

## Appendix C:

### Definitions of Treatments and Services for People Who Experience Chronic Homelessness

The following services and treatment needs are organized into core and supportive services: The core services include those that are needed to transition people from the streets into housing and to stabilize their conditions. The supportive services include those that are needed to reintegrate people into the community, such as with jobs, education and socialization.

#### CORE SERVICES:

- **Information and Referral.** Individuals who are homeless need to be able to access appropriate services and supports when they enter into the service system. Information and referral services are those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.
- **Outreach and Engagement.** Outreach services include extending services or help in order to develop a relationship of trust and engage homeless persons into treatment and service programs; to provide basic materials, such as meals, blankets, or clothes, to homeless persons; or to publicize the availability of various types of assistance such as emergency shelter or food programs that are available to a homeless person. Outreach services may take place in a variety of settings, including public places, meal programs, shelters, drop-in centers, or health care facilities.<sup>i</sup>
- **Health Related and Home Health Services, Including HIV/AIDS.** People who experience homelessness need access to a range of comprehensive services that respond to their complex and multiple health care needs. Health related and home health services are those in-home or out-of-home services or activities that provide direct treatments or are designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; providing directly or assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; provision of appropriate medication; and providing follow-up services as needed. HIV/AIDS services include HIV/AIDS primary and secondary prevention services, HIV/AIDS counseling and testing, primary care, provision of HIV/AIDS anti-retrovirals and other medications, rehabilitative, and supportive services for persons affected and infected with HIV.
- **Alcohol and Drug Abuse Services.** Effective approaches for providing substance abuse treatment to people who are homeless include those activities primarily designed to prevent, deter, reduce, or eliminate substance abuse or addictive behaviors. Component substance abuse services or activities may include a comprehensive range of personal and family counseling methods, early interventions, methadone treatment for opiate abusers, or detoxification treatment for alcohol and

other drug abusers. Treatment services may include intake and assessment; treatment matching and planning; behavioral therapy and counseling appropriate to the client and the severity of the problem; substance abuse toxicology and screening; clinical and case management; outcome evaluation; pharmacotherapies; and self-help and peer support activities.<sup>ii</sup> Services may be provided in outpatient settings and alternative living arrangements such as institutional settings and community-based halfway houses.

- **Mental Health and Counseling Services.** People who are homeless must have access to a full range of mental health and counseling services. This includes those services and activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, bereavement, or symptom management. Component services may include crisis interventions; individual supportive therapy, family or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems. Access to *coordinated treatment for co-occurring mental health and substance use disorders* is also necessary and superior to other approaches for reducing alcohol and drug use, homelessness, and the severity of mental health symptoms among people with co-occurring disorders.<sup>iii</sup>
- **Inpatient Services.** Inpatient services are those medical, psychiatric, or substance abuse treatment services that are provided for acute conditions on a time-limited basis in a licensed setting that provides 24-hour care by licensed and qualified staff. Such services are an important component of the full-range of comprehensive services needed to help stabilize and prepare people who experience chronic homelessness for housing.
- **Case Management: Supportive Services.** Supportive case management services are services or activities for the arrangement, coordination, monitoring, and delivery of services to meet the needs of individuals and families who experience homelessness. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.
- **Case Management: Clinical, Intensive, or Assertive Community Treatment Models.** These are service-delivery models that are effective in providing comprehensive community-based treatment and services to people who are homeless. Using a multidisciplinary staff, treatment and services are provided on a continuous/long-term basis, and in the community rather than an office.<sup>iv</sup>
- **Income Management and Support.** Individuals who experience chronic homelessness are often entitled to income support and cash assistance. Many require services to help secure these entitlements including assistance being referred and making it to appointments with benefits specialists, completing application forms, and compiling medical and other records that will support the individual's application for assistance or disability insurance.<sup>v</sup> Individuals may also need a representative payee or other designee to help manage the income they receive from entitlements.

- **Residential Treatment Services.** While people who experience chronic homelessness ultimately need permanent housing with flexible supports, residential treatment services provide short-term residential care, respite, and comprehensive treatment and services for children or adults whose problems are so severe or are such that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities. Component services and activities delivered during the short-term residential stay may include diagnosis and evaluation; medical treatments; alcohol and drug detoxification services; psychiatric services; individual, family, and group therapy and counseling; remedial education and GED preparation; vocational or pre-vocational training; training in activities of daily living; supervised recreational and social activities; case management; transportation; and referral to and utilization of other services.
- **Discharge Planning.** Discharge planning help prevent chronic homelessness by preparing people residing in hospitals, shelters or jails for return or re-entry to the community by linking them with community treatment, housing and supports. Ideally, such planning begins upon entry to an institution, is ready to be implemented upon discharge, involves input from the individual, and includes time-limited, intensive supports during the transition from hospitals, shelters or jails to community-based services.<sup>vi</sup> Ensuring the availability of stable housing at time of discharge is critical, as people often lose their housing while in institutions.

#### **SUPPORTIVE SERVICES:**

- **Life Skills Services.** Life skills services provide critical life management skills that may never have been learned or have been lost during the course of mental illness, substance use, and homelessness. They are targeted to assist the individual to function independently in the community and make the transition from homelessness to stable housing. Component life skill training includes the budgeting of resources and money management, household management, conflict management, shopping for food and needed items, nutrition, the use of public transportation, parent training, time management and social skills development.
- **Child Care Services.** Child care services for children (including infants, pre-schoolers, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, and plan development.
- **Education and Training Services.** People who experience homelessness often need education and training services designed to improve the knowledge, daily living, or social skills needed to reintegrate into the community. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, education to prevent substance abuse, community protection and safety education, literacy education, English as a second language, and General Educational Development (GED), job skills training and employment skills. Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; and referral to community resources.

- **Employment Services.** Employment services or activities that assist individuals in securing employment; acquiring or learning skills that promote opportunities for employment, advancement, and increased earning potential; and in retaining a job often help people who are homeless acquire or regain a valued role in society. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling or job coaching; transportation; and referral to community resources.
- **Legal Services.** Legal services are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.<sup>vii</sup>
- **Transportation Services.** Transportation services are those services or activities that provide, arrange or pay for the travel of individuals in order to access treatment, medical care, services, or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

<sup>i</sup> Morse, G.A., et al. (1996). Outreach to homeless mentally ill people: Conceptual and clinical considerations. *Community Mental Health Journal* 32(3): 261-274. Witheridge, T.F. (1991). The active ingredients of assertive outreach. *New Directions for Mental Health Services* 52: 47-64.

<sup>ii</sup> Oakley, D. and Dennis, D. (1996). Orwin, R.G., Mogren, R.G., Jacobs, M.L., Sonnefeld, L.J. (1999) Retention of homeless clients in substance abuse treatment: Findings from the National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program. *Journal of Substance Abuse Treatment* 17(1-2): 45-66. Sosin, M.R., Bruni, M., Reidy, M. (1995) Paths and impacts in the Progressive Independence Model: A homelessness and substance abuse intervention in Chicago. *Journal of Addictive Diseases* 14(4): 1-20. Cox, G.B., Walker, D., Freng, S.A., Short, B.A., Meijer, L, Gilchrist, L. (1998) Outcome of a controlled trial of the effectiveness of intensive case management for chronic public inebriates. *Journal of Studies on Alcohol* 59(5): 523-532. Stahler, G.J., Stimmel, B. (eds.) (1996) *The Effectiveness of Social Interventions for Homeless Substance Abusers*. Binghamton, NY: The Haworth Press, Inc. Tommasello, A.C., Myers, C.P., Gillis, L., Treherne, L.L., Plumhoff, M. (1999) Effectiveness of outreach to homeless substance abusers. *Evaluation and Program Planning* 22(3): 295-303.

<sup>iii</sup> Carey, K.B. (1996). Treatment of co-occurring substance abuse and major mental illness. *New Directions for Mental Health Services* 70:19-31. Drake, R.E., et al. (1998). Review of integrated mental health and substance abuse treatment for patients with dual disorders. *Schizophrenia Bulletin* 24(4): 589-608.

<sup>iv</sup> Morse, G. (1999). A review of case management for people who are homeless: Implications for practice, policy, and research. In Fosburg, L.B., Dennis, D.L. (eds.) *Practical Lessons: The 1998 National Symposium on Homelessness Research*. Delmar, NY: National Resource Center on Homelessness and Mental Illness. Ziguras, S.J., Stuart, G.W. (2000). A meta-analysis of the effectiveness of mental health case management over 20 years. *Psychiatric Services* 51(11): 1410-1421.

<sup>v</sup> Rosen, J., et al. (2001)

<sup>vi</sup> Shinn, M., Baumohl, J. (1999) Rethinking the prevention of homelessness. In Fosburg, L.B., Dennis, D.L. (eds.), *Practical Lessons*. Washington, DC: HHS & HUD. Interagency Council on the Homeless (1999) *Exemplary Practices in Discharge Planning*. Washington, DC: Interagency Council on the Homeless. Susser, E., Valencia, E., Conover, S., et al. (1997) Preventing recurrent homelessness among mentally ill men. *American Journal of Public Health* 87(2): 256-262.

<sup>vii</sup> Federal Task Force on Homelessness and Severe Mental Illness. (1992)