

# Working towards a coordinated approach to HIV care

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# Presentation Aims

- **Objectives of HIV Case Management**
- **What is involved when coordinating a HIV Case Management approach**
- **The role of ADAHPT and its partnerships in HIV Case Management**
- **Case Study/Evaluation**

# Objectives of HIV Case Management

- **Ability to identify and respond to a multitude of complex needs**
- **Provision of a comprehensive health service which employs and coordinates relevant services**
- **Focus on providing care that is cost effective**

# What is involved in HIV Case Management

- **Client/carer participation at each stage**
- **Comprehensive medical and psychosocial assessment of needs**
- **Development and Implementation of a care plan**
- **Monitoring of services and reassessment of needs**
- **Continuously advocating for the client**

# ADAHPT

## Who are we?

- **A Multi-disciplinary state-wide (NSW) Team**
- **ADAHPT is one component of a five part service known as Adahps.**
- **Target population is people with HIV and Psychiatric disorders &/or complex needs**
- **Employs a case management model**

NSW  
Statewide  
Service

# Adahps (Integrated-Component) Service Delivery Model

**ADAHPS  
Statewide  
Management  
Committee**

**Service  
Coordinator**



Office of Community  
Housing (Partnership)

**The Bridge**  
Residential Facility  
RPAH

**IHSAP**  
S.E.H. &  
C.S.A.H.

**Sacred Heart  
Hospice**  
Respite / Palliative  
Care  
St Vincent's

**ADAHPT  
Outreach**  
Sydney Hospital

**H.S.U.**  
St Vincent's

**Single  
entry  
point**

**Acute Psych**  
St Vincent's & RPAH

**Service Consultants**  
Neurologist  
Psychiatrist  
Immunologist

# ADAHPT

## What do we do?

- **Provide HIV Case Management**
- **Capacity building**
- **Peer support**
- **Education and training**
- **Diagnostic assistance**
- **Undertakes Specialist assessments**
- **Provides Supported Housing**

# The Bridge

- **11 bed Residential care unit**
- **24-hour nursing care**
- **Using case management model**
- **Multi-disciplinary involvement**

# The Villa

- **Assist in maintaining tenancy**
- **Additional level of care**
- **Increase overall accommodation capacity**
- **Rehabilitation before independent living**

# Partnerships

- **Community Health**
- **Local Mental Health**
- **Community Nurses**
- **Respite Services**
- **Hep C HIV/AIDS service**
- **Bobby Goldsmith Foundation**
- **Private care/support Agencies**

# Partnerships Continued

- **Local Chemist**
- **Community Support Network**
- **Metropolitan Community Church**
- **The Guide Dogs Association**
- **Office of the Protective Commissioner**

# Case Study: Paul

- **Background Information**
- **30 year old male**
- **HIV & Hep C (1999)**
- **Tuberculosis meningitis (2003)**
- **History of depression**
- **Estranged from family**

# Case Study- Paul

- **Previously engaged in sex work**
- **Public Health risk**
- **Significant history of substance use**
- **Socially isolated**
- **Tenancy comprised**

# At Referral

- **Need for supported accommodation**
- **Initial need for 24 hour nursing care  
(The Bridge)**
- **Need for supervision around medication compliance**
- **D & A Assessment**
- **Involvement of Office of Protective Commissioner**

## At Six Months

- **Improvement in overall health**
- **Increase in ability to independently undertake Activities of Daily Living**
- **Complying with complicated medication regime**
- **Remains in supported accommodation**
- **Engaged with D & A intervention**

# At Twelve Months

- **Increase in Optimal health status**
- **Exited supported accommodation**
- **Independently living in the community**
- **Abstaining from recreational substances**
- **Undertaking Voluntary care work**

# Conclusion

**“HIV Case Management will only ever be effective if it is driven by pro-active, innovative and creative thinkers!”**

V.P

# Questions?

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