



STATE OF NEVADA
BOARD OF EXAMINERS FOR SOCIAL WORKERS
(BESW)

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BESW BOARD MEETING - Wednesday, July 20, 2022

The Wednesday, July 20, 2022, Board of Examiners for Social Workers meeting was called to order at 9:12 a.m. by Vice President Linda **Holland Browne**. A Roll Call was taken. Board Members in attendance: Linda **Holland Browne**, Abigail **Klimas**, Esther **Langston** (late arrival), Susan **Nielsen**, and Jacqueline **Sanders**. Staff: Sandra **Lowery** – Deputy Director, Karen **Oppenlander** – Executive Director, and Harry **Ward** – Board Counsel, Deputy Attorney General. Guest: Megan Jones, LMSW, Research Associate, Social Entrepreneurs.

Next on the Agenda was **Public Comment**. There was no Public Comment in person or by email.

Holland Browne moved to **Board Operations, Agenda Item 3A - Review and Discuss June 15th, 2022, Board Minutes. (For Possible Action)**.

Abigail Klimas motioned to approve the **June 15, 2022, Board Minutes; Susan Nielsen** seconded the motion. All Board members voted in favor and the minutes were approved as presented.

Next, **Holland Browne** moved to **Agenda Item 3B - Review and Discuss Fiscal Year End Financials – July 1, 2021, through June 30, 2022. (For Possible Action)**. **Lowery** shared the Fiscal Year End Financials on the video screen to make it easier for everyone to follow the presentation. First, she expressed that she is pleased with yearend figures. In terms of income, BESW had an increase over what was projected with a net result of 109%. One place BESW saw unanticipated income was in the number of social workers that ended up having to pay late fees, ending up at 343% over budget. To attempt to keep that number down, BESW sent out email and postcard reminders. Also, BESW ended up with more endorsement fees than we thought we would collect for the year at 295%. In terms of expenses, salaries came in at 97% of budget projections. Total BESW overall expenses were at 75% of budget projection. **Lowery** highlighted additional line items. The first was correcting the label for REGI in the next budget. This is an item that refers to a percentage of the total payroll that is required by the state for retired employee group insurance. The other line item to mention is the Tort Claim Fund, and this is a risk management policy that we have with the State of Nevada in case a claim is filed against the State of Nevada or against the Board for an incident or accident in which the Board is alleged to have caused damages to another party. **Lowery** next directed everyone to an expense that was over budget at 188% because we have been moving records in and out of storage. Specifically, the Compliance Unit has been working to review which records must be shredded, which items need to be held based on the State of Nevada Records Retention Schedule. Also, postage is up primarily because we issued so many new LMSW licenses this past year. Every social worker that rolled up from an LSW to LMSW received a new license certificate (over 800 individuals) and that contributed to extra

postage and other operating costs e.g., envelopes and etcetera. Another expense that was over projection was credit card processing at 105%. We anticipated processing increases as we started online applications this past year; and we expect that credit card processing will go up again because we now have added online internship applications. **Holland Browne** said that she is delighted with where BESW is at financially because it has not been too far in the past that we were nearly bankrupt. And this improvement is because of significant, careful fiscal planning. **Ward** commented that the Attorney General's Office billable hour has increased somewhat. He also added that regarding liability of individual Board members and the Board, there is a cap on that. However, sometimes when a Board is sued, a lawsuit absorbs most of a Board's budgeted legal fees and then cited an example. **Lowery** mentioned that this was considered when staff had budgeted for legal costs.

Oppenlander let the group know that **Sanders** was able to rejoin the meeting after technical difficulties were resolved and President Langston was also able to join the meeting while this financial discussion has been taking place; she also let the recently joining members know that **Lowery** would now be moving on to Agenda Item 3. Before that, **Holland Browne** asked for a motion to accept Agenda Item B.

Abigail Klimas **Motioned to Accept Fiscal Year End Financials – July 1, 2021, through June 30, 2022, seconded by Esther Langston. Roll call vote: Nielsen – Aye, Langston – Aye, Klimas – Aye, and Holland Browne – Aye.** Member Sanders was temporarily disconnected from the online meeting, and unable to record her vote. **Motion passed.**

Next up, **Agenda Item 3C -- Review and Discuss Fiscal Year End Statistics – July 1, 2021, through June 30, 2022. (For Possible Action).** **Lowery** stated, "Numbers are lovely. Pictures are better". She shared a graphic representation of what BESW year-end income was at versus budgeted projections. And as illustrated, BESW income was up -- 109% over projections. The Expenses graph of "actual versus budget" showed expenses far under budget projection.

Oppenlander pointed out information on a different graph representing the BESW Disciplinary Cases that compared the backlog of 92 cases on June 30, 2019, to the backlog of 46 cases on June 30, 2022. While 46 cases are not ideal, this is a considerable improvement.

Lowery explained that every quarter the Board uploads data to the legislative website regarding licensure. She described that at year end, you can see licensing from July 1st, 2021, through June 30th, 2022. During the period, BESW went from 3,948 licensees up to 4,138. Also, in that one-year period, BESW had 229 endorsements applications with 178 of those at the clinical level. Two were at the LSW level and 49 were at the LMSW level. She added that BESW continues to receive a significant number of endorsement applications.

Klimas asked a clarifying question about provisional licenses. **Lowery** explained that during the Governor's emergency directive issued in April 2020, BESW needed and was able to get people licensed expeditiously. At that point, getting transcripts was a challenge. Getting fingerprint reports was also a challenge. Generally, in licensing almost everything was difficult at that time. So, until September 2021, everybody was issued a provisional license for up to one year so they could get their examination completed while we could acquire transcripts and background checks. So, you can see that those provisional license numbers have dropped. We have about 20 of that group of provisional licenses left.

Our provisional A licenses are not generally sought after as this is a 90-day temporary license. As it is tough to get a test date during the 90-day window, we don't tend to recommend it so that the applicant doesn't waste \$90 if the provisional license closes before the examination is taken, passed. As a result, most individuals apply for a regular license.

The provisional B license is for individuals that are in a social work program but have a degree in another related field. Those licenses are good for up to three years while someone works their way through a social work program. We have about a half a dozen of those currently.

Abigail Klimas Motioned to Accept Fiscal Year End Statistics for July 1, 2021, through June 30, 2022, seconded by Susan Nielsen. The Motion was Voted on with All Members Voting Aye, No Nay Votes, No Recusals. Motion passed.

Following was **Agenda Item 3D, Review and Discuss Updates to the Licensure Processes and Potential Solutions (For Discussion Only)**. Oppenlander started the discussion with introducing a summary report that is divided into sections starting with "Understanding the Challenge". We have a significant workforce shortage in all mental health professions, which is why there are groups addressing BESW about their areas of concern. During the last Board meeting we began to see new groups come to BESW to brainstorm solutions to the challenge of a shortage of mental health professionals across the state. And as plan to continue this discussion, we will attempt find the best strategy or strategies that Board Members may decide to get behind; and then we'll be able to strategically deploy the solution(s). Basically, this is the process we seem to be in right now as different groups are preparing for the next legislative session. Many of the ideas are coming to BESW from external sources. Therefore, we will summarize recent discussions, and introduce new items that are being brought forward to the Board.

Recently, BESW received a letter to the Board from the SAPTA Substance Abuse Prevention and Treatment Agency Advisory Board as follows...

To whom it may concern:

We are writing on behalf of the SAPTA (Substance Abuse Prevention and Treatment Agency) Advisory Board. We advise the Division of Public and Behavioral Health concerning services for treatment and prevention of substance use under authority of Administrator Whitley.

In the many years, the Advisory Board has met. a continuing struggle has been workforce challenges in the behavioral health workforce space. We understand that workforce development is not inherently in the purview of the boards, and we also know that work around licensure policy and regulation are multifaceted.

While we understand this issue is difficult to address, Nevada continues to rank 51st in the nation for Mental Health according to the Mental Health America. This cannot be a problem we collectively continue to neglect. We all should require action in the areas we have oversight or influence on. The areas of concern generally fall into one of five categories, listed below:

- A better workforce pipeline from high school and higher education through job placement.*
- Increased availability of Internships and practicums*
- Supervision tailored towards workforce development*
- More efficiency and smoother transitions in certifications*
- Increased exposure to the field of behavioral health, to increase interest in the field, across the lifespan.*

We hope that you lean on the expertise of the stakeholders assembled in at the SAPTA Advisory Board to help systematically address the gaps in shortages in our behavioral health workforce to create a safer and healthier Nevada.

Thank you for your consideration,

Jolene Dalluhn and Jamie Ross

Co-chairs of the SAPTA Advisory Board.

Moving to the next presentation, **Oppenlander** stated that Board Staff realized that when the Rural Regional Behavioral Health Policy Board came to our last meeting, they had talked to the Board at length about their ideas, and they thanked the Board for the fact that Sandy **Lowery** and I had presented to their March 2022 RRBHPB meeting. As the Board had not seen that presentation, we are bringing it to you today with some fourth quarter updates. **Lowery** began the presentation stating that Karen has been attending the RRBHPB meetings consistently throughout the introduction and passage of Senate Bill 44 and beyond. In March, we used this presentation as an opportunity to softly explain to people some of the inaccuracies that they are hearing. We shared how BESW rolled LSWs with master’s degrees up to the LMSW category after SB 44 was passed. We also answered several questions that the RRBHPB group asked e.g., How long is the current process for endorsed licensure? And are interns able to have supervision done remotely? And specifically, if interns work in a rural setting, are they able to provide telehealth behavioral services? And, what remains the largest challenge for people to seek licensure?

Starting back on July 1st, 2021, when the legislation was passed, we had 2038 LSWs; and of course, no LMSWs. By the end of 2021, we had 854 LMSWs. And our LSW numbers had dropped to 1315. As of June 30th, 2022, we have 1,062 LMSWs and 1,160 LSWs. The majority of what we refer to as ‘the rollups’ were done between July 1, 2021 – December 31, 2021. We sent emails to everyone that was an LSW (sometimes several) to let them know about the new law and asked them to supply a set of transcripts.

Next, we looked at what were referred to as the best practices out of the Governor’s Emergency Directive. Out-of-state professionals could skip most licensing processes to gain licensure and begin practice right away. So, from April 2020 until June 30th, 2022, we had active waivers as we notified individuals that had waivers when the Directive was lifted; reminding them that they had 60 days to close their practice in Nevada or seek licensure in our state. About 10% of the individuals indicated that they were interested in continuing practice and would subsequently seek licensure in Nevada. The majority thanked us but there were comments e.g. “I only did this to treat three clients” and etcetera. Only a few of those with waivers have now become licensed in Nevada.

Oppenlander interjected that part of the intent of SB44 was to keep the best of the Governor's Emergency Directives. Because initially this was factual, it was assumed that we continued to not have disciplinary complaints about those individuals that had waivers via the Directive. In due course, that was no longer true. Later, we did begin to have complaints against people that were brought in by endorsement that incorrectly stated that they had no problems in their background checks.

Next, **Lowery** gave some basic licensing background before answering the question, “How long does it take for the process of endorsement”? An application process is variable as it is dependent on the applicant’s timing in providing information to the Board.

Example: For a regular LSW application, an applicant can ascertain their application status by viewing a task list in real time. After putting in their identifiers, they will see a screen that shows their Application Status including their Applicant Name, License Type, and etcetera. Then a task list appears with ‘real time’ information e.g.:

Birth Certificate/ Passport	Received 7/13/2022
Current Driver’s License	Received 7/14/ 2022
Transcripts	Received 7/7/2022
Fingerprint waiver	Received 7/6/2022
Background check report	
Verification of licensure by other state(s)	

Items without Date Received have not been received in our office. We must receive these items before we can review your application.

Lowery asked everyone to review the slide on Endorsements where they could see that in 2019, we had 76 applicants for endorsement that took us 50 days on average to process. The median was 15 days, the shortest was 13 days and the longest was 355 days. Fast forward to January 1 – June 30, 2022, and we can see that we've had 165 applications in the first six months of this year. It has taken an average of 24 days, the median is 15 days, the shortest time was one hour, and the longest time was 165 days.

The biggest win in application processing is when the transcripts are verified electronically. The biggest problem is waiting for background checks. Another place where the application process can get slowed down is when the applicant has a legal history or a licensing sanction history.

Therefore, we have changed the order that we suggest that applicants handle their information. We ask them to start by getting their fingerprints done and then sending them to us with a money order so that we can submit this to get their background report started. Then we suggest that they order their transcripts. Then we ask them to order license verifications. And after you've done those three things, then complete your application. The reason **Lowery** was able to endorse an applicant in one hour was because they had submitted everything to the Board in advance. When the application came into the office, everything else was already waiting for the review to take place.

Lowery covered additional details about the application process utilizing a flow chart. Then she covered other internship topics including supervision and telehealth. In general, she said that since the Emergency Directive and SB44 were passed, BESW doesn't present any barriers to licensure except that there are challenges to find clinical internship sites that qualify. For a site to qualify, they must have a mental health program and not just do assessments. The site would need to have an opportunity for the individual, couples, family, and group therapies that we want our interns to have. **Lowery** works with potential sites to create memorandums of understanding and do whatever she can to make it work out for everyone. **Holland Browne** commented that she thinks this is remarkable. After hearing some of the details about supervision, she said that she is not opposed to online supervision but can say that face-to-face is phenomenally better for the client. And for the intern in rural practice, her observation is that 3 weeks supervision at a distance and then one week when the supervisor visits the site is best when an onsite LCSW is not available. This option would lead to a higher quality experience that to her is essential for the intern.

Moving to the next agenda item, **Ward** spoke about **Agenda Item 3E -- Board Review of Hearing for Virgilio DeSio, License No. 6200-C. (For Possible Action)**. Ward informed the Board that he is working on a settlement in this matter. He shared some information regarding why it is preferable to get an agreement that is acceptable to the Board. With assistance of the Executive Director, it's less expensive in the long run than to have a full hearing. The Board Members expressed no objection to moving this to following month's agenda.

Oppenlander introduced **Agenda Item 3F -- Review and Discuss Creation of BESW Strategic Plan July 1, 2023 – June 30, 2026. (For Possible Action)**. She indicated that Megan Jones from Social Entrepreneurs would be helping the Board today. Megan indicated that the goal for the discussion would be to orient the Board to the process of the upcoming Strategic Plan for 2023 through 2026. There are not going to be decision points for today, but she would have some clarifying questions before we get into the planning process. Earlier this year, we published a handout outlining the timeline for the strategic planning process where in January, March, and May we would work on the revised strategic plan for 2022 through 2023. And now that it is July 2022 and we are in the next fiscal year, we're working on the next three-year plan. Social Entrepreneurs will be joining Board meetings every other month in July (today), September, November, and January 2023. We still are planning a two-day facilitated meeting (potentially in person) however, we'll have to see how that goes between now and then given the resurgence of the COVID variant. That was initially slated to be taking place mid-March and we're still

working on solidifying the dates for that workshop/ working session to finalize the new strategic plan for adoption at the May 2023 Board meeting next year like how you adopted the revised strategic plan for its final year (2018 – 2023) in May of 2022. That's the process that we're working toward. At this point, Megan screen shared some PowerPoint slides based on information that everyone has been given previously.

Megan continued by defining strategic planning. Strategic planning is intended to operate as a communication and management tool that guides the prioritization goal setting and future work of an organization. The work of the Board is to identify the priority focused areas and the goals that the Board wants to accomplish within the timeframe of the new strategic plan from July 1st, 2023, through June 30th, 2026. It is intended to allow the organization to evaluate and adapt to changing conditions. We know that we have an upcoming legislative session next spring. We had one in 2021 that there are still things that we're following through on. So we are being flexible to changes that are going to be happening politically with the upcoming midterm elections, and changes that could impact the Board and other legal changes as that are coming up in the next legislative session, and organizationally any changes that are happening internally.

The final piece is that it should appropriately identify the resources that are available to the organization and clearly outline how those resources will be allocated and best utilized during the period for the strategic plan to accomplish the goals set during the prioritization and goal setting phase of this process. That's a very high-level explanation of what the process is, what we hope to accomplish, and what we want the product to look like. Hopefully the plan that you currently have adopted and are utilizing fits this definition, but we're obviously moving into the phase of making a new strategic plan. So, looking at that and identifying if there are changes in structure formatting, we can also get into that as well. There are some questions to consider as we move forward with this planning process, and this is where we're starting.

Now that we've gone through the phase of updating the prior strategic plan, we understand the critical issues that were elevated during that strategic planning phase. We understand the goals and strategies that were used to accomplish and address the critical issues that have been raised over the past few years. Now, we want to understand where the Board is heading, where you all want to go. Some of the things that we want to address moving forward in the next three years are: What signals progress? What are the key performance indicators we've talked a lot about in the current, updated strategic plan, e.g., around satisfaction survey data, with a percentage of having so many folks responding and submitting that they are satisfied with the Board's operations, and things like that. We also have had other things around the backlog of cases that the Board has been working through and the metrics specific to that. We're thinking more of these concrete ways that signal progress and those are specific to whatever the priority areas and critical issues and goals will be, how will we get there? What interventions will be needed to get us from where we're starting to go, where we're going as effectively as possible, and looking at a longer-term scope of the next three years, because the strategic plan will be transcending year over year. So what are kind of the phases needed to get us from where we are today in July of 2022 to June 30th, 2026? And the last piece is, how will we evaluate that progress along the way? What are the metrics that we need? What are the benchmarks in place year over year, so that we know that we're making steady progress and moving things along in the time of the new strategic plan. So again, high level things to consider as we're going through questions to kind of ask yourself and keep in mind as we move forward.

This is where I would open it up to the Board in terms of sharing any strategic planning experience that you have, or other experiences that may be relative or relevant to this new strategic planning process. And we did share this previously, but I just wanted to share once more the relationship that you can consider knowing that most everyone here is a practicing social worker and maybe not involved in more

of the macro systems level type planning processes that we see. A way to frame it is for you to think of strategic planning from a clinical practice perspective. It's about identifying long term goals, the strategies that will help you move closer to achieving those goals, how you'll measure progress on those goals and the interventions needed to get you closer to those goals. Thinking of it as clinical case planning for a system for the Board and being able to take in all of the information that we have up to this point both legislatively and politically; and internally with discussions that have taken place in previous board meetings, to inform the goal(s) piece, which will have an effect on the other questions that we have laid out here. We are framing it as: Case Planning for the Board.

We're trying to find out what the goals and priorities are for the next few years. This is the framework that we're using for goal development. We're using **SMARTIE** goals. So that means that the goals are **Specific**. You are very concrete in what you want to accomplish. They're clear and well outlined -- they're **Measurable**. There is a key performance indicator of attached to it, whether that is a percentage of satisfaction, if that is a certain number of cases, if that is another metric in place that we can use to measure progress, that it's **Achievable**. And this goes along with the next one of being **Realistic**, it can be accomplished in three years with it being **Timebound**. And then we add **Inclusive** and **Equitable**. We recognize the growing diversity of our state and being able to accurately respond to the different needs of the communities that social workers serve. And being able to make sure that the impact of the goals is as equitable as possible and having processes in place to ensure that those two things are top of mind, as we goal set and move forward with achieving the goals that are set.

Megan revisited how SEI has collected primary data. They agreed to conduct a series of key staff and key subject matter interviews, as well as a Board survey that was issued early in 2022 to all active Board members for completion. They conducted one-on-one interviews with most of the five Board members (at that time), as well as reached out to three identified external stakeholders. Most interviews were accomplished recognizing that there were some shifts in Board membership during the period and that they needed to accomplish interviews with new Board members as well. There are only a couple of people that are currently on the Board that Megan has not been able to engage in an interview as well as still needing to engage some new people who are newly in external stakeholder roles. Megan paused to ask if there was anyone that they are missing because now is the time before we dive into the planning process of getting as much information as we can. **Oppenlander** agreed to forward contact information for an interim position at UNR School of Social Work as she met her when she had formerly participated on the UNR advisory board. And **Lowery** agreed to ask the head of UNLV's School of Social Work to participate as she currently sits on the UNLV advisory board.

Next, Megan revisited an overview of SWOT analysis information that is the initial piece to the goal setting. The **SWOT** that will be conducted over the next few months is the development and the identification of the **Strengths**, **Weaknesses**, **Opportunities**, and **Threats** that exist both internally to the Board and externally to the Board. Looking at strengths and weaknesses, these are two pieces that are internally focused. What is an internal strength? What is an internal weakness that the Board currently possesses that needs to be addressed over the next few years? Also, we have looked at some of the strengths that have already been identified by those that have taken the survey, as well as been interviewed including: there's a lot of trust between Board Members and Board Staff; an asset is the executive director's leadership; another asset is Board Member competence and passion in promoting the purpose of the Board in their communities; also, networking and partnerships that are in place for the Board to progress with investigations. There is also a specific goal that we have around the backlog of disciplinary cases; and then there are technology updates that have been made e.g., the automation of the application processes that make it easier to get licensed and/ or get into an internship. One of the weaknesses that has been identified is the need for additional dedicated personnel to increase staff capacity. These are things to consider moving forward into opportunities and threats. Opportunities

included development of regulatory pathways and partnerships between the two state schools of social work, the two state universities and the Board addressing regulations around telehealth, examining licensing exemptions specifically for those in the child welfare system, and providing education about the Board to the Nevada school social work program graduates. Some of the external threats that exist are shifts in political and cultural landscape within Nevada, the potential transition to a composite board model, or transition to a combined behavioral health board model which is consistent with some other states in terms of combining social work with other disciplines, and the lack of public knowledge of social work field of practice. We know that Nevada is somewhat unique in how it's structured geographically and economically, and being aware of how that impacts the kind of the role that social work has in many more fields than you would anticipate compared to maybe other states that have different kind of population demographics; Also, tracking a provisional license issued during the pandemic was noted as an issue that could be followed through over the next few years to better understand the impact of how provisional licenses were administered during the pandemic; and, follow through on accurately tracking and ensuring that individuals are correctly licensed in the state.

The final piece was that we asked about potential critical issues for this new strategic plan. So this is not a comprehensive list because we are not done collecting the data, but preliminary findings include to institute a performance evaluation process for the executive director position; understand the future of the social work interstate compact as it pertains to small state board administration; new telehealth regulations (especially since the start of the pandemic); increasing education around the practice of social work within the state; developing a board social media presence as a form of communication with communities; improving partnerships with lawmakers and public officials to increase awareness and opportunities for social work practice; creating pathways for more licensed social workers through a pipeline created within the K12 school system; and consideration of management items indicated in 2021 audit.

Klimas added that as a new model is introduced through a BDR from the Rural Regional Behavioral Health Policy Board, BESW may want to add this to our opportunity list.

Megan added that SEI is also collecting additional information for this process including previous board meeting minutes for the past year, reviewing the ASWB social work interstate compact materials, the LCB occupational license reports, and the small board Administrative Collaborative reports as applicable.

Holland Browne thanked Megan for the SEI update stating that it is helpful to have this wider view as we move forward in the strategic planning process.

Agenda Item 3G -- Review and Discuss NRS 41 Legal Representation Handout. (For Discussion Only).

Oppenlander had been asked several times by Board Members to discuss coverage for different things that might happen while Board Members are doing the business of the Board that would potentially need legal representation. Most of the questions that have come up are handled within the framework of NRS 41. As she also had questions, she asked **Ward** if we will legal representation costs covered over a certain amount. Then she asked about Board Members that may be getting paid now. This is based on our recent Board meeting decision to offer Board compensation; so, would we have worker's comp coverage for them? (And, in fact we do pay for workers comp). I've read the handout and determined that if the Board Members also have questions, then we could agendaize this item so that Board Members can ask DAG **Ward** questions directly.

Ward stated that he wants the Board Members to feel comfortable with what they're doing when they are on the Board. There are a lot of "what ifs" out there. As I have mentioned, anyone can be sued, and it can cost a lot for the Board to defend lawsuits. In general, you are protected if you are operating within your fiduciary responsibility to protect the public. And if you keep that in mind, you are not going to have problems.

In the handout of Chapter 41, it says that under statute, you are entitled to representation by the Attorney General's office, whether it's by me or another DAG, you will get representation. He went on to discuss instances when a Board member might hire their own counsel. In the discussion of liability, the maximum amount of liability as of July 1st, 2022, is \$200,000, if for some reason, someone acted outside the scope of the employment and a judgment was obtained against an individual board member and/or the executive director. **Holland Browne** wanted to mention that having worked for both the Washoe County and State of Nevada, she advises social workers in any position to carry their own malpractice insurance, whether it is required or not. One of the things she has learned, observed working for the State of Nevada is that the DAG's job is to protect the state, not necessarily to protect the social worker.

Ward added some information about workers comp that doesn't pertain to the Board right now as it is not meeting in person currently. The state has something called the parking lot rule. Let's say, hypothetically, that the Board was meeting at a physical location. You fly in, get a rental car, and take the rental car to the meeting. And in the parking lot, you slip on snow or ice as that is a possibility. You would be covered by your workers comp, and you have 10 days to notify the employer, fill out the forms, and etcetera. So, there are some things that you may not even think of and that's why you do have a DAG. And that's why you have an Executive Director that's on top of everything to let you guys know, this is what you need to do. For example, if you slipped and that you may have hurt your ego, who knows that 10 days or two weeks from now, you may have something also matter with your hip. i.e., you may have something more serious than hurting your ego. **Ward** indicated that he is here to help and if any questions come up, if he doesn't know the answer off the top of his head, he will do the research. As this was an information only item with no action required and there were no further questions or comments, **Holland Browne** moved to the next agenda item.

Oppenlander moved to **Agenda Item 3H - Executive Director's Report (Informational Only)**. The first item she covered is that there was some discussion about a National Association of Social Workers meeting presentation request. Ultimately, the request was denied. We had proposed an educational session about becoming a licensed social worker, but it was reviewed by the group that's putting the conference on as not best for all groups attending. They had a hard time justifying steps to get license as most of the people coming to the conference are already licensed as the attendees are there to garner CEUs. So, as part of our strategic plan, we can consider planning how the Board will regularly participate with the Nevada branch of the National Association of Social Workers to have several presentations ready to go so that staff and Board can participate readily.

Next, **Oppenlander** updated the Board on the Social Work Interstate Compact. She stated that she sent out two-page announcement about what interstate compacts are all about. This makes it look very simple and easy to understand. President Langston sent her a copy of the draft legislation, which is about 23 pages long. From about page 9 through page 23, the draft covers a commission that would head this up, over and above the state level. There's the state level of putting together an interstate compact, and then there's that next level above that. So, she had talk with DAG **Ward** as she realized that the Board may want to move forward with the Interstate Compact agreement when it's appropriate. However, might be language in Chapter 641B that may be materially different and will have to be reviewed and changed to participate.

The draft language presented isn't the final language; and this leads us into an interesting position of not knowing certain things about the final version yet. **Ward** helped me to understand a concept that he referred to as a "conflict of laws". In turn, this really helped me to call on a member of the Nevada Assembly for her analysis. We had been through something like this before, where we ended up with language that would inadvertently create a constitutional crisis when BESW tried to get the LMSW category added. It took BESW 3 tries at the Legislature before the LMSW category approved in 2021.

Ultimately, BESW may be able to work through the interstate compact language successfully, but that doesn't mean that we will be able to get it done right away and be able to be one of the states that kicks this off for the nation.

After that **Oppenlander** spoke at length with Teresa Benitez-Thompson, who is Majority Leader of the Assembly and a licensed social worker in Nevada. We read through the draft legislation together. Was a fascinating discussion because she's very knowledgeable interstate compacts. Compacts have been on the table in Nevada since the 1950s. There are a number of interstate compacts in place e.g., Tahoe Regional Planning Agency, an interstate compact for driver's licenses throughout the country, and so forth. She brought to my attention that the Nursing Board is coming back next session with their interstate compact that is in effect in most states but not in Nevada yet; and that their interstate compact did not even get a hearing during the 2021 session. In conclusion, it seems that we are very well intentioned in wanting to enter an interstate compact and be on the forefront if possible. But currently, we don't really understand all the details of the draft or how the final product of the draft legislation is going to look. We imagine that there will be a key group of 7 to 10 boards that are going to help this interstate compact be able to come out of the gate. We don't know who they are yet. After the conversation, it seemed that perhaps it might be better for our Board to not go too fast but maybe better to take the time to do it right. That ultimately, BESW may want to be part of a compact but we want to make sure that the way it's written and the way that it comes out of the draft is going to be beneficial for our licensees. And that can't be determined at this time. It may be important to give our ourselves permission if you will and agendaize this at another time to give ourselves time to work towards the goal of entering an interstate compact once we better understand the terms of it. Also, regarding the draft language, if any of the Board Members have looked at this, is that the beginning covers the nuts and bolts, and then pages 9 – 23 would likely end up in an MOU. Once we better understand how this compact commission is going to work, we'd be able to go to the legislative counsel bureau to help us with crafting a BDR. And that the BDR (from reading the draft language) would be about 10 to 15 pages long perhaps, and this could double our current chapter.

Backing up, we do not as a Board have bill drafting authority. To get a BDR on the table, we would have to find an individual legislator to carry the bill for us; or we would get one of our Governor's 110 BDRs committed to the process. Typically, when you're going to get one of the Governor's BDRs, you start over a year ahead of time and we were not given lead time. Furthermore, we don't know if the Governor would necessarily be able to give us a BDR because we don't have a high number of licensees.

For example, this year two 'high-ticket' items would be the number of teachers and the numbers of nurses due to Nevada's workforce shortage. So, a Governor's BDR might be out of our reach in trying to get one. Even if we could have started last year to try having an individual legislator carry this bill, an interstate compact is very complex. At this time when these individual legislators are going through election season, we don't even know who is going to be elected. Carrying a complex bill like this with all its nuances is something that there's usually only a handful of people on either side of the legislature that have the necessary experience to do this.

In the meantime, **Oppenlander** has signed up for all the interstate compact meetings offered and will continue to bring back information. For example, when we added the licensing category of LMSWs last session – that was something we would have needed to do to participate in a future interstate compact in the future. There might be other things that we can begin to work on structurally e.g., considering the three more licensing levels that we don't have for Nevada licensees that may want to hold a multi-state license. Let's say someone wanted to be a multistate LCSW, we need to create a multistate LCSW category; and a multi-state LSW category and a multi-state LMSW category. However, let's say that a Nevada LCSW didn't want a multi-state license, we will keep the single state option LCSW as is.

We know that ultimately that federal government (especially the Department of Defense and the Council of State Governments) want this to happen. It is probable that we will receive some pressure to move in this direction. And as you may recall, the Rural Regional Behavioral Health Policy Board stated that this is a 'gold standard' for rural and frontier Nevada. In consideration, we are in a good place to show good effort in beginning the work with an intent to be able to dovetail into the social work interstate compact down the road.

Moving on, **Oppenlander** covered the pending litigation matter in the United States District Court for the District of Nevada Case No. 3:20-cv-571-MMD-WG. Currently, DAG Bhalla and his colleague are still awaiting a decision on their motion to dismiss.

Then, she informed Board that BESW has located an auditor for June 30th, 2022, and June 30th, 2023 audits. The contract with Casey Neilon during the first year will not exceed \$17,000- and second-year of the audit will not exceed \$17,850. She then covered information about the request for proposal process.

Following, she let the Board know that since COVID, and since the state offices were closed and then reopened, BESW has had the office every day on Monday through Thursday. However, last week a staff member was tested positive for COVID on Monday night. Then, everyone that was exposed was excused from being in the office from Tuesday through Thursday. As **Oppenlander** was the only person that wasn't exposed, she negotiated to have the office disinfected that included a complete fogging and then a complete wipe down and then another complete fogging on Tuesday. So, the office was closed during that process for one day. It reopened on Wednesday morning with one person and three incoming phone lines. Our legal secretary picked up overflow as Oppenlander could not answer three lines at once. We were able to remain open on Monday, Wednesday, and Thursday. Fortunately, everyone tested negative on Friday and Sunday, and BESW was able to reopen the office in a more typical manner.

She discussed recently speaking to the Governor's new director for recruiting board members and we learned that she has a new link that will be sent out after this meeting. The good news is that Board Member **Sanders** has a potential recruit and the director said that is great. What really helps their office out is if letters of reference also come into them therefore, if you recruit someone and they go ahead and fill the application form as part of your recruitment effort, please try to get letters of reference in too. This will help the Governor decide on who to select for us.

Updating future agenda items, **Oppenlander** asked the Board to suggest new items or fill in where something was missed. Items planned include addressing the items outlined by the previous auditor, possibility of revisiting relinquishment again, NAC changes for SB44, information regarding lobbyist/consultant contract. And, based on last month's discussion about board reserves, we can discuss sound financial management of those board reserves e.g., checking accounts, savings accounts, money market, certificate of deposits, and etcetera.

Oppenlander asked (based on a discussion that took place recently) if there was an intent to have ASWB make a presentation about ways that they might help this Board potentially save money or save time. If so, please contact **Oppenlander** and she will make the arrangements.

Last, regarding future agenda items, **Ward** offered to be available to do a Board training on the open meeting law that usually takes from 30 – 45 minutes.

The ED Report was closed by stating that the next Board Meeting is scheduled for 9 a.m. Wednesday, August 17, 2022.

Then, **Holland Browne** moved to **Agenda Item 4 – Public Comment**. **Oppenlander** stated that there were no incoming emails for public comment. **Holland Browne** hearing no additional public comment

moved to **Agenda Item 5 – Adjournment**. After a brief overview of adjournment protocol instruction from **Ward, Holland Browne** adjourned the meeting at 11:21 p.m.

Respectfully submitted by Karen Oppenlander, Executive Director.

I. **Understanding the Challenge: There are significant shortages in all mental health professions across the State of Nevada.**

a. Mental Health Providers Ratios

- i. Overall: Mental Health Workforce Availability in Nevada is 420:1 (professionals per population)
- ii. Top US Performers 250:1 (90th percentile).
- iii. 95% of Nevadans live in a mental health professional shortage area.

II. **Brainstorming Solutions to Challenge**

a. **Mental Health Workforce Development in the State of Nevada**

- i. On June 15, 2022, a presentation was made to BESW by Dr. Sarah Hunt from UNLV, Assistant Dean of Behavioral Health Sciences at the Kerkorian School of Medicine, Director of UNLV Mental and Behavioral Health Training Coalition.
- ii. Presentation focused on how Nevada can grow its own mental health workforce. Focus was on expanding opportunities for mental health students to have practicum sites or internship sites in integrated healthcare settings; development of a mentor/ ambassador process (proven to work in Nebraska) to attract and then help interested students from K-12 through college; intent is to increase the mental health workforce in Nevada; Encourage graduating students to be licensed in Nevada and work in primary care settings, providing mental health services especially in the rural/ frontier areas and underserved urban areas.
- iii. The following week, the Rural Regional Behavioral Health Policy Board (RRBHPB) agreed to craft a Bill Draft Request (BDR) using the mental health workforce development model briefly described above.
- iv. In July, the Board read a letter from SAPTA (Substance Abuse Prevention and Treatment Agency) Advisory Board into the Minutes.
- v. In July, Board Staff presented an updated PowerPoint that was originally delivered March 2022 as requested by Rural Regional Behavioral Health Policy Board.

b. **Interstate Compact**

- i. The Council of State Governments (CSG) is partnering with Department of Defense (DoD) and the Association of Social Work Boards (ASWB) to support the mobility of licensed social workers through the development of a new interstate compact. Current Status is that an initial draft of the social work compact is under development. CSG anticipates that a preliminary draft of the compact will be available for public comment and review in July of 2022 (ongoing in August 2022).
- ii. An interstate compact is an initiative to create a legal contract among states / territories enabling social workers to practice in each other's jurisdiction, once practitioners demonstrate that they meet the compact requirements.
- iii. CSG is hosting regular webinars and other public review sessions to provide information, review the draft and solicit feedback. BESW staff is attending.
- iv. Goal is to complete the editing process in fall of 2022 to make the finalized model legislation available to states for their 2023 legislative sessions. Typically, seven to 10 states, must pass the enabling legislation. State legislatures must enact

- compact legislation to become a member state of a compact.
- v. RRBHPB has indicated that the Interstate Compact is the gold standard for making sure that we have high quality providers that can either be in Nevada or may also practice in other states. This is ideal due to the rural region they serve and represent. RRBHPB has offered to lend BESW any support necessary in entering interstate compacts for licensure.
 - vi. In July, the Board was updated on the Social Work Interstate Compact by CSG via ASWB. The 2-page national announcement makes interstate compacts easy to understand.
 - vii. In reviewing the draft legislation (23 pages), BESW learned that the language in Chapter 641B that may be materially different and will have to be reviewed and we will have to change 641B to participate. However, we do not know certain things about the final version yet. **Ward** has helped in understanding a concept that he referred to as a “conflict of laws”. BESW staff also called on the Majority Leader of the Nevada Assembly (and Nevada social worker) for analytic assistance.
 - viii. Ultimately, BESW may be able to work through the interstate compact language successfully, but that doesn’t mean that we will be able to get it done immediately and be able to be one of the initial states that launches the compact for the nation in 2023. After the conversation, it seemed that perhaps it might be better for our Board to not go too fast. It may be better to take time to do it right. Ultimately, BESW may be able to be part of the social work interstate compact, but we will want to make sure that the way it's written after it comes out of the draft is going to be beneficial for our licensees. And that can't be determined at this time.
 - ix. We know that ultimately that federal government (especially the Department of Defense and the Council of State Governments) do want this to happen. It is probable that we will receive some pressure to move in this direction. In consideration, we are going to be able to show good effort with an intent to be able to dovetail into the social work interstate compact down the road as: (1) the information is forthcoming, and (2) as Nevada’s biennial legislative sessions give us opportunities to move forward.

c. Other Ideas to Address Challenge

- i. RRBHPB concerns were shared with BESW after its presentation to the Commission on Behavioral Health as they make recommendations for the Commission's letter to the Governor so that he can take this into consideration when building out his budget; And information on this topic was presented to the Joint Interim Committee on Health and Human Services regarding workforce development and professional licensure. A similar letter went out to the other behavioral Boards e.g., MFT/ CPC Board, the Board of Psych Examiners and the Drug and Alcohol Board.
 - 1. Licensure by endorsement: RRBHPB intent to make permanent the licensure by endorsement processes from Governor’s emergency declaration.
 - 2. Improve ability of interns in rural, frontier communities to find supervision.

- a. Simplify e.g., with the Governor's emergency declaration, as all interns could work with completely remote supervision.
3. BESW was thanked for the presentation to the Rural RBHPB during its March 2022 meeting finding it helpful to hear about the "ins and outs" of current licensure processes.
4. RRBHPB indicates 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 (in this case, primarily focusing on LCSWs).
5. RRBHPB wanted to use SB 44 to ensure that the components of the Governor's emergency directive that allowed for remote supervision and expedited licensure for endorsement were made permanent to improve paths to licensure for both experienced and potential professionals. RRBHPB does not believe this was accomplished.
 - a. They have heard 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 for clinical supervisors are very difficult to meet.
 - b. With few clinicians in the region, and even fewer of them willing to take on the responsibilities of supervision, the number of available supervisors does not meet the volume of potential interns.
 - c. Furthermore, the requirements for administrative supervisors for interns that can connect with a clinical professional to offer remote supervision are equally challenging, as the region is not just at a loss for enough LCSWs, but also for all other mental and physical health care provider types.
 - d. The RRBHPB perspective was that 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.
 - e. RRBHPB 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:
 - i. Requiring that the intern and at least one staff member on the premises have sufficient training in crisis de-escalation.
 - ii. Other licensing boards have been clear that the administrative or secondary supervisor for clinical

interns needs only to be available by phone. (Perhaps RRBHPB has misunderstood the BESW terminology in 641B that is different than other boards).

- iii. Requests for BESW to participate in a collaborative being developed between NSHE institutions and licensing Boards to build a stronger network of approved clinical supervisors and clinical supervision sites.
 6. Allow for a provisional, "temporary" licensure type for applicants for licensure by endorsement whose applications are currently being processed by BESW. While RRBHPB recognized that this step has not been taken by BESW and the other three licensing Boards affected by SB4 due to patient safety concerns, it must also be understood that the Nevada State Board of Nursing allows for provisional licensure.
 7. Recommends the streamlining of all licensure processes through the implementation of a one-stop portal for all of Nevada's occupational licensure. And later Haskins added: An online portal could have a checklist when the paperwork is uploaded, then applicants could see where they are at in their process to help improve communications.
- ii. Substance Abuse Prevention and Treatment Agency (SAPTA) Advisory Board concerns (under authority of Administrator Whitley):
 1. Understanding that workforce development is not inherently in the purview of regulatory boards, and we also know that work around licensure, policy, and regulation are multifaceted.
 2. Nevada continues to rank 51st in the nation for Mental Health, according to Mental Health America.
 3. This cannot be a problem we collectively continue to neglect. We all should require action in the areas we have oversight or influence on. The areas of concern generally fall into one of five categories, listed below:
 - a. A better workforce pipeline from high school and higher education, through job placement
 - b. Increased availability of Internships and practicums
 - c. Supervision tailored toward workforce development
 - d. More efficiency and smoother transitions in certifications
 - e. Increased exposure to the field of behavioral health to increase interest in the field across the lifespan.
 4. SAPTA requests for BESW to lean on the expertise of the stakeholders assembled at the SAPTA Advisory Board to help systemically address the gaps and shortages in our behavioral health workforce to create a safer and healthier Nevada.
- iii. Linda Holland Browne (BESW Board member)
 1. Stated that one process that worked successfully was to provide supervision by going to the rural community and spending four hours or a day with a clinician with some prearrangements. For example, she'd sit in on a session with a client that had signed a release or participated in a group review of records. She would do this in chunks of time and then was available by phone to intermittently answer questions.

2. She also discussed that rural providers are often in a peculiar position ethically as they must contend with dual relationships in small communities; and she doesn't think that people are prepared for that.
 3. Also, she hears complaints about how long it takes to get things done at the Board, to get paperwork pushed through, to get approval for licensure. She doesn't think anybody has any idea how sophisticated the process is and that the Board is frequently at the mercy of other agencies and institutions submitting things in a timely fashion.
- iv. Jamie Ross suggested using CERTEMYs online portal. This is based on her being on the executive committee of the Nevada certification Board for peer recovery support specialists that uses this online portal.
- v. Karen Oppenlander outlined how the use of a 'portal'/ database may be influenced in the future and that the Board will need to discuss this further.
1. BESW will need to release a new RFP for software provision soon creating an opportune time to look at all software providers including the current company (Albertsons/ Big Picture Software) that BESW has invested time and money with that has helped BESW to digitize its process (moving from paper to the computer to the clouds). And the current company has helped BESW to already establish a licensee checklist on the online portal.
 2. Another BDR may be introduced for a Composite Board again. An 'online portal' may be influenced by another entity e.g., Business and Industry (as was presented during the 2021 legislative session).
 3. Nevada may move forward as part of the Interstate Compact for Social Workers, and this may influence the 'portal' / database discussion.
 4. The State of Nevada is aware of these bigger issues and has put into effect a new review process for future software vendor selections requiring an extra level of review by EITS (Nevada's Enterprise IT System).
 5. Sanders brought up another national option vs moving to a composite type of Board. BESW may want to look to ASWB to see how they may be able to help address BESW needs and be a resource to minimize unnecessary expense.
 6. In August, BESW Staff went through several demos from Thentia (database software) for upcoming competitive RFP process.
- vi. Jacqueline Sanders (BESW Board member)
1. Sanders suggested revisiting provisional licensing to take a closer look at it so that we better address people's needs.
 2. Sanders shared that BESW is already in a new environment in remote supervision. She realized that Reno had it in place for someone that she had trained a few weeks ago; and that sort of thing is new and may help to expand the number of LMSW or LCSW licenses that we offer.
 3. Sanders added that it may be good to see if we can send out additional notices automatically via the database (if affordable) to reduce incoming phone calls by letting individuals know that information has been received by the Board.
 4. Sanders spoke in favor of enhancements so that others would not issue

statements that could justify a composite board at this point. While BESW can look at a composite board later, right now we want to look at how we can get people to pay to be licensed in the State of Nevada, and to be able to work from outside of the state.

5. She emphasized that BESW has removed quite a few restrictions already as we were compliant with the Governor's mandate throughout the COVID epidemic. She added that the Board is aware that some did not renew after the directive was lifted. We can research this to better understand how to reduce concerns using simple measures to remove barriers (e.g., reviewing provisional license option).

III. Picking the Best Strategy for BESW Support

- a. Nevada's 2022 County Health Rankings and Roadmaps: To learn more about what works to improve the ratio of population to mental health providers, please link to: <https://www.countyhealthrankings.org/app/nevada/2022/measure/factors/62/policies>
 - i. Some of the 34 suggested strategies include topics referred to in previous Board meetings and during recent conversations with Board staff:
 1. Higher education financial incentives for health professionals serving underserved areas
 2. Rural training in medical education
 3. Support of Federally qualified health centers (FQHCs)
 4. Support of Medical homes
 5. Tele-mental health services.
- b. And please see Roman Numeral "II" above.
- c. In July, Social Entrepreneurs presented an overview of the strategic planning process for July 1, 2023 – June 30, 2026 BESW Strategic Plan.

IV. Deploying the 'Solution'.