



Life Skills Advocate: An HIV Home Care Model
A Model from the Massachusetts Department of Public Health HIV/AIDS Bureau
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 Boston, Massachusetts 02108
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WHAT IS AN LSA?

Home Based Life Skills Advocates (LSAs) are paraprofessional, trained staff that provide client-centered home based services in partnership with the patient, the Home Based Nurse, the patient's medical clinician and the patient's family and sexual and drug using partners, when appropriate. LSAs provide:

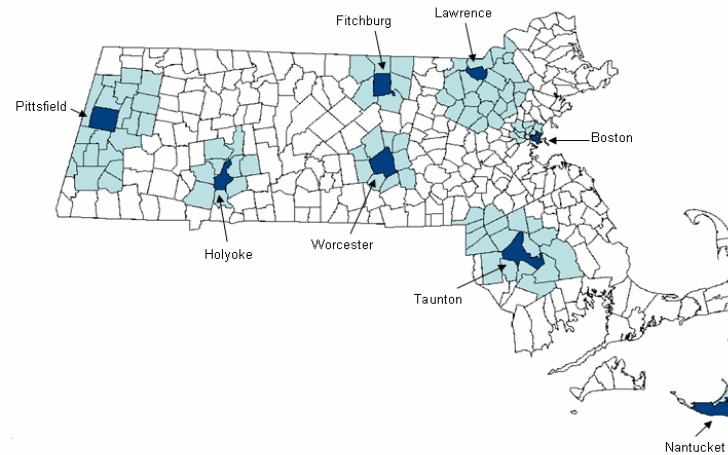
- Life Skills management that includes patient's family and supports.
- Client Centered Harm Reduction education on sexual and substance using risk reduction that includes partners and family.
- Home Based Positive Prevention interventions at each encounter with patient.
- Seamless supported referrals and health maintenance teaching.
- Monitor and reinforce adherence interventions.
- Minimal household chores, laundry, cooking and meal preparation and help with providing access to food and supplies.

COMPREHENSIVE HOME BASED MEDICAL CARE PROGRAM AT A GLANCE

Staff include Home Based RN, Life Skills Advocate, and Home Based Mental Health Counselor. Core Components include:

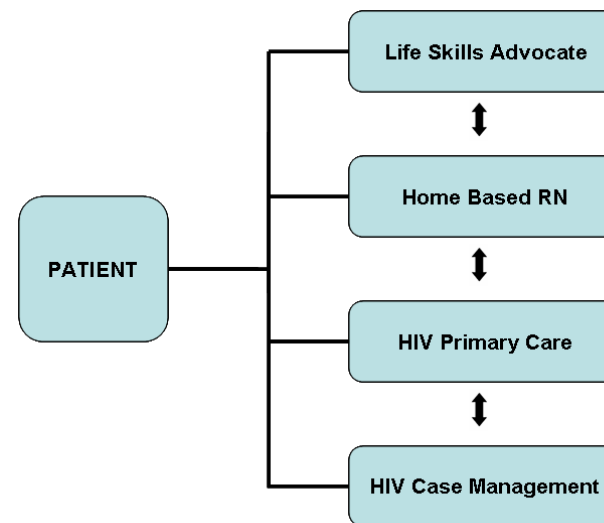
- Treatment adherence support.
- Patient assessment/reassessment.
- Treatment planning.
- Service coordination and active referral.
- Home based positive prevention interventions.
- Retention in care activities.
- Discussion of disclosure issues and Partner Counseling.
- Participation in interdisciplinary team meetings with patient's primary care and social service providers.
- Multidisciplinary culturally competent model of care
- Clear delineation of responsibilities.
- Transition and discharge planning.

MASSACHUSETTS COMMUNITIES WITH LSA'S



CONTINUUM OF CARE

Seamless Delivery of Services



VIRTUAL PEER SUPPORT GROUP

To strengthen the quality of service delivery, LSAs access a structured forum to connect under the guidance of a moderator in a supportive virtual environment.

LSAs regularly meet to discuss:

- Experiences with challenging situations.
- Support and mentor each other.
- Learn patient interaction skills.
- Increase knowledge of substance use and mental health issues.
- Ask for advice.
- Explore statewide resources.
- Networking opportunities.

CASE STUDY

Case study to be inserted here.

CONCLUSIONS

- Statewide increase of LSA caseloads by 32% in 24 months.
- 8 out of 10 patients report improved adherence to HIV medications because of home visitations.
- Increased coordination of care with local primary care and case management services.
- Measurable increased independence in ADLs.
- Decrease in duplication of services.
- Improved access to mental health supports.
- Significant decrease in appointment no shows or patients "lost to care."

ACKNOWLEDGEMENTS

Ms Brenda Cole, Mr. Daniel Cohen, Ms Dawn Fukuda, Ms Sarah Ndugga, MDPH AIDS Bureau, Boston, MA
 Ms Linda Lebreux RN, Morton Hospital, Taunton, MA
 Ms Claire Beaver RN, Morton Home Care, Taunton, MA