

# *Andrew House Detoxification Center*

*An intensive-care detoxification center for  
dual-diagnosed or dually-addicted adult  
males and females*

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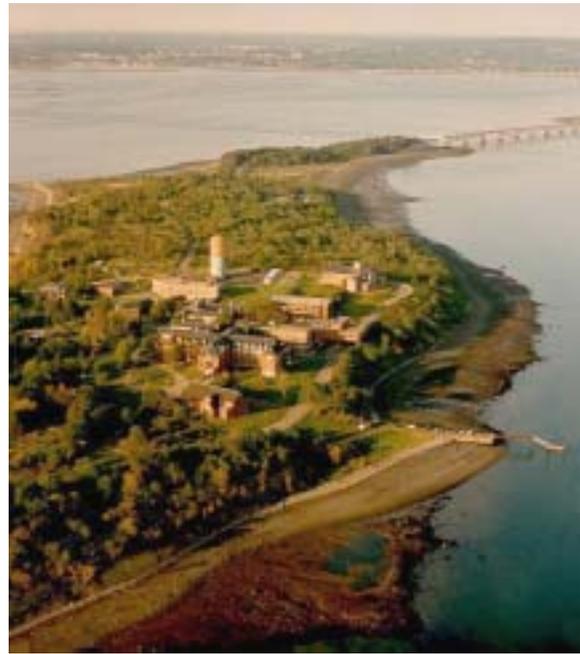
## **Background**

From 1973 to 1986, Andrew House served as a conventional alcohol detoxification facility in Dorchester. In 1987, the program was transformed into a dual-diagnosis center and was relocated to Long Island in Boston Harbor. The combination of a highly structured treatment regimen, a well trained multidisciplinary staff, the availability of both a senior level psychiatrist and internist, and the natural security provided by an island setting has allowed Andrew House to accept patients that no other detox will admit. While Andrew House functions primarily as a short-term detoxification facility, it also accommodates the very critical need of reintegrating its clients into a continuum of care, with the goal of reducing recidivism.

The program bills for services to Medicaid-eligible patients and receives joint funding from the Massachusetts Departments of Public and Mental Health.



*Andrew House is headquartered in the  
Mary Morris Building, a part of the former  
Long Island Hospital campus.*



*Andrew House is located on Long Island in  
Boston Harbor.*

## **Clients**

Andrew House serves adult men and women who have difficulty finding placement in traditional detoxification centers. The program specializes in treating substance abusers who also suffer from severe mental illness, persons addicted to more than one substance, and those whose behavior during detoxification requires specialized management. Many individuals are addicted to heroin, and the unit uses Methadone as the treatment of choice in achieving opiate detoxification. Most Andrew House clients are homeless or are living under highly stressful conditions. Women petitioned under civil commitment are provided with special programming.

There are five primary diagnoses that warrant admission to Andrew House:

1. The client has a **dual diagnosis** (severe mental illness coupled with substance abuse);
2. The client has a **dual addiction** (alcohol and drugs) and requires detoxification;
3. The client manifests **suicidal ideation** and is in need of detoxification;
4. The client has a **personality or character disorder** and requires strict limit setting during detoxification; or

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*High above the main entrance of Andrew House is this intricately molded facade.*

5. The client is addicted to alcohol or other drugs (single addiction) and **requires medically supervised detoxification** due to an AIDS-related illness or other serious medical complications.

While Andrew House seeks to meet the needs of a very complex population, the program will not admit clients who are mentally ill but do not have a substance abuse problem, or are so actively combative or suicidal that they require a more secure facility.

### **Staff and Services Provided**

The staff consists of Registered Nurses, Licensed Practical Nurses, Master Level clinicians, substance abuse counselors, attendants and support staff. Each and every one of these staff members are able to handle the special demands of providing treatment to the mentally ill. The Andrew House staff also includes a physician who serves as medical director and a consulting psychiatrist. Both are on call twenty-four hours a day. There is also 24-hour registered nursing coverage and professional counseling staff with expertise in both substance abuse and mental health treatment.

Staff members speak Spanish and French, and staff members from Nigeria speak two of their country's dialects. Interpreter services are available for most other languages if arranged for in advance.

### **Description of Treatment Program**

Andrew House is a medical detoxification program for individuals suffering from substance abuse disorders. Treatment goals are to provide clients with a medically safe detoxification, stabilize their psychiatric symptoms and develop a meaningful prescriptive recommendation for the continuation of care.

Andrew House Detox generally keeps clients for five to nine days. The actual length of stay depends on client need, the length of time required to stabilize medication and the health status of the particular client.

All clients experience an initial period of medically controlled and monitored withdrawal from drugs and alcohol. In most cases, the most intense phase of this withdrawal period is completed within twenty-four hours.

Clients are evaluated with regard to their substance abuse. Treatment includes case management, individual counseling and group counseling. These sessions are mandatory during the client's stay and include one individual substance abuse counseling daily, three group counseling sessions each day, and attendance at Alcoholics Anonymous or Narcotics Anonymous meetings nightly. Staff believes that these clients can and deserve to improve. Incremental changes in behavior are celebrated as the unit furthers the objective of helping clients recognize the need for a commitment to a drug-free lifestyle.

In addition to the distress caused by their ongoing addictive behaviors, many Andrew House clients also experience medical complications (including opportunistic infections caused by the HIV virus which causes AIDS), severe untreated psychiatric problems and a history of violence and legal difficulties. Operating in the early stage of treatment, Andrew House provides the intermediate and stabilizing care necessary to

maximize potential success in the next phase(s) of treatment.

If a client already is linked to a system of care, he or she might return to the original referring agency or agent following detox. When such linkages do not exist or additional referrals are needed, Andrew House assists with a new



*Vital signs are obtained when the client arrives on the unit to establish a baseline.*

placement following detoxification. Boston Health Care for the Homeless Program (BHCHP) at Boston Medical Center, the Homeless Outreach Team of the Massachusetts Department of Mental Health, the Department of Public Health Bureau of Substance Abuse Services, the Pine Street Inn Outreach Van Service, the Long Island Shelter, as well as the other shelter programs in the city, have welcomed and supported the Andrew House role in their overall continuum of care. Andrew House is affiliated with New Hope (described elsewhere in this catalog) and other transitional programs.

Andrew House is the only state funded detox in Massachusetts which receives Ryan White Funds for services to HIV positive individuals. This funding allows Andrew House to work for longer periods of time with HIV positive clients in its efforts to stabilize these men and women and help them establish resources post detox for medical and substance abuse issues.

### **Admissions**

Admission to the program requires a call to the admitting nurse at (617) 479-9320. Intervention begins at the time of this initial telephone inquiry, well before admission of the client. This inquiry may come from a variety of referral sources such as a hospital emergency room, a community mental health center, a soup kitchen, a methadone maintenance clinic, one of the many shelter-based clinics in the Boston area, or the client him/herself. In the best interests of providing quality care for the individual, as much detailed information as possible regarding the individual's treatment history is obtained from the initial referral source as well as from various caregivers and providers familiar with the client.

Telephone screening may include primary medical data, substance disorder history, current mental status, DSM IV diagnosis and associated medication response, and affiliation with psychiatric care. Clinical data may also be gathered from the individual's mental health case manager and other treatment providers. It is also important to determine where the individual commonly resides at night, since significant information may be obtained at that site.

In situations where the referral source and Andrew House staff are uncertain of the status of an individual who presents serious symptoms of medical and psychiatric illness, the individual is referred to a nearby emergency room for evaluation. This added precursor to admission is designed to rule out serious medical complications such as those presented with evidence of traumatic injury or decompensating

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neurological condition, requiring more acute tertiary care at a psychiatric or medical hospital.

### **Payment for Services**

Andrew House accepts both uninsured clients and clients covered by state funded insurance. Insurance information is requested during the initial telephone interview. No individual is refused service due to a lack of funds. However, the program cannot serve individuals who have private medical insurance.

### **Transportation to the unit**

Client's personal cars are not allowed to remain on the Island, so transportation to Andrew House must be provided by the referring organization or a friend or family member. Clients may also take the MBTA Red Line to the North Quincy Station. Clients then need to call the intake coordinator, who will arrange for transportation by agency van to the detox unit.

### **Admissions process**

Andrew House Detox admits twenty-four hours a day, 365 days a year. Upon arrival at the unit, clients are given an alcohol breathalyzer test and urine toxicology screening. If the individual is in a condition to participate in an initial assessment, staff members handle consents, gather clinical data and insurance information, explain the program rules and secure storage of any valuables. They also check the client for any weapons or contraband. After signing a consent to treatment, a client may be showered and asked to dress in clean pajamas and bathrobe. A client's clothes will be washed and held until the time of discharge.

Vital signs are obtained when the client arrives on the unit to establish a baseline and are taken again on each shift to monitor progress. During the admissions physical, the client is screened for tuberculosis. Pregnancy testing is performed on all women with childbearing potential. HIV risk assessment, counseling, testing and referral are part of an ongoing process that starts at the time of admission.



*Clients are administered detox protocol medications according to their drug of addiction.*

A brief mental status exam is performed upon admission and again on each shift until the client is discharged. A detailed case presentation is given to the psychiatrist on all dually diagnosed individuals. Changes in mental status and concerns that arise are noted in the nursing progress charts and discussed in daily rounds, in treatment staff meetings and with the psychiatrist where indicated. The staff is well aware of the possible increase in psychiatric symptomology during detoxification and has been trained on the appropriate response.

Andrew House is an open voluntary unit and is unable to treat individuals requiring a locked ward (i.e. actively suicidal) or the additional structure of restraint and seclusion (i.e. uncontrollably violent behavior).

### **Unit activities**

Clients are administered detox protocol medications according to their drug of addiction.

While eventual integration into the milieu is a necessary part of each person's treatment, the physical condition of the client and the physical effects of detoxification are the primary concerns at the initial phase of the intervention. Integration into the milieu occurs as soon as stability (both medical and psychiatric) is achieved.

The unit operates as a highly structured environment that incorporates treatment groups that are led by staff counselors and nurses. These groups, which range from four to thirty clients each, assist in meeting the psychological needs of the clients and provide a large share of the treatment interventions. Groups include aspects of psychoeducational, recovery directed, self-help and self-awareness concepts.

Individual counseling is initiated with a detailed semi-structured psychosocial intake performed by the client's counselor. With the help of the client, the counselor develops a profile of the client's past chemical dependence, medical, psychosocial and psychiatric history. This information is used in developing individual treatment plans.

The severely psychiatrically impaired client (i.e. decompensated psychotic) is not required to attend all groups. Often these individuals will manifest more psychiatric symptoms during these groups and are disruptive to the other participants. Small, customized groups for the dually diagnosed client (i.e. introduction to Alcoholics Anonymous) or individual counseling have been highly successful in helping the clients to participate in a more meaningful way.

The use of psychotropic medications or one-to-one staff interventions is predicated upon the regular observation of the clients. Steps are taken, as necessary, to ensure that all clients in the facility are safe at all times.

### **Discharge Planning**

Aftercare planning begins immediately upon admission, with the primary counselor being responsible for this process. The client is included and encouraged to participate in all levels of his or her treatment planning. Consequently, the counselor becomes the liaison between the client and the community agencies involved in aftercare housing and treatment.

Discharges are divided into three categories: Regular, Against Medical Advice (AMA) and Administrative. Regular discharge refers to the planned discharges for those clients completing the detox program.

Clients who wish to leave the unit before completing detoxification are discharged AMA. In all AMA cases, staff attempts an intervention designed to dissuade the client from leaving prematurely. In cases where a client is being closely observed for acute psychiatric presentation, it is the decision of the psychiatrist to determine further options (including involuntary hospitalization) prior to AMA discharge.

Administrative discharge results from serious rule violation or from cumulative violations of more minor rules. Serious rule infractions include violence, sexual activity or possession of contraband. Clients are advised of administrative discharge procedures during orientation, and unit rules are posted in each bedroom. Andrew House has a formal written warning system. Behavioral contracts are used as an effective clinical tool to manage client compliance with established rules and generally avert administrative discharges. In rare cases where administrative discharge occurs, clients are driven from the unit and dropped off at a shelter or public transportation.

### **Building and Location**

Andrew House is located in the Mary Morris Building, a part of the former Long Island Hospital campus. The building can be accessed

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only by car, since it is necessary to cross over two miles of bridges and islands in order to reach the site. A parking lot is located adjacent to the building.

Although Andrew House is an unlocked facility, the remote location which is surrounded by water, provides a natural level of security. Due to this setting and the requirement that clients wear pajamas during their stay, the men and women are not able to leave the program impulsively or to obtain drugs or alcohol while undergoing treatment.

The facility is accessible by elevator with specialized accommodations for persons with mobility, hearing and visual disabilities. The 30-bed unit serves male and female adults in full disability access compliance.

In addition to the sleeping units, there are a series of group rooms, a TV room, and an area reserved for smoking. Excellent food is cooked on site and is served in separate dining room facilities.



***Andrew House is located on Long Island in Boston Harbor and can be accessed by car only. One must cross over two miles of bridges and islands to reach the site.***

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*For more information about the Andrew House Detoxification Center, please contact Norma Upper, Program Director, at (617) 479-9320*



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