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
New York State OMH & OASAS outpatient clinics are moving toward a COD capable status
45.1 million adults with any type of mental illness

20.8 million adults with substance use disorder

8.9 million adults with COD

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

(http://www.samhsa.gov/co-occurring/topics/data/disorders.aspx)
Addiction Treatment Pyramid

- Addiction ~ 25,000,000
- In Treatment ~ 2,300,000
- Diabetes ~ 24,000,000
- “Harmful Use” — 60,000,000
- Little or No Use

(Little)

(Lots)

(McLellen, 2011)
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.

(National Center on Addiction & Substance Abuse [NCASA], 2012; Reeves et al., 2011)
CEIC's Assessment

- CEIC has visited, assessed and advised 603 programs 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]
NYSH health funds CEIC

Addiction Programs

in collaboration with NY State OASAS and OMH

Mental Health Programs

Incorporate Mental Health Services

Incorporate Substance Abuse Services

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
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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 NYSHHealth
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

- Initial Total Score: N = 603, Score: 2.71 (Fair)
- Follow-up Total Score: N = 150, Score: 3.04 (Capabilities)

Using Evidence-based and Best Practices
Implementation Approaches and Principles

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

Percentage of COD Capable clinics has more than Doubled
Service Integration from 2010 to 2012

- CEIC (n=127): 53 in 2010, 64 in 2012
- Non-CEIC (n=249): 53 in 2010, 53 in 2012
Comparison of MH and SA clinics

Baseline and Follow-up

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<th>MH Capability</th>
<th>SA Capability</th>
<th>Total</th>
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<td>2.65</td>
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<tr>
<td>(n=150)</td>
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follow-up

baseline
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 NY SH ealth who provided tremendous interest, encouragement and support as well as good cheer. We are deeply grateful.
The activities, approaches and successes in integrating substance abuse and mental health services provide a foundation for the further integration with medical services.
Care Coordination, Comprehensive Case Management, and Transitional Care

The Integration of Behavioral Health & Medical Services

Substance Abuse Services

Mental Health Services

Medical Services

Basic  Capable  Enhanced

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

Follow-up – Overall score: 2.35
Baseline – Overall score: 1.96
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.
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

FQHC Pilot project, funded by The Nicholson Foundation
References


Dual Diagnosis Capability in Health Care Settings (DDCHCS) Index v3.0. Addiction Health Services Research, Dartmouth Psychiatric Research Center (PRC), Geisel School of Medicine, 85 Mechanic Street, Ste B4-1, Lebanon, NH 03766. Retrieved February 14, 2013, online at [http://ahsr.dartmouth.edu/docs/DDCHCS.Version3.0.pdf](http://ahsr.dartmouth.edu/docs/DDCHCS.Version3.0.pdf)


National Center on Addiction & Substance Abuse [NCASA], 2012;


[http://www.samhsa.gov/co-occurring/topics/data/disorders.aspx](http://www.samhsa.gov/co-occurring/topics/data/disorders.aspx)
Contact Information

Thank you for your interest, encouragement & support.

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