



NYSHealth
Center for Excellence
in Integrated Care

Commissioners' Letters to Clinic Directors

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Commissioners' Letters to Directors of OHM- & OASAS-Licensed Clinics

*Improving Services for Adults with
Co-occurring Mental Health &
Substance Use Conditions*

20 June 2008 & 31 July 2008
from OMH Commissioner Michael Hogan &
OASAS Commissioner Karen Carpenter-Palumbo

New York State Office of Mental Health (OMH)
http://www.omh.state.ny.us/omhweb/resources/providers/co_occurring/adult_services/20080731_itr.pdf

New York State Office of Alcoholism & Substance Abuse Services (OASAS)— Combined documents
<http://www.oasas.state.ny.us/pio/collaborate/documents/co-occurring.pdf>



NEW YORK STATE

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

1450 Western Avenue, Albany, New York 12203-3562
Karen M. Carpenter-Palumbo, Commissioner

OFFICE OF MENTAL HEALTH

44 Holland Avenue, Albany, New York 12229
Michael F. Hogan, Ph.D., Commissioner

June 20, 2008

Dear Colleague,

We are writing this letter to update you on our collaborative interagency work to improve services to people with co-occurring mental and substance use disorders and their families. We launched the planning phase of this initiative in May 2007 and are pleased to announce the beginning of its implementation that, with your assistance, will lead to improved care for those that turn to us for services.

Integrating care for people with co-occurring disorders is essential. We know from New York State Medicaid data that 60% of individuals with a substance use disorder claim also have a psychiatric disorder and that 51% of people with the diagnosis of schizophrenia also have a co-occurring substance use diagnosis. National data indicate that only 8% of persons with co-occurring disorders receive treatment for both disorders. Unless both conditions are detected and effectively treated, a person will have little chance of recovering from either. In the Patient-First philosophy of Governor Paterson's administration, fragmented, "silo-based" care for persons with co-occurring disorders is unacceptable, and as Commissioners of the mental health and addiction service delivery systems, we are committed to changing the status quo.

Since our endorsement of the work of the Co-Occurring Disorder (COD) Task Force in November 2007, we have led an interagency team charged with implementing the Task Force's recommendations in four areas:

- ◆ Clinical: Introduce screening and assessment tools in all OASAS and OMH certified outpatient clinics and implement evidence-based practices (EBPs) to treat both conditions.
- ◆ Regulatory: Identify means by which providers would have greater operating flexibility to better engage and retain persons with co-occurring disorders.
- ◆ Fiscal: Identify means by which integrated care can be financially supported.
- ◆ Systemic Support: Encourage local innovation.

We are very pleased to report on our implementation team's work. They have presented these actions to the Advisory Group of stakeholders, and will continue to seek their guidance, as well as to reach out to the entire community of mental health and substance abuse leaders as we move forward.

1. Clinical: Screening and Assessment:

This summer we will issue a *Guidance Memo* recommending specific *Mental Health screens* for OASAS certified clinics to choose from (the Modified Mini Screen (MMS), the Mental Health Screening Form III (MHSF-III) or the K-6 [Kessler]) and *Substance Use screens* for OMH-certified clinics to choose from (the Modified Simple Screening Instrument for Substance Abuse (MSSI-SA)),

the CAGE-AID and the ASSIST). The Guidance Memo will detail information on these screens to assist providers in choosing the best one for their population. In addition, we will also provide guidance on the clinical *Assessment* that people with COD warrant. We are not recommending any specific form but we will specify areas that would provide the quality assessment needed. We believe that instituting these clinical practices will improve the detection and treatment planning that has heretofore not adequately served our recipients and their families.

We are strongly encouraging all certified outpatient providers to adopt the screening and assessment tools. A Clinical Team of national leaders in the field of co-occurring disorders recommended the selection of these instruments after a thorough review of the evidence base and our Advisory Group endorsed their recommendations. Training and technical assistance will be available through the Co-occurring Disorder Center of Excellence, which we discuss below.

2. Evidence-Based Treatment:

Recognizing the complex challenges posed in treating a person with co-occurring disorders, our agencies are committed to the delivery of Evidence-Based Practices that support integrated treatment. Towards that end we have identified the following EBPs for adoption at OMH and OASAS clinics:

- ◆ For both disorders—approved medications
- ◆ For substance use disorders—evidence-based individual, group, couples, and family treatments, including motivational enhancement, CBT, 12-step facilitation, behavioral couples and family therapy and contingency management
- ◆ For mental illnesses (e.g., depression, anxiety and personality disorders)—CBT and medication
- ◆ For serious mental illnesses—managing illness (e.g., Integrated Dual Diagnosis Treatment, education, medication, and CBT), family psychoeducation, supported employment, social skills training and peer support

Training and technical assistance in EBPs also will be available to counties and providers as part of our implementation plan.

3. Regulatory Reform:

Integrated treatment will be made more possible by enabling OMH and OASAS Clinics to provide care with a single certification. In other words, services associated with substance use and mental disorders will be able to be provided for people with COD in either OASAS or OMH certified clinics, using identified EBPs and credentialed providers, without the need for dual certification.

We believe that if integrated treatment is provided under a single certification, a number of commonly expressed regulatory concerns in treating persons with co-occurring disorders will not be as problematic as they are currently perceived to be. We will be releasing a set of Frequently Asked Questions (FAQs) that will explain this capability in more detail as well as develop a process for technical assistance and managing ongoing request for regulatory relief for providers when and as they need it.

4. Fiscal Reform:

To support the provision of EBPs, OMH and OASAS are in discussion with the Department of Health (DOH) regarding the proper use of existing rate codes and other means by which to compensate providers for these specific services. We anticipate that any fiscal practices established in the

near future will serve as a bridge to the Ambulatory Patient Group codes (which involve severity coding and payment) under development by the DOH, in collaboration with our agencies.

5. Local Innovation:

Finally, in order to encourage systemic support, we are prepared to work with any provider or county that wishes to restructure its services to become more integrated and patient-centered within its existing budget.

We also want to recognize and express our great appreciation to the **New York State Health Foundation** for its generous commitment of \$5 million over the next four years to establish a **COD Integrated Treatment Center of Excellence**. The Foundation anticipates selecting an awardee to establish and open this Center by October of this year. The Center will play a critical role in the dissemination and training needed to make our initiative a reality.

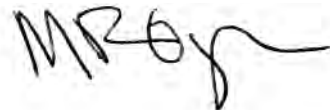
The work of the Task Force and its implementation team has to date focused on adults needing services. We are also pleased to announce the beginning of an **Adolescent Task Force** that will provide recommendations specific for this population. This Task Force is co-chaired by Maria Morris-Groves (OASAS) and Dr. Stewart Gabel (OMH).

An undertaking of this magnitude, that will involve all OASAS and OMH clinics and the patients and the families they serve, will depend not only on the fine work to date but an ongoing commitment, focus and resolve on all our parts to finally be able to deliver treatment that can work for so many people in need.

Thank you,



Commissioner Karen M. Carpenter-Palumbo



Commissioner Michael Hogan



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Michael F. Hogan, Ph.D., Commissioner

July 31, 2008

Dear OMH or OASAS Clinic Director:

As a follow-up to our June 20, 2008 letter, we are pleased to share with you the products, to date, of our collaborative interagency efforts intended to improve services to adults with co-occurring mental health and substance use disorders, and their families. We know that unless both conditions are detected and effectively treated, there is little chance of recovery from either. These products will be instrumental to the implementation plan in development.

Enclosed are the following: information on instruments to screen for mental illness and substance use, with related guidance; a document describing recommended assessment domains; frequently asked questions related to the provision of integrated treatment; and a Memorandum of Understanding, which underscores the shared commitment of the Office of Alcoholism and Substance Abuse Services (OASAS) and the Office of Mental Health (OMH) to the provision of integrated treatment, as well as the shared understanding of the operational flexibility needed to support that goal. Each of these documents is described in greater detail below.

SCREENING

We are strongly encouraging all OMH and OASAS clinics to screen all clinic recipients for co-occurring substance use or mental health disorders, depending on the setting. A selection of three screening instruments for each of the two clinic types has been identified by a team of national clinical leaders. For OASAS clinics, these are: Modified Mini Screen (MMS); Mental Health Screening Form III (MHSF-III); and K-6 (Kessler). For OMH clinics, these are: Modified Simple Screening Instrument for Substance Abuse (MSSI-SA); CAGE-AID; and ASSIST. Guidance information related to the rationale for screening, as well as descriptions of each instrument, is enclosed.

ASSESSMENT

All clinics are also strongly encouraged to assess all individuals who screen positive on one of the above instruments. While no specific form is recommended, key components of a quality assessment have been identified. A detailed description of the domains of assessment is enclosed.

REGULATORY REFORM

Although the concept of dual certification (i.e., certification of a single program by both OASAS and OMH) has been discussed, we conclude that integrated treatment is possible within a provider’s existing certification. This is referred to as “single certification,” i.e., services associated with substance use and mental disorders may be provided in an integrated manner for persons with co-occurring disorders in a single setting certified by either OMH or OASAS. In this respect, integrated treatment should be considered a “best practice” for mental health treatment and chemical dependence treatment.

Because of the common misperceptions associated with the State’s standards, a Frequently Asked Questions (FAQ) document has been created and is enclosed.

MEMORANDUM OF AGREEMENT

In support of the operational flexibility that is intended by the single certification approach and clarified by the FAQ document, OASAS and OMH have signed a Memorandum of Agreement (MOA). For your information, a copy of the MOA is included in this package.

Questions related to the enclosed documents may be directed to the appropriate OMH or OASAS Field Office. Training and technical assistance will be available in the future through the Co-Occurring Disorders Center of Excellence. You will be notified as that assistance becomes available.

Please note that a separate initiative is underway related to co-occurring disorders among children and adolescents, and that similar products associated with that population will be available in the future. Further, in order to encourage systemic support associated with all age groups, we are prepared to work with any provider or county that wishes to restructure its services to become more integrated and person-centered. To that end, we continue to solicit budget-neutral reform proposals on an ongoing basis.

Thank you for your ongoing partnership, commitment and focused efforts related to the achievement of integrated treatment for persons with co-occurring disorders in New York State.

Sincerely,



Karen M. Carpenter-Palumbo
Commissioner, OASAS



Michael F. Hogan, Ph.D.
Commissioner, OMH

Enc.

cc: County Directors and Field Office Directors