

PROJECT START



Intervention Fact Sheet*



Priority Population:

People with HIV currently incarcerated and leaving jail



Intervention Type:

Service Delivery



Setting:

Jail



Results:

2x as likely to be linked to care within 30 days of release
2x as likely to be retained in care across the year of the project

INTERVENTION DESCRIPTION

Manuscript Title: The Effect of Patient Navigation on the Likelihood of Engagement in Clinical Care for Individuals [with HIV] Leaving Jail

Focus: Linkage, Re-engagement and Retention

Category: Continuity of care, post-incarceration linkage, and peer navigation

Location(s): San Francisco, CA

Population(s) Focus: Incarcerated people with HIV

Intervention Setting: Jail

Intervention Site(s): San Francisco County Jail

Staff Delivering the Intervention: Peer navigator

Intervention Duration: 12 months

Study Time Period: 2010–2013

Brief Description of Intervention: Patient navigators used Project START’s principles to facilitate re-entry into care in the community and linkage to housing,

employment, substance use disorder and mental health treatment, and legal services. Patient navigators also linked clients to resources to obtain social benefits such as ADAP and social security insurance, and counseled clients about how to prevent re-incarceration. Patient navigators were selected and hired because they shared characteristics with clients served such as HIV status and backgrounds, including past incarceration and substance use. In addition, all navigators demonstrated consistent engagement with social and medical services and organizational and communications skills. Navigators worked in tandem with a professional case manager to monitor adherence to care while also providing coaching and mentoring support across all aspects of the client’s life. Before release, the case manager (who has security clearance) provided discharge planning and patient education and served as a liaison to the courts. After release, patient navigators enhanced case management services by securing transportation and accompanying clients to medical and social service appointments; providing coaching and social support; and helping clients secure food and housing services.

*The manuscript for this intervention can be accessed at ncbi.nlm.nih.gov/pmc/articles/PMC5803814/.

EVALUATION STUDY AND RESULTS

Research Design: Randomized controlled trial

Eligibility Criteria: Eligible participants were adults with HIV incarcerated in the San Francisco County Jail not held in a high level of security during the time of initial recruitment. All participants were arrested in San Francisco and admitted to the San Francisco County Jail (they were not transfers), spoke English, reported previous or current drug use, and were detained for at least 48 hours. The study recruited participants likely to be released to the community during the recruitment phase of the study. Those enrolled were able to provide informed, written consent for participation.

Relevant Outcomes:

- Linkage to care was defined as having at least 1 documented non-urgent visit to a community medical provider within 30 days of their release from jail.
- Retention in care during the follow-up year was defined as having a non-urgent medical care visit between each of the follow-up visits (2, 6, and 12 months).

Significant Positive Findings on Relevant Outcomes:

- Intervention participants were significantly more likely to have a non-urgent medical visit for HIV-related care within 30 days of release (44% vs 28% in the control group; $p < .01$). Intervention participants were also more likely to be consistently engaged in HIV care (attended medical visits in each of the 3 assessment periods throughout the follow-up year) relative to the control group (39% vs 28%; $p < .05$).
- Intervention participants were nearly twice as likely to be linked to care within 30 days of release compared with those in the control group (OR = 2.01; 95% CI 1.21, 3.35). They were also almost twice

as likely to be retained in care across the year of the project (OR = 1.71; 95% CI 1.02, 2.87).

- In the expanded model predicting linkage, those in the intervention arm remained about twice as likely to be linked to care (OR = 2.15; 95% CI 1.24, 3.74) after controlling for demographics and treatment in jail. Results were similar in expanded models predicting engagement in care. Individuals in the intervention arm were almost twice as likely to be retained in care across the year of the project (OR = 1.95; 95% CI 1.11, 3.46).
- Individuals who received treatment of substance use disorders were 4 times as likely to be linked to care upon release (OR = 4.06; 95% CI 1.93, 8.53). Receipt of substance use treatment in jail was associated with an approximate 2.5-fold increase in the likelihood of engagement in care across the year (OR = 2.52; 95% CI 1.21, 5.23). Latinx clients were less likely to be engaged upon release (OR = 0.35; 95% CI 0.14, 0.91) and across the year (OR = 0.28; 95% CI 0.09, 0.82).

Findings of Relevant Outcomes Not Statistically Significant:

- All other predictors of linkage and retention analyzed for the study (age, gender, non-Latino race/ethnicity, highest level of education, relationship status, and receipt of mental health treatment while incarcerated) did not have significant effect (all CIs include null value).

REFERENCE

Myers JJ, Kang Dufour MS, Koester KA, Morewitz M, Packard R, Monico Klein K, Estes M, Williams B, Riker A, Tulsy J. The Effect of Patient Navigation on the Likelihood of Engagement in Clinical Care for HIV-Infected Individuals Leaving Jail. *American Journal of Public Health*. 2018;108(3):385–392. doi: [10.2105/AJPH.2017.304250](https://doi.org/10.2105/AJPH.2017.304250).