

# Rapua Te Āhuru Mōwai - ADHB Mental Health Homelessness Pilot

## Governance Group meeting minutes

1 June 2022

### Present:

Hineroa Hakiha	Co-Director Māori MHA	Health NZ
Stephen Hart	Operations Manager	CORT
Katie Ferguson	Service Clinical Director	Health NZ
Zoe Truell	Project Manager	Health NZ
Jacqui Matthews	Senior Advisor	Te Puni Kokiri
Raewyn Allan	Tumu Whakarae	Mahitahi
Alison Hudgell	General Manager, Mental Health	Health NZ
Adam Bouman	Consumer Advisor Manager	Kāhui Tū Kaha

### Apologies:

Mark Goldsmith	Regional Commissioner	MSD
Teremoana Te Hira	Service Manager	Mahitahi
Kara Beckford	Consumer Advisor Manager	DHB/Kāhui Tū Kaha
Kate Sladden	Manager, Planning and Funding	ADHB
John Tubberty	Regional Director	Kāinga Ora
Cinnamon Whitlock	Pouwhakahaere Matua – Hauora	Mahitahi
Aimee Edwards		HUD
Segina Te Ahuahu	Principal Advisor Maori/Project Lead	Health NZ

## 1. Project Managers report

### a. Programme participation

#### Total participants:

- 28 whaiora have been in the Rapua Te Āhuru Mōwai service in total.

#### Demographics:

- *Gender:* 13 women, 15 men
- *Ethnicity:* 14 Māori, 10 Pākehā, 2 Pasifika, 2 African.
- *Current accommodation:*
  - 17 in permanent Rapua homes
  - 1 in Buchanan Rehabilitation Centre
  - 1 in Tamaki Oranga (Inpatient Rehabilitation)
  - 1 in Te Whetu Tawera
  - 5 in interim housing situations (Two in the Rapua/Kāhui Tū Kaha units)
  - 1 in prison on remand

### Currently on the programme

- 26 whaiora are currently in the pilot.

### Whaiora exited from the programme

Two whaiora have exited the programme in the last month:

- One whaiora withdrew from the programme because [REDACTED]
- One whaiora was discharged when [REDACTED].

There are likely to be some more withdrawals and discharges from the programme over the coming month. These are generally because people are moving on with their lives and moving towards positive alternatives such as moving to live close to whānau.

### Numbers on the pilot

The MoH contract originally set out projected numbers targeted to be on the pilot for each year. The number for the 2021/22 year was 35 participants. However, due to the later than anticipated start for the pilot (it became operational in June 2021), the Ministry agreed that 10 of the original target of 15 in year one could be spread over the ensuing years. This means the pilot with 28 participants, is completely on track with achieving the projected target numbers.

#### **b. Interim Housing**

The three one bedroom, ring fenced units for Rapua Te Āhuru Mōwai interim housing, became operational on 16 June 2022. These units are provided by Kāhui Tū Kaha who also provide the tenancy and housing management and support for the units. The wrap around support is provided by Mahitahi as part of the Rapua service.

Two whaiora have been immediately placed into the units and the third unit has been tagged for another whaiora who will be discharged from Te Whetu Tawera imminently. So far, this arrangement is working extremely well, filling a much needed gap.

#### **c. Developing the Service**

- The focus for the Steering Group continues to be on rolling out a Roadshow across all the ADHB mental health services. These face to face presentations across nine services provide information about Rapua and support them to understand the role that the community teams need to play in partnering with Mahitahi and CORT for Rapua whaiora participants. They are being received well by the Community Mental Health Services.

- A discharge process has been developed in response to the two whaiora who have left the pilot.
- Five whaiora who are living in their permanent homes have been interviewed by the ADHB Consumer Leadership team to gather feedback on their experience of the housing and support received on the pilot. The results have been verbally fed back to the Steering Group and a written report is being prepared by the Consumer Leadership team. The verbal report revealed that participants experience was overwhelmingly positive.

## **2. Clinical Report**

Katie spoke about the roadshow. There was an intention to complete them by 1 July. Eight out of ten have been completed so far. About half of the staff have attended in person which has worked really well. There are more questions and better engagement and energy in person.

The representatives from each of the agencies presenting for the Roadshow have role modeled whanaungatanga and having everyone there in person has been a much better way to go.

Clinical teams have received them really well and understand the programme, and have stepped up in their roles.

The programme continues to be a dream and works really well.

## **3. CORT Report**

Stephen reported that a couple of tenants have either given notice or indicated that they want to. CORT are very flexible and leave the door open to return if they want to.

Stephen spoke this John Tubberty and will meet again with him next week to progress the operational agreement about the new sites. There is no update about the progress towards completion.

## **4. Mahitahi Report**

Raewyn reported that everything is going really well and that we should pat ourselves on the back.

## **5. Kāinga Ora**

John Tubberty explained he was hoping to confirm the timelines of the new homes but was not able to get that information prior to the meeting. He will get in touch with Stephen outside of the meeting to check if there are any barriers or roadblocks that need to be addressed.

## 6. Evaluation

Raewyn asked where the evaluation is at.

Suaree was to have attended this meeting to report on progress but had put in her apologies due to illness.

Zoe reported that we are waiting on the draft of the evaluation framework.

Alison and Hineroa will request an update on the evaluation from Segina between now and the next Governance meeting.

## 7. AOD Clinician

Alison said that the Ministry of health had contacted Rapua about using some underspend on an FTE for an AOD clinician. Unfortunately the proposal did not get full approval by the Ministry to go forward.

Some interesting information was pulled together about the whaiora on the programme who struggled with AOD issues. This was as follows:

1. 16/23 whaiora on the programme have significant AOD issues
2. 4/16 are engaged with CADS currently or have been in the past.
3. 2/16 have become abstinent following moving into their CORT homes with Rapua.
4. It was noted that the majority of whaiora with AOD issues are either
  - a. currently not feeling ready to address their issues,
  - b. have significant trust issues which makes engagement re AOD support very difficult or
  - c. simply have not had suitable AOD support offered that works for them.
5. It was also noted that AOD use was mainly due to:
  - a. Trauma histories (that are not being addressed (self-medicating for the pain)
  - b. Boredom and isolation
6. There are also some whaiora who have [REDACTED] or [REDACTED]. This group may need a different approach to a programme or usual AOD counselling.
7. It was felt that there was certainly enough work for an FTE to work with the Rapua whaiora. Also they would need the following qualities:
  - a. Exceptional engagement skills
  - b. Creative and flexible – try different approaches, provide individualised tailored responses, and potentially run some tailored group work/activities for this group specifically

- c. Be able to work very closely with Mahitahi to co-ordinate support and information.

Raewyn said that Mahitahi have an AOD programme called Te Awa Ora. It is not classroom based, but out and about in the community. It is very wairua based and has changed people's lives. It puts people on the pathways to resolving trauma. Some have reduced their use and a few have abstained. Raewyn said they started Tw Awa Ora because the whaiora told them that they hadn't had the support that worked for them. Te Awa Ora is driven by someone who was in the first cohort, and it is self funded by Mahitahi.

It was discussed that it would be interesting to understand more about the whaiora on the pilot and what their individual and particular needs might be and look for bespoke options for them.

Hineroa spoke about the need for a Māori approach to supporting whaiora, working with their trauma, which is tangata whai i te ora and Te Ao Māori driven.

## **8. Process for Ongoing funding**

Stephen asked what the process is for on-going funding beyond the pilot.

The discussion at the last Governance Group meeting was also referred to. At this meeting Fiona McHardy from HUD reported that there is some discussion around the Homelessness Action Plan (HAP) about expanding the mental health homelessness work. There is a lot of work being done on Phase Two of the HAP and what will happen.

Kia Manawanui, the National Framework for Mental Health includes an equity and community based focus on people transitioning out of mental health services who have experiences homelessness.

Homelessness continues to be a priority for this government. There has been strong interest from Ministers Henare, Davidson and Little who are well aware and supportive of the pilots.

Alison suggested that everyone refer to Rapua in all the forums we are in when we can and point to what is working well. Jacqui said that when Te Puni Kokiri get the evaluation, they can promote Rapua with their Minister and in other forums.

Katie said that people who have been in Inpatient Services for so long are now doing so well. She wanted to point out the other well-being outcomes for Rapua participants including:

- Parenting
- Work
- Feeling part of society.

She wants these things captured in the evaluation. She noted this is coming through in the recent whaiora feedback gathered.

Alison said that there are also IPS consultants available to support whaiora into work, volunteering and training with three in Mahitahi.