Supporting Materials for Rural Regional Behavioral Health Policy Board Meeting November 16, 2022

Agenda Item 10) For Possible Action: Approval of draft letter to DHHS leadership regarding concerns over the long-term funding and programmatic focus of the Regional Behavioral Health Coordinator positions and administrative functions

(Fergus Laughridge, Chair; Valerie Haskin, Rural RBHC)

Below are the contents of the draft letter to leadership at the Nevada Department of Health and Human Services (DHHS), and it's Division of Public and Behavioral Health (DPBH). This content is up for review, discussion, and possible approval by the Rural Regional Behavioral Health Policy Board.

Attn: Richard Whitley, Director, Nevada Department of Health and Human Services

Cc: Dr. Stephanie Woodard, Lisa Sherych, Cody Phinney, and Shannon Bennett

October 26, 2022

Letter of Concerns and Recommendations from the Rural Regional Behavioral Health Policy Board Regarding Long-Term Sustainability of the Regional Behavioral Health Coordinator (RBHC) Positions and Related Administrative Support.

Dear Director Whitley, DHHS and DPBH Leadership,

On behalf of the Rural Regional Behavioral Health Policy Board (Rural RBHPB), I am writing you to ensure you are aware of the vital role that all Regional Behavioral Health Coordinators (RBHCs) play in improving the structure and function of Nevada's behavioral health systems. The RBHCs from each of the Boards have proven key players in not only assisting their respective Boards with the development of their priorities and BDRs, but also act as a bridge between state and local agencies to identify gaps, assets, and ways to improve existing programs, often without requiring changes to public policy. The Rural RBHC, who serves this Board, has served this function for nearly four years, and also provides assistance in the administrative functions of the Board, which the members themselves do not have the capacity to take on.

The main point is this: without the RBHCs, it would be very difficult for the RBHPBs to function to the capacity that they have since their inception. This is evident by the contrast between the functionality and progress of each of the boards between when they are adequately staffed, versus when they are not staffed with an RBHC. While the four oldest boards (Northern, Rural, Washoe, and Clark) have all experienced legislative successes and have seen improvements in their regional systems outside of the session due to the efforts of their RBHCs, the newest board (the Southern RBHPB) has struggled to form or gain traction when it has not been staffed with an RBHC.

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That being said, we know that you understand the importance of these positions, as evidenced by the RBHC roles being spared during major budget cuts across the state after the initial COVID-19 closures and the subsequent special legislative sessions. We appreciate these and other efforts to ensure the continuity of the work of these positions in uncertain times. We also appreciate the access to decision-makers across the divisions of DHHS, and all work done by these leaders to ensure that as much information about the behavioral health system is made available to the RBHCs as possible. We also appreciate the respect these positions are granted when feedback (whether positive or negative) is provided by the RBHCs to program staff and leadership alike regarding new or ongoing programs or policies that affect the communities they serve; this communication is vital to ensuring both the success of state programs and the improvement of behavioral health systems within our respective regions.

However, our concern lies with the long-term sustainability of these positions, and how funding streams may impact the ability of the RBHCs to complete the work needed within their respective regions, including projects aligned with the priorities of the RBHPBs themselves.

In nearly every training, conference, summit, or symposium regarding health policy and programming available today, you will find the strong recommendation to allow local communities to lead programmatic and policy changes at regional and state levels. This approach, rooted in Community Based Participatory Research (CBPR) methods, ensures that communities feel that their input is valued, that programs and services offered to them are more likely to be effective in achieving the desired outcomes, and to ensure that the services and policies implemented are culturally appropriate and respectful. Over the last several years, it has been noted by the RBHCs and other stakeholders that leadership throughout divisions of DHHS have adopted this “bottom up” approach more and more frequently, which we feel feeds the success of programs and other resources.

Unfortunately, balancing the work of the RBHCs with requirements set forth by federal grant deliverables can be problematic in completing this work. While DPBH leadership and staff worked hard to ensure that the Rural RBHC and others had activity options that largely met the needs of the Boards and their communities, what will happen if the deliverables or the scope of these funding streams change course? It is most important to us that the work of the Rural RBHC and her counterparts is directed by the needs of the communities they serve and the priorities of their respective Boards, not the grant deliverables for whatever funding is available.

Furthermore, the RBHCs need to maintain flexibility within their scopes of work, as well as with the travel and activities they undertake, as local community agencies rarely make plans and move forward with projects on state timelines. That being the case, it is the hope of this Board that the RBHC positions may stay seated at local organizations that support each respective Board’s priorities, and not become a part of a state agency. The flexibility required to complete the RBHC work can be difficult to work into state employee policies and procedures (for example, submitting travel requests a month or more in advance, etc.). Additionally, being seated within local agencies gives the RBHCs the ability to advocate for their communities and provide education to DHHS decision-makers that they may not otherwise be able to fully undertake due to the internal workflows and hierarchical structures often seen in many state agencies.

It is the Rural RBHPB’s understanding that the Northern RBHPB recently sent you a similar letter to this, expressing the need for funding streams that ensure the sustainability of the RBHCs and any other supports to all of the RBHPBs. While some of the concerns addressed in the Northern RBHPB’s letter

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have since been clarified, it is the purpose of this letter to ensure you know the Rural RBHPB is most concerned with long-term sustainability of the RBHC positions and the support given by these staff to keep all RBHPBs informed and moving forward in their work. We appreciate all of the effort on the behalf of DHHS and DPBH leadership and staff, and hope to collaborate to find ways to ensure we all continue to move forward in a coordinated manner to improve the behavioral health system that serves all Nevadans.

Respectfully,

Fergus Laughridge, Chair, Rural Regional Behavioral Health Policy Board

Cc: Valerie Haskin, MA, MPH, Rural Regional Behavioral Health Coordinator

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