



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 Partners

**National Development & Research Institutes, Inc. (NDRI) and the  
Center for the Integration of Research & Practice (CIRP)**

**Nathan S. Kline Institute for Psychiatric Research (NKI) administered through the  
Research Foundation for Mental Hygiene, Inc. (RFMH)**

**New York Association of Psychiatric Rehabilitation Services (NYAPRS)**

**Northeast Addiction Technology Transfer Center (NeATTC)**

**Alcoholism & Substance Abuse Providers of New York State (ASAPNYS)**

**Mental Health Association in New York State, Inc. (MHANYS)**

**New York State Conference of Local Mental Hygiene Directors (NYSCLMHD)**

**New York State Health Foundation (NYSHealth)**

**New York State Office of Mental Health (NYSOMH)**

**New York State Office of Alcoholism & Substance Abuse Services (NYSOASAS)**

**Richard Rosenthal, MD, Advisor**

### CEIC

NDRI • 71 W 23 Street, 8<sup>th</sup> Floor • New York, NY 10010  
toll free 887.888.6677 • tel 212.845.4400 • fax 212.845.4650  
info@nyshealth-ceic.org • <http://www.nyshealth-ceic.org>

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## Our Partners

**Virtual Infrastructure.** CEIC operates within a “virtual infrastructure,” a framework that is invoked by a shared mission (improving the care of persons with co-occurring disorders in NYS), rather than by formal relationships. The person is at the center, surrounded by his/her social networks (family and advocates), the provider network (over 1,200 addiction and mental health clinics), NYS County Directors, and consumer advocacy groups. NDRI<sup>1</sup> (*National Development & Research Institutes, Inc.*) / CIRP<sup>2</sup> (*Center for the Integration of Research & Practice*) and three of its partners (*Nathan Kline Institute*<sup>3</sup>, or “NKI,” Dr. Richard Rosenthal, Advisor, and the *Northeastern Addiction Technology Center*<sup>4</sup>, or “NeATTC”) provide the “glue” for the infrastructure, while other partners represent provider agencies in addiction (*Alcoholism & Substance Abuse Providers in New York State*<sup>5</sup>, or “ASAPNYS”) and mental health (*Mental Health Association of New York State*<sup>6</sup>, or “MHANYS”), along with County leadership (represented by the *New York State Conference of Local Mental Hygiene Directors*<sup>7</sup>, or “NYSCLMHD”), throughout the State. A perspective that is person-centered and recovery oriented, originating with another key partner, the *New York Association of Psychiatric Rehabilitation Services*<sup>8</sup> (or “NYAPRS”). Various “affiliate” organizations statewide represent providers, advocacy groups, and the network of *Dual Recovery Coordinators* (or “DRCs”). The final essential component of the Center’s structure is its environment, which encompasses the participation and contributions of representatives from the *New York State Health Foundation*,<sup>9</sup> which provides funding for CEIC, and from the New York State *Office of Mental Health*<sup>10</sup> (OMH) and *Office of Substance Abuse Services*<sup>11</sup> (OASAS).

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<sup>1</sup> <http://ndri.org>

<sup>2</sup> <http://ndri.org/ctrs/cirp.html>

<sup>3</sup> <http://www.rfmh.org/nki/> and administered by the Research Foundation for Mental Hygiene (RFMH) online at <http://corporate.rfmh.org/>

<sup>4</sup> <http://www.ireta.org/attc/>

<sup>5</sup> <http://www.asapnys.org/>

<sup>6</sup> <http://www.mhanys.org/>

<sup>7</sup> <http://www.clmhd.org/>

<sup>8</sup> <http://www.nyaprs.org/>

<sup>9</sup> <http://www.nyshealthfoundation.org/>

<sup>10</sup> <http://www.omh.state.ny.us/>

<sup>11</sup> <http://www.oasas.state.ny.us/>

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## **NDRI (National Development & Research Institutes, Inc.)**

<http://ndri.org>

## **CIRP (Center for the Integration of Research & Practice)**

<http://ndri.org/ctrs/cirp.html>

NDRI's *Center for the Integration of Research and Practice* (CIRP), established in 1999 under the direction of Stanley Sacks, Ph.D., is the coordinating site for CEIC (the Center for Excellence in Integrated Care). The mission of CIRP is to improve the quality of treatment services by providing training and technical assistance for the implementation of evidence- and consensus-based practices in the field of substance abuse and co-occurring disorders and conducting rigorous treatment research in the field of co-occurring disorders.

From 2003 to 2008, Dr. Sacks and CIRP were responsible for the State-level work of SAMHSA's *Co-Occurring Center for Excellence* (COCE), supplying technical assistance to 38 States in the areas of strategic planning, screening, assessment, evidence-based practices, and workforce development. Over the course of this effort, the CIRP team developed an implementation model based on the diffusion of innovation literature that consists of establishing tools, conducting implementation and leadership forums, fostering learning communities, and providing longitudinal technical assistance. CIRP's training and technical assistance experts are Drs. Stanley and JoAnn Sacks, and Mr. John Challis, who provided services to these States in the national COCE, and who are now providing related services to New York State through CEIC.

Over the years, the staff of CIRP have: **(1)** designed, evaluated and demonstrated the effectiveness of modified therapeutic communities (TCs) for persons with co-occurring disorders — NY State selected the modified TC as an evidence-based practice and supported training and technical assistance by the CIRP team that guided the adoption of the modified TC model in three community-based TC agencies; **(2)** conducted studies demonstrating the effectiveness of TC treatment for women in homeless shelters and in prison settings; **(3)** demonstrated the effectiveness of TCs for offenders, many with co-occurring disorders and, subsequently, provided technical assistance (TA) that helped establish the TC in correctional settings in over 20 States; **(4)** developed instruments and conducted studies demonstrating a positive relationship between motivation for treatment, treatment progress and treatment outcome; **(5)** developed and validated screening instruments for offenders with co-occurring disorders in prison substance abuse treatment, and demonstrated the accuracy of these instruments for minorities; **(6)** conducted a survey of agencies providing services for offenders with co-occurring disorders from selected national sites to determine the extent of use of evidence-based practices (or EBPs), which found the provision of integrated treatment to be a main factor associated with improving an agency's capacity to provide treatment for people with co-occurring disorders.

In short, the CIRP team has been at the forefront of establishing evidence-based treatment, and of providing the training and technical assistance that service delivery staff need to support their implementation of these treatment models. CEIC has expanded its capabilities through partnerships with 6 organizations— Nathan Kline Institute (**NKI**), New York Association of Psychiatric Rehabilitation Services (**NYAPRS**), Northeast Addiction Technology Transfer Center, at the Institute for Research, Education & Training in Addictions (**NeATTTC / IRETA**), Alcoholism & Substance Abuse Providers of New York State (**ASAPNYS**), Mental Health Association in New York State, Inc. (**MHANYS**), and the New York State Conference of Local Mental Hygiene Directors (**NYSCLMHD**), which are all described in the sections that follow. Also described are the collaborative associations that CEIC has established with the two relevant New York State agencies — the Office for Alcoholism & Substance Abuse Services (**OASAS**), and the Office for Mental Health Services (**OMH**) — and with the New York State Health Foundation (**NYSHealth**), which is funding the project. Finally, Dr. Richard Rosenthal, a well-known co-occurring disorders psychiatric specialist, is a project advisor.

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## NKI (Nathan S. Kline Institute for Psychiatric Research)

### Statistics & Services Research Division

<http://www.rfmh.org/nki/>

administered through the **Research Foundation for Mental Hygiene, Inc.**

<http://corporate.rfmh.org/>

NKI, a facility of the NYS OMH (*Office of Mental Health*) that has earned a national and international reputation for its pioneering contributions in psychiatric research, especially in the areas of psychopharmacological treatments for schizophrenia and major mood disorders, and in the application of computer technology to mental health services. Since 1952, interdisciplinary teams of distinguished NKI scientists have applied their talents and expertise to study the etiology, treatment, prevention, and rehabilitation of severe and persistent mental illnesses. NKI's faculty is comprised of an interdisciplinary group of statisticians and social scientists who conduct applied statistical and methodological research as well as services research that is funded by federal, foundation and State grants and contracts. The multicultural consumer and provider networks of the *Center of Excellence in Culturally Competent Mental Health* and the *Center to Study Recovery in Social Contexts*, both located at NKI, will contribute expertise in recovery and cultural competence, and connections with consumer networks (e.g., *Mental Health Empowerment Project*), and advocacy groups. Over the last five decades, the work of interdisciplinary teams of distinguished scientists on the etiology, treatment, prevention, and rehabilitation of severe and persistent mental illnesses has earned the institute a national and international reputation for its pioneering contributions in psychiatric research. Mary Jane Alexander, PHD, a Senior Research Scientist, represents NKI on the project team with her colleague Gary Haugland, MA. She will lead the team in the area of integrated data systems and contribute her expertise in screening and assessment, recovery-oriented, person-centered and culturally competent services. [online at <http://www.rfmh.org/nki/welcome/about.cfm> and <http://www.rfmh.org/nki/staff/bio/whoiswhom.cfm>]

RFMH is a private, not-for-profit membership corporation organized in 1952, for the purpose of assisting and enhancing the research and training objectives of the New York State Department of Mental Hygiene and its component agencies; the *Office of Mental Health* (OMH), the *Office of Mental Retardation and Developmental Disabilities* (OMRDD) and the *Office of Alcoholism and Substance Abuse Services* (OASAS). RFMH provides an organizational bridge between the scientist and those wishing to support his or her work, be it the Federal Government, State Government, Individuals, Foundations or, as is frequently the case, a combination of multiple sponsors. RFMH provides the *Department of Mental Hygiene* and their scientists with the independence and administrative flexibility to respond quickly to the special demands of sponsored programs in a manner that facilitates their scientific or technical execution. These are needs that could not be as easily accommodated through state processes. [online at [http://corporate.rfmh.org/corporate\\_info/index.asp?page=about\\_the\\_rf](http://corporate.rfmh.org/corporate_info/index.asp?page=about_the_rf)]

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## **NYAPRS (New York Association of Psychiatric Rehabilitation Services)**

<http://www.nyaprs.org/>

NYAPRS is a statewide coalition of people who use or provide recovery-oriented mental health services. Dedicated to improving services and social conditions for people with psychiatric problems, NYAPRS membership (over 100 community mental health service agencies) provides recovery, rehabilitation, and peer-supported services to more than 20,000 New York State residents. The NYAPRS Board of Directors and staff are a mix of recovering people and professionals, all of whom are dedicated to the people, principles and programs that make up New York's mental health recovery and rehabilitation community. Harvey Rosenthal, Executive Director and Mathew Mathai, Deputy Director, represent NYAPRS on the project team.

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## **NeATTC (Northeast Addiction Technology Transfer Center), at IRETA (Institute for Research, Education & Training in Addictions)**

<http://www.ireta.org/atcc/>

**IRETA** is a 501 (c)(3) established in 1999 with the vision to integrate knowledge and science with service so that every person has the opportunity to achieve wellness and maintain recovery from addiction. IRETA administers NeATTC, encompassing New York and Pennsylvania. To support and to further the knowledge of, and skill in, addressing COD in New York State, the NeATTC will collaborate with NDRI/CIRP on delivery and monitoring of TIP 42 Training-of-Trainers (ToTs) and subsequent trainings to service delivery staff. Michael Flaherty, PhD, Executive Director, represents the NeATTC on the project team, with his colleague, Training Officer Holly Hagel, MA.

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## **ASAPNYS (Alcoholism & Substance Abuse Providers of New York State)**

<http://www.asapnys.org/>

**ASAPNYS** is a not-for-profit membership association, which seeks to improve the quality of life in New York State by advocating for and promoting the highest quality treatment, prevention, research and training. The membership includes coalitions, programs and agencies throughout New York State, which provide alcoholism and substance abuse prevention, treatment, research and evaluation and concerned individuals, and corporations who wish to support our mission. John Coppola, MSW, Executive Director, represents ASAPNYS on the project team.

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## **MHANYS (Mental Health Association in New York State, Inc.)**

<http://www.mhanys.org/>

**MHANYS** is a 501(c)(3) not-for-profit organization with 30 local affiliate Mental Health Associations serving 54 counties in New York State. MHANYS, and its affiliate network, work to promote mental health and recovery, encourage empowerment in mental health service recipients, eliminate discrimination, raise public awareness with education, and advocate for equality and opportunity for all. Glenn Liebman, MA, the Chief Operating Officer (CEO), represents MHANYS on the project team.

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## **NYSCLMHD (New York State Conference of Local Mental Hygiene Directors)**

<http://www.clmhd.org/>

**NYSCLMHD** (“the Conference”) is a statewide membership organization that was statutorily incorporated under Article 41 of the Mental Hygiene Law in 1976. The Conference is comprised of local mental hygiene directors and commissioners in all of the 57 counties and the City of New York. The Conference advances state and local policies, practices, laws, regulation and funding for the purpose of ensuring comprehensive, integrated and cost-effective systems of care to meet the needs of those persons, and their families, affected by mental illness, developmental disability and/or chemical dependency. County mental hygiene directors and commissioners oversee the planning and financing of each County's network of mental health, mental retardation, alcoholism and substance abuse services. The membership represents collective County governmental interests on mental hygiene policy and budgetary initiatives. The Conference has statutory responsibility to comment upon proposed rules, regulations and policies involving local mental hygiene services plans and programs. The Conference is also represented, sometimes through statutory requirement, on a variety of statewide advisory councils, task forces and advocacy organizations, through which it provides advice and counsel for the planning and financing of community-based mental hygiene services. Through its many representational roles, the Conference works in cooperation with the Executive, the Legislature, service providers and consumer groups, to direct and unify community-based priorities where the majority of service networks converge — at the local level. As overseer of a publicly subsidized and accountable system of local mental hygiene services, the Conference maintains active coordination with state and local entities, and helps streamline mental hygiene services delivery in the locality. [online at <http://www.clmhd.org/about/aboutus.aspx>]

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## **NYSHealth (New York State Health Foundation)**

<http://www.nyshealthfoundation.org/>

**NYSHealth — Mission.** “New Yorkers’ health-related needs are daunting. We have a health care system that is designed to treat acute conditions rather than complex, chronic ones. Health care costs continue to rise. Many people lack access to high-quality, efficient care. Rates of obesity, diabetes, smoking, and substance abuse are too high. The New York State Health Foundation (NYSHealth) cannot solve all these problems, but our three-part mission addresses some of the most important among them. This mission provides the focus for our grantmaking.” NYSHealth advances this mission under three general initiatives; specifically, expanding health insurance coverage, increasing access to high-quality health care services, and improving public and community health. “Adhering to our threefold mission, we will use our resources to engage people and organizations throughout the State in working together to help more New Yorkers obtain health insurance and receive the quality health care they need.” [quotes from NYSHealth website online at <http://www.nyshealthfoundation.org/section/aboutus>]

### **Message from NYSHealth’s President & CEO James R. Knickman**

#### **Tackling Integrated Care Is Key to Health Reform**

Huffington Post • August 11th 2009

It’s a staple of health policy discussions these days: 20% of patients account for 80% of all health care costs. Within that 20%, those who have the highest costs suffer from multiple chronic illnesses. One of the most challenging examples is individuals with both mental health and substance use disorders. Unless we figure out how to more efficiently care for these high-need patients, expanding access to health care--no matter the approach--will become unaffordable.

Two recent articles in the Washington Post demonstrated all too clearly that our system for treating individuals with both mental health and substance use disorders is entirely ineffective. Of the estimated 7 million individuals nationwide suffering from co-occurring mental health and substance use disorders, only 10% receive the type of evidence-based treatment that addresses both disorders and actually improves their health.

This failure is costing us--to the tune of \$100 billion annually in lost productivity as well as huge costs associated with inpatient care and re-hospitalization.

As we talk about health care reform and cost containment, behavioral health care must be part of the discussion. Like primary and specialty health care, behavioral health care requires major improvements, and reforming care for individuals with co-occurring disorders doesn't have to break the bank. But it does require us to get to the root of the issue: our system's failure to support providers to treat both problems in an integrated way.

Despite an overlap in the patient population they serve, mental health and substance use providers--encouraged by past approaches to payment and regulation--often operate in silos, with integration of care being the exception and not the rule. Even when individuals are treated for both disorders, inconsistencies in accepted practices between mental health and substance use service providers often produce ineffective outcomes. The results for the 90% who don't get proper care are disastrous: their disorders worsen, their quality of life is reduced, and far too many lives end prematurely.

The current focus on health reform and the need to create a more coordinated and cost-effective health care system makes this an ideal time to ensure that integrated care for individuals with both mental health and substance use issues becomes the norm by:

- Lifting regulatory restrictions that prevent simultaneous treatment of both disorders.
- Streamlining the clinical protocols used to identify, diagnose, and treat co-occurring disorders by both mental health and substance use providers to eliminate conflicting practices and align treatment regimens.

In New York, an initiative is underway to align efforts across the public and private sectors to address integrated care. The Center of Excellence for the Integration of Care (CEIC) was created by the New York State Health Foundation to focus on the latter goal, while the New York State Office of Mental Health and the Office of Alcohol and Substance Abuse Services are addressing the former.

Specifically, CEIC was established to integrate care at the state's 1,223 licensed mental health and substance abuse outpatient treatment centers by providing training and helping these providers adopt standard protocols to identify, diagnose, and treat patients who have co-occurring disorders. When put into practice, this will collapse the barrier for treatment between the two areas and make the most effective evidence-based treatment practices standard statewide. Most important, it will ensure that there is "no wrong door" for anyone seeking care for co-occurring disorders.

While CEIC's work is still in its infancy, it's already making promising headway, and by 2014 expects to have significantly raised the number of patients with co-occurring disorders receiving integrated treatment. And, that jump is expected to save New York millions in lost productivity, re-hospitalizations, and related health care costs.

New York State is fortunate to have forward-thinking leaders at its Office of Mental Health and Office of Alcoholism and Substance Abuse Services. They are committed to restructuring reimbursement and regulation to encourage better care for people with both mental health and substance use disorders. This is an area where our state can be a leader in helping the nation adopt strategies to improve care for this vulnerable population. Integrating care for this population provides a valuable lesson as we continue to debate the best ways to reform our health system.

Posted online at

[http://www.huffingtonpost.com/james-r-knickman/tackling-integrated-care\\_b\\_255974.html](http://www.huffingtonpost.com/james-r-knickman/tackling-integrated-care_b_255974.html)  
and at <http://www.huffingtonpost.com/james-r-knickman>

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## **NYSOMH (New York State Office of Mental Health)**

<http://www.omh.state.ny.us/>

**OMH** supports New York State's a large, multi-faceted mental health system, which serves more than 500,000 individuals each year. OMH operates psychiatric centers across the State, and regulates, certifies and oversees more than 2,500 programs, which are operated by local governments and nonprofit agencies. These programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs. The mission of the New York State OMH is to promote the mental health of all New Yorkers with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances. OMH envisions a future when everyone with a mental illness will recover, when all mental illnesses can be prevented or cured, when everyone with a mental illness at any stage of life has access to effective treatment and supports—essential for living, working, learning, and participating fully in the community. OMH is achieving its mission and vision by focusing on accountability, best practices, coordination of care, and attention to disparities elimination and cultural competence to plan and manage performance in its day-to-day operations. Known as the "ABCD's of mental health care," these are: **Accountability for Results**, whereby a clearly defined entity or individual is responsible for the effectiveness of services delivered. Services are designed and delivered to achieve specific outcomes, which are measured by performance indicators. **Best Practices**, whereby service design and delivery are based on the best research and evidence available and best practice guidelines are incorporated into treatment practices. Adherence to these guidelines is measured as part of the accountability process. **Coordination of Care**, whereby coordinated, comprehensive networks of providers deliver a balanced array of medical, self-help, social, supportive and rehabilitative services and programs. These services are focused on rehabilitation and recovery, and individualized service plans are designed around the needs and desires of the individual. **Disparities Elimination and Cultural Competence**, whereby all service components are

held account-able to address disparities in access to and participation in services, differences are managed skillfully, cultural knowledge is absorbed organizationally, language assistance services are provided routinely, and service modifications are made to take into account the diversity of individuals, families and communities. [online at <http://www.omh.state.ny.us/omhweb/about/> and at [http://www.omh.state.ny.us/omhweb/budget/2007-2008/strategic\\_framework.html](http://www.omh.state.ny.us/omhweb/budget/2007-2008/strategic_framework.html)]

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## **NYSOASAS (New York State Office of Alcoholism & Substance Abuse Services)** **<http://www.oasas.state.ny.us/>**

The mission of **OASAS** is to improve the lives of New Yorkers by leading a premier system of addiction services through prevention, treatment, recovery, leading to a vision of a future where New York State is alcohol safe and free from chemical dependence and compulsive gambling. OASAS plans, develops and regulates the state's system of chemical dependence and gambling treatment agencies, which includes the direct operation of 13 *Addiction Treatment Centers*, which provide inpatient rehabilitation services to 10,000 persons per year. In addition, OASAS licenses, funds, and supervises some 1,300 local, community-based programs, chemical dependence treatment programs, which serve about 115,000 persons on any given day in a wide range of comprehensive services. The agency inspects and monitors these programs to guarantee quality of care and to ensure compliance with state and national standards.

OASAS monitors gambling and substance use and abuse trends in the state; provides a comprehensive education and prevention program through some 1,500 programs based in schools and communities; promotes public awareness and citizen involvement through community action groups; pursues state, federal and private sources of funding for services; establishes linkages of services for clients in other human service agencies and criminal justice system; provides education and training for persons dealing with clients; and administers the credentialing of alcoholism and substance abuse counselors as well as prevention practitioners and prevention specialists. [online at <http://www.oasas.state.ny.us/pio/oasas.cfm>]

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## **Richard Rosenthal, MD, Advisor**

**Dr. Rosenthal** is the Chair of the *Department of Psychiatry and Behavioral Health* at *St. Luke's-Roosevelt Hospital*, and a recognized expert in the area of co-occurring disorders. He will advise the project in the areas of regulatory reform, outpatient program design (especially *Assertive Community Treatment*, or "ACT"), medication and medication management, and treating depression and co-occurring substance use disorders.