

## Integrating Health Services for People with Co-Occurring Mental Health and Substance Use Disorders

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An enormous challenge faces every health provider in America. More than one in five people have two or more chronic conditions; the majority of them have both a physical and a behavioral health problem (National Comorbidity Survey 2005). Nearly 9 million Americans cope with both mental health and substance use disorders at the same time, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). More than 25 percent of people with serious mental illness have a co-occurring substance use disorder, and nearly 43 percent of people with a substance use disorder have a co-occurring mental health disorder. Yet less than 1 of every 10 people with a substance use and mental health disorder receives treatment for both conditions (SAMHSA 2012).

We know that when one of the conditions is undiagnosed and untreated, relapse rates are high, leading to painful and costly human and social consequences: homelessness, encounters with the criminal justice system, and even suicide. Studies have shown that underlying mental health disorders are present in 87 to 98 percent of suicides. Substance abuse is the second most common risk factor for suicide after major depression and bipolar disorder (CDC 2006).

Despite these consequences, care for people with co-occurring conditions remains terribly fragmented. Three separate systems exist—health, mental health, and substance use services—to care for each individual problem, each one with its own set of norms, culture, regulations, reimbursement process, and accountability.

These siloed systems of care have led to a revolving door for people seeking help. An untreated mental health condition or undiagnosed substance use problem undermines a person's attempt to experience a full recovery, and providers who are not equipped to identify, diagnose, or treat both conditions are set up for failure.

The absence of integrated care for people with both mental health and substance use disorders should not be tolerated. Years of research focused on the tools and treatment options for these co-occurring disorders has led to enough evidence-based models that can improve the lives of people who have both conditions. Access to an integrated system at all levels of care, across all agencies, and throughout all phases of the recovery process should be the expectation of each individual seeking care, not the exception.

### **“NO WRONG DOOR”: MOVING TOWARD AN INTEGRATED SYSTEM OF CARE**

There is national consensus on the tools and models needed to make integration of behavioral health care a reality. A critical next step is to translate this knowledge into practice and provide the necessary support to providers to do so. Four years ago, the New York State Health Foundation (NYSHHealth) made a strategic investment to transform the systems of care for New Yorkers who cope with both substance use and mental health disorders at the same time.

Recognizing that removing the barriers of a fragmented and siloed mental health and substance use system required both our own leadership and the involvement of key stakeholders—consumers and providers, as well as state and local government—NYSHHealth worked in collaboration with provider association groups, consumer advocacy organizations, the New York State Office of Mental Health (OMH), and the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Before moving forward with the foundation's investment, it was critical that the two state agencies commit resources to removing regulatory (and, when possible, financial) barriers to integrated care. When the foundation launched its initiative in this area, the commissioners of the two state agencies issued a joint memo to their

licensed facilities, addressing several key regulatory barriers.

NYSHealth then made its largest investment to-date to establish a first-of-its-kind statewide [Center for Excellence in Integrated Care](#) (the Center). The Center's primary goal is to serve as a vehicle to drive change and spread best practices for integrating care across the 1,000 licensed outpatient mental health sites and substance use programs in New York. The initiative was *not* about colocating services, adding more clinicians to a site, or developing referral processes. Ultimately the foundation sought to ensure that New Yorkers seeking care at either a substance use provider site or a mental health clinic would receive seamless care for both of their conditions at the same time, at the same place.

### THE APPROACH AND IMPACT OF INTEGRATING CARE ACROSS TWO SYSTEMS

Using the lessons from the “diffusion of innovation” literature,<sup>i</sup> the Center employed a four-part approach to its work:

- getting buy-in from regional county executives through Leadership Forums;
- training provider sites on how to integrate care through direct, hands-on technical assistance;
- providing opportunities to network and learn from other local providers by creating regional Learning Collaboratives; and
- providing resources to inform providers' day-to-day work through an on-line repository of best practices.

The Center used Leadership Forums to formally introduce its services to county leaders and, in some cases, to CEOs and medical directors of mental health or substance use clinics. NYSHealth and the Center also jointly instituted a statewide steering committee comprising representatives from OMH and OASAS, local public health directors, mental health and substance use providers, and consumer-focused groups like the New York Association of Psychiatric Rehabilitation. The steering committee helped inform the work of the Center and engage providers in its efforts.

At the ground level, the Center used a collegial approach to help sites assess their capabilities and implement improvements. Using a validated, robust questionnaire, team members produced a score of each site's capability for providing integrated services. The assessment tool also allowed staff to provide onsite technical assistance in a nonthreatening manner. The interviewers were seasoned professionals; some had experience directing outpatient clinics, which helped them gain credibility and trust with the sites.

To date, the Center has held 13 Leadership Forums and

established 32 Learning Collaboratives focused on integrated care across New York. The Center has worked with more than 500 mental health and substance use outpatient sites, providing technical assistance to staff to help them more fully integrate services.

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Thus far, the evaluation results of this initiative have shown that the New York State system of care for people with co-occurring mental health and substance use disorders is improving. All of the sites that have worked with the Center have shown improvements in integrating services. Half of the sites are now rated as fully capable of providing integrated services and treatment for people with both conditions. In any given year, the Center's work affects between 100,000 and 125,000 people with co-occurring conditions. New Yorkers entering a licensed mental health or substance use clinic in the State of New York are now being screened, diagnosed, and treated for both of their conditions. Ultimately this change will lead to more people living productive lives—not to mention decreasing the use of costly services like inpatient and emergency room care.

### LOOKING AHEAD

Health care leaders and policymakers across the nation have acknowledged that the siloed approach to care has led to escalating cost and worsening health and social outcomes for people suffering from both medical and behavioral health conditions. Models of care that focus on coordination and integration of care are emerging at a fast pace. Health reform has stimulated a proliferation of health homes, patient-centered medical homes, and accountable care organizations. A central characteristic of these new models of primary care is care management and care coordination for patients with more complex health care needs, including behavioral health disorders. In a truly integrated system, a care management team will provide the necessary support to put patients with behavioral health needs on a path to full recovery—and not through a revolving door of disjointed services.

In New York, we now have close to 600 licensed outpatient mental health clinics and substance use programs that are achieving better integrated care for these individuals. There is, however, more work to be done—and integrating services with primary care is critical. The achievements of the Center in bringing about systemic change in the substance use and mental health service sector offers hope that transforming an entire system of care across a (complex) state is possible *and* that private funders and government agencies can—and must—partner to successfully tackle large-scale problems.

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<sup>i</sup> Rogers, E.M., *Diffusion of Innovations*, Fifth Edition (New York, NY: Free Press, Simon & Schuster, Inc, 2003)

For more information about the **Center for Excellence in Integrated Care**, visit <http://nyshealth-ceic.org>.

#### **SOURCES**

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