

SOCIAL WORK IN ACTION

How the Hawai'i CARES Program Aims to Strengthen Addiction Treatment Through a Social Work Lens

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Social Work in Action is a solicited column from the social work community in Hawai'i. It is edited by HJMPH Contributing Editor Sophia Kim PhD, of the Myron B. Thompson School of Social Work at the University of Hawai'i at Manoa.

Introduction

Substance use disorders (SUDs) are a major issue both nationally and in Hawai'i. The United States is in the midst of an opioid crisis that claims the lives of approximately 192 people a day.¹ The opioid epidemic alone is estimated to carry an economic burden of up to \$78.5 billion a year.² While SUDs affect people of all walks of life, these disorders have strong health and social impacts on vulnerable populations such as people with mental health disorders and people experiencing homelessness.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2018, about 7.4% of Americans ages 12 years or older had some form of SUD, equating to 20.3 million individuals. Of those, 18.9 million did not receive any type of specialty addiction treatment.³

In the State of Hawai'i, substance use begins at a younger age as compared with the rest of the nation. Currently, the Hawai'i State Department of Health (DOH) Alcohol and Drug Abuse Division (ADAD) funds addiction treatment. Among those receiving addiction treatment through the State, 11.8% of substance use cases begin before age 12, and 53.8% begin between ages 12-17. The top substances of abuse in the state are methamphetamine (with 34.2% of people with a SUD reporting methamphetamine use), marijuana (30.2%), and alcohol (18.9%). Overall, 44.6% identify as Native Hawaiian, 15.9% as white, 11% as Pacific Islander, and 8.9% as Filipino.⁴

Many people in Hawai'i are in need of treatment, yet do not receive it. From 2010-2012, 92.7% of people in need of alcohol use disorder treatment did not receive it. Similarly, 98% of those in need of substance use disorder treatment did not receive it.⁵

In an effort to make access to addiction treatment more readily available, the DOH and the Myron B. Thompson School of Social Work (MBTSSW) at the University of Hawai'i at Mānoa have come together to implement a statewide coordinated en-

try system for connecting clients to local addiction treatment providers. This new program, which began as a pilot program in October 2019, is called the Hawai'i Coordinated Access Resource Entry System, or Hawai'i CARES.

Hawai'i CARES' Primary Functions

The vision of Hawai'i CARES is to provide a continuum of care in which an array of addiction treatment and recovery support services are delivered on-demand to those who need them, when and where they need them. An ideal continuum of care is well coordinated, clinically appropriate, and inclusive of clients in decision making processes.⁶ Hawai'i CARES aims to bring together a statewide network of addiction treatment providers who offer a variety of services across various levels of care. Through the use of various assessment tools, the team is able to determine the appropriate level of care and place the client accordingly.⁷

Hawai'i CARES performs three primary functions. The first is the operation of a call and referral center. The center is staffed by a trained clinical team and responds to calls from clients, SUD treatment providers, the community, and stakeholders. Through the use of a universal screening and intake process, staff facilitate rapid entry into the system of care and ensure service placement based on clinical assessment. In instances where a client's treatment may require changes in levels of care, transitions from one agency to another, or even instances of relapse, staff can continue to follow up with clients and treatment teams to ensure transitions in care are seamless or to potentially re-engage clients in services. Additionally, call center staff are available to answer questions from community members and healthcare professionals to make sure all stakeholders understand how the program works and are comfortable using it. During the pilot phase, the call and referral center functions during typical business hours, but upon full implementation, the Hawai'i CARES call center will function 24 hours a day, seven days a week.

Second, Hawai‘i CARES is the managing entity for addiction treatment services, meaning that it provides clients and service providers with authorizations for ADAD-funded addiction treatment services. This utilization management role is intended to ensure the medical necessity of services provided to clients through clinical reviews of client entry into treatment, transitions in levels of care, and benefits exceptions utilizing the American Society of Addiction Medicine (ASAM) criteria for outcomes-oriented patient care. Management of service authorization requests, including receiving necessary clinical documentation from addiction treatment providers, is done through the state’s electronic medical record system for addiction treatment services, known as the Web Infrastructure for Treatment Services (WITS). The purpose of this process is to facilitate rapid access to clinically appropriate treatment services for those in need.

Third, the program is a mechanism for continuous service and systems quality improvement. Through this, Hawai‘i CARES can improve service accessibility and quality of care, identify shortages in service availability, and coordinate waitlists for inpatient residential beds and other services. This program component helps the process to be responsive to the unique needs of those impacted by alcohol and other substance problems in Hawai‘i while ensuring that the service provided remains useful and robust.

Planning and Implementation

Why Social Work?

The social work profession is well-equipped to take the lead in this new system. Social workers are at the vanguard of efforts to address the health, behavioral health, and social service needs of vulnerable populations. At its foundation, the profession embraces the values of service, competency, social justice, and promoting the dignity and worth of the individual.⁸ Also, through the use of the person-in-environment approach, social workers consider the individual, family, and community context when providing care. This approach is paramount when taking into account the multitude of systems with which substance use disorders intersect.

The MBTSSW is the largest school of social work in Hawai‘i and offers Baccalaureate in Social Work (BSW), Masters in Social Work (MSW), and doctoral (PhD) programs. The school has the resources and ability to educate and train the next generation of behavioral health workers in the state. The school also has access to experts in evaluation and research, who will work to determine the efficacy of the Hawai‘i CARES program and evaluate program and client outcomes. From there, the MBTSSW along with Hawai‘i CARES will work toward adapting to data trends and providing the best, most efficacious, and evidenced-based continuum of care.

Timeline

Early planning for Hawai‘i CARES started well before the MBTSSW became involved in planning and implementing the program. Prior to this, ADAD was studying evidence-based systems reform efforts in other states across the country to identify elements to consider for utilization in its own systems change efforts. This resulted in an updated ADAD Request for Proposal, which was released to the public in late 2018, calling for an improvement to the state’s continuum of care through the planning and implementation of Hawai‘i’s CARES program. The MBTSSW was selected as the state’s contracted entity to plan and implement Hawai‘i CARES in early 2019, and planning began in the summer of 2019. A small group of MBTSSW administrative and planning staff worked closely with the ADAD team to develop the infrastructure, policies, and procedures for the Hawai‘i CARES call center. On September 12, 2019 Hawai‘i CARES was announced and presented at a legislative briefing held at the Hawai‘i State Capitol, and on October 1, 2019, the Hawai‘i CARES call center began accepting calls from providers and clients. As the call center continues to recruit qualified and competent clinical staff, hours will be scaled up, and the center is projected to be open 24 hours a day, seven days a week by early 2020. Continuous evaluation and improvements will be made by a team of MBTSSW research faculty and staff through provider and community feedback as well as data collected from the call center. The goal is to make data-driven policy and practice improvements to Hawai‘i CARES functions and to evaluate the outcomes related to addiction treatment service accessibility and quality.

Stakeholder Collaborations

Hawai‘i CARES is dependent on collaboration across many agencies and stakeholders. ADAD has been very instrumental in helping to coordinate meetings between the MBTSSW administrators and ADAD providers, clean and sober living homes, state judicial partners, state probation offices, as well as school-based programs that offer addiction services for adolescents. Hawai‘i CARES is continuing to meet and collaborate with providers and other key agencies involved with SUD treatment and recovery services across the state.

Where are We Now?

Hawai‘i CARES officially went live on October 1, 2019 and is now in a pilot phase. In its first two months of operation, the call center has received and placed approximately 1,500 calls; more than 200 clients have undergone screening, intake, and referral via the call center; and more than 1,700 electronic medical record referrals and service authorizations have been exchanged between CARES and service providers. These numbers are projected to grow once CARES is fully operational 24 hours a day, seven days a week.

The call center is open Monday through Friday from 7 a.m. to 5 p.m. We have been able to demonstrate our ability to be responsive and flexible in our process. From day one, we have been able to take calls from clients in need of assessment and put them on the line with local providers who can be immediately dispatched to meet with them. The program is continuing the process of building relationships with service providers across the state and making direct connections with their key team members in an effort to streamline our processes. Moreover, continuous program improvement and evaluation is underway to ensure that decision-making regarding service delivery in the continuum of care is conducted in a data-driven fashion.

Large-scale systems change takes time and adaptations are anticipated along the way. The Ecological Process Model suggests that routinization helps with making changes last overtime.⁹ The pilot phase allows Hawai'i CARES to adapt and implement a routine that meets the needs of those that are involved. As stakeholder buy-in increases and as the coordination processes becomes more fluid and routine, the Hawai'i CARES system will become widespread within the health and welfare community statewide.

For More Information

Hawai'i CARES shares its phone number with the Department of Health Adult Mental Health Division's Crisis Line. For more information on addiction treatment in Hawai'i and referrals to services, please call (808) 832-3100 (Neighbor Island residents, call toll free 1-800-753-6879). And, for more information on Hawai'i CARES, please visit manoa.hawaii.edu/cares.

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