

NAVIGATION-ENHANCED CASE MANAGEMENT (NAV)

Good Evidence – Risk Reduction

Evidence-Based for Linkage to HIV Care

Evidence-Based for Retention in HIV Care

INTERVENTION DESCRIPTION

Goals of Intervention

- Reduce high-risk sex (i.e., condomless sex)
- Reduce high-risk drug use (i.e., illicit substances used on a weekly basis)
- Improve HIV viral suppression
- Improve linkage to HIV care
- Improve retention in HIV care

Target Population

- Adults living with HIV, leaving jail, and who have previously used or are currently using substances

Brief Description

Navigation-Enhanced Case Management (NAV) is an individual-level intervention that includes specialized risk reduction discharge planning and patient navigation upon release from incarceration. NAV uses [Project START](#), an evidence-based intervention recommended for replication by the Centers for Disease Control and Prevention (CDC), as its HIV risk-reduction framework. Before a client is released, a case manager provides discharge planning and patient education and serves as a liaison to the courts. Using a harm reduction approach, the case manager provides prevention case management and uses motivational interviewing techniques to encourage reducing sex and drug risk. After release, patient navigators enhance case management services by facilitating reentry into care in the community and providing referrals or assistance with food, housing, transportation, employment, substance dependence, mental health treatment, and legal issues. They also counsel clients on how to avoid re-incarceration. Navigators work in tandem with professional case managers to monitor adherence to care while also providing coaching and mentoring across all aspects of a client's life.

Theoretical Basis

- Strengths-based social work and harm-reduction principles
- Prevention case management and motivational interviewing techniques

Intervention Duration

- 12 months

Intervention Setting

- Jail
- Community-based organization

Deliverer

- Patient Navigator with similar characteristics to clients (i.e., HIV-infected, incarceration and substance use history)
- Case Manager

Delivery Methods

- Accompanying to appointments
- Coaching/mentoring
- Counseling
- Education
- Risk-reduction plan

Structural Components

There are no reported structural components reported for this study.

INTERVENTION PACKAGE INFORMATION

An intervention package is available upon request. Please contact Janet Myers, University of California, San Francisco, 550 16th Street, 3rd Floor, San Francisco, CA 94143.

Email: janet.myers@ucsf.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in San Francisco, California from 2010 through 2013.

Key Intervention Effects

- Reduced condomless sex
- Improved linkage to HIV care
- Improved retention in HIV care

Study Sample

The analytic study sample of 270 participants is characterized by the following:

- 44% non-Hispanic black; 29% non-Hispanic white; 15% Hispanic/Latino; 12% other
- 82% male; 12% female; 6% transgender women; < 1% transgender men
- 49% heterosexual; 25% gay or lesbian; 25% bisexual; 1% other
- Mean age of 43 years

Recruitment Settings

Jails

Eligibility Criteria

HIV-infected adults incarcerated in a county jail who were not held in a high level of security were eligible if they reported previous or current drug use, were detained for at least 48 hours, and were English speaking. Those likely to be released to the community during the recruitment phase of the study were recruited.

Assignment Method

Participants were randomized to 1 of 2 study arms: NAV (n = 142) or treatment as usual (n = 134). Five participants from the NAV arm and one participant from the treatment as usual arm did not receive their allocated intervention.

Comparison Group

The treatment-as-usual study arm included discharge planning and up to 90 days of as-needed case management based on standards developed and implemented by the San Francisco Department of Public Health. Plans included goal-setting and referrals to and appointments with medical health, psychiatric health, criminal justice requirements, drug and alcohol addiction care, and life care (e.g., housing, benefits, job training, or employment), as needed. While incarcerated, all clients with HIV received one-on-one counseling and regular visits from a registered nurse or case manager. Individuals with substance dependence received ongoing psychiatric evaluations and therapeutic interventions to address their substance dependence and help cope with this issue upon release. All clients received a 7-day supply of HIV medications at release and, depending on insurance, a prescription for a 1-month supply of medications.

Relevant Outcomes Measured

- Sex behaviors (measured as condomless sex during the past 30 days) were assessed at 2-month, 6-month, and 12-month post initiation follow ups.

Participant Retention

- Navigation-Enhanced Case Management:
 - 77% retained at 2 months
 - 78% retained at 6 months
 - 85% retained at 12 months
- Standard Case Management:
 - 79% retained at 2 months
 - 69% retained at 6 months
 - 75% retained at 12 months

Significant Findings

- A significantly smaller percentage of intervention participants reported condomless sex during the past 30 days than comparison participants at 12 months post-initiation of the intervention (9/120 [7.5%] vs. 18/101 [17.8%], $p = 0.019$).

Considerations

Additional significant positive findings on non-relevant outcomes

- Intervention participants were significantly more likely to have linked to care within 30 days of release than comparison participants (44% vs. 28%, $p < 0.01$; adjusted odds ratio [OR] = 2.15; 95% confidence interval [CI] = 1.23, 3.75).
- Intervention participants were significantly more likely to have consistent retention in care over 12 months than comparison participants (39% vs. 28%, $p < 0.05$; adjusted odds ratio [OR] = 1.95; 95% confidence interval [CI] = 1.11, 3.46).

Non-significant findings on relevant outcomes

- None Reported

Negative findings

- None Reported

Other related findings

- This study did not meet the best-evidence criteria due to < 70% retention rate per arm at each included assessment and because those with < 50% intervention exposure were excluded.
- This intervention is also determined to be evidence-based for the Linkage to, Retention, and Re-Engagement in HIV Care Chapter.

Implementation-related findings

- None Reported

Adverse events

- None Reported

Funding

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REFERENCES AND CONTACT INFORMATION

Myers, J. J., Dufour, M. K., Koester, K. A., Morewitz, M., Packard, R., Klein, K. M. . . . and Tulsky, J. (2018). [The effect of patient navigation on the likelihood of engagement in clinical care for HIV-infected individuals leaving jail](#). *American Journal of Public Health*, 108, 385-392.

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