

HOMELESS DISCHARGE FACILITATION FUND PROJECT

PHASE 3 2020, EVALUATION SNAPSHOT*

BACKGROUND

The Homeless Discharge Facilitation Fund Project (2020) is the third expanded phase of a pilot project that commenced in the winter of 2018 at Royal Perth Hospital (RPH) and ran at RPH again in 2019.

This third phase represented a significant expansion of the project to include hospitals from North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service and Western Australian Country Health Service.

A key element of the project is the provision of discharge facilitation funds to each of the participating hospitals to support safe discharge and reduce discharges to homelessness.

The overall project objectives were to:

1. Identify and provide practical support to people experiencing homelessness who present to the Emergency Department (ED) (or other areas of the participating hospitals);
2. Ensure safe and appropriate discharge of people experiencing homelessness, and;
3. Facilitate linkage of people experiencing homelessness to community resources, healthcare, and other supports to reduce hospital re-presentation.

The timeliness of this initiative has been reinforced by the findings of the recent Australian Productivity Commission Inquiry into Mental Health (2020), which noted that:

The cycling of people in and out of hospital at great personal cost and cost to taxpayers, should be addressed. Emergency departments – or alternatives – should be adapted to work for those experiencing mental illness, and hospital discharges into homelessness should be avoided ^(p.2)

This evaluation snapshot summarises the support provided by the six hospitals participating in the Homeless Discharge Facilitation Fund project from July 2020 to end of December 2020.

A case study from each hospital is provided, illustrating the way in which support is tailored to individual needs.

WHO HAS BEEN SUPPORTED?

1 JULY - 31 DECEMBER 2020



6

Participating hospitals



197

Individuals supported

WHERE WERE THESE PATIENTS SEEN?

87

Royal Perth Hospital

55

Sir Charles Gairdner Hospital

19

King Edward Memorial Hospital

19

Fiona Stanley Hospital

10

Rockingham General Hospital

8

Bunbury Regional Hospital

DEMOGRAPHICS OF PATIENTS SUPPORTED



49%

Male



50%

Female



1%

Transgender



39 Years

Average age

* Based on data from 1 July to 31 December 2020

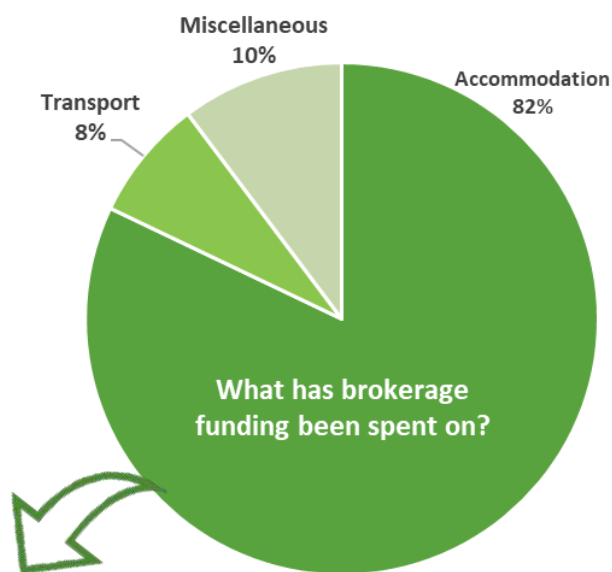
HOW HAVE THE BROKERAGE FUNDS BEEN USED?

Hospital staff had the flexibility to determine the appropriate use of brokerage funding themselves, enabling them to address the unique needs of individual patients, including for purposes that may not meet traditional definitions of support. When individuals have their basic needs met (including access to safe accommodation, being able to sleep without fear of attack or theft, access to regular meals, showers, and support), it facilitates their recovery and healing and **can help to break the cycle of recurrent hospital presentation**. The variability in how funds were used by each hospital reflects the importance of providing person-centred responses rather than a “one size fits all” model. Examples of how each site used the funds is demonstrated through case studies on pages 3 and 4.

Importantly, the brokerage funds were expended in conjunction with discharge planning and care co-ordination to identify and address the underlying social and circumstantial drivers of hospital use.

“Having the brokerage funding has enabled us to support people in ways that we haven’t been able to in the past. In the past we would have to say ...I’m sorry, we don’t have the funds for that. You’ll have to go to Centrelink, or we can refer you to another agency... or something like that, and then there is a risk that people won’t go, and fall through the cracks. Whereas now we can use a bit of funds to get them transported to an appointment, or to pay for some short-term accommodation, or at the very least, give someone a swag to sleep in if no accommodation is available at all. Accommodation that will take homeless patients with all their complexity, that remains the biggest thing”.

– Hospital Social Worker



Accommodation

- Immediate short-term accommodation - e.g. backpackers, motels, lodges
- Facilitation of transitional and short-term accommodation for people experiencing homelessness e.g. Tom Fisher House

Transport

- Facilitate travel back to existing accommodation options - E.g. Smartriders, taxi vouchers
- Return to country, family, and existing support networks - E.g. train & bus tickets, regional flights

Miscellaneous

- Providing funding for alternative means that facilitate the acquisition of safe and stable housing
- Incidental costs that assist patients e.g. car repairs, security deposits, ID support

“The project has been an absolute lifesaver and really helped prevent bed blocking of patients coming through the ED...”

...it has allowed patients to be discharged efficiently and bridges the gap in sourcing accommodation and preventing homelessness”

**- Social Worker,
Fiona Stanley
Hospital**

CHALLENGES EXPERIENCED IN USING THE BROKERAGE FUNDS

A recurring theme across the six participating hospitals has been the difficulty of finding appropriate and safe accommodation facilities for patients experiencing homelessness. Challenges include:

- **Lack of short-stay accommodation** – as some facilities closed during COVID-19
 - **Accommodation exclusion criteria** – some people may be banned from premises due to past issues e.g. if alcohol dependent or using drugs
 - **Perceived to be high risk by accommodation provider** – some people have been excluded from accommodation e.g. pregnant women, having a Violence Restraining Order in place, mental illness
- Not having photo ID or driver’s license** (this is a common requirement)

ADDRESSING INTERLINKED HOUSING, SOCIAL AND HEALTH NEEDS

SIR CHARLES GAIRDNER HOSPITAL CASE STUDY: INTERTWINED NEEDS

Background

Tim⁺ is a man in his mid-thirties who was flown to Perth via the Royal Flying Doctor Service following an accident on a remote station in the Kimberley. Whilst in Perth, Tim relapsed into alcohol and methamphetamine dependence due to his pain and the subsequent breakdown of his marriage. He did not board his Patient Assistance Travel Scheme (PATS) flight back to the Kimberley and became stranded in Perth, unable to afford a flight home. Tim began sleeping on the streets and presented to the SCGH ED 13 times in less than two months for pain issues and substance use.

Support Provided

After his latest ED presentation, Tim expressed to the ED Social Worker he wished to return home to his family in the Kimberley. The PATS office in the Kimberley would not support funding another flight. However, after negotiation and confirmation that brokerage funding could be used to provide motel accommodation near the airport and taxi vouchers, PATS agreed to fund the flight. Social Workers maintained communication and support while Tim waited for his flight home.

Current Situation

Tim contacted the social work team after his successful return to the Kimberley, stating he had been reunited with his parents and thanked the Sir Charles Gairdner team for their assistance.

BUNBURY REGIONAL HOSPITAL CASE STUDY: ACUTE ACCOMMODATION SHORTAGES

Background

Harry⁺ is a male in his early twenties with an acquired brain injury, epilepsy, long-term mental health issues and solvent use that has impaired his daily functioning capacity. He had been supported by the RPH Homeless Team while he was living in Perth to obtain an NDIS package, but then moved to the Southwest WA region in mid-2020. Due to a history of violence and behavioural issues Harry has not been accepted by any of the local short-term or crisis accommodation providers. Due to his cognitive impairment, Harry remained highly vulnerable whilst sleeping rough and presented regularly to Bunbury Regional Hospital ED.

Support Provided

After an ED presentation the social work team linked Harry to case management via The Lighthouse Project, mental health support via Chorus Bunbury and managed to secure him short-term housing through Accord West. Harry was provided with transport to the temporary accommodation and Lighthouse began working with him to explore longer term accommodation options. Following a seizure on the street, Harry was robbed of all his money and medications and re-presented to the ED. He was once again linked to Chorus and Lighthouse case managers. Following his most recent ED discharge, no accommodation could be provided for Harry due to an acute shortage of hostels and short-term emergency accommodation within the local area (and exclusion criteria). As a result, brokerage funding was ultimately used to provide short-term sleeping equipment while efforts continued to find him suitable accommodation.

Current Situation

Harry returned to Perth from Bunbury and was able to engage with the RPH Homeless Team, and progress has been made on getting him access to NDIS supported accommodation.

ROYAL PERTH HOSPITAL CASE STUDY: CRITICAL SUPPORT

Background

Brian⁺ is a 60-year-old male who had been sleeping rough for 12 months after becoming estranged from his family. This led to a deterioration in his mental health, and he began drinking heavily. Over a 14-month period Brian presented to ED 13 times for a range of mental health, heart disorder and alcohol related issues, and was admitted for 15 inpatient days in this period. The cost to the health system of his ED presentations and inpatient days equated to over \$52,000. *

Support provided

The RPH Homeless Team first met with Brian in the ED waiting room at RPH and supported him during a subsequent inpatient admission for physical, mental and alcohol issues. The team worked collaboratively with the medical Emergency Medical Ward, RPH Psych and AOD teams to ensure a solid discharge and transition plan from hospital that connected Brian with community and support services.

When discharged, brokerage funds were used to get Brian a few nights accommodation at a budget hotel, with a single room where he could rest and recoup from hospital. A Homeless Healthcare (HHC) GP was able to visit him at the accommodation, and together with a HHC support worker, were able to assist with a referral to Next Step to support him with his management of alcohol cravings. They also arranged a referral to a men's accommodation lodge.

Current situation

Brian continues to see a HHC GP and Next Step. He is now residing in supported accommodation for people who have been homeless and who have mental health/AOD issues and has a case worker. Brian has not represented to hospital since being supported at RPH in December 2020.

*Independent Hospital Pricing Authority: **National Hospital Cost Data Collection, Public Hospitals Cost Report Round 23 (Financial year 2018–19)**. 2021.

+ Pseudonyms used to protect patient identities in case studies

FIONA STANLEY HOSPITAL CASE STUDY: BRIDGING THE GAPS

Background

Murray⁺ is a 50-year-old male who presented to Fiona Stanley Hospital (FSH) ED as a result of social crisis after becoming homeless. Murray had originally attempted to see a GP but could not secure an appointment until the following week. He has a history of self-harm and suicidal ideation and had recently been released from prison after a 2.5-year sentence. The accommodation that he had arranged from prison was no longer available when he arrived. Murray became homeless as he had no finances or identification due to losing his wallet, and his next Centrelink payment was still another ten days away. Murray had no family or social support and his mental health started to significantly deteriorate as he was feeling that he could re-offend without access to stable accommodation.

Support Provided

After presenting to FSH ED, the social worker and welfare officer worked collaboratively to support Murray with his current issues. Due to having no accommodation, support, or cash, he was requesting support to access crisis accommodation to avoid having to rough sleep. The FSH staff were able to utilise the brokerage funds to organise ten nights of accommodation for Murray at a medium-term accommodation site in Perth, along with a SmartRider for transport and a small shopping voucher to buy essentials and groceries. The staff were also able to obtain identification for Murray.

Current Situation

After his Centrelink payments were authorised, Murray has remained at the accommodation facility, and he has recently sought the support of local health services. He has not re-offended or presented to the ED in the time since.

KING EDWARD MEMORIAL HOSPITAL CASE STUDY: TIME TO GRIEVE

Background

Kylie⁺ is an Aboriginal woman in her early twenties with a history of complex trauma. She was sexually, physically and emotionally abused as a child and was put into the care of the Department of Communities Child Protection and Family Support (CPFS) at a young age. Kylie moved between foster homes in her teens and has lost connection with her maternal family.

Kylie first presented to King Edward Memorial Hospital (KEMH) 29 weeks pregnant and with a two-year-old in foster-care. She was evicted from refuge accommodation during her pregnancy because of behavioural issues. Following the birth, Kylie's second child was also removed from her care due to her poor mental health, unstable accommodation and ongoing risk of domestic violence.

While CPFS had provided two nights' accommodation during the pregnancy, they were unwilling to support accommodation following her delivery. Kylie had no option for accommodation on discharge from KEMH and was identified as homeless. From Kylie's perspective, accommodation was her primary concern and would provide her with a foundation to live independently and care for her children.

Support Provided

The KEMH social work team supported Kylie throughout her pregnancy and advocated for Kylie to stay in the refuge despite concerns about her behaviour. These attempts were unsuccessful, and she was then denied refuge support at other facilities on this basis. Options were identified outside of the metropolitan area, however, Kylie declined these as she would not be able to maintain contact with her children. KEMH utilised brokerage funding to support three nights motel accommodation upon discharge to allow her time to recover and grieve.

Current Situation

Kylie is still homeless, staying intermittently with her partner's family on the outskirts of Perth. This is a location she has previously identified as unsafe, but remains her only option as she is unfortunately unable to access refuge support.

ROCKINGHAM GENERAL HOSPITAL CASE STUDY: INNOVATIVE USE OF BROKERAGE FUNDS

Background

Arnold⁺ is a male in his early forties who developed severe trauma, anxiety, depression, and Post Traumatic Stress Disorder (PTSD) following a tragic personal event 15 years ago. He feels his life has been in turmoil ever since. For the past 18 months Arnold has been living pay-to-pay, sleeping in his car alongside his two pet dogs, and utilising train station bathrooms to shower. Recently, Arnold's car had several mechanical issues that put him at high risk of the car either breaking down or being impounded by authorities, rendering him and his dogs without shelter.

Support Provided

After being referred to the hospital ED by his GP, Arnold was linked to the social work team. He was initially hesitant to receive support believing others were more in need of assistance. He also expressed a strong need to retain his two dogs as they were his only form of protection and "*purpose for living*". As very few short-term accommodation places allow pets, the brokerage funding was used to repair Arnold's car to ensure it was safe and roadworthy. This allowed Arnold and his dogs' safe transportation and shelter whilst more appropriate long-term options were investigated. Arnold was linked with a Ruah Community Services case worker and the Department of Housing and expressed his extreme gratitude for the support provided.

Current Situation

Arnold has attended every appointment with his case workers since receiving support. He was recently approved for priority housing support. He is due to have a housing appointment soon and wishes to be placed in appropriate long-term housing.

PROJECT BENEFITS - AT A GLANCE

De-identified hospital data was used to look at patterns of ED presentations and inpatient admissions for the cohort of 197 patients.

- Hospital data for the 12 months prior to support highlights the burden homelessness contributes to the health system.
- The comparison of hospital use in the two months before and after support showed a significant reduction overall in the number of ED presentations and inpatient admissions amongst patients supported.

HOSPITAL USAGE IN THE 12 MONTHS PRIOR TO SUPPORT



ED presentations **2,009**
Average 10.2/person



Inpatient admissions **876**
Average 4.4/person

Inpatient days admitted **2,536**
Average 12.2/person

TOTAL COST \$8,632,741*

Purchasing accommodation through the Homeless Discharge Facilitation Fund averages at \$92 /night.

This is 300 times cheaper than a hospital inpatient bed in WA at an average cost of \$2,722 /day*.

CHANGES IN HOSPITAL USE Two months pre and post intervention

Pre-intervention **626** **Post-intervention** **386**
ED presentations  ED presentations



53.6% REDUCTION IN INPATIENT ADMISSIONS

317 **147**
Inpatient admissions  Inpatient admissions

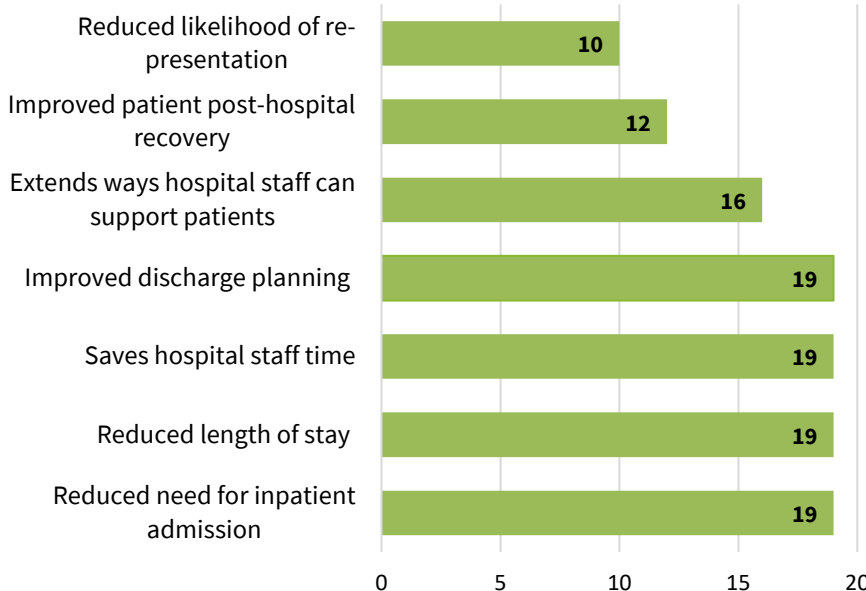


38.3% REDUCTION IN ED PRESENTATIONS

Facilitating safe discharge for patients experiencing homelessness not only frees up ED and inpatient beds and resources, but also alleviates patient anxiety about being discharged into homelessness and connects them to other support services.

"The funding was a well-received support for our work with homeless people. It allowed the worker to focus on the patient issues and not waste time chasing down rabbit holes seeking funding from multiple agencies to support a discharge destination." – Hospital Staff Member

KEY PROJECT BENEFITS IDENTIFIED BY HOSPITAL STAFF



24 staff from participating hospitals provided valuable feedback via a survey, with the following key benefits of the project identified:

- **Improved discharge planning**
- **Reduced need for inpatient admissions from ED**
- **Reduced length of hospital stay**

Other feedback indicated that access to brokerage funding freed up social worker time to address other patient needs and reduced vulnerability after discharge.

* Based on Independent Hospital Pricing Authority (IHPA) Round 23 Costings for WA public hospitals (\$861/ average ED presentation & \$2,722/average inpatient day)