



Coast & Country  
**PRIMARYCARE**  
*Better Health - Better Life*

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# Health on The Streets

## Pilot Extension Business Case

**Prepared by**

Coast & Country Primary Care

July 2021



# Pilot Extension Business Case

Health on The Streets

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# Pilot Extension Business Case

## Health on The Streets

### Executive Summary

Coast & Country Primary Care (CCPC) operates the Health on The Streets (HoTS) pilot program in the Central Coast region of NSW. In October 2019, we received \$987,000 in funding to pilot the program for three years; up to 30 June 2022. The aims of the pilot are to:

- Reduce hospital demand.
- Reduce the medical, psychological, and financial burden of the homeless and those sleeping rough on individuals and the community.
- Promote mental health and wellbeing.
- Assure the rights of people with mental health problems and mental illness and enable them to participate in society.

#### **Progress Outcomes**

Since the commencement of the HoTS program in March 2020 to 30 June 2021, the team has engaged with 338 individuals, 95% of who are rough sleepers.

The clinical outcomes to date, include, but are not limited to, the following:

- 1,837 interactions
- 249 Mental health assessments, which also includes 8 PACER call outs.
- 240 Drug and alcohol assessments.
- 87 Hep B vaccinations given to clients.
- 166 Hep C tests and 16 have commenced treatment.
- 42 clients referred to the Liver clinic.
- 125 linked with general practitioners for ongoing care.
- 46 Harm reduction which includes both Fit packs and also take-home Naloxone.

The clinical interactions completed by the HoTS team have:

- diverted non-urgent cases from hospitals,
- reduced emergency hospital admissions, and
- improved health care and the general state of physical and mental health of the homeless population on the Central Coast.
- reduced the transmission of blood borne diseases and sexually transmitted infections such as gonorrhoea and hepatitis C, through education and treatment provided by the HoTS team.

The outcomes from our outreach workers include, but are not limited to, the following:

- 687 client interactions and 952 interactions with service providers on behalf of clients
- 31 clients have been assisted to be permanently housed.
- 50 clients have been placed in Temporary accommodation.
- 38 clients have attended Dental program through either the public health or Ourimbah University Dental Clinic

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### Health on The Streets

- 11 clients have been referred to PRIMA, an Access and Referral Services that provides access to psychologists, social workers and mental health nurses for people experiencing financial distress.
- 3 clients have taken part in the Spectacles program.

In combination with our clinical services, our outreach team has enhanced the opportunities of homeless and rough sleepers by assisting them to access appropriate services, such as accommodation, social security, and rehabilitation services, to name a few.

Our research indicates that the cost of rough sleepers to the public health system can be as high as \$50,000 per person annually. Our research also shows that approximately 40% of rough sleepers will require ambulance transport, visit an emergency department, or be admitted to a hospital bed; on average as frequently as 6 times per year.

Based on these figures and assuming we have reduced the burden on public health services by 30%, HoTS has potentially saved the commonwealth \$1.36M in its first 15 months.

#### Extension of Pilot

We are now seeking to extend the pilot by expanding the service to meet the demand we have identified to date. The extension will:

- build on our current model by extending program hours to evenings and weekends,
- increase point of care assessments, and
- engage a broader range of professionals, eg. Podiatry and dental, to provide holistic care to this cohort.

#### Funding Request

- For the pilot extension we are seeking \$2.267M over three years from 1 July 2022 to 30 June 2025 to continue providing services to this vulnerable cohort.

Expanding the pilot will allow the comprehensive evaluation we are undertaking to act as a model for future healthcare-led assertive outreach programs across Australia.

- Our HoTS proposal has the potential to save the public health system \$5.6M over 3 years.

This saving is a direct result of reducing the frequency that rough sleepers access emergency and hospital services but does not factor in the long-term cost savings and social benefits of treating conditions such as cirrhosis of the liver, schizophrenia, and gonorrhoea, nor does it include the impact of the outreach component getting people housed and participating in mainstream society.

It takes time to build trust with this cohort, upwards of 6 weeks and sometimes as long as 6 months, to reach a point where an individual will accept help. Despite the length of time it takes to build trust, assertive outreach services and the relationships they form with individuals act as a catalyst and an 'exit pathway out of homelessness'.

# Pilot Extension Business Case

## Health on The Streets

As the only program of its kind in Australia, HoTS is an asset which can help us to understand the cycle of homelessness and the positive impacts that combined clinical care and homeless outreach have on improving people's lives.

### Financials

#### Budget (excluding GST)

	22/23	23/24	24/25	Total
Staffing	\$607,854	\$621,795	\$636,084	\$1,865,733
Recruitment	\$ 1,000	\$ -	\$ -	\$ 1,000
Van operating costs	\$ 15,000	\$ 15,375	\$ 15,759	\$ 46,134
Audit / Insurance	\$ 2,500	\$ 2,563	\$ 2,627	\$ 7,689
Medical Supplies	\$ 15,000	\$ 15,375	\$ 15,759	\$ 46,134
Marketing, Resources and Promotional Materials	\$ 10,000	\$ 10,250	\$ 10,506	\$ 30,756
Phones	\$ 3,600	\$ 3,600	\$ 3,600	\$ 10,800
Training/Conferences / Supervision	\$ 5,000	\$ 5,125	\$ 5,253	\$ 15,378
Monitoring and Evaluation	\$ 9,667	\$ 9,742	\$ 9,819	\$ 29,227
Equipment	\$ 12,700	\$ 7,500	\$ 7,500	\$ 27,700
	<b>\$682,321</b>	<b>\$691,324</b>	<b>\$706,907</b>	<b>\$2,080,552</b>
Administration	\$ 61,409	\$ 62,219	\$ 63,622	\$ 187,250
	<b>\$743,730</b>	<b>\$753,543</b>	<b>\$770,529</b>	<b>\$2,267,802</b>

We are seeking \$2.26M over three years to expand the current HoTS pilot program.

#### Expected outcomes

- We are looking to engage additional staff to provide after-hours and weekend services and to increase clinical capacity by engaging a broader range of health professionals to provide holistic care to this cohort.
- On average, the HoTS team currently engages with 22 new people per month, with 95% of these being rough sleepers. Under the pilot extension, this number is forecast to increase to 38 clients per month with the extended hours.
- Reduction in cost burden to the health system on the central coast – estimated at \$5.65m over 3 years.

#### Research Shows

- The real cost to ambulance and hospital services is as high as \$50,000 per rough sleeper per annum.
- Approximately 40% of rough sleepers utilise these services six times per year.
- HoTS has the potential to save the public health system more than \$5.65M over 3 years.

This saving is a direct result of reducing the frequency that rough sleepers access emergency and hospital services but does not factor in the long-term cost savings and social benefits of treating

# Pilot Extension Business Case

## Health on The Streets

conditions such as cirrhosis of the liver, schizophrenia, and gonorrhoea, nor does it include the impact of the outreach component getting people housed and participating in mainstream society.

Full explanation can be found in the Supporting Documents under market research.

### Client Stories

#### Clinical Outcomes

##### ***"I simply would not have gone."***

HoTS met Sharna, a 29 year old Aboriginal woman in a local park who, after assessment, needed mental health interventions, drug and alcohol interventions, and who also was at high risk of infectious diseases. Our team supported her to have the relevant blood collection that day.

Less than 48hrs later we accompanied her to the LHD sexual health clinic for gonorrhoea treatment. Sharna said that if the HoTS nurse had not accompanied her to either of the appointments she simply would not have gone. HoTS continue to engage with this client on a regular basis to support her with ongoing referrals and interventions.

##### ***"If it wasn't for you, I wouldn't have thought about looking after my health."***

HoTS met Ralph, a 39 year old man who was homeless and using heroin daily and saw no other way. He was homeless and was spending all his money on drugs. After comprehensive Drug & Alcohol and Population Health assessments, it was clear that he was eligible for the Opioid Treatment Program and needed screening for Blood Borne viruses.

The HoTS team called the Drug and Alcohol intake team and had the patient assessed that day. Ralph also had his blood collected that same day. He was diagnosed with Hepatitis C in the coming days and was referred to the LHD Liver Clinic for Hepatitis C treatment; and has since started the treatment. He commenced on Methadone within two weeks of the HoTS team referring him to the LHD Opioid Treatment Program Clinic.

We have been receiving updates from the patient via text about the improvements that have come about following our ongoing interventions, including now being able to afford to privately rent a room. He is appreciative and stated in a text "Thanks for all your help. If it wasn't for you, I wouldn't have thought about doing what I've been doing, looking after my health and stuff again".

#### **Three months to build trust and a life saved**

We first met Chris in the park in mid-January. He was jaundiced looking; said he didn't feel well; so the HoTS team persisted with the offers of a 'free health check' every time that we saw him. In late April he accepted our offer and was given a comprehensive health assessment. Part of the assessment was blood testing for Chronic Diseases and Infectious Diseases.

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### Health on The Streets

Within 4 days the pathology results were returned, and his conditions were evident. Chris had Liver Cirrhosis and Hepatitis C. On the same day as the results were returned, referrals were made for Hepatitis C treatment to be scripted and appointments were made for a full abdominal Computed Tomography (CT) to assess for Liver Cancer. Thankfully Chris did not have Liver cancer however, the Cirrhosis was extensive, and he was referred to a Hepatologist. With the support and collaboration with the Nurse Practitioner at the LHD Liver Clinic, an appointment was expedited for Chris.

In the week leading up to the appointment, Chris was becoming increasingly anxious about the appointment. He was supported by the HoTS team with texts and phone calls; along with the HoTS RN attending the appointment with Chris. The Hepatologist advised that he requires an operation to reduce the risk of him dying from further serious complications; and was also scripted for Hepatitis C treatment. Chris now has a booked appointment with a local GP who is happy to take over his care; and we are waiting for the operation date to be given.

#### ***“I could never have done this alone.”***

HoTS met Graeme, a 51yo male at Mary Macs in early January 2021. He had been sleeping under a local Centrelink veranda; or ‘riding the trains’ for safety.

He was suffering from Depression and Anxiety. He was no longer engaging with his previous GP and was therefore no longer taking the previously prescribed antidepressants. He was instead self-medicating with Alcohol.

He had injected drugs many years earlier.

Pathology was collected for Chronic Disease Screening and Bloodborne viruses. He did not have a phone to contact him on, so the plan was to meet back up the following week for results.

Our HoTS Outreach Worker assisted Graeme to attain 2 nights of Temporary Accommodation. He did not have any money for transport so was transferred to the Temporary Accommodation location in the HoTS van.

Pathology results were returned and reviewed 2 days later. He was diagnosed with having Hepatitis C, an inflamed liver, and the need to be vaccinated against Hepatitis B. A referral to ASHM was attended and the ASHM Nurse Practitioner referred the client to have a Liver CT to exclude Liver cancer.

As planned, Graeme met us again the following week. He was administered a state funded Hepatitis B vaccination, and with HoTS support, he attended the CT appointment a few days later.

HoTS Outreach Worker recommended Graeme to DCJ Housing to be supported through the Catholic Care Supported Temporary Accommodation (STA) for ongoing case management, which was accepted. Through support through Catholic Care, Graeme was able to attain a lease through a local Real Estate Agent for a transitional property, where he has been happily residing for the last four months. A recent application was submitted for Graeme to be supported through the Pacific Link

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### Health on The Streets

Together Home Program, which is currently being assessed. Through Mr Graeme's engagement with CCPC and other Programs, he has almost completed his WDO.

Graeme was prescribed and commenced on Hepatitis C treatment 11 days after the initial meeting. He was so very grateful when we met him to commence the treatment. He was teary and said that he felt so well cared for. He said, 'I want to meet with your managers to tell them how much you have helped me'. He also said, "I could never have done this alone".

In the coming weeks, the client attended a GP and was re-commenced on the antidepressants; and attended the Vision Australia's 'NSW Spectacles Program' to attain reading glasses.

Graeme has now completed the Hepatitis C treatment and Hepatitis B vaccination program; is back on the antidepressants and stated, "I feel so happy that I am now well enough to help to look after my granddaughter again".

#### ***"I'm nervous, but I know you'll look after me."***

The HoTS team initially met Tony, a 37yo male in August 2020.

The only support that he accepted at this time was allowing the HoTS Team Leader to advocate for him to get a dental appointment. He was given our business card and advised to call at any time.

Despite seeing Tony around the streets often in the following 6 months; he continued to decline any further assistance.

A slow and steady approach was taken by the HoTS Team to build rapport. Tony presented as mentally unwell – often reacting to external stimuli. He told us that he had a home, and his own GP; and always told the team that he did not need/want anything from the HoTS team.

Unexpectedly, in the following months the HoTS Team Leader received a few calls from the Local Health District Dental Clinic to confirm appointments; the police seeking information on Tony's whereabouts, as there was a concern about his welfare; and then later the Mental Health Outreach team for confirmation of his appointments. We were advised that Tony had been giving our HoTS contact number as his number for confirmation of appointments. We attended his residence on a number of occasions to remind him of these appointments. We offered him transport to these appointments, but he always declined any assistance.

6 months after the initial meeting, Tony engaged with the HoTS RN. We talked about all his mental health, and how he in fact does not have a GP. He disclosed that he has schizophrenia and tourette syndrome and is now on a Community Treatment Order. He accepted the RN's offer for a comprehensive health assessment. After the assessment he accepted all recommendations. A CCPC NDIS application help referral; a CCPC PRIMA referral, full pathology collected for Chronic Diseases and Blood Borne Viruses; and a CCPC Work Development Order were attended to. We planned to meet the following week for the results of the pathology tests.



## Pilot Extension Business Case

### Health on The Streets

As planned, Tony met us the following week. He accepted a Hepatitis B vaccine; was referred to a GP for review of deranged pathology results; was approved for a CCPC Work Development Order; and was advised of a booked PRIMA appointment the following week with a psychologist.

HoTS attended Tony's residence on the planned date of the psychology session. He had forgotten about the appointment but happily and very gratefully was escorted in the HoTS van to his first Psychology appointment. When the RN asked him if he was feeling OK about the appointment, he said "I'm nervous, but I know you'll look after me".

Our approach and treatment of Tony care was one that was of a slow and steady nature; yet swift when the opportunity arose. We utilised 3 other programs within CCPC that enabled quick referrals and follow up for Tony.

#### Housing Outcomes

##### ***"There are too many old people here."***

HoTS came across an elderly gentleman, Cliff, at Coast Shelter in late March and built rapport over a number of weeks before he felt comfortable enough to trust the HoTS team. HoTS were then invited by Cliff to where he had his three vehicles parked behind a local business. This man was fiercely independent and did not accept any supports easily.

Through our collaboration with the Department of Community and Justice Housing and the Uniting Connector Response Team (CRT), we were able to attain some temporary accommodation for a short period, before securing a brand new unit through Pacific Link for this 94 year old gentleman. After some clinical and independent living skills assessments, it was agreed upon that Cliff would be better suited to reside in an assisted living complex for his needs. A Uniting CRT Case Worker was successful in securing a residency in a suitable unit.

Cliff is now reasonably happy with his improved living situation, with his only issue being "that there are too many old people here". HoTS staff have stayed in contact with this man to assist with various other personal matters.

##### **Advocacy leads to permanent, affordable housing.**

HoTS came across Joel, who had been residing in his vehicle for over four years. This man had been self-medicating with alcohol for several years, due to bereavement and past traumas in his life. Despite consistent interactions and various offers of both clinical and housing support, Joel declined any assistance, apart from one instance where HoTS staff felt the need to call an ambulance.

Due to ongoing chronic health conditions, Joel found himself in the ICU at Hospital, before being transferred to a medical ward for two weeks. With collaboration from a hospital social worker, HoTS staff were able to advocate for this man to be supported to attain a placement with the Pacific Link

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## Health on The Streets

Together Home Program, and a permanent affordable housing Unit was recently attained. HoTS staff continue to follow-up with Joel, to assure that he can access clinical supports.

### **Collaboration is Key**

HoTS, in collaboration with the Uniting Doorways Connector Response Team (CRT), came across Paul, a 43yr old man at The Entrance in early June. This man had been living in his car (sedan) for the last seven months in the local area, moving around to different locations to avoid detection from council rangers. He had moved back to the area to be closer to his children, after a relationship breakdown in Queensland.

Paul agreed to be supported to attain some temporary accommodation at a local motel, and was provided with food hampers, a sleeping bag, and some fuel vouchers. Over the next two weeks both HoTS and the CRT provided advocacy and support for him to be able to sign a lease to move into his own flat just two weeks after our first interaction. A great collaborative outcome for all involved, in such a short timeframe. Paul will continue to be supported over the coming months with appropriate referrals to assist to maintain his tenancy.

## Letters of Support

Below you will find letters of support from the following organisations:

- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- CatholicCare Diocese of Broken Bay
- Central Coast Council
- Coast Shelter
- David Mehan MP
- Liesl Tesch MP
- Liver Clinic Gosford Hospital
- Uniting



## ASHM Letter of Support

To whom it may concern

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) is the peak organisation of health professionals in Australia and New Zealand who work in HIV, viral hepatitis and sexual health. ASHM is a professional, not-for-profit, member-based organisation with expertise in:

- Workforce education across HIV, viral hepatitis and sexual health
- Clinical guideline and resource development to support best-practice care
- Policy and advocacy leadership in the sector
- Conferences for sector knowledge sharing, learning and networking

To reach the World Health Organisation hepatitis C virus (HCV) elimination targets by 2030 will require increased screening and linkage to treatment integrated into settings with high-risk populations such as prisons, drug and alcohol and mental health services.<sup>1</sup> There is also strong evidence that current or recent homelessness and unstable housing is associated with increased risk of HIV and HCV acquisition among people who inject drugs.<sup>2</sup>

In 2019, NSW Health funded ASHM to roll out a program to facilitate linkages between nurses and hepatitis C prescribers in regional areas with an aim to increase access to hepatitis C treatment.

The program provides a framework whereby nurses undertake the screening, assessment and work up of people with hepatitis C and links them with prescribers who can initiate treatment remotely. The referring nurse provides treatment support if needed and arranges for the necessary follow-up testing to establish hepatitis C cure and any ongoing monitoring as indicated.

For further details, please see <https://www.ashm.org.au/HCV/facilitating-linkages-between-nurses-and-hepatitis-c-prescribers-in-regional-nsw-program/>

This program has the potential to identify and treat people living with hepatitis C in various settings using innovative models of care.

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<sup>1</sup> G Dore. Elimination of hepatitis C in Australia by 2030: a decade and counting. *Aust Prescr* 2021;44:36–7

<sup>2</sup> C Arum et al. Homelessness, unstable housing, and risk of HIV and hepatitis C virus acquisition among people who inject drugs: a systematic review and meta-analysis. *Lancet Public Health* 2021; 6: e309–23. Published Online March 26, 2021. [https://doi.org/10.1016/S2468-2667\(21\)00013-X](https://doi.org/10.1016/S2468-2667(21)00013-X)

**[ashm.org.au](https://www.ashm.org.au)**

**Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine**

Level 3, 160 Clarence Street, Sydney NSW 2000 T +61 02 8204 0700 F +61 02 8204 0782

ABN 48 264 545 457 CFN 17788



Katrina Russell, one of the registered nurses who works for Health on the Streets, a mobile health clinic providing health checks and outreach to people experiencing homelessness on the Central Coast, contacted ASHM to join the program.

To date, Katrina, through the Health on the Streets outreach program, has assessed and referred 16 people for hepatitis C treatment to Helen Blacklaws, a Nurse Practitioner in the Central Coast. Five of these patients have already completed their treatment of whom 4 have already been confirmed as cured.

Katrina's enthusiasm in providing health checks to people experiencing homelessness and integrating opportunistic hepatitis C screening and linkage to treatment has been very impressive.

I strongly believe that, with continued funding, the Health on the Streets Program can continue to provide people experiencing homelessness with much needed health checks that can link them into care and improve their quality of life.

Yours Sincerely

Alexis Apostolellis  
CEO  
ASHM

6<sup>th</sup> July 2021

[ashm.org.au](http://ashm.org.au)

**Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine**

Level 3, 160 Clarence Street, Sydney NSW 2000 T +61 02 8204 0700 F +61 02 8204 0782

ABN 48 264 545 457 CFN 17788

11 July 2021

To whomever it may concern,

**Health on the Streets (HoTS)**

On behalf of CatholicCare Diocese of Broken Bay, I wish to advocate for the continuation of this much-needed street based health service. HoTS attends Mary Macs Place (Soup Kitchen based in Woy Woy) regularly and provides essential health support to our most vulnerable community members, most notably to those sleeping rough.

The HoTS team have evolved to provide an array of health services and built a number of important referral pathways to support clients with complex health needs. This mobile service has quickly developed rapport and trust in a population that is often transient and lacks the ability to consistently engage to see real health benefits. As a result of this program, we are seeing some real health benefits to those the service was designed to support; and a reduction of critical admissions to hospitals and the need to engage emergency services.

The HoTS team has also been an also an important Segway to the local rough sleeping community building trust, resulting in many individuals being connected to appropriate government and non-government services, and addressing their long-term homelessness over the past two years.

CatholicCare welcomes the opportunity to advocate for the ongoing funding of the HoTS program, so this vital service is sustainable into the future and accessible to the most vulnerable people on the Central Coast.

Regards

**Sean Mackinnon**

**Practice Manager Homelessness**

**CatholicCare**  
Diocese of Broken Bay

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Disability Futures • Central Coast • Northern Beaches • Northern Sydney  
Hospital Chaplaincy • Central Coast • Northern Beaches • Northern Sydney



15 July 2021

Joel Smeaton, Team Leader- Community Programs  
Health on the Streets, Coast & Country Primary Care  
167B The Entrance Road,  
Erina NSW 2250

Dear Joel,

### **Letter of Support- Health on the Streets Program**

Since its inception, the Health on the Streets Program (HoTS) has proved to be a valuable service to the most vulnerable people on the Central Coast, being rough sleepers and people who are homeless, The program not only fills a gap in providing front line medical services but also aims to enhance working relationships with other homelessness support services operating in the community.

The collaboration between Council and the Health on the Streets Program has provided rapid outreach for many rough sleepers that Council staff have identified during the course of their work duties. The response times from HoTS has always been very prompt, the assistance provided is excellent and there have been many good outcomes facilitated by the program, including provision of housing options for many of the rough sleepers identified.

The Health on the Streets Program clearly aligns with Councils Community Strategic Plan and the Central Coast Affordable and Alternative Housing Strategy, supporting actions to reduce homelessness within the Local Government Area.

Central Coast Council would like to acknowledge and highlight the importance of the Health on the Streets Program to the community, and also thank staff for their collaborative approach in addressing homelessness locally. I strongly encourage all funding bodies involved to continue support for this vital program.

Yours sincerely,

A handwritten signature in black ink, appearing to be "GC", written over a light blue horizontal line.

Glenn Cannard  
Unit Manager, Community and Culture  
Central Coast Council



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30 June 2021

Our Ref: MS30062021

### Health on The Streets (HoTS)

On behalf of Coast Shelter, I would like to acknowledge and thank the staff from Health on the Streets (HOTS) for their continued and much needed healthcare services to our Clients. Since February 2021, the mobile Health Service has regularly attended our Community Centre at Gosford and worked closely with my staff to ensure some of the most vulnerable people in our community, including those sleeping rough on the streets of the Central Coast, have access to much needed healthcare services and advice.

I have personally witnessed the compassion and care displayed towards our Clients along with the HOTS teams' ability to develop relationships and overcome barriers of trust and homelessness. In the past five months, the HOTS staff conducted 206 assessments leading to 281 clinical interventions and referrals including blood testing, vaccinations, alcohol and drug referrals and access to appropriate health specialists for Coast Shelter Clients. Having a mobile health service is a real benefit for our Clients as they often live a transient lifestyle and pay little or no care to their own mental, physical or sexual health condition. Being able to co-case manage the dual health and housing needs of Clients with the HOTS staff when appropriate to do so has had a positive impact with Client wellbeing and safety.

Coast Shelter welcomes the opportunity to continue working with Coast and Country Primary Care and the Health on the Streets Program. We support ongoing funding so this vital service is sustainable into the future and accessible to the most vulnerable people on the NSW Central Coast.

Yours sincerely

**Michael Starr**  
Chief Executive Officer  
Coast Shelter



Coast Shelter is registered with the independent national regulator of charities, the Australian Charities and Not-for-Profits Commission (ACNC)



# David Mehan MP

STATE MEMBER FOR THE ENTRANCE

REF: 225/21/MR

1 July 2021

To Whom It May Concern,

I am writing in support of the continued funding of the Health on the Streets (HOTS) Program.

The HOTS program provides mobile health checks and outreach to homeless people living on the Central Coast. Homelessness is a serious matter which affects a number of people within my electorate.

The HOTS program have provided support for a number of my constituents and I am aware that the services provided are highly accessible and accommodating in nature. The program is highly regarded and is very responsive, operating in a professional and diligent manner when delivering services.

I would like to state my support for the ongoing funding of the HOTS program as an effective organisation, which ensures the provision of basic human services to the most vulnerable members of The Entrance community and its surrounds.

If I can provide any further information please don't hesitate to contact my office.

Yours sincerely,

A handwritten signature in blue ink that reads 'David Mehan'.

**David Mehan**  
Member for The Entrance





# LIESL TESCH MP

MEMBER FOR GOSFORD

2nd July 2021

Coast & Country Primary Care  
167B The Entrance Road  
ERINA NSW 2250

To Whom It May Concern,

The contribution of Health on The Streets (HoTS) team since their launch in March 2020 to the Central Coast community has been enormous. HoTS have been helping to bridge the gap between homelessness and the healthcare system by providing free health assessments to those most in need.

HoTS was launched by Coast and Country Primary Care to provide a mobile health service to those sleeping rough in our community, and those needing to access medical care in a non-judgemental but safe space.

HoTS under the leadership of Joel Smeaton support vulnerable members of our community through regular outreach programs and partnerships with local support services such as Coast Shelter and Mary Macs.

HoTS have a mobile team of dedicated health and medical professionals who have focussed on building trust with their clients since the programs launch. This focus on relationship building has assisted in the delivery of great outcomes for those in need.

Katrina Russell is the HoTS Registered Nurse and she has been able to deliver great outcomes for clients by linking clients in with specialised services such as Psychologists, Psychiatrists and of course GPs.

The past year has reminded us all that life is incredibly unpredictable and that hardship can often come out of the blue. Ensuring access to health care regardless of circumstance is vital.

I know personally the work that the HoTS team do, as my office has often engaged them to assist constituents in crisis.

HoTS are hoping to expand their program so they are able to provide support to more Coasties facing homelessness and disadvantage.

I commend the work of the HoTS team, and ask you to support their application for ongoing assistance.

Yours sincerely,

A handwritten signature in black ink that reads 'Liesl Tesch'.

Liesl Tesch MP  
**Member for Gosford**



## Liver Clinic

Gosford Hospital  
PO BOX 361  
Gosford 2250

Tel 02 4320 2390  
Fax 02 4320 3209  
Mobile 0414 193 254

30/6/21

To Whom It May Concern:

I am writing to give my utmost support for continuing funding for Health on The Streets (HoTS). HoTS is an innovative, effective, and excellent service for all concerned. From The Liver Clinic's perspective of treating hepatitis C in the 'hard to reach' cohort, working with HoTS has been a successful collaboration which has resulted in many people receiving much needed hep C treatment. The collaborative model of care we have developed means that clients can be treated remotely and do not have to attend hospital appointments which has previously proved to be a significant barrier in treating high risk, hard to engage people. Clients have required blood tests done by the HoTS outreach nurse on the bus. Clients are accompanied to get scans etc. done. It is doubtful that if people were just 'given a form' that blood testing/scans would be achieved. Additionally, HoTS support and encourage clients receiving hep C treatment thereby maximising treatment outcomes. The HoTS model efficacy is taking health to those in need who would otherwise not be engaged in mainstream health care. The HoTS team provides an essential service to a vulnerable population who would otherwise 'slip through the net'. I feel strongly that this valuable service should receive ongoing, secure funding.

Yours sincerely



Helen Blacklaws  
Hepatology Nurse Practitioner



07/07/2021

To whom it may concern,

I am the Coordinator of the The Doorways Connector Response team (CRT), who have been working in partnership with Health on the Streets (HoTS) officially since February 2020, when both our programs entered into a Memorandum of Understanding. I am writing to you, to express our deep gratitude towards the HoTS team who have been professional, responsive and collaborative throughout our time together.

Our Doorways CRT program works with people who are sleeping rough - we provide intensive support to help find accommodation, to help sustain tenancies and provide referrals to increase client wellbeing. A big part of the CRT role is to conduct Assertive Outreach throughout the Central Coast community, with the goal to locate and support rough sleepers. HoTS have been invaluable to our work in this area and we often conduct Assertive Outreach as a team or we collaborate together between our services who can attend to a follow up most quickly.

Our services wholeheartedly believe people deserve to access accommodation and medical care as basic human right. We find purpose in taking our services to people and meeting them where they are, when it is often the expectation that people need to make their own way to a service. Our cohort of clients get to see familiar faces between both of our programs, who are exceptional at building trust and rapport and are skilled in trauma informed practice. Our easy referral pathways between both our programs results in easy access to services for clients who need it the most and together our programs provide wrap around support.

Rough sleepers often have a myriad of health complications and HoTS being able to deliver timely medical care and follow up, has assisted CRT greatly with soft entry into finding out about their housing needs. We often find rough sleepers are very overwhelmed with their housing situation - there is no easy or quick fix to this and this can cause helplessness at their situation. However, with their medical issues being

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addressed, whether it be treatment, referrals and or tests, this has given CRT time to get to know these people and has allowed for trust to be developed and has resulted in some amazing long term housing outcomes.

When rough sleepers have found suitable accommodation, CRT continue case management to assist with sustaining their accommodation. We have sought the expertise of HoTS numerous times to assist our clients to access NDIS services, Psychologists, Psychiatrists and GP's. This no doubt helps a client to sustain their tenancies as they need ongoing supports to manage their wellbeing.

Both our programs have had great feedback from other local Government and Non-Government organisations due to our quick responses to locate and support rough sleepers. We often hear from these services who have been contacted by concerned community members to let them know of the whereabouts of rough sleepers, these organisations then pass on the information to us to investigate. Just yesterday (Thursday the 8<sup>th</sup> of July) Central Coast Council and Maritime NSW let us know of up to 12 people frequenting dilapidated boats that are moored illegally - there are concerns for their living and health conditions. Both our teams have already begun following up with this, having located the area, and began talking with one of the persons, hopefully over time we can offer more appropriate health and accommodation support.

### Case Study

HoTS and CRT came across Chris\* when conducting Assertive Outreach in the Wyong Shire, the team had a lead from a local Neighbourhood Centre. They found Chris in his car and offered to support him into Temporary Accommodation with Housing NSW, however Chris declined this stating that he felt more comfortable living in his car and would be too overwhelmed with Housing's requirements. Chris presented with mental health issues but did not have a diagnosis.

CRT advocated for Chris' housing needs and he was accommodated through a Community Housing Provider, but in order for him to sustain the tenancy, his mental health needed managing and treatment and he would need access to the National Disability Insurance Scheme (NDIS) to support him long term.

The caseworker contacted HoTS and they were able to put Chris onto the waiting list for a NDIS applicant worker with Coast and Country Primary Care (CCPC), it was found soon after that Chris did not have the required evidence for a NDIS claim, and needed a psychiatric report. HoTS also assisted with organising a bulkbilled psychiatrist assessment, they conducted blood tests and


sourced a psychologist to assist Chris with managing his emotions as this was beginning to impact his tenancy due to negative interactions with other neighbours.

When CRT closed their support period with Chris, he had seen the psychiatrist and had an assessment completed, he had attended his psychologist twice, and CCPC were continuing to gather the evidence needed for a NDIS application.

\*not correct name.

If you require any more information, please do not hesitate to contact me on 0467 777 122.

Yours Sincerely,

**Jade Brown**  Digitally signed by Jade Brown  
Date: 2021.07.09 13:36:38 +10'00'

Uniting Doorways Coordinator - Youth and Homelessness