



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

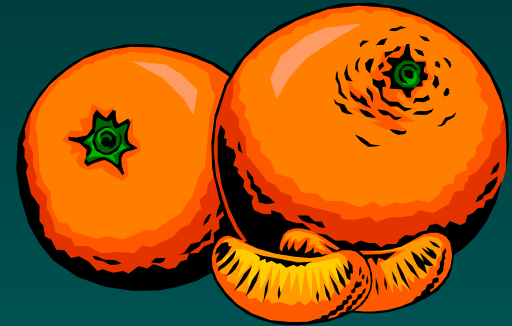
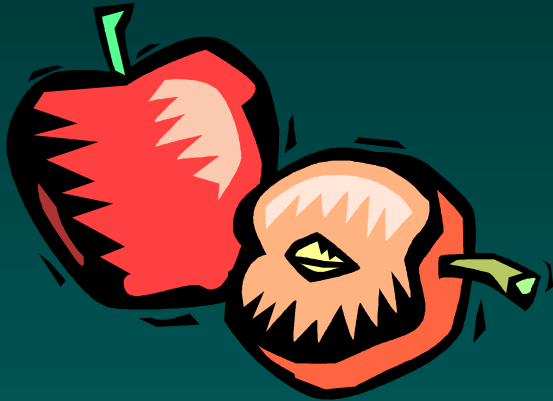
Rationale

- 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



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Specialized/Non-Specialized



or



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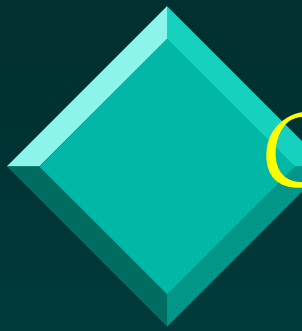
Specialized/Non-specialized (continued)

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

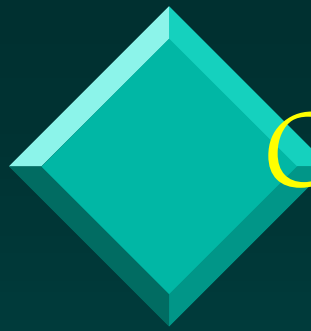


Component Systems

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



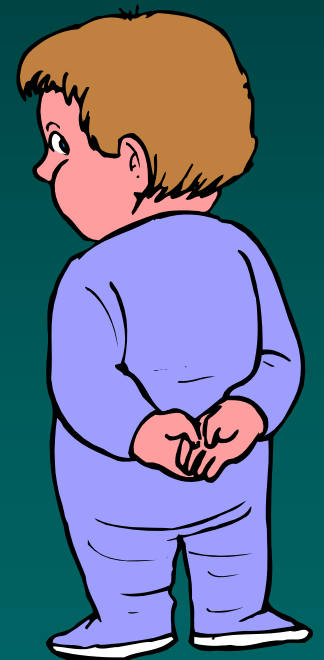
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Component Systems (continued)

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



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Component Systems (continued)

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



Component Systems (continued)

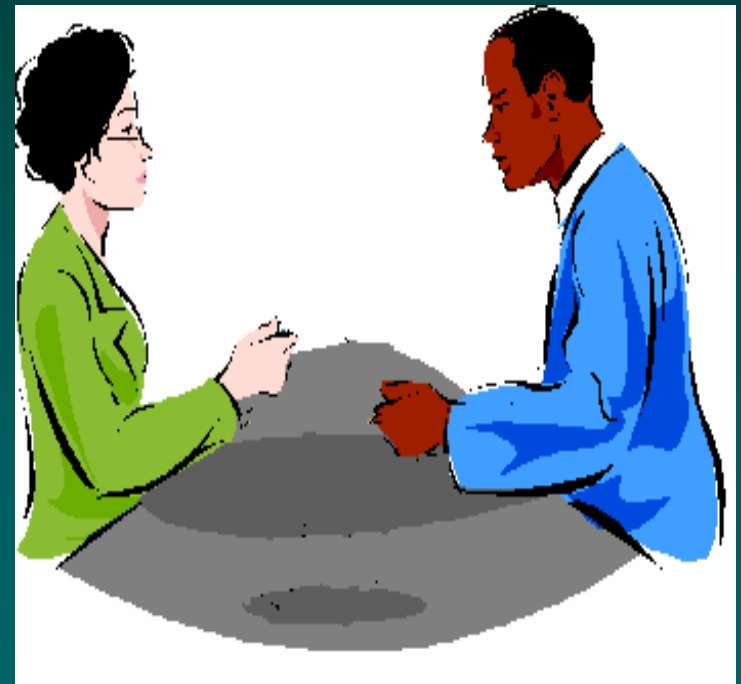
PRIMARY HEALTH/MENTAL HEALTH Alcohol Screening Instruments

CAGE	Ewing, 1984
MAST	Selzer, 1971
AUDIT	Babor & Grant, 1989
HSQ	Cutler, et al, 1988
HSS	Fleming & Barry, 1991
RAPS	Cherpitel, 1995

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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Component Systems (continued)

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%



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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



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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



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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)



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Example (continued)

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)

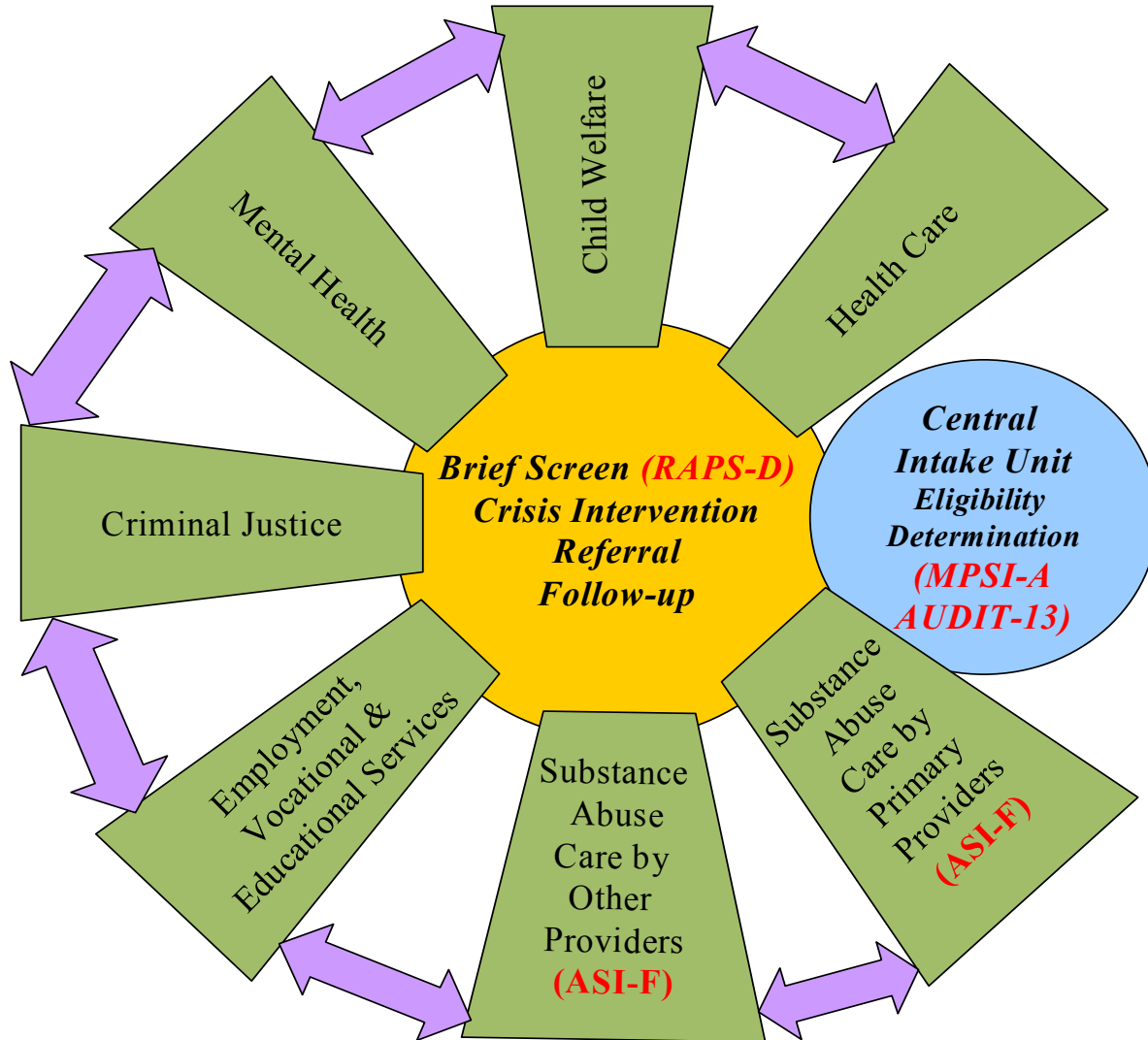
Evaluation measures placed into service system

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)



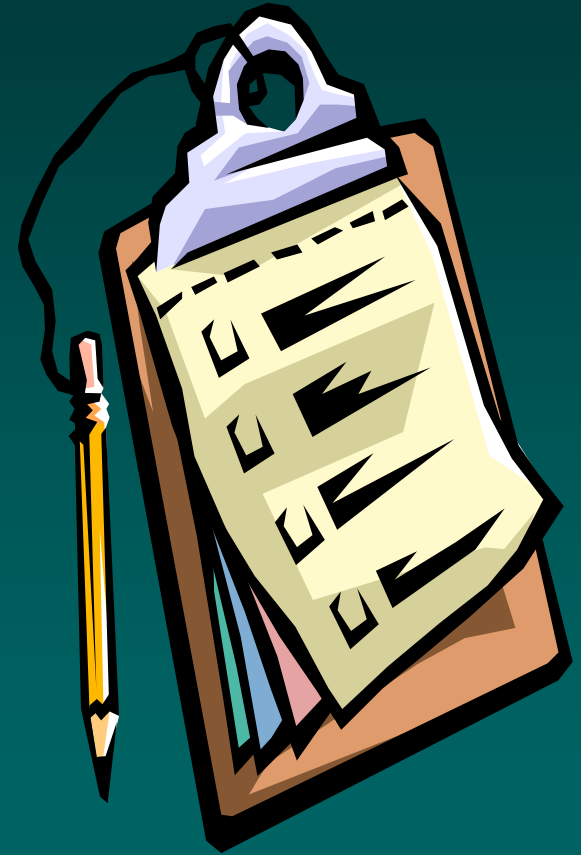
**Milwaukee
AODA/
TANF
Service
System**



Example (continued)

System Outcomes:

- Adoption of standardized measures
- Early identification at multiple sites
- Expedited linkage to treatment
- Expanded cross-systems linkages
- Coordinate care plan



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Example (continued)

Case Outcome	3 mos.	6mos.
No cocaine use	62%	100%
No alcohol use	70%	100%
No intoxication	32%	44%
Voc training/educ	32%	44%
Employed	45%	68%
Not homeless	59%	89%
No criminal activities	90%	100%
No days in jail	86%	100%



Example (continued)

Case Outcome	3 mos.	6mos.
No serious depression	52%	63%
No serious anxiety/tension	59%	50%
Non-suicidal	97%	100%
Child custody regained	15%	38%
No conflict w/family	74%	67%
No conflict w/others	87%	78%

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.

