



## National Resource Center on Homelessness and Mental Illness

### Systems Integration and Coalition Building

March 2004

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are \$.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

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*Policy Research Associates, Inc., under contract to the Center for Mental Health Services*

## Systems Integration & Coalition Building

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**Order #:** 2537

**Authors:** Aronson, L., Fitzpatrick, B., McCabe, S.

**Title:** **Developing a Collaborative Relationship Between a Mental Health Agency and a Public Housing Authority: The Danbury, Connecticut Experience.**

**Source:** Danbury, CT: Mental Health Association of Connecticut, 1990. (Report: 10 pages)

**Abstract:** This paper explains a project of the Mental Health Association (MHA) and the Danbury Housing Authority in Danbury, Connecticut. By coordinating their efforts, these two agencies were able to restructure consumer residential programs to permit client choice in both housing and activities. The MHA offered to provide comprehensive support services to all its clients that were housed by the Danbury Housing Authority, help clients keep apartments in the best condition possible and made sure rent was paid on time. The MHA also offered crises control at any time. In return for these services, the Danbury Housing Authority provided the MHA with set-asides of housing units and rental subsidies for its clients. According to the authors, the MHA and the Housing Authority have also collaborated on the development of a SRO residents for homeless individuals, half with prolonged mental illnesses.

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**Order #:** 12729

**Authors:** Bachman, S.S., Duckworth, K.

**Title:** **Consensus Building for the Development of Service Infrastructure for People with Dual Diagnosis.**

**Source:** Administration and Policy in Mental Health 30(3): 255-266, 2003. (Journal Article: 12 pages)

**Abstract:** This article discusses the development of a statewide infrastructure, by Massachusetts state agencies with support from the federal government, to address some of the issues involved with providing treatment interventions to individuals with co-existing mental health and substance abuse diagnoses. This new initiative was based on the Comprehensive, Continuous and Integrated System of Care (CCISC) model. The CCISC focuses on all adults with co-occurring psychiatric and substance abuse disorders. In this project, the conceptual framework was adapted specifically for adults with serious and persistent mental illness. Key stakeholders developed the Community Consensus Building Collaborative (CCBC) as a regional and statewide infrastructure to promote consensus building around the fundamentals of the CCISC. This report provides results of an evaluation of the consensus-building process. The evaluation is based on a qualitative analysis of data about statewide and regional efforts to develop and implement components of the CCISC. The goal of the evaluation was to identify factors that contributed to the success or failure of the project's implementation (authors).

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**Order #:** 12960

**Authors:** Baldwin, P., Last, M.

**Title:** **Practical Living Skills: Utilizing Community Partnerships to Embrace Self-Sufficiency.**

**Source:** South Bend, IN: The Center for the Homeless, Inc., 2003. (Presentation: 22 pages)

**Abstract:** This presentation is a product of the Center for the Homeless, Inc., which was founded in 1988, and focuses on helping people break the cycle of homelessness, bringing together disparate groups so that each can discover the work of the other, and pioneering a service model worthy of replication. The Center for the Homeless provides counseling and case management; medical, dental, and eye care; AIDS education and testing; drug and alcohol treatment; adult education; school enrollment and tutoring; job training and employment placement; budgeting and debt reconciliation; rental assistance; and home ownership. This presentation discusses the Center's continuum of care, the life cycle of homelessness, as well as the objectives, methodology, impact and tools of their practical living skills program (author).

**Available From:** The Center for the Homeless, Inc., 813 South Michigan Street, South Bend, IN 46601, (574) 282-8700, pbaldwin@cfh.net, mlast@cfh.net.

## Systems Integration & Coalition Building

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**Order #: 13090**

**Authors:** Basolo, V.

**Title:** **Local Response to Federal Changes in the Housing Voucher Program: A Case Study of Intra-regional Cooperation.**

**Source:** Housing Policy Debate 14(18): 143-168, 2003. (Journal Article: 25 pages)

**Abstract:** This article presents a case study of a successful, voluntary, intra-regional cooperative agreement among housing authorities (HA). Theoretical and empirical analyses suggest that a cooperative agreement is more likely to develop voluntarily if two conditions are present: rational self-interest and shared norms and trust among the managers. Agreements can ease the burdens associated with portability, but it is important for the parties to regularly assess implementation issues to ensure the agreement's continuing effectiveness. The article concludes with policy implications based on the findings from this research (authors).

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**Order #: 7175**

**Authors:** Bickman, L., Summerfelt, W., Noser, K.

**Title:** **Comparative Outcomes of Emotionally Disturbed Children and Adolescents in a System of Services and Usual Care.**

**Source:** Psychiatric Services 48(12): 1543-1548, 1997. (Journal Article: 6 pages)

**Abstract:** This study compared six-month functional and symptom outcomes of children and adolescents with serious emotional disturbance who received services in an exemplary system of care with outcomes of children who received traditional care. Baseline data on symptoms, functioning, and family characteristics were collected from 350 families selected from among those who sought services for children from community agencies in Stark County, Ohio. Six-month outcome measures of children's symptoms and functioning were compared among the two groups. The authors concluded that the effects of systems of care are primarily limited to system-level outcomes such as access to and cost of care and do not appear to affect clinical outcomes such as functioning and symptoms (authors).

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**Order #: 3792**

**Authors:** Borgeson, N.J., Cusik, G.M.

**Title:** **Outreach and Interagency Collaboration: A Deterrent to Drop-Out From Vocational Rehabilitation.**

**Source:** Psychosocial Rehabilitation Journal 18(2): 95-98, 1994. (Journal Article: 4 pages)

**Abstract:** Attrition of persons with serious psychiatric disabilities from rehabilitation programs is a major concern of service providers. This study tested an intervention involving personalized outreach and interagency collaboration at the initial stage in the rehabilitation process to reduce dropout. Findings indicate that after four months, significantly more consumers receiving this intervention had reached the point of rehabilitation service delivery than had those whose intake was performed in the traditional manner.

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**Order #: 2102**

**Authors:** Bruner, C.

**Title:** **So You Think You Need Some Help? Making Effective Use of Technical Assistance.**

**Source:** New York, NY: National Center For Service Integration, 1993. (Report: 20 pages)

**Abstract:** This report offers states and communities practical advice on how to use of technical assistance most effectively and how to avoid some of the problems experienced by others. The ultimate purpose is to help states and communities develop technical assistance relationships and secure assistance that is responsive to the unique needs of the jurisdiction being served. It is based on the experiences of individuals who have studied and participated in service integration efforts at the state and community level. It draws from relevant business management and public administration literature on the effective use of consultants and technical assistance.

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**Order #:** 2072

**Authors:** Bruner, C.

**Title:** **Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services. (1st, 2nd, and 3rd printing)**

**Source:** Washington, DC: Education and Human Services Consortium, 1991. (Report: 16 pages)

**Abstract:** The author uses a question and answer format to help state and local policy makers consider how best to foster local collaboration between agencies. Checklists are provided to help policy makers quickly assess key issues in establishing interagency initiatives, demonstration projects, and statewide reforms to foster collaboration. While this report focuses on integrating services for children and families, the concept can be adapted to other efforts at collaboration (author).

**Available From:** Education and Human Services Consortium, Institute for Educational Leadership, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036-5541, (202) 822-8405. (COST: \$3.00)

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**Order #:** 3780

**Authors:** Bryson, J.M., Alston, F.K.

**Title:** **Creating and Implementing Your Strategic Plan: A Workbook for Public and Nonprofit Organizations**

**Source:** Indianapolis, IN: Jossey-Bass, Inc., 1996. (Book: 117 pages)

**Abstract:** This book is a step-by-step guide to strategic planning in public and nonprofit organizations. Using easy-to-understand worksheets, the authors provide clear instructions for creating a strategic plan tailored to the needs of the individual organization. In addition, practical guidelines are described for conducting brainstorming sessions (authors).

**Available From:** Jossey Bass Publishing, Customer Care Center, 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2975, www.josseybass.com.

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**Order #:** 1795

**Authors:** Buckley, R., Bigelow, D.A.

**Title:** **Brief Report: The Multi-Service Network: Reaching the Unserved Multi-Problem Individual.**

**Source:** Community Mental Health Journal 28(1): 43-50, 1992. (Journal Article: 8 pages)

**Abstract:** This paper describes an innovative collaboration among mental health, alcohol/drug treatment, corrections, forensic, and social and housing agencies to provide more effective services to multi-problem, service-resistant individuals at less cost. The theory is that interagency communication and external controls developed by core service agencies, increase the efficacy of treatment and reduce the cost of caring for multi-problem clients. Agencies refer clients to the Multi-Service Network who are then screened for problematic multi-agency involvement. Case conferences result in individual service plans. Three illustrative cases are described and the results of two evaluative studies summarized. Findings show that cost of care for clients appears to have been reduced (authors).

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**Order #:** 1877

**Authors:** Center for Community Change.

**Title:** **How Coalitions Do It: Winning a Housing Trust Fund.**

**Source:** Current Topics from the Housing Trust Fund Project: June, 1992. (Newsletter: 20 pages)

**Abstract:** This report shares conclusions about how to get a housing trust fund adopted with those just beginning campaigns. It is the product of a survey of selected members who were actively involved in the housing trust fund campaigns of 11 of these coalitions: four in cities and seven in states. The authors asked how the members became interested in a housing trust fund, how the campaign was created, the kinds of tactics they used, the opposition they faced, the resources that helped, how the coalition organized itself, and what advice they would give to others (authors).

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**Order #:** 3694

**Authors:** Center for Mental Health Services.

**Title:** **Outcasts on Main Street: Implementation Report.**

**Source:** Washington, DC: Center for Mental Health Services, 1996 (Report: 28 pages)

**Abstract:** In March 1992, the Federal Task Force on Homelessness and Severe Mental Illness published a report, *Outcasts on Main Street*, that outlined a comprehensive federal effort to help states and local communities develop integrated systems of treatment, housing, and support services for homeless people with serious mental illness. These efforts have been led by the Interagency Council on the Homeless and the three agencies that comprise its leadership -- the Department of Health and Human Services (which, through the Center for Mental Health Services (CMHS), had primary responsibility for implementation for the Task Force recommendations), the Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs. This report documents the implementation steps taken by these federal departments and agencies since the release of *Outcasts on Main Street* (authors).

**Available From:** National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, [www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov).

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**Order #:** 8690

**Authors:** Center for Mental Health Services.

**Title:** **Process Evaluation of the ACCESS Demonstration Program for Homeless Persons with Serious Mental Illness: Fifth Year Implementation Case Studies: Volume I.**

**Source:** Washington, DC: Center for Mental Health Services, 2000. (Report: 150 pages)

**Abstract:** Access to Community Care and Effective Community Service and Supports (ACCESS) is a five-year demonstration program aimed at improving access to housing and mental health and support services for homeless adults with severe mental illness and co-occurring substance abuse disorders. Funded by the Center for Mental Health Services, ACCESS provides \$1.7 million to \$2 million per year to 18 sites in nine states to develop comprehensive and integrated service systems for this vulnerable population. This report presents case studies of the 18 ACCESS projects for the fifth and final year of the demonstration (October 1997 through September 1998). This volume includes the case studies for the sites in Connecticut, Illinois, Kansas, and Missouri.

**Available From:** Center for Mental Health Services, PO Box 42557, Washington DC, 20015, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org).

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**Order #:** 8691

**Authors:** Center for Mental Health Services.

**Title:** **Process Evaluation of the ACCESS Demonstration Program for Homeless Persons with Serious Mental Illness: Fifth Year Implementation Case Studies: Volume II.**

**Source:** Washington, DC: Center for Mental Health Services, 2000. (Report: 200 pages)

**Abstract:** Access to Community Care and Effective Community Service and Supports (ACCESS) is a five-year demonstration program aimed at improving access to housing and mental health and support services for homeless adults with severe mental illness and co-occurring substance abuse disorders. Funded by the Center for Mental Health Services, ACCESS provides \$1.7 million to \$2 million per year to 18 sites in nine states to develop comprehensive and integrated service systems for this vulnerable population. This report presents case studies of the 18 ACCESS projects for the fifth and final year of the demonstration (October 1997 through September 1998). This volume includes the case studies for the sites in North Carolina, Pennsylvania, Texas, Virginia, and Washington.

**Available From:** Center for Mental Health Services, PO Box 42557, Washington DC, 20015, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org).

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**Order #:** 7240

**Authors:** Center for Mental Health Services.

**Title:** **Process Evaluation of the ACCESS Demonstration Projects for Homeless Persons with Mental Illness: Third Year Implementation Case Studies.**

**Source:** Washington, DC: Center for Mental Health Services, 1997. (Report: 390 pages)

**Abstract:** The purpose of the national evaluation of the Access to Community Care and Effective Services and Supports (ACCESS) demonstration program is to understand the implementation of different approaches to systems integration for homeless adults with severe mental illness, and to link systems integration strategies to client outcomes. The evaluation is conducted at both system and client levels to determine the extent to which systems integration takes place, its impact on access to services, and client outcomes that can be associated with systems integration. This report provides detailed implementation case studies of the 18 ACCESS projects encompassing the first three years of the demonstration program and presents new information on the third year of the ACCESS demonstration project (Oct. 1, 1995 - Sept. 30, 1996).

**Available From:** Center for Mental Health Services, PO Box 42557, Washington DC, 20015, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org).

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**Order #:** 6260

**Authors:** Center for Mental Health Services.

**Title:** **Second Year Interim Status Report on the Evaluation of the ACCESS Demonstration Program. Volume I: Summary of Second Year Findings.**

**Source:** Washington, DC: Center for Mental Health Services, 1996. (Report: 70 pages)

**Abstract:** This report provides preliminary descriptive information and data on the implementation of the ACCESS program through Sept. 30, 1996. The remainder of the report addresses the following topics: policy questions and theory of the ACCESS demonstration; service system performance and integration; cross-site implementation analysis; focus group synthesis; and client-level findings of the first cohort of clients.

**Available From:** Center for Mental Health Services, PO Box 42557, Washington, DC 20015, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org).

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**Order #:** 2045

**Authors:** Center for Mental Health Services.

**Title:** **Services Integration For Homeless Persons With Severe Mental Illnesses.**

**Source:** Rockville, MD: Center for Mental Health Services, 1993. (Report: 41 pages)

**Abstract:** This technical assistance report provides a general overview of services integration and answers specific questions to provide guidance for applicants for the federal Access to Community Care and Effective Services and Supports (ACCESS) program sponsored by the Center for Mental Health Services. After first defining services integration, the author briefly outlines the history of services integration in mental health policy, and includes some recent examples of services integration efforts. The principles of services integration are identified, and strategies for integrating services for homeless persons with severe mental illnesses are identified. The appendix includes an annotated bibliography on services integration.

**Available From:** Center for Mental Health Services, PO Box 42557, Washington DC, 20015, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org).

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**Order #: 2899**

**Authors:** Chaudry, A., Maurer, K.E., Oshinsky, C.J., Mackie, J.

**Title:** **Service Integration: An Annotated Bibliography.**

**Source:** New York, NY: National Center for Service Integration, 1993. (Bibliography: 31 pages)

**Abstract:** This annotated bibliography includes books, papers, and articles written about integrating and improving human services for children, youth, and families living in poverty. The bibliography has been developed for individuals working on and interested in service integration, including policymakers, program administrators, practitioners, academics and researchers, and students (authors).

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**Order #: 8709**

**Authors:** Cocozza, J.J., Steadman, H.J., Dennis, D.L., Blasinsky, M., Randolph, F.L., Johnsen, M., Goldman, H.

**Title:** **Successful Systems Integration Strategies: The ACCESS Program for Persons who are Homeless and Mentally Ill.**

**Source:** Administration and Policy in Mental Health 27(6): 395-407, 2000. (Journal Article: 13 pages)

**Abstract:** In 1993, the Access to Community Care and Effective Services and Supports (ACCESS) federal demonstration program was initiated. Using a quasi-experimental design, the five-year demonstration program sought to assess the impact of integrated systems of care on outcomes for persons with mental illness who are homeless. The authors report on which integration strategies were chosen and how their implementation is quantified. Data collected primarily through annual site visits revealed that only two strategies were used by all nine systems. The system integration strategies employed remained relatively stable over the five years. Successful implementation appears to be related to the strategies selected (authors).

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**Order #: 12736**

**Authors:** Community Partnership for the Prevention of Homelessness.

**Title:** **The Community Partnership for the Prevention of Homelessness 2002 Report to the Community.**

**Source:** Washington, DC: Community Partnership for the Prevention of Homelessness, 2002. (Report: 20 pages)

**Abstract:** In this report, the authors consider how to continue managing and improving a Continuum of Care for homeless people and at the same time work to end homelessness. Part I examines poverty and homelessness on the broadest level, including recent trends within the population. Part II gives an overview of the system capacity budget for the Continuum of Care, and discusses money supports and where the funding comes from. Part III discusses better management strategies and necessary improvements needed to end homelessness. The authors offer some positive and encouraging answers to how this is possible, and assert that better management of a Continuum of Care is part of but not the whole answer to ending homelessness (authors).

**Available From:** The Community Partnership for the Prevention of Homelessness, 801 Pennsylvania Avenue SE, Suite 360, Washington, DC 20003, (202) 543-5298, [www.community-partnership.org](http://www.community-partnership.org).

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**Order #:** 6460

**Authors:** Corporation for Supportive Housing.

**Title:** **Health, Housing and Integrated Services Network Managed Care Demonstration Project.**

**Source:** Oakland, CA: Corporation for Supportive Housing, 1996. (Program Description: 14 pages)

**Abstract:** Corporation for Supportive Housing is working in partnership with the San Francisco Department of Public Health, the Alameda County Health Services Agency, and non-profit housing and service providers to create a new, non-profit, integrated service system. This system will provide health care, mental health, substance abuse treatment, social and vocational services and employment opportunities in conjunction with service-enriched housing for approximately 750 single adults who are homeless or "at risk" and have HIV/AIDS, chronic mental illness, and/or substance abuse disorders. These services will allow homeless or "at risk" persons with disabilities to achieve more stable, independent living with better health status. It will also reduce their utilization of costly emergency and inpatient medical and psychiatric services, jails, and prisons. Service utilization, cost, and outcome data will be used to establish capitation rates or other risk-sharing agreements for ongoing managed care financing.

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**Order #:** 12056

**Authors:** Culhane, D.P.

**Title:** **New Strategies and Collaborations Target Homelessness.**

**Source:** Housing Facts & Findings 4(5): 1-7, 2002. (Journal Article: 7 pages)

**Abstract:** As homelessness experiences renewed attention, there is reason for hope that substantial progress can be made. New priorities for solutions are being established, coalitions among private and public partners are being formed, and a more general appreciation of the value of supportive housing for the chronically homeless has inspired new commitments. New resources will be required to make these commitments real. A greater understanding of the role that the larger mainstream social welfare systems can play in mitigating the risk for homelessness has also inspired homeless advocates and policy makers. It remains to be seen whether the mainstream systems will pay attention to homelessness, or will agree to focus resources on their aftercare responsibilities. In the end, it is not enough that the homeless service system decides to reform itself, or reorient its priorities. Homelessness is a product of larger crises in affordable housing and in social welfare, and without commensurate reforms in those arenas, successful reforms in the homeless service system could be easily undermined (author).

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**Order #:** 11494

**Authors:** Davis, G., Johnson, G., Mayberg, S.

**Title:** **Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness.**

**Source:** Sacramento, CA: California Department of Mental Health, 2002. (Report: 55 pages)

**Abstract:** This report presents current results of the Department of Mental Health's administration and implementation of programs at the county and city level required by Assembly Bills (AB) 34 and 2034. Services were expanded for parolees, probationers, and people who are homeless with serious mental illnesses. The department continues to find that the effects of the intensive, integrated outreach and community based services enable the target population to reduce symptoms that impaired their ability to live independently, work, maintain community supports, care for their children, remain healthy, and avoid crime. This report describes the processes used and the identification of approaches to services and strategies that were helpful in identifying and engaging clients and that may serve as guidelines and/or standards for future projects. Key among these approaches continues to be a very close collaboration at the local level among core service providers, including mental health services, law enforcement, veterans service agencies, and other community agencies.

**Available From:** California - National Alliance for the Mentally Ill, 1111 Howe Avenue, Suite 475, Sacramento CA 95825, (916) 567-0163.

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**Order #: 7766**

**Authors:** Dennis, D.L., Coccozza, J.J., Steadman, H.J.

**Title:** **What Do We Know About Systems Integration and Homelessness?**

**Source:** 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, 1999. (Book Chapter: 22 pages)

**Abstract:** This paper examines the role of systems integration in addressing homelessness. The goals of integration are to improve access to comprehensive services and continuity of care; to reduce service duplication, inefficiency, and costs; and to establish greater accountability. The authors examine the definitions and differences between systems and services integration, initiatives designed to encourage the use of systems integration in programs to assist the homeless, and factors in making systems integration work.

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**Order #: 8707**

**Authors:** Dennis, D.L., Steadman, H.J., Coccozza, J.J.

**Title:** **The Impact of Federal Systems Integration Initiatives on Services for Mentally Ill Homeless Persons.**

**Source:** Mental Health Services Research 2(3): 164-174, 2000. (Journal Article: 10 pages)

**Abstract:** Nearly everyone writing on homelessness over the past 15 years has called for comprehensive integrated systems of care to address the multiple and complex needs of people who become homeless, especially those with mental illnesses. The purposes of this article are fourfold: to clarify the distinction between services integration and systems integration; to map the evolution of federal programs to demonstrate that most of these really have been focused on services integration rather than systems integration; to assess the extent that data from these programs supports the idea of systems integration; and to show how the ACCESS demonstration for persons who are homeless and have mental illnesses is likely to provide answers that prior programs have not. The authors state that without these new data, systems integration, as one solution to the problem of homelessness, remains a theory without empirical evidence, albeit a theory with persuasive conceptual underpinnings (authors).

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**Order #: 1413**

**Authors:** Dowell, D.A., Farmer, G.

**Title:** **Community Response to Homelessness: Social Change and Constraint in Local Intervention.**

**Source:** Journal of Community Psychology 20: 72-83, 1992. (Journal Article: 12 pages)

**Abstract:** This report describes an action-research project that contributed to mobilizing a community to respond to homelessness in a large Southern California city. The project involved collaboration among a city-sponsored task force, a grass-roots coalition, and a university. The project core was a needs assessment which served as a basis for advocacy by the task force and a coalition of service providers and citizens. Empirical findings are reported along with political impacts, including the ultimate fate of recommendations adopted by city government. An analysis of factors constraining policies relating to homelessness at the level of mid-size municipalities suggests that advocacy strategies must link local efforts with regional, state, and/or national levels to be effective (authors).

## Systems Integration & Coalition Building

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**Order #:** 8622

**Authors:** Druss, B.G., Rosenheck, R.A.

**Title:** **Locus of Mental Health Treatment in an Integrated Service System.**

**Source:** Psychiatric Services 51(7): 890-892, 2000. (Journal Article: 3 pages)

**Abstract:** Epidemiological surveys suggest that half of mental disorders in the community are treated in general medical settings. This article examines delivery of mental health services in psychiatric, primary care, and specialty medical clinics in the Department of Veterans Affairs (VA), the largest integrated public-sector health care system in the United States. The authors concluded that treatment patterns in VA clinics differ markedly from those in the private sector. Research is needed to determine whether and how staffing models developed in HMOs and community samples should be extended to these public-sector settings (authors).

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**Order #:** 12529

**Authors:** Erickson, J.R., Chong, J., Anderson, C., Stevens, S.

**Title:** **Service Linkages: Understanding What Fosters and What Deters From Service Coordination for Homeless Adult Drug Users.**

**Source:** Contemporary Drug Problems 22(2): 343-362, 1995. (Journal Article: 19 pages)

**Abstract:** This article describes the experience of the staff of the Amity Settlement Services for Education and Transition Program in initiating contact and linking with service providers from community based agencies. The perspective of the staff and providers was chosen to document the day-to-day coordination of services by those persons directly responsible for the care of the homeless adult drug user. From this perspective, the direct-care providers discuss and interpret service linkage issues as these affect their daily work. The problem of service integration at the level of interorganizational fields was not examined in this study (authors).

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**Order #:** 2506

**Authors:** Falloon, I.R., Fadden, G.

**Title:** **Integrated Mental Health Care.**

**Source:** New York, NY: Cambridge University Press, 1993. (Book: 335 pages)

**Abstract:** This book is based on the experience of the Buckingham project, a comprehensive mental health service located in rural areas of England. The authors describe the program, which fully integrates a comprehensive mental health team within a primary care setting. In this program all specialist services associated with hospital-based care are provided within the primary care framework. The authors place their findings and recommendations in the wider context of mental health care provision, and draw on international research in this field (authors).

**Available From:** Cambridge University Press, 40 West 20th Street, New York, NY 10011, (212) 924-3900, <http://us.cambridge.org/>.

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**Order #:** 1350

**Authors:** Federal Task Force on Homelessness and Severe Mental Illness.

**Title:** **Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Severe Mental Illness**

**Source:** Washington, DC: Interagency Council on the Homeless, 1992. (Report: 91 pages)

**Abstract:** Representatives from all major federal departments whose policies and programs directly affect the homeless population with serious mental illnesses met over an 18-month period and issued this report to the Interagency Council on the Homeless. The authors present a plan of action that they believe reflects a vital first step toward ending homelessness among people with serious mental illness. The report: (1) outlines fundamental principles and the essential components of an integrated and comprehensive system of care for homeless people with serious mental illness; (2) identifies immediate action steps and more long-term systemic measures that federal departments can take to facilitate state and local efforts; (3) proposes new opportunities for states and communities to develop, test, and improve the organization, financing, and delivery of a wide range of essential services for homeless people with severe mental illnesses; and (4) recommends steps that state and local organizations can take to respond more appropriately to the needs of homeless people with serious mental illnesses.

**Available From:** National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, [www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov).

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**Order #:** 12029

**Authors:** Fleury, M., Mercier, C.

**Title:** **Integrated Local Networks as a Model for Organizing Mental Health Services.**

**Source:** Administration and Policy in Mental Health 30(1): 55-73, 2002. (Journal Article: 19 pages)

**Abstract:** Organizing services in an integrated network as a model for transforming healthcare systems is often presented as a potential remedy for service fragmentation that should enhance system efficiency. In the mental health sector, integration is also part of a diversified response to the multiple needs of the clients, particularly people with serious mental disorders. The authors of this article describe how the notion of integrated service networks came to serve as a model for transforming the mental health system in Quebec, and they propose a frame of reference for this notion. They also address the challenges and issues raised by this mode of service organization in the mental health sector and more generally in a context of transforming healthcare systems (authors).

## Systems Integration & Coalition Building

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**Order #: 12347**

**Authors:** Ford, J.P., Gibson, G., Kurtz, L., Snarr, R.H.

**Title:** **Identifying Best Practices in Public Housing for People Who are Homeless and Have a Mental Disability: The Role of Engagement and Collaboration.**

**Source:** Austin, TX: Texas Department of Mental Health and Mental Retardation, 2002. (Report: 35 pages)

**Abstract:** This report is based on data collected by the Work Group for the Projects for Assistance in Transition from Homelessness (PATH) program. This group collects data, identifies and examines trends and issues, and provides policy and program recommendations to the Center for Mental Health Services (CMHS). During the 2000/2001 year, the Work Group addressed barriers and strategies related to accessing affordable housing, particularly Public Housing (PHA). It designed and administered a data collection instrument and gathered information from over 150 PATH programs and over 300 Public Housing Authorities in four states. The material it collected in its one-year effort offers valuable information for advocates, policymakers, and programs on the significant barriers faced by people who are homeless with mental illness in obtaining a home in Public Housing. It also offers insight into ways that some PATH providers and PHAs have worked together to make access to affordable housing a reality for PATH participants. It suggests that there is much more to be done in this area, including a wider data collection effort and is a call to action for advocates, consumers and programs to explore ways to increase utilization of PHA units by people with psychiatric disabilities who are homeless (authors).

**Available From:** Texas Department of Mental Health and Mental Retardation, 909 West 45th, Austin, TX 78711, (512) 206-5760, [www.mhmr.state.tx.us](http://www.mhmr.state.tx.us).

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**Order #: 8292**

**Authors:** Fosburg, L.B., Dennis, D.L. (eds.).

**Title:** **Practical Lessons: The 1998 National Symposium on Homelessness Research.**

**Source:** Washington, DC: U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services, 1999. (Report: 437 pages)

**Abstract:** Practical Lessons is the result of the National Symposium on Homelessness Research: What Works? This symposium was held on October 29-30, 1998 and was sponsored by the U.S. Department of Housing and Urban Development and the U.S. Department of Health and Human Services. The goal of this meeting was to examine the current state and future direction of research and evaluation. In addition, assistance was provided to policymakers and service providers in the development, implementation, and monitoring of housing and services that can more effectively serve the homeless population. Practical Lessons includes the revised editions of thirteen papers presented at the meeting by nationally recognized faculty. The topics addressed include prevention, special populations, clinical interventions, systems integration, case management, transitional services, permanent housing and employment, and consumer involvement.

**Available From:** HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, <http://aspe.os.dhhs.gov/progsys/homeless/symposium/Toc.htm>.

## Systems Integration & Coalition Building

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**Order #:** 8025

**Authors:** Foster, S., Detrick, A., Eichler, S., Fricks, L., Henderson, M.J., Jorgenson, J., Kirwan, D., Kushner, J., Manderscheid, R.W., Goodwin, S.N., Strosahl, K., Volpe, F.

**Title:** **Integration of Mental Health and Other Services for Adults.**

**Source:** Journal of the Washington Academy of Sciences 85(1): 53-69, 1998. (Journal Article: 17 pages)

**Abstract:** This article provides a broad overview of service integration. It begins with a definition of service integration and the characteristics of an ideal service system and then highlights the debate between advocates for "structural" vs. "functional" integration and describes models and methods to achieve both. Financial, contractual, and policy-level strategies for achieving better inter-organizational linkages are then discussed. A separate section is devoted to models for coordinating care between the justice system and the mental health system. Special issues including who needs to be involved in the process of designing and implementing systems of care, determining outcomes of care and the challenges to service integration are discussed. Finally, recommendations are made for steps that should be taken to move toward more highly integrated service systems serving persons with mental illness (authors).

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**Order #:** 1853

**Authors:** Gardner, S.L.

**Title:** **A Commentary.**

**Source:** In Edelman, P.B., and Radin, B.A. (eds.), *Serving Children and Families Effectively: How the Past Can Help Chart the Future*. Washington, DC: Education and Human Services Consortium, 1991. (Book Chapter: 5 pages)

**Abstract:** The author provides a set of nine general "lessons" to guide services integration efforts, along with some cautionary advice. These lessons emphasize that true services integration requires basic systems change, and cannot be accomplished through minor reorganizations and adjustments. Long-term planning, changes in program financing, increased accountability, and the commitment of talented leaders are all prerequisites to lasting effectiveness. The political nature of services integration and how it is critical to build a strong constituency for change, both amongst local and state policy-makers and funders, and at the program staff level, is also discussed.

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**Order #:** 7890

**Authors:** Gillies, R.R., Shortell, S.M., Anderson, D.A., Mitchell, J.B., Morgan, K.L.

**Title:** **Conceptualizing and Measuring Integration: Findings from the Health Systems Integration Study.**

**Source:** Hospital and Health Services Administration 38(4): 467-489, 1993. (Journal Article: 23 pages)

**Abstract:** This article has two primary objectives: to clarify the different types of integration associated with the notion of an organized delivery system; and to share the results from an ongoing study of 12 organized delivery systems. The findings indicate a moderate level of integration overall, particularly in the areas of culture, financial planning, and strategic planning. The study found that corporate staff respondents perceive their systems to be more integrated and effective than do operating unit managers, and that some functional integrational areas are positively associated with both physician-system and clinical integration that, in turn, are positively related to each other. Overall, perceived integration was found to be positively associated with perceived effectiveness (authors).

## Systems Integration & Coalition Building

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**Order #: 1851**

**Authors:** Goldman, H.H., Morrissey, J.P., Ridgely, M.S., Frank, R.G., Newman, S.J., Kennedy, C.

**Title:** **Lessons from the Program on Chronic Mental Illness.**

**Source:** Health Affairs 11(3): 51-68, 1992. (Journal Article: 18 pages)

**Abstract:** The Robert Wood Johnson Foundation (RWJF) announced the Program on Chronic Mental Illness, a service demonstration designed to "help the chronically mentally ill function more effectively in their everyday lives," in 1985. This paper locates the RWJF Program in the context of other efforts to develop systems of care for individuals with severe and persistent mental illness and examines the program's impact on mental health care system reform. The federal, state, and local aspects of the demonstration are examined, and the relative contribution and role of each level of government and the private sector is assessed. It also looks at the feasibility of implementing systems changes in other communities (authors).

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**Order #: 13114**

**Authors:** Grazier, K., Hegedus, A., Carli, A., Neal, D., Reynolds, K.

**Title:** **Integration of Behavioral and Physical Health Care for a Medicaid Population Through a Public-Public Population.**

**Source:** Psychiatric Services 54(11): 1508-1512, 2003. (Journal Article: 5 pages)

**Abstract:** This article documents a unique organizational, legal, and financial partnership between a state, a university, a Medicaid managed health care plan, and a county to provide integrated mental health, substance abuse, and primary and specialty health care services to Medicaid, low-income, and indigent consumers in Washtenaw county, Michigan. According to the authors, major regulatory, financial, and clinical changes were required within and among the various partners in the Washtenaw County Integrated Health Care Project. A new entity, the Washtenaw Community Health Organization, was created to implement the project. By sharing resources as well as financial risks, the state, the county, and the university have been able to provide ongoing integrated care to a vulnerable population of patients. Although resource intensive in conceptualization and implementation, the project can be viewed as a model for other states that face growing needy populations and decreasing Medicaid budgets.

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**Order #: 947**

**Authors:** Gualtieri, L.

**Title:** **This Line Is No Place To Be: Improving the Delivery of Support Services to Homeless People.**

**Source:** San Francisco: HomeBase, 1990. (Report: 101 pages)

**Abstract:** This report seeks to: identify services needed by homeless persons; identify barriers to an integrated service system; identify ways to modify the existing human service system; develop a context in which jobs, housing, and treatment can be made available through improved support services coordination; encourage funding of projects that coordinate services to homeless people and ensure accountability for service delivery; and adapt the service delivery system to individual needs. Profiles of model programs and strategies from other parts of the United States, which have been successful in alleviating service delivery problems to the homeless, are included in the appendices.

**Available From:** HomeBase, 870 Market Street, Suite 1228, San Francisco, CA 94102, (415) 788-7961. [www.homebasecc.org](http://www.homebasecc.org).

## Systems Integration & Coalition Building

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**Order #:** 6896

**Authors:** Hoge, M. A., Howenstine, R.A.

**Title:** **Administrative Update: Organizational Development Strategies for Integrating Mental Health Services**

**Source:** Community Mental Health Journal 33(3): 175-187, 1997. (Journal Article: 13 pages)

**Abstract:** The authors of this article discuss an organizational development approach to services integration that focuses on reducing the rigid maintenance of agency boundaries by developing informal networks among staff. Eight strategies, drawn from the research literature on services integration and recently implemented by a local mental health authority, are described as potential tools to be used by systems managers in accomplishing these goals. The strategies include: creating an umbrella organization, creating integrative task groups, participatory management, strategic planning, boundary spanners, team building, resource sharing, and multi-agency programming. The authors conclude that each of these strategies is designed to soften the boundaries of member organizations while strengthening provider identification with the system as a whole.

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**Order #:** 8195

**Authors:** HomeBase.

**Title:** **Turning Homelessness Around: Restructure Mainstream Systems; Integrate Homeless Specific Responses.**

**Source:** San Francisco, CA: HomeBase, 1999. (Report: 149 pages)

**Abstract:** This report provides an overview of successful strategies that have been utilized by the Bay Area Regional Initiative to Turn Homelessness Around (BARI). BARI has found five major successful strategies that assist people in leaving homelessness: increase incomes; access stable, permanent housing; improve the delivery of support services; build community; and integrate the homeless and mainstream services. The report describes each of these strategies and provides examples of successful programs.

**Available From:** HomeBase, 870 Market Street, Suite 1228, San Francisco, CA 94102, (415) 788-7961, [www.homebasecc.org](http://www.homebasecc.org).

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**Order #:** 11545

**Authors:** Housing Assistance Council.

**Title:** **Continuum of Care Best Practices: Comprehensive Homeless Planning in Rural America.**

**Source:** Washington, DC: Housing Assistance Council, 2002. (Report: 60 pages)

**Abstract:** This publication describes rural partnerships formed under the Department of Housing and Urban Development's Continuum of Care system, which encourages links among local organizations and government agencies to provide a full range of services to homeless individuals and families. According to this report, rural areas can successfully plan and implement coordinated shelter and service programs for homeless residents. This report describes four of these success stories, showing how rural places have made it possible for people to access whatever support they need as they move from homelessness to shelter to permanent housing. Each of the four case studies in the report covers a different type of continuum. Cattaraugus County, N.Y. has a strictly local system. A six-county partnership in northwest Alabama exemplifies a regional approach. Rural Arizona's plan illustrates a statewide approach with a specific focus on rural areas, while Ohio has developed a broader statewide continuum of care.

**Available From:** Housing Assistance Council, Inc., 1025 Vermont Avenue, Northwest, Suite 606, Washington, DC 20005, (202) 842-8600, [www.ruralhome.org/pubs/hsganalysis/continua.pdf](http://www.ruralhome.org/pubs/hsganalysis/continua.pdf)

## Systems Integration & Coalition Building

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**Order #: 6906**

**Authors:** Huz, S., Andersen, D., Richardson, G., Boothroyd, R.

**Title:** **A Framework for Evaluating Systems Thinking Interventions: An Experimental Approach to Mental Health Systems Change.**

**Source:** System Dynamics Review 13(2): 149-169, 1997. (Journal Article: 21 pages)

**Abstract:** This article proposes a framework to address questions that are important to understanding the impact of systems thinking interventions, and presents preliminary findings from a pilot test that evaluated such interventions in New York State. Researchers from SUNY Albany and The New York State Office of Mental Health have been engaged in testing the experimental approach to be repeated in four counties with four control counties also selected and observed via pre- and post-intervention measures. The overall context of the project focuses on integration of mental health and vocational rehabilitation services. The experiment is designed to evaluate measurable outcomes, including shifts in goal structures and change strategies of the management team, shifts in relative alignment of the management team as a whole, perceived success of the intervention, and changes in systems and procedures necessary to improve client services (authors).

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**Order #: 11716**

**Authors:** Ingoglia, C.

**Title:** **Promoting Collaboration: An Exploration of Successful Partnerships Between Mental Health Planning and Advisory Councils and State Mental Health Agencies.**

**Source:** Alexandria, VA: National Association of State Mental Health Program Directors and the National Technical Assistance Center for State Mental Health Planning, 2001. (Report: 27 pages)

**Abstract:** This report, produced jointly by NAMHPAC and NTAC, is aimed at emphasizing the importance of collaboration between state mental health agencies and state mental health planning and advisory councils in improving public mental health systems, and enhancing the services and supports they provide to recipients of public mental health services. This report also offers examples from three states in which the planning councils and mental health authorities have taken to heart the spirit of collaboration in planning, advocating for and monitoring public mental health services (authors).

**Available From:** National Association of State Mental Health Program Directors, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, [www.nasmhpd.org](http://www.nasmhpd.org).

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**Order #: 2404**

**Authors:** Interagency Council on the Homeless.

**Title:** **Priority: Home! The Federal Plan to Break the Cycle of Homelessness.**

**Source:** Washington, DC: U.S. Department of Housing and Urban Development, 1994. (Report: 126 pages)

**Abstract:** In May of 1993 President Clinton signed an Executive Order directing the 17 federal agencies that make up the Interagency Council on the Homeless (ICH) to prepare "a single coordinated Federal Plan for breaking the cycle of existing homelessness and for preventing future homelessness." A product of that effort, this document describes the changing nature of homelessness in the United States, briefly reviews the characteristics of the homeless population, and goes on to sketch the causes and outline the scale of the problem. It then turns to a concise history of programs mounted to assist homeless individuals and families in the 1980s. It evaluates those efforts and makes recommendations for new policies and programs to end homelessness. The authors contend that the ultimate answer to homelessness is also the answer to poverty (authors).

**Available From:** U.S. Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410, (202) 708-1112, [www.hud.gov](http://www.hud.gov).

## Systems Integration & Coalition Building

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**Order #: 11543**

**Authors:** Interagency Task Force on Homelessness.

**Title:** **Recommendations of the Interagency Task Force on Homelessness.**

**Source:** Sacramento, CA: Interagency Task Force on Homelessness, 2002. (Report: 103 pages)

**Abstract:** This report from the California Interagency Task Force on Homelessness includes proposals in the areas of housing, assessment, prevention, integration of programs and services as well as cross-cutting issues. Selected recommendations include: creating a state Council on Homelessness, an Advisory Panel on Homelessness, and a state Office on Homelessness; expanding an existing state agency or create a new one authorized to override local government land-use decisions; expanding the Department of Social Services contracts for the Outpatient Substance Abuse Program for Low-Income Women and Their Children to provide a supportive housing subsidy component for women who successfully complete treatment; and creating a new category of Alcohol and Other Drug (AOD) Program Certification entitled the Homeless Shelter Program (authors).

**Available From:** Interagency Task Force on Homelessness, 1800 Third Street, P.O. Box 952050, Sacramento, CA 94252-2050, (916) 445-4782, [www.hcd.ca.gov/hpd/iatf\\_july2002recommendations.pdf](http://www.hcd.ca.gov/hpd/iatf_july2002recommendations.pdf).

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**Order #: 8700**

**Authors:** International Downtown Association.

**Title:** **Addressing Homelessness: Successful Downtown Partnerships.**

**Source:** Washington, DC: International Downtown Association, 2000. (Report: 55 pages)

**Abstract:** This report examines partnerships between downtown businesses and human service providers to address the needs of people who are homeless and have serious mental illnesses. The report provides business and service provider organizations with information about partnerships throughout the country, and enables them to determine which approaches are worthy of exploration in their respective cities. Each partnership described in this report is different and should be described as a "work in progress;" each offers ideas for practitioners concerned about how best to address the issue of people with serious mental illnesses living on city streets.

**Available From:** International Downtown Association, 1250 H Street, NW, 10th Floor, Washington, DC 20005, (202) 393-6801, [www.ida-downtown.org](http://www.ida-downtown.org).

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**Order #: 6139**

**Authors:** James Bell Associates.

**Title:** **Evaluation of HHS Services Integration Pilot Projects Volume II: Cross-Site Analysis and Evaluation Report.**

**Source:** Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 1994. (Report: 65 pages)

**Abstract:** This study examined and assessed the effort undertaken by each of the Services Integration Pilot Project (SIPP) grantees. Lessons learned from the SIPP projects can help direct future federal efforts to encourage services integration at the point of service delivery. The experience also can provide a blueprint for states and localities interested in adapting specific components of SIPP projects. Topics discussed include: history, issues, and description of the SIPP projects; an overview of each of the demonstration sites; cross-cutting analysis; federal and legislative requirements; improved coordination in service delivery; key accomplishments in case management services and state level collaboration; and lessons learned.

**Available From:** Administration for Children and Families, 370 L'Enfant Promenade SW, Washington, DC 20201, [www.acf.dhhs.gov](http://www.acf.dhhs.gov).

## Systems Integration & Coalition Building

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**Order #:** 3289

**Authors:** Jimenez-Bautista, A., Rosenthal, B.

**Title:** Northern Manhattan Collaborates!: The Story of a Model Coalition.

**Source:** New York, NY: Northern Manhattan Improvement Corporation, 1995. (Report: 29 pages)

**Abstract:** This paper provides a brief history of a multi-issue community-wide coalition called Northern Manhattan Collaborates! (NMC!). According to the authors, the building of NMC! illustrates a number of critical dynamics in coalition development. Through interviews and participant observation, the integral components of NMC! development as a community-wide, multi-issue coalition are documented.

**Available From:** Northern Manhattan Improvement Corporation, 76 Wadsworth Avenue, New York, NY 10033, (212) 822-8300, www.nmic.org.

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**Order #:** 8030

**Authors:** Johnsen, M.C., Morrissey, J.P., Calloway, M.O., Ullman, M., Starrett, B.E.

**Title:** A Set of Cohesion-Based Measures for Exploring Service Delivery Networks.

**Source:** Journal of Community Psychiatry (under review). (Unpublished Paper: 18 pages)

**Abstract:** This article provides an interorganizational (IO) network analysis aimed at understanding and characterizing the basic contours of human services delivery networks serving persons who are homeless and mentally ill and the distribution of human service organizations within these networks. Data consisting of client referrals and information exchanges among 954 organizations from 15 cities were derived from an evaluation of the Access to Community Care and Effective Supports and Services (ACCESS) demonstration. A k-core analysis is performed to identify areas of increasing intensity of IO activity and resource exchanges within each network. K-cores are areas of a network in which each organization is linked to at least a minimum number of other organizations in the network. A series of measures derived from a k-core analysis is presented. In addition, a measure of adjusted concentration is proposed, which standardizes the measure of concentration for both network size and the highest value of k attained in a network. The authors state these measures provide a useful way to understand and compare service systems and their IO structure.

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**Order #:** 1857

**Authors:** Kahn, A.J., Kamerman, S.B.

**Title:** Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities.

**Source:** New York, NY: National Center for Children in Poverty, 1992. (Report: 48 pages)

**Abstract:** This report seeks to clarify the character of present services integration developments and to ask how the goals sought may be achieved and the effects consolidated. The services integration efforts may take the form of high-level or local-level administrative restructuring or collaboration, or case-oriented strategies at the service delivery level. This report examines services integration from different categorical bases: public, child and family support services, child mental health, individuals with disabilities education act, health and education initiatives, and public welfare and employment programs.

**Available From:** National Center for Children in Poverty, Mailman School of Public Health, Columbia University, 154 Haven Avenue, New York, NY 10032, (212) 304-7100, www.nccp.org.

## Systems Integration & Coalition Building

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**Order #:** 5552

**Authors:** Kaye, G., Wolff, T. (eds.).

**Title:** **From the Ground Up! A Workbook on Coalition Building & Community Development.**

**Source:** Amherst, MA: AHEC/Community Partners, 1995. (Book: 200 pages)

**Abstract:** This book focuses on building coalitions in the community. The authors examine various aspects of coalition building including: empowerment, principles of success; barriers and how to overcome them; multicultural issues; dealing with conflicts in coalition; involving and mobilizing grassroots; community assessment; developing action plans for community coalition; and monitoring and evaluation of coalition activities and success.

**Available From:** AHEC/Community Partners, 24 South Prospect Street, Amherst, MA 01002, (413) 253-4283, [www.compartners.org](http://www.compartners.org). (COST: \$30.00)

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**Order #:** 6425

**Authors:** Konrad, E.L.

**Title:** **A Multidimensional Framework for Conceptualizing Human Services Integration Initiatives.**

**Source:** New Directions for Evaluation 69: 5-19, 1996. (Journal Article: 15 pages)

**Abstract:** The author explains that human services integration (SI) initiatives are, by their nature, complex approaches to service provision. They consist of multiple partners, operate along numerous dimensions and at various levels of intensity, and encompass a variety of components, structures, and designs. A brief history of services integration initiatives is provided and the following topics are discussed: levels of integration; collaboration; consolidation; dimensions of human services integration initiatives; target population; program policy and legislation; service delivery system or models; stakeholders; information systems and data management; and outcomes and accountability.

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**Order #:** 3254

**Authors:** Landsberg, G., Rock, M.

**Title:** **County-State Collaboration: County Directors' Perceptions of the New York State Intensive Case Management Program.**

**Source:** Administration and Policy in Mental Health 22(5): 483-495, 1995. (Journal Article: 13 pages)

**Abstract:** This article describes the views of county mental health directors concerning the planning and implementation of the Intensive Case Management program in New York State, a program designed to foster state/county collaboration. The county mental health directors viewed the program as being successful in key areas related to clients, though less successful in the area of systems change. The key to the successful components of the program were the collaborative activities in planning and implementation at the local level (authors).

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**Order #:** 2746

**Authors:** Landsberg, G., Rock, M.

**Title:** **Mental Health Systems Coordination: The Intensive Case Management Program in New York City.**

**Source:** Administration and Policy in Mental Health 22(2): 115-130, 1994. (Journal Article: 17 pages)

**Abstract:** According to the authors, delivery of mental health services is confronted by two issues: fragmentation of the mental health system and the system's failure to meet the needs of individuals with serious mental illnesses. The New York City Intensive Case Management Programs is studied as a program designed to coordinate services for persons with serious mental illnesses in spite of the City's highly fragmented and complex urban mental health system. Activities that promote services integration are also described (authors).

## Systems Integration & Coalition Building

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**Order #:** 2307

**Authors:** Lewin-ICF.

**Title:** **Community Models of Coordination in Primary Care Programs: Final Report.**

**Source:** Washington, DC: U.S. Department of Health and Human Services, 1992. (Report: 200 pages)

**Abstract:** This report contains case studies of six communities noted for their efforts to integrate primary health care services among multiple organizations including Arlington, VA; Hidalgo County, TX; Albany, NY; Miami, FL; Chicago, IL; and Seattle, WA. The objective was to identify those factors within the communities that promote primary care service integration, the extent to which those factors are generalized across the communities, and their implications for future Health Resources and Services Administration (HRSA) programs and policies. The findings indicate that good communication, ongoing financial viability and efficient operations characterize successful and sustained service integration efforts. HRSA was also seen as important to the success of many of the integration efforts by providing funding and resources, and allowing providers to define their own systems of integration.

**Available From:** U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, (877) 696-6775, [www.hhs.gov](http://www.hhs.gov).

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**Order #:** 2294

**Authors:** Macbeth, G.

**Title:** **Collaboration Can Be Elusive: Virginia's Experience in Developing an Interagency System of Care.**

**Source:** Administration and Policy in Mental Health 20(4): 259-282, 1993. (Journal Article: 23 pages)

**Abstract:** According to the author, many states are attempting to improve services for children with mental health needs, as well as for their families, by using interagency service approaches. This article chronicles two such approaches used by Virginia to implement an interagency planned, funded, and managed statewide system of community care. The conceptual base of each approach is examined and service data are used to illustrate their benefits and weaknesses (author).

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**Order #:** 1005

**Authors:** Martin, M.A.

**Title:** **The Homeless Mentally Ill and Community-Based Care: Changing a Mindset.**

**Source:** Community Mental Health Journal 26(5): 435-447, 1990. (Journal Article: 13 pages)

**Abstract:** The author presents a framework for developing a comprehensive system of care for homeless mentally ill persons that reconceptualizes clients, services, and the interactions between them. The history of community-based care for persons with long-term mental illness is reviewed and the functions of a Community Support System (CSS) model of services are outlined. A holistic approach, requiring the provision of a variety of health, mental health and social welfare programs is recommended to respond effectively to the needs of homeless mentally ill persons.

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**Order #:** 2900

**Authors:** Marzke, C., Both, D.

**Title:** **Getting Started: Planning a Comprehensive Services Initiative.**

**Source:** New York, NY: National Center for Service Integration, 1994. (Bibliography: 23 pages)

**Abstract:** Many communities are beginning the process of changing their service delivery systems. The purpose of this resource brief is to help those initiating this process by summarizing some of the questions and issues that should be considered in the planning stages of a collaborative services reform effort, and by describing a set of documents that offer more in-depth guidance in thinking through these issues (authors).

## Systems Integration & Coalition Building

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**Order #: 13158**

**Authors:** Meyerson, B., Chu, B., Mills, V.

**Title:** **State Agency Policy and Program Coordination in Response to the Co-Occurrence of HIV, Chemical Dependency, and Mental Illness.**

**Source:** Public Health Reports 118(5): 408-414, 2003. (Journal Article: 7 pages)

**Abstract:** This study sought to establish a conservative and initial understanding of state HIV, substance abuse, and mental health agency coordination of policy and program in response to the co-occurrence of HIV, chemical dependency, and mental illness. Estimation of coordination was accomplished through the comparison of three surveys conducted among state substance abuse directors (1998), state AIDS directors (1999), and state mental health directors (2000). Data from 38 states were reviewed. According to the authors, the most frequently reported state agency activities included coordinating funding, engaging in integrative planning activities, and conducting staff cross-training. When compared for association with state characteristics, coordination among state agencies was found to be associated with Early Intervention Services (EIS) designation, higher rates of AIDS generally, higher rates of AIDS among African Americans, and higher rates of AIDS among Hispanic populations. Given the limitations of comparing three disparate surveys, the authors determined the estimate of interagency coordination to be conservative and preliminary. They conclude that while this study was useful as an initial step toward identifying state interagency policy and program coordination in response to the co-occurrence of HIV, chemical dependency, and mental illness, there were methodological challenges that should be addressed in future studies of state agency coordination. Several recommendations were advanced (authors).

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**Order #: 6694**

**Authors:** Miller, E.

**Title:** **The Evolution of Integration: Federal Efforts from the 1960s to Present Day.**

**Source:** Rockville, MD: Center for Mental Health Services, 1996. (Report: 54 pages)

**Abstract:** This report is a synthesis of current and past literature regarding the evolution of integration as well as an inventory of some current federal integration efforts. The history and evolution of the concept of integration from the 1960s until present day is detailed including: the war on poverty; definition of integration; systems integration versus service integration; integration on a continuum; common themes in current federal integration efforts; and recommendations for the future of integration. In addition, 17 federal programs are reviewed including an analysis of their individual goals and structures.

**Available From:** Center for Mental Health Services, PO Box 42557, Washington, DC 20015, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org).

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**Order #: 5740**

**Authors:** Miller, K., Scott, C.R., Stage, C., Birkholt, M.

**Title:** **Communication and Coordination in an Interorganizational System.**

**Source:** Communication Research 22(6): 679-699, 1995. (Journal Article: 20 pages)

**Abstract:** The authors explain that homelessness in today's urban centers pose a problem of huge proportions. Because of the diverse nature and needs of the American homeless population, individual organizations are not able to provide the range of services necessary for survival on the street and long-term recovery off the street. The authors present a theory study of coordination and communication in the provision of service to the urban homeless. The theoretical perspectives on communication and coordination in interorganizational relationships are reviewed, with the urban homeless context taken into consideration (authors).

## Systems Integration & Coalition Building

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**Order #: 3290**

**Authors:** Mizrahi, T., Rosenthal, B.B.

**Title:** **The Dynamics and Development of Social Change Coalitions: A Study of 40 Local, Regional and State Coalitions.**

**Source:** New York, NY: ECCO, 1990. (Report: 8 pages)

**Abstract:** The purpose of this report is to develop and refine techniques, based on a study of 40 local, regional and state coalitions, that can help diverse organizations work together effectively and build stronger coalitions. According to the authors, better prepared coalitions will maximize the use of private and public resources, and provide major organizing vehicles for social change efforts.

**Available From:** Education Center for Community Organizing, Hunter College School of Social Work, 129 East 79th Street, New York, NY 10021, (212) 452-7132, [www.hunter.cuny.edu/socwork.ecco](http://www.hunter.cuny.edu/socwork.ecco).

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**Order #: 6444**

**Authors:** Morrissey, J., Calloway, M., Johnsen, M., Ullman, M.

**Title:** **Service System Performance and Integration: A Baseline Profile of the ACCESS Demonstration Sites**

**Source:** Psychiatric Services 48(3): 374-380, 1997. (Journal Article: 7 pages)

**Abstract:** Networks of agencies at the 18 demonstration sites in the Access to Community Care and Effective Services and Supports (ACCESS) program for homeless persons with serious mental illness were surveyed to profile baseline levels of systems performance and integration as part of a longitudinal evaluation of systems change and client outcomes. Services at baseline for homeless people with mental illnesses at the program sites were rated as relatively inaccessible, and the coordination of services between agencies was rated as even more problematic. Interagency ties were largely based on client referrals and information exchanges, with very few instances of funding transfers in the form of contracts or grants. On average, at baseline agencies that had received an ACCESS grant were better connected to their local service network than were other agencies. Consistent with the premise of the ACCESS demonstration, services for persons who are homeless and have mental illnesses in urban America are fragmented and not very accessible. The longitudinal design of the evaluation will allow for an assessment of efforts to improve services and systems integration and of the effects of these improvements on client outcomes.

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**Order #: 12263**

**Authors:** Moss, J.E., Flower, C.L., Houghton, L.M., Moss, D.L., Nielsen, D.A., Taylor, D.M.

**Title:** **A Multidisciplinary Care Coordination Team Improves Emergency Department Discharge Planning Practice.**

**Source:** Medical Journal of Australia 177(8): 435-439, 2002. (Journal Article: 5 pages)

**Abstract:** In this article, the authors discuss the integration of a multidisciplinary Care Coordination Team (CCT) into the emergency department at Royal Melbourne Hospital, in Australia. The article suggests that this resulted in a high degree of staff satisfaction with the team, along with improved discharge planning practices and the establishment of referral systems, links and relationships with internal and external service providers. The authors recommend this model, and the extension of community support services, to assist in the disposition of patients after acute care in emergency departments (authors).

## Systems Integration & Coalition Building

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**Order #:** 973

**Authors:** National Assembly of National Voluntary Health and Social Welfare Organizations.

**Title:** **The Community Collaboration Manual.**

**Source:** Washington, DC: The National Assembly of National Voluntary Health and Social Welfare Organizations, 1991. (Manual: 78 pages)

**Abstract:** This manual presents a systematic approach to building an effective community collaboration. While it was developed with an eye to building youth collaborations, the authors contend that the principles are readily adaptable to building any type of community collaboration. The manual walks the reader through the process of starting and building collaborations, maintaining momentum, working effectively with youth, and involving business and the media. Appendices include model bylaws, characteristics of effective chairpersons, setting objectives and program evaluation (author).

**Available From:** The National Assembly, 1319 F Street NW, Washington, DC 20004, (202) 393-4517, [www.nassembly.org](http://www.nassembly.org). (COST: \$14.90)

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**Order #:** 5581

**Authors:** National Association of Area Agencies on Aging for the Administration on Aging.

**Title:** **Handbook on Coalition Building.**

**Source:** Washington, DC: U.S. Department of Health and Human Services, 1992. (Guide: 73 pages)

**Abstract:** This handbook describes what coalition building is all about. Topics examined include: networking; how to construct a coalition; a facilitator guide; working with diverse cultures; needs assessments; goal setting; mobilizing the community; tapping the resources of the private sector; private-public partnerships; resources; and evaluations.

**Available From:** U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, (877) 696-6775, [www.hhs.gov](http://www.hhs.gov).

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**Order #:** 11810

**Authors:** National Center for Cultural Competence.

**Title:** **Sharing a Legacy of Caring: Partnerships between Health Care and Faith-Based Organizations.**

**Source:** Washington, DC: National Center for Cultural Competence, 2002. (Monograph: 30 pages)

**Abstract:** This monograph is intended to help health care policy makers, administrators, governing and advisory boards and providers explore the potential for developing partnerships with faith-based organizations. It is also intended for leaders in faith-based organizations who seek to develop partnerships around health issues to help them understand the interests, potential concerns and successful models from the health care organization's perspective. The monograph showcases the types of partnerships that can support community and individual health by strengthening the community safety net. It clarifies concerns and misconceptions about the appropriateness of collaborations between health care organizations that receive government funding and faith-based organizations. Finally, the monograph introduces the challenges and benefits that arise when two organizations, each with its own distinct purpose and culture, forge new relationships for a common goal (authors).

**Available From:** The National Center for Cultural Competence, 3307 M. Street, NW, Suite 401, Washington, DC 20007, (202) 687-5387, [cultural@georgetown.edu](mailto:cultural@georgetown.edu), [www.georgetown.edu/research/gucdc/nccc/faith.pdf](http://www.georgetown.edu/research/gucdc/nccc/faith.pdf)

## Systems Integration & Coalition Building

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**Order #: 8506**

**Authors:** National GAINS Center for People with Co-Occurring Disorders in the Justice System.

**Title:** **The Courage to Change: A Guide for Communities to Create Integrated Services for People with Co-Occurring Disorders in the Justice System. Executive Summary.**

**Source:** Delmar, NY: National GAINS Center for People with Co-Occurring Disorders in the Justice System, 1999. (Executive Summary: 5 pages)

**Abstract:** This summary report provides a short overview on how communities can integrate services for people with co-occurring disorders in the justice system. The report provides a brief overview of the population and outlines ways in which communities can finance and sustain integrated services. A list of information resources is also provided.

**Available From:** National GAINS Center for People with Co-Occurring Disorders in the Justice System, 345 Delaware Ave., Delmar, NY 12054, (800) 311-GAIN, gains@prainc.com

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**Order #: 7221**

**Authors:** National Technical Assistance Center for State Mental Health Planning and the National Association of State Mental Health Program Directors.

**Title:** **Planting the Seeds of Change: Developing Mental Health and Aging Coalitions to Improve Services for Older Persons with Mental Illness.**

**Source:** Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 1997. (Report: 93 pages)

**Abstract:** This report describes the experiences of six mental health and aging coalitions under a project that was directed, funded, and administered by the National Technical Assistance Center. The report outlines the need for mental health and aging coalitions, characteristics of successful coalitions, strategies and resources for interested stakeholders, and recommendations by grant recipients. The appendices include sample products from the coalitions and other technical assistance material. The report concludes that as a coalition grows and becomes more effective, members will see the benefits of an improved mental health delivery system and an enhanced quality of life for older persons with mental illnesses (authors).

**Available From:** National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nasmhpd.org. (COST: \$10.00)

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**Order #: 6974**

**Authors:** National Technical Assistance Center for State Mental Health Planning.

**Title:** **In the Public Interest: The Developing Alliance Between State and County Mental Health Authorities**

**Source:** Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 1997. (Report: 67 pages)

**Abstract:** This report summarizes the third in a series of meetings of state and county mental health agency leaders to explore their developing alliances to effectively manage, deliver and evaluate mental health services throughout the country. The report also provides technical assistance resource materials and other information designed to examine and strengthen these alliances. This report is divided into four sections: (1) state-county partnership and collaboration; (2) decision-making; (3) fiscal incentives, management issues and governance; and (4) performance indicators and outcome measures.

**Available From:** National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nasmhpd.org/ntac (COST: \$10.00).

## Systems Integration & Coalition Building

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**Order #:** 9515

**Authors:** National Technical Assistance Center for State Mental Health Planning.

**Title:** **The Change Agent's Tool Box.**

**Source:** Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 2000. (Toolkit: 8 sections)

**Abstract:** This series of eight technical assistance newsletters is designed to provide information on promoting systems integration to serve consumers with multiple needs. The first in the series, *Making the Case*, instructs on identifying, defining, and understanding the local needs of persons with mental health and other complex problems and factors that can help or hinder system change activities. The second, *Building Coalitions*, instructs on developing methods for building broad based coalitions and integrating systems by stimulating dialogue among multiple parties. The third in the series, *Involving the Private Sector*, informs on the importance and challenge of involving the private sector in enriching systems integration. The fourth, *Getting Started*, advises on building and reinforcing consensus on problems and alternatives and improving motivation to stimulate change. The fifth, *Finding the Money*, describes methods on identifying potential resources and implementing a pilot project to support systems integration. The sixth, *Making Systems Change Happen*, defines strategies to progress from concepts to reality and mobilize and deliver services. *Evaluating Progress*, the seventh, instructs on identifying methods for creating and implementing efficient mechanisms for defining outcomes as well as effectively evaluating progress. Finally, *Core Qualities of the Change Agent* advises on how to identify and select effective change agents, as well as promote integration across service systems while reducing demands on more expensive and restrictive alternatives.

**Available From:** National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, [ntac@nasmhpd.org](mailto:ntac@nasmhpd.org), [www.nasmhpd.org/ntac/toolbox/](http://www.nasmhpd.org/ntac/toolbox/)

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**Order #:** 1550

**Authors:** Neibacher, S.

**Title:** **A Public-Private Partnership in Health Care for the Homeless.**

**Source:** In Brickner, P.W., Scharer, L.K., Conanan, B.A, Savarese, M., and Scanlan, B.C. (eds.), *Under the Safety Net: The Health and Social Welfare of the Homeless in the United States*. New York, NY: W.W. Norton & Company, 1990. (Book Chapter: 14 pages)

**Abstract:** This chapter discusses the collaboration between public and voluntary agencies that is required in order to solve complex social problems. The benefits, challenges, and difficulties of developing a partnership that maximizes resources are evident in this description of one city's experiment with a coalition, the New York City Coalition for Health Care for the Homeless. The coalition came together as grant applicants for the national Health Care for the Homeless Program and has worked together under four different chairpersons since 1984 (author).

## Systems Integration & Coalition Building

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**Order #:** 1450

**Authors:** Office of Inspector General.

**Title:** **Services Integration for Families and Children in Crisis.**

**Source:** Washington, DC: U.S. Department of Health and Human Services, 1991. (Report: 46 pages)

**Abstract:** This report identifies a variety of innovative and/or effective initiatives that public and private agencies have undertaken to integrate services at the community level for dysfunctional or multiproblem children and families, particularly in inner cities. Based on case studies of 13 such initiatives, this report describes: (1) the variety of approaches used to integrate services; (2) the potential benefits and limitations of services integration; and (3) the major barriers to services integration and how such barriers may be overcome. This report, one of two prepared by the OIG, focuses on initiatives undertaken at the community level. A companion report, entitled "Services Integration: A Twenty Year Retrospective," describes initiatives that the Federal government, especially the Department of Health and Human Services, has undertaken to promote integrated services during the past two decades (author).

**Available From:** U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, (877) 696-6775, [www.hhs.gov](http://www.hhs.gov).

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**Order #:** 441

**Authors:** Perlman, L.G.

**Title:** **A Manual on Coalition-Building at the State and Local Levels on Mental Health Issues**

**Source:** Rockville, MD: National Institute of Mental Health, 1987. (Report: 54 pages)

**Abstract:** This report, prepared under NIMH contract, examines the need for mental health coalition, and advocacy group development. It notes that some coalitions are developing in various areas of the country and reflects a sense that "the time is right for coalition activities." The author's intent is to "stimulate and enhance the development of coalitions on the state and local level, where the action must occur if positive and realistic change is to take place." The report is organized in 10 chapters including "Initiating a Coalition," "Administering Coalitions," and "Summary of Potential Problems." One chapter describes effective coalitions in Hawaii and Maryland, while another chapter provides a checklist for coalition development.

**Available From:** National Institute of Mental Health, 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892, (301) 443-4513, [www.nimh.nih.gov](http://www.nimh.nih.gov).

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**Order #:** 11108

**Authors:** Pitcoff, W.

**Title:** **Comprehensive Community Initiatives: Redefining Community Development. Part 1: New Partnerships.**

**Source:** Shelterforce Online (Nov./Dec.): 1-16, 1997. (Journal Article: 16 pages)

**Abstract:** This article describes Germantown Settlement's latest project. After years of successful projects leading to housing construction, job creation, and crime reduction, this initiative means to show that all of these issues are inextricably linked. The initiative aims to bring together all sectors of the community and empower residents to completely transform their neighborhood, starting with the way they interact with citywide systems that provide essential services. The project is one of a growing number of similar initiatives in low-income neighborhoods throughout the country. These comprehensive community initiatives (CCIs), as they are called, borrow heavily from various community development models but at the same time are unique in their structure, strategies, and ambitious goals. CCIs require collaboration between a wide spectrum of individuals and institutions, public and private, that shape the neighborhood. Community-based organizations, municipal governments, social service providers, residents, block clubs, and business owners are among those who join together to share resources and coordinate efforts in these initiatives.

**Available From:** Shelterforce Online, [www.nhi.org/online/issues/96/ccis.html](http://www.nhi.org/online/issues/96/ccis.html).

## Systems Integration & Coalition Building

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**Order #:** 7759

**Authors:** Pitcoff, W.

**Title:** **Redefining Community Development Part II: Collaborating for Change.**

**Source:** Shelterforce 19(1): CCI1-CCI16, 1998. (Journal Article: 16 pages)

**Abstract:** This article discusses the Rebuilding Communities Initiative (RCI), a seven-year venture by the Annie E. Casey Foundation to assist low-income communities in five cities through a resident-led process of neighborhood transformation. RCI, in turn, is one of a growing number of similar foundation funded comprehensive community initiatives (CCIs) throughout the country. CCIs work to strengthen the capacity of participating organizations and neighborhood residents to address a wide range of issues. These initiatives focus on building leadership among residents and organizations and require collaboration among a wide spectrum of neighborhood residents and institutions. The article discusses issues such as comprehensive planning, systems thinking, collaboration, and governance.

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**Order #:** 8699

**Authors:** Proscio, T.

**Title:** **Forming an Effective Supportive Housing Consortium.**

**Source:** New York, NY: Corporation for Supportive Housing, 2000. (Guide: 43 pages)

**Abstract:** This guide, part of a three part series, is designed to assist communities interested in developing supportive housing. The guide examines the role of local collaboration in developing supportive housing. It provides an overview of supportive housing and discusses convening interested players, what the consortium does, organizing the work, and keeping the consortium on track.

**Available From:** Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, [www.csh.org](http://www.csh.org).

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**Order #:** 6613

**Authors:** Provan, K.G.

**Title:** **Services Integration for Vulnerable Populations: Lessons from Community Mental Health.**

**Source:** Family and Community Health 19(4): 19-30, 1997. (Journal Article: 12 pages)

**Abstract:** This article examines the presumed benefits and problems concerning integration of health and human services for vulnerable clients. Findings from a study of services integration in community mental health are summarized, and conclusions are drawn about whether integration is beneficial for client outcomes. In contrast to the generally held wisdom that "more integration is better," results indicate that high integration among provider agencies does not result in more favorable outcomes, but that services integration is most effective when coordinated through a single core provider. Conclusions for structuring service systems for vulnerable clients are discussed and policy recommendations are made (author).

## Systems Integration & Coalition Building

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**Order #: 3169**

**Authors:** Provan, K.G., Milward, H.B.

**Title:** **Integration of Community-Based Services for the Severely Mentally Ill and the Structure of Public Funding: A Comparison of Four Systems.**

**Source:** Journal of Health Politics, Policy and Law 19(4): 865-894, 1994. (Journal Article: 29 pages)

**Abstract:** According to the authors, the structure of public funding may have a substantial effect on the nature and extent of integration among the various service providers that comprise a community's delivery network. This article compared community mental health care systems in four U.S. cities, including: Tucson, AZ; Albuquerque, NM; Akron, OH; and Providence, RI. They found that services can achieve integration regardless of the structure of public funding, however, the structure of integration among providers may be affected. Specifically strong fiscal control by the state is conducive to delivery systems that are integrated through the core mental health care agency in a community, whereas weak fiscal control is more likely to result in decentralized integration among system providers (authors).

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**Order #: 6443**

**Authors:** Randolph, F., Blasinsky, M., Leginski, W., Parker, L.B., Goldman, H.H.

**Title:** **Creating Integrated Service Systems for Homeless Persons With Mental Illness: The ACCESS Program**

**Source:** Psychiatric Services 48(3): 369-373, 1997. (Journal Article: 5 pages)

**Abstract:** The Access to Community Care and Effective Services and Supports (ACCESS) demonstration program was initiated in 1993 by the U.S. Department of Health and Human Services as part of a national agenda to end homelessness among persons with serious mental illness. Demonstration projects have been established in nine states to develop integrated systems of care. This article provides an overview of the ACCESS program and presents definitions of services integration and systems integration. Evaluating the effectiveness of integration strategies is a critical aspect of the program. The authors describe the evaluation design and the integration strategies being evaluated and summarize findings from a formative evaluation of the project's first two years. The evaluation revealed several problems that were addressed by providing technical assistance. States were helped to articulate a broader mission of addressing system-level barriers, develop an expanded plan, strengthen the authority of interagency councils, involve leaders at the state and agency levels, and develop joint funding strategies (authors).

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**Order #: 12255**

**Authors:** Randolph, F., Blasinsky, M., Morrissey, J.P., Rosenheck, R.A., Coccozza, J., Goldman, H.H.

**Title:** **Overview of the ACCESS Program.**

**Source:** Psychiatric Services 53(8): 945-948, 2002. (Journal Article: 4 pages)

**Abstract:** In this article, the authors provide an overview of the ACCESS program which evaluated the integration of service systems and its impact on outcomes for homeless persons with severe mental illness. The ACCESS program provided funds and technical assistance to nine community sites to implement strategies for system change that would promote systems integration. These experimental sites, along with nine comparison sites, also received funds to support outreach and assertive community treatment for 100 clients a year for four years at each site. Data on changes in systems integration were obtained from interviews with key informants from relevant organizations in each community (authors).

## Systems Integration & Coalition Building

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**Order #:** 2934

**Authors:** Randolph, F.L.

**Title:** **Improving Service Systems Through Systems Integration: The ACCESS Program.**

**Source:** American Rehabilitation 21: 36-38, 1995. (Journal Article: 7 pages)

**Abstract:** This article describes the ACCESS (Access to Community Care and Effective Services and Supports) Program, which was initiated by the Center For Mental Health Services (CMHS) in 1993 in response to recommendations from the Federal Task Force on Homelessness and Severe Mental Illness. In September of 1993, nine states were awarded approximately \$17 million in cooperative agreement grants for 18 communities to test systems reform strategies. These strategies encourage cooperation among different levels of government and voluntary organizations to eliminate service fragmentation and ultimately achieve integration of service systems for homeless persons with serious mental illnesses, particularly those with co-occurring alcohol or other substance use disorders. The states and localities receiving funds are: Bridgeport and New Haven, CT; two communities in Chicago; Sedgwick and Shawnee counties, KS; St. Louis and Kansas City, MO; Mecklenburg and Wake counties, NC; two communities in Philadelphia; Austin and Fort Worth, TX; Richmond and Hampton/Newport News, VA; and two communities in Seattle (author).

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**Order #:** 7185

**Authors:** Richmond Homeless Services Task Force.

**Title:** **Recommendations for the Development of a Nonprofit Homeless Services Coordination Organization for Metropolitan Richmond.**

**Source:** Richmond, VA: Richmond Homeless Services Task Force, 1997. (Report: 41 pages)

**Abstract:** This document provides information about an initiative to respond to the problem of homelessness in the metropolitan Richmond area. The Richmond Homeless Services Task Force outlines its recommendations and basic program design for creating a homeless services coordination organization. The report features several sections including a business plan; recommendations for development; mission, values and guiding principles; and recommendations for establishing a board of directors. The Task Force states that a coordination organization would move systems integration forward and could develop the following enhancements: a data base and computer network, a central intake system, a primary case management system, and a homeless prevention program.

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**Order #:** 7212

**Authors:** Ridgely, M.S., Lambert, D., Goodman, A., Chichester, C.S., Ralph, R.

**Title:** **Interagency Collaboration in Services for People With Co-Occurring Mental Illness and Substance Use Disorder.**

**Source:** Psychiatric Services 49(2): 236-238, 1998. (Journal Article: 3 pages)

**Abstract:** The authors describe a program in Maine designed to develop a collaborative, or communities of providers, who work together to offer coordinated mental health and substance abuse treatment and support. Surveys of provider agencies in one collaborative conducted one year and two years after the collaborative was established showed an increase in interagency referrals, joint assessments of clients, and jointly sponsored training and client services. The authors conclude that developing a collaborative of providers to serve clients with co-occurring disorders offers a cost-effective approach to maximizing current resources and improving the local delivery of services (authors).

## Systems Integration & Coalition Building

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**Order #:** 2044

**Authors:** Ridgely, S., Dixon, L.

**Title:** **Integrating Mental Health and Substance Abuse Services For Homeless People With Co-Occurring Mental and Substance Use Disorders.**

**Source:** Rockville, MD: Center for Mental Health Services, 1993. (Report: 35 pages)

**Abstract:** This technical assistance report discusses integrating services for homeless persons with co-occurring serious mental health and substance use disorders. Barriers to the care of people with dual diagnoses include the lack of common administrative structure, insufficient resources and philosophical differences, and financial barriers. The authors present three models for addressing the structural aspects of services integration for people with dual diagnoses: the integrated service model; the parallel service model; and the linkages service model. Federal, state, and local initiatives for integrating services are described.

**Available From:** Center for Mental Health Services, PO Box 42557, Washington DC 20015, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org).

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**Order #:** 7741

**Authors:** Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Johnsen, M., Goldman, H., Randolph, F., Blasinsky, M.

**Title:** **Service System Integration and Housing Outcomes for Homeless People with Mental Illness: A Tale of 18 Cities.**

**Source:** In Osher, F., Newman, S. (eds.), *Housing and Residential Care for Persons with Serious Mental Illness*. (Book Chapter: 29 pages)

**Abstract:** This paper uses data from the second year of the Access to Community Care and Effective Services and Supports (ACCESS) demonstration program to examine the relationship of service system integration to the use of housing services and outcomes, and to compare the results with the first year data. Clients at 18 sites were evaluated at baseline, three months, and twelve months. The results show that service system integration was significantly associated to improved access to housing services and to the achievement of independent housing in a large sample of homeless mentally ill clients. These analyses replicate, with two years of data, a previous report of similar findings from the first year of the ACCESS program. The authors state that this study confirms that a significant statistical relationship exists between service system integration and client outcomes among homeless mentally ill persons.

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**Order #:** 7857

**Authors:** Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Johnsen, M., Goldman, H., Randolph, F., Blasinsky, M., Fontana, A., Calsyn, R., Teague, G.

**Title:** **Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Persons with Severe Mental Illness.**

**Source:** *American Journal of Public Health* 88(11): 1610-1615, 1998. (Journal Article: 6 pages)

**Abstract:** This article examines the hypothesis that greater integration and coordination between agencies within service systems is associated with greater accessibility of services and improved client housing outcomes. As part of the Access to Community Care and Effective Services and Supports (ACCESS) program, data were obtained on baseline client characteristics, service use, and three- and 12-month outcomes. Data on interorganizational relationships were obtained from structured interviews with key informants from relevant organizations in each community. Complete follow-up data were obtained from 1,340 clients. Service system integration was associated with superior housing outcomes at 12 months, and this relationship was mediated through greater access to housing agencies. The authors conclude that system integration is related to improved access to housing services and better housing outcomes among homeless people with mental illness (authors).

## Systems Integration & Coalition Building

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**Order #: 10137**

- Authors:** Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Stolar, M., Johnsen, M., Randolph, F., Blasinsky, M., Goldman, H.
- Title:** **Service Delivery and Community: Social Capital, Service Systems Integration, and Outcomes Among Homeless Persons with Severe Mental Illness.**
- Source:** Health Services Research 36(4): 691-709, 2001. (Journal Article: 20 pages)
- Abstract:** This study evaluated the influence of features of community social environment and service system integration on service use, housing, and clinical outcomes among people who are homeless with serious mental illness. Conclusions were drawn that community social capital and service system integration are related through a series of direct and indirect pathways with better housing outcomes, but not with superior clinical outcomes for homeless people with mental illness. Implications for designing improved service systems are discussed (authors).
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**Order #: 3306**

- Authors:** Rosenthal, B., Mizrahi, T.
- Title:** **Strategic Partnerships: How to Create and Maintain Interorganizational Collaborations and Coalitions**
- Source:** New York, NY: Education Center for Community Organizing, 1994. (Manual: 256 pages)
- Abstract:** This document contains descriptive information and recommendations for building effective interorganizational collaborations and coalitions. It is organized to first introduce readers to coalitions and collaborations and then follow the sequence of their development. Section I provides an overview of issues inherent in all collaborations and coalitions. Section II covers the developmental stages and specific tasks and challenges at each stage. Section III discusses collaboration challenges and achievements, and includes suggestions for managing dynamic tensions, collaboration successes and failures and the collaboration assessment process. Section IV contains practical information on different types of collaborations including service integration, conflict/resolution and comprehensive community planning. Section V lists some helpful references on each topic discussed in the document (authors).
- Available From:** Education Center for Community Organizing (ECCO), Hunter College School of Social Work, 129 East 79th Street, New York, NY 10021, (212) 452-7132, [www.hunter.cuny.edu/socwork.ecco](http://www.hunter.cuny.edu/socwork.ecco). (COST: \$53.00)
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**Order #: 5602**

- Authors:** Rowe, M., Hoge, M.A., Fisk, D.
- Title:** **Critical Issues in Serving People Who Are Homeless and Mentally Ill.**
- Source:** Administration and Policy in Mental Health 23(6): 555-565, 1996. (Journal Article: 21 pages)
- Abstract:** Support is increasing for a model of services delivery for homeless people who have mental illness that combines assertive outreach, gradual engagement, respect for the client's service priorities, and a range of clinical, rehabilitative, and social services. While this model is considered by many to be the standard of care for homeless persons with serious mental illness, little has been written about the challenges involved in implementing programs using the model's guiding principles. The authors identify six critical issues for managers, including: confronting (at federal, state and local levels) the political question of whether to serve homeless people who have mental illness; identifying the target population by attempting to define "homelessness" and "mental illness;" putting the guiding principles of non-traditional treatment into operation; facilitating inter-disciplinary and inter-agency collaboration to care for people who are homeless; assessing and responding to racial-ethnic differences among staff and between clients and staff; and addressing the role of formerly homeless and/or mentally ill individuals ("consumers") as staff. In addition, specific strategies for addressing the dilemmas that result from developing innovative outreach services within traditional mental health systems are recommended.

## Systems Integration & Coalition Building

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**Order #:** 7576

**Authors:** Rowe, M., Hoge, M.A., Fisk, D.

**Title:** **Services for Mentally Ill Homeless Persons: Street-Level Integration.**

**Source:** American Journal of Orthopsychiatry 68(3): 490-496, 1998. (Journal Article: 7 pages)

**Abstract:** This article reviews the key elements of a systems integration approach to delivery of human services in terms of their application to services for mentally ill homeless persons. The example of a mental health outreach project illustrates the service- and systems-integrating influences of clinical case management with this population. The example used by the authors is the New Haven, CT, service-enhanced site of the Access to Community Care and Effective Services and Supports (ACCESS) demonstration program. The ability of a "bottom-up" street-level approach to improve coordination and service accessibility for clients in general is discussed.

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**Order #:** 950

**Authors:** Shore, M.F., Cohen, M.D.

**Title:** **The Robert Wood Johnson Foundation Program on Chronic Mental Illness: An Overview.**

**Source:** Hospital and Community Psychiatry 41(11): 1212-1216, 1990. (Journal Article: 5 pages)

**Abstract:** In 1985 the Robert Wood Johnson Foundation implemented the Program on Chronic Mental Illness, which provides grants and assistance to nine cities across the country in their efforts to improve services to persons with chronic mental illness. A basic premise of the program is that a central mental health authority is the cornerstone of improved systems of care. To be eligible for participation in the program, each city had to develop a service system incorporating a central authority and four other features: continuity of care, a full range of services, a housing plan, and new sources of financing. The authors describe how the cities were selected, how the program operates and provide a case example of the problems one city faced in establishing a central authority (authors).

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**Order #:** 2903

**Authors:** Soler, M.I., Peters, C.M.

**Title:** **Who Should Know What? Confidentiality and Information Sharing in Service Integration.**

**Source:** New York, NY: National Center for Service Integration, 1993. (Bibliography: 20 pages)

**Abstract:** This resource brief proposes that confidentiality need not be a significant impediment to interagency collaboration. Based on the work in a number of states and communities, several mechanisms exist for effective interagency information sharing that balance the interests of children and families (in protecting information from disclosure) with the interests of agencies who need to share information to work effectively. This brief draws from legal research, literature reviews, and extensive discussions with public officials and agency personnel who have addressed confidentiality concerns successfully. This brief does not aim to be a comprehensive analysis of confidentiality mandates or an exhaustive treatment of what any particular agency must do to satisfy those mandates (authors).

## Systems Integration & Coalition Building

**Order #: 10989**

**Authors:** Stark, D.R.

**Title:** **Collaboration Basics: A Companion Guide**

**Source:** Washington, DC: Georgetown University Child Development Center, 1999. (Report: 62 pages)

**Abstract:** This companion guide represents the dedication of six pilot sites and three national organizations to promoting stronger partnerships among families, child welfare, and children's mental health. The guide provides information about each pilot site so that other communities can learn from their experiences and use applicable information in their own collaborative efforts (author).

**Available From:** Georgetown University Child Development Center, 3307 M Street NW, Suite 401, Washington DC 20007, <http://gucchd.georgetown.edu/>

**Order #: 8786**

**Authors:** Steadman, H.J., Coccozza, J.J., Dennis, D.L., Lassiter, M.G., Randolph, F.L., Goldman, H., Blasinsky, M.

**Title:** **Successful Program Maintenance when Federal Demonstration Dollars Stop: The ACCESS Program for Homeless Mentally Ill Persons.**

**Source:** Administration and Policy in Mental Health 29(6): 481-493, 2002. (Journal Article: 13 pages)

**Abstract:** A major issue that has long dogged federal demonstration programs in the human services area is the perception that when federal dollars end, the programs end regardless of any proven successes. Access to Community Care and Effective Services and Supports (ACCESS) was a five-year federal demonstration project designed to foster partnerships between service providers for homeless people with serious mental illnesses and co-occurring substance use disorders, and to identify effective, replicable systems integration strategies. Shortly after federal funding ended, research teams returned to the ACCESS sites to determine what elements of the federal funding project remained and what strategies sites used to continue ACCESS. This paper describes ACCESS services retained by the sites, and new funding streams and strategies used to obtain continued funding. Systems integration activities retained by the integration sites are also described (authors).

**Order #: 13025**

**Authors:** Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

**Title:** **Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders.**

**Source:** Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Report: 123 pages)

**Abstract:** This Blueprint for Change is divided into eight chapters that comprise four sections: before you begin; plan for services; organize services; and sustain services. These sections reflect four action steps that states and communities can take to prevent or end homelessness among people with serious mental illnesses, including those with co-occurring substance use disorders. Each chapter presents current knowledge and specific strategies designed to carry out the action steps. Chapters include: Understand the Changing Context of Care and the Nation's Response; Learn About the Population; Establish Core Values; Establish a Comprehensive, Integrated System of Care; Finance a Comprehensive System of Care; Use Evidence-Based and Promising Practices; Measure Results; and Use Mainstream Resources to Serve People Who Are Homeless (authors).

**Available From:** Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (800) 789-2647, [www.nrchmi.samhsa.gov/pdfs/publications/Blueprint\\_2.pdf](http://www.nrchmi.samhsa.gov/pdfs/publications/Blueprint_2.pdf)

## Systems Integration & Coalition Building

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**Order #: 13027**

**Authors:** Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

**Title:** **Mental Health Services for Persons Who Are Homeless and Have Mental Illnesses.**

**Source:** Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Issue Brief (DRAFT): 8 pages)

**Abstract:** This issue brief is one in a series reviewing the promising practices that have emerged from recent research and SAMHSA sponsored evaluations. Providing services for persons who are homeless and have mental illnesses can be a challenge for community-based mental health programs. However, many studies have shown that with the right approach, these individuals can be engaged in and benefit from treatment. Key to the success of these efforts is specialization of services to meet the multiple needs of individuals. The subjects in this brief are the principles of effective engagement and treatment practices based on their application in community mental health settings (authors).

**Available From:** Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org), [www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov)

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**Order #: 13030**

**Authors:** Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

**Title:** **Overcoming Common Barriers to Service Access Within the Service System.**

**Source:** Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Issue Brief (DRAFT): 2 pages)

**Abstract:** This issue brief is one in a series reviewing the promising practices that have emerged from recent research and SAMHSA sponsored evaluations. Research has uncovered ways in which the mental health treatment system itself inadvertently creates barriers to engaging individuals who are homeless. Some of the areas that need to be addressed include: attitudes, expectations, and behaviors of service providers; design of service programs and settings; and operation and configuration of the overall system of care. Some ways in which these barriers can be addressed, such as training sessions, program designs and models, and a community wide approach, should be considered (authors).

**Available From:** Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org), [www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov)

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**Order #: 13029**

**Authors:** Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

**Title:** **Strategic Partnering for Systems Change.**

**Source:** Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Issue Brief (DRAFT): 8 pages)

**Abstract:** This issue brief is one in a series reviewing the promising practices that have emerged from recent research and SAMHSA sponsored evaluations. This issue brief addresses the importance of strategic planning and partnering in improving service delivery across a community mental health system. Community mental health providers that hope to provide quality services for persons who are homeless and have mental illnesses face certain challenges. The individuals they wish to engage require services across many distinct service areas, including mental health, substance use, medical treatment, housing, and access to entitlements. The approach presented here offers guidance on how to assess, assemble, and access community resources for providing quality care to persons who have mental illnesses and who are homeless (authors).

**Available From:** Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (800) 789-2647, [www.mentalhealth.org](http://www.mentalhealth.org), [www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov)

## Systems Integration & Coalition Building

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**Order #: 1855**

**Authors:** United States Department of Health and Human Services and United States Department of Housing and Urban Development.

**Title:** **Blueprint for a Cooperative Agreement Between Public Housing Agencies and Local Mental Health Authorities.**

**Source:** Washington, DC: Center for Mental Health Services, 1994. (Report: 4 pages)

**Abstract:** This document is a "blueprint" for establishing a cooperative agreement between public housing agencies (PHAs) and local mental health authorities (MHAs) with the goal of helping individuals with severe mental illnesses live successfully in community settings. The blueprint was developed by the Department of Health and Human Services (HHS), through the Center for Mental Health Services (CMHS), and the Department of Housing and Urban Development (HUD) to assist in coordinating supportive services and housing. Its objective is to outline respective roles and responsibilities of PHAs and MHAs in the process of coordinating housing and supportive services. While the specific details of such an agreement will necessarily reflect the needs of the community, the unique features of the parties entering the agreement, and other local circumstances, the goal will be the same -- to support individuals with mental disabilities to obtain and retain stable housing within their community.

**Available From:** SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, [www.mentalhealth.samhsa.org](http://www.mentalhealth.samhsa.org).

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**Order #: 8311**

**Authors:** United States Department of Health and Human Services and United States Department of Housing and Urban Development.

**Title:** **Community Team Training on Homelessness: Team Coordinator and Facilitator Manual.**

**Source:** Washington, DC: U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development, 1999. (Manual: 30 pages)

**Abstract:** This manual is designed to help coordinators and facilitators assist their team to formulate a plan for integrating housing, treatment, and supportive services for homeless people in the community who have multiple diagnoses. It is also intended to help initiate and sustain the type of teamwork needed to create a plan and implement it. The manual identifies separate roles for a team coordinator and facilitator and provides material for both these roles. The manual is a companion to Community Team Training on Homelessness (CTTH): The Team Members' Manual. This manual is akin to a "teacher's guide," as it contains suggestions for how to best assist those working with the full text.

**Available From:** Community Connections, P.O. Box 7189, Gaithersburg, MD 20898-7189, (800) 998-9999, [www.comcon.org](http://www.comcon.org), [www.nrchmi.samhsa.gov/pdfs/manuals/Facilitators\\_Manual.pdf](http://www.nrchmi.samhsa.gov/pdfs/manuals/Facilitators_Manual.pdf)

## Systems Integration & Coalition Building

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**Order #: 8312**

**Authors:** United States Department of Health and Human Services and United States Department of Housing and Urban Development.

**Title:** **Community Team Training on Homelessness: Team Members' Manual.**

**Source:** Washington, DC: U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development, 1999. (Manual: 90 pages)

**Abstract:** This manual is intended to be a tool for communities to better serve homeless people with multiple diagnoses in their communities. It outlines strategies for building a cohesive team of community leaders, and provides structure for formulating a plan to integrate housing, treatment, and supportive services for the target population. Success lies in the hard work of team members and their commitment to taking action; this manual serves to assist teams in their action-planning processes. The Community Team Training on Homelessness uses a community-planning model to address the needs of homeless persons with multiple diagnoses. It is designed to enhance each community's efforts to create, promote, and coordinate effective services that focus on supportive housing and a continuum of care for multiply diagnosed homeless persons.

**Available From:** Community Connections, P.O. Box 7189, Gaithersburg, MD 20898-7189, (800) 998-9999, [www.comcon.org](http://www.comcon.org).

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**Order #: 2317**

**Authors:** United States Department of Health and Human Services.

**Title:** **Community Partnership Manual.**

**Source:** Washington, DC: U.S. Department of Health and Human Services, 1985. (Manual: 32 pages)

**Abstract:** This manual describes how localities can tackle social problems through the collaborative efforts of three separate but related groups. The three groups are a task force, nonprofit organizations and programs in the community, and other individuals willing to be partners or volunteers in solving a community's social problems. Part I provides techniques to assist a task force in learning about a community before bringing businesses and nonprofit organizations together to form a partnership. Part II provides management and problem-solving guidance to nonprofit organizations for mobilizing a volunteer work force.

**Available From:** U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, (877) 696-6775, [www.hhs.gov](http://www.hhs.gov).

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**Order #: 1859**

**Authors:** United States Department of Health and Human Services.

**Title:** **Efforts to Promote Community-Based Service Integration.**

**Source:** Washington, DC: U.S. Department of Health and Human Services, 1992. (Report: 6 pages)

**Abstract:** This report provides a brief synopsis of 10 grants to promote services integration. Topics of the projects include school-based integrated services, community-based service integration for Georgia rural communities, service integration planning at seven urban sites in Ohio, and the Council of Governors' Policy Advisors Second Academy on Families and Children at Risk.

**Available From:** U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, (877) 696-6775, [www.hhs.gov](http://www.hhs.gov).

## Systems Integration & Coalition Building

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**Order #:** 12170

**Authors:** United States Department of Health and Human Services.

**Title:** **Ending Chronic Homelessness: Strategies for Action.**

**Source:** Washington, DC: U.S. Department of Health and Human Services, 2003. (Report: 29 pages)

**Abstract:** This initiative was developed specifically to address the growing need for an integrated network of support systems for people experiencing chronic homelessness: those that have a disabling condition and who experience frequent or extended periods in the homeless assistance system. The plans' goals are to improve access to health and human services, build state and local capacities to respond to homelessness, and prevent new homeless episodes. Highlights include: encouraging applicants to HHS programs to identify how services to people who are homeless will be addressed and coordinated; awarding incentives for funding under the President's expansion of health centers that include a focus on serving people experiencing chronic homelessness; documenting effective service and use of resources that address homeless services, and increasing training and technical assistance; evaluating programs to identify practices that will prevent homelessness among people returning to the community; and establishing an internal homeless workgroup to be led by the HHS Deputy Secretary.

**Available From:** U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC, 20201, (202) 690-6343, <http://aspe.hhs.gov/hsp/homelessness/strategies03/>

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**Order #:** 3852

**Authors:** United States Department of Health and Human Services.

**Title:** **Evaluation of HHS Services Integration Pilot Projects.**

**Source:** Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 1994. (Report: 400 pages)

**Abstract:** In October 1991, the Department of Health and Human Services (HHS) awarded a contract to James Bell Associates to conduct an evaluation of the HHS Services Integration Pilot Project (SIPP). This report consists of eight different volumes including: (1) Executive Summary; (2) Cross-Site Analysis and Evaluation Report; (3) Exemplary Practices; (4) Case Study of the Arizona Services Integration Pilot Project; (5) Case Study of the Florida Services Integration Pilot Project; (6) Case Study of the Maine Services Integration Pilot Project; (7) Case Study of the Oklahoma Services Integration Pilot Project; and (8) Case Study of the South Carolina Services Integration Pilot Project. The SIPP demonstration contributed to the ongoing dialogue about improving coordination and access to services. Some sites institutionalized their efforts and developed reliable models. Other sites were less successful, yet their efforts contributed to future improvements within their states and may assist other states and localities.

**Available From:** U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, (877) 696-6775, [www.acf.dhhs.gov](http://www.acf.dhhs.gov).

## Systems Integration & Coalition Building

**Order #:** 6746

**Authors:** United States Department of Health and Human Services.

**Title:** **Strengthening Homeless Families: A Coalition-Building Guide.**

**Source:** Washington, DC: Health Resources and Services Administration, Administration for Children and Families, undated. (Guide: 46 pages)

**Abstract:** The purpose of this guide is to assist shelters and community-based agencies to plan, develop, and implement collaborative services designed to strengthen homeless families and create systematic change within the community. Chapter One provides a brief overview of the multiple needs of homeless families and children. It frames the rationale for a comprehensive, collaborative, community-based approach. Chapter Two discusses the strategic planning process -- the conceptual framework for coalition building -- and lays the foundation for the specific coalition-building issues and strategies. Chapter Three is a step-by-step implementation guide to collaboration among shelters and traditional and nontraditional allies. Also included are an appendix and references for further reading.

**Available From:** Administration for Children and Families, 370 L'Enfant Promenade SW, Washington, DC 20201, [www.acf.dhhs.gov](http://www.acf.dhhs.gov).

**Order #:** 7179

**Authors:** United States Department of Housing and Urban Development.

**Title:** **Community Building in Public Housing: Ties that Bind People and Their Communities.**

**Source:** Washington, DC: U.S. Department of Housing and Urban Development, 1997. (Report: 100 pages)

**Abstract:** This report describes a community-building approach to fighting poverty. This approach shares many concepts with policy initiatives such as Consolidated Planning, Empowerment Zones, Enterprise Communities, and Hope VI. The report has four chapters: Community-Building: Emerging as a Key Strategy; Community-Building Steps for Public Housing Authorities; Community-Building Strategies: Examples; and Community-Building Through Partnerships: Examples. The report concludes that community building strengthens the social networks of public housing communities and works to mitigate their isolation from the mainstream economy and the larger society.

**Available From:** U.S. Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410, (202) 708-1112, [www.hud.gov](http://www.hud.gov).

**Order #:** 2437

**Authors:** United States Department of Housing and Urban Development.

**Title:** **Continuum of Care.**

**Source:** Washington, DC: U.S. Department of Housing and Urban Development, 1994. (Report: 8 pages)

**Abstract:** This report describes the Continuum of Care System proposed and developed by the U.S. Department of Housing and Urban Development (HUD) to provide comprehensive services to the homeless population. The Continuum of Care approach is a comprehensive system for homeless care which encourages cooperation and innovation, and demands coordinated action at federal, state and local levels. In addition to providing some insight in the Continuum of Care System, this report also reviews the proposed legislation to reorganize HUD's McKinney program for the homeless, first authorized by the Stewart B. McKinney Homeless Assistance Act of 1987 (authors).

**Available From:** U.S. Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410, (202) 708-1112, [www.hud.gov](http://www.hud.gov).

## Systems Integration & Coalition Building

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**Order #: 12708**

**Authors:** United States Department of Housing and Urban Development.

**Title:** **Continuums of Care for States.**

**Source:** Washington, DC: U.S. Department of Housing and Urban Development, 2003. (Brochure: 22 pages)

**Abstract:** The goal of a state CoC is to develop strategies to coordinate homeless assistance programs in areas not covered by other Continuums. States and participating localities must come up with efficient organizational structures that allow participatory involvement in all aspects of the CoC process, from forming local planning groups, to soliciting applications to setting priorities. In addition, the local/state partnerships need to find ways to assemble data on the housing and service needs of homeless people in what are often non-contiguous parts of the state. Finally, for states that are using this process to address the fact that the needs and resources of rural areas may be different from those of metropolitan areas or even of more populous non-metropolitan areas. This brochure provides an introduction to the particular challenges facing states implementing a Continuum of Care (CoC) approach and offers examples of how some states have successfully addressed these challenges (authors).

**Available From:** U.S. Department of Housing and Urban Development, Office of Community Planning and Development, [www.hud.gov/offices/cpd/homeless/library/coc/cocstates.pdf](http://www.hud.gov/offices/cpd/homeless/library/coc/cocstates.pdf).

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**Order #: 12428**

**Authors:** United States Department of Housing and Urban Development.

**Title:** **Coordinating Property Management and Social Services in Supportive Housing.**

**Source:** Washington, DC: U.S. Department of Housing and Urban Development, 2003. (Curriculum: 23 pages)

**Abstract:** This curriculum is part of the Supportive Housing Training Series, put out by the U.S. Department of Housing and Urban Development. This training examines the elements of an effective working relationship between property management and supportive services, whether or not they are provided by one or two separate organizations. The goal of this training is for providers to better understand some of the common pitfalls in the relationship between management and services and to learn strategies to facilitate better collaboration and coordination. At the end of this training, participants will be better able to identify the goals and roles of management and services, recognize areas of shared responsibility, develop strategies that will facilitate effective communication and coordination, and understand the rationale for separating management and service functions (authors).

**Available From:** U.S. Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410, (202) 708-1112, [www.hud.gov](http://www.hud.gov).

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**Order #: 2163**

**Authors:** United States Department of Housing and Urban Development.

**Title:** **The D.C. Initiative: Working Together To Solve Homelessness.**

**Source:** Washington, DC: U.S. Department of Housing and Urban Development, 1993. (Report: 95 pages)

**Abstract:** The D.C. Initiative, developed by the Department of Housing and Urban Development (HUD) and the District of Columbia partnership, proposes to establish a "continuum of care" system in the District of Columbia, consisting of three basic components: outreach/assessment, transitional housing combined with rehabilitative services, and placement into permanent housing. This report describes the planned program to be implemented over two years. The current shelter system will be replaced with a system that distinguishes between the different subpopulations including adults with special needs, adults with short-term emergency shelter needs, families with special needs, families with short-term emergency shelter needs, and marginally housed families (author).

**Available From:** U.S. Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410, (202) 708-1112, [www.hud.gov](http://www.hud.gov).

## Systems Integration & Coalition Building

**Order #: 12981**

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**Authors:** United States Interagency Council on Homelessness.

**Title:** **Developing a State Interagency Council on Homelessness: A Step by Step Guide.**

**Source:** Washington, DC: U.S. Interagency Council on Homelessness, 2003. (Report: 21 pages)

**Abstract:** In this guide, the authors discuss why a state council makes sense, how to establish a state council and the functions and activities of this council. Membership, characteristics, and benefits of a successful council are also discussed (authors).

**Available From:** U.S. Interagency Council on Homelessness, 451 Seventh Street, SW, Suite 2200, Washington, DC 20410, (202) 708-4663, [www.ich.gov](http://www.ich.gov).

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**Order #: 12254**

**Authors:** W.K. Kellogg Foundation.

**Title:** **Pathways to Collaboration: A Knowledge Building Workgroup.**

**Source:** Battle Creek, MI: W.K. Kellogg Foundation, 2003. (Guide: 26 pages)

**Abstract:** In this guide, the authors describe the rationale behind Pathways to Collaboration, A Knowledge Building Workgroup, and explain how interested community partnerships may apply for an opportunity to participate in the workgroup. This guide provides some background about why this workgroup is needed, describes the model the workgroup will use to understand how collaborative problem solving works, explains how the Pathways to Collaboration workgroup will operate, and lays out the Pathways to Collaboration eligibility and selection criteria, as well as the nuts and bolts of the application process. The workgroup is being organized by the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine, and is funded by the W.K. Kellogg Foundation. Both organizations share an interest in understanding how communities can use collaboration effectively to give voice to people who have had little influence in community decision making, and to enable a broad array of community members to work together constructively to address issues they care about. The two organizations also share a commitment to applying this knowledge to improve the quality of collaborative efforts so that community partnerships can fulfill their tremendous potential to identify, understand, and solve complex problems. (authors).

**Available From:** W.K. Kellogg Foundation, One Michigan Avenue East, Battle Creek, Michigan, 49017, (269) 968-1611, [www.wkkf.org](http://www.wkkf.org).

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**Order #: 3985**

**Authors:** Walters, J., Neugeboren, B.

**Title:** **Collaboration Between Mental Health Organizations and Religious Institutions.**

**Source:** Psychiatric Rehabilitation Journal 19(2): 51-57, 1995. (Journal Article: 7 pages)

**Abstract:** The authors explain that religious institutions have a historical investment in opening doors and minds to people who are struggling to cope with the isolation that mental illness presents. They contend that collaboration between mental health organizations and religious institutions provides valuable linkages for mental health professionals seeking assistance in discharge planning, management of outpatient needs, and increasing community awareness of mental illness. The role of the mental health professional in making collaboration work includes defining objectives; conducting a search; developing a proposal; obtaining church leadership approval; negotiating the issues; and maintaining, reviewing and revising programs. Barriers to implementing partnerships are described including identification of shared goals, church organizational structures, autonomy issues, fear of new ventures, problem of sharing space, and funding. Results show that successful collaboration can achieve patient benefits such as expanded services, facilitating discharge, client normalization, and decreased stigmatization.

## Systems Integration & Coalition Building

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**Order #: 5982**

**Authors:** Weinstock, P., Barker, L.T.

**Title:** **Mental Health and Vocational Rehabilitation Collaboration: Local Strategies That Work.**

**Source:** Psychosocial Rehabilitation Journal 18(4): 35-50, 1995. (Journal Article: 17 pages)

**Abstract:** The authors explain that collaboration between mental health and vocational rehabilitation programs is increasingly sought by staff of both kinds of programs as a way to promote vocational opportunities for persons with psychiatric disabilities. This article presents six examples of collaboration, focusing on how local program administrators and service providers initiated and implemented collaboration that directly enhanced services to consumers. After reviewing the system-wide context of barriers to and support for collaboration, the authors address the program-level impetus for collaboration and describe two main areas of collaboration, and service design (authors).

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**Order #: 6240**

**Authors:** Wilkins, C.

**Title:** **Building a Model Managed Care System for Homeless Adults with Special Needs: the Health, Housing, and Integrated Services Network.**

**Source:** Current Issues in Public Health 2: 39-46, 1996. (Journal Article: 8 pages)

**Abstract:** The Health, Housing, and Integrated Services Network in California is an emerging partnership that includes two county public health departments and more than a dozen nonprofit organizations. It provides residential and outpatient mental health and substance abuse treatment services, health care, social and vocational services and affordable housing for people who are homeless, mentally ill, HIV-infected, or struggling with drug and alcohol problems. The organizations are collaborating to implement a dramatically different interdisciplinary program of services that integrates the delivery of primary health care, client-centered treatment for mental illness and substance abuse, and other health and support services, all linked to stable, affordable places to live. The article describes the effectiveness of this model with a focus on a number of goals: (1) to provide integrated, flexible services through multidisciplinary teams; (2) to establish an interagency provider network; (3) to establish capitation rates and document cost effectiveness of interventions; and (4) to reduce categorical funding limitations. Major challenges and critical issues are also examined.

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**Order #: 12554**

**Authors:** Wilkins, C., Greiff, D., Proscio, T.

**Title:** **Laying a New Foundation: Changing the Systems that Create and Sustain Supportive Housing.**

**Source:** New York, NY: Corporation for Supportive Housing, 2003. (Report: 77 pages)

**Abstract:** This report draws on Corporation for Supportive Housing's decade of experience in advocacy and policy work to describe what successful public systems for creating supportive housing might look like and how to build them. Its lessons include a discussion of ten building blocks that have helped change systems (authors).

**Available From:** Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, <http://documents.csh.org/documents/pubs/LayingANewFoundation.pdf>

## Systems Integration & Coalition Building

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**Order #:** 2239

**Authors:** Woodward, H.L.

**Title:** **One Community's Response to the Multi-System Service Needs of Individuals with Mental Illness and Developmental Disabilities.**

**Source:** Community Mental Health Journal 29(4): 347-359, 1993. (Journal Article: 13 pages)

**Abstract:** This paper describes some of the barriers individuals and communities confront in developing new or expanding existing services for persons with mental illnesses and developmental disabilities. The author also describes how one community initiated multi-system collaboration in its delivery of crisis intervention services, community mental health center services and specialized short-term residential living. By increasing the multi-system services available at the community level, fewer individuals encountered placement failure and reinstitutionalization (author).

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**Order #:** 2576

**Authors:** Yank, G.R., Spradlin, W.W.

**Title:** **Systems Approaches in Mental Health Administration: Linking State and Community Programs.**

**Source:** Administration and Policy in Mental Health 21(6): 463-477, 1994. (Journal Article: 15 pages)

**Abstract:** This article describes the use of coordinated systems of care concepts in mental health administration, demonstrating their applicability to integrating state and community mental health services. Various approaches to state-community mental health services linkages include capitation financing, utilization review, performance-based contracts, continuous treatment teams, and regional mental health authorities. Several states' experiences in developing integrated systems of care, including Vermont, New Hampshire, Rhode Island and Wisconsin are reviewed. The authors contend that because states differ in their balance of state-level, regional, and community authority for governmental functions, developing specific models needs to be a collaborative process involving state and community representatives (authors).

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**Order #:** 3809

**Authors:** Yessian, M.R.

**Title:** **Learning from Experience: Integrating Human Services.**

**Source:** Public Welfare: 34-42, 1995. (Journal Article: 8 pages)

**Abstract:** The focus of this article is the opportunity for states to pursue human services integration (SI). The author reflects on attempts within the past two decades made by federal, state, and local governments; community agencies and coalitions; and private foundations, to engage in service integration activities. Lessons learned from these attempts are identified and discussed in relation to the current situation.

## Systems Integration & Coalition Building

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**Order #:** 1520

**Authors:** Yessian, M.R.

**Title:** **Services Integration: A Twenty-Year Retrospective.**

**Source:** Washington, DC: U.S. Department of Health and Human Services, Office of the Inspector General, 1991.  
(Report: 29 pages)

**Abstract:** In this study the authors examine the initiatives taken in the 1970's and 80's by the Department of Health and Human Services to promote services integration (SI) in the management and delivery of human services. They identify the major lessons learned to help guide policymakers in the 1990's. The authors pay particular attention to comprehensive initiatives which have spanned different categorical programs. In this report, the author base their findings and concluding observations on a review of much of the literature and many internal HEW/HHS documents that describe and assess these services integration efforts. Among the findings of this report include indications that: (1) services integration efforts have been instrumental in making human services more accessible to clients and more responsive to their needs; and (2) over the long term, however, SI efforts appear to have had little institutional impact on a highly fragmented human services system (authors).

**Available From:** U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201,  
(877) 696-6775, [www.hhs.gov](http://www.hhs.gov).