

# NAVIGATION-ENHANCED CASE MANAGEMENT (NAV)

Evidence-Based for Linkage to HIV Care  
 Evidence-Based for Retention in HIV Care  
 Good Evidence for Risk Reduction

## INTERVENTION DESCRIPTION

### Goal of Intervention

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

### 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 Settings

- Jail
- Community-based organization

### Deliverer

- Patient Navigator with similar characteristics to clients (i.e., HIV-infected, incarceration, and/or 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 16<sup>th</sup> Street, 3<sup>rd</sup> Floor, San Francisco, CA 94143.

**Email:** [janet.myers@ucsf.edu](mailto:janet.myers@ucsf.edu) for details on intervention materials.

## EVALUATION STUDY AND RESULTS

### Study Location Information

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

### Key Intervention Effects

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

### 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.

### Study Sample

The assigned 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*

**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**

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**

- Linkage to HIV care was defined as at least one documented, non-urgent visit to a community medical provider within 30 days of release from jail.
- Retention in HIV care was defined as having a non-urgent medical care visit between each of the study follow-up visits (2, 6, and 12 months).
- Viral Suppression was evaluated in two ways:
  - a measured viral load below 50 copies per milliliter at the end of the follow-up year (between 9 and 18 months after release), using the final measure if more than one was available during that window
  - sustained viral suppression (i.e., at least 2 viral load measures during the follow-up year, with all viral loads measuring less than 200 copies per milliliter)

**Participant Retention**

Because participant retention is not a criterion for the Linkage to, Retention in and Re-engagement in HIV Care (LRC) chapter, the Prevention Research Synthesis project does not evaluate that information.

**Significant Findings on 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).

**Strengths**

- None identified

**Considerations**

*Additional significant positive findings on non-relevant outcomes*

- 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%],  $p = 0.019$ ).

*Non-significant findings on relevant outcomes*

- There were no significant differences between groups in achieving undetectable viral load less than 50 copies per milliliter at study end or sustained viral suppression of less than 200 copies per milliliter during the follow-up period.

*Negative findings*

- None Reported

*Other related findings*

- This intervention is also determined to be good evidence for the Risk Reduction Chapter.

*Implementation-related findings*

- None Reported

*Adverse events*

- None Reported

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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 Tulskey, 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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