

Across the Continuum of Care From Incarceration to Independent Community Living

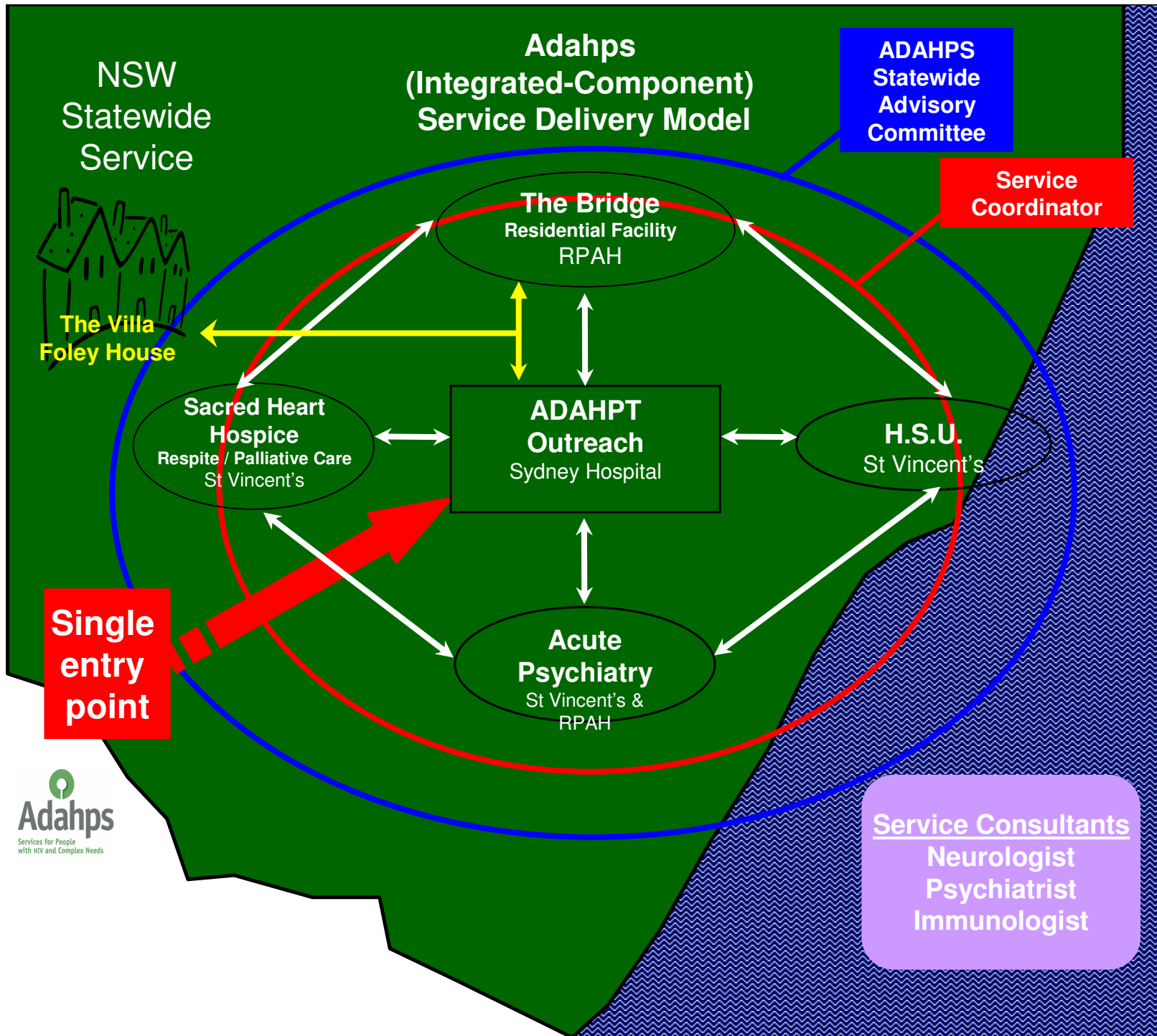
ADAHPT

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Objective

- Describe ADAHPT
- Explain the services we provide
- Describe our client group and what is meant by ‘complex needs’
- Discuss our case management model
- Discuss the work we have been doing in partnership with Justice Health
- Explain how ADAHPT can help
- Case Studies



What ADAHPT Provides

- **Co-case management**
- **Tools and skills to reorient services to better meet clients' needs**
- **Access to specialist services / team skills**
- **Assistance with definitive diagnosis**

What ADAHPT Provides - continued

- **Education**
- **Advice and information**
- **Telehealth services**
- **Peer / Carer support**

The client group

1997-2002: AIDS Dementia Complex and/or a psychiatric condition.

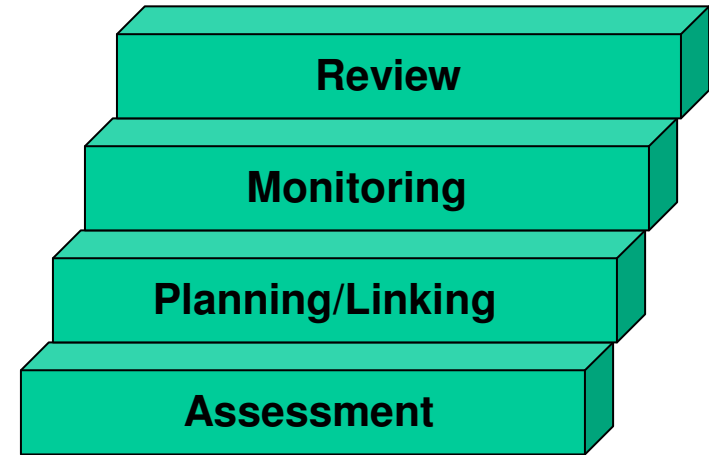
2002- : AIDS Dementia Complex and/or a psychiatric condition additionally people with HIV/AIDS and 'complex needs'

Complex Needs?

Persons affected by one or more issues that create management difficulties for local services.

- HIV Positive
- Hepatitis B and C
- Mental health issues
- Cognitive impairment
- Substance dependence
- Poor education/illiteracy
- Long term incarceration and institutionalisation
- Poor coping skills
- Children in care or with relatives
- Medication difficulties
- Few or no supports
- Challenging behaviours
- Accommodation
- Legal difficulties
- Lack of identification

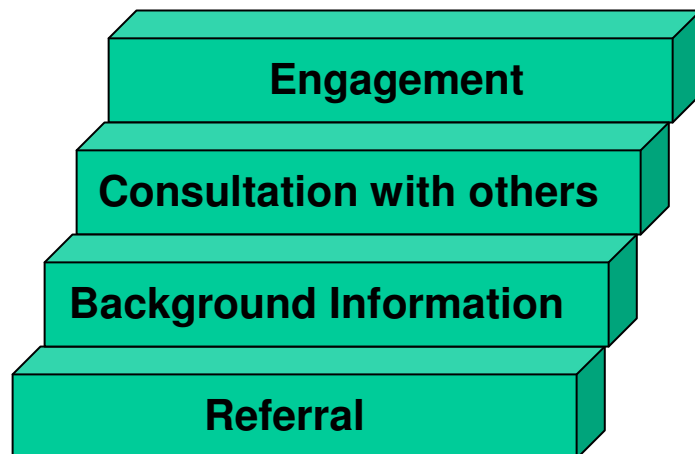
ADAHPT Steps of Case Management



Crisis intervention Citizenship

Focus on strengths Support Advocacy

Home visit/face to face meeting Respect



Other Service Providers



ADAHPT Co-case Manager

Case Manager

Case Management Plan

Name:

Case Manager:

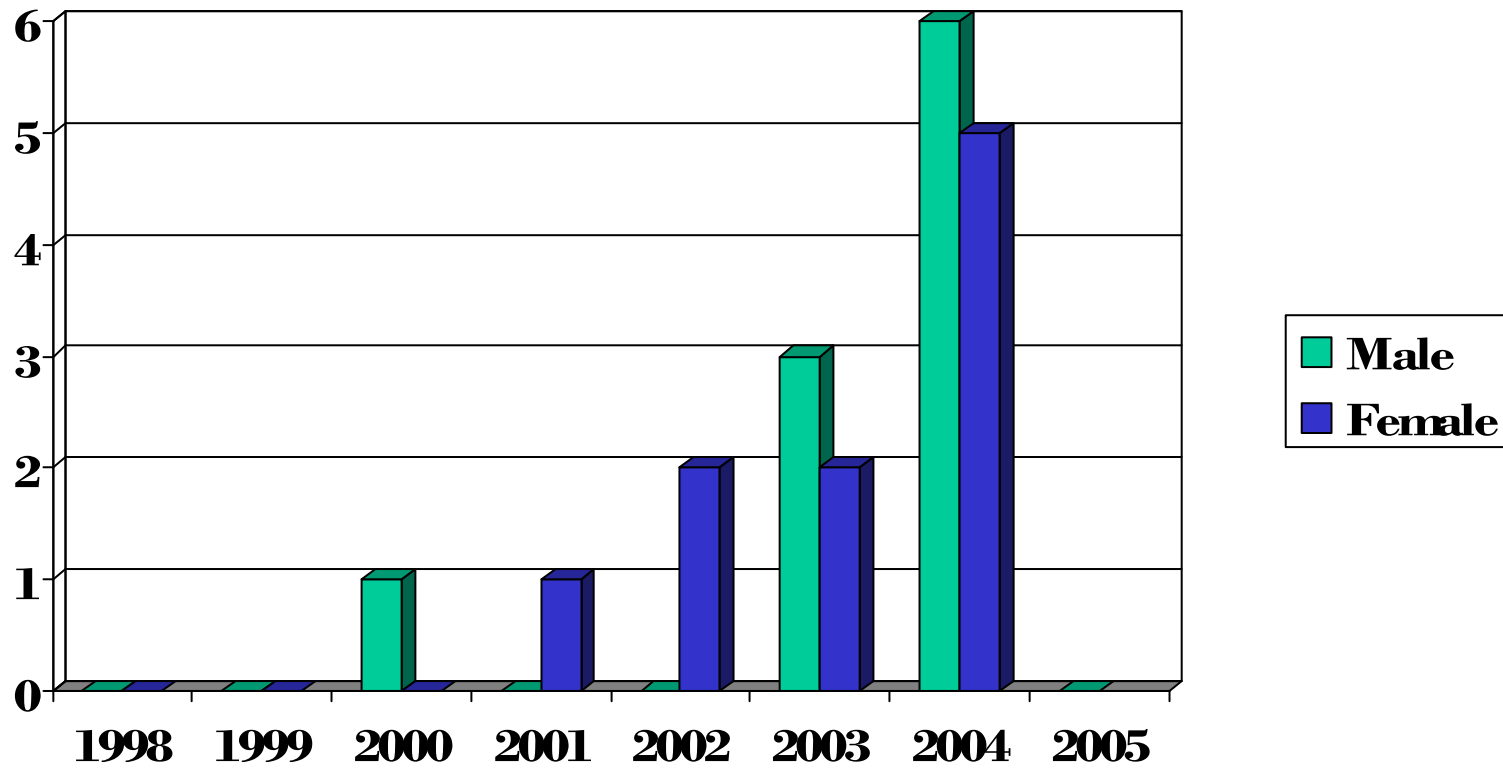
ADAHPT Co-Case Manager:

Date:

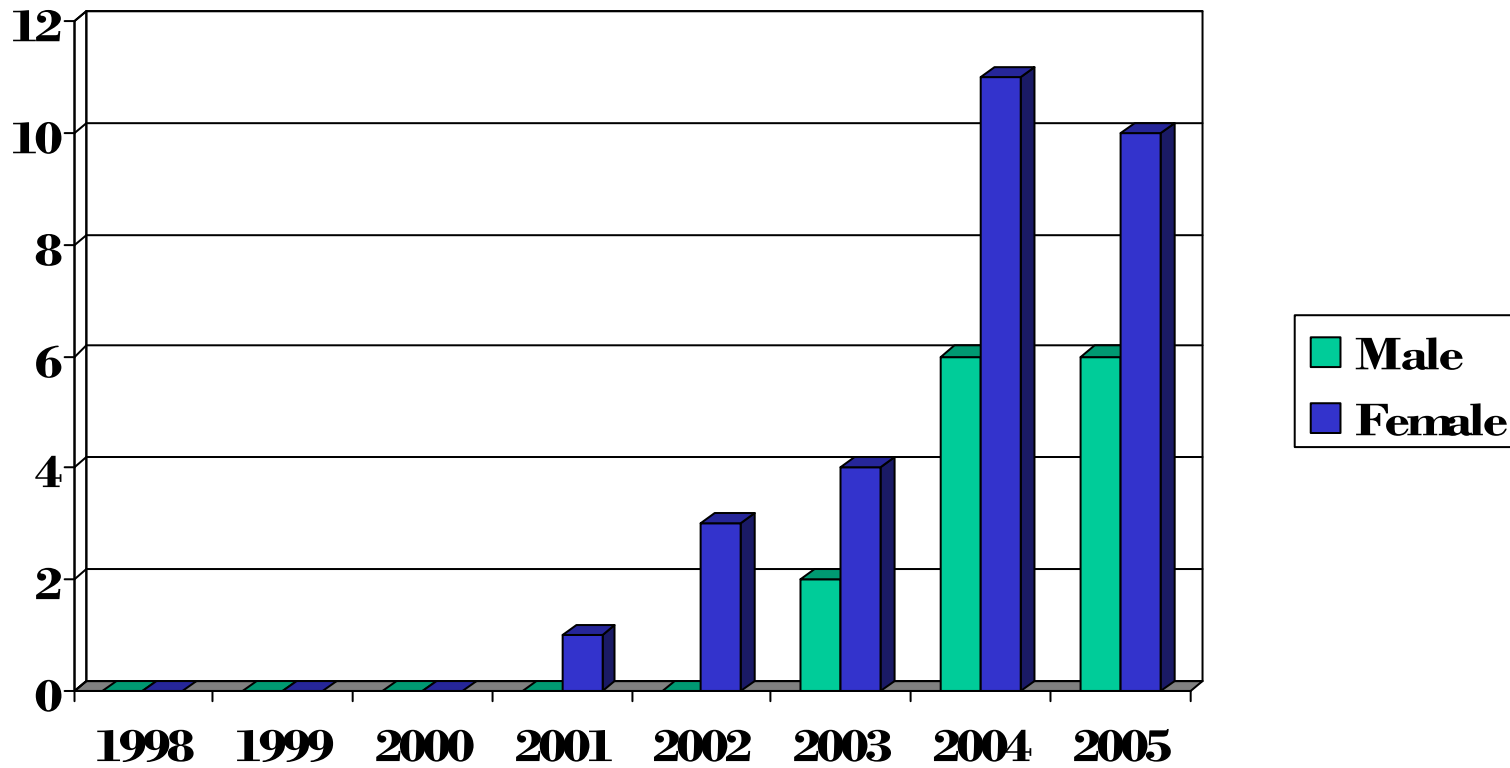
Review Date:

Targeted Needs	Strategies	Resources & Action	Outcomes
Case Management / Care Co-ordination			
Health Monitoring & Health Maintenance			
Medication Compliance			
Emotional Support			
Financial Affairs			
Ensure Carers are Supported			
Safety and Security			
Social & Daily Activities			
Drug & Alcohol			
Legal			
Accommodation			
Difficult Behaviour Management			
Separation Planning			
Consumer Education			

Referrals from Justice Health



Current Clients-Justice Health



Reasons For Referrals From Justice Health

- New HIV diagnosis
- Disclosure issues
- Advanced HIV
- Public health issues
- Requiring support
- Imminent release
- Substance use issues
- Mental health issues eg depression

Difficulties to overcome

- Multiple access arrangements
- Lock downs
- Movements within the correctional setting
- Complexities of the legal system
- Client priorities

How ADAHPT Can Help

- Provide regular and continuous visits
- Engage with client prior to release
- Seen as a health service
- Statewide service – broad network
- Direct links to sexual health
- Our own housing and links to other housing services
- Assess counseling needs
- Training and education

Shirley

- 45 year old women
- HIV positive for 20 years
- Cognitive impairment
- Failing immune system
- History of AIDS defining illness
- Hepatitis B and C
- Emaciated

Shirley Continued

- Substance abuse issues (both inside & outside correctional facilities)
- Personality issues
- Long history of incarceration (adult & adolescent)
- No known links to external HIV services

Case Management

- Regular visits to the client at a regional correctional facility
- Engagement process commenced
- Interim care plan formulated

Interim Plan Before Release

- Release expected 6 months post referral
- Discuss accommodation options
- Medical follow up arranged
- HIV counselling in-situ
- Counselling around disclosure issues

Post-Release Plan

- Referred to HIV housing service
- Referred to Ankali (buddy system)
- Linked in with local sexual health clinic
- Case manager identified
- Linked in with a local drug and alcohol service
- Application for financial management

Agencies Involved

- Probation and Parole
- Local HIV service
- Community health social worker
- ADAHPT
- Bobby Goldsmith Foundation (HIV support and accommodation service)
- Ankali

Agencies Continued

- ADAHPT (support and follow up neuropsychological assessment)
- Community Nurses
- OPC (financial management)
- Community transport agencies
- Home care
- Meals on Wheels

Outcome

- Difficulties with activities of daily living
- Refused to engage with local HIV services
- Several admissions to hospital
- Continued substance misuse
- Multiple doctor visits whilst in and out of hospital
- Breach of tenancy
- Breach of parole resulting in incarceration

Lionel

- 33 year old Indigenous man
- HIV positive
- Hepatitis C positive
- History of sexually transmissible infections
- Some family support
- First incarcerated in 1994

Lionel continued

- Substance misuse
- Several attempts at detoxification
- Personality issues
- Some risk taking activity within correctional facility
- In protection

Interim Plan Before Release

- Due for release in 4 months
- Engagement (regular visits by ADAHPT)
- Agreement for future case management after release
- Counselling
- Preparation for release (identification etc)
- Follow up supports discussed

Post Release Plan

- Temporary accommodation with relatives
- Referred to HIV supported housing service in regional NSW
- Referred to local sexual health clinic
- Referred to private methadone clinic
- Linked in with a HIV prescriber GP
- Referred to community nurses
- ADAHPT follow

Outcome

- Treatment adherent
- Attends appointments
- Some temptation to use substances
- Compliant with probation and parole requirements
- Application for supported housing successful
- Managing well
- Successfully reengaged with local community

Conclusion

- **Assessment**
establishes the needs, can exclude other factors
- **Planning**
development of management plan
- **Linking**
referral to appropriate services
- **Monitoring**
provides an awareness of changes
- **Review**
ensures services remain responsive to changing needs

It does work...despite the odds!!!

ADAHPT

A statewide tertiary outreach team for
People with HIV and Complex Needs

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**A Facility of the Sydney Hospital and
Sydney Eye Hospital**

