

## COVID-19 UPDATES

### NSDUH DATA REVEAL PANDEMIC'S IMPACT ON NATION'S MENTAL HEALTH, SUBSTANCE USE

The [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) has released findings from the 2020 National Survey on Drug Use and Health (NSDUH). The data suggest that the COVID-19 pandemic had a predictably negative impact on the nation's well-being.

Based on data collected nationally from October to December 2020, it is estimated that 25.9 million past-year users of alcohol and 10.9 million past-year users of drugs other than alcohol reported they were using these substances “a little more or much more” than they did before the COVID-19 pandemic began. During that same time period, youths ages 12 to 17 who had a past-year major depressive episode (MDE) reported they were more likely than those without a past-year MDE to feel that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.” The 2020 data also estimate that 4.9% of adults aged 18 or older had serious thoughts of suicide, 1.3% made a suicide plan and 0.5% attempted suicide in the past year. These findings vary by race and ethnicity, with people of mixed ethnicity reporting higher rates of serious thoughts of suicide.

Read the entire 2020 NSDUH report [here](#).

### NYC DOHMH EXTENDS VACCINE OUTREACH & COUNSELING PROGRAM

The [NYC Department of Health and Mental Hygiene](#) (DOHMH) announced that the Vaccine Outreach and Counseling Program (VOCP), which reimburses primary care providers for counseling a target list of unvaccinated New Yorkers, has been extended through November 30<sup>th</sup> for all participating health plans and through December 31<sup>st</sup> for most plans; participating plans include Healthfirst, Empire BCBS/HealthPlus, EmblemHealth/HIP, MetroPlus, UnitedHealth and Amida Care.

Further details on the program are available [here](#).

### CDC'S CURRENT BOOSTER VACCINE GUIDANCE VIA NYS O-LOV

Since CBC's September Bulletin (Vol. 42) went to print, the [Centers for Disease Control](#) (CDC) have updated the list of underlying medical conditions associated with higher risk for severe COVID-19. The list now includes mental health disorders limited to mood disorders, including depression and schizophrenia spectrum disorders. Substance use disorder is also on the list of eligible conditions.

The CDC recommends a COVID-19 booster shot to people with those conditions who are fully vaccinated. A COVID-19 booster dose is given to a fully vaccinated person to help improve

protection that has decreased over time. These additional qualifying conditions likely make many more, if not all, behavioral health service recipients eligible for booster doses. The full list of qualifying conditions is available [here](#).

The CDC has also expanded booster eligibility to people who received initial doses of **Moderna** or **Janssen (Johnson & Johnson)** manufactured vaccines. Earlier guidance had limited booster doses to people who received the Pfizer vaccine.

For people who received initial Moderna or Pfizer vaccines, the CDC still recommends that the following groups **should** receive a booster shot, at or after six months have passed since their second dose:

- People aged 65 years and older.
- Residents aged 18 years and older in long-term care settings.
- People aged 50–64 years with [underlying medical conditions](#).

The CDC still recommends that the following groups **may** receive a booster shot, at or after six months have passed since their second dose:

- People aged 18–49 years with [underlying medical conditions](#), based on individual benefits and risks.
- People aged 18–64 years at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting, based on individual benefits and risks.

Booster doses can be from any manufacturer: **Pfizer, Moderna or J&J**. Please note that booster doses of Moderna are half of a standard dose.

Individuals should consult with their healthcare providers about whether a booster dose is appropriate for them. Please make sure your agency's service recipients and staff understand their eligibility for booster doses and are aware of opportunities to receive them. Behavioral health providers can play a critical role in helping the people they serve understand the importance of COVID-19 vaccination and eligibility for a booster shot. For more information, read [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Providers](#).

Meanwhile, the [NYS Offices of Mental Health and Addiction Services And Supports](#) (OASAS)' "[O-Agency Link-Outreach-Vaccinate](#)" (O-LOV) program continues to offer COVID-19 vaccines to all staff and clients served in NYS voluntary healthcare provider programs and are available to vaccinate your clients and staff who are unable to receive a vaccine elsewhere. Please continue to email [olov@omh.ny.gov](mailto:olov@omh.ny.gov) for help coordinating vaccination events—their team can connect service providers and recipients with the appropriate partners based on location and need.

## FUNDING OPPORTUNITIES

### NYS OMH RELEASES SUPPLEMENTAL BLOCK GRANT & FMAP FUNDING GUIDANCE

In 2021, two federal laws were enacted in response to the COVID-19 pandemic, The Coronavirus Response and Relief Supplemental Appropriations Act and The American Rescue Plan Act, both providing supplemental funding to mental health services through time-limited expansions of the SAMHSA Community Mental Health Services (CMHS) Block Grant.

The supplemental CMHS Block Grant funding allocated to NYS OMH under the Coronavirus Response and Relief Supplemental Appropriations Act totals \$46.3M and must be expended during the period of March 15, 2021 to March 14, 2023. The supplemental funding allocated under the American Rescue Plan Act totals \$80M and must be expended during the period of September 1, 2021 to September 30, 2025.

NYS OMH solicited extensive feedback regarding the CMHS Block Grant supplement funding opportunities, as well as an enhanced Federal Medical Assistance Percentage (FMAP) funding opportunity. The four key areas currently prioritized for funding are:

1. Statewide Crisis Services;
2. Child, Youth, and Family services;
3. Adult Ambulatory and Peer Services, and

4. Mental Health Workforce/System Capacity Building.

### NYS OMH-Issued Guidance Documents

On October 29<sup>th</sup>, NYS OMH released the guidance documents that outline eligible workforce funding activities for eligible licensed, regulated and designated providers.

The [first guidance document](#) outlines workforce funding available through the CMHS Block Grant. Eligible providers, which include licensed outpatient treatment programs and non-residential community support programs, have been notified directly by OMH of their workforce investment awards. Providers must accept or reject funds by December 31<sup>st</sup> per instructions in the award notification and must complete the [attestation form](#) by March 31, 2022.

The [second guidance document](#) outlines funding available through the enhanced FMAP for Home and Community-Based Services (HCBS) under the ARP. Eligible entities include all Medicaid HCBS providers who will receive funding through service rate increases and grant-based awards. Rate increases will be effective as of October 2021. Providers must complete the [attestation form](#) by March 31, 2022.

### NYS DOH's Enhanced FMAP Plan

The [NYS Department of Health](#) (DOH)'s plan for the enhanced FMAP proposals is outlined [here](#), and includes NYS OMH's

proposed initiatives for rehabilitation and HCBS programs. These enhanced FMAP rates took effect last month. Eligible OMH entities include all Medicaid eligible home and community-based providers, specifically: Adult HCBS, Assertive Community Treatment (ACT), Rehabilitation in Community Residence (CR) and Personalized Recovery Oriented Services (PROS).

### **Peer Workforce RFA**

Meanwhile, NYS OMH has released its RFA to support the retention and growth of the peer workforce in mental health. Through this RFA, OMH will provide one-time targeted investments to recruit and retain certified and credentialed peer specialists and advocates providing services in OMH licensed, funded and designated programs.

OMH will provide a total of \$4M in funding to support this opportunity. Eligible providers may apply for one-time recruitment or retention funding of \$3K per eligible full-time employee and \$1.5K per eligible part-time employee. Agencies may also receive a one-time payment of \$1K per every full-time employee and \$500 per every part-time employee to offset paid training time, interagency group supervision or continuing education costs related to facilitating certification or credentialing. Funding may be used in combination with other workforce grant awards; however, providers must submit documentation to verify that expenses are not duplicated.

This funding is available through the enhanced FMAP of 10 percentage points for HCBS contained in the ARP. According to the State's enhanced HCBS Spending Plan Quarterly Update (available [here](#)), this proposal for expanded certified and credentialed peer capacity is still pending final approval from the [Centers for Medicare & Medicaid Services](#) (CMS) and the anticipated implementation date is January 1, 2022.

The full RFA is available [here](#). Applications are due on January 3, 2022 and will be reviewed and awarded in the order they are received.

### **CCBHCs Now Eligible For Intensive Community-Based Children/Youth Service Funds**

Finally, NYS OMH has removed the exclusion of Certified Community Behavioral Health Clinics (CCBHC) in the federal demonstration from applying for its pending Intensive Community-Based Services for Children/Youth grant opportunity.

NYS OMH is providing one-time funding up to \$50K to OMH providers to expand timely in-person and telehealth access to intensive community-based services for children and youth. Specifically, these resources are intended to support children and youth returning to school for 2021-2022 in the wake of the coronavirus pandemic and increase mental health provider service volume while expanding timely access to in-person and telehealth services that divert youth from higher level

of care and/or allow safe stepdown from higher level of care.

There are two pools of eligible applicants for this funding—one for providers seeking expansion funds, and another for those seeking start-up funds.

The full RFA is available [here](#). The application deadline has been extended to December 31<sup>st</sup> to account for this inclusion.

### **STATEWIDE HEALTH CARE FACILITY TRANSFORMATION PROGRAM, ROUND III**

NYS DOH held an applicant webinar for the Statewide Health Care Facility Transformation Program III. Audio of the webinar is now available for prospective applicants and can be found [here](#).

Like the previous two phases of this program, SHCFTP III awards will support projects geared toward integrating health care services, supporting the long-term sustainability of the applicant or preserving essential community health services. Eligible projects include capital projects, debt retirement, working capital and certain non-capital projects directly related to a capital project with the goal of facilitating health care transformation activities including mergers, consolidations, acquisitions or other activities intended to:

- Create financially sustainable systems of care;
- Preserve or expand essential health services;

- Modernize obsolete facility physical plants and infrastructure;
- Foster participation in alternative payment arrangements (e.g. contracts with managed care organizations);
- Increase the quality of resident care or experience (for residential facilities);
- Improve health information technology infrastructure, including telehealth.

A total of \$208.3M in funding is available to be awarded through this RFA. The full RFA is available [here](#). Answers and updates to previously submitted questions will be posted by the end of November. Applications are due on January 12, 2022.

## NYC ACS PENS SAFE WAY FORWARD CONCEPT PAPER

The [NYC Administration for Children's Services](#) (ACS) released a Concept Paper outlining a forthcoming RFP for the Safe Way Forward (SFW) program, which provides child welfare protections to families experiencing intimate partner violence. The program includes the provision of therapeutic interventions to address intimate partner violence and case management to coordinate services, with a focus on the child's physical and psychological safety. Providers will be required to operate two separate sites, one site where survivors and children receive services and another where persons causing harm receive services.

NYC ACS will provide over \$6M in total annual funding to two organizations that

will operate 130 program slots in the Bronx and Staten Island. Contracts will last for three years starting on December 1, 2022, with the option to renew for two additional three-year terms.

The Concept Paper is available in the PASSPort system [here](#). Comments are due on December 3<sup>rd</sup>. ACS intends to release the RFP in early 2022 and proposals will be due approximately eight weeks later. Awards are expected to be announced in late spring 2022.

## GOVERNOR HOCHUL SIGNS LEGISLATION TO ESTABLISH SUD EDUCATION & RECOVERY FUND

Governor Hochul recently signed legislation ([S4086/A6553](#)) amending the tax law to:

- Authorize gifts on personal income tax returns for substance use disorder education and recovery;
- Establish the substance use disorder education and recovery fund for the receipt and expenditure of monies from such gifts; and
- Direct OASAS to provide grants to organizations engaged in activities dedicated to providing education, prevention, treatment or recovery to those suffering from substance use disorders.

## FINANCIAL COACHING AND TECHNICAL ASSISTANCE OPPORTUNITIES

### Non-Profit Finance Fund

The [Non-Profit Finance Fund](#) (NFF) is offering free financial management coaching to local nonprofits. Organizations based in NYC, led by and serving people of color, with an operating budget of under \$5M and working on the frontlines of serving community needs are eligible to participate. This opportunity includes group/individual coaching and webinars.

All components are free. Please see the [NFF's flyer](#) for more information.

### PCDC Open for Business Grant

In June, [Primary Care Development Corporation](#) (PCDC) was awarded a grant from the Wells Fargo Foundation's "Open for Business" Fund to provide training and technical assistance to minority-owned and operated, community-based practices in their recovery from the pandemic's economic and community health impact. PCDC is currently seeking providers to support with no-cost access to the online Small Practice Management Essentials resource and discounted/no-cost technical assistance.

Agencies must fit within certain criteria, including employing under 500 staff members, having an annual revenue under \$15M and serving a predominantly underserved/low-income community.

For more information, see [PCDC's flyer](#).

## IN THE NEWS...

### CBC PARTNERS WITH CIMH AND HARLEM CBOs ON HARLEM STRONG AWARD

CBC is delighted to be part of [The Center for Innovation in Mental Health, Harlem Health Initiative](#) and [Harlem Congregations for Community Improvement](#)'s transformative CF Health Disparities initiative to bridge the mental health treatment gap in Harlem. The Harlem Strong Mental Health Collaborative received a nearly \$2M [National Institutes of Health](#) grant to develop this multisectoral coalition to implement a collaborative care model that addresses mental health and socio-economic risks across a network of housing developments, primary care sites and community-based organizations.

Read the press release [here](#).

### NYS OMH & OASAS ANNOUNCE LAUNCH DATE & RELEASE DOCUMENTS FOR CORE SERVICES TRANSITION

NYS OMH and OASAS have announced that implementation of the Community Oriented Recovery and Empowerment (CORE) service array will take place on February 1, 2022. CORE services are an array of community-based behavioral health supports that will be available to all Health and Recovery Plan (HARP), HIV Special Needs Plan (SNP) and Medicaid Advantage Plus (MAP) members meeting HARP eligibility criteria. Unlike the adult

BH HCBS services, CORE services do not require an independent Eligibility Assessment or Level of Service Determination. Instead, CORE services may be provided to any eligible beneficiary upon recommendation by a Licensed Practitioner of the Healing Arts (LPHA).

OMH and OASAS released the following accompanying documents:

- [CORE Operations Manual for Designated Providers](#)
- [Policy Regarding Provider Transition to CORE Services and Provisional/Full Designation](#)
- [CORE Benefit and Billing Guidance](#)
- [CORE LPHA Memo and Recommendation Form](#)
- [CORE Services Initiation Notification Template](#)
- [CORE Services Fee Schedule](#)

OMH and OASAS recently held a webinar for current adult BH HCBS providers regarding the implementation of the CORE service array. OMH and OASAS intend to host further provider and plan implementation webinars in the coming months. The presentation slides are available [here](#).

Meanwhile, NYS OMH has launched its [CORE website](#). Additional guidance, including CORE Staff Training and Incident Reporting and Management Guidance, will be available there in the coming weeks.

### NYS OMH EXTENDS REGULATORY WAIVER

As of October, NYS OMH extended the current Commissioner's regulatory waiver for an additional 60 days to continue various COVID-19-related flexibilities. The waiver provides temporary relief from various requirements of Title 14 of the New York Codes, Rules, and Regulations (NYCRR), which was initially granted for a 60-day period on June 25, 2021 following the end of NYS's COVID-19 disaster emergency declaration.

The waived provisions that will continue include:

- Regulations around the provision of telemental health services, including temporary approvals, expanded practitioner types, and audio-only services.
- Requirements continuing the reduction of minimum service durations and allowing rounding up of service times.
- Requirements to waive timeframes around treatment planning reviews and to waive initial in-person assessment requirements.

The extension will remain in effect for another 60-day period (through December 22<sup>nd</sup>), unless otherwise modified or suspended by the OMH Commissioner, or if federal matching funds become unavailable during that period.

The waiver extension can be found [here](#).



## CMS ANNOUNCES EXPANDED TELEHEALTH COVERAGE FOR BEHAVIORAL HEALTH SERVICES

CMS has [announced its 2022 Physician Fee Schedule \(PFS\) final rule](#) to promote greater use of telehealth and other telecommunications technologies for providing behavioral health care services.

CMS' final rule:

- Eliminates geographic barriers to telehealth and allows patients to access telehealth services for diagnosis, evaluation and treatment of mental health disorders in their homes.
- Permits certain mental and behavioral health services to be provided via audio-only telephone calls, including counseling and therapy services, and treatment of substance use disorders.
- Allows Medicare to pay for mental health visits provided by rural health clinics and federally qualified health centers via telecommunications technology, including audio-only telephone calls.

CMS' final rule will be officially published in the Federal Register on November 19<sup>th</sup>.

View the final rule in its entirety [here](#).

## NYS OMH RELEASES SUPPLEMENTAL DISASTER EMERGENCY BILLING & DOCUMENTATION GUIDANCE

NYS OMH has released supplemental disaster emergency billing and

documentation guidance (available [here](#)) for the following programs:

- ACT
- PROS
- Continuing Day Treatment (CDT)
- Children's Day Treatment
- Partial Hospitalization Programs
- Adult Behavioral Health HCBS
- Adult and Children's Residential Programs
- Clinics

NYS OMH will continue to allow flexibilities for billing and documentation as outlined in OMH-issued COVID-19 guidance (available [here](#)) for the duration of the federal Public Health Emergency (PHE) for these programs. When the federal PHE expires (currently scheduled for January 16, 2022), providers will be immediately required to resume appropriate billing and documentation activities pursuant to pre-pandemic guidance and regulations. OMH encourages providers to begin resuming and completing outstanding documentation activities, such as treatment or service planning and utilization review, over the next few months.

## DOE RELEASES REPORT ON MENTAL HEALTH IN SCHOOLS

The Biden Administration released a fact sheet on "Improving Access and Care for Youth Mental Health and Substance Use Conditions," accompanying the release of a Department of Education report on supporting children's mental health needs. The report describes challenges in

providing mental health support in schools, and includes seven recommendations for educators, staff and providers to create an appropriate system of supports. The fact sheet also outlines the Administration's other efforts to date to improve children's access to health and behavioral health care.

The fact sheet is available [here](#). The Department of Education Report is available [here](#).

## GOVERNOR HOCHUL ANNOUNCES NEW ADMINISTRATION NOMINATIONS & APPOINTMENTS

Earlier this month, Governor Hochul announced the following nominations and appointments to her NYS administration:

- Dr. Chinazo O. Cunningham has been nominated as Commissioner, NYS OASAS. Most recently, she served as the Executive Deputy Commissioner of Mental Hygiene at NYC DOHMH. Dr. Cunningham has more than 20 years' experience in research, care and program-development that focuses on people who use drugs and has also partnered with community to develop pioneering programs to promote the health of this population. Dr. Cunningham led one of the first clinics in New York City to integrate buprenorphine into primary care, which subsequently expanded across seven clinics citywide. She also went on to train hundreds of doctors in the treatment of substance use disorders in primary care. Dr. Cunningham will

require confirmation from the New York State Senate and will serve as Acting Commissioner in the interim.

- Kerri Neifeld has been nominated as Commissioner of the [Office for People with Developmental Disabilities](#) (OPWDD). Neifeld previously served as Assistant Secretary for Human Services & Mental Hygiene and as Assistant Deputy Commissioner at the [NYS Office of Temporary and Disability Assistance](#) (OTDA). Neifeld will require confirmation from the NYS Senate and will serve as Acting Commissioner in the interim.
- Jihoon Kim has been appointed Deputy Secretary for Human Services and Mental Hygiene. Kim most recently served as Special Assistant to the Executive Deputy Commissioner at NYS OMH.
- Trisha Schell-Guy has been appointed Director of Program Development and Management at the Office of Health Insurance Programs (OHIP). Schell-Guy most recently served as General Counsel for NYS OASAS.

Congratulations to our colleagues as they move into these new roles! CBC looks forward to future collaboration in our common goals of promoting innovation, quality and sustainability across NYS' behavioral health services.

## NATIONAL COUNCIL PUBLISHES CCBHC STATE-LEVEL IMPACT REPORT

The [National Council for Mental Wellbeing](#) released its CCBHC state-level impact report entitled, [Transforming State Behavioral Health Systems: Findings from the impact of CCBHC implementation](#). In it, officials from the eight CCBHC demonstration states explore how adoption of the CCBHC model has transformed their substance use and mental health care delivery systems, including building workforce capacity and community- and state-level infrastructure needed for lowered costs and improved outcomes.

There are currently 42 states with CCBHC-Expansion grantees, an initial support for providers that may help build on or toward the state-based CCBHC model. Of those states, ten are now part of the CCBHC demonstration and three have passed legislation to develop the CCBHC model. This includes the alignment of the [CCBHC model and 988](#), the National Suicide Prevention hotline.

National Council is available for further discussion of the CCBHC model. For more information, please visit their [CCBHC Success Center website](#).

## SAMHSA PUBLISHES NEW RESOURCE GUIDE FOR SERVICE PROVIDERS TO OLDER ADULTS WITH SMI

The US's population of older adults is rapidly growing. Adults with serious mental

illness over age 50 have high rates of medical comorbid conditions, significantly reduced life expectancy and are more likely to be admitted to nursing homes and other long-term care facilities. As the older adult population increases, the need for behavioral health services and systems to serve the aging population will also increase.

SAMHSA has accordingly published a new evidence-based resource guide. [“Psychosocial Interventions for Older Adults With Serious Mental Illness”](#) provides considerations and strategies for interdisciplinary teams, peer specialists, clinicians, registered nurses, behavioral health organizations and policy makers in understanding, selecting and implementing evidence-based interventions that support older adults with serious mental illness.

## RECOVERY HOUSING LINKED TO IMPROVED ADDICTION OUTCOMES IN NEW REPORT

Research shows that recovery housing contributes to improved outcomes for individuals who are recovering from addiction. Despite this, the current health care system gives little attention to recovery support services, like recovery housing, that help individuals manage and sustain long-term recovery.

Earlier this year, the National Council for Mental Wellbeing, through funding from the [Opioid Response Network](#), hosted a technical expert panel (TEP) of recovery housing leaders, researchers, treatment providers, national associations, federal

agencies, Single State Agency directors and payers, to explore ways to best demonstrate the value of recovery housing in the United States. Their new report, [Demonstrating the Value of Recovery Housing: Technical Expert Panel Findings](#), outlines the key strategies and recommendations identified by the TEP to improve and expand recovery housing on a national level.

## NEW DATA SHOW SUICIDES DECLINED IN 2020

The [National Center for Health Statistics](#) (NCHS) shared provisional data showing that suicides declined by 3% in 2020. This followed a 2% decline in 2019. However, suicide rates did not decline for all populations. In particular, suicide rates for females across all racial and ethnic groups declined, but rates of suicide among non-Hispanic black, non-Hispanic American Indian or Alaska Native, and Hispanic males increased.

A Vital Statistic Rapid Release report on the new data is available [here](#) and a blog from the NCHS is available [here](#).

## THE BRIDGE & PARTNERS CELEBRATE \$48M SUPPORTIVE HOUSING COMPLEX IN THE BRONX

On September 28<sup>th</sup>, [The Bridge](#) and other development partners celebrated the completion of the Park Avenue Apartments—a seven-story building in The Bronx’s Claremont Village neighborhood—containing 115 affordable housing units.

NYS OMH will provide \$1.7M per year for services and rent subsidies through the Empire State Supportive Housing Initiative, which funds programs to help vulnerable New Yorkers maintain stable housing, such as primary and behavioral health services and counseling. The agency will also fund an additional \$195.5K in program development grants for building residents with mental illnesses.

## HHS LAUNCHES SPANISH LANGUAGE APP FOR HEALTH CARE NAVIGATION, ISSUES NEW COVERAGE REPORT

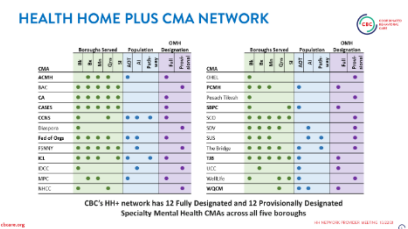
This month, the [US Department of Health & Human Services](#) (HHS) launched a Spanish version of its “QuestionBuilder” app, which can help Spanish-speaking behavioral health service recipients prepare for their in-person or telehealth appointments.

The app’s launch coincides with the [release of an HHS report](#) showing insurance coverage and access to care improved significantly for Latinos between 2013 and 2016 after passage of the Affordable Care Act. Despite these improvements, Latinx populations remain among the highest uninsured rate of any racial or ethnic group within the United States, more likely to delay care and less likely to have a usual source of care—disparities that are even more pronounced among Spanish speaking individuals. Spanish speakers will now be able to use the QuestionBuilder app to prepare themselves for their medical appointments regardless of whether they are visiting a new medical provider or not.

## CARE COORDINATION SERVICES

### HH+ OPERATIONS MEETING

CBC hosted its quarterly Health Home Plus (HH+) Operations meeting, with staff from 16 HH+ provider agencies in attendance. Discussion topics included the Single Point Of Access (SPOA)’s recently released Clinical Discretion request process, State guidance updates, a brief overview of Incident reporting and capacity. As CBC HH anticipates an uptick in HH+ referrals and increased collaboration with SPOA, HH+ providers should share their capacity for new referrals on a quarterly basis. The next HH+ Quarterly Operations Meeting will take place in February 2022. Please contact HH+ Program Manager [Teresa Hill](#) with any questions, concerns or other items to raise at this meeting.



### HH QUARTERLY NETWORK PROVIDER MEETING

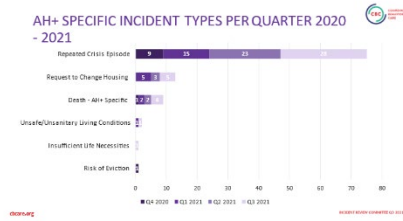
On October 12<sup>th</sup>, CBC HH held its Q3 network provider meeting, drawing over 80 attendees from 36 care management agencies. The slide deck presentation and meeting recording have been [uploaded to Box](#) for future reference. The next meeting in this series will occur in February 2022.



## QUALITY PERFORMANCE MANAGEMENT (QPM)

### HH INCIDENT REVIEW COMMITTEE (IRC) Q3 MEETING

CBC's Quality Performance Management (QPM) Department hosted its quarterly Incident Review Committee Meeting (IRC) for Q3 2021 in October. Four care management agencies (CMAs) joined CBC HH and QPM staff to examine the 103 NYS DOH-reportable incidents CBC received during the quarter and how the submissions reflect longer-term trends. Of the 103 incidents, 37 were reported from the HH Serving Adults program, 24 from the HH Serving Children program and 42 from the Adult Home Plus (AH+) program. CBC has observed a steady increase in the last four quarters of AH+ incidents, driven largely by an increase in Repeated Crisis Episode incidents as shown in the chart below. The 28 Repeated Crisis Episode incidents received in Q3 involved 17 unique members, with four members having two or more incidents. While this does point to a small group of members having an outsized impact on the total number of incident reports, the number of unique members experiencing a Repeated Crisis Episode has increased. Coordinated case conferences are recommended for individuals with repeated crisis episodes as part of the clinical intervention to address root cause of re-hospitalizations. The next IRC Meeting will occur in January 2022. New CMAs are welcome to attend! If you or an agency representative is interested in attending the January IRC meeting, please contact [CBCQPM@cbc.org](mailto:CBCQPM@cbc.org).



### IPA QUALITY & DATA UPDATES

CBC IPA is committed to implementing a quality performance improvement program designed to improve contract compliance, quality of care and cost effectiveness across the IPA. On a monthly basis, CBC pulls Healthcare Effectiveness Data and Information Set (HEDIS) high-priority measures from **PSYCKES** to review network performance among and across measures. This information is shared with the Clinical/Quality Improvement Committee (CQIC) to provide recommendations on where to focus efforts on data analytics and PI. Currently, CBC IPA is collaborating with its CQIC to explore opportunities to support service recipients with an opioid and/or substance use disorder diagnosis in closing gaps in care by effectively connecting them to appropriate treatment options. This is a continued focus for provider agencies in ongoing efforts to address the opioid epidemic and increased substance use among New Yorkers.

### COMPLIANCE: HIPAA & DOCUMENTATION BEST PRACTICES

*If it's not documented, it didn't happen!* In the social services sector, this ethos drives

the connection between service delivery and documentation. One can't discuss documentation without discussing the Health Insurance Portability and Accountability Act (HIPAA) guidelines that govern how Protected Health Information (PHI) and Personal Identifiable Information (PII) can be stored, accessed and shared. Therefore, CBC QPM has outlined documentation best practices below that, if followed, will ensure HIPAA compliance.

- **Document PHI and PII directly into the agency HIT platform/EHR** as opposed to another location where information is not as secure, such as a notepad or computer document. All EHR platforms that house member's case records are HIPAA compliant.
- **Apply the HIPAA minimum necessary rule** and only document necessary PHI/PII details to support coordination of care/service provision.
- Ensure **all collateral/provider contacts are on the member's consent** AND the member/legal guardian's initial/date are present to allow for sharing of information.
- If a collateral contact is also a HH-enrolled member/family member, they should be referenced in the encounter/progress note by **either their initials or relationship to the member**. For example: *Member's sister was present during the conversation* OR *MM was present...* All HH enrolled members are subject to HIPAA protections and therefore no PHI or PII can be shared in another member's case record.

## TRAINING INSTITUTE



### SELF-CARE TRAINING SERIES

The SAMHSA COVID-19 Emergency grant provided CBC and [Coordinated Behavioral Health Services](#) (CBHS) with funding to help address unmet mental health needs in NYS. SAMHSA recognized that frontline staff need support to address their personal and professional experiences with COVID-19. Furthermore, the CBC Training Institute (TI) has leveraged award funding from [New York State Health Foundation](#) (NYSHHealth) to expand the array and reach of its self-care trainings, and specifically target residential support staff and Peer Specialists across the state.

CBC TI has curated and facilitated these offerings, bringing nationally renowned self-care experts to NYS's behavioral health workforce. This past month, NYSHHealth sponsored trainings that ranged from nutrition on a budget to yoga for insomnia. In "Healthy Eating Economically," attendees were advised on how to take charge of their meals to achieve greater vitality and energy while maintaining a budget. The webinar was

conducted virtually with a live cooking demo.

Perhaps most notably, the TI leveraged NYSHHealth funds to facilitate two sessions on Transgender Sensitivity for NYS behavioral health staff. In these sessions, participants were exposed to current vocabulary preferred by the transgender community, including terms to avoid, and discussed the current legal protections for transgender and gender-nonconforming people.

The feedback from these trainings has been overwhelmingly positive:

*"Transgender Sensitivity was an awesome training and I am so glad I was able to participate! Look forward to more trainings!"—Anonymous Attendee*

*"The trainings I have attended have been very relevant and informative. I really appreciate their excellent presenters and knowledge of context."—Anonymous Attendee*

These trainings drew a total of 279 unique attendees from 55 unique agencies, bringing the total tally the TI has trained to 651 unique individuals from 170 NYS community-based provider agencies over the course of this grant.

Meanwhile, SAMHSA funding has allowed CBC TI to partner with [Service Program for Older People](#) staff to provide group

sessions that center "Working With Older Adults." Moreover, CBC TI's partnership with [NYS Council for Community Behavioral Healthcare](#) has yielded further opportunities to leverage SAMHSA funding, most recently via a two-part workshop "Exploring and Understanding Racial Trauma," in which [Westchester Jewish Community Services](#) explored the signs and symptoms of racial trauma and underlined its inequitable impact.

SAMHSA-funded programming has trained 1539 unique attendees from 326 community-based behavioral health provider agencies since its January 2021 launch, of which 52% are based in NYC and 48% in the rest of NYS.

### PROJECT ECHO FOR OPIOID USE DISORDER PROVIDERS



CBC TI also continued its ongoing [Project ECHO](#) series supporting Opioid Use Disorder treatment providers this past month. CBC resident Medication-Assisted Treatment (MAT) expert Dr. Bruce Trigg delivered a didactic on Buprenorphine Microdosing Treatment for People Receiving MAT, while staff from [Services for the UnderServed](#) presented a current and complex case to the series' growing community of MAT experts and

learners. Contact CBC TI Director [Emily Grossman](#) with any questions about Project ECHO or to be notified of future ECHOs in this series.

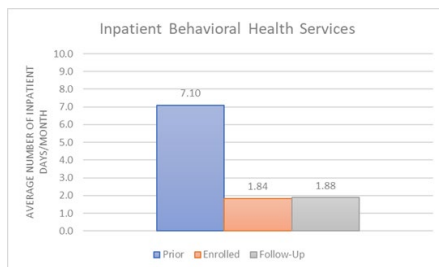
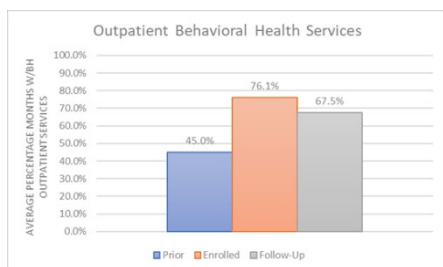
## NOVEMBER TRAINING INSTITUTE CALENDAR

CBC TI's November Training Calendar is [available here](#). Contact CBC TI Director [Emily Grossman](#) with any questions or to be added to the Training Calendar mailing list.

## INNOVATIVE PROGRAMS

### PATHWAY HOME™ OUTCOMES SUBJECT TO PEER-REVIEWED JOURNAL ARTICLE

The AACP's peer-reviewed Community Mental Health Journal has published a study centering [CBC's Pathway Home™](#) model for transitional care. "Pathway Home™ for High Utilizers of Psychiatric Inpatient Services: Impact on Inpatient Days and Outpatient Engagement" analyzes Medicaid claims data to reveal the program's lasting impact on the lives of those it serves as they return to the community from psychiatric inpatient settings.



**Figure 1 and 2:** Behavioral health inpatient and outpatient service use 12 months prior to enrollment vs. during enrollment, and on follow-up among graduates of Pathway Home™ (n = 40)<sup>a</sup>

<sup>a</sup> A behavioral health inpatient service use represents the average the numbers days hospitalized for behavioral health conditions per month in the 12 months prior to enrollment, during enrollment (M = 7.3 months), during the follow-up period (M = 10.8 months). Outpatient services was measured as the average percentage of months with one more or more behavioral health outpatient service (psychiatric or substance use).

Kudos to CBC President & CEO Jorge R. Petit, MD, VP of Program Services Mark Graham and Senior Director, Pathway Home™ Barry Granek, who not only authored the article with their colleagues at NYS OMH's PSYCKES team, but are responsible for ensuring Pathway continues to admirably serve some of our city's most vulnerable.

Read the article [here](#).

### PATHWAY HOME™ PUBLISHES AUTUMN NEWSLETTER

CBC Pathway Home™ has published a new and interactive digital newsletter for Autumn 2021. The publication celebrates new funding, program expansion, media recognition and participant success stories from the past quarter. Flip through the newsletter [here](#).

## SAMHSA COVID-19 EMERGENCY AWARD UPDATE

CBC IPA's COVID-19 Emergency Award programming continues to utilize SAMHSA funding to deliver direct services to vulnerable and under-served hot-spot neighborhoods across all five boroughs via seven IPA network provider agencies.

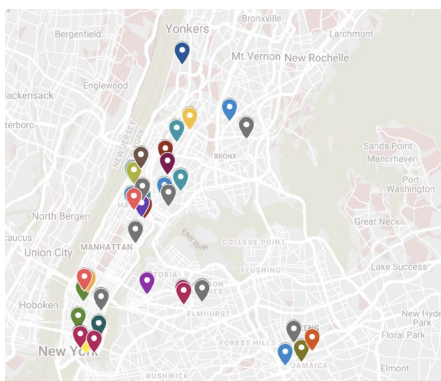
The program's Steering Committee held its quarterly meeting in October, assembling provider agency staff from both CBC and CBHS IPAs. Providers continue to work to ensure program operations adhere to Government Performance and Result Act (GPRA) protocols for all new recipients of services funded via this award. Meanwhile, the program has exceeded its target number of unique individuals served under the grant's first funding iteration and begun to leverage funding from its subsequent award.

METRIC: # Unique Individuals	SAMHSA 1	SAMHSA 2	TOTAL
TARGET	1,755	1,863	3,618
TOTAL UNIQUE INDIVIDUALS	1,795	465	2,074
Total Encounters	7,800	2,494	10,294
Children 11 Years and Younger	150	32	182

## CASN OPERATIONS UPDATE

The Citywide Addiction Support Network (CASN)—comprised of 21 NYC non-profit and community-based organizations and [NYC Health + Hospitals](#)—held its first Consumer Advisory Committee. The Committee included CASN prevention, treatment and recovery service recipients, their families and Peer Advocates. Committee members shared opioid and/or stimulant use disorder experiences that

ranged from care access to adherence. Suggestions and ideas were offered by participants to CASN Leadership Management Team. This Committee is set to meet quarterly—the next meeting will occur in January. Additionally, CASN has launched its own [Network GeoMap](#).



NYC Health + Hospitals now instructs their Emergency Department Leads at Jacobi and Queens Hospital to provide direct referrals and linkages to CASN Treatment Clinics for service recipients interested in MAT. After this initial follow out, H+H plan to roll out the same directive at additional locations.

Finally, CASN has partnered with Opioid Response Network to launch a six-week Peer Supervisor Training. “Strengthening Supervision for Peer Support Workers” in the coming weeks.

## TECHNOLOGY & DATA ANALYTICS



**IMSNY**  
INNOVATIVE  
MANAGEMENT SOLUTIONS  
NEW YORK

### DABI UPDATE: A MORE COMPREHENSIVE DATASET AND OPPORTUNITY FOR CONTRIBUTORS

As the holiday season approaches and we look ahead to 2022, [Innovative Management Solutions New York](#) (IMSNY) wants to take a moment to recognize the efforts of CBC IPA network member agencies, nearly half of which have contributed billing (837i) file data. This sets the stage for an exciting new year, where both network and agency level insights can be gleaned through aggregated data presented in DABI (IMSNY’s Data Analytics Business Intelligence platform).

#### Current DABI Dataset for CBC IPA

- Total Client Lives: **43,135**
- Contributing Agencies: **23**
- Avg. Amt. Billed per Claim: **\$295**
- Top Primary Dx.: **Depressive Disorder (22.5%)**

IMSNY is preparing to launch agency-specific offerings for its IPA member agencies contributing data (via 837i files) and with robust internal IT infrastructure/SQL knowledge. Among these will be access to IMSNY’s replica database, allowing agencies to pull raw data

from DABI and incorporate it into their own analytics efforts. For more information related to project components and cost, please contact IMSNY Chief Information Officer [Elise Kohl-Grant](#).

### IMSNY IN THE SPOTLIGHT

This past month saw IMSNY staff present at CBHS IPA’s annual Symposium, Realizing Recovery. Panels addressed how to tell if your organization is making the right data decisions and how to leverage geographic information systems in addressing social determinants of health. Attendees left with information on new federal funding streams, the impact of COVID-19 on children and youth, an incarceration diversion program and CBC’s Pathway Home program. Recordings of each presentation are available via the CBHS website, [here](#).

IMSNY’s Chief Information Officer Elise Kohl-Grant joined [Doxy.me](#)’s “Telehealth Heroes” for a podcast about the impact of new technologies on behavioral healthcare providers, and the challenges related to providing technological services to at-risk mental health patients. Listen to “How to Find the Best Med Tech Solutions for Your Practice with Elise Kohl-Grant” [here](#).

### SOLUTIONS FOR CBC IPA MEMBER AGENCIES

Take advantage of the negotiating power of the full CBC network to secure high quality solutions at a lower cost. Contact IMSNY Chief Operating Officer [Mathew Smith](#) for more information.

IMSNY Partners	The IMSNY Deal
<p><b>Zoom</b> Virtual meetings and telehealth</p>	<p>\$15 per business license per month. Currently our network is using over 600 IMSNY licenses, ensuring collective annual savings of over \$30K.</p> <p><a href="#">Learn More</a></p>
<p><b>Triad</b> Education, community &amp; career resources</p>	<p>Triad provides education, community and career resources for behavioral and mental health professionals, employers and organizations.</p> <ul style="list-style-type: none"> <li>• Exam Preparation</li> <li>• Continuing Education Credits</li> <li>• Targeted Recruitment (Jobs Marketplace)</li> </ul> <p><a href="#">Learn More</a></p>
<p><b>Ride Health</b> Client transportation solution</p>	<p>Connect with Ride Health to reduce dependence on costly fleets and/or the staff time spent scheduling and tracking appointments.</p> <p><a href="#">Schedule A Demo</a></p>
<p><b>Relias</b> Learning Management System with content library</p>	<p>Discounted price for a full agency solution, giving agencies access to a large behavioral health learning library with tools to support training assignment and reporting requirements.</p> <p><a href="#">Schedule A Demo</a></p>



## AGENCY SPOTLIGHT: GREENWICH HOUSE



With facilities all around the Village and partnerships across the city, [Greenwich House](#) has been meeting the evolving needs of New Yorkers since 1902. Founded as part of the first wave of settlement houses in the early 20th century, Greenwich House has been a lifeline for vulnerable community members for generations. Offerings have long included innovative programming across the arts, youth and senior services. But since its earliest days, services in health and behavioral health have been a cornerstone.

The agency was one of the first in the city to offer methadone maintenance services for New Yorkers confronting the city's heroin epidemic in the 1970s. In the 1980s and early 1990s Greenwich House was providing care and support for neighbors navigating the AIDS crisis. And as the need emerged to support youth and families confronting trauma, Greenwich House launched one of the City's first youth-focused mental health clinics with the Children's Safety Project.

Today, we find that expertise and range of experiences more important than ever, as the pandemic created new challenges for the people we serve. Greenwich House kept its [Methadone Maintenance Treatment Clinic](#), Chemical Dependency Program and Mental Health Clinics open—in person and online with the addition of telehealth, home visits, peer-to-peer counseling and socially distant hybrid group support.

When substance use in Washington Square Park was generating major headlines this past summer, Greenwich House led a coalition of over a dozen local stakeholders in direct outreach to people experiencing homelessness, mental illness and substance use disorder in and around the park, offering support throughout the day, seven days a week.

In response to the multiple concurrent challenges impacting children, adults and seniors, Greenwich House dramatically expanded its reach in this tumultuous area. Thanks to novel approaches and expanded collaborations with philanthropic and government partners, Greenwich House served and supported over 60,000 people in fiscal year 2021, a four-fold increase from historic annual service levels.

On the precipice of commemorating its 120th anniversary, Greenwich House stands ready to grow partnerships with peers in the sector, across government and philanthropy, and are equipped to tackle emerging challenges for another century and beyond.