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OPERATIONALIZATION METHODS FOR PERSON-CENTERED CARE IN SUD/MHD: STAGE 1 RESULT SUMMARY

PROJECT SUMMARY

Person-centered care (PCC) is a health service imperative that has been underexplored in mental health and substance use disorder treatment. Little is known about how behavioral health treatment centers (i.e., outpatient and residential facilities and/or providers that specialize in mental health, substance use disorder, or dual diagnosis treatment) operationalize PCC. To date, PCC operationalization has primarily been defined at a conceptual level, especially for mental health and substance use disorder services, providing little guidance for the workforce. The University of Central Florida-based research team received a grant from the Health Foundation of South Florida to identify operationalization methods, ascertain the frequency of utilization of these methods in South Florida treatment centers, ascertain client preferences with respect to PCC operationalization, and identify associations between operationalization methods and program-level quality outcomes (e.g. client satisfaction rates, client retention rates).

This project consists of three stages: 1) conducting interviews with a convenience sample of stakeholders to identify PCC operationalization methods; 2) designing and implementing surveys among a convenience sample of stakeholders to ascertain frequency of PCC operationalization methods and relative importance of various methods; and 3) identifying possible relationships between operationalization methods and program-level health service outcomes. Results will be utilized to apply for a future grant to develop a PCC operationalization educational program for treatment centers. This report stage 1 of the project.

THE PURPOSE OF THIS REPORT

The purpose of this report is to identify results from Stage 1 of our study, specifically, how behavioral health centers can operationalize person-centered care. These results are based on interviews of stakeholders, using the methodology described below.

We do not present all potential methods for operationalizing PCC, only those identified by our interviewees. Nevertheless, given the dearth of existing research regarding PCC operationalization

in behavioral health treatment centers, we believe our report is a useful starting place for future inquiries. We also do not know whether the operationalization methods described in this report are appropriate for every behavioral health treatment center or for every client. Furthermore, the authors recognize that many of the approaches for operationalizing PCC described below depend on adequate funding and staff capacity. Therefore, we encourage readers to view our results as options rather than requirements for PCC operationalization, depending on the individual resources.

INTERVIEW METHODOLOGY

The research team designed an interview instrument that explored operationalization methods for eight dimensions of person-centered care, as defined by the Picker Institute (Gerteis et al. 1993) (see Table 1).

Table 1: Picker Institute Person-Centered Care Dimensions

Dimension Number	Dimension Topic
1	Respect for patients' values, preferences and expressed needs
2	Information, communication and education
3	Coordination and integration of care
4	Physical comfort
5	Emotional support and alleviation of fear and anxiety
6	Involvement of family and friends
7	Continuity and transition
8	Access to care

The instrument was piloted with an advisory board of stakeholders and modified based on feedback. Interviewee inclusion criteria were the following: being over the age of 18; speaking either English or Spanish; and being a current administrator, provider (i.e. counselor, therapist), or peer support specialist at a behavioral health treatment center in South Florida, or being a current or former client of such a facility. The South Florida Behavioral Health Network assisted with recruitment by distributing recruitment flyers via email to their affiliated behavioral health treatment centers. Clients and peer support specialists, but not providers and administrators, were offered a $50 gift card as an interview participation incentive. Interviewees were promised confidentiality.

Individual interviews were conducted over the phone, were approximately one hour long, and were available in either English or Spanish. Interviewees provided oral informed consent prior to the interview. All interviews were audio recorded, with interviewee permission, and then professionally transcribed. Recruitment occurred iteratively with the analysis process, and recruitment continued until thematic saturation was reached, meaning additional interviews no longer added novel data. Transcribed interview data was analyzed using a deductive thematic

approach called Template Analysis. Researchers applied a codebook based on the research questions and preliminary review of transcripts to the data in Dedoose qualitative software. After coding interview data, operationalization methods for each code were placed in separate Excel spreadsheets. Researchers examined patterns across operationalization methods within each code, as well as across all codes. Results are reported below. The UCF Institutional Review Board provided approval and ethical oversight of this research.

PARTICIPANTS

During Stage 1 of the project, we recruited 38 interviewees. Most interviewees were either a client (current or former), or a peer support specialist (n=9). Some individuals had overlapping roles (e.g., current peer support specialist but former client). Two individuals were classified as "other" (an insurance company's SUD case manager and a behavioral health technician.)

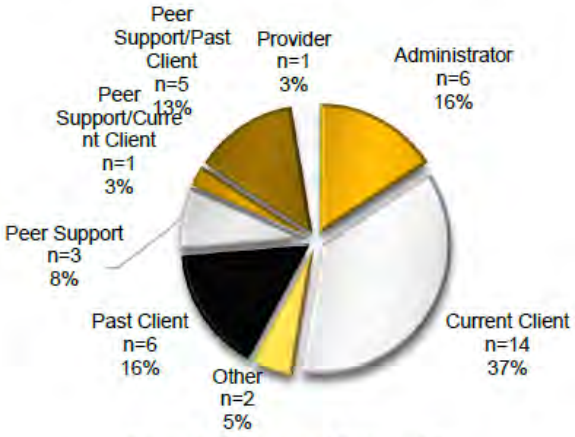

Figure 1: Respondent Role, n=38

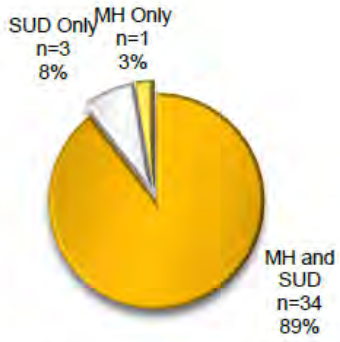

Figure 2: Type of services at respondent's facility, n=38

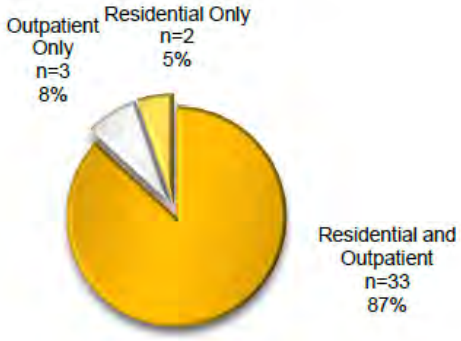

Figure 3: Level of care at respondent's facility, n=38

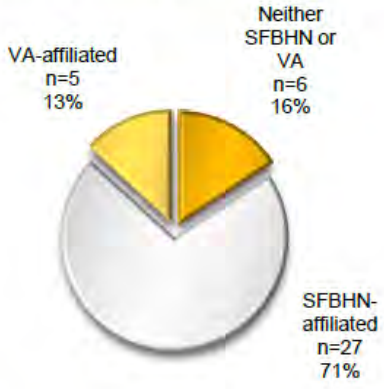

Figure 4: Affiliation of respondent's facility, n=38

DIMENTION 1 OPERATIONALIZATION METHODS: RESPECTING PATIENT VALUES, PREFERENCES, & NEEDS

OVERARCHING CATEGORY	SPECIFIC METHOD	EXAMPLE QUOTATION
Respecting peer support group preferences	Do not say overtly Christian prayers at twelve step peer support meetings held onsite at the facility!	"Now, they'll speak about a higher power, but then I've also seen the Our Father prayed at the end." Peer Support Specialist
	If the program requires peer support participation, allow non-twelve-step alternatives to peer support.	Their thing is, they weren't so much person-centered. They were more NA works and that's what you enforce It was NA, NA, NA, we don't care how you feel about it."- Peer Support Specialist 5
	Offer alternatives to twelve-step peer support groups on site	Provider 1: "I'm working with one of my therapists to get certified in [peer support groups] other than twelve-step programs, like Smart Recovery, and working on getting [her] certification for Smart Recovery, so that [she] can start implementing a Smart Recovery group." Interviewer: "And is that something [clients] could currently attend outside of the treatment facility? Or is it important that the peer support group is meeting at your facility?" Provider 1: "It's important that they meet at the facility, particularly for the first 60 days. Because again, they're very restricted in their movement. Basically, you're not allowed out unless it's a legal or medical issue"
	Educate staff about non-twelve-step peer support group alternatives	Interviewer: "Do you ever encourage clients to go to smart recovery or one of the twelve-step alternatives? Peer Support Specialist 4: You know on the twelve-step recovery and the SMART recovery, this is the this is the first time I am hearing about that."
	If a client does not like the twelve-step approach, do not focus individual therapy on the twelve-steps.	Peer Support Specialist 5: So, the focus of the therapy was still on NA principles? Peer Support Specialist 5: Narcotics Anonymous. Correct"
	[For residential clients] offer transportation to non-twelve step peer support groups in the community (i.e., not on site)	Interviewer: "So, it had to be a 12-step group?" Client 14: "Yeah. That's the only thing that you were transported to. It was twelve-step meetings or nothing. I didn't even know that there were other options"
Respecting and integrating clients of all races, ethnicities, nationalities, religions, genders, and sexual orientations	Have bilingual staff available	"I've learned a long time ago that if English is a second language, they're more comfortable speaking their primary language because that goes to their heart and they're much more forth coming because they have the command of their major language. - Provider 1

	If bilingual staff are unavailable, offer interpreter services to clients	
	Ask clients about preferred therapist characteristics (e.g., gender, ethnicity, language)	A client who's dealt with a certain trauma, who might have been abused by a male a male may not be the best person to try to work with them." - Peer support specialist 7
	Match clients to therapists preferred characteristics (e.g., gender, ethnicity, language), if available	"We try to match therapists to the client to the extent possible. We are in a location where our clients are very, about 1/3 are Anglo and about 1/3 are Hispanic, and about 1/3 are African American. We also have that makeup among our staff. We have a lot of staff who do speak Spanish, so it helps I think, the client, if somebody who they see as being like themselves happens to be their therapist or their case manager, so we do some matching there to give them a good introduction" - Administrator 1
	Have staff demographic diversity match client demographic diversity.	"Well, one of the things is we have a very culturally diverse staff I think, when a client comes in and maybe he sees somebody from his culture, that automatically kind of puts him at ease. Sometimes not, but for the most part, if I walk in, and I'm an African American and I walk in and I see all white people, I might be a little bit apprehensive. But if I see NAME over there, "Oh, NAME, he's African-American like me, so okay, maybe I can talk to him."- Peer support specialist 7
	Directly ask if clients have any cultural or religious preferences in their care.	"But also, you can ask the client. And I always say that the client is the expert on themselves and how they view it. You may know a little bit about voodoo or Santeria, but how does the client view it? What's their perception of their culture? Like a lot of the Haitians, they have these religious ceremonies in certain churches. Do you go to these kinds of services? Do you mind sharing with me what goes on and how do you participate in that?" Peer support specialist 7
	Be aware of signs of respect and disrespect in different.	"With Haitians, both Haitians from Haiti and Haitian- American, it is very disrespectful to make eye-to-eye contact with them. They take it as a huge sign of disrespect." Peer Support Specialist 5
	Don't assume that two people with the same racial or ethnic background have had the same experiences	"You have to probe. You have to ask the who, what, when, where and why, because you could have two Cuban Americans, both here, both same situations, but maybe one had a better socio-economic life than the other one. That makes a huge difference, because one might've been financially better off than the other family, and he may not have known half the struggle the other one had to know." Peer Support Specialist 5
	Offer programming (e.g., group counseling) in non-English languages	"We have Spanish-only speaking groups during three nights of the week." - Administrator 3
	Maintain records of client languages and ethnicities, so that matching staff can be hired	

	[For residential clients] provide transportation to offsite peer support groups in non-English languages (if such groups are unavailable on site)	"And we also allow clients to go to Spanish speaking meetings outside of the center. So, we'll transport them to meetings that are only for Spanish speakers." Administrator 3
	[For residential clients] offer transportation to religious services	
	Display visible signs of appreciation of demographic diversity (e.g., posters, photographs)	"I noticed that a lot of the staff like to put up different little inspirational things, maybe find something universal and reference to maybe race, background, sexuality, stuff like that, as far as equality goes." -Client 3
	[In residential facilities] offer food from cultural backgrounds common among clients	
	Discuss respect for clients of all demographic backgrounds during staff meetings, including impact of demographic characteristics on treatment services.	"We're in Miami, so the big thing is Cuban. It's very heavily Cuban here, and we have a lot of Cuban clinicians on our staff, so they're very forthcoming in a lot of the cultural stuff that's going on, a lot of the political stuff and how it impacts people. So, we talk a lot about it, as clinicians." Peer support specialist 7
	If a client is disrespectful of other client's race, ethnicity, religion, nationality, gender, or sexual orientation, then work with the disrespectful behavior and/or discharge the client.	"Well, one is if there is a problem, then it's taken off with a therapist, if it isn't settled then, then it goes to staffing, which is the whole clinical staff handles it. And if the problem still persists, then the patient is asked to leave, or transfer to another facility." Client 2
	For residential clients] allow those who are transsexual to sleep in the dormitory of the gender with which they identify	
	Offer services tailored to individuals who are LGBTQ+ (e.g., group counseling, individual therapy)	
Individualizing treatment goals	Offer harm reduction and abstinence as potential treatment goals	
Individualizing individual therapy and group counseling	Ask clients whether they have any treatment preferences and honor these preferences	"Part of our treatment planning process is on every treatment plan we do SNAP, which is Strengths, Needs, Abilities, and Preferences, where consumers have the opportunity to put whatever their preferences are. Afternoon appointments, male counselor, male case manager, whatever those preferences are, start the minute they walk in the door and then carry on through their treatment because even in their treatment plan reviews, and their annual treatment plan, preferences are discussed and noted throughout." - Administrator 4
	Prior to treatment plan creation, ask clients how involved they want to be in treatment plan creation and honor these preferences.	"They basically asked you how involved you want to be [in treatment planning]." client 17.
	Ask clients what treatments have worked/not worked for them in the past and use this information in treatment planning.	"It's so bad that its literally just schedules looped: first week of the month, second week of the month, third week, fourth week of the month. So, if you stay for 60 days, you're doing this twice, the same schedule twice. So, you just see it come

		back around and that's when the light comes on in people's eyes and they're like, 'Oh. This is MacDonald's'" Client 14
	Offer different services for different types of SUD (e.g. opioid use disorder, alcohol use disorder); do not require clients with different types of SUDs to undergo the same treatment program.	"They need to be open to a broader spectrum of exactly what you're saying, client needs, a patient's needs, with individuality and not everybody needs the same type of help." - Client 18
	Offer treatment recommendations but do not require client to accept those recommendations.	"And then, kind of feed that back to the client. Does this sound like something that you would be willing to do? Because treatment doesn't really work if it's a one-way street. If you don't get the client to buy-in, you're just spinning your wheels basically, and sometimes clients aren't there yet. They aren't where you think they should be." - Provider 2
	Offer a wide variety of evidence-based services but allow client to pick and choose.	"And of course, everything we do is a la carte. They can pick and choose which services they want here, what they want in the community. There's no real requirement that anybody has to get everything because they can pick and choose." Administrator 4
	Offer a tour of the clinic to potential clients.	"Generally how our admissions process works is somebody comes in, has been referred to the organization, and they are essentially given an overview of the services that we provide, they're given a tour of the facility, and it's been right off the bat, particularly for people who are coming in to one of our day programs, they're given a lot of choices. We have different workshops that have different focuses, so if they prefer one scene to another, one location to another location." Administrator 5
	Allow clients to research different treatment approaches/services on the Internet using a clinic computer.	
	Offer a range of service intensity, reflecting different levels of SUD severity (e.g. mild, moderate, severe), and allow client to choose their preferred level of service intensity; do not require clients of differing SUD severity to undergo the same treatment program.	"[The treatment plan] depends on the need. If someone, say, is drinking maybe a little too much on the weekends, versus someone who is using crack cocaine, again, we look at all the variables because we have a philosophy, less intrusive to more intrusive. So, we want to offer the least amount of treatment that will do the job." - Provider 2
	Regularly reassess the current treatment plan and goals with the client	
	For clients with treatment requirements from the criminal justice system, help clients create goals beyond just avoiding jail.	"That's the mindset of the person in front of you, is that I'll do whatever you say just because I don't want to go to jail. So, how does treatment become valuable to a person like that? How do you benefit? Well, the way we benefited was, he complied. But we also talk about, once he

		completed this program, what did he want to do? "Well, you know I was in the military, and I maybe want to possibly go back, maybe explore something along those lines, maybe be a security guard." - Peer support specialist 7
	Do not create treatment plans without the client present.	One of the things that's done once the person is admitted, they are asked to come in and sit down and draw a treatment plan. - Peer support specialist 7
	Inform clients of new service options as they become available (e.g., if a new type of group counseling becomes available onsite)	"Providers would ask me, Is that okay with you? First, we met, and they evaluated, and they thought what I needed, and they said, if you don't think that it's for you, we could revisit." - Client 17
	Do not prioritize or push one type of treatment service over another	"In our client manual, it does state that we're not seeking to impose our views on any client in particular, or we're not trying to advocate for any personal or particular way of recovery. We're just trying to expose you too as many as possible. So, we state this in the beginning. We're trying to expose you to as many avenues as possible that people have found recovery in. And it's up to you to then avail yourself of those resources. So, we make that clear in the beginning, as stated in our client manual, that they're not required to participate in any one method of recovery." - Administrator 3
	Do not give clients a preset treatment schedule (e.g., groups) that they must attend; let clients choose from treatments on a schedule	Client 16: "We had morning meditation. Everything that was on the chart, everything that was on everybody's individual chart, we had to do it, or we'd get penalized. And if we got three strikes, you're out. We had to follow the rules." Interviewer: "So if you did not do it, you're saying that you would be thrown out? You'd be kicked out?" Client 16: "Right. If you didn't follow the classes, the schedule, then for this treatment program, they gave you three chances."
	Have clients set goals for different areas of life (e.g., housing, mental health, relationships)	"Yes, they do have goal setting. Not just for our mental health, [but] for our physical health. Also, life goals, housing goals. We do that as well, that's part of our case management." -Client 15
	Individualize group counseling topics and discussions to the groups' participants.	"Some of it does feel kind of [like] adult daycare center and formulaic with workbooks. So no, I don't think there is a lot of choice there. You might choose to be in a different group, but maybe it's a different group because of language or the size, not necessarily a different intervention." Peer support specialist 3
	If clients must attend group counseling, permit them to select the type of group counseling to attend (e.g., based on topic)	"All groups are valuable and important with good information, but there's a series of groups and as long as they do a required number then they're good" - Peer support specialist 9
	Do not have too many clients in one counseling group, so that everyone can have a chance to speak	

	Do not assume all patients have the same diagnosis.	"I didn't like the fact that a lot of patients were getting diagnosed with the same crap. I have borderline personality disorder. It's not the same as bipolar, so you shouldn't be giving us the same medications" -Client 11
	Do not prescribe the same medication to every client	"Everyone basically was on the same medication. That's not the case with CLINIC NAME. You are an individual. Not all individuals have the same problems." - Peer support specialist 5
	Do not require clients to take medications they feel have undesirable effects.	"Medications are the same thing. I don't have to take them, but they talk to you. And some are good for me, and some if I don't like them, or I have bad side effects, I just tell them it's not working for me. That's all." Client 6
	Include providers with multiple backgrounds during the treatment planning process (e.g., social workers, therapists, psychiatrists)	"Well, at first when you go there, it's an evaluation, an orientation You go in a room, and one from each, you know case management, therapist, psychiatrist all present, and they interview you and come to an agreement on what they think you need." Client 18
Permitting clients to temporarily leave residential facilities (e.g., to go shopping, visit family)	Make individualized decisions regarding whether a client can leave the residential treatment facility.	"I believe it's per individual, you get passes according to who you are, what your behavior is, what the perception that the staff has of you is and your level of responsibilities, so I believe it's probably once a week and you can incorporate it into your [schedule sheet] and that's where you plan out your week." - Client 3
	Over the course of clients' treatment, increase the frequency with which they can leave the residential facility and the duration of each trip	"And then when I was getting closer to my release date, I would go home on Fridays. And then I would go home on Thursdays all the way to Sunday. And I would go home on Wednesdays and then eventually I would be there once a week, on Mondays. And then they were like, it's time for you to go home. So, they sent me home." - Client 5
	Do not require preapproval of the clients' destination when clients temporarily leave the residential treatment facility	
	Permit clients to temporarily leave the residential facility, as long as a staff member (e.g. peer support specialist) accompanies the client	
	Do not automatically conduct drug screens for all residential clients returning from temporary excursions outside of the treatment center (i.e., only do a screen if a reason exists to assume substances were misused)	
	Do not unfairly punish residential clients (e.g., through discharge or decreased privileges) if clients are late returning from temporary excursions outside of the treatment center	
Ensuring access to all evidence-based treatments	Do not make client access to one evidence- based treatment (e.g., medication) dependent on participation in another treatment (e.g., counseling) if	

	the client does not wish to participate in the latter treatment	
	Offer all forms of medication-assisted treatment for opioid use disorder and alcohol use disorder, either onsite or through referrals to other providers in the community	
Honoring client requests for change	If a client dislikes their current therapist, offer an alternative therapist.	"When I looked for a therapist on my own, I was allowed to interview, 'What do you specialize in? What is your expertise? What are you most comfortable dealing with?' to make sure that they understood reasonably my problem. You can't do that in [residential] treatment, though." Client 14
	Discipline staff for violating patient rights	
	Provide easy and confidential ways for clients to express grievances with services (e.g., confidential grievance or suggestion boxes)	

DIMENTION 2 OPERATIONALIZATION METHODS: INFORMATION, COMMUNICATION, & EDUCATION

OVERARCHING CATEGORY	SPECIFIC METHOD	EXAMPLE QUOTATION
Provide comprehensive service information	Inform clients of each treatment's purpose, Inform clients of each treatment's process	"At the beginning of the group, each therapist kind of gives an overall [description] of what the discussion is going to be." - Administrator 2
	Inform clients benefits, and alternatives.	"You've got some people that are better at running groups and others, and the ones that are really good at what they do, they always emphasize those things, and they always make sure that there's clarity. 'This is the class; this is the reason why you're in the class and we feel. It will benefit your X, Y and Z...' I think. that's very important because a lot of us who have addiction issues, we have an issue with focus, and we have an issue with sitting still and listening and we have issues with structure." - Client 3
	Inform clients of the grievances process	
	Inform clients of all available services within the facility/clinic Inform clients of potentially useful services outside of the facility/clinic	And they need information in order to make educated choices. Peer support specialist 3
	Inform clients of their rights with respect to treatment (e.g., access to medical records, confidentiality)	
	Inform clients of their responsibilities within treatment	
Make information easily accessible	Provide information both orally and in writing Offer information in multiple languages	"The form is presented with the rest of the stack of papers you signed that nobody reads."- Client 17 "If further clarification needs to be done, then of course they're assigned to a Spanish speaking therapist. So, any other additional information the therapist would provide in their primary language." - Provider 1

		"Almost everything that we have in writing is offered in English and in Spanish." - Administrator 4
	Provide information in graphical or video form.	"I think, maybe a video or something. Maybe because everyone can hear but not everybody can read or write. And I think that'd be helpful and I'm not trying to make them sound stupid but use human words. A clinical professional's going to understand clinical terms. You're dealing with someone that just came from under the bridge. They're like what are they saying? So, I think, maybe a video, a short five-minute video" Peer support specialist 5.
	Provide clients with a physical, written copy of information they can take and refer back to	"That's given in hard copy form, so they can always refer back to it. Because, again, doing all of this stuff up front when they're very sick and not maybe stable, I can tell them that. The minute they walk out that's not going to register, so we make sure that they get a hard copy that they can always refer to and say, I'm feeling a little bit better now. Okay, so let me go back and say, I don't like my case manager, but I see here I have a right to grieve." Peer support specialist 7
	While providing information, pause frequently to assess that the client is understanding the information (e.g., by asking the client questions)	"And having, I would assume, some acknowledgement outside of signing a paper. It's hard to get people to learn or even utilize their rights, but they're really vital." - Client 14
	Use simple, concise sentences and jargon-free language when providing information to clients	
	Ask clients how they learn best (e.g., in writing, with visuals) and then provide information in that manner.	"I think more questions need to be asked. At least some way to determine which way the client learns best. And what sorts of resources are available to access that information. Some people are comfortable on their phones. Accessing through an app, particularly the young. The old would not be interested or may not know that at the library they can get on the Internet. So, having information available multiple ways and realizing how they learn the best might be a different approach."- Peer support specialist 6
	Ask clients if they have any questions about the information provided	
	Do not provide information in a rushed manner	"The way I always did it is, not to try to explain things in a condensed manner to save time. I think a lot of the problem is if the places are understaffed. If a dude comes in at midnight, I don't have five hours to read through all these papers with him. I have to get back on the tech floor. I'm doing admin while the other patients are sleeping. But the right way is just to read through every single item and make sure that they understand, or if they have any questions." - Client 14
	Post important information (e.g. client rights and responsibilities) in conspicuous public places (e.g. bulletin boards)	"It's also on the wall, like in the day area where they have the pool table and they have the table for the games, it sits right there." - Client 15
Individualizing information provision	Provide information about SUD relevant to the individual client's specific diagnosis/problems.	"Everybody gets the same book packet regardless of the drug you're on. When you're like, 'This doesn't relate to me because I'm an alcoholic,' and they say,

		You're a drug addict, too' and you're like, But I'm really not. I really just like alcohol. I could take or leave drugs. It doesn't bother me,' and they're like, No, no, no, no. 'You're a druggie.' You know what I mean?" - Client 14
	Provide information about treatment services one-on-one	
	Have peer support specialists provide information because they may be perceived as a particularly trustworthy source.	They could have people there like me, that have experienced both sides of this - Client 17
Provide information throughout the treatment process	Provide information about treatment prior to treatment	
	Provide information about treatment at the beginning of treatment	
	Repeat information about treatment throughout treatment by a variety of providers	"Upon admission they're given a new client orientation which gives them all of that information And then during the house meetings in the morning, any additional information for the general population is delivered to the clients. And then again, in their individual sessions, a lot of that is discussed." Provider 1
	Provide information about treatment upon discharge	

DIMENTION 3 OPERATIONALIZATION METHODS: INTEGRATION & COORDINATION OF HEALTHCARE SERVICES

OVERARCHING CATEGORY	SPECIFIC METHOD	EXAMPLE QUOTATION
Conducting comprehensive health assessments	Conduct physical health assessments for all clients at intake (i.e., physical examination, medication review, oral medical history)	"I think [health assessments] are a great thing ...especially addicts come in very beat up and they need healthcare."- Client 2
	Conduct mental health/psychiatric assessments for all clients at intake	
	Obtain information from clients' outside providers (e.g. primary care) with client consent at intake	
Offering comprehensive health services	Offer detoxification or refer clients to detoxification	"They're cleared by a detox facility before they can even come to our treatment center."- Behavioral health technician
	Offer all forms of appropriate, evidence-based substance use disorder medications in-house or refer clients to them, if appropriate	
	Offer all forms of appropriate, evidence-based mental health disorder medications in-house or refer clients to them, if appropriate	
	Do not arbitrarily ban evidence-based medications prescribed by qualified outside providers	

	Offer Hepatitis C, HIV, and STD testing or refer clients to them	
	Offer OBGYN/gynecology services, or refer clients to them	
	Offer dentistry services or refer clients to them.	"When you're dealing with substance abuse individuals, cocaine, opiates, benzo, the first thing that start happening is that your teeth go to rot." Peer support specialist 5
	Offer naloxone onsite for outpatient clients	
	Have a pharmacy onsite for outpatient clients to easily pick up their medications	
	Offer psychiatry services on site or refer to outside psychiatrists	
	Have a crisis stabilization unit on site	
	Establish MOUs with treatment centers to which clients are commonly referred, so that referrals are efficient	"The MOUs we've established, we've established with many other agencies that serve similar purposes to the one that we do, but offer services that we don't offer, whether it be prescription of medication, meds, crisis intervention, screening for STDs, screening for HIV, things like that. So, we try to make those services as accessible as possible to many clients, in the easiest way possible." - Administrator 3
Connecting clients to outside providers	Schedule client appointments with outside providers	"They call the external [provider] and set it up and help you get connected with that person. Once you're connected, it's your responsibility to follow through. But they set up the connection for you." - Client 2
	Offer transportation for clients to see outside providers	
	Offer peer support specialists to go with clients to outside provider visits	
	Ask client preferences regarding outside providers (e.g., type of specialty, location, payment plans) and honor these preferences when connecting clients to outside providers.	"They wouldn't isolate you to one facility and say, no, you have to go there because that's your only option. good because it makes you the client, the consumer ... it makes you feel like, okay, I do have a little bit of p opener with what's going on, even though I'm in rehab right now."- Peer support specialist 5
	Assist clients with payment for outside providers, if possible	"With this current grant, we are offering three visits to a local community health agency to do some HIV testing." Peer support specialist 3
Sharing information with outside providers	Regularly share information with outside providers, not just at the beginning of treatment (with client consent)	"The worst case we might have [is] a primary care who doesn't know what medicines are being given by behavioral health and they give conflicting medications or something like that. So, with medication, we want to be very sure that there's not any situation where the primary care's giving them something that would cause a chemical-to-chemical conflict."- Administrator 1
	Provide clients with physical copies of their medical information to take to outside providers	"We give a packet on their way out and hopefully they'll share with their outside provider the medications that they've been taking at the CLINIC." - Peer support specialist 3
	Train staff in confidentiality law requirements	
Regular communication among in-house staff	Hold case conferences at least weekly to discuss clients	

	During case conferences, do not only discuss clients with special issues discuss all clients.	"We have 60 clients, so it's difficult to discuss them all. So, we typically discuss the most needy clients. But usually, within a two to three-week cycle, we end up discussing everyone." Administrator 3
	Include a wide variety of staff at case conferences, including therapists, medical directors, psychiatrists, social workers, peer support specialists, and behavioral health technicians.	"All of the clinicians are involved [in case conferences]. All the medical case managers are here, all the care coordinators, the peer support specialists, the clinical director, the director of operations and all of the therapists are involved because they interact with all of us all at the same time. We all give feedback on where the client is." Peer support specialist 1 "We do have our lead behavioral health techs present at the case conference. They also bring a lot of information about behavior in the residence versus when they come and see their therapist." Administrator 3
	Ensure that staff with recovery experience (e.g., peer support specialists and behavioral health technicians) feel comfortable speaking up during case conferences	"That peer should be in that meeting. But the problem is the peers are looked down on because they're just clients with education is basically how they're looked at. But actually, these are the experts." Client 17
	Use an electronic health record system	"We're just starting to use our electronic [health record system] and there's a lot of features that we would like to have, so that it's more accessible as to the sharing of information. So for example, for the therapists to be able to look up the medical piece of the chart and see if their consumer is taking their medication or having any issues with their medication, because a lot of times they have to actually call the medical department to find out specific medical things that are going on with the consumer." Administrator 2
	Require all staff who routinely interact with the client to regularly update client notes	"And if they have an assigned peer specialist, they're sort of working across purposes for that goal, or they have information that would be beneficial to the other person but fail to share it. So, that's something that we need to do a better job of." Administrator 3
	Assign a lead contact person for each client, and inform client of this staff member's contact information	"My experience in community mental health centers is that there is absolutely no communication because nobody is reading each other's notes. And as a peer, I know nobody read my notes. Or else they wouldn't ask some of the questions that they did." Peer support specialist 3
Supporting clients involved in the criminal justice system	Have staff (e.g., peer support specialists) attend court hearings with clients	
	Have staff (e.g., peer support specialists) attend and celebrate milestones with clients (e.g., drug court graduation)	

DIMENTION 4 OPERATIONALIZATION METHODS: PROVIDING EMOTIONAL COMFORT

OVERARCHING CATEGORY	SPECIFIC METHOD	EXAMPLE QUOTATION
Encouraging a natural support system for clients	Offer or connect clients to peer support groups (AA/NA or other non-clinician led groups)	"We have spiritual groups, and we get together and we discuss our feelings, and our beliefs, and things that happen to us every day in life or have happened." Client 6
	Encourage clients to build a natural support system through improving relationships with family and friends	We make sure that they try and unite and that they establish a support system. That includes family members, or it may include sponsors or other people in their lives as well. Administrator 3
	Include the same people from week to week in counseling groups, allowing clients to form strong connections with the people in their group	"I think to do groups, it would be helpful to move towards a more traditional group therapy setting, This is a twelve-week group. This is the topic. These are the members. Nobody's coming in. Nobody's leaving. You make a contract to abide by the group rules, and that we're engaging in this for this long. I've always really, really liked that style and the openness it provides for discussion, because you are locked in. You're locked in for six weeks with the same people; and I think if we're talking about trying to build connection, and that's the idea of group therapy. It's the best example I've seen, and it has a much better chance of building connection than an hour." Client 14
Staff member accessibility	Inform clients that they can turn to any staff members for emotional support if distressed (e.g., therapist, peer support specialist, case manager)	
	Train all staff (clinical and non-clinical) to use an 'open door policy' with warm hand offs for any distressed current, potential, or former clients	"We try to have a no wrong person policy here that if someone is struggling and they happen to walk up to the accounting manager, the accounting manager is going to provide them with very general emotional support but also physically make sure that they get to the person they need to provide them with more in-depth emotional support. Here we do not separate admin from direct service from the people who drive the vehicles, everybody gets the same training on customer service, consumer centered care, we kind of train everybody that way." Administrator 5
	Ensure a staff member is available by phone 24/7 if a client feels they are in emotional distress	"Whether it's the therapist or the behavioral tech staff, if you have a problem and you're upset, you can go to anyone at any time and they'll talk to you, they'll take the time" Client 2
Peer support specialists are available to clients	Have peer support specialists provide their contact information to clients	"We know where you've been, and we try to provide an empathetic approach to their problems and let them know that they can call us anytime. Sometimes we share cell phone numbers, you know?" - Peer support specialist 3
	Make client meetings with peer support specialists an integral part of the treatment program	"I think bringing more peer support specialists to the program would improve provision of emotional support]. That kind of helps a lot of our consumers with a lot of their personal issues. Sometimes a lot of them don't like to open up. A peer can help with that... I think having more of that available to the consumer would really help emotional and also in the recovery because, again, the peers can relate ... I mean, they can relate to that person. The peer has gone through that and can really get them to get where they need to be"- Administrator 2

	Encourage peer support specialists to provide visible inspiration to clients that recovery is possible	"The ability to feel some hope or that progress can be made and being able to demonstrate that in a person, is very powerful. They've found that it's very powerful. And so, yeah, having people on staff that are able to do that day in and day out, and kind of intervene when clients are having second thoughts about treatment, or if they believe that it's not really achievable, then having those people on staff is really invaluable" – administrator 3
Therapists forming strong interpersonal connections with clients	Encourage individual therapists find common ground with clients	"We are familiar with the [same] restaurants We don't visit the restaurants together, but we talk about that, and when I buy something, I show it to [my therapist] and she says, oh, nice." - Client 5
	Do not talk down to clients	"In the beginning we find it difficult to relate to people, especially to people that we feel that have authority, right? I don't know if you're in recovery, but I had big issues with people in authority because that's just ... that was my experience in life that people that had authority always mistreated me or abused their power in some way when it came to me and my sexuality." - Peer support specialist 1

DIMENTION 5 OPERATIONALIZATION METHODS: ENSURING PHYSICAL COMFORT

OVERARCHING CATEGORY	SPECIFIC METHOD	EXAMPLE QUOTATION
Attractiveness of facilities	Keep the facility freshly painted	
	Display visually interesting artwork (e.g. photographs, paintings)	"Everything is like, blah, white. My doctor's office has some paintings and murals and different things from his background on the wall, and that's interesting to look at. He has some artifacts that he's picked up that I'll ask questions about, and he'll have a story behind those kinds of things." Client 4
	Fix broken or dilapidated parts of the building	"The infrastructure of the facilities is old. The stuff is old. It's not modern. It's almost depressing when you go to these places, just the dilapidation that you see at times, bathrooms not working...It's just like at your own home. How is your house? How clean is it? How well maintained is it? Is the roof leaking? That goes to your quality of life, of course."- Client 17
	Make therapy spaces appear inviting (e.g. through furniture selection, artwork)	"To have a comfortable space for them to be receiving therapy in is also really important, because I think the space and the different attributes of the space will decide how open a person is going to be receiving therapy. So, there are different things you can do to make the space more comfortable and more inviting for people to share." - Administrator 3
	Provide a garden or pleasant outdoor space for relaxation	
	Furnish bedrooms for residential clients attractively and comfortably	
	Avoid an "institutional" facility appearance	"[TREATMENT CENTER] was built eons ago. So, when I used to walk through the dorms ... it reminded me of going back to a prison cell. It's concrete, two 5x8 little cells, 10x13, whatever you want to call it. Enough for two beds and a locker.

		It really put me in the mind of being back in prison"- Peer support specialist 5
Cleanliness of facilities	Teach residential clients how to clean their own rooms	"They would help me clean, because I'm used to my mom cleaning at home, but we had our chores to do in that building. Everyone had chores. So, they would help me sweep the kitchen and mop the kitchen. And the thing is that that building, it's to help you be normal even though you have a mental illness… because they give out apartments in that company." -Client5
	Incentivize residential clients to maintain a clean bedroom	
	Regularly collect cigarette butts	
	Have staff, rather than residential clients, do deep cleaning of bedrooms/bathrooms	
Comfortable bedrooms/sleep	Allow residential clients to adjust temperature in their rooms/building	
	Have comfortable beds	
	Provide comfortable bedding (e.g., blankets)	
	If two or more clients are in a room, do not use bunk beds (i.e., keep all beds on the floor)	
	Do not use harsh alarms or yelling to wake up sleeping residential clients	"They woke you up, a nurse would come in your room and wake you up. You wouldn't need no alarm or nothing like that. And that's them understanding me, because with post-traumatic [stress disorder], you don't want to set an alarm off and wake em up… It started my day off very calm. And you don't have nobody screaming or yelling at you, "It's time for breakfast!" -Client7
	Include windows/natural light in residential facility bedrooms	
	Eliminate harsh lighting	
	Allow clients to sleep when tired (i.e., do not force them to attend an activity)	
	Provide washers and dryers for residential clients to do their own laundry	
Positive relationships among residential roommates	Do not require clients with mild mental health disorders to share a bedroom with clients with severe mental health disorder, if the latter exhibit symptoms that would make the former uncomfortable	"And that was like the movie One Flew Over the Cuckoo's Nest…if they could separate the real [serious] mental issue people from the ones that have [few] mental issues." -Client 6
	Allow residential clients to switch roommates if they feel uncomfortable with their current roommates	
	Ask residential clients about their roommate preferences (e.g., language spoken, age) and try to honor these preferences rather than randomly assigning roommates	"In the housing program we purposefully try to find good matches." Administrator 4
Privacy for residential Clients	Provide a separate bathroom for each bedroom	

	Provide separate bedrooms for each client or avoid too many residential clients in the same bedroom	"I was comfortable, because I never got a roommate, And I don't like to be with others anyway in a sleeping [area]." Client 11
	Require staff to knock on doors prior to entering clients' bathrooms/bedrooms	"They have housekeeping [that] comes and cleans everyone's room, and they're so respectful. They knock on your door and ask you if you want them to come in there, because some people could be having bad days" - Client 11
	Offer clients a choice regarding whether or not they would like a roommate and honor the request, if possible	"I have a tendency to isolate myself when I'm not doing well, so I think a roommate for me is a good thing. I wouldn't mind being in my own room at a later date, but right now, I'm fine with having a roommate there." Client 3
	Provide structured opportunities for residential clients housed together to get to know each other	"I get along with everybody, and at night we talk, and we share, and if we have something we're not able to share in group, we share with each other and we talk."- Client 1
	Provide a separate closet and/or locker for each individual client	
Respecting residential client's dietary choices	Offer snacks throughout the day	
	Accommodate special diets (e.g., vegan, gluten free)	
	Have meals cooked from scratch onsite	"Now just imagine you're depressed, you're on medication, and now you're eating [terrible] food, forgive my language. But it kind of ... defeats the whole purpose of you getting better" - Client 17
	Offer choices at each meal and to cook some of their own meals	"I would eat tilapia, and I don't really like tilapia. But I would eat because the medicine would make me hungry...And if I didn't eat, then I would get in trouble." – Client 5
	Provide a refrigerator and microwave near Bedrooms	
	Offer a variety of beverages throughout the day (e.g., coffee, water, juice)	
Ensure pleasant meals for residential clients	Require food service workers to smile and be friendly to clients	
	Organize festive holiday meals	"We were, like a whole family eating at the table."- Client 11
	Serve meals in a social atmosphere	
Access to recreation for residential clients	Provide a choice of television programming and/or films	
	Provide games (e.g., board games, pool table)	
	Organize live musical events	
	Provide a gym for exercise or offer exercise classes	
	Provide an outdoor sports space (e.g., volleyball net)	
	Provide a non-denominational chapel for meditation or prayer	"We have a chapel. We have pastors come and do worship services. That is, only Christian services are offered on site. For people who want to go out to churches, that is arranged, and some don't want any part of it and some do." Administrator 1

Feeling safe	Tell residential clients whom to contact if they feel unsafe while in the facility (e.g., a staff member name)	
	Have visible security guards and alarm systems	

DIMENTION 6 OPERATIONALIZATION METHODS: INTEGRATING FAMILY INTO SERVICES

OVERARCHING CATEGORY	SPECIFIC METHOD	EXAMPLE QUOTATION
Family Education	Educate family members about the science of substance use disorder and mental health disorder, including causes, symptoms, and what to expect	"They had some family members came in.... signed the waiver, and they did the schizophrenia training. They left with a better understanding of how their loved one feels." - Care Coordinator 1
	Inform family of treatment services at the clinic/facility, including purpose and process	"But I know people have their family come here, they bring them in first for orientation to let the family know what to expect. Because the person that they bring in here is not the person that comes out." - Client 2
	Give family members copies of paperwork from treatment if clients consent	"They told me to give my spouse a copy, let my spouse read the program - the WRAP plan." - Client 7
	Allow family members to participate in the treatment planning and goal setting meetings if clients consent	"Engage them more in the therapeutic process itself, in terms of treatment planning, particularly as it relates to case management and community acts...[w]e could really try to make them a more active part of the treatment team, when appropriate." - Administrator 4
Family visitation for residential clients	Allow family members to visit residential clients all or most days of the week	"He [the family member] would come every day, I believe. They would let you- same time, yeah, you come every day. Certain days when he had to work, he would miss, but for the most part, I would see him three or four times a week, at least...He pretty much would come every day." - Client 7
	Allow family members to visit residential clients all or most times of the day	
	Allow family members to visit residential clients early in treatment (i.e., not only after 30 days)	"CLINIC NAME is good where every Saturday and Sunday your family can come visit you. It doesn't matter if you've been three days or three weeks." - Peer support specialist 5
	For visitation purposes, include significant others and close friends, as defined by the client as "family members"	
	In family visitation areas (e.g., common rooms), include fun activities (e.g., TV, board games, pool table)	"A lot of people's families can visit them while they're on the fifth floor. You guys can sit in the room—you can't go to your room, so you can sit in the lobby—and hang with each other. There's a TV, all sorts of things. A piano." - Client 11
	Permit residential clients to temporarily leave the facility to visit family members	"But on the weekends, you were able to go." – Client 6
	Do not place unnecessary or unfair restrictions on who can visit the client	"You got to go through mountains and molehills to get an approval. And I used to get mad about that because these are people that live out of state. They have nobody here, no more support, why would you not allow it?" Peer support specialist 5

Events with family	Hold family-focused events at the facility and encourage clients to invite family members	"It would be nice if one day of the month, or two days of the month, they [would] do a family get together with the family, the patients and their family." – Client 6
	Encourage family members to visit the facility to celebrate special events and milestones (e.g. Birthdays)	"If they had any type of events, like graduation and stuff, your families could come." - Client 16
	Hire a dedicated family outreach specialist	"[Hire] a family outreach coordinator. Somebody that gets those phone numbers, makes those phone calls, tries to re-bridge these people back with their families. A lot of these people are estranged from their families, because of their issues, whether it would be law enforcement issues or mental health issues, whatever. So, yeah, they need help bridging those things. They may not have the social skills to even deal with their own family." Client 17
Residential client telephone/email communication with family	Allow residential clients to telephone family members at any time during the treatment process (i.e., not only after 30 days)	"You can call, let them know, 'Okay, I got here, I'm safe. If you want to come see me, you can come on Saturdays and Sundays. Here's the time but you had to wait 30 days before you made a phone call." -Peer support specialist 5
	Do not unfairly or unnecessarily restrict the duration of phone calls to family members	
	Allow residential clients to keep and use their own cell phones	"To fix this problem they were allowing the clients to keep their cell phones." Peer support specialist 5
	Allow residential clients to communicate with family members via email on computers at the facility/clinic	
Update family on progress	Hold group meetings with clients, family members (with client permission), and providers to discuss client progress	"[Once per week] the family members are allowed to come in and speak with the therapist. Get a group thing on, whether it's a girlfriend, a brother, a mother, you know, whoever you're considering your support system." Peer support specialist 5
Offer treatment for family members	If desired by clients, allow family members to attend group counseling with them	
	Offer individual therapy for family members of Clients	
	Offer family therapy	"FITT stands for Family Intensive Treatment Team, and so, the therapists, they work with the family, if needed. The mother, father. Whatever it may be. We try to work with the family as a whole. Addiction affects the whole family." - Peer support specialist 2
	Offer couples therapy	"I think we should add another marriage and family therapist. Because... the social support aspect...make[s] sure that the client has a place to go that's going to be supportive is really important." - Administrator 3
	Recommend Al Anon and similar peer support groups to clients' family members	"I speak with the parents, and I offer them also community-based recovery program, like Al Anon, Nar Anon, Co-dependency Anonymous. And we help because, I mean, our clients are going to end up going back to them and their interactions need to be healthier than it was when the client got here." - Peer support specialist 1

	Offer individual therapy or group counseling for minor children of clients	"They have therapists on-site - child therapists. They come in and we write them down as visitors, and they have meetings and one on one with kids." - Behavior Health Technician
	Ask client preferences regarding family integration into treatment, and honor these preferences	"I was asked if I wanted to include my family, which my mom lived in New York, I live down here, and I just said no, because at the time, I kind of wasn't close to my family and my kids were young." – Client 18
Family housing for residential clients	Allow minor children to room with clients in the residential facility	"They really worked on integrating the parent, mother, father. They didn't [just] take mothers; they took fathers too, which I like a lot." - Peer support specialist 5
	Offer transportation for minor children rooming with clients in the residential facility	"We take them to school. We have drivers that are certified and authorized in transferring children. So, our drivers will take them to school, and take them to wherever they need to go, and the mother and the child, wherever they need to go, for appointments, doctor appointments, whatever." - Behavior Health Technician
	Allow couples to room together in the facility	
Government resources for family	Help clients to complete applications for public support for families/children (e.g., special needs education, transportation)	"They'll get them to resources like Step Up and all those different government programs." – Care Coordinator 1
Daycare for client's children	Offer onsite daycare for client's children while clients are in treatment	"So that when you go to group your children will be in daycare or when you go to work, your children will be in daycare. They have daycare up until a certain time, it's like 6 or 7 and then you pick up your children."-Peer support specialist 4
Parenting classes	Offer classes about parenting	"Taught them life skills like how to deal with the children when they're throwing temper tantrums" Peer support specialist 5
Support clients who are working with DCF	Offer staff accompaniment to court hearings about custody or to court-supervised visitation with children	"We have so many families where the children have been taken into foster care and we're working... to satisfy the Department of Children and Families that she's capable of being a responsible mother again... We would send the case manager to court with the woman to request that custody be returned." Administrator 1
	Offer group counseling tailored to the needs of clients trying to reunite with their children	"Family reunification groups and sessions. We do that at that the enrichment center." Peer support specialist 3
	Offer transportation for residential clients to court-mandated hearings about parent-child reunification and to court supervised visits	
Parenting supplies	Offer supplies (e.g., diapers, formula) to clients with young children or provide contacts to community centers with these resources	"I mean, you get everything you need. The babies get pampers. They meet at all of your needs." – Peer support specialist 4
Inclusion of pregnant women	Do not exclude pregnant women from treatment	

DIMENTION 7 OPERATIONALIZATION METHODS: HELPING TRANSITION BACK INTO THE COMMUNITY

OVERARCHING CATEGORY	SPECIFIC METHOD	EXAMPLE QUOTATION
Housing services	Help clients to complete applications for housing	
	Hire a dedicated housing support specialist	"We will allow them to meet with our housing navigation person. Which is somebody that tries to navigate the housing options and connect them to the ones that would be best."- Administrator 3
	Begin connecting clients to housing at the beginning of treatment, not just at the end of treatment	
	Help clients to complete applications for housing financial aid	
	Provide financial aid for housing, if possible	"We will pay the first and last month s security, get furniture. You know whatever they need to make them comfortable, to accommodate them, we try to do that." Peer support specialist 4
	Provide a list of affordable housing options with contact information to clients	
	Provide transitional housing/sober homes within or near the treatment facility	"We are planning to build residential cottages, because some of the people when they graduate from our program, they really need transitional housing. They aren't maybe ready to be completely independent in the community. They're too likely to get in trouble again and they need a way to live inexpensively and maybe where they can continue to take part in group therapy on site, but have a step of independence, make their own meals and maintain their own home. So, by building cottages as part of this, would be a way that their comfort would be improved, but also their therapy would be improved by having that in between step between being in residential treatment and being completely independent in the community." - Administrator 1
	Do not discharge residential clients unless housing is available	"When you finished your 30-day substance abuse/mental health program they have ... if you're homeless when you come in there, you will not be homeless when you leave there. They're going to give you a housing voucher. They're going to give you a housing grant. They're going to give you a place to stay, and as long as you're now ... after you go from inpatient, as long as you stay at outpatient treatment and have clean [urine drug screens] and all that, you can stay in their housing."- Client 17
	If no housing is available and a client must be discharged, then connect the client to a homeless shelter	"If we don't have any other alternative then yes, we do provide transfer them to a shelter. Which that's our last way that we like to go. But sometimes it's the only choice we have." - Administrator 2
	Provide transportation to clients who are looking for housing	
	When connecting clients to housing, make sure the housing facility is safe	
	Ask clients their housing preferences, and try to honor these preferences when connecting clients to housing	

	Help connect clients to new housing if they are evicted	"And sometimes people do get kicked out. They've been involved in severe rule violations. Even in that case we don't dump people out. We're not a "Here you're evicted, you have to leave", even if we're kicking you out, we identify another housing opportunity, we transition you, we drive you there, we make sure you're okay, all that stuff." – Administrator 5
Offer services for unaffiliated homeless individuals	Offer free services for homeless individuals who are not clients (e.g., a place to shower or a place to do laundry), as such services can connect them to treatment	
Vocational services	Provide vocational training (e.g., cooking, gardening) on site	"A much bigger, better cafeteria with a commercial kitchen and the opportunity for the ladies to be learning how to use commercial food service equipment and do food service at a level where they could have a level of learning and be able to get employed in the food service industry after they get out. A lot of people have a really hard time finding employment. If you've been in jail and have a drug problem and mental health problems, who wants to hire that?"- Administrator 1
	Provide part-time work to clients on site, with letters of recommendation for work completed (e.g., cooking, painting, gardening)	"if they have a skill, because they've learned to cook [on site], it makes it a lot easier…Certainly, they can put it on their resume, and we would be able to explain to a perspective employer what experience they've had and what skills we see that they have and be able to, on an individual case, be able to refer them. Administrator 1 "[t]hey pay you a minimal amount of money, but you come to work every day, you interact with patients, you stop thinking about your own problems and start worrying about other people's problems, trying to help people get well." - Client 7
	Permit residential clients to temporarily leave the facility to apply for jobs	
	Offer transportation to clients to apply for jobs	
	Offer staff member (e.g., peer support specialist) accompaniment for clients visiting housing options	
	Provide computer and Internet access to clients to look for/apply for jobs	
	Provide education about how to apply for jobs (e.g., job searching, interviewing, resume writing)	"They do have a program here called vocational program and what they do is prepare you to go look for jobs. You got to take four classes and once you do the four classes you got to go in re-entry and then once you go to re-entry, they start job searching." – Client 1
	Provide formal vocational rehabilitation services or refer clients to these services	"We have an MOU with the Department of Vocational Rehab in Florida, which it's a state funded agency that will provide resources to help people get retrained or learn a new trade, otherwise become employable if they're not employable. So then, we definitely refer many people to that agency." - Administrator 3
	Provide clients with work-appropriate clothes	

	Provide encouragement and moral support for clients searching for jobs	"They really encourage most people to work or go to school or you know do something until you get on your feet, and they'll work with you." - Client 8
	Hold job fairs onsite for prospective employers/employees	
	Assist clients in obtaining legal documents for job applications (e.g., birth certificates, social security cards), including providing payment for these documents, if possible	
Educational services	Help clients to complete applications for college	
	Help clients to complete applications for financial aid for college	
	Permit residential clients to temporarily leave the facility to attend classes	
	Offer literacy classes for clients who want to improve their reading or writing skills	"I started a literacy class there. And I had everybody from the 23-year-old to a 70-year-old on basic first grade spelling. They could not read and write." Peer support specialist 5
	Offer English-as-a-second language classes for non-native English speakers	
	Provide educational supplies to clients pursuing education (e.g., computer access, notebooks)	"Sometimes the clients need laptops, phones, or whatever their needs are we try to meet them." Peer support specialist 4
	Provide encouragement and moral support for clients to start/continue education	"We try to help them as long as they are helping themselves. We motivate them - Peer support specialist 4
	Offer GED classes on site	
Guided transition into outpatient services or aftercare	For clients leaving residential treatment, provide a warm handoff off to outpatient treatment	"But we will encourage them, if they're staying local, to continue to receive outpatient services with us. And outpatient services are pretty much one or two groups a week, and then they give you a session a week, basically trying to continue implementing some of the aspects of the residential treatment plan that haven't been achieved yet, obviously continued sobriety or abstinence from drug or alcohol."- Administrator 3
	After discharge from residential treatment, allow clients to continue seeing the same individual therapist they had while in residential treatment	"A lot of [individual therapy] is based on relationships. And so, when these relationships are broken off, there's no certainty that a new relationship will for with somebody else." – Peer support specialist 3
	After discharge from residential treatment, allow clients to continue receiving medical services (e.g., medication, primary care) at the same facility	
	After discharge from residential treatment, allow clients to continue receiving group counseling with the same groups	"I do intend on continuing that particular group [after leaving residential treatment], the group for HIV." - Client 3
	Connect residential clients to peer support groups in the community, while the clients are in residential treatment (e.g., through transportation to groups in the community)	
	Periodically contact former residential clients for wellness checks	"[we'll] provide the peer specialists with a list of individuals who have been discharged from the program and they can follow up with them. I think they'll do it for three months and just say Hi. How are you doing? Do you need anything? We're still here for you if you need anything" - Administrator 4

	Offer peer support specialist visits to client homes and other locations convenient for the client	"So, let's say that the client needs to be seen at work, right? During the client's break they'll meet somewhere in the public but not so public, because we try and maintain the confidentiality ... If the client has a day off and doesn't want to leave their house, we'll drive to the house and we'll do an individual session there... Because we are a client-centered program... We want to make it to where the client is willing to actually stay and participate in the program as much as possible, so why not accommodate the client a little bit more?" - Peer support specialist 1
	Offer case management for outpatient clients	
	Help clients to complete health insurance Applications	
	Help clients to complete disability benefit applications	
	Explain to clients what their health insurance will and will not cover	
	Provide clients with a list of free community resources (e.g. food pantries, free legal clinics) and contact information for these resources	
	Meet regularly with staff from other public services/treatment services in the community to assess community needs and to share resource information among providers	"I guess we have to have more information, more referrals for the clients, the community have to come together as a whole. The housing community, the job community, maybe they need to have a special component where they have housing and jobs for mental health clients or for the abusive, people that are in treatment centers that are trying to turn they're life around."- Peer support specialist 4

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CONTACT INFORMATION

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