

## Increasing Co-Occurring Capability: Progress Being Made

Individuals with co-occurring mental health and substance use disorders present difficult challenges, but can and do achieve positive outcomes as a result of integrated, recovery-oriented services. Over the past 18 months, the DMHAS-operated facilities and nine DMHAS-funded private non-profit agencies, have been working intensively to increase their capability to better serve individuals with co-occurring disorders (COD).



### DMHAS-Operated Agencies

Connecticut Valley Hospital  
Cedarcrest Hospital  
Capitol Region Mental Health Center  
Connecticut Mental Health Center  
River Valley Services  
Southeastern Mental Health Authority  
Southwest Connecticut Mental Health System  
Western Connecticut Mental Health Network

### Private, Nonprofit Agencies

Birmingham Group Health Services  
Community Prevention & Addiction Services  
Harbor Health Services

InterCommunity Mental Health Group  
Midwestern Connecticut Council on Alcoholism  
Morris Foundation  
Rushford Behavioral Health Services  
United Community and Family Services  
Wheeler Clinic

### New to the Collaborative in 2008

Alcohol & Drug Recovery Centers  
APT Foundation  
Center for Human Development  
Connecticut Renaissance  
Perception Programs, Inc.

### Feedback from Programs Participating in the Co-Occurring Practice Improvement Collaborative

- "We tripled our COD groups and strengthened our COD intensive outpatient program."
- The Collaborative process is "like building a fellowship."
- "It's a work in progress. We are moving in a positive direction."
- "Extend the length of the Collaborative... Allow for ongoing consultation for sustainability."

### Observations and Lessons Learned

- **LEADERSHIP** - CEO and other administrators are essential to the process.
- **CHANGE IS NOT A LINEAR PROCESS** - sometimes there is a step backwards before moving forward.
- **SUSTAINED FOCUS** - is required at all levels over a long period of time.



### Progress!

Programs made great progress and, on average, reached the co-occurring capability level (i.e., rating of 3) on the following three key program components:

- 1) Stage-wise Interventions** - Matching service interventions with an individual's readiness to reduce their substance use and better manage mental health symptoms
- 2) Motivational Interviewing** - Using this evidence-based skill to successfully engage individuals who are in the early "stages" of wanting or being able to reduce substance use and better manage mental health symptoms
- 3) Group COD Treatment** - Groups educate about both mental health and substance use disorders, and include interventions for both disorders

### Co-Occurring Capability\*

