

Thomas A. Kirk, Jr.  
Commissioner

## Message from the Office of the Commissioner

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Julienne Giard, MSW  
Co-Occurring Project Manager

***“When both conditions are not recognized and treated, recovery is jeopardized.”***

- Eric Broderick, DDS, MPH, Substance Abuse and Mental Health Services Administration (SAMHSA) Acting Administrator, 2006

In September 2005 Connecticut was awarded a Co-Occurring State Incentive Grant (COSIG) from SAMHSA. COSIG is supporting the Department’s efforts to further improve services for people with co-occurring disorders. As part of the COSIG, in January 2006 Julieanne Giard was hired as the Co-Occurring Project Manager and has refocused and led efforts related to the development of a co-occurring enhanced system of care.

**Why are we focusing on co-occurring disorders?** A significant proportion of the people who seek services in our settings have a combination of at least one mental health and one substance use disorder. Think for a moment how difficult it is to recover from or be in recovery from depression, or bipolar disorder, or schizophrenia...how hard it is to manage the process of recovery for alcohol dependence, or cocaine dependence or heroin dependence. Now consider what a challenge it must be for a person to deal with combinations of these disorders! The symptoms, collateral difficulties, and the detrimental effect on recovery capital from any one of these disorders are multiplied by two or three or more.

The prevalence of critical incidents (e.g., death, suicide attempts, other serious behaviors) tracked by the DMHAS are higher among people with co-occurring disorders. We have heard from many of you in different venues that people with co-occurring disorders have many needs and struggle in their process of recovery. These experiences and data are not unlike those across the country. The good news is that researchers and practitioners have identified effective techniques and protocols for people with co-occurring disorders, and have shown that individual outcomes are improved with integrated care. It is important that we collectively integrate services, while preserving the core technologies of both fields, and close any science-to-service gaps.

**Haven’t we already done this?** Connecticut has been focusing on the needs of people with co-occurring disorders for a long time: In 1993 the Department of Mental Health convened a statewide Dual Diagnosis Task Force; in 1997 a second Dual Diagnosis Task Force report was issued; in 2002 draft definitions were outlined for Dual Diagnosis Capable programs in the substance abuse treatment system; and in 2004 CT participated in the National Policy Academy on Co-occurring Disorders. Training and consultation through partnerships with Dartmouth College regarding integrated treatment (i.e., Integrated Dual Disorders Treatment (IDDT) and Dual Diagnosis Capability in Addiction Treatment (DDCAT)) has been ongoing for a number of years in the state. For more information on co-occurring initiatives, please refer to: <http://www.dmhas.state.ct.us/cosig.htm>

**Never** has the research base been so strong in guiding us in what to do to assist people recovering from co-occurring disorders; **never** has our federal agency, SAMHSA, put such an emphasis and resources into co-occurring disorders as they are currently; **never** has our system been better positioned to make the changes needed to be a co-occurring enhanced, recovery-oriented healthcare system.

**What must be done?** We are fortunate in Connecticut to have a single state agency for both adult mental health and addiction services; we must work to identify, overcome, and remove obstacles to delivering integrated services and improving outcomes for people working to recover from these illnesses. Integrated treatment is a means of coordinating both substance use and mental health interventions and this can be done by one clinician, two or more clinicians and peer specialists working together, one program or a network of services. Integrated care does mean that the combination of services is seamless and actively coordinated to result in **one recovery plan** for one person. We need to...

- Review our program structures and the service milieu to ensure they are welcoming;
- Implement standardized screening and assessment instruments to assist in early and accurate identification of persons with co-occurring disorders and expedite entry into appropriate services;
- Integrate effective service technologies from both the mental health and addiction treatment fields; and
- Have interdisciplinary staffing and consistent clinical supervision to support and sustain new practices.

The “pain” of non-integrated care or semi-integrated care for people receiving services is high; we know we can and must do better. Contact [Julienne.Giard@po.state.ct.us](mailto:Julienne.Giard@po.state.ct.us) with comments.