INTEGRATED SERVICES

Key Concepts

Integrated, interdisciplinary care is essential to address the multiple and complex unmet needs and problems faced by homeless people. Navigating fragmented systems of care is often impossible for homeless individuals, particularly for those who suffer physical, emotional, substance abuse, or mental health difficulties. It is difficult for those even in the best of circumstances to learn which government agency to contact, what forms to complete, and to maintain the level of persistence necessary to ensure that services are ultimately received. Thus, the model of care touted as a "best practice" in serving homeless persons' needs is an **integrated care** approach. Integrated services for homeless people are thought to be most effective when they are broad-based, comprehensive, continuous, and individualized, simultaneously addressing a client's medical, psychosocial, economic/material, and other needs. Most successful programs integrate, for example, mental health and substance abuse treatment with the provision of supportive housing. Integration of services can take many forms, including:

- Co-location of services (*e.g.*, a single center provides a clearinghouse of information and assistance)
- Coordinated intake and referral
- Shared staffing
- Co-location of staff (*e.g.*, placing a government benefits worker in a homeless housing facility)
- Cross training of staff
- Interdisciplinary teams (*e.g.*, multidisciplinary staff share planning and coordination of service delivery to a single client)

Integrated Service Teams ("ISTs") are mobile multi-disciplinary teams that enhance client access to multiple services. Instead of waiting for the client to come to the services, the services – through trained professional staff – reach them. The services that ISTs provide are designed to respond to client needs and facilitate their ability to maintain housing stability, maximizing their interdependency and self-sufficiency. ISTs are multi-disciplinary efforts involving both mainstream and homeless service agencies who provide a range of treatment and services. ISTs can deliver their services through outreach, at service sites scattered geographically, and at the client's home.

ISTs are necessary because no single agency can meet all the needs of homeless persons. The success of an IST depends on integration of services, changes in policy and structure, and staff-level coordination.

EXAMPLES AND COMMON SOLUTIONS

<table>
<tr><td>Program</td><td>Contra Costa County, Health, Housing, and Integrated Services Network (HHISN)</td></tr>
<tr><td>Web Information</td><td>www.rubiconpgms.org</td></tr>
<tr><td>Practice Used</td><td>

HHISN is a multi-disciplinary effort involving both mainstream and homeless agencies who collaboratively provide a range of treatment and services to PCH clients living in supportive housing.
The IST's offer clients a web of individually-configured services and support that are delivered at service sites throughout the County and in the home of the client.
Flexible and consumer centered, the services are designed to respond to client needs and to facilitate their ability to maintain housing stability and maximize their independence and self-sufficiency.
Staffing for each IST consists of:

Clinical director
Team leader
Public health nurse
Housing specialist
Co-occurring disorder specialist
Peer counselor
Money manager
Veterans care coordinator

The supportive services offered include:

Client-centered case management and treatment services
Health care
Substance use management counseling based on a harm reduction philosophy
Money management
Life skills counseling
Benefits and employment assistance
Peer support

</td></tr>
</table>

Program	Rapid Exit Program (Hennepin County, Minnesota)
Web Information	www.endhomeless.org

Practice Used	• The Rapid Exit Program facilitates rapid re-housing through early identification and resolution of specific housing barriers unique to the individual.
	• Each family or individual is assigned to a counselor who identifies client characteristics and challenges that make locating housing difficult.
	• The Services are sub-contracted to a private, non-profit agency to which the client can feel more comfortable sharing information. The counselors will then do criminal, credit, and housing checks and make individual assessments.
	• Based on this assessment the individual is then referred to a local agency that has contracted with the County, which then provides individualized assistance to locate and secure housing. Agencies that are not contracted with the county will also often accept referrals.
	• Services to locate housing include the following:
	  o direct financial assistance for fees or deposits
	  o legal assistance
	  o case management
	  o assistance securing food and furniture
	  o provision of transitional housing to establish good rental history, and
	  o follow-up case management to stabilize families in their new home.
	• Services to expand housing availability include:
	  o efforts to keep housing developments affordable
	  o section 8 advocacy
	  o developing relationships with landlords
	  o paying double security deposits for those individuals with poor rental history, and
	  o co-signing leases
	• The Program targets families and individual who are experiencing barriers to obtaining market housing and who reside in a county funded shelter.
	Funding
	• Primary funding and development was provided by the Minnesota Family Homeless Prevention and Assistance Program
	• After the successful implementation of the program funding was secured from HUD's Supportive Housing Program and Emergency Shelter Grants.

SELECTED RESOURCES

Online Resources

National Alliance to End Homelessness
www.endhomelessness.org

Hennepin County
www.co.hennepin.mn.us

Contra Costa County (HHISN program)
www.rubiconpgms.org

HomeBase
www.homebaseccc.org

Publications

Lenoir, Gerald. Corporation for Supportive Housing. *The Network: Health, Housing and Integrated Services: Best Practices and Lessons Learned.*

Oakley, Deirdre (1996). National Resource and Training Center on Homelessness and Mental Illness, *Training Institute on Co-Occurring Disorders Sparks Systems Change* available at http://www.nrchmi.samhsa.gov/access/3_96_a.asp.

Substance Abuse and Mental Health Services Administration (2003). *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders* available at www.mentalhealth.samhsa.gov.

Randolph, F., Blasinsky, M., Leginski, W., Parker, L.B., Goldman, H.H. (1997). *Creating Integrated Service Systems for Homeless Persons with Mental Illness: the Access Program. Access to Community Care and Effective Services and Supports.*

The National GAINS Center (2001). *Integrated Services Reduce Recidivism Among Homeless Adults with Serious Mental Illness in California*.

For more information, please contact Piper Ehlen, HomeBase Staff Attorney, at (415) 788-7961 ext. 304 or piper@homebaseccc.org