

Conceptualizing and Implementing Mental Health and Behavioral Health Services in the SPNS Black MSM Initiative

*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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Learning Objectives

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

1. Describe the purpose of the SPNS Black MSM Initiative and unique needs and barriers Black MSM experience when accessing care.
2. Discuss efforts implemented by demonstration sites to improve delivery of and receptiveness to engaging in mental and behavioral health services.
3. Apply lessons learned to engage Black MSM in care.

The Black MSM Initiative

About SPNS BMSM Initiative

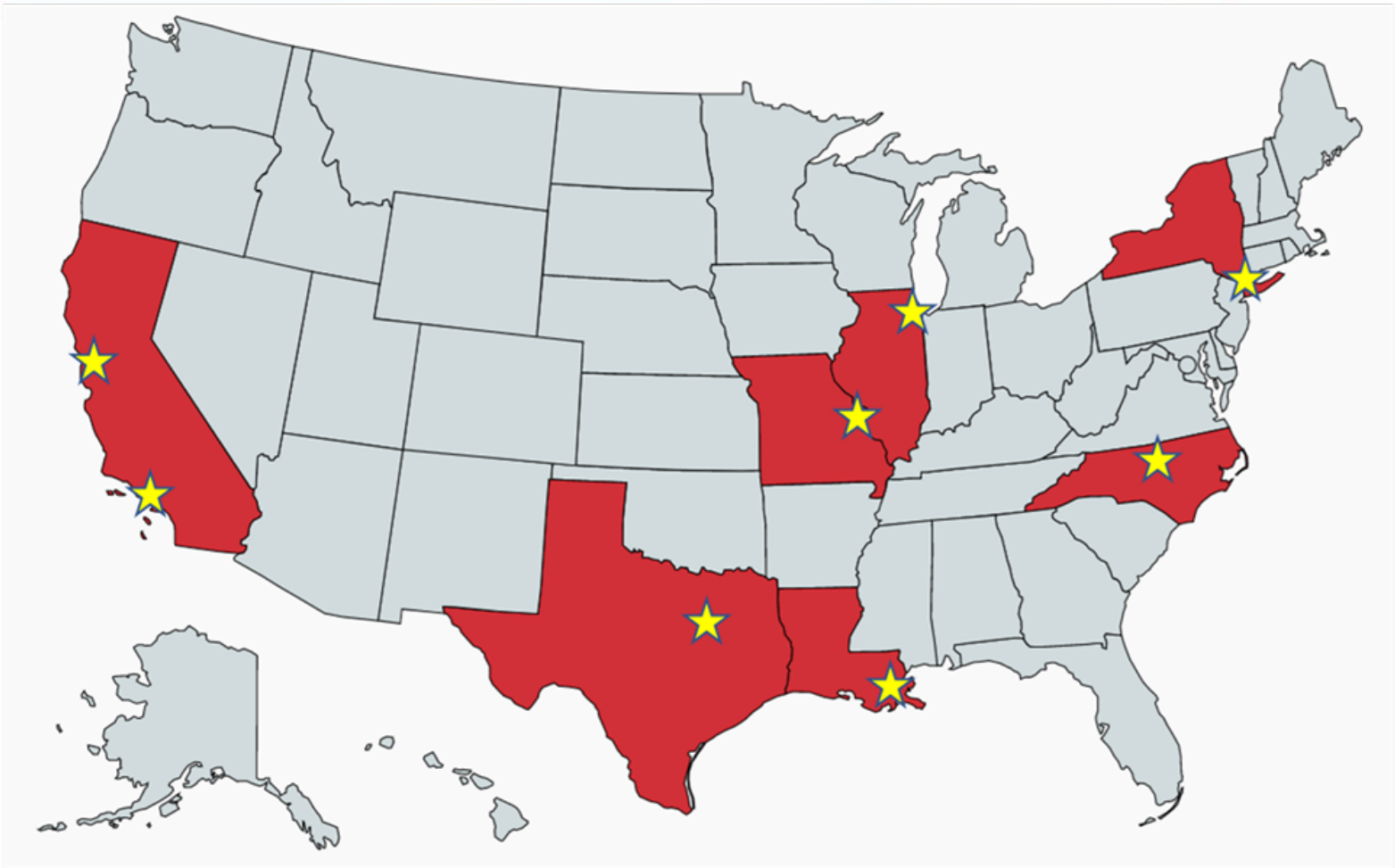
Formal title: Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (aka: BMSM Initiative)

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



Models of Care

- Strength through Youth Livin' Empowered (STYLE)
 - Social marketing and virtual support
- Project Silk
 - Recreation-based drop-in space to support artistic expression
- Brothers United/the Damien Center
 - One-stop shop model
- Youth-focused Case Management
 - Intensive case management support



ETAP Activities

- Provide technical assistance and capacity building to the eight recipients
- Implement a comprehensive culturally responsive and equitable multi-site evaluation
- Develop and disseminate successful models, findings, best practices, and lessons to the Ryan White HIV/AIDS Program (RWHAP) community, a network of providers and community-based organizations that receive funding through the federal RWHAP mechanism to support people with HIV
- Promote successful replication of effective evidence-informed interventions and/or models of care, trainings, publications, and other dissemination products

Experiences at Friends Research Institute (FRI)



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Friends Community Center

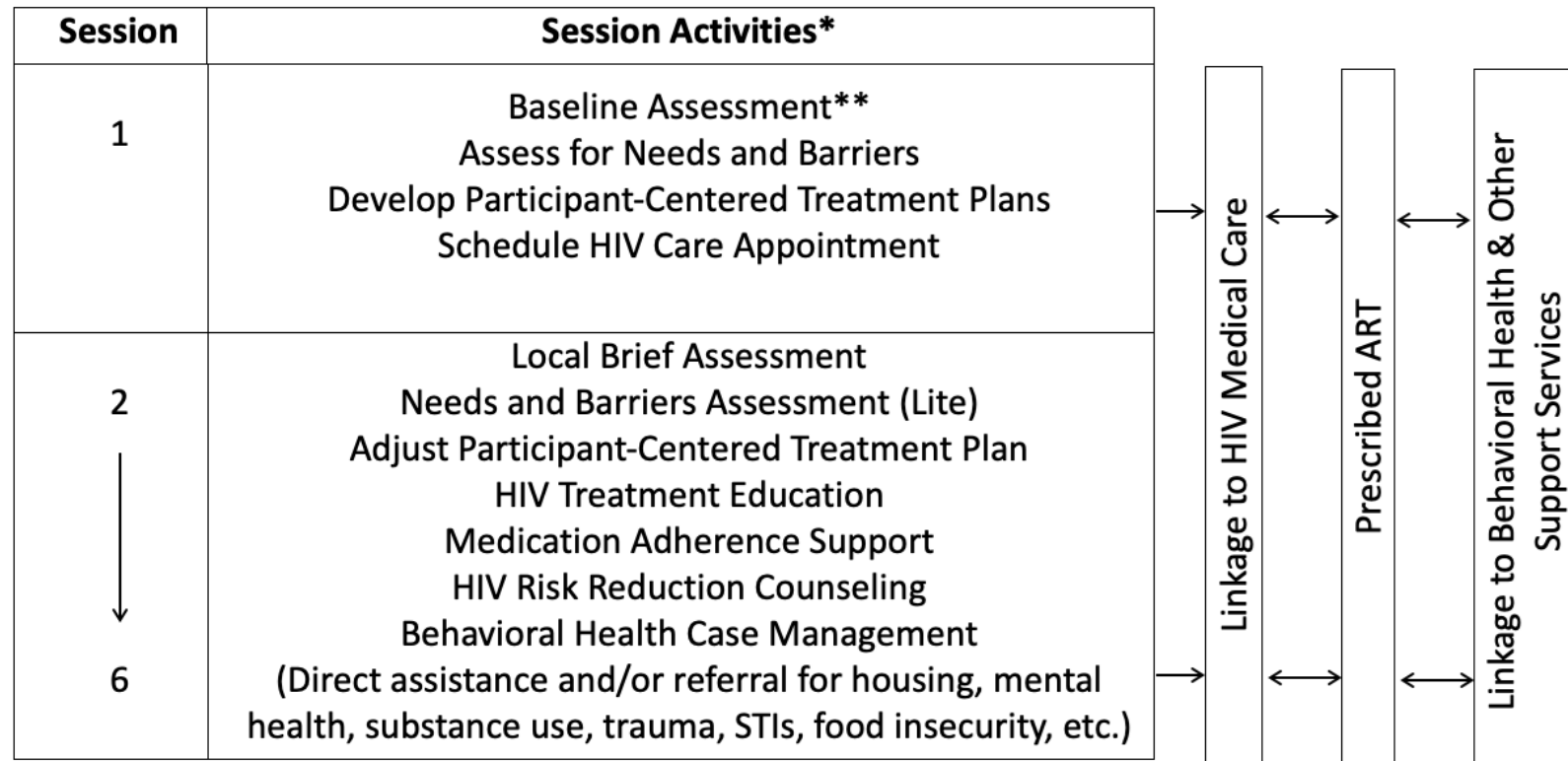


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Overview of 2BU

Building Brothers Up (2BU)

- Friends Research Institute (FRI)
- Community research site in Los Angeles, CA



*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.

2BU Adaptations

Original Model of Care:

Youth-focused Case Management Intervention to Engage & Retain Young Gay Men of Color in HIV Care (YCM)



Adapted Model of Care:

Building Brothers Up (2BU)



2BU Adaptations

<i>Adaptation</i>	<i>Youth-focused Case Management</i>	<i>Building Brothers Up (2BU)</i>
Target population	Latino and Black MSM	Black MSM
Age	13-23 years	18-65 years
Intervention staff	Bachelors-level case manager	Peer case manager
Intervention location	Clinical site	Community research site
Intervention design	Implemented over a 24-month span	Implemented over a 3-month span

Engaging Participants

Outreach & Recruitment Strategies:

- 1) Online recruitment
- 2) Print media
- 3) Street- and venue-based outreach
- 4) Poster/flyer advertisement
- 5) Participant-incentivized snowball recruitment

Most Successful Strategies:

- Participant-incentivized snowball recruitment = 26 inquiries
- “Word of mouth” by a friend = 30 inquiries
- Many adjustments due to COVID-19

Lessons Learned: Peer Staff Engagement

- 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
 - Provide opportunities for professional development and growth

Lessons Learned: Mental Health Services Provision

- Although a participant may benefit from traditional behavioral health services (i.e., therapy), many did not want to access behavioral health services with the same service providers *or* they felt that more informal behavioral health support was more valuable.
 - Informal structure of *2BU* may provide desired behavioral health support BMSM need
 - Peer staff are very important
 - Behavioral health care may look different to different populations- must be willing to provide behavioral health services that meet the needs identified by the participant (not what service providers think the participant needs)

Lessons Learned: Mental Health Services Provision, cont

- For non-clinical sites such as FRI, partnering with organizations are vital for the successful referral to HIV, behavioral health, and other support services.
 - However, everchanging landscape of services provision in the community and high turnover at many agencies can make it challenging to maintain robust relationships that facilitate “warm hand-offs.”
 - Continuous involvement in community events, consistent engagement with partnering organizations, and ongoing conversations with key gatekeepers within the community are paramount for staying up-to-date on the service provider’s landscape.
 - Active, ongoing engagement and simply “showing up” cultivates and maintains relationships at partnering organizations to ensure referrals to services can be met with the “red carpet treatment” and that “warm hand-offs” result in successful engagement in services.
 - Peer Case Manager and CAB can help with this!

Experiences at Duke University

Project STYLE 2.0

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STYLE 2.0: Background



Healthcare Navigation

Health care Educator/ Coach to facilitate linkages for identified clients



Mental Health/ Substance use Intervention

Referrals to Behavioral Health Provider for Motivational Interviewing and additional referrals



STYLE 2.0 App: Educational Resources & Forums

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



Weekly Virtual Support Groups

Weekly virtual support groups open to all STYLE 2.0 participants

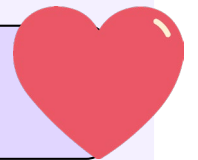
To address higher rates of **mental health issues, substance use disorders, and other impacts of intersecting stigmas** experienced by YBMSM, **STYLE 2.0 participants received interventions focusing on the whole person.**

Participant Engagement

- Healthcare Navigators (HCNs) **met participants where they were** with flexible, virtual check-in hours *and expanded communication* to include a combination of phone calls, text messaging, and video visits.
- HCNs **made space for nonclinical conversations to get to know participants and better understand which services were needed, and at what dose.**
- For support groups, **Zoom meeting links, discussion topics, and relevant resources were shared in the STYLE 2.0 app community forum.** These resources were accessible at all times, to help keep the conversations going.

HCNs that share similar racial, cultural, and sexual identities are best able engage and provide the culturally competent support that is necessary to navigate a fragmented healthcare system and combat medical distrust.

Shared Lived Experiences



Flexible Communication



1:1 and Support Group Bonding Activities



Virtual Support Groups Lessons Learned

Remove hierarchies from support group structure and emphasize collective leadership. Share group responsibilities by creating opportunities for participants to lead discussions and choose topics helped build trust among attendees.

Not every meeting needs a topic, or a set structure: Create open spaces for collective healing and wellness check-ins in response to current events.

Think sustainably and prepare for long-term support group transitions. To keep the brotherhood going after project completion, utilize an established digital platform, such as a social media page, where participants can continue to meet and share resources.

“Just to have the camaraderie with those guys—that was the best part about

“They're Black. They're men. It's just more appealing because I can relate...”



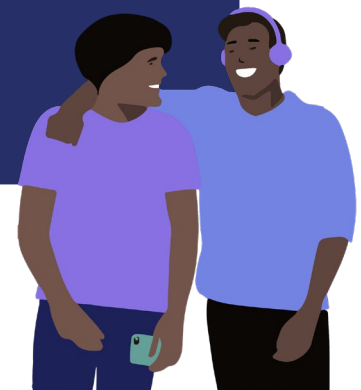
Mental Health Services Provision Lessons Learned

Warm handoffs via phone call or Zoom are essential for both program enrollment and behavioral health referrals. For participants with undiagnosed or unknown mental health needs, this is especially important.

Prioritize learning a client's schedule and preferred methods of communication early on. Flexible communication for providers could look like opening *evening hours* or offering *text messaging services* outside of normal clinic hours.

Virtual intervention components create space for individuals that are unwilling to attend in-person activities, but **flexible, hybrid navigation approaches can be necessary for individuals with more complex needs.**

“[Brian] introduced [the behavioral health provider] over the phone and then... exchanged her information.... She helped me through all my problems - what I was going through. Regardless of if it was personal or... professional... emotional... even with troubles I had with my mother.”



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