

New York State Office of Mental Health

Community Mental Health Services Block Grant Supplement Legislative Funding Report

March 2024

Purpose and Background

This report is prepared and submitted in accordance with Chapter 53 of the Laws of 2021, regarding supplementary federal Community Mental Health Services Block Grant funding, which directs the New York State Office of Mental Health (OMH) to:

“Prepare annual reporting to the chairperson of the senate finance committee, the chairperson of the assembly ways and means committee, the chairperson of the senate committee on mental health, the chairperson of the assembly mental health committee, on the disbursement of funding for each purpose. Such reports shall include: (a) description of types of projects supported by these funds; (b) total funds committed by project type; (c) total funds liquidated by project type; and (d) number of mental health providers who have received direct grant payments.”

CMHS Block Grant Funding Priorities, Allocation, and Programming Status

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT SUPPLEMENTAL FUNDING OVERVIEW

Federal Authority and Funding Description

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

“[The CMHS Block Grant] is designed to provide comprehensive community mental health services to adults with serious mental illness (SMI) or children with serious emotional disturbance (SED). States may use this supplemental COVID-19 Relief funding to prevent, prepare for, and respond to SMI and SED needs and gaps due to the on-going COVID-19 pandemic. The COVID-19 pandemic has significantly impacted people with mental illness. Public health recommendations, such as social distancing, are necessary to reduce the spread of COVID-19. However, these public health recommendations can at the same time negatively impact those with SMI/SED. The COVID-19 pandemic can increase stress, anxiety, feelings of isolation and loneliness, the use of alcohol or illicit substances, and other symptoms of underlying mental illness.

Too many people with SMI and SED cannot access the treatment and support that they need, and the pandemic has further disrupted access and care for even greater numbers. The Biden-Harris Adminis-

tration is committed to advancing behavioral health and addressing the particular challenges the pandemic has brought to the forefront (e.g., concerning suicide and overdose rates). The MHBG is a critical source of funding to states to support a continuum of prevention, intervention, treatment, and recovery services. SAMHSA recommends that states use the COVID-19 Relief supplemental funds wherever possible to develop and support evidence-based crisis services development and to increase access to evidence-based treatment and coordinated recovery support for those with SMI and SED.”

Funding Amounts Allocated to OMH and Timeline of Funding Availability

SAMHSA has provided OMH with the following supplemental block grant awards to date:

Legislation	Federal Award Number	Period of Performance	Award Amount
CRRSAA	B09SM083990	3/15/2021 - 3/14/2024 ¹	\$46,339,295
ARPA	B09SM085374	9/1/2021 - 9/30/2025	\$80,040,583
ARPA	B09SM085902	9/1/2021 - 9/30/2025	\$2,754,491
Grand Total			\$129,134,359

As of December 31, 2023, OMH has disbursed a total of \$84,046,311 to 441 discrete providers across all three CMHS Block Grant supplements noted above, with some providers receiving payments under multiple project types.

Federal Priorities and Set-Asides

With regards to the CMHS Block Grant Supplement CRRSAA Federal Award Number B09SM083990, and ARPA Award Number B09SM085374, in awarding this funding to OMH, SAMHSA required funding to be set-aside or dedicated specifically to crisis services (5%) and first-episode psychosis services (10%) and provided specific recommendations for potential funding use for specific mental health service types.

CRRSAA Federal Award Number B09SM083990

Regarding the CRRSAA CMHS Block Grant supplement, Federal Award Number B09SM083990, SAMHSA provided the following recommendations for utilization: “In addition to meeting the standard goals and objectives of the [CMHS Block Grant] to provide evidence-based services to individuals with SMI/SED, COVID-19 Relief supplemental funds can be used for:

- operation of an “access line,” “crisis phone line,” or “warm lines” to address any mental health issues for individuals;

¹ Federal Award Number B09SM083990 received a one-year no cost extension. The original period of performance ran from 3/15/2021 - 3/14/2023. The no-cost extension modified the period of performance to 3/15/2021 – 3/14/2024. .

- training of staff and equipment that supports enhanced mental health crisis response and services;
- Mental Health Awareness training for first responders and others;
- hire of outreach and peer support workers for regular check-ins for people with SMI/SED;
- prison and jail re-entry and enhanced discharge from inpatient settings in order to reduce risks of COVID-19 transmission; and
- COVID-19 related expenses for those with SMI/SED, including testing and administering COVID vaccines, COVID awareness education, and purchase of Personal Protective Equipment (PPE)."

ARPA Federal Award Number B09SM085374

Regarding the ARPA CMHS Block Grant supplement, Federal Award Number B09SM085374, SAMHSA provided the following recommendations for funding utilization: "SAMHSA encourages states to consider a focus on support of a behavioral health crisis continuum. An effective statewide crisis system affords equal access to crisis supports that meet needs anytime, anyplace, and for anyone. This includes those living in remote areas and underserved communities as well as youth, older adults, persons of diverse backgrounds, and other marginalized populations; the crisis service continuum will need to be able to equally and adeptly serve everyone. SAMHSA recommends states consider use of the ARPA MHBG funds to develop, enhance, or improve the following:

- Develop partnerships with the emerging Suicide Lifeline (9-8-8) systems, Law Enforcement, EMS, health care providers, housing authorities, Housing and Urban Development (HUD) Continuum of Care, hospital systems, peer-based recovery organizations, and substance use specific treatment providers, all of whom have a critical role in the crisis continuum.
- Utilize five percent of funds for crisis services, as described in the FY 2021 appropriations language. A comprehensive 24/7 crisis continuum for children including screening and assessment; mobile crisis response and stabilization; residential crisis services; psychiatric consultation; referrals and warm hand-offs to home- and community-based services; and ongoing care coordination.
- Provide increased outpatient access, including same-day or next-day appointments, for those in crisis.
- Improve information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas; use of GPS, to expedite response times, and to remotely meet with the individual in crisis.
- The adoption and use of health information technology, such as electronic health records, to improve access to and coordination of behavioral health services and care delivery.
- Consider digital platforms, such as Network of Care, which facilitate access to behavioral health services for persons with SMI-SED.

- Advance telehealth opportunities to expand crisis services for hard-to-reach locations, especially rural and frontier areas. Expand technology options for callers, including the use of texting, telephone, and telehealth. Note: States cannot use the funds to purchase any items for consumers/clients.
- Implement an electronic bed registry that coordinates with existing HHS provider directory efforts and treatment locator system that will help people access information on crisis bed facilities, including their locations, available services, and contact information.
- Support for crisis and school-based services that promote access to care for children with SED.
- Develop medication-assisted treatment (MAT) protocols to assist children and adults who are in crisis, which may leverage telehealth when possible.
- Expand Assisted Outpatient Treatment (AOT) services.
- Develop outpatient intensive Crisis Stabilization Teams to avert and address crisis.
- Technical Assistance for the development of enhanced treatment and recovery support services including planning for Certified Community Behavioral Health Clinics (CCBHC)."

Description of CMHS Block Grant Rules and Limitations

States are required to spend the CMHS Block Grant supplemental funding in accordance with existing statute governing all CMHS Block Grant expenditures, as defined in 42 U.S.C. Chapter 6A, Subchapter XVII, Part B, Subpart I.

a.) In general, states are restricted from expending CMHS Block Grant funds on the following:

- To provide inpatient hospital services;
- To make cash payments to intended recipients of health services;
- To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; and
- To provide financial assistance to any entity other than a public or nonprofit private entity.

b.) Limitation on administrative expenses:

- The State involved will not expend more than 5 percent of the grant for administrative expenses with respect to the grant.

Stakeholder Feedback Process and Analysis

OMH solicited extensive feedback regarding the CMHS Block Grant supplement funding opportunities, as well as an enhanced Federal Medical Assistance Percentage (FMAP) funding opportunity. OMH hosted

eight stakeholder feedback meetings, which included: five regional meetings, one meeting with consumers, one meeting with provider associations, and one meeting with county Directors of Community Services. In all, over 700 stakeholders participated in these feedback sessions.

OMH also launched a website to inform the public and system stakeholders about the CMHS Block Grant supplement funding opportunities, which included a contact form that invited individuals to provide feedback that was used in the planning process for these funds.

In response to OMH's feedback solicitation, the agency received over 325 comments, through direct verbal testimony, WebEx chat remarks, and other written correspondence. OMH analyzed all comments received and incorporated much of the feedback into the planning process for the current implementation of these funds. OMH will continue to incorporate feedback received as the planning and implementation process continues.

The regional feedback meetings were recorded and are available on the OMH website:

<https://omh.ny.gov/omhweb/planning/cmhsbg-fmap/index.html>

CMHS Block Grant Funding Priorities, Allocation, and Programming Status

The Office of Mental Health has embarked upon a multi-year process to redesign the mental health system, with a primary goal of ensuring universal, immediate access to a comprehensive range of mental health services which allow individuals in need of care to remain in their homes, connected to their natural support systems during treatment, while avoiding unnecessary and disruptive inpatient hospitalizations.

To realize this redesign and guide the planning for new and expanded services, OMH is:

- Prioritizing prevention across the lifespan and investing in programs which support the early identification and intervention of emotional disorders and mental illnesses, including first episode psychosis;
- Supporting children, youth, and families in need of care, exacerbated due to the traumatic impact of COVID-19, including school-based services, home and community-based services and crisis intervention;
- Developing robust community services, including a comprehensive and coordinated crisis response system, which will address the emergent and immediate needs of New Yorkers of all ages and at the same time, connect individuals to the wider mental health system;

- Addressing the intersection of the criminal justice and behavioral health systems, connecting individuals in crisis to care through the training of law enforcement, advancing innovative criminal justice system diversion programs, and serving and supporting individuals exiting incarceration as necessary to avoid reincarceration and/or hospitalization;
- Transforming New York’s mental health system to advance a culturally competent, ambulatory network of recovery-oriented treatment and support services that meet children, adults and families when, where, and how they need it most, and includes the integrated delivery of substance use disorder and physical health treatments; and
- Implementing specific strategies on payment parity and provider sustainability needed to reduce disparities in access and treatment outcomes for communities across New York State.

With these goals in mind, OMH has continued to plan and program the supplemental CMHS Block Grant awards provided through the CRRSAA and ARPA and is actively working on implementing those plans.

The five key areas currently prioritized are outlined below: Statewide Crisis Services; Child, Youth, and Family services; Adult Ambulatory and Peer Services, Mental Health Workforce/System Capacity Building, and COVID Mitigation. In addition, OMH has allocated funding for the statewide administration of these projects.

CMHS Supplemental Block Grant Priority Area (Project Type)	Committed Funding Amount	Amount Disbursed as of December 31, 2023
Crisis Service	\$45,203,165	\$22,031,319
Child, Youth, and Family Services	\$25,855,215	\$16,927,612
Adult Ambulatory & Peer Services	\$28,087,987	\$22,081,767
Workforce/System Capacity Building	\$20,914,508	\$20,560,500
COVID Mitigation	\$2,754,491	\$2,130,113
OMH Administration	\$6,318,993	\$315,000
Total	\$129,134,359	\$84,046,311

Crisis Services Priorities - \$45,203,165 Committed

As of December 31, 2023, OMH has disbursed a total of \$22,031,319 to 78 providers for the Crisis Service initiatives that are noted below.

Crisis Stabilization and Crisis Residence Programs - \$27,653,165 Committed.

Crisis Stabilization

OMH has allocated funding to develop a comprehensive crisis response system available to all New Yorkers regardless of their location of residence or ability to pay. This system will emphasize a person-centered continuum of care that enables individuals to enter and exit the system based on need. To

this end, OMH and OASAS are committed to the development of increased, enhanced, and connected crisis services across the state, including the development of Crisis Stabilization Centers (CSCs). There are two types of CSCs being developed by OMH and OASAS: Supportive Crisis Stabilization Centers (SCSCs) and Intensive Crisis Stabilization Centers (ICSCs).

Supportive Crisis Stabilization Centers are centers that provide support and assistance to individuals with mental health and/or substance use crisis symptoms. Services are for individuals experiencing challenges in daily life that do not pose a likelihood of serious harm. Such challenges may create risk for an escalation of behavioral health symptoms that cannot reasonably be managed in the person's home and/or community environment without on-site supports. SCSCs provide voluntary services with an emphasis on peer support that is resilience and recovery-oriented. SCSCs also provide, or contract to provide, behavioral health stabilization services twenty-four hours per day, seven days per week. Recipients may receive services in a SCSC for up to twenty-four hours.

SCSCs are similar to a living room model, offering walk-in services to all individuals, including adults, children, adolescents, and families, twenty-four hours a day, seven days per week, 365 days per year. All services are voluntary, person-centered, and trauma-informed, with an emphasis on peer support that is resilience and recovery oriented. Centers must ensure services are delivered in a comfortable and welcoming environment by a multidisciplinary team. SCSC staff are expected to act in a manner that is culturally competent, person-centered and trauma-informed to understand and respect personal preferences throughout their interactions with recipients and other staff members at the SCSC. SCSCs should form partnerships with other agencies within the crisis response system, in addition to local community providers and services that support recipients throughout the lifespan.

Partnerships may include, but are not limited to:

- Mobile Crisis providers
- Crisis Residences
- ICSCs
- Emergency Medical Services (EMS)
- Law Enforcement
- Other community treatment and support services

Intensive Crisis Stabilization Centers are centers that provide urgent treatment to individuals experiencing an acute mental health and/or substance use crisis. ICSCs offer all services provided at a SCSC in addition to providing rapid access to services for acute symptoms to assist in diversion from a higher level of care, including medication treatment for the management of substance use and mental health symptoms. ICSCs provide voluntary crisis treatment services, with an emphasis on peer and recovery support, in a safe and therapeutic environment. ICSCs also provide, or contract to provide, behavioral health stabilization and referral services twenty-four hours per day, seven days per week. Recipients may receive services in an ICSC for up to twenty-four hours.

Crisis Residence

OMH has allocated funding to expand Crisis Residences under 14 NYCRR XIII Part 589, a voluntary, short-term residential program for individuals who are experiencing a mental health crisis and/or are ex-

periencing challenges in daily life that create risk for an escalation of symptoms that cannot be managed in the individual's home and community environment without onsite supports. These residences are an integral part of a coordinated crisis response system. They offer a safe place for the stabilization of psychiatric symptoms and a range of services from support to treatment services for children and adults.

Crisis Residence programs include:

- Residential Crisis Support and Intensive Crisis Residences that serve individuals 18+ years old
- Children's Crisis Residences that serve individuals up to 21 years old

Crisis Residence programs are not intended as a substitute for permanent housing arrangements. Crisis Residences are intended to be located in the community and provide a home-like setting.

988 Crisis Call Centers - \$9,950,000 Committed

New York State is committed to the development of a comprehensive crisis response system, including the development and enhancement of current crisis call centers as the hub for this comprehensive crisis system. An effective statewide crisis system affords equal access to crisis supports that meet needs any-time, anyplace, and for anyone. This includes those living in remote areas and underserved communities as well as youth, older adults, persons of diverse backgrounds, and other marginalized populations; the crisis service continuum must equally and adeptly serve all New Yorkers.

Commencing in 2021, the State began the transition to 988, the Federal Communication Commission's (FCC) newly designated three digit dialing code for behavioral health and suicidal crisis. This new number has supplanted the previous 10-digit phone number for access to the National Suicide Prevention Lifeline and launched in July 2022. Through this planning process, OMH identified counties which have no primary in-state NSPL coverage, as well as several additional counties requiring back-up coverage.

For the New York State to adequately respond to the projected 30% increase in call volume at the launch of 988 in July 2022, OMH recognized the need to assist contact centers in planning for this initiative. As a result, OMH allocated funding to support the growth and expansion of 988 Crisis Contact Centers.

Currently, there are fifteen 988 Contact Centers responding to the needs of New Yorkers in crisis. This investment was critical to the planning for the successful launch of 988 as it was the only dedicated source for the centers to begin their expansion of 988 until the additional sustainable funding stream was established through the Executive Budget in FY 22-23.

With the support through the supplemental block grant funding, NYS 988 Contact Centers were well equipped to respond to the nearly 60% increase in call volume to 988 during the launch in July 2022. The contact centers used this investment to ensure they had capacity to connect callers experiencing emotional distress to the compassionate care of trained counselors.

Mobile Crisis Development - \$5,000,000 Committed

OMH has allocated funding to expand mobile crisis services, statewide. Mobile crisis services are specific activities that are provided by a state-approved mobile crisis intervention team that provide services to children, adolescents, and adults to reduce behavioral health symptoms, restore individuals to pre-crisis

level of functioning, make connections with community supports or secure access to a higher level of care when needed. Services include telephonic triage and response, mobile crisis services, telephonic crisis follow up and mobile crisis follow up. Mobile crisis providers are identified through a county crisis response planning process and included community mobile crisis teams and mobile outreach by Comprehensive Psychiatric Emergency Programs.

OMH allocated funds to provide technical assistance to mobile crisis providers. The purpose of these funds is to provide support for expansion, training to maximize billing to increase federal reimbursement for mobile crisis services, resources to expand and improve the ability to respond, and identify standards and best practices. Technical assistance includes:

- Trainings offered by Coordinated Care Services, Inc. (CCSI), the organization OMH identified to provide technical assistance
- Training for crisis related program skills, sequential intercept mapping etc.
- Best practice learning collaboratives
- Electronic Medical Record (EMR) development or enhancement

Forensic Jail Diversion Expansion - \$2,100,000 Committed

OMH has allocated funds for the expansion of jail diversion programs across New York State. To better assist individuals in crisis, jail diversion programs aim to reduce arrest and incarceration of persons with SMI and better connect criminal justice-involved individuals to treatment. These programs meet different needs on the Sequential Intercept Model developed by SAMHSA. The Sequential Intercept Model identifies key points for “intercepting” individuals with behavioral health issues and then linking them to services and preventing further penetration into the criminal justice system. Points of intercept include, but are not limited to: pre-arrest, pre-bookings, post-bookings, pre-sentencing, post-sentencing, pre-release from incarceration, and post-release for incarceration.

Current examples of jail diversion programming include:

- A community services coordinator who serves as a single behavioral health point of contact for law enforcement and first responders to manage referrals, assist clients with transitions between services, track data, and strengthen partnerships. The program also includes a Forensic Peer to assist those with mental illness as they navigate through all stages of the criminal justice system.
- An initiative where peer support specialists and care managers provide services to support the wellness and recovery goals of individuals with complex and/or chronic behavioral health issues and who are involved with the criminal justice system. The team works collaboratively to support individuals at multiple intercept points to remove barriers to the pathway of recovery.
- A Rural Outreach Worker team provides home and community-based supports to those located in rural areas, including those who are justice involved and/or experiencing homelessness. Workers equipped with tablets support clients with applications to various social services, provide internet access to locate needed resources, and deliver health and safety materials. The team provides transportation to behavioral health, medical, and legal appointments.

- A Forensic Re-integration team that engages individuals with Serious Mental Illness who are reintegrating into the community from jail or prison. The team works to assist with obtaining necessary services, decrease barriers to engaging in mental health and substance use treatment, and to assist with obtaining medication.
- A case management model dedicated to supporting individuals who are reintegrating from local jail or transitioning from probation supervision. Staff, which includes peer support, assists with discharge planning, case management, and linkages to community programs. The program serves those with complex mental health needs and co-occurring substance use disorders.

Forensic CIT and MAP Expansion - \$500,000 Committed

OMH has allocated funds to expand Crisis Intervention Team training across New York State. Crisis Intervention Team (CIT) funding was awarded to Coordinated Care Services, Inc., OMH's current CIT services contractor, to expand CIT programming to certain law enforcement agencies in six additional New York State counties. CITs promote collaboration and partnership among law enforcement, the mental health system, criminal justice representatives, emergency services, and consumer and family advocacy groups. The overall mission of the CIT program is to improve interactions between police, individuals with mental illness, and mental health treatment providers with an emphasis on diversion from the criminal justice system and into mental health treatment.

At the center of the CIT program is a mapping exercise that identifies all local stakeholders needed to successfully implement this initiative, along with gaps in the current processes and points in the local criminal justice continuum where crisis intervention is most needed. In addition, patrol officers and supervisors receive a 40-hour training on mental illness, including:

- signs and symptoms of mental illness;
- contributing factors to emotional disturbance;
- state mental hygiene law;
- communication skills and intervention techniques;
- scenario-based training to practice skills;
- experimental exercises; and
- presentations and discussions with local treatment providers, emergency facilities/mental health services and consumers and families living with a mental illness.

Additionally, OMH offers training entitled "Mental Health First Aid" for other law enforcement personnel, corrections personnel, first responders, and 911 operators. On-going mental health-related trainings designed to offer technical assistance are also delivered as a component of the CIT program.

OMH has also allocated funds for the expansion of the Law Enforcement Mobile Access Program (MAP) across New York State. This funding was awarded to Coordinated Care Services, Inc., OMH's current CIT services contractor, to expand the MAP program in certain law enforcement agencies in 19 additional New York State counties.

MAP serves as an extension of the CIT program. The goal of MAP is to connect individuals to resources

for mental health consultation while avoiding unnecessary transports to hospitals. MAP is a collaboration between the criminal justice and mental health systems. Under MAP, police officers and mental health professionals are each equipped with iPads that can be used by the officers when responding to calls. The officers can remotely connect an individual to a mental health professional without necessarily having to transport to a different location such as the hospital or jail, unless that level of intervention is deemed necessary. MAP includes training for all jurisdictions and ongoing technical support for equipment. MAP also supports the equipment purchase, monthly contracts, and staff time for data collection and reporting.

Child, Youth, and Family Services Priorities - \$26,255,000 Committed

As of December 31, 2023, OMH has disbursed a total of \$16,927,612 to 145 providers for the Child, Youth, and Family Services initiatives that are noted below.

Children and Youth ACT Program Expansion - \$8,075,000 Committed

OMH has allocated funds to expand Youth Assertive Community Treatment (Youth ACT) services, state-wide. OMH's Assertive Community Treatment (ACT) program is a multidisciplinary, evidence-based, team approach to providing comprehensive and flexible treatment, support, and rehabilitation services. The Youth ACT team serves children/youth with Serious Emotional Disturbance (SED), who are returning home from inpatient settings or residential services, at risk of entering such settings, or have not adequately engaged or responded to treatment in more traditional community-based services. Youth ACT ensures the child and their family have the level of support services and access to clinical professionals they require to sustain any gains made in crisis response or high-end services.

Youth ACT teams deliver intensive, highly coordinated, individualized services and skilled therapeutic interventions through an integrated, multi-disciplinary team approach to better achieve success and maintain the child in the home, school, and community. The majority of services are provided by Youth ACT staff directly (not brokered) and are delivered in the home or other community-based settings. Team interventions are focused on improving or ameliorating the significant functional impairments and severe symptomatology experienced by the child/youth due to mental illness or serious emotional disturbance (SED). Clinical and rehabilitative interventions are also focused on enhancing family functioning to foster health/well-being, stability, and re-integration for the child/youth. Services are delivered using a family-driven, youth guided and developmentally appropriate approach that comprehensively addresses the needs of the child/youth within the family, school, medical, behavioral, psychosocial, and community domains.

Community Based Services - \$10,880,000 Committed

Children and Youth Intensive Community Based Services

OMH has allocated funding to expand timely in-person and telehealth access to intensive community-based services for children.

The intent of this funding is to increase service volume and expand timely access to in-person and telehealth services that divert youth from higher level of care and/or allow safe stepdown from higher level of care. These programs have an emphasis on higher intensity services, coordinated hand-off to a lower level of care, family engagement, and provision of services in the home or community, as appropriate.

To address the present volume of need for individualized, intensive, community-based services and support, funds will assist with the following:

- expansion of program operations to serve a greater number of children/families and/or an expanded catchment area
- creation of formal mechanisms for connections/partnership to ED/CPEP/Inpatient/mobile crisis/crisis residence/MIT team/etc. for seamless referral processes and timely access to care
- efforts in marketing to, hiring, onboarding, and retaining more qualified staff for the growth and expansion of access to services

Treatment Supports for OMH-Licensed Community Based Provider Agencies

OMH has allocated funding to expand critical treatment and support services targeting children with significant mental health needs and their families in areas of NYS that have been considerably impacted by rates of COVID, are identified as being high needs (e.g., significant psychiatric impacts of the pandemic, high rates of poverty, homelessness, food insecurity, etc.), and/or serving disenfranchised or marginalized populations (e.g., high population of racial/ethnic minorities). Such youth who have struggled with mental health needs and demonstrating increased use of emergency and crisis services, require access to services that can meet their complex needs. OMH believes that treatment support services are a critical component of coordinated recovery support for children with serious emotional disturbance and their families. This funding seeks to ensure that these important services and initiatives are made available to effectively engage and meet the increasing challenges children and families have encountered during this time.

The intent of the funds is to support the creation or expansion of OMH licensed treatment services and activities critically needed to support children and families with newly identified or ongoing significant mental health needs. These funds are intended to target population within or areas of NYS that have been considerably impacted by rates of COVID, are identified as being high needs (significant psychiatric impacts of the pandemic, high rates of poverty, homelessness, food insecurity, etc.), and/or serving disenfranchised or marginalized populations (e.g., high population of racial/ethnic minorities). For children and their caregivers who are dealing with new or existing significant mental health needs, treatment supports are critical to ensuring families are getting the services they critically need to meet their complex needs.

Treatment supports may include but are not limited to:

- enhanced care coordination and treatment planning processes amongst providers serving high needs youth and families
- agency staff and/or peer outreach and engagement for children and families struggling to access or receive adequate services and supports
- targeted treatment services or other support programming for youth experiencing challenges with multiple diagnoses in addition to their mental health needs

School Based Mental Health (SBMH) Clinic Satellite Expansion

OMH has allocated funding to expand the creation of new school-based mental health satellite clinic locations in areas of NYS that have been significantly impacted by rates of COVID, are identified as being

high needs (high rates of poverty, homelessness, food insecurity, etc.), and/or serving disenfranchised or marginalized populations. Students, in these areas in particular, are in desperate need of access to mental health services and supports.

The intent of the funds is to build school-based clinic capacity through the development of satellite clinics in high needs/underserved areas, providing funding for activities to engage with school districts and establish new satellite locations. These funds will help support the early identification of mental health needs, address the ongoing and significant needs of children and the increase in access to treatment services. Greater availability of school based mental health services is an important post-pandemic effort to prevent long-term needs and challenges for children.

To address the present volume of need for school-based mental health services and support, funds will assist with the following:

- Establishment of new satellite location(s) to serve a greater number of children/families and/or an expanded catchment area targeting high needs and underserved areas
- Creation of formal mechanisms for connections/partnership school districts and personnel for seamless referral processes and timely access to care
- Efforts in marketing to, hiring, onboarding, and retaining more qualified staff for the growth and expansion of access to services
- Efforts in raising school/community awareness of mental health needs among children and adolescents and educating regarding services and access

Expanded Family Supports

OMH has allocated funds to expand critical support services for children with significant mental health needs and their families in areas of NYS that have been considerably impacted by rates of COVID, are identified as being high needs (e.g., significant psychiatric impacts of the pandemic, high rates of poverty, homelessness, food insecurity, etc.), and/or serving disenfranchised or marginalized populations (e.g., high population of racial/ethnic minorities). OMH believes that community support services are a critical component of coordinated recovery support for children with serious emotional disturbance and their families. This funding seeks to ensure that these important services and initiatives are made available to effectively engage and meet the increasing challenges children and families have encountered during this time.

This funding will support the expansion of and increase in access to the following funded programs and services:

- Respite
- Family and/or Youth Peer Support
- Non-Medicaid Care Management
- Suicide Prevention
- School Based Mental Health Services
- Other funded services (with corresponding program/funding code and/or contract number), which meet the intended target population(s) and goals outlined in this grant opportunity that have been identified by the provider, in collaboration with the funding county, to need expansion

Systems of Care (SOC) Expansion

OMH has allocated funds to expand or enhance Systems of Care efforts in counties across New York State. Systems of Care are a coordinated network of services and supports that are organized to meet the physical, mental, social, emotional, education, and developmental needs of children and their families.

The intent of this funding is to improve systems coordination that promotes access to care for children, youth, and young adults with SED through implementation of the Systems of Care framework. Funding is to be used by the county mental health department to address the present volume of need for coordinated mental health crisis response and services and launch targeted activities that support the expansion, implementation or revitalization of the Systems of Care framework.

Evidence Based Practices - \$4,800,000 Committed

Sustaining Evidence Based Practices (EBP)

OMH has allocated funds to expand the implementation of evidence-based practices for children and families among OMH-licensed, designated, or funded programs. Successful EBP implementation requires time and resources which many providers struggle to provide. The purpose of these funds are to offset some of the costs to providers seeking EBP qualification, achieving EBP qualification, retaining EBP qualified clinicians, integrating EBP data tracking within their billing procedures, and expanding the delivery of EBP services.

These funds are intended to be used for:

- retaining EBP qualified clinicians
- integration of EBPs into organizational procedures and workflow, including adapting agency electronic health records and claims submissions, and coordinating with MCOs to use EBP tracking codes
- expanding access to EBP services
- supporting associated costs of EBP delivery

Evidence Based Practice (EBP) Training and Implementation - MAP

OMH has allocated funds to OMH-licensed programs to improve implementation of evidence-based care specifically through the Managing and Adapting Practice (MAP) model. MAP is a clinical framework and decision support system designed to help improve the quality of mental healthcare delivered to children and adolescents in NYS. Extensive research has been conducted that demonstrates its effectiveness in helping clinicians deliver care that improves youth mental health outcomes

MAP develops clinician skills in:

- selecting and using evidence-based treatment strategies
- applying tools for tracking client progress over time
- utilizing tracking data to guide treatment decisions
- documenting and communicating focused treatment goals, targets, and outcomes

Training/Consultation/Development - \$2,100,215 Committed

Service Navigation/Awareness Training

OMH has allocated funds to increase delivery of the Youth Mental Health First Aid (YMHFA) training statewide. The COVID-19 pandemic has had a significant impact on children and youth. It is increasingly important for those who interact or work with young people to be able to identify signs of a mental health or substance use problem and provide access to support. Therefore, training is critical to be able to equip members of the community to understand and recognize the signs of behavioral health challenges and provide support and connection to next steps.

YMHFA training teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training provides the skills to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. YMHFA is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.

YMHFA is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

New York State's goal is to increase the number of members of the public trained in YMHFA. This funding is allocated for entities to:

- use certified YMHFA Instructors to directly train the public; and/or
- coordinate the certification of new YMHFA Instructors who then directly train the public

Youth ACT Technical Assistance Center (YTAC)

OMH has allocated funds to expand support for the implementation of the new Youth Assertive Community Treatment (ACT) model. The Youth ACT Technical Assistance Center (YTAC), a section of the Community Technical Assistance Center of NY (CTAC), was created to provide training and technical assistance to Youth ACT teams across New York State. YTAC utilizes a collaborative Learning Health System framework to support the development of the Youth ACT model.

Working closely with OMH and other partners, YTAC developed a learning collaborative with new Youth ACT teams to facilitate training, implementation, evaluation, and ongoing continuous quality improvement methods to support the development and refinement of a Youth ACT Model. YTAC developed a variety of trainings to meet the needs of Youth ACT teams, leveraging its web-based and learning management platforms. In addition, YTAC has worked closely with OMH and partners on an evaluation plan to collect feedback from providers and families and study the effectiveness of the model based on fidelity tools and measures.

Training/Consultation/Development - MH/DD

OMH has allocated funds to expand the delivery of intensive training and consultation to mental health care providers serving children and youth dually diagnosed with mental health challenges and intellectual/developmental disability

The goal of this funding is to better equip mental health care providers to serve the dually diagnosed including by building awareness of evidence-based approaches as well as awareness of evidence-based modifications of typical treatment (e.g., use of visual tools, use of behavioral techniques, use of structured/incremental skill-building methodologies, etc.) and building skills in engagement and treatment of dually diagnosed youth and families.

In the wake of the COVID-19 pandemic, rates of mental health disorders have increased dramatically in youth, as noted in the Surgeon General’s Advisory on Youth Mental Health. Children and youth dually diagnosed with mental health disorders and intellectual/developmental disability are identified as a group at particular risk. Youth with this profile disproportionately present to crisis settings in New York State. Mental health providers are often not trained in best practices for serving this population. New York State is committed to increasing capacity to serve dually diagnosed youth and their families and is allocating funding to support entities with experience of providing intensive training and consultation.

Adult Ambulatory and Peer Services Priorities- \$28,087,987 Committed

As of December 31, 2023, OMH has disbursed a total of \$22,081,767 to 73 providers for the Adult Ambulatory and Peer Service initiatives that are noted below.

ACT Program Expansion - \$4,450,000 Committed

Adult ACT Program Expansion

OMH has allocated funds to expand Assertive Community Treatment (ACT) programs, statewide. ACT is a multidisciplinary, evidence-based, team approach to providing comprehensive and flexible treatment, support, and rehabilitation services. ACT teams are configured to have a low individual-to-staff ratio (10 to 1) with professional staff including members from the fields of psychiatry, nursing, psychology, social work, substance use, employment/education, and peers. A majority of services are provided by ACT staff directly (not brokered) and in the community or where the individual lives. In this way, newly acquired skills are applied in their real-world environment and situations. ACT is designed to be flexible and responsive to the needs of individuals, offering support 24 hours a day, 7 days a week. ACT is “assertive” and intentional in its engagement methods, incorporating individual choice, cultural competences, concrete services, consistency, and persistence. Finally, ACT is structured to provide a review during team meetings of every individual on the ACT team’s caseload. This level of accountability allows for immediate changes in service planning and leads to improved outcomes.

ACT teams strive to develop a culturally sensitive understanding of each ACT participant and their family’s personal preferences (i.e., preferred pronoun, spiritual practices). Additionally, ACT Teams consider social determinants as they are domains likely to have inherent disparities (healthcare access, housing, employment status, food security). The ACT teams provide ongoing opportunities for participants to share their culture with others. ACT staff elicits and accepts participants’ personal religious or spiritual practices and leverages this information to support self-directed recovery goals.

ACT teams serve adults who are diagnosed with a Serious Mental Illness (SMI). These individuals may also be high users of emergency and/or crisis services, have co-occurring substance use disorders, are isolated from community supports (including family), are in danger of losing their housing/becoming homeless, are homeless, and/or have histories of involvement with the criminal justice system.

The expansion of ACT represents a commitment by the NYS OMH to develop ACT teams that are

designed to better meet the needs of specific populations, e.g., providing access to an evidence-based practice for adults with SMI and high continuous needs that are not met in traditional community-based services. As this expansion moves forward, there are several principles that inform the overall process.

These include:

- promoting the concepts of recovery and the power of individual choice;
- supporting the seamless integration of individuals into the communities in which they have chosen to live. ACT teams are expected to become experts in the natural supports available to recipients so that full community integration is possible;
- supporting individuals to develop a vocational or educational plan that will provide a path to independence;
- supporting adults who may have limited social or family support to strengthen existing family relationships, including their family of choice;
- reviewing and attempting to mitigate the effects of discrimination based on the client's demographic identity (gender, sexual identity, race, ethnicity). Team shows sensitivity towards participants' personal stories as they may relate to oppression and inequality;
- ensuring service access by managing ACT referrals through the Local Government Unit (LGU) Single Point of Access (SPOA) system;
- ensuring the continuous quality improvement of ACT services through regular monitoring of treatment/rehabilitation outcomes by both the ACT agency and OMH;
- facilitating continuity of care from the ACT team to the community when transitioning off of ACT; and
- utilizing data to inform continuous program improvement.

Young Adult ACT Program Expansion

OMH has allocated funds to expand Young Adult Assertive Community Treatment (Young Adult ACT) programs. Assertive Community Treatment (ACT) is a multidisciplinary, evidence-based, team approach to providing comprehensive and flexible treatment, support, and rehabilitation services. Young Adult ACT teams are configured to have a low individual-to-staff ratio (9.9 to 1) with professional staff that include the disciplines of nursing, psychiatry, licensed mental health clinicians, vocational support, substance use counseling, and peer support. Most services are provided by Young Adult ACT staff directly (not brokered) and in the community or where the individual lives. In this way, newly acquired skills are applied in their real-world environment and situations. Services may be provided in groups, when appropriate and if an individual is willing/interested in participating in a group, which may also offer an opportunity to apply newly acquired skills. Young Adult ACT is designed to be flexible and responsive to the needs of individuals, offering support 24 hours a day, 7 days a week. Young Adult ACT is "assertive" and intentional in its engagement methods, incorporating individual choice, concrete services, consistency, persistence, and understanding of the unique developmental characteristics/needs of young adults. Finally, Young Adult ACT is structured to provide a review during team meetings of every individual on the team's caseload. This level of accountability allows for immediate changes in service planning and leads to improved outcomes.

Young Adult ACT teams are culturally competent, understanding the individual's personal preferences including respecting sexual orientation and gender identity, as well as the use of names and pronouns indicated by the individual. Young Adult ACT teams must be aware of situations of increased risk of homophobic or transphobic violence and other forms of discrimination, and respect individual's choice on when and to whom they wish to reveal their sexual orientation or gender identity. Young Adult ACT Teams review and attempt to mitigate the effects of discrimination based on the individual's demographic identity (race, ethnicity, spiritual practices, gender identity, 3 sexual orientation). Young Adult ACT teams show understanding towards individual personal stories as they may relate to oppression and inequality.

Young Adult ACT serve young adults who are diagnosed with a Serious Mental Illness (SMI). These individuals also may be high users of emergency and/or crisis services, have co-occurring substance use disorders, be isolated from community supports, including family, and in danger of losing their housing/ becoming homeless, are homeless, and/or have histories of involvement with the criminal justice system.

Young Adult ACT serve individuals who may need support developing a productive vocational or educational plan, do not have a sufficient social/family support system and/or lack sufficient real-world skills to successfully become independent adults. The expansion of Young Adult ACT represents a commitment by the New York State Office of Mental Health to develop specialty Young Adult ACT Teams that are designed to better meet the needs of specific populations, e.g., providing access to an evidence-based practice for young adults with SMI and high continuous needs that are not met in traditional community-based services. As this expansion moves forward, there are several principles that inform the overall process.

These include:

- promoting the concepts of recovery and the power of individual choice.
- supporting young adults to develop a productive vocational or educational plan that will provide a path to independence.
- Supporting young adults to develop the real-world skills that are necessary for them to live successfully as independent adults in the communities in which they have chosen to live.
- Supporting young adults who may have limited social or family support to strengthen existing family relationships, including their family of choice, and to develop and expand their networks to provide the necessary support they will need to reach the goal of living successfully as independent adults.
- Expertise in the natural supports available to individuals so that full community integration is possible.
- Cultural understanding of each individual and their personal identity (i.e., indicated name/ pronoun, and spiritual practices, etc.). Additionally, social determinants should be considered as they are domains likely to have inherent disparities (healthcare access, housing, employment status, food security).
- Ensuring service access to services by individuals meeting specific program criteria by managing ACT referrals through the Single Point of Access (SPOA) system and cooperatively with OMH.

- Young Adults are expected to be served by the Young Adult ACT Team for two to three years, depending upon the individual's needs, progress, and goals.
- Facilitating continuity of care from the ACT team to care management and other services in the community when transitioning/being discharged from ACT.

CCBHC Expansion Grant Bridge Funding - \$1,000,000 Committed

OMH has allocated funds to address a funding gap for providers who were awarded the SAMHSA Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant SM-20-012. This funding opportunity allows CCBHC providers in NYS who were awarded a SAMHSA CCBHC Expansion Grant SM-20-012 to apply for and potentially be awarded a subsequent grant to continue the services funded by SM-20-012. It is anticipated that this funding will support services developed under Award SM-20-012 to continue until such time as the new awards are announced and will not be used to temporarily expand services or develop services that were not approved by SAMHSA under SM-20-012.

The purpose of this program is to increase access to and improve the quality of community mental and substance use disorder treatment services through the expansion of CCBHCs. CCBHCs provide person- and family-centered integrated services.

The CCBHC Expansion grant program must provide access to services including 24/7 crisis intervention services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid use disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring mental and substance disorders (COD). SAMHSA expects that this program will provide comprehensive 24/7 access to community-based mental and substance use disorder services; treatment of co-occurring disorders; and physical healthcare in one single location.

Peer Services - \$10,000,000 Committed

Peer Support Services Technical Assistance Center (Peer-TAC)

OMH has allocated funds to develop a Peer Support Services Technical Assistance Center (Peer-TAC), to provide training, technical assistance, and ongoing support to agencies to ensure successful inclusion of Peer Workers in their programs.

As the demand for peer-delivered services grows, an increasing number of mental health agencies are looking to hire Peer Workers to work in programs and services. Many of these agencies don't have Peer leadership or leadership trained in peer values within their organization who can create and design an ongoing infrastructure that can support the successful inclusion of Peer Workers. This lack of infrastructure typically leads to turnover, lack of clarity and vision regarding the role of Peer Workers and how to best utilize their skills and expertise. Additionally, supervisors are not equipped with the knowledge of peer values, best practice skills and training to supervise Peer Workers effectively within the parameters of the Peer support discipline.

OMH has four main goals for this statewide initiative:

- Enhance the adoption and implementation of the full array of peer support services across the behavioral healthcare system for children/adolescents, families, and adults/older adults.

- Increase the capacity for organizations to provide peer support services in accordance with established peer discipline best practices through a clearly defined scope of practice, peer support staff job descriptions, and recruitment strategies.
- Maintain the fidelity of peer support values and recovery and resilience-oriented practices through enhanced competency-based training and ongoing learning for all behavioral health care providers.
- Increase the retention and job satisfaction of peer support staff and supervisors/ managers through quality peer-informed or led supervision.

HCBS/CORE Peer Navigator Program

OMH has allocated funds to create a Peer Navigator training program that will also provide a statewide employee base of culturally competent and linguistically inclusive Peer Navigators who will engage, educate, encourage, and support Health and Recovery Plan (HARP) members to successfully support and increase enrollment in Adult Behavioral Health Home and Community Based Services (Adult BH HCBS) or Community Oriented Recovery and Empowerment (CORE) Services. Trained Navigators will be employed by the vendor to engage in Peer Navigation. Adult BH HCBS and CORE Services have an emphasis on rehabilitation and recovery, are driven by person-centered care planning, assist in the step down to lower levels of care, and promote community inclusion, family engagement, and provision of service delivery in the home or community.

To address the need for enrollee education about HARP benefits package and support through the referral and intake processes, this funding will:

- Support efforts in marketing to, hiring, onboarding, and retaining qualified Peer Navigators;
- Build and facilitate a Peer Navigator Training Program to ensure workforce competencies in navigating the HARP benefit package;
- Educate community mental health providers, physical health providers, and HARP enrollees on the HARP benefit package, including specific information on the value of CORE Services and BH HCBS. Education may include virtual and in-person “lunch and learn” sessions or grand rounds with potential referral sources, the development of written materials and resources for clinicians and HARP members, and personalized outreach to clinicians who work with a high volume of HARP members;
- Creation of formal mechanisms for connections/partnership to OMH/OASAS clinics, health homes, or other service providers to promote seamless referral processes and access to care. This work may include linking a trained navigator with specific agencies or sites. Create simple, quick, statewide access to a Peer Navigator through a toll-free line that can be used by clinicians and eligible individuals in need of Peer Navigation support.

Peer Specialist Workforce Advancement & Mentoring Network

OMH has allocated funds to establish a Peer Specialist Workforce Advancement & Mentoring Network

for Peer Specialists working or who plan to work in adult mental health services. Peer Support Services provided by Peer Specialists are a strong evidence-based practice which have demonstrable positive impacts on individual mental health and recovery outcomes.

The Peer Specialist Workforce Advancement and Mentoring Network serves as a centralized entity to provide leadership, support, advocacy, and best practice guidelines, ensuring that the integrity of the Peer Specialist discipline remains intact, while demonstrating and reinforcing fidelity to the established core values and best practices.

The Peer Specialist Workforce Advancement & Mentoring Network is responsible for promoting Peer Workforce opportunities, including opportunities in underserved or marginalized communities, to better promote equity and diversity in the Peer Specialist Workforce. Finally, this group will assist with the establishment of Peer career ladders throughout our adult-serving system, including support for Peer Specialists to move into supervisory roles as discipline experts.

OMH has three main goals for this statewide initiative:

- create a centralized, state-wide entity that provides leadership, support and direction for the growth and advancement of the Peer Specialist Workforce
- establish a state-wide Peer Mentoring Network
- establish a state-wide Interactive Job Directory to promote work opportunities for Peer Specialists

Benefits and Work Incentive Navigators

OMH has allocated funds to OMH licensed, funded, or designated programs for the improvement of improve consumer experience, timely access and outcomes for individuals receiving Social Security benefits and other social benefit beneficiaries who are exploring workforce opportunities. Specifically, these resources are intended to support eligible individuals with accessing certified or credentialed Benefits & Work Incentives Navigators in person, in the communities where they live.

Historically, individuals receiving Social Security benefits including Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are encouraged to focus on their recovery rather than returning to or participating in normal activities of daily living such as work. Social Security benefit recipients who do work are often encouraged to work fewer hours to ensure they, and their families don't lose their income and associated benefits such as Medicaid, Medicare, and housing. Both of these scenarios encourage a cycle of poverty and reliance on a variety of social welfare benefits to simply survive.

Benefits & Work Incentives Navigators receive intensive training in the work incentives available to those receiving Social Security benefits to better assist them to return to work without losing their income or the associated benefits of Medicaid and Medicare. They also work with individuals to provide guidance and education on how work may affect other social benefit programs they might be utilizing.

Benefits & Work Incentives Navigators will also receive education surrounding the Achieving a Better Life Experience (ABLE) savings program that allows eligible participants with disabilities to save up to \$27,000 a year if they are working. ABLE savings plans afford social benefit participants the opportunity

to save above the normal \$2,000 resource limit set forth by the SSA and further protects the savings from being counted as a resource by most other social benefit programs.

Benefits & Work Incentives Navigators are an integral piece of assisting individuals to have true community inclusion, the ability to work and live in their communities of choice and to have better outcomes and quality of life through income they earn.

Mental Health Community Partners - NYS Implementation Project

OMH has allocated funds to support individuals diagnosed with SMI/SED utilizing services to successfully transition to the community from any treatment level or setting via the Mental Health Community Partners (MHCP) project. MHCP guides individuals and their families with structured support in their readiness for discharge and beyond. MHCP supports individuals 12+ years of age and their chosen family members or other identified supports for 90 days. The program is based on SAMHSA's Eight Dimensions of Wellness, with each MHCP utilizing this resource to determine what is needed for individuals by taking their "wellness temperature". Weekly wellness temperature checks promotes early detection of the developing symptoms and reveals what is influencing their wellness temperature readings. This provides insight for resources and person-centered planning.

Specialized Training Programs for Peer Workforce

OMH has allocated funds to develop a statewide initiative to organize, coordinate, and deliver competency-based training for five separate specialty areas for the peer support and supervision workforce:

- forensics/justice-involved
- crisis services
- older adults
- best practices in the supervision of peer workers
- health & wellness coaching

OMH has three main goals for this statewide initiative:

- increase access to peer services for these specialty populations
- increase the capacity for agencies to provide peer services for these populations
- increase the retention of peer staff through quality peer-informed supervision

Each specialty training is an open-source curriculum on online modules. A companion curriculum for each training will be developed for in-person classroom learning. Each specialty program should reinforce the core curriculum established under the Peer Workforce Education and Support grant to train, test and track peer support providers eligible to work in the New York State public mental health system.

OnTrack First Episode Psychosis Program Expansion - \$12,637,987 Committed

OMH has allocated funds to expand OnTrack First Episode Psychosis Coordinated Specialty Care programs, statewide. OnTrack First Episode Psychosis Coordinated Specialty Care (CSC) services are pro-

vided by a dedicated multi-disciplinary team of providers with specialized training in treating early psychosis using evidence-based practices.

CSC services have the following goals:

- Support youth and young adults with early psychosis in achieving their goals for school, work and relationships
- Ensure that participants experiencing a first episode psychosis (FEP) receive specialized treatment as quickly and effectively as possible
- Engage participants and families and minimize treatment drop out
- Provide participants with recovery-oriented services, minimizing the disruption of illness and maximizing their capacity to return to meaningful lives
- Decrease the subsequent service use of this group, including hospitalizations and disability benefits

CSC teams provide the following services:

- evidence based psychopharmacology
- primary care coordination
- case management
- cognitive behavioral therapy (CBT)-informed psychotherapy, a goal-oriented psychotherapy for psychosis including psychoeducation
- evidence-based treatments for comorbidities including substance use disorders
- crisis intervention and suicide prevention
- trauma assessment
- family support and education
- supported education and employment
- peer support

Teams must provide care flexibly and assertively both in the clinic and in the community, provide 24/7 crisis support, and focus on the needs and preferences of young people and their family members using share decision making to promote recovery. Programs should have a commitment to racial equity and addressing disparities. Program enrollment is time-limited (services are provided for an average of 2 years) and discharge plans are created with clients and families to ensure that follow-up services are identified, and linkages are made.

Workforce Priorities - \$20,914,508 Committed

As of December 31, 2023, OMH has disbursed a total of \$20,560,500 to 335 providers for the Workforce initiatives that are noted below.

Workforce Recruitment and Retention Expansion - \$20,914,508 Committed

OMH hosted multiple stakeholder feedback meetings with over 700 stakeholders to solicit extensive feedback regarding these funding opportunities and identified Workforce Investment/System Capacity Building Priorities as one of four key priority areas. OMH has notified eligible providers of their workforce investment awards.

Eligible OMH entities include:

- OMH-licensed Outpatient Treatment Programs**
- OMH State Aid funded Non-Residential Community Support Programs serving persons with SMI/SED

**Clinics required to comply with OMH regulations codified at 14 NYCRR §599.15(k) are excluded and not eligible for workforce investment awards.

Eligible OMH entities may use workforce investment awards for the activities described in the provided guidance and must file all required documentation. Additionally, eligible providers must commit to efforts to recruit a workforce that is representative of the people they serve and to develop cultural competency skills in their current and prospective workforce through staff development and training.

The following strategies comprise a list of eligible workforce development initiatives permitted for OMH-licensed providers. Contracted entities may choose to offer one or more of the following incentives to recruit and retain employees in their eligible programs. These initiatives may be implemented in a manner that meets the needs of each program within the guidelines described below.

Such initiatives may include, but are not limited to:

- *Recruitment and Retention Incentives*
Funds may be utilized for recruitment and retention bonuses for staff titles as specified by CFR title codes 100 to 500. These incentives are limited to:
 - retention and hiring bonuses, which are limited to no more than 10 percent of an individual's annual salary, not to exceed \$10,000 per employee. Bonuses may be spread out over time
 - longevity Pay
 - retirement Contributions and other one-time fringe benefit payment
 - differential Pay
 - hazard Pay
 - relocation incentives
 - additional bonus if fully vaccinated
- *Educational Expenses*
Funds may be used for tuition, exam, and application fees for new and/or existing staff, as long such expenses are directly related to a job requirement or for career advancement, including courses related to cultural competency and diversity trainings. Funds may also be used for registration fees for conferences, tuition for professional development college level courses, and other professional trainings including continuing education courses. However, funds may not be utilized for loan forgiveness.
- *Career Development and Training*
Funds may be used for the creation, promotion, and/or enhancement of internship, fellowship,

and/or other career development programs. Providers may collaborate with academic and policy institutions to develop strategies for training staff based on needs assessments and provider interest. Funds may also be used for additional employee engagement and workforce development strategies such as developing or acquiring training curriculum, funding registration fees, and covering expenses for employees to attend or provide training events. Due to the time-limited nature of these funds, it is strongly recommended that these funds are not used for on-going salary or fringe benefit increases that cannot be supported beyond the grant period. Funds awarded under this scope of work may not be transferred or used for any other project or purpose.

COVID Mitigation Priorities - \$2,754,491 Committed

As of December 31, 2023, OMH has disbursed a total of \$2,130,113 to 102 providers for the COVID Mitigation initiatives that are noted below.

COVID Mitigation (Personal Protective Equipment) - \$1,733,391 Committed

OMH has allocated funds to assist residential programs in obtaining personal protective equipment and increasing COVID-19 testing for staff and residents by providing an allocation of funds to be used on the following items:

- **Laboratory licensing:** Supporting OMH congregate residential programs in obtaining Limited-Service Laboratory (LSL) licenses with Clinical Laboratory Improvement Amendments (CLIA) numbers. Laboratory services would be limited to only rapid COVID-19 antigen testing. OMH would use funds to pay the \$200 LSL application fee for each agency.
- **Testing Supplies:** Purchasing a supply of rapid COVID-19 antigen tests for residents and staff. Increased transmission is anticipated during the colder months, especially in residential/congregate settings. Testing is also an important preventive measure against staffing shortages, which have already impacted the healthcare workforce throughout NYS.
- **Air Filtration Equipment:** Purchasing portable units to improve air filtration in licensed residential facilities.
- **Personal Protective Equipment:** Purchasing a sufficient quantity of masks, gloves, and face shields for residents and staff.

COVID Mitigation- Vaccine Education - \$1,021,100 Committed

OMH has allocated funds to support a statewide educational campaign by establishing up to five regionally-based teams of peers who will work in the community with programs to provide vaccine education and support vaccination efforts, including the provision of funding for housing providers to obtain educational training and materials about the vaccines.

OMH Administration Priorities - \$6,318,994 Committed

As of December 31, 2023, OMH has disbursed a total of \$315,000 to 1 provider for the OMH Administration of the CMHS Block Grant supplements.

In accordance with 42 U.S.C. Chapter 6A, Subchapter XVII, Part B, Subpart I., NYS OMH has allocated up to five percent of the grant to pay the costs of administering the grant.