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

May 17, 2022

Nevada Board of Examiners for Alcohol, Drug, and Gambling Counselors
C/o: Mary Lask, Board President; Agata Gawronski, Executive Director

Dear Ms. Lask and Ms. Gawronski,

Thank you again for Agata's presentation to the Rural RBHPB during its March meeting. It was helpful to hear from your Board's Executive Director regarding the "ins and outs" of current licensure processes. However, it is the opinion of the Rural RBHPB that further work remains to be done to align with both the spirit and the letter of SB 44, as well as other areas outside of the bill to ensure that all possible efforts are being made to remediate Nevada's chronic shortage of behavioral health treatment providers, which has only become more poignant over the course of the COVID-19 pandemic.

First, the Rural RBHPB's purpose of mandating that your Board, along with three others, develops and implements regulation to allow for remote supervision of interns was to enable potential clinicians who are living and/or have the opportunity to work in rural and frontier Nevada to gain better access to high-quality internship and supervision opportunities in their chosen communities. We have heard numerous stories from both individuals who have attempted to complete their clinical hours, as well as treatment organizations which choose to host interns, that the requirements to be approved by your Board for clinical supervisors are very difficult to meet. With few clinicians in the region our Board serves, and even fewer of them willing to take on the responsibilities of supervision, the number of available supervisors does not meet the need of the volume of potential interns. Furthermore, our Board and the Rural Regional Behavioral Health Coordinator have heard seemingly conflicting information regarding the requirements for supervision, both in-person and remote. We've heard the requirements for clinical supervisors include that they be both onsite at a full-time employee of the host organization, which creates challenges to hosting in-person internship opportunities. It also appears that the criteria for remote supervision approval are vague and might provide opportunities for your Board to "pick and choose" supervisors to approve, which creates an opportunity for inequity and bias; that being said instances of inequity or bias have not been reported to us, but it is still a concern. The spirit of the remote supervision component of SB 44 was to allow interns to work in a setting where they would have access to their clinical supervisor by phone or other electronic means, but an administrative supervisor would be just that; someone who facilitates human resources activities and administrative tasks, for which professional licensure as a treatment provider is not necessary.

Our Board is under the impression that the purpose of having the role of administrative supervisor filled by a licensed provider is likely related to many concerns, including: safety of the intern and/or the patient during crisis; liability; and enrichment of the clinical internship experience. However, there are other solutions that should be considered in place of requiring another clinician on-site. These solutions might include:

- Requiring that the intern and at least one staff member on the premises have sufficient training in crisis de-escalation. Crisis call lines are largely staffed by non-clinicians who have completed a specific training curriculum that ensures they have the skills necessary to appropriately handle crises as they arise. These trainings may include ASIST, mental health first aid, and others, depending on the organization. While we are certainly not inferring that completion of such training meets the same skill set as a licensed professional may have, but rather that the skills necessary to navigate a crisis and know when to call for emergency services may not be unique to licensed professionals.
- Other licensing boards have been clear that the administrative or secondary supervisor for clinical interns needs only to be available by phone. If your Board does not already have this mechanism in place, this may provide the flexibility necessary to ensure that interns have access to a clinician in their community, without having additional burdens of finding not only an acceptable supervisor but also a site that can also meet requirements with the supervisor on site.
- It has come to our attention that there is at least one collaborative being developed between NSHE institutions and licensing boards being built in this state to build a stronger network of approved clinical supervisors and clinical supervision sites. We ask that you make best efforts to join such a collaborative when the opportunity arises. Participation in such a collaborative will ensure more clinical internship opportunities for soon-to-be providers, as well as a more robust system of approved supervisors.

The Rural RBHPB has also written a letter to the Joint Interim Committee on Health and Human Services regarding workforce development and professional licensure. This letter outlined the following strategies that affect your Board and others related to behavioral health professionals, and are recommending the following strategies to further address the shortage of addiction professionals licensed by your Board and other behavioral health providers across the state:

- Allowing for a provisional, "temporary" licensure type for applicants for licensure by endorsement whose applications are currently being processed by your Board. While we recognize that this step has not been taken by your Board and the other three licensing boards affected by SB 44 due to patient safety concerns, it must also be understood that the Nevada State Board of Nursing allows for provisional licensure. One could argue that while a person who is receiving the services of an addition professional is oftentimes incredibly vulnerable, the services received by nursing patients are often just as vulnerable, and may sometimes be completely unconscious, depending on the setting. Thus, the Rural RBHPB would strongly recommend your Board reconsider this step to allow licensed professionals from other states to begin practicing in Nevada.
- The Rural RBHPB would like to lend your Board any support necessary in entering into interstate compacts for licensure. Please let us know if there's any way in which we can help facilitate these contracts.
- The streamlining of all licensure processes through the implementation of a one-stop portal for all of Nevada's occupational licensure. In conversations had with other occupational licensure boards from other sectors, the use of technology to assist both applicants and Board staff in the licensure process was vital to their success in creating truly efficient licensure processes. Use of ARPA or other large funding streams that have recently become available could be used to build

and launch the portal. By having the portal serve all occupational licensure types, the cost of maintenance and upgrades could be spread out across many Boards, and would create less of a fiscal burden on any particular entity. This would also allow for improved workforce data collection and reporting. Furthermore, this portal would allow for both improved tracking of licensure process time data, while assisting the licensing boards with rapidly increasing efficiency. This strategy could take the place of a previously-suggested "super board", which would also ensure your Board and others maintain autonomy.

- Each licensing board we have connected with and many agencies hiring professionals have noted lags in background check processes on the part of the Department of Public Safety or other entities through which these checks are made (i.e., the FBI, etc.) being a major contributor to longer times for licensure approval. We encourage the Joint Interim Committee on HHS to work with their colleagues to find a solution that would expedite these processes at the state level.
- Stronger, more formalized professional pipelines across health care and behavioral health should be encouraged, developed, and well-funded. This requires strong partnerships between K-12 education, the NSHE system, the respective occupational licensing boards, and other organizations to assist in enrichment activities, such as Area Health Education Centers (AHECs). The responsibility for the development of these pipelines does not fall squarely on the shoulders of any one entity, and should take a collaborative approach.
- In addition to pipelines, CTE educational opportunities for Nevada K-12 students should be expanded across the state, particularly relating to health care and behavioral health. The Department of Education should reconsider their requirement of CTE educators being full-time teaching staff at schools hosting these programs, as a background in education and licensure is not currently required, but many professionals are not willing or able to leave their full-time work in their field to work for less money at a school.
- The statutorily capped salaries for state-employed providers across divisions of DHHS should be raised to better match those available at private employment. One stakeholder mentioned the current salaries for state-funded providers in DCFS, DPBH, and other branches sit approximately 20% below the current market rate. The chronic vacancy of these key positions over the last several years could be considered a symptom of this wage gap, which has only been sharpened by the COVID-19 pandemic and today's economic climate.

Again, the Rural RBHPB thanks your Board and Ms. Gawronski for your work. Our Board would like to keep working together to address some of our concerns outside of the legislative session, if possible.

Sincerest regards,

Fergus Laughridge
Chair, Rural Regional Behavioral Health Policy Board
Heath Director/Health Officer, Fort McDermitt Tribal Health Center
Fergus.laughridge@fmcdwc.org

Valerie M.C. Haskin, MA, MPH
Rural Regional Behavioral Health Coordinator
vcauhape@thefamilysupportcenter.org