
POSTER ABSTRACT**Integrated Health and Social Care In A Woman's Shelter and Multi-Service Agency**23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Siu Mee Cheng¹1: Street Haven, Toronto, Canada

Introduction: Evidence exists demonstrating that integrated health and social care (IHSC) can support enhanced care for highly vulnerable and marginalized population groups. One such group are homeless women. Street Haven (SH) is a multi-service women's agency that serves homeless women who suffers from the intersection of critical health, social and financial disadvantages living in one of the poorest urban neighbourhoods in Toronto, Canada. SH provides shelter, supported housing, addictions treatment and training support services. Over the past ten years, client acuity has increased the health and social care needs of vulnerable women. The pandemic has exacerbated this. Clients have experienced chronic homelessness which is connected to trauma. They also suffer from mental illness conditions, and chronic diseases including respiratory illnesses, and gastro-intestinal illness, and diabetes. Street Haven has engaged in integrated health and social care (IHSC) to ensure that more comprehensive care can respond to the increasing client care complexity.

Approach: IHSC coordination with community partners have been undertaken in order to address unmet health and social care. Within the SH shelter services, partnerships with primary health care partners, hospital services and community-based crisis and mental health teams have been established. As a result, a primary care physician and psychiatrist can be accessed once weekly on site by clients. Homeless women are then attached to a physician and psychiatrist while accessing SH services. In addition, when clients experience crisis, community-based outreach mental health and crisis teams are dispatched by other organizations to SH locations. The SH addiction treatment residence services also integrate with psychiatry services with a community clinical services agency and with the community crisis team to introduce crisis and psychiatric supports for addiction service clients. Lastly, SH works with community policing to ensure that women who exhibit behaviours stemming from crisis, may have benefit of community policing services that provide SH and client with protection while offering crisis supports at the same time. They help to divert clients from hospital and correctional services.

Results: IHSC enables SH to better meet the needs of its highly complex client base within its premises. Several benefits of the IHSC include the identification of unmet health and social care needs of our clients including psychiatric and mental health needs and management of chronic diseases and medication prescription needs; enhanced client community engagement through the referral and coordination of services with community health and social care partner agencies; minimization of crisis events on SH premise sites; and minimizing utilization of acute car and

correctional services. The competencies that are absent in the organization are available due to IHSC.

Lessons Learned: IHSC can act as a lever for women's shelter and addiction treatment services to provide more comprehensive health and social care services. IHSC is crucial considering the austerity in government program funding in Toronto and Ontario. IHSC is another means to better serve marginalized, homeless and impoverished women to ensure that they have more equitable access to health and social care services especially where there is a gender-bias against women's services in Toronto.