

New York State Health Foundation
Center for Excellence
in Integrated Care (CEIC):
Support for Health Care Institutions

Richard N. Rosenthal, MD
Chairman, Department of Psychiatry
St. Luke's Roosevelt Hospital Center (SLR)
Steering Committee, CEIC

CEIC Consultative Capacity

- Using systemic assessment tools to map out program strengths and weaknesses related to clinical integration of substance use disorder and other mental disorders treatment:
 - The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index
 - Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index

CEIC Program Site Visit

- Ethnographic observations of the milieu and physical settings;
- Focused but open-ended interviews of agency directors, clinical supervisors, clinicians, medication prescribers, support personnel, and patients; and
- Review of documentation such as medical records, program policy and procedure manual, brochures, daily patient schedules, telephone intake screening forms, and other materials that may seem relevant.
- Seven evaluation dimensions: Program structure, milieu, clinical assessment, clinical treatment, continuity of care, staffing, and training
- 35-item benchmark rating system with scores on a 5-point scale

DDCAT Scoring Zones

- A score of 1 = program focused on providing services to persons with substance use disorders, Addiction Only Services (AOS).
- A score of 3 = program capable of providing services to some individuals with co-occurring substance use and other mental disorders, but more capacity to serve individuals with Substance Use Disorders (SUDs), Dual Diagnosis Capable (DDC).
- A score of 5 = program capable of providing full and equal services to any individual with co-occurring substance use and other mental disorders, Dual Diagnosis Enhanced (DDE).

DDCMHT Scoring Zones

- A score of 1 = program focused on providing services to persons with non-substance use mental disorders, Addiction Only Services (AOS).
- A score of 3 = program capable of providing services to some individuals with co-occurring substance use and other mental disorders, but more capacity to serve individuals with non-SUD mental disorders, Dual Diagnosis Capable (DDC).
- A score of 5 = program capable of providing full and equal services to any individual with co-occurring substance use and other mental disorders, Dual Diagnosis Enhanced (DDE).

SLR Site Visit

- Psychiatric Recovery Center (PRC) 2/5/2009 DDCMHT
 - scored 3.92 out of 5: Dual Diagnosis Capable (DDC) to Dual Diagnosis Enhanced (DDE)
 - Only 20-21% reach a score of 3 (DDC) in nationwide research.
- Recommendations:
 - include peers and mutual self-help and alumni.
 - Provide Co-occurring Disorders (COD) patient education in the waiting areas for education and to state that this clinic is an accepting clinic of our COD clients.
 - Increase Evidence-Based Therapy (EBT) assessment and interventions.
 - Increase COD content in non COD groups.
 - Continue training

DDCAT Summary Profile: St. Lukes Roosevelt Hospital: PRC

DDE

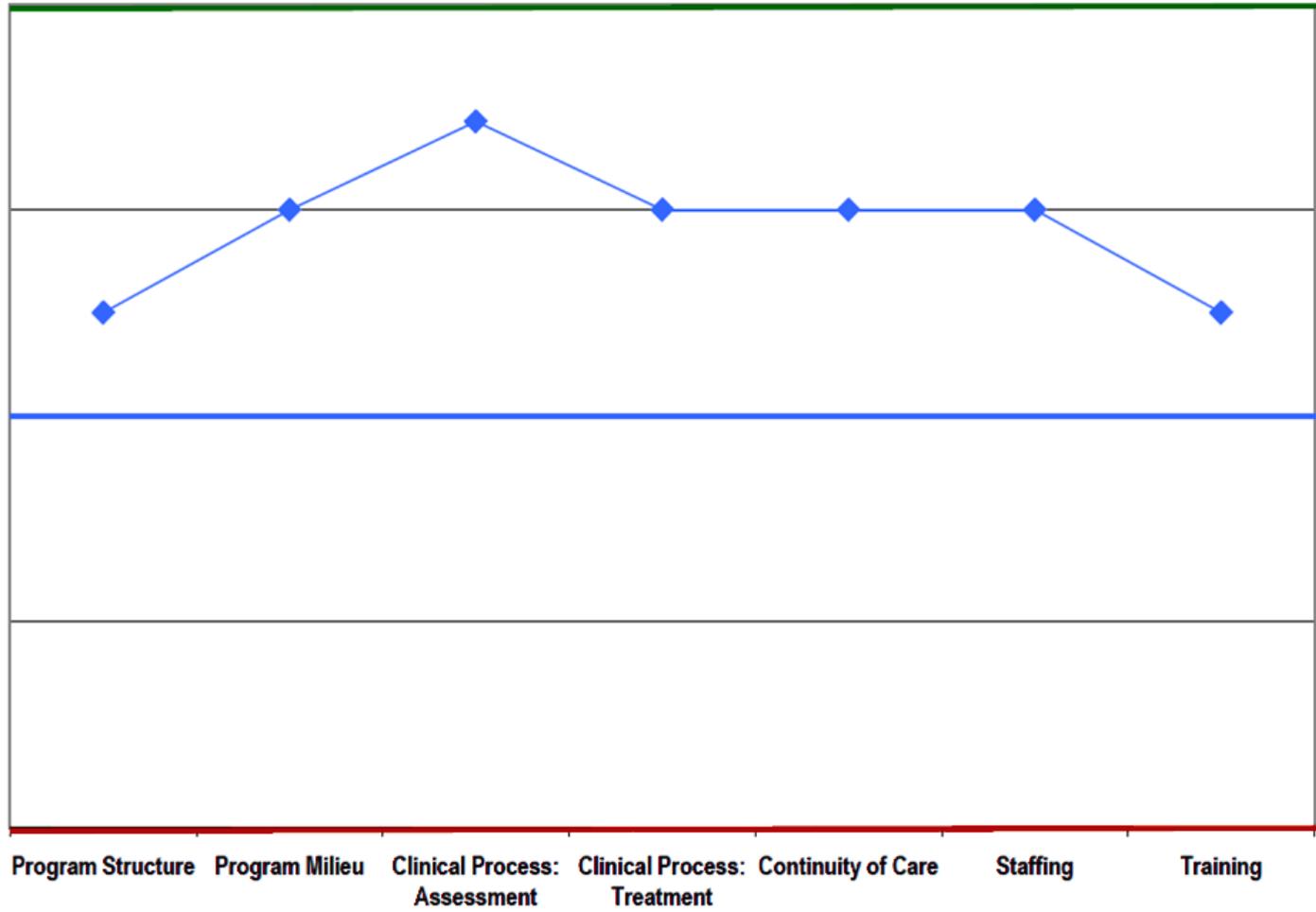
Dual Diagnosis
Enhanced: Full capability for providing services to any client with COPSD and the ability to address both disorders fully and equally.

DDC

Dual Diagnosis Capable: Some capability for providing services to individuals with COPSD, while retaining a primary emphasis on serving individuals with substance use disorders only.

AOS

Addiction Only Services: Only providing services to clients with substance use disorders.



SLR Site Visit

- Recommendation Responses:

- include peers, mutual self-help and alumni. *Double Trouble group was run sporadically by a peer and attended sporadically, trying to re-start.*
- Provide COD patient education in the waiting areas for education and to state that this clinic is an accepting clinic of our COD clients. *Substance Abuse and Mental Health Services Administration (SAMHSA) and American Psychological Association (APA) resources are available but have to be frequently restocked as the patients take them!*
- Increase EBT assessment and interventions. *Purchased 3 protocols including Integrated Dual Disorders Treatment (IDDT), ordered a breathalyzer and saliva swabs and cups.*
- Increase COD content in non COD groups. *Added Motivational Interviewing (MI) interventions in other groups.*
- Continue training. *Clinical Director of Addiction institute led case discussion on MI techniques*

SLR Site Visit

- Psychiatric Recovery Center Revisit 9/21/2011 DDCMHT
 - Follow-up score 3.96 out of 5: Dual Diagnosis Capable (DDC) to Dual Diagnosis Enhanced (DDE)
- Further Recommendations:
 - Review how chemical use is assessed in the intake process.
 - Provide an in-service for clinicians to review how to diagnose SUD.
 - Incorporate the concept of stages of change in group .
 - Construct an orientation group for clients with SUD lead by a peer.
 - See training resources on line and in Treatment Improvement Protocol (TIP) 42

SLR Site Visit

- Trinity House Outpatient visit 12/19/2008 DDCAT
 - Follow-up score 3.47 out of 5: Dual Diagnosis Capable (DDC) to Dual Diagnosis Enhanced (DDE) range, most programs nationally (69-70%) are rated AOS; NYS average 125 programs= 2.66
- Recommendations “opportunities for enhancement”:
 - More visibility of materials patient education would enhance the environment and culture in this program.
 - A mental health screener at intake could provide an important check and may preclude a more resource intensive diagnostic and assessment process.
 - A more formalized internal policy on the relationship between the screening score on the Modified Mini Screen (MMS) and the type of assessment that is undertaken.
 - Formal treatment plans are focused primarily on substance use disorders, with mental health disorders viewed as secondary.
 - recommend increasing co-occurring focused interventions for those who don't attend the COD group.

DDCAT Summary Profile: St Lukes's Roosevelt: Trinity House

DDE

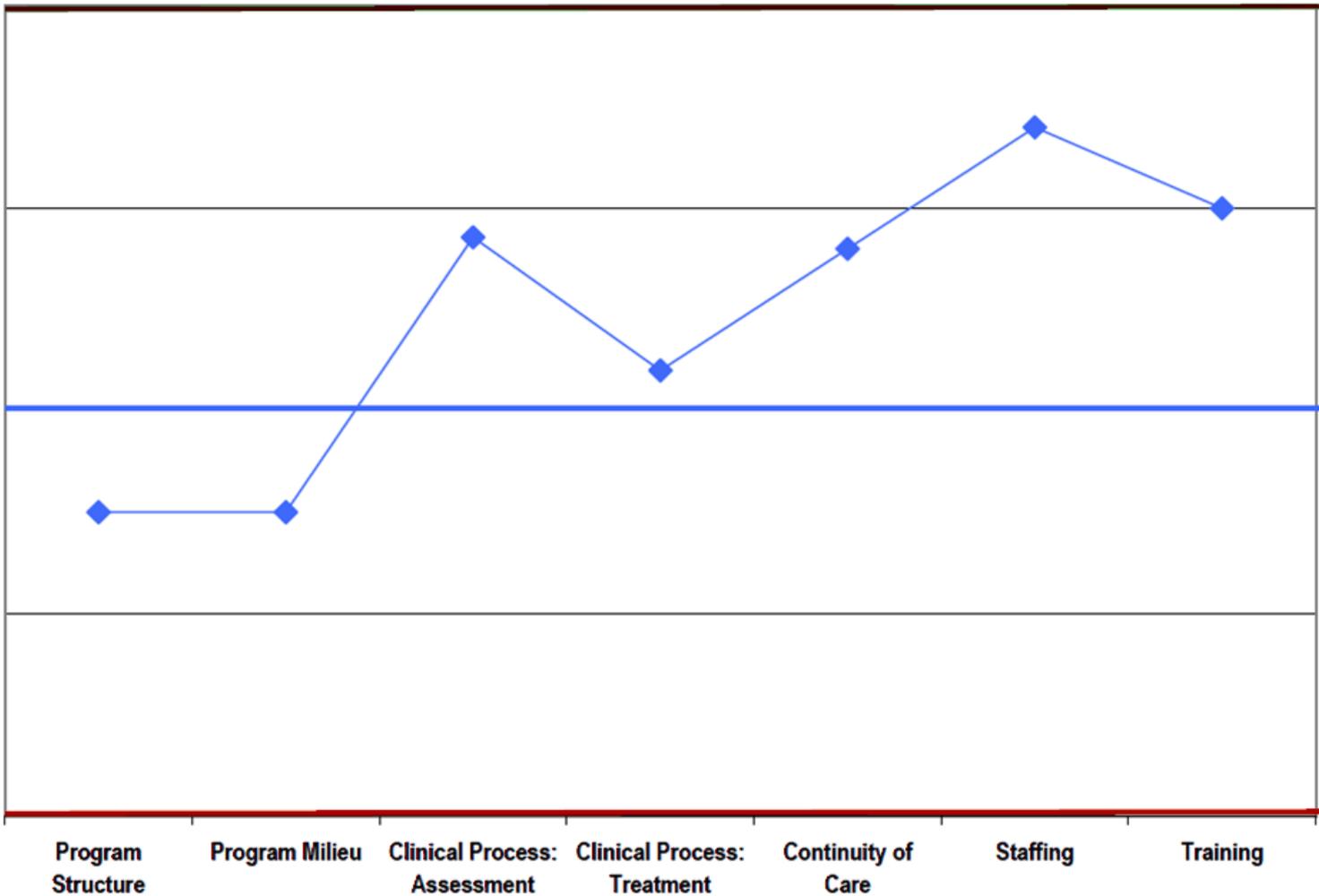
Dual Diagnosis Enhanced: Full capability for providing services to any client with COPSD and the ability to address both disorders fully and equally.

DDC

Dual Diagnosis Capable: Some capability for providing services to individuals with COPSD, while retaining a primary emphasis on serving individuals with substance use disorders only.

AOS

Addiction Only Services: Only providing services to clients with substance use disorders.



SLR Site Visit

- Opioid Treatment Program visit 4/6/2010 DDCAT
 - Score 3.28 out of 5: Dual Diagnosis Capable (DDC)+ range; 125 programs surveyed in New York State the average score is 2.66
- Recommendations “opportunities for enhancement”:
 - Enhance the mission statement or service description in order to reflect that you are more than a substance abuse only service.
 - Strengthen the treatment options for those with mild to moderate mental health conditions and explore more formal collaborations for those with severe and persistent mental illness
 - The addition of a validated screen recommended for substance abuse treatment settings: MMS; Mental Health Screening Form III (MHSF-III); and K6 Brief Screening Scale (Kessler) can serve as a quality control mechanism to increase the likelihood that all clients with mental health conditions will be detected
 - Clinicians are familiar with client stages of readiness to change , but its adoption is more related to clinician preference than a core approach

Assessing Integration of Behavioral Health and Primary Care Services

- Dual Diagnosis Capability in Health Care Settings (DDCHCS)
- Coming soon: Integrated Health Care Capability in Behavioral Health Services (IHCCBHS)