



NYSHealth  
Center for Excellence  
in Integrated Care

*to foster the implementation of integrated approaches for New York State residents with co-occurring mental health and substance use conditions*

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## CEIC Background

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### CEIC

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## Background

Co-occurring substance use and mental disorders are common, yet despite evidence that interventions are effective, only a minority of persons with both types of disorders receive integrated treatment. Fewer than ten percent of New York State residents with co-occurring disorders receive evidence-based treatment for both conditions. Untreated, people with co-occurring disorders have poor outcomes in terms of relapse, rehospitalization, and health; this results in significant social and economic costs to themselves, their families and the community. In keeping with their mission to improve the health of New Yorkers, the New York State Health Foundation (NYSHealth) created the *Center for Excellence in Integrated Care* (or “CEIC”), to improve outpatient services for the 1.4 million New York State residents who have co-occurring mental health and substance use conditions.

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## Objectives

CEIC’s primary goal is to increase the capability of New York State’s addiction and mental health outpatient clinics (more than 1,200 statewide) to increase and improve integrated clinical care for people with co-occurring conditions. The message of the potential for recovery — of a life worth living beyond mental illness and substance use — is the keystone of these integrated services at the delivery sites and the basis for engaging individuals in services. Three clinical care objectives are contained within this goal. Our three clinical care objectives are:

- ▲ a uniform and standardized approach to screening;
  - ▲ a domain (or component) approach to assessment; and
  - ▲ the use of selected evidence-based practices for integrated treatment.
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## Target Audience

CEIC’s target audience is comprised of several groups. Heading the list are the people on the frontlines, delivering services in over 1,200 mental health and substance abuse outpatient clinics in New York State. The administrators of the provider agencies that operate these clinics form another important audience for CEIC, along with Regional and County Leaders who provide a critical link between private and public sectors. Consumers, their families and significant others, are the final and most important group. In addressing the needs of these groups, CEIC promotes recovery-oriented, person-centered, and culturally competent services.

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## Approach

CEIC employs a system rooted in both the diffusion literature and in our experience implementing integrated mental health and addiction services in 38 States. The approaches CEIC is using consist of Regional Leadership and Building Capability Forums, On-site Co-occurring Capability Assessments (using the *Dual Diagnosis Capability in Addiction [or in Mental Health] Treatment* indexes), Learning Collaboratives (and other sustainability supports), and Building Recovery Workshops, along with on- and off-site technical assistance, tailored to meet specific needs, and web-based technologies. CEIC technical assistance specialists help provider agencies to build their co-occurring capability — a process that begins with an on-site assessment of the agency's current capability to deliver integrated services across seven dimensions of care. This assessment generates a detailed report that highlights both strengths and areas in which improvements can be realized. CEIC's technical assistance specialists then work with the provider to devise a plan for advancing the agency's co-occurring capability — to continue to “build capability.” As we progress, our approaches are adapting to the needs and circumstances encountered in each region and county.

By the summer of 2010, CEIC had delivered services that enabled hundreds of programs in New York State to increase their co-occurring capability. Recognizing that program staff members have multiple demands on their time, CEIC services are offered and delivered in such a way that extensive preparation, on-site time, and long-term commitment are not required. Because CEIC is also cognizant of the realities that severely limit the economic and human resources available to improve services for those clients with co-occurring conditions, our services are available at no cost and designed to achieve results within a short period of time.

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## Reach and Penetration

We will reach the 1,200+ outpatient clinics using a combination of six methods:

1. **Regional and County roll-out** of activities;
2. **Coordinating** with various State, County and Municipal agencies and professional organizations (e.g., the New York State Conference of Local Mental Hygiene Directors, the Association of Substance Abuse Providers in New York State, the Mental Health Association of New York State);
3. **Multiplier Effects**— Training-of-trainers, leaders, and supervisory staff who then train others, including peer-to-peer learning;
4. **Synergistic Effects**— Coordinating with other initiatives statewide (e.g., the network of Dual Recovery Coordinators, training events);
5. **Expanding Effects**—Increasing the influence of training and technical assistance by conducting conferences or meetings at the Regional/County level, which then extends to the service delivery sites within that Region or County;
6. Using **web technologies** to increase accessibility.

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## Evaluation

CEIC will be evaluated internally and externally. The internal evaluation plan uses a system of outcomes and benchmarks, as well as individual measures. At the provider level success will be determined according to the increase in the proportion of outpatient programs that are using the prescribed screening tools, assessment domains, and evidence-based practices. At the State level, achievements will be evaluated according to the percentage of outpatient programs that qualify as “Co-occurring Capable” or “Enhanced” using the *Dual Diagnosis [Co-occurring] Capability* instruments for addiction or mental health treatment (DDCA[MH]T) settings. Concurrently, the New York State Health Foundation, the sponsoring agency, will fund a separate, external evaluation process to assess CEIC’s performance, provider agency progress, and consumer outcomes.

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## Sustainability

CEIC will be active in New York State for four years; from the outset, we are planning for the initiative’s long-term sustainability. We have defined several mechanisms by which we will assure a longer life for CEIC’s mission. One of these methods is to enhance resources and existing expertise such that technical assistance can be delivered from peer-to-peer, rather than through CEIC staff only. Similarly, we will build on County infrastructure and provider agency leadership to promote peer-based learning structures that will extend CEIC’s reach and sustain local capability. We plan to work within existing initiatives (e.g., Dual Recovery Coordinators, other training activities) and other entities that will emerge in the course of CEIC operations over the next few years. Finally, we expect to sustain CEIC activities by anticipating and responding to emerging opportunities afforded by advances in information technology and implementation science.