

Poster # Th 22

Title: *Case Management for Social Needs of Youth and Families to Enhance Primary and Behavioral Health Care*

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Abstract:

Background: Inequities exist in children's health and education, particularly for immigrant populations with social needs and needing language or literacy support. Safety-net clinics such as SBHCs can identify and address unmet social needs that are critical to supporting youth. But clinical providers such as PNP's and social workers (SW) are challenged with finding time to assist with social needs navigation in addition to delivering critical health services to youth with increasingly complex health needs.

Purpose: We piloted a case manager (CM) on the care team in an SBHC to address the social needs of patients/families. We evaluated role feasibility and acceptability, including impact on clinical services and patient/family satisfaction.

Details: We recruited a bilingual, bicultural CM to work in a community-linked SBHC with a high immigrant population. The CM worked closely with the NP and others on the healthcare team and school. Referrals to the CM were made by clinic providers or from the school Coordination of Services Team (COST). The CM identified needs and facilitated family resource navigation either in clinic or by phone. Our mixed-methods evaluation included analyses of EHR data, client surveys, and SBHC staff interviews.

Outcomes: The CM served 133 clients through 593 contacts. Encounters included referrals to external support services (90%) and newcomer immigrant adjustment. All 37 clients surveyed during the evaluation period reported feeling comfortable asking the CM for help and most got the help they needed. Staff interviews revealed many benefits, including increased time for clinical services, and quicker referrals for patients.

Discussion: CMs can play a vital role in integrating social and medical care. Our results demonstrate feasibility and success of this role, with implications for other safety-net clinics. Service reimbursement is increasing nationwide, providing further support. Robust studies are needed to further test the impacts of CM in pediatric primary care.

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Key words: case management, social needs, social determinants of health, health equity