Successful application of a cross-sectoral integrated care approach to addiction and homeless services – the experience from HSE South

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**BACKGROUND**

The 2010 National Drug Rehabilitation Framework advocated an integrated and coordinated care approach to drug rehabilitation in Ireland, providing guidelines around standardised protocols – screening, assessments, care planning, case-management – within the addiction services, then largely absent nationally.

**METHOD**

A 4-phased approach was taken:

1. **exploration, planning and resourcing**
2. **implementing**
3. **operationalising**
4. **business-as-usual, embedding, creating an integrated rehabilitation pathway**

A regional case-management manual to support the process was adapted from the national framework, and in 2014, a joint assessment developed which satisfied both addiction and homeless sectors. Training was delivered to 190 frontline staff and 40 managers – 28 agencies representing 75 diverse services.

**DISCUSSION**

This project necessitated a significant cultural shift for services to work together under the same framework. This is the first and only region nationally to have integrated both addiction and homeless services.

This initiative crosses professional, organisational and sectoral boundaries with a core focus on person-centred care. Co-ordinated shared care between services has resulted in a better quality service.

**CONCLUSION**

This initiative provided a continuum of care for service users across all drug and alcohol services and homeless services in Cork and Kerry while providing a framework to allow services to work in a more integrated way.

**KEY FINDINGS**

The implementation of the National Drug Rehabilitation Framework in the Cork/Kerry region has:

- Provided an integrated and coordinated care approach across two sectors inclusive of Cork Prison
- Significantly reduced assessment waiting times in HSE clinics
- Reduced duplication of screening, assessments and care planning across regional services
- Integrated care across statutory, community and voluntary organisations
- Contributed to the decentralisation of assessments to the wider community, increasing the number and frequency of assessments, and led to more effective and efficient use of resources

**CASE MANAGEMENT MODEL**

- **Service User**
  - Drug Specific Interventions
  - General health services, health promotion, mental, physical and intellectual disability etc.
  - Employment (including community employment), work placements
  - Community integration, social and recreational activities
  - Housing and tenancy support and independent living
  - Education and training, personal development
  - Aftercare
  - Transition programmes (e.g. structured pre-induction)
  - Budgeting and money management
  - Family support and childcare
  - Justice, law and criminal issues support

- **Case Manager**

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