

**Co-Occurring Disorders Conference**  
**October 6, 2009**

Julienne Giard: We're fortunate enough today to have over 200 people from the DMHAS system of care gathered - mental health and addiction treatment providers, state agency staff, consumers, advocates and other stakeholders. We've been working for several years to integrate services, to truly integrate services and improve outcomes and help people reach their goals.... And this is really an opportunity to highlight that progress, to learn from each other and to be talking about what the next steps are. Throughout the day today, we're going to hear many different voices. We're starting with the keynote speaker, Lindy Fox, a licensed alcohol and drug counselor from the Dartmouth Psychiatric Research Center

Melinda (Lindy) Fox: As someone in recovery from a co-occurring disorder, I have certainly felt the impact of non-integrated treatment with over 30 hospitalizations in a non-integrated treatment setting. People need to have the dignity of risk and the right to fail. It is not our choice as to whether something is realistic or unrealistic. It is the client's right to take a risk. I often say to practitioners that if you have 50 people on your caseload, you should have 50 different definitions of recovery.

Julienne Giard: We're also going to hear from a very interesting panel of four state agencies and the Judicial Branch talking about how collaboratively across these agencies we've been working cohesively to further this work of integrating services through policy changes, contract changes, financing changes and service changes.

This afternoon, we're going to hear a number of provider recognition awards really highlighting in detail some of the great work mental health and addiction treatment providers in CT have done over the past few years to integrate services. And most importantly we're going to hear from consumers, people who have lived experience with co-occurring disorders about what's helped them in their recovery, what's not been helpful and where we need to go.

Jean: I'm a person in recovery. It's an honor for me to be part of this panel today. I thank my higher power God above. I'm surrounded by a lot of positive people. This is great chemistry, I feel like I'm at the Emmys or Grammys (laughter, clapping).

Lyne: In recovery, our whole goal is to help someone else during the day because that's how we stay sober by giving it back.

Deborah: I can't ever express in words how grateful I am to having my life saved. Yeah, I did the work, but they worked for me first when I wasn't able to work for myself.

Telissa: I just graduated from UConn (applause) and my goal is to continue to stay sober and go back to school and get my Master's degree in social work (applause).

Steven Fry: I'm greatly encouraged to see how much the system is doing and plans to do in terms of acknowledging co-occurring disorders and working better to meet people's needs and recognizing that recovery is about getting a life back.

Patricia Rehmer: Co-occurring disorders is a bigger part of our system I think than it was certainly 10 years ago. What we heard is that nationally 50 to 60% of the people treated have co-occurring disorders. We see more in our system every day, and what I heard from people in recovery that it was absolutely critical that the providers know how to connect people to services and to ensure that they get the services they need while they're in treatment.