8RES

POTS Part of the Solution
Feeding Our Neighbors. Nourishing Our Community.

AUGUST 2019

STATE OF THE FIELD

WRAPAROUND SERVICES

FROM CRISIS TO STABILITY TO SELF-SUFFICIENCY

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Part of The Solution (POTS) mission is to be a loving community in the Bronx that nourishes the basic needs and hungers of all who come to its door. POTS' mosaic of services, big and small, simple and complex, come together in its 'one-stop shop' model. Offering a wide array of support under one roof, staff and services work in concert to address diverse and complex needs.

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ACKNOWLEDGMENTS

CONTENTS

> It's like the only organization that has everything. If I had questions about my housing... I go for a career class ... everything is there. That's why I travel to the Bronx from Queens. I could get many things at one time.
>
> CCM CLIENT, FEMALE

Approximately 1.7 million New Yorkers live below the poverty line, the majority of whom are ethnic/racial minorities.[2] Part of the Solution (POTS) is well positioned to reach community members struggling with poverty, as more than half of the neighborhoods in the Bronx are high poverty or extreme poverty areas.[2] Poverty is multi-faceted, but often defined as living with an inability to meet basic human needs, including food, shelter, sanitation, health, and education. Given the multiple dimensions of poverty, a coordinated and comprehensive support model has been identified as an effective way of addressing the myriad needs that accompany poverty.

POTS is a 'one-stop shop' that adopts the wraparound concept, which is a systemic approach that includes adapting solutions to the particular needs of the client by providing a variety of services, as well as addressing factors that influence poverty across five domains: financial, housing, education, health, and day-to-day needs.

They are dedicated to providing a professional and hospitable environment to their clients in order to move them along the spectrum from crisis to stability and ultimately self-sufficiency.

Comprehensive Case Management (CCM), based on the wraparound concept, is a one-on-one counseling program that helps clients establish goals based on immediate, short-term, and long-term needs, helping clients take the steps needed to reach their goals.

In this report, when we refer to case manager, we mean the person who works one-on-one with a client in a collaborative process to help identify and achieve goals. When we refer to a client, we mean the person whose issues are the subject of the case management conversation.

SCOPE OF REPORT
This report presents best practices in wraparound care from three perspectives: the research perspective as reflected in empirical studies and non-empirical literature, professional knowledge and values generated from interviews with industry leaders, as well as consumer insights from clients of the Comprehensive

Case Management program. The report incorporates information from a range of disciplines, such as behavioral economics, behavioral science, trauma-informed care, and executive skill building to provide an overview of the state of the field. It is our goal not to provide everything there is to know, but rather to extract practical lessons that can be integrated into wraparound work with individuals and that can be used to guide the improvement and expansion of services. At the end of the report, we have assembled some resources that can help organizations refine and/or implement program changes and celebrate program successes.

The sections below outline practices across four domains that are the primary areas of focus for the report: organizational approaches and practices, case manager and client interactions, creating a community of support, and shaping the organizational environment.

Section 1: Organizational Approaches and Practices

Section 2: Case Manager-Client Relationships towards Better Outcomes

Section 3: Creating a Community of Support

Section 4: Behavioral Nudges to Create a Supportive Environment

METHODS

We began with a scan of the literature focusing on programs working with youth and adults that support a transition from crisis to stability in homeless and working poor populations. We also reviewed coaching curricula, white-paper reports, and academic literature across the multiple disciplines listed above.

We conducted 18, 30-minute interviews with CCM clients considered high-touch (n=10) and low-touch (n=8) and 14, 30-minute interviews with industry leaders (case managers, program directors, and executive directors) from a national sample of organizations providing multiple services to their target population. Interviews were audio-recorded, and we took extensive notes to capture relevant information, listening to audio-recordings repeatedly as required. We provided interviewees with a gift card to thank them for their time and participation.

A variety of practices are employed across the field. Tailoring processes and interventions to specific contexts and clients is an overarching finding. Organizations are taking intergenerational approaches, using coaching either in place of or alongside case management, facilitating goal-setting using SMART goals, employing motivational interviewing techniques, and focusing on strengths-based and client-centered case management practices.

Staff trainings and practices tend to focus on equity, setting high expectations for clients, staff burnout/stress management, and addressing mental health.

Despite the many approaches to supporting clients from crisis to stability, the literature supports the formal use of a systematic framework that tailors approaches to the particular needs of the client; Stages of Change has been successful in other settings and is a promising approach for wraparound care with populations in poverty.

SECTION 1
Organizational Approaches and Practices

Partnerships and Collaborations
Developing mutually beneficial relationships can increase the breadth, quality, efficiency, and sustainability of services provided.
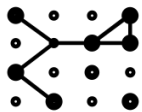
Program Differentiation
Multi-disciplinary client care is difficult to pigeonhole into easy, distinct categories of work and service. We explore five key elements: client interaction styles, program design, program implementation, program maintenance, and the screening and hiring of staff.

Staff Development and Support
Success happens with the right people working together. We review areas of staff trainings and ongoing professional development for case managers/coaches to improve their practice.

Partnerships & Collaborations

Industry leaders of many organizations and foundations value partnerships and collaborations as an approach to increase the breadth and quality of services provided, to foster greater organizational efficiency, and to ensure program sustainability. A major challenge of partnerships is bringing diverse contributions together, however, authentically created partnerships can lead to better social services outcomes for clients, increase access to knowledge and people, and draw a wider pool of technical experiences to create more appropriate services for the target audience.[3] This can reduce resources expended by sharing costs, delivery systems, and by avoiding duplication. Achieving greater "reach" through efficiencies and enhanced effectiveness can thereby increase the sustainability of a program, making it more viable in the setting that it is being designed for.

Common approaches employed by industry leaders include working in partnership with external partners, creating common resource partnerships, and building stronger connections internally across organizational divisions.

Working with External Partners

Some organizations rely on external collaborations and expertise to develop or co-construct programs and trainings for onsite or web-based delivery of group and individual workshops. These opportunities for collaboration are evident across the for-profit and non-profit sectors and include shared trainings and the creation of robust referral networks.

Sometimes these partnerships are attached to philanthropic efforts or working with Corporate Social Responsibility departments within the for-profit sector. Other examples include sharing/lending physical space or best practices with partnering non-profit organizations to increase ease and access to similar services.

- For example, one organization implements a job/career training program using a co-constructed curriculum with companies where graduates of the training could be placed.[4]

- Another hosts monthly seminars delivered by representatives of different "systems" in the community—doctors, landlords, schoolteachers, state benefits caseworkers, etc.—to help participants build skills in navigating those systems and advocating for themselves within them.[5] Many non-profits collaborate to create and deliver trainings in shared skills and competencies.

- Many organizations create referral networks with preferred non-profit organizations for which there is a history of familiarity and success, often increasing the processing speed for clients to receive needed services.

- One organization relies on an external institute to provide online skills-based training that leads to official certificates for skills acquired by the end of each training.[6]

- Where space is often a premium, this New York City-based CBO extends office space to an insurance provider to allow its clients to easily access their services while also sharing rental costs.[1]

CASE STUDY

An organization based in the South connects nonprofits with companies through a comprehensive three-step employment training program dedicated to enhancing job-readiness skills. The program includes providing in-class discussion-based learning sessions that build Emotional Intelligence, provide Empowerment Training, and Workplace and Job Acquisition skills.[6]

This CBO has built hundreds of company partnerships. Representatives from each organization conduct mock interviews with clients towards the end of their training and as part of developing job preparedness. Each client engages in five to six interviews with these partnering companies to not only become more confident and well-equipped in the interviewing process in a real-world setting, but also to foster the expansion of their social networks with potential employers in their community.[6]

Voices From Clients

Many CCM clients have expressed a desire and value for trainings and programs to enhance job placement opportunities and expand their network. Some of the solutions presented above may help meet their needs.

It would be good to have more connections to local businesses… and POTS could use their own connections to introduce us to companies. Like Workforce One is only three blocks from POTS.

CCM CLIENT, MALE

It would be nice to have more contacts with people that are willing to hire people. We could be introduced to them rather than simply Googling job opportunities.

CCM CLIENT, FEMALE

Common Resource Partnerships

Common resource partnerships are collaborative partnerships that allow for the sharing of resources, such as knowledge, space, finances, and people, towards a common and mutually beneficial goal.

- Organizations are engaging in collective purchasing partnerships to increase efficiency and streamline inventory systems and purchasing. For example, one organization is forming a non-profit food co-op with other food pantries in addition to forming rescue food operations with food providers.[1]

- In order to distribute resources and increase their breadth of service, another organization is collaborating with other similar organizations to share program trainings and educational materials.[7]

Internal Collaboration Across Divisions

One large organization relies on their network of providers to work together to inform program offerings of the several hundred services that they offer. The internal collaboration across divisions ensures that multi-disciplinary input (from social workers to peer supporters) are shaping their programs which range from well-being classes to life skills courses.[8]

GOING DEEPER

There is some research to demonstrate that client-level changes for complex social issues, such as health, quality of life, or well-being has been improved with partnerships. For example, evidence from the literature demonstrates that multi-service interventions with youth and families can lead to higher reunification rates when partnerships between non-profits are involved.[9] However, findings are mixed and often necessitate successful implementation, requiring strong coordination, planning, leadership, and inter-professional collaboration.[3]

Other factors that contribute to positive client outcomes include:

- Service integration occurring closest to front-line interactions.[10,11]

- The creation and implementation of small collaborative groups, which tend to be easier to manage.[12]

- Working towards leveraging existing relationships and partnerships to greater effect, rather than expanding, the number of partnerships.[13]

Collaborations for non-profit organizations can also result in organizational outcomes including improvements in efficiency, effectiveness, and quality of services (for example improving the impact and standards of services and reducing duplications and overlap between services).[3] Ultimately, positive changes in organizational climate and staff morale and culture can also indirectly impact the client experience and outcomes.
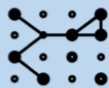
Program Differentiation

Some organizations strictly employ a single approach to their program structure, but many use a hybrid of different approaches based on their particular contexts and the conditions of the clients that they serve. Five key areas of differentiation emerged: client interaction styles, program design frameworks, program implementation, program maintenance, and screening and hiring staff. These areas allow for different configurations that create distinct programs. While more difficult to build and operationalize, a diverse combination of offerings across these areas often provides an increased likelihood that the services will match the individual client's needs.

Applying a formal approach to how the program is conceived and operationalized provides clarity to staff and clients.

Client Interaction Styles

Common examples of client interaction approaches that different organizations have employed include:

- A coaching focus over case management - coaching focuses on building skills through interactions with a client over time to prepare him/her to tackle future goals independently.[14]

- Intergenerational/Family-centered approaches - focus on the whole family instead of the interests of one person.[15]

- Group programming – programming offered to groups or cohorts of clients together.

- Hybrid of case management and coaching.

- Case management only.

- A combination of different approaches tailored to client.

Program Design

While many different program designs exist for wraparound services, we will focus on three: Stages of Change, Tiered program designs, and Meeting People Where They Are.

Stages of Change (SOC)
Stages of Change is a systematic framework that helps case managers select an appropriate approach to delivering services by assessing clients based on their willingness to change. SOC has been successfully applied across disciplines including in health risk behavior change programs, with initiation and cessation of addictive behaviors, dietary modification, and condom use and pregnancy prevention to name a few.[16-18]

Applying the SOC framework begins with an assessment of a client's level of readiness to engage in behavior change across 8 stages.[15,16]

Stage 1: Not Ready for Change and Needs Immediate Care: The client needs rapid and immediate care for priority issues; client is in crisis with basic need fulfillments and is not focused on change.

Stages 2 & 3: Pre-Contemplation & Contemplation: The client is beginning to consider making changes. This is a good time to assess readiness to change for different goal areas using Motivational Interviewing (MI). Motivational Interviewing can uncover factors that may be preventing the client from taking action, with an awareness that inaction may be due to external factors.

Stages 4, 5, & 6: Preparation, Action, and Maintenance: The client is ready to discuss change and take action or maintain a change. They are ready to achieve their goals. Creating SMART goals at this stage can help them to set realistic, measurable and actionable targets.

Stages 7 & 8: Relapse/Recycle: The client had a difficult time maintaining his/her goals. This is a good time to reassess the goals and his/her readiness to engage.

Table 1 below presents the Stage of Change, cues to listen out for, suggested approaches for each stage, and some helpful tips on what a case manager can do.

Table 1. Stage of Change and How to Apply It.

Stage of Change	Cues to Listen for	Suggested Approach	Helpful Strategies
Not Ready for Change	*Immediate Care: "I need x."* *"I can't think about change, I have an emergency to deal with."*	Case management	Build trust and help client meet immediate needs.
Precontemplation	*Denial: "I don't need to change that."* *Ignorance of the Problem: "Change what? There's not a problem."*	Readiness Assessment using Motivational Interviewing	- Encourage the client to rethink their behavior. - Encourage self-analysis and introspection. - Explain the risks of the current behavior.
Contemplation	*Ambivalence/Conflicted Emotions: "Change? Maybe."* *"I might, I don't know. Maybe. Maybe now is not a good time."*		- Weigh the pros and cons of changing a behavior. - Confirm readiness to change and encourage self-confidence in client's abilities. - Identify barriers to change.
Preparation	*Experiments with small changes: "I picked up a brochure."* *Collects information about change: "I'm interested, but how?"*	Goal-setting with SMART goals	- Help the client create SMART goals. - Help client prepare a plan of action. - Determine internal (self-confidence, feeling of pride) and external rewards (dinning out with friends to celebrate) for success with client.
Action	*Taking direct action towards achieving a goal: "I'm ready, let's do it."*		- Review goals. - Reward the client's success with praise and motivating statements. - Help client seek out social support.
Maintenance	*Maintaining a new behavior: "I still am."* *Avoiding temptation: "How do I keep going, when x, y, z?"*		- Remind the client to reward him or herself for success. - Help the client to develop coping strategies to deal with temptations.
Relapse/Recycle	*Feelings of disappointment, failure, and frustration:* *"I slipped, now what can I do?"*	Readiness Assessment using Motivational Interviewing	- Help client identify triggers that lead to relapse. - Help client recognize barriers to success and take steps to overcome these obstacles. - Reaffirm his/her goals and commitment to change. - Validate– relapse happens to everyone.

Adapted using.[15,16,19]

Tiered Program Designs

Other examples of differentiating the type and delivery of services based on client progress include the following tiered program models:

- Utilizing Maslow's hierarchy of needs to focus programming first on fulfilling basic needs, followed by services supportive of actualization once basic needs are met.[20]

- As clients become more stable, family counseling is offered to expand their sphere of influence from an individual level to family level.[4]

- Providing incentives, such as improvements in client experience or less stringent rules based on progress.[4]

Programs Designed to Meet People Where They Are

Many organizations indicated that they attempt to meet clients where they are based on their needs, which includes employing initiatives that improve physical access, offering additional services, and allocating services based on the severity of client need.

- For example, to improve physical access, some organizations provide mobile pantries, mobile hygiene centers, and provide in-person meetings based on clients' location and space preferences.[1,8,21]

- Some organizations offer additional services such as child care or services for their pets.[21]

- Providing additional services and dedicated personnel for severe mental illness.[8]

Program Implementation

Program process elements refer to routine programmatic features or practices within an organization that influence the quality and effectiveness of the services provided to clients from intake to sunset. By understanding the successes and challenges of program implementation and maintenance, an organization can identify the range of factors that are likely to facilitate their administration and maximize successful outcomes. We report on client entry (the process by which clients are accepted), on-going support, and follow-up below.

Client Entry, Re-Assessment, and On-going Support

There are many different approaches that organizations take to the initial client intake process, how they continue to assess client status and progress, and their means of maintaining connections with clients to provide on-going support. Insight from the literature and from CCM client interviews provides guidance on changes in practice that can be most effective.

> *Client Entry* - Entry and induction practices vary across organizations. Some organizations use rigorous assessment periods before client services are provided, some take an open-door approach, some organizations focus on assessing a few key target areas, while others attempt to provide as many referrals and services at entry as possible.[1,6,20-23]

- For example, one organization ensures that a rigorous assessment period is part of their intake process to determine what a clients' beliefs and ideas are around poverty. This assessment is used to determine capacity for and success within their structured program.[20]

- For another organization, induction involves an intensive screening process that aims to create a stability profile and to more effectively connect clients to the most appropriate programs. Because many of their clients are at risk for suicide, this intake process, despite being invasive, allows them

to provide the best match in terms of care and services that reduce risk to suicide or other severe outcomes.[4]

Re-Assessments - In addition to the initial intake, some organizations also re-assess status to ensure timely and tailored services are being provided.

▪ For example, one organization administers surveys to their clients every 90 days to re-assess status. These surveys include a self-sufficiency matrix and a vulnerability matrix to understand the progress towards self-sufficiency and areas to target for support.[6]

Given that a client's situation can rapidly change, if a client comes in after not having been here for a year, we re-screen them to re-assess their needs now and [to learn] how they have changed.[1]

On-going Support – Organizations choose to follow-up with clients in various ways, some call, send letters/flyers, e-mails, text messages, or have pop-up visits depending on the preferences of the client.[1,8,21]

- For example, one organization indicates that text messaging is the most common and effective way to connect to their clients.[1]

- Another organization sets up weekly check-ins with clients, either in-person or through the phone. These check-ins serve as an opportunity to re-assess client goals and to understand progress towards goals that have already been established.[21]

- Literature suggests that more consistent and frequent follow through, over length of any given visit, is better able to foster positive outcomes.[15,23,24] CCM clients felt that the consistent contact from their case managers increased their support and gave them confidence and motivation to succeed.

It [frequent follow-up] made me feel like I had help and that I was going to make it which made me more comfortable and more motivated.

CCM CLIENT, MALE

- An important feature of case management intake and follow-up may include directly asking clients what their preferences for continued support are and tailoring follow-up strategies accordingly. When CCM clients were asked how and how frequently a case manager should contact them to maintain motivation to complete their goals, we found a variety of preferences including calling, text messaging, and e-mailing and ranging from once or twice a week to every two weeks.

Program Maintenance

Monitoring and Managing Caseloads

For many organizations, multi-disciplinary client care through case conferencing/care coordination is a key feature of their work. Although operationalized differently, case conferencing remains a practice that allows for holistic, coordinated, and integrated attention by interdisciplinary service providers. Some set aside formal time for internal staff meetings, and/or internal staff and providers external to the organization to meet, while others provide a shared single-view client dashboard for real time access.[8,22,23,25]

- Setting Aside Formal Time – Some organizations set aside formal time for staff to meet and discuss client cases. Meeting frequency, configuration, and duration vary across sites. For example, one organization meets weekly for two-hours and invites all staff members involved in a client's experience to participate;[22] while another invites external service providers along with internal staff to participate in monthly team meeting to discuss client cases.[8]

- Shared Single-View Client Dashboards – A client dashboard allows for real-time access to comprehensive client data for all staff. It was suggested by one organization that a single system dashboard that all departments have access to should be used. When using different systems, they recommended ensuring that they are linked.[23]

CASE STUDY

One youth-focused organization uses their client dashboard to review stability data for all clients on a monthly basis.[4] The staff focus on understanding what's working, what's not, and where they need to prioritize resources and for whom. A few key target metrics that are monitored on a monthly basis include:

- How many and who are moving along the spectrum from crisis to stability
- Number of clients enrolled in programs (e.g. therapy, job training etc.)
- Reviewing the number of discharges
- Length of engagement

"There are a number of outcomes that relate to the goal of independence and stability and we monitor those on a month-to-month basis program by program. This helps flag programmatic areas to focus on...I don't like when I see too many discharges because of behavioral issues or if clients are coming and leaving too quickly and it's helpful to see clients moving through the different stages, like if they are seeing therapists or participating in job training programs and being hired" [22]

Engagement Practices
Organizations use creative and proven program elements to enhance ongoing client engagement. Examples include:

- Presenting clients with a professional letter of praise from an organizational leader commending the client for achieving a particular milestone.[7]

- Culture Cards – structured organizational incentives given to clients once they meet goal milestones (e.g. stipend, a newly introduced privilege); success with this has been demonstrated in school-based settings, and with other CBOs.

- Providing a suite of comprehensive services; client interviewees similarly revealed that having a one-stop shop was convenient and incentivized them to continue to seek services from POTS.

- "Morning Motivation" – an activity or exercise, e.g. song/dance that encourages clients to be silly that involves all staff and clients, in order to build trust, neutralize hierarchy, and create cohesion between group members through this shared experience.[6]

Screening and Hiring Staff

Organizational process elements refer to features or practices at the organization-level that indirectly influence the quality and effectiveness of the services provided to clients. Commonly, these include organizational culture, leadership features, staff practices, and training. We report on elements that would influence screening and hiring staff and providing professional development to support staff as elements that can improve program outcomes.

The literature and industry leaders highlight different features in staff screening and hiring processes that can be impactful in creating an organization that fosters success in clients. This includes ensuring case managers have desired qualities and competencies and are apt to engage with clients in ways that foster engagement and progress.

- One organization highlights that vetting, hiring, and on-boarding staff that are dynamic, energetic, and committed to the work is one of the most important elements to their program's success.[6]

- Babcock[24] highlights the importance of screening staff for their conscious and subconscious biases in the hiring process, as it can influence how case managers interact with clients and the expectations they have for client success.

- Literature provides mixed findings with respect to hiring practices that incorporate diversity and inclusion so that the organizations represent the community that it serves.[26] Some research indicates that it is an important feature in building client trust while other literature, specifically as it relates to racial/ethnic matching, shows no effect on client outcomes, retention, or engagement.[27-29] That said, providing opportunities for including clients or staff who are representative of the target populations in hiring processes are generally recommended.

- CCM clients raised the importance of having a case manager with whom they shared socio-cultural features with such as gender, race/ethnicity, and socio-economic status. They expressed that this element made them feel less disenfranchised and more welcomed, motivated, heard, and apt to share.

I could relate to the counselor because of things that we had in common, we are both men and have the same views, like from a man's perspective. He shared that when he was younger he was going through what I was going through and it made it easy to share stories, like I was talking to a friend.

CCM CLIENT, MALE

- Additionally, screening case manager candidates for a growth mindset (a belief that abilities can be developed through dedication and hard work)[30] versus a fixed mindset (a belief that basic qualities, like intelligence or talent are fixed)[30] during the hiring process can be a practical way to assess whether or not staff have some of the beliefs that will help them to be successful when working with marginalized populations.[24] Administering a short screener (in addition to your regular screening and hiring protocol) may help to assess mindset and goal-setting beliefs. See Appendix A Tools and Frameworks (A.1).

- Interview questions that focus explicitly on asking how candidates have or would respond to challenging organizational scenarios and situations can yield insights into key behaviors. Also consider asking pointed questions about practices utilized by the organization. For instance, the National Council for Behavioral Health provides sample questions framed by a trauma-informed lens, and includes the following:

> *Tell us about a time when you had to remain calm when dealing with a hostile client? What did you learn from the experience? How did you handle the situation?*

> *What techniques have you found to be effective in developing trusting relationships and rapport with clients?*

> *Describe a time when you had to approach people with different perspectives for support or cooperation. How did you approach them? What was the result?*

> *What strategies would you use to build resilience on your team, recognize secondary traumatic stress risk, and address this risk for the team or an individual?*
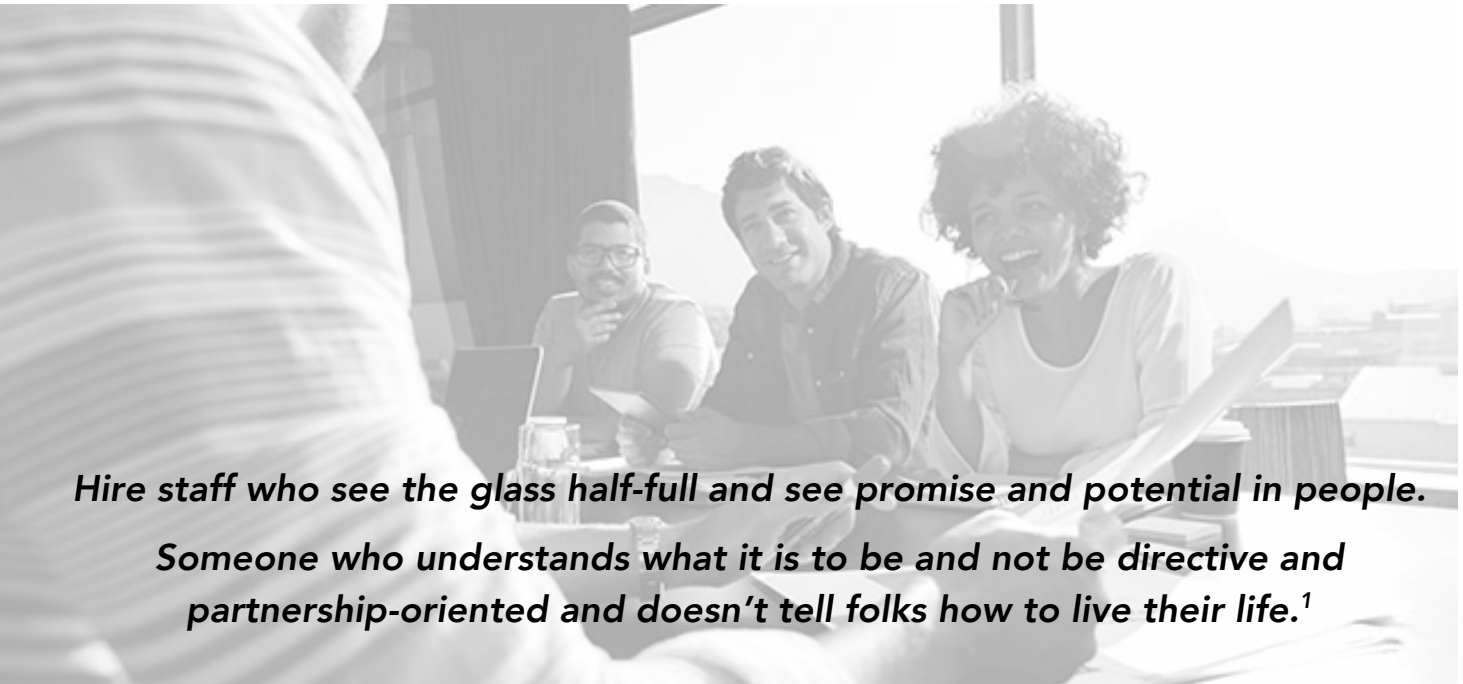
Hire staff who see the glass half-full and see promise and potential in people.

Someone who understands what it is to be and not be directive and partnership-oriented and doesn't tell folks how to live their life.[1]

Research and additional information for how three factors (Biases, Expectations, and Mindsets) can influence outcomes of comprehensive case management).

BIAS
We all have biases, whether we are aware of them or not, and these can influence how we interact with others that are different from us. Our biases are shaped by our socio-cultural and political environment. For example, you may believe that women and men are equally proficient in math - yet, automatic associations may show that you (like many others) associate males (more than females) with math. Case managers, like everybody else, are highly influenced by the stereotypes and environmental cues that foster race/ethnicity, income, class, and gender biases. When brought into the comprehensive case management space and working with clients, these biases can influence what the case manager thinks of a client, how he/she interacts with a client, and what the case manager expects that the client can achieve.[24]

In a training for human service workers and leaders across the US, a leading human services organization presented common messages that participants hear describing the marginalized populations that they serve.[24] These included the following:

"You have no work ethic."   "You can't go to college."   "You're dumb."

          "You are inferior to those with money."   "You brought it upon yourself."

HIGH EXPECTATIONS
In turn, biases can influence what a case manager expects a client is able to achieve and the types of goals that he/she will set for a client.[24] Research in education demonstrates that when teachers have high expectations for what their students can achieve, irrespective of race/ethnicity or socio-economic status, their students are able to achieve more.[31-33] Setting high expectations and providing support that encourages CCM clients to aim high is important to them:

> It's important to teach about bigger goals, like how buy a house, not working-at-McDonalds goals.
>
> CCM CLIENT, FEMALE

> The first go around [referring to an interaction with a former case manager], I felt like my first encounter, the person tried to get me to take a job with a lesser salary that I had said. And given that I had some experience, I shouldn't just be starting at the salary that I was at. And you know, I do have a college degree and a graduate certification. And that was a real turn off.
>
> CCM CLIENT, FEMALE

MINDSET
Having a growth vs. fixed mindset may also influence the expectations that a case manager has for a client. For example, when examining mindsets and managerial style, a supervisor with a fixed mindset is more likely to attribute negative characteristics on low-performing employees, such as "he is lazy" or "she is not capable of learning," which can decrease employee satisfaction, perceptions of a manager's fairness, and in turn organizational success.[34]

Staff Development and Support

The literature and organizational leaders express the importance of providing continual professional development to maintain and extend staff knowledge, expertise, and competence, especially given the nature of working with at-risk and marginalized groups. An emphasis has been placed on protecting case managers from staff burnout, guiding staff on when to refer out, and providing equity training.

Beating Burnout

Working with marginalized groups that experience a great deal of trauma can in turn negatively influence case managers by triggering or amplifying their own feelings of distress, by eliciting compassion fatigue, and vicarious/second-hand trauma; all of which contribute to staff burnout.[15] The literature and other industry leaders suggest trainings and supports that can help minimize staff burnout.

Training with curricula that help staff proactively address triggers to prevent burnout include:

- Activities and tools that support staff being mindful of their health and stress levels, as well as practices for selfcare.

- Sessions and tools that minimize vicarious trauma.

- Strategies for avoiding personal pitfalls while working with disadvantaged populations.[15]

    These types of trainings can occur in many ways: through formal, in-person events or workshops, or through novel approaches including workplace posters, in-meeting mini-lessons, and online training modules/videos. See Appendix A Tools and Frameworks (A.2) to learn more about a helpful resource that can be used with case managers.

Some organizations provide other types of support:

- The institutionalization of monthly protected time periods when staff can focus on stress management.[8]

- Another using conscious discipline techniques such as guided meditation (e.g. Calm app), breathing techniques, team of mental health professionals to support staff, on-site exercise and yoga classes, and Employee Assistance Programs (EAPs) – staff help line.[5]

- Paid Time Off (PTO) policies that recognize the need for *mental health days* for stress or anxiety in addition to those reserved for physical sickness.

Staff Training and Development

Boundary Knowledge and Referring Out

If case managers are not explicitly trained to manage clients with mental health issues, helping them to know when to refer out can not only ensure that clients are getting the help that they need, but also helps to minimize additional stress burdens on case managers and therefore work towards decreasing burnout.[15] A helpful resource provided by the Kellogg Foundation:[15] Top Ten Indicators for When to Refer Participants to Mental Health Professionals is provided in Appendix A Tools and Framework (A.3).

Equity Training

As mentioned above, examining subconscious biases can raise awareness of the impacts of systemic racism[15] and can influence case manager interactions with clients towards more positive outcomes[24] because biases can influence expectations of what others can achieve and influence performance.[24,35] These trainings and staff development opportunities are most successful when embodied by staff across leadership levels in order to foster an organizational culture oriented around understanding and success of clients.

The following resources, briefly described below, can help raise awareness and build cultural competence in staff:

- Implicit Association Test. Everybody has biases, whether they are aware of them or not. This test, designed by researchers at Harvard University, helps raise awareness of the importance of equity training and can demonstrate how powerful these biases are. See Appendix A Tools and Frameworks A.4.

- Racial Equity Impact Assessment Toolkit. This tool helps to generate perspective on how different racial and ethnic groups might be affected by different programmatic features. See Appendix A Tools and Frameworks A.5.

- Lovingkindness Mediation is a practice to reduce stress and decrease implicit bias and thereby provides support for higher expectations of clients.[24,36] See Appendix A.6 Tools and Frameworks.

Customer Service Training

One organization implements a customer-service approach by training staff members explicitly on providing the best customer service for clients;[5] CCM clients indicated that friendly, caring service that "treated me like a human" was a feature of their experience with POTS staff that decreased barriers to continued participation.

Client Connection

Cultivating caring, compassionate relationships creates space for shared experiences and increased motivation.

Guidance and Support

Supporting clients through guided practice builds skills, confidence, and autonomy.

Tools of the Trade

Standard strategies, like goal setting and motivational interviewing, are powerful when executed well. Continual practice and improvement develop client resilience and self-efficacy.

Client Connection

Many of the clients that wraparound care organizations serve are vulnerable, with characteristics or circumstances that can interfere with their ability to engage with or benefit from different services. Oftentimes they are less able to represent their interests. In order to provide needed services to vulnerable clients, particular care is required in terms of organizational methods for interaction. We review several elements of connecting with clients that literature and interviews revealed to be successful. They include case-manager disposition, anchoring interactions through stories and shared experiences, supporting client learning and growth through building knowledge and skills, and utilizing industry tools appropriately and effectively.

Showing Care and Compassion

In literature and practice, and revealed from CCM client interviews, clients are highly affected by the positive cues and interpersonal warmth exhibited by their case managers/coaches. Providing warmth and reassurance to clients when goals are not met prevents them from feeling alienated from the services and fosters a safe space to return to.[23] Furthermore, communicating with clients through a range of channels that best suit their preferences using messaging that is adapted to them as individuals (language, time-of-day, mode of communication, easy to understand, etc.) demonstrates respect and an orientation around building effective and meaningful connections.

CCM clients appreciate their case managers' caring disposition, encouragement, and compassion and identified it as a key feature in their positive experience with POTS that helps to motivate them to return and continue to reach for their goals.

> It uplifted my spirits. Even though it is a counseling program, it felt like you were talking to a friend. It felt like I was speaking to someone who really cared about you. Who wanted you to help yourself and help your kids. They really pushed and showed you that they have hearts and they cared, not just that this is my job, I will finish talking to you and move on. It is genuine.
>
> CCM CLIENT, FEMALE

Teaching through Stories and Shared Experiences

A prominent feature of relationship building is building trust and sharing experiences. Some literature indicates that sharing messages and stories of similar experiences helps to build relevance and meaning between staff and clients.

CCM clients emphasized that meaningful connections were built when their case manager shared similar experiences and stories with them; this exchange was motivating to them to also achieve their own goals and validated their own struggles.

> He would share personal stories about himself or other people and he would comment about how far I've come and I found that motivating because it would bring up your mood and bring up your spirits. When somebody, a complete stranger believes in you, it is motivating and makes me feel driven.
>
> CCM CLIENT, MALE

Guidance and Support

Building Confidence through "How-to" Processes

Guiding clients through 'how-to' processes - showing them how to do something - allows them to practice in a directed way and in a safe space that can lead to greater knowledge generation and build more confidence.

CCM clients appreciate the guidance and indicate that it makes them feel more confident to engage in a particular behavior on their own the next time.

> I feel more confident going into an interview and filling out an application because of [names case manager] helped me out a lot. Initially, when you never done something before, it can be overwhelming. And going through it one time, it gave me the know how and when he did it [helped her fill out a job application] with me step-by-step it really helped me.
>
> CCM CLIENT, FEMALE

Some organizations offer skill-building exercises and workshops explicitly targeted to build client confidence.

- For example, one organization uses role playing, with practice interviews or having hard conversations with a spouse within their case management sessions;[7]

- Another relies on an external professional to lead public speaking and communication workshops in group settings that are geared towards building confidence towards job readiness.[5]

Consider utilizing strategies used in education to develop skills and abilities that integrate prior assets to cultivate autonomy and mastery. Successful strategies include:

- Relate material to the client's prior knowledge and experiences in order to facilitate meaningful transfer of program elements and processes to real world applications.

- Differentiating teaching approaches allows for the tailoring of lessons to the specific preferences, skills, and strengths of the client.

- Encourage and support client in monitoring and directing their own learning.

- Use role-playing, visualization, and collaborative methods to teach, practice, and reflect together.

Addressing Stress Management with Clients

Literature and industry leaders recognize that poverty leads to a high degree of stress in clients.[37] Organizations are explicitly addressing client stress in a variety of ways; some offer workshops and/or classes while others provide formal services with mental health professions or incorporate practices in daily case management to track and address stress.

- For example, some organizations offer workshops and courses in the following areas: vicarious trauma, conscious discipline and breathing techniques, on-site exercise and yoga, and music classes.[5,25]

- One organization provides online programs with specific modules to address stress management.[6]

- Some have immediate crisis and mental health management readily available on site with trained professionals;[5,8]

- One organization embeds the development of emotional intelligence into all daily programming with clients to build their capacity to manage stress.[6]

- One organization assigns both a case manager and a therapist to every client that walks through their door.[22] Assigning every client with both providers may help decrease staff burnout by delegating some of the difficult work to specifically trained staff members and help to minimize the stigma and isolation attached to mental health attention.

- To ensure that an expert lens is embedded in program development, one organization has clinical social workers develop and run behavioral health programs.[4]

CASE STUDY

A large care coordination service agency provides support for children with emotional, behavioral, and mental health needs across more than five communities in the Midwest. A common practice to help their clients manage stress is to collect inventories from all of their clients to understand the taxonomy of stressful situations. For example, what triggers them, why, and how. They then collect strategies that clients have used to deescalate in these situations. These strategies are gathered and shared across the organization to help inform staff counseling practices.[8]
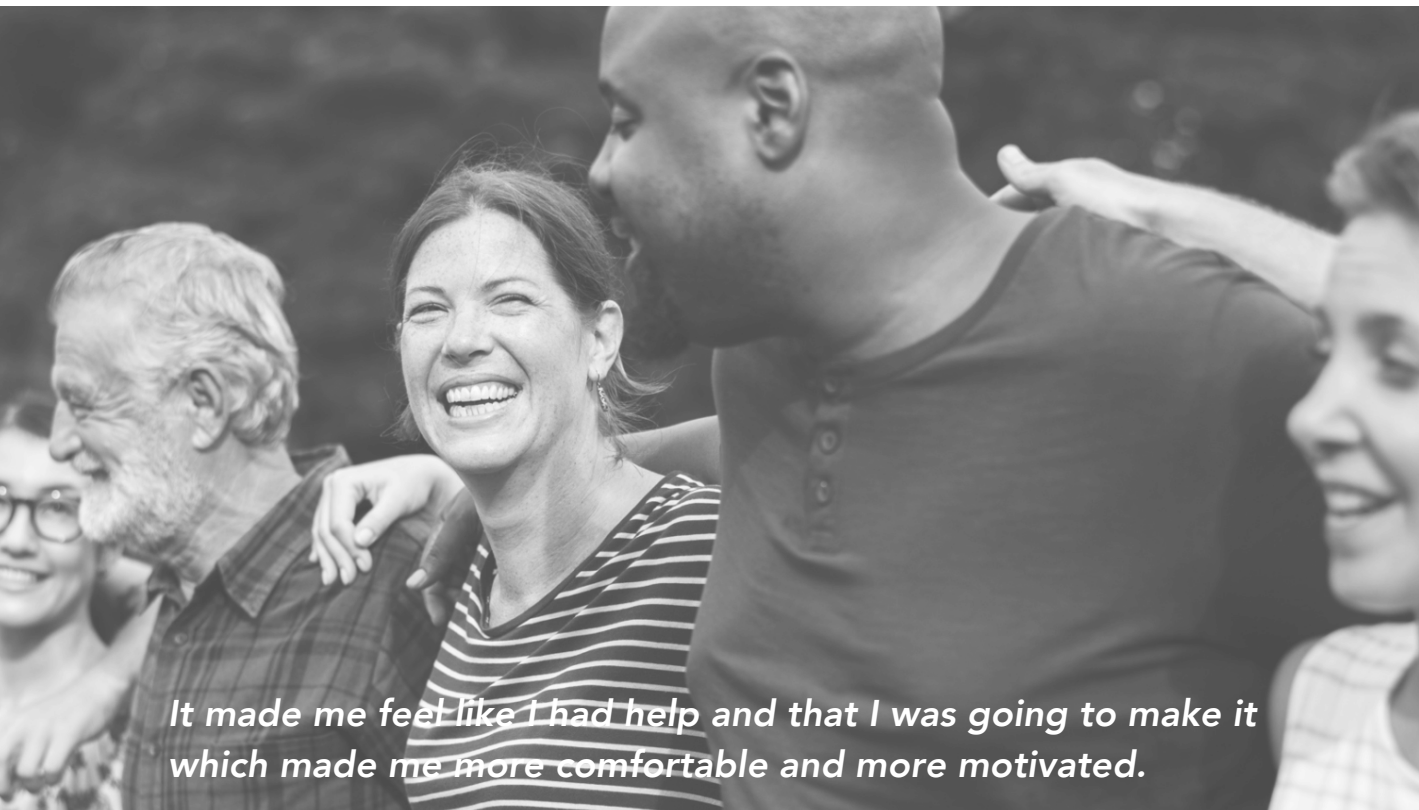
It made me feel like I had help and that I was going to make it which made me more comfortable and more motivated.

Goal Setting

Goal setting is the most common practice identified in the literature and employed by organizations to successfully move clients through the spectrum of care towards stability. However, approaches to goal-setting vary; some believe goals should be client-generated and others believe in co-construction by case managers and clients. The process for goal-setting also varies, some explicitly apply the SMART goals principles (an evidence-based practice demonstrated to lead to better outcomes),[7,38,39] while others don't explicitly follow a prescribed goal-setting format.

Strategies for effective goal-setting:

- Allowing for the goal to be self-generated by the client or co-constructed.

   Self-generated Goals. Some organizations focus on client-centered goal setting and begin by creating a prioritization strategy that allows clients to determine what is most important to them and that they are likely to achieve;[7,8,38,39] Motivational Interviewing is an effective approach taken in the prioritization strategy in client-centered goal setting.[15] Additionally, there is evidence that guiding individuals to come to their own answers leads to greater engagement.[40]

- Having the case manager help the client convert that goal into a SMART goal.

   SMART Goals. SMART goals are Specific, Measurable, Achievable, Relevant, and Time-bound.[41] They allow clients to create bite-sized goals that are manageable and achievable. An example of a SMART goal would be "eat 2 fruits at lunch 5 days a week," versus "eat more fruit."

   Typical questions that accompany the elements of a SMART goal:
   Specific: What exactly will you accomplish?
   Measurable: How will you know when you have reached this goal?
   Achievable: Is achieving this goal realistic with effort and commitment? Have you the resources to achieve this goal? If not, how will you get them?
   Relevant: Why is this goal significant to your life?
   Time-bound (or Timely): When will this goal be achieved?

- Ensuring case managers are providing consistent case manage follow up.

- Additional strategies include using solutions-focused goals setting approaches (a form of appreciative inquiry which starts by affirming past and present goal success) that illuminate the positive elements of the goals and outcomes versus starting with the trouble areas.

Here is an example comparing traditional problem solving with an Appreciative Inquiry approach:

Problem Solving	Appreciative Inquiry
Identify challenge areas/problems to solve	Identify current successes and strengths
Analyze the causes of the problems	Identify factors enabling success; envision desired future
Develop plan to treat the problem	Plan to build more support for factors enabling success

Future-oriented decision-making that allows clients to see a clear path forward by breaking up big tasks into smaller benchmarks is a best practice for goal-setting in the field[42] and an element of goal-setting that CCM clients found helpful.

> Like have a and b for one day, and c and d for another day; otherwise you can get overwhelmed.
>
> CCM CLIENT, MALE

Clients found the comparison of where they are today against where they would like to be in the future was encouraging.

> He [case manager] helps me to see how far I've come and when I'm feeling down, it's helpful so that I don't get down on myself, to see where I was before and where I am now.
>
> CCM CLIENT, FEMALE

Some CCM clients felt that their case manager provided consistent encouragement and follow-through, while a few others felt that this was an element that could be improved through more consistent and on-going contact. Either way, they felt that follow-through was helpful in facilitating goal achievement.

> He [case manager] checked in on me and made me feel like I had help and that I was going to make it, which made me more comfortable and more motivated to reach my goals.
>
> CCM CLIENT, MALE

Motivational Interviewing

Motivational Interviewing (MI) is a counseling method that helps clients resolve ambivalent feelings to find internal motivation to engage in a behavior change. It is an incremental and empathetic process that considers how difficult it is to make life changes and requires the case manager to listen and guide clients through the process of deliberation to action and maintenance of the change.

MI is frequently used to enhance case-management processes and has been applied in areas related to unemployment, welfare-to-work initiatives, housing stabilization, parental engagement in educational issues, and in criminal justice programs [39].

How it Works

Motivational Interviewing aims to take a client from either unawareness or ambivalence to commitment to make change and action.

Common principals that form the foundation for Motivational Interviewing are:

1. Expressing Empathy – through listening and understanding from another person's perspective.
   Asking permission builds trust and allows clients to set the tone.
   "Do you mind if we discuss this issue further?"
2. Developing Discrepancy - between the way things currently are and the way the client would like things to be. Discuss the reason for the change to increase motivation for change. These conversations often incorporate problem solving techniques like discussing the risks involved in the current behavior and exploring pros and cons of behavior change.
3. Rolling with Resistance – by not engaging in client's efforts to be oppositional, uninterested, or unmotivated.
4. Supporting Self-Efficacy – by encouraging clients to recognize that change is possible and supporting them with "how-to" information. Some tools used to support self-efficacy include reviewing past successes and employing a *readiness rule* to gauge a client's confidence around making a change and the importance they place on the change. It is important to use the ruler(s) for one change at a time.

Readiness Ruler Example

HOW **IMPORTANT** IS MAKING THIS CHANGE TO YOU RIGHT NOW?

low   medium   high

0   1   2   3   4   5   6   7   8   9   10

low   medium   high

HOW **CONFIDENT** ARE YOU ABOUT MAKING THIS CHANGE?

OARS

The basic approach to MI can be captured by the acronym OARS: Open-ended questions; Affirmations; Reflective listening; and Summaries.

Open-ended questions aim to develop momentum by ushering a client through elaboration and increased thought around the subject.

Affirmations are opportunities for case-managers to support, encourage, and connect with clients.

Reflective listening allows for the expression of empathy through four levels of statements: Repeating, Rephrasing, Paraphrasing, and Reflecting feeling.

Summaries are reflections and reviews of the session – and provide opportunities to develop discrepancies.

Resources to further explore Motivational Interviewing are provided in the Appendix A. Tools and Frameworks (A.7)

Creating a Community of Support
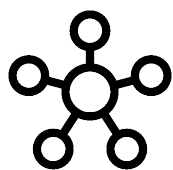
Program-Driven Community Building

Programs can be designed to incorporate community building elements. We discuss two promising approaches to easily weave social experiences into service offerings.

Organizational Practices and Platforms

While there are many methods organizations can use to facilitate community, we find that formally engaging clients in the organization's work, utilizing technology, and facilitating opportunities to network, are promising strategies for building community.

Intergenerational Programming

Integrating the program experiences across generations, particularly for families, can create powerful opportunities for multiple client groups.

Program Driven Community

Increased communities of support are known to contribute to positive outcomes across many domains of a healthy life, and wraparound organizations are increasingly exploring and incorporating strategies to develop and include more program elements that foster community building among clients. Approaches include cohort/group programming, peer-to-peer learning opportunities, community engagement in organizational practices, the use of online platforms, and facilitated networking opportunities.

Social connection is also an important feature of comprehensive case management that is valued by CCM Clients. In interviews, many clients, particularly women, indicated that building social connection, expanding their professional networks, and finding activities that incorporate the entire family are important to them.

- Clients, particularly females, expressed an interest in parent support groups where parents could learn from each other. This was a feature of POTS programming that they had enjoyed in the past.

- Some CCM clients expressed interest in activities in which they could participate with their children to meet other families as well.

Cohort/Group Sessions

Some organizations build community and social support by offering in-person workshops where clients can meet other clients, learn together, and celebrate their successes together. These included skills-based trainings such as job/career readiness training, exercise and cooking classes, arts and music, and social and emotional development, to name a few.

Cohort models introduce opportunities to either provide sustained, sequenced services over time to a set group of clients. This approach can create a deeper and more connected social support group for clients. Another approach for capturing different groups simultaneously is providing discrete activities and services for members across different cohorts, which allows for shared learning from different program perspectives.
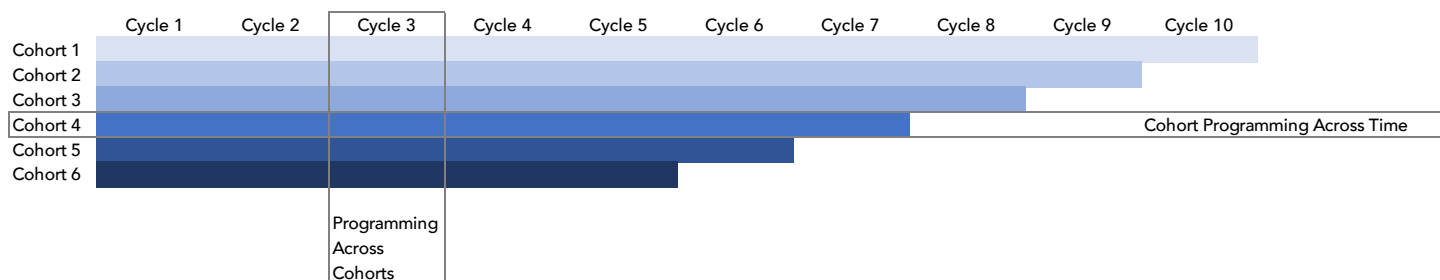
- A common feature of skill-building workshops includes ceremonies or rituals to celebrate success and achievement through the program.[1,25] For example, some organizations offer a "graduation" complete with the receipt of honorary certificates.

   These group celebrations provide public recognition of accomplishments, build a team orientation, and increase motivation.

- Some programs emphasize the importance of ensuring clients at different levels of success are participating in activities together to act as exemplars of those that have been successful in the process. They find that layering expertise helps to build a social network and allows for greater peer-to-peer sharing that maintains retention.[23]

- Other organizations foster connectedness by offering group-based programming to cohorts that remain together. This allows for all age groups and stability levels to comingle and helps to develop community cohesion with a cohort effect. Additionally, tracking cohorts has been identified as an administrative relief for some organizations that then allows them to focus their efforts on other elements of programming.[6]

Peer-to-Peer Programming

A number of organizations offered peer-to-peer programming that is either led and/or facilitated by their clients. The types of programs include support groups, action-oriented groups engaging in a goal or mission together, or skill-building sessions. Examples of the many varieties and forms of peer-to-peer programming are provided below:

- One organization offers a peer advocacy program run by clients that helps them to empower other clients and advocate for themselves in various ways.[22]

- Another organization provides a mothers' support group (with concurrent daycare services) offering life-skill building activities where single mothers can share their successes and challenges.[20]

- Informal peer-to-peer circles that are themed around food, arts, music, culture, and outings was a feature of the programming for some organizations and provide opportunities for families to build social capital while engaging in family activities together.[20]

- One organization facilitates the formation of a client-driven leadership council that orients new clients and acts as mentors and ambassadors between organizational staff and clients.[25] This approach has been successful in other disciplines including in education settings to incorporate more parent participation. CCM interviews revealed that clients are interested in finding ways to give back to the community because of their successful experiences with POTS.

Being that I am accomplishing so much on my own, I would like to give it back. Where I can speak to some groups and some guys and say, "Look where I was and look where I'm at now. If I can do it … being in the streets, smoking crack, smoking marijuana, selling in the street, getting out of jail… if I can get myself together and I'm 56 years old, what can you do?" You know, stuff that like. Give back.

CCM CLIENT, MALE

Resources to further explore peer-to peer programming are provided in the Appendix A. Tools and Frameworks (A.8).

Community Engagement in Organizational Practices

There are many methods for organizations to build community among its clients. The following are just a sampling of ways in which organizations formally cultivated opportunities for clients to connect and support one another.

Many organizations have found that previous clients make for dedicated and knowledgeable contributors to the program. Some organizations provided opportunities for clients to volunteer or work at the organization.

Other acts of authentic engagement include inviting clients to attend monthly staff meetings, participate in professional development opportunities, lunch with staff, share their ideas in strategic planning processes and programming planning, and act as recruiters to invite other community members to join the organization.[1,5,20,22,25]

- In some instances, stipends and other benefits are provided to remunerate volunteers (e.g. providing discounted metro, giving clients free pantry shopping opportunities, or part-time employment salaries etc.).

- One organization takes an intergenerational approach to program design and ensures that parents are providing feedback on their children's programming (along with children) and that children are providing feedback on their parents programs (along with parents);[5] while another relies on continual client feedback to inform program improvement season to season.[25]

Use of Online Platforms

Many organizations provide clients with opportunities to connect to others within their communities through online platforms, such as blogs and social media.[6,22] One organization even hosts a podcast to allow client perspectives to be shared and incorporated into discussions about larger social issues.[20]

Facilitated Networking Opportunities

Some organizations specifically facilitate networking opportunities for clients by connecting clients to workplaces and professionals or make efforts to expand their social networks. These include offering classes, employing strategies to actively decrease isolation, and facilitating mentoring programs.

- For example, one organization offers classes that focus on public speaking and communications to build confidence in their clients to feel comfortable networking and speaking up in professional

settings. These classes are held by representatives from the business sector,[5] further expanding client's opportunities to network .

▪ If a client identifies as feeling isolated or disengaged from a community, one organization has processes in place in their case management program to address this by helping the client identify and strategize ways to expand their social networks.[7]

▪ A process often employed in drug and alcohol anonymous programs where former addicts are paired with a coach/mentor has proven to be successful and has been employed by some organizations. For example, a one-year mentorship for clients with a near-peer (volunteer or graduate of programming) are offered by some organizations.

Intergenerational Programs

An intergenerational focus is one which incorporates more than each generation's resource and service needs, and intentionally focuses on the innate interdependence of family members.[42] Multigenerational approaches recognize that the well-being of parents/caregivers is crucial to their children's social-emotional, physical, and economic health. And at the same time, parents' ability to succeed in school and the workplace is substantially affected by how well their children are doing.[43]

• Although intergenerational programming can be challenging to incorporate, increasingly funders prioritize those organizations.[44]

Operationalizing Family-centered/Intergenerational Coaching into Practice
Discussions with different industry leaders and a review of the literature helps to illuminate how organizations are operationalizing intergenerational case management into practice. Some organizations rely on partnerships with other community-based organizations, while others offer programming concurrently to children and their parents.

• For example, a career advancement program recruits parents from Head Start programs for their post-secondary education and health care workforce training opportunities.[43]

• Another organization that currently operates in urban locations across the country offers programming for both children and parents that provides early childhood education for children while providing housing and life-skills training to single mothers.[20]

• The Annie E. Casey Foundation's Making Connections (MC) Initiative and the Harlem Children's Zone (HCZ) are two programs that currently implement an integrated approach that focuses on earnings and asset development, family strengthening, and neighborhood strengthening.

SECTION 4
Behavioral Nudges to Create a Supportive Environment

Physical & Socio-Cultural Environmental Supports
Many features of the human services environment can shape a client's experience to influence positive behavior change, particularly in how organizations set the stage for sharing and engaging in the work.

Accessibility
Removing barriers including time, location, and elements of physical structures can increase the ease with which clients interact and succeed with programs and services.

Physical & Socio-Cultural Environmental Supports

There are many subtle and seemingly insignificant features of the human services environment that can be put into place to shape a client's experiences and create a pathway to positive behavior change. We summarized findings from the field of behavior science that are relevant to the client experience and that have been employed by other human services organizations. These can be easily implemented inexpensively and have the potential to produce large impacts.

WHY BEHAVIORAL DESIGN?

Behavioral design principles have been shown to improve program outcomes with low-income populations and in direct services environments.[39,45-48] For example, different design elements can work by decreasing stress levels, improving concentration and focus, building trust, minimizing the perpetuation of negative stereotypes, reinforcing high expectations of what clients are capable of achieving, building self-efficacy, and by improving self-regulation skills, which collectively influence how clients engage with and succeed in your program.[39,46]

Physical & Socio-Cultural Environmental Supports

Create a Calming Environment
The literature and industry leaders emphasize the importance of providing a calming environment that doesn't feel institutional[1] and that nurtures trust and healing through decorative features to the physical space.[39]

Strategies to create a calming environment:

- Have plants in meeting spaces.[39]

- Use decorative elements that provide warming colors, such as light blues and greens.[39,48,49]

- Utilize space that has natural light.[39,48]

Environmental Supports that Minimize Distractions and Increase Privacy
Clients want an environment that increases their privacy when they are sharing personal information. The literature and industry leaders indicate that making changes to the environment that increases privacy and minimizes distractions and noise helps to lessen the anxiety of sharing personal information, builds trust between staff and clients, and fosters thoughtful and honest sharing.[1,39,43,48]

I wish there was a way for more privacy [referring to meeting with the case manager]. That would be great because it makes me feel uncomfortable ... I don't want everybody to know my personal business and the fact that I'm homeless and I don't have money for clothes and food because I'm an adult and I should have money for these things.

CCM CLIENT, FEMALE

Strategies to minimize distractions and noise include:

- Using white noise machines.[39]

- Employing room dividers can muffle sound and increase privacy.[1]

- Ensuring privacy is prioritized by holding counselling sessions in a private space removed from where other services are offered when a private room is not available.[1]

Increase Cultural Competency

The literature and industry leaders emphasize the importance of policies that enable human services organizations to work effectively with various racial/ethnic and linguistic groups in an environment that fosters equality and diversity. This can create an environment that allows clients to feel welcome, more engaged, and helps to counteract negative stereotypes.

Strategies to improve cultural competence include:

- The use of positive and culturally representative artwork and decorative elements.[1,24,39]

- Ensuring that literacy levels are considered by offering pictorially represented information.

- Ensuring that all written materials are provided at a grade 4 literacy level or below.

- Offering materials in Spanish or other relevant languages.[39]

Accessibility

Working with vulnerable populations that require holistic services can introduce challenges in access, particularly in terms of time and geography.[39]

- Some organizations offer 24/7 services;[4,5,44] while others provide programs on weekends or late hours to support more clients.

- Clinics and service delivery that is mobile (e.g. mobile pantry, mobile hygiene clinic, home visits) is an approach that removes transportation barriers by bringing services directly to clients, irrespective of their locations.

- Foundations and funders value organizations that host programs in accessible places (like libraries, barber shops, laundromats, public housing common areas, etc.).[44]

Accessibility to a variety of services in one place is also an area that the literature, industry leaders, and clients emphasize.[1,4,25]

It's like the only organization that has everything. If I had questions about my housing, I go for a career class ... everything is there. That's why I travel to the Bronx from Queens. I could get many things at one time.

CCM CLIENT, FEMALE

- A suite of comprehensive offerings seems to build client trust with the organization;[4] client interviewees similarly found that having a "one-stop shop" was not only convenient but gave clients that sense that POTS "has my back."

- Many services and staff in one place keep programs and people connected - cross-service interaction creates increased efficiencies and opportunities for successful client outcomes.[1,25]

Another promising practice is modifying the built environment to support program flow and access. Small changes in how and where different program components happen can create a more streamlined flow of experience for clients and reduce wait times and bottlenecks in service provision.

- Organizational spaces can be designed to facilitate more efficient program sequencing. The flow of experiences and program processes, when services are located together, creates efficiencies and helps to avoid bottlenecks.[1] Examples include placing immediate crisis staff closest to the intake space and ensuring that activities that occur most frequently happen closest to the entrance.

- Providing specific appointment times or groups helps to improve flow of client services.[1]

What about technology like Artificial Intelligence or Apps?

The literature and interviews revealed that investment in cutting edge software or technological solutions is limited. While interest exists, the resources to create, test, and integrate new technologies into this very difficult work are limited. Many industry leaders did note the role that Client Relationship Management systems and other databases play in connecting the myriad services, however futuristic solutions remain less likely to be adapted without significant forces (financial, ease of implementation, nature of ongoing support, etc.) compelling their use.

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APPENDIX

Appendix A.1 Tools and Frameworks.
Assessing Mindset and Goal-setting Attitudes – Screening Questions when Hiring Case Managers

This list of questions can help you measure the degree to which a case manager candidate has the attitudes that that foster a growth or fixed mindset. A growth mindset is a desirable characteristic for a case manager to have when working with marginalized populations.[24]

Administer the short screener below and tally the score. Scores of less than 2.5 indicate a growth mindset; scores greater than 3.5 indicate a fixed mindset.

Please tell me how strongly you agree or disagree with the following statements.

Item	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1. People's basic abilities are things that they can't change very much.	0	1	2	3	4	5	6
2. There are some things people are not capable of learning.	0	1	2	3	4	5	6
3. If people are not naturally good at something, they will never do it well.	0	1	2	3	4	5	6
4. Challenging yourself won't change your basic abilities.	0	1	2	3	4	5	6
5. It is worse to get goals too high than too low	0	1	2	3	4	5	6

Citation: Babcock, E. (2018). Harnessing the Power of High Expectations: USING BRAIN SCIENCE TO COACH FOR BREAKTHROUGH OUTCOMES. Retrieved from https://www.empathways.org/approach/poverty-brain-science

Total Score: _____

Appendix A.2 Tools and Frameworks.
What About You? A Workbook for Those Who Work with Others[50]
http://508.center4si.com/SelfCareforCareGivers.pdf

Appendix A.3 Tools and Frameworks.
Top Ten Indicators for When to Refer Participants to Mental Health Professionals[15]
https://static1.squarespace.com/static/551ec22fe4b001788e2ec6a5/t/5988cd496f4ca394426c82d7/1502137682620/FamilyCenteredCoaching_Toolkit_V1R5_WebReady.pdf

Appendix A.4 Tools and Frameworks.
Implicit Association Test.
https://implicit.harvard.edu/implicit/takeatest.html

There is an option to take many different versions of the Implicit Association test that provides insight on implicit biases related to gender, age, weight, race/ethnicity etc. Implicit beliefs (i.e. beliefs that lie outside of awareness about what overweight and thin people are like, for example) seem to operate in pretty similar ways to implicit attitudes. We carry many implicit bias' unknowingly. Even researchers trained to conduct these tests and whom have conducted them many times still tend towards the same bias results and the same bias' that are found in the general population.

The Implicit Association Test is an activity that involves classifying words related to four distinct categories. Below is an example using 'Insects' and 'Flowers;' and 'Good' and 'Bad,' listed at the top of the two columns.

Insects		Flowers
Good		**Bad**
O	mosquito	O
O	horrible	O
O	daffodil	O
O	excellent	O
O	roach	O
O	nasty	O
O	bugs	O
O	joyful	O
O	daisy	O
O	wonderful	O
O	tulip	O

For every item that is an insect (e.g. bugs, mosquitos, or roaches) or a word that means 'good' (e.g. excellent, joyful, or wonderful), put a check in the circle on the column on the left side.

In contrast, if the word presented is a flower (e.g. rose, tulip, daisy) or a word that means 'bad' (e.g. horrible, nasty, terrible) put a check in the circle on the column on the right side.

In 20 seconds, classify as many of the items you can running down the page into the categories that they belong to at the top of the column.

Note: You are not deciding if you think flowers and insects are good or bad, you are just putting flowers into the flower group, insects into the insect group, words that mean good in the good group, and words that mean bad in the bad group.

The words are in random order, so you will need to look at each one and then check the appropriate column.

GUIDELINES:
- Go Fast - 20 seconds.
- Try not to make mistakes.
- Don't correct errors.
- Don't skip any items.
- A quick check mark through the circle is sufficient.

Appendix A.5 Tools and Frameworks.
A "Racial Equity Impact Assessment Toolkit," by Race Forward[51]
http://tinyurl.com/y8t677jj

Appendix A.6 Tools and Frameworks.
Lovingkindness Mediation[24,36]

The lovingkindness meditation practice and discussion materials referenced in the article are available by request from Yoona Kang (yoona.kang@yale.edu).

Guided meditation mp3 file referenced in the article:
http://marc.ucla.edu/mpeg/05_Loving_Kindness_Meditation.wma

Another helpful Lovingkindness guide:
https://www.mindfulnessstudies.com/wp-content/uploads/2015/09/Self-Compassion_and_Mindfulness.pdf

Appendix A.7 Tools and Frameworks
Guides and resources for Motivational Interviewing

Motivational Interviewing Resources for Trainers from the Motivational Interviewing Network of Trainers (MINT): http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf
Pocket Guide: http://www.buildingbetterprograms.org/wp-content/uploads/2016/03/mi_pocket_guide.pdf

Motivational Interviewing Techniques: Facilitating Behaviour Change In The General Practice Setting from Australian Family Physician Vol. 41, No. 9, September 2012:
https://www.mcgill.ca/familymed/files/familymed/motivational_counseling.pdf

Appendix A.8 Tools and Frameworks
Advocating and Planning for a Behavioral Health Peer Support Program, March 2014 toolkit:[52]
http://peersforprogress.org/wp-content/uploads/2014/03/20140313_advocating_and_planning_for_a_behavioral_health_peer_support_program.pdf