

C. H. A. I. N. M E M O R A N D U M



TO: Social Services Work Group
FROM: David Abramson, CHAIN
RE: Case management & permanency planning
DATE: March 23, 2004

As you requested through the Office of AIDS Policy Coordination, I am providing data from the CHAIN study related to both permanency planning and case management.

Permanency Planning

Among the 622 respondents in the new CHAIN cohort (recruited between 2002-2004), 100 (16%) have children less than 18 years old living with them in their household. Among those 100 respondents, 28 have children under the age of 6 years old. We have no data on what proportion have wills or have made custodial arrangements for their children.

We ask all respondents if they have needed help or assistance with legal services in the prior 6 months from the date they were interviewed. Among the 622 respondents, 62 (10%) said they needed legal help. Among those 62 individuals, 11 said they needed help specifically concerning child custody or permanency planning. Taken as a proportion of the whole cohort, 11 of 622 represents 2%. Taken as a percentage of those seeking legal services, the 11 of 62 represents 18%.

Case Management

I have abstracted data from the Service Gaps summary findings presented earlier this month to the Planning & Evaluation committee, focusing specifically on items related to case management. Table 1 presents the way we have measured needs and service gaps for 12 sentinel services. Table 2 presents the actual findings from the 622 respondents in the new cohort. Table 3 presents sub-group differences among those individuals with or without a service gap.

Table 1. Measuring Needs & Service Gaps – Definitions

Service	NEED	SERVICE GAP
HEALTH		
Comprehensive medical care	Positive HIV serostatus	Primary HIV medical provider does not provide ALL of the following: (1) Routine check-ups, well visits, vaccinations, (2) Source of health advice, (3) 24-hour access for medical emergencies
Patient/Provider communication	Positive HIV serostatus	Patient doesn't know t-cell or viral load, OR says current doctor "could do a better job explaining my treatment options to me"
Treatment adherence	On antiretroviral medications	Among non-adherent, not receiving treatment adherence services
Antiretroviral therapy	T-cell less than 200	Not on antiretroviral combination therapy
CASE MANAGEMENT		
CM: Comprehensive care model	(1) Current drug user OR (2) very low mental health score OR (3) recent episode of unstable housing OR (4) experienced a barrier to medical or social service because didn't know where to go, couldn't get child care, couldn't get transportation, or couldn't afford care or (5) says there's not enough money in the household for rent, utilities, food, or clothing	Among those with a need, no CM developed a care plan, assisted in getting or referring client to social services, or helped fill out forms for benefits or entitlements in past 6 months
CM: Counseling model	(1) Scored very low on mental health score OR (2) current drug user OR (3) practiced unsafe sex in past 6 months	Among those with a need, no CM counseled client regarding personal life, drug or alcohol problems, practicing safer sex, or periodically checked up on client in past 6 months
HOUSING		
Financial Housing Services	(1) Fairly often or very often not enough \$\$\$ for rent, OR (2) reported that s/he needed help with eviction, paying rent, or maintaining rental subsidy	No housing service received, OR client not living in specialized AIDS housing
Permanent Housing Services	(1) At least one episode of unstable housing or doubled-up in past 6 months, OR (2) reported that s/he needed help related to homelessness, critical need to move, physical access issues, poor housing quality, or dangerous neighborhood	No housing service received, OR client not living in specialized AIDS housing

Service	NEED	SERVICE GAP
MENTAL HEALTH		
Professional Mental Health	Scored very low on a mental health score (Mental component summary (MCS) ≤ 37.0)	Respondent did not report receipt of professional MH service (psychiatrist, psychologist, therapist, therapeutic social worker) in prior 6 months
Supportive Mental Health	Scored above 37.0 on mental health score AND (1) reported a need for help with emotional or psychological problems OR (2) felt counseling regarding sexuality and sexual issues was considerably or extremely important OR (3) strongly disagreed that “most of the time I am in firm control of my feelings and behavior”	Respondent did not report receipt of supportive MH service (support groups, clergy, case managers, peer workers) in prior 6 months
ALCOHOL OR DRUGS		
AOD	(1) Current drug or heavy alcohol user OR (2) client said that treatment or further treatment is “considerably” or “extremely” important	No reported therapeutic or self-help AOD treatment in prior 6 months
TRANSPORTATION		
Transportation Services	(1) Delayed or didn’t get med or soc svce because couldn’t get transportation, OR (2) reported that s/he needed help or assistance with transportation in prior 6 months	No reported transportation service in prior 6 months

Table 2. Measuring Needs & Service Gaps – Findings (case management only!!!)

Service	NEED		SERVICE GAP	
	Number with Need	Proportion of Full Cohort (n=622) with Need	Among those with Need, the Number with a Service Gap	Proportion of those with Need Experiencing Service Gap
CASE MANAGEMENT				
CM: Comprehensive care model	466	75%	186	40%
CM: Counseling model	348	56%	134	39%

Table 3. Sub-group differences in Case Management Service Gaps

(Denominator of those with Comp Care CM Need / Counseling CM Need)	Comprehensive Care CM		Counseling CM	
	Among those with Need, the Propostion WITH a Service Gap	Among those with Need, the Propostion WITHOUT a Service Gap	Among those with Need, the Propostion WITH a Service Gap	Among those with Need, the Propostion WITHOUT a Service Gap
Gender				
<i>Women (n=186/132)</i>	46%	54%	42%	58%
<i>Men (n=275/213)</i>	36%*	64%	37%	63%
Race/Ethnicity				
<i>White (n=31/24)</i>	42%	58%	42%	58%
<i>Black (n=244/181)</i>	42%	58%	39%	61%
<i>Latino (n=184/138)</i>	38%	62%	39%	62%
Age				
<i>20-34 year olds (n=47/32)</i>	36%	64%	31%	69%
<i>35-49 year olds (n=291/229)</i>	40%	60%	39%	61%
<i>50+ year olds (n=128/87)</i>	41%	59%	39%	61%
Borough				
<i>Bronx (n=116/90)</i>	49%	51%	40%	60%
<i>Brooklyn (n=129/104)</i>	40%	60%	40%	60%
<i>Manhattan (n=99/61)</i>	36%	64%	39%	61%
<i>Queens (n=64/53)</i>	31%	69%	36%	64%
<i>Staten Island (n=22/16)</i>	32%	68%	19%	81%
HIV Risk				
<i>MSM (n=80/64)</i>	30%	70%	39%	61%
<i>Prob Drug Use (n=194/145)</i>	42%	58%	42%	58%
<i>MSM + PDU (n=38/35)</i>	42%	58%	29%	71%
<i>Heterosexual (n=154/104)</i>	42%	58%	37%	63%
<i>Men of Color Sex w/Men (n=48/37)</i>	35%	65%	32%	68%

Note: To illustrate, among 186 women with a need for comprehensive care CM, 46% reported a service gap. Among 132 women with a need for counseling CM, 42% reported a service gap. The only statistically significant difference occurs between men and women for Comp Care CM service gaps.

Table 4. Co-Occurring Service Gaps

Service	Comprehensive Care CM	
	Among those WITH a Comprehensive Care CM Service Gap, proportion who also have a ...	Among those WITHOUT a Comprehensive Care CM Service Gap, proportion who also have a ...
<i>Comprehensive medical care gap</i>	31%*	22%
<i>Patient/provider communication gap</i>	39%	41%
<i>Antiretroviral treatment gap</i>	32%	22%
<i>Treatment adherence gap</i>	26%	20%
<i>Professional mental health service gap</i>	65%	62%
<i>Supportive mental health service gap</i>	60%*	25%
<i>Financial housing service gap</i>	45%*	28%
<i>Permanent housing service gap</i>	42%*	22%
<i>AOD treatment gap</i>	72%	64%
<i>Transportation gap</i>	93%*	50%

Note: To illustrate, among CHAIN respondents who report a comprehensive care CM service gap, 31% also report a comprehensive medical care gap. This proportion is statistically significantly greater than among the respondents who did not report a comprehensive care CM service gap.

Key Findings

- There is considerable need for both comprehensive care case management and counseling case management, as would be expected. There are also substantial service gaps in both service areas. People may have a case manager, but according to this CHAIN data the service gaps illustrate that they are not reporting that their case managers provide the specific functions associated with the comprehensive care or counseling models.
- The only notable subgroup difference was evident among women, who were more likely to report a comprehensive care CM service gap than were men.
- There were a number of co-occurring service gaps with a comprehensive care CM service gap – comprehensive medical care, supportive mental health, financial and permanent housing, and transportation. One could surmise that having a case manager who performs this comprehensive care function might reduce some of the co-occurring service gaps.