

New York State Office of Mental Health

# Community Mental Health Services Block Grant Supplementary Funding Report

July 1, 2021

# 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.”*

## 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* and *The American Rescue Plan Act*, 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 Administration 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

The supplemental CMHS Block Grant funding allocated to OMH under the *Coronavirus Response and Relief Supplemental Appropriations Act* totals \$46,339,285 and must be expended during the period of March 15, 2021 to March 14, 2023.

The supplemental CMHS Block Grant funding allocated to OMH under the American Rescue Plan Act totals \$80,040,583 and must be expended during the period of September 1, 2021 to September 30, 2025.

## Federal Priorities and Set-Asides

In awarding this funding to OMH, SAMHSA has provided specific recommendations for potential funding use and identified requisite minimum “set-asides” for specific mental health service types.

Regarding the *Coronavirus Response and Relief Supplemental Appropriations Act* CMHS Block Grant supplement, SAMHSA required funding be set-aside or dedicated specifically to crisis services (5%), first-episode psychosis services (10%), and child, youth, and family mental health services (25%) and provided the following recommendations:

*“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: (a) operation of an “access line,” “crisis phone line,” or “warm lines” to address any mental health issues for individuals; (b) training of staff and equipment that supports enhanced mental health crisis response and services; (c) Mental Health Awareness training for first responders and others; (d) hire of outreach and peer support workers for regular check-ins for people with SMI/SED; (e) prison and jail re-entry and enhanced discharge from inpatient settings in order to reduce risks of COVID-19 transmission; and (f) 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).”*

Regarding the *American Rescue Plan Act* CMHS Block Grant supplement, SAMHSA provided the following recommendations for funding utilization and identified specific set-asides for both crisis (5%) and first episode psychosis or early SMI programs (10%):

*“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. 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.

### SAMHSA Waivers Requested by OMH

States may request waivers from SAMHSA with respect to allowable activities, timelines, or reporting requirements as deemed necessary to facilitate a grantee's response to coronavirus, consistent with the United States Department of Health and Human Services (HHS) Disaster Relief Flexibilities.

Regarding the CMHS Block Grant funding awarded under the *Coronavirus Response and Relief Supplemental Appropriations Act*, OMH has requested the following waivers:

- Waiver from the exclusion of capital expenditures as an allowable expense of MHBG funds, consistent with the SAMHSA recommendation that supplemental funds can be used on crisis phone line infrastructure.
- Waiver of the prohibition of funding a for-profit entity in order to facilitate the purchase of hardware and software and/or training needed to develop and implement a fully functional crisis line and/or crisis services consistent with the NYS comprehensive crisis system plan.
- Waiver of the target population in order to fund preventative, intervention, treatment and recovery services to at-risk children, youth and families prior to a diagnosis of serious emotional disturbance. Such services are necessary to address the emotional and behavioral needs of children who have had adverse childhood experiences as a result of the pandemic which could lead to future behavioral health care needs.

In addition, OMH anticipates requesting additional waivers in the initial response to SAMHSA regarding the CMHS Block Grant supplemental funding associated with the *American Rescue Plan Act*, due July 2, 2021.

# CMHS Block Grant Planning Process

## Stakeholder Feedback Process and Analysis

OMH solicited extensive feedback in regard to 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>

OMH has identified initial key priorities and potential investments within the mental health system that could be further supplemented by the additional CMHS Block Grant funds. OMH will continue to develop and refine applicable priorities as the process to program these funds moves forward.

# 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.
- 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 is in the initial stages of planning and programming the initial \$46.3 million supplemental CMHS Block Grant award. As described below, OMH has identified key priorities and potential investments within the mental health system that could be further supplemented by the additional CMHS Block Grant funds, as well as initial allocations by priority area. OMH will continue to take a flexible approach to the development and refinement of applicable priorities and allocations as the process to program these funds moves forward and the secondary \$80 million supplemental CMHS Block Grant award becomes available.

The four key areas currently prioritized are outlined below: Statewide Crisis Services; Child, Youth, and Family services; Adult Ambulatory Services, and Mental Health Workforce/System Capacity Building.

## Crisis Services Priorities

- 988 Call Center Preparation- Support and development of framework and technological assets necessary to develop capacity for an interoperable, statewide 988 crisis call center network in New York by July 2022, including a single point of access database. Technology and data system development to monitor service distribution and utilization. Expansion of capacity for call center network to meet expected increases in call volume with 988 implementation
- Mobile Crisis Response- Support for start-up costs related to the state-wide expansion of regional mobile crisis teams to include immediate response and 24/7/365 availability and creation of innovative service models
- Crisis Residence Start-Up and Expansion- Funding for both new and existing crisis residences for children and adults, start-up staffing support for new providers, and connections to follow-up services for children and adults
- Crisis Stabilization Start-Up and Expansion- Programmatic development and implementation of a new integrated mental health/substance-use disorder crisis stabilization model, support for current crisis stabilization programs, connections to follow-up services for children and adults
- Law enforcement training and diversion

## Current Crisis Services Allocations

*Jail Diversion Program Expansion- \$2,000,000*

OMH has allocated \$2,000,000 of the CMHS Block Grant supplemental award 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 the 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-booking, post-booking, pre-sentencing, post-sentencing, pre-release from incarceration, and post-release for incarceration.

Current examples of jail diversion programming include:

- An initiative for individuals booked into jail for violations or non-violent misdemeanors. Individuals with mental health diagnoses and/or co-occurring substance use disorders are assessed, provided with any needed prescriptions, and released from custody to a care coordinator who link each individual to community-based services.



- A jail diversion drop-off center for individuals with mental illness at the pre-booking, post-booking, and pre-sentencing intercept points. The center will operate 24/7 and be available to individuals of all ages, accepting direct drop-offs from law enforcement. Connecting individuals to jail diversion alternatives, the center provides evaluation, assessment, and referral to mental health and substance use disorder services, with embedded peer supports.
- A parole diversion program to divert parolees diagnosed with serious mental illness from reincarceration due to parole violations. The parole diversion program works with parolees struggling to comply with conditions of parole and who have become disengaged from community-based mental health treatment. This program engages community-based treatment providers and coordinates mental health care and treatment for parolees to ensure communication and coordination with community supervision to avoid violation of parole, when possible.
- A pretrial services screening and supervision release pilot program where the probation department works across the criminal justice system to identify individuals with mental illness and/or co-occurring substance use disorders, at post-booking and pre-sentencing intercept points, who are deemed to be appropriate for community release. Probation Officers work with the individual, their families and appropriate parties, and treatment providers to develop assessment-based case plans, with short and long-term goals.

#### *Crisis Intervention Team Program Expansion- \$500,000*

OMH has allocated \$500,000 of the CMHS Block Grant supplemental award for the expansion of the Crisis Intervention Team (CIT) program across New York State.

CIT's 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 criminal justice system and into mental health treatment.

At the center of the CIT program is a mapping exercise that identifies all local stake holders 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.

#### *Law Enforcement Mobile Access Program Expansion- \$100,000*

OMH has allocated \$100,000 of the CMHS Block Grant supplemental award for the expansion of the Law Enforcement Mobile Access Program (MAP) across New York State.

The 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 system and mental health system. 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, as well as staff time for data collection and reporting.

## **Child, Youth, and Family Services Priorities**

- Developing a coordinated system of care for children and families, across all applicable mental health services, with additional support of service navigation and awareness training, including youth-specific mental health training across systems
- Comprehensive crisis services, including additional crisis residential services, directed to children and families are critical to addressing the need of New York communities. New York’s crisis continuum is being built within the context of a comprehensive, coordinated system of care, which includes all other child-serving systems, such as schools, child welfare, and juvenile justice
- Screening and early identification of children and youth who could benefit from evidence-based assessment and mental health treatment
- Developing and further expanding Youth Assertive Community Treatment programs and home-based/mobile outreach and treatment services
- Expanding and enhancing clinical services that support short-term and flexible use of services, particularly to serve pandemic-related MH heads such as complicated bereavement, anxiety, depression, and PTSD, as well as the needs of high-risk populations including youth with co-occurring disorders
- Improving access to the comprehensive service array in Medicaid for non-Medicaid youth
- Expanding school-based and college-based mental health capacity

## **Current Child, Youth, and Family Services Allocations**

### *Youth Assertive Community Treatment Program Expansion- \$5,950,000*

OMH has allocated \$5,950,000 of the CMHS Block Grant supplemental award for the expansion of the Youth Assertive Community Treatment (ACT) program.

The Youth ACT program is a team-based service providing care to 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. Youth ACT offers support on 24 hours a day, 7 days a week basis.

To address the needs of children and adolescents eligible for this comprehensive service, the ACT team is multi-disciplinary with professional staff including mental health clinicians and psychiatric prescribers. Other members of the team include peer advocate (family and youth), clinical staff, and program assistant.

Youth ACT promotes a myriad of interventions, including: the active participation of the family and other natural supports; the utilization of promising practices and evidence-based treatment interventions focused on family and systems approaches; re-integration and meaningful connections within the home and community; and preparations for transition to adulthood; all as applicable to the population served. The ACT team must also ensure that services are comprehensive, and principle driven.

## **Adult Ambulatory Services Priorities**

- Telehealth services expansion and support
- Programmatic and financial support to encourage expansion of Mobile clinic services
- Additional peer-delivered and rehabilitative services including crisis programs (living room, crisis respites, support lines), recovery centers, and peer-bridger programs. Expansion for peer workforce across ambulatory programming.

- Assertive Community Treatment enhancements, including developing Assertive Community Treatment models for Transition Age Youth, supporting implementation of standardized functional needs and social determinants of health and developing state-wide data infrastructure with EHR interoperability.
- Support implementation of standardized functional needs and social determinants of health and develop state-wide infrastructure with EHR interoperability.
- Support for Certified Community Behavioral Health Clinics
- Fostering closer linkages among ambulatory, housing, and inpatient care providers with the comprehensive crisis system currently in development and by implementing Critical Time Intervention models.
- First Episode Psychosis Team Expansion to supplement existing OnTrackNY first episode psychosis capacity, targeted to young adults experiencing their symptoms of psychosis, further expanding programmatic reach across New York State.

## Current Adult Ambulatory Services Allocations

### *OnTrackNY First Episode Psychosis Program Expansion- \$4,633,929*

OMH has allocated \$4,633,929 of the CMHS Block Grant supplemental award for the expansion of the OnTrackNY First Episode Psychosis program.

OnTrackNY is an innovative, evidence-based team approach to providing recovery-oriented Coordinated Specialty Care (CSC) treatment to young people who have recently begun experiencing psychotic symptoms. OnTrackNY helps young adults aged 16 to 30 with newly emerged psychotic disorders achieve their goals for school, work, and relationships.

OnTrackNY follows principles of care, which include shared decision making, youth friendly and welcoming environments, and flexible and accessible recovery-oriented services to all referred individuals meeting clinical admission criteria without wait list and regardless of their insurance status or ability to pay.

Goals of OnTrackNY First Episode Psychosis (FEP) teams are to:

- Help young adults with early psychosis achieve their goals for school, work, and relationships;
- Ensure that participants experiencing a first episode psychosis receive CSC treatment as quickly and effectively as possible;
- Engage participants and families and minimize treatment drop out
- Provide participants with cost effective, recovery-oriented services, minimizing the disruption of illness and maximizing their capacity to return to meaningful lives; and
- By promoting recovery for individuals with FEP, OnTrackNY aims to decrease the subsequent service use of this group, including hospitalizations and disability benefits.

OnTrackNY teams provide a range of on and off-site treatments (including via telehealth as applicable), including: screening; initial and ongoing psychiatric assessments; relapse prevention; crisis intervention; individual supportive therapy and illness management; medication management; integrated substance use treatment; case management; family therapy; patient psychoeducation; family psychoeducation; skill training including social skills and coping skills; educational/employment support; peer support; primary care coordination; and education about physical health and wellness.

Services are provided in individual and group formats according to participant preferences. A significant portion of CSC participants will be under the age of 18, and require parental/guardian permission and participation in treatment, and many other participants will have family actively involved in treatment. Collateral contacts occur with the participant's family and others who are significant in their life, according to the participant's preferences.

Teams also have the ability to 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 shared decision making to promote recovery. Teams have the ability to provide web-based and telephonic services as needed. Program enrollment is time-limited and participants are enrolled for an average of two years, with flexibility as needed based on individual needs. Discharge plans are created with clients and families to ensure that follow-up services are identified, and linkages are made.

An important aspect of a CSC model program is intensive community outreach and education to help identify individuals experiencing their first episode of treatment and enroll them in specialized CSC treatment as soon as possible—thus reducing the duration of untreated psychosis. OnTrackNY Teams employ outreach strategies with a high value on engaging and retaining participants and families over time.

## **Workforce Investment/System Capacity Building Priorities**

- Investing in recruitment and retention of culturally competent mental health service system employees
- Expanding and supporting certified peer capacity across OMH programming
- Addressing training and implementation support for evidence-based assessment and treatment
- Collaborate with institutions of higher education to foster development of potential mental health workforce

# Appendix A: Current OMH CMHS Block Grant Allocation Table

Funding Priority Area	Program Name	Current Allocation Amount (\$)
Crisis Services	Jail Diversion Program Expansion	\$2,000,000
Crisis Services	Crisis Intervention Team Program Expansion	\$500,000
Crisis Services	Law Enforcement Mobile Access Program Expansion	\$100,000
Child, Youth, and Family Services	Youth Assertive Community Treatment Program Expansion	\$5,950,000
Adult Ambulatory Services	OnTrackNY First Episode Psychosis Program Expansion	\$4,633,929