**Integrated Treatment Teams**

Handout

Examples of Integrated Treatment Team Member Roles for Scenario Activity

**Assistant Program Director:** Supports Lead Clinician/Program Director.Provides clinical supervision of licensed staff and other staff as required, assists with selecting intervention strategies for Persons at high risk and/or difficult to engage. Must be a licensed clinical staff.

**Direct Care Worker:** Primary staff assigned to work directly with person served. Deliver interventions identified on the Treatment Plan and with supervision from the Licensed Clinical Staff. Direct Care Workers monitor persons overall health and well-being by assisting and monitoring daily living. Encouraging independence, competency, and decision-making. Initiating, supporting, and ensuring quality of life through empowerment, safety awareness, respect, and dignity. Documenting and supporting the services provided to individuals. Providing crisis intervention and emergencies, as needed.

**Housing Specialist:** Facilitates movement into permanent independent housing by providing interventions to persons served in all housing settings to maintain tenancy, support housing transitions, and prevent homelessness. Housing Specialists are members of the ITT that help ACCS persons served to secure stable and supportive housing, which will improve ACCS persons served care and helps to prevent homelessness, strengthens community tenure, and leads to improved persons served health outcomes.

**Licensed Clinical Staff:** Provides direct intervention with persons served to conduct comprehensive assessments, treatment plans, and clinical interventions; They provide modeling and supervision for direct care staff. Includes **psychiatrist(s)** for consultation and supervision of complex risk mitigation and medication prescriptions and management.

**Lead Clinician/Program Director:** Expert clinician thatleads the integrated treatment team andprovides administrative leadership, supervision, and direction of the Team. Must be a licensed clinical staff.

**Nurse:** Nursing staff bring expertise to address the person’s health holistically, with key aspects of physical and mental health addressed concurrently in their recovery.

**Occupational Therapist:** Occupational Therapists assist the integrated team with assessing the person’s functional capacity in relation to their behavioral health and any co-occurring conditions and to determine the skill development and resources needed for the person served to reside in their preferred setting and participate in other meaningful (work, social, community) activities.

**Peer Supporters and Recovery Coaches:** Provide direct peer/family support to persons and families. Engage persons in non-directive and supportive relationships that promote empowerment and self-learning. [AGENCY add current types of peer staff – e.g., Certified Peer Specialists (CPS), Certified Addiction Recovery Coaches (CARC), and Family Partners]. Peer Supporters and Recovery Coaches or Team members with lived mental health or addiction experience are often more successful in engaging persons served that are hard to reach or difficult to serve.

**Substance Use/Addiction Specialist**

Bring addiction treatment expertise and provide ongoing teaching and modeling to Teams/Intensive GLEs and provide direct interventions and supports to Persons. They have strategies for working with Persons at different Stages of Change, addressing the consequences of use regardless of Stage of Change and supporting readiness, relapse prevention and long-term recovery.

**Supervised GLE Staff**

GLE staff members perform the duties and responsibilities of the direct care staff members of the Teams for Persons residing in the GLEs.