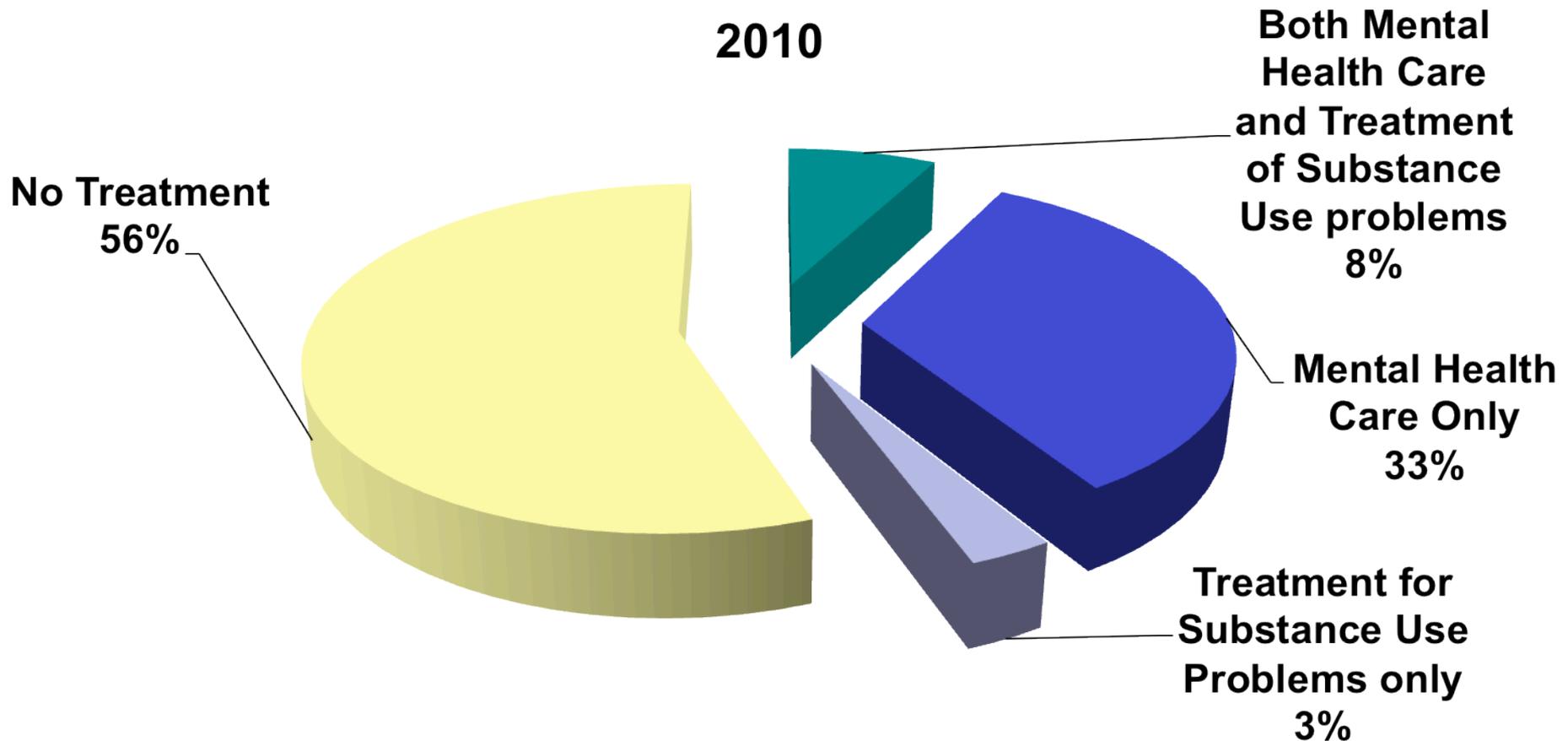


Integration

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Greater New York Hospital Association- June 21, 2012

Co-Occurring Psychiatric and Substance Use Disorders: PAST YEAR TREATMENT (2010)





Shanahan

"Our integrated approach to medicine skillfully combines an array of holistic alternative treatments with a sophisticated computerized billing service."



MANKOFF

I can't promise I'll change, but I can promise I'll pretend to.

Dual Diagnosis Capability in Addiction Treatment (DDCAT)/ Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Development

Developed by Dr. Mark McGovern and colleagues at Dartmouth Medical School
(McGovern et al, 2007)

35-item index that can objectively determine the dual diagnosis capability of
Substance Abuse (SA)/Mental Health (MH) treatment programs

Informed by the American Society of Addiction Medicine (ASAM) Taxonomy of Dual
Diagnosis Services (ASAM, 2001); categorizes programs as either:

- Addiction Only Services (AOS)
- Dual Diagnosis Capable (DDC)
- Dual Diagnosis Enhanced (DDE)

Has demonstrated good psychometric properties (for example, strong inter-rater
reliability & internal consistency)

Has been used in 29 States and internationally

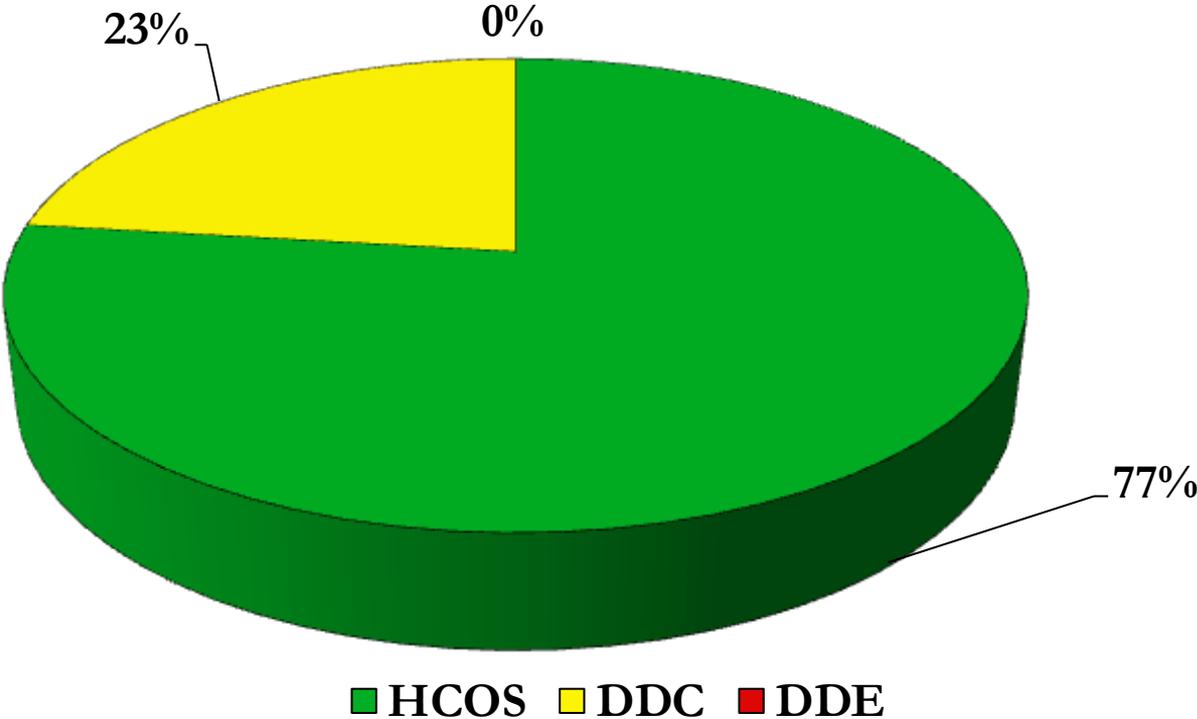
Levels of Capability

(DDCAT or DDCMHT survey)

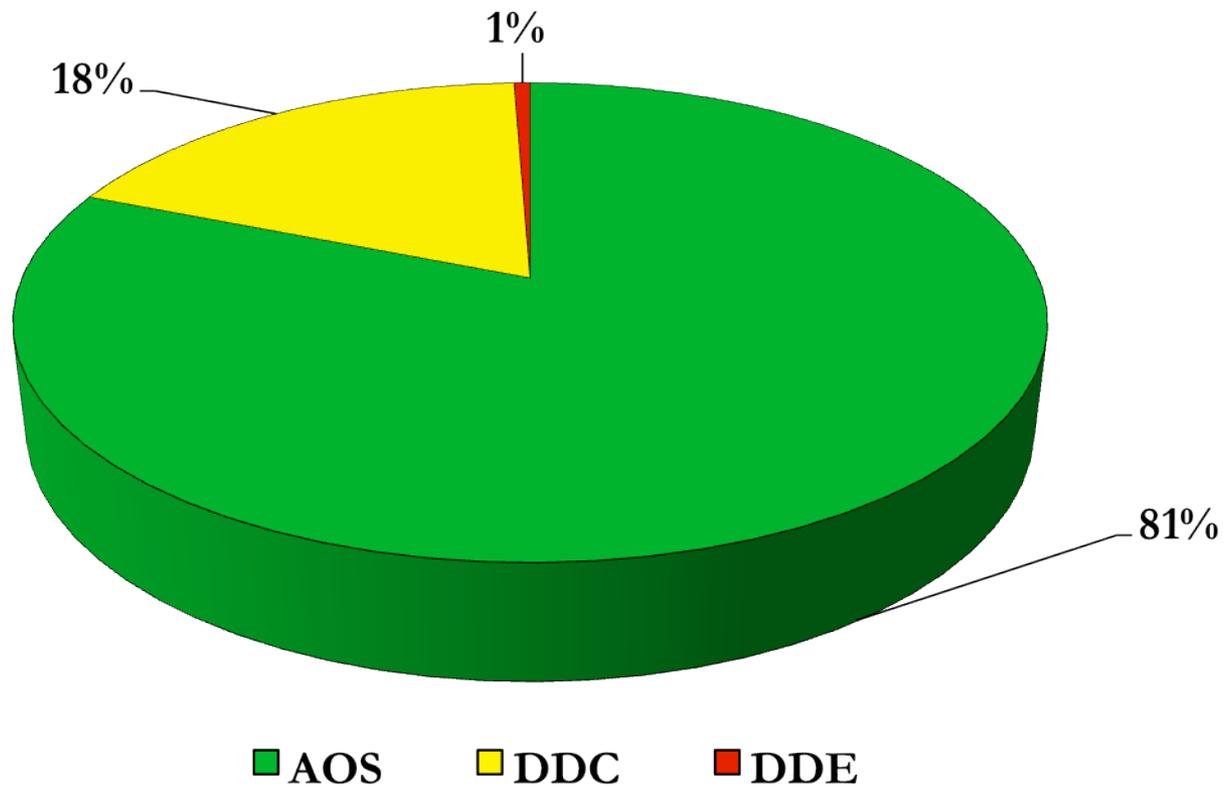
	Dimensions of Capability Levels of Capability SA/MH only  Capable  Enhanced
I	Program Structure Program mission, structure and financing, format for delivery of co-occurring services.
II	Program Milieu Physical, social and cultural environment for persons with mental health and substance use problems.
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.

DUAL DIAGNOSIS CAPABILITY IN HEALTH CARE SETTINGS (DDCHCS) PROGRAM SUMMARY:

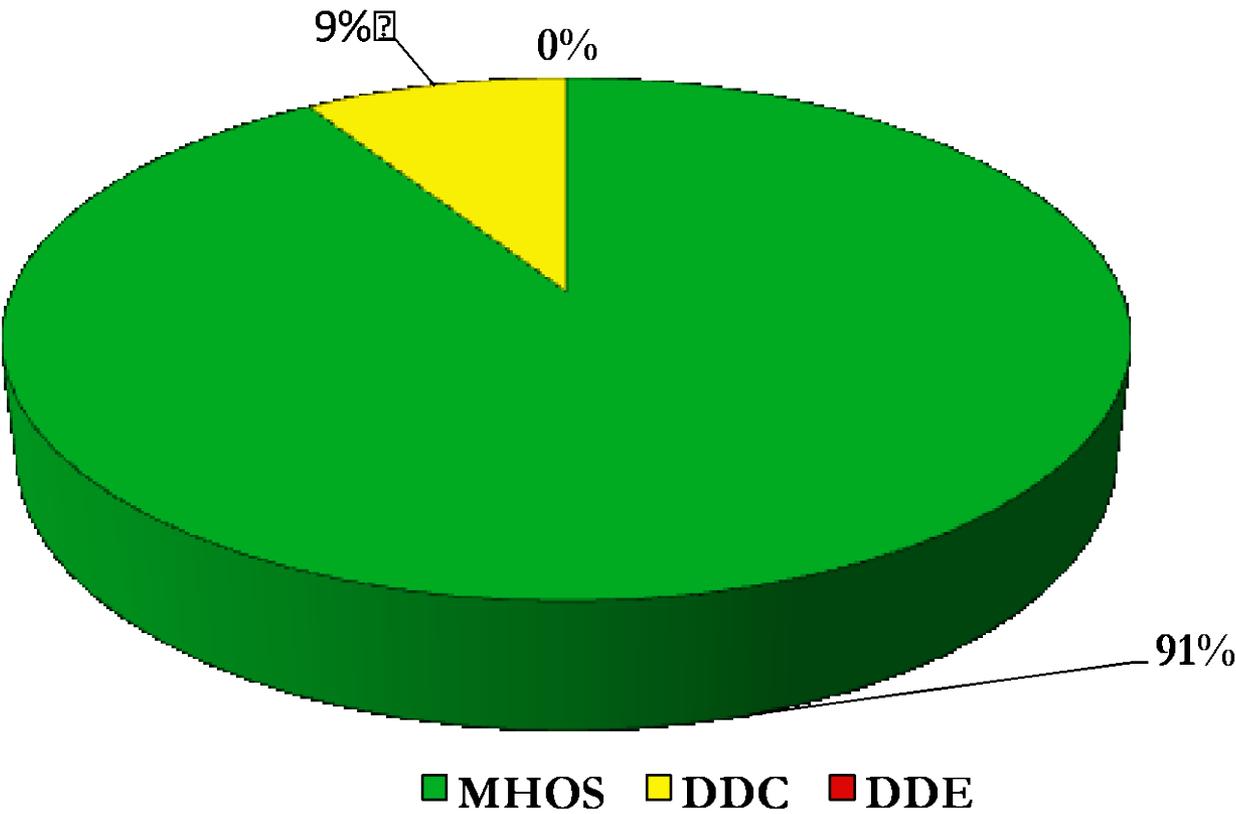
Six State Summary (n=13)



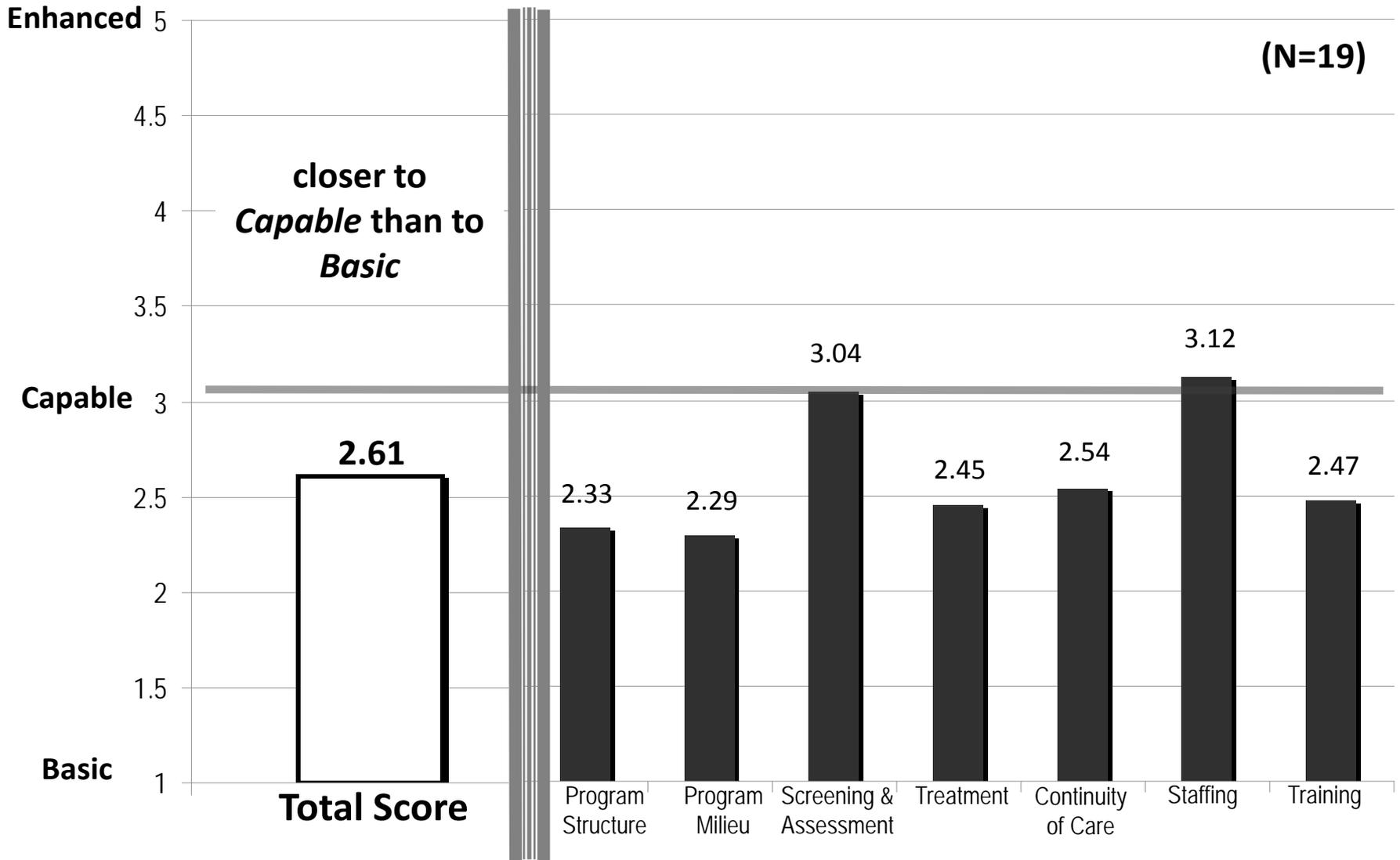
DDCAT PROGRAM CATEGORIES: Eleven State Summary (n=180)



DDCMHT PROGRAM CATEGORIES: Eight State Summary (n=78)

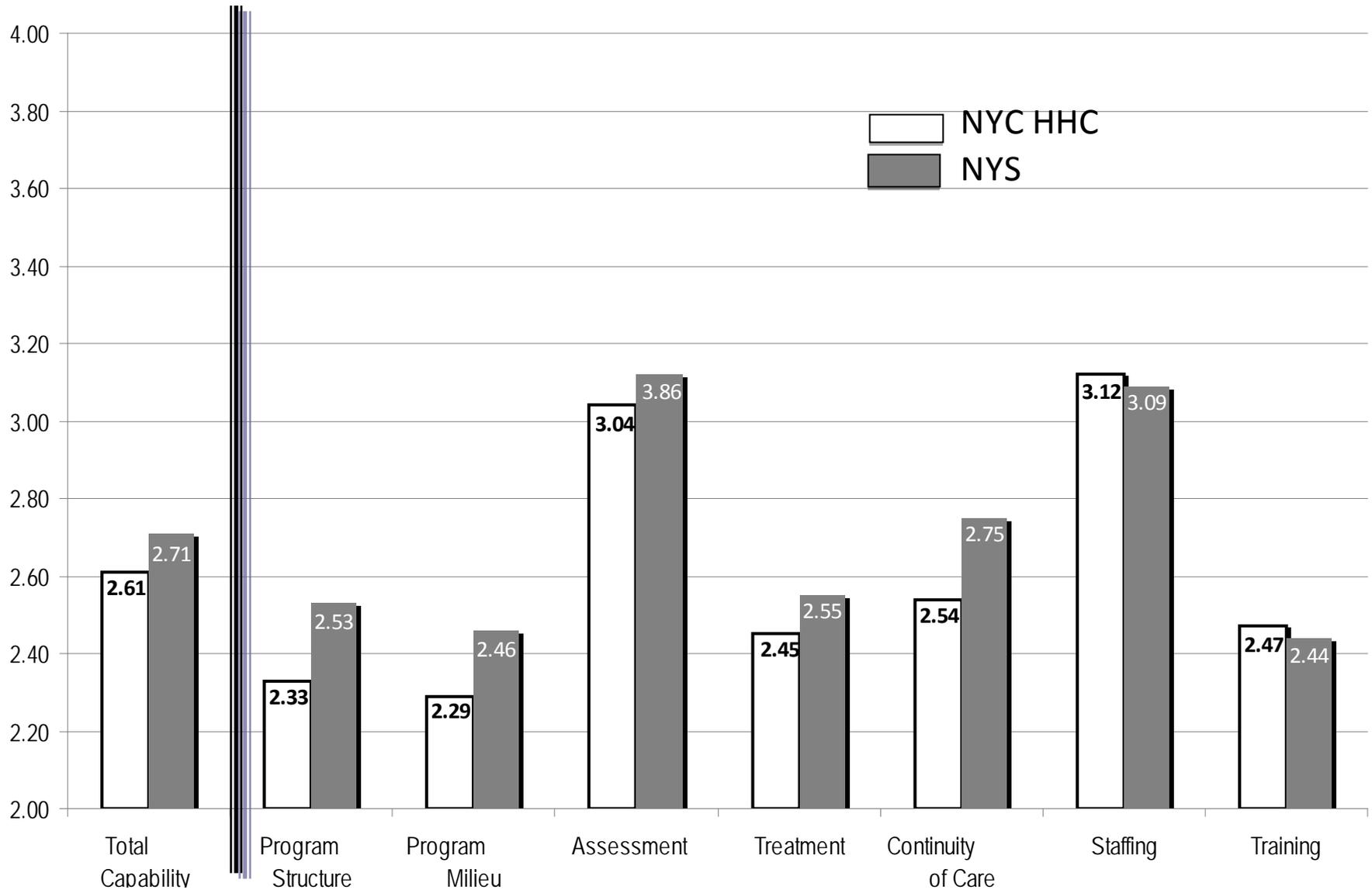


Dual Disorder Capability Health and Hospitals Corporation (HHC)



Scores based on DDCA[MH]T = Dual Diagnosis Capability in addiction [Mental Health] Treatment Index

New York City (NYC)-HHC vs. New York State



Scores based on DDCA[MH]T = Dual Diagnosis Capability in Addiction [Mental Health] Treatment Indices

Recommendations by Domain

Domain	Recommended Improvements
Screening/Assessment	<ul style="list-style-type: none">● Implement one of the state-recommended standardized screening instruments that have established psychometric properties and demonstrated accuracy in detecting substance abuse/mental health disorders● Draft a protocol that will direct all those with a positive score on the screen to an integrated assessment● Build the stages of change for both disorders more deliberately into both initial and ongoing assessment
Treatment	<ul style="list-style-type: none">● Allow co-occurring issues to flow freely in groups and individual sessions thereby sending a message to the client that they can deal with issues as they arise rather than needing to take them to a specialized place● Ensure routine inclusion of mental health and substance abuse content in all groups, including those that are not necessarily co-occurring focused so that all clients are exposed to this important content● Create a “home” for co-occurring disorders in the treatment schedule that offers a specialized intervention to clients that have been identified with both disorders. This type of group would typically use a process that is motivational and stage-wise and its contents should be inclusive of medication management & compliance, psycho-education that looks at the symptoms and course of both disorders, and a proactive exploration of the interactive nature of both disorders in the everyday life of clients in the group● Structure groups, to the extent possible, to meet clients where they are at based on the various stages of change (e.g. engagement groups for those at the precontemplative/contemplative stage of change)● Address the high correlation with trauma in both the male and female co-occurring treatment populations by providing trauma interventions (e.g. Seeking Safety, TREM) that do not re-traumatize● Offer Wellness Self-Management curriculum as a way of further integrating co-occurring content● Build competencies in Motivational Interviewing for all staff to improve treatment engagement

ARTICLES: SERVICES & POLICY

**Improving the Dual Diagnosis Capability of
Addiction and Mental Health Treatment
Services: Implementation Factors Associated
With Program Level Changes**

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