



Integrated Treatment System for the Homeless

A recent Field Action Report from the *American Journal of Public Health* describes an innovative initiative to integrate physical and behavioral healthcare services (including both mental health and substance abuse treatment services) for homeless people in the Pittsburgh area. **Gordon, A. J., Montlack, M. L., Freyder, P. J., Johnson, D., Bui, T., & Williams, J. (2007). The Allegheny Initiative for Mental Health Integration for the Homeless: Integrating heterogeneous health services for homeless persons. *American Journal of Public Health*, 97(3), 401–405.**

The Allegheny Initiative for Mental Health Integration for the Homeless (AIM-HIGH) was developed by Allegheny County's Department of Human Services in conjunction with a Health Resources and Services Administration funded community health center that provided services to homeless individuals (Primary Care Health Services, Health Care for the Homeless Program).

The goals of AIM-HIGH were to integrate medical health and mental health providers at both the systems and service levels; to promote healthcare provider partnerships; to reduce fragmentation of services for the homeless and eliminate any duplication of services; to provide culturally competent, age-appropriate, and gender-sensitive services in all facets of healthcare; to educate and cross-train stakeholders, healthcare providers, and other service providers; and to evaluate both process and outcomes of the integration effort.

Funding for AIM-HIGH was provided by a grant of \$200,000 per year, which paid for two dedicated positions (county liaison and integration ombudsman), education and evaluation consultants, and a contract for behavioral health services (to be added to existing medical services). As they note, this is a relatively moderate investment considering total healthcare costs.

AIM-HIGH provided behavioral health care services at five existing homeless medical clinics. In its first 3 years

of operation, the five AIM-HIGH clinics provided care to 1,986 individuals (over 4,084 encounters). The majority (68 percent) of encounters were with medical providers, 17 percent were with mental health providers, 8 percent with case managers, and 8 percent with substance abuse treatment staff. Over 1,917 new referrals to various on-site and outside services were made.

In order to establish this integrated system of care at the provider level, AIM-HIGH conducted a series of county-wide conferences focusing on various themes of integration that were attended by multiple representatives from over 70 agencies.

AIM-HIGH's efforts demonstrate that it is possible to provide integrated medical, mental health, and substance abuse treatment at a single location for a specific population (in this case, homeless individuals).

Still the program encountered a number of obstacles in establishing an integrated system of care, including an inability to integrate external healthcare agencies into the program, difficulties integrating services at the provider level (which were addressed through joint trainings and regular stakeholder meetings), and regulations that hindered sharing of computerized medical records.

The AIM-HIGH process evaluation also made some recommendations for how other programs might benefit from the experience of this service integration effort. Evaluators suggested that programs should have a long-term perspective on the integration process, seek funding and support early-on from agencies and stakeholders, and hire a fulltime staff person (such as a county liaison position or integration ombudsman) who can facilitate communications among multiple agencies involved in the project.

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COD Research

Epidemiology

Di Sclafani, V., Finn, P., & Fein, G. (2007). Psychiatric comorbidity in long-term abstinent alcoholic individuals. *Alcoholism: Clinical and Experimental Research, 31(5), 795–803.*

The authors compared a group of individuals with alcohol use disorders who had achieved long-term abstinence (with a mean length of 6.3 years abstinent) (n=52) to a gender-matched, control group of individuals without alcohol use disorders (n=48) to determine what effect co-occurring psychiatric conditions may have on long-term abstinence. Abstinent individuals with alcohol use disorders were more likely to have a lifetime psychiatric diagnosis (85 percent had a co-occurring diagnosis) in comparison to the control group (50 percent had a psychiatric diagnosis). The abstinent individuals with alcohol use disorders were also more likely to have a current mood or anxiety disorder. While the abstinent individuals had a greater chance of having a lifetime diagnosis of antisocial personality disorder (ASPD) than members of the control group, no individuals in either group had a current ASPD diagnosis. The authors conclude that a co-occurring psychiatric disorder does not hinder the ability of individuals to gain long-term abstinence from alcohol abuse/dependence, that individuals with current mood or anxiety disorders can maintain abstinence, and that long-term abstinence may be incompatible with a current ASPD diagnosis.

Goldstein, R. B., Dawson, D. A., Saha, T. D., Ruan, W. J., Compton, W. M., & Grant, B. F. (2007). Antisocial behavioral syndromes and DSM-IV alcohol use disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Alcoholism: Clinical and Experimental Research, 31(5), 814–828.*

The authors used data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) to evaluate the relationship between alcohol use disorders and ASPD and related disorders. They found connections between ASPD and alcohol use disorders (particularly with more severe clinical presentations of alcohol use disorders). Weaker associations were seen between syndromal adult antisocial behavior and alcohol use disorders, and weaker still associations between conduct disorder prior to age 15 and alcohol use disorders. Patterns of associations were for the most part similar between men and women in the study.

Goodwin, R. D., Keyes, K., & Simuro, N. (2007). Mental disorders and nicotine dependence among pregnant women in the United States. *Obstetrics & Gynecology, 109(4), 875–883.*

Using NESARC data, the authors evaluated connections between mental disorders and nicotine use and dependence in pregnant women. They found that 21.7 percent reported cigarette use and 12.4 percent met criteria for a nicotine dependence diagnosis. Among those who used cigarettes, 41.5 percent met diagnostic criteria for one or more mental disorders. Among those who had a nicotine dependence diagnosis, 57.5 percent met diagnostic criteria for one or more mental disorders. The authors found that nicotine dependence during pregnancy significantly associated with having a mental disorder, any mood disorder, major depression, dysthymia, or a panic disorder in the prior year. However, there were no associations between nondependent cigarette use and mental disorders.

Ilgen, M. A., Harris, A. H. S., Moos, R. H., & Tiet, Q. Q. (2007). Predictors of a suicide attempt one year after entry into substance use disorder treatment. *Alcoholism: Clinical and Experimental Research, 31(4), 635–642.*

The authors used a large, national sample of individuals treated for substance use disorders in Department of Veterans Affairs (VA) treatment programs (N=8,807) to investigate predictors of suicide attempts after leaving treatment. At an assessment 1 year after exiting treatment, 4 percent of subjects reported a suicide attempt in the prior 30 days. Elevated psychiatric symptoms, more recent problematic alcohol use, and a longer duration of cocaine use were all predictors of suicide attempts. Having had contact with the criminal justice system appeared to be a protective factor that reduced the chances of a having another suicide attempt. Also, being more engaged in substance abuse treatment was associated with a lower level of suicide risk.

Marshal, M. P., Molina, B. S. G., Pelham, W. E., & Cheong, J. (2007). Attention-deficit hyperactivity disorder moderates the life stress pathway to alcohol problems in children of alcoholics. *Alcoholism: Clinical and Experimental Research*, 31(4), 564–574.

The authors sought to determine how parental alcoholism affected the development of attention-deficit hyperactivity disorder (AD/HD) and, in turn, adolescent alcohol abuse/dependence. They compared adolescents with AD/HD (n=142) and demographically matched adolescents who did not have the disorder (n=100). They found a relationship between parental alcohol abuse/dependence and level of family stress and peer stress, which was significant only for adolescents with AD/HD. Stress also appeared to mediate the effects of parental alcohol abuse/dependence on alcohol involvement among adolescents with AD/HD.

Niv, N., Lopez, S. R., Glynn, S. M., & Mueser, K. (2007). The role of substance use in families' attributions and affective reactions to their relative with severe mental illness. *Journal of Nervous & Mental Disease*, 195(4), 307–314.

The authors compared one group of family members' reactions to relatives with serious mental illness (n=32) to those of another group whose relatives have COD (n=36). They found that family members whose relatives had COD were more likely to perceive their relatives as having control over their psychiatric symptoms and as being responsible for those symptoms. Family members whose relatives had COD also reported a greater degree of negative affect toward those relatives. However, both groups reported about the same level of positive affect towards their respective relatives.

Owens, P., Myers, M., Elixhauser, A., & Brach, C. (2007). *Care of adults with mental health and substance abuse disorders in U.S. community hospitals, 2004-HCUP Fact Book No. 10*. (AHRQ Publication No. 07-0008). Rockville, MD: Agency for Healthcare Research and Quality. Available online at <http://www.ahrq.gov/data/hcup/factbk10/factbk10.pdf>

This report presents data on hospitalization of adults (aged 18 and older) for substance use or mental disorders. It provides information on patient characteristics, length of stay, and costs, among other things. Some of the major findings of the report are that primary diagnoses of mental health and/or substance use disorders accounted for 6 percent of hospital stays in 2004, another 18 percent of hospital patients had these as secondary diagnoses, and about 3 percent of all hospital stays involved individuals with COD. The report also notes that the most common disorders (in order) were mood disorders, substance-related disorders, dementia/delirium, anxiety disorders, and schizophrenia (with mood disorders found in 1 out of 10 hospital patients and substance-related disorders in 1 out of 14). The costs associated with hospitalizations for the five most common of these disorders amounted to more than \$9.9 billion in 2004.

Palmer, R. S., Ball, S. A., Rounsaville, B. J., & O'Malley, S. S. (2007). Concurrent and predictive validity of drug use and psychiatric diagnosis among first-time DWI offenders. *Alcoholism: Clinical and Experimental Research*, 31(4), 619–624.

The authors looked at a group of 290 first-time Driving While Intoxicated (DWI) offenders who were receiving group counseling as a result of their conviction. Forty-two percent of these individuals qualified for a substance use disorder diagnosis at some point during their lifetime. A lifetime substance use disorder diagnosis, at the beginning of the intervention, was associated with greater levels of alcohol consumption, lower levels of coping confidence, being more prepared to change substance use behavior, having more legal problems, and experiencing more alcohol-related negative consequences. Approximately 30 percent of the sample qualified for an anxiety or mood disorder diagnosis at some point during their lifetime. Meeting criteria for a lifetime anxiety or mood disorder diagnosis was associated with a lower level of coping confidence, greater readiness to change, and greater and longer lasting alcohol-related negative consequences.

Randolph, M., Pinkerton, S., Somlai, A., Kelly, J., McAuliffe, T., Gibson, R., & Hackl, K. (2007). Severely mentally ill women's HIV risk: The influence of social support, substance use, and contextual risk factors. *Community Mental Health Journal*, 43(1), 33–47.

The authors conducted structured interviews with 96 women who had serious mental illnesses to find out about their HIV-risk behaviors, including sexual activity and substance use. Those subjects who had a larger social support network were less likely to have sex after drug use, which in turn was associated with having less unprotected sex.

Roy, A. & Janal, M. N. (2007). Risk factors for suicide attempts among alcohol dependent patients. *Archives of Suicide Research, 11*(2), 211–217.

The authors looked at risk factors for suicide attempts among a group of 499 individuals who had a diagnosis of alcohol dependence. Subjects who had attempted suicide (n=198) were more likely to be female, have a family history of suicidal behavior, have experienced childhood trauma, have been prescribed antidepressant medication, and have begun drinking at an earlier age. Gender, family suicide history, and childhood sexual abuse all had significant and independent contributions to suicide risk.

Wu, L.-T. & Howard, M. O. (2007). Psychiatric disorders in inhalant users: Results from The National Epidemiologic Survey on Alcohol and Related Conditions. *Drug and Alcohol Dependence, 88*(2-3), 146–155.

The authors used data from NESARC to analyze the relationship between inhalant use and psychiatric disorders. Among those who reported inhalant use, there was a higher, lifetime prevalence of mood disorders (48 percent met diagnostic criteria), anxiety disorders (36 percent met criteria), and personality disorders (45 percent met criteria). Among those inhalant users who had a psychiatric diagnosis, social or specific phobias preceded inhalant use, but all other mood and anxiety disorders appeared to develop after initiation of inhalant use.

Infrastructure

Workforce Development

Renner, J. A. (2007). Training psychiatrists to treat dual diagnosis patients. *Journal of Dual Diagnosis, 3*(2), 125–136.

The author describes the Boston University Medical Center's training program for psychiatrists, which was designed to teach about treatment for patients with COD. The program includes an expanded substance abuse psychiatry curriculum and a 2-year rotation on a COD outpatient unit. Residents get in-depth training in cognitive behavioral and harm reduction therapies, motivational enhancement approaches, and pharmacotherapy for substance use disorders.

Services & Service Systems

Screening & Assessment

Zarkowski, P., Pasic, J., Russo, J., & Roy-Byrne, P. (2007). "Excessive tears": A diagnostic sign for cocaine-induced mood disorder? *Comprehensive Psychiatry, 48*(3), 252–256.

The authors sought to determine whether excessive tearfulness could be used as a diagnostic sign for cocaine-induced mood disorder. Among a group of patients seen in a psychiatric emergency room, excessive tearfulness (defined as crying to the extent that at least one tear falls off the face) was associated with an increased likelihood of having cocaine in one's system, receiving a primary diagnosis of a substance-related disorder, and being admitted for psychiatric hospitalization. They conclude that excessive tearfulness could be a useful clinical sign of cocaine-induced depression.

Services Integration

McGovern, M. P., Matzkin, A. L., & Giard, J. (2007). Assessing the dual diagnosis capability of addiction treatment services: The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index. *Journal of Dual Diagnosis, 3*(2), 111–123.

The authors discuss the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index, which uses current American Society of Addiction Medicine (ASAM) patient placement criteria to assess substance abuse treatment programs' capabilities to treat clients with COD. They found that the DDCAT had acceptable psychometric properties and was sensitive to program change. The authors also present three case examples to show how the index can be used to assess program capabilities.

Treatment Planning & Services

Adams, D. H., Liu-Seifert, H., & Kinon, B. J. (2007). Dual diagnosis patients in clinical trials of antipsychotics. *Journal of Dual Diagnosis, 3*(2), 1.

The authors looked at data from four randomized, double-blind studies of schizophrenia treatment. They found study participants with a lifetime history of substance use disorders (excluding individuals who had substance dependence in the prior 1 to 3 months, who were not allowed into the studies) tended to have an earlier onset of schizophrenia and lower scores on the Positive and Negative Syndrome Scale (PANSS) than other study participants. Male (but not female) participants who had a lifetime diagnosis of substance abuse had less improvement in their PANSS scores in comparison to other participants. Individuals who reported using alcohol during the trials also tended to have less improvement in PANSS scores and a higher dropout rate than did other participants.

Drake, R. E. (2007). Psychosocial intervention research on co-occurring disorders. *Journal of Dual Diagnosis, 3*(2), 85–93.

The author reviews research on treatment for people with COD, noting that as of 2006 there were more than 40 controlled trials of psychosocial interventions for this population as well as recent pharmacological trials. He reviews information on integrated treatment, specific types of interventions, and methodological problems that occur in research with people with COD.

Hien, D., Miele, G., & Brigham, G. S. (2006). *Treating trauma and addiction: The CTN Women and Trauma Study [PowerPoint slides]. Workshop presented at the National Conference on Women, Addiction and Recovery, July 12-14, 2006. Slides available online at <http://ctndisseminationlibrary.org/PPT/140a.ppt>*

The PowerPoint slides from this conference presentation are now available online. These slides present information on two manualized treatment interventions for women who have co-occurring trauma and substance use disorders: (1) Seeking Safety and (2) Women's Health Education. The interventions are described and information on the study sample is provided.

Mares, A. & Rosenheck, R. (2007). Disability benefits and clinical outcomes among homeless veterans with psychiatric and substance abuse problems. *Community Mental Health Journal, 43*(1), 57–74.

The authors looked at the relationship between receiving disability payments and treatment outcomes for 305 homeless veterans in VA treatment programs. They found that seeking or already receiving disability benefits at the time of entry into treatment had no significant association with any of the clinical outcomes they examined. Individuals who sought or received benefits during the 2 years following treatment had more serious mental problems and lower levels of mental functioning but showed no poorer outcomes relative to substance use, employment, or housing.

O'Malley, S. S., Sinha, R., Grilo, C. M., Capone, C., Farren, C. K., McKee, S. A., Rounsaville, B. J., & Wu, R. (2007). Naltrexone and cognitive behavioral coping skills therapy for the treatment of alcohol drinking and eating disorder features in alcohol-dependent women: A randomized controlled trial. *Alcoholism: Clinical and Experimental Research, 31*(4), 625–634.

The authors studied the efficacy of Naltrexone plus Cognitive Behavioral Coping Skills Therapy for women who were alcohol dependent both with and without co-occurring eating disorders. Subjects were enrolled in a double-blind study. Naltrexone did not make a significant difference in the time before first drink among those who did not stay abstinent, the time to the first day of heavy drinking, or continuing to meet criteria for alcohol dependence. However, naltrexone did appear to have an effect on delaying the amount of time before the second and third drinking days among those who did not stay abstinent. Among the participants who had a co-occurring eating disorder, symptoms of that disorder improved over the course of treatment whether or not the individual received naltrexone.

COD Research and Resources Monthly Review

Slesnick, N., Prestopnik, J. L., Meyers, R. J., & Glassman, M. (2007). Treatment outcome for street-living, homeless youth. *Addictive Behaviors*, 32(6), 1237–1251.

The authors compared a Community Reinforcement Approach (CRA) to treatment as usual at a drop-in center for homeless youth (aged 14 to 22). Those who received the CRA intervention reported significantly higher reductions in substance use (a 37 percent reduction compared to a 17 percent reduction), reductions in depressions (a 40 percent reduction compared to a 23 percent reduction), and improved social stability.