Housing First

A roadmap to ending homelessness in Brisbane

500 LIVES
500 HOMES
Ending homelessness
in Brisbane one person,
one family at a time

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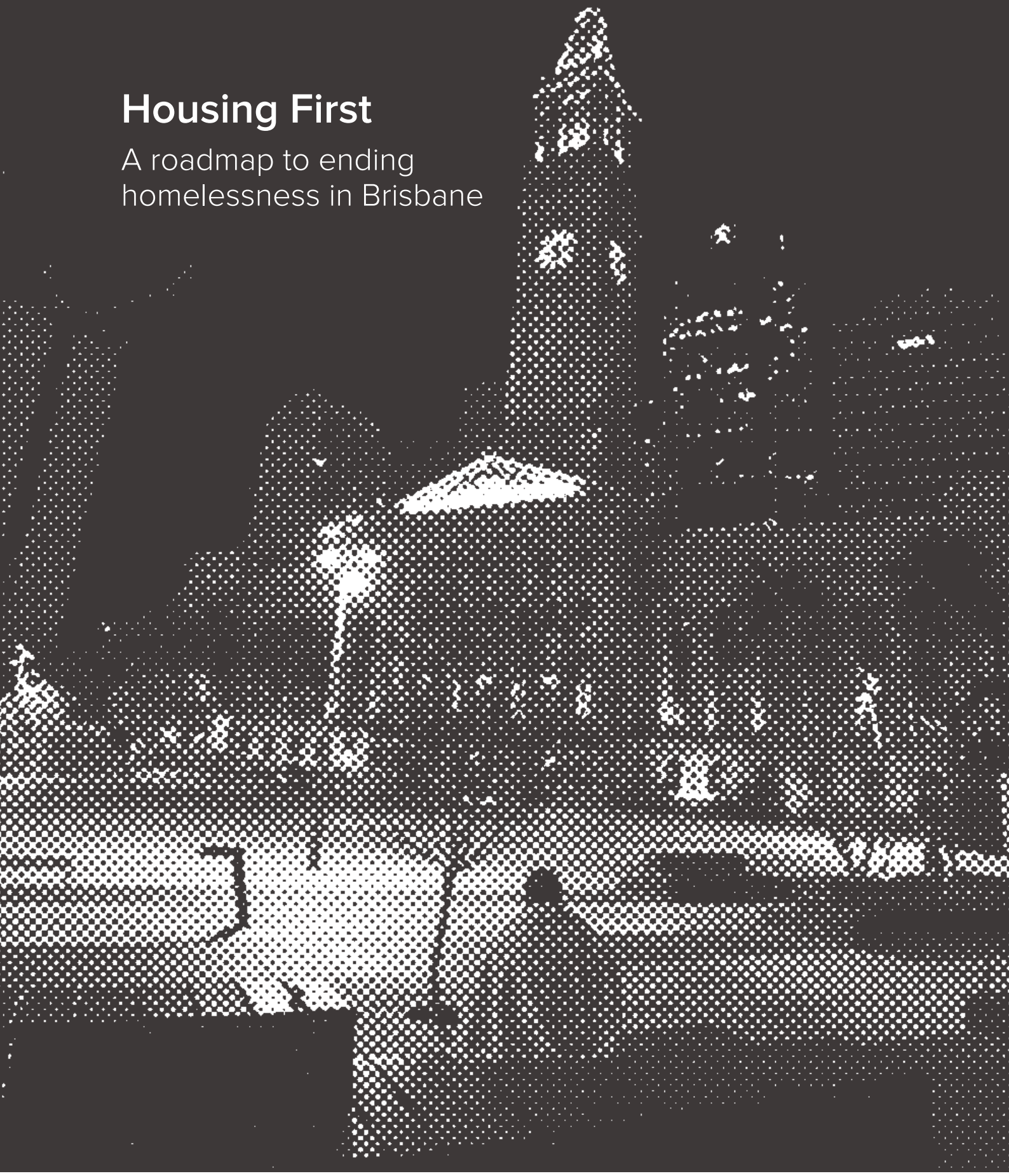

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500 HOMES

Ending homelessness in Brisbane one person, one family at a time

Photography: Patrick Hamilton

August 2016

Acknowledgements

We acknowledge Queensland Government investment into housing and homelessness services in Brisbane.

We acknowledge all partners and stakeholders who contributed to this Housing First Roadmap, specifically:
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Briannon Stevens, Intuit Works
Maria Leebeek, Janelle Kwong and Ross Westoby and Micah Projects Backbone and Communications Team

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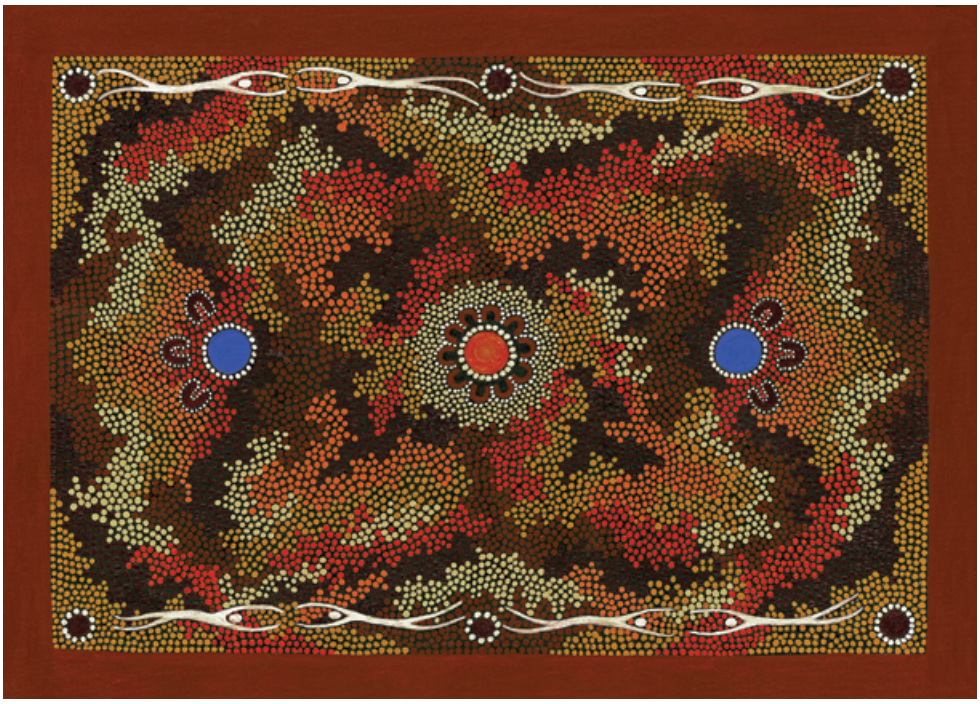
Partners

- Anglicare SQ, Homelessness Services for Women and Children
- Australian Red Cross
- Big Issue
- Brisbane Housing Company
- Brisbane Youth Service
- Centacare
- CheckUP
- Churches of Christ Care Housing Services
- Common Ground Queensland
- Footprints in Brisbane
- Gateway Community Group Inc
- Homeless Health Outreach Team, Queensland Health
- Institute for Urban Indigenous Health
- Kyabra Community Association
- Local Government Association of Queensland
- Mater Health Services
- Micah Projects
- New Farm Neighbourhood Centre
- Nexxt
- Ozcare
- PHN Brisbane South
- PHN Brisbane North
- Queensland Council of Social Services
- Queensland Department of Housing and Public Works
- Queensland Injectors' Health Network
- Queensland Police Service
- Queensland Public Interest Law Clearing House
- Salvation Army
- Services Collaborating for Young People
- Silky Oaks
- Southside Community Care Inc
- St Vincent De Paul Society
- Supported Accommodation Providers Association Inc
- Tzu Chi Foundation
- Wesley Mission Brisbane



Artwork: Coming Together by Luke Roma, Rocky Boy, Jagalingu Man from Rockhampton Region
This painting represents all Indigenous and Non Indigenous Australians coming together without malice or discrimination.

Our commitment to Reconciliation

We acknowledge the Aboriginal and Torres Strait Islander peoples (First Peoples) of Australia as the traditional owners and custodians of this land and that this was never ceded at any time by them. We acknowledge the impact of colonisation on the First Peoples and the trauma this inflicted on their lives, their culture and their rights to live on their traditional lands. We acknowledge and support their rights to self-determination, land and culture.

We acknowledge the over representation of First Australians (children and young people, adults and families) who experience homelessness.

The 500 Lives 500 Homes partners are committed to working with Indigenous leaders, agencies and communities to ensure First Peoples have a home and are connected to family, culture and community.

We are especially committed to ensuring children can have a home with their families.

Preamble

Homelessness has devastating and lifelong impacts on adults and children, and significant community costs. A permanent end to homelessness in Brisbane can and should be a reality, but no single organisation can achieve this in isolation. This Roadmap provides a practical action plan for government and non-government agencies, businesses and individual citizens to work together, so a permanent end to homelessness is a reality.

This Roadmap builds on the successful work undertaken by the Brisbane community through 500 Lives 500 Homes, a campaign launched in 2014 to break the cycle of homelessness for 500 individuals and families who are homeless or vulnerably housed. The campaign demonstrates how we can work together to end homelessness for people in Brisbane, with 410 adults and families with children, housed in the first two years.

This *Housing First Roadmap to Ending Homelessness* is a culmination of consultations and planning with stakeholders across our community as well as international partners from Canada and the USA between October 2015 and April 2016. Together we established five key strategies, for ending homelessness in Brisbane and these form the critical elements of this Roadmap.

The Roadmap brings together our knowledge of what works, from our experience as a community through 500 Lives 500 Homes, and the evidence and experiences from communities around the world. The Housing First framework at its core, underpins the five strategies, to ensure housing is the solution to ending homelessness, without exception or preconditions.

The five strategies in this Roadmap call on the Brisbane community, to know each homeless and vulnerably housed person, by name. We must understand individual health, housing and support needs, so we can prioritise appropriately to provide the best response for each person and family. The Roadmap directs teams to work quickly in a coordinated manner, to respond to crises, to prevent people from becoming homeless and to support people to access housing, create a home, and sustain their home.

Although the strategies in this Roadmap, are proven, we know from experience, when applied by a single organisation, their reach is limited. A Roadmap adopted across a community has amplified outcomes, transforming the isolated impact of one organisation into the collective impact of a responsive, cohesive system to end homelessness for one individual, one family at a time.

People sleeping rough in inner-city Brisbane.

Homelessness in Brisbane

From birth to death, homelessness happens. While the circumstances, surrounding each adult and child's experience of homelessness, are neither linear nor homogenous, threads of commonality emerge. Loss of employment, mental illness, physical health conditions, traumatic events such as domestic and family violence, accidents, natural disaster, and a host of other life circumstances, may lead to housing stress. This stress can escalate into loss of housing, isolation from family and friends, further emotional and financial hardship, and ultimately perpetuate into a cycle of homelessness.

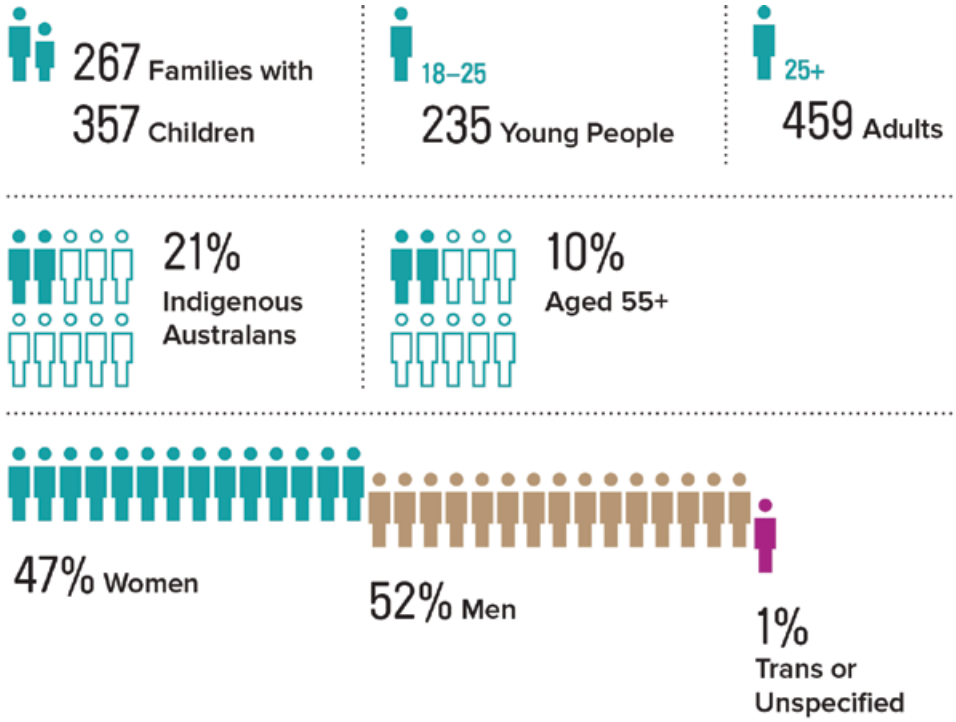
Systemic failures, such as those resulting from transitions out of the child protection, health or justice systems, and structural factors, such as lack of affordable housing, discrimination and rising cost pressures, also result in episodic or entrenched homelessness for the most disadvantaged.

500 Lives 500 Homes Registry Weeks

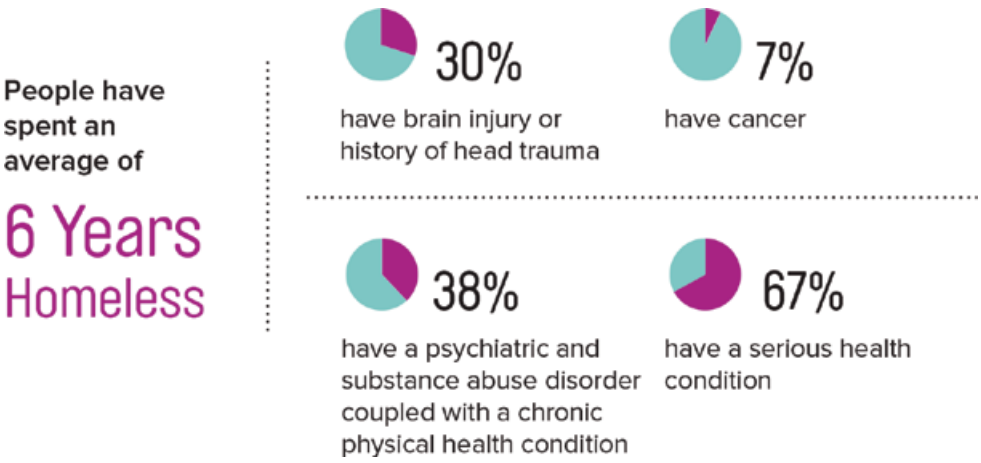
500 Lives 500 Homes is a community-wide collaborative effort to break the cycle of homelessness for families, young people and adults in our community. The campaign began with a community-wide Registry fortnight in March-April 2014, where we undertook to know each homeless person by name and survey their individual health, housing and support needs.

> At the last census, 7395 people aged 18 or over were homeless or vulnerably housed in Brisbane. 4324 people were homeless, including 168 sleeping rough or in improvised dwellings.

Population Surveyed: March – April 2014



Vulnerability: March – April 2014



Brisbane city during 50 Lives 50 Homes registry week in June 2010.

Photography: Patrick Hamilton

The costs of homelessness in Brisbane

Homelessness occurs across the life course, and carries devastating human and economic costs. Homelessness does not discriminate between families with children, and adults young and old. Homelessness is rooted in complex social challenges such as housing affordability, poverty, domestic violence, trauma and abuse. It is also a consequence of discrimination and poor supports for people with disability and mental illness, and Indigenous Australians. Despite this complexity, homelessness is solvable. Solving homelessness requires a whole of community response. A plan owned by the community, can help to get there.

Brisbane needs a pathway to end homelessness that is actionable, community owned and evidence based.

Community action must also include government. The Government funds programs and interventions, which cut across a range of factors influencing homelessness. Targeted co-ordination is required, to direct programs toward the needs of an individual or a family experiencing homelessness. Community action needs co-ordination, and co-ordination requires funding – government, should provide the funding. The success of the 500 Lives 500 Homes campaign is due to this co-ordination.

Human costs and human rights

Homelessness is not a choice. Insecure housing, transience and rough sleeping is stressful and has devastating physical and psychological consequences for children and adults. These consequences last a lifetime, causing chronic illness, addiction, and psychological trauma. The realities of living on the streets, in poverty and in crisis, intersect with discrimination and complex healthcare systems, to create

barriers to accessing primary health care, which further exacerbates the impacts of homelessness.

Access to safe and secure housing is one of the most basic human rights. Without housing, people also risk their rights to privacy, safety and dignity.

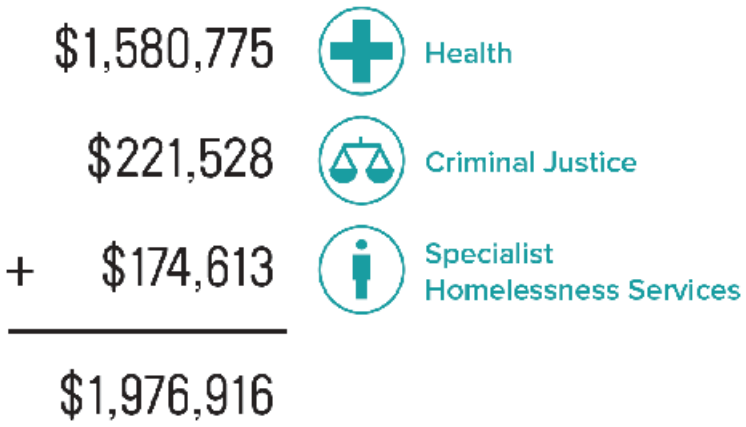
Watching from a distance and thinking we are not involved, is not an option. As a community, when we witness and do nothing about vulnerable people losing their housing, we unknowingly deny their basic human rights, at an enormous economic and human cost to the entire community.

Economic costs

People experiencing homelessness have frequent interactions with high-cost acute care or emergency services, involvement with police and court systems. The overall cost, to our crisis housing, health and justice systems, of keeping people homeless in Brisbane, is very high.

> An analysis of the health costs of the 961 people interviewed for 500 Lives 500 Homes Registry Weeks was a staggering $7.75m

Annual costs of 41 people experiencing homelessness in Brisbane



Source: Brisbane Common Ground Evaluation: Final Report, 2015, ISSR, University of Queensland

A temporary shelter in Brisbane City.

Photography: Jo Bennett

A Roadmap for Ending Homelessness in Brisbane

Homelessness is solvable!

We know what works to end homelessness, based on evidence from other communities who have successfully worked towards solving homelessness, and our own experience in implementing these approaches in Brisbane.

Ending homelessness involves:

1. Preventing first time or episodic homelessness;
2. Responding to crises as they occur, in the shortest possible time; and
3. Sustaining tenancies

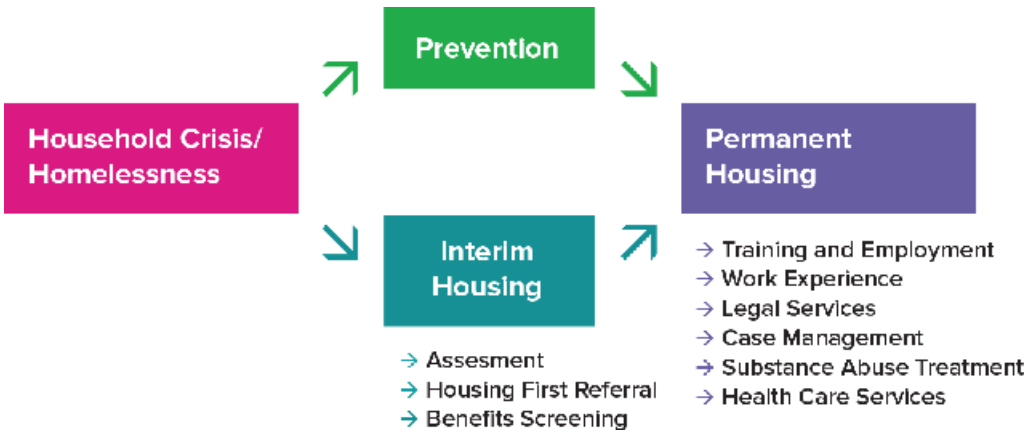
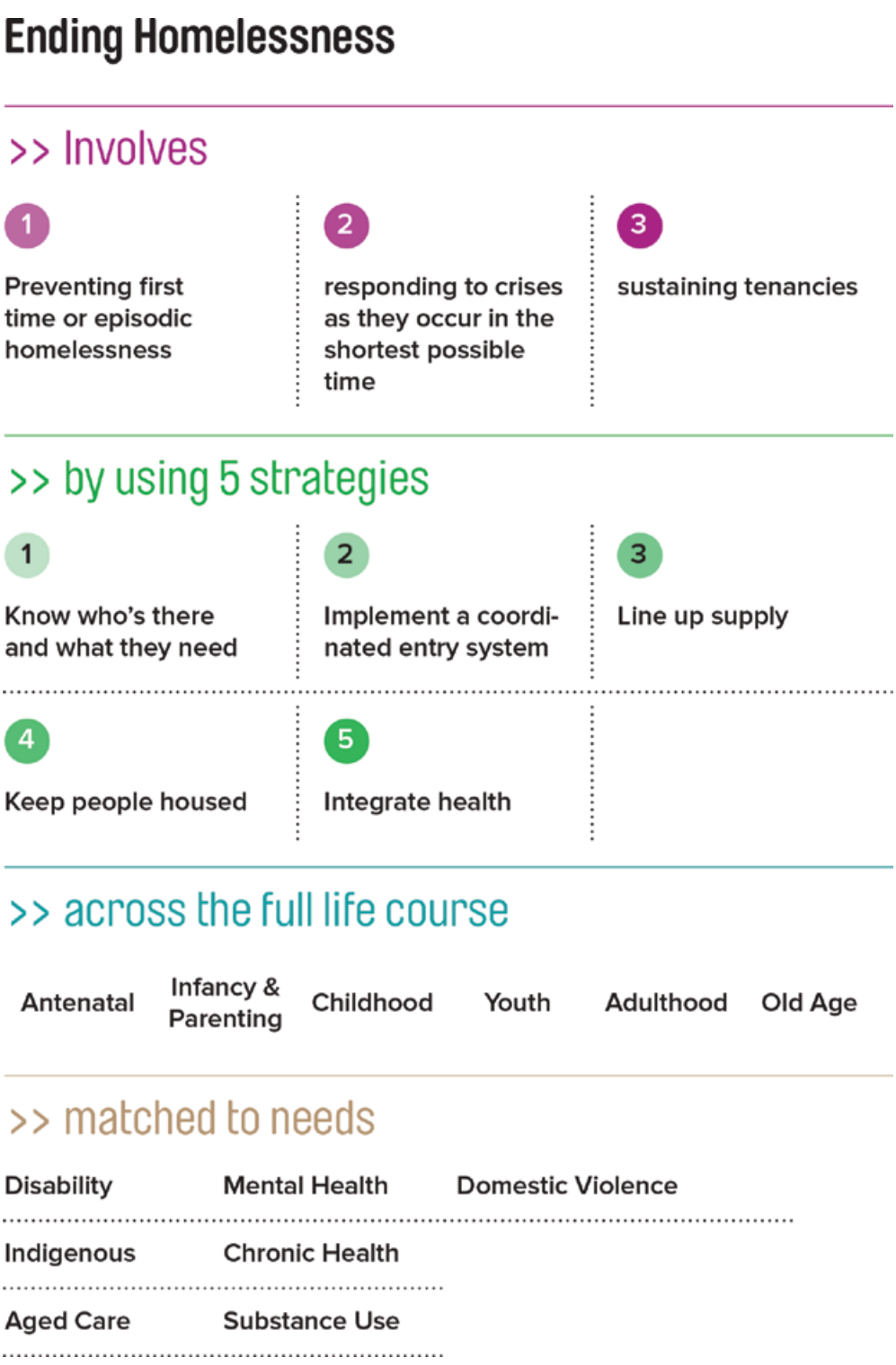


Figure 2: 'Ending homelessness involves', adapted from Getting Housed, Staying Housed, Chicago



"When you're on the street the future doesn't look good, but here there's a bit of hope." Robert.

Photography: Katie Bennett

Shifting to a Housing First system for Brisbane

About Housing First

Housing First replaces the traditional approach to homelessness, where people are supported in crisis and transitional housing, to become 'housing ready', meeting conditions such as undertaking rehabilitation or psychiatric treatment, before they can be considered for long-term housing.

In contrast, a Housing First approach emphasises that a homeless individual's or family's primary need is to obtain stable housing, and other issues affecting the household should be addressed once housing is obtained. With the Housing First approach, services work together to link people with affordable housing, healthcare and the community services they need to sustain their tenancy and improve their quality of life.

The Brisbane community must work together to create a system in which every entity has a common goal of moving people in to long-term housing quickly and linking them to the supports they need to thrive.

Recommendation
The Queensland Government develop a Housing First Strategic plan to inform housing supply and investment in services, with cross-departmental commitment to implementation.

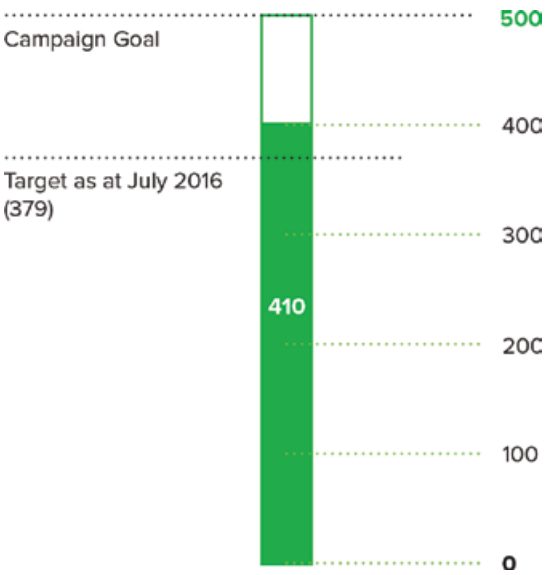
Community Goals
Brisbane has a coordinated system of prevention, crisis, housing and sustaining tenancy services with a common goal of ending homelessness in Brisbane.

The system responds quickly to prevent homelessness and support people out of homelessness, by matching each individual and family to permanent housing and necessary supports.

Continue to collaborate and progress change across service systems which are integral to pathways in and out of homelessness, including justice, health, housing, aged care, families, child safety, and domestic violence.

500 Lives, 500 Homes

In 2014, a coalition of government and non-government agencies set a goal to house 500 individuals and families over 3 years. Since then we have applied Housing First principles to assist 142 families and 268 people to end their homelessness (410 households), as at July 2016. We are on target to achieve our collective goal of ending homelessness for 500 individuals and family groups by 2017.



Housing First approaches end homelessness

A National evaluation of Street to Home programs across Australia concluded:

> *People with chronic experiences of rough sleeping and social and health problems in addition to their homelessness were able to exit homelessness and sustain housing over a 12-month period. Consistent with an emerging*

body of evidence from the United States, the Australian research demonstrates that the problems that occur disproportionately among homeless populations or indeed even problems that [constitute] causes of homelessness did not need to be addressed prior to people accessing and sustaining (for 12 months) secure housing.

Street to Home assertive outreach van.

Brisbane's **Street to Home** program has successfully engaged with people who have been chronically homeless using a Housing First approach to support people to move directly to permanent housing. In the past 12 months, 111 people have been housed, with 91% sustaining their housing.

"Brisbane's Street to Home service has (1) systematically targeted, identified and engaged people sleeping rough with experiences of chronic homelessness and multiple exclusions; (2) assisted a large number of people to move directly from 'the streets' into secure housing, and (3) directly provided ongoing services that have contributed to high rates of tenancy sustainment and thus exits from homelessness"

Brisbane Common Ground (supportive housing for people who have experienced homelessness in a Housing First model) eviction rate for formerly homeless tenants was a low 2.8% in 2014.

"Brisbane Common Ground is successful in (1) enabling people with chronic experiences of homelessness and support needs to access housing, and (2) providing the necessary supports that people need so that they stay housed"

Internationally, the 100,000 Homes Campaign (USA) has had a major impact on efforts to end homeless. The campaign housed more than 100,000 homeless Americans by supporting communities to shift to a Housing First approach.

> *"The campaign has also helped establish the credibility of a Housing First approach by demonstrating both the severity of the public health needs of people experiencing homelessness and the positive impact permanent housing can have on people's lives"*

Housing First is cost effective for Brisbane

A 2013 research project in to the cost effectiveness of Housing First in Brisbane, found the overall cost to the health, justice and community service systems, reduced substantially as individuals transitioned from homelessness to housing. This was due largely to the reduction in use of justice services, with the cost to police and courts dropping from an average $8,719 per person per annum to just $2,172.[1]

In Brisbane, Micah Projects[2] evaluated the Homeless to Home healthcare after-hours service where nurses worked with an outreach team of housing focused community workers where the 'Housing First' approach was embedded to get clients housed. The evaluation estimated an avoidance of $6.9M in hospital and emergency department costs for an investment of $500,000.

The Hope Street Brisbane Common Ground supportive housing evaluation[3] found a $1.24M cost savings per annum across health, corrections and specialist homelessness services.

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1 A Housing First approach to homelessness in Brisbane; Sustaining tenancies and the cost effectiveness of support services.

2 An Economic Evaluation of the Homeless to Home Healthcare After-Hours service; Professor Luke Connelly

3 Brisbane Common Ground Evaluation: Final Report, 2015, ISSR, University of Queensland

Paul from the Street to Home team interviewing people during 500 Lives 500 Homes Registry fortnight, April 2014.

Photography: Patrick Hamilton

Strategy 1
Know who's homeless and what they need

We cannot end homelessness in Brisbane until every homeless adult, child and young person is known by name by someone who has carefully assessed their health and housing needs. Person-specific data is the key to ending homelessness. Applying this data across a system ensures we match each person to the best available housing and supports they need to end their homelessness.

Recommendations

The Queensland Government commit to ongoing funding for assertive outreach under the National Partnership Agreement on Homelessness.

The Queensland Government invest in implementation of the VI-SPDAT, a common tool which collects personal information for each person who is homeless or at risk and which enables us to match people with the best available housing and supports.

Community Goals

We proactively identify who is homeless or at risk of homelessness in Brisbane, and the specific housing, health, legal and community supports each person needs.

We have assertive outreach services across Brisbane with the tools to identify, screen and respond to people who are homeless and at risk.

The VI-SPDAT

The Vulnerability Index-Service Prioritisation Tool (VI-SPDAT) has been used in Brisbane since 2010. The VI-SPDAT is an evidence-based pre-screening, or triage tool that is designed to be used by all providers within a community. It can quickly assess the health and social needs of homeless people, identify the 'acuity' of their support needs, and therefore match them with the most appropriate support and housing interventions that are available. This prevents intensive and costly supports going to those who might simply require affordable housing and short-term supports to exit homelessness. And it ensures we can prioritise those who need the most support to sustain tenancies.

> The VI-SPDAT has been used as a key component of the 500 Lives 500 Homes campaign, with 2297 people known by name as well as their specific health, housing and support needs.

Street to Home – Assertive Outreach to Brisbane's homeless population

Brisbane's Street to Home program provides support to people who are sleeping rough or experiencing chronic homelessness to move into long term housing. The Street to Home team proactively monitor and engage with people sleeping rough in Brisbane, and use the VI-SPDAT to identify each person's housing and support needs. An evaluation of Street to Home[4] found,

> "Street to Home has successfully identified and engaged with a rough sleeping population that have experienced multiple combined years of homelessness and who report health, social problems and exclusion in addition to homelessness."

[4] An Evaluation of Brisbane Street to Home: Final Report (2013), ISSR, University of Queensland

"It was a major win for us, the moment we were able to walk out of that hotel room." Katrina Parson.

Photography: Craig Holmes

Strategy 2
Implement a coordinated entry system

In a coordinated system, assistance is allocated as effectively as possible, and is easily accessible no matter where or how people present. People who are homeless or at-risk of homelessness move through the system faster because they are prioritised for and access the most appropriate supports for their needs, and we reduce new entries into homelessness by identifying and responding quickly to individuals and families who require homelessness prevention services.

Recommendation
The Queensland Government endorse a localised coordinated entry and assessment approach, and resource local regions to use tools, processes and systems that enable community-based performance management and planning.

Community Goals
500 Lives 500 Homes partners have begun to implement a coordinated entry system across government and non-government agencies and establishes processes needed for agencies to prioritise and match housing and supports with individuals and families who are homeless or at risk of homelessness. Work is underway with initiatives such as Pathways, Frequent Presenters and the Inner Metro South Care Coordination Panel.

Ensure processes for coordinated entry include agencies outside of homelessness and housing who discharge people to insecure housing or who are an alternative contact point for people who are homeless or at risk e.g. Hospitals, Domestic Violence services, Police, Corrections.

Ensure people have access to legal services, and access to justice systems to ensure rights and entitlements are protected.

An investment is made in data measurement and analysis using information systems and clearly defined measures aligned with the goal of ending homelessness in Brisbane through a Housing First approach.

Benefits of Coordinated Entry Systems

In the United States, Coordinated Entry Systems are now a requirement of systems under their HUD Continuum of Care. Most are in the early phases of implementation, however one of the first communities to implement a Coordinated Entry System, Los Angeles, has evaluated their Coordinated Entry System[5] and list the benefits as:

- Existing partnerships are more focused on serving priority populations
- Increased coordination among organisations that had previously competed for resources
- Universal access to services so that no person is left out of the system.
- New partnerships formed, including outside the 'usual suspects'
- Resources are maximized when people with the highest needs are matched with the most intensive resources
- Some housing providers have found that filling takes fewer resources than maintaining waiting lists
- Improved decision making for system level funders.

[5] A Coordinated Entry System for Los Angeles: Lessons from Early Implementation Evaluation of the Conrad N. Hilton Foundation Chronic Homelessness Initiative (2015)

"I love the place, especially when there's people outside. You can be with people and if you don't want to be with people you can go in your room and you can't hear anything at all." Brisbane Common Ground tenant Ruby.

Photography: Katie Bennett

Strategy 3
Line up supply

We cannot end homelessness while the supply of housing does not match the demand. We know that there is under-utilised stock in Brisbane, however we also know that demand currently far exceeds supply. We need to work together to create more housing that matches what is needed, and engage the whole community in innovative solutions to our supply problem.

Recommendation
Queensland Government establish a Social and Affordable Housing Trust fund to increase the supply of affordable and social housing with 30% of stock being assigned to supportive housing. The NSW Government has invested $1.1 billion in the Social and Affordable Housing Fund to deliver 3000 additional social and affordable homes in metropolitan and regional NSW, together with integrated support services.

Community Goals
Brisbane has a clearer picture of the gap between demand and stock availability, and a plan to meet this gap within 10 years.

Identify and release under-utilised and available housing stock in Brisbane to the social and affordable housing markets.

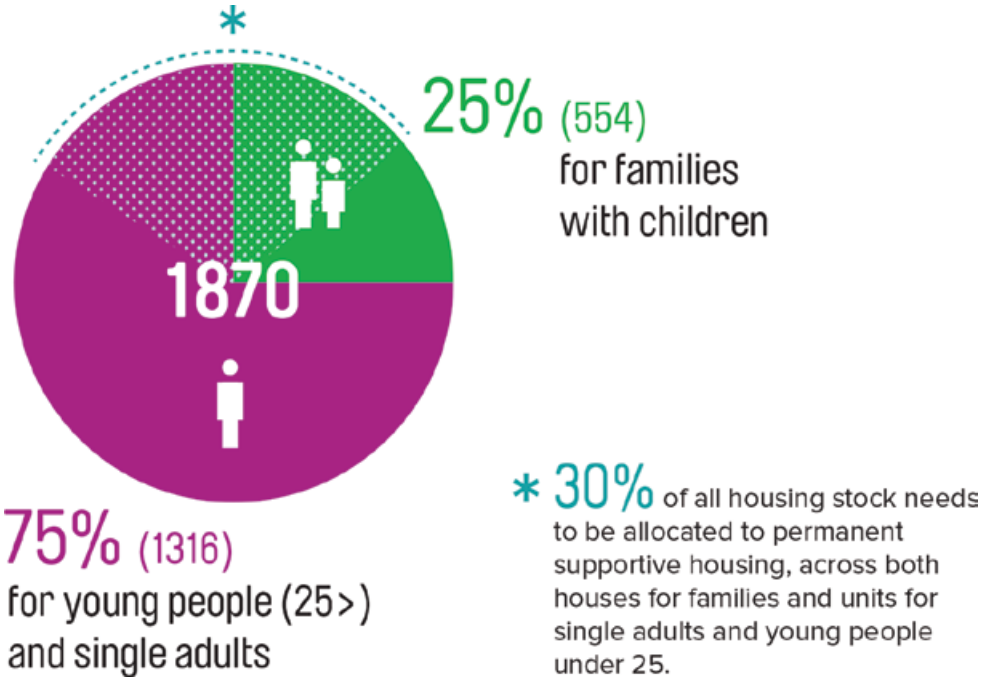
Queensland government and non-government housing providers work together to ensure that management of current stock delivers the right distribution and mix of stock (location, bedrooms, security, accessibility and affordability) for families, young people, and those with high support and/or safety needs.

Ensure that we retain and increase our stock of housing suitable for families with children in the Brisbane metropolitan area and not replace existing houses with 1 and 2 bedroom units.

We repurpose homelessness transitional housing to permanent supportive housing.

Indicators of Demand

The 500 Lives 500 Homes campaign has demonstrated that despite our best efforts, access to housing is the greatest barrier to ending homelessness for individuals and families. Data sourced from 500 Lives 500 Homes indicates a total current demand of 1870 dwellings, with a mix of dwelling types needed



Brisbane Common Ground Chef Phyllis with Brendon in his BCG unit.

Photography: Mark Crocker

Strategy 4
Keep people housed

Without investment in support matched with housing, we cannot break the cycle of homelessness for individuals and families with short-term and ongoing support needs to stay housed. Supportive housing is an innovative and proven solution to help people who face the most complex challenges to live with stability, autonomy and dignity.

Recommendations

The Queensland Government in partnership with non-government organisations establish a Supportive Housing Taskforce for Brisbane to focus on unmet need in supply of housing and supports to sustain tenancy. The Taskforce will need cross departmental commitment to design, implement, and evaluate programs to benefit the range of populations needing supportive housing.

The Queensland Government commits to ongoing funding for the National Partnership Agreement on homelessness, and plans for the the impacts of loss of services to high need and vulnerable populations due to the roll out of NDIS and the ceasing of block funded programs.

Community Goals

That we have an emerging picture of unmet support needs in Brisbane for prevention, assertive outreach, rapid re-housing, specialist family or mental health supports, sustaining tenancy, and supportive housing, and a plan to meet those needs.

We have the right mix of rapid re-housing supports, outreach sustaining tenancy services and supportive housing services, to work with people in private, community or social housing whose support needs impact on their ability to sustain a tenancy.

We establish permanent supportive housing for families with children that integrates a child development, education and training approach alongside sustaining tenancy goals for those with highest need.

We have established supportive housing for specific vulnerable target populations including young people, people with disabilities especially those ageing in Level 3 supported accommodation, and people with mental illness or dual diagnosis.

Supportive Housing in Brisbane

Supportive housing involves the intentional and long-term connection of secure and affordable housing, with support focused on tenancy sustainment and coordinated access, to other specialised and community-based services.

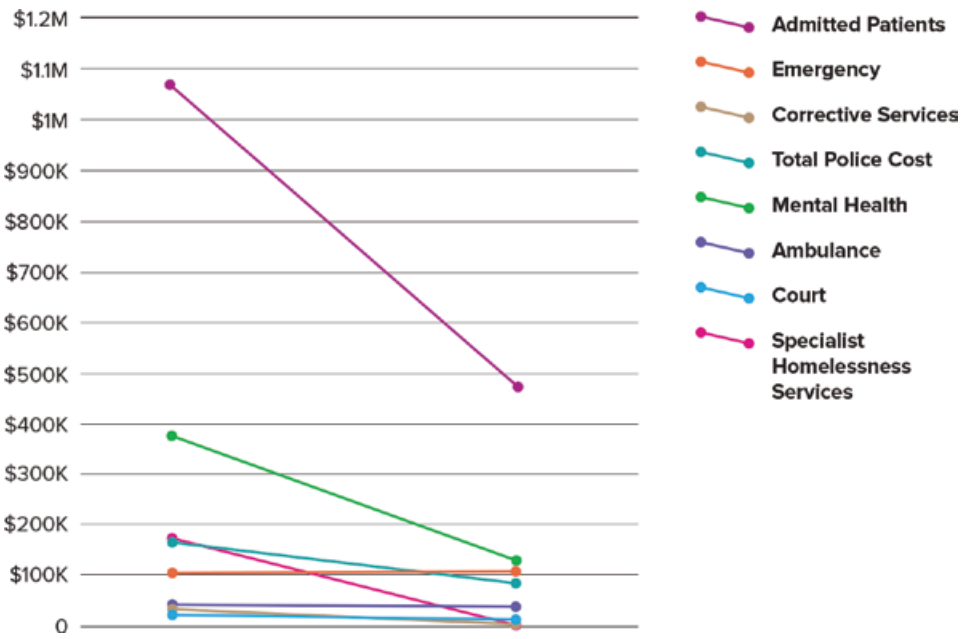
Brisbane Common Ground is a partnership between Common Ground Queensland and Micah Projects. It is an innovative, purpose-built building with 146 units and a mix of tenants who have experienced chronic homelessness and people on low incomes. The evaluation of Brisbane Common Ground[6] demonstrated that supportive housing can have both human and economic benefits. Key findings include:

- → Most tenants reported improvements in satisfaction with life and mental wellbeing.
- → Brisbane Common Ground removed barriers for people experiencing chronic homelessness with support needs to access housing and fostered the conditions to sustain housing.
- → A 12-month tenancy at Common Ground reduces the annual cost of Queensland Government services by $13,100 per person.
- → The evaluation of Brisbane Common Ground demonstrates the need to scale up supportive housing initiatives to end homelessness; the model is replicable, cost effective and improves outcomes for tenants.

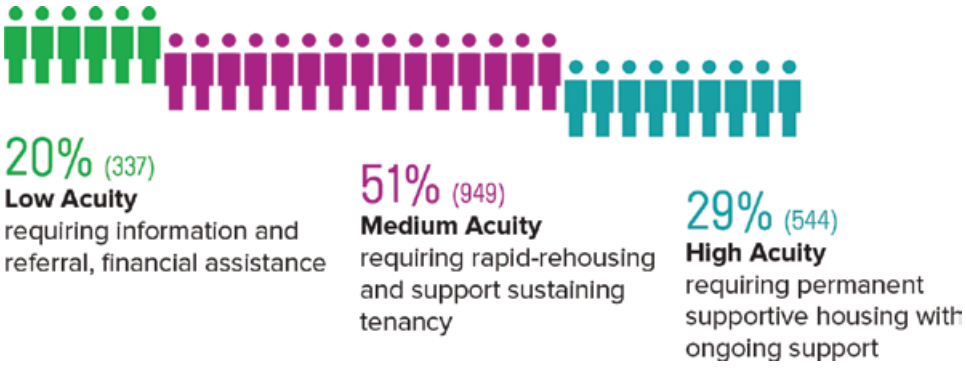
Street to Home provides scattered site supportive housing to rough sleepers by providing outreach support to tenants living in public housing in partnership with the Department of Housing and community housing providers. Currently supporting 62 tenants.

[6] Brisbane Common Ground Evaluation: Final Report (2015) ISSR, University of Queensland

Cost of providing services pre and post tenancy commencement at Brisbane Common Ground



Indicators of current Demand for Support



Data sourced from 500 Lives 500 Homes

Brisbane Common Ground.

Photography: Katie Bennett

Indicators of unmet need for permanent supportive housing

132 supportive housing units for for young people

We currently do not have permanent supportive housing targeted for young people in Brisbane. Youth Foyers are a successful model of supportive housing for young people.

118 supportive housing dwellings for families with children

There is no permanent supportive housing that meets the needs of families with complex barriers to staying housed. A successful model would include early childhood, education, training and family support, alongside tenancy supports and permanent housing.[7]

449 supportive housing units for adults over 25

[7] For more information about how supportive housing can work for families in Brisbane see Brisbane Common Ground Evaluation: Final Report and Micah Projects Business Case Keeping Families Together Report

Indicators of Demand for permanent supportive housing for people with complex health needs.

Over a three year period Brisbane South Primary Healthcare Network reported that 769 people at intake had unmet accommodation needs, and of this group, 269 people (35.21%) had unmet needs in three or more of physical health, psychotic symptoms, psychological distress, alcohol and drug problems. This population require permanent supportive housing integrated with ongoing clinical supports to enable their exit from homelessness and improvement in wellbeing.

Arif, Brisbane Common Ground Integrated Nursing Service Clinical Nurse with a BCG tenant.

Photography: Katie Bennett

Strategy 5
Integrate healthcare and include Mental Health

There is strong evidence of a compounding negative relationship between homelessness and mental and physical health and of high health care costs associated with homelessness. The best outcomes for government and individuals are found in supporting people to access primary health care that are linked with community outreach services and housing.

Recommendation
Invest $20M across Queensland in the creation of a Community Services Innovative Health Fund for the delivery of responsive and targeted high quality health care services, to vulnerable people including homeless, to reduce health inequalities and costs.

Community Goals
Embed multidisciplinary clinical teams within community assertive outreach programs for responding to substance use, mental health and primary healthcare needs.

Establish an integrated healthcare clinic to address primary health care, mental health and substance use.

Implement medical respite for people with chronic disease and palliative care.

Pilot the Pathways to Housing model, adapted to the Australian context.

Allocate permanent housing to people with psychiatric, substance use, and chronic health conditions linked with healthcare and case management supports.

Improving discharge planning from hospitals for people who are homeless or vulnerably housed, with multiple and complex health and social support needs.

Improve health responses integrated with community services to survivors of domestic violence.

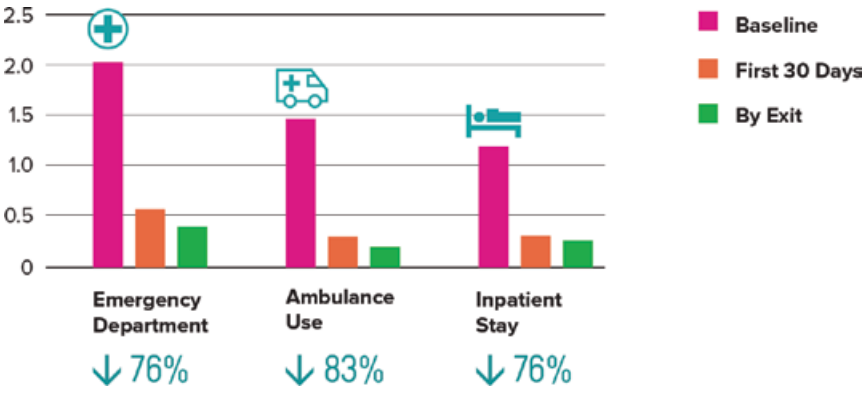
Demonstrated Results from integrating healthcare and housing first approaches

Housing Plus Healthcare – Admission and Discharge Pilot project

Pathways is a post-hospital discharge service, designed to provide person-centered admission and discharge planning, care coordination, direct nursing and housing assistance, in the community.

Hospital admissions: Prevented unnecessary hospital re(admissions and (re)presentations to the accident and emergency departments

Average Number of Usages



Housing: The majority of people at entry to the service identified the hospital as their main accommodation type followed by rough-sleeping and couch-surfing at the point of entry to Pathways.

At the point of exit from the service this shifted to more stable forms of housing with no one sleeping rough.

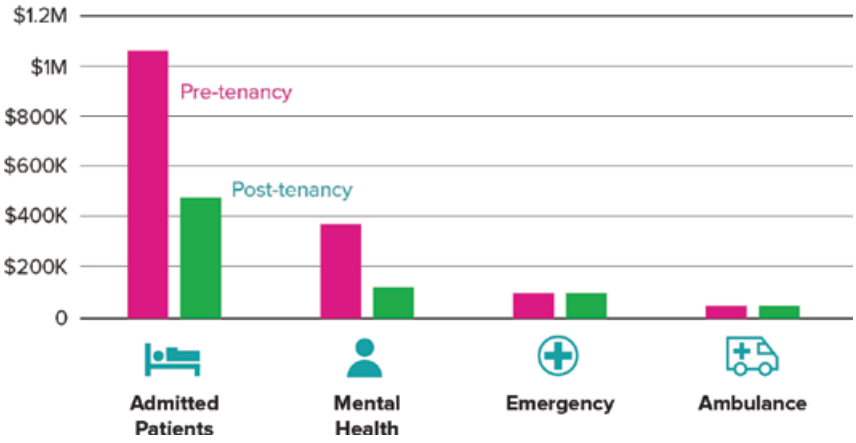
Number Housed upon exiting Pathways

Homeless to Home Healthcare After Hours Service

The service is provided through a collaborative approach where nurses work in conjunction with a Housing First assertive outreach team.

An economic evaluation of the service[8] reported that the annual net social benefit is between 12.61M and 13.06M

Common Ground Queensland
Savings in health system costs for 41 tenants



Source; Brisbane Common Ground Evaluation: Final Report (2015) ISSR, University of Queensland

Brisbane data is supported by new research from Western Australia[9] that has demonstrated a reduction in health system costs of $4,846 person per year with the provision of public housing and support.

[8] An Economic Evaluation of the Homeless to Home Healthcare After-Hours service; Professor Luke Connelly

[9] What are the health, social and economic benefits of providing public housing and support to formerly homeless people? (2016) AHURI

"It didn't matter what obstacle we were faced with, the Family Support and Advocacy Team seemed to find a way to get around it." Elisa. Elizah, Amenda, and Ellidon with their Mother Elisa.

Photography: Katie Bennett

Concluding Comments

We have practical experience and hard data to prove we can end homelessness in Brisbane while saving millions of dollars and hundreds of lives.

Moving to a Housing First approach is fundamental to this Roadmap for Brisbane. If we do not believe housing is the only and best solution to homelessness, we will continue to see people trapped in chronic homelessness.

The strategies in this Roadmap involve planning, collaboration and coordination between multiple government agencies, non-government organisations and the private sector. They also require Queensland Government leadership and investment.

We can no longer afford to work alone. Our commitment and collective action can end homelessness in Brisbane, one person, one family at a time.

MICAH PROJECTS INC

Breaking Social Isolation
Building Community

The document
Housing First: A Roadmap
was developed and funded
by Micah Projects 2016

For more information:
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micahprojects.org.au

Ending homelessness
in Brisbane one person,
one family at a time

Housing First

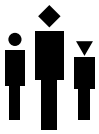
Housing First is a proven approach that connects people experiencing homelessness with long-term housing **as quickly as possible and without preconditions**. Housing First is guided by the belief that a safe home is a human right and a basic need that must be met before attending to personal issues. The model is based on evidence that people, even with long histories of homelessness, mental illness or addictions, can achieve housing stability in long-term housing if provided with the right supports.

Core Elements of Housing First

Assertive outreach to engage and offer housing to people with a mental illness who are homeless.

Immediate access to permanent housing. If, due to housing stock, the initial housing placement is short-term, the program commits to housing the person in long-term housing as fast as possible.

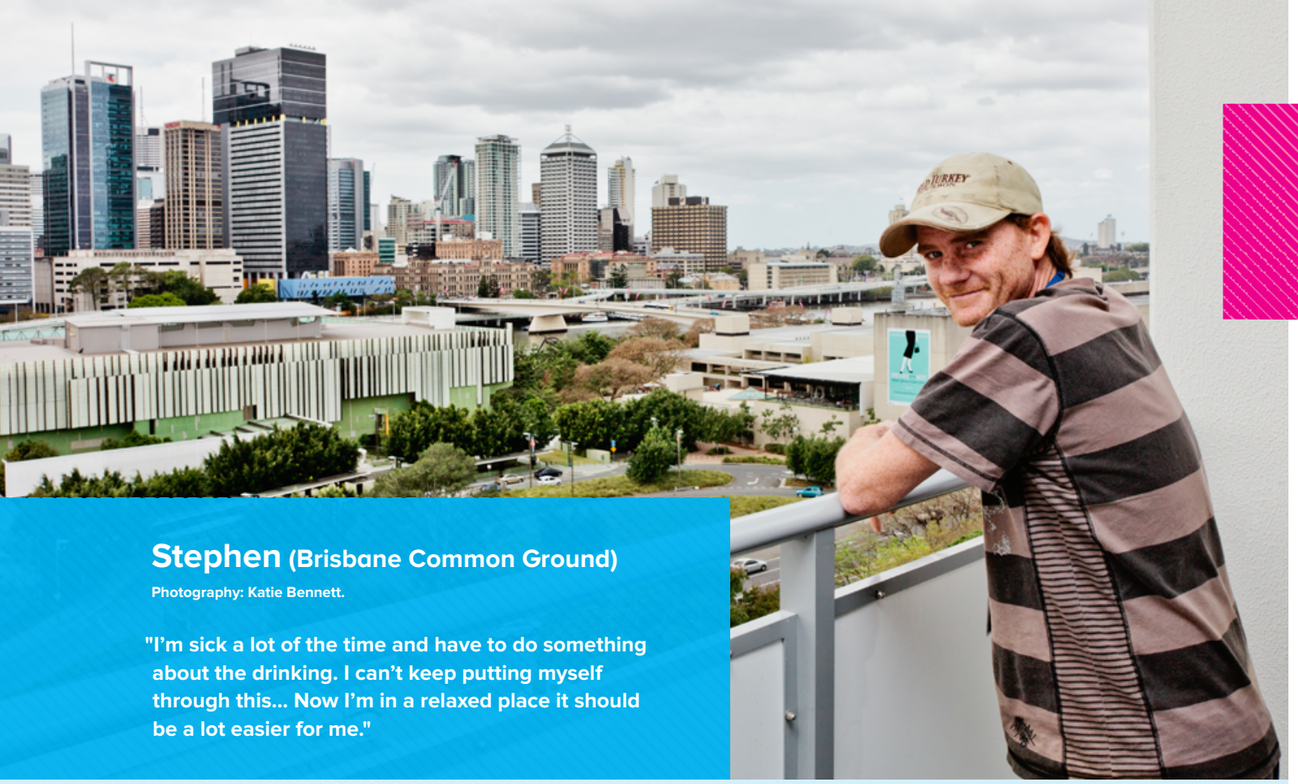
A harm minimisation approach that supports people to reduce the risks and harmful effects associated with substance use and addictive behaviours but does not require abstinence to access or keep housing.



Individualised, recovery-oriented supports. Supports are readily available, however Housing First programs do not require participation to remain in housing. Support services are proactive in their efforts to engage tenants.

Social and community inclusion is an intentional part of Housing First program design. Housing is non-stigmatising, and support services provide opportunities for engagement in education, hobbies, culture and employment.

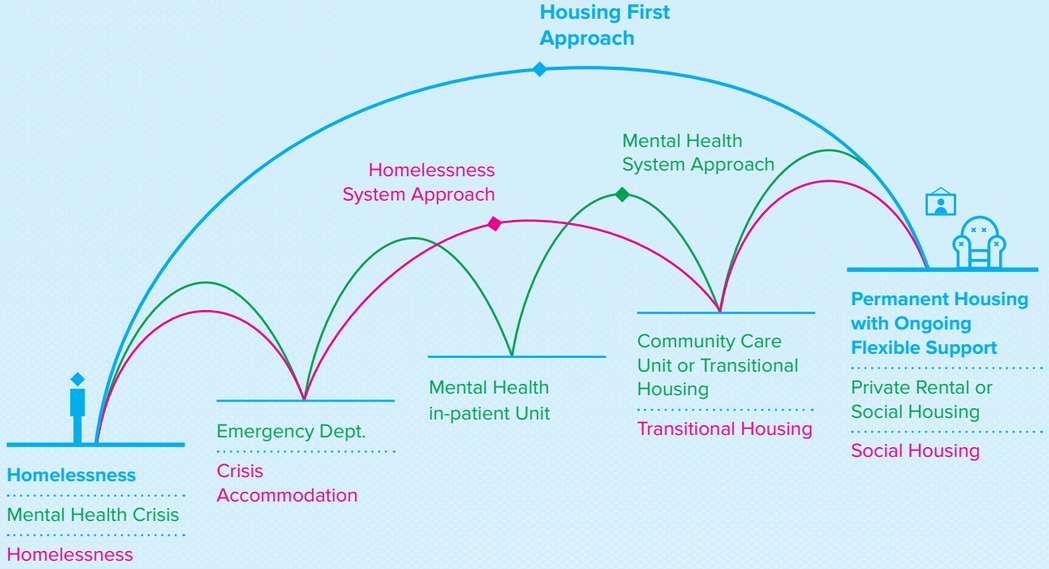
Breaking the cycle of homelessness. As well as focusing on tenancy sustainment, Housing First programs also ensure there is no exit to homelessness and that people who leave for short periods (e.g. due to hospitalisation) can return.



Stephen (Brisbane Common Ground)

Photography: Katie Bennett.

"I'm sick a lot of the time and have to do something about the drinking. I can't keep putting myself through this... Now I'm in a relaxed place it should be a lot easier for me."



The Housing First Difference

A housing first approach is different to traditional 'treatment first' approaches, where people progress through a series of programs with expectations that they have addressed any substance use, living and social skills, or mental health issues before accessing long-term housing.

Supportive Housing

Supportive housing involves the intentional and long-term connection of secure and affordable housing with support. It is an innovative and proven model which follows the Housing First approach. Supportive housing is effective for people who need safe housing that is closely integrated with support services – typically, people who have been chronically homeless and/or people with complex or high support needs, including people with mental illness.

Scattered Site

Units or houses spread through a neighbourhood or community that are designated for specific populations, with support provided through home visits. Offers people independence in their housing with support to stay housed, and connection to communities of choice.

Single Site

Housing developments in which units or the whole building are designated as supportive housing and support providers are based on-site. Offers people a community within their housing, close access to support and often increased safety due to on-site security personnel or security systems.

Pathways to Housing

One of the first and most researched models of supportive housing is Pathways to Housing. Operating since the 1990s in New York, and now implemented around the world, the model brings housing together with a recovery-oriented Assertive Community Treatment (ACT) team for people who have experienced both mental illness and homelessness. ACT teams are multidisciplinary and are on-call 24 hours a day, seven days a week. Pathways to Housing has achieved excellent housing retention outcomes. In a longitudinal study[1], 80% of the participants assigned to Pathways to Housing were in stable housing after 12 months, compared with 24% in the alternative continuum of care approach.

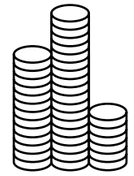
80%

of Pathways to Housing participants in stable housing after 12 months[1]

Brisbane Common Ground

Brisbane Common Ground is Queensland's first single site supportive housing initiative. The model is based on the successful New York City Common Ground with a mix of low income and formerly homeless tenants and closely coordinated support, tenancy management and security services. Although Brisbane Common Ground targets people who are chronically homeless, the majority of tenants also have a diagnosable mental illness.

An evaluation of the effectiveness of Brisbane Common Ground found that it has removed barriers for people with support needs experiencing chronic homelessness to access housing, and fostered the conditions for tenants to sustain housing[2].



$13,100

saved per tenant at Brisbane Common Ground[2]

Comparing service utilisation costs between when a person is homeless and when they are housed with support. Cost saving was calculated at a fixed point in time.

Housing First is Effective

Housing and Accommodation Support Initiative (HASI)

The Housing and Support Initiative (New South Wales) and Housing and Support Program (Queensland) are Australian programs implementing Housing First principles. These programs operate as partnerships between Housing, Health and Community organisations, providing long-term social housing with clinical and non-clinical support.

An evaluation of the NSW HASI[3] reported:

There were 1000 mental health consumers supported each year, with schizophrenia the most common diagnosis (65%)

More than half of partipants had a co-existing condition, such as alcohol or drug dependency, physical health condition or intellectual disability

The initiative saw a reduction in hospital admissions and mental health symptoms

There was an increase in housing stability and improvement in people's ability to participate in:

- → community
- → education
- → employment activities

At Home / Chez Soi

'At Home/Chez Soi' was a four-year project in five cities across Canada that aimed to provide practical, meaningful support to Canadians experiencing homelessness and mental health problems.

The project offered housing with services to more than 1000 Canadians and has been the world's largest trial of Housing First, comparing the outcomes of the participants with a control group who were accessing services as usual in their communities.

At Home / Chez Soi[4] found that Housing First:

Rapidly ends homelessness, delivering a large and significant impact on housing stability

Is a sound investment, with every $10 invested resulting in an average savings of $21.72

Creates shifts from people accessing crisis and institutional services to accesing community-based services, and people with previously unmet needs accessing support services

Delivers clear and immediate improvements to quality of life, including substance use and mental health symptoms

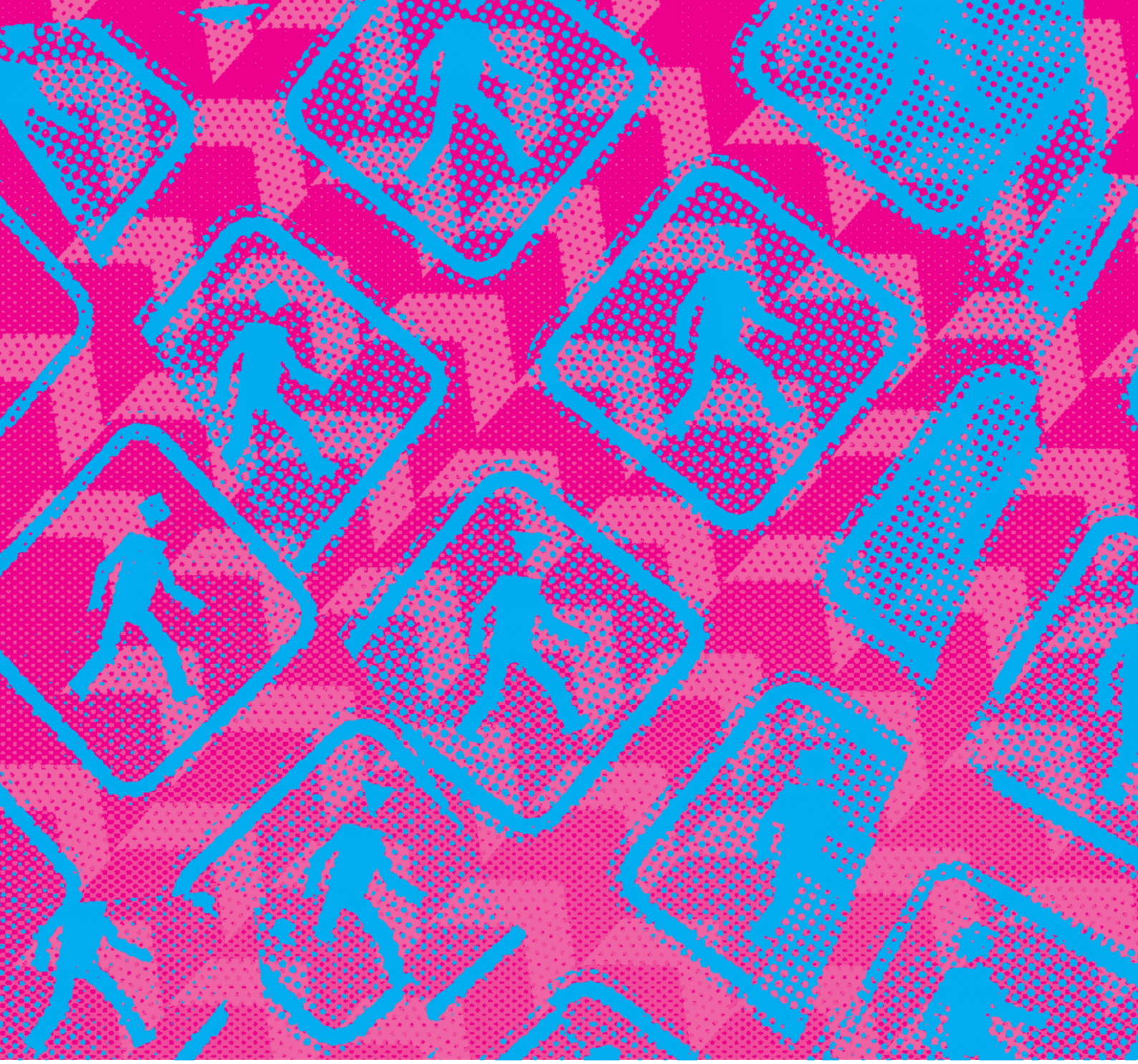
The Housing First Fact Sheet was produced by the Brisbane South PHN Partners in Recovery Consortium (Nov 2016)

1 Tsemberis, S., Gulcur, L. & Nakae, M. (2004). Housing first, consumer choice and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651-656.

2 Parsell, C., Petersen, M., Moutou, O., Culhane, D., Lucio, E. & Dick, A. (2016). *Brisbane Common Ground evaluation: Final report*. Brisbane, Australia: Department of Housing and Public Works.

3 Bruce, J., McDermott, S., Ramia, I., Bullen, J., & Fisher, K.R. (2012). Evaluation of the housing and accommodation support initiative (HASI). *Final report for NSW Health and Housing*. NSW Social Policy Research Centre ARTD Consultants. Sydney, Australia: University of New South Wales.

4 Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D., & Aubry, T. (2014). *National at home/Chez soi final report*. Calgary, AB: Mental Health Commission of Canada.



Housing First: a foundation for recovery

Breaking the cycle of Brisbane's housing, homelessness and mental health challenges

partnersinrecovery
supporting mental health and wellbeing

phn
BRISBANE SOUTH
An Australian Government Initiative

MICAH PROJECTS INC
Breaking Social Isolation
Building Community

Housing First
a foundation for recovery

Breaking the cycle of Brisbane's housing, homelessness and mental health challenges

Funded by Brisbane South PHN PIR Consortium
An Australian Government Initiative

Photography: Craig Holmes

November 2016

Acknowledgements

We acknowledge the Australian Government's investment in the Partners in Recovery (PIR) program, Brisbane South PHN – lead agency for PIR in Brisbane South, and the 10 PIR partner organisations – Aftercare, The Benevolent Society, Brook RED, FSG Australia, Gallang Place, Harmony Place, Micah Projects, Neami National, Richmond Fellowship Queensland (RFQ) and Stepping Stone Clubhouse.

We acknowledge all stakeholders who contributed to the Mental Health, Housing and Homelessness Plan, the Southside Care Coordination Panel, the Lived Experience Advisory Group, and the *Housing First: a foundation for recovery* community action plan and associated Integrated Healthcare and Housing First Fact Sheets – specifically:

Briannon Stevens – Intuit Works

Michael Tansky, Shelley Elliot, David Meddings, John Araneda, Sarah Burns and Kayla Godwin – *Micah Projects PIR Team*

Janelle Kwong, Ross Westoby, Kim Rayner, Maria O'Connor, Jo Bennett and Maria Leebeek – *Micah Projects*

Micah Projects Backbone and Communications Team

John Mendoza – *ConNetica*
Stephen Harvey – *Harvey Risk Management Pty Ltd*
Roundtable attendees

Rod Buchner and Renee Lee – *Service Integration Coordinators, Metro South Addiction and Mental Health Services*
Panel attendees

Lyndall Baker, Wayne Jaye, Michael Nycyk, Brian Sparks, Malcolm Hull and Lesley Houston – *Lived Experience Advisory Group*

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info@micahprojects.org.au

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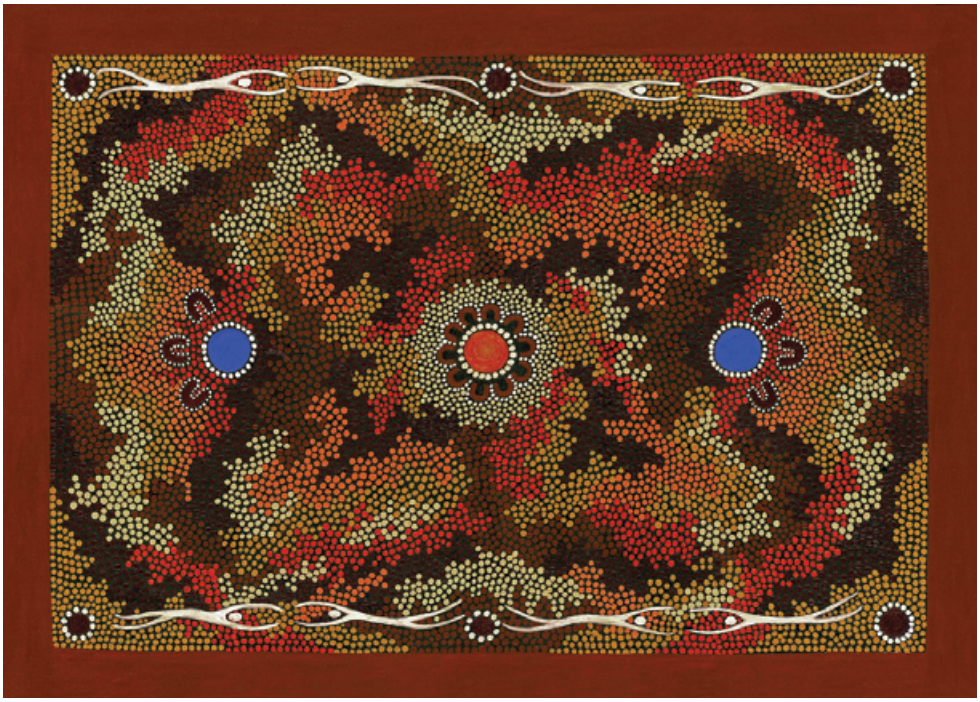
Housing First:
a foundation for recovery



Artwork:
Coming Together by Luke Roma, Rocky Boy, Jagalingu Man from Rockhampton Region, 2013

This painting represents all Indigenous and Non Indigenous Australians coming together without malice or discrimination.

Our commitment to Reconciliation

We acknowledge the Aboriginal and Torres Strait Islander peoples (First Peoples) of Australia as the traditional owners and custodians of this land and that this was never ceded by them at any time. We acknowledge the impact of colonisation on the First Peoples and the trauma this inflicted on their lives, their culture and their rights to live on their traditional lands. We acknowledge and support their rights to self-determination, land and culture.

We acknowledge the over representation of First Australians who experience homelessness. We recognise that invasion and subsequent trauma and loss (cultural loss, family separations, incarceration, and racism) contribute to the mental distress of Aboriginal and Torres Strait Islander Australians. We are committed to working with Indigenous leaders, agencies and communities to create homes, and strengthen connection to family, culture and community for their own people.

Executive summary

As organisations that have worked with people experiencing homelessness and mental illness for over 20 years, we have witnessed people trapped in a revolving door of homelessness, hospital admissions, incarceration and housing instability. We have seen people traumatised as they attempt to meet their basic needs for food and shelter in a complex system. We have observed the multi-abuse trauma resulting from a lifetime of poverty, violence and abuse overlaid with the heavy burdens of stigma, shame and discrimination. We have witnessed people employ coping mechanisms for their trauma that both retraumatise and exacerbate stigma – such as alcohol and other drug use, self-harm and risky behaviours.

We know these issues are interconnected, and yet, we have not made inroads in connecting our fragmented systems of care which respond to substance use, homelessness, and mental illness. Our failure to respond to people trapped in this revolving door of expensive emergency services costs us all; both in the long term human cost of failing to meet people's basic rights to safety, dignity and psychological wellbeing, and the costs every year to health and social care systems.

Now is the time to take action – with a Queensland Housing Strategy, a new Housing First roadmap to ending homelessness in Brisbane, and mental health reforms driving planning and innovative investment at the local level.

The good news is that we know what works to end the cycle of homelessness and mental illness: *Housing + Supports*. Long-term housing is critical to recovery from mental illness, and community-based multidisciplinary supports are critical to staying housed and breaking the cycle of homelessness. Known as Housing First, this approach needs leadership to join up disconnected healthcare, housing, homelessness and community services. It also requires investment to deliver long-term housing to people with mental illness and embed outreach multidisciplinary clinical teams in community services.

This action plan advocates for the implementation of Housing First for mental health in Brisbane. It outlines four straightforward strategies for achieving this – **know who needs Housing First; close housing gaps; close service gaps; and implement Supportive Housing**.

Our advocacy for a Housing First approach is the result of recent work to understand what we need to do to create lasting change within a human rights framework for people who are chronically homeless and highly marginalised. We acknowledge the role of the consumers and lived experience movement, and the emerging neurodiversity movement, in advocating for non-pathologising supports, acceptance of diversity and protection of human rights. It is our hope and belief that this plan honours people's fundamental rights to housing, safety, dignity and self-determination.

Background

The *Housing First: a foundation for recovery* toolkit has been developed by the **Brisbane South PHN (BSPHN) Partners in Recovery Consortium** – a group of 10 non-government organisations partnered with BSPHN and funded by the Australian Government Department of Health to support people with severe and persistent mental health issues, along with their carers and families, to address their complex care needs and improve their wellbeing.

The interconnected values informing the PIR approach to mental health care are:

- **Recovery oriented:** creating opportunities for the person to resume control of their situation
- **Culturally competent:** integrating culture to work in cross-cultural situations
- **Trauma informed:** creating opportunities for survivors to rebuild control and empowerment.

The 10 non-government PIR organisations that partnered with BSPHN are:

- Aftercare
- The Benevolent Society
- Brook RED
- FSG Australia
- Gallang Place
- Harmony Place
- Micah Projects
- Neami National
- Stepping Stone Clubhouse
- Richmond Fellowship Queensland

As organisations supporting people with severe mental illness, we observe that so many of the people we support are trapped cycling between homelessness, hospital and corrections systems. Consequently, their mental health suffers and deteriorates over time. **We have come to understand that without addressing housing as a priority, our efforts to support people with their recovery are constantly hampered.**

In 2014, BSPHN funded Micah Projects to work with stakeholders to develop shared solutions for providing better housing outcomes for people with severe mental health issues. Micah Projects conducted a literature review, and engaged mental health specialists ConNetica, to facilitate a workshop and Roundtable with Brisbane stakeholders. After comparing the evidence of different models, ConNetica concluded that the Housing First approach provides a "substantive and qualitative improvement in harm minimisation, health outcomes, material benefits, social inclusiveness and psychological wellbeing for those… provided with permanent housing."[1] ConNetica also recommended that Brisbane agencies invest in a collaborative project to build greater service integration and care coordination.

The PIR consortium have invested in a coordination project in line with the ConNetica recommendations. In 2016, BSPHN again funded Micah Projects to initiate coordinated housing solutions in partnership with Metro South Addiction

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1 Mendoza, J. Hervey, S. (2015) *Improved Outcomes for people with Severe Mental Illness and Housing Solutions.* Brisbane, Australia: ConNetica and Micah Projects.

and Mental Health Services, and PIR, housing and community mental health service providers. Terms of Reference, Protocols and Referral Forms were developed, the Southside Care Coordination Panel and Lived Experience Advisory Group formed, and commenced taking referrals in July 2016.

As a group of agencies, we are committed to changing our practices and the systems we work within to bring Housing First to people with severe mental illness. The culmination of our recent work is this action plan and associated fact sheets on Housing First and Integrated Healthcare models. We have worked together to understand Brisbane's housing, homelessness and mental health challenges, and map out how Housing First can be implemented for people with mental illness in our community. As organisations who are supporting people with recovery, we understand the crucial importance of getting clinical treatment services to people wherever they are. This report provides models, evidence and recommendations for how that can be achieved – primarily through embedding multidisciplinary teams in community services and integrating those services with permanent housing.

This Housing First for Mental Health plan demonstrates how a Housing First evidence-informed approach to ending homelessness assists people who are homeless and living with mental illness to move quickly into permanent housing.

Homelessness services at Turbot Street, Brisbane during 500 Lives 500 Homes Registry Fortnight 2014.

Photography: Patrick Hamilton

Understanding Brisbane's housing, homelessness and mental health challenges

What lies beneath – multi-abuse trauma

In Brisbane, there is a growing percentage of people who are cycling through our hospital, corrections, homelessness and mental health systems. People trapped in this cycle are not only experiencing mental illness, but are also often victims of multi-abuse trauma. This frequently involves sexual assault, domestic violence, and/or child abuse, layered with trauma from the coping strategies of substance misuse and self-harm. Stigma, discrimination and oppression add trauma to people who are Indigenous, sex and gender diverse, have a disability or are from other minority groups. This discrimination exists even in our service system.

Fragmented care leads people to bounce through crisis systems of care, unable to access the supports they need. The failure of our systems to provide adequate housing, income and trauma-sensitive support to people, often through generations, has led to people experiencing homelessness, incarceration, and intergenerational poverty. Our First Peoples are still experiencing racism, poor healthcare and housing, incarceration and child removal. These experiences all add layers of abuse across people's lifetimes.

Understanding Brisbane's housing and mental health challenges means understanding the complex and interconnected nature of multi-abuse trauma and the way this impacts on mental illness and homelessness. What follows are some of the key factors which intersect in people's lives to create barriers to wellness and housing stability.

Homelessness and mental illness

In 2014-15 Brisbane's homelessness services supported 2807 people (27%) who had been diagnosed with mental illness.[2]

Mental illness and homelessness are interconnected. It is becoming increasingly clear that people experiencing homelessness have higher rates of mental illness than the general population.[3] People with mental illness also have much higher rates of homelessness and housing instability.[4] The reasons are multifaceted, and include social isolation, inadequate health and social supports, insufficient affordable housing stock, poverty, challenging behaviours when unwell, stigma and discrimination.[5]

Housing insecurity and homelessness also act as a significant risk factor for poor mental health.[6] Homelessness is a traumatic event with lifelong psychological impacts on children, young people and adults.

A survey of Australians who are homeless found that 73% met diagnostic criteria for Post Traumatic Stress Disorder (PTSD).[7] Most participants were exposed to multiple traumatic events with over 97% having experienced more than four traumatic events in their lifetime. This compares with a 4% rate in the general community. These figures confirm established research showing that adverse childhood experiences predict increased odds of experiencing homelessness as an adult, as well as a higher incidence of mental and physical health problems.[8]

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2 Queensland Government. (2015). Department of Housing and Public Works Data source: 2014-15. *Confidentialised unit record files (CURF).* Brisbane, Australia: Unpublished raw data.

3 Australian Institute of health and Welfare. (2015). *Specialist Homelessness Services 2014–15*. Retrieved from http://www.aihw.gov.au/homelessness/specialist-homelessness-services-2014-15/.

4 SANE Australia. (2008). *SANE research bulletin 7: Housing and mental illness.* Retrieved from https://www.sane.org/images/PDFs/0807_info_rb7_housing.pdf

5 Mental Health Council of Australia. (2009). *Home Truths, Mental Health, Housing and Homelessness in Australia*. Retrieved from https://mhaustralia.org/sites/default/files/imported/component/rsfiles/publications/MHCA_Home_Truths_Layout_FINAL.pdf

6 Baker, E., Mason, K., Bentley, R. & Mallett, S. (2014). Exploring the Bi-directional Relationship between Health and Housing in Australia. *Urban Policy and Research, 32*(1), 71-84.

7 O'Donnell, M., Varker, T., Cash, R., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., & Phelps, A. (2014). The trauma and homelessness initiative. *Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner SouthCommunity Health and VincentCare Victoria.* Retrieved from https://www.sacredheartmission.org/sites/default/files/publication-documents/THI_Report_research%20findings.pdf

8 Montgomery, A. E., Cutuli, J. J., Evans-Chase, M., Treglia, D., & Culhane, D. P. (2013). Relationship Among Adverse Childhood Experiences, History of Active Military Service, and Adult Outcomes: Homelessness, Mental Health, and Physical Health. *American Journal of Public Health*, *103*(Suppl 2), 262–268.

Jessica and Charlotte in their home.

Photography: Katie Bennett

"I've got bipolar and get depressed without a cat. Charlotte loves it here. She's still in a kitten stage and runs around the flat. The room is excellent and you get the city lights." *Jessica*

Psychosocial disability and deinstitutionalisation

As institutions for people with disability closed in Queensland, we have seen some Queenslanders experience opportunities to live in the community with choice and control over housing, supports and friendships.

However, these choices and opportunities have not been afforded to all. Many people continue to miss out due to a lack of the housing, healthcare and personal supports needed to buffer against the ongoing effects of ableism and multi-abuse trauma. The consequence of these systems failures is that many people with psychosocial disability are trapped in cycles of insecure housing, homelessness, acute psychiatric care, alcohol and other drug treatment, and hospital admissions.

In Brisbane, 5.5% of people accessing homelessness services, stated they were in a psychiatric hospital unit in the previous 12 months. 5% had been in a corrections facility, and 2% had been in rehabilitation.

A total of 19.6% of people accessing Brisbane's homelessness services are known to have been in an institutional setting in the year beforehand.[9]

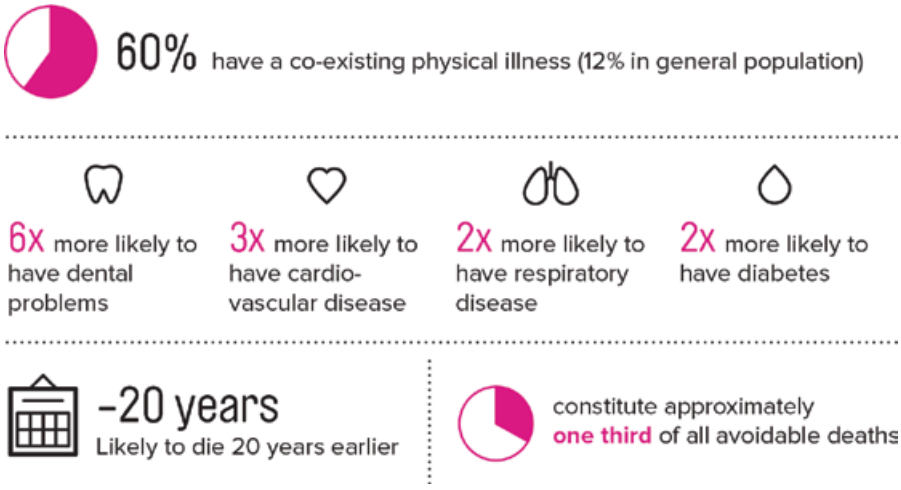
9 Queensland Government. (2015). Department of Housing and Public Works Data source: 2014-15. *Confidentialised unit record files (CURF).* Brisbane, Australia: Unpublished raw data.

Substance use and physical health conditions

In 2014-15 Brisbane's homelessness services supported 2046 people seeking assistance with mental health issues, drug/substance use and alcohol use.[10]

Mental illness and substance use occur together very frequently, and are deeply interconnected challenges, often precipitating and interacting negatively with one another. Alcohol and other drug use are coping mechanisms for dealing with the trauma of homelessness, the distress of mental illness and their associated challenges. Both mental illness and substance use are barriers to accessing housing. Stigma and discrimination are exacerbated for people who are homeless when they have addictions or mental illness.

People with mental illness have poor physical health, with high rates of co-existing medical conditions and shortened life expectancies:[11]



There is a growing body of evidence that Australians experiencing homelessness also have high rates of co-existing physical health conditions, such as infectious diseases, skin and respiratory conditions, and cardiovascular diseases.[12] In addition, people experiencing homelessness have a pattern of accessing high cost emergency care and poor engagement in primary healthcare programs. In our services, we are seeing people who present with a familiar pattern of these interrelated issues.

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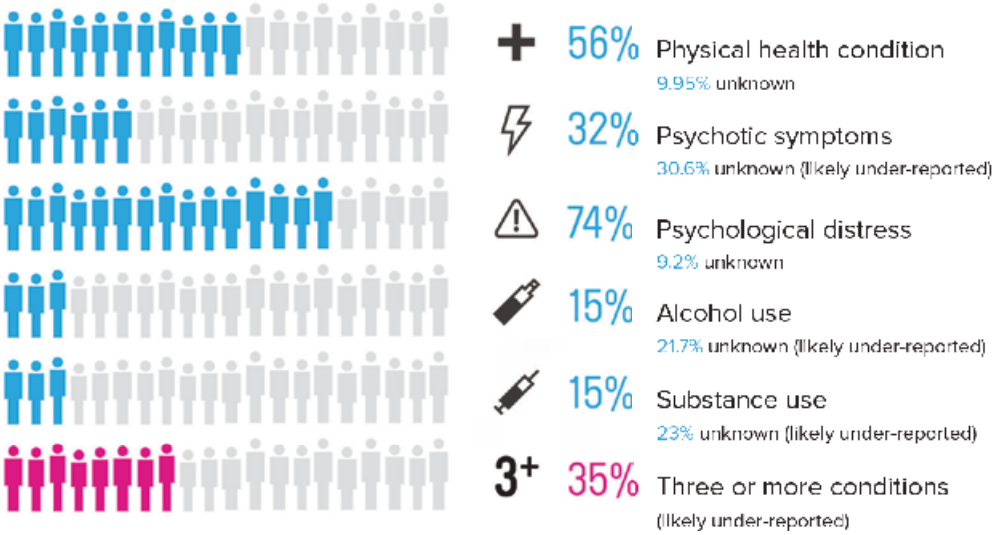
10 Queensland Government. (2015). Department of Housing and Public Works Data source: 2014-15. *Confidentialised unit record files (CURF).* Brisbane, Australia: Unpublished raw data.

11 Australian Government. (2015). Equally well: Quality of life; equality in life. *The Australian national consensus statement on the physical health of people with a mental illness.* Retrieved from https://consultations.health.gov.au/national-mental-health-commission/594530eb/user_uploads/national-consensus-statement---online-consultation-draft.pdf

12 Wood, L., Flatau, P., Zaretzky, K., Foster, S., Vallesi, S. and Miscenko, D. (2016) *What are the health, social and economic benefits of providing public housing and support to formerly homeless people?*, AHURI Final Report No. 265, Australian Housing and Urban Research Institute Limited, Melbourne.

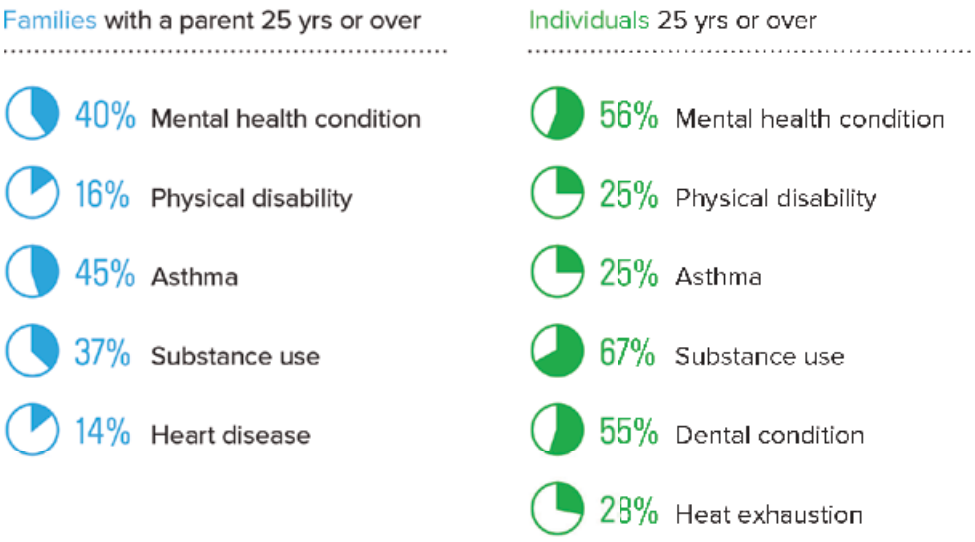
Health needs of people homeless or at risk of homelessness in Brisbane

People homeless or vulnerably housed experiencing mental illness



Partners in Recovery Service data[13]

People experiencing homelessness



500 Lives 500 Homes Families Data[14] | *500 Lives 500 Homes Individuals* data[15]

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13 Brisbane South PHN (2016), Partners in Recovery Service Data Source 2013 – 2016. *Unmet psychological and physical health needs of people who are homeless and accessing*, Oct 2013 – June 2016 (n=764). Brisbane, Australia: Unpublished raw data.

14 500 Lives 500 Homes. (2014). *Emerging trends VI-SPDAT adult families fact sheet*. Retrieved from http://micahprojects.org.au/assets/docs/Factsheets/2014-500-Lives-Adult-Families-factsheet.pdf

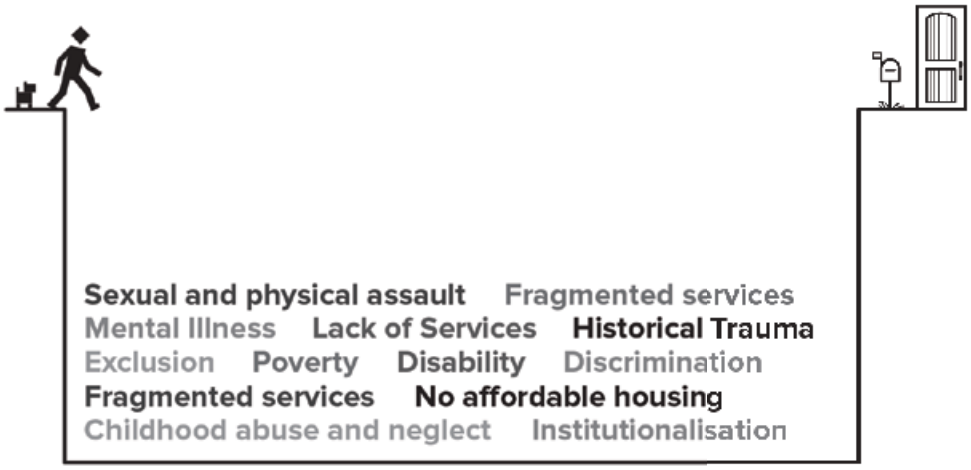
15 500 Lives 500 Homes. (2014). *Emerging trends VI-SPDAT adult individuals fact sheet*. Retrieved from http://www.500lives500homes.org.au/resource_files/500lives/2014-500-Lives-Adult-Individuals-factsheet.pdf

Service system failures

The experience of being homeless with mental illness increases the likelihood that people will interact with multiple parts of the housing, health, corrections and social services systems. However these systems are characterised by fragmentation and a lack of planning and coordination at a local level.[16]

We must also acknowledge that discrimination exists in our services. There are barriers to accessing support if you are homeless, have a disability, transient, poor, Indigenous, LGBTI and/or marginalised in other ways. In Brisbane, our healthcare services actively discriminate against people with addictions, turning people away from services if they are affected by alcohol and other drugs or failing to identify and treat co-occurring mental and physical health conditions. We have an underfunded Alcohol and Other Drug Service system which cannot meet people's mental health needs, and so people with substance use issues are suffering from both discrimination and a lack of services.

When housing and healthcare services are also poorly coordinated, getting housed and recovering from homelessness and mental illness can be an insurmountable challenge. People in Brisbane are experiencing trauma from the very systems that were designed to help them. ***We have to do better***.



16 Australian Government, Department of Health. (2015).'Response to Contributing Lives, Thriving Communities', *Review of Mental Health Programmes and Service*. Canberra, Australia; Commonwealth of Australia. Retrieved https://www.health.gov.au/internet/main/publishing.nsf/content/0DBEF2D78F7CB9E7CA257F07001ACC6D/$File/response.pdf.

Chrissy (right) moving into her new home assisted by PIR worker Sarah.

Photography: Craig Holmes

Housing First for mental health

Our commitment to implementing Housing First underpins this plan.

What is Housing First?

Housing First is a recovery-oriented approach to ending homelessness that assists people experiencing homelessness to quickly move into independent and permanent housing. For too long, people who are homeless with mental illness have been forced to jump through hoops, such as accessing psychiatric or case management services, and demonstrating personal change before being deemed 'housing ready'.

Housing First means there are no conditions that have to be met before the person moves in. They do not need to agree to psychiatric or substance use treatment. Services offered are voluntary, with the responsibility for engagement resting with the service provider, not the tenant.

Recovery, consumer choice and self-determination

Housing First considers people who are homeless with mental illness to be full citizens with rights to housing and self-determination over whether they access treatment and other support services. Housing First recognises that it is the role of professionals to be proactive in engaging people in services that assist them to stay housed, and fulfil their role as tenants, neighbours and citizens.

Housing First is a recovery oriented model, having features that are critical to people's recovery journey:[17]

- Housing is a choice; not a placement and not an institution
- Housing is low-barrier (sobriety is not a precondition to accessing housing)
- Housing is physically and emotionally safe and stable
- Housing First tenants have the same rights and responsibilities to be good neighbours and tenants as any other tenant, and are supported to meet these responsibilities
- Stability is a priority. If tenants move out (by choice or through not meeting tenancy agreements), every effort is made to connect them to safe housing and recovery supports.

Stephen on his balcony at Brisbane Common Ground.

Photography: Katie Bennett

"I'm sick a lot of the time and have to do something about the drinking. I can't keep putting myself through this. Micah has offered to help but I want to do it myself. Now I'm in a relaxed place it should be a lot easier for me." *Stephen*

Supportive Housing

A Housing First model for Brisbane

Supportive Housing is a Housing First model that involves the intentional and long-term connection of secure and affordable housing with support. Services coordinated with supportive housing are focused on tenancy sustainment and coordinated access to other specialised and community-based services. Supportive Housing is effective for people who need safe housing that is closely integrated with support services – typically, people who have been chronically homeless and/or people with complex or high support needs, including people with mental illness. One of the critical components to supportive housing for

17 National Council for Behavioural Health, *Options, Not opponents: Housing First and Recovery Housing,* http://www.thenationalcouncil.org/BH365/2016/08/23/options-not-opponents-housing-first-recovery-housing/, 2016

people with mental illness is the coordination with multidisciplinary healthcare teams as a strategy to sustain tenancy and reduce crisis hospital presentations and care. This coordination enables early identification and proactive support to people whose mental states are impacting on their wellbeing, ability to be good neighbours and to stay housed.

Supportive housing does not mean institutional care or supported accommodation. People have their own leases and access to supports is voluntary. **Supportive housing is still a recovery-oriented approach**, but is offered to people who have a long-term need for support to stay housed. Supportive housing can be delivered via onsite support, or via outreach services coordinated with tenancy management.

Integrating healthcare

Multidisciplinary healthcare supports integrated with housing, community and clinical services are needed in Brisbane. People who are homeless, tenants of boarding houses, share housing and social housing have inadequate access to clinical and community services. This is due to the complex nature of people's physical and mental health needs, the impacts of these overlapping issues on their housing, and the barriers to accessing mainstream healthcare supports.

Assertive Community Treatment (ACT) is an evidence-informed, community-based model for delivering specialist assertive outreach to people with mental illnesses. The teams include members from the fields of psychology, nursing, substance abuse and vocational rehabilitation. Multidisciplinary teams provide proactive and intensive support with a focus on housing, daily living and quality of life (rather than symptoms). ACT teams use assertive outreach to proactively engage individuals in treatment, including people with mental illness who don't meet eligibility thresholds for public mental health services. This could include people living with depression, anxiety, complex trauma, addictions, or with emotion regulation or executive functioning challenges.

In the USA and Canada, ACT has been shown to substantially reduce inpatient and emergency hospital visits and is more satisfactory to consumers than other types of community-based care. When integrated with safe long-term housing, such as in the Pathways to Housing approach, ACT teams have been demonstrated to achieve excellent housing retention outcomes. In a longitudinal study[18], 80% of the participants assigned to Pathways to Housing were in stable housing after 12 months, compared with 24% in the alternative continuum of care approach.

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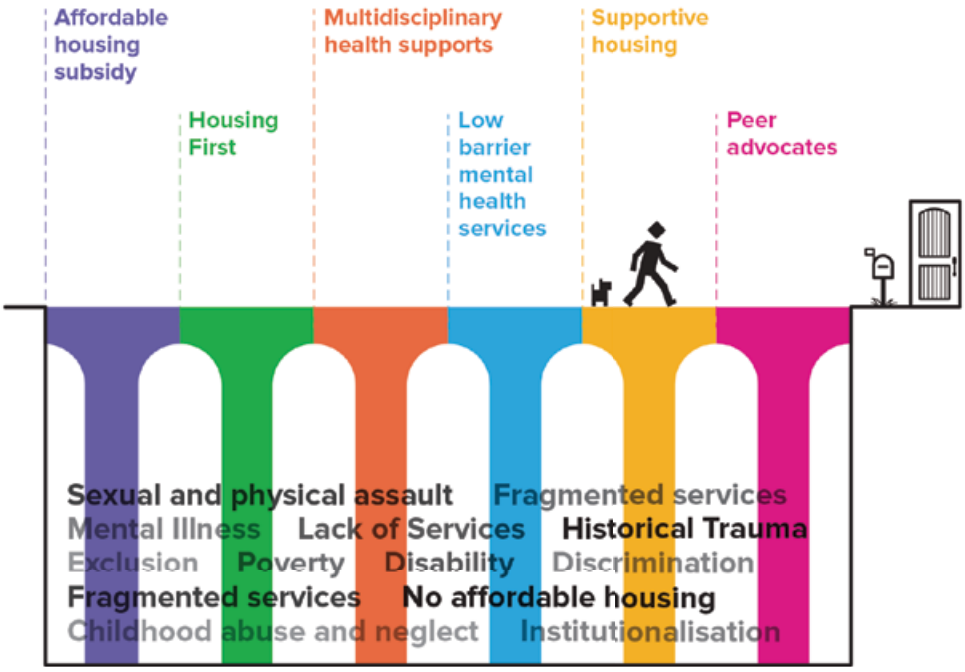
18 Tsemberis, S., Gulcur, L. & Nakae, M. (2004). Housing first, consumer choice and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health, 94*(4), 651-656.

Housing First works

There is strong evidence that:

- We can house people with complex mental and physical health challenges, without first addressing health challenges
- Providing housing integrated with support services is a highly effective solution to ending homelessness and improving people's physical and mental health
- Coordinating Housing First approaches with multidisciplinary healthcare teams is critical to this success.

Recent research across Brisbane, Sydney and Melbourne,[19] has found that people who have been homeless with multiple social and health challenges can successfully exit homelessness and stay housed using a Housing First approach. Furthermore, in Brisbane they reported that time spent in secure housing was associated with reduced symptoms of psychological distress and improvement in measures of quality of life (using validated measures). This research reflects a body of international evidence for the successful outcomes and cost effectiveness of Housing First approaches. In a 2000 participant trial of Housing First in Canada, they reported that Housing First delivers a "large and significant impact on housing stability" and "clear and immediate improvements" to quality of life.[20]



19 Parsell, C., Johnson, G., & Button, E. (2013). *Street to home: a national comparative analysis*. St Lucia, Australia: Homelessness Research Partnership with the Department of Families, Housing, Community Services and Indigenous Affairs, Institute for Social Science Research.

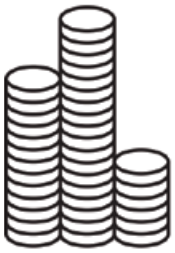
20 Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D., & Aubry, T. (2014). *National at home/Chez soi final report.* Calgary, AB: Mental Health Commission of Canada.

Housing First is cost effective for Brisbane

A 2013 research project into the cost effectiveness of Housing First in Brisbane found the overall cost to the health, justice and community service systems reduced substantially as individuals transitioned from homelessness to housing. This was due largely to the reduction in use of justice services, with the cost to police and courts dropping from an average of $8,719 per person per annum to just $2,172.[21]

In Brisbane, Micah Projects evaluated the Homeless to Home Healthcare after-hours service in which nurses worked with an outreach team of housing-focused community workers where the Housing First approach was embedded to get people housed. The evaluation estimated an avoidance of $6.9M in hospital and emergency department costs for an investment of $500,000.[22]

By comparing pre and post utilisation data at a point in time with 41 tenants, the Hope St Brisbane Common Ground Supportive Housing Evaluation found that $1.12M less was spent across health, corrections and specialist homelessness services compared to when tenants were homeless.[23]



$2.14M

cost avoidance after 12 months of the Pathways Pilot Program

by reducing ED presentations and hospitalisations

$13,100*

saving per tenant at Brisbane Common Ground

Comparing service utilisation costs between when a person is homeless and when they are housed with support.

Pathways Hospital Admission and Discharge data[24] | *Brisbane Common Ground data*[23]

* Cost saving was calculated at a fixed point in time.

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21 Mason, C., & Grimbeek, P. A. (2013). *Housing First approach to homelessness in Brisbane, Sustaining tenancies and the cost effectiveness of support services*. Brisbane, Australia: Micah Projects. Retrieved http://micahprojects.org.au/assets/docs/Publications/IR_127_A-Housing-First-Approach-to-Homelessness.pdf.

22 Connelly, L. (2015).*An Economic Evaluation of the Homeless to Home After Hours service*. Brisbane, Australia; Micah Projects. Retrieved http://micahprojects.org.au/assets/docs/Publications/IR_130_An-Economic-Evaluation-of-the-Homeless-to-Home-Healthcare-After-Hours-Service.pdf

23 Micah Projects (2015). *Brisbane Common Ground Evaluation snapshot.* Retrieved http://micahprojects.org.au/assets/docs/Publications/2016-BCG-Snapshot-for-Screen.pdf.

24 Rayner, K., & Westoby, R. (2015). *Pathways Hospital Admission and Discharge Pilot Project: Twelve Month Evaluation Report January 2015 – December 2015*. Brisbane, Australia: Micah Projects. Retrieved http://micahprojects.org.au/assets/docs/Factsheets/2016-IH-Pathways-Summary-for-web.pdf

Lotus, a Micah Projects Support and Advocacy Worker and Sue, an Inclusive Health Pathways Clinical Nurse, providing an integrated health and housing response to Tammy as she settles into her new home.

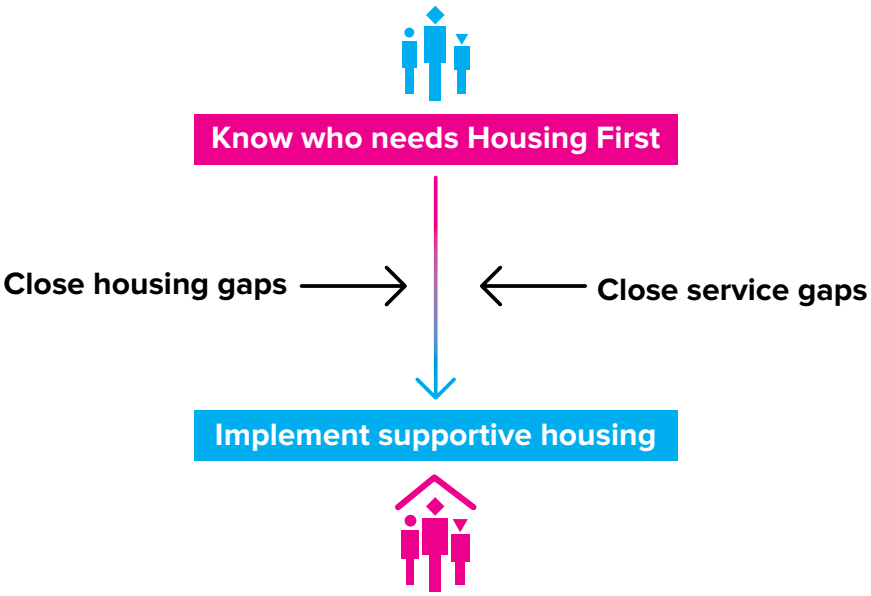
Photography: Lachie Douglas

Strategies for change

A Housing First approach underpins each of our strategies for addressing Brisbane's mental health and homelessness challenges.

Housing First:

- is an evidence based solution to end homelessness for people with complex mental health challenges
- addresses current unmet needs for housing and support in a way that reduces fragmentation and (with appropriate investment) can increase access to multidisciplinary healthcare supports embedded in community services
- employs values that align with consumers and psychiatric survivors' advocacy for self-determination and choice to access non-pathologising supports
- is recovery oriented, giving people the best chance of recovery from homelessness and multi-abuse trauma.



Strategy 1: Know who needs Housing First

If we want to end homelessness for people with mental illness, we have to know each person by name, and understand their health and housing needs. We need a picture of individual need, as well as unmet need across the system. Right now, we have a broad idea of the number of people with mental health challenges accessing homelessness services, as well as the number of people accessing PHNs who are homeless or vulnerably housed. We do not know the overlap between these sources of data, nor the very different housing and support needs of each person.

To achieve this, we will implement a **Brisbane Mental Health and Housing First Action Group**, which will include representation from across health, housing, corrections, community services and peer advisors. This group will:

1. Develop a by-name register of people who are homeless with mental illness, which is a subset of Brisbane's Register of people who are homeless
2. Establish shared screening and assessment tools, in line with Queensland's new Mental Health Act and work undertaken as part of our national mental health reforms
3. Establish coordinated entry across mental health, housing and homelessness systems leveraging existing reform efforts in these separate systems – e.g., implementation of a stepped care approach (mental health), the work of 500 Lives 500 Homes (homelessness).

Care Coordination Panels

The Southside Care Coordination Panel (The Panel) was recommended as a solution to mental ill-health and homelessness in the *Final Report: Improved Outcomes for people with Severe Mental Illness and Housing Solutions, ConNetica, August 2015*[25]. The Panel commenced in May 2016 – bringing together government and community services to provide a coordinated approach to assessing and planning responses to the needs of people living with severe and persistent mental illness who are frequently presenting at Emergency Departments, have multiple admissions to inpatient units, and have long stays in hospital. Some people with multiple diagnoses do not think they are unwell and refuse to take medication after discharge from hospital, avoid follow-up contact with mental health services, have no or few referral pathways, have difficulty finding safe housing and risk eviction due to complaints about their behaviour, experience persisting chronic dental and chronic health problems, and have regular contact with police, courts and prisons.

The Panel addresses identified issues and barriers through planning, implementing and reviewing strategies and interventions required to support people whose needs cannot be resolved by the person, one organisation alone or by working in isolation. The Panel does not replace existing service delivery models. It provides a means for closer working partnerships, improved communication and monitoring to evaluate the effectiveness of collaboration.

Strategy 2: Close housing gaps

We cannot end homelessness while the supply of housing does not match demand. We know that there is under-utilised stock in Brisbane; however, we also know that demand currently far exceeds supply. We need to work together to create more housing that matches what is needed, and engage the whole community in innovative solutions to our supply problem.

What do we know about the housing gap?

- → 2807 people with mental illness access Brisbane's homelessness system over a 12 month period
- → 769 people with unmet accommodation needs and mental illness access Brisbane South PHN over a three year period
- → $134,506.68 was spent on accommodation by Partners in Recovery (mental health supports) in one year, more flexible funding spent on accommodation than on any other item (36% of total flexible funds).

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25 Mendoza, J. Hervey, S. (2015) *Improved Outcomes for people with Severe Mental Illness and Housing Solutions.* Brisbane, Australia: ConNetica and Micah Projects.

Housing First: A Roadmap to Ending Homelessness in Brisbane recommends that the Queensland Government **establish a Social and Affordable Housing Trust fund** to increase the supply of affordable and social housing. Any efforts to implement concrete action to increase demand must ensure an **allocation of affordable housing for people with mental illness** which matches the proportion of homeless people with mental illness and psychosocial disability in Brisbane – 25-30%. A proportion of this affordable housing should be allocated to **Supportive Housing** and this is outlined more in Strategy 4.

Further, given that housing is a known crucial element to recovery from mental illness, Governments and their commissioning bodies should **allocate funds for housing rent subsidies** for people with mental illness. In implementing mental health reforms, PHNs have been tasked with developing innovative, coordinated services for people with severe and complex mental illness. Rent subsidies are one such innovation with proven outcomes for people with complex mental health and substance use challenges.

Strategy 3: Close service gaps

It is unacceptable that those people in Brisbane who have the most need for support to recover from multi-abuse trauma are the most impacted by obstacles such as underfunded services, fragmented systems of care, discrimination and other barriers to the services they do access. If we want to enable recovery from homelessness and mental illness, we need to address these gaps. Provision of adequate clinical and community services to people in the community is not only critical for the people's wellbeing but also for neighbourhood and community safety.

Ending a fragmented system of care requires bringing together primary healthcare, mental health care, alcohol and other drug treatment, and social supports. We call on the Queensland Government to **invest in multidisciplinary health supports embedded in community care services**, where there are fewer barriers to access and engagement. These health supports can be provided through outreach, such as with **Assertive Community Treatment teams based in community organisations**, and in community-based clinics, like the proposed for Brisbane. A Housing First approach intentionally connects these multidisciplinary supports with housing, by ensuring that:

- → people who are homeless or at risk are prioritised for supports
- → multidisciplinary healthcare teams outreach to people's homes
- → homelessness services, and health clinics are co-located with housing services
- → housing access and retention is an outcome for supports.

We know that people in the community who are survivors of psychiatric care can be strong advocates for their peers, and recommend that a **network of peer**

advocates are supported to provide information, education and advocacy as people access and engage with the service system.

We must invest in **services to sustain tenancy for people who are at high risk of becoming homeless** due to mental illness, and co-occurring substance misuse, disability, and health conditions.

We need to proactively **plan for the loss of services to high need and vulnerable populations** as Queensland Government funding transitions to the National Disability Insurance Scheme. An investment in community care is needed to respond to people who might not meet NDIS eligibility and/or have needs beyond the scope of NDIS, which have previously been met by these services.

Strategy 4: Implement Supportive Housing

Supportive Housing involves the intentional and long-term connection of secure and affordable housing with support that is focused on tenancy sustainment and coordinated access to other specialised and community-based services. It is an evidence based solution for people with multiple, complex barriers to ending homelessness and high support needs (due to psychosocial disability, multi-abuse trauma and/or multiple co-occurring physical and mental health, and addiction challenges).

We recommend that the Queensland Government, in partnership with PHNs and non-government organisations, **establish a Supportive Housing Taskforce for Brisbane** to focus on unmet need in supply of housing and supports to sustain tenancy. This taskforce will look at how we can access and bring together resources from the Queensland Government, PHNs, and the National Disability Insurance Scheme to help us to **create a mix of single and scattered site permanent Supportive Housing for people with mental illness.**

Darren with Social Inclusion worker Emma on a boat trip with 'The Hive'.

Concluding statements

People with mental illness in Brisbane face huge challenges as they struggle to recover from the interconnected and devastating impacts of homelessness, addiction, and multi-abuse trauma, and the stigma, discrimination and retraumatisation they face in a fragmented system.

These challenges have impacts on people's health, with so many developing life-threatening physical health conditions, substance use disorders, and severe mental illness. As service providers, we have witnessed lives being cut short by untreated physical health conditions and suicide.

We want to do better.

We know what works. Housing First is already ending homelessness in Brisbane, changing lives and saving money across service systems. Integrating supports with housing, including multidisciplinary healthcare supports, and giving people choice to voluntarily access supports, restores dignity and enables people to start the process of recovery.

However, it will take **commitment from Government and community leaders** working together to address critical gaps in housing, healthcare and supports. It will take bold steps, and new approaches to funding and partnerships, to embed multidisciplinary healthcare in community services and to implement Housing First innovations such as Supportive Housing.

We can no longer afford to work alone, watching people struggle with their own complex trauma in a complex system. Every child and adult who is suffering now is one too many. It is time to work together to implement what we know works to restore dignity and wellbeing – Housing First for mental health.

Glossary

Addiction
A physical or psychological need for a habit-forming substance, such as a drug or alcohol

Assertive Community Treatment
An Evidence-Based Practice Model designed to provide treatment, rehabilitation and support services to individuals who are diagnosed with a severe mental illness and whose needs have not been met by more traditional mental health services

Co-existing / Co-occurring Conditions
People who have substance use disorders and/or mental health conditions existing simultaneously

Homelessness
The experience of living without conventional accommodation (sleeping rough or in improvised dwellings), frequently moving from one temporary shelter to the next or staying in accommodation that falls below minimum community standards

Housing First
A recovery-oriented approach to ending homelessness that assists people experiencing homelessness to quickly move into independent and permanent housing

LGBTI
Lesbian, Gay, Bisexual, Transgender and Intersex peoples

Marginalised
To be placed in a position of marginal importance, influence or power

Mental Health
A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community

Mental Illness
A health condition that changes a person's thinking, feelings, or behaviour (or all three) and that causes the person distress and difficulty in functioning

Substance Use
Any time someone consumes alcohol or other drugs

Multi-Abuse Trauma
When an individual is impacted by multiple co-occurring issues that negatively affect safety, health or wellbeing. Examples of co-occurring issues include: childhood abuse or neglect, domestic violence, societal oppression, intergenerational grief, homelessness and incarceration

Multidisciplinary Healthcare
Healthcare that occurs when professionals from a range of disciplines, but with complementary skills, knowledge and experience, work together to provide the best possible outcome for the physical and psychosocial needs of a patient

National Disability Insurance Scheme (NDIS)
A social reform in Australia initiated by the Australian government for Australians with a disability

Neurodiversity Movement
A social justice movement that seeks civil rights, equality, respect, and full societal inclusion for individuals who have a brain that functions in ways that diverge significantly from the dominant societal standards of "normal"

Primary Healthcare
The first level of contact individuals, families and communities have with the health care system

Psychiatric Survivors Movement
A diverse association of individuals who either currently access mental health services or who are survivors of interventions by psychiatry, or who are ex-patients of mental health services

Psychosocial Disability
The experience of people with impairments and participation restrictions related to mental health conditions

Recovery Paradigm
An approach to mental illness or substance dependence that emphasises and supports a person's potential for developing new meaning and purpose in their lives as they grow beyond the effects of their illness

Supportive Housing
A housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities

Supportive Housing Scattered-Site Model
Units in apartment buildings spread throughout a neighbourhood or community that are designated for specific populations, accompanied by supportive services, with individual leases and a separation between tenancy management and support

Units within a single property or building providing housing for a range of supportive housing populations, with individual leases and a separation between tenancy management and support

The document
Housing First: a foundation for recovery
was produced by the
Brisbane South PHN Partners in
Recovery Consortium (Nov 2016)

For more information:
info@micahprojects.org.au
micahprojects.org.au

Brisbane South PHN Partners in Recovery Consortium

benevolent society
aftercare
fsg Australia
Stepping Stone Clubhouse
BROOK red
Oxalang Place
Harmony Place
MICAH PROJECTS INC
Breaking Social Isolation
Building Community
neami national
Improving Mental Health and Wellbeing
rfq recovered futures
phn BRISBANE SOUTH
An Australian Government Initiative

500 LIVES 500 HOMES

Ending homelessness in Brisbane one person, one family at a time

500 Lives 500 Homes

Impact Statement 2014 – 2017

34 Organisations

Organisations covering areas such as housing, health, homelessness, youth, mental health, disability, domestic violence, Indigenous services and aged care.

1 Vision

End homelessness one person, one family at a time.

1 Goal

To house with appropriate support 500 households in 3 years.

In 2014, a coalition of government and non-government agencies set a goal to house 500 individuals and families in three years.

The campaign began with a community-wide registry where local agencies and volunteers surveyed 961 families, young people and adults in the Brisbane Local Government area who were homeless or vulnerably housed. Since then, a further 1,733 people have been registered through the campaign.

Three years on, the campaign has exceeded its goal by housing 580 individual and family households.

The community has applied Housing First principles to assist 373 individuals and 207 families with 430 children to end their homelessness.

Thank you to all the volunteers, supporters and donors who have committed their time and resources to ending homelessness in Brisbane one person, one family at a time.

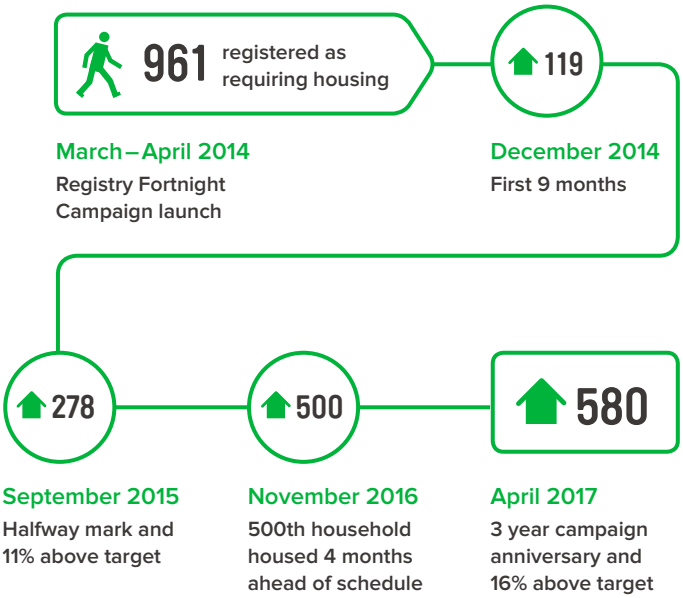
2014–2017
Collective Outcomes

580 individuals and families permanently housed

24% reduction in family homelessness

32% reduction in rough sleeping

based on individuals and families registered during the 500 Lives 500 Homes campaign (2014–2017)



2014–2017
Campaign Outcomes

With a **Housing First** approach, we know people by name and match them with appropriate services so they can be homeless for as short a period as possible, or be rapidly rehoused, and maintain their tenancy with appropriate support.

This is achieved by:

Access to affordable housing

Housing plus short-term support

Affordable housing with support from Specialist Homelessness Services.

Supportive housing

Affordable housing with ongoing support to sustain tenancy and quality of life.

2,694 were surveyed from 2014–2017

14% young People aged under 25 years

54% individuals aged 25 or over

15% individuals aged 50 or over

32% families with accompanying children (these 1,523 children were not surveyed)

23% identified as Indigenous

50% Identified as male

49% identified as female

1% identified as transgender, intersex, X or unspecified

Partners

Anglicare SQ, Homelessness Services for Women and Children
Australian Red Cross
Big Issue
Brisbane Housing Company
Brisbane Youth Service
Centacare
CheckUP
Churches of Christ Care Housing Services
Common Ground Queensland
Footprints in Brisbane
Gateway Community Group Inc
Homeless Health Outreach Team, Queensland Health
Institute for Urban Indigenous Health
Kyabra Community Association
Local Government Association of Queensland
Mater Health Services
Micah Projects
New Farm Neighbourhood Centre
Nexxt
Ozcare
PHN Brisbane North
PHN Brisbane South
Queensland Council of Social Services
Queensland Department of Housing and Public Works
Queensland Injectors' Health Network
Queensland Police Service
Queensland Public Interest Law Clearing House
Salvation Army
Services Collaborating for Young People
Silky Oaks
Southside Community Care Inc
St Vincent De Paul Society
Supported Accommodation Providers Association Inc
Tzu Chi Foundation
Wesley Mission Brisbane

580 individuals and families were housed (1,010 people)

373 individuals

86 under 25

287 25 or over

207 families with 430 children

66 with a parent under 25

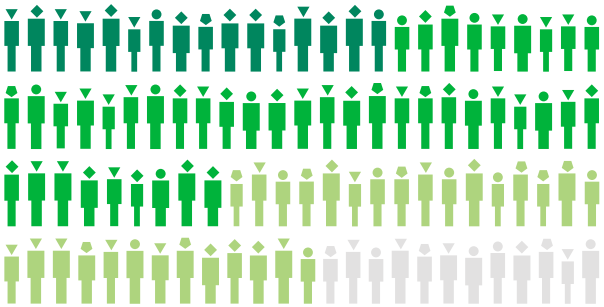
141 with a parent 25 or over

56% public housing

31% community housing

13% private and other housing

88% tenancies were sustained



16% No Support

43% Short-term Support

29% Long-term Support

3% Breach

2% Abandonment

2% Tenant Termination

<1% Incarceration

<5% Unknown

Figures based on 406 households that had moved into permanent housing at least 3 months prior to follow-up in February 2017.

2,694 – individuals and families were surveyed 2014–17

580 = were housed and matched with appropriate support

2,114 remain unassisted with housing by 500 Lives 500 Homes partners

Indicative cost of homelessness to Queensland Systems

March 2014 – March 2017

$35,015,699

Health
$27,404,210

Criminal justice
$7,611,489

Self-reported Emergency Services Usage
by 2,694 individuals

2,878	Hospitalisations
3,977	Ambulance Transports
6,120	Presentations at Accident and Emergency
31,323	Interactions with Police

Potential costs of out-of-home-care

$17,957,143

for number of children (334), not living with their family for a one-year period, for the 863 families surveyed during 500 Lives 500 Homes (2014–2017)

Indicative costs due to actual placement and duration not confirmed.

Out-of-home care costings based on Steering Committee for the Review of Government Service Provision. (2017). *Report on Government Services 2017*. Productivity Commission: Canberra

Health and justice costings based on six-month snapshots collected during the 500 lives 500 homes Campaign (2014-2017). *Costs for inpatient hospitalisation and A&E visit derived from the efficient pricing approach introduced with the National Health Reform Act 2011 (Cth), as implemented by the (Queensland) Department of Health (2013) for the 2013-2014 financial year. Cost for ambulance transport taken from gross actual costs per incident reported in Department of Community Safety 2012/2013 Annual Report.*

Ending Homelessness...

involves...

1. Preventing first time or episodic homelessness
2. Responding to crises as they occur in the shortest possible time
3. Sustaining tenancies

by using 5 strategies...

1. Know who's there and what they need
2. Implement coordinated entry system
3. Line up supply
4. Keep people housed
5. Integrate health

across the full life course.

Antenatal | Infancy and Parenting | Childhood | Youth | Adulthood | Old Age

For more information on how you can be a part of Brisbane's Housing First journey, contact Micah Projects: karyn.walsh@micahprojects.org.au

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Citation Reference: Micah Projects. (2017). *500 Lives 500 Homes Impact Statement 2014–2017*, Brisbane, Queensland

Learning more

All resources and outcomes from the 500 Lives 500 Homes campaign can be found at: micahprojects.org.au/resources/fact-sheets

micahprojects.org.au | 500lives500homes.org.au
Ph 07 3029 7000
info@micahprojects.org.au

Supported by
Queensland Government

Integrated Healthcare

...for people with mental illness who are homeless or vulnerably housed.

There are thousands of people with mental illness in Brisbane who are cycling through our health, corrections and homelessness service systems. They frequently have significant co-existing health conditions, which are not managed well by a system that is fragmented and excludes people with mental health or addiction challenges.

Redesigning Health Services

There are proven solutions to addressing the health needs of people with mental illness and co-existing complex health conditions. We can redesign healthcare services that are:

Trauma informed. Services that are designed to respond to the impact of trauma, by incorporating an understanding of trauma into their work, **building physical and emotional safety** for people, and providing them as much choice and control as possible.

Low barrier, low threshold.
Low barrier services are accessible and user friendly, and remove major barriers to accessing services, such as staff attitudes, complex procedures and eligibility criteria. Outreach to people in their homes and other community settings is one of the best methods for **increasing accessibility of health services**. Low threshold programs work within a harm minimisation framework and offer treatment without requiring individuals to completely abstain from alcohol and illicit drug use.

Multidisciplinary. Services that include professionals from **a range of different healthcare professions** with specialised skills and expertise. When supporting people with mental illness, addictions, and chronic health conditions, multidisciplinary teams should include alcohol and other drugs (AoD), mental health, and primary healthcare professionals.

Integrated with community services.
One of the best ways to address barriers to accessing healthcare and service fragmentation is to **embed outreach health services within community services**, such as homelessness programs. These programs are already providing outreach support to marginalised populations and working with people on important needs that support health and recovery, such as housing and income stability.

Pathways to Housing

Assertive Community Treatment (ACT) + Housing First

Pathways to Housing is a Housing First program for individuals with serious mental illnesses, long histories of homelessness, and often co-occurring substance abuse. Originating in New York, the Pathways to Housing model has been replicated and evaluated nationally and internationally and has a twenty-year track record of success for ending homelessness across 100 cities throughout the United States, Canada and Europe.[1]

Pathways to Housing offers people affordable, permanent housing alongside intensive support to stay housed and improve wellness. In a longitudinal study[2] **80% of participants were in stable housing after 12 months**, compared with 24% in the alternative 'continuum of care' approach.

Crucial to the success of Pathways to Housing is the integration of Assertive Community Treatment teams within a Housing First model.

Assertive Community Treatment (ACT) is an evidence-based practice model that provides intensive and highly integrated treatment, rehabilitation and support services to people with mental illness whose needs have not been met well by traditional mental health services. ACT teams are multi-disciplinary, **collaborating to deliver integrated supports** in the person's home (or other living settings). The staff-to-consumer ratio is small (1:10) and services are provided 24/7 for as long as needed.

ACT teams use assertive engagement to proactively engage with people living on the streets, in unstable housing, or in long-term social housing. This includes people who don't meet eligibility thresholds for public mental health services, such as people living with depression, anxiety, complex trauma, addictions, or with emotion regulation or executive functioning challenges. ACT teams assist people to find housing and **continue to provide support and treatment** until the person has resolved their needs.

Pathways to Housing ACT team service delivery model:

Intensive and frequent contact with people

Assertive outreach

Focus on community-based health triage, symptom management and everyday problems

Time-unlimited services

A Team approach to shared case management

- Team Leader
- Clinical Psychologist
- Drug and Alcohol Practitioner
- Community Participation Worker
- Peer Support Worker
- Psychiatrist
- Primary Health Care Nurse
- Mental Health Recovery Specialist
- Administration Assistant

Reduced...

- Deterioration in physical and mental health
- Overuse of Emergency Departments, hospital admissions, police, ambulance and other crisis services
- Homelessness

Improved...

- Treatment and recovery
- Housing stability
- Family and social functioning
- Participation in training and employment initiatives

Mental Illness | Interrelated Challenges

Homelessness

- **27%** of people accessing Brisbane's homelessness services each year (2800+ people) have been diagnosed with mental illness[3]
- **56%** of homeless adults surveyed in Brisbane have a mental heath condition[4]
- **73%** PTSD rates estimated in people who are homeless in Australia[5]
- **5.5%** of people accessing Brisbane's homelessness services have been discharged from a psychiatric hospital in the past year[6]
- **94%** of people with mental illness have been homeless or without suitable housing at some time in their lives[7]

Multi-abuse trauma

People who are homeless with mental illness have high incidences of trauma in their lifetimes. Homelessness itself is a trauma. Multi-abuse trauma occurs when someone is impacted by multiple co-occurring issues that negatively affect their safety, health or wellbeing. Examples of co-occurring issues include:

- childhood abuse or neglect
- domestic violence
- societal oppression
- intergenerational grief
- homelessness
- incarceration

Substance Misuse

- **50%** of people with mental illness also have a drug or alcohol problem[8]
- **67%** of adults who are homeless in Brisbane have substance use issues[9]
- **19%** of people accessing Brisbane's homelessness services identify mental health issues, and alcohol and other drug use as a reason for seeking support[10]

Stigma and discrimination

People with addictions are burdened with stigma which makes it difficult to access treatment. Healthcare services often exclude people who abuse alcohol and other drugs and fail to treat co-existing physical or mental health needs

Physical Health Conditions

- **60%** of people with mental illness have a co-existing physical illness[11]
- **54%** of Brisbane's rough sleepers experience three or more of–mental illness, substance misuse and physical health conditions[12]
- $38.5K Health cost for a person who is homeless in Brisbane over one year[13]

Fragmented services

Our primary healthcare, AoD, and mental health care programs are disjointed, and also not connected with homelessness, housing and community support services. People with multiple, co-existing health issues who need to access all of these supports struggle with the complexity of this service system

Sarah (PIR) and Chrissy

Photography: Craig Holmes.

"Sue and Anna [from Inclusive Health] were great. You could tell they really cared about me and there was absolutely no judgement ... Then Sarah and the Partners in Recovery program came into my life and everything changed."

– Chrissy

The Integrated Healthcare Fact Sheet was produced by the Brisbane South PHN Partners in Recovery Consortium (Nov 2016)

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