**HUD EMPLOYMENT LECTURE SERIES**
**Lecture #3 Pamphlet**

# USING AN INTEGRATED SERVICES APPROACH TO ENGAGE CLIENTS IN EMPLOYMENT, HOUSING, AND TREATMENT


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## INTRODUCTION

*To me recovery is about getting back to work. I mean it's not like I don't appreciate treatment. I do think I've gotten a lot out of coming here. But this isn't recovery, just coming to a program every day. It makes me depressed just to come here every day and do nothing to support myself. For some people this is enough, but not for me. I've worked before and I know I can do it." (Eric, Venice, CA)*

Like Eric, many people who are or who have been homeless can work and want to work. Unfortunately, much of what we have traditionally done in the homelessness assistance sector—moving people from the streets to shelters, possibly with treatment; then to transitional or permanent, subsidized housing; and perhaps ultimately into market-rate housing—has done little to encourage and, in some cases, has hindered employment. Similarly, requiring people who are homeless to demonstrate their readiness for competitive employment by demonstrating housing stability, clean and sober behavior, stable mental health, and work adjustment skills presents many barriers to employment.

Supported by recent research on homelessness[i] and joblessness,[ii] practitioners are now encouraged to help people who are homeless access housing and employment more directly. Just as we ask what supports and services are necessary to help them succeed when they are placed directly into permanent housing, we can act quickly to determine a homeless person's interest in employment, strengths, and abilities as well as the usefulness of these talents to employers and the supports needed to get and keep a good job.

These changes in our practice mean case managers, treatment staff, and employment specialists should now seek to engage their clients in an individually-tailored combination of treatment, employment services, and housing,[iii] all of which are the potential supports needed for someone with a history of homelessness to successfully consider, pursue, and reach vocational goals. An integrated services plan that includes some or all of these elements reflects how each service complements the other and assists the participant to move ahead with his or her goals, with the client as the key decision-maker.

### *Purpose*

This pamphlet and accompanying lecture present information about integrating services in housing support, employment services, and behavioral health care. The provision of comprehensive assistance, while necessary, is not sufficient. It is important for programs and practitioners to integrate services into a seamless mix supporting shared outcomes.[iv] This help is best delivered through an integrated services team that has the capacity to vary the intensity of assistance that people who are homeless need to obtain and keep housing and jobs. The pamphlet emphasizes how services should be individualized—available and provided based on need and willingness to participate, rather than by a predetermined linear progression.

### *Intended Audience*

This pamphlet and the companion audio lecture will benefit those who provide services to the target population described below, including the following:

- Case managers
- Staff of transitional and permanent housing
- Employment specialists at One-Stop Career Centers, other workforce development centers, and homeless assistance agencies
- Treatment staff at health and behavioral health organizations
- Program managers

The material is intended for staff with some knowledge and experience in the workforce development, treatment, or homeless assistance fields.

### *Target Population*

The integrated services approach described in this pamphlet is aimed at helping staff improve services to chronically homeless people and other homeless individuals with complex needs. This population includes heads of family households as well as single men, women, and youth who are homeless, in shelters, or in transitional or permanent supportive housing. It also includes people

who have one or more disabling conditions. By “complex needs,” we mean that in addition to their homelessness, some people who are homeless have to manage an array of personal challenges such as substance abuse, limited formal education, lack of transportation, mental illnesses or other chronic health conditions, poor work skills, need for child care, food insecurity, limited English proficiency, felony convictions, and lack of income.

## EMPHASIZING EMPLOYMENT THROUGH AN INTEGRATED APPROACH

An integrated services team includes staff from service provider agencies working together to address the needs of a shared caseload of clients. The team offers expertise in mental health services, substance abuse treatment, health care, housing, income supports and entitlements, basic life skills training, education, and job training, placement, and retention. The team helps clients to reach specific outcomes. Each team member brings unique expertise, responsibility, and resources to form an integrated services plan comprising the contributions of each member.

It is helpful to think of the integrated services approach as a “three-legged stool,” in which treatment, housing, and employment form a stable platform for participation in personal pursuits and community life. If any of these resources and supports is absent, the participant remains at risk for homelessness. As one researcher described the fate of practitioners, we are doomed to an endless round of musical chairs.[v] These three critical disciplines are equally necessary, all working together from initial street outreach to housing and job placement, and continuing afterward. An effective integrated services approach has the “whole person” at the center. It acknowledges the variety of client needs that are necessary to achieve a safe, affordable, and secure personal life, a network of friends, optimum health, and meaningful work.

The most significant predictor of treatment success for people with co-occurring disorders is the presence of an empathetic, hopeful, continuous, supportive relationship with a practitioner in which integrated treatment, coordination of care, and goal attainment by the participant can take place over time.[vi]

### *Goals of the Integrated Services Model*

The goal of any integrated services team is to support client needs and their pursuits with the appropriate mixture and availability of flexible services. The team works together to help clients obtain or retain permanent housing, pursue purposeful life activities (job, school, homemaking, etc.), and develop a network of support.

These services should be responsive to short- and long-term needs, adaptable when needs change, culturally sensitive, and available indefinitely. With resources scarce and the demand for services increasing, it is essential to ensure that the services meet users' needs, without duplication and as efficiently as possible.

### *Guiding Principles of an Integrated Services Team*

People with histories of homelessness, especially those with disabling or chronic health conditions, need effective support, treatment, and rehabilitative services to achieve recovery. Effective treatment is more than a reduction in symptoms. Treatment helps improve health, relationships, and functioning. It is integrated with other elements in a system of care to access safe and affordable housing, develop personal and professional skills, and choose, obtain, and keep a job. Teams help clients access mainstream support programs such as medical care from community health centers and job assistance from a One-Stop Career Center.

An effective integrated services approach features certain characteristics that are crucial to its success. Eight major principles of an integrated approach include the following:

- **Availability.** Housing, treatment, case management, and employment services are provided in a seamless, balanced package and are available, to the extent possible, nights and weekends to meet client needs.
- **Staffing ratios.** The client-to-staff ratio allows for the team to provide intensive services when needed by clients in their care and to be flexible and responsive based on the clients’ unique combinations of needs.
- **Shared vision.** The team is built on a philosophy that shares a vision, service delivery orientation, and expected outcomes.

- **Communication.** Clear and continuous communication among team members and their agencies makes teamwork more effective and supports integrated service delivery. Co-location of staff and regular daily or weekly meetings facilitates team communication.
- **Commitment.** The team has a long-term view of success. Rehabilitation research consistently shows that the longer participants can be maintained in the programs the more likely they are to emerge clean and sober and stay that way.[vii] Similarly, the more that homeless job seekers use employment services over time, the greater likelihood they will obtain and maintain employment.
- **Respect.** A team respects a client's pace, priorities, expressed preferences, and rights to confidentiality and privacy.
- **Motivational Interviewing.** This technique helps clients make changes in their lives, increases their motivation, and prevents relapse.[viii]
- **Recovery orientation.** Recovery is not a linear process, but a more circuitous route, with setbacks that should be seen as learning opportunities and advancements that are celebratory.

### Changing Service Philosophy

Current program designs, regulations, funding schemes, and systemic structures can inhibit or enhance the formation and maintenance of an integrated services team. Practitioner attitudes about their clients and colleagues also affect how well services are integrated. Certain attitudes sometimes expressed in the services field can hamper the development of an integrated team approach. The following attitudes need to change in order to effectively integrate services:

- *"We know what's best for our client."*
  This attitude reflects a paternalistic or benevolent approach that is not person-centered and removes choice from the individual. In an integrated services approach staff work with clients to help them make informed choices.
- *"If we don't do it, it won't get done."*
  Not only does this attitude de-emphasize the importance of participant choice, it limits opportunities for collaboration. An integrated services team uses the resources and talents of the team to get things done.
- *"Last time I tried to work with them…"* and *"We've always done it this way."*
  An integrated services team acknowledges differences or past limiting experiences in order to strengthen the team.

An attitude of inclusion, partnership, and shared responsibility is essential to operating an integrated services team. This attitude might be heard in a team statement such as, *"We need to work together, each with our own expertise, to respond in a unified way to help people secure homes and jobs."*

### Moving from Principles to Practice

Organizations that make the integrated services approach work within a service setting take specific steps to implement the philosophy and guiding principles:

- **Preparation.** Program managers and staff dedicate time together to develop the philosophy and practices of the team.
- **Service planning.** Staff participates in developing a plan in which team members share in the responsibility for implementing the plan and agree to timelines and tasks each will perform in relationship to client goals. Whether staff is employed by different agencies or the same one, they have developed collaborative mechanisms. They secure client permission to share information about the work each team member performs to help clients meet their goals.
- **Treatment alliance.** Through their actions team members demonstrate their hope and belief that client change is needed, possible, and supported. The team seeks a rehabilitation or treatment alliance with its clients.[ix] [x] Both mobile and office-based assistance is provided to help clients retain housing, access health care, get and keep a job, and maintain a network of friends and family.

- **Role coordination.** All team members have developed a working understanding of how their colleagues perform specific services through sustained discussions and training.
- **Service coordination.** All staff and program managers are respectful of the significance that other team members' services play in any service plan.

Service Models

There are numerous ways to structure an integrated services team and the way in which it offers assistance. Several factors inform team design and its services, such as size of program, types and amount of funding, how the program is laid out (facility, proximity of housing to services, etc.), and ultimate service philosophy of the team.

In any integrated services model, the services provided need to reflect the pursuit and manifestation of program goals. Avoiding relapses into homelessness or unnecessary hospitalization, appropriate use of outpatient health care, and increasing income are goals driving team activities. Staff activities to pursue these goals frequently require a range of diverse services such as emergency rent payments, psychopharmacological interventions, job development, and supportive counseling.

Staff size can differ, as long as services are available in an immediate, flexible, and responsive way; relevant to the needs of the participant; and targeted towards the aims of the program. If this array of services is not available through permanent team members, efforts should be made to establish formal relationships with outside providers and to bring them into the overall practices and strategies of the team.

When working with chronically homeless people, integrated services teams should be able to respond to the complex needs of this population. At a minimum, these needs typically include housing instability; relapse or recurrence of substance abuse addiction; recurrence of symptoms related to mental illness; health, legal, and other personal issues; crisis situations; and desire or need for vocational, job search, and job retention support.

Hiring peers as full members of an integrated services team has many advantages. Research shows that trained peer specialists can fulfill many valuable functions, such as outreach and engagement[xi] or providing housing-related supports.[xii] Hiring peers also demonstrates to employers that the agency believes in hiring people who have been homeless.

Examples of Current Models

Over the past 35 years, the Assertive Community Treatment (ACT) team approach for people with serious mental illnesses (including those with co-occurring substance abuse) has provided evidence that an integrated services approach works. The ACT team approach has included services for people who are homeless and, in some locales, the team has included employment staff. There have also been adaptations of the ACT model, such as the Health, Housing and Integrated Services teams in California,[xiii] as well as intensive case management programs linked through partnerships with housing and employment services.

Led by a program director, ACT teams represent several disciplines: social work/case management, nursing, psychiatry, vocational rehabilitation, peer counselors, and substance abuse treatment. Certain elements or standards should be present in order to qualify as an ACT team, including a small caseload, a team approach, no time limit on services, no drop-out policy, assertive practice mechanisms, intensity of services, and frequency of client contact.[1]

Two recent Federal demonstration projects illustrate additional integrated service approaches for serving people who are chronically homeless:

- The ARCH project in Chicago[2] is a grantee of the Collaborative Initiative to Help End Chronic Homelessness sponsored by the U.S. Departments of Health and Human

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[1] For an ACT Fidelity Scale see http://psych.iupui.edu/ACTCenter/ACTFidelityScale.pdf or http://www.actassociation.org

[2] For a description see http://documents.csh.org/documents/ke/toolkit-ending-homelessness/arch.pdf

- Services (HHS), Housing and Urban Development (HUD), and Veterans Affairs (VA). ARCH draws staff from seven community-based agencies to form a team providing housing, treatment, and employment to 60 chronically homeless individuals.

- CEP IV in Portland, OR[3] is a project to end chronic homelessness through employment and housing sponsored by the U.S. Departments of Labor (DOL) and HUD. CEP IV is an integrated services team organized under one agency providing the same array of services to the same population.

Hearth Connection in Minneapolis is a supportive housing and managed care project that integrates delivery of employment services, supportive services, housing, and health care into a single, flexible program that seeks to reduce public expenditures on homeless families with minor children, homeless non-custodial parents, and other homeless individuals and increase their employment rates.

Regardless of the model, practitioners should remember the importance of doing the following:

- Developing the integrated services plan in partnership with the participant, with activities and tasks guided by his or her preferences
- Implementing the plan through consistent coordination with other team members and viewing all activities as team responsibilities that are performed by specific team members
- Acting as a single, coordinated unit with diverse strengths
- Communicating consistently and thoroughly among team members and with participants
- Identifying a team coordinator for each participant

Team members should document their activities at the end of each day so that others are able to access updated information.

[3] For a description see http://documents.csh.org/documents/ke/toolkit-ending-homelessness/cep.pdf

"Vocationalizing" the Services

One of the keys to emphasizing employment goals throughout the work of an integrated services team is to make sure that the team is "vocationalized." Vocationalizing an integrated services team means ensuring that all team members are familiar with and supportive of the goal of work for a participant; jointly help clients develop, implement, and attain employment goals; and adjust their staffing and services to ensure that employment activities are seen as priorities.

One often overlooked way that service providers can support work is to offer services outside of normal business hours so that clients can pursue or continue working and still be able to access services. Other key methods are to involve clients in discussions about the possibility of employment from the beginning of engagement, to integrate the issue of employment into other discussions such as housing retention or addressing addiction issues, and to have visual reminders, such as job postings, about the possibility and opportunity of work and other vocational options throughout the service and community environment. The last principle of vocationalizing is to think of providing all services in the context of building the personal skills of the individual.

## IMPLEMENTING THE TEAM APPROACH

Each member of the integrated services team has a role to play in helping participants achieve and sustain their employment goals.[4] Integrated services offer four consistent advantages over non-integrated services: more effective engagement and retention, better communication, opportunities for clinicians to understand and focus on employment, and incorporation of clinical information into vocational plans and services.[xiv]

### *Team Functions*

Many integrated services teams focus on the provision of "core" services, usually including treatment and case management and

[4] See Substance Abuse and Mental Health Services Administration. (2000). TIP 38: Integrating Substance Abuse Treatment and Vocational Services, Pub. No. SMA-00-2470.

sometimes housing retention and employment services. In order for the team to adopt a truly integrated strategy, it is important for all team members to view each of the disciplines as being core, of equal priority, and as essential to each other. It is also important that team members understand how each of their own disciplines affects the issues and outcomes of the work of their colleagues in other disciplines.

The following list identifies many of the typical issues that the team will need to address, though the assistance provided might be provided by different staff and at different times:

- Mental illness and substance addiction
- Co-occurring disorders
- Learning and other disabilities
- Impact of historical or new trauma on overall well-being of participant
- Acute and chronic physical conditions
- Lack of adequate education or poor literacy
- Benefits planning and budgeting, including financial literacy
- Personal skill development, including problem-solving and decision-making
- Accessing outside supports to address legal and other issues, including childcare and family services
- Housing retention
- Building new social networks, supports, and personal community involvement
- Employment and vocational needs

Interdisciplinary training with interagency staff promotes a team approach to serving the target population that recognizes the unique contribution of each discipline.

### *Good Team Communication*

In order for each team member to provide the greatest level of assistance, consistent and relevant communication is essential. Some primary ingredients of good team communication include the following:

- **Regular meetings.** The full team meets, with a structured agenda that integrates feedback and discussion from all team members. It is recommended to meet at least weekly, and some teams check in on a daily basis.
- **Coordinating care.** Regular meetings take place with outside service providers—for example, employment training programs or detoxification centers—based on the issues of a specific client or to sustain the full relationship with these providers.
- **Protocols.** Well-defined and developed protocols explain how and when to communicate to each other about important issues between meetings.
- **Collaborative planning.** Expectations are developed, implemented, and adhered to by the team about what information will be shared in a timely manner. These expectations should be guided by the team service philosophy as well as the specific issues of a client's service plan.
- **Consistency.** A communication "log" or other tool that all team members use facilitates the transfer of information in a consistent way.
- **Recordkeeping.** Timely and consistent recordkeeping in the individual file provides team members access to essential information, such as emergency contacts, medication, problematic health issues, and upcoming stressors for the participant.

### *Basic Practices*

It is helpful and useful for all team members to engage in the following practices:

- Communicate hope and optimism.
- Treat people with dignity and respect.
- Actively involve the client in decisions about their treatment, housing, and services and potential employment.
- Help the client set realistic and incremental goals and attain the goals they set.
- Focus on the client's abilities and strengths.
- Advocate for clients' rights.
- Provide practical, hands-on, side-by-side support.
- Become familiar and comfortable with different cultures, including the culture of homelessness.
- Work with the client's natural support systems.

### *Skill Requisites*

All members of an integrated services team, regardless of primary responsibilities, should have certain skills to succeed:

- Strong counseling and assessment skills
- Strong written and verbal communication
- Crisis intervention and de-escalation skills
- Group and meeting facilitation skills, including conflict resolution
- Ability to create and follow programmatic procedures and policies, including emergency procedures
- Ability to teach and model new skills and behaviors to clients
- Critical thinking and problem-solving techniques and the ability to teach and model these techniques to clients
- Ability to document issues, interventions, and outcomes in a professional and communicative manner
- Ability and willingness to educate other team members about specific disciplines

In addition to these skills, team members should have an understanding of homelessness and its unique impact on individuals who experience it. This would include a working knowledge of some of the issues homeless people might face, such as substance abuse, mental illnesses, and co-occurring disorders, as well as the role trauma may play in these issues. Team members need to understand (and communicate with each about) confidentiality rules and the Americans with Disabilities Act (ADA) requirements. Critical to serving clients is each team members' commitment to the integrated services team's philosophy and a strong belief in the client's ability to gain and keep employment.

### *Policies and Procedures*

While all participants are different and will request individualized services based on personal needs, it is useful to structure some of the procedures that are followed when working with any participant, particularly because several different disciplines will be involved in the services plan.

The organization's specific mission and program philosophy will affect service delivery, as will the team's prescribed methodology. The following are steps and practices that should be present in the overall work of the team:

- **Philosophy.** Development and use of an operational team services philosophy and related procedures.
- **Intake and assessment.** Clearly defined intake and assessment procedures that rely on thoughtful, ongoing discussions with the participant about short and long-term needs and include forms that are used by all team members.
- **Customer service.** Clearly defined practices of customer service and service hours so clients know what to expect when accessing services.
- **Coordination.** Inclusion of employment and housing issues from the beginning of engagement with the participant.
- **Service mix.** Diverse activities available at different hours of the day that respond to different needs and issues of participants.

- **Referral.** Well-defined referral procedures for internal or external services.
- **Emergency.** Well-defined emergency procedures.
- **Communication infrastructure.** Centralized communication tools (logs, email network, etc.) so that all team members are informed.
- **Recordkeeping.** Centralized and coordinated policies, procedures and technology for data collection, file development, and program reporting.
- **Decision-making.** Well-defined decision-making processes for the team.
- **Meetings.** Consistent team meetings with useful agendas and strong facilitation.

### *Maintaining Confidentiality*

It is crucial that all members of the integrated services team understand the rules that guide their own areas of discipline and that they are also informed about the rules governing other discipline areas. The rules of how much and what types of information can be shared differ between disciplines, and thus all team members should devote special attention to defining and understanding these rules. In particular, staff should know the requirements for the following:

- Health Insurance Portability and Accountability Act (HIPAA)
- Fair Housing Act
- Fair Labor Standards Act

Probably the most stringent of these rules are those governed by HIPAA, which requires very strict compliance in all areas of health services, including mental health and substance abuse services. Thus, respecting these rules as the most stringent is imperative for the team. Different rules of confidentiality exist under the Fair Housing Act, which dictates how property managers need to interact with tenants, and the Fair Labor Standards Act, which provides certain rights of privacy to employees in a work environment.

The best way for the team to address these complex and sometimes contradictory rules is to develop a "consent to release confidential information form." Important considerations include the following:

- Ensure that the form is inclusive of the rules of all disciplines involved in the team.
- Design the form to be as specific as possible about the types of information that need to be shared and why.
- Be specific about which team members, supervisors, or outside agency staff will need to receive or offer shared information.
- State the timeframe for which the "release" is in effect. It is recommended that any release always be renewed at least once per year, if not more frequently. Open-ended release forms can cause problems because people forgot they have signed forms or staff might not be attentive to the details.
- Make sure the release is compliant with the most stringent rules of confidentiality in effect.

A sample "Release" can be seen on the Chronic Homelessness Employment Technical Assistance (CHETA) Center website (www.csh.org/cheta).

## ASSIGNING PRIMARY RESPONSIBILITIES TO TEAM MEMBERS

In an integrated services approach, employment is at the heart of the service plan. Effective treatment and stable housing, however, are vital to its success.

Together, the team members share many functions and responsibilities. At the same time, members working in each of the service areas are responsible for assisting with different aspects of the participant's life. Certain team members will have primary responsibility in the areas of employment, housing, treatment, and possibly other areas.

As the team identifies the members' respective roles, careful thought and planning also should be given to the types of information shared between team members and when and why it is shared.

### *Employment*

Employment staff can help touch many aspects of a person's life. Employment provides a source of income and a valued social role, and it replaces idleness with productive activity. Employment also contributes to well-being and quality of life and reflects important values in the fabric of our communities.

Employment staff has a duty not only to homeless clients, but also to the employers with whom staff members develop relationships. Ensuring that clients are addressing barriers to employment is particularly important to maintaining these relationships. Substance abuse, more specifically, is an area of concern to employers, as it is widespread in the workforce: according to the results of the 2003 National Survey on Drug Use and Health (NSDUH), 14.9 million (77 percent) of the 19.4 million adults aged 18 or older characterized with abuse of or dependence on alcohol or drugs were employed either full or part time.[xv] An integrated services approach helps employment staff to monitor a client's progress toward treatment goals and help the client meet employers' expectations.

Roles

In an integrated services team that has employment as a key priority, the primary roles of employment services include the following:

- **Developing.** Provide information about direct opportunities, and support and train clients through individual and group activities.
- **Discovering.** Facilitate the various aspects of the "discovery process," in which individual interests, talents, skills and experience are explored, identified, and prioritized.
- **Leading.** Play a leadership role in the development of the employment aspects of a services plan for client.
- **Coordinating.** Coordinate all activities for the participant that relate to employment.
- **Linking.** Ensure coordination and linkages to the Workforce Development System, including employment training agencies, One-Stop Career Centers, community colleges, and the Department of Vocational Rehabilitation.
- **Planning.** Ensure that issues of benefits and budget planning are addressed in the context of obtaining and retaining employment.
- **Facilitating.** Facilitate team response to other issues that might affect finding or keeping a job, such as legal concerns, health needs, or childcare.
- **Contacting.** Act as the primary contact to employers, in the context of job development relationships as well as placement and most discussions about job retention.
- **Supporting.** Ensure that the team is aware of issues at the workplace and engaged in appropriate services delivery.
- **Integrating.** Integrate complex support needs into a relevant, responsive employment service plan.[xvi]
- **Interfacing.** Interface effectively and consistently with the other disciplines of the integrated services team in order to provide whatever supports are needed by the participant.

Skill Requisites

In addition to the general skills required of integrated services team members, the following skills are also needed in order for employment staff to be effective:

- Understanding of and ability to develop comprehensive employment plans that integrate all service needs
- Ability to coordinate complex needs and related services, specifically relating to employment, over sustained periods of time (months to years), including job retention and career advancement
- Thorough knowledge of the Workforce Development System and relevant programs and policies
- Understanding of various benefits programs and how they are affected when someone becomes employed or advances in employment

- Ongoing knowledge of labor trends and issues of employment sector development in the area in which the team is providing services
- Knowledge of labor laws and the ADA and how these affect participants in various work environments

### *Housing*

Staff associated with housing might include housing coordinators managing scattered sites, property management personnel, as well as a variety of supportive services staff (e.g., case managers and recovery specialists). In an employment strategy, the housing staff should be familiar with tenant job goals and activities and work with employment staff on the integrated services team to help ensure housing stability throughout a job search and employment process. At the same time, an effective integrated services team will include housing retention and related supports as an overall priority to maintain stabilization, and thus related goals should also be included in service coordination.

Roles

The first responsibility of housing staff is to provide housing or housing-related services that respect tenant privacy and offer a supportive environment for tenants who might be struggling to sustain personal stability. In the context of employment goals, their role includes the following activities and principles:

- **Supporting mission.** Be familiar with the overall vision and philosophy of the team in terms of employment and related services, and how the property management staff plays a role as well.
- **Protecting privacy.** Ensure that the participant's right to privacy regarding specific housing issues are protected throughout the development and creation of the services plan yet that enough information is shared in order to promote and support the participant's success.
- **Service planning.** Participate in the development of a service plan to help the participant achieve these goals, especially in the context of addressing housing stability and potential impacts once employment is procured.
- **Vocationalizing.** Communicate employment opportunities that might be available within the property management company, department, or organization, as well as in surrounding facilities.
- **Coordinating supports.** Offer insights from a property management perspective about the potential stresses that need to be addressed in housing stability as well as pursuing, obtaining, and retaining employment.
- **Supporting employment.** Participate in the overall goal of obtaining and retaining a job, and work cooperatively with other team members to support this and other goals that promote greater self-sufficiency.

Skill Requisites

In addition to the general skill requisites of integrated services team members, the following skills are also needed in order for housing staff to be effective:

- Understanding of how participants' housing stability is relevant to the overall success of an employment plan
- Understanding of rules and regulations that influence how income increases or decreases will affect rent and ability to effectively describe these to the participant
- Commitment to the employability of participants
- Understanding of how the experience of homelessness might affect a client's rent-payment, community living, ability to follow house rules, and ability to maintain a clean and safe environment
- Thorough knowledge of Fair Housing Act and the ADA in the context of making accommodations for participants, including in cases when participants are employed

### *Treatment Services: Case Management and Clinical Care*

In the integrated services model with a focus on an employment strategy, case management and clinical staff also play a crucial role in the overall effectiveness and success of the plan. However, these

staff members also often have stringent requirements and rules of confidentiality that need to be respected and followed. In order for the team to be effective, careful communication is required that addresses the balance of complying with confidentiality and protecting the right to privacy of the participant and also gives adequate information to team members to perform their own parts.

Roles

The role of the case manager with respect to employment includes the following:

- **Needs assessment.** Assess client support needs in terms of the client's expressed employment goals.
- **Service planning.** Participate in the development of a service plan to help participants achieve those goals, including specific delineation of needed supports and how those can be created and addressed.
- **Monitoring goals.** Monitor progress and participation toward the employment goals, ensuring that delineated supports are established and maintained in coordination with the services plan.
- **Supporting goals.** Coordinate and implement interventions (short- and long-term, crisis and proactive), in order to help the client reach his or her individual employment goals.

When clients leave treatment prematurely, they not only fail in a treatment episode but also tend to return to the highly precarious circumstances that precipitated their homelessness. Once homeless and abusing substances again, they are at high risk of HIV and a host of other serious health problems as well as violence and ultimately death. They also exact high societal costs through resumed use of expensive and inappropriate services.[xvii]

Skill Requisites

In addition to the general skills required of integrated services team members, the following skills are needed in order for treatment staff to be effective:

- Understanding of the importance of providing case management services and coordinating all interventions and activities
- Knowledge of how to facilitate community-building in the housing site
- Understanding the different aspects and complexities of addressing clients' housing retention needs
- Thorough understanding of clinical issues that might affect people with mental illness or substance abuse issues, including medication symptoms
- Knowledge of community resources in diverse service areas
- Ability to provide primary support to participants in working towards overall personal stability
- Ability to advise employment and housing staff on clinical issues and how these might affect the employment of a client
- Thorough knowledge of mental health and substance abuse treatment systems
- Understanding of how HIPAA and other laws affect service delivery and communication with team members

## INDICATORS OF SERVICE INTEGRATION

Effective service integration does not happen quickly but instead requires sustained effort by all team members and strong leadership and coordination. Thus, team members need to support and encourage each other during this process, as developing a sense of team support furthers the opportunity for good integration.

Periodically, the team should review its progress in integrating its services and can do so, largely, by assessing how successfully it is responding to the needs of its clients.

### *Indicators of Success*

There are several primary indicators that service integration is occurring, some of which reflect how well the team is addressing

client needs and others that are related to the internal functioning of the team:

- The team can observe the increased stabilization and self-sufficiency of clients.
- Clients understand how and why each team member serves a role in their feeling supported and successful.
- There is an increased use of services by clients.
- There is calm, efficient, and clear communication among team members, resulting in the delivery of services that complement each other.
- Territorial feelings and behaviors are absent among team members and are replaced by an obvious presence of mutual respect and trust.
- There is ongoing reference by team members to the work and perspectives of colleagues.

### *Lapses in Integration*

When service integration has gone awry, certain indicators can be observed. If these arise, it is important for the team to recognize that this has occurred and take steps to recommit to integration. Some of these indicators might include the following:

- There is a decreased use of services by clients.
- Clients begin to access only certain services.
- Individual team members deliver services in his or her own discipline, without consulting or communicating with other team members.
- Individual team members deliver services in other team members' disciplines, without consulting or communicating with other team members (the "we do it best syndrome").
- Services diverge from the services plan without obvious efforts to correct the discrepancy.
- There are increasing tensions among team members over specific activities for a client.
- There are increasing disagreements about overall services practices and philosophies, often about issues of relapse and sobriety.
- One or more team members start to engage in poor or inappropriate communication or display disrespectful actions.
- Comments are made in private or public about the ineffectiveness of the team's collective activities.

Corrective Actions

Any of the indicators could occur from time to time, so it is important to assess the severity. If there is concern that the team is not acting in an integrated manner, there are several steps that can be taken by team members as well as leadership to get back on track. These steps might include the following:

- Review the team philosophy together and discuss if the members believe that the team is currently adhering to its mission. If the team agrees they are not, discuss activities that are not consistent with the philosophy, the team perspective about how this occurred, and what the team believes can be done to change it.
- Have each team member identify his or her primary responsibilities as part of the team, as well as to the team, and facilitate each member committing to these responsibilities.
- Review each client's plan for service consistency. It might be that what made sense in the beginning has actually created contradictory circumstances.
- Encourage each team member to identify positive aspects about each of the other disciplines on the team and how this service is needed in order for the team member to be effective in his or her own work.
- Integrate team-building exercises and activities into regular team meetings.

- Define key service areas that all team members can agree to coordinate on and act as one, regardless of the circumstances.
- Remove the dissenting member from the team.

## PUTTING IT ALL TOGETHER: A CASE STUDY

The following example is helpful to understanding the shared and individual responsibilities of the integrated services model.

### *Carlos' Story*

*Carlos is a single African-American male in his late fifties who has extensive work experience, but continues to lose jobs after 6 months. He is currently employed in a maintenance position and has been there just about 5 months. He also tends to lose housing on a cyclical basis; these losses consistently coincide with relapse of excessive alcohol consumption. Other impacts of his cyclical behavior include an inability to reunite with his young-adult children, an unwillingness to look at his own choice in these cycles, and increasing health issues that are worsening each time relapse occurs. He also experiences ongoing setbacks financially that result in recurring homelessness. He is now approaching a similar cycle, embodied by increased absence at work, more agitated relationships at the housing site, and a declined use of overall services. He has a nine-year history of homelessness and has lived on the streets and shelters for the past two years. His use of substances, mostly crack cocaine and alcohol, goes back 25 years.*

### *Issues to Be Addressed*

In Carlos' situation, we can identify numerous issues that need to be addressed to help him maintain employment, stabilize his housing, and successfully overcome his substance abuse. While some issues fall in the realm of individual team members, the team should develop an overall plan for the client, and each individual should communicate to the others progress in implementing the plan as well as any needs to modify the plan. The following issues from Carlos' case reflect the types of issues that you are likely to encounter with your clients:

- **Attitudinal.** Carlos displays a "victimized" attitude in which he blames his landlord, case manager, and employer for his current situation. He also has an attitude of "who cares what happens – everyone is against me anyway."
- **Behavioral.** His increasingly excessive drinking is affecting when he pays his rent as well as his ability to be a responsible neighbor to other participants. His drinking also causes more absences at work and greater agitation when confronted about his behavior.
- **Experiential.** Carlos is a Vietnam veteran and has described how being under pressure at work and feeling like he is letting others down makes him want to drink excessively. He also has experienced abandonment and neglect through the divorce of his parents and in his own relationships.
- **Societal.** He has been incarcerated a few times for public behavior related to alcohol abuse and believes he was mistreated due to being African-American. Carlos has always felt a societal bias due to his race, lack of college education, and being a Vietnam Vet.
- **Programmatic.** He has not been able to access the treatment program that he wants because they have a three-month waiting list. In addition, if he goes there he will lose his housing unit.

### *Roles of Disciplines*

The role and suggested intervention of each team member in assisting Carlos might be summarized as follows:

- **Employment.** This team member would facilitate an intervention during which he or she would assess with the employer if Carlos could take a leave of absence from work and if options are available so that he can remain in good standing at the job. Crucial to this intervention is the inclusion of the team's clinical staff to determine if access to treatment can be expedited and occur when Carlos takes his leave of absence.
- **Housing.** This team member would work with Carlos to determine if he is able to come up with some of his rent,

make a payment plan that will get him caught up, and perhaps sign an agreement that defines how he will attempt to comply with house rules.

- **Case management and clinical services.** This team member would work with him to address immediate detoxification as well as make appointments to identify next steps for health issues.

In working with this client, it would be crucial for each team member to have a well-defined plan of action, to participate in consistent communication with the others, and to check in regularly with the participant on how the integrated services approach is affecting his overall goals.

## CONCLUSION

The integrated services approach has a successful track record. It is a person-centered approach with employment as its central focus. It does more than just coordinates services; it integrates services from the employment, housing, and treatment disciplines so that the services and activities in one discipline support those in the other disciplines. Without this type of integration, one discipline may inadvertently hinder the success of the others.

The development and implementation of any effective integrated services plan takes considerable time, especially for certain people who might have extremely complex needs and barriers. Creating and galvanizing an effective integrated services team also takes time.

Thus, it is important for individual members of such integrated service teams to remember that the best personal course of action is to develop and refine the capabilities discussed in this pamphlet, while trusting and learning from fellow team members.

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