

## COVID-19 UPDATES

### SAMHSA COVID-19 EMERGENCY AWARD UPDATE

Since last autumn, the [NYS Office of Mental Health](#) (OMH) and [NYS Office of Addiction Services and Supports](#) (OASAS) has partnered with CBC and [Coordinated Behavioral Health Services](#) (CBHS) to provide mental health and substance use treatment services to uninsured individuals via COVID-19 emergency grant funding from [Substance Abuse and Mental Health Services Administration](#) (SAMHSA). The program has served nearly 850 individuals to date, and in January, a supplemental award was granted totaling \$2.8M to expand the program and extend funding through May 2022.

In addition to funding treatment services, the SAMHSA grant required the development and dissemination of a COVID-19 Self-Care Training Series by and for behavioral health staff across NYS. See the [“Training Institute”](#) section of this CBC Bulletin for more information on the corresponding training series.

### ROBIN HOOD FOUNDATION GRANT PROGRAMMING RECAP

CBC’s [Robin Hood Foundation](#) COVID-19 relief grant programming ended in January 2021, having launched in September of last year. Over the course of the five month operation, CBC IPA’s partners [Association to Benefit Children](#) and [Project Hospitality](#) distributed over

800 COVID-19 support surveys to at-risk individuals in Manhattan and Staten Island. The survey featured prompts that yielded nuanced understanding of pandemic-related needs, including social determinants that can be a barrier to COVID-19 testing and treatment. Almost 95% of participants responded to the survey, and all received follow-up by a behavioral health professional. Most follow-up interventions focused on COVID-19 education, including access to and support at testing sites, as well as addressing pandemic-related anxiety.

Furthermore, Project Hospitality, through the [Staten Island Foundation](#), provided 100 community members with additional supports via a brief intervention program modelled on CBC’s [SI CARES](#). These community members were not connected to any other form of care and became connected and actively engaged in local services for ongoing care through the support of Project Hospitality staff.

### NEW REPORT: “THE MENTAL HEALTH IMPACT OF THE CORONAVIRUS PANDEMIC IN NYS”

As of February 2021, more than 1.4 million New Yorkers have been infected by the coronavirus and more than 43,000 have died from COVID-19. A wide body of research shows that people commonly experience fear, anxiety and stress during and after a disaster. Furthermore, many New Yorkers are struggling with the societal changes resulting from the pandemic, such as isolation and uncertainty

about the future. The financial strain caused by widespread job loss has impacted New Yorkers’ ability to afford mental health care and treatment.

Using survey data from the U.S. Census Bureau, a [new NYSHHealth report](#) analyzes mental health in New York State during the pandemic. The report examines mental health by race and ethnicity, age and household income, and compares symptoms among New Yorkers who did and did not experience a loss in household employment income during the pandemic. It also outlines current efforts underway as well as additional solutions to address the unmet need for mental health services in New York State.

### COVID-19 VACCINATION

On February 4<sup>th</sup>, [NYC Department of Health & Mental Hygiene](#) (DOHMH) Commissioner Dr. Dave Chokshi distributed a [letter](#) calling on health care providers to recommend COVID-19 vaccination to people aged 65 years and older, all of whom are now eligible to receive a vaccine in New York State. In his letter, Dr. Chokshi emphasized that a provider’s recommendation is one of the strongest predictors that a patient will get vaccinated and suggested prioritizing proactive outreach to patients with one or more medical conditions that increase risk of severe COVID-19 illness.

The letter also included several useful resources to engage vulnerable populations on vaccines, including an NYC Health Department [fact sheet specifically for](#)

[older New Yorkers](#) and a [letter template](#) to assist outreach to elderly populations. The City's [nyc.gov/vaccinefinder](http://nyc.gov/vaccinefinder) website is a useful tool for those seeking the vaccine, and 977-VAX-4NYC (977-829-4692) provides assistance making an appointment at NYC Health Department and Health + Hospitals vaccination sites. The City is also offering free transportation to and from these City-run vaccination sites for people aged 65 years and older who require assistance. Note that it may take several weeks to secure an appointment while supplies are limited.

Everyone being vaccinated must complete the [New York State COVID-19 Vaccine Form](#), and can do so when they arrive at the vaccination site. Patients will need to show proof of age and New York residency.

Home care workers and aides are also eligible to receive COVID-19 vaccination. They will need to make an appointment in advance, complete the New York State COVID-19 Vaccine Form, and bring proof of employment in New York, such as an employee ID card, letter from their employer or recent pay stub.

The NYC Health Department will continue to share information as it becomes available. Please check these links frequently for updates:

- Vaccination Sites:  
[nyc.gov/vaccinefinder](http://nyc.gov/vaccinefinder)
- Vaccination Eligibility:  
[nyc.gov/covidvaccinedistribution](http://nyc.gov/covidvaccinedistribution)

- COVID-19 vaccine information for the public: [nyc.gov/covidvaccine](http://nyc.gov/covidvaccine)
- COVID-19 vaccine information for providers:  
[nyc.gov/health/covidvaccineprovider](http://nyc.gov/health/covidvaccineprovider)

## FUNDING OPPORTUNITIES

### HRSA BHWET PROGRAM FOR PARAPROFESSIONALS

The [Health Resources and Services Administration](#) (HRSA) is accepting applications for fiscal year (FY) 2021 for the [Behavioral Health Workforce Education and Training \(BHWET\) Program for Paraprofessionals](#). This program will develop and expand community-based experiential training, such as field placements and internships, for students preparing to become peer support specialists and other behavioral health-related paraprofessionals.

A special focus is placed on the knowledge and understanding of the specific concerns of children, adolescents, and transitional-aged youth in high need and high demand areas at risk for behavioral health disorders.

#### Eligible applicants include:

- State-licensed mental health nonprofit and for-profit organizations;
- Academic institutions, including universities, community colleges, and technical schools;
- Domestic faith-based and community-based organizations, tribes and tribal organizations; and

- Current grant recipients funded under the FY 2017 BHWET Program.

HRSA expects approximately \$24.3M to be available in FY 2021 to fund 43 grantees. [Apply here](#). Applications are due on April 12<sup>th</sup>.

### APPLY FOR AMERICORPS SUPPORT AT YOUR AGENCY

[Healthy Minds Alliance](#) (HMA), a national AmeriCorps program, is [accepting applications](#) from organizations interested in hosting a full-time AmeriCorps member for the 2021 program year.

HMA supports implementation of mental health gatekeeper training by providing a full-time AmeriCorps member to serve 40 hours per week for 10 months. They can help:

- Build capacity to address community mental health needs.
- Raise funds to support mental health service activities.
- Implement select mental health trainings. (Available trainings include Mental Health First Aid, QPR, SafeTALK and other evidence-based mental health programs).

Applications are due on April 16<sup>th</sup>. Notice of Acceptance will be provided by April 30<sup>th</sup> and AmeriCorps Member Service will begin in the autumn months. The application is open to interested agencies [here](#).

Contact [Tricia Harrity](#) for more information, or join [this Zoom call](#) (Meeting ID: 826 4341 4126) at the following dates and times.

- Tuesday, March 9<sup>th</sup> (11am-12pm ET)
- Wednesday, March 17<sup>th</sup> (1-2 pm ET)
- Thursday, April 1<sup>st</sup> (11 am-12pm ET)

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## IN THE NEWS...

### NYS PROPOSES TELEMENTAL HEALTH REFORM REFLECTING CBC'S RECOMMENDATIONS

NYS Governor Andrew Cuomo has announced measures to enhance telemental access across the state. In partnership with the [Reimagine New York Commission](#), the Governor will enact comprehensive telehealth reform to help New Yorkers take advantage of telehealth tools and address existing roadblocks.

Last fall, CBC laid out the blueprint for future reform in its Telemental Health Position Paper [The Future of Telemental Health Is Now](#). In it, CBC proposed four distinct recommendations informed by encounter data in the months immediately preceding and following the public health emergency declaration. As care was largely delivered in-person before the pandemic and shifted to virtual/remote settings following the declaration, these data were considered a useful indicator of telemental health's viability, writ large.

Below, find each of CBC's recommendations and how they have manifested in Governor Cuomo's proposal.

#### 1. Permanent Regulatory Relief For Telemental Health

*"CBC recommends the formal adoption of many [recent] regulatory waivers, such as expanded location of service, use of audio-only interactions and increased provider/client choice."*

The Governor's proposal will:

- Eliminate obsolete location requirements by requiring Medicaid to offer telehealth reimbursement for services rendered to patients regardless of where the patient or provider is located in a non-facility setting.
- Develop a regulatory structure for a predominantly virtual outpatient substance use disorder treatment program and eliminate outdated regulatory prohibitions on the delivery of telehealth.

#### 2. Administrative Flexibilities For Telemental Health

*"Administrative and workflow flexibility have... yielded promising results and warrant consideration for permanent adoption. Examples of promising temporary workflows include streamlining documentation requirements and reducing redundant or obstructive confidentiality requirements."*

The Governor's proposal will:

- Eliminate the remaining in-person evaluation requirements before telehealth services can be delivered.
- Streamline the SHIN-NY patient consent process to increase interoperability and record access amongst health care providers.

#### 3. Enhance Workforce Capacity

*"As a result of relaxed workforce requirements, providers have been able to meet the needs of clients in a responsive manner during the pandemic. CBC recommends the relevant guidelines be made permanent, including those allowing providers licensed in New York but living out-of-state to offer telemental health services remotely."*

The Governor's proposal will:

- Continue COVID-era flexibilities for mental health and substance use disorder services by allowing certain unlicensed staff, such as Credentialed Alcoholism and Substance Abuse Counselor trainees or Peer Specialists, to deliver services, and expand the types of staff who can deliver remote services.
- Develop interstate licensing reciprocity with states in the Northeast region for specialties with historical access shortages to ensure sufficient access to medical and behavioral health professionals.
- Address technical unease among both patients and providers through training programs and establishing other programs to incentivize innovative uses of telehealth.

## 4. Equitable Payment/Rates

*“CBC recommends leveraging technology to promote more reliable and effective engagement efforts, as the sector shifts from fee-for-service (FFS) payment models to ones that focus on outcomes. Until such models are determined, CBC recommends that parity in payment and rates for services remain and that telehealth is reimbursed at the same rate as in-person treatment.”*

The Governor’s proposal will:

- Require commercial health insurers to offer a telehealth program, and provide Medicaid coverage, subject to federal approval, to cover services furnished telephonically when medically appropriate.
- Ensure that telehealth is reimbursed at rates that incentivize use when medically appropriate.
- Explore the expansion of existing initiatives that extend behavioral health services into nursing facilities. This will include reimbursement of all mental health and substance abuse provider types, including certified recovery peer advocates so patients and providers can choose the care setting that best suits their needs.

Furthermore, the Governor’s proposal will enhance telehealth’s ubiquity in the field and transparency as an option for service recipients by requiring providers to disclose whether they provide telehealth services and insurers to provide up-to-date information in their directories about which providers do. Other flexibilities baked into

the proposal that benefit service providers and recipients alike include:

- Telehealth platforms offered as part of a mandatory telehealth program will be required to participate in the Statewide Health Information Network for New York or otherwise demonstrate interoperability with other providers in the insurer’s provider network.
- Insurers must offer members an e-triage or virtual emergency department platform that enables individuals to receive a symptoms assessment and a referral to a network of providers or a nearby Emergency Department when warranted.

## NYS MEDICAID FUNDING BOOST

President Biden’s administration appears to have shaved at least \$2B off New York’s budget gap with a boost in Medicaid funding that does not need congressional approval.

In a [letter to governors](#) on January 22<sup>nd</sup>, the U.S. Department of Health and Human Services said that the pandemic-related federal public health emergency “will likely remain in place for the entirety of 2021.” That statement effectively extends an increase in Medicaid funding via the [Families First Coronavirus Response Act](#), a relief package enacted in March of last year. The bill added 6.2 percentage points to federal matching aid for the program—worth about \$1B per fiscal quarter to state coffers—until after the pandemic emergency declaration is ended.

Governor Cuomo’s [proposed budget](#), released last month, assumed that the extra Medicaid money would continue only through the first quarter of the state’s fiscal year. The HHS letter indicates the extra aid will continue to flow for at least two more quarters and [possibly a third](#). New York City and county governments collectively stand to receive more than \$200M per quarter, so long as the public health emergency continues.

## TELEMENTAL HEALTH CODIFIED BY CMS

While Governor Cuomo has taken measures to formally codify temporary waivers and regulations pertaining to telemental health, so too have the [Centers for Medicare & Medicaid Services](#) (“CMS”) recognized the essential nature of these remote/virtual tools to care delivery in their annual Physician Fee Schedule Final Rule. Released on December 1, 2020, this year’s Final Rule:

- Makes permanent certain changes that CMS had put in place since the declaration of the public health emergency (“PHE”) for the COVID-19 global pandemic that modified coverage of telehealth services in the Medicare program;
- Adds certain services permanently to the list of telehealth services covered by Medicare;
- Permanently reduces frequency limitations on nursing facility services delivered through telehealth;
- Removes an outdated and ambiguous reference to “telephones” in the

definition of interactive telecommunications system;

- Makes permanent certain flexibilities that CMS had granted during the PHE related to remote monitoring care management services and virtual Communication Technology-Based Services (“CTBS”) based on CMS’ determination that these are not considered telehealth services; and
- Clarifies several payment policies related to remote physiologic monitoring (“RPM”) services.

The Final Rule’s regulations became effective on January 1<sup>st</sup>, though select policies are applicable retroactive to January 1, 2020, or from the start of the PHE on January 27, 2020.

## CMS REQUIRES STATE MEDICAID TO COVER MAT, AS MAT ACT SUPPORT BUILDS

CMS also recently sent a [letter](#) to state health officials providing guidance on requirements in the [SUPPORT Act](#) for state Medicaid plans to cover medication-assisted treatment (MAT) and behavioral therapy for opioid use disorders (OUD). CMS noted that states are now required to cover methadone, buprenorphine and naltrexone as MAT under the new mandatory benefit. According to the letter, “CMS interprets the statute to require coverage of all forms of the drugs and biologicals that the FDA has approved or licensed for treatment of OUD. States are also required to cover counseling services and behavioral therapies associated with

provision of the required drug and biological coverage.” This mandatory benefit began on October 1, 2020.

Meanwhile, a group of bipartisan legislators recently sent a [letter](#) to President Biden supporting the passage of the [Mainstreaming Addiction Treatment \(MAT\) Act](#), which would remove hurdles to prescribing buprenorphine and expand access to needed substance use treatment nationwide. Removing the waiver requirement for buprenorphine prescribing would have an impact in rural areas, where access to MAT is currently extremely low. Removing the waiver may also help curb disparities in underserved communities’ access to MAT.

## SAMHSA ISSUES NEW SERIES OF ADVISORIES ON SUD TREATMENT

SAMHSA has published a series of Advisories based on existing Treatment Improvement Protocols (TIPs) and Technical Assistance Publications (TAPs). These Advisories summarize updated guidance and recommendations on topics in the substance use disorder (SUD) treatment field. The latest Advisories can be reviewed [here](#).

## NATIONAL COUNCIL MDI PUBLICATION: “OPTIMIZING THE PSYCHIATRIC WORKFLOW”

In January, The National Council’s [Medical Director Institute](#) (MDI) released a [report](#) that outlines opportunities to improve

efficiencies within community behavioral health clinics (CBHCs). “Optimizing the Psychiatric Workflow” describes a practice model for providing psychiatric care in CBHCs that can improve treatment quality, patient experience and profitability in psychiatric clinic services. It also:

- Illustrates how this model can help reduce burnout and improve retention of psychiatric providers working in CBHCs.
- Explores how this model could enhance patient outcomes and the work experiences of all team members providing care.
- Provides a detailed workflow to help organizations realize the value the psychiatric provider adds to the clinical enterprise of a behavioral health agency.

The National Council MDI supplemented the report’s publication with a recorded webinar that is available to stream [here](#).

## HEALTH HOME COALITION APPOINTS LAURIE LANPHEAR AS EXECUTIVE DIRECTOR

The [Coalition of New York State Health Homes](#)—which represents 30 Health Homes and affiliates that serve 200,000 children and adults statewide—announced late last year that Laurie Lanphear had been appointed as its new executive director, replacing its inaugural leader, Meggan Schilkie.

For over 20 years, Ms. Lanphear has dedicated her career to serving the most



vulnerable New Yorkers in Medicaid Care Management. In her previous role as the Director of Program Services at [Alliance for Positive Health](#) (AFPH), Ms. Lanphear has provided oversight of Health Home Care Management services across 15 counties in Northeastern New York and oversaw all DSRIP-related activities and Value Based Payment readiness at AFPH.

To stay current on topics relevant to Health Homes in NYS, please visit [the Coalition's website](#).

## CHANGE AT THE TOP OF DOHMH'S DIVISION OF MENTAL HYGIENE

Dr. Hillary Kunins, who has served the [NYC DOHMH](#) for the better part of a decade, and as its Executive Deputy Commissioner since 2019, will leave her post at the end of the month. Dr. Kunins has been an exceptional custodian to the city's various behavioral health initiatives, and she will be honored with the "[Healthcare Hero Award](#)" at Mental Health News Education's 2021 Virtual Leadership Awards Reception in the spring. Register [here](#).

New York City is lucky that Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Health, has agreed to serve as Acting Executive Deputy Commissioner of the Division of Mental Hygiene. Dr. Harrison has a long history within the department and has recently been a special guest at CBC IPA's weekly COVID-19 Vaccination information

sessions for behavioral health providers, delivering up-to-date guidance on the state of play and answering providers' questions. For information on how to join these sessions, please contact CBC Project Manager [Alex Wolff](#).

On behalf of CBC staff, board and network, thank you and congratulations to Drs. Kunins & Harrison!

## NEW S:US DEVELOPMENT WILL CREATE 171 SUPPORTED / AFFORDABLE HOUSING UNITS

On December 17<sup>th</sup>, [Services for the UnderServed](#) (S:US) and [Bronx Pro Group](#) closed on construction financing for their new Melrose North project. The facility will create 171 units of supported and affordable housing at 341 E. 162<sup>nd</sup> Street in the Melrose section of the Bronx. S:US will be the service provider for the 103 supported housing units.

Melrose North will serve low-income households, formerly homeless individuals with mental health or substance use disorders and individuals and families who have been victims of domestic violence. Construction is expected to be completed by June 2023.

## HUMAN TRAFFICKING AWARENESS & PREVENTION MONTH

In recognition of [National Slavery & Human Trafficking Prevention Month](#), [NYS OMH](#) urges all mental health

providers to learn the facts about human trafficking in New York State.

- There were more than 1,500 confirmed cases of human trafficking in New York State from 2007 to 2019.
- Last year, 62% of confirmed cases occurred outside of New York City, with the largest percentages in Westchester and Western NY.

Mental health providers have a role in recognizing and assisting individuals who are at risk of being trafficked. OMH created a [Spotlight On: Human Trafficking infographic](#) to provide more information about human trafficking, including steps providers can take.

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## CARE COORDINATION SERVICES

### HH+: SPECIALTY MH CMAs

The state is implementing specialty mental health care management agencies (MH CMAs) within each Health Home in response to the Medicaid Redesign Team's Health Home recommendations and to improve access to the Health Home Plus (HH+) level of care management. Five CBC HH CMAs received full designation, while 13 received provisional designation. All fully designated CMAs must submit an attestation to [NYS OMH](#) by March 8<sup>th</sup>; provisionally designated CMAs must provide an action plan to OMH by March 15<sup>th</sup>. Effective March 8<sup>th</sup>, all individuals referred to a Health Home who meet HH+ serious mental illness (SMI) eligibility

criteria must be assigned to and served by a designated specialty MH CMA.

Kick-Off Webinars for all designated MH Specialty CMAs will take place Thursday, February 25<sup>th</sup> from 1-2:30 pm, OR Thursday, March 4<sup>th</sup> from 1-2:30 pm. [Click here to register](#) for one of these webinar options.

## HEALTHFIRST HEALTH HOME INCENTIVE PAYMENT

As part of the 2019-2020 [Healthfirst](#) Enrollment and Engagement Optimization proposal to enroll high risk members in HH, CBC has received \$455,750 in incentive payments to disburse across 44 CMAs. The Healthfirst plan covered incentives encompassing:

- members newly enrolled to HHs,
- members who retained enrollment for a continuous six-month period, and
- members that had identified gaps in care closed, inclusive of the Healthfirst Performance Opportunity Plan (POP).

For questions/feedback regarding a CMA's Healthfirst incentive payment, please contact [finance@cbc.org](mailto:finance@cbc.org)

## MT. SINAI HEALTH HOME/CARE MANAGEMENT TRANSITION TO CBC

The CBC Health Home is proud to announce that three longtime CBC CMAs—[ACMH](#), [Mental Health Providers of Western Queens](#) and [Vibrant Emotional Health](#)—have transitioned their [Mount](#)

[Sinai Health Home](#) members to CBC, thereby consolidating their members within CBC HH.

In addition, CBC is welcoming three new CMAs to its Health Home, [Association to Benefit Children](#) (ABC), [Asian Community Care Management](#) (ACCM) and [Pesach Tikvah](#). ABC will be providing care coordination services for children, while the other two will continue to work with adults in care coordination. Each CMA joins the CBC network with an abundance of experience providing services to New Yorkers, and CBC is greatly looking forward to these new partnerships. Welcome!

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## QUALITY PERFORMANCE MANAGEMENT (QPM)

### QMT/CQMT MEETING

CBC's Quality Performance Management department held the first Quality Management Team (QMT)/Children's QMT meeting of the new year on January 20<sup>th</sup>. The QMT/CQMT discussed verbal consent usage and follow up, the re-launch of the IPA Consumer Advisory Board and the development of the new CBC Health Home Policies and Procedures Manual. The new manual is anticipated to roll out later this year and in-depth reviews of proposed policy changes are planned for upcoming QMT/CQMT meetings.

In addition, the group reviewed the Q3 2020 Performance Report outcomes and upcoming changes to the presentation of

the Performance Reports. CMAs should expect to see these changes on the imminent Q4 2020 Performance Report. CBC has uploaded the slides from this meeting to Box and looks forward to the next QMT/CQMT meeting in March.

## Q4 INCIDENT REVIEW COMMITTEE MEETING

CBC held its quarterly Incident Review Committee (IRC) meeting on January 22<sup>nd</sup> for 68 attendees across 16 CMAs. The meeting reviewed all incidents reported to the [NYS Department of Health](#) (DOH) (56 incidents in Q4) by the Health Home and Pathway Home™ Adult Home Plus programs, as well as annual incident trends. Based on the data and findings, the IRC was able to recommend trainings on managing grief and loss and caring for youth who go AWOL, which were both held last year. Presentation recordings and slides are available in Box.

The IRC also reviewed the annual trends for AH+ specific incident types. 2020 featured an overall decrease in incident types reported for AH+ members in both the HH and Pathway Home programs relative to the year preceding (2019). The Federal CARES Act and NYS restrictions on evictions during the pandemic resulted in no incident submissions for Risk of Eviction. Based on this finding, the IRC will create an Eviction Support Resource Guide that can be utilized by care managers to help members prevent evictions once rent restrictions are lifted.

The Q1 2021 IRC will occur in April. If interested in joining, please email [CBCQPM@cbc.org](mailto:CBCQPM@cbc.org).

## CHANGES TO NCQA HEDIS MEASURES: TELEHEALTH INCLUSION

The widely adopted use of telemental health during the pandemic has prompted adjustments to 40 Healthcare Effectiveness Data & Information Set (HEDIS) quality measures. A review of CBC’s IPA High Priority Measures (see chart below) shows that nine measures will include new telehealth accommodations. PSYCKES has not been updated to include the new specifications; however, [NYS OMH](#) is identifying telehealth in the Medicaid data in preparation for these changes. Click [here](#) for a full list of measures impacted by this change.

CATEGORY OF MEASURE	MEASURES THAT INCLUDE TELEHEALTH (2020-2021)
Child / Adolescent	<ul style="list-style-type: none"> <li>Follow-up care for children prescribed ADHD medication (ADD)</li> </ul>
Medication Adherence	<ul style="list-style-type: none"> <li>Antidepressant Medication Management (AMM)</li> <li>Adherence to Antipsychotic medication for persons with Schizophrenia (SSA)</li> </ul>
Severe MI Monitoring	<ul style="list-style-type: none"> <li>Cardiovascular monitoring for people with cardiovascular disease and Schizophrenia (SMC)</li> <li>Diabetes monitoring for people with diabetes and Schizophrenia (SMD)</li> <li>Diabetes screening for people with Schizophrenia or Bipolar disorder on antipsychotic medication (SSD)</li> <li>PHQ9 to Monitor Depression Symptoms for Adolescents &amp; Adults (DMS)<sup>a</sup></li> </ul>
Follow Up	<ul style="list-style-type: none"> <li>Follow up after hospitalization for mental illness (Within 7 days / 30 days) (FUH)</li> </ul>
Utilization / Access	<ul style="list-style-type: none"> <li>High utilization of emergency department services (EDU)</li> </ul>

## TRAINING INSTITUTE



### SAMHSA COVID-19 EMERGENCY GRANT SELF-CARE TRAINING SERIES

CBC’s [Substance Abuse and Mental Health Services Administration](#) COVID-19 emergency grant provided CBC/CBHS with funding to help address the immense unmet mental health needs in NYS (see the “[COVID-19 Updates](#)” section of this CBC Bulletin for more information on corresponding programming). SAMHSA recognized that frontline staff—especially behavioral healthcare service providers—need support to address their personal and professional experiences with COVID-19.

This training series—highlighted recently in [Crain’s Health Pulse New York](#)—began in January 2021 and provided supportive workshops and town halls to 441 frontline behavioral health staff in its first month, reaching staff from nearly 130 behavioral health agencies spanning across New York State. Highlights have included COVID-19 Town Halls held by Dr. Kavita Trivedi, in which participants are able to ask their most pressing questions about COVID-19 to a nationally renowned epidemiologist. These trainings are recorded and

subsequently uploaded to [CBC’s YouTube channel](#) for on-demand viewing.

## JANUARY TRAININGS RECAP

In addition to these SAMSHA-funded trainings, CBC’s Training Institute held two further January trainings for its network—an interview with NYS’s first peer specialist, Celia Brown and a training on dialectical behavioral therapy given jointly by Dr. Bianca Nguyen and Training Director Emily Grossman.



Meanwhile, Pathway Home™ teams assembled for their monthly Members at Risk Committee meeting—conducted via a Project ECHO format—and the Training Institute held its monthly call in its ongoing Project ECHO series for OUD treatment providers. This latter training drew 21 participants from ten agencies, who were treated to a didactic on MAT in Correctional Facilities by Dr. Bruce Trigg, following a complex clinical case presentation and discussion led by attendees.

## INCIDENT REPORTING MANAGEMENT TRAININGS

In addition to the Q4 Incident Review Committee meeting (see the “[Quality Performance Management \(QPM\)](#)”



section of this CBC Bulletin for more information), CBC's QPM Department held its annual Incident Reporting and Management training on December 17, 2020 for 211 providers across 26 CMAs.

This training reviewed the NYS DOH and CBC incident reporting policies with an emphasis on submission guidance, tips on how to complete report forms and review of DOH reportable incident types. The trainings also covered the essential skills and best practices for effectively managing incidents. The trainings presented a proactive and systematic approach to monitoring and addressing incidents before and when they occur.

The training recordings, presentation slides and additional resources are in Box within the CBC General folder. If you do not have access to Box and are interested in receiving the training materials and resources, please contact [CBCQPM@cbc.org](mailto:CBCQPM@cbc.org).

## FEBRUARY TRAINING INSTITUTE CALENDAR

[This month's Training Calendar](#) offers further valuable training opportunities to support the CBC network's workforce. For questions about training content, please contact CBC's Training Institute Director, [Emily Grossman](#).

## INNOVATIVE PROGRAMS

### PATHWAY HOME™ RECOGNIZED IN VARIOUS PUBLICATIONS & MEDIA

In January, CBC's signature transitional care program and model, [Pathway Home™](#) (PH), was the subject of multiple articles in esteemed publications and featured on a behavioral health podcast.

In its current March/April issue, [Professional Case Management](#) has highlighted the program's novel staffing approach of utilizing a devoted member engagement specialist at intake. "[Using an Innovative Staffing Approach to Enhance Engagement and Enrollment: Rethinking the Traditional Referral Process](#)" by CBC's own [Barry Granek](#), LMHC, [Jacqueline Boenisch](#), LMSW and [Mark Graham](#), LCSW, highlights the Pathway Home™ model and recent outcomes data showing higher enrollment rates and improved ongoing connection to care to illustrate that this paradigm merits wider adoption.

For the past few years, Pathway Home™ has partnered with [Wellth](#) to offer their app to a segment of the PH member population. On average, those members using the app maintained an 85% daily medication adherence rate and 100% of attended a follow-up outpatient behavioral health appointment. Click here to read the "[Better results for better health: A partnership with Coordinated Behavioral Care](#)" case study in full.

Finally, CBC VP of Innovative Programs Mark Graham guested on the most recent [Behavioral Health Today podcast](#) via Triad with host Dr. Graham Taylor. In the episode, Mark reflects on his social work beginnings in Ireland and New York and how his experiences have informed Pathway Home's distinct multidisciplinary, person-centered approach to transitional care. Listen [here](#).

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## TECHNOLOGY & DATA ANALYTICS



**IMSny**  
INNOVATIVE  
MANAGEMENT SOLUTIONS  
NEW YORK

## IMSny SOLUTIONS FOR AGENCIES

[Innovative Management Solutions New York](#) (IMSny) offers high quality solutions to the CBC network at discounted prices. Current opportunities include:

- **Relias** is a Learning Management System (LMS) with a content library including over 600 courses, built to meet the needs of behavioral health networks. CBC agencies who sign up receive a 15% discount.
- **Triad** provides education, community and career resources to behavioral health professionals, employers and organizations as a sector leader in exam prep and continuing education, with over one million behavioral and mental professionals served. Staff

members from CBC agencies receive a 15% discount.

- **Ride Health** partners with healthcare organizations and transportation providers to manage transportation benefits, strengthen agency transportation programs and drive intelligent transitions of care. CBC agencies receive volume discounts.
- CBC members are eligible to sign onto IMSNY's **Zoom** program. Each user license costs \$15/month, with no minimum number of users required.

Email IMSNY Chief Operating Officer [Matt Smith](#) to learn more about these opportunities.

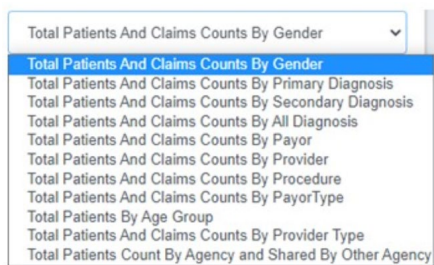
## DABI CONNECTION UPDATE: DATA VALIDATION TESTING & PLATFORM GO-LIVE

In December 2020, IMSNY conducted Data Validation and Platform testing on its first two data sources—837i billing files and ADT (RHIO) alerts. During this process, IMSNY, CBC and CBHS staff reviewed data, identified issues and worked with [Arcadia](#) to ensure accuracy. IMSNY was then able to confirm that the system accurately captures and presents all data as intended. This initial step was crucial, as it has informed the process to implement new connections, institute new data procedures and test user accessibility protocols. The DABI platform is currently configured for IMSNY users. Once agency user access is granted, those that have contributed data will be able to use it to

better understand their clients and make service delivery decisions.

## 837 BILLING FILE REPORTS UPDATE

In September 2020, IMSNY implemented a process to collect and upload 837 billing files from network agencies. By mid-November, IMSNY was able to take data submitted by 30 agencies (45k member lives) and load it into DABI, developing an interim reporting platform that offers both per-agency and network insights. Currently, the team is meeting with participating agencies to demo, build standard dashboards and deliver network and individual agency insights. For example, an agency can see which other agencies they share clients with, leading to more strategic partnerships. The platform offers benchmarking functions and a variety of views that allow for each agency to review its own activity and assess opportunities for improvement. See the full list of current outputs below, with capacity for further configuration.



Agencies that have not begun the process of submitting 837 files but would like to be included in the reporting platform rollout should [complete this brief survey](#) to

indicate which 837 process type is of interest:

- self-service (agency will collect and deliver the billing files by dropping them into a secure file sharing BOX every month); or
- full-service (agency will provide IMSNY staff with a login to your EHR system and IMSNY will extract the files automatically every month).

## EHR LEARNING COLLABORATIVES: RENEWED FOR 2021

IMSNY has hosted monthly electronic health records (EHR) Learning Collaboratives since October 2020. These are virtual meetings where agencies using a common EHR assemble to openly communicate and share experiences, tips and tricks regarding their EHR processes and setup. IMSNY currently hosts EHR Learning Collaboratives for [Foothold](#) and [Netsmart MyEvolv](#). Topics range from group pricing negotiations to data quality and standardization practices to EHR-specific workarounds to maximize utility. EHR subject matter experts are often invited to train on specific content or to talk through identified challenges. Due to the popularity of these events (nearly 40 agencies participating), IMSNY will be continuing them through 2021. Guest speakers from RHIOs and other organizations are lined up. Please email [Lucia O'Quinn](#) to join us in these EHR Learning Collaboratives, happening next on March 8<sup>th</sup> and 9<sup>th</sup>!

## AGENCY SPOTLIGHT: NEW CBC HEALTH HOME CARE MANAGEMENT AGENCIES



**Pesach Tikvah** first opened its doors in 1983 to support the mental health needs of the North Brooklyn Jewish community. Today, Pesach Tikvah has grown to offer an array of services and support for individuals and families with behavioral health needs, for children in school-based programs, elders in geriatric programs and the developmentally disabled.



**Association to Benefit Children (ABC)** has provided advocacy on behalf of children and families in New York City since the 1980s, leading campaigns and programs to address food insecurity, poverty, health access and homelessness. ABC continues its mission through exemplary evidence models in family support, youth services, preventive supports, children's mental health care and early childhood education and intervention.



**Metro CMA**, affiliated with **Essen Medical Associates** P.C. began in the South Bronx in 1999 to improve access to quality care for predominantly underserved Medicaid patient population. Today, Essen's Medical Office division boasts of over 26 specialty services available across its almost 30 multispecialty centers that now span the Bronx, Brooklyn, Queens and Long Island.



**Asian Community Care Management (ACCM)**, has provided coordinated, collaborative culture-specific care since 2013. As demand for the organization's services has continued to grow over the past 6 years, ACCM has expanded upon its menu of services to include remote and community-based, customized, care for patients suffering from asthma and other (in some cases, multiple) chronic conditions. The ACCM team also offers long-term care management and care-coordination/navigational services for patients/customers in the NYC metro area.