**Integrated Resource Team (IRT) Implementation Training**

1. **Each program will walk through flow of services from consumer point of view (Small Group Discussions):**
	1. How does the consumer get to your agency?
	2. What is the first thing the consumer has to do to access your services?
		1. i.e. Attend an Orientation?
		2. i.e. Complete an application?
		3. i.e. Attend an intake appointment
			1. How long does it typically take for the consumer to complete initial engagement activities
	3. Once they have completed whatever activity they must engage in to access services, then what happens?
		1. i.e. Eligibility Determination
			1. How long does that take?
	4. Once the consumer is determined eligible then what happens?
		1. i.e. assessment/comprehensive assessment
		2. i.e. care coordination
			1. Who is involved in care coordination?
		3. i.e. career exploration
			1. What types of activities might a consumer engage in around career exploration?
		4. i.e. Development of a Plan?
			1. What does the plan look like?
			2. What is included in the plan?
			3. Does your plan address every single issue?
		5. What is the basic outcome your consumer is trying achieve?
			1. Stable Mental Health?
			2. Regular participation in counseling?
			3. Employment
			4. Living Independently?
	5. Once the Consumer has a plan, then what happens?
		1. How long does your program provide services?
		2. What happens or how does your program close a case?
2. **Identification of Resource Needs (Large Group Discussion):**
* Thinking back to the process-mapping exercise, at what point in program service flow (or process) are you identifying needs of your consumers?
	+ What are a common set of resources that your consumers need?
		- medication
		- counseling
		- job developer
		- housing
		- food
		- self-advocacy
		- accommodations
		- transportation
		- childcare
	+ Who are the resources/programs that you regularly access?
		- Community Rehabilitation Provider(s)
		- Supportive Housing
* What do you do when the consumer has a need that is beyond the resources/allowances of your program?
* Can you name or identify persons in your area attached to these programs or similar programs?
	+ Vocational Rehabilitation
	+ Division for the Blind
	+ WIOA Title 1 – Adult/Dislocated Worker/Youth
	+ Adult Basic Education
	+ WIOA Title 3 – American Job Center
		- Wagner Peyser Staff
		- Business Services Specialists
		- DVOPs/LVERs
	+ Social Services Programs
		- Temporary Assistance for Needy Families (TANF)
		- Supplemental Nutrition Assistance Program (SNAP)
		- WIC
	+ Work Incentive Planning and Assistance WIPA/Community Work Incentive Coordinator (CWIC) (i.e Benefits Specialist)
	+ Housing and Urban Development (HUD) Programs
		- Public Housing
		- Section 8 Housing
	+ Independent Living Centers
	+ Community Service Boards
		- Mental Health Case Managers
		- ID/DD Case Managers
	+ Behavioral Health Programs
	+ Community Mental Health Programs
	+ Community Rehabilitation Providers
	+ Re-Entry Programs
	+ Probation and Parole
	+ Sheriff’s Offices
	+ Drug Court
	+ Local School Districts Special Education Coordinators
	+ Faith-Based Organizations
		- Church Volunteer Networks
	+ Volunteer Networks
	+ Domestic Violence Programs
	+ Homeless Programs
	+ United Way
	+ Bank/Credit Union Community Reinvestment Coordinators
	+ Healthcare Discharge Coordinators
1. **Active Resource Coordination/Partner Engagement (Large Group Discussion)**
* With the Consumer positioned to access your program (i.e. determined eligible and in receipt of services):
	+ Now that you have process mapped your own agencies services, identified additional resources that can be potentially accessed, what are the next steps?
		- Where are the touch points between your programs based on what you mapped out earlier?
		- How are your programs coming together?
	+ To get to the IRT – Active Resource Coordination is the first step.
		- Based on when your programs come together, with the consumer accessing your services, and additional unmet resource needs identified, you can begin to help the consumer engage the additional resources.
	+ Not simple referral – Role is to assist your consumer to engage their additional supports. Calling programs together. Stress the benefits of partnering
1. **IRT Recap**
	1. Convening Meeting
	2. Intro, Purpose, Concerns
	3. Employment Goal
	4. Lines of Communication
	5. Sequence of Services
2. **Case Scenarios (Small Group Discussions)**

**Case Scenario 1:**

**Background**

* 50 year old male
* Education – High School Graduate
* Employment History: Construction Work
* SSI Beneficiary
* Veteran

**Challenges**

* Unemployed over a year: unsuccessful at obtaining employment after completing CDL training
* Ex-felon with drug/alcohol abuse
* Need extra supports and how to explain felony
* Physical Disability: Back problems and Hip replacement - too hard to stand long periods of time
* Once working: Did not turn in pay stubs to SSA resulting in overpayments
* Did not tell Social Services that he was working and still receiving food stamps

**Strengths**

* Determined to succeed (acknowledged past mistakes)
* Very positive attitude

**IRT Members**

**IRT Outcomes**

**Case Scenario 2:**

**Background**

* 24 year old female
* Education: High School Graduate/ CNA Certificate
* Employment History: Certified Nurse’s Aid
* Mother of Two Children (Ages 2 and 4)
* Lives in Subsidized Housing (Section 8)

**Challenges**

* Depression/Anxiety
* She has lost three jobs in the last two years because of depression, child care and transportation issues.
* Childcare
* Transportation
* Due to inconsistent income and insurance, she rarely can afford her medication which intensifies her symptoms, and isn’t quite sure she has ever found the right treatment
* Poor Credit, Has used Payday Lenders in the past

**Strengths**

* Does well managing Depression/Anxiety when on Medication
* Very positive attitude
* Excellent Student
* Wants to provide for her children
* Some family nearby

**IRT Members**

**IRT Outcomes**

**Case Scenario 3:**

**Background**

* 39 year old female
* Education: Bachelor’s Degree, Juris Doctorate
* Employment History: Lawyer
* Onset of Mental Illness occurred at age 29 but went undiagnosed for a period of time
* Following first job loss (age 30), went to work at a different firm, was fired after 18 months, at which time (age 32), she was diagnosed with Schizophrenia, received treatment and applied for Social Security.
* SSDI Beneficiary

**Challenges**

* Has not worked in seven years
* Recently separated from Spouse and SSDI Income is not enough to live on
* Having trouble paying co-pays for medications which exacerbates her condition
* Has anxiety about returning to work related to loss of benefits
* Depressed about impending Divorce

**Strengths**

* Knows what works best to help her remain stable in regards to her Schizophrenia (i.e. Medication, Therapy, Exercise, Consistent Sleep Routine etc.)
* Really wants to return to work
* Strong Educational Background

**IRT Members**

**IRT Outcomes**

**Case Scenario 4:**

**Background**

* 18 year old male
* Education – High School Graduate
* Employment History: None paid, but helped out at camp with serving food
* SSI Beneficiary

**Challenges**

* Just graduated
* Physical Disability: Blind
* Has no summer or after school work experience like his sighted peers so nothing to draw on

**Strengths**

* Personable and enjoys being around people
* Committed to success
* Family support

**IRT Members**

**IRT Outcomes**

**Case Scenario 5:**

**Background**

* 51 year old female
* Education – 8th grade HS drop out
* Employment History: Mostly with animals, kennel tech in boarding facility, some experience with horses.

**Challenges**

* Fired from last two jobs
* ADHD. Depression and anxiety, but likely other undiagnosed mental health issues
* Received eviction notice
* Negative credit history with collections
* Recently took out a title loan on her car that is beyond her means to pay

**Strengths**

* Working currently in retail (part time)
* Resourceful and seems able to find programs to help her meet basic needs through nonprofit and faith based organizations

**IRT Members**

**IRT Outcomes**