



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

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

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cc: County Directors and Field Office Directors