The Linkage to Care Program (L2C) fills the gap between available medical services and the supportive services by providing *individualized, long-term, one-on-one support for central Indiana’s highest needs clients living with HIV* that – as research shows – clients need in order to successfully manage their healthcare.

L2C was a three-year research project funded by the AIDS United branch of the federal Corporation for National and Community Service through their Social Innovation Fund. The Damien Center was one of 13 agencies in the grant portfolio working to develop best-practice for Linkage to Care. The national evaluation was completed by John’s Hopkins University.

Below are the findings of our local program.

How many clients has our **149 clients enrolled** in L2C Research Project.

program engaged? Program enrollment began May 9, 2013.

What is the health status of our **216 cells/µL** was the median CD4 cell count at

clients at enrollment? enrollment.

**52,000 RNA copies/mL** was the median viral load at enrollment.

What is the current health status **528 cells/µL** was the median CD4 cell count at 12

of our clients? months.

 **10 RNA copies/mL** was the median viral load at 12 months.

 **61 clients had a suppressed viral load at 6 months.**

**Demographics n=149**

**Ethnicity: Non-Hispanic n=132, Hispanic n=17**

Linked to care is defined as *clients for whom there is verification of one medical visit with a provider who has prescribing privileges within 30 days of initial client contact in a medical care setting with the purpose of receiving HIV related care* (Adapted from NYC State Department of Health AIDS Institute, 2006).

Retained in care is defined as *two or more medical visits in a HIV care setting at least two months apart per measurement year* (HRSA, 2008).

1CDC(2013). “CDC Fact Sheet: HIV in the United States: The Stages of Care.” Retrieved April 20, 2015, from http://www.cdc.gov/hiv/pdf/research\_mmp\_stagesofcare.pdf.

How is The Damien Center strengthening the HIV continuum of care?

Virally Suppressed: Throughout the 18-month intervention, clients work with L2C Specialists to attain self-sufficiency. During the 3-year pilot project, most L2C clients attained viral suppression within 6 months of the program.

Prescribed HAART: L2C Specialists provide transportation to/from all HIV medical and supportive service appointments, and daily reminder calls for medication adherence. If elected, L2C Specialists attend medical appointments with clients to help decrease fear, act as health advocates, and to model behavior (such as providing comprehensive medical history and requesting doctors to decrease use of medical jargon).

Retained in Care: L2C Specialists use a client-centered approach to develop an individualized plan of care that addresses each client’s specific needs and barriers, and builds on their strengths, skills, and natural supports. L2C Specialists provide up to 18 months of support with each client to attain self-sufficiency and successfully maintain in HIV medical care.

Linked to Care: L2C Specialists meet with clients in the community, wherever the client is most comfortable, to provide emotional support, answer questions about diagnosis, treatment, and disclosure, and help clients get prepared for their HIV case management and medical intake appointments.

Diagnosis: L2C Specialists are on-call 24 hours a day, 7 days a week, and are immediately dispatched to meet with any person newly diagnosed in the greater Indianapolis area.