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Commissioner

PROMOTING HEALTH AND RECOVERY

The Department of Mental Health and Addiction Services (DMHAS), as a healthcare agency, promotes health by providing services that are recovery-oriented, meaning that the services give the individual tools they need to manage their condition(s) and to achieve the highest quality of life that they can, despite the severity of their disorder(s). To ensure that the DMHAS healthcare system is responsive to the needs of individuals served and in efforts to continue to offer a wider range of clinical and rehabilitative services, I am pleased to announce the following system enhancements:

Co-Occurring Treatment Unit: Late Spring 2010, DMHAS' Southwest Connecticut Mental Health System (SWCMHS) converted 10 of its medically managed substance abuse detoxification (SA IV.2) beds in Bridgeport to an inpatient Co-Occurring Treatment Unit. There are an additional 10 medically monitored substance abuse residential detoxification (SA 3.7) beds that will also be converted to Co-Occurring beds. The conversion of this entire unit is an important change as it fills a gap in the DMHAS-operated and funded system. Individuals being admitted to the Co-Occurring Treatment Unit have severe mental illnesses (e.g., schizophrenia, schizoaffective disorder, other thought or psychotic disorders) and substance use problems (e.g., abuse or dependence). Adding these 10 additional beds will give DMHAS greater capacity to provide this specialized care.

The Co-Occurring Treatment Unit is building their programming on the evidence-based Integrated Dual Disorder Treatment (IDDT) model. IDDT was originally developed by faculty at the Dartmouth Medical School; the Ohio Substance Abuse & Mental Illness (SAMH) Coordinating Center of Excellence (CCOE) adapted the IDDT model/fidelity scale specifically for inpatient COD programs and this is the version that is being used for the Co-Occurring Treatment Unit.

Co-Occurring Treatment Unit staff received training and consultation over the past few months on co-occurring assessment, stage-wise treatment, motivational interviewing, cognitive behavioral therapy, and stage-based groups. They have implemented several co-occurring curricula, family psychoeducation and self-help groups. Ongoing fidelity reviews will be conducted to ensure compliance with the inpatient Integrated Dual Disorder Treatment (IDDT) model. Discharge planning is coordinated through ongoing treatment planning with outpatient providers, many of whom are also implementing the IDDT model; therefore creating important continuity of care.

Medically Monitored Substance Abuse Residential Detoxification: DMHAS has contracted with Regional Network of Programs (RNP), a community-based non-profit behavioral health organization, to establish a fifteen (15) bed Residential Detoxification program in Bridgeport. This new RNP program will assure continued access to residential detoxification services, in addition to increasing capacity for this level of care in the Greater Bridgeport area. Medically managed substance abuse detoxification services will continue to be provided within the DMHAS-operated addiction services (Merritt and Blue Hills) and within general hospital settings. The DMHAS operated Bridgeport program will maintain the flexibility to admit individuals in need of residential detoxification services, as needed, until the RNP program is fully implemented.

These system enhancements result in increased capacity for residential detoxification and inpatient co-occurring treatment services that are more responsive to the clinical and behavioral health conditions of individuals we serve.

Comments welcome at Pat.Rehmer@po.state.ct.us