

## **Health Outreach – a model of providing harm reduction services and healthcare to the homeless in temporary accommodation**

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**Introduction / Issues:** With the lockdown in Melbourne in 2020, many homeless people were offered temporary accommodation in city hotels, many with significant substance use and associated mental and physical health issues.

**Method / Approach:** A multidisciplinary team was assembled which visited one hotel for 2 morning a week for 4 weeks. A poster was placed in the foyer where one team member was based, and flyers were put under every door where homeless people were staying on the days the outreach team was operating. After 10am, outreach staff knocked on doors, providing and collecting injecting equipment and harm reduction advice, and inviting people to the hotel clinic room for naloxone and further health screening if they wanted it.

**Key Findings:** Over the 4 week period, we estimated the program had approximately 300 encounters with hotel residents, distributed 4000 syringes and collected 1000, trained 50 people in overdose prevention and management, distributed 25 naloxone kits, provided health assessments for 17 people, including BBV testing with on-the-spot blood collection. Four people were HVC positive and were all treated. Four people agreed to opioid pharmacotherapy with long-acting injectable buprenorphine and were all initiated on-site. An audit of RMH and MSIR records found all four remain in pharmacotherapy 12 months later.

**Discussions and Conclusions:** Health outreach can be an effective model of engaging with hard-to-reach populations.

**Implications for Practice or Policy:** Homeless have significant health care needs and have low rates of engagement with health care. A model of care for homeless people that is simple for them to access and can provide wrap around services simultaneously (a one-stop-shop approach) can address these concerns.

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