



STATE OF NEVADA  
BOARD OF EXAMINERS FOR SOCIAL WORKERS (BESW)  
4600 Kietzke Lane, Suite C121, Reno, Nevada 89502  
775-688-2555

**PUBLIC NOTICE OF BOARD MEETING**

**9:00 am on Wednesday, September 21, 2022**

BESW strives to maintain government transparency and protect public safety. We are offering a virtual option for attendance via Zoom conference. Cameras will be on for the duration of the meeting. Supporting materials will be available electronically at the BESW website: <http://socwork.nv.gov/board/Mtgs/>.

**The Nevada Board of Examiners for Social Workers is inviting you to a scheduled Zoom meeting.**

**Date and Time: September 21, 2022, 09:00 AM Pacific Time (US and Canada).**

**Topic: BESW September Board of Directors Meeting via Zoom**

**Invite Link: <https://us02web.zoom.us/j/86726425837>**

**Meeting ID: 867 2642 5837**

One tap mobile

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Please Note: The Board of Examiners for Social Workers may address agenda items out of sequence, combine the agenda items, pull, or remove the agenda items, to aid the efficiency or effectiveness of the meeting or to accommodate persons appearing before the Board. The Board may continue agenda items to the next meeting as needed. (NRS 241.020)

Public comment is welcomed by the Board and will be heard at the beginning of the Board meeting following the Call to Order and Roll and at the end of the agenda prior to the adjournment of the Board meeting. Public comment may be limited to three (3) minutes per person. The Board meeting Chair may allow additional time to be given a speaker as time allows and at his/ her sole discretion. Once all items on the agenda are completed the meeting will adjourn. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. See NRS 233B.126.

## AGENDA

Items may be taken out of order; Items may be combined for consideration by the public body; Items may be pulled or removed from the agenda at any time; the public body may place reasonable restrictions on the time, place, and manner of public comments, but may not restrict comments based upon viewpoint. **\*NOTE: Per Open Meeting Law, before speaking, please state your full name for the record.**

Pursuant to NRS 241.030 the Board may conduct a closed session to consider the character, allegations of misconduct, professional competence, or physical and mental health of a person.

**1. Call to Order, Roll Call.**

**2. Public Comment.**

*Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020). Public comment may be limited to three (3) minutes.*

**3. Board Operations:**

**A. Review Litigation Matter - United States District Court for the District of Nevada - Case No. 3:20-cv-571-MMD-WG -- Director Asheesh S. Bhalla (Previously served as BESW Deputy Attorney General for the Office of NV Attorney General. (Information Only).**

**B. Review and Discuss August 17<sup>th</sup>, 2022, Board Minutes. (For Possible Action).**

**C. Review and Discuss BESW Strategic Plan July 1, 2023— June 30, 2026. (For Possible Action).**

**D. Board Review of Hearing for Virgilio DeSio, License No. 6200-C. (For Possible Action).**

**E. Board Review of License Renewal for Eyob Ayele, License No. LMSW #6592-M (For Possible Action).**

**F. Review and Discuss BESW Licensure Processes and Other Items Regarding Workforce Shortages in Mental Health Professions. (For Discussion Only).**

- i. "Understanding the Challenge of Significant Shortages in All Mental Health Professions" – Updated Report.
- ii. Nevada Current Report – School Social Worker Guidelines.
- iii. BDR # 351 submitted by State of Nevada Committee on Commerce and Labor provides for the issuance of temporary licenses by certain occupational licensing boards to members of the military and their spouses.
- iv. Rural Regional Behavioral Health Policy Board BDR Concept Paper, Submission.

**G. Review and Discuss Post-Graduate Internship Program - Issues for Consideration (For Possible Action).**

- i. Amend requirement for onsite licensed mental health professional when the clinical supervisor is offsite.
- ii. Reconsideration of policy for closing an internship site when the site appears on a Medicaid sanction / exclusion list; and reconsideration of expanded policy that includes sanctions made by any payor source; also, consideration of how a site may reopen as a teaching location for post-graduate interns.
- iii. Consideration of allowing post-graduate clinical internship to be completed solely with remote practice; and Board is being asked to weigh in on whether this will constitute a comprehensive internship.

**H. Review and Discuss Association of Social Work Boards 2022 Exam Pass Rate Analysis of Findings in Nevada – Deputy Director Sandra Lowery. (For Discussion Only).**

**I. Executive Director's Report (Informational).**

- i. Recap of NASW – NV Meeting on September 19<sup>th</sup>, 2022; and
- ii. Amended Contract with Albertson's Consulting Inc. (ACI) for its Big Picture™ licensure management database January 1 – December 31, 2023; and
- iii. Future Agenda Items: 1) Address items outlined by previous auditor; 2) Revisiting relinquishments if requested; 3) Potential NRS and NAC changes; (4) Financial Management of Board's Reserves (Checking accounts, Savings accounts, Money market deposit accounts, Certificate of deposit accounts) and etcetera; (5) Upcoming Strategic Planning meeting; 6) Look at bill draft requests that are being developed.
- iv. Next Board Meeting is 9 a.m. Wednesday, October 19, 2022.

**4. Public Comment.**

*Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020). Public comment will be limited to three (3) minutes.*

**5. Adjournment.**

Please contact Karen Oppenlander, LISW at (775) 688-2555 for information regarding the meeting. Supporting materials can be accessed electronically at the BESW website: <http://socwork.nv.gov/board/Mtgs//>.

This notice has been posted at the office of the Board of Examiners for Social Workers; the Board's Web Site [www.socwork.nv.gov](http://www.socwork.nv.gov); and the State of Nevada's Public Notice Website <http://notice.nv.gov>.

**3A**

**Review Litigation Matter  
United States District Court for the District of Nevada  
Case No. 3:20-cv-571-MMD-WG.  
(Information Only).**

**3B**

**Review and Discuss August 17th, 2022, Board Minutes.  
(For Possible Action).**



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

4600 Kietzke Lane, Suite C121, Reno,  
Nevada 89502 775-688-2555

**BOARD MEETING MINUTES**

**9:00 am, Wednesday, August 17, 2022**

Dr. Esther **Langston**, Board President welcomed everyone to the meeting at 9:02 a.m. and then conducted a Roll Call. Board Members in attendance: Linda **Holland Browne**, Esther **Langston**, Abigail **Klimas**, and Jacqueline **Sanders**. Board Member absent: Susan **Nielsen**. Board Staff: Sandra **Lowery**, Deputy Director, Karen **Oppenlander**, Executive Director, and Harry B. **Ward**, Board Counsel, Deputy Attorney General. Guests: S. Dominguez, S. Maplethorpe, and M. Windishar.

**Langston** moved to **Agenda Item 2 – Public Comment**. There was no public comment in person or online.

**Langston** moved to **Agenda Item 3 - Board Operations**, starting with **Agenda Item 3A - Review and Discuss Board Meeting Minutes for July 20, 2022. (For Possible Action)**.

**Motion was made by Linda Holland Browne and seconded by Jacqueline Sanders to approve the minutes. Roll call vote: Sanders – Aye, Holland Browne – Aye, Klimas – Aye, Langston – Aye. Motion passed unanimously.**

**Langston** asked **Oppenlander** to introduce **Review and Discuss BESW Licensure Processes and Other Items Regarding Workforce Shortages in Mental Health Professions. (For Discussion Only)**. **Oppenlander** referred to **Agenda Item “i” - Understanding the Challenge of Significant Shortages in All Mental Health Professions” – an Updated Report**. The Board is currently in the process of preparing for the upcoming 2023 Legislative Session. To that end, BESW is reviewing new items monthly and this report is being updated accordingly. Ideas have included suggestions regarding internship process improvements, opportunity from ASWB (and etcetera) to participate in the Social Work Interstate Compact, and requests/ ideas directed to the Board for BESW to join collective efforts to reduce workforce shortage. With this summarized information, the Board may determine how to provide support as it moves into the Legislative Session and insert its intentions into its July 1, 2023 – June 30, 2026, BESW Strategic Plan. **Oppenlander** then highlighted specific items that were covered during the July 20<sup>th</sup> Board meeting that were condensed for this summary report (while captured in full in the July 20, 2022, Board minutes). Additionally, she covered some related items that occurred in between July and August Board meetings.

Next, the Board looked at **(ii) State of Nevada Commission on Behavioral Health Letter to the Governor Approved July 28th, 2022**. This letter was included in the Board’s meeting packet. **Oppenlander** pointed to portions of the letter that she highlighted. Board members made related comments to this information. **Langston** summarized the Board’s discussion as follows, “So as we move into technology..., how do we service the population effectively so that they can get the services that they need? And I

think that needs to be our focus...; How do we bring quality services to those populations and how can we do that in the most effective and efficient manner that benefits the consumer?"

Following this discussion, **Oppenlander** drew attention to **(iii) Division of Child and Family Services, Nevada Children's Behavioral Health Consortium Meeting Minutes, April 7, 2022, approved August 4, 2022**. This document was highlighted and draws attention to the need for additional school social workers. **Lowery** provided background about the approval of school districts as postgraduate internship sites. Clark County was the first school district to work through the internship process with BESW. Following, the Board worked with Amber Reid (Department of Education) to develop a template for other school districts. This template has been successfully introduced in six rural school districts. Most recently, Board staff has had to close the Clark County School District program until modifications in their agreement could be approved by their human resources department and their attorney for postgraduate internship sites. As BESW and CCSD HR has approved the updated site agreement, BESW awaits the attorney's approval. **Oppenlander** stated that because the Board's staff experience is different than what was presented in these meeting minutes, staff intends to contact the committee chair to discuss further. **Lowery** added that another piece that further complicates postgraduate internships in Nevada school districts is that the Department of Education has hired someone specifically to assist the school districts in becoming Medicaid providers so that they can bill for mental health services. Once this new billing process is cleared, BESW will need to have social worker internship sites approved or there can end up being a 30,000 foot disconnect. A discussion followed about role confusion and other difficulties being experienced within the school social work system in Nevada.

Next, **Lowery** covered a handout for discussion **(iv) Post-Graduate Internship Program - 3 Issues for Consideration (Discussion only)**. She indicated that internships generally move along efficiently. However, several issues have arisen that need Board discussions, decisions about changing existing policies and protocols that we have operated with for decades. As we know, the Rural Regional Behavioral Health Policy Board presented one issue that they see as an internship site barrier is the BESW requirement for an onsite licensed mental health professional. BESW has historically wanted a clinical supervisor to be on site to protect the clinical supervisor, the intern, the public and the client if there is an acute psychiatric crisis. Historically, we have not approved for office clerical staff to fill this role.

Based on the requests BESW has received, **Lowery** suggested that the Board may decide to reconsider its stance due to workforce challenges in rural Nevada. She submitted draft language for review:

An intern may not engage in direct practice with clients unless the clinical supervisor or licensed on-site mental health professional is on-site and available for immediate consultation. After the intern has completed 1000 clinical hours, 500 non-clinical hours and 50 hours of supervision, the licensed on-site mental health professional may be available for immediate consultation indirectly, e.g., the use of cellular phones, video conferencing, etc., if the clinical supervisor is agreeable. Since the practice of the intern is under the clinical supervisor's license, it is up to him/her to determine if the intern is ready for more independent practice.

**Lowery** explained that she had recently offered a supervision training for 63 licensed clinical social workers. She asked them what their thoughts were on this issue and the majority said that they like having a licensed onsite mental health professional as a backup for those LCSW supervisors that are offsite.

**Lowery** moved forward to the second item for Board consideration which is a review of the BESW policy around closure of postgraduate internship sites. Currently, we have a couple of reasons why BESW would close a postgraduate internship site. The first one is if the site receives a Medicaid sanction. BESW routinely receives and reviews the Medicaid exclusions list that indicates when social workers

and/ or sites are sanctioned by Medicaid. Historically, BESW has considered that when a site loses its Medicaid approval, that it is suggestive that there are some problems at the site. The second reason that BESW removes an approved internship site is that Medicaid is the primary payer source that can't be used for the billing of services by an intern when it is sanctioned. Essentially that agency has limited options for billing for intern's services. When a site gets the sanctions lifted, BESW could consider putting the site back on our approved site list. Another reason BESW may remove a site is if the agency is cited, sanctioned by JCAHO – the Joint Commission on Accreditation of Healthcare Organizations -- and this would be based on a subsequent evaluation by BESW.

The third post-graduate clinical internship issue to be considered is to allow the internship to be completed solely with remote practice. The Board is being asked to weigh in on whether they believe that this constitutes a comprehensive internship. During COVID, all internships moved to remote platforms. With the removal of the Governor's Emergency Directive, agencies have generally moved to offering a blend of in-person treatment and remote treatment. Board staff checked with the VA, DPBH Rural Clinics and several private agencies to determine their current practice model. None of them are doing remote-only treatment; most are doing a hybrid model. A related question has arisen about the Board's position on allowing a postgraduate internship to be solely completed on via telehealth. In this situation, a social work intern would never actually sit in an office and do face-to-face sessions with clients. We realize that during the lockdown portion of the pandemic, we were all doing our practice from home offices. Checking with the VA, which is the organization that does the largest amount of telehealth, we asked them what they are doing now. Their interns are doing a blend. **Lowery** commented that she is comfortable with a hybrid blend of inpatient sessions and telehealth. She also checked with State of Nevada Rural Clinics, and they are also now offering a blend of inpatient or in-person sessions and telehealth. And finally, **Lowery** checked with three or four of the larger outpatient clinics in Nevada and they are all offering a blended approach - both in-person and telehealth. So, the question will be, how does BESW want to proceed?

**Holland Browne** addressed the issue of onsite supervision stating that she has been fortunate to have supervised internships that were in a hospital setting with other healthcare professionals available to her e.g., psychiatrists, psychologists, and so on. In her experience, if the clinical supervisor was not physically in the building, she had other people she could turn to. You need to have someone you can call on when you have a client who's in a crisis because so often there may be alcohol and drugs involved as well as all kinds of other things. You just can't be out there in a mental health clinic by yourself with a secretary. My worry is that just isn't going to be sufficient.

**Langston** considered that technology might give us better opportunities to be certain that the worker, the client, and the profession are protected. She used an analogy of the two-way mirror formerly utilized for supervision (old school). Everyone knew that there was a supervisor behind the scenes on the other side of the two-way mirror. Now, a technology solution may offer a substitute supervision method. **Lowery** added that supervisors were asked if they routinely join a session via Zoom or via phone in lieu of going onsite. These are not the supervisors that are of concern. The concern is the absence of an onsite mental health professional when a situation warrants it.

**Klimas** commented that she would feel more comfortable if there was a regional/ rural mobile crisis unit that was responsive that could be called; that you knew that you had a Plan B if a supervisor wasn't readily available. It seems that if you are an intern, you would need to have some sort of clinical support so that you know that you're not alone in making decisions in a crisis.

The Board continued a conversation on the third question for consideration with additional information provided about what may happen with other payor sources when a licensee or an agency is sanctioned



by Medicaid. Then there was a brief conversation about the Medicaid appeals process. **Ward** suggested that BESW would not necessarily proceed with a disciplinary action against a licensee until the licensee has exhausted all their appeals regarding Medicare, Medicaid, or any other sanction. But, when it comes to postgraduate internship, that's a somewhat different question and this would be up to the Board regarding postgraduate internships programs at these facilities.

**Sanders** shared a concern as a large portion of information is given to social workers from body cues; and we must pay attention to body language that is not always present via telehealth. For example, a person may be using a cell phone and we can only see them from the shoulders on up. As a social worker, we need to look at the entire picture to assess a patient (e.g., in an acute care setting or during a home visit). So, I would recommend a good portion of the postgraduate internship be in-person and not just telehealth because it would not be as effective.

**Klimas** indicated that she supports a hybrid model for postgraduate internships. It's apparent that we are leaning more towards telehealth and that requires a different skillset. We will want social workers to be prepared to be able to assess in-person as well as conduct a telehealth assessment. Also, they will need to know how to create a therapeutic environment via telehealth. To wrap up, **Lowery** asked for the group to consider the three issues presented; and that this will be on an upcoming Board agenda.

Next, **Agenda Item 3C - Board Review of Hearing for Virgilio DeSio, License No. 6200-C. (For Possible Action)**. Deputy Attorney General **Harry Ward** reported that he is still negotiating a settlement in this matter and requested that this item be kept on the agenda for next month. He continued that if the negotiations regarding the consent decree fail, he will bring this matter to the Board for a hearing. However, he is confident that this matter will resolve by consent decree; and this would save the Board time, money, and energy regarding getting to an optimal position to resolve this matter. If necessary, he will give the Board at least one month notice saying this matter is unable to resolve, and that we will be having a long meeting when it's put on the agenda. This is because some of these matters can take up to eight to ten hours or up to two days depending on the complexity of the issues and the law. Hearing no opposition, the Board thus allowed the item to be moved forward to a future agenda.

Following was **Agenda Item 3D - Association of Social Work Boards Updates**. **Oppenlander** highlighted a handout re: **Stacey Hardy-Chandler, Ph.D., J.D., LCSW, named ASWB's next CEO**. Ms. Hardy-Chandler is a Nevada licensee and BESW has recognized her for this achievement.

Next, **Langston** briefly updated the Board re: her attendance at a recent **ASWB Special Meeting of the Online Delegate Assembly** that was strictly about data analysis that is included in the Board Packet about examination pass rates across the nation and what's happening with social workers. **Oppenlander** indicated that the latest detailed information was released by ASWB to the public this morning so the Board will need to wait for a deeper dive into the most recent data. **Lowery** did provide the Board with reports that BESW has received from ASWB in recent times. In the Board packet are the last two years (2019 and 2020). 2021 will be available in a new format. Typically, we have received the North American pass rate listed by exam type, and then we get the university reports for Nevada. When we receive that information, we have sent UNLV's report to Dr. Carlton and have sent the UNR report to the Dean of the School of Social Work for their student populations. **Lowery** proceeded to explain the overall pass rates for Nevada and asked the Board to stay tuned for more statistics.

**Langston** further recapped the ASWB meeting by stating that the whole purpose was for ASWB to be transparent by giving out a snapshot of what's happening with the exams. Now that they have this data,

what are the kinds of analysis, and how they're going to use this data to deal with the national, as well as state university average pass rates, and what that will mean. We will be able to look at ways, particularly the universities and colleges, to strengthen pass rates. As a former university professor, most problems when I gave practice exams in my classes were because the students didn't read the question well and needed test taking tips. **Holland Browne** commented that it will be interesting to see how the advent of COVID impacts test scores because there are some students who did not set foot on campus for as long as two years.

**Oppenlander** covered **Agenda Item 3D iii - Online Engaging with ASWB Session on August 18, 2022, for Social Work Licensing Compact Development Updates** by letting the Board know that registration is open to ASWB member Board Members and staff; no registration fee to attend the sessions.

She followed with **Agenda Item 3D iv - Review and Discuss Selection of Attendee at New Board Member Training Session, ASWB Pre- Approval of Dr. Langston for September 15-17, 2022. (For Possible Action)**. She updated the Board that President **Langston** has received eligibility for full funding to attend the New Board Member Training session to be held September 15-17, 2022, in Alexandria, VA. Her travel to and from the training, hotel reservations, and meals included during training will be directly billed to ASWB. Other expenses incurred to attend will be reimbursed following the training according to the ASWB Travel Arrangements and Expenses policy. Association funding shall be awarded on a first-come, first-served basis to eligible participants and may be limited to one participant per Member Board to benefit the largest number of ASWB Member Boards.

**A Motion was made by Jacqueline Sanders and seconded by Linda Holland Browne to Approve Dr. Esther Langston as Attendee for ASWB New Board Member Training Session for September 15-17, 2022, in Alexandria, Virginia. Roll Call Vote: Klimas – Aye, Sanders – Aye, and Holland Browne – Aye. Motion Passed by Majority.**

Next, **Agenda Item 3D – v, Review and Discuss Selection of Delegate for ASWB 2022 Annual Meeting of the Delegate Assembly – November 18-19, 2022, Scottsdale, AZ. (For Possible Action)**. **Oppenlander** referred to the "Serving as a Delegate Handout" from the Board Packet. The handout covers what a delegate is, what ASWB delegates do, and what delegates vote on. She asked for Board Members to consider if they may want to be a delegate representing BESW at the next ASWB Annual Meeting - Delegate Assembly on November 18th through 19th, 2022 in Scottsdale, Arizona meeting.

**Klimas made a Motion to send either Jacqueline Sanders or Linda Holland Brown to the ASWB Delegate Assembly - November 18th, 19th in Scottsdale, Arizona, Seconded by Dr. Esther Langston. Roll Call Vote: Langston – Aye, Klimas – Aye, Holland Browne – Aye, Sanders – Aye. Motion approved unanimously.**

Following, **Agenda Item 3 E - Review and Discuss Board Compensation Payment Process. (For Possible Action)**. **Oppenlander** reminded the Board of the Board Compensation process that was approved during the last meeting. After the meeting, she went back to the Board that she had 'borrowed' the policy from. They offered to give BESW a copy of their Payment Log that they had designed in 2018. The top portion outlines what their Board had decided to pay for. If you concur, then each month you will fill out your time sheet and send it to me. Then I will submit it for your payment. I was also asked to provide some IRS Tax information about 1099s and will do so after today's meeting. She also reminded the Board that the pay scale is \$18.75 per hour capped at \$150 per day.

**Jacqueline Sanders made a Motion to Approve the Board Compensation Payment Log, Seconded by Abigail Klimas. Roll Call Vote: Sanders – Aye, Langston – Aye, Klimas – Aye, Holland Browne – Aye, Motion approved unanimously.**

Next, **Agenda Item 3 F - Executive Director's Report (Informational)**. **Oppenlander** had sent a handout from NASW – Nevada Chapter to share information about an upcoming 2022 Social Work Virtual Mental Health Conference, October 13<sup>th</sup> and 14<sup>th</sup>, being hosted by Nevada and North Dakota. The handout also refers to ASWB testing data and pass rates. She mentioned that she has an appointment with Kyle Hillman, NASW- NV Director tomorrow morning to discuss ways for BESW and ASWB to work together. **Langston** commented that NASW and BESW are two separate organizations that operate independently. NASW will make recommendations in terms of the direction, or things that social workers may be involved in and do. And NASW is taking a lead in developing an interstate compact whether BESW does that or not. We can inform people that we they're two separate entities that serve two separate different purposes.

**Agenda Item 3F – ii - Pending Litigation Matter in the United States District Court for the District of Nevada - Case No. 3:20-cv-571-MMD-WG** update from DAG Bhalla is that he and his colleague are waiting for a response to their request to dismiss this case.

**Agenda Item 3F – iii –** We are currently finalizing our contract with our new lobbyist, Flynn Giudici Government Affairs, LLC which is good news as we'll be working again with Nick Vander Poel and Mendy Elliott. The contract is \$43,500, and there are different monthly rates depending on whether we're in session or not in session.

**Agenda Item 3F – iv - Future agenda items:** Addressing items outlined by the previous auditor, Revisiting relinquishment, should that group come back to us and ask us for support during session, NRS and NAC changes that are forthcoming, Financial Management of board's reserves e.g., checking accounts, savings accounts, money market accounts, certificate of deposit accounts, et cetera for good strong financial management as part of your fiduciary responsibilities.

And last, **Item 3F – v – The next Board meeting is 9:00 AM Wednesday, September 21st, 2022.** **Langston** indicated that she may have a previous commitment and **Holland Browne** indicated that she could cover the September meeting if needed.

**Agenda Item 4G – Public Comment.** There was no in-person or online public comment, so **Langston** moved to **Agenda Item 4H - Adjournment** and adjourned the Board Meeting at 11:27 a.m.

**Respectfully submitted by Karen Oppenlander, Executive Director.**

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**Review and Discuss BESW Strategic Plan**

**July 1, 2023— June 30, 2026.**

**(For Possible Action).**

**3D**

**Board Review of Hearing for Virgilio DeSio,  
License No. 6200-C.  
(For Possible Action).**

**Board Review of License Renewal for Eyob Ayele,  
License No. LMSW #6592-M  
(For Possible Action).**

- i. **“Understanding the Challenge of Significant Shortages in All Mental Health Professions” – Updated Report.**

- 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 September 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).
- vii. In August, Board reviewed a State of Nevada Commission on Behavioral Health Letter to the Governor Approved July 28, 2022.
- viii. In August, Board reviewed Division of Child and Family Services, Nevada Children's Behavioral Health Consortium Meeting Minutes, April 7, 2022, Approved August 4, 2022.

### 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.
- d. In August, the Board began to consider 3 Issues for Post-Graduate Internship Program to be decided at future Board Meeting:
  - i. The Board is being asked by the RRBHPB to remove existing requirement for an onsite licensed mental health professional when the clinical supervisor is off-site.
  - ii. The Board has a policy of closing an approved internship site when a Medicaid sanction is granted against the site or if there is a regulatory or accreditation sanctions against the site; and the policy has been broadened to say a sanction by any payor source, not simply Medicaid.
  - iii. A new issue has arisen regarding the allowance for a post-graduate clinical internship to be completed solely with remote practice; and to weigh in on whether they believe that this constitutes a comprehensive internship.

### IV. Deploying the 'Solution'.

- ii. Nevada Current Report – School Social Worker Guidelines.**

# NEVADA CURRENT

## Guideline is 1 social worker for every 250 students. NV schools have 1 for every 8,730.

### Schools are limited to reacting to behavioral health crises, not preventing them

By: [Camalot Tullit](#) - 6:23 am

As the first week of school comes to a close with a shortage of nearly 3,000 teachers in the state, Nevada faces another staffing shortage in its education system —mental health professionals.

The state would need 35 times as many school social workers, 3.7 times as many school psychologists and twice as many school counselors to be at the recommended ratio for the student population, according to a report on improving access to behavioral health care from the Department of Health and Human Services to a legislative joint interim committee in July.

Provider Type	Nevada Ratio	Recommended Ratio	Need
School Psychologist	1:1,866	1:500	3.7 times as many
School Social Worker	1:8,730	1:250	35 times as many
School Counselor	1:544	1:250	Twice as many

Nevada Department of Health and Human Services presentation to legislators, July 21, 2022

The staff shortage is a problem in schools nationally — no states meet the recommended ratio of social workers to students, for instance, and the ratio in Nevada is comparable to that in Iowa, Idaho, Oregon, and Utah, according to the Hopeful Futures Campaign’s School Mental Health Report Card. But in Connecticut, Illinois, Maine, Minnesota, New Jersey, New Mexico, New York, North Dakota, Rhode Island, and Wyoming, the number of students per social worker is less than 1,000.

Mental health staffing shortages limit schools to reacting to behavioral health crises and not preventing them, said Christy McGill, the director for the Office for a Safe and Respectful Learning Environment at Nevada Department of Education.

“Really what you want is a system that does prevention and intervention,” she said. “When you do those two things together you are reducing the amount of required services at school.”

Nevada struggles with two issues that cause a shortage of mental and behavioral health care professionals: a lack of qualified licensed providers, and barriers to access to the providers that do exist because of affordability, according to the Division of Child and Family Services.

#### ‘You can’t build a workforce if you don’t have a budget’

The COVID-19 pandemic exacerbated the need for mental health professionals in schools in a state that, according to the nonprofit Mental Health America’s annual rankings, is dead last in the nation for youth mental health. The rankings are based on the state’s higher prevalence of mental illness among youth, and lower rates of access to care.

“We’re in the mental health component of the pandemic right now and we need to deal with that immediately by getting more hands into the district,” said McGill.

Efforts were underway in the state to build a better crisis response continuum prior to the pandemic, but the increased need allowed the state to leverage American Rescue Plan Act (ARPA) funding to implement new best practices.

More than \$45 million in proposals to support the state’s child system of health care will be reviewed in the legislative Interim Finance Committee’s meeting on Aug. 17, including \$3.4 million to the Division of Child and Family Services Mobile Crisis Response Teams. The mobile teams allow youth and their families in urgent need of care to be stabilized. The funding would allow the teams to support Clark County and Washoe County school districts and the Nevada Department of Education after school hours, when school-based mental health professionals are not available.

9/12/22, 3:26 PM

While the proposal will help with the immediate needs of students in crisis, it won't address the larger issue at hand — Clark County School District (CCSD), the fifth largest in the nation, has about 185 school psychologists, 700 school counselors and 195 social workers to support approximately 305,000 students.

The Nevada State Board of Education adopted recommended ratios based on national best standards in April 2020 — those ratios are one school psychologist per 500 students, one school counselor per 250 students, and one school social worker per 250 students.

CCSD currently has one psychologist per 1,649 students, one school counselor per 436 students and one school social worker per 1,538 students, based on data provided by the district.

Building a system of care to prevent crises from happening in schools will take years and an increase in funding for mental health systems and infrastructure, while simultaneously creating a pipeline to move Nevadans interested in behavioral health care professions into the workforce, said McGill.

“You can't build a workforce if you don't have a budget, so it feels like an overwhelming issue, but there are some bright points,” McGill said. “One of those bright points is that Nevada is poised to start billing Medicaid for these services.”

Two years ago, Nevada expanded their state plan amendment allowing Medicaid funding to unfold, but the state has to build the infrastructure to get parental consent, write care plans and monitor the progress of care for the students.

The initiative is still in its infancy, but in the meantime, CCSD plans to pilot a program to bill Medicaid for behavioral health this year, said McGill.

The pilot program will allow the state to bill for behavioral health services in schools that are eligible, instead of relying on just normal education funding streams.

Districts would then be able to use freed up education funds to hire more school counselors and other mental health professionals and and come closer to meeting recommended staffing ratios, McGill said.

“It will take several years, but there's hope. There's a lot of federal support for the billing of Medicaid in schools and increasing school based health,” she said. “If kids can't get to school because of their debates or their mental health or something of that sort and we don't have the proper providers and support in schools, it becomes an inequitable system.”

### **Small state equals big opportunity?**

To combat the other piece of the workforce shortage — getting enough people into the profession — the Nevada Department of Education contracts with institutions like University of Nevada Las Vegas and Nevada State College and the high school districts among others to “grow your own” workforce, McGill said.

The districts are using dual credits for the students interested in behavioral and mental health service professions to create a pipeline from Nevada high schools into Nevada universities. The universities and colleges offer paid internships, respecialization plans and more. “We will start building the workforce to meet the needs of the schools,” she said. “We've got a long way to go but I think we are a small enough state that I think we can start to make differences if we start to close those gaps.”



[Camalot Todd](#) – NevadaCurrent.com

An award-winning, investigative and enterprise reporter, Camalot Todd has over seven years experience in print, digital, radio and TV journalism. She covered mental and behavioral health in New York for Spectrum News 1 Buffalo through the national service program, Report For America, where she won the Mental Health Advocates of WNY Advocacy Award in 2020 for her coverage on mental health stigma. She also served as an inaugural member of the Report For America Corps Advisory Board Member, 2021-2022. Previously, she reported on community issues in Las Vegas, including a long-term project on underage sex trafficking, for the Las Vegas Sun and its sister publication, Las Vegas Weekly. For the Sun, she wrote a pathbreaking investigative piece called, “Children on the Cusp: The transition from foster care to adulthood is leaving some behind.” The piece won the Nevada Press Association best investigative story of the year and named Camalot the Best Community Reporter of 2017. She also worked as a reporter for KUNV radio and is a graduate of University of Nevada, Las Vegas. Camalot was selected for National Press Foundation Opioid and Addiction Fellow 2021 and led the Syracuse Press Club's Journalism Lab as an educator from 2021-2022.



- iii. **BDR # 351 submitted by State of Nevada Committee on Commerce and Labor provides for the issuance of temporary licenses by certain occupational licensing boards to members of the military and their spouses.**

**iv. Rural Regional Behavioral Health Policy Board BDR Concept Paper, Submission.**

# **Rural Regional Behavioral Health Policy Board**

## **Concepts for its BDR for the 82<sup>nd</sup> (2023) Session of the Nevada Legislature**

### ***“Act to Create Behavioral Health Workforce Development Center of Nevada”***

August 25, 2022

#### **Background:**

The Rural Regional Behavioral Health Policy Board proposes the creation of the Behavioral Health Workforce Development Center of Nevada to increase the number of high-quality, home-grown behavioral health providers to fill critical shortages and increase access to treatment across the state, specifically focusing on rural, frontier, and underserved urban communities.

Previous to the COVID-19 pandemic, Nevada has experienced a chronic shortage of behavioral health providers. Unfortunately, with increased demand for providers to meet the growing need to address mental illness and substance misuse or abuse across the state, these shortages have now become the most notable challenge in implementing behavioral health services and programs, and has created major challenges to access to behavioral health services for all Nevadans. While some programs have been launched to attempt to remediate this problem by developing parts of Nevada’s behavioral health workforce, these programs have been somewhat siloed and do not affect all areas of behavioral health provider practice, nor do they affect all areas of the state.

Other states, including Nebraska and Illinois, have successfully launched centers within their respective systems for higher education that create statewide behavioral health workforce development pipelines to meet critical needs. These pipelines focus on recruiting students to consider careers in applicable professions during high school, provide support and guidance through the higher education, and assist new graduates in being placed to practice in the state’s areas of highest need. While the Illinois program is still in its infancy, the Behavioral Health Education Center of Nebraska (BHECN) has been operating for over 10 years, and has reported the following outcomes: engaged over 5,000 high school and college students through behavioral health profession recruitment efforts; created partnerships with 18 institutions within the Nebraska System of Higher Education; launched 40 Integrated Behavioral Health Clinics, 25 of which are located within rural communities; created a behavioral health jobs website to help connect students to jobs and internships with over 327,000 hits to date (<https://nebhjobs.com/>); and ultimately resulted in a 32% increase in psychiatric prescribers and a 39% increase among psychologists and mental health therapists available within the state.<sup>1</sup>

This BDR proposes the legislative creation and funding of the Behavioral Health Workforce Development Center of Nevada (the “Center”), which will be modeled after these other successful programs and is also informed by “lessons learned” by staff at these out-of-state centers. At minimum, the Center will aim to: increase the number of graduates from Nevada high schools who pursue higher education in behavioral health fields; increase the number of graduates from behavioral health provider programs within Nevada System of Higher Education (NSHE) schools who choose to intern and practice in Nevada; increase the number of providers who have the specialty training to fill the state’s most critical provider shortages; increase the number of internship and clinical supervisors available; increase the number of

<sup>1</sup>Behavioral Health Education Center of Nebraska. (2021). *Legislative Report FY 2020 & 2021*.  
<https://www.unmc.edu/bhecn/workforce/legislative-reports.html>

approved internship sites available for Nevada students and new grads; and to decrease time from graduation to licensure for new providers. Additional objectives for the Center may be addressed by the organization and its programs, based on statewide needs.

**Infrastructure:**

The Center will be housed under the Nevada System of Higher Education (NSHE), and seated at one or more institutions of NSHE. The Center may be separated from NSHE as an appropriate nonprofit organization at a later date.

The administering institution(s) serve(s) as a hub in a multisite, statewide model, focusing on rural, frontier, and underserved urban communities. The Center's Hub(s) works with regional hubs to assess and serve the workforce needs of specific, well-defined regions of the Regional Behavioral Health Policy Boards (NRS 433.425 through NRS 433.4295, inclusive) and specialize in specific research and training areas, such as telehealth or mental health-criminal justice partnerships, for which the regional hub can serve as a statewide leader.

The administering institution provides infrastructure to organize regional behavioral health education and outreach related to behavioral health workforce development, research, and professional recruitment, retention, and outreach. As budgets allow, this may include: conference and training space, research and faculty staff time, telehealth, and distance learning equipment.

The Center is tasked with a convening and coordinating role for workforce research and planning, including monitoring progress toward Center goals, as outlined in its strategic plan.

Center shall coordinate with key State agencies involved in behavioral health, workforce development, and higher education in order to leverage disparate resources from health care, workforce, and economic development programs in state government.

The Center shall organize a consortium of NSHE institutions in partnerships with providers; school districts; Nevada Department of Education; law enforcement; consumers and their families; hospitals; State agencies including Nevada DHHS; internship sites; active-duty service members veterans, and their families (SMVF); representatives from historically marginalized communities (including LGBTQ+ and BIPOC); and other stakeholders to implement workforce development concepts and strategies in every region of the State, focusing on rural, frontier, and underserved urban locations.

The Center is responsible for developing and implementing a strategic plan for the recruitment, education, and retention of a qualified, diverse, and evolving behavioral health workforce in the State of Nevada. Objectives of the Center's strategic plan will include convening and organizing vested stakeholders outlined above to focus, advise and participate in the implementation of efforts to support behavioral health workforce development across the spectrum of the behavioral health system. It is acknowledged that the Nevada behavioral health system that may be affected by these efforts spans across many sectors, including government agencies, clinics, behavioral health facilities, prevention programs, hospitals, schools, jails, prisons and juvenile justice, specialty courts, police and emergency medical services, consumers and their families, and other areas of need.

The Center will carry out its work in a manner that leverages existing programs and resources, and avoids duplication of efforts.

<sup>1</sup>Behavioral Health Education Center of Nebraska. (2021). *Legislative Report FY 2020 & 2021*. <https://www.unmc.edu/bhec/workforce/legislative-reports.html>

## **Recruitment**

The Center will build partnerships with school districts, public institutions of higher education, relevant occupational licensing boards, and workforce development agencies to create pipelines to behavioral health careers from K-12 education through professional practice.

Special focus for recruitment will be placed on both youth from underserved or marginalized communities, as well as those who are interested in pursuing careers that would fill Nevada's most critical service gaps, including providers for children, the elderly, and other underserved populations.

The Center will explore means to also recruit and support adult learners who are interested in pursuing careers in behavioral health. These Nevadans come with experience and real-world expertise that may advise their professional practice and improve outcomes for consumers.

## **Retention of New and Existing Workforce**

The Center will include strategies within its strategic plan to address retaining Nevada's existing behavioral health workforce, and ensuring that new providers who have participated in the pipeline programs stay in Nevada.

The Center will work with professional organizations, training and educational institutions, and others to ensure the availability of high-quality continuing education on emerging, evidence-based, and best practices to existing Nevada providers in various settings.

Additionally, the Center will either directly provide or work to secure through other agencies technical assistance to providers regarding non-academic and administrative issues related to providing services in Nevada, including business licensing, business planning, insurance billing, staff management and leadership, and others.

## **Training**

The Center will work expand the number of available intern supervisors and internship sites across Nevada. This will be done through the provision of technical assistance to support potential and existing professional training program sites for post-graduate and graduate student training that provide effective training in evidence-based behavioral health practices to ensure capacity meets the need of incoming students. Additionally, the Center will work to provide training specifically for potential graduate and post-graduate supervisors to ensure the need for high-quality supervisors is being met. Priority will be placed on sites and/or supervisors that serve rural, frontier, or underserved urban communities.

The Center will also explore opportunities to either collaborate with existing entities or build new programs to assist adult learners in pursuing education and training required to become a behavioral health provider in Nevada.

## **Reporting**

The Center will report at least annually to all interim and legislative committees for Health and Human Services; to interim and legislative Commerce and Labor committees; to the Governor's Commission on Behavioral Health; and to all Regional Behavioral Health Policy Boards.

<sup>1</sup>Behavioral Health Education Center of Nebraska. (2021). *Legislative Report FY 2020 & 2021*.  
<https://www.unmc.edu/bhec/workforce/legislative-reports.html>

### **Data Collection, Analysis, and Program Evaluation**

The Center will coordinate with other entities who already collect Behavioral Health Workforce data to best utilize existing resources and reduce duplication. The Center will collect and analyze additional data as necessary to examine where Nevada's existing behavioral health workforce originated; to identify how participants of the pipeline move through the state's systems and where they land; and ultimately, to use this information for program evaluation to ensure the strength and success of the workforce pipeline.

The Center will also work with agencies involved in the pipeline and other resources to develop systems to identify how educational and training organizations are preparing students to correctly implement evidence-based practices, and which practices and therapeutic modalities are being taught to graduates. The Center will then work to explore means of tracking how these practices are implemented by graduates within their work, as feasible.

Furthermore, the Center will also collect data regarding specialties pursued by students of participating programs, and will identify whether or not the output of students with specialty skills (children, geriatrics, etc.) match the needs of Nevada residents statewide and by behavioral health region.

### **Funding**

As behavioral health and physical health are neither mutually exclusive, nor can one be ignored in place of the other, educational programs for providers in both areas must be funded appropriately. The Center will operate on funds appropriated in a similar manner as those previously appropriated by the Governor's Office for General Medical Education and other programs. This funding source would create parity for education in health professions that aims to meet the growing needs of Nevada. The funding would be used to support the development and yearly operations of the Center, as well as the programs and initiatives it launches.

<sup>1</sup>Behavioral Health Education Center of Nebraska. (2021). *Legislative Report FY 2020 & 2021*. <https://www.unmc.edu/bhecn/workforce/legislative-reports.html>

**BILL DRAFT REQUEST  
FOR THE  
2023 LEGISLATIVE SESSION**

**Person or Entity Authorized to Submit BDR:**

Rural Regional Behavioral Health Policy Board

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**Person Submitting Request:**

Fergus Laughridge (Chair)

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**Person to Contact for Clarification or Additional Information:**

**Name:** Valerie Haskin

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**Email:** [vcauhape@thefamilysupportcenter.org](mailto:vcauhape@thefamilysupportcenter.org)

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**Phone:** (775) 300-3245

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- 1. Intent of Proposed Bill or Resolution** (Describe the problem to be solved, intended effect, and/or the goal(s) of the proposed bill or resolution – may be attached as separate document):

(from the "Background" section of the attached BDR concept document). This BDR proposes the legislative creation and funding of the Behavioral Health Workforce Development Center of Nevada (the "Center"), which will be modeled after successful centers launched in other states, including Nebraska and Illinois. Please see the attached document for more information regarding the Rural Regional Behavioral Health Policy Board's intentions for the outcomes, infrastructure, scope of work, and funding for this program.

- 2. If known, list any existing state law that is sought to be changed or which is affected by the measure (NRS Title(s), Chapter(s) and Section(s) affected, Statutes of Nevada Chapter(s) and Section(s) affected and/or Nevada Constitutional provision):**

Specific changes to NRS required to enable this program have not yet been identified.

3. Any additional information that may be helpful in drafting the bill or resolution (May include any relevant legislative measures, cases or federal laws or other supporting materials – may be attached):

Please see the attached BDR concept document for more information regarding the intended structure, scope, and funding streams.

4. Effective Date:

- Default (October 1, 2023)  
 July 1, 2023  
 January 1, 2024  
 Upon Passage and Approval  
 Other

5. Description of any known cost to the State or a local government that would result from carrying out the changes in the measure if enacted:

While the bill will carry a fiscal note, it is not yet known what amount this might be.

### **REQUIRED PREFILING:**

A bill draft requested by an entity other than a legislator or a legislative committee may be required to be prefiled on or before November 16, 2022. By statute, such a measure that is not prefiled on or before that date is deemed to be withdrawn. There is no authority to waive this requirement.

**Please submit completed Bill Draft Request form by mail to: Bryan Fernley, Legislative Counsel, Legislative Building, 401 South Carson Street, Carson City, Nevada 89701, by e-mail at [Bryan.Fernley@lcb.state.nv.us](mailto:Bryan.Fernley@lcb.state.nv.us) or by fax at (775) 684-6761.**



- i. **Amend requirement for onsite licensed mental health professional when the clinical supervisor is offsite.**
- ii. **Reconsideration of policy for closing an internship site when the site appears on a Medicaid sanction / exclusion list; and reconsideration of expanded policy that includes sanctions made by any payor source; also, consideration of how a site may reopen as a teaching location for post-graduate interns.**
- iii. **Consideration of allowing post-graduate clinical internship to be completed solely with remote practice; and Board is being asked to weigh in on whether this will constitute a comprehensive internship.**

**Handouts from August 2022 Board Meeting**

## **Post-Graduate Internship Program - 3 Issues for Consideration**

- 1. The Board is being asked by the Rural Regional Behavioral Health Board to remove the existing requirement for an onsite licensed mental health professional when the clinical supervisor is off-site.**
  - a. This onsite supervision is both administrative and to provide immediate assistance in an emergency to protect both the intern and the clinical supervisor when the clinical supervisor is an off-site supervisor.**
  - b. This has been a Board requirement for more than 20 years and is in place to prevent an intern from being left alone at a site without any clinical backup.**
  - c. The attached policy has draft language that would allow for the reduction to telephone / video access to the onsite supervisor once the intern has completed 1000 clinical hours, 500 non-clinical hours and 50 hours of supervision IF the clinical supervisor agrees. This is the point at which an intern can request exam approval.**
  
- 2. The Board has a policy of closing an approved internship site when a Medicaid sanction is granted against the site or if there is a regulatory or accreditation sanctions against the site.**
  - a. The policy has been broadened to say a sanction by any payor source, not simply Medicaid.**
  - b. If an agency gets into trouble with payors, regulatory or accreditation entities, the Board has not believed it appropriate to have it open as teaching location for post-graduate interns until the terms of the sanction are met and restrictions are removed.**
  
- 3. A new issue has arisen regarding the allowance for a post-graduate clinical internship to be completed solely with remote practice. The Board is being asked to weigh in on whether they believe that this constitutes a comprehensive internship.**
  - a. During COVID, all internships moved to remote platforms. With the removal of the Emergency Directive, agencies are generally doing a blend of in-person treatment and remote treatment.**
  - b. Board staff checked with the VA, DPBH Rural Clinics and several private agencies to determine their current practice model. None of them are doing remote only treatment, most are doing a hybrid model.**



State of Nevada

## **Board of Examiners for Social Workers**

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### **POST-GRADUATE CLINICAL INTERNSHIP PROGRAM**

**CLINICAL SOCIAL WORK** means the application of methods, principles and techniques of case work, group work, community organization, administration, planning, consultation, research and psychotherapeutic methods and techniques to persons, families and groups to help in the diagnosis and treatment of mental and emotional conditions. (NRS 641B.030)

**INTERN** means an applicant for licensure as an independent (LISW) or clinical (LCSW) social worker via a post-graduate internship. The applicant is currently licensed in Nevada as a LMSW license but has not yet completed the 3000 hours of supervised postgraduate experience and 104 hours of supervision necessary for a licensure in Nevada as a LISW or LCSW. An intern is in the process of completing the requirements for their advanced license under an approved **Internship Program** of supervised practice. (NAC 641B.035)

### **Internship Policy – Related NACs and Expectations**

#### **Clinical Social Work Internship: Performance of supervised, postgraduate social work in Nevada.**

An applicant for licensure as a clinical social worker must complete an internship program consisting of not less than 3,000 hours of supervised, postgraduate social work and 104 hours of supervision. Except as otherwise provided, the required work must be:

- (a) Undertaken in a program that is approved by the board before the applicant begins the program. The program must include, without limitation:
  - (1) An examination, if deemed necessary by the board;
  - (2) An appropriate setting, as determined by the board;
  - (3) Supervision of the applicant by a supervisor who has been approved by the board; and
  - (4) A plan of supervision that has been approved by the board.
- (b) Completed not earlier than 2 years or later than 3 years after the board approves the program. For good cause, the board will grant a specific extension of this period.
- (c) Conducted pursuant to the requirements and standards set forth by the board. For good cause, the board will withdraw its approval of a particular program.

At least 2,000 hours of the supervised, postgraduate clinical social work required by must be in the area of psychotherapeutic methods and techniques to person, families and groups to help in the diagnosis and treatment of mental and emotional conditions. The remaining hours may be completed in other areas of clinical social work. [NAC641B.150 (1,2)]

#### **PSYCHOTHERAPEUTIC METHODS and TECHNIQUES Defined**

The methods of treatment that use a specialized, formal interaction between a clinical social worker and a client in which a therapeutic relationship is established and maintained to:

- Understand unconscious processes and intrapersonal, interpersonal and psychosocial dynamics; and,
- Diagnose and treat mental, emotional and behavioral disorders, conditions and addictions. (NAC 641.057)

**At the successful completion of a post-graduate clinical internship, the licensee must be able to demonstrate**

*A. The ability to assess, diagnose, and treat mental and emotional conditions*

- Comprehensive psychosocial assessment including knowledge and utilization of Mental Status Exams (MSE)
- Determination of diagnosis, i.e., use of the DSM
- Development of treatment plans with specific goals
- Various clinical intervention approaches
- Competence in individual, family and group psychotherapies
- Document and review of treatment outcomes
- Knowledge of psychopharmacology
- Knowledge of addictions and the related clinical interventions
- Suicidal/homicidal evaluations and interventions
- Abuse/neglect evaluations and interventions
- Experience with a range of clientele

*B. The skills and professional conduct necessary for continuing competency*

- Thorough understanding of the NRS / NAC related to Social Work practice in Nevada.
- Establish professional clinical relationships – initiating and sustaining a worker/client relationship based in social work standards of professional conduct that strengthens the client.
- Appropriate “use of self” with clients and colleagues – the separation of personal issues from professional responsibility and relationships
- Commitment to the social work profession and services to clientele
- Application of social work values and ethics
- Knowledge and application of human behavior and the social environment
- Recognize and reinforce the client’s prerogative of self-determination
- Utilize supervision for critical review of practice

*C. Concepts relating to risk and safety issues*

- Uses safety policies procedures to protect clients and licensee.
- Demonstrates the ability to assess and then function safely in emergency situations.
- Consistent use of safety and risk assessments
- Understanding the steps for mandated reporting and mandated action.
- Competence in initiating civil commitments (legal hold).
- Assessment of the intern’s readiness for competent autonomous practice in relation to such safety and risk factors.

## **Internship Policy - Site Approval**

A post-graduate internship can only be completed at a **site** approved by the Board.

In the **Site Application**, the Board requires an agency, seeking to become an approved site, to provide information regarding the following –

- Proof of agency NPI and TIN numbers, state licensure for the agency (must be licensed in NV for a period of not less than one year before consideration as a site).
- Identification of payor sources utilized by the agency, including insurance vendors, contracts, etc. and a description of how billing for services is done.
- A narrative explanation of the target client population served by the agency, types of therapy services provided, psychometric testing used, and typical issues / diagnoses treated.
- The job description and / or detailed contract for a post-graduate internship position. The **site** has the burden of demonstrating that the position constitutes clinical social work and is appropriate to provide psychotherapeutic methods and techniques.

- Organizational chart and list of the clinical complement of staff at the agency.
- Plan to provide supervision for post-graduate interns, onsite and / or offsite.
- Clinical policies
- Safety policies
- A blank client chart.

The **site** will submit an application which is reviewed by the staff and / or board member overseeing the Post-Graduate Internship Program. Once approved, the site must be agree to an onsite Board review at any time. The site must give permission for the intern's **clinical supervisor** to observe the practice of the **intern** and to review the documentation of the **intern** if the **clinical supervisor** is not employed by, or contracted with, the site (see Access Letter).

If a **site** is found to no longer meet the requirements as described above, the Board may terminate the **site** as a location for post-graduate internships. If the **site** does not have an onsite licensed mental health professional, the Board may terminate the **site** as a location for post-graduate internships. If the **site** receives a sanction by a payor source, regulatory or accreditation body, then the **site** will be closed until the terms of the sanction are met. In any of these scenarios, the Board will give **site**, **clinical supervisor** and **intern** 30 days to facilitate the transfer or closure of cases to minimize possible adverse effects on the client.

## Internship Policy – Program and Application

An **Internship Program** is defined as the contract between a Licensed Master Social Worker (LMSW) or **intern**, a Board approved **clinical supervisor** and a Board approved **site** (agency). Licensees interested in a post-graduate clinical internship will apply to the Board for approval prior to engaging in any direct practice with clients. The applicant may only practice at a Board approved site, pursuant to NAC 641B.150.

The application is broken down into two parts, the **Intern** will apply for their LCSW / LISW license and will provide information about the proposed clinical site(s). Once the licensee's application is approved, the **clinical supervisor** will complete the supervision contract, specifying the period of the contract and any reimbursement paid by the intern / site. An application is not considered complete until both parts are submitted and approved. If the **intern** needs to make changes to their approved internship (leaving a site, adding a site, or changing their clinical supervisor), they will complete a **partial application** then the **clinical supervisor** will complete an updated contract.

The approved **site** must be in an agency that has a defined mental health / clinical program in place that would be appropriate for the educational needs of an internship. The site's approved job description / contract must be submitted with the internship application. Interns can only practice under Board approved job descriptions / contracts. Once approved, **any changes of position / job at the site must be approved by the Board in advance**. A new job description must be submitted with a request for an internship change. This change must be approved by the Board for the internship to remain active.

If the intern's **clinical supervisor** is **off-site** (not employed by or contracted with the site), then the site must designate a Nevada **licensed on-site mental health professional** (MD, APRN, PhD, MFT, or CPC) that will serve to provide administrative supervision and can assist in a clinical emergency. The on-site mental health professional must coordinate with the Board approved **clinical supervisor** regarding the intern's practice. The clinical leadership of the **site** will complete an Access Letter which the **intern** will submit providing permission for access.

**An intern may not engage in direct practice with clients unless the clinical supervisor or licensed on-site mental health professional is on-site and available for immediate consultation.** After the intern has completed 1000 clinical hours, 500 non-clinical hours and 50 hours of supervision, the licensed on-site mental health professional may be available for immediate consultation indirectly, e.g., the use of cellular phones, video conferencing, etc., if the **clinical supervisor** is agreeable. Since the practice of the intern is under the **clinical supervisor's** license, it is up to him/her to determine if the intern is ready for more independent practice.

## Internship Policy – Program and Supervision

Per NAC 641B.160 the **clinical supervisor** is responsible for the practice of social work by the **intern**. This is managed in part by supervision meetings. The **clinical supervisor** is expected to meet with the intern individually, for not less than one hour per week. The Board also allows for 24 hours of group supervision, provided that the **clinical supervisor** is present at the group. The minimum number of hours of supervision required for completion of a post-graduate internship is 104 hours. **While it is preferred that supervision occur on a face-to-face basis, the Board will allow supervision to occur using telecommunication technologies.**

Additionally, **Clinical supervisors** are expected to analyze the performance of the **intern**. This is done through the supervision meetings, via direct observation the practice of the intern (in person, video conferencing or recorded sessions) and by a review of the documentation by the intern (assessments, treatment plans, progress notes and discharge summaries).

Documentation of each supervision meeting must be kept by the **clinical supervisor** and will be submitted to the Board upon request. These records must be kept for a period of five years after the closure of the supervision contract.

## **Internship Policy – Reporting**

Once an internship is approved, the **intern** will begin to track their hours using a Board created **spreadsheet**. Each month, hours calculated from the spreadsheet are given to the **clinical supervisor**. The hours will be included in the six-month **progress report**. The reporting period are determined at the point of initial approval and will not change throughout the internship. This report will be reviewed and approved by the Board. Approval of hours is not a guarantee.

The Board may **refuse to accept a progress report or final report** submitted, if the report, (a) does not satisfy the reporting requirements for the forms provided by the Board; (b) does not include such additional information concerning the internship as requested by the Board; or (c) is received by the Board after the date on which the report is due. If the Board refuses to accept a progress report or final report, the Board will disallow credit for all hours of internship as reported on the report.

## **Internship Policy – Exam and Completion of Internship**

Once an **intern** has completed 1000 hours of clinical practice, 500 hours of non-clinical practice and 50 hours of supervision, (s)he is eligible to request exam approval. The form is available on the website and is emailed to the Board. The intern must take and pass the exam prior to completion of both their hours and the minimum of 24 months of practice. **An internship is considered complete when the intern has 24 months of practice, 2000 hours of clinical practice, 1000 hours of non-clinical practice and 104 hours of supervision and has passed the clinical exam.** While an internship is granted for up to 3 years, this is an allowance for interns who are not practicing fulltime. Once an intern has completed the required hours and 24 months of practice, the internship, itself is completed. If the intern has not taken and passed their exam by that point, the internship will be closed, and the intern will need to apply for a new internship. Hours will be banked once a new internship is approved.

Adopted January, 1997; Amended March, 1999; Amended January, 2000; amended February 2016; amended August 2022

**Review and Discuss Association of Social Work Boards 2022 Exam  
Pass Rate Analysis of Findings in Nevada. (For Discussion Only).**



**Executive Director's Report (Informational).**

- i. Recap of NASW – NV Meeting on September 19<sup>th</sup>, 2022; and
- ii. Amended Contract with Albertson's Consulting Inc. (ACI) for its Big Picture™ licensure management database January 1 – December 31, 2023; and
- iii. Future Agenda Items: 1) Address items outlined by previous auditor; 2) Revisiting relinquishments if requested; 3) Potential NRS and NAC changes; 4) Financial Management of Board's Reserves (Checking accounts, Savings accounts, Money market deposit accounts, Certificate of deposit accounts) and etcetera; (5) Upcoming Strategic Planning meeting; 6) Look at bill draft requests that are being developed.
- iv. Next Board Meeting is 9 a.m. Wednesday, October 19, 2022.