

ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

February 6, 2006

Dual Diagnosis

Odyssey House expands mental health programs for patients with SPMI

When substance abuse treatment is linked with mental health treatment — a growing trend as health systems seek to provide integrated care — providers must come up with ways to respond to the challenge. One is to look to the mental health system, where many patients have co-occurring substance abuse disorders, for funding. Odyssey House, a substance abuse treatment program based in New York City, has been doing this successfully for 12 years, and is expanding with a new facility.

People with severe and persistent mental illness (SPMI) and chemical dependency cannot be mainstreamed into most substance abuse treatment programs, according to Peter Provet, Ph.D., president of Odyssey House. For these patients, Odyssey House has a dedicated 60-bed program called the Odyssey Behavioral Health Care Residence (OBHCR). This program, funded by the New York State Office of Mental Health, is mainly for homeless individuals who have been in state psychiatric hospitals, sometimes for years, and when released discovered alcohol or drugs.

“You can’t put someone with a severe mental illness into a large therapeutic community,” Provet told *ADAW*. “These people have a level of psychological fragility. They need to spend time learning about their

mental illness, recognizing its signs and symptoms, understanding how it’s related to their drug use, understanding the value of medication, and understanding how to monitor their symptoms so they can be more in control.” Mainstreaming SPMI individuals with a large drug treatment population would expose these people to “individuals early in recovery who have manipulative, often anti-social, tendencies,” explained Provet.

Many treatment programs — including Odyssey House in its regular therapeutic community — do treat the milder forms of mental ill-

ness as well as substance abuse. But there’s an important distinction between mild and severe mental illness, according to Provet.

While most programs do not have a dedicated SPMI program like that at Odyssey House, all substance abuse treatment programs should be able to assess every level of mental illness and treat the patient, within some form of integrated treatment, according to H. Westley Clark, M.D., J.D., MPH, director of the Center for Substance Abuse Treatment (CSAT) at the Substance Abuse and Mental Health Services Administration (SAMHSA). “If there is a network of

Treatment at OBHCR includes:

- Congregate care treatment with intensive substance abuse and mental health education and counseling
- Training in essential life skills development including: personal hygiene, housekeeping, budgeting/shopping, the use of public transportation, banking/money management, and medication compliance
- On-site primary and psychiatric medical services
- Dually diagnosed (mentally ill chemically addicted) substance abuse/mental health services in groups and enhanced TC setting
- Vocational counseling and job training services
- Cultural and recreational activities
- General Equivalency Education (GED) course preparedness
- HIV counseling services
- Intensive case management
- Comprehensive discharge planning including housing and psychiatric care

coordinated services, including physical and mental health, then the client is never harmed by a program that doesn't itself have a full range of treatment," Clark told *ADAW*.

The quadrant model

To help conceptualize the problem of co-occurring disorders, SAMHSA has developed a "quadrant model" (see box, page 2). "The quadrant model captures the notion that there is a spectrum of severity," Clark told *ADAW*. "If you define your client as only those people with SPMI, then you ignore those with milder problems. That's why in the quadrant model there are a number of strategies that are embraced."

Of the substance abuse treatment facilities that report to TEDS (Treatment Episode Data Set), 35 percent provide programs for co-occurring mental disorders, said Clark. "We don't have a precise categorization," he said, adding that the mental disorders might entail anxiety, post traumatic stress disorder, depression, or more problems. Of state-operated or federally funded facilities, 46 percent provide treatment for co-occurring disorders, he said.

Funding streams

The OBHCR at Odyssey House is a special situation, fostered by a state that has two separate agencies. In New York, the Office of Alcoholism and Substance Abuse Services and the Office of Mental Health each have separate funding streams. On the mental health side, it was important to find a place for those with co-occurring substance abuse issues to go in the wake of psychiatric hospital closings.

"In New York, there are separate commissioners reporting up to the governor," said Provet. "We see the importance of having independent agencies with separate leaders to oversee drug and alcohol treatment on one side, and mental health treatment on the other." In states where substance abuse is within the mental health treatment agency, Provet said, "it can be interpreted that substance abuse treatment is relegated to a secondary position." But even in states in which there is one combined agency for substance abuse and mental health,

a program such as OBHCR would still be possible — and with it, an avenue to new funding.

When providing treatment to people with SPMI and addiction, funding is particularly important. For a bed at OBHCR — including food, family counseling, and therapy — the annual cost is \$30,000 to \$35,000, Provet told *ADAW*. That doesn't include medical treatment, which is paid for by Medicaid. "But compare that cost to the cost of a state psychiatric bed, let alone a hospital bed in a medical center," he said, referring to the savings generated by the deinstitutionalization that began 20 years ago.

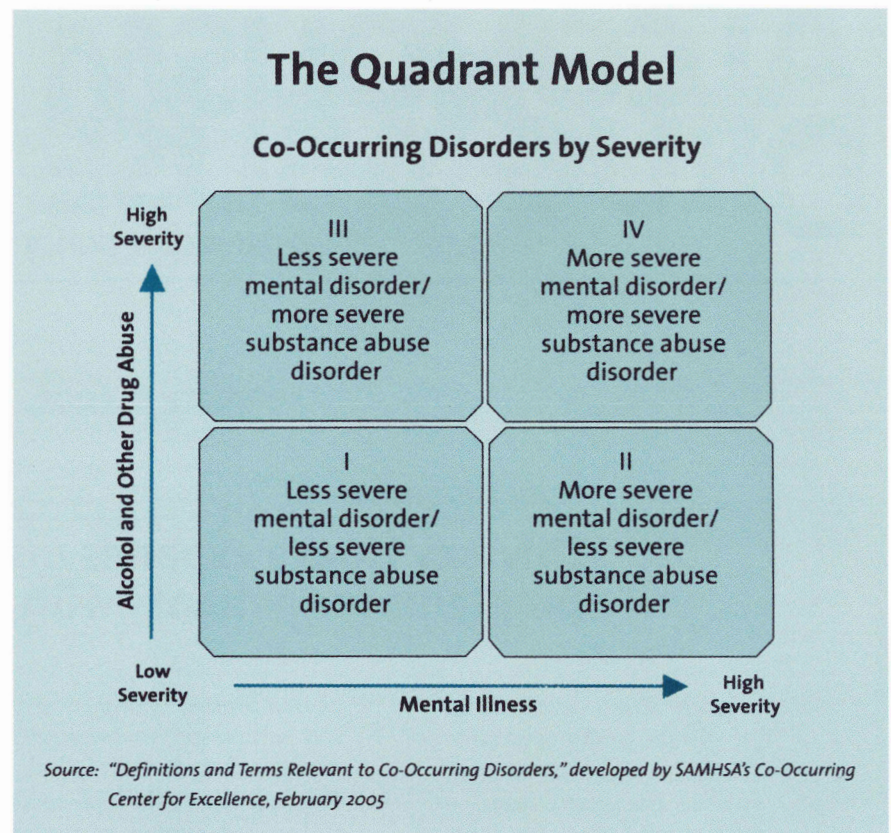
Slipping through the cracks

And investment in assessment on the front end is also essential, because without a system to identify people with co-occurring disorders, these people could "slip through the cracks," according to Matthew L. Warner, Psy.D., Odyssey House's director of mental health services. "Typically when someone enters a detox or psychiatric unit, and they no longer can use their drug of choice, that's when you'll find out whether the primary disorder

is mental illness or chemical addiction," said Warner, who was previously director of addiction and recovery services for a large psychiatric department of a hospital. For example, if the person has a "psychotic break and ends up on a psychiatric ward, and has also been smoking crack, at some point when they don't have drugs in their system they'll clear." For this patient, the primary diagnosis would be chemical dependency with a related "psychotic reaction," said Warner. "That person won't get a significant mental health component in their treatment plan."

On the other hand, someone may come in to an Odyssey House chemical dependency program, and during the initial assessment, it will be clear that the primary disorder is mental illness, said Warner. It's important that the patient be treated accordingly.

And it's just as important to find out what the client wants, noted Clark of CSAT. "They deserve an opportunity to participate in the decision-making process," he said. "Some may want to be in a more general treatment population. They may say, 'When I'm not drinking,



when I'm not using, the mental problems aren't an issue."

Mental illness may be primary, but it hasn't necessarily "caused" the substance abuse, our sources said. "We don't want to get trapped in the chicken or egg paradigm," said Clark. "There are many pathways to substance abuse disorders. For adolescents, it may start because of peer pressure, or they may have incipient schizophrenia and they use drugs to try to cope." It's more important to focus as an integrated treatment program on all of the patient's needs.

Staffing issues

Instead of focusing on the disorder, treatment should focus on the person, agreed Warner. "My experience is every counselor or every psychologist is equipped to work with a person who has either disorder," he told *ADAW*. "We need both training in both areas, and a level of tolerance and acceptance of the other's expertise," he said. "We also need a willingness to learn about recovery from each other. The best programs are the ones where the staff can talk openly."

Substance abuse and mental health treatment staff need to collaborate to make sure mentally ill

For more information, see:

- SAMHSA's guideline on substance abuse treatment for people with co-occurring disorders: http://www.guideline.gov/summary/summary.aspx?doc_id=6849
- SAMHSA's Co-Occurring Center for Excellence www.coce.samhsa.gov

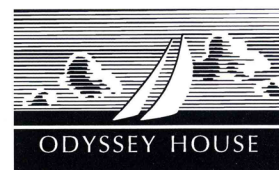
patients don't get shunted from program to program, not fitting in anywhere, said Warner. "Some mental health providers feel ill equipped to treat chemical dependency, so the client is left drifting."

That's why the best treatment model is one that is "full-spectrum," providing treatment for the severely mentally ill and severely addicted on one end of the spectrum, and the mildly mentally ill and mildly addicted on the other end, said Clark of CSAT. Again, this doesn't mean all services have to be provided under one roof. "You need to have developed a working relationship with mental health," he said, so that when you assess a patient as on the mental illness spectrum, you can identify

where the patient fits best. In states where mental health and substance abuse agencies are combined, said Clark, "it makes it easier to forge the relationships."

"Every substance abuse treatment provider should have something in place to assess for the presence of mental illness," said Clark. "Then you can make the decision of what to do with the client next."

Meanwhile, Odyssey House plans to break ground this summer on a new facility in New York City, which would provide transitional housing for patients coming out of programs such as OBHCR. This program will also be funded by the Office of Mental Health. •



Odyssey House provides quality substance abuse treatment, mental health, medical, and housing services to vulnerable New Yorkers. Family-focused residential and outpatient treatment meets the needs of women with children, adolescents, young adults, the mentally ill, the homeless, people with HIV/AIDS, and senior citizens.

For more information on our services, please visit: www.odysseyhouseinc.org or call: 212-987-5100.