

General Non-Medical Case Management at Project Street Beat: Monitoring & Evaluation of the First Year of Services

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BACKGROUND

Project Street Beat (PSB) is Planned Parenthood of New York City's unique HIV prevention, risk reduction, and access-to-care program.

With Ryan White Part A funding from the NYC Department of Health & Mental Hygiene, in March of 2015 PSB launched a new general non-medical (NMG) case management program for people living with HIV. The first NMG clients were enrolled in June 2015.

To inform ongoing NMG service delivery in contract year 2 and beyond, we conducted a quality improvement and pilot evaluation project to assess service delivery to and needs of clients served in the first year of NMG implementation.

AIMS

- 1) Monitor implementation and success of outreach and engagement strategies for NMG clients.
- 2) Compare NMG clients to other PSB case management (CM) clients in terms of demographics, service needs, and retention.
- 3) Analyze change on psychosocial and health indicators among NMG clients from baseline to 3-month follow-up.

METHODS

We reviewed records from clients living with HIV who were enrolled in CM between June 2015 and May 2016: 27 NMG clients, 25 other CM clients to compare. Data were extracted from (1) health and psychosocial assessment forms that PSB case managers complete with clients on a quarterly basis, and (2) tracking of outreach and engagement activities. Data were entered and analyzed in SPSS.

RESULTS

Unstable housing, unreliable means of communication, active substance use, and severe mental health issues were all identified by staff as barriers to NMG client engagement. Securing documentation of NMG eligibility typically took 3-5 contacts over 1-2 months – more for clients with additional barriers. Multiple field and office based contacts were needed to support client retention. See **Tables 1 and 2** below for demographics and outcomes.

Table 1. Baseline Comparison of NMG and Other CM Clients Enrolled 6/2015 – 5/2016

Characteristic	NMG <i>n</i> = 27	Other CM <i>n</i> = 25
Reassessed at 3 months	54.5%	41.7%
Age in years	40.8 (14.4)	48.0 (10.3)
Race/ethnicity		
Black, non-Hispanic	59.3%	80.0%
Hispanic/Latino	37.0%	16.0%
Foreign born	22.2%	4.0%
English as primary language	74.1%	96.0%
More than HS education	30.8%	12.0%
Uninsured	11.1%	0
Unstably housed	40.7%	28.0%
Diagnosed with HIV in past year	26.9%	0
Substance use in past 30 days	66.7%	40.0%
Sexually active in past 30 days	51.9%	44.0%
2 or more sexual partners in past 30 days	30.8%	8.3%

Numbers are % except for Age, reported as *M (SD)*. Characteristics in bold indicate a statistically significant difference between NMG and other clients (by *t*-test, Chi-square, or Fisher's exact test as appropriate).

Table 2. Outcomes Among NMG Clients Enrolled 6/2015 – 2/2016 and Retained for 3 Months (*n* = 12)

Outcome	Baseline <i>M (SD)</i>	3 Mo Follow-up <i>M (SD)</i>	Mean Change
Coping ¹	3.39 (.43)	3.35 (.49)	-.03
Depressive symptoms ¹	2.61 (.59)	2.19 (.70)	-.43
Condom use self-efficacy ¹	3.42 (.46)	3.10 (.76)	-.33
Condom use ^{2,3}	40.00 (48.99)	50.00 (57.74)	+10.00
HIV knowledge ²	86.67 (16.14)	94.64 (7.13)	+7.98
Barriers to medication compliance ⁴	1.18 (1.54)	1.73 (1.79)	+.55
Barriers to primary care ⁴	1.00 (1.41)	2.00 (1.73)	+1.00

¹ Measured on a 4-point scale (1-4).

² Measured as percentage.

³ Only calculated for 4 clients who were sexually active at both times.

⁴ Measured on a 7-point scale (0-6).

CONCLUSIONS

Findings indicate successes in targeting NMG services to clients with complex needs and mostly positive outcomes for those retained. **NMG clients have high needs for services such as interpretation, legal/immigration assistance, housing support, addiction treatment, and HIV transmission risk reduction counseling** compared to clients served in PSB's other CM programs. **Intensive outreach and engagement efforts are needed** to address barriers and retention in health care for these clients.



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