

# Bridge to Recovery

*A detoxification center for men and women*

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## Overview

Bridge To Recovery provides Acute Treatment Services to over 2,000 substance abusers in the Boston region each year. These medical detoxification services are a first step towards a continuum of recovery services which include Shelter Outreach, Inpatient Detoxification, Transitional Support and Relapse Prevention. Continuing services are available through New Hope, a Bay Cove transitional support program located in Weymouth, Massachusetts. Such a linkage between services is imperative if a long-term treatment continuum for substance abusers is to be achieved.

The Bridge To Recovery program includes a nurse-managed 22-bed Acute Treatment Service (ATS) for men and a separate 8-bed ATS for women. An additional triage bed is maintained in case an individual becomes acutely ill.



*The program's location overlooking the north-east shore of Long Island is idyllic. Besides sailing boats, one can see the skyline of downtown Boston.*

Counselors and case managers provide ongoing support and education in all services.

## Admission

Admission to the Acute Treatment Services unit at Bridge To Recovery is provided on a 24-hour, 7-days-a-week basis.

Patients may be admitted after being identified by a shelter provider. The admission process begins at the point of initial inquiry — a phone



*Bridge To Recovery is located in the Administration Building on the Long Island Health Campus in Boston Harbor. The building has been extensively renovated to include separate detoxification facilities for men and women.*

## *Bridge to Recovery*

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*The rooms for sleeping are bright and cherry on sunny days.*

call to (617) 471-9600. In the interest of providing individualized quality care, as much detailed information as possible regarding the patient's treatment history is obtained at this time. Any required medical/clinical records will also be requested.

During the telephone interview, the admitting registered nurse will request information regarding medical data, the patient's substance abuse history, current mental status, DSM diagnoses and associated medications, and affiliation with a primary care physician. Every effort is made to insure that the process is efficient and sensitive and is not overly burdensome to the referring agent. This process is overseen by the full-time nurse manager.

Transportation is provided as needed and by arrangements outlined in a Memorandum of Understanding with each shelter.

The admission criteria for acute detoxification emphasize the intoxication level of the client,

the need for biopsychosocial assessment and the need for 24-hour monitoring to stabilize the patient. To qualify for admission, the patient must be experiencing either acute alcohol and/or drug intoxication.

### **Assessment**

Once the patient arrives on the unit, an alcohol breathalyzer test and a urinalysis for opioids, cocaine and benzodiazepines are administered. A full biopsychosocial assessment and mental health status examination are then conducted to initiate the patient's treatment plan. cursory examinations such as the Becks and Gant Scales help determine if behaviors are related to alcohol or other drug consumption. Vital signs are obtained when the patient first arrives on the unit to establish a baseline and then are taken again at regular intervals to monitor progress. A formal detailed history is obtained as soon as possible. During this initial physical examination, patients are also screened for tuberculosis and pregnancy.

The admission process proceeds with further data collection and assessment of physical and mental status. Attendants and administrative staff verify insurance coverage, if any, and then an attendant collects and documents all valuables, and orients the patient to the facility. HIV risk assessment, counseling and evaluation of referral options are ongoing processes initiated at admission and continued throughout the patient's stay.

All patients sign an informed consent form as well as a release of information form to help the referring shelter facilitate coordinated service between the shelter and Bridge To Recovery. Following the signing of the consent to treatment, the patient showers and eats, and settles into the program.

Within the first 24 hours, an initial nursing care plan is developed, a counselor is assigned, and the case is then discussed with the medical director. This ongoing medical assessment and evaluation continues throughout the patient's

stay. Medical consultation is available 24 hours a day through Dr. James O'Connell, the Medical Director.

### **Individualized Treatment Plan**

An Individualized Treatment Plan (ITP) is the vehicle by which jointly established treatment goals are set, implemented and followed. The ITP is individually determined for and by each patient. The purpose of the ITP is to structure and monitor the movement of the patient toward medical and psychiatric stabilization and aftercare planning.

Each patient is encouraged to exercise the right to make appropriate life choices and develop responsibility for those choices by participating in the development of this plan. The patient and interested persons such as shelter staff, case managers, probation officers and family members are encouraged to become involved in the planning and programming for the patient, as indicated. Patient progress and achievement of goals in all areas are measured and recorded in relation to specific ITP entries. The Program Director and Clinical Director of the Bridge To Recovery program oversee the entire process and provide direction and supervision of patient activities and care, and insure that the progress data is consistently recorded.



*Residents must cross a two-mile roadway of bridges and islands to reach the mainland. This makes procurement of alcohol or drugs next to impossible, reducing the need for a high level of security at the treatment site.*

Experienced counselors and case managers are assigned specifically to each patient. They review unit rules and patient rights with the patient, and meet daily with assigned patients to determine their needs which are then incorporated into the patient's ITP. The counselors/case managers ensure that the entire treatment team is aware of and addressing the patient's needs. When appropriate, each ITP is reviewed by the clinical team during daily rounds.



*Licensed nurses are on duty 24 hours a day.*

### **Treatment components**

Specific treatment components during detoxification exceed minimum program standards for acute inpatient substance abuse treatment services under Level III A. These specific treatments include a minimum of three hours of nursing/clinical assessment, treatment planning and discharge planning, individual counseling (often incorporated into the assessment), three or more hours of psycho-educational and dynamic groups a day, and seven or more hours of introduction to self-help groups a week. These service elements also include crisis intervention and case management activities.

One day a week the Health Care for the Homeless program assigns a medical doctor on site who provides medical examinations and referrals, HIV testing and counseling, and aftercare following discharge.

## *Bridge to Recovery*

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*Professionally trained staff provides counseling and support.*

### **Mental Health Issues**

Mental health issues pose additional barriers to sustaining recovery from substance abuse, and are increasingly a challenge to clients. These co-existing conditions are often masked by addiction to alcohol and other drugs. In recognition of the need to identify these issues, a brief mental status test is performed upon each admission and again on each shift until the patient is discharged. Consultation with Bay Cove's psychiatrist, Dr. Timothy Wilens, is accessed on an as-needed basis.

Changes in mental status and other concerns are noted in the nursing progress charts and discussed at daily rounds, treatment staff meetings, and with Dr. Wilens, when indicated. The staff is aware of the possible increase in psychiatric symptomology during detoxification. Thus, nurses and counselors consult frequently to ensure the best practice around patient assessment and care.

If the patient appears to be in a psychiatric crisis, the individual is referred to the case manager responsible for dually diagnosed

clients, who conducts an immediate assessment. If needed, the Boston Emergency Services Team (BEST) is called and an emergency evaluation is requested. This may result in transfer of the patient to a psychiatric inpatient unit.

### **Staff Supervision and Training**

Regular weekly Clinical Supervision, ongoing training, and continuing education are essential program components for staff. Monthly trainings are offered on a variety of subjects, including CPR, how to respond to psychiatric emergencies, and CPI (non-violent physical interventions). Additionally, clinical staff is required to attend case conference reviews intended to enhance their skills in handling specific patient concerns. Individual



*A very large dining area with waterviews is used for both meals and daily AA meetings.*

supervision by a licensed, master's level social worker is provided on a one-hour per week basis to each individual counselor/case manager. Biweekly group clinical supervision is provided for all counselors and nurses by Dr. Wilens. Nurses receive group supervision from the RN Nursing Supervisor on a bimonthly basis. All patient cases are reviewed daily in treatment team meetings under the clinical supervision of the Program Director or the Clinical Director.

Individual staff performance evaluations are an agency requirement and are given at five and twelve month intervals in the first year and yearly thereafter.

### **Discharge Planning**

A preliminary written discharge plan is developed within 24 hours of admission. This plan will include aftercare services which may involve residential placement and coordination with the client's Primary Care Clinician and medical care. Collaboration with other treatment facilities allows staff to refer, as needed, to post-detox psychiatric evaluations, intensive case management, outpatient counseling and social service activities. Social service activities may include Department of Social Services involvement, court probation, subsidized housing and HIV case management, among others.

In the interest of comprehensive care for the patients, Bay Cove works collaboratively and cooperatively with all of its referring agencies. This collaborative client/care model is also coordinated with the shelter staff making referrals. Bay Cove offers coordinated care



*The dining room at Bridge to Recovery has a magnificent view of Boston harbor.*

with the Community Medical Alliance (CMA), the Living and Recovering Community (LARC), the Ryan White Title I CARE Act, and many Department of Mental Health service providers, including the Massachusetts Mental and Bennett Street programs. The final



*Clients generally sleep for the first 24 hours as they undergo medical detoxification with the help of medication which reduces the chance of seizures.*

discharge plan is made together with the patient and attempts to address mutually agreed upon treatment needs with the resources available. In addition, the patient's ITP is presented for review and input from the multidisciplinary team that meets on a daily basis. Linkages with community-based resources and the documentation of such is the responsibility of the counselor assigned to the patient upon admission.

Discharge from Acute Treatment Services occurs when the patient no longer needs intensive 24-hour biopsychosocial monitoring, or when this service is inappropriate and the patient needs to be transferred to a different service. All patients leaving Level III A detoxification will have an aftercare plan involving step down to either Level III B detoxification, Transitional Support Services (TSS) or alternative substance abuse treatment services.

## ***Bridge to Recovery***

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### **Location and Building**

Bridge is located on Long Island in the outer waters of Boston Harbor. The setting is idyllic with expansive views from most windows.

This remote location minimizes the need for tight security within the unit. The island is connected to the mainland solely by means of a single bridge that is patrolled by an around-the-clock guard service. This ensures that alcohol and drugs are not readily available.

Bridge To Recovery is located on the second floor of the Administration Building on the Long Island Health Campus in Boston Harbor. The sturdy brick facility has been extensively renovated to include separate facilities for the men's and women's detox units.

Each unit contains a group room with large screen TV, showers and toilet facilities. Each counselor has a separate soundproof office which ensures confidentiality.

A large dining room overlooking Boston Harbor serves both men and women. Nutritional hot

meals are provided by the Pine Street catering service.

### **Transportation**

Bay Cove drivers transport patients to and from the agency's detoxification facilities during the hours of 8:00am to 4:00pm, seven-days-a-week. Transportation is provided during other hours under contract with the Quincy Yellow Cab company. Patients are frequently met at the North Quincy MBTA station and then transported by van or cab to the island. The program is capable of handling intakes 24 hours a day.



*Experienced counselors and case managers are assigned specifically to each patient, and meet daily with assigned patients to determine their needs which are then incorporated into the patient's ITP.*

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*For more information about the Bridge to Recovery program, please contact the Admissions Coordinator at (617-471-9600)*



**Bridge to Recovery**  
Administration Building  
Long Island Hospital Campus  
North Quincy, MA 02171