Coordinated Care Systems

NIAAA Social Work Education
Module 7

(revised 3/04)
Outline

• Background and Rationale
• Specialized versus Non-specialized Alcohol Treatment Settings
• Components of a Coordinated System
• Barriers to Coordinated Care
• Social Work Roles in Resource Management
Rationale

• Recovery requires multi-level continuum of care
• Interaction with services occurs in a wide variety (bouquet) of settings
• Consider levels of care (intensity)
• Consider type of care
Specialized/Non-Specialized

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Specialized/Non-specialized (continued)

**Specialized**
- Focus on alcohol use disorders
- Accept referrals from non-specialized
- Coordinate services
- Variety of types and levels of programs

**Non-specialized**
- Focus on other than alcohol problems
- *May* make referrals if screening for them
- Philosophy, goals may be incompatible
- Wide variety of settings
Component Systems

- Child welfare
- Primary health/mental health care
- Social service
- Educational and vocational
- Legal and criminal justice
CHILD WELFARE

- 26% of reported child maltreatment cases involve substance abuse
- 675,000 children (substantiated) are seriously maltreated by substance abusing caretakers
- 47% of women child-bearing age use alcohol; unwanted pregnancy is major consequence to women who drink
PRIMARY HEALTH/MENTAL HEALTH

- Ambulatory care settings:
  - 15% of men are risky drinkers
  - 10% of women are risky drinkers
  - 5% are alcohol dependent
- 50% of trauma center admissions are drunk
- 37% lifetime prevalence of alcohol abuse and other mental health disorders
### PRIMARY HEALTH/MENTAL HEALTH
Alcohol Screening Instruments

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGE</td>
<td>Ewing, 1984</td>
</tr>
<tr>
<td>MAST</td>
<td>Selzer, 1971</td>
</tr>
<tr>
<td>AUDIT</td>
<td>Babor &amp; Grant, 1989</td>
</tr>
<tr>
<td>HSQ</td>
<td>Cutler, et al, 1988</td>
</tr>
<tr>
<td>HSS</td>
<td>Fleming &amp; Barry, 1991</td>
</tr>
<tr>
<td>RAPS</td>
<td>Cherpitel, 1995</td>
</tr>
</tbody>
</table>
Component Systems (continued)

SOCIAL SERVICES
• Uncertain prevalence
• Non-dependent and dependent drinkers fail to self-identify
• Professionals fail to interview about alcohol

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Criminal Justice

- 1.4 million arrests for DWI in 1997
- Underaged drinking arrests increased by 43% from 1984 to 1993
- Arrests for DWI increased by 50%
Barriers to Coordination

- Conflicting goals between agencies
- Incompatible definitions of alcohol use
- Inconsistent screening tools
- Use of disparate interventions
- No incentives for coordination; agency certification conflicts
- Confidentiality concerns
Case Level Social Worker Skills

• Common screening practices
• Variety of interventions (includes referral and compliance strategies)
• Early diagnosis
• Case management, consultation, collaboration
• Identify alcohol problems in special populations
• Cultural competence
System Level Social Worker Skills

- Cross-system familiarity with all parts of the system
- Knowing system barriers and strategies for addressing them
- Establishing communication and collaboration pathways
- System and political advocacy
- Integrated funding
Practice Interventions

• Assess
• Develop care plan
• Identify services received
• Identify services still needed

• Identify contacts, make referrals
• Formulate case planning group
• Define roles
• Monitor implementation
• Evaluate plan
Example

The Milwaukee County AODA/TANF Coordinated Service System
Example (continued)

Purposes of evaluation project:

• Describe evolution of current system into coordinated care system (process)
• Understand how service users fare (outcome)
• Fulfill state mandate (accountability)
• Provide information to service providers for use in improving care (best practices)
Data Collection Instruments

• Prescreening:
  - Rapid Alcohol Problem Screen (and Drugs; RAPS-D)

• Screening:
  - Multiproblem Screening Instrument (MPSI)
  - Alcohol Use Disorders Identification Test (AUDIT-13)

• Assessment:
  - Addiction Severity Index-Female (ASI-F)
Example (continued)

Evaluation measures placed into service system

17 community service providers: RAPS-D

3 agencies central intake
3 agencies free-standing intake:
AUDIT-13, MPSI-A

15 treatment provider agencies: ASI-F
Example (continued)

Brief Screen *(RAPS-D)*
Crisis Intervention
Referral
Follow-up

Central Intake Unit Eligibility Determination *(MPSI-A AUDIT-13)*

Milwaukee AODA/ TANF Service System
Example (continued)

System Outcomes:
• Adoption of standardized measures
• Early identification at multiple sites
• Expedited linkage to treatment
• Expanded cross-systems linkages
• Coordinate care plan
### Example (continued)

<table>
<thead>
<tr>
<th>Case Outcome</th>
<th>3 mos.</th>
<th>6 mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No cocaine use</td>
<td>62%</td>
<td>100%</td>
</tr>
<tr>
<td>No alcohol use</td>
<td>70%</td>
<td>100%</td>
</tr>
<tr>
<td>No intoxication</td>
<td>32%</td>
<td>44%</td>
</tr>
<tr>
<td>Voc training/educ</td>
<td>32%</td>
<td>44%</td>
</tr>
<tr>
<td>Employed</td>
<td>45%</td>
<td>68%</td>
</tr>
<tr>
<td>Not homeless</td>
<td>59%</td>
<td>89%</td>
</tr>
<tr>
<td>No criminal activities</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>No days in jail</td>
<td>86%</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Example (continued)

<table>
<thead>
<tr>
<th>Case Outcome</th>
<th>3 mos.</th>
<th>6mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No serious depression</td>
<td>52%</td>
<td>63%</td>
</tr>
<tr>
<td>No serious anxiety/tension</td>
<td>59%</td>
<td>50%</td>
</tr>
<tr>
<td>Non-suicidal</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td>Child custody regained</td>
<td>15%</td>
<td>38%</td>
</tr>
<tr>
<td>No conflict w/family</td>
<td>74%</td>
<td>67%</td>
</tr>
<tr>
<td>No conflict w/others</td>
<td>87%</td>
<td>78%</td>
</tr>
</tbody>
</table>
Conclusion

Social workers must become knowledgeable about managing a significantly more complicated system of care, in which persons with alcohol use problems of varying intensity are moved quickly through levels of care that are matched to their problem level and empirically demonstrated to be effective.