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

May 17, 2022

Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors
C/o: Steve Nichols, Board President; Joelle McNutt, Executive Director

Dear Mr. Nichols and Ms. McNutt,

First, the Rural Regional Behavioral Health Policy Board (Rural RBHPB) would like to thank you for the cooperation and participation of members and staff of the Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors during the Rural RBHPB's bill for the 2021 Legislative Session, SB 44. We are pleased with the collaboration and insight you brought to the table.

Thank you again for Joelle'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 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 supervision. 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, the requirements for administrative supervisors for interns that are able to connect with a clinical professional to offer remote supervision are equally challenging, as the region is not just at a loss for a sufficient number of MFTs and CPCs, but also for all other mental and physical health care provider types. 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 a secondary 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 secondary 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.
- 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 appreciate your willingness to work with the University of Nevada, Reno collaborative program, and would highly encourage you to participate if a similar collaborative arises from any of the state's other NSHE institutions.
- We appreciate that secondary supervisors within the community need only to be available to the intern by phone, but this still does not resolve the issue related to an overall shortage of all types of providers in rural communities, which as you are aware, are acutely underserved.

We are still hearing from local agencies and licensees that licensure by endorsement processes are inconsistent in terms of timelines and often exceed the 45 day limit that was put into law with SB 44. We realize there are many factors at play here, but also feel that there should be no room for inconsistency. We would appreciate further opportunities to work with your Board to find solutions to remedy any challenges to achieving more expedient processes, preferably outside of the legislative process.

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 MFTs, CPCs 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 MFT or CPC 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. McNutt for participation during the last legislative session. As previously mentioned, our Board would like to keep working together to address some of our concerns outside of the legislative session, if possible.

Sincerest regards,

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