



Nevada's Mental Health Workforce: Shortages and Opportunities

Executive Summary

Nevada faces critical shortages in its mental health workforce and has been unable to adequately meet mental and behavioral health community needs. Short- and long-term solutions are necessary to address these issues. In the short term, Nevada should focus on removing licensing barriers for mental health professionals who want to move to Nevada, and should explore increasing State mental health employee salaries and providing pay incentives to be more competitive with other states in the Intermountain West and the Veterans Administration (VA). To build a long-term, sustainable mental health workforce, Nevada should create a comprehensive workforce development plan. Specific recommendations include:

1. **Exam Requirements:** Simplify requirements for licensed mental health professionals coming to Nevada. The curriculum covered in State exams can be folded into continuing education requirements. Eliminate provisions that require applicants who have been licensed and practicing for several years to take a new national exam.
2. **Years of Practice Requirements:** Eliminate provisions that require mental health professionals coming to Nevada to have been licensed for a minimum number of years in another state.
3. **Training Requirements:** Accept training requirements of other states in mental health professions that have substantially the same scope of practice and education requirements.
4. **Fingerprinting:** Create uniform procedures for administering fingerprinting and allow provisional or full licenses to be granted before receipt of fingerprint results. Improve DPS review times.
5. **Temporary Licenses:** Require each mental health licensing board to offer a temporary or provisional license to professionals who are licensed in other states and are in good standing so they can begin practicing before they meet all Nevada requirements.
6. **Timelines:** Create a uniform 30-day timeline to consider applications from mental health professionals licensed in other states.
7. **Interstate Compacts:** Consider joining interstate compacts in medicine, nursing, and psychology to improve recruitment from other states, which could facilitate the use of telehealth to help meet needs in underserved areas.
8. **State Employee Compensation:** Consider increasing State employee salaries, benefits and incentives such as loan forgiveness for mental health professionals, particularly psychiatrists and psychologists, to make pay schedules more competitive with other states in the Intermountain West region and the VA, and to reduce reliance on contract workers.
9. **Long-Term Planning:** Direct the Department of Employment Training and Rehabilitation (DETR), with the advice of the Health Care and Medical Services Sector Council, to coordinate workforce development efforts and create a statewide mental health workforce development plan with an emphasis on engagement, training, recruitment, and retention. Require DETR to submit an evaluation of the impact of the plan to the Legislature every two years to ensure that goals are met and that government resources are being used cost-effectively.
10. **Data Collection:** Require mental health licensing boards to collect data about providers, including whether licensees are actively practicing in the State, how many hours they are practicing, and in what locations.