Support services use and unmet need among clients enrolled in a Ryan White medical case management program in New York City

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Background

- Research has shown that HIV-positive individuals are more likely to face challenges such as substance use disorders, mental health issues, food insecurity, and housing instability which, left unaddressed, can negatively impact health outcomes.

- **Medical case management programs** have been promoted as one way to support clients at risk for, or with a history of, suboptimal HIV outcomes, by identifying barriers to care and treatment adherence and providing and/or linking clients to services that address these barriers.
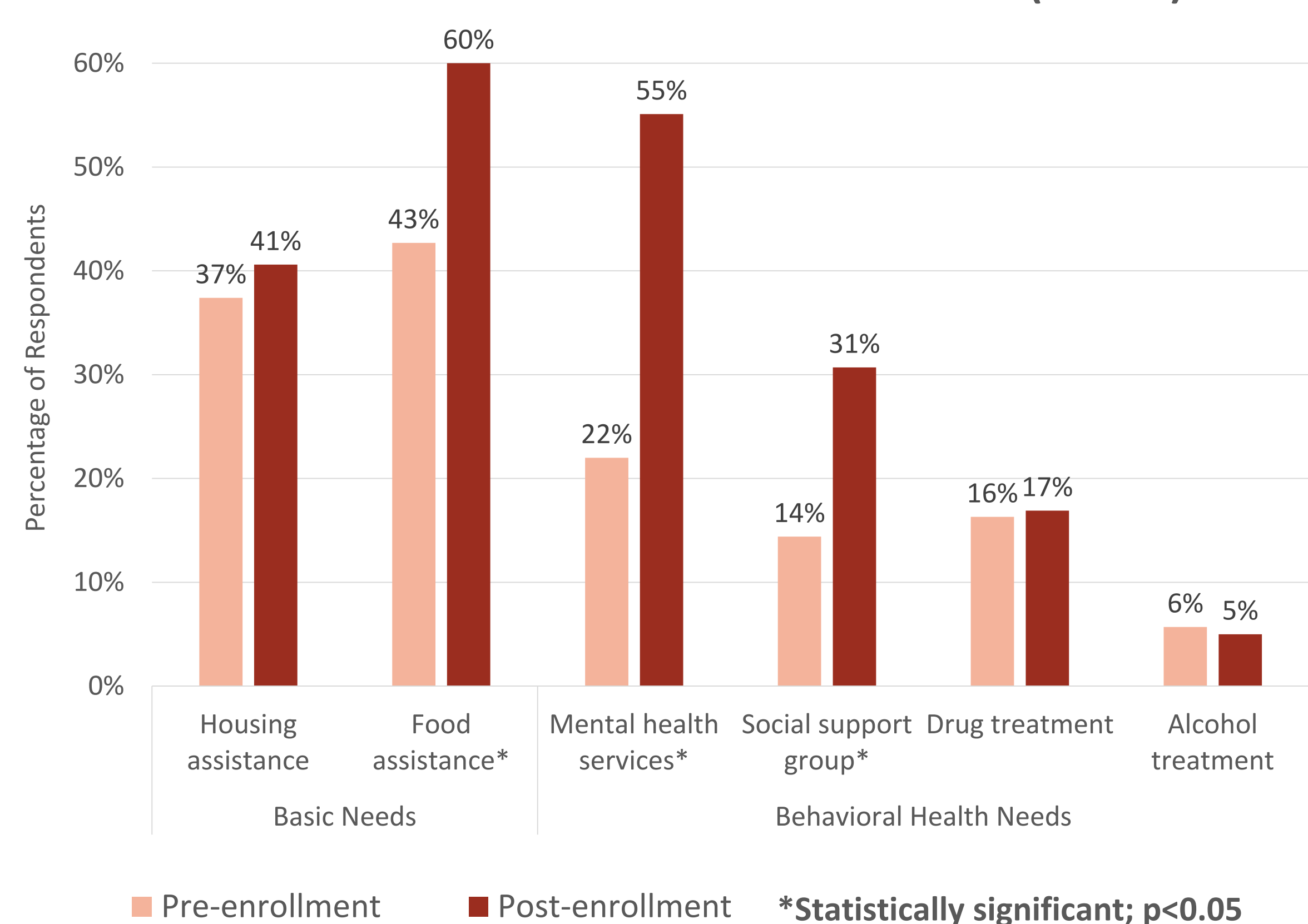
Purpose

- We examined the extent to which a Ryan White Part A-funded medical case management program in New York City (NYC) was able to link high-need HIV-positive clients to support services.
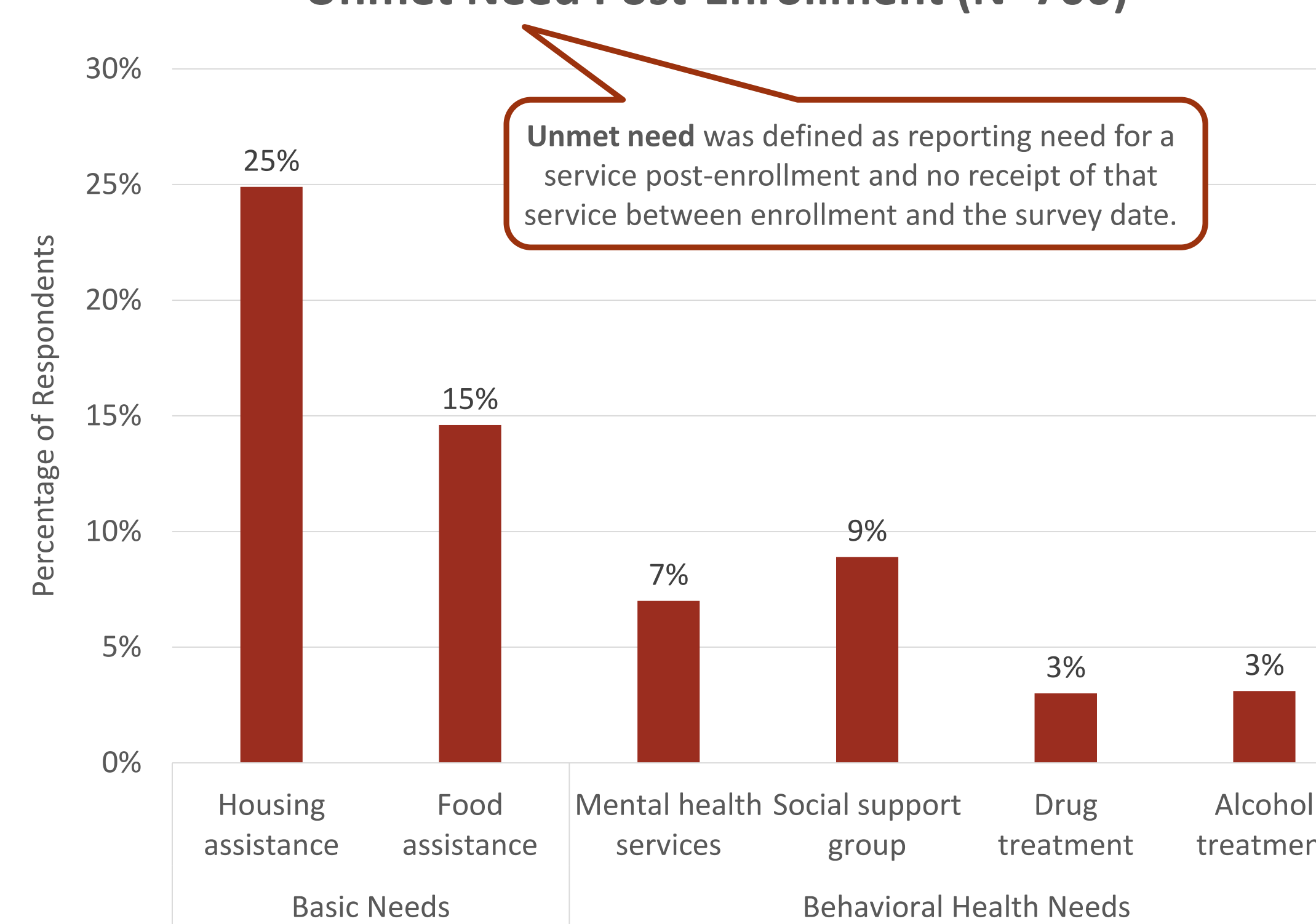
Methods

- Between January 2015 and May 2017, HIV-positive clients enrolled for at least 4 months in a Ryan White medical case management program at 11 NYC provider agencies were sampled based on Part A provider-reported programmatic data, and recruited to participate in a **web-based survey**.

- Clients were asked to report which, if any, support **services they had received pre- and post-enrollment**; if clients had not received a particular service post-enrollment, they were asked to indicate whether they had needed that service.

- Services were divided into assistance with **basic needs** (food and housing) and assistance with **behavioral health needs** (mental health, drug treatment, alcohol treatment, and social support).

- Survey data were matched to Part A provider-entered service data and to demographic and clinical data from NYC's HIV Surveillance Registry.

- **McNemar's test** was used to assess pre-post enrollment change in service receipt. **Multivariable logistic regression** was used to identify factors associated with having at least one unmet basic or behavioral health need.

Services Received Pre- and Post-Enrollment (N=700)

Unmet Need Post-Enrollment (N=700)

Unmet need was defined as reporting need for a service post-enrollment and no receipt of that service between enrollment and the survey date.

Note: Receiving services pre- and post-enrollment were not mutually exclusive.

*Statistically significant; p<0.05

N=700	Basic Needs			Behavioral Health Needs		
	All Needs Met/No needs	≥1 Unmet Basic Need	aOR (95% CI)	All Needs Met/No needs	≥1 Unmet Behavioral Health Need	aOR (95% CI)
All	479 (68.4%)	221 (31.6%)		583 (83.3%)	117 (16.7%)	
Age at Survey						
<35	86 (61.0%)	55 (39.0%)	1.98** (1.19 -3.31)	105 (74.5%)	36 (25.5%)	1.85* (1.03 - 3.36)
35-54	221 (65.0%)	119 (35.0%)	2.00** (1.34 - 3.01)	288 (84.7%)	52 (15.3%)	1.09 (0.66 - 1.81)
>=55	172 (78.5%)	47 (21.5%)	Ref	190 (86.8%)	29 (13.2%)	Ref
Country of Birth						
US/US Dependency	325 (73.4%)	118 (26.6%)	Ref	366 (82.6%)	77 (17.4%)	Ref
Outside of the US	154 (59.9%)	103 (40.1%)	1.79** (1.22 - 2.62)	217 (84.4%)	40 (15.6%)	0.73 (0.44 - 1.17)

*p<0.05; **p<0.01

Note: In addition to the variables shown, the models adjusted for gender, race/ethnicity, time between enrollment and survey date, time between HIV diagnosis and enrollment, and viral suppression status at enrollment.

Findings

- Among 700 medical case management clients surveyed, **self-reported service receipt increased significantly pre- to post-enrollment for mental health, food, and social support**, but not for housing, drug treatment, or alcohol treatment.

- Food assistance (60%) and mental health services (55%) were the most common support services received post-enrollment, while **housing assistance was the service area with the most unmet need (25%)**.

- 32% of clients reported ≥1 unmet basic need since enrollment, while 17% reported ≥1 unmet behavioral health need.

- **Clients younger than 55** had higher odds of reporting ≥1 unmet basic need (<35: aOR, 1.98 [95% CI, 1.19 – 3.30]; 35-54: aOR, 2.00 [95% CI, 1.34 – 3.01]), as did **clients born outside of the US** (aOR, 1.79 [95% CI, 1.22 – 2.64]).

- **Those younger than 35** (versus 55+) had greater odds of reporting ≥1 unmet behavioral health need (aOR, 1.86 [95% CI, 1.03 – 3.36]).

Conclusions

- Enrollment in a Ryan White medical case management program was associated with increased receipt of some support services, with **particular increases in receipt of mental health and social support services**.

- More clients reported unmet basic needs than unmet behavioral health needs.

- **Younger age** was associated both with report of at least one unmet basic need and at least one unmet behavioral health need.

Implications for Practice

- Our findings lend support to the role of medical case management as an effective means of connecting HIV-positive individuals to a range of support services.

- More frequent reporting of unmet basic needs may speak to limited affordable housing and broadly available mental health services for New Yorkers living with HIV, or perhaps reflect greater openness regarding material versus behavioral health needs.

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