

HIV/AOD Integrated Care Project: Reducing HIV transmission through collaborative case management

Holland D¹, Rullis G I², Vincent S³, Esplin P⁴, Barreto L⁴, Webster C⁵, Jurd D², Cavanagh H²

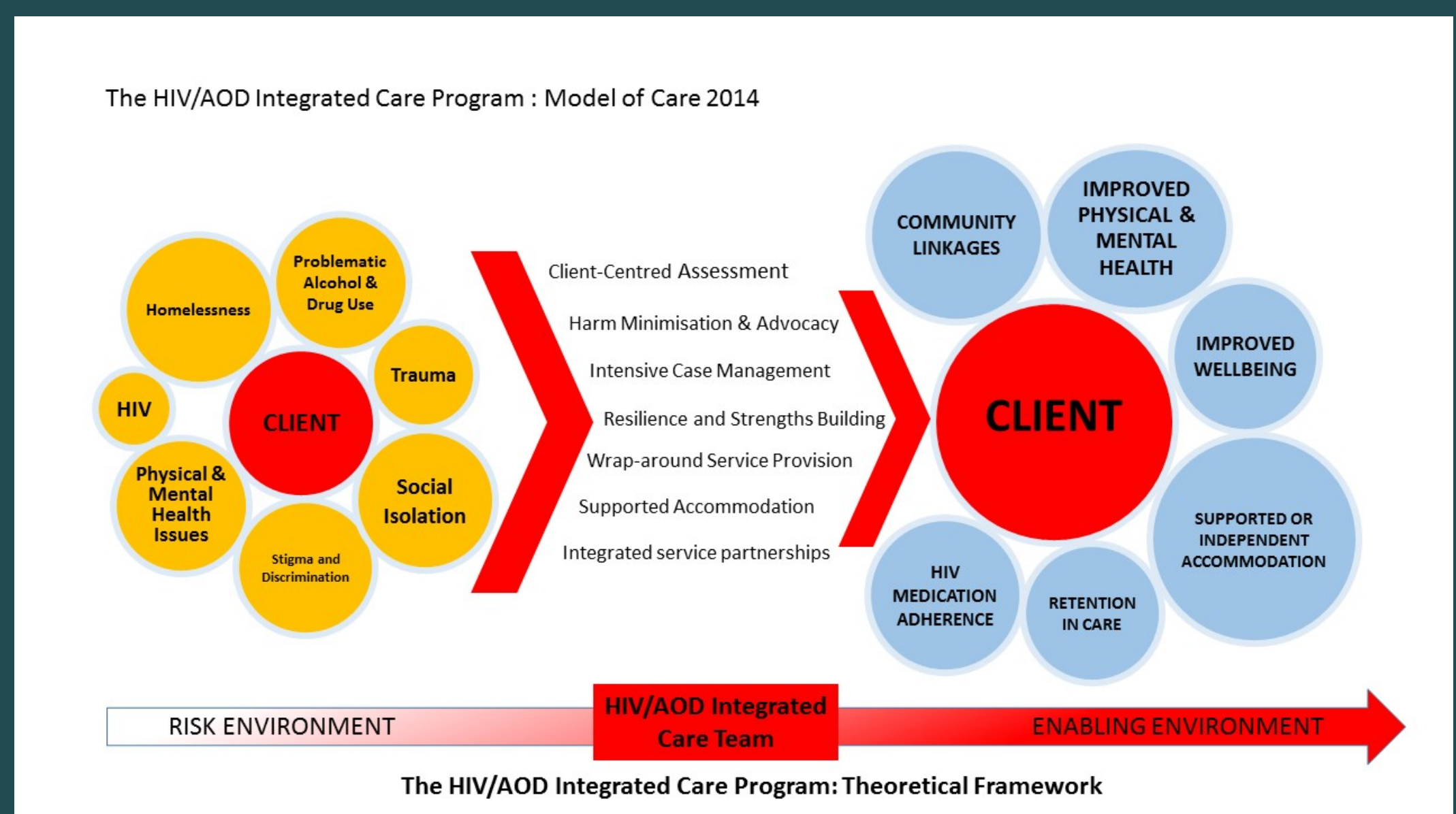
¹Adahps, ²The Haymarket Foundation, ³The Bobby Goldsmith Foundation (BGF), ⁴The HIV Outreach Team (HOT), ⁵Positive Central

Background

The AOD/HIV Integrated care project provides four bed crisis accommodation for people with HIV, Alcohol and Other Drug (AOD) dependency, homelessness and complex psycho social needs. Providing collaborative case management with seamless transition from homelessness to stable community housing adopting a no-retreat strengths based approach.

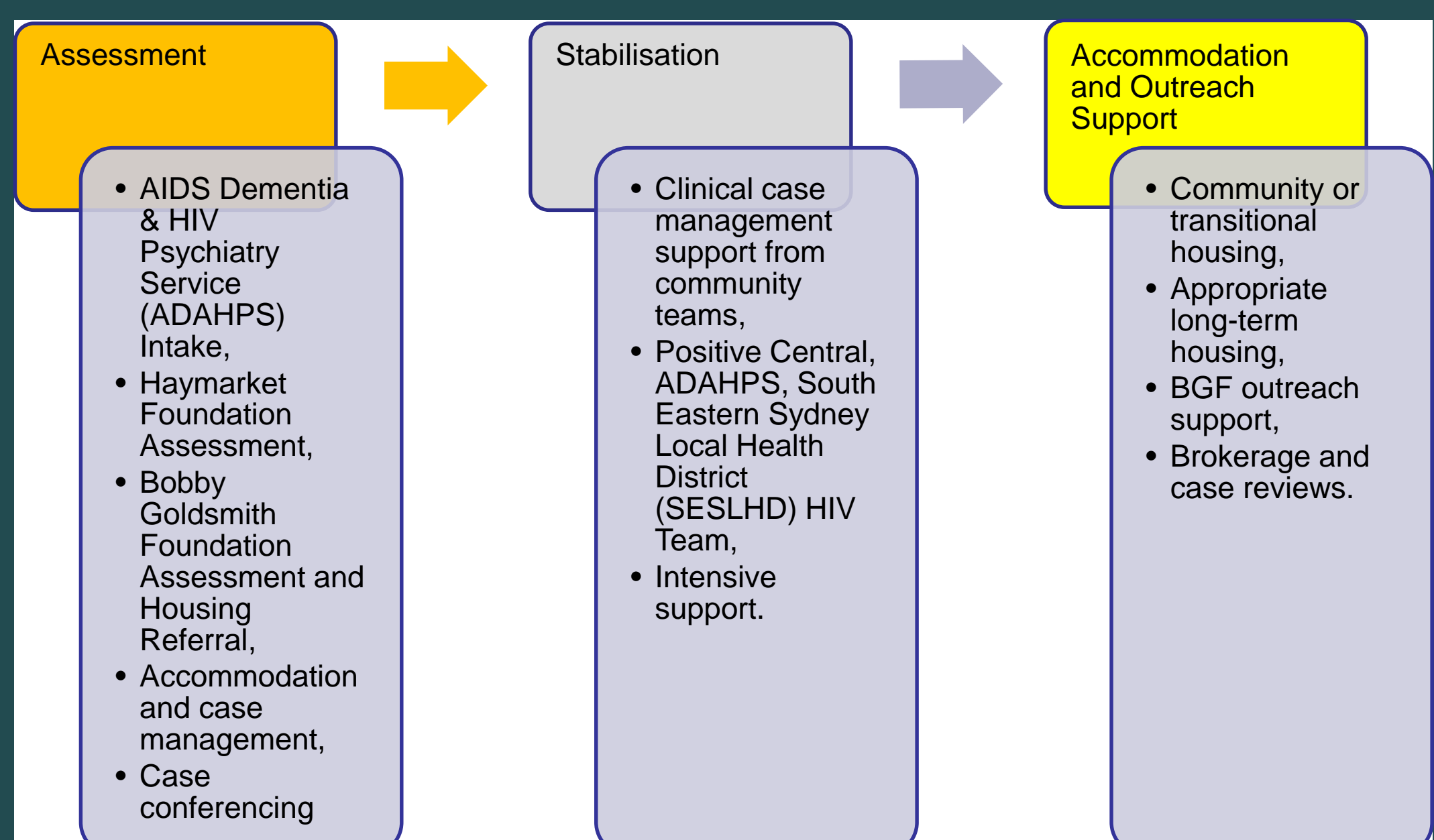
Snap Shot

- Cross agency approach between NSW Health and the NGO sector with five key agencies.
- Prevents siloing of services.
- Promoting improved HIV / AOD health through stabilisation, medication adherence, sustainable supported transitional or independent housing, community integration and retention in care.
- Clients are provided with an intensive support program working towards independent living with community case management.
- All clients are supported through outreach case management regardless of program completion.
- The model of care is predicated on both person-centred and strength based approaches.
- The program follows a harm reduction approach, to reduce AOD related harm and risks associated with HIV viral transmission and working with the client's readiness to change.



Outcomes

- 67% of the program participants exit the stabilisation unit into independent or supported accommodation through pre-existing social housing partnerships that provide immediate housing solutions.
- cART adherence remains consistently above 90% for all clients while accessing the residential program.



Conclusion

When clients' first enter the program non-adherence is high and retention in care is low, suggesting stable supported accommodation as a key component to improved health outcomes.