The JACQUES Initiative: How to Provide a Comprehensive Continuum of Care to Persons Living with HIV Being Released from the Corrections System

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The Institute of Human Virology (IHV) is the first center in the United States -- perhaps the world -- to combine the disciplines of basic research, epidemiology and clinical research in a concerted effort to speed the discovery of diagnostics and therapeutics for a wide variety of chronic and deadly viral and immune disorders - most notably the human immunodeficiency (HIV) virus.

The JACQUES Initiative (J.I.) was initiated in 2003 by the IHV. The mission of the J.I. program is to provide a holistic care delivery model that provides long-term treatment success for urban populations infected with HIV. The focus of the J.I. is to decrease the morbidity and mortality associated with HIV illness through care delivery while providing early intervention services through activities such as testing, outreach and linkage to care. We are committed to providing a "safe place" for our clients through excellently delivered services and access to clinical research for all.

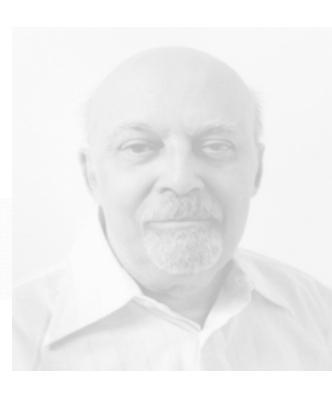




"JACQUES Initiative"

A program designed by and for the community.

- J Joint
- A AIDS
- C Community-wide
- Q Quest for
- Unique and
- Effective treatment
- S Strategies

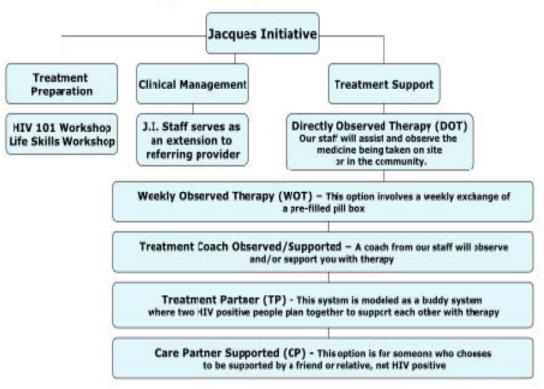


Treatment Adherence

Methods

A new care delivery model

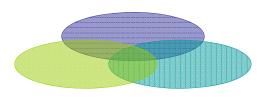
Integrating treatment preparation, clinical management and treatment support for long term treatment success



Primary Care and Case Management

The JACQUES primary care program was initiated in 2008 and the first in our country to employ a unique treatment adherence model into its care delivery model for urban settings. Family and friends are actively engaged into care.

Clinical Management



Treatment Preparation

Treatment Support



Primary Care/ Case Management Services:

Retention: 88% of clients in this difficult to treat population are retained in care for now 2 years

Viral Suppression:

92% of clients on therapy for at least 6 months have undetectable virus (<48 copies/ml)

81% of clients who ever initiated therapy are undetectable (<48 copies/ml)

The JACQUES Initiative: A Comprehensive Continuum of Care for HIV Outreach, Testing and Linkage to Care

Out of care HIV infected clients are identified through outreach and linked into the "hub" for services. (150-200 clients are reengaged into care yearly)

Newly diagnosed clients identified in satellite sites are referred to a confirmation clinic which includes:

- Western Blot confirmation
- Counseling and support
- Introduction to staff living with HIV
- Brief message from medical provider
- Sign up for Treatment Preparation w/s

Emergency Department Testing

- Approximately 750 citizens are tested each month in 3 academic ED's
- •Prevalence 5%, Incidence 1%
- Average CD4 at diagnosis is 449

Project SHALEM

Faith Based Testing Initiative

JI Hub and Spoke Model **Project SHALEM** Faith Based **Testing Outreach Services** provide greater Initiative linkage to care for JI Testing Programs **Outreach Services** Outreach Outreach Services Services JI Core Services **ED Testing** Primary care **Programs** Transition from Case management UMMS inpatient to out-Confirmation patient care. Mercy **Detention** Clinic MGH Centers. Outreach Services **Outreach Testing** Transitional Houses. **Drug Treatment** Centers HBCU'S

Spencer, D and Mignano J., IAS 2010 Vienna Austria, poster presentation D87

Problem

 Many individuals released from the corrections system are diagnosed with HIV and have co-morbid issues such as substance abuse, mental health, and homelessness which can negatively impact adherence to HIV care.

Goal

 Coordinate discharge planning between the Institute of Human Virology and the Department of Public Safety and Correctional services for uninsured HIV infected individuals preparing them for release from the corrections system.

Continuum of Care Model: Pre-Release

 Once JI is notified that a client will be released from a correctional facility and is interested in receiving Primary Medical Care/Co-Morbidity Services from J.I., the Community Coordinator will coordinate with the correctional facility staff a date and time for the Case Manager to meet with the client at least twice while incarcerated (Rationale: Initiating the professional relationship with the inmate prior to discharge will facilitate trust and adherence to better ensure attendance at the follow-up visit to J.I post release.)

Pre-Release Cont'd:

 Once a release date is established, the Community Coordinator will schedule a medical and/or case management appointment for the client at JI within 48 hours of his release.

Post-Release/Transition to Community

 Primary Medical Care & Case Management: Clients will receive assessment and development of multidisciplinary treatment plan to address identified medical and psychosocial issues.

Primary Medical Care

Primary Medical Care at JI offers the following services:

- Management of HIV
- General Medical Care
- Treatment Adherence
- Referral for specialty care

Case Management

Case Management services at JI offers the following services:

- Psychosocial Assessment
- Development of a treatment plan
- Referrals and linkage to resources for co-morbid issues:
 - *Housing (recently received funding for assistance)
 - *Substance Abuse
 - *Mental health (on-site)
 - *Prescription and health coverage
 - *Other needed services as identified.

Case Vignette

Questions/Discussion