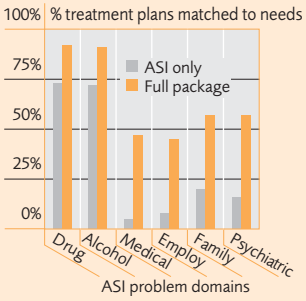
14.10 Matching resources to needs is key to achieving new 'wrap-around' care objectives

Findings A computerised guide to relevant welfare and medical services transformed treatment intake assessments from redundant 'paperwork' into a practical route to the 'wrap-around' care now being advocated in Britain.

At intake most Philadelphia substance use treatment programmes are required to complete the Addiction Severity Index or ASI – the most widely used interview schedule for assessing alcohol, drug and related problems across employment, psychiatric and other domains – but counsellors generally saw this as 'paperwork' of little clinical value. To make it more useful, researchers developed a computerised version which improved information collection and reporting. But the more potent innovation was to pair this with a computerised resource guide to local services which could meet the needs identified by the ASI, searchable through a customised list of keywords and by proximity to the patient's home or treatment centre.

To evaluate this system, counsellors at randomly selected outpatient centres were trained in and had access only to the assessment part of the package, while in other centres they were trained in the full package and provided the resource guide. Both sets of staff had access to the same ASI-based data on patients' needs; at issue was how well they would use it. Study ❶ records that without the full package, less than 1 in 10 patients were referred to medical, employment, psychiatric, or legal services, and 1 in 7 to family or social services. With the full package, referral rates ranged to from a quarter to a half – a major improvement. Study ❷ records that except for legal problems (few were recorded), in each of the domains assessed by the ASI, treatment plans made with access to the full package were significantly more likely to address patients' needs and to attach time scales and specific services to meeting those needs ◤ *chart*. To a lesser degree, this transformation fed through to the services patients said they had received over the first four weeks of treatment. Though counsellors given only the assessment tools were encouraged to provide usual and/or helpful services, in every domain, needs were more often serviced when counsellors had access to the full package. The patients of these counsellors also received more services in absolute terms (especially through external referrals), and over twice as many (53% v. 24%) completed the core treatment programme.



In context Seven agencies turned down the study because staff were unikely to stay long enough to put the training in to effect, and many said staff were already overwhelmed with work. These factors also explained why 4 in 10 of the staff who were trained never re-cruited patients for the study. Among those who did, 4 in 10 allocated to the full package never used it to find services for their patients.

Though the evidence from other studies is not entirely consistent (partly because gaining access to housing, employment, education and other opportunities is not easy for people burdened by the stigma and lost opportunities associated with addiction), in general, the more 'ancillary' services people receive, the longer they stay in treatment and the better they do in terms of their recovery from addiction and their resolution of other life problems. In particular, the more these inputs match needs, the better are retention and outcomes.

Practice implications British national policy now calls on drug services to address housing, vocational and other needs as a way of reintegrating patients in to society and stabilising their recovery. Systematically assessing and responding to these needs is the key initial step, one greatly enhanced by simple systems linking assess-ments to resources. Such systems also make it possible to monitor how far services and counsellors are meeting needs and to identify gaps in local services. Because the featured system is built on a standard (arguably, *the* standard) evaluation tool, its assessments can also double as a baseline against which to assess patient progress.

A bedrock of sufficient resources and sufficiently good management are among what's needed to implement such programmes. Also required is a willingness to embrace new technology and enhanced monitoring, both of which may be resisted, and an adequate and reasonably accessible local network of services to refer on to. Given these fundamentals, each UK drug action team area could develop its own system drawing on the existing referral options used by local services and information from partner agencies.

Featured studies ❶ Gurel O. *et al*. "Developing CASPAR: a computer-assisted system for patient assessment and referral." *Journal of Substance Abuse Treatment*: 2005, 28(3), p. 281–289 DS ❷ Carise D. *et al*. "Getting patients the services they need using a computer-assisted system for patient assessment and referral – CASPAR." *Drug and Alcohol Dependence*: 2005, 80(2), p. 177–189 DS

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