

Screening for Co-Occurring Disorders

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In 2005, the state of Connecticut Department of Mental Health and Addiction Services (DMHAS) received a Co-Occurring State Incentive Grant (COSIG) to implement integrated care for people with co-occurring mental health and substance use disorders statewide. As part of its COSIG activities in 2007, DMHAS will begin implementation of standardized mental health and substance use screening tools in over 200 providers funded by the Department.

During the summer and early autumn of 2006, DMHAS will pilot two pairings of mental health and substance abuse screening tools: the MHSF-III and SSI-AOD, and the Modified MINI and CAGE-AID. During this pilot, we will learn more about the realities of screening for co-occurring disorders in the field, through the experiences of approximately 20 diverse providers across the state. Quantitative and qualitative data from the pilot providers will be analyzed to answer the following questions:

- Will there be a significantly increased rate of COD identification through the use of these standardized tools relative to diagnoses already captured in our MIS?
- What challenges, if any, do these screeners present?
- Are these instruments useful enough to incorporate into the "toolbox" used by intake personnel already challenged by the need to process heavy caseloads?

Additionally, we will also address some pertinent questions that are often of significant importance to state-level initiatives, such as,

- Should item-level detail from these screenings be stored in the DMHAS MIS system?
- Is it sufficient at the statewide system level to require the use of a standardized screening instrument (to be selected from a specified list) and collect just the results of the screen (i.e., positive or negative for mental health, substance abuse, and/or co-occurring disorders?)
- Conversely, should we store the actual score obtained from the screening instrument?
- Do we mandate the use of the co-occurring screening instrument, or should we offer providers a list, with the option to choose, change, or add new instruments as they come available- without major revision to the provider's contract?

These issues will be discussed within the proposed poster presentation, which will cover the implementation of the COD screening pilot in Connecticut, results of the pilot study, and future directions for the state's COD-related activities.