

COVID-19 UPDATES

COVID-19 VACCINE MANDATE EXPANDED TO INCLUDE NYS OMH/OPWDD FACILITIES

On October 5th, NYS Governor Kathy Hochul announced her plan to expand the healthcare worker vaccine mandate to include employees who work in certain facilities offering health care to individuals served by the [NYS Office of Mental Health](#) (OMH) and [NYS Office for People with Developmental Disabilities](#) (OPWDD). Under the new directive, staff who work in settings that treat some of the most vulnerable New Yorkers will be required to show proof of at least the first dose of a COVID-19 vaccine series by November 1st, without a test-out option. Ahead of that requirement, staff in these settings are now required to submit to weekly testing, if unvaccinated, beginning October 12th.

As of October 7th, the vaccine requirement has taken further effect for covered personnel at facilities regulated by the [NYS Department of Health](#) (DOH), including adult care facilities, home health agencies, long term home health care programs, AIDS home care programs, hospice care and diagnostic and treatment centers.

This new requirement, established within OMH and OPWDD agency regulations, will apply to all individuals working at the psychiatric hospitals in the OMH network, as well as those working at the specialty hospital certified by OPWDD. Read the

emergency regulations issued by OMH in full, [here](#).

These requirements do not yet apply to OMH or OPWDD community-based providers. However, Governor Hochul has stated that she intends to continue expanding the vaccine requirement to additional human service and mental hygiene care settings in the coming weeks. Read her press release [here](#).

CDC's CURRENT BOOSTER VACCINE GUIDANCE VIA NYS O-LOV

The [Food and Drug Administration](#) (FDA) recently approved “booster” dosing for the Pfizer-BioNTech COVID-19 vaccine. The [Centers for Disease Control](#) (CDC) has since recommended populations for which booster doses are appropriate.

Booster doses are intended to supplement the initial two vaccine doses, as the protections offered by those initial doses are likely to have decreased over time. At this time, booster doses apply only to the Pfizer-BioNTech manufactured vaccine and individuals who have received that vaccine. The CDC recommends 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](#).

Meanwhile, the NYS OMH and [NYS Office of 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 for help coordinating vaccination events—their team can connect service providers and recipients with the appropriate partners based on location and need.

FUNDING OPPORTUNITIES

STATEWIDE HEALTH CARE FACILITY TRANSFORMATION PROGRAM, ROUND THREE

The NYS DOH and the [Dormitory Authority of the State of New York](#) (DASNY) released a Request for Applications (RFA) for Phase Three of the Statewide Health Care Facility Transformation Program (SHCFTP III). Like the previous two phases of this program, SHCFTP III awards will support 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. Such transformation activities may include, but are not limited to, 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 (such as contracts with managed care organizations or accountable care organizations);
- Increase the quality of resident care or experience (for residential facilities); or
- 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](#). Applications are due on January 12, 2022.

NYS OMH RFA EXPANDING COMMUNITY-BASED YOUTH SERVICES

NYS OMH released a RFA for the expansion of timely in-person and telehealth access to intensive community-based services for children and youth. Through this RFA, OMH will provide one-time funding for the provision of comprehensive community mental health services for youth returning to school following the COVID-19 pandemic. Services should aim to divert youth from higher levels of care and/or provide safe stepdown from higher levels of care.

OMH will provide up to \$1.9M to eligible providers, with a maximum of \$950K awarded to providers in NYC and Long Island. This funding is intended to:

- Increase service capacity for eligible and appropriate referrals;
- Decrease program length of stay and service waitlists;
- Increase workforce capacity to support service access/provision; and
- Increase community awareness and education regarding services and availability/access.

OMH will provide up to \$30K in expansion funding and up to \$50K in start-up funding to existing OMH-licensed providers. Applicants may submit one application for either expansion or start-up funding.

The full RFA is available [here](#). Applications are due on November 1st.

DOHMH PENS CONCEPT PAPER TO GUIDE FUTURE FUNDING FOR CHILDREN & YOUTH IN TRIE COMMUNITIES

[Public Health Solutions](#), on behalf of the [NYC Department of Health and Mental Hygiene](#) (DOHMH), released a Concept Paper outlining a future Request for Proposals (RFP) that will fund services delivered to children and youth (age 5-21) and their families who reside in NYC Taskforce on Racial Inclusion and Equity (TRIE)-designated neighborhoods. Through this RFP, DOHMH intends to support community-based organizations (CBOs) to:

- Expand mental health knowledge, skills, and strategies among staff that will enhance their capacity to identify and address mental health needs among community youth and their families;
- Enhance capacity to identify and deliver evidence-based interventions to meet participant mental health needs;
- Develop strong partnerships with mental health providers to refer youth for services when appropriate and enhance the effectiveness of the CBO referral process to a local mental health provider through strategies such as warm handoffs and service coordination; and
- Coordinate activities, as appropriate, with other TRIE community initiatives.

DOHMH intends to provide \$19.8M in total funding over three years to up to 33 awardees. CBOs must designate a local mental health provider who will provide coaching and consultation to the CBO staff and an enhanced pathway for referrals through warm handoffs and service integration. The CBO and mental health provider partnership will receive \$200K in total annual funding. Contracts will last for three years starting on March 1, 2022.

The Concept Paper is available [here](#). Comments are due on November 8th. DOHMH intends to release the RFP on November 16th and applications will be due in December.

IN THE NEWS...

SAMHSA AWARDS \$825M TO BOLSTER COMMUNITY MENTAL HEALTH CENTERS

The [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) announced the distribution of \$825M to 231 Community Mental Health Centers (CMHCs) to support the needs of individuals with serious emotional disturbance (SED) or serious mental illness (SMI), including those with co-occurring substance use disorder (SUD).

Allowable services under the grant include:

- Training behavioral health professionals to work with schools to address behavioral health issues for school-age youth at risk for SED;
- Staff training on behavioral health disparities, including building cultural and linguistic competence and engaging/retaining diverse client populations;
- Expanding capacity and availability of crisis beds;
- Expanding mobile crisis mental health services for target populations;
- Developing and implementing outreach strategies and referral pathways for vulnerable populations; and
- Training and supporting peer staff to address mental health needs that may have arisen because of the pandemic.

The list of grantees includes 20 NYS organizations, including 10 based in NYC—eight of which are members of CBC IPA! Congratulations to [CASES](#), [Catholic Charities Neighborhood Services](#), [The Child Center of NY](#), Interborough Developmental & Consultation Center, [The Jewish Board](#), [New Horizon Counseling Center](#), [Pesach Tikvah](#) and [Services for the UnderServed](#), each of whom were the recipients of a multi-million-dollar award.

NYS RECEIVES CMS APPROVAL FOR TRANSITION OF SOME BH HCBS TO CORE SERVICES

[Centers for Medicare & Medicaid Services](#) (CMS) approved New York State's request to transition a subset of adult behavioral health home and community-based services (BH HCBS) to a new service array called Community Oriented Recovery and Empowerment (CORE) services.

Unlike the adult BH HCBS services, CORE services will be available to all Health and Recovery Plan (HARP) members and HIV Special Needs Plans (SNP) members meeting HARP eligibility criteria, following a recommendation by a Licensed Practitioner of the Healing Arts (LPHA).

The following adult BH HCBS will transition to CORE:

- Community Psychiatric Support and Treatment (CPST)
- Psychosocial Rehabilitation (PSR)
- Family Support and Training (FST)

- Empowerment Services—Peer Support

The CMS approval letter is available [here](#). On October 1st, NYS OMH and OASAS held a joint webinar outlining the transition to CORE services. The presentation is available [here](#).

NYS OMH RELEASES PROPOSED REGULATIONS FOR CRISIS STABILIZATION CENTERS

NYS OMH has published a proposed rule in the State Register (available [here](#)) that establishes standards for Crisis Stabilization Centers under Article 36 of the Mental Hygiene Law. Crisis Stabilization Centers are a new licensure category that will provide 24/7 stabilization services to individuals experiencing or at risk of a mental health or substance use crisis.

The proposed rule defines two types of Crisis Stabilization Centers that will be licensed (Supportive and Intensive), outlines the staffing model and governing body requirements and explains the application and approval process. Eligible applicants are entities currently in possession of an Article 31, Article 32 or Article 28 license.

1. **Supportive Crisis Stabilization Centers** provide support and assistance to individuals with mental health or substance use crisis symptoms who are experiencing challenges in daily life that create risk for an escalation of

behavioral health symptoms that cannot reasonably be managed in the person's home and/or community environment without onsite supports, and do not pose likelihood of serious harm. The center provides voluntary services for those who require support with an emphasis on peer and recovery services. Supportive Crisis Stabilization Centers provide or contract to provide behavioral health observation/stabilization services twenty-four hours per day, seven days per week.

2. **Intensive Crisis Stabilization Centers** provide urgent treatment to individuals experiencing an acute mental health or substance use crisis. This service provides diversion from higher levels of care by rapid treatment interventions and stabilization of acute symptoms. The center provides voluntary crisis treatment services in a safe and therapeutic environment with up to twenty-four-hour observation. Intensive Crisis Stabilization Centers provide or contract to provide behavioral health stabilization and referral services twenty-four hours per day, seven days per week.

OMH will continue to accept public comment on the proposed regulations through October 17th.

NYS DOH PROPOSES ENHANCED REIMBURSEMENT RATES FOR CFTSS, ACT SERVICES UNTIL SPRING 2022

NYS DOH posted a [notice in the State register](#) outlining its intent to increase reimbursement rates for Children and Family Treatment and Support Services (CFTSS) by an additional 14 percent from October 1, 2021 through March 31, 2022 to help providers recover from the COVID-19 pandemic. The State also intends to increase reimbursement rates for preventive and rehabilitative residential treatment services by an additional 25 percent from October 1, 2021 through March 31, 2022.

Subsequently, NYS DOH posted a [further notice in the State Register](#) outlining its intent to increase rates for Assertive Community Treatment (ACT) services, as follows:

- Permanently increase rates by 5 percent, effective October 7th. Rates will be increased by an additional 5 percent (for a total increase of 10 percent) from October 7th through March 31, 2022. On April 1, 2022, rates will be reduced by 5 percent.
- Increase rates by an additional 8.2 percent from October 7th through March 31, 2022, to allow providers to increase recruitment and retention through loan forgiveness, tuition reimbursement, and signing bonuses, among other initiatives.
- Increase rates by an additional 50 percent for 10 newly licensed Youth

ACT teams serving individuals up to age 21 from October 7th through March 31, 2022.

- Increase rates by an additional 50 percent for Young Adult ACT teams from October 7th through March 31, 2022.

These proposed rate enhancements are contingent upon CMS approval of the State's spending plan for the enhanced Federal Medical Assistance Percentage (FMAP) for HCBS contained in the American Rescue Plan. Stakeholders may submit public comments on these proposed rate enhancements via email to spa_inquiries@health.ny.gov.

NYS DFS & DOH RELEASE HEALTH CARE ADMINISTRATIVE SIMPLIFICATION WORKGROUP REPORT

The [NYS Department of Financial Services](#) (DFS), in conjunction with DOH, released a report (available [here](#)) to the NYS Legislature that includes recommendations for reducing health care costs and complexities for consumers, providers and health insurers. Recommendations were developed by the Health Care Administrative Simplification Workgroup, which was established earlier this year and tasked with evaluating mechanisms to reduce health care administrative costs through standardization, simplification and technology.

The Workgroup made a total of 25

recommendations, including recommendations related to:

- Simplifying the credentialing process;
- Streamlining preauthorization practices;
- Improving access to electronic medical records;
- Modernizing the claims submission and payment process; and
- Standardizing insurance eligibility verification processes.

The DFS press release is available [here](#).

NYS DOH PROVIDES UPDATE ON STATEWIDE FORMULARY FOR OPIOID TREATMENT MEDICATIONS

Effective October 1st, the NYS DOH has implemented a single statewide formulary for Opioid Antagonists and Opioid Dependence Agents for Medicaid Managed Care Plans and Medicaid Fee for Service (FFS). Under this statewide formulary ([linked here](#)), Medicaid FFS and Medicaid Managed Care (MC) will:

- follow a single formulary, where coverage parameters are consistent across the Medicaid Program, preferred products are available without prior authorization (PA) when prescribed consistent with FDA package labeling and non-preferred products require PA; and,
- use standard clinical criteria for approval of a non-preferred drug.

NEW RESOURCES FOR SUD CLINICIANS AND SERVICE PROVIDERS

SAMHSA Evidence-Based Resource Guide re: Concurrent Substance Use in Adults

In September, SAMHSA published the latest Evidence-Based Resource Guide in its ongoing series, delivering current guidance on best practices treating concurrent substance use in adult populations. The guide presents three evidence-based practices that engage and improve outcomes for individuals with concurrent and specific substance use/disorders and provides considerations and strategies for clinicians and organizations implementing these evidence-based practices. Read it in full, [here](#).

National Council's Medical Director Institute Guidance Report re: Fentanyl

Fentanyl and its analogs are currently the primary drivers of deaths in the opioid overdose crisis, and can be used unknowingly. It has become ubiquitous in the illicit drug supply across the US, often added to or sometimes replacing other drugs, and its high potency may require multiple doses of naloxone to reverse a fentanyl-involved overdose.

The [National Council's Medical Director Institute](#) has issued a timely new report, endorsing four key principles to address the escalating fentanyl crisis embedded in the ongoing opioid epidemic:

1. Pursue an incremental approach to behavior change (harm reduction).
2. Emphasize engagement for persons who use drugs, as a first step.
3. Use integrated care to initiate engagement and treatment.
4. Be vigilant for fentanyl as the rule rather than the exception.

Read "Guidance on Handling the Increasing Prevalence of Drugs Adulterated or Laced with Fentanyl" [here](#).

United Hospital Fund Commentary re: Children Affected by Opioid Crisis

A promising downtrend in opioid-related deaths that started in 2017 was upended during the COVID-19 pandemic, according to a new commentary from the United Hospital Fund (UHF). It is now likely that some 5.3M children in the US will be adversely affected by the opioid epidemic by 2030, with the estimated lifetime costs of helping them reaching \$400B. The commentary, "A Critical Opportunity to Support Children and Families Affected by the Opioid Crisis," details the myriad ways that children suffer from having a parent or family member addicted to opioids, and how in New York State a new Opioid Settlement Fund, guided by a diverse Advisory Board, can help, before making several recommendations for the use of the funds. Read the commentary in full, [here](#).

NYS OMH PROVIDES RESOURCES FOR REFUGEES

As New York State welcomes refugees from Afghanistan, it is critical that New York's mental health providers are aware of the circumstances that recent refugees are likely to be affected by, and best practice approaches to serving them. NYS OMH has created and distributed resources for [mental health providers](#) and [refugees themselves](#), to provide information about accessing high quality mental health resources and supports. These efforts are in direct alignment with OMH's mission to ensure all New Yorkers have an equal opportunity for mental wellness, and that services and policies are put into place to eliminate disparities in access, quality and treatment outcomes for historically marginalized, underserved and unserved populations.

S:US & PARTNERS CELEBRATE AFFORDABLE & SUPPORTED HOUSING CONSTRUCTION IN THE BRONX

On September 28th, [Services for the UnderServed](#) (S:US), [Bronx Pro Group](#) and other development partners hosted a construction celebration for the Melrose North project, which will provide 171 units of affordable and supported housing in the South Bronx.

Melrose North will support economic diversity in the Bronx, serving households earning a range of incomes between 40% and 80% of area median income. Of the total 171 units in the development, 103 will

be supported housing units set aside for formerly homeless individuals with mental health or substance use disorders, as well as individuals and families who have experienced domestic violence. S:US will be the service provider for the supported housing units and residents will have access to on-site supportive services.

Read their press release, [here](#).



S:US President & CEO Donna Colonna (front row, third from right) poses with development partners on-site.

DR. MYLA HARRISON STEPS INTO NEW ROLE AT NYS DOH

After nearly two decades serving the city's mental health service providers as an administrator and leader within NYC DOHMH, Dr. Myla Harrison will transition into a new professional role within the Medicaid office at NYS DOH on October 22nd. Jamie Neckles will be the Acting Assistant Commissioner for the Bureau of Mental Health beginning October 25th.

Dr. Harrison has been a gracious and brilliant colleague to work with over the years, having most recently supported CBC IPA in her role as Acting Executive Deputy Commissioner during the trying

early months of the coronavirus pandemic, and the vaccination efforts since. She has routinely found time to deliver essential and current guidance on the evolving state of play within the city's Health Department as it pertains to behavioral health service providers and displayed unerring patience and coherence answering our providers' questions on matters relevant to their staff and service recipients.

On behalf of CBC staff, board and network, thank you, Dr. Harrison!

CARE COORDINATION SERVICES

NEW ONLINE TRAINING SERIES FOR HHSC STAFF

NYS DOH and OMH have launched a new, online Person-Centered Plan of Care training series for Health Home Serving Children (HHSC) care managers and their supervisors. Attendees must have completed the CANS-NY General training series and Family Engagement training as a pre-requisite to this series.

Training dates are found on DOH's CANS-NY website, [here](#). Contact hhsc@health.ny.gov with any questions or additional training requests.

"WRITE-OFF" FUNCTIONALITY NOW IN FOOTHOLD

CBC and [Foothold Care Management](#) (FCM) have collaborated to add a "Write-

Off” functionality to the latter’s Health Information Technology (HIT) platform, which will allow for the elimination of uncollectible amounts and thereby provide a more accurate representation of Accounts Receivable data in FCM. These write offs are bad debt balances that can no longer be pursued and/or recovered from managed care organizations (MCOs).

CBC’s Finance Department will review Accounts Receivable data since 2015 and corresponding bad debt write offs will include the following categories of denial:

- Past timely filing (appeals, outstanding/rejected),
- Eligibility and benefits (lapse in coverage, termed coverage, limited benefits, etc.)
- HH Incompatible Exceptions,
- Duplicate Charges,
- Recouped Payment, and
- Other.

Additional information about the write-off process will be available shortly.

INDEPENDENT PRACTICE ASSOCIATION

CBC IPA’s CONSUMER ADVISORY BOARD EXPANDING TO INCLUDE YPAs

CBC IPA’s Consumer Advisory Board (CAB) has expanded to include Youth Peer Advocates (YPAs). CAB members provide front-line perspectives directly to CBC, and in turn CBC uses CAB members’

experience to inform its member-facing work. Some CBC IPA member agencies currently employ YPAs, who support HHSC youths ages 0 to 17. YPAs, like other Peers, are consumers of behavioral health services, but are aged 18-30. Interested member agencies of the CBC IPA with YPAs on staff can contact CAB Chair [Bob Potter](#) about attending the next CAB meeting. A \$25 Amazon gift card is currently provided to each CAB meeting participant, every month!

QUALITY PERFORMANCE MANAGEMENT (QPM)

HH CHILDREN’S / QUALITY MANAGEMENT TEAM MEETING

CBC’s Quality Performance Management (QPM) Department hosted its Health Home Quality Management Team (QMT)/Children’s QMT meeting on September 23rd. CBC staff shared updates on the Uniform Assessment System for New York, HARP and the recently revamped CBC Virtual Office Hours (VOH) schedule. HIT updates were reviewed, including the new HIV Patient Flag in FCM, the live connection between Foothold and CBC Training Institute’s monthly calendar and the anticipated streamlining of monthly documentation reports. In addition, QMT/CQMT members were given a first look and walkthrough of the ten new Elements Assessment recently developed in Foothold. QPM staff provided recaps of the most recent information from the NYS DOH Redesignation Audit, the HHSC

HCBS Audit and the Q2 2021 Incident Review Committee.

The QMT/CQMT also discussed Q2 2021 Performance Report trends and reviewed how the Performance Report could be revised to maximize utility to care management agencies (CMAs). Ability to measure performance against other CMAs was identified as a key strength of the current format, but CMA staff indicated they would also like historical data to track performance over time within one’s own agency. CMAs are encouraged to share any additional feedback they have about the Performance Report with CBC’s QPM Department. The slides from this meeting have been emailed to all members and uploaded to Box.

HH POLICIES & PROCEDURES MANUAL

CBC’s QPM department distributed the new Health Home Policies and Procedures Manual v1.12 on August 27th. CMAs were encouraged to bring all questions about the manual to a special VOH on September 10th, that drew over 100 attendees. The new version of the manual has significant format and content updates that reflect NYS DOH policy changes, internal CBC process shifts—such as the adoption of Foothold Care Management as CBC’s HH HIT Platform—and best practices identified by the QMT/CQMT. Presentation slides can be found in Box, as can a copy of the new Policies and Procedures Manual v1.12.

IPA CLINICAL QUALITY IMPROVEMENT COMMITTEE MEETING

On September 9th, CBC IPA's Clinical Quality Improvement Committee (CQIC) convened to discuss and outline necessary and imminent quality initiatives for the now-clinically integrated IPA network to explicitly foster a culture of performance improvement. CBC IPA's clinically integrated status requires all IPA agencies to bear an increased responsibility and accountability to engage and participate in performance improvement.

CBC IPA is leading this performance improvement process by structuring the discussion around Quality Performance Management. First, CBC QPM will identify trends from various data sources across the IPA network, conduct in-depth data analyses and suggest measure(s) for targeted network-level performance improvement. Afterwards, QPM will collaborate with IPA member agencies to understand the nuances of serving their particular population(s), establishing agency-level perspectives of specific pain points and best practices to bring back to the network. Finally, CBC QPM will work with CQIC to select a Quality Improvement model to implement, monitor and maintain performance across the network.

The next CQIC meeting is scheduled for Thursday, November 4th. Please email CBC QPM Senior Director [Tracie Jones](#) with any questions.

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](#) (NYSHealth) 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, NYSHealth sponsored trainings that ranged from groups to support parents and service providers as children transition back to the classroom to breathing exercises designed to reduce stress and boost mood. The TI has trained 350 unique individuals from 107 NYS community-based provider agencies over the course of this grant.

SAMHSA funding has allowed CBC TI to partner with [Service Program for Older People](#) staff to provide a training on "Re-Entry and Working with Aging Populations." Meanwhile, CBC TI's partnership with [NYS Council for Community Behavioral Healthcare](#) has yielded further opportunities to leverage SAMHSA funding, most recently via a training on "Working with Adolescents," in which [The Jewish Board](#) explored the acute and specific needs of adolescents and families during the COVID-19 pandemic. SAMHSA-funded programming has trained 1275 unique attendees from 301 community-based behavioral health provider agencies since its January 2021 launch, of which 53% are based in NYC and 47% 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 Smoking Cessation 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.

OCTOBER TRAINING INSTITUTE CALENDAR

CBC TI's October Training Calendar is [available here](#). Contact CBC TI Director [Emily Grossman](#) with any questions.

INNOVATIVE PROGRAMS

CITYWIDE ADDICTION SUPPORT NETWORK SET FOR LAUNCH

The NYS OASAS-sponsored Citywide Addiction Support Network (CASN) officially launched this past month, and was reported on in [Crain's Health Pulse!](#)

CASN bands together 21 NYC non-profit and community-based behavioral health service provider agencies and the [NYC Health + Hospitals](#) system to offer comprehensive outpatient, inpatient and emergency addiction services via borough-based initiatives in the Bronx, Manhattan and Queens. The program will support the prevention of, treatment for and recovery from opioid and stimulant use, and ensure round-the-clock access to opioid use disorders medication as early as next spring. Read CASN's full press release [here](#).

CASN's inaugural Regional Advisory Committee meeting featured participation from all CASN Providers as well as representatives from the NYC DOHMH, Bronx and Creedmoor Addiction Treatment Centers and various Local Prevention Councils. To date, 40 Treatment and Recovery Peers have been hired and Lead Agency [Samaritan Daytop Village](#) has operationalized its 24/7 Open Access Program with hotline for those seeking MAT.

CASN has also begun to produce flyers/business cards (below) to expand

awareness of the program's key features and ensure access to a certified peer trained in Narcan delivery or a network facility for initiation or continuation of MAT services.

Citywide Addiction Support Network
Safe, free, 24/7 access to addiction treatment and Suboxone in New York City



Samaritan
Daytop
Village
NEW YORK CITY

718-206-1990

CITYWIDE
ADDICTION
SUPPORT
NETWORK

Call us for:
Suboxone to reduce cravings
and withdrawal symptoms.

Appointment Reminder

Date	_____
Time	_____
Location	_____
Contact	_____

TECHNOLOGY & DATA ANALYTICS



IMSNY
INNOVATIVE
MANAGEMENT SOLUTIONS
NEW YORK

CLAIMS PLATFORM UPDATE

CBC and CBHS IPA member agencies are continuing to familiarize themselves with [Innovative Management Solutions NY's](#) (IMSNY) [CLAIMS](#) platform.

If you work for a CBC IPA member agency that is **not** currently connected to CLAIMS, please contact support@IMSNYhealth.com.

IMSNY AT CONFERENCES

This past month saw IMSNY Chief Information Officer Elise Kohl-Grant and Director of Data Solutions Khushi Shah travel to Chicago for [Arcadia's](#) annual [Aggregate Conference](#). Ms. Kohl-Grant spoke on a panel with a Community Health Plan of Washington State representative and Arcadia's Medical Director. The panel discussed data's potential to center "whole person care" at the program level. IMSNY spoke with existing customers ranging from MCOs to IPAs to individual agencies—all of whom are dedicated to delivering actionable data to service providers. IMSNY is considering avenues to bring these use cases to life through pilot activities with agencies.

Meanwhile, Ms. Kohl-Grant's appearance at [HIMSS '21](#) now is archived in HIMSS' own video highlighting the main talking points from their Las Vegas summit! Check out what her takeaways were [here](#).

Finally, Ms. Shah will showcase CBC/IMSNY's ability to leverage geographic information systems at the [UHF/Greater New York Hospital Association](#) Annual Research Symposium on Thursday, October 28th. Register [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>Zoom 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>Learn More</p>
<p>Triad Education, community & 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"> • Exam Preparation • Continuing Education Credits • Targeted Recruitment (Jobs Marketplace) <p>Learn More</p>
<p>Ride Health 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>Schedule A Demo</p>
<p>Relias 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>Schedule A Demo</p>

AGENCY SPOTLIGHT: NATIONAL ALLIANCE ON MENTAL ILLNESS-NYC



The [National Alliance on Mental Illness of New York City](#) (NAMI-NYC) helps families and individuals affected by mental illness build better lives through education, support and advocacy.

Recently, NAMI-NYC has heard reports of waiting lists for individuals in need of behavioral health services. Therefore, NAMI-NYC is encouraging NYC-based behavioral health services providers to leverage their [Rapid Referral Program](#), and consider referring waitlisted would-be service recipients to NAMI-NYC during these difficult times, as NAMI-NYC is available to provide critical support, and can do so right away.

The Rapid Referral Program helps NYC-based behavioral health service providers connect service recipients to NAMI's array of resources, ranging from their information and support Helpline to evidence-based education classes, support groups and more—and does so at zero cost to the service provider or recipient. This free and easy-to-use referral service empowers NAMI-NYC to proactively reach out to service providers' clients and their family members to ensure they receive the mental health support they need to build better lives.

To participate, service providers simply complete a one-page form and submit it directly to NAMI-NYC via a secure web portal. Once NAMI-NYC receives a referral, one of their trained volunteers or a NAMI-NYC staff member will contact the referred individual within five business days to connect them to their full array of programs and services. After outreach is completed to the individual referred, the service provider will receive a follow-up from NAMI-NYC, disclosing the outcome of the referral.

NAMI-NYC's programs and services benefit both individuals living with mental illness, as well as family and friends who support the recovery of someone living with mental health challenges. To refer a client or to learn more, visit [their website](#).