Comments from the NYS Council for Community Behavioral Healthcare
Presented by Lauri Cole, Executive Director

Topic: Creation of a new Office of Behavioral Health Services

Good morning,
The members of the NYS Council appreciate the opportunity to comment on today's Listening Session topic. And, while it is difficult to express all of the important elements we think should be considered as state agency leaders continue deliberations, we want to make clear that the potential for a new Office whose primary mandate is to improve care overall and to better integrate the critical components of that care, is a powerful and very positive development.

We support your efforts to conduct a thorough analysis of the strengths and challenges associated with the creation of a new Office. If this process leads to implementation of a new entity where human and other resources can be used more efficiently, where we can leverage our collective influence to impact our standing as a priority issue for state leaders, and where a major change can lead to improved outcomes for care recipients and their loved ones, we say 'let's move forward'.

As you contemplate the strengths and challenges associated with the creation of a new Office, we urge you to consider the following important issues:

1. The NYS Council would expect that, upon the establishment of a new Office if not before, current regulations governing provision of integrated care would immediately be simplified and synthesized to produce one set of regulations where providers are incentivized and supported to operate these services with far fewer operational barriers or redundancies in terms of reporting.

   We suggest that the new state agency should be configured to deliver on the following high priorities: 1) immediately ease regulatory burdens, 2) provide a consistent message to providers and other system stakeholders about your expectations and priorities, and 3) permit and encourage innovation that benefits our system of care and the individuals it serves.

   In addition, we would expect that the two state agencies will get on the same page regarding your current levels of trust in the clinical judgment of

established providers, and that you will evaluate and reward them based on a universal set of objectives and/or outcome-based criteria.

2. We note that, at present, the **organizational cultures** of the two state agencies is very different.

   Our experience is that each state agency has its' own organizational culture that impacts every area of operations and oversight. There is a famous Peter Drucker quote that says that "culture eats strategy for breakfast". This implies that the culture of your organization always determines success, regardless of how effective your strategy may be. It will be important to identify and find a way to retain the best aspects of each culture to the extent practicable, and then work to create a new organizational culture we can all buy in to. This will require your dedicating time and energy to identifying the unique elements of each system of care and finding a way to tweak them and reach internal consensus. We need you to heal the differences you have in this area to ensure the value add of this exercise. Characteristics we would like to see incorporated into a new state agency include the capacity to be nimble, to demonstrate flexibility and trust, and to remain outcome focused.

   At present, your oversight practices are different and grounded in your varying philosophies. Your boundaries and your sense of ownership over the providers you regulate are also very different. Communication patterns including the extent to which each state agency is willing to incorporate stakeholder viewpoints at an early point in a change process are quite different.

   It is our hope that during your discussion you will discuss your organizational differences as well as your organizational work habits. To this end, we respectfully suggest that you contemplate use of an outside facilitator to help you identify and address these differences, and to engage you in conversations that can be difficult. As providers have learned, these types of discussions are not simple and they cannot be accomplished using facilitators that have a vested interest in the outcome, even when they say that they can remain objective.

   All system stakeholders will benefit from your naming and addressing the elephants in the room. Your varying philosophies play out in every area of operations and in your oversight of the provision of care. Ultimately providers should be laser focused on the provision of effective and efficient care and sound operating practices. But too often providers spend scare time and other resources trying to decipher what you mean, or want, and they spend far too much time trying to reconcile the expectations of the two state agencies.

The state agencies have differing practices when seeking stakeholder engagement and feedback, when awarding new funding to providers, and when carrying out your provider certification function. In addition, there are differences in terms of how you operationalize critical concepts including **'recovery', 'rehabilitation', 'supervision', and 'oversight'**. Our members feel you currently demonstrate conflicting beliefs about the use of non-credentialed staff, and that you have differences in terms of your comfort with risk. All of these issues require discussion and eventual arrival at an operational definition that will be supported by all state agency leads so that your external messaging and expectations are consistent and supportive of the work we do.

3. Finally, and in the interest of time we would like to list additional commitments we would expect the state agencies to make and begin working on either prior to or upon implementation of a new Office:

    1. Commit to creation of a work plan designed to immediately address the **workforce needs** of our system to include increased scope of practice flexibility, **universal credentialing** to permit both licensed and unlicensed staff to work in a variety of programs operated by the same agency, or across different agencies, and rates that cover cost of care.
    2. Commit to prioritizing establishment of **universal paperwork requirements** for licensing, re-certification, clinical and financial reporting and with all BH health plans
    3. Identify a variety of models of **integrated care** to meet the needs of the individuals we serve, incentivize providers to implement them and let providers innovate.
    4. Commit to **reducing and/or ridding our system entirely of BHOs** that do more harm than good and that take scarce resources out of our systems of care.
    5. Commit to establishing a **Bureau of Health Equity** whose primary mission is to identify institutional barriers in our system of care and to advocate for resources (human, financial, etc.) to address these inequities.
    6. Ensure that **special populations** including children and youth are better resourced and given the tools they need to address growing needs of our most vulnerable citizens.

Thank you for this opportunity to share our thoughts. I will now answer any questions you may have for me.

Lauri Cole, Executive Director
NYS Council for Community Behavioral Healthcare
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