

## Integrated Care Continuum for Survivors of Torture (SOT-ICC)

The SOT-ICC Instrument was developed by the Center for Victims of Torture with support from the NCB project partners, Harvard Program for Refugee Trauma and NYU/Bellevue Program for Survivors of Torture. The NCB technical assistance project is funded by the U.S. Office of Refugee Resettlement (ORR) through cooperative agreement number 90ZTO142.

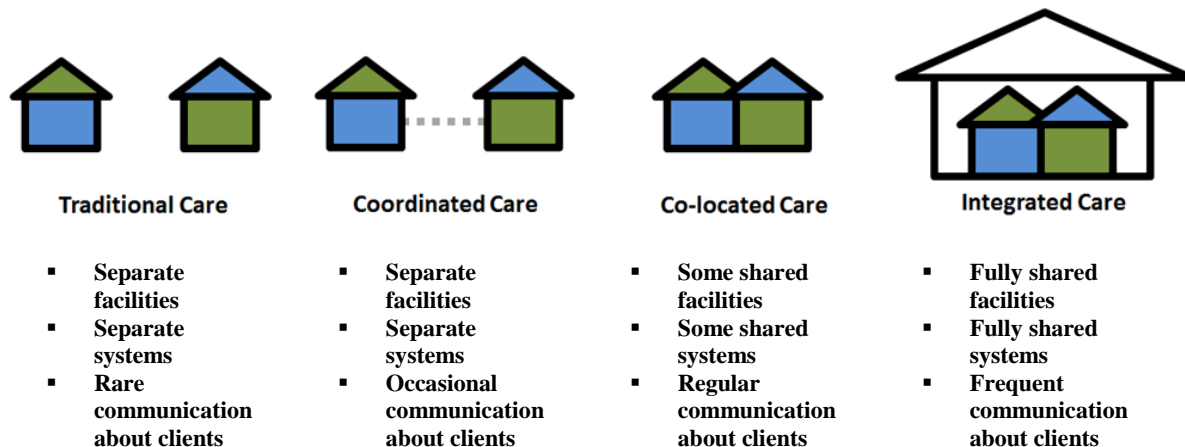
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### Introduction and Purpose

The Survivors of Torture Integrated Care Continuum instrument (SOT-ICC) is a self-assessment of integrated care practices and systems designed for programs delivering services to torture survivors. Research has demonstrated that utilizing an integrated approach to delivering multidisciplinary services improves health and quality of life outcomes and may reduce costs. The purpose of the instrument is for program staff to discuss and identify the program's baseline position on the integrated care continuum, and find opportunities to move programs towards greater integration of multidisciplinary services for torture survivors.

Torture impacts multiple spheres of a survivor's life including their health, wellbeing, and relationships. As a result, torture survivors often present with overlapping physical, psychological, social, and legal issues. SOT programs utilize a range of multidisciplinary, trauma-informed approaches to address these multifaceted conditions and needs of clients. Programs may face unique challenges in delivering multidisciplinary services because of the complexity of clients' needs and clients' diverse range of ethnic and cultural backgrounds. Therefore, we seek to understand how trauma-informed and cross-cultural strategies facilitate the delivery of multidisciplinary services in programs.

Care to torture survivors may be delivered through different levels of integration. Multidisciplinary services do not have to be located or delivered in the same geographic location to be integrated care. Instead, research has shown that integration of care occurs on a continuum. The Integrated Care Continuum (ICC) includes four levels ranging from minimal coordination of services and systems to full integration of services and systems.



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### **Who should participate in SOT-ICC**

We encourage all programs to complete the SOT-ICC if they meet the following criteria:

- 1) **Currently providing more than one discipline of services (e.g. psychological and social work, medical and psychological, legal and social work, etc.) to torture survivors.**
- 2) **Have an interest in learning about how to coordinate multiple types of services for torture survivors.**

By participating in the SOT-ICC assessment, your program is agreeing to share information that will be used for assessing the state of integrated care among US based programs who serve torture survivors. Responses from each program will be aggregated and shared in a report.

### **The Group Discussion**

The SOT-ICC is intended to be used in a group discussion format that includes representation from all of the different perspectives in the program (For example, representatives from each provider discipline, managers/supervisors, administrative staff, support staff, and ideally individuals and/or families who receive or have received services from your program).

One of the most important results of using the SOT-ICC is that the discussion provides the opportunity for different perspectives to be heard across many levels and types of staff in the program. Incorporating different levels and types adds quality to the results and improves the potential for identified next step actions to have a high impact in the program. The discussion also engages participating staff to learn more about the core components and capabilities of integrated care. Often the chance to have in-depth discussion allows people to recognize areas for real change(s) and advances improvement.

How large or small the group discussion is depends on the size of the program. A typical group size may include 8-10 representatives. We recommend that no more than 15 staff participate at one time in order to keep the discussion focused and productive for everyone.

We encourage programs to avoid having individual staff complete the self-assessment on behalf of the program OR having individuals separately complete the self-assessment and averaging scores. Proceeding in this way is a missed opportunity to get the maximum value out of sharing perspectives, ideas, and learning from one another in a group conversation guided by the SOT-ICC.

### **Preparation and structure of the group discussion**

The SOT-ICC is designed to be a self-assessment of integrated care within a *specific program*. If your organization has multiple programs with unique approaches to service delivery, each program should complete its own self-assessment as a group. In smaller organizations, this may mean that the whole organization completes one self-assessment if a consistent service delivery approach is utilized.

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**We strongly recommend that staff are given time to review the SOT-ICC briefly (without answering questions). Taking time to review the SOT ICC in advance will allow staff to think about their responses prior to the group discussion. This preparation may benefit the whole group by allowing the discussion to be more productive and efficient.**

**It is not necessary to have a facilitator for the SOT-ICC. Each item begins with a description of the program area. The group's task is to together determine what response best matches their program. It is helpful to nominate staff to keep track of time and to take down notes, and record agreed upon responses. It is imperative that all levels and types of staff understand that everyone's opinion and perspective counts equally in the discussion.**

### **Planning the time**

**The SOT-ICC may take 1-2 hours to complete as a group in one session. Although it is ideal to complete the self-assessment in one session, it may not be possible for staff to dedicate this length of time. If it is not feasible to book a solid block of time, programs may take 15-20 minutes of a regular weekly meeting with a consistent group of staff to complete a section or two at a time. This approach may be less disruptive to normal work activities; however, a disadvantage is there may also be less continuity to the conversation. Some items may prompt lengthy discussion, thus it's important for a designated staff member to keep time so the group can reasonably stay on schedule. The purpose of the group self-assessment is not to attempt to solve problems while in discussion, but rather to identify what response option is most consistent with how the program operates in a particular area of integrated care.**

### **Learning from the experience**

**A key outcome of completing the SOT-ICC is the collective learning experience for the program, and translating that learning into an action-oriented improvement plan. The scoring described in each section is not the main point. It is simply a method for focusing the conversation in order to facilitate a constructive discussion.**

**There is space in each section to take notes on "Next steps for action." This is the place to keep track of what is learned during the process, descriptive notes about how an area of the program works in practice, and ideas generated about how to improve integrated services in the program. There are also several open-ended questions, which are important for clarifying the specifics of *how* your program approaches care for torture survivors. Please provide examples whenever possible.**

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# Integrated Care Continuum for Survivors of Torture (SOT-ICC) Instrument

### Part 1: Program Development (Plan for 25-30 minutes, or 5 minutes per question)








**Program vision guides how a program will address complex conditions and needs of clients through multidisciplinary services.**

- Program vision is to deliver services through separate disciplines or agencies (Traditional Care)  
- Program vision is to coordinate services between multiple disciplines or agencies (Coordinated Care)  ... 
- Program vision is to deliver multidisciplinary services in collaboration within close geographic proximity (Co-located Care)  
- Program vision is to deliver fully integrated multidisciplinary services (Integrated Care) 

**Funding structures determine resources and capacity of a program to deliver integrated care for clients.**

- Fundraising efforts are separate across disciplines/agencies and funds are allocated separately; no communication and coordination to avoid duplicative efforts in applying for funding (e.g. no joint grants or proposals) (Traditional Care)  
- Separate budgets with different costs for each discipline/agencies; limited coordination on fundraising efforts across disciplines/agencies to avoid duplicative efforts (Coordinated Care)  ... 
- Shared fundraising goals and shared budget, strategizing of fundraising efforts based on programmatic fit, and funds are allocated to different disciplines/agencies (Co-located Care)  
- Fundraising goals and budgets are reciprocally shared across disciplines/agencies and funds are allocated to integrated teams (Integrated Care) 

**Ongoing training promotes capabilities and competencies of staff in understanding how to care for the complex conditions and needs of clients.**








- Staff receive continuing education or training in their primary discipline only (Traditional Care)  
- Staff receive continuing education or training in coordination of multidisciplinary services for shared clients (Coordinated Care)  ... 
- Staff receive continuing education or training in coordination of multidisciplinary services in the same location (Co-located Care)  
- Staff receive continuing education or training that is focused on building a shared understanding of interdisciplinary care in the same location (Integrated Care) 

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### Understanding of expectations allows staff to comprehend what role they play in caring for the complex conditions and needs of clients.

- Staff are informed of expectations and roles in their primary discipline only (Traditional Care)  
- Staff are informed of expectations and roles in communication with other providers about shared clients (Coordinated Care)  
- Staff are informed of expectations and roles in coordination of multidisciplinary services delivered at the same location (Co-located Care)  
- Staff are informed of expectations and roles in delivering interdisciplinary services through teams (Integrated Care) 

### There is at least one recognized champion who visibly initiates, supports, and sustains program vision to address complex conditions and needs of clients through integrated care is crucial.

- There are recognized champion(s) who support and motivate staff to deliver their primary discipline area with excellence (Traditional Care)  
- There are recognized champion(s) who support and motivate staff to communicate with other providers about shared clients (Coordinated Care)  
- There are recognized champion(s) who support and motivate staff to coordinate multidisciplinary services in the same location (Co-located Care)  
- There are recognized champion(s) who support and motivate staff to deliver services through a shared interdisciplinary team in the same location (Integrated Care) 

### Open-ended items: (Plan for 15 minutes)

How are knowledge of trauma and the impacts of trauma incorporated into program development of multidisciplinary services?

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**How does your program deliver cross-cultural training to program staff involved in delivering multidisciplinary services?**

**What kind of training is provided to interpreters to prepare them for working across disciplines with individuals and families who have complex physical, psychological, social and legal needs?**

### **Part 2: Program Logistics (Plan for 10-15 minutes, or 5 minutes per question)**

**Clinic management provides guidelines on policies and procedures for administrative systems.**





- Administrative systems are managed separately for each discipline (Traditional Care)  
- Efforts are made to coordinate administrative paperwork and policies across disciplines as needed (Coordinated Care)  ... 
- Efforts are made to coordinate administrative paperwork and policies across providers who are delivering multidisciplinary services at the same location (Co-located Care)  
- Coordination of administrative paperwork and policies for a shared team of providers delivering interdisciplinary services is an integral part of care (Integrated Care) 

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### Coordination of appointments promotes client access to services that address complex conditions and needs.

- Scheduling system does not allow appointments to be coordinated between different providers on the same day (Traditional Care) 
- Efforts are made to coordinate appointments with different providers on the same day but at different locations as needed by client (Coordinated Care) 
- Efforts are made to coordinate appointments with different providers on the same day at the same location as needed by client (Co-located Care) 
- Coordination of appointments with different providers (or a team of providers) on the same day at the same location is an integral part of care (Integrated Care) 

### Language support in the primary language of clients is available to support scheduling of appointments and understanding of paperwork.

- Limited language support over the phone is available to assist clients with scheduling and paperwork (Traditional Care) 
- Limited in person interpreter support is available to assist clients with scheduling and paperwork; over the phone language support is used when in person interpreters are unavailable (Coordinated Care) 
- Regular in person interpreter support is available to assist clients with scheduling and paperwork (Co-located Care) 
- In person interpreter support is available to assist clients with scheduling and paperwork as an integral part of care (Integrated Care) 

### Open-ended item: (Plan for 5-10 minutes)

**How does your program approach sharing of information about multidisciplinary services and coordination of referrals to a culturally and ethnically diverse caseload?**








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### ***Part 3: Treatment Delivery*** (Plan for 30-35 minutes, or 5 minutes per question)








**Assessment about the specific conditions and needs in multidisciplinary areas (psychological, medical, social, legal) is conducted to inform treatment planning and delivery.**

- Each provider assesses for conditions/needs related to their separate practice only (Traditional Care)  
- Each provider assesses for conditions/ needs related to their discipline and results are shared as needed to coordinate care with other providers caring for the client (Coordinated Care)  ... 
- Each provider assesses for conditions/needs related to their discipline and there is a system for regularly sharing results to other providers caring for the client in close geographic proximity. (Co-located Care)  
- A multidisciplinary team of providers works together to assess complex conditions/needs and there is a formalized system for sharing results among the team to inform collaborative, whole person care (Integrated Care) 

**Treatment planning involves identifying a whole person treatment approach to address the complex conditions and needs of clients.**

- Each provider develops separate treatment plan for the client related to provider's practice only (Traditional Care)  
- Each provider develops separate treatment plan that consider the client's complex needs in minimal collaboration with the other providers caring for the client. (Coordinated Care)  ... 
- Each provider develops separate treatment plans that consider the client's complex needs in close collaboration with the other providers caring for the client. (Co-located Care)  
- Providers collaborate with one another as a team to develop an integrated treatment plan that addresses complex needs of the client. (Integrated Care) 

**Documentation of client information facilitates shared understanding of client background and treatment progress among providers.**

- Client records are documented and accessible only to the discipline/provider that collects the information (Traditional Care).  
- Client records are documented and maintained by each discipline separately and limited information from client records is shared between providers (Coordinated Care).  ... 
- Client records are documented through separate disciplines and shared between providers to deliver services at the same location (Co-located Care).  
- Client records are documented and maintained through interdisciplinary teams. Team members have full access for coordination and service delivery as an integral part of care (Integrated Care). 







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### **Coordination of interventions between providers promotes complementary services to meet a client's complex conditions and needs and limits the risk of service duplication.**

- Each provider delivers intervention separately with no coordination on service delivery across disciplines (Traditional Care) 
- Each provider delivers interventions separately with limited coordination between providers of complementary services (Coordinated Care) 
- Close coordination between providers to deliver complementary (yet distinct) interventions separately at the same location (Co-located Care) 
- Services are delivered through teams trained to deliver a range of services across multiple disciplines (Integrated Care) 

### **There are systems in place for providers to discuss how to care for clients' complex conditions and needs.**

- Systems in place do not provide access to consultation with providers outside of discipline. (Traditional Care) 
- Systems in place provide minimal or spontaneous access to consultation with providers outside of discipline for urgent client needs. (Coordinated Care) 
- Systems in place provide access to consultation with providers outside of discipline to coordinate on site services. (Co-located Care) 
- Systems in place provide access to consultation among shared team of providers to holistically care for clients through the provision of multidisciplinary care. (Integrated Care) 

### **Provider motivation and workflow determines the time and space that providers have to collaborate on services to heal clients' complex conditions and needs.**








- Collaboration across disciplines is up to providers to initiate on their own time or as workflow allows (Traditional Care) 
- Collaboration across disciplines is driven by the need to have more information on client cases (Coordinated Care) 
- Collaboration across disciplines is driven by appreciation of onsite availability and referrals (Co-located Care) 
- Collaboration across disciplines is an integral part of workflow in order to treat and care for whole person (Integrated Care) 

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### **Closing of care takes into consideration ongoing conditions and needs of clients and how this may impact the need for continued services.**

- Decision to close services is approached separately by each provider (Traditional Care)  
- Decision to close services is communicated with other providers caring for the client but closure processes are addressed separately by each provider (Coordinated Care) ...
- Decision to close services is determined in coordination with providers caring for the client in close geographic proximity (Co-located Care)  
- Decision to close services is formally assessed by a team of providers who work together to determine the client's remaining need for multidisciplinary services (Integrated Care) 

### **Open-ended items: (Plan for 15 minutes)**

**How are knowledge of trauma and the impacts of trauma incorporated into treatment planning and delivery of multidisciplinary services?**

**How are language skills, length of resettlement, and knowledge of American systems assessed to inform planning and coordination of multidisciplinary services?**