The SPNS Black MSM Initiative: The Intersection of COVID-19, Civil Unrest, and HIV

The Implementation of Evidence Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (MSM) Initiative

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NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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Acknowledgements

Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe some of the successes and challenges of implementing the Black MSM Initiative, including how consumers perceived and engaged with the program.

2. Apply lessons learned from the Black MSM Initiative to build and implement more tailored services to marginalized client populations.

3. Define strategies for transitioning from an intensive model of care with multiple touchpoints to the standard of care and how clients can best be supported during systems level changes.

The Black MSM Initiative

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About the SPNS BMSM Initiative

Formal title: Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (aka: BMSM Initiative)

Three-year Ryan White Part F Special Project of National Significance (SPNS) project: 2018-2021

Goal: Implement, evaluate and support replication of four evidence-informed behavioral health models, in order to improve HIV health outcomes for Black men who have sex with men (BMSM)

Demonstration Sites
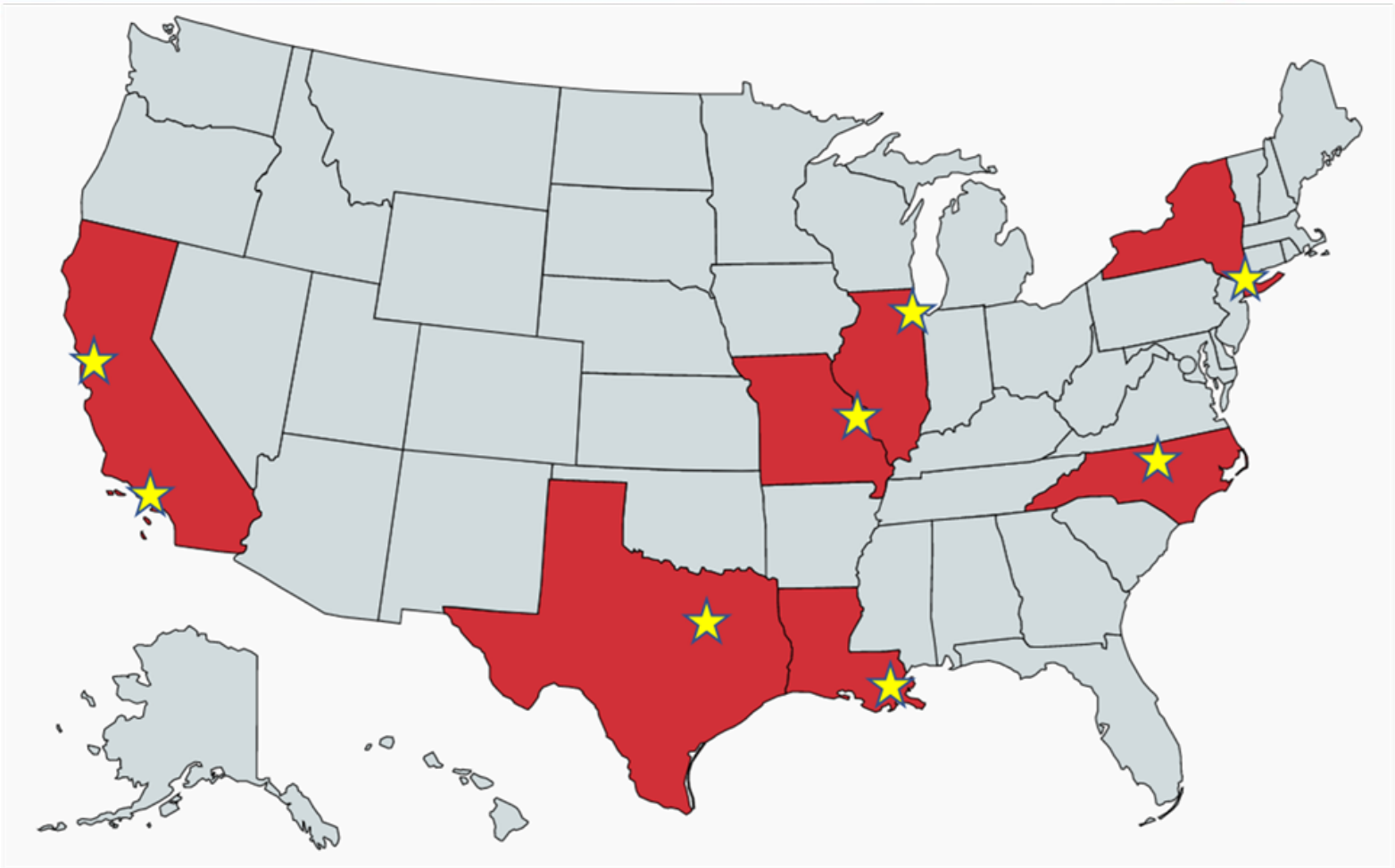
Key Findings

Key themes identified during the evaluation:

- COVID-19 challenges
  - Transition to virtual/remote engagement
  - Client and staff experiences
- Importance of peer/health navigator role
- Need for more resilient programming
- Strategies to transition from intensive models to the standard of care
- Value of flexibility, human connection, and representation

COVID-19 Challenges

Restrictions on in-person interactions created huge challenges

- Made it difficult to build rapport

- Harder to identify clients in trouble

- Increased social isolation/instability

- Problems accessing wi-fi and digital services

"Although we're essential to the guys we serve, the clients, we're not considered an essential worker necessarily in the medical setting."

COVID-19 and Fidelity

The social services landscape shifted dramatically

- Partner organizations closed/lost staff

- Partners were overwhelmed with need

Innovative approaches

- Tech-driven – texting services, apps, dedicated call/text lines

How do you refer to something that doesn't exist anymore?"

Adaptations

PY1 activities: Identifying/confirming implementation partners, establishing workflows, and operationalizing adaptations.

- Meeting with BMSM
- Engaging with frontline staff

COVID-19 and civil unrest caused catastrophic disruptions for clients, staff, and projects.

"We discussed a lot of culturally competent subjects like, 'Do you prefer to be called African American versus Black? What does it look like in the Black community when you are receiving behavioral health services?' That conversation was very informative to us, giving the staff kind of the cultural competence of this is what [clients] are comfortable hearing... Then we were able to create programming and verbiage around that."

Successful Strategies

"I think our forced virtual approach brought out some things that we [as healthcare professionals] didn't necessarily think could be done well virtually. One is appointments... I do feel like what we found out is that there is value in a one-on-one face-to-face intervention that becomes a connection to care that links people in a more consistent or committed way. They're more committed when they have a person that they know that they're going to be able to see and kind of have a little 'tea tea' with and all that.

"...somebody that understands the culture and why someone may not engage, or why someone may not be as open to that doctor and be able to be that go between the doctor and the client or the patient... that piece is what drew a lot of guys to enroll. They said, 'This is awesome because one of us is in the seat helping to bridge that gap.' And that I think is the major piece for me that stood out that said, 'Hey, if it wasn't for someone in the community being able to fulfill this role and that gap, that bridge would not happen.'"

"But I think on the other hand, what we saw is that virtual medical appointments, case management appointments, and behavioral health appointments were just as important and effective for some as the need to have that interpersonal interaction works for others."

Building Brothers Up (2BU)

Building Brothers Up (*2BU*)

- Friends Research Institute
- Community research site in Los Angeles, CA
- Adapted YCM for BMSM living with HIV between 18-65 years

2BU
BUILDING BROTHERS UP

Session	Session Activities*	Linkage to HIV Medical Care	Prescribed ART	Linkage to Behavioral Health & Other Support Services
1	Baseline Assessment** Assess for Needs and Barriers Develop Participant-Centered Treatment Plans Schedule HIV Care Appointment			
2 ↓ 6	Local Brief Assessment Needs and Barriers Assessment (Lite) Adjust Participant-Centered Treatment Plan HIV Treatment Education Medication Adherence Support HIV Risk Reduction Counseling Behavioral Health Case Management (Direct assistance and/or referral for housing, mental health, substance use, trauma, STIs, food insecurity, etc.)			

*Sessions occurred weekly in the first month (Sessions 1-4), and monthly in the second and third months (Sessions 5-6).
**Baseline assessment included Patient Survey, Local Evaluation, and Local Brief Evaluation.

Transition to Virtual/Remote Engagement (*2BU*)

- Originally, all intervention and evaluation activities in-person ➡️ fully remote delivery (e.g., over phone, Zoom) ➡️ hybrid delivery with both remote and in-person options
- Although *2BU* team thought remote/online delivery would facilitate easier attendance and completion of *2BU* activities, participants did ***not*** like or adapt well to the new delivery modality.
- Challenges included:
    - Had technology but were unfamiliar with how to use it (e.g., Zoom, accessing email)
    - Lacked access to reliable Wi-Fi
- With recent push for telehealth and the transition of many services to remote/online delivery, important to note that some populations will fall out of care if they are less comfortable with technology or prefer in-person services.
- Must consider providing as part of telehealth/remote programming:
    - Technology literacy, such as helping a participant download required apps (e.g., Zoom) or set-up an email account
    - Access to free "hot spots" or Wi-Fi
    - Assistance in enhancing readability (e.g., increasing font size of text)

Importance of Peer/Health Navigator (*2BU*)

- Behavioral health services BMSM want/need may not look like what service providers *think* they want or need.
  - Less formal, less structured may be what population desires
  - Peer staff play an important role
- Relationships with HIV, behavioral health, and support service providers are paramount to successful "warm hand-offs" from a non-clinical site.
  - Key role of peer staff is to be involved, engaged, and to consistently "show up" to forge and maintain these connections
- Peer staff struggle with many of the same challenges as participants, especially during a pandemic and time of civil and social unrest.
  - Trained clinician to provide "clinical supervision" and support to peer staff
    - Can advise on challenging participant cases
    - Can offer guidance and support with own emotional/mental health needs
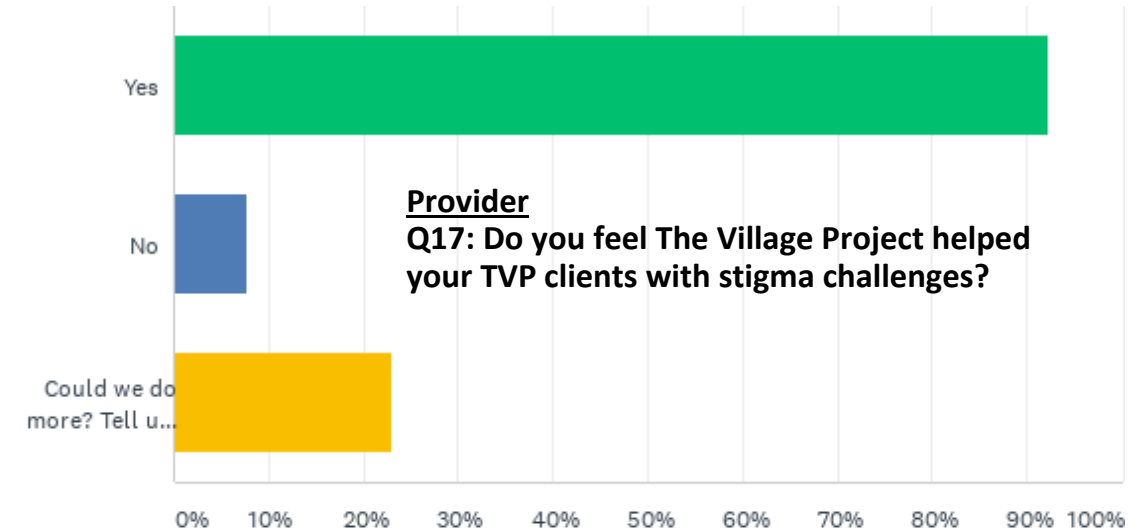
Project Overview

Barriers to Care Assessment

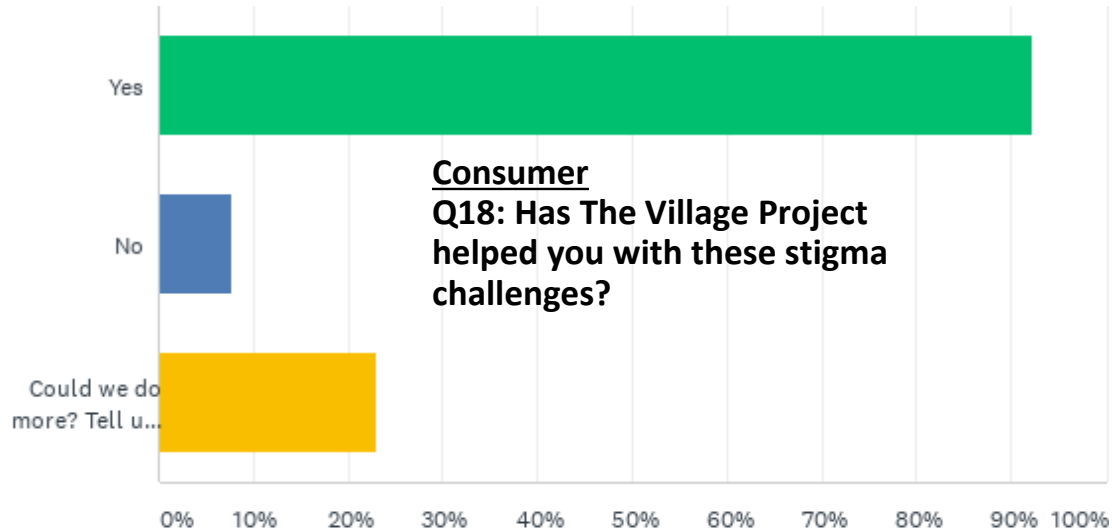Knowledge, Attitudes and Practice: TVP "Hardest Parts of Getting Here': Barriers to Care
Pre & Post Intervention (Q12)

- Cost: 20% (Pre), 15% (Post)
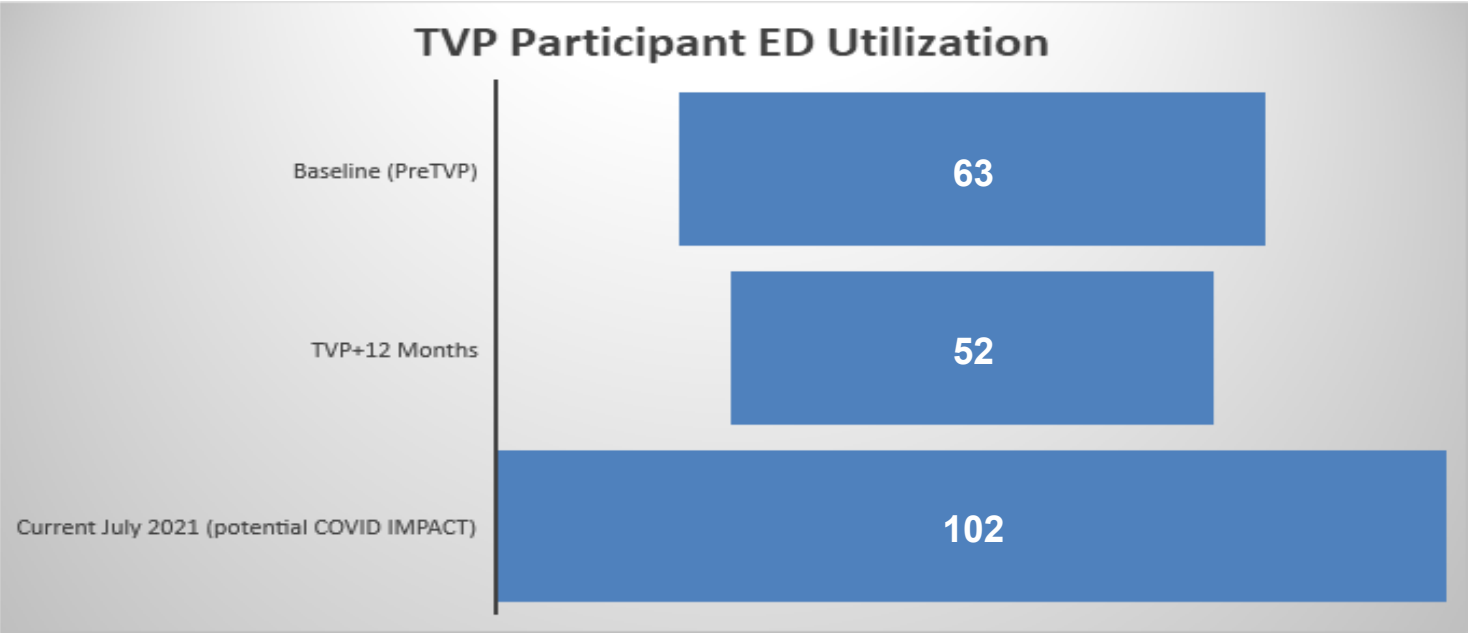- Knowledge about Ryan White Coverage: 21% (Pre), 14% (Post)
- Transportation: 33% (Pre), 29% (Post)
- Lack of Culturally Sensitive Care: 19% (Pre), 11% (Post)
- Next Steps in Care: 17% (Pre), 17% (Post)

PRE KAP @ ENROLLMENT   POST KAP @ 9 MONTHS
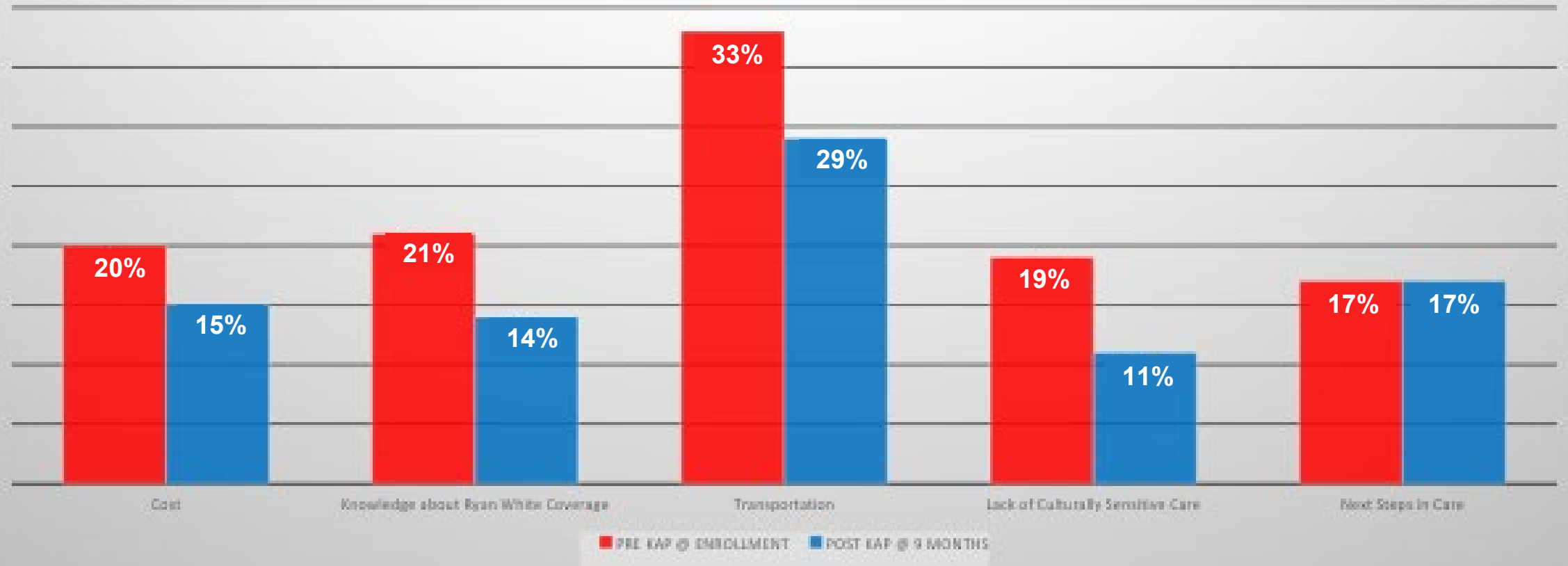
Stigma
Patient Experience vs. Provider Experience

Consumer
Q18: Has The Village Project helped you with these stigma challenges?

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Yes											
No											
Could we do more? Tell u...											

ANSWER CHOICES	RESPONSES	
Yes	88.89%	88
No	8.08%	8
Could we do more? Tell us more- or how to improve:	3.03%	3
Total Respondents: 99		

Provider
Q17: Do you feel The Village Project helped your TVP clients with stigma challenges?

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Yes											
No											
Could we do more? Tell u...											

ANSWER CHOICES	RESPONSES	
Yes	92.31%	12
No	7.69%	1
Could we do more? Tell us more- or how to improve:	23.08%	3
Total Respondents: 13		

Client Advocate Experience

TVP Participant ED Utilization

Baseline (PreTVP)	63
TVP+12 Months	52
Current July 2021 (potential COVID IMPACT)	102

At 12-months post-enrollment, 33 of those original 63 patients did not return to the ED, while the team reduced or eliminated 67 percent of preventable ED visits for that group of BMSM.

VIDEO PLACARD

- This video will detail the CA experience serving this population.

- Filming will take place the second week of July.

(This will simplify filming with multiple Parkland speakers on July 27th, but this is the slide content topic they will speak about)

Patient Experience

VIDEO PLACARD

This video will detail the patient experience, directly from TVP member.

Filming will take place the second week of July.

(This will simplify filming with multiple Parkland speakers on July 27th, but this is the slide content topic they will speak about)

	Number of Patients Enrolled	151
	Average Age of Patients	28
	Average Age of Patients at HIV Diagnosis	23
	Average Years Living with HIV at Enrollment	5
	% of Patients Navigating Late Stage HIV Diagnosis	6%
	% of Patients who Utilized ED within Year Prior to Enrollment	42% [60% "ever" prior to enrollment]
	% of Patients who Received Behavioral Health Services within Year Prior to Enrollment	15% [17% "ever" prior to enrollment]

Behavioral Health Counselor Experience

VIDEO PLACARD

- This video will detail the behavioral health counselor's work, directly interacting with TVP patients.

- Filming will take place the second week of July.

- (This will simplify filming with multiple Parkland speakers on July 27th, but this is the slide content topic they will speak about)

CARE TEAM
+
CARE PLAN
+
REFERRALS
+
PEER SUPPORT
=
EMPOWERMENT

STYLE 2.0: Background

Target Population

- **HIV Status:** HIV positive
- **Age:** 18-35
- **Ethnicity/Race:** Black
- **Sexual behavior:** Men who have sex with men
- **Gender identity/expression:** Cisgender men
- **Location:** Receiving HIV medical care services in the Triangle Region (Orange, Durham, and Wake Counties) of North Carolina and Columbia, South Carolina
- **HIV Care status,** i.e. those who are:
  - **Newly diagnosed/new to care**
  - **Never entered into care**
  - **Fallen out of care or at risk of falling out of care**
  - **Not virally suppressed.**
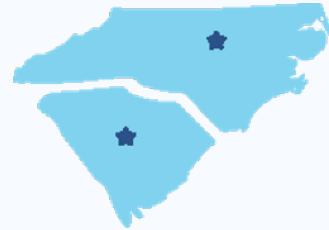
STYLE 2.0 enrolled **sixty-six participants** with an **average age of 27.7 years**

Twelve participants were **newly diagnosed** with HIV

One third (33.3%) reported a **yearly income of $5,000 or less**

STYLE 2.0: Background, cont

Healthcare Navigation

Mental Health/ Substance use Intervention

STYLE 2.0 App: Educational Resources & Forums

Weekly Virtual Support Groups

Health care Educator/ Coach to facilitate linkages for identified clients

Referrals to Behavioral Health Provider for Motivational Interviewing and additional referrals

STYLE 2.0 App (from HealthMpowerment) that provided educational resources, social support, and game-based motivational elements

Weekly virtual support groups open to all STYLE 2.0 participants

To address higher rates of **mental health issues, substance use disorders, and other impacts of intersecting stigmas** experienced by YBMSM, **STYLE 2.0 participants received interventions focusing on the whole person.**

Solutions to build more resilient services and programs:
Community-Centered Support Groups

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Weekly STYLE 2.0 *Wizdom Wednesdays* support groups **took place over Zoom for 1-2 hours.**

Support group was a safe space to work through stressors, discuss resources, engage in bonding activities such as movie night, and ultimately build a sustainable brotherhood.

"I can do it anywhere. I don't have to physically go - that's awesome. The subject matter is on point and it's needed."

Critical STYLE 2.0 support group discussions were centered around George Floyd, Ahmaud Arbery, Breonna Taylor, Police Brutality = Police ignorance, cancel culture, and HIV stigma in the media. Some support groups were left without subjects, leaving extra room for wellness check-ins and discussions of current events in real-time.

Solutions to build more resilient services and programs:
Building Community & The STYLE 2.0 App

The STYLE 2.0 mobile app was open to all study participants. Main components included:

- The **community discussion forum**: Participants had space for discussions about mental wellness, current events, or personal interests *and, most commonly,* a place to access support group resources and Zoom links.
- The **knowledge center** contained over 80 articles written by the STYLE 2.0 team and **motivational quizzes** and goal-setting activities. Article titles and categories included:
  - *Recently Diagnosed: Overcoming Fears & Embracing Community* (Love and Relationships)
  - *Signs of Childhood Trauma (What are ACES?)*
  - *Drawing the Line: Boundaries with Parents & Family*
  - *Your Sex Toy Safety Guide* (Great sex, safe sex)
- Participants could ask and read anonymous questions and answers in the **Ask the Navigator** app feature.
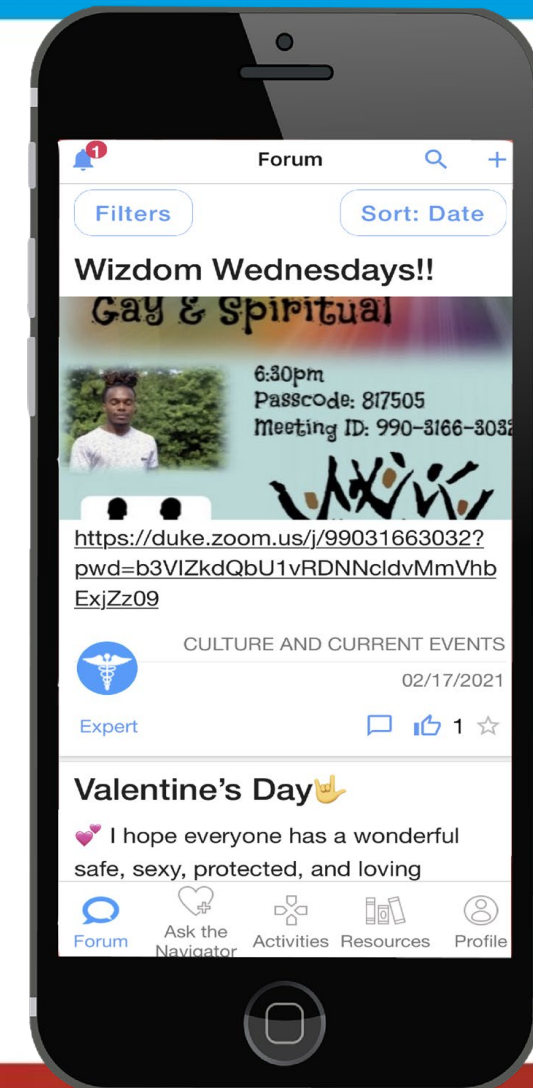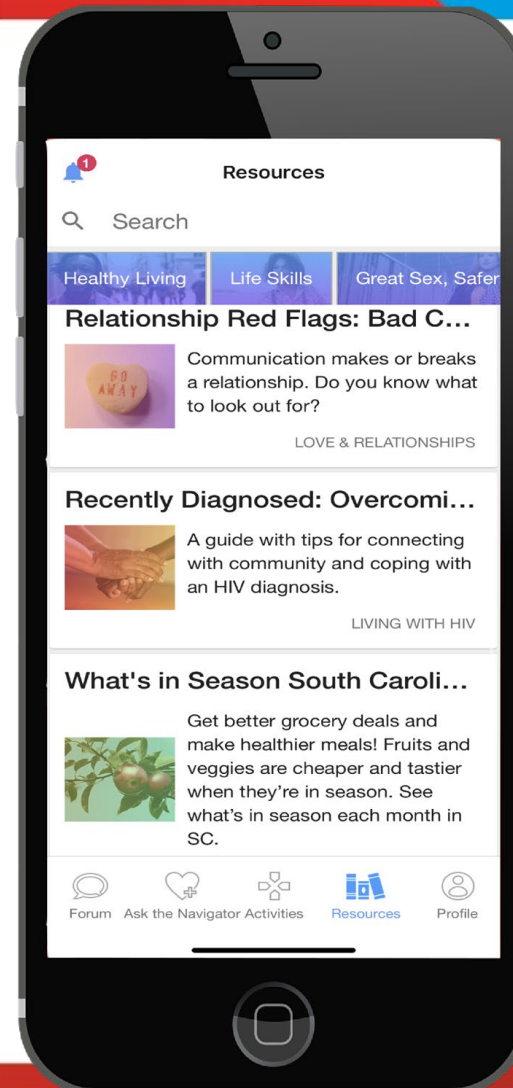
Community-Centered Support Groups
Lessons Learned & Best Practices

Representation and active involvement in Black LGBTQIA+ and HIV-focused communities are essential for **creating a safe space for healing** and ultimately meeting mental health needs.

Share group responsibilities and leadership: Creating opportunities for participants to lead discussions and choose topics helped build trust among attendees.

Collective leadership solidified that the weekly meetings were more than just a support group, but a brotherhood.

Focus on building relationships that extend beyond clinical bounds: Make extra space for general wellness check-ins and discussing personal, nonhealth-related goals (e.g., romances, careers, passions).

"I just look back on [STYLE 2.0] as a great opportunity to connect with my brothers… If I can find anyone that I can relate to – anyone who is someone like me – because, you know, growing up I felt like I was all alone."

- STYLE 2.0 Support Group Participant

Lessons Learned & Best Practices

Share support group resources in a central, accessible location, such as an existing social media platform, website, or community forum. Post links relevant to group discussions, such as news articles, mental health resources, or videos.

Using a centralized, virtual location for support group communication is critical for support group sustainability. Participants did not want the community they built to end with the study. Using existing virtual tools, *the support group was moved to an existing social media platform.* Resources from the STYLE 2.0 app were condensed into a PDF document to be accessible on the new support group platform.

Participant input and Young Adult Advisory Board (YAB) oversight are essential for understanding community needs and developing relevant virtual support resources.

" *Hopefully we continue to grow in the community with each other... He's seen me grow with my business and been able to celebrate that with me...*

Without Brian I could say there's a lot of times since I've been home that I almost gave up and wanted to go back to prison and do the rest of my time so I could get out of parole because of how hard it was...

Brian was... one of the people who helped me talk myself out of it... I gained too much to try to give up like that. "

——————————— *STYLE 2.0 Participant*

WITH U Model

WITH U Model at-a-Glance

Step 1

Participant identified as eligible for WITH U program
BMSM participants between 18-29, who are newly diagnosed, lost to care, not virally suppressed, or at risk of falling out of care are referred into the WITH U project.

Step 2

Enrollment staff conducts a comprehensive assessment
Assessment tools include the PHQ-8, CRAFFT, PCL-C, and GAD-7 (see *Implementation* section).

Step 3

Enrollment staff submits referrals to team members
- Enrollment staff member makes a referral to a HN.
- Enrollment staff member completes a **mental wellness referral** if scores on screening tools meet threshold.

Step 4

HN holds first session with participant to introduce the program and build rapport
- HN explains their role and their expectations of the participant.
- HN assesses the best time to disclose their HIV status to the participant.

WITH U Model, cont

Step 5

Participant and HN establish individualized goals

Step 6

HN conducts weekly and monthly health navigation sessions
- 12 sessions: 8 weekly for two months, followed by 4 monthly sessions.
- Sessions focus on health education, support, care navigation, and reinforce mental wellness referrals.
- Ad hoc communication via text messaging, drop-in visits, and phone calls.
- Work collaboratively with MCM to provide needed referrals and support.

Step 7

Behavioral health specialist provides mental wellness services
- Reaches out to referred participants to engage in services.
- Communication includes phone calls and telehealth visits.
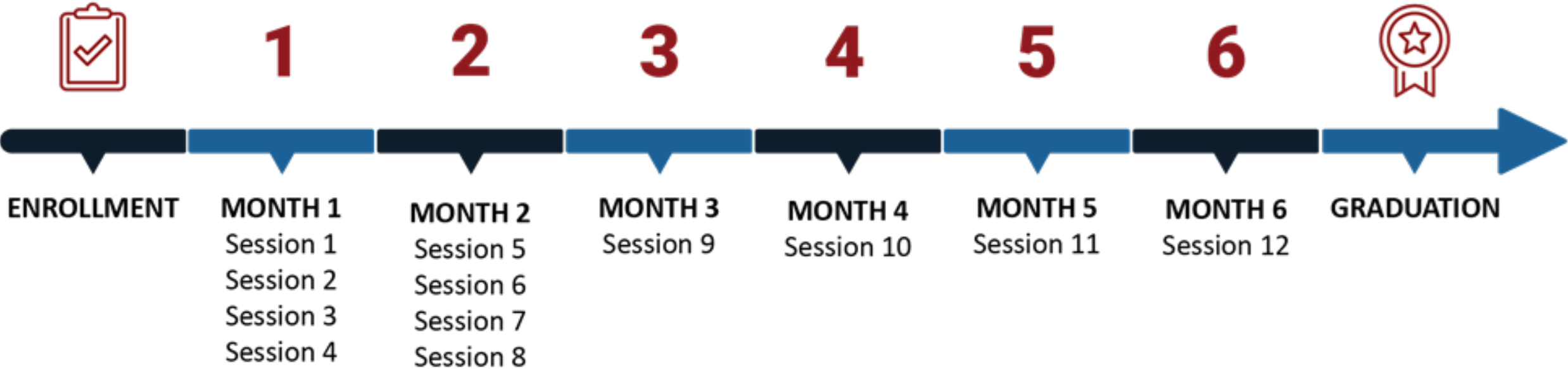- Conducts sessions with participants at agreed upon times.

Step 8

Multi-disciplinary team conducts monthly case conferencing

Program Timeline

Timeline of Health Navigation Sessions:

ENROLLMENT

1

2

3

4

5

6

MONTH 1
Session 1
Session 2
Session 3
Session 4

MONTH 2
Session 5
Session 6
Session 7
Session 8

MONTH 3
Session 9

MONTH 4
Session 10

MONTH 5
Session 11

MONTH 6
Session 12

GRADUATION

Engagement in Mental Health Care

Mental Wellness Services Cascade WITH U Intervention: Enrollment to 6 mos.*

Screened	Positive Baseline	Referred	Connected[+]	Receipt	Engaged[++]
52	43	43	34	19	7
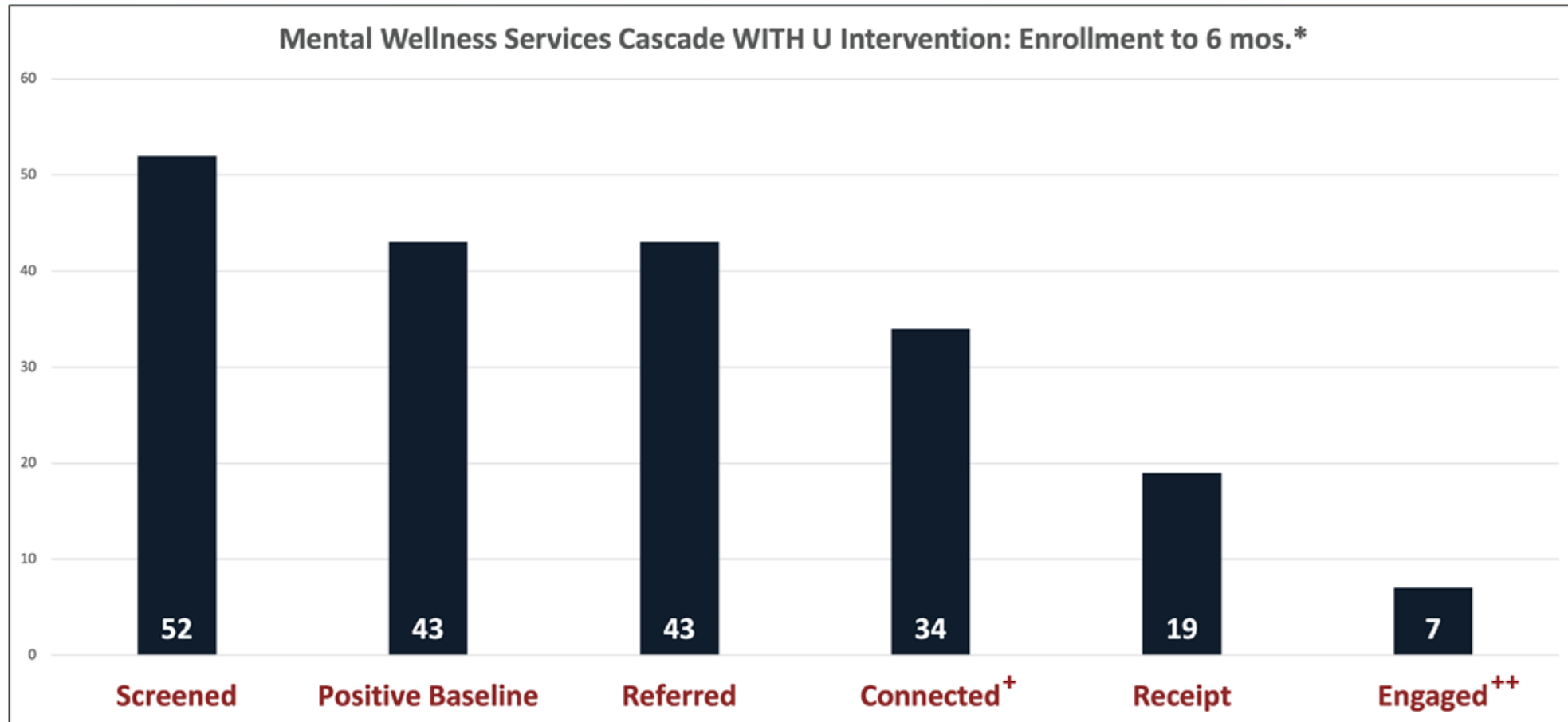
*To be included in this Mental Wellness Services (MWS) cascade, the client had to complete the 6 mos., intent-to-treat intervention as of 9/17/2021.

[+]8 of the 34 participants were connected to MWS prior to baseline positive screen on PS.

[++]5 of the 7 engaged participants were recipients of therapeutic MWS prior to baseline positive screen and referral.

Transition to Standard of Care

- 29/50 participants who completed intervention chose to extend participation past 6 month intervention

- Lessons learned from WITH U used to restructure existing peer health coach work on specific teams
  - Linkage to care, Lost to care, Persistently viremic, Women's health

- Unable to maintain health navigator program focused specifically on BMSM due to lack of resources

- However, working to adapt mental health services to better meet needs of YBMSM clients

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