-points throughout the workforce pipeline, which again, does not fall entirely on the shoulders of the licensing boards, but requires true collaboration across organizations. However, we cannot afford to risk losing potential treatment providers to other states who may have more synergistic workforce pipelines in place.
- With the large amount of funding that is currently available, Nevada should consider implementing an application platform that would be used for all occupational licensing boards for the purpose of streamlining the application process. Such a portal would become a one-stop-shop for applicants to upload their supporting documentation, complete all paperwork, receive checklists of what documents need to be completed and/or submitted, and where their application stands in the process. This would also give the licensing boards tools to communicate quickly and easily with applicants regarding any additional documentation needed, and to remove any miscommunication or accidental loss of paperwork or forms. Furthermore, having an online platform for all occupational licensure types would allow for the clean and standardized collection of occupational data that is integral in fully understanding barriers to expedient licensure. Examples of this data could include times experienced through the licensure process, the race, ethnicity, gender, or other information regarding the percent of the population that sits within specific groups to measure equity and diversity among the professional workforce, and would improve accessibility for all persons interested in receiving licensure in Nevada. Additionally, but allowing the platform to serve all occupational licensure boards, the cost for maintenance could be spread out across all licensing entities, thus reducing the financial burden long-term. This would likely be done in place of the creation of a “super board”, as it is possible that adding another level of state office to provide transparency may further slow down processes, rather than creating improved efficiency. However, much of the data and monitoring that would be performed by a super board would be available through this portal if it is decided to create a program to monitor licensing board efficiency through an existing state body.

Other issues and possible solutions that relate to workforce shortages include:

- There is a need to raise statutorily-enforced salary ceilings for state-employed behavioral health providers across DHHS (DPBH, DCFS, DOE, others as appropriate) to better align with those offered by private practice. The work being completed by these individuals often serves the

most high-risk and/or high-need Nevadans, and having enough high-quality individuals in this practice is incredibly vital to the health and safety of our communities. However, many providers are either moving to private practice on their own or under a non-governmental body, as they can better control their client load and be much better compensated for their efforts. In one conversation, it was revealed that salaries for providers at one branch of DHHS sit capped over 20% below the current market rate for the same professionals in private practice. We cannot afford to allow these high-need positions to sit vacant and our community members to continue to languish on waiting lists because there are not enough providers at public entities to serve them.

- Local efforts have been put in place to “grow our own” providers in some areas in the state, but a statewide effort to educate and guide students towards becoming providers in Nevada starts during K-12 education statewide. While there are current efforts being led by the Area Health Education Centers (AHECs) across the state, and one that is partnering with the Center for Public Health Excellence at the Larson Institute at the University of Nevada, Reno, these efforts need to be expanded and moved statewide. According to a recent presentation by CTE program staff at the Nevada Department of Education shows disparities in what health-related programs are offered at various school districts; this comes down to school resources and finding instructors who are willing to take on CTE instruction as a full-time faculty position, meaning they would also have to leave their current practice. Making exceptions for the inclusion of CTE instructors as part-time staff on the part of the schools would clear the way for access to a larger pool of potential instructors who could help guide and encourage Nevada’s students to pursue a career in health care or behavioral health. We ask that efforts to support the expansion of K-12 programs to encourage students to pursue paths in health care or behavioral health are supported by our lawmakers.

This Board believes that Nevada is making steps towards improvement regarding filling chronic provider shortages that have been made more poignant through the COVID-19 pandemic, however there are still many miles to go. The Board also recognizes that not all of the issues listed above can be affected by the Committee alone. However, with the information you have been presented in past Committee meetings, as well as through many of the Committee member’s day-to-day professional and personal experiences, it is hoped that Committee members will encourage colleagues to consider solutions to these problems, and use any influence available to advocate for long-term, sustainable solutions, in whatever form that may take. We must come together and fix Nevada’s fractured system, and you as lawmakers can help.

The Board would also like to acknowledge the participation of all four licensing boards affected by SB 44, and the tireless work of state and non-profit agencies working to resolve workforce shortages.

On behalf of the Rural Regional Behavioral Health Policy Board, if you have any questions, please feel free to let us know at any time.

Sincerest regards,

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