

## CBC's TENTH ANNIVERSARY EVENT "LOOKING BACK / LOOKING FORWARD"



## TRANSFORMING COMMUNITY CARE

CBC is delighted to announce it will host two virtual events in the new year.

The first, **"Looking Back: Reflections on a Decade at CBC"** (January 26<sup>th</sup>) will take stock of achievements from CBC's inaugural decade transforming community care in NYC. Join us as we acknowledge CBC's evolution and assemble our founders for their perspectives of original intent, measurable impact and subsequent growth. Outgoing CBC Board Chair and [Services For The UnderServed](#) President & Chief Executive Officer Donna Colonna will deliver the keynote address. [Register here.](#)

The second, **"Looking Forward: Shaping Behavioral Health in NY"** (February 2<sup>nd</sup>) will engage leaders in our field on their priorities for behavioral health equity, as the calendar turns to 2022 and the global pandemic continues to disproportionately impact our underserved communities. [NYS Department of Health](#) Medicaid Director Brett Friedman joins us in the midst of his office's efforts to craft a new 1115 Medicaid waiver that builds a more resilient, flexible and integrated delivery system that reduces racial disparities, promotes health equity and supports the delivery of social care. [Register here.](#)

We'll announce panel topics and speakers in the new year!

## COVID-19 UPDATES

### CDC, NYS DOH RECOMMENDS BOOSTER VACCINES FOR ALL ADULTS, NYS OMH ISSUES GUIDANCE

The [Centers for Disease Control and Prevention](#) (CDC) recently updated its guidance to recommend booster shots for everyone ages 18 and older. For those who originally received an mRNA vaccine, the CDC recommends a booster at least six months after completing a primary COVID-19 vaccination series, with any authorized COVID-19 vaccine. For those who originally received a Johnson & Johnson vaccine, the CDC recommends a booster at least two months after receiving a primary COVID-19 vaccination, with any authorized COVID-19 vaccine.

The [NYS Department of Health](#) (DOH) issued its own Health Advisory accounting for the latest CDC guidance, strongly encouraging healthcare providers who do not already offer COVID-19 vaccine to their service recipients to enroll in the COVID-19 vaccine program. Read the Advisory in full and find resources to enroll as a vaccine provider [here.](#)

Meanwhile, [Centers for Medicare & Medicaid Services](#) (CMS) have revised the requirements certified providers must meet for participation in Medicare and Medicaid programs. These rules establish COVID-19 vaccination requirements for staff at covered facilities.

The [NYS Office of Mental Health](#) (OMH) issued guidance regarding the intersection of the federal and NYS COVID-19 vaccination mandates. OMH notes that the CMS rule applies to Medicare-certified facilities, which include:

- OMH-operated or licensed hospitals and Comprehensive Psychiatric Emergency Programs (CPEP); and
- Medicare-certified residential treatment facilities (RTFs) for youth.

However, the CMS rule does not apply to other OMH-licensed facilities, including freestanding clinics, rehab and residential programs not operated by a hospital. OMH stated that it does not believe any CMS-certified community mental health centers operate in New York. The guidance is available [here](#).

## US SURGEON GENERAL PENS NEW REPORT ON MENTAL HEALTH CHALLENGES FACING NATION'S YOUTH

The U.S. Surgeon General, Dr. Vivek Murthy issued a new "[Protecting Youth Mental Health](#)" advisory. In it, he [warned](#) that young people face "unprecedented" mental health challenges—and the [pandemic has only made matters worse](#).

## NYS OMH LAUNCHES SURVEY ASSESSING PANDEMIC'S IMPACT ON RECIPIENTS OF MENTAL HEALTH SERVICES

NYS OMH is conducting a survey—available [here](#)—to better understand the impact and aftermath of the COVID-19

pandemic in communities statewide. The survey focuses specifically on the pandemic's effects on individuals who receive public mental health services. This input is critical for evaluating, prioritizing and implementing policy and program decisions. To ensure a comprehensive approach that best meets the needs of service recipients and includes a variety of perspectives, individuals with lived experience were actively a part of the development process.

NYS OMH is looking for responses from any individual (children/adolescents, young adults, adults) who receives services from an OMH licensed, funded or designated program. These programs can include, but are not limited to: clinic, supportive housing, Personalized Recovery Oriented Services, Recovery Centers, Home and Community Based Services, Peer Services and inpatient services. Click [here](#) for a comprehensive list of OMH programs. If you cannot access the website, a list of programs is accessible in the survey, linked below. The survey is anonymous.

NYS OMH recognizes that some individuals receiving services may have trouble accessing the survey, so they are asking service providers, advocates and other supporters to reach out to service recipients and complete the survey with them or on their behalf. When filling out the survey on behalf of a service recipient, please answer consistently as that service recipient. Individuals can also call the Office of Consumer Affairs to participate

in the survey over the phone (518-473-6579).

Take the survey [here](#). A paper version of the survey will be sent in December. OMH expects to close the survey on January 3<sup>rd</sup>, 2022. Questions about the survey can be sent to [Amanda.saake@omh.ny.gov](mailto:Amanda.saake@omh.ny.gov).

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## FUNDING OPPORTUNITIES

### SAMHSA ANNOUNCES NEW HARM REDUCTION PROGRAM

The [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) has announced a \$30M harm reduction grant funding opportunity. The purpose of the program is to support community-based overdose prevention programs, syringe services programs and other harm reduction services.

Funding will be used to enhance overdose and other types of prevention activities to help control the spread of infectious diseases and the consequences of such diseases for individuals with, or at risk of developing substance use disorders (SUD), support distribution of opioid overdose reversal medication to at-risk individuals, build connections to overdose education, counseling and health education, refer individuals to treatment for infectious diseases (such as HIV) and encourage such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse. This will include supporting capacity development to

strengthen harm reduction programs as part of the continuum of care.

Recipients will also establish processes, protocols and mechanisms for referral to appropriate treatment and recovery support services and provide overdose prevention education to their target populations regarding the consumption of substances including but not limited to opioids and their synthetic analogs. Funds may also be used to help address the stigma often associated with risky behaviors and participation in harm reduction activities.

SAMHSA plans to issue 25 awards of up to \$400,000 per year for up to three years.

Applications are due on February 7<sup>th</sup>, 2022. Learn more about the grant [here](#).

## NIH RFA: PREVENTING OPIOID MISUSE & CO-OCCURRING CONDITIONS VIA SOCIAL DETERMINANTS

This past month, the US Department of Health and Human Services' [National Institutes of Health](#) (NIH) released a Request for Applications (RFA) for studies that develop and test multi-level interventions to prevent opioid misuse, opioid use disorder and co-occurring conditions by intervening on the social determinants of health. Interventions may be at the individual, interpersonal, community or societal levels, including but not limited to:

- Educational attainment;
- SNAP programs for food insecurity;

- Comprehensive mental health and social services;
- Changes within health systems that enable access to prevention services; and
- Modified workplace policies and incentive structures to reduce worker stress/fatigue.

Through this initiative, NIH will provide \$2.7M in total annual funding across four awards. Application budgets are not limited but should reflect the needs of the proposed project. Project periods may last for up to five years. Eligible applicants include not-for-profit organizations (with and without 501(c)(3) status), for-profit organizations and community-based organizations.

The RFA is available [here](#). Applications are due on March 2<sup>nd</sup>, 2022. Applicants are encouraged, but not required, to submit a non-binding Letter of Intent by February 2<sup>nd</sup>, 2022.

## TELEHEALTH CAPITAL PROGRAM via NYS DOH

In November, the NYS Department of Health released a Solicitation of Interest (SOI) for projects that support investments in community infrastructure to expand telehealth access to services from licensed Article 16, 28, 29-1, 31 and 32 providers. NYS DOH will award up to \$25,000 each, for a total of \$1.5M, to projects that expand access to telehealth among Medicaid beneficiaries and low-income minority, rural, older and other

underserved communities that lack access to telehealth infrastructure (e.g., connectivity, devices, private spaces). Projects must be located in the community at a site that is not the applicant's primary service site.

The Rockefeller Philanthropy Advisors (RPA) has pledged an additional \$1.5M to provide further support to awarded projects under this SOI. Applicants may choose to share contact information and award amounts with RPA, who will award and administer funds at its discretion.

The full SOI is available [here](#). Applications will open on January 4<sup>th</sup>, 2022 and close on January 18<sup>th</sup>, 2022.

## CMS APPROVES APPENDIX K AMENDMENT TO OPWDD 1915(c) HCBS WAIVER

Last month, Centers for Medicare & Medicaid Services (CMS) approved a request by New York to amend Appendix K to the [NYS Office for People with Developmental Disabilities](#) (OPWDD) comprehensive 1915(c) Home and Community-Based Services (HCBS) waiver. The amendment enacts \$1.5B in incentives for Direct Support Professionals (DSPs) and Family Care (FC) providers in the OPWDD workforce, which comes from NYS's plan to enhance HCBS using funds from the enhanced Federal Medical Assistance Percentage (FMAP) for HCBS under Section 9817 of the American Rescue Plan Act.

Funds will be provided as lump-sum payments through [eMedNY](#) to qualifying HCBS provider agencies based on the number of DSPs and FC providers who qualify. The incentives are structured as follows.

### COVID-19 Workforce Performance Incentive

This will be a retroactive, one-time performance payment for DSPs and FC providers implemented through a supplemental payment mechanism. Payments will be directed to staff who worked full- or part-time between March 17<sup>th</sup>, 2020 and September 1<sup>st</sup>, 2021 for at least 90 days, and who are still employed by the agency or who continue to deliver services. The bonus amount will be \$1,000 for full-time employees, which will be prorated for part-time employees.

### Workforce Longevity and Retention Bonus

This will include two bonus payments, the Longevity Bonus and Retention Bonus, to qualified workers employed by an eligible, OPWDD-certified HCBS provider in a DSP or FC capacity. Each bonus will be the same amount, as follows:

- Not-for-profit agencies will receive 20% of their DSP payroll expenditures, adjusted for salary-sensitive fringe benefit costs, as reported on their 2019 cost reports.
- DSPs hired under self-direction will be paid 20% of their approved wage.
- FC providers will be paid 20% of the current difficulty of care payment rate.

Eligibility for the bonuses will be as follows:

- The Longevity Bonus will be available to DSP and FC staff who worked from April 1<sup>st</sup>, 2020 to March 31<sup>st</sup>, 2021 and who are still on payroll after September 1<sup>st</sup>, 2021.
- The Retention Bonus will be prospectively available to DSP and FC staff who work from April 1<sup>st</sup>, 2021 to March 31<sup>st</sup>, 2022, and who are still on payroll as of March 31<sup>st</sup>, 2022.

### Vaccination Incentive Payments

This is a payment available to qualified workers employed by an eligible, OPWDD-certified HCBS provider in a DSP or FC capacity, who are fully vaccinated by December 1<sup>st</sup>, 2021. Self-directed DSPs are also eligible. The amount of the payment is \$500 for full-time employees, \$250 for part-time employees who work over 20 hours per week and \$125 for employees working less than 20 hours per week.

Additionally, the Appendix K will enhance payment for Intensive Behavioral Support (IBS) services. Effective July 1<sup>st</sup>, 2021, IBS payments will be increased by approximately 31.3%, which will be used to increase clinician wages and expand the availability of services.

Governor Hochul announced the funding in a press release available [here](#). The CMS approval letter is available [here](#). The full text of the Appendix K amendment is available [here](#). The provisions will be effective from March 7<sup>th</sup>, 2020 until six months after the end of the federal COVID-19 public health emergency.

## IN THE NEWS...

### CBC RECIPIENTS OF NYCT GRANT TO ENHANCE IMSNY's DABI PLATFORM

The [New York Community Trust](#) (NYCT) has selected CBC IPA as the recipient of a \$200K grant to help mental health clinics gather and use more complete patient information to treat people with co-occurring physical and mental illnesses over an 18-month period.

CBC IPA expects to leverage the funding in a manner that bolsters [Innovative Management Solutions New York](#) (IMSNY)'s Data Analytics Business Intelligence (DABI) platform. Specifically, IMSNY will:

- contract with [Healthix](#), the nation's largest cloud-based health-information exchange provider, to add IPA service recipients' physical and mental health clinical data to the portal and create agency-specific performance dashboards and summaries to identify gaps in care;
- add service recipients' immunization, lab results, current prescription history, frequency of primary care access, and other health data to complete clinical profiles;
- test the portal's capacity with four agencies ([The Bridge](#), [Catholic Charities Neighborhood Services](#), [New Horizon Counseling Center](#) and [Samaritan Daytop Village](#)) providing individual technical assistance and a structured learning collaborative;

- train agency clinical and administrative staff to use the portal, including how to generate individual and population-health level reports to inform treatment plans and build a case for higher managed care payment levels;
- facilitate comprehensive screening of high-risk patients using metrics like physical health measures and anti-psychotic medication use to ascertain effectiveness of interventions;
- assess if using the portal increases patient uptake of primary care services by at least 10 percent, reduces the need for emergency department visits, and decreases unnecessary hospitalizations; and
- assuming progress, help four additional agencies begin using the portal to generate individual and population-health level reports.

For more information on IMSNY and its DABI platform, see the “[Technology & Data Analytics](#)” section of this CBC Monthly Bulletin.

## NYS OMH & OASAS ISSUE RULE ON TELEHEALTH EXPANSION, UPDATED REGULATORY WAIVER

The NYS Office of Mental Health (OMH) issued an emergency/proposed rule in the State Register (available [here](#)) revising Part 596 of Title 14 of the New York Codes, Rules, and Regulations (NYCRR) that regulates the provision of services via telehealth. The proposed regulations

include the following changes, among others:

- Allow for the provision of telephonic (audio-only) services;
- Allow any authorized provider to deliver mental health services under their scope of practice;
- Expand the definitions of originating and distant sites;
- Remove the required in-person initial assessment;
- Remove additional requirements for Personalized Recovery Oriented Services (PROS) and Assertive Community Treatment (ACT) programs; and
- Strengthen language around consent and recipient preference.

The proposed regulations are available [here](#). Public comment may be submitted to [regs@omh.ny.gov](mailto:regs@omh.ny.gov) through January 30<sup>th</sup>, 2022. The emergency rule will expire February 12<sup>th</sup>, 2022.

The NYS Office of Addiction Services and Supports (OASAS) issued an emergency/proposed rule in the State Register (available [here](#)) amending Part 830 of Title 14 of NYCRR to continue telehealth flexibilities allowed during the NYS Disaster Emergency and to make those flexibilities permanent in alignment with the proposed regulations released by OMH. The emergency/proposed rule also adds an optional LGBTQ endorsement to develop a distinction for OASAS-certified programs meeting additional criteria for the provision of LGBTQ-affirming care.

The proposed regulations are available [here](#). Public comment may be submitted to [kelly.grace@oasas.ny.gov](mailto:kelly.grace@oasas.ny.gov) through January 16<sup>th</sup>, 2022. The emergency rule will expire February 5<sup>th</sup>, 2022.

OASAS has also published proposed amendments to:

- Part 800 Chemical Dependence Service Provisions (available [here](#)), including a new section addressing “Access to Treatment.” Public comment may be submitted to [kelly.grace@oasas.ny.gov](mailto:kelly.grace@oasas.ny.gov).
- Part 815 Patient Rights (available [here](#)), which includes various changes related to patient rights and provider requirements for developing policies and procedures. Public comment may be submitted to [carmelita.cruz@oasas.ny.gov](mailto:carmelita.cruz@oasas.ny.gov).

Finally, the Commissioner of NYS OMH released an updated telehealth regulatory waiver (available [here](#)). The updated waiver, which supersedes all previous waivers and their extensions, indicates that the emergency/proposed rule updating the Part 596 telehealth regulations posted in the State Register ([here](#)) is fully effective as of December 7<sup>th</sup> (with the exception of Part 596.5(a)-(e), which outlines approval requirements).

The emergency/proposed regulations are available [here](#).



## CMS APPROVES NYS SPA TO ESTABLISH COMMUNITY-BASED MENTAL HEALTH SERVICES UNDER REHABILITATIVE OPTION

Centers for Medicare & Medicaid Services (CMS) have approved NYS's State Plan Amendment (SPA) to establish outpatient mental health services under the rehabilitative services benefit. This amendment allows Medicaid to reimburse outpatient mental health services when provided in a community setting or in an individual's place of residence. Outpatient mental health services include:

- Assessments/screening;
- Treatment planning;
- Counseling/therapy;
- Medication treatment;
- Psychiatric consultation;
- Testing services;
- Health monitoring;
- Screening, Brief Intervention and Referral to Treatment (SBIRT);
- Complex care management;
- Peer/family peer recovery support; and
- Crisis intervention.

Ambulatory Patient Group (APG) reimbursement for all NYS OMH community-based mental health rehabilitative services will be effective March 1<sup>st</sup>, 2021.

The SPA is available [here](#). The CMS approval letter is available [here](#).

## NYS OMH & OASAS RELEASE TRAINING DOCUMENTATION & GUIDANCE re: CORE TRANSITION

On December 1<sup>st</sup>, NYS OMH & OASAS issued new guidance regarding required staff and supervisor training for Community Oriented Recovery and Empowerment (CORE) providers. Providers should review the latest [CORE Staff Training Memo](#) and the [revised Behavioral Health \(BH\) HCBS Staff Training Memo](#) and be aware that only minor language clarifications have been made to the BH HCBS Staff Training Memo as NYS prepares for CORE implementation. All training requirements for BH HCBS remain the same. These documents will be posted to the OMH website shortly.

All required trainings for BH HCBS and CORE Services are and will be provided through the [Center for Practice Innovations](#) (CPI) Learning Community, an online learning management system. The service-specific trainings for CORE Services will not be available until closer to go-live on February 1<sup>st</sup>, 2022.

Providers are also encouraged to consult NYS OMH & OASAS's [CORE Services Provider Frequently Asked Questions resource](#). Additional questions can be sent via email to [Adult-BH-HCBS@omh.ny.gov](mailto:Adult-BH-HCBS@omh.ny.gov) or [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov).

## SAMHSA EXTENDS METHADONE TAKE-HOME FLEXIBILITY, WORKS TOWARD PERMANENT SOLUTION

SAMHSA is extending the methadone take-home flexibilities for one year, effective upon the eventual expiration of the COVID-19 Public Health Emergency. This exemption is a continuation of the take-home medication flexibilities that SAMHSA put in place in March 2020 and is in keeping with the newly announced Health and Human Services (HHS) [Overdose Prevention Strategy](#). SAMHSA is also considering mechanisms to make this flexibility permanent.

The March 2020 exemption was issued to protect public health by reducing the risk of COVID-19 infections among patients and health care providers. While the take-home flexibility achieved that goal, it also proved to have other benefits for patients in Opioid Treatment Programs (OTP). SAMHSA allowed Opioid Treatment Programs to dispense 28 days of take-home methadone doses to stable patients for the treatment of opioid use disorder, and up to 14 doses of take-home methadone for less stable patients, who the OTP determines can safely handle this level of take-home medication. Read more [here](#).

## CDC FINDS DRUG OVERDOSES EXCEED 100K IN 12 MONTHS FOR FIRST TIME

In November the CDC announced that there were an estimated 100,036 drug

overdose deaths in the United States during the 12-month period ending in April 2021, according to provisional data from its [National Center for Health Statistics](#). This is the first-time overdose deaths have exceeded 100,000 in a year, an increase of 28.5% deaths over the same period during the preceding year. Overdose deaths increased across several drugs or drug classes, including opioids, synthetic opioids (primarily fentanyl), psychostimulants (such as methamphetamine), cocaine and natural/semi-synthetic opioids (such as prescription pain medication).

A press release may be found [here](#) and an interactive data dashboard may be found [here](#).

## NYC LAUNCHES NATION'S FIRST OPCs

The first publicly recognized Overdose Prevention Centers (OPCs) in the nation are beginning operations in NYC.

Overdoses are at a crisis level in NYC, paralleling national trends. Over 2,000 New Yorkers died of a drug overdose in 2020. Provisional data from the first quarter of 2021 show a stark continuation of this trend, with at least 596 deaths occurring between January and March 2021. This represents the greatest number of overdose deaths in a single quarter since reporting began in 2000.

Overdose Prevention Centers are clinical, safe, hygienic spaces where people can use drugs under supervision of trained

professionals to prevent deaths and get connected to care. They are co-located in existing syringe service programs and encompass wraparound education, social, medical and harm reduction services. OPCs are a vital tool to address the overdose epidemic—and have been proven to save lives around the world.

More information on OPCs is available via Mayor de Blasio's [official press release](#) and recent reporting in the [New York Times](#).

## OHEL, SPOP, SAMUEL FIELD Y AMONG AWARD RECIPIENTS OF STATE FUNDING TO SUPPORT OLDER ADULTS WITH MENTAL ILLNESS

Governor Hochul has announced the selection of six mental health providers to receive up to \$9M over five years to support community programs that identify and assist adults aged 55 and older whose independence or survival in the community is in jeopardy because of a mental health, substance use or aging-related concern.

The "Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19" will focus on historically underserved, diverse communities that have been hard hit by COVID-19, and will help individuals to age in place in their communities. The program will create partnerships between OMH-licensed providers and agencies licensed by NYS OASAS and the [NYS Office for Aging](#).

Award recipients include CBC IPA member agencies [Service Program for Older People](#) (SPOP), [Samuel Field YM&YWHA](#) and [Ohel Children's Home & Family Services](#).

SPOP is partnering with the [Metropolitan Center for Mental Health](#) and the [NYC Department for the Aging](#) (DFTA) to support aging-in-place and reduce premature institutionalization of older adults by providing integrated services related to overall health, while also addressing concrete needs through case management services, home health care, socialization opportunities, meals, minor home modifications and connections to community-based programs. The program expects to reach nearly 3,000 individuals over the course of the grant by directly serving 240 adults each year and providing additional education and outreach to 300 individuals each year through its two partnerships, one of which brings extensive outpatient substance use treatment experience to the table and the other concrete services to support aging-in-place.

Samuel Field YM&YWHA is partnering with Rego Park Counseling and the NYC DFTA to identify and engage older adults in screenings in their home communities and connect them with services. Mobile outreach and off-site services are the dual focal points of the program and include assessment of behavioral health, physical health and aging services needs as well as unmet needs in other areas. An individualized plan of care is to be created

for each client, and interim care and care coordination is to be provided until all identified services are in place. Counseling, including individual or family psychotherapy and psychiatric care, is to be provided through Samuel Field and Rego Park counseling services.

Ohel's "Project WHEEL" is a partnership with [LSA Recovery, Inc.](#) and the NYC DFTA that aims to provide wrap-around mental health services and connect older adults with a full array of services so that they can successfully age in place. They plan to implement a "hub and spoke" model where their multi-disciplinary team will conduct outreach, engagement and field-based screening throughout the Rockaways, maintaining on-site presence within NYC DFTA-designated Naturally Occurring Retirement Communities, Older Adults Centers and NYC Housing Authority housing ("spokes") leading to linkage with Ohel mental health clinics and LSA substance use disorder clinics ("hubs") for additional assessment/treatment, as well as connection to NYC DFTA services and supportive technologies.

## CBC AT NAMI SEEDS OF HOPE EVENT

The [National Alliance on Mental Illness](#) (NAMI)-NYC marked the start of its 40th anniversary year with "Seeds of Hope: The Future of NAMI-NYC," a virtual celebration of 40 historic years of grassroots, peer-to-peer community engagement, service, advocacy, education and fundraising support for its free mental health programs, helpline and services to

aid New Yorkers. Since the start of the coronavirus pandemic, NAMI-NYC has helped nearly 30,000 families and individuals—challenged by loss, food and housing insecurity, depression, grief, anxiety and other related mental health conditions—build better lives.

CBC Performance Manager, Consumer Advisory Board Chair and NAMI-NYC Volunteer Bob Potter appeared at the event, sharing his own personal story navigating a mental health diagnosis and NAMI's essential service and resources on his journey to recovery.

Stream the event on-demand, [here](#).

## NIH LISTENING SESSIONS TO INFORM EFFORTS ON ACHIEVING RACIAL EQUITY

The National Institutes of Health (NIH) launched the [UNITE initiative](#) in March of 2021 to address structural race and ethnicity-based discrimination in NIH-supported entities and the greater scientific community. As part of this initiative, NIH is holding a series of listening sessions to learn from external stakeholders about the full range of issues and challenges in advancing racial and ethnic equity in the biomedical research enterprise. Some of these issues include:

- Changing culture to promote equity, inclusivity and justice;
- Improving policies, transparency and oversight;

- Strengthening career pathways, training, mentoring and the professoriate;
- Ensuring fairness in review and funding deliberations;
- Enhancing funding and research support for diverse institutions and historically under-resourced research areas; and
- Structural racism in the biomedical research enterprise.

As a global leader in biomedical research, NIH carries a weighted responsibility to address the structural challenges and barriers affecting the NIH workforce and the biomedical community that hinder the progress necessary to support true health equity. The insights shared during these [listening sessions](#) will help to identify priorities for UNITE and inform the development of an NIH action plan.

If you have questions regarding the listening sessions, please contact [UNITEInitiative@nih.gov](mailto:UNITEInitiative@nih.gov).

## DECEMBER IS NATIVE AMERICAN HERITAGE MONTH

Native American Heritage Month, also commonly referred to as American Indian and Alaska Native Heritage Month, is a time to celebrate the rich and diverse cultures, traditions and histories of Native communities. Additionally, it provides an opportunity to educate individuals about the unique challenges faced by these communities historically and presently.



NYS OMH recognizes that Indigenous communities have faced longstanding oppression, discrimination and violence throughout much of US history and continues to have focused attention on ensuring there is increased education around the impact that these experiences and multigenerational trauma has had on Indigenous communities.

In alignment with these efforts, OMH has collaborated with subject matter experts, discipline leads and members of the Indigenous community to create a [Spotlight on Indigenous Communities](#) resource. This resource provides additional information about the culture and strengths of Indigenous communities as well as the unique experiences they have faced. Additionally, OMH continues to foster relationships with organizations focused on providing guidance, support and best practice approaches to serving Indigenous individuals. The Spotlight on Indigenous Communities provides direct links and contact information for many of these organizations.

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## CARE COORDINATION SERVICES

### CBC HH WELCOMES NEW CMAs

CBC Health Home (HH) has expanded in recent weeks to include [Ahivim](#) and [Human Care Services](#) (HCS) for Children and Families among its HH care management agencies (CMAs). Welcome to our new partners! CBC HH is delighted

to work with you to deliver exceptional care coordination services to vulnerable New Yorkers and looks forward to devoting the Monthly Bulletin's Agency Spotlight to you both in the new year.

### HHSC CANS-NY COACHING SESSION

On November 5<sup>th</sup>, CBC HH partnered with the [CANS-NY Technical Assistance Institute](#) to offer a CANS-NY Case Review Rating session. Fifty-two HH Serving Children (SC) care managers and supervisors from 13 CBC HH CMAs attended. Care management staff were trained to review CANS-NY action level and item definitions in small groups based on specific CMA case presentations. CBC hopes to offer this small group training on a quarterly basis for the HHSC network.

### FOOTHOLD COMPREHENSIVE ASSESSMENT UPDATE

Meanwhile, HHSC Comprehensive Assessments completed in the [Foothold Care Management](#) (FCM) platform no longer must be saved as PDF files and then uploaded to FCM to be counted in various Overview and Care Manager Dashboards. Instead, users can now simply click "Complete" to ensure their Comprehensive Assessment is counted. All HHSC care managers should be using this new built-in HHSC Comprehensive Assessment version instead of the former PDF version in FCM.

If you have any questions or concerns, please contact CBC Director of Children

Program Services [Patricia Lyons](#) and HH IT Manager [Christopher Small](#).

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## QUALITY PERFORMANCE MANAGEMENT (QPM)

### HH INCIDENT REPORTING TRAINING

On November 12<sup>th</sup>, CBC's Quality Performance Management (QPM) Department presented CBC's annual Incident Reporting and Management Training. This training focused primarily on CMA reporting responsibilities for the six general incident types the NYS Department of Health (DOH) considers reportable for members in all Health Home (HH) programs. 116 participants from 30 care management agencies (CMAs) joined to review NYS DOH and CBC incident reporting policy, how and when to submit incident reports/follow-ups and best practices for each incident type. This year's training also incorporated requirements and best practices for completing timely and comprehensive reports using [IRAMS](#). CMA staff can find the slides from this training in Box, as well as slides from an earlier training this year dedicated to the technical aspects of accessing and using IRAMS. Please contact [CBCQPM@cbc.org](mailto:CBCQPM@cbc.org) with any further questions.

### HH CMA QUARTERLY PERFORMANCE REPORT

On November 22<sup>nd</sup>, CBC HH and QPM distributed its Q3 2021 CMA

Performance Reports to respective agencies. These are currently accessible in Box agency subfolders under “Performance Reports.”

CBC HH & QPM have also authored a “HH CMA Quarterly Performance Report—Measure Tech Specs” document, which details the definitions and descriptions of each measure and its calculation. This can be found in Box under *CBC General > Quality Performance Management > Quarterly Performance Reports*. This report also tracks a new “Notice of Determination for Enrollment” measure.

CBC HH CMAs continue to show high success rates meeting with members to provide minimum core service encounters. CBC HH’s overall tier score for the HH Serving Adults (SA) program is 78% and overall tier score for the HHSC program is 85%. Top performing measures by program are outlined below.

CBC HH TOP PERFORMING MEASURES		
Measure	Eligible Pop.	Tier Score
<b>HHSA Program Overall Tier: 78%</b>		
Successful encounter per member per quarter for non-special pop.	14,783	94%
HH+ Non-AOT, minimum successful encounters completed/month	1,716	89%
<b>HHSC Program Overall Tier: 85%</b>		
Current & Complete CANS-NY Assessment	4,124	95%
Minimum successful encounters/month, High/Med. Acuity Members	5,716	94%

Lastly, CBC will be hosting two Virtual Office Hours presentations on the Performance Report in January as an opportunity to collectively ask questions and learn from each another about how the report can be updated, reviewed and utilized to support NYS DOH compliance and quality performance efforts. The HHSA Performance Report measures will

be reviewed on January 7<sup>th</sup> at 10am and the HHSC Performance Report measures will be reviewed on January 14<sup>th</sup> at 10am. Any questions in the interim can be directed to [CBCQPM@cbc.org](mailto:CBCQPM@cbc.org).

## IPA CLINICAL/QUALITY IMPROVEMENT COMMITTEE MEETING

On November 4<sup>th</sup>, the CBC IPA Clinical/Quality Improvement Committee (CQIC) convened to discuss IPA network identity and how increased communication and collaboration can lead to better outcomes in terms of performance improvement.

Per PSYCKES data as of October 1<sup>st</sup>, CBC IPA’s Top Performing High Priority Measures include:

CBC IPA TOP PERFORMING HIGH-PRIORITY MEASURES		
Per PSYCKES (as of 10/1/2021)	Eligible Pop.	% Complete
Initiation of Opioid Use Disorder (OUD) Treatment	1,769	93%
Psychosocial Care for Children & Adolescents on Antipsychotic Mx	1,092	82%
Diabetes Screen for people w/Schizophrenia/Bipolar on Antipsych. Mx	7,471	78%

Understanding each agency’s role is an initial step towards our goal of true clinical integration, leveraging the unique strengths of each agency, building connections to care and finding common ground between agencies. Moving forward, CBC IPA will continue to find ways to engage agencies in performance improvement initiatives. Next steps include conducting individual meetings with a subset of network provider agencies to align IPA data tools/resources and performance improvement initiatives more effectively with agency priorities, needs and challenges.

IPA member agencies are encouraged to contact [CBCQPM@cbc.org](mailto:CBCQPM@cbc.org) to share any performance improvement projects or initiatives in which your agency is currently engaged, and to review how to best utilize the IPA network and each other to improve the lives of all services recipients across the network.

## 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 NYHealth-funded trainings ranged from “Sound Healing” to a training on suicide prevention, which debunked myths related to beliefs around suicide and revisited the [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)—a tool to help assess suicidal clients. This training drew 141 unique attendees from 40 agencies, bringing the total tally TI has trained to 790 unique individuals from 188 NYS community-based provider agencies over the course of this grant.

## CBC TI SELECTS RECIPIENTS OF SAMHSA FUNDING, ANNOUNCES NEW NYS COUNCIL PARTNERSHIP

The CBC TI has awarded grant dollars to CBC IPA member agencies Ohel, [WellLife Network](#), SPOP and NAMI-NYC, as well as [The Corporation for Supportive Housing \(CSH\)](#) to provide trainings on self-care under its SAMHSA II grant. The trainings will take place between January and February 2022. The CBC TI is thrilled to be able to support these organizations in bringing innovative self-care trainings to the NYS behavioral health workforce. CBC TI’s 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.

Meanwhile, the [NYS Council for Community Behavioral Healthcare](#) (NYS Council) has formally partnered with CBC TI to further diversify and expand its self-

care series for NYS’s behavioral health workforce. The agreement will allow CBC TI to leverage the expertise of provider members of NYS Council to deliver specific and nuanced workshops that promote collective wellness and inclusion, with the aim of providing supportive resources as staff return to office spaces following a protracted period of remote work. The agreement allows for NYS Council to lead sixteen trainings for CBC TI’s audience of behavioral health service providers across 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 Medication for Opioid Use Disorder for Patients with Co-Occurring Mental Health Disorders and staff from [SCO Family of Services](#) 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.

## DECEMBER TRAINING INSTITUTE CALENDAR

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

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## INNOVATIVE PROGRAMS

### NYC HEALTH + HOSPITALS TO CONTINUE PATHWAY HOME SERVICES FOR FIVE YEARS

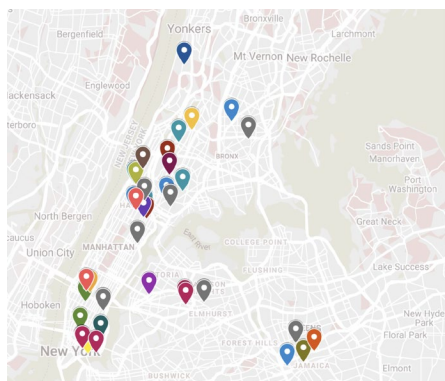
On November 18<sup>th</sup>, the [NYC Health + Hospitals](#) (HHC) Board voted to extend its Pathway Home™ program through 2026. CBC will continue to oversee four Pathway Home™ teams that serve HHC Hospitals through IPA member agencies [Visiting Nurse Service of New York](#), [The Jewish Board](#) and [Samaritan Daytop Village](#). These Pathway Home™ teams will also work with [Healthfirst](#) to expand their services to additional Healthfirst members. A press release detailing the new agreement is forthcoming.

### CASN OPERATIONS UPDATE

On November 8<sup>th</sup>, The Citywide Addiction Support Network (CASN)—comprised of 21 NYC non-profit and community-based organizations and NYC Health + Hospitals—participated in the first NYS OASAS State Opioid Response II Regional Network Approach Learning Collaborative. Participants reviewed and shared previously successful collaboration efforts among prevention, treatment and

recovery committees of statewide grantees. CASN also kicked off a Peer Support Group—a platform for network peers to convene and strategize, sharing both success stories and barriers to their work. The first meeting drew 18 CASN Peers and will continue to run every three weeks.

Meanwhile, NYC Health & Hospitals has now trained eight Emergency Department Leads Teams—consisting of clinicians, social workers and counselors across the Bronx, Manhattan and Queens—on the CASN referral process (starting with SBIRT) completion) and peer advocacy in their work. The CASN Geo-Map has been made an accessible resource to these teams, which will allow timely referral submission to CASN Treatment Clinics within 24 hours of admission and diagnosis. CASN providers hope these trainings will prompt an increase in referrals from hospital EDs to outpatient treatment via CASN clinics.



Finally, CASN is thrilled to see NYC open two supervised injection sites for drug users (see the [“In The News”](#) section of this CBC Monthly Bulletin) and looks forward to collaborating with the organizations

operating the two sites and providing CASN resources to those they serve.

## TECHNOLOGY & DATA ANALYTICS



**IMSNY**  
INNOVATIVE  
MANAGEMENT SOLUTIONS  
NEW YORK

### CONNECT YOUR DATA TO CBC via IMSNY

As the holiday season approaches and we look ahead to 2022, [Innovative Management Solutions New York](#) (IMSNY) wants 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).

Recently, IMSNY assembled its end-of-year quality taskforce committee, having concluded a series of DABI talks that centered platform features/reports and how they might be operationalized across IPA member agencies. IMSNY recorded key takeaways during this wrap-up session, which provided relevant information to inform further DABI rollout in the new year.

In the meantime, CBC IPA agencies that have not yet connected with IMSNY are

invited to take a moment to assess agency capacity to easily access actionable data, thereby reducing inefficiencies and improving outcomes for those you serve. Specifically, ask yourself the following questions:

- How are data used within your workplace?
- Do you have a grasp on the data quality or data processes currently in place at your workplace?
- Do you employ a central point person to manage and triage the right reports to the right people?
- Can you compare your progress and outcomes with other agencies providing similar services?

IMSNY supports the CBC IPA through subject matter expertise and data tools that can help agencies arrive at answers that benefit both staff and service recipients. Currently, twenty-three agencies have successfully connected their billing data to IMSNY and are primed to participate in an exciting project leveraging shared analytics. CBC IPA agencies should contact IMSNY Chief Information Officer [Elise Kohl-Grant](#) or Data Solutions Director Khushi Shah to connect today!

### 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>IMSNY’s <b>Zoom</b> licenses include <u>large conference</u> and <u>webinar</u> for every business account for the monthly price of \$15 per license. Your current contract can be easily transferred to the IMSNY account. <a href="#">Contact us</a> if interested. We currently have over 80 available licenses in our inventory, ready for immediate assignment.</p>
<p><b>Triad</b> Education, community &amp; career resources</p>	<p>CBC, through IMSNY, has partnered with <b>Triad</b>, the leading provider of education, community and career resources for behavioral and mental health professionals and organizations. Through the Triad Employer Solutions suite of services, Triad can support your workforce with its niche recruitment tool, Jobs Marketplace; with continuing education courses for licensed clinicians; with exam prep courses for licensure seekers; and with the Triad Network—the LinkedIn for behavioral and mental health. And through our partnership, all CBC providers receive exclusive pricing on all Triad services. More information can be found on the Triad website <a href="#">here</a>, or by contacting Triad’s CEO, Brandon Jones, at <a href="mailto:brandon.jones@triadhq.com">brandon.jones@triadhq.com</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. <a href="#">Schedule A Demo</a></p>
<p><b>Relias</b> Learning Management System with content library</p>	<p>Join the nearly 12,000 <b>Relias</b> users in the IMSNY network. <a href="#">Connect with us</a> to schedule a demonstration to learn how Relias can be the “easy button” for your training needs, both in terms of training content and administrative features (quality assurance, reporting, curriculum assignment, and content storage). And if you are already contemplating or negotiating with Relias, reach out to us for the IMSNY discount.</p>



## AGENCY SPOTLIGHT: THE BRIDGE



[The Bridge](#)'s mission is to change lives by offering help, hope and opportunity to our community's most vulnerable. They offer a comprehensive range of evidence-based rehabilitative services, including mental health and substance abuse treatment, housing, vocational training and job placement, healthcare, education and creative arts therapies. Services are tailored to the individual to support recovery and independent living goals.

### Center for Wellness and Change

Based out of Manhattan Valley, The Bridge's Center for Wellness and Change is an OASAS-licensed 822 treatment program offering a range of substance use disorder services from a harm reduction perspective that promotes recovery, personal growth, self-reliance and community integration. Check out their [flyer](#) for more information and to schedule an appointment.

### Bringing Data into Practice at The Bridge

Data and analytics are swiftly becoming fundamental terms in healthcare, but often the dialogue is divorced from day-to-day activities. People may respect data analytics in theory, but often it is accessed solely in response to external stakeholders, subsequently lacking the right multidisciplinary approach. Even for agencies like The Bridge who are devoted to optimal and transformational care, staff members generally experience data as cold, technical, intimidating, unapproachable or—worst of all—irrelevant to providing care.

To combat this, data advocates at The Bridge initiated a “Measures and Metrics” (M&M) workgroup to help unify technical, clinical and data initiatives across the Agency. This workgroup includes staff from different programs and departments with various levels of seniority and scope. Their purpose is to make a somewhat complex and unwelcoming topic feel more approachable and to create a shared understating of the various data types at our fingertips. The aspiration is to extend the data-focused audience beyond just payors and regulators—ultimately including anyone curious about their work and its impact on those served by The Bridge.

The Bridge hopes to blaze a trail for agencies encountering similar questions about building a culture around data analytics. One clear finding thus far is that having the right people at the table is critical. The Bridge's M&M team regularly reviews and assesses its own composition. Agency stakeholders discuss the ways The Bridge is incorporating data into their work and strategize on how to better leverage available data across operations. These meetings have added immediately useful context to their current data-based approach for encouraging COVID-19 vaccination acceptance among clients and staff.

The Bridge extends thanks to Elise Kohl-Grant, IMSNY and CBC for supporting this effort. Further, they would love to hear from others working to amplify data as a way for programs and staff to improve care. To hear more about The Bridge's M&M program and to share experiences from your agency, please contact [Patti Abelson](#) at The Bridge and [Elise Kohl-Grant](#) at IMSNY, both of whom can engage with you around enhancing data use in your day-to-day practice.