

Establishing an Innovative Model to Evaluate Psychosocial Support Services in Metropolitan Atlanta

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Introduction

Psychosocial support services was funded by Ryan White Part A to improve access and retention in care for underserved populations in Metropolitan Atlanta. The purpose of this analysis was to compare the roles and responsibilities of psychosocial support staff (patient navigator, peer counselor, intake specialist, etc.) and to identify opportunities for improvement.

The service delivery was assessed as part of an effort to develop standard implementation of services across agencies; ultimately, improving the health of underserved populations in Atlanta.



Methods and Activities

An in-depth survey and three focus groups were conducted among psychosocial support staff in October/December 2019. The mixed method evaluation quantified the scope of service, and embedded the attributes of qualitative analysis.

Survey (Quantitative)

- 19 questions;
- Determine the utilization of psychosocial support services;
- Evaluate the impact of various staff roles within psychosocial category;
- Develop recommendations to standardize implementation.

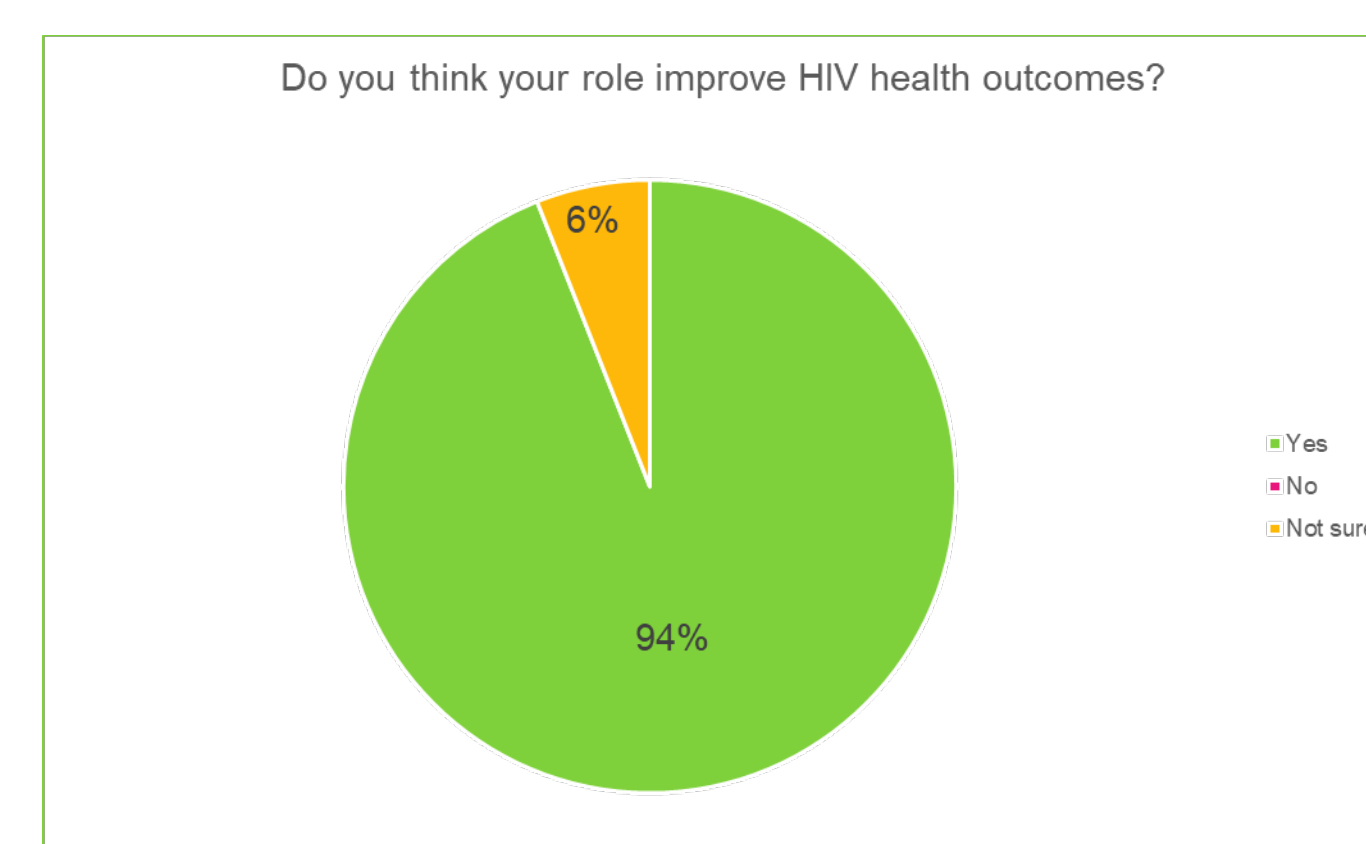
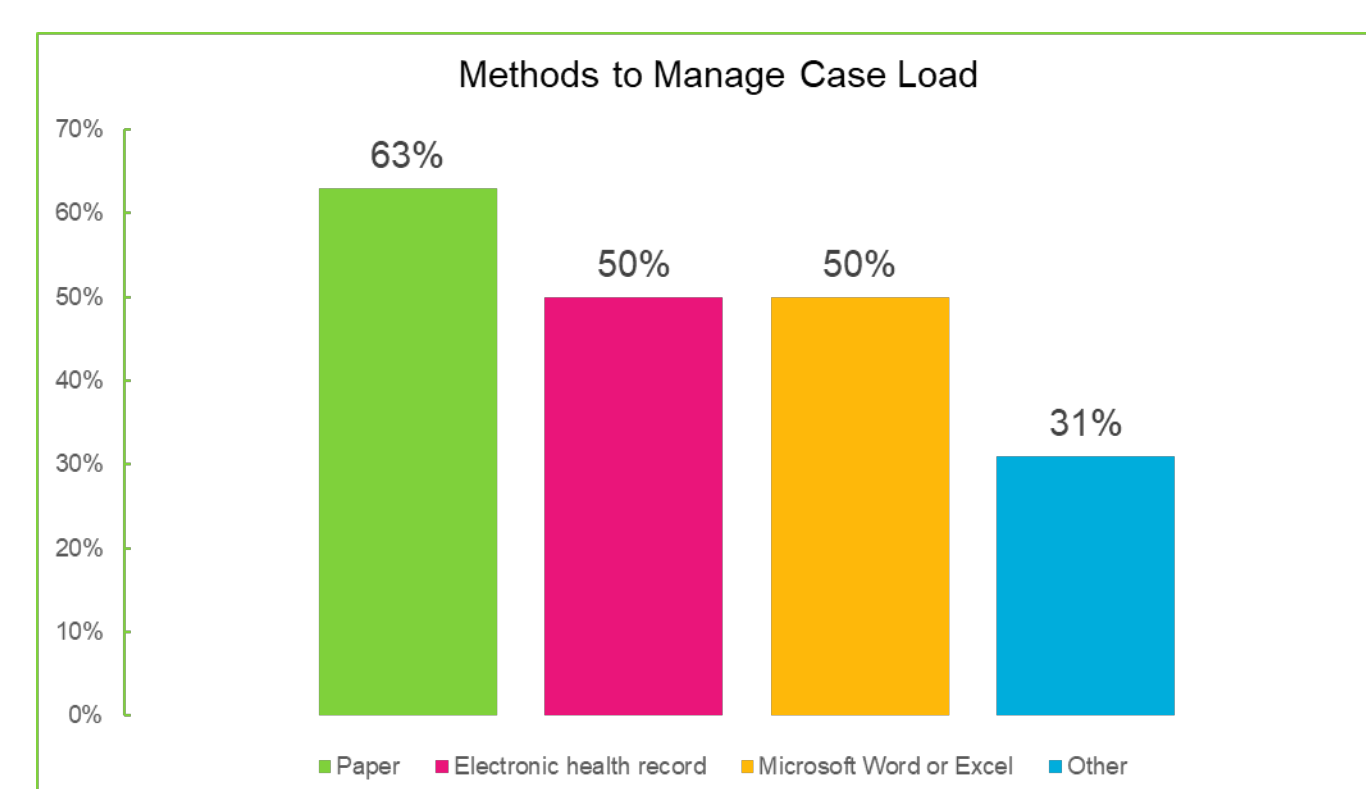
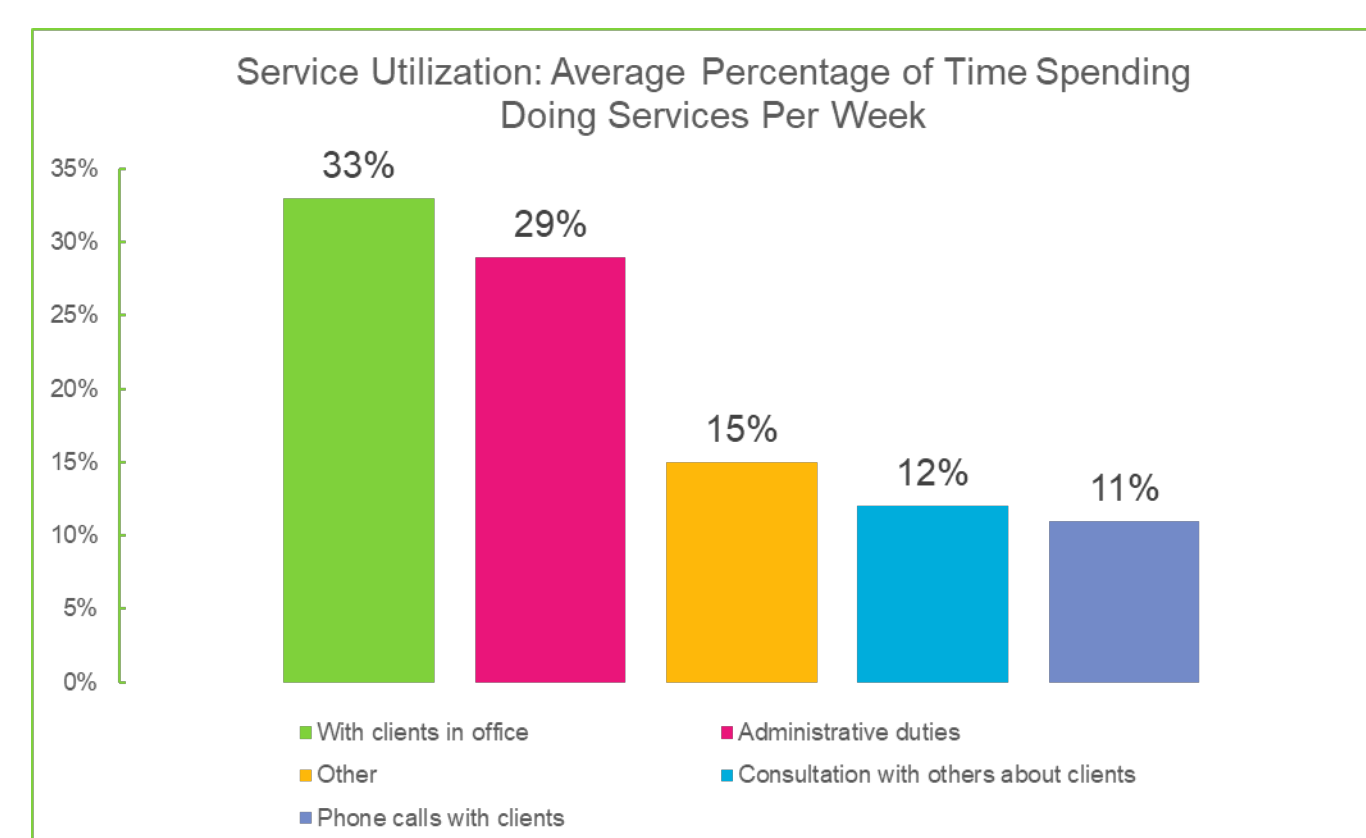
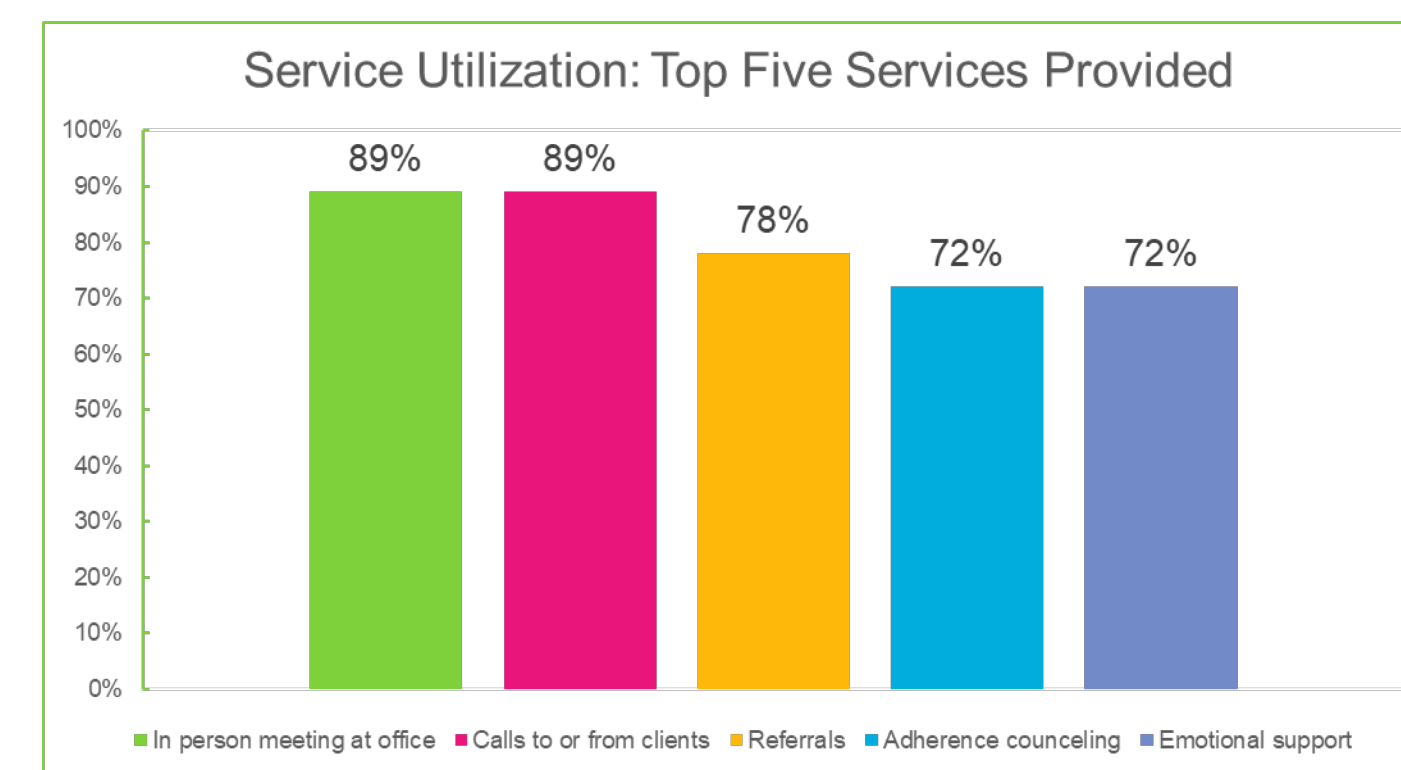
Focus Group (Qualitative)

- 13 questions;
- An in-depth look at staff roles, attitudes, behaviors and perceived impact.
- Understand the successes and challenges of psychosocial support services.

Survey Results

A total of 18 staff from 10 service providers responded to the survey. Currently, the average case load for Psychosocial Support Staff is 71 clients per staff. An average of 39 minutes are spent with each client per visit with 66% of respondents noting they had enough time to serve all clients effectively.

Information on service utilization, clients tracking methods, and impact of staff roles are shown in tables below:



Focus Group Results

Roles and tasks

- Being the first point of contact for clients upon entering their agency.
- Helped clients navigate the agencies' processes and larger health system.

A myriad of tasks		
Assisting with client enrollment	Obtaining eligibility documentation	Scheduling appointments
Leading support groups	Advocacy/coaching	Helping with obtaining medication
Identifying barriers to care	Referrals for services	Patient education

Voice from staff

The patient navigator group specifically called for standard definition and responsibilities of their role, as well as uniform metrics by which their performance can be measured. Quotes from participants about their role are below:

"It varies by location, some locations have a peer counselor, patient navigator, intake specialist and some locations only have a patient navigator or intake specialist. It also depends on what services the agency offers."

"A lot of the agencies don't really know what a navigator does. Many have an idea but if they have not received the training they do not know."

"Should not limit hours. Already not enough time to get stuff done. If your hours are limited how can you even imagine getting anything done?"

How should we define success?

Participants addressed the importance of "meeting clients where they are" and setting up achievable goals for clients. We questioned if there were any previous life experiences or training that prepared them for this role. Many participants did feel that being HIV positive was beneficial in being able to develop a connection with clients but it was not the most important factor to consider when hiring for the position. Instead, characteristics such as empathy, passion to do the work, and compassion for the population was echoed as being of utmost importance. The willingness of staff to go above and beyond for clients to help them overcome challenges such as documentation, housing, and transportation keeps the client in care.

Lessons Learned

Psychosocial Support Services should be patient-centered and help HIV clients find their way through the healthcare system. Available evidence suggests overall it is an effective component to enhance engagement in HIV care, thus developing an evaluation model is a crucial step to maximize program efficacy.

Characteristics

Various roles (patient navigator, peer educator, intake specialist) within psychosocial support category had overlapping responsibilities due to funding restrictions and the size of service providers.

Standard

Standardize specific responsibilities and outcomes for each job position to distinguish various roles. Develop best practices for hiring, training, supervising and supporting staff in program implementation.

Training

Develop appropriate training for providers (breceptients) to ensure adequate agency infrastructure, policies, procedures and planning that will incorporate psychosocial support services into service delivery. Ensure trainings address marginalized populations, HIV basics, client advocacy, and available resources in the community.

Model

This evaluation model provides a unique perspective from front line staff to address the service gap and needs for clients, which can be used as a tool to revise quality standards and guide future resource planning and allocation. It also strengthened the relationship between our Part A Office, Service Providers, and Planning Council.

Challenges/limitations

- A need to fully incorporate psychosocial support services into multidisciplinary health care teams.
- Transportation, housing, mistrust, and administrative barriers were identified as barriers to keep clients in care.
- Common concerns: lack of training, overwork, and policy barriers which prevent staff from servicing clients in need