
St. Luke's-Roosevelt Hospital Psychiatric Recovery Center: Growth of Co-Occurring Disorder Services

Robin Kerner, PhD

Readmissions Quality Collaborative

Kickoff Meeting

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Psychiatric Recovery Center (PRC)

- Outpatient clinic located at St. Luke's site
 - Integration of Continuing Day Treatment Program (CDTP) and clinic in 2011
 - Serves patients with serious mental illness with and without substance use disorders
 - Multidisciplinary treatment team, including trainees and peer specialist
 - Approximately 800 patients on active census
 - 39% African American, 30% Hispanic, 17% Caucasian, 12% Unknown/Other
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PRC Mission Statement

- Our mission is to help individuals in developing greater satisfaction and success in daily living. This includes achieving symptom resolution, preventing relapse in chemical dependency, improving physical wellness, but most importantly, helping people engage in attaining personal goals, including occupational, educational, social, health and/or family
 - Rewritten to incorporate Co-Occurring Disorders (COD)
 - Mission statement posted in patient waiting areas
 - All program activities support this mission and vision
 - Staff and patients support this mission and vision
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Co-Occurring Disorders: Staff Training and Support

- General psychiatric recovery training and substance use disorders (begun in 2003) for all staff
 - Motivational Interviewing Training and Case Conferences
 - Harm Reduction Training
 - Dialectical Behavior Therapy (DBT) for COD
 - All attending MDs certified in Suboxone treatment
 - Consulted with Addiction Institute on New York for program review
 - Compiling lists of COD resources for staff
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PRC COD Integration Efforts

- Rewrote mission statement to incorporate substance abuse and relapse prevention as part of our program and posted in waiting areas
 - Patient COD education materials provided (and taken!) in waiting areas
 - Continuity of care are client centered, expectation that clients are connected to peer recovery support groups
 - Integrated substance use screens into intake process (Modified Simple Screening Instrument for Substance Abuse (MSSI-SA))
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PRC COD Clinical Programming

- While all staff are trained in COD, a specialized team of COD providers was developed
 - High-risk individuals identified at intake and meet immediately with COD team
 - Treatment plans reflect substance abuse needs and COD issues are tracked over time using stages of change model
 - Increased number of COD groups
 - Creative Expressions, Motivational Interviewing, Cognitive Behavioral Therapy (CBT) for COD, Recovery, Relapse Prevention, Young Adult group
 - Family services with emphasis on psychoeducation of COD issues
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PRC Continuous Quality Improvement (CQI) Results

- 100% of intakes screened for COD using MSSSI-SA
 - 30% of patients presenting to program identified with substance use issues at intake
 - 80% of patients with substance use issues engaged in care for at least 90 days
 - Compares with 71% of all clinic patients
 - ~ 40% of COD patients engaged in COD groups
 - Received Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) score from Center for Excellence in Integrated Care (CEIC) of 3.96 placing program in the Dual Diagnosis Capable-Dual Diagnosis Enhanced range
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Next Steps

- Continue to position program within harm reduction model to assist engagement of COD patients
 - More staff training with focus on harm-reduction techniques and client-centered treatment approaches
 - Expand trauma services within COD population
 - Increase COD programming to young adults as that program grows (Peer)
 - Develop on site toxicology screening
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Staff Composition

- Clinical Director- Susan Palmgren, PhD, Credentialed Alcoholism and Substance Abuse Counselor (CASAC)
 - Head of COD track- Alex Movahed, LMSW
 - Significant COD experience
 - Psychology Fellow- Peter Glick, Ph.D
 - All staff trained in COD
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