

## CASE STUDY: A Model of Integrated Care

*South Central Rehabilitation Center  
Behavioral Health Division of Cornell Scott-Hill Health Center*



### SITUATION

The U.S. health care system treats mental health disorders and substance use disorders separately—and as areas of specialization, outside of primary care treatment—but these disorders are closely linked. Of the almost 10 million adults (aged 18 or older) with serious mental illness in 2008, 25 percent were dependent on or abused illicit drugs or alcohol.<sup>1</sup>

People with mental health and substance use disorders are also at significant risk of various medical conditions—such as diabetes, cardiovascular disease, HIV, hepatitis C, and neurological illnesses.

Despite the interconnectedness of these medical issues, individuals requiring treatment for more than one condition need to access different health care providers, with different areas of specialization, in multiple public and private settings. As a result, co-occurring conditions are often undiagnosed and are either ineffectively treated or not treated at all.

The Institute of Medicine recently laid out a comprehensive strategy to improve the quality of care for people with mental and substance abuse disorders. To avoid the problems created by the fragmented health care delivery system now in place, it recommended greater integration of specialized and essential services, to encourage communication and collaboration “across providers, across settings, and over time.”<sup>2</sup>

### SOLUTION

#### **New Haven’s Working Model**

The South Central Rehabilitation Center (SCRC), a facility within the Behavioral Health Division of Cornell Scott-Hill Health Center, is a pioneering model of integrated care. In a single location, the center seeks to provide comprehensive care, offering inpatient detoxification, medication-assisted treatment (MAT), mental health care, primary care, and infectious disease management to individuals with substance use disorders. It provides both immediate critical treatment and long-term support, tailored to the specific needs of its complex patients. The detoxification facility has twenty-nine beds, including three for medical evaluation, and is open twenty-four hours a day, seven days a week.

The rehabilitation center’s multidisciplinary staff—of nearly 75 full- and part-time on-site workers—includes medical providers, psychiatrists, behavioral health clinicians, substance abuse counselors, and nurses, who are all trained in medical, specialty, and behavioral health issues. The clinical staff receives specialized cross-training to acquire the specific skills needed to treat both substance use and mental health disorders. Through weekly meetings and daily communication, the entire staff works as a team to address all aspects of each patient’s recovery.

SCRC is the only addiction-medicine facility in the state that provides patients with the full range of evidence-based, medication-assisted treatments for substance use disorders. In 2009, the center’s clinical staff evaluated 2,787 people. Of those, 697 were referred for outpatient, mental health, residential hospital, and emergency room care. The remaining 2,090—those with opioid, alcohol, cocaine, and nicotine dependence—were admitted for treatment.

The World Health Organization has included methadone and buprenorphine on its list of “essential medicines” to treat substance dependence.<sup>3</sup> In 2009, 526 of SCRC’s patients received methadone treatment for opioid dependency, and 150 received buprenorphine as part of a maintenance program on an outpatient basis (SCRC has the largest buprenorphine program in the region). About 70 patients are also receiving ongoing psychiatric, medical, and counseling treatment.

“We are the only integrated addiction treatment program in the state, and the only one in the country where substance users can have all their addiction, mental health, and medical needs met in one clinical setting,” says Dr. Douglas Bruce, the center’s Medical Director and Assistant Professor at the Yale University School of

Medicine. Cornell Scott-Hill Health Center Behavioral Health Division is the primary provider of mental health care in the region, as New Haven hospitals do not provide outpatient psychiatric services.

The initial, three-to-five-day, medication-assisted inpatient detoxification treatment helps minimize some of the patient's physical symptoms, but the real work starts afterward. "Once the patient is medically detoxed," says Nancy Navarretta, Chief of Behavioral Health Services, "a plan is put into place to support them. They are sent home with a plan, designed around that person's needs." The staff works to motivate the patient to seek outpatient services, psychotherapy, and group therapies—to increase their chances for recovery. "The five-day treatment helps," Bruce explains, "but it does not a change of life make."

The center also treats the medical conditions and disorders frequently related to substance use, such as hepatitis C and HIV. The integrated program to treat hepatitis C—a disease prevalent among injecting-drug users—is the only one of its kind in the country. Substance users often do not receive hepatitis C treatment because of the high risk that they will not take their medication. Key to this program's success is the amount of adherence support it provides to ensure that patients successfully complete their regimen.

## RESULTS

### Measuring Success

In 2009, SCRC asked 170 patients to assess their mental health status in different stages of outpatient treatment. Patients completed a BASIS-24 evaluation tool, rating on a five-point scale their recent behaviors and symptoms. The results showed that SCRC patients had experienced significant decreases in overall symptoms (29 percent compared to the national benchmark of 21 percent) and a significant decrease in substance use (37 percent compared to the benchmark of 34 percent).

Success in treating mental health and substance use disorders is often difficult to measure, however. Although some patients may require only short-term intervention, most require treatments of a longer duration. These complex disorders pose ongoing challenges to patients who are already severely challenged by their life circumstances, poverty, and trauma.

One of the markers of success is a patient's long-term sobriety, says Richard Maltz, Director of the center's LPC Program. "A key piece in how we define success is whether people are engaged in a comprehensive support system, support for a lifetime."

Another marker is the patient's proof of personal responsibility. When methadone patients have reached a certain level of recovery and have demonstrated their commitment to recovery, SCRC health providers allow them to take home their maintenance medication, rather than requiring them to visit the center seven days a week. The strategy works. "We have a remarkable number of patients that take home their medication," Maltz says.

Although constricted by their limited physical space, the addiction-medicine facility continues to recruit new staff and to extend its reach into the community, where its services are increasingly needed. According to the state of Connecticut's Department of Mental Health and Addiction Services, in 2007, New Haven residents made calls to info lines for substance abuse treatment (for alcohol and illicit drugs) at a rate of approximately 267 per 10,000 residents—the second highest rate in the state.<sup>4</sup> Connecticut's rate of heroin use among adults exceeds the national rate.<sup>5</sup> "We could triple in physical size and fill the facility within a year," says Bruce.

In fall 2010, SCRC will host a conference on medicine-assisted therapy, to provide education training for case managers and outreach workers who are "on the ground" in New Haven, in order to ensure that people who need the center's services receive them. "We are working with severely affected individuals," Bruce explains. "If we could catch them sooner, we would have a better chance at prevention and intervention."

### Notes

1. Substance Abuse and Mental Health Services Administration, Results from the 2008 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434), [www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm](http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm). SAMHSA defines "serious mental illness" as diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders).

2. Institute of Medicine, *Improving the Quality of Health Care for Mental and Substance-Use Conditions* (Washington: National Academies Press, 2006).

3. World Health Organization Expert Committee, *The Selection and Use of Essential Medicines* (Geneva, Switzerland: World Health Organization, 2007).

4. State of Connecticut Department of Mental Health and Addiction Services, Sub-Region 2B Prevention Priority Report, October 2008.

5. Ibid.