

## MONTHLY PROVIDER DATA QUALITY NEWSLETTER

August 2022

### Co-occurring assessments

As part of national behavioral health industry standard and best practice, DMHAS supports and encourages a co-occurring screening and assessment approach as an essential component to thorough behavioral health care practice. For many years, federal and state regulatory and licensing bodies have required behavioral health providers to conduct co-occurring screenings on all clients in the spirit of completing comprehensive assessments and ultimately providing thoughtful, integrated care.

When DMHAS first began requiring the completion of co-occurring screenings for state-operated and private non-profit providers thirteen years ago, one initiative implemented was to monitor all providers' compliance with these screenings upon admission. As such, DMHAS' data collection platforms (WITS for state-operated providers and DDaP for private non-profit providers) have required co-occurring screening data to be entered for all treatment programs. Subsequently, co-occurring compliance outcome data have been displayed on providers' Quarterly Quality Dashboards managed by the Evaluation, Quality Management and Improvement (EQMI) department.

Over these last thirteen years, evidenced-based practices have become increasingly sophisticated and varied regarding co-occurring screenings and interventions. As such, providers have continued to embrace the co-occurring ideology within their treatment settings. Although there is still more to achieve in order for many providers to fully embrace and employ co-occurring and integrated care within their agencies, we have been evaluating the utility of continuing to collect co-occurring screening data as a compliance measure. Also, providers have been inquiring about the ability to utilize a variety of co-occurring screenings beyond those the DMHAS data collection platforms offer as allowable co-occurring choices. Additionally, many have cited that the limited allowable co-occurring screening choices in WITS and DDaP is a barrier for providers from implementing more current instruments of their choosing.

To that end, we have decided to discontinue the requirement of state-operated and private non-profit providers submitting co-occurring screening data to DMHAS for compliance tracking purposes, effective Quarter 1 of State Fiscal Year 2023.

**It cannot be emphasized enough that while DMHAS will be discontinuing the requirement of co-occurring screening data submission, DMHAS continues to require all providers conduct co-occurring screenings at admission and throughout the course of treatment.** Providers continuing to administer co-occurring screenings and strategies helps to ensure all clients' behavioral health needs are constantly monitored and appropriately addressed.

DMHAS endeavors to be thoughtful of the data that providers are required to submit, balancing necessary data elements with providers' workload and operational duties. We hope that by discontinuing the requirement of co-occurring data submissions, providers will have the flexibility to select co-occurring screening instruments that are most relevant to their respective treatment settings and further the culture of co-occurring and integrated care within their settings.

This topic will be discussed further on the DMHAS Quality Director meetings, with the next round of meetings scheduled for Thursday, August 25, 2022 and Tuesday, August 30, 2022.

If you have questions or other feedback regarding co-occurring screenings and assessments, or any related data quality matters, please contact Karolina Wytrykowska at [karolina.wytrykowska@ct.gov](mailto:karolina.wytrykowska@ct.gov)