Getting to “Capable” — a Snapshot of New York State’s Outpatient System

Stanley Sacks, PHD – Director of CEIC at NDRI

presentation to — Addiction Health Services Research (AHSR) 2011 — “Service Integration Across the Spectrum: Client, Interventions, Organizational and Funding Agencies”

October 4th, 2011
George Mason University, Fairfax, VA
What has CEIC learned?

CEIC Daily

no.203.078

We’re Co-occurring!

- Since 1977

New York State OMH & OASAS outpatient clinics are moving toward a COD capable status
What is CEIC’s purpose?

**Fosters the implementation** of integrated care in screening, assessment, and evidence-based interventions for New York State (NYS) residents with co-occurring conditions and facilitates OMH, OASAS and New York State Health Foundation initiatives in this area.

Funded by New York State Health Foundation
What does CEIC do?

Provides technical assistance
(hands-on, intensive, and longitudinal)

- Focuses on program change
- Engages Leadership
- Performs on-site assessments
- Presents site reports
- Conducts provider forums
- Builds collaborations and informal networks
- Holds Peer Recovery Workshops
- Supplies ongoing support, guidance, and consultation
- Links programs to resources; such as FIT, TIP 42, other trainings and curricula
Number of Direct Technical Assistance & Assessment Activities (DDCA[MH]T)

- **Year 1** (Nov ‘08 – Dec ‘09): 86
- **Year 2** (Nov ‘09 – Oct ‘10): 165
- **Year 3** (Nov ‘10 – Oct ‘11): 200
- **Year 4** (Nov ‘11 – Oct ‘12) – projected: 200
CEIC TA Services have been provided in about $\frac{3}{4}$ of the state’s regions/counties.
**CEIC Assessment Methods**

- **Uses DDCA[MH]T**
  (Dual Disorder Capability in Addiction Treatment and Dual Disorder Capability in Mental Health Treatment)

- **Samples individual clinics within regions**

- **Employs direct onsite observation**

- **Scores and reports on 7 domains and overall**

- **Makes specific recommendations to raise capability**

- **420 assessments to date**
# Levels of Capability

(DDCAT or DDCMHT survey)

<table>
<thead>
<tr>
<th>Dimensions of Capability</th>
<th>Levels of Capability</th>
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<tbody>
<tr>
<td></td>
<td>SA/MH only</td>
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| I  | Program Structure | Program mission, structure and financing, format for delivery of co-occurring services. |
| II | Program Milieu    | Physical, social and cultural environment for persons with mental health and substance use problems. |
| III| Clinical Process: Assessment | Processes for access and entry into services, screening, assessment & diagnosis. |
| IV | Clinical Process: Treatment | Processes for treatment including pharmacological and psychosocial evidence-based formats. |
| V  | Continuity of Care | Discharge and continuity for both substance use and mental health services, peer recovery supports. |
| VI | Staffing          | Presence, role and integration of staff with mental health and addiction expertise, supervision process |
| VII| Training          | Proportion of staff trained and program's training strategy for co-occurring disorder issues. |
Recommendations: Getting to “Capable”

- Provide educational material for both disorders
- Develop a unique service statement
- Implement one of the state-recommended standardized screening instruments
- Use assessment data to inform the treatment plan
- Ensure inclusion of mental health and substance abuse content in all groups
- Allow co-occurring issues to flow freely in group and individual sessions
- Offer psycho-educational classes on mental health and substance abuse issues
- Provide dual recovery treatment groups
- Urge staff to enroll in FIT web-based learning
- Refer to and use TIP 42 and its associated training curriculum

*Easy to employ and conserves resources*
Scores based on DDCA[MH]T = Dual Diagnosis Capability in addiction [Mental Health] Treatment Index

Transformation of the Service System may be said to occur when the majority of outpatient clinics are rated capable or above.
Survey designed to obtain EBP integration by implementation stages (Fixsen et al.)

Added items on COD in collaboration with CEIC (and NKI) to assess COD practices

Sent to all OASAS certified programs

Rated on a 5-point implementation scale

1. Exploration
2. Installation
3. Implementation
4. Innovation
5. Sustainability

Employs drop-down menu of additional questions to increase the accuracy of reporting

Response rate 96% of all licensed programs
# Local Services Plan (LSP) Survey Tool (sample page)

## Screening and Assessment:

<table>
<thead>
<tr>
<th></th>
<th>Implementation Stage</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Screening for Co-Occurring Disorders</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>B.</td>
<td>Assessment for Co-Occurring Disorders</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>C.</td>
<td>Other (Specify):</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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## II. Clinical Practices and Interventions specific to treating patients with Co-occurring Disorders:

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<thead>
<tr>
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<th>Implementation Stage</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.</td>
<td>Motivational Interviewing (MI)</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>N.</td>
<td>Cognitive-Behavioral Therapy (CBT)</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>O.</td>
<td>Contingency Management (CM)</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>P.</td>
<td>Behavioral Couples Therapy (BCT)</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>Q.</td>
<td>Mutual Self-Help Groups</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>R.</td>
<td>Other (Specify):</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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## V. Achieving Integrated Care / Services for treating patients with Co-occurring disorders:

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<thead>
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<th>Implementation Stage</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.</td>
<td>Achieving Integrated Care / Services for treating patients with Co-occurring disorders</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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</table>
Evidence-Based Practices and Evidence-Based Interventions: Level of Implementation

Level of Implementation Scale:
5 = Sustainability
4 = Innovation
3 = Implementation
2 = Installation
1 = Exploration
0 = Not applicable (hasn’t moved to implement at all)
Screening, Assessment, Integrated Services Based on OASAS Survey (Level 5)

- Screening: 45%
- Routine Integrated Assessment: 45%
- Integrated COD Services: 35%
- Evidence Based Practices: 23%

Depicts sustained Level 5 programmatic use
Evidence-Based Treatment for COD Based on OASAS Survey (Level 5)

About \(\frac{1}{4}\) regularly employ evidence-based interventions

- **Total**: 23%
- **Motivational Interviewing**: 35%
- **Cognitive Behavioral Therapy**: 40%
- **Contingency Management**: 11%
- **Behavioral Couples Therapy**: 7%
- **Mutual Self-help**: 21%
Comparative Survey Results

Findings from both surveys almost identical

- Screening: CEIC 45% vs. OASAS 45%
- Routine Integrated Assessment: CEIC 40% vs. OASAS 45%
- Integrated COD Services: CEIC 32% vs. OASAS 35%
- Evidence Based Practices: CEIC 23%
The strategic plan to reach & penetrate more than 1,000 out-patient substance abuse & mental health clinics over 4 years

Direct (“hands-on”) Technical Assistance

- DRCs
- FIT
- Regional / County Networks
- Web-based “Quick Guide”

Amplifies Direct TA & Promotes Sustainability
Evaluation Plan
How will we know the system status?

1) Follow up DDCA[MH]T survey on representative sample (n=150)

2) Follow up on OASAS survey — planned for 2012

3) Analysis combining these data sources (as briefly illustrated here)

4) Focus groups

5) Case studies

6) Brief web-based survey
There exists a clear and increasingly positive picture of the status of OMH and OASAS outpatient clinics regarding evidence based practices and interventions

- 45% for screening
- 40% for assessment
- ⅓ for integrated services
- ¼ for evidence based interventions
- Total Capability score – 2.70

Transformation of the Service System may be said to occur when the majority of outpatient clinics are rated capable or above

OMH and OASAS outpatient clinics are moving toward a COD capable status
The project is significant in its:

- Promise of improving the health of NYS residents with co-occurring conditions
- Potential to reduce health disparities
- Ability to inform allocation of resources
- Capacity to effect system transformation in the delivery of services

Implications for health care reform:

- Development and field testing of new instruments with Mark McGovern for the provision of technical assistance and to measure the degree of integration with primary care
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