Impact of Mental Health & Substance Use on Retention in Care

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Background

- Improving Retention in Care remains a key component for ending the HIV/AIDS epidemic in NYS. RW-funded case management services (MCM) are key to addressing barriers that contribute to poor retention in medical care.
- The MCM team determined that unaddressed mental health (MH) and substance use (SU) behaviors are factors that affected our clients' ability to be engaged in care. Identifying the clients with these behavioral issues is critical to improving engagement, retention and reducing disparities.
- The MCM Hope Cares Program seeks to improve its Retention in Care performance by identifying those clients with unmet MH and SU needs and making referrals to appropriate care.

Program Outreach Efforts:

- Chart reviews, phone calls, letters, insurance reviews, prison/jail census searches, coordinating care with other agencies, and working with the multidisciplinary team at the HOPE Center.
- Follow-up with behavioral health programs to confirm attendance and progress is conducted by Mercedes Chavez, MCM program.

Project Aim

- Ensure that at least 85% of our MCM patients are maintained in care and are addressing their mental health and substance use health needs.

Methods

- Project began in March 2016
- The medical case managers at HOPE Center-St. John's Riverside Hospital implemented an Excel tracking tool to identify clients with ongoing mental health and substance use issues and to monitor the referrals.
- The goals of the project are to connect clients to MH and SU services in order to increase their retention in care to 85% within 12 months.
- The client's MH and SU issues were identified via assessments upon intake as reported by the client.
- The case managers researched all known contacts to find active phone numbers for patients lost to care. Phone calls were made and letters were sent to set up medical appointments. MCM meetings were held to assess for appropriate referrals and to confirm if patients were already engaged in treatment.
- Once evaluated, patient referrals are made as needed. The MCM team followed-up with reminder phone calls and confirmed with the referral agencies that scheduled appointments were kept.

MCM Tracking Tool

Client	Gender Race	Referral	Appt Status	MH Issues	SU Issues	Age	Outcome
A	M/Hisp	Mental Health	Attending	Y	N	39	Engaged
B	M/AA	Substance use	Attending	Y	Y	48	Engaged
C	F/AA	Mental Health	Attending	Y	N	41	Engaged
D	M/Hisp	Substance use	Detox	Y	Y	41	Engaged
E	M/AA		Refused	Y	Y	51	
F	M/AA		Refused	Y	Y	37	
G	M/Hisp	Substance use	Rehab	Y	Y	35	Engaged
H	F/White	Mental Health	Attending	Y	N	41	Engaged
I	M/AA		Refused	Y	Y	25	
J	M/Hisp	Substance use	Attending	Y	Y	34	Engaged
K	M/Hisp	Substance use	Attending	N	Y	46	Engaged
L	F/White	Mental Health	Attending	Y	Y	27	Engaged
M	M/Hisp	Mental Health	Attending	Y	N	44	Engaged
N	M/Hisp	Substance use	Out-pt	Y	Y	47	Engaged
O	M/AA	Mental Health	Referred	Y	Y	46	Engaged
P	M/Hisp		Refused	N	Y	54	MIA
Q	M/Hisp		Rehab	Y	Y	53	MIA
N=17							

Results

- The MCM program identified 17 patients with MH and SU issues enrolled in the Retention in Care project. Of these, 15 were identified with mental health issues and 13 had substance abuse issues. (11 were identified as having both MH and SU issues).
- Case managers were able to locate 16 out of the 17 clients (94%). 2 patients were already in enrolled in rehab or detox programs. Of the remaining 14 patients, 10 (71%) accepted referrals to mental health and substance abuse programs.
- Of these 10 clients, 7 attended the appointments, two have an appointment pending and one case outcome remains unknown. This results in a confirmed attendance rate for 70% of referrals.
- At the beginning of this project in March 2016, none of the identified 17 clients had attended a medical visit in the prior three months. To date, 12 clients have been re-engaged in medical care, a rate of 71%.

Conclusions

- Addressing barriers to care is a key component to improving retention in medical care for HIV positive clients. In this project, the RW funded Case Management program collaborated with the Retention in Care program to refer patients to behavioral health services.
- The project succeeded in finding these clients, making appropriate referrals, and supporting clients in keeping appointments. While the project has not met its retention goal yet, the twelve clients re-engaged in medical care show a promising start, reflecting a successful collaborative approach.
- **Clients with mental health and/or substance use issues need additional support. By first identifying patients and then working with them to support their progress, the MCM program addresses the factors that affect patient engagement in care in a continuous manner.**

Next Steps

- The MCM Team will continue to identify clients who have MH and SU issues and make proper referrals for treatment.
- The MCM will also continue to follow-up with clients enrolled in treatment to monitor their progress and offer them the support they may need.