Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

SERVICES TO PERSONS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS

PROGRAM DESCRIPTIONS

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OFFICE OF INSPECTOR GENERAL

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This report was prepared under the direction of William Moran, the Regional Inspector General for the Office of Evaluation and Inspections, and Natalie Coen, Deputy Regional Inspector General, Office of Evaluation and Inspections, Region V. Participating in this project were the following people:

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To obtain a copy of this report, call the Chicago Regional Office at 312/353-4124.

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INTRODUCTION

PURPOSE

Describe 30 programs that serve people with co-occurring mental health and substance abuse disorders in a community setting.

BACKGROUND

The National Comorbidity Survey, a large general population survey conducted from 1990 to 1992, found that 53 percent of respondents with alcohol abuse or dependence over their lifetime also had a mental disorder over their lifetime, while 36 percent had a lifetime illicit drug use disorder. Fifty-nine percent of the respondents with a history of illicit drug abuse or dependence over their lifetime also had a mental disorder over their lifetime, and 71 percent had a alcohol use disorder over their lifetime. In any given year, Survey data reflect that an estimated 7.6 to 9.9 million persons with co-occurring mental health and substance abuse (MH/SA) disorders.[1]

The literature strongly emphasizes the heterogeneity of this population in terms of types of mental disorders, levels of involvement with alcohol and other drugs, and degree of functioning. People with these co-occurring disorders can be very difficult to treat, with chronic and severe medical, social, and emotional problems and particular vulnerability to relapse. Few receive integrated treatment in a single setting, from a single clinician who addresses both disorders at the same time. Yet if treated for only one disorder, response to treatment is likely to be poor.

The broad social consequences of failing to adequately treat this population include homelessness, violence, crime, the spread of HIV/AIDS, tuberculosis, and sexually transmitted diseases, with their attendant demands on hospital emergency rooms and the public welfare and criminal justice systems.

Programs and Activities for Persons with Co-Occurring MH/SA Disorders

In the Department of Health and Human Services (HHS), the Public Health Service funds many services and activities relevant to this population.

The *Substance Abuse and Mental Health Services Administration (SAMHSA)* has many programs that are directly or indirectly targeted at people with co-occurring MH/SA disorders. The national advisory council of SAMHSA has a working group on Services

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[1] *Since NCS data reflect only the household population ages 15-54, a true picture of the magnitude of this problem must reflect an additional .1 million institutional population, .1 million homeless, .05 million youth age 0-14, and .4 to .6 million adults age 55 or over, for a total estimated 8.3 to 10.8 million individuals.*

Integration which is currently focusing on this issue. A SAMHSA work group has also been created to address this population.

Two SAMHSA service programs are specifically targeted at people with co-occurring MH/SA disorders. Projects for Assistance in Transition from Homelessness (PATH) is a formula grant program to States and territories with a specific legislative mandate to serve persons with co-occurring MH/SA disorders. Funded at $29 million in Fiscal Year (FY) 1994, PATH provides mental health and other services to homeless individuals and at-risk populations that are severely mentally ill or have co-occurring MH/SA disorders. Secondly, a demonstration program for homeless individuals with co-occurring MH/SA disorders is overseen jointly by the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT). Sixteen providers received grants in September 1993 totalling $4 million to develop and test models of effective assessment and intervention for this population. In the second year, several providers will receive continuing grants to undertake a formal evaluation of their specific service delivery modalities.

Other SAMHSA programs include the mental health services block grant ($278 million for FY 1994) and the substance abuse prevention and treatment block grant ($1.1 billion in FY 1994). Nine Access to Community Care and Effective Services and Supports demonstration grants ($19.4 million) are testing services integration approaches for persons with severe mental illnesses and/or substance abuse. The Community Support Program has funded demonstration projects on persons with co-occurring MH/SA disorders.

Elsewhere in HHS, the *National Institutes of Health* fund research and services demonstrations through the National Institutes of Mental Health, Drug Abuse, and Alcohol Abuse and Alcoholism. The *Health Resources and Services Administration* funds the Health Care for the Homeless Program and Ryan White programs for persons with HIV/AIDS. The *Indian Health Service* funds services for American Indians and Alaska Natives. The *Health Care Financing Administration* funds Medicare and Medicaid for health care and related services. The *Social Security Administration* funds the Social Security Disability Income and Supplemental Security Income programs.

Outside HHS, the *Department of Veterans Affairs* and the *Department of Housing and Urban Development* (HUD) both deal with this population in their homeless as well as other programs. So does the *Department of Justice* via the courts, prisons, and jails.

While the above list of agencies and programs is long, we do not know the extent to which any of their services actually reach people with co-occurring MH/SA disorders. We did not find national data on the number of such clients served by any of these agencies and their programs.

Scope and Methodology

This study follows others we conducted on services to homeless people, especially those with mental illness or substance abuse, and community mental health services. In those studies, respondents pointed to persons with co-occurring MH/SA disorders, specifically, as underserved both in homeless and traditional service programs.

This report is a companion to another report ("Services to Persons With Co-occurring MH/SA Disorders", OEI-05-94-00150) which describes the experiences and perspectives of supervisors or managers, and staff who work directly with clients in treatment-related activities. The programs are all community-based (as opposed to inpatient) and were established specifically to treat people with co-occurring MH/SA disorders. In our early discussions with SAMHSA staff, we learned that information about front-line workers was of interest and would complement the programmatic information coming from the CSAT-CMHS demonstration program mentioned above.

This report describes the 30 programs in which the 71 respondents work. At our exit conference at SAMHSA on the first report, staff expressed interest in learning about the programs that these respondents work in. Hence we decided to produce this companion report.

We identified these 30 programs through references in the literature, descriptions of the special demonstration programs and other Federal programs, and suggestions from experts. Almost all of them treat clients with co-occurring MH/SA disorders exclusively, although a few also have some clients with mental illnesses or substance abuse problems only.

The programs are located in 20 States[2] and are very diverse both demographically and programmatically. Twenty-five percent are in metropolitan areas (cities over 500,000), 15 percent in small cities or rural areas, and the rest in medium-sized cities. The providers running the programs include mental health providers, substance abuse providers, private non-profit social service agencies, hospitals, and a veterans service agency. Seven are recipients of CSAT-CMHS demonstration funds, and two receive PATH funding.

Though we did not delve deeply into the origins of these programs, our strong impression is that the major impetus in their development was the recognition by key staff that this segment of their client population was growing, and that their needs were not being adequately met by existing services.

We conducted this inspection in accordance with the *Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

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[2] *Alaska, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Missouri, Nebraska, New York, Ohio, Oklahoma, Oregon, South Carolina, Texas, Vermont, Virginia, Wisconsin, and Wyoming.*

PROGRAM DESCRIPTIONS

The following information comes from discussions with 71 managers and front-line staff who work in 30 programs, located in 20 States, designed specifically to serve persons with co-occurring MH/SA disorders. Our primary focus in these discussions was on respondents' experiences and perceptions about working with clients with co-occurring MH/SA disorders, rather than on their programs per se. However, in order to have a context in which to understand their comments, we asked respondents to briefly describe certain aspects of the structure and operation of their programs.

These descriptions are best understood by reading them along with our companion report entitled "Services to Persons with Co-occurring MH/SA Disorders: Provider Perspectives" (OEI-05-94-00150), which presents an analysis of the responses of managers and front-line staff to our survey on how they serve this population. The combination of that survey analysis and these descriptions provides as complete a picture as possible of issues, successes, and problems in the emerging field of treating persons with SA/MH disorders.

These programs include residential programs, outpatient programs, day treatment or partial hospitalization programs, community treatment team programs, and a single room occupancy hotel with a day manager funded by a community mental health center (CMHC). We present a general description of four aspects of each program: structure, funding, clients, and services. The information reflects what our respondents told us - and as much as they told us. We did not attempt to verify their comments, review program materials, or evaluate these programs in any way. However, since little is known about programs that work specifically with this population, we believe that this information will be of interest to people in the field.

By way of introduction, we note that respondents share the same broad goal for their clients, namely stabilization and a better quality of life. Furthermore, they view "recovery" as a relative term, and expect it to occur gradually over a long period of time. What is interesting to see is both the similarities and the differences in the way their programs are addressing that goal.

Six Residential Programs

Residential Program #1

Structure: This 60-day program was established in 1994. Located in a large city in Oklahoma, it is run by a small chemical dependence agency under a subcontract with a major hospital. Prior to establishing this program, the hospital led the formation of a consortium of agencies providing a continuum of services including detox, inpatient, residential and aftercare programs.

Training and evaluation are both key components of this program. Training is provided not only for staff in the program itself, but for residents and medical students at the university's College of Medicine. Evaluation will be conducted every quarter.

Funding: Funding is provided by mental health and substance abuse block grant funds.

Clients: The program has 16 beds, with an average census of 14 clients. The majority of the 26 clients (half male, half female, 35-40 years old) served in the first quarter of operation experienced depression, with a high occurrence of personality disorders. They abuse alcohol, marijuana, or crack cocaine, and polyabuse is not uncommon.

Services: Intake, assessment, and referral to this program are done at the hospital by a treatment team comprised of the program director, a psychiatrist, an intensive case manager from the residential program, and a mental illness specialist. The team reviews each case weekly and psychotropic medications are provided through the hospital, with oversight by the psychiatrist.

The residential program itself provides case management, individual and group counseling, and education groups.[3] The agency has a very diversified array of chemical dependency services available to the clients as well. Staff consist of the case manager, clinicians, and counselors.

Residential Program #2

Structure: This mental health agency, located in a large city in the East, has operated two programs for persons with co-occurring MH/SA disorders for a year and a half - an 18 month residential program and a continuous treatment team (CTT) which deliberately targets people who have failed in another agency CTT. One person supervises both programs and also carries several clients in a case management capacity. Each program has a staff of seven including a clinical supervisor, nurse, and a diverse group of people conducting case management and the other activities of the program.

Funding: Funding includes State funds and Federal funds from a special grant. The agency director has done some formal outcome evaluation of clients with co-occurring MH/SA disorders and would like to continue, but said that a cut in their Federal grant has precluded continuing formal evaluation at the moment.

Clients: Federal funding mandates targeting people of color, women of childbearing age, and people at risk for HIV infection. There are 15 beds in the program, and 25

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[3] *We soon learned that respondents talking about "psychoeducation" were referring to different things, from classes to counseling sessions, and from teaching not only about mental illness but also about substance abuse and other topics such as daily living skills. Hence we have chosen to use the broader term "education" in this report.*

clients come throughout in a year. Two-thirds are men. Clients are severely mentally ill[4]; some also have borderline personality disorders.

Services: The agency provides access to a continuum of services, beginning with case management, through the continuous treatment team, to which residential clients can "graduate" and remain as long as needed. Within the residential program, clients receive medications and psychiatric monitoring along with individual and group counseling, and education. They are required to attend 12-step[5] meetings, including some Double Trouble[6] meetings, daily. They also participate in recreational activities, which the agency views as important replacements for substance use/abuse.

Residential Program #3

Structure: This is a 90-day residential program run by a private non-profit (religious based) social service agency in Alaska. The agency is substance-abuse based and this program is strongly grounded in the 12-step philosophy. It is staffed by the director, two alcohol and drug counselors, and four paraprofessional mental health aides.

Funding: Funding includes Salvation Army funds and special Federal funds specifically targeted at Alaska Natives.

Clients: Half or more of the clients are Alaskan Natives. Two thirds are male, and on average, clients are in their mid-20s. Clients have chronic mental illnesses and some from post traumatic stress disorder due to prior abuse in the family. They abuse alcohol, marijuana, and crack cocaine.

Services: Clients with chronic mental illness receive mental health-related services at the local CMHC. A psychiatrist comes to the program weekly to monitor medications for the Alaska Native clients, specifically. The director reports that the agency recently "lost" a halfway house and case manager for an aftercare program. She also said that clients with personality or mood disorders who are not connected with either the CMHC or the Indian Health Service health care network often relapse during lengthy waits for services from those systems.

The residential program runs 12-step study groups, educational groups, and some recreational activities. Some clients also attend 12-step groups in the community. The program refers a small percentage of clients to the vocational rehabilitation agency in the community at the end of their stay.

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[4] *The severe or chronic mental illnesses named were primarily schizophrenia and depression.*

[5] *Alcoholics Anonymous, Narcotics Anonymous, etc.*

[6] *A type of 12-step program developed specifically for persons with dual disorders.*

Residential Program #4

Structure: This is a 23-year-old substance abuse provider, which has been serving the persons with co-occurring MH/SA disorders in this Nebraska city for some 5 years. Staff consists of a clinical director, a psychiatrist consultant, counselors, nurses, and full and part-time recreation therapists. In addition to this residential program, the agency runs an outpatient program and a residential program for adolescents with co-occurring MH/SA disorders.

Funding: Federal CSAT-CMHS demonstration funds, State, city and county funds, and some United Way dollars, provide funding, with a small amount of Medicaid and private reimbursement.

Clients: Clients are homeless or at risk of homelessness. The program houses 30 adults and 15 youths at a time. Roughly two-thirds are male. Clients are chronically mentally ill; some have personality disorders. Reportedly, a majority have been victims of sexual abuse. Substances used are alcohol and cocaine, including crack. Reportedly some younger clients use LSD or inhalants. Some adults abuse amphetamines.

Services: This program was described as a modified therapeutic community with a long-term approach. Clients may remain for up to 1 year. Case managers at the parent agency link clients with services needed outside the agency. Residential services include medication management, group and individual counseling, education, and recreational activities. These latter are a large part of the program; staff believe strongly that clients must learn to use leisure time in a healthy way to replace drug/alcohol use.

Residential Program #5

Structure: This 2-year-old program located in a large city in California is run by a private non-profit agency serving veterans.

Funding: CSAT-CMHS demonstration funds, Health Care for the Homeless, HUD, and the Department of Labor were all mentioned as sources of funding.

Clients: The 80 clients are 85 percent male and average around 45 years old. All are veterans who have been homeless or are at risk of homelessness. They have chronic mental illnesses; respondents especially see depression, anxiety, and post traumatic stress disorder. Most clients are judged to be employable.

Services: Each client is assigned a case manager and a counselor. Respondents described the program as a structured program built on a social model, with a heavy focus on peer support, jobs, self-sufficiency, and integration into the community. The

emphasis is on building confidence, self esteem, a sense of community, and, especially, a sober lifestyle.

Clients receive medications through Veterans Administration programs. In-house activities include case management, counseling (group and individual), and a variety of education groups. Clients are required to attend 12-step meetings either on or off-site and may continue to attend them after graduating from the program.

Residential Program #6

Structure: This is a large private non-profit human service agency in New York City. It runs both housing programs and a day treatment program for people with co-occurring MH/SA disorders. The housing program is about 3 years old.

Funding: The program is funded by CSAT-CMHS demonstration funds; Medicaid and Medicare reimbursement were also mentioned.

Clients: Three hundred of the 400 served by this program have co-occurring MH/SA disorders. From 60 percent to 80 percent are male and they range in age from 30 to 50 years old, although most are in their 30s. Clients are chronically mentally ill; some have personality disorders. They use primarily alcohol and crack cocaine. Clients are homeless or at risk of homelessness.

Services: The housing program is tailored to individual needs and geared to provide the least restrictive living environment possible for clients, for as long as they need it. It includes a range of housing from independent living to housing with intensive support services, where residence counselors working in teams make frequent visits to clients. Clients can participate in the agency's day treatment program for persons with co-occurring MH/SA disorders and, through its case managers, access other services both in and outside the agency. Most clients have a psychiatrist or are affiliated with a hospital or clinic for on-going mental health care.

Eight Outpatient Programs

Outpatient Program #1

Structure: This 5-year-old partial day treatment program is run by a large private non-profit social service agency in New York City. The program operates from 4 to 8 pm Monday through Thursday (after-school hours). Clients may remain in the program up to 18 months. Staff include three social workers, a part-time drug and alcohol counselor, and a part-time psychiatrist consultant. There is a low client to staff ratio.

Because so many of their clients have learning disabilities, the agency is now developing an alternative high school.

Funding: The program was started with funding from a special task force with the mission of bridging the gap between the mental health and substance abuse needs of adolescents.

Clients: The program serves adolescents from 13 to 18 years old. Some 14 clients (half girls, half boys) are in the program at a given time, with 200 served annually. They experience a wide range of emotional disturbances, especially emergent schizophrenia or depression, and many come from families where there is physical or sexual abuse, and/or substance abuse. According to the director, as many as 90 percent of the girls have been sexually abused.

Services: The program takes a family systems approach, and focuses heavily on helping clients maintain sobriety and complete school. It is a highly structured program that provides close monitoring of psychotropic medications, routine drug screens, individual, group, and family counseling and education, recreation, and an Alcoholics Anonymous meeting on-site once a week. A major goal of the program is to complete a thorough assessment of each client.

Outpatient Program #2

Structure: This 2-year-old program serves Native Americans with co-occurring MH/SA disorders on a rural reservation in Wyoming. The staff consists of a substance abuse counselor and a registered nurse who is Indian and who works as the case manager and outreach specialist. Respondents say that having Native American staff reduces the potential for cultural clashes between the Indian clients and non-Indian providers.

Funding: The program receives some PATH funding for its case management component; Medicaid and Medicare reimbursement are also sources of funding for the program. Respondents reported that Medicare and Medicaid requirements that substance abuse counselors have Master's degrees restrict the program's ability to hire Native Americans, since few Native Americans have these degrees.

Clients: The program serves six Native American clients who have co-occurring MH/SA disorders from two tribes, almost all of them men in their 40s. Clients have severe mental illnesses and abuse alcohol (often to self-medicate), marijuana, and inhalants. Many have not been treated for their illnesses until recently. Other common characteristics are geographic isolation on the reservation, organic disorders, poor health, and troubled family histories including alcoholism, poverty, and poor housing.

Services: The program emphasizes outreach. The provider offers education, individual therapy, medication management, and family counseling. The program's case manager focuses on establishing social supports for clients. Clients participate in community 12-step programs and the program runs its own therapy group, which

meets on the reservation. The agency coordinates its services with those of the Indian Health Service wherever possible.

Outpatient Program #3

Structure: A substance abuse agency in a Virginia city developed this program 4 years ago. The program runs Monday through Friday, three hours a day, and lasts from 12 to 18 months depending on client. The program is expanding and its two therapists will soon become full-time.

Funding: County substance abuse dollars fund the program.

Clients: The program serves a maximum of 12 clients, most from 30 to 35 years old. In addition to chronic mental illness, many clients reportedly also have personality disorders. Some have experienced childhood abuse. Many of the women in the program are mothers. Clients abuse alcohol and crack. Some clients are homeless, but many live with their parents. All receive SSI or SSDI and Medicaid.

Services: Therapists carry six clients each, and provide education and individual and group therapy in addition to case management. Each client also has a primary counselor at other agencies in the mental health system. Although the primary focus of this program is on substance abuse, the goal is to help clients understand both their mental illnesses and their addictions as well as to give them the skills and support necessary to maintain abstinence.

Outpatient Program #4

Structure: This 3-year-old program in Texas is based in a mental health agency and targets homeless people with co-occurring MH/SA disorders. The agency takes a comprehensive approach, via case management, to meeting many client needs in the hope that they will become more independent and live in the community. The agency's homeless services unit first identifies homeless people with co-occurring MH/SA disorders. Case managers in this program then link those clients with services within and outside the agency for 6 months to a year. After leaving this program, clients continue with another case manager from the main program of the agency.

Staff consists of one administrator/case manager, and a case manager. Each carries 15 to 20 clients. Under a contract, a psychiatrist visits the program twice a month.

Funding: Funding comes from Federal PATH dollars as well as funding from the parent agency. Reportedly, the agency cannot bill for Medicaid reimbursement due to its Federal grant.

Clients: The program serves 30 to 35 clients at a time (about 350 a year). Most clients are in their mid-20s to mid-40s. The PATH grant requires that all of the program's clients be homeless and chronically mentally ill. Reportedly, the agency is

seeing a rapid increase in clients who have organic disorders due to either heavy substance use or head injuries. Also, many clients have a childhood history of sexual or physical abuse. About one-third of clients receive SSI or Medicaid.

Services: The primary emphasis of this program is outreach, engagement and linkage. The needs of clients entering the program for food, shelter, and clothing are addressed immediately, and the program acts as clients' representative payee as needed. They then provide on-going case management, with linkage to mental health services needed, and substance abuse counseling in house, involving clients' family and friends where possible.

Case managers also run education groups in four shelters. They tried a specially developed module, specifically for persons with co-occurring MH/SA, but found it was not useful for homeless people. The parent agency continues to use the module in its other programs, however.

Outpatient Program #5

Structure: Housed in a substance abuse agency, this 3-year-old State "mental health-substance abuse" pilot program serves a rural, eight county area in Illinois. It emphasizes assertive case management and provides clients with large amounts of long term support.

Funding: The program receives special State funding, half from the Department of Mental Health, half from the Department of Alcohol and Substance Abuse.

Clients: The program's 30 clients all have co-occurring MH/SA disorders and average 30 years old. They are chronically mentally ill (mostly schizophrenic) and use or abuse mainly alcohol. Clients are often referred to the program by the State psychiatric hospital, and it is a program requirement that clients have had at least three admissions to psychiatric facilities before they can enter. In addition, most clients have had housing problems and many have family histories of mental illness and alcohol abuse.

Services: Case managers refer clients to the local CMHC for mental health treatment. In house, the program provides special groups on co-occurring MH/SA disorders, detoxification services, and inpatient substance abuse treatment. The groups are designed to be less confrontational and more flexible than traditional substance abuse treatment. For example, abstinence is not an absolute requirement for participation.

Outpatient Program #6

Structure: This 1-year-old outpatient program in Connecticut is run by a CMHC which is the lead agency for the mental health agencies in the area. A committee of community agencies focused on co-occurring MH/SA disorders was set up by the agency several years ago, and the agency holds an annual conference on co-occurring

MH/SA disorders (some 150 people attended the most recent one). It also holds a 9-week training seminar and is developing a resource manual for staff. The program director is a psychiatrist with several years of experience in this field, who is also on the faculty of a major university. Services are divided into two components, one for persons with chronic mental illnesses and another for persons with less severe mental illnesses.

Funding: This program receives Federal funding from the National Institute on Drug Abuse. The parent agency funds both mental health services and a substance abuse program.

Clients: Clients, who have chronic mental illnesses, are reportedly mostly in their 20s and 30s. About 40 percent are female, and 50 percent are minority. They have histories of poor compliance with medications, frequent rehospitalizations, legal problems, and homelessness; a very high percentage reportedly have learning disabilities. All receive SSI and Medicaid.

Services: The agency offers a full continuum of care including community treatment teams that provide case management and referral, inpatient, outpatient, day hospitalization, and relapse prevention services. The director described the program's approach to this population as eclectic, integrating a wide variety of services into a network, with individual clients referred to services according to their needs. Those with chronic mental illnesses receive services within the provider agency. Those with less severe mental illnesses receive concurrent services from this provider and a substance abuse provider.

Besides the director, staff include an administrator who has some clinical duties and oversees research, and three people who share a full-time position and provide consultation and training to other staff at both the mental health and substance abuse agencies. More staff will be hired to carry out the research component, which is to continue for several years.

Outpatient Program #7

Structure: This program has been run by a county CMHC in Illinois for 3 years. It offers intensive case management on an outpatient basis. Staff include a coordinator, two case managers, and a part-time psychiatrist. Staff know and work with each others' clients. They take a longitudinal view of treatment and care, and expect clients to use the service throughout their lives.

Funding: The program is part of a special Statewide program for people with co-occurring MH/SA disorders. Funding comes from the State mental health and substance abuse agencies, and Medicaid reimbursement.

Clients: The program serves 40 clients. Their average age is 32 and 75 percent are male. The program sees clients with schizophrenia, primarily, and many reportedly

also have personality disorders. Alcohol use is primary; clients also use marijuana and respondents said that crack cocaine "is like a plague." Many clients have continual housing problems. They reportedly have "burned down all their clinical bridges" before coming to this program. About 70 percent receive SSI and Medicaid. There is a waiting list of 30 clients.

Services: The program uses case management to link clients with community services. Case managers each carry 15 clients; the coordinator has a caseload of 10. Staff also do some group work such as modified 12-step groups using an educational, non-confrontational approach, or education groups.

Outpatient Program #8

Structure: This 2-year-old program in California was developed from a homeless program for chronically mentally ill clients. It is this city's only program for clients with co-occurring MH/SA disorders. Treatment lasts for 16 weeks, although the time limit is flexible. Staff include the coordinator (who serves part-time as a case manager), case managers, a part-time psychiatrist, and a full-time therapist position shared by two individuals.

Funding: Funding includes Medicaid reimbursement and CSAT-CMHS demonstration dollars.

Clients: The 108 clients have severe mental illnesses. Average age is the early 30s. Some reportedly have borderline personalities, especially females. Many use alcohol to self-medicate; they also use cocaine, PCP, and crack. Many clients have been homeless. All receive SSI and Medicaid.

Services: Intensive case management is the agency's core service. Other program components include medication management, groups that address daily living skills, mental health and substance abuse education, and a Double Trouble 12-step group.

Ten Day Treatment/Partial Hospitalization Programs

Day Treatment/Partial Hospitalization Program #1

Structure: Run by a CMHC in Ohio, this program was established in 1988. It operates 5 days a week, 4 or 5 hours a day. It was established when the county mental health board identified a need for services for people with severe mental illness and substance abuse problems. Most clients remain in the program for 6 to 9 months, although they may stay indefinitely. Staff include a psychiatrist, case managers with caseloads of 15, counselors, a nurse, and an art therapist.

Funding: The county mental health board is the primary funder. The program bills Medicaid and Medicare for some services as a partial hospitalization program. United Way also provides some funding.

Clients: The program has some 50 active clients, predominantly African American men with schizophrenia/schizo-affective disorders. The average age is 32. Clients are polyusers. The most popular drugs are crack cocaine (58 percent), alcohol (35 percent), and marijuana (4 percent). In addition, 50 percent of clients may be on parole at any one time.

Services: Services include intensive case management with referral to services as needed, medication management, group and individual counseling, education, recreation therapy to counter boredom and teach clients socialization skills, and 12-step groups, both traditional and modified. Case managers sometimes accompany clients to 12-step groups in the community to help them feel more comfortable with participating.

Day Treatment/Partial Hospitalization Program #2

Structure: This program in Texas is only a few months old. It is run by the county comprehensive CMHC and operates 5 days a week from 8 am. to 5 pm. It is 90 days in duration, with some flexibility for a client to extend. The agency runs a residential program for clients with co-occurring MH/SA disorders which led to the formation of this day program. Staff include a director who also serves as a caseworker and counselor, a psychiatrist, and a licensed vocational nurse.

Funding: The program receives county mental health dollars and Medicaid reimbursement.

Clients: The program serves 20 severely mentally ill clients, 60 percent of them male and most in their 20s and 30s. Some 30 percent receive SSI and Medicaid. About 25 percent are referred to the program on probation. Many have histories of physical or sexual abuse (reportedly up to 90 percent of females and 50 percent of males), or come from families where substance abuse is present.

Services: The agency provides a continuum of services from outreach to treatment to aftercare, allowing clients to move back and forth between programs as needed. This program focuses on education and peer support, mostly within groups, to encourage sobriety and increase client stability. It provides medication management, education, 12-step groups in the community, and modified 12-step discussion groups in house.

Day Treatment/Partial Hospitalization Program #3

Structure: This 6-year-old program is in upstate New York. According to the director, the program is "approaching maturity." It is run by the mental health department of a hospital and operates 5 days a week for 5 hours. Clients stay an average of 18 to 36 months. Staff include primary care counselors, who oversee treatment, a vocational rehabilitation counselor, and a recreation counselor.

Funding: Though begun initially with Federal grant monies, the program now is funded primarily through Medicaid reimbursement.

Clients: The program's mission is to serve persons with severe mental illnesses who have failed in other treatment programs. Their clients include persons with anxiety and personality disorders in addition to schizophrenia and depression. Sixty percent of the 50 clients are male, most in their mid-20s to mid-30s. Twenty percent are African American. Almost all clients receive SSI and Medicaid. Many clients have been or are at risk of being homeless, and 20 to 30 percent are on parole. Reportedly, clients are at all levels of functioning.

Services: The program provides medication monitoring, individual therapy, vocational counseling, group counseling and education. Clients attend the groups most in keeping with their individual needs; some 20-25 groups are offered every 4 month cycle. Some clients also attend 12-step meetings in the community. Through case management, access to other services is provided.

Day Treatment/Partial Hospitalization Program #4

Structure: This 4-year-old program in Indiana was established by a CMHC. It is housed in the same building as a homeless shelter. The program operates Monday through Friday, 6 hours a day. Up to 40 treatment days per client are covered under State Medicaid guidelines. The program is staffed by a director and two counselors.

Funding: Half of the funding is from the State substance abuse agency and half from Medicaid or Medicare.

Clients: The program serves both clients with co-occurring MH/SA disorders and others with problems only with substance abuse. Clients average between 30 and 40 years old. Twenty percent are homeless persons living at the shelter; other clients include court-order indigents and clients referred by the CMHC. Between 80 to 90 percent of the clients are male; another program in the city serves women. Besides having a wide variety of problems related to mental illness or substance abuse, clients are also very mixed in terms of levels of functioning.

Services: This is a group-oriented, 12-step-based program (specifically focused on steps 1-3.) Attendance at sessions is mandatory. Groups include 12-step study sessions, education, daily Alcoholics Anonymous meetings, group therapy, and community meetings. Medication needs are met by the CMHC.

Day Treatment/Partial Hospitalization Program #5

Structure: This 4-year-old program is located in a suburb of a major metropolitan area in the South. It operates Monday through Friday, 6 hours a day. There is a 90 day time limit, recently imposed due to a flood of new clients (see Clients below).

Funding: Funding is primarily Medicaid reimbursement, but also includes some private reimbursement. However, the Director reported that the county is now evaluating day treatment programs in view of the potential privatization of government services. It is not clear how future changes will affect the program.

Clients: About 30 clients attend the program on a given day. They are primarily males between 20 and 40 years old. Seventy-five percent are African American. The majority are on SSI and Medicaid. Many have been homeless or are highly transient. They have severe mental illnesses and most, according to the director, also have a personality disorder. Some are mentally retarded or brain-injured.

Right now the program is flooded with clients unable to enter the State hospital in the area, which closed to voluntary admissions. Clients are being referred by hospitals and mobile crisis units, often without any background paperwork, including a diagnosis or record of medications. This is creating considerable chaos in the program, including a very high turnover rate.

Services: The program is primarily group-oriented, with a strong 12-step format and emphasis on education. Clients must be stable on medications, show some ability to learn, and make some visible effort to adhere to the program's schedule and demands. Services include medication management in connection with neighboring CMHCs, 12-step and 12-step study groups, education, and a strong socialization and recreational component to involve clients in sober activities. Staff include the director, a nurse, a substance abuse counselor, and a "human service technician." Each person handles a caseload, runs groups, and participates in all other program activities.

Day Treatment/Partial Hospitalization Program #6

Structure: This 1-year-old program is run by a private non-profit agency in South Carolina in the foothills of the Blue Ridge Mountains. It is one of four programs serving persons who are both homeless persons and have a mental illness; the other programs are outreach, housing, and an HIV program. Clients are housed by the agency, which serves as representative payee for those on SSI; they then may access this program and other services as needed. Clients may remain in the program for up to 2 years, then enter Section 8 housing and continue in the agency's case management program.

Funding: Funding is primarily Medicaid reimbursement, with some private contributions. The agency's housing program receives funding from HUD; the outreach program is funded by a Federal McKinney Act grant (for services to the homeless).

Clients: The program serves 16 persons, half males, half females, with an average age of 35. Half are minorities. Clients have severe mental illnesses. The majority receive SSI, Medicaid, or both; some receive veterans benefits. Besides being homeless, a

third have a prison record, a third are developmentally disabled, and many were raised in dysfunctional families, or in a foster home or institution.

Services: Services include case management, medication management, counseling, education, a special Alcoholics Anonymous for homeless people (clients also go to community AA meetings), and recreational activities, including 1 week a year spent at a church camp rented by the agency. Recreational activities include ballroom dancing, a talent show, and a "Hopes Course" designed to build self esteem. A strong emphasis on permanency, a foreign concept to most homeless people, underlies the program. The program has 25 rules which the clients vote on and then police themselves; the director believes that structure, with consequences for violating rules, is important.

Day Treatment/Partial Hospitalization Program #7

Structure: This 2-year-old day treatment program in Oregon is run by a mental health provider. The program is part of a comprehensive array of services offered by the agency. Clients may stay in the program indefinitely. Staff include an administrator, two case managers, two specialists on co-occurring MH/SA disorders who run groups, and a half time occupational therapist.

Funding: This is one of the CSAT-CMHS demonstration sites. In addition the agency receives Medicaid and Medicare reimbursement, and private donations. Reportedly, the program has not been able to access State substance abuse dollars.

Clients: The approximately 140 clients are homeless or at risk for homelessness. They are 90 percent male and range in age from 19 to 55. Most have schizophrenia, and 20 percent suffer from depression. From 50 to 75 percent receive SSI, Medicaid, or both.

Services: Since the program serves homeless people, the first task of the case managers is to find housing (one group home is specifically for persons with co-occurring MH/SA disorders), as well as link the client to a psychiatrist, nurse, and medications. Some clients receive acupuncture to deal with cravings due to addiction. The in-house program reportedly takes a biopsychosocial approach, offering education, group treatment, and step study or modified 12-step groups (the first three steps only). Art and music therapy, and recreational activities, are also part of the program. Staff are trying different approaches in an effort to meet client needs.

Day Treatment/Partial Hospitalization Program #8

Structure: This agency is located in a medium sized city in Ohio. In addition to this 6-year-old partial hospitalization program, the agency also runs a small residential program and an outpatient program. Partial hospitalization is highly structured and runs 5 days a week, 3 hours a day. Treatment is conducted in 12 week modules, although clients' time in treatment is not limited.

Funding: The program is funded through county tax dollars, State mental health dollars (through the county), and some Federal grants. The program's funding is tied to a State initiative to reduce hospital stays; thus its objective is to keep clients out of the hospital. The agency designated mental illness as the primary disorder due to county requirements, and Medicaid requirements dictate a client-staff ratio of 1 to 6.

Clients: The program serves 45 clients, 50 percent of whom are minority. Average age is 35 years old, and the program has few clients over 45. Clients' levels of functioning vary. Many can take care of themselves but have low socialization skills and few friends. Some are in the program due to a court order.

Services: The agency has recently intensified its program by moving from a social to a therapeutic approach, and this particular program is now undergoing an evaluation. Clients participate in individual treatment and group sessions. Groups are based loosely on the 12-step model and range from education on mental illness and substance abuse to daily living skills to alternatives to substance abuse. The program also provides case management, vocational education, recreation, and some housing.

Day Treatment/Partial Hospitalization Program #9

Structure: This 8-month-old intensive outpatient program in Miami, Florida is run by a mental health center with a Hispanic clientele. It operates Monday through Friday from 10 am to 3 pm. Clients are expected to take about 9 months to pass through the program's 3 levels, although deadlines are flexible. Staff include a psychiatrist, a case manager, two clinicians, a family therapist, and a person who runs stress management groups.

Funding: The program is funded by CSAT-CMHS demonstration funds.

Clients: The program is designed for Hispanic persons who are both homeless and have co-occurring MH/SA disorders. The 12 clients (10 of them male) are Cuban or Cuban-American and speak Spanish. They average around 35 years old. All have severe mental illnesses (paranoid schizophrenia, schizo-affective disorders) and use crack, cocaine, or alcohol. From 70 to 80 percent receive SSI and Medicaid.

The program is growing. At the time they were contacted, they expected to serve 40 clients by the end of 1994.

Services: The program takes an educational, behavioral approach in a Hispanic environment which respondents described as "friendly" and "emotional." There are three levels. The first concentrates on psychiatric stabilization, the second, on coping with mental illness, and the third, on required attendance at two psychotherapy groups a day. Services include case management; group, individual, family, and recreational therapy; and assistance with stress management. Clients also are encouraged to attend 12-step groups. After graduation, clients continue in aftercare.

Day Treatment/Partial Hospitalization Program #10

Structure: This not-for-profit multi-service agency in New York City was founded 25 years ago to help homeless substance abusers and has since added mental health care to its services. The program for clients with co-occurring MH/SA disorders was established in 1986. The agency offers a continuum of care that includes housing programs and a day treatment program for people with co-occurring MH/SA disorders. Clients can take advantage of both programs at once and stay with the agency indefinitely. (See also Residential Programs)

The day treatment program runs Monday through Friday, 9:00 am to 2:30 pm. It emphasizes activity and participation, and case managers ensure that program attendance is high. A multi-disciplinary team of primary therapists, case managers, a part-time psychiatrist, and part-time art and music therapists, provides care. Client input on program is encouraged through one-on-one meetings between elected consumer representatives and the program director.

Funding: The program receives funds from the CSAT-CMHS demonstration program, and Medicaid and Medicare reimbursement.

Clients: The program serves 36 clients at a time, with a total of 50 a year. Currently, 85 percent of the clients are male, 80 percent are minority, and average age is between 30 and 40 years old. All receive SSI or SSDI or VA benefits as well as Medicaid. In addition to severe mental illnesses, some clients are infected with the HIV/AIDS virus, many have experienced physical abuse, been homeless, or served time in jail.

Services: Services include medication management, individual therapy, group therapy, modified 12-step groups which meet in house, education, music and art therapy, field trips, and physical exercise. Art therapy is said to have been especially successful. Average daily attendance is reportedly over 90 percent.

Five Continuous Treatment Team Programs

Continuous Treatment Team Program #1

Structure: This is a pilot demonstration program begun in 1990 which is part of a previously existing program for persons with severe mental illnesses only. Located in Wisconsin, the program constitutes an outpatient department of the State mental hospital located there. Based on a medical model, the program uses a continuous treatment team with staff from many disciplines, supervised by psychiatrists. The program's goal is to offer whatever assistance is needed by individual clients to improve their functioning in the larger community. Clients are expected to remain with the program for life.

Funding: State hospital funding, private insurance, and Medicaid are sources of funding. The State has a special Medicaid reimbursement category called "community support services" which allows billing for services related to both mental health and substance abuse.

Clients: The 75 clients with co-occurring MH/SA disorders constitute about 60 percent of all clients in this program (the others have mental illnesses only). They are 90 percent male. To enter the program, clients must have spent less than a 1 year in the State hospital, be between 18 and 30 years old, and have a chronic mental illness (Axis I disorder). Drugs used and abused include alcohol, marijuana, cocaine, and over-the-counter stimulants.

One third of the clients are described by the director as "moving targets" whose substance abuse pre-dated their mental illness and is very entrenched. They have failed in every other treatment program and are very difficult to engage.

Services: The program takes a highly individualized approach to clients. It has a strong emphasis on setting limits and also relies heavily on work as a treatment modality, finding that many clients use substances just to counteract boredom and have something to do; the program has a 50 to 60 percent job placement rate. The program also serves as representative payee for its clients.

Several members of the team work with each client simultaneously and interchangeably, giving clients several people to rely on and allowing staff to share responsibility for clients. Staff also work with important people in their clients' lives.

Continuous Treatment Team #2

Structure: This program, located in a rural two-county area in Wisconsin, is run by a mental health provider. It takes a long-term view of treatment, expecting to carry clients for the rest of their lives. Staff consists of a psychiatrist, a clinical coordinator, and case managers with 14 clients each, who serve clients in the home as well as referring them to services outside.

Funding: The program receives Medicaid reimbursement under a special State-established category called "community support services," which allows billing for services related to both mental health and substance abuse.

Clients: Two-thirds of the program's 51 clients are male. They range in age from 22 to 53. In addition to major Axis I mental illnesses (a program requirement), many clients, especially younger ones, reportedly have post traumatic stress disorder due to severe childhood abuse. They are using or abusing alcohol, marijuana, and over-the-counter and prescription medications. Almost all clients are on some form of public assistance.

Services: The agency integrated substance abuse treatment into its mental health treatment, realizing that most clients were going to need long-term substance abuse treatment combined with a great deal of support and interventions in many arenas. The program tries to provide clients with structure and looks for replacement behaviors for substance abuse.

Services include case management, medication management, psychiatric treatment, psychosocial rehabilitation, and vocational support (finding jobs and supporting those who work - about 25 percent of their clients). Some clients receive help in the home with things such as money management, hygiene, or buying and preparing food, through ancillary services purchased from another program. Respondents described the program's approach as being individualized and "whole health," meaning that they try to meet many different client needs.

Continuous Treatment Team #3

Structure: This continuous treatment team is one of two programs (the other is a residential program) specifically for persons with co-occurring MH/SA disorders. Teams of case managers, nurses, clinicians, associate and assistant clinicians work with clients to provide whatever services they need. Clients may graduate from the residential program to this program, where they may stay indefinitely.

Funding: The agency is in the second year of a 3 year Federal grant from the Center for Substance Abuse Treatment to serve persons of color, pregnant women, and people with HIV. A recent cut in the grant reportedly led the agency to eliminate its program evaluation effort.

Clients: The program serves about 70 clients, 80 percent of them male. They have schizophrenia or major depression, and some have personality disorders. They most commonly abuse alcohol or crack cocaine; use of heroin is reportedly on the rise and polyabuse is also common. Many clients are HIV positive, and all are people of color. Histories of homelessness or brushes with the criminal justice system are common. Almost all clients receive SSI, Medicaid, or both.

Services: The goal of staff is to help clients lead as normal a life as possible by providing whatever help they need, from the most basic life skills to education, vocational education, and jobs. The agency provides medication management, counseling, education, 12-step groups (including a Double Trouble group), and a "social skills" (recreation) group described by staff as very therapeutic. Clients are referred out to other agencies for services not provided by this program.

Continuous Treatment Team #4

Structure: This program operates community treatment teams of 5 to 7 staff, including supervisors, case managers, and specialists (vocational, rehabilitation, substance abuse). Located in Missouri, the program was started 2 years ago when its

parent mental health center found that referring their homeless clients with co-occurring MH/SA disorders to traditional substance abuse treatment was not working - clients resisted going and continued using.

Funding: The program receives CSAT-CMHS demonstration funds. The parent agency also receives ACCESS funds for services to homeless persons with mental illnesses.

Clients: The program serves some 65 clients, half male and half female, with an average age in the early 30s. Reportedly, the number of African American male clients is growing. Clients have schizophrenia or depression, and some have personality disorders. They use or abuse alcohol, marijuana, and crack cocaine; heroin use is reportedly rising. Many clients have a history of homelessness and/or unsuccessful treatment, and lack social support. Some have jail or prison records. The majority receive SSI, Medicaid, or both.

Services: Teams reportedly take a "generalist" approach in providing supportive counseling, skill building, and referral to needed services both in and outside the parent agency. Services are described as continuous (for an unlimited time period), holistic in addressing a variety of client needs, and individualized to match the need of each client.

Continuous Treatment Team #5

Structure: This new program is located in a 3-county, 670 square mile rural/suburban area of Virginia. It was developed by a former substance abuse clinician who noticed that clients with co-occurring MH/SA disorders were falling through the cracks of the existing service system. She supervises teams of "dual diagnosis specialists," case managers, and clinicians.

Funding: The parent agency is a county mental health/mental retardation agency. We do not know whether this particular program receives any special funding from any source.

Clients: Eighty percent of the 75 clients are male, with an average age of 37. In addition to severe mental illnesses, up to half of the clients have personality disorders. The majority receive SSI or SSDI.

Services: According to the founder, this program is based on a model developed by Dartmouth University to provide "integrative, comprehensive, concurrent, sequential services" through a continuous treatment team. The program provides outreach, psychiatric care and other clinical services, intensive case management (including advocacy), club house, residential services, and education. Also, 65 clients are in a special "pre-treatment" group; 10 are in a relapse prevention group.

One Other Program

Structure: We spoke to the day manager in a single room occupancy hotel (SRO) in a Vermont. The position was established 2 years ago following a rash of false fire alarms, and subsequent warnings by the city to the entity running the SRO. The manager works 6 hours a day, 5 days a week.

Funding: The SRO receives funding from HUD (moderate rehabilitation) and the State, and will soon receive HUD Shelter Plus Care dollars. The manager's position is funded by the local CMHC.

Clients: At least half of the SRO's 25 residents have co-occurring MH/SA disorders. The majority are men, about 40 years old, who have serious mental illnesses, drink mainly beer, are very isolated socially, and have lived at the SRO for years. They are clients of the CMHC. A smaller number of residents are young men, referred by the State hospital or a local homeless program, who are heavy drinkers. Reportedly resistent to treatment, they tend to have a social support network of some kind still intact, and almost always leave the SRO within a few weeks or months.

Services: No treatment-related services are offered in the SRO. Residents who are severely mentally ill are clients of the CMHC and receive case management and other services there. The manager views her main goal as trying to overcome clients' isolation through an "open door policy," trying to make a personal connection and draw residents into contact with her and with each other. However she is very disappointed by the lack of in-house services and activities, from treatment to recreation and socialization, which she believes residents desperately need.