



VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

Implementing Evidence-Informed Interventions with Black MSM to Improve HIV Health Outcomes

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Coordinating Center for
Technical Assistance

Alex Keuroghlian
Massah Massaquoi

AIDS Taskforce of
Greater Cleveland

Deairius Houston

University of Mississippi
Medical Center

Rashad Pollard

The Research Foundation for the State
University of New York -- HEAT Program

Jeffrey Birnbaum
Ramesh Smith

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- Learning Objectives
- E2i Project Overview
- Intervention Summary
- E2i Intervention Sites
- Q/A

At the end of this session, participants will:

1. Understand major barriers to engagement in care and viral suppression for Black Men Who Have Sex with Men (MSM)
2. Understand core elements of Tailored Motivational Interviewing, Project CONNECT, and Treatment Adherence Text Messaging
3. Apply strategies for rapid implementation of culturally tailored and sustainable evidence-informed interventions with Black MSM with HIV



E2i Project Overview

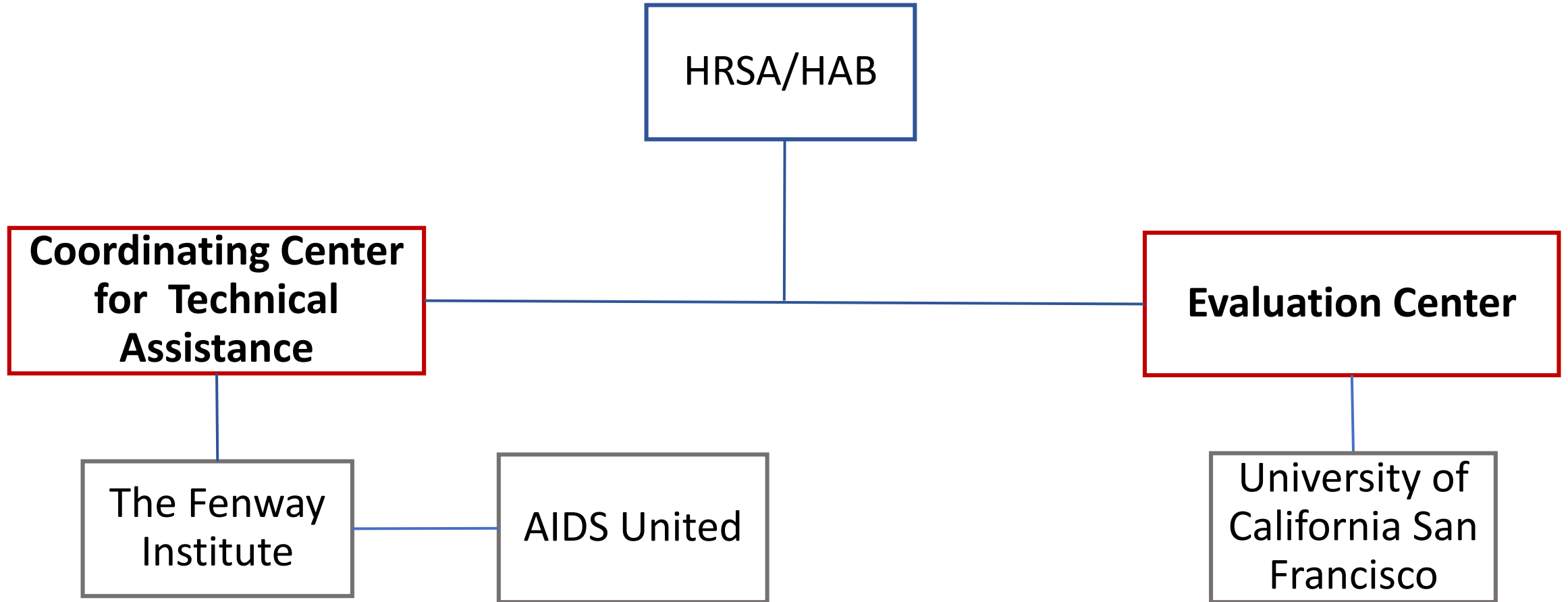
Four-year initiative to facilitate the implementation of evidence-informed interventions to reduce HIV health disparities and improve HIV-related health outcomes in four focus areas:

- Improving HIV health outcomes for transgender women with HIV
- Improving HIV health outcomes for Black men who have sex with men (MSM) with HIV
- Integrating behavioral health with primary medical care for people with HIV
- Identifying and addressing trauma among people with HIV

1. Rapid implementation of effective and culturally tailored evidence-informed interventions that address social determinants of health
2. Widespread dissemination of findings, lessons learned, and implementation toolkits to promote replication of successful evidence-informed interventions across the Ryan White HIV/AIDS Program (RWHAP)

- Provide technical assistance (TA) to 26 RWHAP sites to help facilitate the successful implementation of evidence-informed interventions
- Evaluate the impact of intervention implementation on HIV health outcomes

E2i Program Structure



E2i Intervention Sites



Transgender Women

Healthy Divas

- CAL-PEP (CA)
- Rutgers New Jersey Medical School (NJ)
- Birmingham AIDS Outreach Inc. (AL)

Transgender Women Engagement and Entry to Care Project (T.W.E.E.T.)

- CrescentCare (LA)
- Henry Ford Health System (MI)
- Centro Ararat (PR)

Black MSM

Client-Oriented New Patient Navigation to Encourage Connection and Treatment (CONNECT)

- AIDS Taskforce of Greater Cleveland(OH)

Tailored Motivational Interviewing (Tailored MI)

- HOPE Center (GA)
- Broward House, Inc. (FL)
- University of Mississippi Medical Center (MS)

Text Messaging Intervention to Improve Antiretroviral Adherence Among HIV Positive Youth (TXTXT)

- UNIFIED-HIV Health & Beyond (MI)
- SUNY HEAT Program (NY)

Trauma Informed Care

Trauma-Informed Approach & Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE)

- Alaska Native Tribal Health Consortium (AK)
- Chicago Women's AIDS Project (IL)

Cognitive Processing Therapy

- Western North Carolina Community Health (NC)
- Positive Impact Health Centers (GA)

Seeking Safety

- Multicultural AIDS Coalition (MA)
- The Regents of the Univ. of Calif., U.C. San Diego (CA)

Behavioral Health Integration

Buprenorphine

- Consejo de Salud de Puerto Rico Inc. dba Med Centro (PR)
- Greater Lawrence Family Health Center (MA)

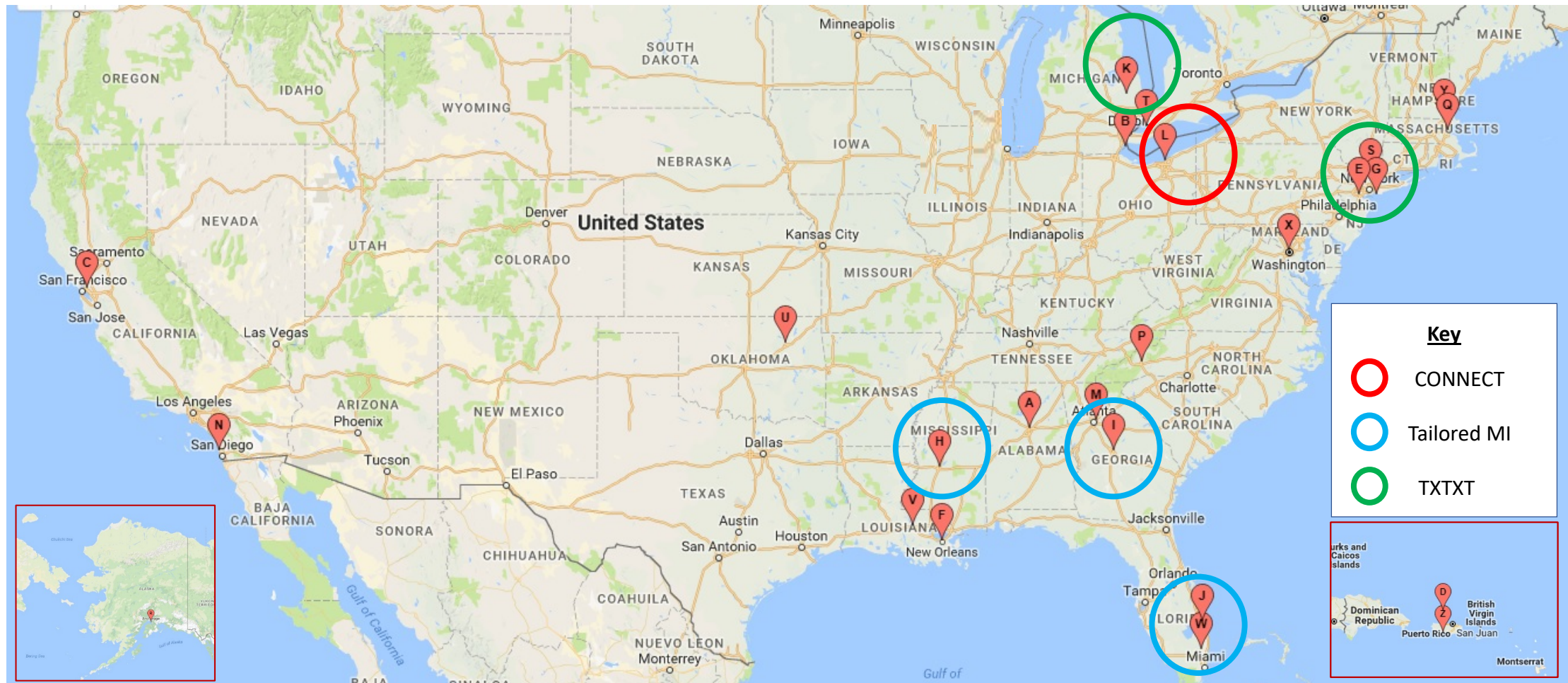
Collaborative Care Management (CoCM)

- La Clinica del Pueblo, Inc (DC)
- Oklahoma State University Center Health Sciences (OK)
- Health Emergency Lifeline Programs (MI)
- Our Lady of the Lake Hospital, Inc. (LA)

Screening, Brief Intervention and Referral to Treatment (S.B.I.R.T.)

- The Poverello Center Inc. (FL)
- North Jersey Community Research Initiative (NJ)

Geographic Distribution of Sites



The Coordinating Center for Technical Assistance (CCTA)



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Alex Keuroghlian, MD, MPH
Principal Investigator/
Project Director



Linda Marc, ScD, MPH
National Implementation Director



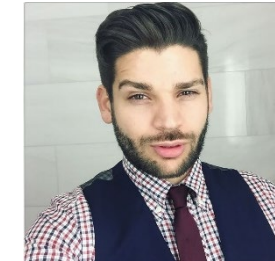
Massah Massaquoi, MPH
National Implementation Manager



Sarah Mitnick, BA
Operations Manager



Sean Cahill, PhD
Director of Curriculum and Policy



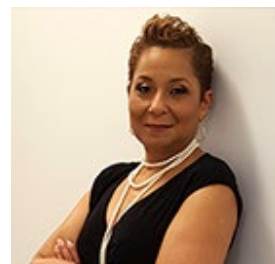
Richard Cancio, MPH
Curriculum Manager



Brian Shapiro
Program Assistant



Jessie Milan Jr., JD,
President & CEO



Valarie Rochester
Vice President for Program Strategy



Erin Nortrup, LCSW
Director of Program Operations



Alicia Downes, LCSW
Sr. Program Manager



Hannah Bryant, MPH
Program Manager



Joseph Stango
Program Manager



Bryan Thompson
Program Associate

The Evaluation Center (EC)



Janet Myers, PhD
Principal
Investigator and
Trauma Liaison



**Greg Rebchook,
PhD**
Co Investigator and
Transwomen



**Carol Dawson
Rose, PhD, RN**
Co Investigator and
Trauma Liaison



**Beth Bourdeau,
PhD**
Project Manager
and BHI Liaison



Kim Koester, PhD
Qualitative
Evaluator and
BMSM Liaison



Mary Guzé, MPH
Data Manager



Starley Shade, PhD
Quantitative
Evaluator

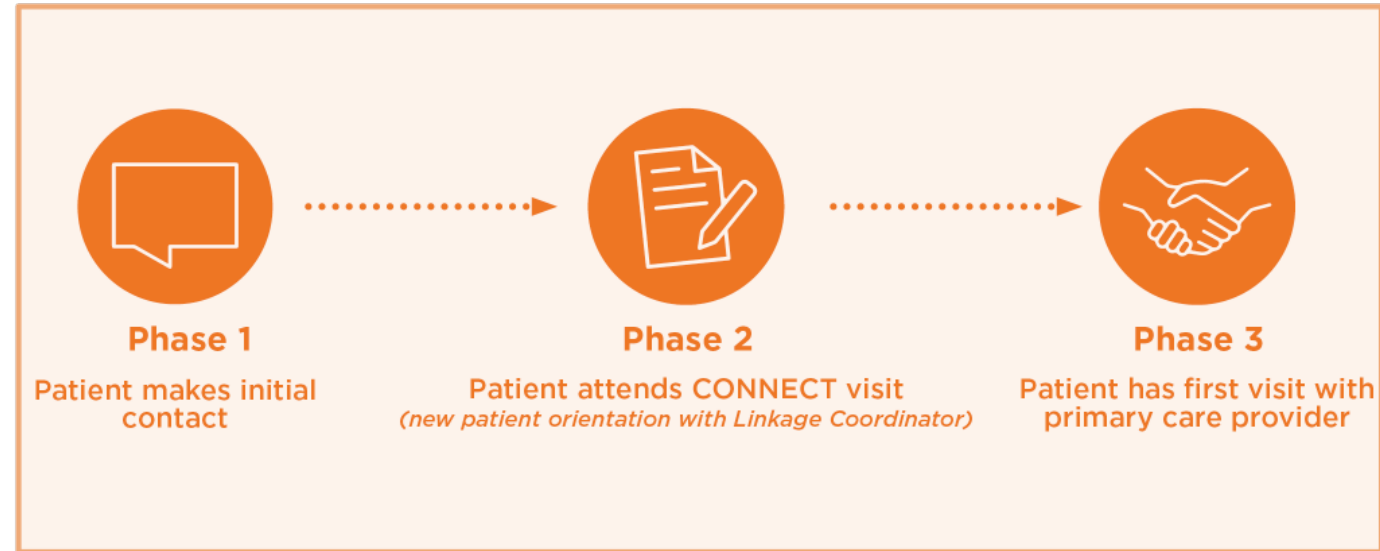


Intervention Summary

Project Client-Oriented New Patient Navigation to Encourage Connection to Treatment (CONNECT)

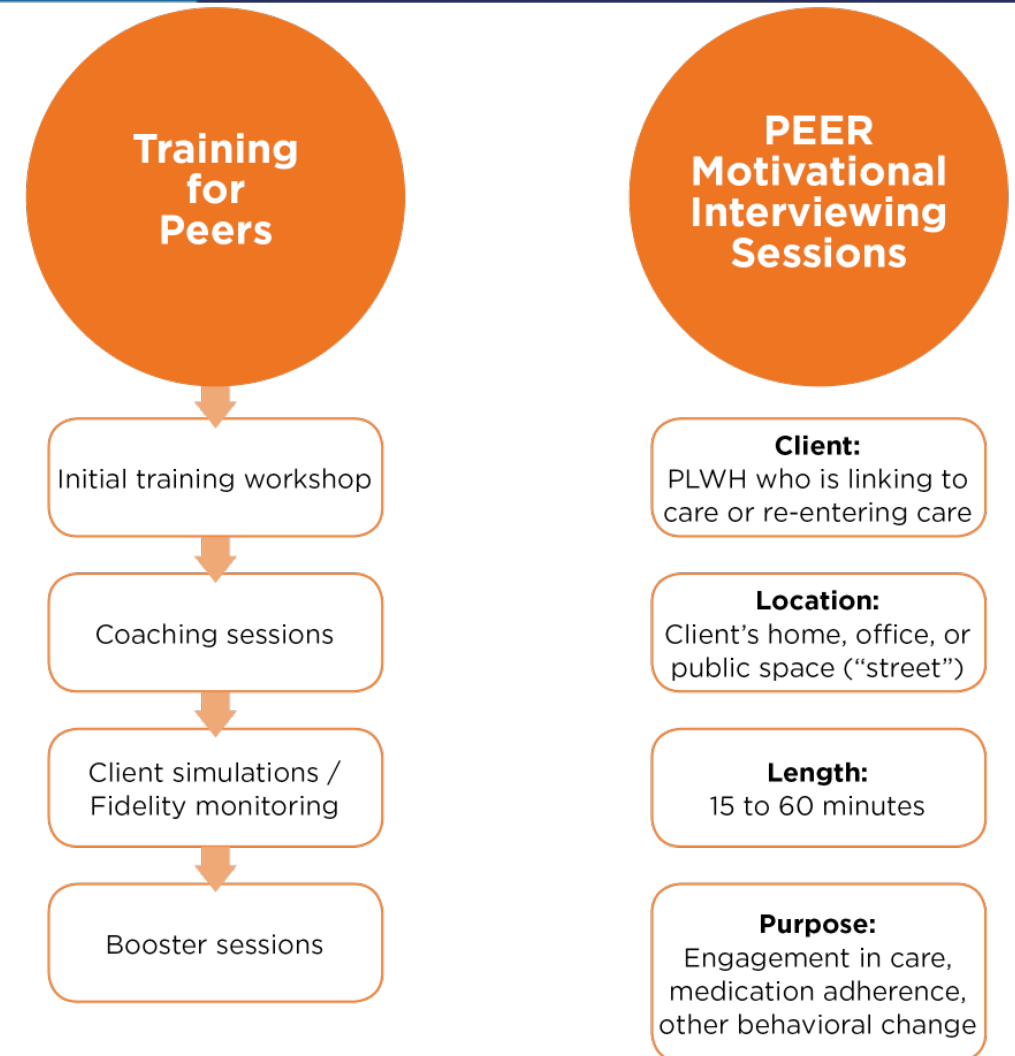
Description & Core Elements:

- Linkage Coordinator
- New patient orientation, navigation
- Build rapport
- Bio-Psychosocial assessment
- Appointments, reminders, referrals
- Reassess bio-psychosocial information



Description & Core Elements:

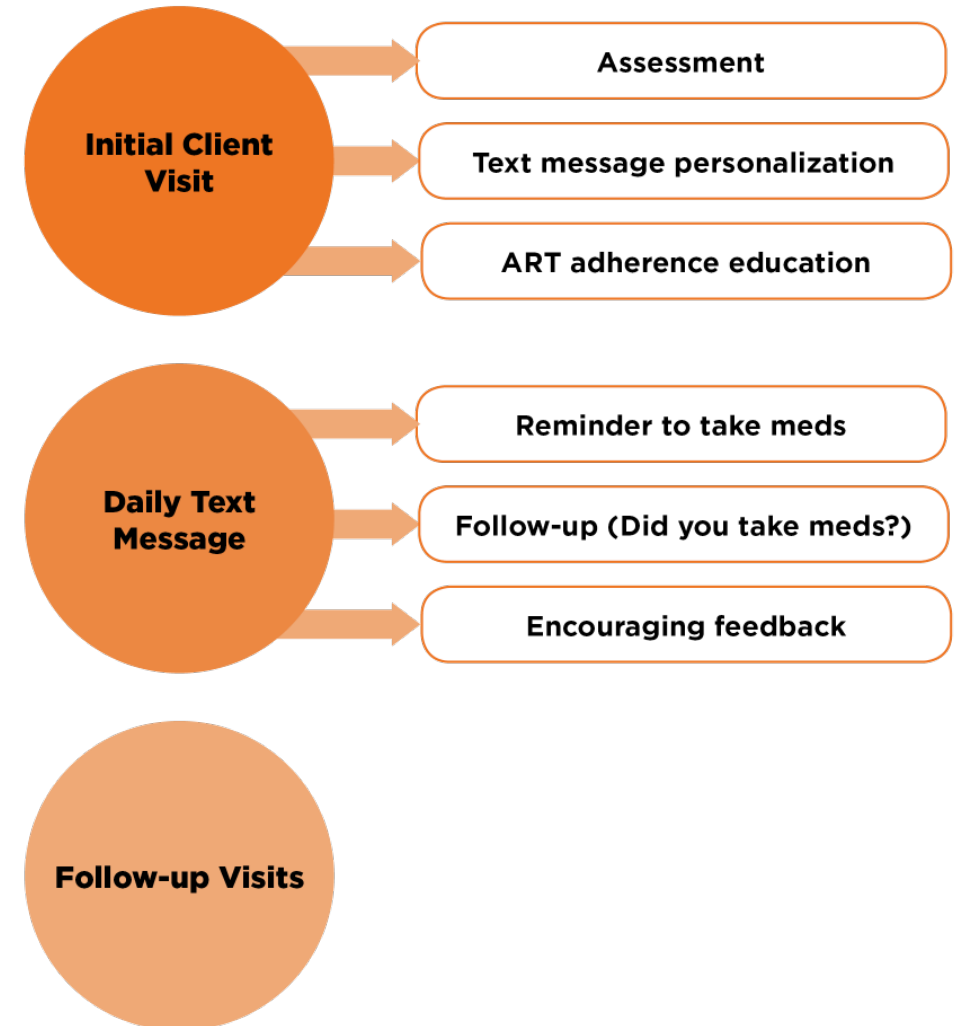
- Peer outreach
- Develop behavior change plan with client
- Boost client confidence to seek
 - linkage, HIV testing, obtain results, and improve retention in care



Antiretroviral Adherence among HIV-Positive Youth (TXTXT)

Description & Core Elements:

- Improve ARV adherence using 2-way SMS/text
- Adherence assessment
- Bio-psychosocial assessment





AIDS Taskforce of Greater Cleveland Brothers Health Connection (BHC)

Cleveland, Ohio
Deairius Houston

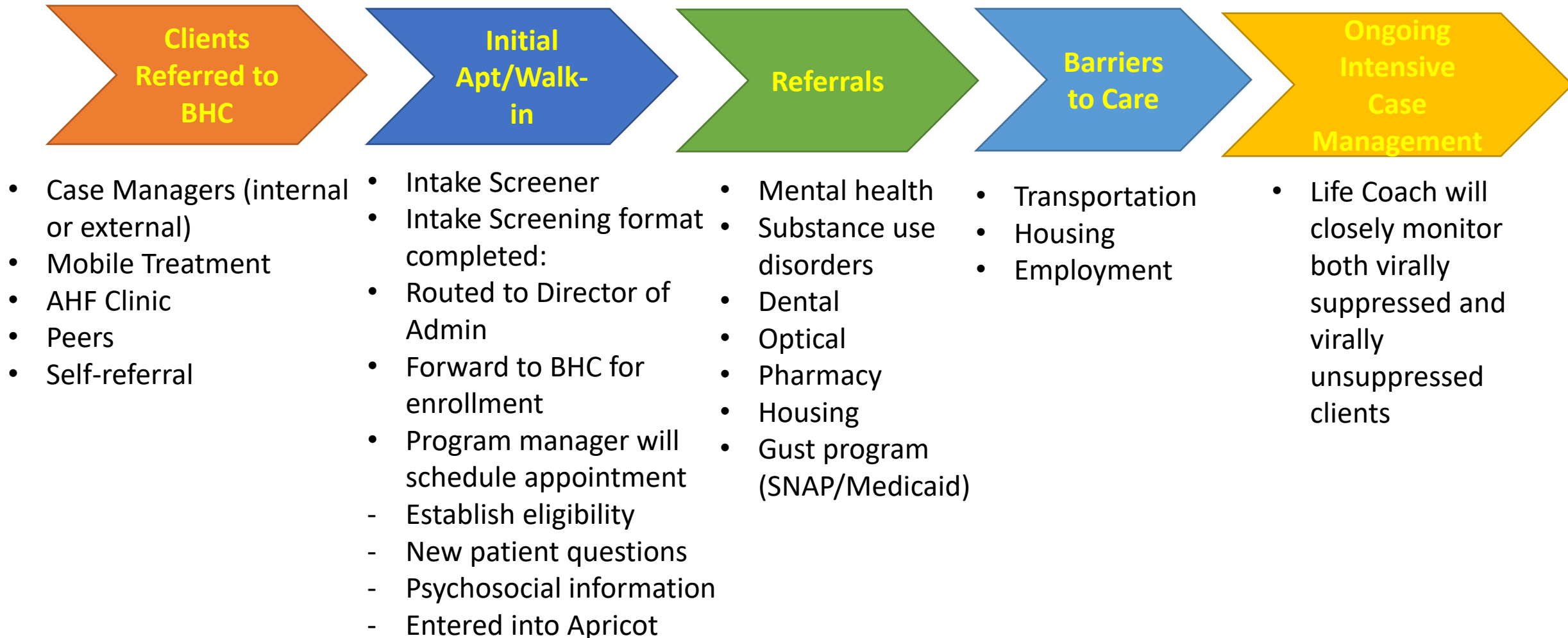
Specific Aims

- Increase enrollment of new participants by end of year 2020
- Increase outreach efforts to external partners
- Establish an interview process at partner agencies
- Create monthly outreach calendar for Life Coach

Changes

- Reduce caseload for Life Coach
- Program manager will maintain BHC caseload and mentor Life Coach
- Life Coach will make follow-up reminder calls for medical appointment (2-7 days after missed appointment)

Model Intervention Delivery/ Process Flow



❑ Outreach Strategies

- Balls, bars, clubs
- Partner organization
 - Beyond Identities Community Center
- Relationship-building
 - Property managers
 - ASOs, CBOs
 - Community stakeholders
- Social media
 - Facebook
 - Instagram
 - Jack'd
 - Grindr
 - Adam4Adam

❑ Population of Focus

- Younger Staff/looking like them/relatable
- Offering worthwhile incentives
- Offering a one-stop shop
- Peer navigators, life coaching, and case managers

Challenges & Barriers



❑ Transportation

- Lack of income

❑ Substance use disorders

❑ Employment

- Lack of education
- Discrimination

❑ Wellness

- Stigma
- Mistrust
- Lack of disclosure
- Lack of communication
- Lack of education
- Overload of information
- Lack of comprehension

Early Best Practices & Lessons Learned



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- ❑ Case Management
- ❑ Referrals
- ❑ Marketing
- ❑ Partnerships
- ❑ Training
- ❑ Staffing
- ❑ Flexibility





University of Mississippi Medical Center

Jackson, Mississippi
Rashad Pollard

Project Specific Aims



- Identify peers of target population
- Train peers in motivational interviewing
- Incorporate MI screening into routine clinic flow
- Expand MI for other clinic staff in case management/patient navigation

Model Intervention Delivery/ Process Flow



- ❑ Screening takes place by MI Peer Counselor(s) prior to scheduled appointment.
- ❑ Peer introduces himself to patient during clinic appointment in the exam room and attempts to schedule an MI session same day; otherwise, it is scheduled in the near future.
- ❑ At least 2 sessions occur during the intervention, possibly more at the discretion of the peer counselor.

- ❑ Work with providers (doctors, nurses, pharmacists) to integrate the intervention into overall clinic flow
- ❑ Work closely with the case management team to ensure that there is minimal conflict between client-led intervention goals, case management-led goals, and healthcare service plan goals
- ❑ Implement a system of regular check-ins, even at the conclusion of the intervention, to ensure all mutual goals and expectations were met and progress was made and is sustained
- ❑ Guarantee all clinical staff are made aware of motivational interviewing techniques, and have cultural knowledge and awareness of Black MSM in the Jackson, MS, area

- ❑ Communication – Lack of access to phone/Internet, frequent phone number changes, spotty and inconsistent mobile & Internet availability
- ❑ Transportation – Mostly rural population, lack of access to viable transportation, lack of public transportation
- ❑ Housing – Housing insecurity, some clients still live with parents
- ❑ Stigma – HIV-related stigma, LGBTQ+ stigma
 - Lack of Knowledge/Miseducation

Early Best Practices & Lessons Learned



- Seek buy-in from all staff. The intervention works best when all staff know about it and are on-board with assisting.
- Build a rapport with and allow open communication between oneself and client within reason.
- Follow-up with clients, even after completion of the intervention with that client.
- Be willing to take the intervention to the client.

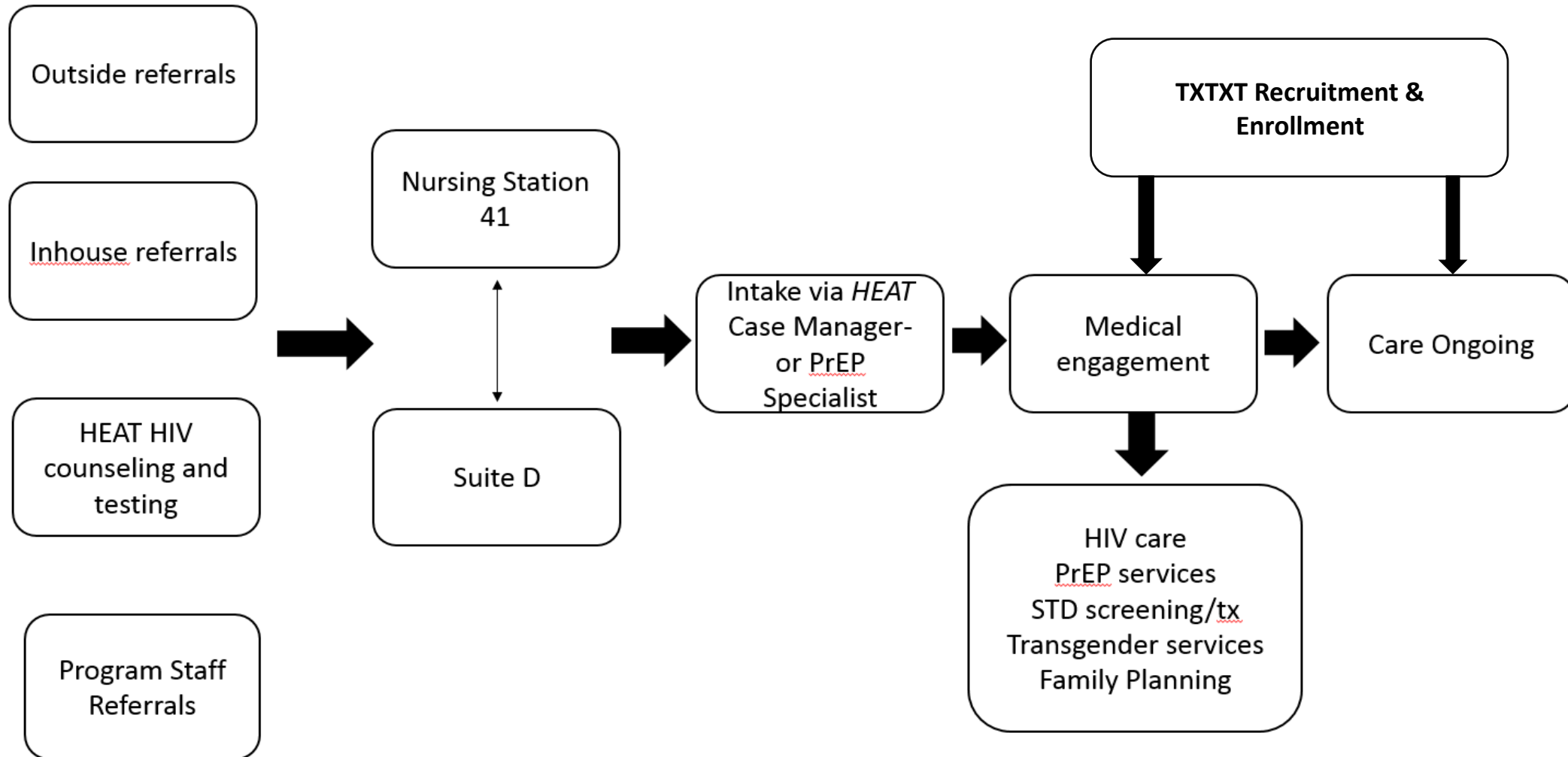


Research Foundation SUNY HEAT Program

Brooklyn, New York
Jeffrey M. Birnbaum, MD, MPH
Ramesh Smith

- Successfully implement the TXTXT platform and enroll as many Black MSM with HIV into the program as possible, including both existing patients and newly engaged patients
- Improve rates of self-reported medication adherence and viral load suppression among patients
- Integrate the TXTXT data collection activities into HEAT's existing data systems
- Create a sustainability plan

Model Intervention Delivery/ Process Flow



- ❑ Texting was already embedded in the organizational culture as the main mode of communication between staff and clients, making a text-based treatment adherence intervention easier to implement
- ❑ Focus groups with clients were held, to present the intervention to confirm that this would be acceptable and popular
- ❑ Staff presentations of the platform also confirmed that full staff support for implementation would be present when we launched
- ❑ A full-time intervention specialist was present in the clinic, to become a known staff member to eligible clients

- ❑ One challenge the team encountered was enrollment of new clients due to a reduction of newly identified HIV cases in the focus population across Brooklyn and all of New York City as well as competition with other agencies for HIV testing and care services.
- ❑ The TXTXT platform is entirely reliant upon SMS texting and does not accommodate those with limited phone service who use WiFi texting, or other formats such as WhatsApp for communication. This was a problem we did not anticipate and could not adjust once the platform was launched.

- ❑ Staff and client buy-in is essential in launching the TXXXT project. We had an initial enrollment of almost all eligible clients at the time we launched.
- ❑ We are planning to use a more WiFi-based format in our sustainability plan and plan to migrate over to a WiFi-based system after the project ends.

Coordinating Center for Technical Assistance

- Sean Cahill, PhD
- Alicia Downes, LMSW
- Alex Keuroghlian, MD, MPH
- Linda Marc, ScD, MPH
- Massah Massaquoi, MPH

AIDS Taskforce of Greater Cleveland

- Anthony J. Forbes, MSW
- Deairius Houston

University of Mississippi Medical Center

- Rashad Pollard

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- Jeffrey M. Birnbaum, MD, MPH
- Ramesh Smith
- Tamar Kouffman



Q&A

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