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## Introduction

### Setting:

- Friends Community Center (FCC), a Division of Friends Research Institute, Inc., is located in West Hollywood, California
- FCC is a Ryan White HIV/AIDS Program Part F: Special Projects of National Significance (SPNS) Grantee
- FCC is a *non-clinical community research site*

### Intervention:

- *Building Brothers Up (2BU)* is an intervention adapted from the evidence-informed *Youth-focused Case Management Intervention to Engage and Retain Young Gay Men of Color in HIV Care (YCM)* for **heavily impacted Black men who have sex with men (BMSM) who are living with HIV, between the ages of 18 and 65 years**, and who (due to pervasive behavioral health issues) demonstrate suboptimal advancement along the HIV Care Continuum.

### Challenges:

- BMSM are the least likely to achieve viral suppression among all MSM racial/ethnic groups served in the Ryan White HIV/AIDS Program.<sup>1</sup>
- BMSM experience more frequent and more severe consequences of substance use compared with white MSM,<sup>2</sup> and the cumulative experiences of discrimination and/or trauma related to their sexual orientation, race, and HIV status also increase their vulnerability to depression.<sup>3</sup>
- Behavioral health and HIV clinical needs are not easily integrated into a non-clinical community site.
- Carry out **six peer case management intervention sessions** with highly impacted, difficult to retain BMSM participants.

### Goal:

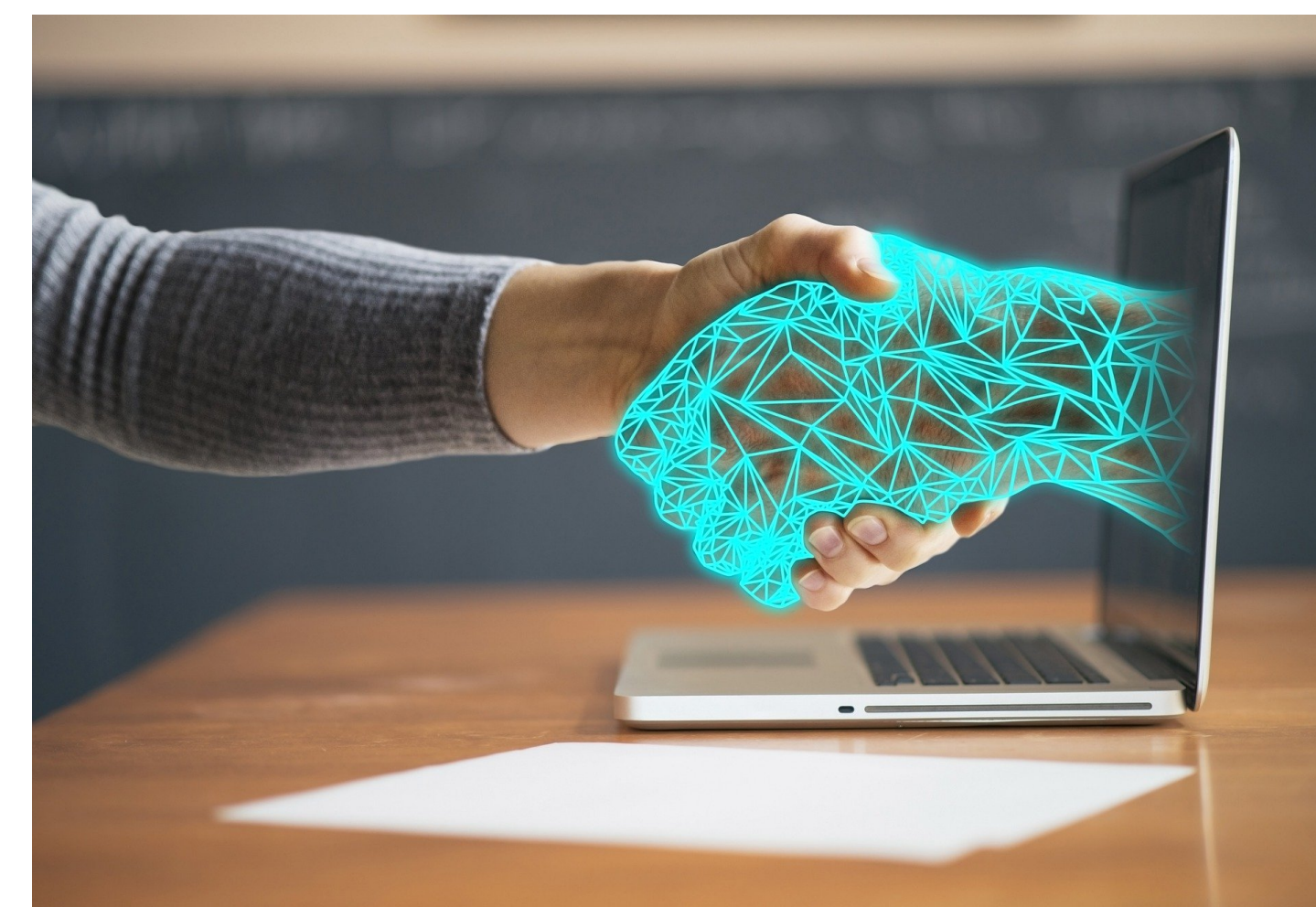
- **Integrate behavioral health and HIV care referrals and/or direct linkage to services via 2BU at a non-clinical community research site.**

## Methods

- Tap into existing relationships with local HIV and behavioral health service providers to establish 2BU's place in the community
- Establish Memoranda of Understanding (MOUs), formalizing relationships with local HIV and behavioral health service providers
- Administer FCC's Needs and Barriers Assessment (NBA) at each peer case management session to identify BMSM's obstacles to linkage and retention in HIV and behavioral health care
  - The NBA determines the specific factors impeding each participant's HIV primary care, allowing for participant-centered treatment plans.
- Connect participants with local HIV and behavioral health service providers to set up **"warm hand-offs" and "red carpet" protocols**, ensuring swift access to appointments and services

## Establishing Partnerships with Clinical HIV and Behavioral Health Service Providers

- Integrate into targeted community listservs
- Attend community and service provider events
- Provide in-services, share resources with local providers, and identify common goals
- Cultivate relationships with key stakeholders and service providers
- Maintain regular email and/or phone contact
- Formalize relationships via MOUs and/or contracts (as needed)



## Protocol for Referral and Linkage to Clinical HIV and Behavioral Health Services

- Set up clinical HIV and behavioral health appointments (in conjunction with participant input) utilizing "red carpet" protocol
- Initiate "warm hand-off" by providing instructions on visit expectations, agency layout, location, and contact information
- Prepare necessary documents for appointment (i.e. proof of income, ID, insurance card)
- Utilize NBA to address transportation needs and accommodations for accessibility
- Follow-up with agency and participant regarding overall experience



## Lessons Learned

- **Lesson #1:** The critical participants for 2BU may be those BMSM who have enough pre-existing medical mistrust that they are forced to seek necessary HIV (and/or behavioral health) services at *non-clinical sites*.
  - BMSM who don't feel comfortable receiving services at a clinical site (but truly need them) may "slip through the cracks."
- **Lesson #2:** "Red carpet" protocols and "warm hand-offs" are absolutely critical.
- **Lesson #3:** An early focus on establishing MOUs will help develop formal relationships and facilitate the "red carpet" protocols and "warm hand-offs" which so dramatically increase the likelihood of a participant following through with clinical care.

## Limitations

- Findings are preliminary – the study project is ongoing
  - Enrollment date ends December 31, 2020
- Current enrollment Number n= 59/120 (49.2%)
- Ill-prepared for a global pandemic
  - Procedures transitioning to virtual/remote
  - It is unknown how transitioning from face-to-face to remote peer case management sessions will influence outcomes

## Acknowledgements

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- Special thanks to our Project Officer, Chau Nguyen, MPH, and the entire SPNS BMSM ETAP.

## References

- <sup>1</sup> 2018 Ryan White HIV/AIDS Program Annual Client-Level Data Report.
- <sup>2</sup> Buttram MS et al. 2013.
- <sup>3</sup> Jones KT et al. 2010