

CBC RESPONDS TO COVID-19

As New York State (NYS) enters its third month under “shelter-in-place” guidelines, CBC’s resolve to support network providers’ day-to-day work, while pursuing new funding streams and workflows that rise to meet the disruption caused by COVID-19 is ongoing and evolving. CBC stands ready and committed to assist its provider network confront the challenges that this global pandemic poses to the behavioral health sector. To that end, CBC has hosted a weekly COVID-19 Webinar, developed a page on [its website](#) with the latest guidance and spearheaded a number of other initiatives highlighted below.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR STAFF AND CLIENTS IN NEED

CBC continues to source, purchase and distribute needed personal protective equipment (PPE) including surgical/cloth masks, respirators, gloves, gowns and hand sanitizer. Over the past month, CBC has coordinated weekly PPE pick-ups at the [WellLife Network](#) warehouse in Queens for its network agencies and behavioral health sector partners at Community Behavioral Health Services (CBHS) and Council of Family and Child Caring Agencies (COFCCA).

To date, CBC had distributed close to 300,000 surgical masks, 85,000 KN-95 respirators, 170,000 latex gloves, 10,000 disposable gowns and 250 gallons of hand

sanitizer for nearly fifty different agencies in its network. Kudos to the amazing CBC staff that has volunteered to help and WellLife warehouse manager Angel Rosario for his generosity and assistance on-site.

Anton Venter, MBA—former CIO at NYS Department of Health (DOH)—generously donated 10,000 KN95 masks to be distributed between COFCCA and CBC agencies. CBC wishes to acknowledge and thank Mr. Venter for his generous gift to protect community-based workers in the behavioral health (BH) sector.



Above, CBC staff safely distributes PPE to CBC’s provider network.

CURRENT TELEHEALTH EXPANSION IN BEHAVIORAL HEALTH SECTOR

While telehealth and other technology-assisted care (TAC) solutions have been growing as an adjunct service option in the BH sector for some time (see CBC’s 2019

[Behavioral Health and Emerging Technologies Whitepaper](#)), the COVID-19 pandemic has swung the door open for telehealth’s wider use as a means of adapting to social distancing requirements. Individuals that are managing behavioral health conditions and/or impacted by social determinants of health factors are now at higher risk of heightened stress and anxiety, worsening health and economic hardship. The opportunity to speak with therapists and doctors—even if through these TAC solutions—offers not only solace and encouragement, but essential information and treatment interventions. Accordingly, regulatory requirements around the use of telehealth have been substantially relaxed. The NYS Office of Mental Health (OMH) and Office of Alcoholism and Substance Abuse Services (OASAS) have had to quickly develop and distribute guidelines and waiver processes to allow providers to add telehealth to their service delivery options. Additionally, telehealth vendors have substantially scaled up production and increased service functionality as a response to growing demand.

[Innovative Management Solutions NY](#) (IMSNY)—a joint venture of CBC and Coordinated Behavioral Health Services (CBHS) that together constitute a network of nearly 100 BH provider agencies—has long recognized the potential benefits of leveraging technology to connect with and treat consumers, both in this current COVID-19 environment as well as a post-pandemic future.

IMSNY undertook a comprehensive evaluation, vetting and procurement process that included:

- Conducting virtual roundtable discussions to determine agency (end-user) needs;
- Surveying the network for direct experience with potential vendors;
- Scoring vendors based on four criteria: price, accessibility, system functionality and security; and
- Leveraging network size and volume to secure lower prices to negotiate lower rates/prices for network providers.

In the end, two vendors ([Zoom](#) and [Doxy.me](#)) were selected as preferred partners with whom IMSNY negotiated telehealth licenses for the CBC and CBHS network of providers. Currently seven agencies utilizing 100 licenses have taken advantage of the Zoom discount and many agencies are also leveraging the 60% discount negotiated with Doxy.me.

Securely connecting with clients over the phone and video chat has been invaluable for these providers during the pandemic and will surely continue to be an essential tool post-pandemic. The BH sector will eventually need to consider the right mix of telehealth versus in-person delivered services and interventions, and assess the impact of telehealth on outcomes relative to care-as-usual. However, returning to the pre-COVID-19 status quo will be difficult—for now, the more flexible and accessible telehealth model is delivering on the meaningful connections that many find so vital in this period of uncertainty.

If you are interested in telehealth and/or IMSNY's offerings, please email [Elise Kohl-Grant](#).

CBC HEALTH HOME LAUNCHES "ADAPT" SERIES

In response to the COVID-19 pandemic and in recognition of the diligent work done by its citywide care management agencies (CMAs), CBC Health Home (HH) has launched the **ADAPT Series**, empowering CMAs to take the lead in **Applying Dynamic Approaches and Practices Telephonically**.

CMAs have had to nimbly adapt their models of community-based care management and care coordination services for the near 18,000 members of CBC's Health Home Serving Adults (HHSA) and the 3,000+ members of its Health Home Serving Children (HHSC) to be more dynamic, flexible, person-centered and primarily telephonic.

Considering the rapid transitions and other challenges being posed by COVID-19 and met by CMAs, CBC HH launched its ADAPT Series in March. This program creates an opportunity for CMAs to convene and share innovative interventions during these unprecedented and challenging times amongst themselves.

The ADAPT Series has showcased the CMAs ability to identify and swiftly address technological barriers, transition to managing a remote workforce and establish new norms for care management team communication—all while ensuring

member safety and immediate medication, food and shelter needs continue to be met.

An example comes from [JCCA](#) who were able to ensure safety planning for a high-risk youth. JCCAs had nearly 30 separate encounters occurring via phone, text and FaceTime with an 11-year-old HH member and his caregivers in under a 3-week period. The child was missing, and the care manager (CM) established an emergency conference call with the caregiver, the Administration for Children's Services (ACS) preventive worker and the child's service providers—including the psychiatrist and therapist—resulting in an action plan to involve the police in searching for the child. Upon the child's safe return home, the CM updated the Care Plan and arranged for the child to receive additional medication management support. A thorough review of the family's safety plan occurred, resulting in the installation of an alarm system in the home, so that the caregiver would be aware if the child left the home. Clearly, these interventions were both possible and successful because of pre-existing rapport and JCCA's availability to the member and caregivers prior to and during the height of the pandemic.

Servicing high-risk members in the community often calls for persistent and highly coordinated efforts to maintain safety and wellness. WellLife Network submitted a vignette regarding an Adult Home Plus (AH+) member from an Adult Home residence to an independent community setting in February, just prior

to the pandemic. The member had both a history of not keeping appointments unless escorted and issues with a new housemate. In February and March, the WellLife Network AH+ CM escorted the member to needed appointments and supported travel training techniques. As providers shifted to telephonic services in late March and early April, the AH+ CM supported and participated with the member in mental health evaluation on a conference call, coordinated with the member's pharmacy to arrange for the member's prescription to be mailed to her new home and scheduled Zoom calls to support the member establish better communication and social norms with the roommate.

Both examples demonstrate the dedicated work of CMAs during a time of uncertainty and stress. Each CMA augmented the number of necessary CM interventions to support safety in the community and improve connectivity to needed services, demonstrating efficacy even from a distance. Oftentimes we forget to take stock of the incredible work that frontline care managers do daily to fortify social supports, convene service providers, elicit the strengths of those they serve and mitigate the barriers that all-too-often exist for marginalized and vulnerable communities. Shout out to all the amazing care managers that demonstrate daily caring, compassion and dedication to serve the most vulnerable New Yorkers!

For more information about CBC HH and HHSC program, please visit [our website](#).

PATHWAY HOME™

CBC's [Pathway Home™](#) (PH) recognizes that uncertain times like these require novel practices to meet the needs of individuals receiving community-based behavioral health care. Under these challenging new conditions brought about by COVID-19, PH teams continue to accept referrals, operate with quality care and attend to the individual's served daily needs. Additionally, PH teams have implemented some innovative strategies to keep those in their care safe:

Mindful Recreation: During these times of self-isolation, PH teams have prepared individualized care packages and delivered them with personalized letters to help overcome feelings of loneliness. Packages have included home audio players, art supplies, books, board and video games, TV and streaming services and literature on coping strategies. PH peers have also led virtual yoga and cooking classes, workshops on making comics and social-distancing bike rides.

Supporting Staff: PH created a "Tips and Tricks for Distance-Based Care Management" manual with standards to assist PH staff in adjusting to telephonic and video communication. PH has also published a comprehensive resource guide that is emailed to all PH teams weekly with updates. Categories in the resource guide include food, childcare, telehealth support, benefits assistance, phone and internet, crisis hotlines/online support groups, pharmacy delivery and in-home wellness activities.

Overall feedback from members has been positive, many expressing a preference for telehealth. Post-pandemic, PH hopes to take many of these lessons and incorporate some array of remote services into the program model.

SI CARES EXTENDED

As the first cases of COVID-19 emerged in NYC, CBC recognized that its successful preventive case management program, [Staten Island Community At-Risk Engagement Services \(SI CARES\)](#) could make a difference on Staten Island and help its most vulnerable individuals. CBC quickly worked with its Staten Island partners—[Staten Island Mental Health Society](#), [Project Hospitality](#) and [Community Health Action of Staten Island](#)—to change critical aspects of the program and meet the new demands of managing care during COVID-19, extrapolating from preliminary data analytics of program outcomes for the aging/frail population(s). CBC developed a plan to self-fund the program for an additional six months in direct response to the emerging pandemic.

The SI CARES program health coaches have been able to connect with people with underlying health conditions who are isolated, stressed and have heightened levels of anxiety while adhering to a stay-at-home order. They have provided telephonic support, service referrals and advocacy for the member, with the goal of creating a mental health response rooted in concrete interventions, while also addressing the underlying social needs of

this vulnerable population. Health coaches have found they play a valuable role providing education on the symptoms and treatment of COVID-19, and are working closely with medical care providers to ensure members continue to attend necessary appointments and prescriptions are filled and delivered.

Through an intervention focused on check-ins, coordination and remedying concrete social factors that inhibit access to care, SI CARES health coaches are addressing the unmet needs of the most vulnerable and at-risk at this unprecedented time.

CBC & CBHS, IN PARTNERSHIP WITH NYS OMH & OASAS, RECEIVE SAMHSA EMERGENCY COVID-19 AWARD

The [Substance Abuse & Mental Health Services Administration](#) (SAMHSA) created a funding opportunity for states to receive up to \$2 million each to support direct mental health and substance use disorder services to people impacted by the COVID-19 pandemic. These funds are being disbursed to specifically target individuals with serious BH disorders, those experiencing BH risk factors due to the pandemic and frontline health care workers. States had eight days to submit the application and collaborate with a provider(s) so that funds could be leveraged as early as May 31st.

In coordination with CBC and CBHS IPAs, NYS OMH and OASAS were awarded this

grant on May 5th. CBC will now convene a NYC Steering Committee made up of several community behavioral health agency representatives, NYC DOHMH, OMH, DOH and OASAS. Together, the Steering Committee will develop a project plan and implement this 16-month project. This collaborative effort presents an opportunity to create a truly impactful value-add COVID-19 response within the existing infrastructure of current programming. Read the announcement in its entirety [here](#).

HCBS INFRASTRUCTURE

During the month of April, NYS OMH [issued guidance](#) regarding COVID-19 Disaster Emergency Flexibilities for Adult BH Home & Community-Based Services (HCBS) Quality and Infrastructure Programs. Following the pandemic, CBC IPA will be allowed an extension for BH HCBS Infrastructure service delivery for its contracts with Healthfirst, Empire BC/BS and Emblem Health. The State has approved flexibilities to allow telehealth service delivery toward meeting contractual metrics.

During this unprecedented time, the network continues to work diligently to increase HCBS assessment and connection for eligible HH and Recovery Coordination Agency (RCA) clients by capitalizing on the availability of telehealth services. The network is focused on further outreach attempts to the vulnerable Health and Recovery Plan (HARP) population while looking within its own agencies for additional client connections.

CBC continues to track and update all client metric activities, as the end of April concludes the third performance quarter.

OFFICE HOURS FOR FRONTLINE CAREGIVERS

OASAS has partnered with the [Institute on Trauma and Trauma-Informed Care](#) at University of Buffalo to provide support to frontline workers responding to trauma. Beginning last month, these “Office Hours” sessions have provided an opportunity for three distinct groups to huddle up and discuss how they are coping with issues of stress, anxiety and loss amongst each other. The current topic is “Vicarious Trauma & Resilience.”

To register, please follow the link below that best fits your job description.

- [Peers](#) (available 5/20 at 6PM)
- [Direct care staff in inpatient & residential settings](#) (available 5/20 at 7PM)

SAMHSA TRAINING & TECHNICAL ASSISTANCE RELATED TO COVID-19

SAMHSA is committed to providing regular training and technical assistance (TTA) on matters related to the mental and substance use disorder field as it deals with COVID-19. SAMHSA’s TTA programs are delivering great resources during this time. View the updated [available TTA resources](#) to assist with the current situation.

ADDITIONAL COVID-RELATED FUNDING OPPORTUNITIES

SAMHSA TREATMENT, RECOVERY, AND WORKFORCE SUPPORT GRANTS

SAMHSA has released a Funding Opportunity Announcement (FOA) for the federal FY 2020 Treatment, Recovery, and Workforce Support Grants. These grants fund the implementation of evidence-based programs that support individuals in substance use disorder (SUD) treatment and recovery to live independently and participate in the workforce.

Eligible applicants must be experienced not-for-profit organizations that provide treatment or recovery services to individuals with substance use disorders and that partner with one or more local or state stakeholders, such as local employers, community organizations, the local workforce development board and local or state governments. Funding must be used to:

- Hire case managers, care coordinators, peer recovery support service providers or other appropriate professionals to provide services that support treatment, recovery and rehabilitation;
- Implement or utilize innovative technologies, including telemedicine; and/or
- Provide short-term pre-vocational training services in coordination with

the lead state agency responsible for a workforce investment activity or a local board.

SAMHSA will grant eight awards of up to \$500,000 annually over five years. Contracts are expected to begin on August 31st. The full FOA is available [here](#). Applications are due on June 1st.

SAMHSA AWARDS GRANTS EXPANDING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES, STRENGTHENS COVID-19 RESPONSE

SAMHSA announced that grants have been awarded to increase access to and improve the quality of community mental health and SUD treatment services through the expansion of Certified Community Behavioral Health Clinics (CCBHC). The Fiscal Year 2020 CCBHC Expansion Grants include \$200 million in annually appropriated funding and \$250 million in Emergency COVID-19 funding.

Congratulations to the CBC IPA provider agencies that received CCBHC funding: [Catholic Charities Neighborhood Services](#), [Center for Alternative Sentencing and Employment Services](#), [The Family Center](#), [Federation of Organizations](#), [Interborough Developmental & Consultation Center](#), [The Jewish Board](#), [New Horizon Counseling Center](#), [Postgraduate Center for Mental Health](#), [Samaritan Daytop Village](#) and [Services for the UnderServed](#).

FCC COVID-19 TELEHEALTH PROGRAM APPLICATIONS

In April, the Federal Communications Commission (FCC) approved its fourth set of COVID-19 Telehealth Program funding, as part of the CARES Act.

CBC is applying for the FCC COVID-19 Telehealth Program as a Consortium to include fourteen of the network agencies within the IPA. This is a multi-step process that entails:

1. applying for an eligibility determination as a lead consortium;
2. applying for eligibility determinations for each site where network agencies deliver healthcare services;
3. submitting a separate application to the FCC that lists sites/agencies in the consortium and details the total funding request.

CBC congratulates [New York Psychotherapy and Counseling Center & Service Program for Older People](#), who were two of the thirteen providers nationwide to whom the FCC awarded funding.

CARES ACT PROVIDER RELIEF FUND

On April 22nd, the US Department of Health & Human Services (HHS) released more information on how the remainder of the \$100 billion provider relief fund from the CARES Act will be distributed. Additional funds will now be distributed to providers in certain categories, including Medicare facilities and providers who treat uninsured patients for COVID-19.

Providers may be eligible to receive funds from either pool or both pools.

Please refer to [Sachs Policy Group COVID-19 resources](#) site for a grid of current funding opportunities and other useful documents.

NEW GUIDANCE

COVID-19 BILLING GUIDANCE FOR OMH-LICENSED CLINIC PROGRAMS

NYS OMH released new COVID-19 billing guidance (available [here](#)) for clinic programs participating in Medicaid.

Effective March 7th and for the duration of the emergency, OMH is relaxing current time requirements for mental health clinics. Minimum service times have been eliminated or reduced to be consistent with American Medical Association time standards. A full list of the minimum time reductions/rounding allowances by service is available in the guidance document. Questions regarding this guidance may be submitted [here](#).

OMH PROPOSED RULE PROVIDING FLEXIBILITY ON DEVELOPMENT AND EXECUTION OF TREATMENT PLANS

NYS OMH released a proposed rule in the New York State Register (available [here](#), pg. 6) that would amend Part 599.10 of

Title 14 NYCRR, which contains current clinic regulations related to the development and execution of patient treatment plans. The proposed rule would:

- Extend the required timeframe for review of treatment plans from every 90 days to annually.
- Remove the requirement for the treatment plan to be signed by the appropriate practitioner at each periodic review, instead only requiring the appropriate practitioner to sign the treatment plan when new services are added, service intensity is increased or as necessary as determined by the treating clinician. All other changes do not require signature and should be recorded in progress notes.
- Remove the requirement to include criteria for determining when the recipient should be discharged from the program in the treatment plan.
- Allow other licensed practitioners to sign off on the treatment plan for individuals enrolled in Medicaid managed care or commercial plans (if also permitted by the plan) when the treatment plan does not contain prescribed medications.
- Remove the requirement to document the recipient's participation in treatment planning with their signature and/or the signature of their legal guardian, instead only requiring documentation of participation via a notation in the recipient's record.

Comments may be submitted to Nancy.Pepe@omh.ny.gov until July 4th.

CHILDREN'S HCBS WAIVER AMENDMENT

Last month, the NYS DOH released an update (available [here](#)) for providers of HCBS and Children and Family Treatment and Support Services (CFTSS). The update announced that CMS approved an amendment to the Children's HCBS Waiver to fully incorporate HCBS covered by the Medicaid Managed Care carve-in that took place in October 2019.

Changes will be updated in the HCBS and CFTSS manuals once officially approved by CMS. Questions and suggestions may be sent to BH.Transition@health.ny.gov.

CARE COORDINATION SERVICES

CBC HEALTH HOME EXPANDS, NOW DESIGNATED LEAD IN ALL FIVE BOROUGHES

The NYS Department of Health has officially approved CBC's request for permanent expansion of its Health Home to include Queens and Bronx counties effective May 1, 2020. This officially makes CBC's designation for HH citywide to include all five counties.

CBC HEALTH HOME COVID-19 RESOURCE GUIDE

CBC HH has developed through the GSI Resource Center an up-to-date **CBC-DOH COVID-19 Resource Guide**. This guide is updated weekly/as needed on verbal consent documentation,

telephonic/telehealth engagement, outreach, diligent search and other topics.

HEALTH HOME NETWORK PROVIDER MEETING

CBC HH hosted its Q1 2020 HH Network Provider Meeting via Zoom with 87 participants across 31 CMAs from both HH Serving Adults (HHSA) and HH Serving Children (HHSC) programs attended. At the meeting, CBC showcased the CBC ADAPT Series, highlighting thirteen examples of the network's response to and expertise in adapting, connecting and intervening during the current pandemic. CMAs are encouraged to continue sending their stories to CBCHHealthHome@cbc.org. We look forward to the Q2 Provider Meeting, slated for late July.

CBC PARTNERS WITH RELEVANT AS NEW HEALTH INFORMATION TECHNOLOGY VENDOR

CBC has announced a new partnership with [Relevant Healthcare Technologies](#), who will serve as its new Health Information Technology (HIT) vendor. CBC staff continues to work closely with the Relevant team to ensure all end-users can seamlessly acclimate to the new platform upon go-live, scheduled for at or near July 1, 2020.

Meanwhile, CBC is managing a deep data reconciliation in preparation for migration and remains confident that Relevant will meet the programmatic needs to help fix

network pain points related to HIT. There will be opportunities for care management, administrative and supervisory trainings to ensure all are prepared for this transition in advance of go-live. In the interim, CBC advises CMAs to ensure that discharged members are deactivated in the GSI platform and that their membership status in GSI matches the BTQ Enrollment File.

UNITED HEALTHCARE ENROLLMENT OPTIMIZATION INCENTIVE PLAN (EOIP)

CBC HH is pleased to announce its participation in the Enrollment Optimization Incentive Plan (EOIP) for United HealthCare (UHC). UHC is allowing participating Lead HHs to determine its disbursement strategy. CBC has elected to pass through 100% of incentive funds received to its CMAs supporting HARP members. CMAs with HARP-enrolled UHC members will receive a 10% increase to their PMPM as part of the incentive program, beginning retroactively as of September 2019. An additional incentive percentage increase may be added for newly enrolled HARP members (from September 2019) if certain HH and HCBS milestones are reached. Please note outreach payment will be deducted for **newly enrolled UHC HARP members** once incentive payment is reconciled with claims and officially approved.

CBC HH anticipates receiving a first payment for EOIP Q1 (September-December 2019) this month. Payments to CMAs will be disbursed thereafter.

QUALITY PERFORMANCE MANAGEMENT (QPM) & COMPLIANCE

CBC IPA QUALITY OVERSIGHT / CLINICAL INTEGRATION COMMITTEE (QOCIC) MEETING

In April, the QOCIC in collaboration with the IPA Children's Committee completed the remaining Children/Adolescent focused "Target Track"—workflows that operationalize and monitor the IPA High Priority Measures. The measure completed was Children Prescribed ADHD Medication (ADD) Initiation Phase and Continuation Phase. The QOCIC has now completed thirteen out of eighteen (72%) Target Tracks. The upcoming June meeting will focus on key status updates for Data Analytic Business Intelligence Platform (DABI) and Network Provider Services Geomap (NPSG), in addition to completion of additional Target Tracks.

UPDATED HEALTH HOME DILIGENT SEARCH & CONSENT GUIDANCE

CBC has received many questions on the interim diligent search and consent workflows currently implemented across the HH network. Guidance was sent out to the network on April 24th to address these questions. These resources are available in the GSI Resource Center titled "Diligent Search Workflow April 24" and "Consent Workflow April 28". If you have further questions, please email CBCQPM@cbc.org.

Q1 2020 INCIDENT REVIEW COMMITTEE (IRC)

The Q1 2020 Incident Review Committee meeting reviewed a total of 63 reportable incidents from Q1 2020: 25 HHSC, 20 HHSA and 18 Adult Home Plus (AH+). The committee also reviewed COVID-19 related deaths, identifying hypertension, diabetes, heart disease and HIV+ as prevailing pre-existing conditions.

CBC HH recognizes the tragic impact these deaths have on CMAs and the difficulty in providing support to members while taking care of yourself and your staff. We encourage network agencies to take advantage of upcoming CBC trainings related to telehealth, self-care and coping skills during COVID-19 pandemic. If you have not received CBC's Monthly Training calendar, please contact CBC's Training Manager, [Emily Grossman](#), with questions.

QUALITY MANAGEMENT TEAM (QMT) / CHILDREN'S QMT MEETING

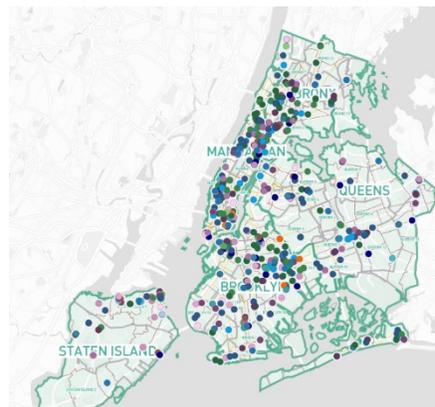
Over 90 participants attended the April QMT/CQMT meeting, eager to discuss revised interim guidance issued by DOH and CBC in response to the COVID-19 State of Emergency. Network partners were alerted that all updates can be found in the **CBC-DOH COVID-19 Resource Guide** located in the GSI Resource Center. This document will be updated by the end of each work week to ensure that it remains current. Participants were also referred to additional resources located on the [DOH](#) and [CBC](#) websites.

TECHNOLOGY

COVID-19 GEOMAPS

During these unprecedented times, CBC has expanded its geo-mapping efforts by launching a new COVID-19 CBC Network Programs & Services Map to help support its network agencies. This enhanced, interactive Geomap layers COVID-19-related factors (COVID-19 testing, age and race data) at the zip-code level, enabling agencies to see what programs and services are available within the CBC network in highly vulnerable and/or affected zip codes.

Agencies can use this information to target funding, services and personnel across their programs in NYC toward the areas where they are most needed, ultimately empowering them to better serve their members. The map will be updated every few days.



Any questions about data analytics and/or Geomaps can be directed to [Khushi Shah](#).

INTERACTIVE

TRAINING INSTITUTE

MAY 2020 TRAINING CALENDAR

The CBC Training Institute continues to grow, with well over 1000 participants trained since the fall of 2019.

The [May 2020 Training Calendar](#) includes a new “**Telehealth in the age of COVID-19**” training opportunity and a webinar on how best to incorporate peers onto a clinical team. The Training Institute will also repeat two very popular webinars—“**Coping Skills for Your Participants in the Age of the Coronavirus**” and “**Self-Care in the Age of the Coronavirus.**” There are also a wide variety of webinars tailored to Health Home care managers.

All webinars are **free** for any/all staff of CBC network agencies. As a reminder, registration for all trainings occurs via the MCTAC registration system, which is accessible by clicking on the desired Training on the Calendar itself. You will then be redirected to register/log-in to the MCTAC system, and once you've done so, you can register for the training.

For questions about training content, contact CBC's Training Institute Director, [Emily Grossman](#). For technical assistance with registration, please contact [Patricia Lucia Quintero](#).

HEALTH HOME VALUE-ADD TRAININGS

CBC's QPM Department provided a mandatory training for HHSC CMAs on Conflict-Free Case Management. 97 participants across 25 CMAs attended. For those that missed this

mandatory training, it will be provided again on May 22nd during Virtual Office Hours at 10AM. Register [here](#).

[The Child and Adolescent Needs and Strengths \(CANS\) NY Training Institute](#) also hosted a virtual training on the

Transformational Collaborative Outcomes Management (TCOM) Model and CANS-NY for the HHSC network on April 24th with 54 participants in attendance across 19 CMAs.

CBC AGENCY SPOTLIGHT: STRONG CHILDREN WELLNESS (via CHILD CENTER NY & JCCA)

CBC network agencies [The Child Center of New York](#) and JCCA have partnered with [Strong Children Wellness](#), whose innovative "reverse integration" model provides families with a personalized, multi-disciplinary care team that addresses physical, developmental, emotional and social needs holistically.

The COVID-19 pandemic has forced many pediatric practices to close or to only offer limited appointments, making it challenging for many parents to access care. However, Strong Children Wellness is now scheduling virtual visits for children from birth to 21 years of age who reside in NY! Its virtual visit platform helps address the need for routine and acute pediatric care quickly and easily.

SCW can both diagnose and treat acute/chronic medical conditions and systematically screen for adverse childhood experiences, behavioral health and social needs, before seamlessly linking families with needed services to its internal (The Child Center and JCCA) and external community partners.

Once the pandemic abates, SCW will provide in-person care at its primary care hub located at The Child Center's Jamaica Family and Wellness Center, and likely in Brooklyn at JCCA's Flatbush location. In the meantime, SCW is continuing discussions regarding launching virtual care in partnership with JCCA.

If you suspect your clients would benefit from SCW's services, see [their flyer](#) to schedule a video visit. For more information, check out their [website in English](#) or [Spanish](#). Read more about SCW's partnership with The Child Center [here](#).

