

Micah Projects

Micah Projects is a community organisation with an unswerving commitment to social justice. We believe that every child and adult has the right to a home, an income, healthcare, education, safety, dignity and connection with their community of choice.

Micah Projects provides a range of support and advocacy services to individuals and families.



Building Community

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WITH A POPULATION OF 1.15 MILLION IN BRISBANE...





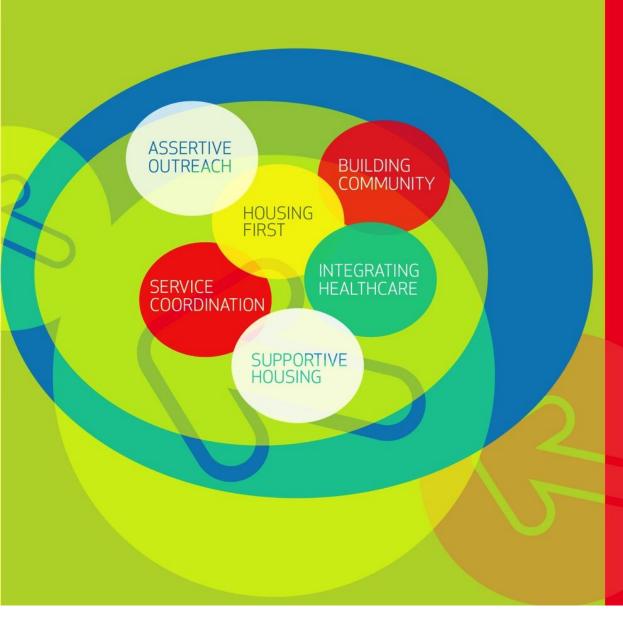




Inclusive Health= Housing + Healthcare

STREET TO HOME WORKING WITH HOMELESS TO HOME HEALTHCARE

Integrating housing, healthcare and social support for homeless and vulnerable populations



EVIDENCE BASED PRACTICE

ASSERTIVE OUTREACH

Pioneered in the Rough Sleepers Initiative, UK, 2/3 reduction in rough sleeping in two years (Randall & Brown, 2002)

HOUSING FIRST

Pathways to Housing, multiple evaluation studies, 4000 participants, spent approximately 80% of their time stably housed (SAMHSA, 2007)

VULNERABILITY INDEX / ASSESSMENT TOOL

DESC and Common Ground with Dr Jim O'Connell, externally evaluated, the tool has strong properties of reliability and validity (University of Washington, 2010)

MOTIVATIONAL INTERVIEWING

A large base of clinical trials demonstrates effectiveness (Miller & Rose, 2009)

CRITICAL TIME INTERVENTION

Columbia University and New York State Psychiatric Institute, listed by SAMHSA and is currently being applied and tested in the US and abroad (SAMHSA, 2011)

SUPPORTIVE HOUSING

Common Ground Community, Downtown Emergency Services, demonstrated system-wide cost savings, housing stability and improved wellbeing (Culhane, 2008, Urban Institute, 2009)

ASSERTIVE COMMUNITY TREATMENT

Widely used healthcare approach applied to homelessness by Pathways to Housing (SAMHSA, 2007)

INTEGRATED PRIMARY HEALTH

Evidence to support the integration of primary health care services (www.nhchc.org)





Integrated Programs

Social support, healthcare and housing assistance

- Street to Home H2H After Hours Health Service (7days a week)
- Street to Home Community Health Nurse (5 days a week)
- Brisbane Common Ground Supportive Housing and Integrated Nursing Service (7 days a week)
- Brisbane Homeless Services Collaborative (5 days a week)
- BHSC Community Health Nurse (5 days a week)
- Pathways- Hospital Admission and Discharge Program (6 days a week)
- Inclusive Health Network (20 organisations in the network)

How has the evidence, model and data informed practice?

Inclusive Health is a integrated homelessness healthcare service which applies a **'no wrong door'** approach. We have:

- Created an effective intake and referral system;
- Invested in outreach and embedded the integration of clinical and non-clinical disciplines
- Built continuity into our programs and focused on relationships;
- Provided holistic care;
- Promoted self care support; and
- Improved health literacy for the people we support.

AN ECONOMIC EVALUATION OF THE HOMELESS TO HOME HEALTHCARE AFTER-HOURS SERVICE BY PROFESSOR LUKE CONNELLY

May 2014



The Service

- Collaborative planning and engagement with housing focused community workers (i.e., the Street to Home team);
- The provision of a single access point to after-hours services including housing and healthcare;
- The establishment of trust and rapport with individuals and families who are homeless as well as vulnerable individuals in housing;
- The provision of an immediate response to people who present to the Brisbane Homelessness Service Collaborative (BHSC) and outreach in the streets, parks, and homes of people housed through Housing First initiatives;
- The provision of health assessments and referrals to primary healthcare, including allied health, services;
- Follow-up of care via supported referral to other practitioners and provision of assistance to navigate the healthcare system;
- Active linkage with public hospitals.

Methodology

- Regression-based methods of Cost Benefit Analysis (CBA)
- This was superior given data available over cost-effectiveness
 model

Modelling strategy to estimate the costs and benefits of the Homeless to Home Healthcare After-Hours Service

Estimate effect of Homeless to Home Healthcare After-Hours Service on inpatient admissions and ED presentations Extrapolate sample-based estimates to homeless population affected by Homeless to Home Healthcare After-Hours Service Estimate the health system costs, benefits and present value of the Homeless to Home Healthcare After-Hours Service

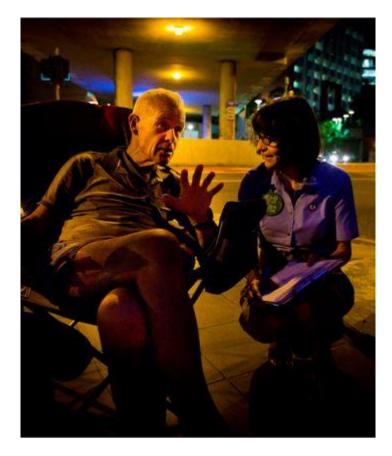


Methods & Data

- The study used a pre/post design to analyse unit record data collected in 2010 using the Vulnerability Index (VI) Survey when the After Hours Health Service did not exist and comparing it to the 2013 VI data when the service was operating at full capacity.
- The sample was 1,369 individuals
- Cost per inpatient admission \$4,660 and cost per ED presentation \$1,864 (Queensland Health 2013)

Validity of Methodology

- Self reported data of hospital utilisation was deemed to be valid and reliable through investigation of numerous international studies into self-report hospital data among the general population and also in the homeless population group.
- It was validated that other services had little or no influence on the impact that the After Hours service had on the sample group's self-reported data.



Vulnerability Index

- The VI is based on a large case-control study by Hwang et al. (1998) in which the authors constructed a dataset with age-matched paired controls of 558 decedents who had been seen by homeless healthcare service in Boston between 1993 and 1998.
- The VI collection includes a range of questions that render it amenable to a study of the effect of the Homeless to Home Healthcare After-Hours Service on inpatient admissions and ED presentations.
- In particular, respondents were asked how many times they have been admitted as a hospital inpatient *in the past 12 months* and how many times they have visited the ED *in the past three months*.

Spending \$503,000 *and* proactively addressing the health and housing

needs of Brisbane's homeless people **has saved** the Queensland Public Health System between \$6.45 - \$6.9 million*.

*In a Brisbane study with 1369 individuals

\$503,000 spent

\$6.45 - \$6.9 million saved



Annual Net Social Benefit

- The estimated annual net social benefit of the Homeless to Home Healthcare After-Hours Service is:
- Between \$12.61m to \$13.06m when a conservative estimate of the value of a quality adjusted life-year is employed.
- Between \$20.85m and \$21.97m when the Office of Best Practice Regulation's preferred estimate of the value of a statistical life-year is used.

Street To Home Nurses lead the way in **Healthcare Cost Savings...**

Homeless to Home Healthcare After-Hours Services improve people's health, ends their homelessness and saves hospitals money. **\$503,000** per annum was the cost of integrating after-hours Nursing Services (in a Brisbane study with 1369 individuals)

THE RESULTS:

EXPENSIVE HOSPITAL ADMISSIONS DECLINED

Inpatient hospital admissions **decreased by 37**% and visits to the Emergency Department **decreased by 24**%

HOSPITAL COSTS DROPPED SIGNIFICANTLY

Inpatient costs **dropped by 39%** and Emergency Department costs **dropped by 25%**

KEY FINDINGS

- Homeless to Home works it improves
 people's health, ends their homelessness
 and saves hospitals money.
- Once people move into permanent housing, coordinated health and mental healthcare continues as a crucial element in preventing their return to homelessness.
- The model delivers better results for homeless people and the public at large than traditional approaches, and it does so at a fraction of the cost. Fewer than 20 percent of evaluated healthcare models achieve this outcome, making this service value for money and improving quality of life for vulnerable people in Brisbane.

SECURING FUNDING AND ONGOING ADVOCACY





Challenges

- Australian funding models do not currently enable different program design and funding formula for marginalised population groups in urban area; i.e. nurse led models; which level of government has responsibility for primary health, and who benefits if cost saving occur is still being debated.
- To advocate for National and State Policy and Programs for people who are homeless and or with complex health needs in housing such as Homeless Healthcare and Inclusion Health UK that would support local implementation
- Partners are Mater Health Services, St Vincent's Hospital ,Tzu Chi Buddhist Compassionate Relief and Micah Projects





Vision for Inclusive Health Partnerships in Healthcare for All : BRISBANE ending homelessness = housing + heathcare + personalised support + community

- Maintain nurse lead outreach embedded in Street to Home, including after hours
- Continue to create pathways for coordinating discharge from hospital to avoid discharge to homelessness and to prevent evictions from housing
- Operationalize a community clinic providing integrated health care including free dental care,
- Sustain Partnerships and Collaboration and Consumer Engagement
- Person Centred; Trauma Informed; Recovery Focused
- Advocacy





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