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Substance Abuse and Mental Health Services Administration

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Center for Substance Abuse Prevention

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Lessons Learned About Services Integration

Based on the literature and lessons learned from the field, the confluence of violence and co-occurring disorders is one area ripe for the development of new knowledge in the appropriate integration of services... There is an urgent need to develop new treatment strategies designed for female victims of violence with addictive and mental health disorders [and their children] within a system of care that incorporates and integrates elements of all provider systems. (SAMHSA, 1998)

With this observation, the Substance Abuse and Mental Health Services Administration (SAMHSA) launched the Women, Alcohol, Drug Abuse, and Mental Health (ADM) Disorders and Violence Study. Over the past two years the project has made great progress by generating knowledge on: (1) services intervention models for women with ADM disorders and trauma histories and their children; and (2) integrated system of care for these women and children. We also have come to realize the challenges associated with creating truly integrated services and systems that are consumer-driven and responsive to the multiple needs of women and children.

Like with most things, the Women, ADM Disorders and Violence Study discovered that it could not achieve all things (innovative service interventions, integrated services, and fully integrated systems of care) through a single five year initiative and set out to define what could realistically be accomplished.

Based on work done by Ellen Konrad, we agreed that service integration must be conceptualized on two levels: (1) organizational/program and (2) clinical/individual and that both levels must be achieved in order to expect improvements in participant outcomes. To be considered integrated, sites must be operating at a "coordination" level which is characterized by joint planning processes, formal interagency agreements, regular meetings, cross-training, and shared activities.

As we conclude the first phase of this project, we decided to focus this issue of The Tapestry on what we have learned about service integration over the past two years. The Federal Project Officer Column outlines SAMHSA's history of supporting services for women. The central article provides an overview of service and systems integration issues and describes integration efforts underway at three local study sites. The Participant Spotlight Column features Susan Mockus,

who has brought her personal experience, energy and commitment to the TAMAR Project's integration efforts. The News From The Sites Column focuses on site learnings on service integration, and the Resources Column provides a variety of relevant resources.

Let us hear from you. You can email us at Dawn.Moses@tbhf.org or send a FAX or letter to Dawn Jahn Moses, The Better Homes Fund, 181 Wells Ave., Newton Centre, MA 02459; FAX number 617-244-1758. ■

...the confluence of violence and co-occurring disorders is one area ripe for the development of new knowledge." -SAMHSA

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Konrad, E. (1996). A Multidimensional Framework for Conceptualizing Human Services Integration Initiatives. In J. M. Marquardt & E. L. Konrad (Eds.), Evaluating Initiatives to Integrate Human Services. New Directions for Evaluation. Jossey-Bass Publications.

The resources featured in this issue of *The Tapestry* focus on service integration. Space limitations preclude exhaustive coverage here, but we welcome readers' suggestions for future resource columns.

A Multidimensional Framework for Conceptualizing Human Service Integration Initiatives

E. Konrad

Evaluating Initiatives to Integrate Human Services, (Marquardt & Konrad, editors) *New Directions for Evaluation*, Jossey-Bass Publications, 1996

This article defines human services integration and provides a brief history of integration initiatives. Five levels of integration are discussed and the dimensions of service integration initiatives along with their varying degrees of implementation are reviewed.

Administrative Update: Organizational Development Strategies for Integrating Mental Health Services

M.A. Hoge and

R.A. Howenstine

Community Mental Health Journal, 33(3): 175-187, 1997

This article outlines eight strategies for service integration including: creating an umbrella organization, creating integrative task groups, participatory management, strategic planning, boundary spanners, team building, resource sharing and multi-agency programming.

RESOURCES...
(continued on page 3)

The Evolution of Service Integration in the Women, ADM Disorders and Violence Study

Ulonda Shamwell

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Substance Abuse and Mental Health Services Administration (SAMHSA)

As the Substance Abuse and Mental Health Services Administration (SAMHSA) receives applications for Phase II of the Women, Alcohol, Drug Abuse, and Mental Health (ADM) Disorders and Violence Study, I am filled with professional pride about what this program accomplished in Phase I. I also have high expectations for the second phase. My pride and excitement were bred in SAMHSA's twelve year history of supporting gender specific services for women. This history demonstrates how SAMHSA developed three generations of women focused initiatives through a process of funding programs and then using the knowledge developed from the programs to shape the next initiative.

The story actually began with the Anti-Drug Abuse Act of 1988, that established a grant program for "projects for prevention, education, and treatment regarding drug and alcohol abuse relating to pregnant and postpartum women and their infants." SAMHSA's predecessor agency, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), supported a Pregnant, Postpartum Women and Their Infants grant program in the Office of Substance Abuse Prevention (now the Center for Substance Abuse Prevention). This program was really a response to the "crack baby" phenomena that was being popularized in the media. The primary program goal was "to improve birth outcomes and reduce infant mortality." It was a goal primarily focused on the infant with attention to the mother only in terms of her child. One of the major lessons learned from this early project was that services must have a family focus to treat the mother and provide prevention and early intervention services to the infant and when possible, the mother's other children. Further, the program demonstrated that mother and child had improved outcomes when enrolled in a comprehensive program serving both.

In 1992, Public Law 102-321 created SAMHSA and specifically required that SAMHSA expand the availability of comprehensive, high quality residential treatment services for women who suffer from alcohol and other drug use problems. With the new focus on providing treatment services to women, the Center for Substance Abuse Treatment (CSAT) established two national residential treatment programs: one for pregnant and post-partum women and their infants and the other for parenting women and their children. Building on experience from the previous grant program and research

generated from the field, the goals of these programs focused on the family unit including a specific goal "to improve family/social functioning."

The CSAT programs demonstrated that the women they served disproportionately experienced violence, including physical and sexual abuse as children and adults, and that they required special therapeutic interventions. These programs also highlighted the co-occurring substance abuse and mental health disorders among the women. These programs resulted in a reduction in substance abuse while improving health and overall functioning of mother and child.

In July 1994, the Center for Mental Health Services (CMHS) convened the DARE TO VISION conference. This conference unveiled the powerful connection between women's experiences with physical and sexual abuse and the health and mental health damage left in its wake. Most importantly, the conference provided a focus on the "second injury" caused by the lack of recognition and indifference to the effects of trauma by many caregivers. Consumer/survivor/recovering persons had an opportunity at the conference to give testimony on the pervasive and long-lasting impact of this "second injury."

It was the knowledge generated from SAMHSA's early programs and the other research in the field that gave birth to the current Women, ADM Disorders, and Violence Study. The evolution of the knowledge base is evident in the program's promotion of collaboration among the substance abuse prevention and treatment, mental health and trauma fields in partnership with the consumer/survivor/recovering community. It is gratifying, that the goal of this program is to generate knowledge about the development of an effective integrated services approach for women with co-occurring disorders and their children.

We are proud of the work you have done and we are also excited about the accomplishments to come. Remember that there are families desperately in need of an integrated system of care that can put them on the road to recovery, empower them, and save their children. You and your work will facilitate the growth of that system. ■

Using Life Experiences to Promote Services Integration: A Conversation with Susan Mockus

Dawn Jahn Moses

The Better Homes Fund

Susan Mockus has a unique perspective on services integration. As a consumer/survivor/recovering person (C/S/R) who was bounced from one treatment setting to the next, she knows first hand what can happen to women when services are not integrated. As a member of the Trauma, Addictions, Mental Health and Recovery (TAMAR) Project in Baltimore she also knows the challenges facing providers, systems and communities as they work toward creating integrated services and systems.

The TAMAR Project, operating in three counties in Maryland, is working to improve services for women with substance abuse, mental health disorders, and histories of violence who are currently inmates in detention centers for misdemeanors or nonviolent felony offenses. Ms. Mockus is a member of TAMAR's Advocate Advisory and Executive Boards. She provides trauma training through the Sidran Foundation and is working with other members of the Advocate Advisory Board to create peer support groups for women in the project. When asked why she is involved in the project, Susan replies, *"this work is a part of who I am. I am just trying to get better services for people, just like others tried to get better services for me."*

Susan's work draws on her own personal experiences. She taught high school math for 22 years when "on a personal level, things began to fall apart." She was hospitalized and spent the next 10 years in and out of various inpatient settings. Looking back, she realizes she was struggling to come to terms with a childhood that was full of violence, deception, and intimidation. Unfortunately, most of her providers did not see this. Susan recalls that much of the treatment she received was very traumatic...

"[they] looked at my symptoms and diagnosed me. So I was going from one area of treatment to another and they [the services] weren't coordinated at all, and different areas I wound up in triggered my trauma symptoms all the more - I just kept getting more diagnoses. All of this led to long term hospitalization."

It wasn't until treatment came from an integrated trauma perspective that services began to meet her needs and she was supported in her healing process. Susan suffered greatly because the services she received were not integrated. As she notes, *"I had to overcome some of my treatment in order to get help for my needs."*

From her experiences, Ms. Mockus believes that services and systems integration is essential to improving services for women with mental health, substance abuse, and trauma histories. She states that top priorities for many C/S/Rs are the need for: services to be trauma informed, agencies to share information and eliminate duplicative paperwork, and multiple services to be accessible and co-located. Ms. Mockus notes it is important to offer women support and assistance every step of the way. Even when services and systems become

better integrated, women may want help filling out paperwork, knowing their rights, and dealing with the various challenges they encounter.

The TAMAR Project has implemented a number of integration strategies that Susan believes are beginning to show results. Utilizing the expertise of the Sidran Foundation along with Susan's personal experiences and skills as an educator, the project has trained over 900 detention center and community agency staff on issues of trauma. According to Susan, the results of these trainings are already being felt.

"We have heard directly from the women about the changes in the way they are being treated. Women report being treated better and the correctional officers report less trouble with the women."

Trauma specialists are also working in each county to coordinate services for individual women in the project. They have been successful in ensuring that women receive the services they need and eliminating much of the required paperwork.

Quarterly meetings with stakeholders have been effective in fostering services and systems integration. These meetings bring people together to share information. Ms. Mockus believes this has changed the rapport among individuals and agencies; *"face-to-face contact gives people the opportunity to become human beings together."* In addition, these meetings provide the motivation and technical assistance for agencies to work together.

Finally, Ms. Mockus believes having C/S/Rs actively involved has helped their integration efforts. Hearing from C/S/Rs is *"helping to bridge the gap in community services - as they listen to us they also begin communicating with each other differently."*

Ms. Mockus cautions that TAMAR has learned that services and systems integration requires a lot of time and patience. They have learned to be flexible and change when things don't work and sensitive to issues of territory and expertise. TAMAR has learned that the fact that many of these agencies and groups are competing for the same resources is very real and needs to be respected.

Susan firmly believes that there is a *"wealth of support in the community if we seek it out. People need the opportunity to come sit at a table and learn what is going on and learn about our [C/S/Rs] needs so they can help."* And Susan is doing just that, she has just completed a grass-roots grant proposal for Frederick County that would allow her to pool resources and more effectively integrate services for women moving into the community.

If you are interested in contacting Susan Mockus to discuss her work and that of the TAMAR Project, please contact her at rightyes@aol.com.

RESOURCES (CONT)

Coordination of Alcohol, Drug Abuse, and Mental Health (ADM) Services, SAMHSA Technical Assistance Publications (TAP) Series 4 (1993), PHD583X

(301) 468-6433;
www.health.org/pubs/catalog/ordering.htm

This TAP describes the major models and mechanisms available for integrating ADM services and makes recommendations regarding the process of developing coordination.

Implementing Systems Integration Strategies: Lessons from the ACCESS Program

J.J. Cocozza, H.J. Steadman and D.L. Dennis
Policy Research Associates, Delmar, NY, 1998
1-800-444-7415;
www.prainc.com/hrc/bibliographies/services.htm

This paper discusses findings from the evaluation of the ACCESS program with emphasis on systems integration and evaluating the program's effectiveness in providing services to homeless persons with mental illness. Approaches employed by the participating program sites are reviewed.

Integrating Mental Health and Substance Abuse Services for Homeless People with Co-Occurring Mental and Substance Abuse Disorders: A Technical Assistance Report

Center for Mental Health Services, 1993
1-800-789-2647;
www.mentalhealth.org/publications

This report discusses integrating services for homeless persons with dual diagnoses. Barriers to care and models for addressing the structural aspects of service integration are considered. Federal, state and local examples are examined.

RESOURCES...
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Integrating Services for Women with Histories of Violence

Tanya Stevens & Meghan Rielly

Women and Violence Coordinating Center

Violence Against Women

The majority of women in mental health and substance abuse treatment have been physically and/or sexually abused. Between 50-70 percent of women hospitalized for psychiatric reasons (Carmen, 1995), 70 percent of those seen in emergency rooms (Briere & Zaidi, 1989), and between 40-60 percent of psychiatric out-patients report having experienced physical or sexual abuse. More than 70 percent of women with drug or alcohol abuse problems were victims of violence, including domestic assault by adult partners, rape and incest. Furthermore, researchers have noted that women who experience physical and/or sexual abuse as children are at increased risk for: depression, post-traumatic stress reactions, suicidal ideation and attempts, poor self-esteem, substance abuse/use, eating disorders, self-inflicted injury, and chronic medical conditions. Additionally, many of the symptoms and behaviors associated with childhood abuse place women at greater risk for revictimization (Carmen, 1995).

Clearly, women with these histories have what Vivian Brown has termed "multiple vulnerabilities" (Baker & Howard, 1998). It is not surprising that none of our traditional systems of care adequately address the needs of these women. The Substance Abuse and Mental Health Services Administration (SAMHSA) Women, ADM Disorders and Violence Study acknowledges this situation by requiring the development of comprehensive, integrated, innovative programs. The integration piece of this is quite complex to both conceptualize and implement.

What Is Service Systems Integration?

In systems integration experiments for multiple issue populations, (i.e., co-occurring mental health and substance abuse disorders, co-occurring mental health and homelessness, etc.) the intent is to integrate services around a specific problem area. In most communities, comprehensive services for people simply don't exist, are fragmented and operated by a pluralistic patchwork of public and private agencies, and/or are inadequately financed. These

services include not only those offered by traditional substance abuse and mental health providers such as clinics, detoxification facilities, hospitals and private practitioners, but also the often bewildering array of supportive services provided by housing, welfare and social service agencies, health departments, criminal justice and correctional agencies, and private organizations. Each service system has its special purpose, sources of financing, particular eligibility requirements, geographic span and modes of operation.

Since the 1970's, services integration has been raised as a service delivery model that overcomes many of these specific barriers to

Services integration is a construct that has been applied to efforts to develop service delivery systems that are responsive to the multiple needs of persons at risk.

care. Services integration is a construct that has been applied to efforts to develop service delivery systems that are responsive to the multiple needs of persons at risk (Arganoff, 1991; Yessian, 1995). Many policy makers and researchers believe that individuals will benefit from integrated services through increased access and coordination of services.

Systems and Services Integration

It is important to distinguish between systems and services integration. This is a distinction that is crucial to successfully establishing the types of comprehensive, integrated systems that are needed by the target group of women and their children. Often, the terms services and systems integration are used interchangeably and although the difference appears to be mere

semantics, the distinction is important. A systems integration could be defined as a set of agencies that have been fully integrated to better share resources, information and clients to improve direct services to the target population (Yessian, 1995).

Services integration on the other hand, would more accurately be defined as a case-oriented integration designed to better serve an individual. For services integration to occur, it requires only that a set of services be created for individual clients, often by case managers who broker services across agencies. These arrangements are often labeled "wrap-around services". In such an arrangement, services are coordinated, but relationships between agencies do not fundamentally change. Systems integration, by contrast, requires changes in the manner in which agencies interact with each other.

Service Systems Strengths and Weaknesses

Despite nearly 30 years of services integration initiatives, the service delivery system in most U.S. communities remains fragmented and incapable of addressing the complex needs of families and children. Further, while many service integration programs have noted successful achievement in system level goals, increased integration does not necessarily benefit the individuals receiving care (Talbot, 1995). Services integration models are not typically sensitive to women. While women are usually considered part of the target population, the specific service needs of women are not usually considered. The assumption is, if the services network exists, it will function for both men and women. However, current integrated services models are problem-focused. The "problem" of trauma and the "problem" of women is underdeveloped in most service systems. Gender and violence are structural components of social life that cannot be "cured" by the amelioration of symptoms. Thus, systems integration strategies for this population must not only develop networks of care, but must also address the structural characteristics within those systems of care that fragment, retraumatize, and fail to address the needs that women themselves express.

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Brayden, R.M. (1995). Evidence for specific effects of childhood sexual abuse on mental well-being and physical self-esteem. *The International Journal of Child Abuse and Neglect*, 19 (10), 1255-62.

Briere, J. & Zaidi, L.Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. *American Journal of Psychiatry*, 146 (12), 1603-1606.

Examples of Service Systems Integration Efforts

Here, we spotlight the systems integration efforts of three sites that were funded under Phase I of the Women, ADM Disorders and Violence Study. Each of these sites has employed various strategies in their efforts towards systems integration as a result of their understanding of the need and value of truly integrated systems of care.

PROTOTYPES, Culver City, California

PROTOTYPES is a large organization that provides domestic violence, substance abuse, mental health and social services through 18 programs within Los Angeles and Ventura Counties. Under the leadership of Dr. Vivian Brown, the site plans to implement a "one-stop-shopping" service facility for women at PROTOTYPES Women's Center in Pomona, CA, whereby the services and expertise of physicians, psychiatrists, mental health and substance abuse counselors will be readily available. Intensive case management is the major integration strategy being used through this model; case managers will work closely with women and their children to determine their needs, while assuming responsibility for coordinating services both within PROTOTYPES and at external agencies. A nationally recognized leader in advocating for integration at the level of broader service systems, system integration has been a focus of PROTOTYPES for many years. Through SAMHSA funding, which has been used to support the activities of the PROTOTYPES System Change Center, PROTOTYPES is working to bring about systems change at the county level.

To this end, PROTOTYPES has expanded its Local Experts Group — a group of senior administrators, including the top mental health and substance abuse officials and head of the Department of Public Social Services, whose focus is on improving and integrating services within L.A. County. The ability of PROTOTYPES' staff to involve senior county officials in the Local Experts Group is a clear strength of this program.

In addition to participating in the Local Experts Group, PROTOTYPES' staff has been actively participating in several commissions of the county mental health department, focusing on strengthening different aspects of the service system. The Women's Center Advisory Board also serves to connect the project to a network of

external providers; this group consists of directors of local agencies who meet to foster integration and provide guidance to the Women's Center staff.

The way the project has used welfare reform as a catalyst for enhancing service and system integration is extremely effective. The connection with the Calworks Assessment Centers (California's welfare benefits organization) provides a strong mechanism for recruiting women into the study, while the co-location of Calworks personnel at the PROTOTYPES System Change Center represents a substantial step in service integration. Finally, the large county-wide series of trainings, which have been instituted by PROTOTYPES, have become a powerful component of this project. In addition to improving the quality of internal staff, the training campaign has increased involvement of outside agencies in the project and effectively promoted integration.

TAMAR Project, Baltimore, Maryland

The TAMAR project has a strong focus on clinical service integration rather than on promoting a particular clinical intervention. This project seeks to help women of the study's target population who are incarcerated by providing service integration and trauma-specific treatment both inside the detention centers and outside in the community once women have been released. Service integration strategies are being implemented in three different Maryland counties, and the efforts are a collaboration between the correctional officers at the detention centers and the project staff.

Upon admittance to the detention center, the site's trauma specialists will assess the women's mental health, substance abuse and trauma needs to determine what types of services will be necessary. These specialists will be active participants on integrated service delivery teams, consisting of mental health, substance abuse and medical providers. The purpose of the teams is to discuss and coordinate individual treatment needs and plans. Each woman will also be assigned a case manager, who will stay with her throughout her stay at the detention center and follow her into the community once she is released.

Service providers in two (and possibly all three) of the counties have decided that a single location that houses co-located services from multiple providers is the best way to provide sufficiently integrated services. These centers

will assist women with their basic needs and provide referrals to all local human service agencies.

Service system integration at TAMAR is achieved primarily through a large-scale campaign of trauma trainings conducted by staff from the Sidran Foundation. The extensive trainings have had a positive effect at the systems level. Since July 1999, more than 900 people have participated in the training, which has resulted in staff from various agencies supporting each other and becoming engaged in the project. In addition, meeting one-on-one with state directors has helped generate interest, commitment and support for the project.

Integrated Services for Women and Children in the Ozarks, Joplin, Missouri

In its mission to design an intervention model that builds upon existing community services and resources, Integrated Services for Women and Children in the Ozarks has established a committee of individuals representing a broad array of service areas as well as consumer/survivor/recovering persons (C/S/R) perspectives to craft its intervention model. Within this model, each woman will work with a therapist, who is cross-trained and skilled in providing integrated care. In addition, specialized trauma interventions are available to provide a complete treatment service. The goal is to offer a continuum of care through a multi-service agency approach that improves access throughout the seven-county rural project area.

Another component of Joplin's service integration plan involves integrating the substance abuse and domestic violence/sexual assault programs offered within Lafayette House. To accomplish this, the program will implement specific strategies including coordinated referral, interagency case management and integrated service delivery teams addressing multiple needs.

The primary strategy for service system integration has been the development of a strong, highly diversified Coordinating Council, which serves as the governing body for the project. Working under a committee and task group structure, the Council has addressed issues such as training, philosophy, resource advocacy, service provision, and assessment. The Coordinating Council adopted a common philosophy, designed the service continuum and

Integrating Services... (continued on page 8)

Carmen, E.H. (1995). Inner city community mental health: The interplay of abuse and race in chronic mentally ill women. In C.V. Willie, P.P. Rieker, B.M. Kramer and B.S. Brown (Eds.), *Mental Health, Racism & Sexism*. Pittsburgh: Pittsburgh University Press, 217-236.

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Talbott, J.A. (1995). Evaluating the Johnson Foundation Program on Chronic Mental Illness: An Interview with Howard Goldman. *Psychiatric Services*, 46 (5).

Yessian, M.R. (1995). Learning from Experience: Integrating Human Services. *Public Welfare*, 34-42.

Integrating Service Delivery Systems for Persons with Severe Mental Illness

J.P. Morrissey in
A Handbook for the Study of Mental Health,
Cambridge University Press,
(Horwitz & Scheid, editors),
1999

This article reviews the experiences of service integration and considers four major innovations: Community Mental Health Centers; Community Support Programs; the Child and Adolescent Service System Program; the program on Chronic Mental Illness; and efforts to introduce managed mental health care. Findings from recent demonstration programs are reviewed and implications for further research are posed.

Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities

A.J. Kahn and
S.B. Kamerman
National Center for Children in Poverty, 1992
(212) 304-7100;
<http://cpmncnet.columbia.edu/dept/nccp>

This report examines service integration efforts in multiple arenas: public, child and family support services, child mental health, health and education initiatives, individuals with disabilities, and public welfare and employment programs.

Learning from Experience: Integrating Human Services

M.R. Yessian
Public Welfare, 34-42,
Summer 1995

This article reviews past attempts made by government, community agencies and private foundations to engage in service integration activities. Lessons learned are identified and discussed.

RESOURCES...
(continued on page 7)

News From The Sites

For this issue of *The Tapestry*, sites were asked to share a brief summary of their service integration efforts including information on: an effective service integration strategy; "lessons learned" about service integration; and/or any barriers encountered while trying to integrate services. Please contact the individuals listed if you would like additional information on the material presented below. The column that follows includes the twelve sites that responded to this request.

Allies: An Integrated System of Care

Stockton, California
Jennie Heckman - 650-858-2526
heckmanreg@compuserve.com

Strengths-based case management, along with the case management embedded in the Seeking Safety trauma groups, provide the primary vehicles for the integration of individual women's services at Allies. Allies staff, partnering with local substance abuse treatment counselors, co-facilitate the Seeking Safety groups and provide case management for each woman. The strengths-based case management model – combined with a multi-agency approach – provide important vehicles for integrating women's services. This model allows C/S/Rs the opportunity to focus on their strengths and resources, to have control over goal setting and service planning, and to learn skills in accessing community resources. With the multi-agency approach (i.e., Allies staff partnering with substance abuse counselors), large numbers of C/S/Rs receive consistent assessments, integrated service planning, and follow-through services. Community-based substance abuse counselors gain valuable expertise in strengths-based case management and trauma that has ripple effects throughout the system.

New Directions for Families

Thornton, Colorado
Ellen Brown - 303-657-3700
ellen@ahinc.org

New Directions established a Multi-Agency Training Committee to help address the philosophical and administrative differences among various service agencies and providers as well as discuss services integration and cross training needs. The committee recently held a symposium to help: ensure that women's voices are heard during treatment; expand collaboration across targeted agencies; increase knowledge of issues and systems needs; identify barriers to systems linkages; create a resource manual; and identify cross-training needs. Representatives of substance abuse, mental health, domestic violence, trauma treatment, child welfare/social service, TANF, housing, criminal justice, and education programs attended the symposium. C/S/Rs played an active role in the planning and implementation of this symposium.

DC Trauma Collaboration Study

Washington, DC
Roger Fallot - 202-608-4796
rfallot@communityconnectionsdc.org

The DC Trauma Collaboration Study has formed Integrated Trauma Services Teams in three local programs. The teams facilitate services integration in several ways. First, each C/S/R works with a primary clinician and a Peer Representative to ensure that all services are closely coordinated. Second, both an Integrated Assessment and a Personal Recovery Plan explicitly address possible relationships among mental health, substance abuse, and trauma concerns. Third, the project's trauma-specific interventions (TREM groups, a TREM self-help manual, a domestic violence group, and a Spirituality in Trauma Recovery group) assist C/S/R recovery and healing in relation to violence as well as substance use and mental health. Other services (substance abuse, parenting, HIV groups, and inpatient psychiatric services) have been developed and/or modified to explore the importance of trauma. Simultaneous and coordinated attention to concerns and goals is maintained by primary clinicians, peer representatives and project service providers.

Safe Life: A Study of Abuse Among HIV-Infected Women

Miami, Florida
Sally Dodds - 305-355-9191
sdodds@med.miami.edu

The Safe Life Project is working to create integrated services systems that are both trauma informed and HIV informed. The Safe Life Network integrates providers of services for all forms of interpersonal violence, (childhood physical and sexual abuse, rape and domestic violence), mental health, substance abuse treatment, primary HIV medical care, specialty HIV obstetrical and gynecological services, legal and forensic services, parenting programs and a range of supportive psychosocial and case management services. The Coordinating Body of the Safe Life Network has adopted a uniform statement of philosophy and is currently planning its system-wide screening protocol as well as developing a comprehensive cross-training curriculum that will create a "universal assumption" about trauma, co-occurring disorders, and HIV across all of the provider agencies.

TAMAR Project

Baltimore, Maryland
Betty Russell - 410-724-3239

The TAMAR Project is using a number of strategies to integrate services in the detention centers and communities involved in the project. Care is provided by multi-disciplinary treatment teams and all systems providing services meet quarterly to discuss issues, barriers and progress. Another strategy that has been useful in integrating systems (and the services they provide) has been trauma training provided by the Sidran Foundation. Since July 1999 more than 900 people have participated in the training which has resulted in staff from various agencies supporting each other, speaking the same language and becoming vested in the project. Finally, the project has found meeting one-on-one with state directors (Alcohol and Drug Abuse Administration, Parole and Probation, Department of Human Resources, etc.) has generated interest and support for the project and, this in turn, has engaged the support of local agencies.

The Boston Consortium of Services for Families in Recovery

Boston, Massachusetts
Luz Lopez - 617-534-9385
Luzlopez@hotmail.com

On-going collaboration among intervention sites of the Boston Consortium of Service for Families in Recovery has enabled providers to receive training and change their way of thinking about the connections among addiction, trauma and mental health. A project Steering Committee comprised of managers and clinical directors at the intervention sites meets every 2 weeks to discuss clinical and administrative issues surrounding service integration efforts. This group brings together substance abuse, mental health, trauma and children's services providers and administrators and facilitates their collaboration. In addition, the development of a common screening protocol and referral manual, that were developed collaboratively with the sites, will greatly aid with service integration efforts. The screening process will be used both for clinical purposes as well as for creation of a shared database that will identify the prevalence of co-morbidity and document actions taken by clinicians. This information will be used for tracking changes in the system of care. Data will be reported back to each site on a quarterly basis.

The Women Embracing Life and Living (W.E.L.L.) Project

Cambridge, Massachusetts
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Through its efforts, the W.E.L.L. Project has identified a number of barriers to service integration and developed strategies for addressing them. First, providers in different service systems have different points of view about how women heal. The project has found that the best way to address this is by engaging partners in values clarification efforts to identify similarities and differences in perspectives. Once identified, these issues are worked on collectively. Secondly, providers often are fearful that they will be asked to do things without proper training and other resources or that integrating services will make what they do less important. The project has responded by making service integration a collaborative process by bringing together providers, consumers, and other interested parties to talk about what service integration could look like and what support and resources will be necessary to integrate services effectively.

Franklin County Women and Violence Project

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Service integration strategies used by this project are shaped by its rural location. Staff became integrated into the culture and practice of the area through personal contact with the "close-in" agencies involved with the project and by offering them assistance with their training and consultation needs. After laying this groundwork, the project hosted a service integration planning meeting which resulted in agreement to work toward shared service integration goals. Cross-training, a clinical coordination committee, a quality improvement team, and regular consultation with the trauma liaison all help foster service integration. A 12-week group that integrates issues of mental health, trauma, substance abuse, and women's issues is offered and "resource advocates" provide individual assistance with the network of services in the county. The project has tried to co-locate services such as holding an AA meeting at the Survivor Project drop-in center with transportation provided for those who want to attend from local substance abuse and dual-diagnosis programs.

RESOURCES (CONT)

Modifications in Service Delivery and Clinical Treatment for Women Who are Diagnosed with Severe Mental Illness Who are also Survivors of Sexual Abuse Trauma

M. Harris
The Journal of Mental Health Administration, 21(4), 396-406, 1994

This article describes how current treatment approaches for women who have mental illness can be adapted to accommodate the special needs of sexual abuse trauma survivors. The article argues that a full range of rehabilitation services must be grounded in an understanding of the trauma experience.

Program Development and Integrated Treatment Across Systems for Dual Diagnosis: Mental Illness, Drug Addiction, and Alcoholism

K. Sciacca and C.M. Thompson
The Journal of Mental Health Administration, 23(3), 288-291, 1996

This article highlights the development of a dual/multiple disorder program that integrates mental health and substance abuse systems. Included in this model are components such as cross-training existing staff, correcting issues of incompatible treatment interventions and closing the gaps in services systems and limited referral resources.

Service Integration: An Annotated Bibliography

A. Chaudry, K.E. Maurer, C.J. Oshinsky, and J. Mackie
National Center for Service Integration, 1993
(515) 280-9027;
www.cfpciowa.org/ncsipublications.htm

This annotated bibliography includes books, papers, and articles about service integration efforts for families and children living in poverty.

The Women, Co-Occurring Disorders and Violence Study is generating knowledge on the development of integrated services approaches for women with co-occurring mental health and substance abuse disorders who also have histories of physical and/or sexual abuse.

The Tapestry is a product of the Women, Co-Occurring Disorders and Violence Coordinating Center which is operated by Policy Research Associates, in partnership with The Better Homes Fund, Community Connections and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina, Chapel Hill. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations, and develops a range of application products from the study sites. This publication was developed by The Better Homes Fund.

The Women, Co-Occurring Disorders and Violence Study is funded by the Substance Abuse and Mental Health Services Administration's three centers - The Center for Substance Abuse Treatment, The Center for Substance Abuse Prevention, and The Center for Mental Health Services.

For more information on this Initiative, please contact Policy Research Associates, 345 Delaware Ave., Delmar, NY, 12054, 518-439-7415, e-mail: wcc.prainc.com.

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Integrating Services... (continued from page 5)

is developing project operating procedures. The Council has successfully rendered support from all of the major institutions and agencies that need to be part of an integrated service system.

In addition to the work of the Council in advocacy, cross-training and developing standardized screening and assessment, Lafayette House has entered into an agreement with Ozark Mental Health to provide psychiatric services to women residing at Lafayette House. This is a significant event, since mental health services have been the most difficult to access and the most reluctant collaborators.

News/Sites... (continued from page 7)

Integrated Services for Women & Children in the Ozarks

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The Integrated Services for Women & Children in the Ozarks Project is working with three service agencies - a women's center providing trauma services and gender specific substance abuse treatment and two community mental health centers - to offer a continuum of care for project participants. This multi-service agency approach creates a "no wrong door" service system and improves access throughout the seven county rural project area. Efforts have focused on establishing a common philosophical approach to service delivery, developing common screening and assessment tools and cross-training of staff. Case managers will be added to facilitate inter-agency treatment plans and clinical communication. Interagency agreements have provided psychiatric care directly at the women's center and have eliminated lengthy repetitive admissions paperwork for women utilizing both agencies.

Portal Project

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The Portal Project continues to strengthen its service integration efforts through monthly multi-disciplinary team case conferences and quarterly project advisory committee meetings that bring together providers and systems representatives. As a result, the project has established a collaboration with the Women's Prison Association that will facilitate referrals and service access. One of the important "lessons learned" is that the consumer is the primary model of integration - she holds all of the information on how these issues are linked. The project has found that one way to promote understanding and willingness to change among service systems is to have them hear women's stories and have immediate access to their colleagues to discuss multi-disciplinary approaches to problem solving.

Conclusion

It is anticipated that the Women, ADM Disorders, and Violence initiative will contribute significantly to the growing awareness of the need for service system integration in order to effectively treat women who suffer from co-occurring disorders and histories of physical and/or sexual abuse. Through the development of integrated, comprehensive service models, each of the sites spotlighted here, as well as the other sites involved in this study, are making historical progress towards the goal of realizing the full benefits of true service system integration. ■

Kuumba

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The Kuumba Services Integration Committee, made up of service providers, community partners, and C/S/Rs, has been working hard on developing integrated services for the project. One outcome of their efforts is a newly established, formalized relationship between Project Network (the primary service provider) and the local Adult and Family Services office. Prior to these efforts, there was no way to resolve cross agency conflicts in a structured, non-personalized way. A formal memorandum of understanding calls for quarterly debriefings, yearly evaluations, ongoing cross trainings, and contact people for each portion of the agreement. As a result of this developing relationship, a new pilot project was created that places C/S/Rs in supportive job internships with mentors.

Women and Mental Health Study of Dane County

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The Integrated Services Committee of the Women and Mental Health Study of Dane County has developed a trauma-informed integrated services model that will be implemented through a "matrix organization" of care coordinators. This matrix organization draws providers from any publicly contracted agency who are committed to trauma informed work with a culturally diverse population of women, willing to receive on-going training, and have the sanction of their home agency to participate in the intervention. The work of care coordinators will be supplemented by a Women's Resource Center that will include an array of "material resource enhancements" (assistance with housing, child care, etc.) and social support services (consumer run "warm line", parenting groups, etc.). A key lesson learned is that the goal of creating a community-wide focus on this population precluded partnering with any one organization. Through the "matrix organization" structure, the project has fostered a new level of cooperation among 30-40 organizations.