



**CEIC**

NYSHealth

# Center for Excellence in Integrated Care

## **Summing Up**

**(Nov 1, 2008 – Aug 31, 2013)**

**Stanley Sacks, PHD – Director of CEIC at NDRI**

**Michael Chaple, PHD – Deputy Director of CEIC at NDRI**

*presentation to* — **New York State Health Foundation**  
**October 18, 2013**



## CEIC Daily



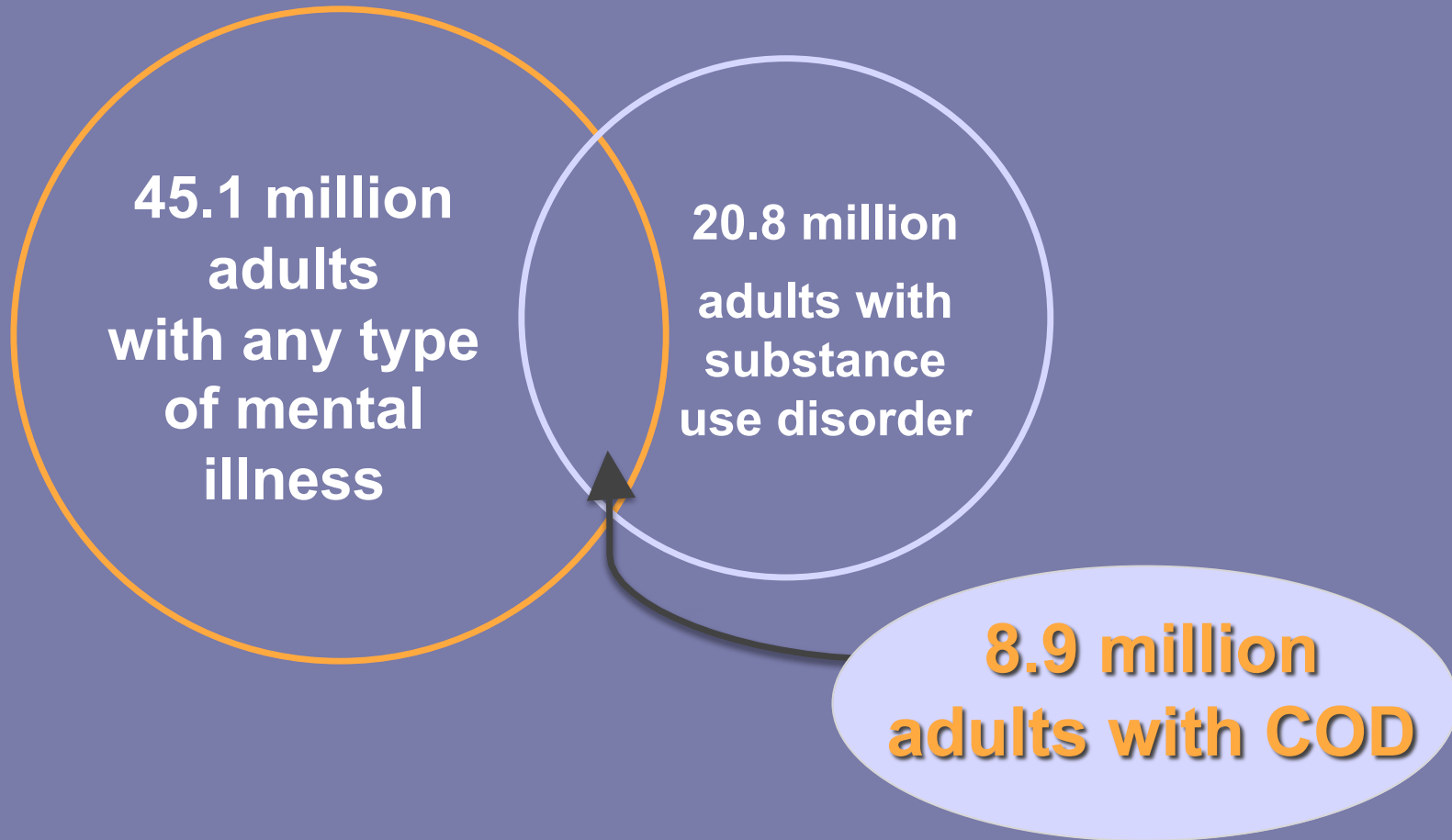
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*We're Co-occurring!*

- Since 2008

**New York State OMH & OASAS  
outpatient clinics are moving toward  
a COD capable status**

# Rates of Mental, Substance Use, & Co-occurring Disorders (Conditions)



- Two thirds have a co-occurring medical condition
- Only a small percent receive any treatment

# Addiction Treatment Pyramid



# Costs for Mental Health and Addiction Services

**\$800 billion, annually**

**Both addiction and mental health are major health care concerns.**

**The Affordable Care Act holds promise for improving client access to a full range of services...**

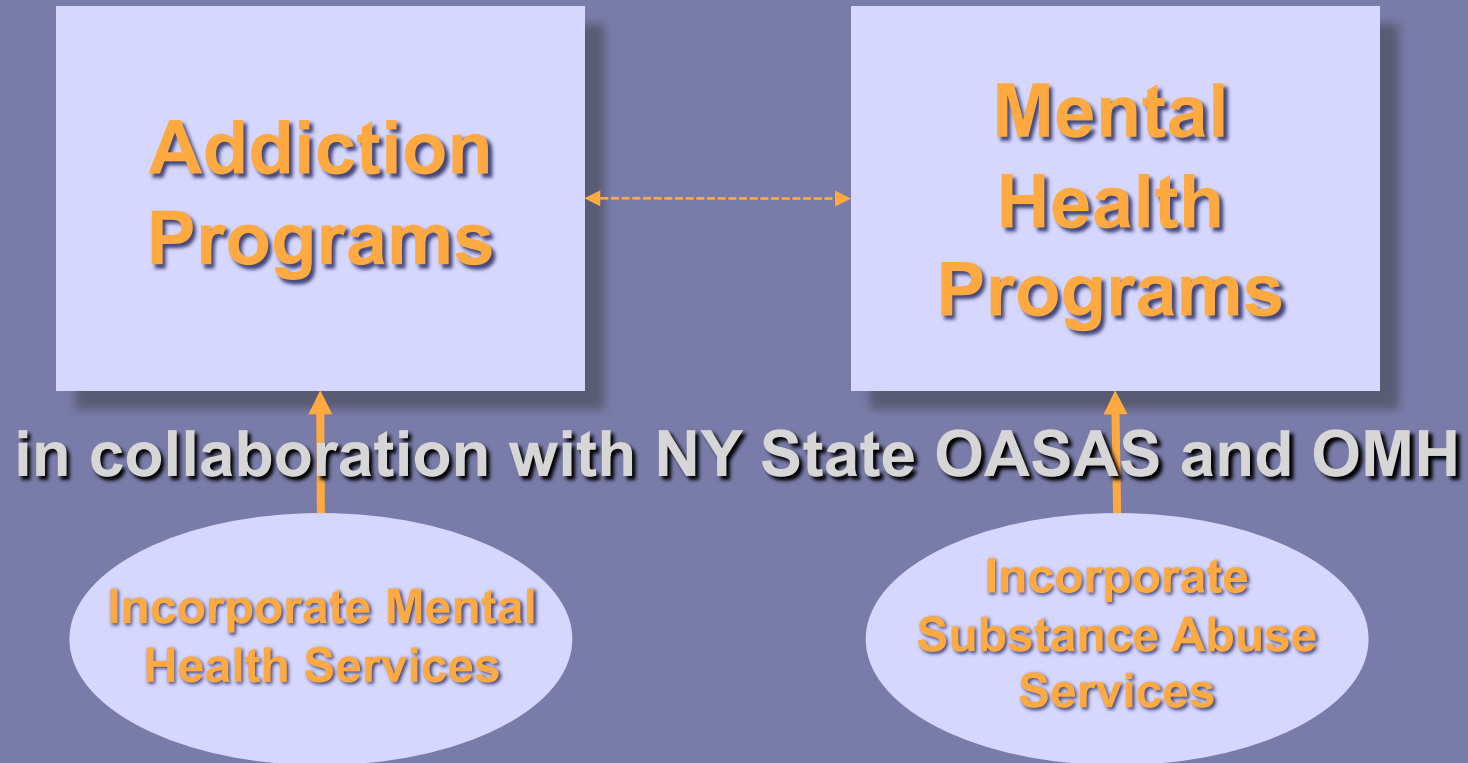
***And many more people may be seeking treatment.***

# CEIC's Assessment

- ◆ CEIC has visited, assessed and advised 603 programs across the across the state.
- ◆ We meet with staff, talk with clients, review records, observe activities, measure program performance, and provide a report how they are doing and how they can improve their services.
- ◆ The assessment includes: the environment, screening, assessment, treatment and training.
- ◆ Uses well-established instruments —
  - Dual Disorder Capability in Addiction Treatment [DDCAT]
  - Dual Disorder Capability in Mental Health Treatment [DDCMHT]

# Achieving Integrated Mental Health and Substance Abuse Services

NYSHealth funds CEIC



to foster Integrated Care in the areas of Screening  
Assessment and Evidence-Based Treatment  
Interventions



# CEIC TA Services have been provided in all regions & in 84% of all counties

## 1 Western Region—

- 101 Cattaraugus
- 102 Chautauqua
- 103 Erie
- 104 Genesee
- 105 Livingston
- 106 Monroe
- 107 Niagara
- 108 Orleans
- 109 Wyoming

## 2 Finger Lakes Region—

- 201 Allegany
- 202 Chemung
- 203 Ontario
- 204 Schuyler
- 205 Seneca
- 206 Steuben
- 207 Tompkins
- 208 Wayne
- 209 Yates

## 3 Central Region—

- 301 Broome
- 302 Cayuga
- 303 Chenango
- 304 Cortland
- 305 Delaware
- 306 Herkimer
- 307 Madison
- 308 Oneida
- 309 Onondaga
- 310 Oswego
- 311 Otsego
- 312 Tioga

## 4 North Country Region—

- 401 Clinton
- 402 Essex
- 403 Franklin
- 404 Hamilton
- 405 Jefferson
- 406 Lewis
- 407 St. Lawrence

## 5 Northeastern Region—

- 501 Albany
- 502 Columbia
- 503 Fulton
- 504 Greene
- 505 Montgomery
- 506 Rensselaer
- 507 Saratoga
- 508 Schenectady
- 509 Schoharie
- 510 Warren
- 511 Washington

## 6 Mid-Hudson Region—

- 601 Dutchess
- 602 Orange
- 603 Putnam
- 604 Rockland
- 605 Sullivan
- 606 Ulster
- 607 Westchester

## 7 Long Island Region—

- 701 Nassau
- 702 Suffolk

## 8 New York City Region—

- 801 Bronx
- 802 Kings
- 803 New York
- 804 Queens
- 805 Richmond





**CEIC TA Services** have been provided  
in all regions & in 84% of all counties

***603 Clinics!***  
**Thanks for your help:**

OMH

OASAS

DOHMH

CLMHD

ASAP

Regional and County Leadership

DRC's

SA/MH clinics

Columbia U

NKI

NYAPRS

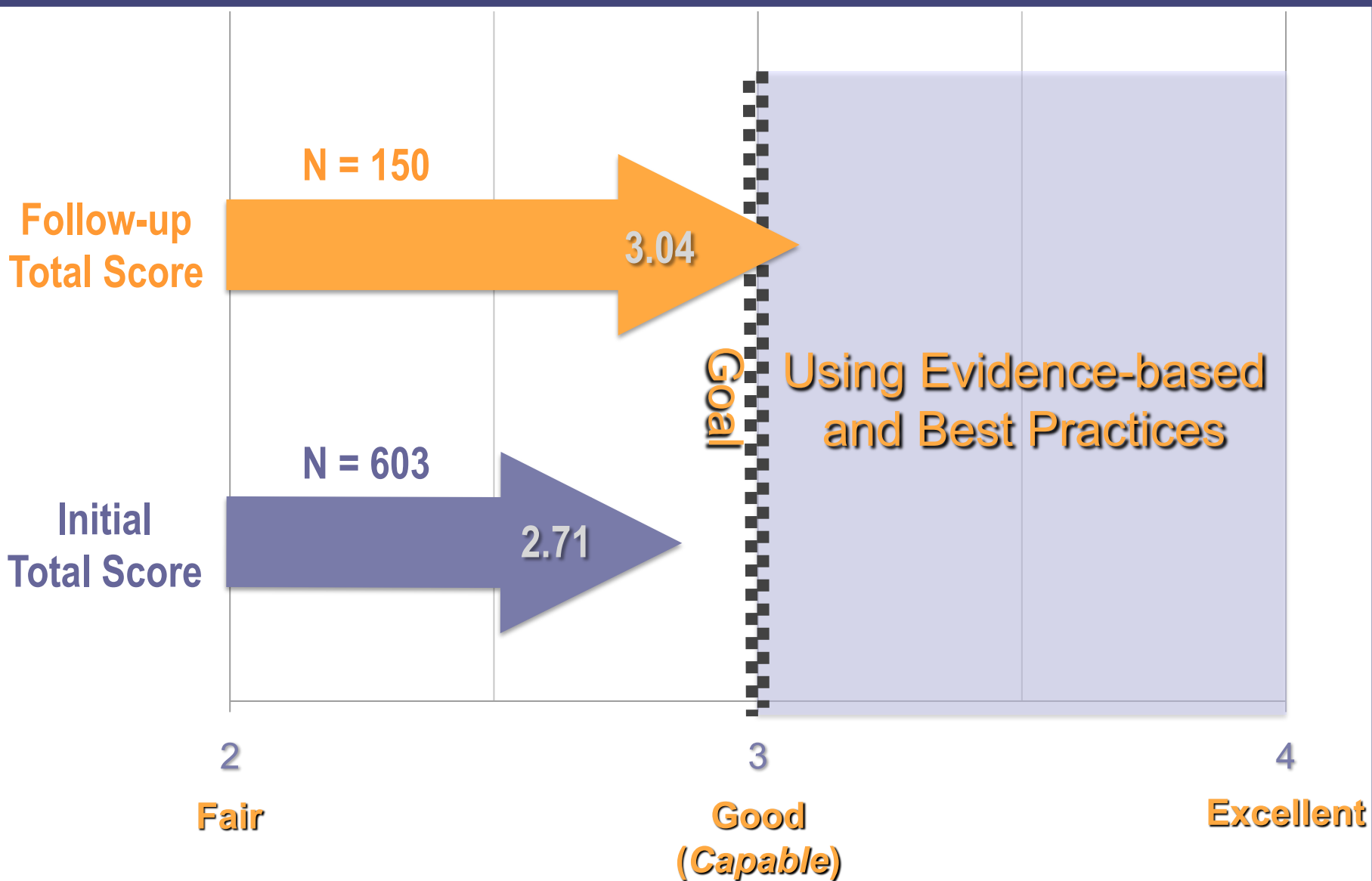
& many others



**CEIC TA Services** have been provided  
in all regions & in 84% of all counties

***And  
Thank You  
to NYSHealth  
especially  
Jim Knickman  
Jacqueline Martinez Garcel  
& Kelly Hunt  
for helping make all of  
this happen***

# Co-Occurring Disorder Capability — Change from Baseline to Follow-up



- ◆ **Site Visit Feedback**
- ◆ **Assessment Report**
- ◆ **Implementation Support**
- ◆ **Workshops**

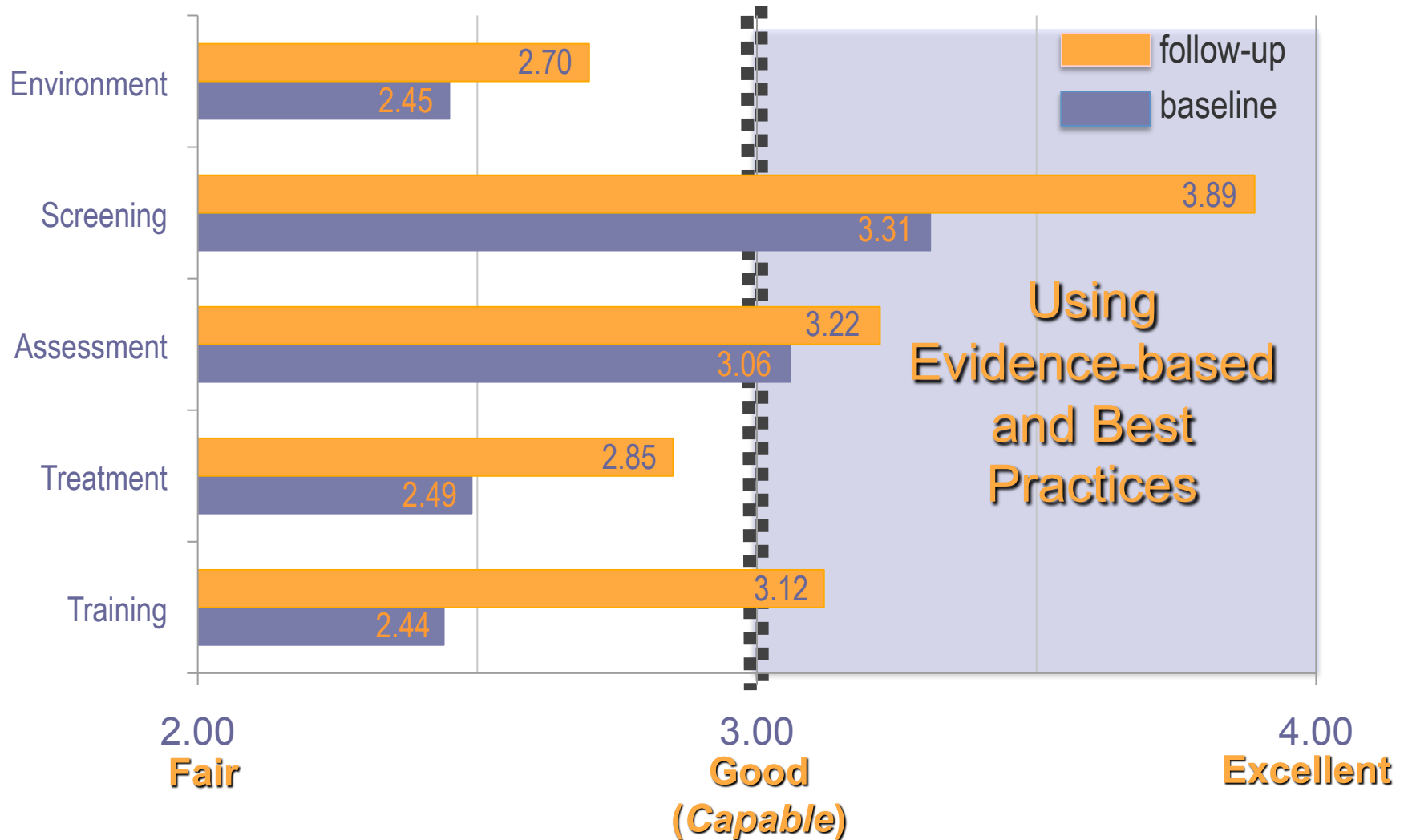
## Also

- ◆ involve leadership
- ◆ foster rapid cycle change;
- ◆ facilitate peer-to-peer learning;
- ◆ and encourage staff training

*Use direct methods to promote realistic program change that improves client care and outcomes*

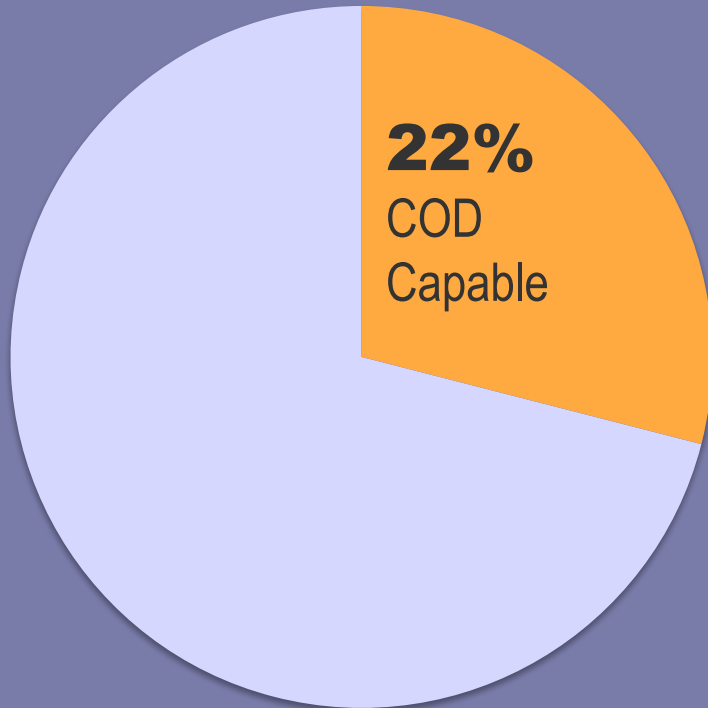
# Co-Occurring Disorders Capability

## Detailed Comparison

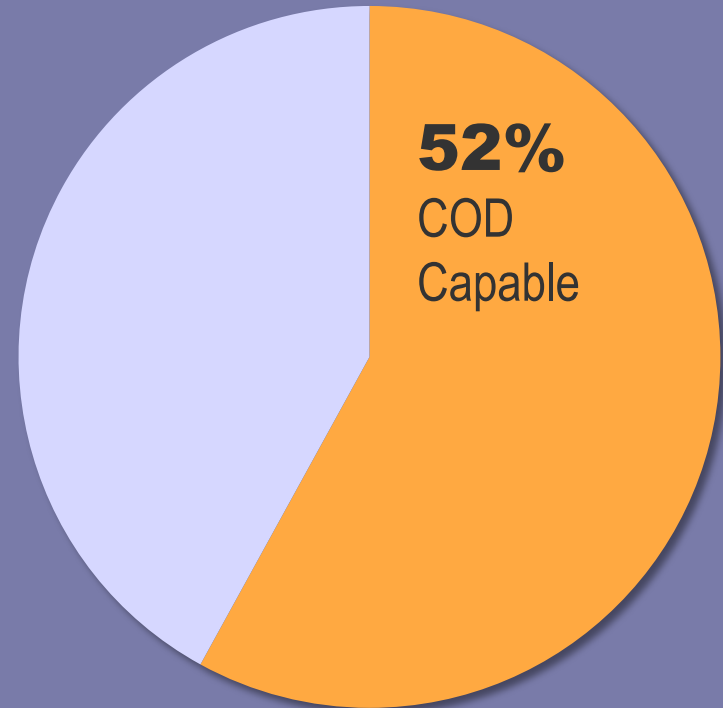


# Percentage of Co-occurring Disorders (COD) Capable Clinics

Baseline

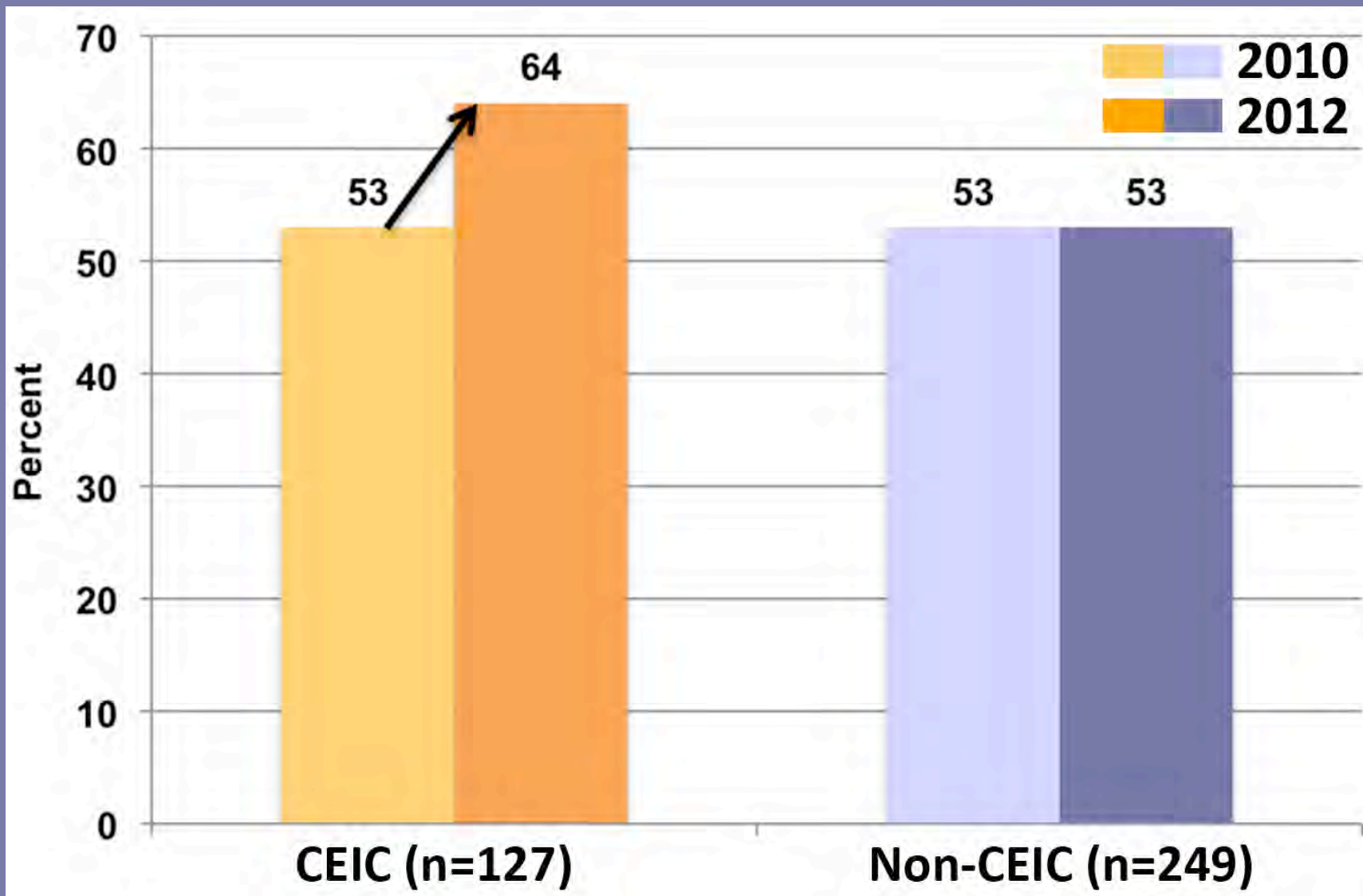


Follow-up



Percentage of COD Capable clinics has  
more than **Doubled**

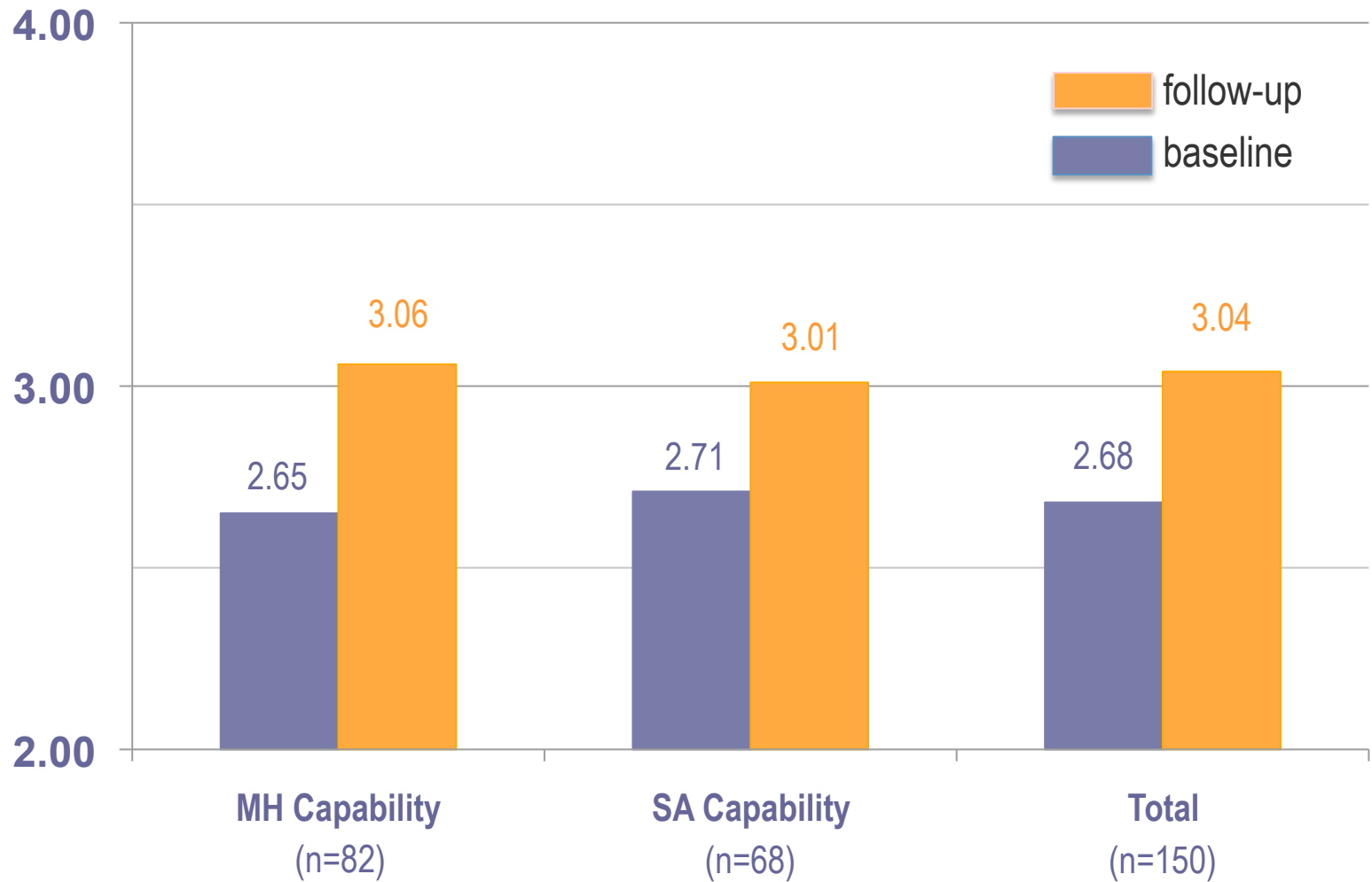
# Service Integration from 2010 to 2012





# Comparison of MH and SA clinics

## Baseline and Follow-up





# Lessons Learned

- ◆ Structured, topic-specific, time-limited learning communities
- ◆ Training and incorporation of other assessors within and across the programs
- ◆ Dedication of resources to the fostering of provider networks
- ◆ Further integration of direct and web-based methods

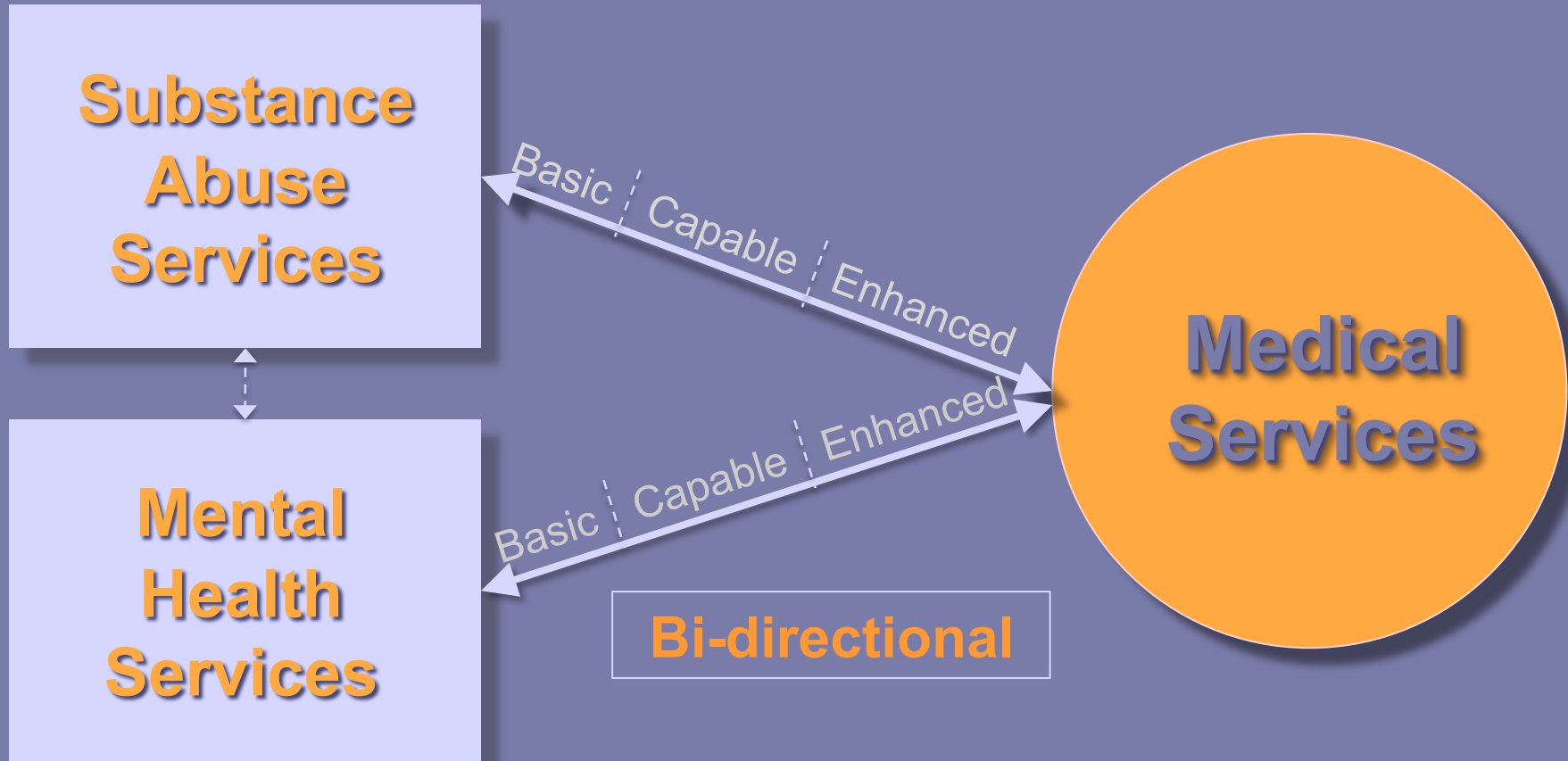
The project had the twin benefits of being the opportunity of a professional lifetime to make a difference in the care of clients and the availability of staff from the NYSHealth who provided tremendous interest, encouragement and support as well as good cheer. We are deeply grateful.

# Applications

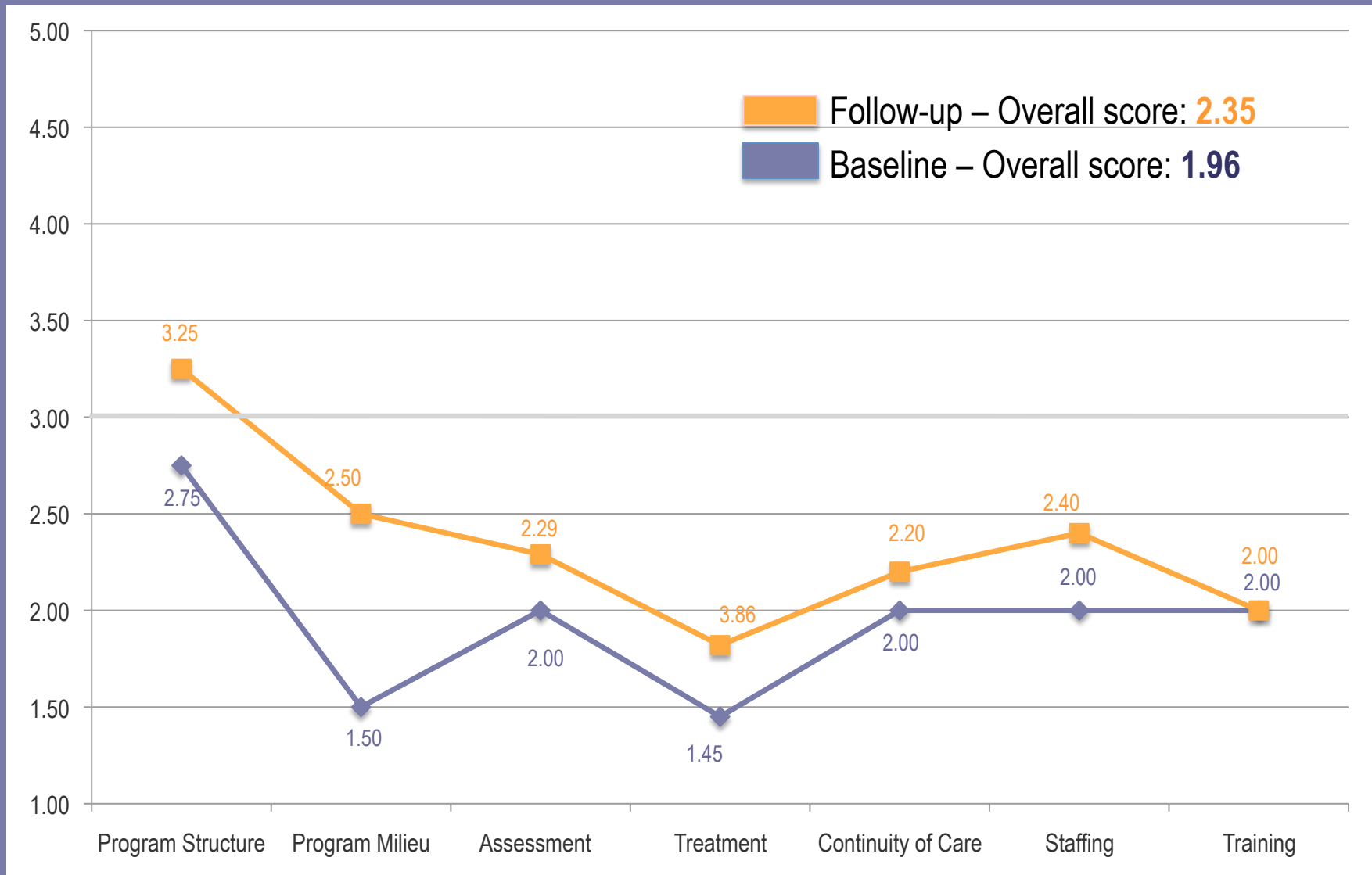
*The activities, approaches and successes in integrating substance abuse and mental health services provide a foundation for the further integration with medical services.*

# The Integration of Behavioral Health & Medical Services

Care Coordination, Comprehensive Case Management, and Transitional Care



# Comparison of initial (baseline) & follow-up DDCHCS assessments in FQHCs



# Summary

- ◆ The system is demonstrating substantial improvement.
- ◆ The number of programs providing integrated care using evidence-based and best practice has doubled, from **22%** to **52%**.
- ◆ These types of improvements are associated with client **reductions** in substance abuse, psychological symptoms, and hospitalizations and **improvements** in employment, housing, and quality of life.
- ◆ **Many clients will lead full and productive lives in the community.**

# Conclusions

*It seems reasonable to conclude that **CEIC's services** contributed to the improvements shown in integrated care and that other statewide activities (e.g., policy changes, directives and trainings) also played an important role.*

# The Work Continues



**Northeast & Caribbean** (HHS Region 2)

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**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

FQHC Pilot project, funded by



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***Thank you for your interest,  
encouragement & support.***

**Stanley Sacks, PHD, Director**

Center for Excellence in Integrated Care (CEIC) &  
Center for the Integration of Research & Practice (CIRP)  
National Development and Research Institutes, Inc.

71 W 23rd Street, 8th Floor  
New York, NY 10010

TF 877.888.6677 ♦ tel 212.845.4400 ♦ fax 212.845.4650

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