



# **RES**ource **T**roubleshooting (**RES**T) **G**uide

**A Report on Challenges and Strategies  
for Linking HPTN 061 Participants to  
Community Resources**

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## II. INTRODUCTION

Black men who have sex with men (MSM) are one of the largest and fastest growing populations with HIV in the United States.<sup>1</sup> As with most other racial/ethnic health disparities, HIV transmission and illness experiences of Black MSM are influenced by various social drivers that characterize the conditions in which they live.<sup>2-4</sup> These include poor baseline health status,<sup>4</sup> poverty,<sup>5</sup> racism,<sup>6</sup> and homophobia. Access to healthcare, sufficient employment, and safe, stable housing (among other things) are important resources for MSM that can have an impact on both primary and secondary HIV prevention.<sup>7-8</sup> Evidence-informed strategies developed through cross-site knowledge exchanges are needed to ensure that the most appropriate connections are made between research participants and community resources and services.

### Format of the Report

The report is designed to be used much the same way that one would use a “fix it” guide or other document for troubleshooting problem situations.

The report is laid out in five sections (III - VIII). Each section of the report focuses on a particular topic related to resources that were commonly identified as an area of need among HPTN 061 study participants. Each section is formatted identically so that you can quickly identify the area where you may be most likely to find the information that is most immediately relevant to you or your client situation.

**1. General Observations.** This provides you with a basic summary of the topic area in terms of key messages derived from semi-structured conversations that were conducted with the HPTN 061 sites.

**2. Identifying the Needs.** This provides you with tips for how you may be able to recognize that the client has a need in the topic area. The information here was derived from feedback from personnel at HPTN 061 sites in response to the following questions:

Primary Question	Follow-up Questions
How do you know that clients needed to be linked with resources in this area?	What are the various possible ways that resource needs in this area get identified?

**3. Assessing Goodness of Fit.** This provides you with a sense of how you can go about determining whether a service within a given topic area is suitable for the participants. The information here was derived from feedback from personnel at HPTN 061 sites in response to the following questions:

Primary Question	Follow-up Questions
How did you determine that resources were appropriate for Black MSM?	What were some of your indicators appropriateness/inappropriateness?  What did you do in situations when they weren't appropriate?

**4. Anticipatory Guidance.** This identifies the various types of challenges that you can reasonably expect to encounter as you work with Black MSM participants. We chose to conceptualize this as anticipatory guidance since it is important for you to understand that many of the “challenges” are to be expected since they are largely products of the intersecting social, cultural, economic, and political contexts within which the men live.

Primary Question	Follow-up Questions
What are the challenges that you experienced when trying to connect people to resources in this area?	Which challenges are the most common?

**5. Potential Strategies.** These are tips for how you can facilitate linking clients to the services that they need. The items listed are a conglomeration of strategies that have been used across the HPTN 061 sites. Some site-specific strategies have been reframed to highlight the more general, central points for broader applicability.

Primary Question	Follow-up Questions
How did you resolve the most common challenges in this area so that the client received the needed resources?	If you didn't have complete success addressing the challenge, what did you “try” to do to resolve the challenges?
	Did it help? If yes, how? If no, why not?

**6. Expansion Pages.** These are blank pages that you may use to further develop the REST guide to meet your site-specific needs based on your ongoing experiences with study participants. There are expansion pages included at the end of the subsection on “Anticipatory Guidance” and “Potential Strategies.”

**\*\*Note.** Data used to construct this report was collected between April 2011 & May 2011.

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### **III. HOUSING**

## **HOUSING**

### **GENERAL OBSERVATIONS**

Housing was an important need identified consistently across the sites that were interviewed during the development of this resource troubleshooting guide. When working with Black MSM you may expect that housing will be a priority.

Many Black Men at risk for HIV live in crisis daily. Two-thirds of homeless men and women suffer from mental illness and or addiction. Many of them receive fragmented treatment, or no treatment at all, and as a result cycle in and out of emergency rooms jails shelters and the streets (Project Renewal, 2011).

### **IDENTIFYING THE NEED(S)**

The various scenarios that may indicate that a person may have a need related to housing resources include:

1. Notice people who may come in carrying luggage or excess baggage as this may be a sign that they do not have a safe stable place to store their belongings.
2. Note if participants are wearing temporary clothing outside of their original context (e.g., hospital gown; jail issued clothing).
3. During the intake interview participants may self-disclose their need for housing. This is probably the most common way that the need will be identified.
4. Carefully review the locator form for irregularities, discrepancies
  - No full address listed
  - Don't know the zip code
  - The home address isn't in area of the city where the clients said they lived
  - You notice the address is of a mission or single room occupancy building.
5. Notice if a client doesn't provide you with an address but indicates that they can be found in a general location (e.g., public park, street intersection)

## **ASSESSING GOODNESS OF FIT**

Please consider the following items when determining whether housing services are suitable for the needs of a study client.

1. Establish partnerships and/or hire staff who have experience with the housing system (including shelters) who could provide insight regarding the appropriateness of particular housing options.
2. Consider if the place has rules that are incongruent with the client's current life circumstances. Do they require the client to:
  - Complete chores
  - Meet a curfew
  - Adopt or refrain from certain lifestyle choices
  - Attend religious services or engage in other religious practices such as prayer.
3. Determine if it is a wet shelter (i.e., allows supervised alcohol or drug use) but client is in recovery? Conversely, determine if the shelter has a policy of abstinence from alcohol and drug use but the client is using harm reduction techniques or is in active addiction.
4. Understanding the rules around occupancy times (out during the day).
  - Some clients may have to leave the premises as early as 5am and will be required to return at a certain hour for a vacant bed.
5. Determine whether couples are allowed to cohabitate in a facility.
  - Some facilities will not allow couples to live in the same space or won't allow sexual contact with anyone who lives in the same shelter.

## ANTICIPATORY GUIDANCE- HOUSING

Challenge	Potential Strategies
Exhausting particular resources in previous experiences. . Some participants rotate among service provides and may misuse or involuntarily damage relationships between the client and the service provider (i.e., burned bridges)	2, 5, 9, 10
Some people can only live in certain housing options for a time-limited period. For example, some transitional housing programs only provide housing for up to a year,	10, 12
It can be more difficult to find placements for people without HOPWA (housing opportunities for people with AIDS).	12
Income requirements—if a person has an income above a certain level, they will not be eligible for HOPWA.	3, 6, 8
A client’s possession of a housing voucher doesn’t guarantee access to facilities because landlords sometimes experience housing support assistance programs as hassles and thus may deny housing to an otherwise eligible and suitable tenant.	3, 9, 11
Many transitional beds are connected to substance abuse treatment; thus, if a person is not sober they won’t be eligible for placement. Similarly, clients not in need of substance abuse treatment are not eligible for placement.	3, 6, 8, 12
There may be limited housing options as federal and state support for programs are reducing.	3, 4, 8, 10, 12
Persons convicted of sex offense related crimes will be restricted from being placed in certain housing or areas—drastically reducing the number of placement options.	1-3, 6, 8, 11, 12
Criminal histories, in general, increase difficulty finding housing placements for clients.	1-3, 6, 8, 11, 12
You may encounter differential access to housing support based on HIV status. There may be some additional support mechanisms for people with HIV which may not be available for people who are HIV negative or status unknown.	2, 6-10
Clients may have emergency situations that lead to high stress and anxiety, which can overwhelm them (i.e. burn out), causing them to check out before the long process of finding suitable housing placement is complete.	3, 4, 6, 8, 10, 12



## POTENTIAL STRATEGIES

- [1] Touching base with the participants regularly to assess changes in housing status (a monthly call for vitality checks and or residency changes).
- [2] Maintaining strong relationships with folks working in housing programs and/or shelters. To increase likelihood of successful and speedy referrals
- [3] Keep an ongoing list of challenges that can be encountered at potential agencies to help inform the decision making processes for referring people to the housing options (saves time and expense if has to use public transit to access the placement).
- [4] Knowing when is the window for occupancy (i.e., after a certain times bed will be full or knowing exactly when to be in line to increase of odds of being housed for the evening).
- [5] Conducting warm referrals. Developing rapport with staff so that clients can be seamlessly referred to services. This promotes experiences of care continuity.
- [6] Sometimes times it is helpful to talk with the case manager to discuss the clients whereabouts and the service needs of the client. This can prevent duplicating efforts and leads to a more cohesive treatment/prevention/service plan.
- [7] Receive permission to write letters confirming the status as homeless and no money. Sometimes the letters can be used to corroborate the person's identity. (be sure that your actions are congruent with HIPAA regulations).
- [8] Ensure to stay client-centered...making sure that the clients do indeed want housing support. Ask the clients what they want will increase adherence or follow-up to housing plan.
- [9]. Offer to draft a letter of recommendation and/or or assist the client in drafting a letter requesting that that their housing inquiry be reconsidered.
- [10]. Assist the client in developing a "to do" list and a timeline for securing a more permanent place of residence.
- [11]. Help ensure that the clients are aware of their rights and entitlements
  - possibly appeal for case by case consideration
  - report any complaints of discrimination, maltreatment, or other such unprofessional activities to the proper authorities so that there is an record/audit trail regarding these experiences of injustice
- [12]. Be mindful of time management and stress management - everything doesn't happen overnight - keep trying



## **IV. EMPLOYMENT AND EDUCATION**

# EMPLOYMENT AND EDUCATION

## GENERAL OBSERVATIONS

There was a general scarcity of employment opportunities for the men who participated in the study. Many of the men in the study did not qualify for entry-level employment in sectors where there was job growth and availability. For example, some jobs required college degrees or some level of post-secondary education, computer proficiency and/or clerical skills such as typing. These types of requirements rendered a great number of employment opportunities out of reach for many men. Sites estimated that 75% to 90% of participants were unemployed, under-employed or collecting supplemental security income, including disability assistance.

Overall the men recruited from the six cities are living on substantially low incomes (e.g., \$10,000 or less). Many participants reported never actually having had “legitimate employment” at any point in their lives. About 20% of men in the study who were not currently working reported that it was because of disability. It is estimated that the majority of the disability was related to mental illness and addiction. Low income and low level education may be indicators that the client may have a need related to securing sufficient employment based on their skills.

## IDENTIFYING THE NEED(S)

The various scenarios that may indicate that a person may have a need related to employment or education resources include:

1. When completing the case report form (CRF) you may notice that the individual is reporting an annual income of \$10,000 or less.
2. A question on the demographic CRF asks about level of education. If you notice that a client has have less than a high school education, it raises a flag to assess whether they:
  - a. may be at-risk for experiencing unemployment or underemployment due to low educational attainment.
  - b. may have an interest in pursuing education-related goals.
3. During recruitment—potential participants may self-disclose that they are interested in receiving support with finding employment or that they want to:
  - a. go back to school (i.e., finishing their high school education)
  - b. study a trade (i.e., enrolling in a vocational or technical program)
  - c. enroll in college
4. During the intake interview or (post-ACASI check in) process—participants may indicate that they “want jobs” or are otherwise interested in finding employment or pursuing educational activities.

## **ASSESSING GOODNESS OF FIT- *EMPLOYMENT***

Please consider the following items when determining whether employment related services are suitable for the needs of a study client.

1. Gain an understanding of whether clients have suitable skill sets for the job(s) of interest.
2. Assess whether potential employers have on-the-job training (OJT) or other supports that may help build the clients capacity to successfully perform the job(s).
  - a. maintain a list of employers that offer OJT and other training supports so that these can be easily retrieved when you encounter a client that will need this type of assistance in order to be successful on the job.
3. Talk to other clients about their experiences with employers or employment service agencies.

\*\*These clients will have a strong sense of places that are “friendly” and those that are not since they have had experiences with these employers.
4. Whenever possible, try to identify programs that are integrated with other services that may address clients’ needs.

\*\*For example, a program that includes housing and job skills training and job placement for graduates would be an ideal bundle of services that could address the complex needs of some participants.

## **ASSESSING GOODNESS OF FIT- EDUCATION**

Please consider the following items when determining whether education related services are suitable for the needs of a study client.

1. Gain an understanding of what are the necessary pre-requisites for entry into the program.
  - \*\*Ensure that the client is aware of what is required and help him determine if he meets the requirements. If he does not meet requirements, assist him in determining what he needs to do to meet the minimum requirements.
2. Assess whether potential educational programs have “bridge” initiatives that may allow a client without high school diploma (or who may not otherwise meet standards for program entry) the opportunity to participate in capacity building courses or other activities to facilitate their successful completion of the program of study.
  - a. maintain a list of education programs that offer “bridge” initiatives that these can be easily retrieved when you encounter a client that will need this type of assistance in order to successfully complete their education program of interest.
4. Talk to other clients about their experiences with various education programs or education related services. Know the places/programs where previous clients have had success.
  - \*\*Get a sense from clients why program(s) worked or didn’t work well for them. Elicit advice that can be shared with other clients that are considering the same program(s).
3. Whenever possible, try to identify programs that are integrated with other services that may address clients’ needs.
  - \*\*For example, a program that includes housing, educational/vocational training and job placement for graduates would be an ideal bundle of services that could address the complex needs of some participants.

## ANTICIPATORY GUIDANCE- EMPLOYMENT AND EDUCATION

Challenge	Potential Strategies
Lack of readiness of client to conform to work requirements a. dress codes b. work hours	3, 8
Employment programs sometimes have age restrictions and are sometimes unavailable for people ages 25 and older.	3
Clients will not be eligible for certain federal aid or scholarships if they have not registered for the selective service.	8-9
It will be difficult for clients with criminal histories to be accepted for certain loans and scholarships.	4, 6
Unstable housing will present challenges for employment. a. clients may face covert discrimination based on their use of a temporary shelter address. b. clients may have little access to or control over hygiene facilities and/or products necessary to prepare for work	1
There may be a lack of jobs available in the community available for which people are immediately qualified to take. a. employment skills capacity building may be necessary to prepare clients	3-4
Reductions in public funding to support training and employment programs will increase the challenge of capacity building with clients.	3
Sometimes you will have only one chance to make a small “win” with the client. If you are unable to be helpful on the initial visit, the client may permanently disengage.	1-3
Clients may have strong goals for securing jobs, but may not have the minimum education required to successfully complete for jobs in their desired employment sector.	2, 5
The process for securing public aid to support education usually begins with completing the Free Application for Federal Student Aid (FAFSA). The FAFSA may be difficult for some clients to understand and/or complete.	7



## POTENTIAL STRATEGIES: EMPLOYMENT AND EDUCATION RESOURCES

- [1] Help clients to be more prepared for interviews including knowing their employment rights under the law; that employers cannot discriminate.  
\*\* For example, race, color, sex, national origin, age, marital status, religion, health or functional status are off-limits in terms of what a potential employer could ask in an interview. These vary from state-to-state. Please know your state's rules with regard to laws prohibiting job discrimination. There are federal laws that apply regardless of the state where one lives.
- [2] Help participants address their perception that they don't have any skills when there may be something that could be highlighted from some of their life experiences
  - a. For example, if they have raised their brothers and sisters they may have skills related to child minding.
  - b. You may also assist them with presenting their experiences in language that makes them marketable to employers.
- [3] Providing participants with some basic level of job skills coaching, including:
  - a. how to use the internet
  - b. how to email—including email etiquette
  - c. how to develop and update a resume
- [4] Utilize community resources to inform the participants of available jobs
  - a. job boards and listservs
- [5] Refer participants to temporary employment placement agencies.
- [6] Identify which employers in your community will consider hiring clients who have criminal records. Maintain a list of these employers so that clients can be referred to them first (to avoid multiple predictable rejections)  
\*\*Document where clients with criminal records were able to find employment. There is an issue of validity here since you may not be able to know if the client disclosed their incarceration history to the employer.
- [7] Ensure that there is someone on staff who understands how to complete common forms that will be part of the clients process for attaining educational or employment goals.
  - a. FAFSA
  - b. Employment applications (especially online applications)
- [8] It is quite possible that you may not be able to help the client find a solution.  
\*\*Given the scope of your peer community navigator role, you may only be able to point the client in the right direction.
- [9] Attempts to provide support in this area were particularly difficult.



# **V. SOCIAL SUPPORT AND SOCIAL SERVICES**

# **SOCIAL SUPPORT AND SOCIAL SERVICES**

## **GENERAL OBSERVATIONS**

Across all of the sites there was a major lack of social support services/venues such as groups or networking activities for Black MSM. Many of the groups that did exist were designed specifically for people living with HIV and not so much for people that are HIV negative or status unknown. There were also many social support programs that were designed for youth up to age 25 and wouldn't be appropriate for referrals for men who were older. Across all of the sites it was also apparent that many of the support groups that did exist were centered on HIV prevention, not focused on the general need for community and belonging among Black MSM.

## **IDENTIFYING THE NEED(S)**

There were several ways that the need for additional social support services was assessed for participants at the sites in the contexts of completing study visits or participating in the intervention of Peer Health Systems Navigation (PHN).

1. The need for social support was assessed at two primary points of time:
  - a. During the post-ACASI counseling session
    - i. This session often included probes about what the participant already knew about existing avenues of support available in the community
  - b. During PHN mini-assessments that would occur at the end of the enrollment visit, or during a more thorough PHN intake for those who received the intervention
2. Many participants expressed a desire just to have a safe space to hang out and talk about the issues in their lives
  - a. An expressed desire for social support instead of for specific social services; sense of community (both formally and informally)

## **ASSESSING GOODNESS OF FIT**

At several of the sites, study staff made it a point to identify local organizations that were known for their specific work with Black MSM in an attempt to have referrals that were culturally appropriate.

1. Identify which (if any) agencies have an established history in working with the target population is helpful
  - a. At most of the study sites, partnering with these specific agencies seemed most appropriate for serving the needs of the Black same gender loving community
2. In the event that there is not a community partner that specialized in the needs of the target population, it can be beneficial to identify other agencies that *can* serve the needs of Black MSM with minimal cultural training.
3. Provide participants with options for referrals and then allow them to select based upon their own location and areas of interest (e.g., religious groups, sports teams, political groups)

## ANTICIPATORY GUIDANCE- SOCIAL SUPPORT AND SOCIAL SERVICES

In some communities, there may not be many services that support Black MSM in both their racial identities and sexual orientations. Sites should make a particular effort to seek out or support/contribute to the creation of these safe spaces for their participants.

Challenge	Potential Strategies
If there are few referral agencies for the population, one challenge is to support the development of appropriate programs to which clients can be referred.	1, 2
Participants may want some place that is comprehensive and focused on the Black culture of MSM and not just on behavioral HIV prevention	1-3
Younger Black MSM may have specialized needs based upon their life/developmental stage.	3-5
Nightclubs/bars are the primary venues for Black MSM to socialize (usually in the presence of alcohol and drugs) which may not be best for men in recovery or those who do not use alcohol or drugs.	1, 2, 5
Many peer and social support opportunities for Black MSM are geared for males under age 25. Not many peer social support programs are available for men 25 and older.	1-3, 5
There may be some support agencies in site cities that are perceived as not being welcoming to Black MSM either because they are Black, because they are not gay-identified, or because they have sex with men—regardless of whether or not they identify as gay.	1-3, 5



## POTENTIAL STRATEGIES

- [1] Make a particular effort to seek out referral organizations that can address both the racial culture and also sexual orientation culture of Black MSM.
  - If no such safe spaces exist in the community, it might be important for sites to create their own safe spaces (often with community partners) so that participants have a place to connect, share, and support one another
- [2] Pair up with other local groups who could open other avenues for social support for participants.
  - Black/Latino cultural groups
  - Church groups
  - Demographic matching with service providers
- [3] Become familiar with the constellation of available social support services and also be able to educate participants about what is realistic given limited availability of some funded programs.
- [4] For younger men who are enrolled, getting them connected to support agencies may be a little easier because many of them (especially those who may have been tenuously housed) may tend to hang out in areas where youth-oriented services are clustered
- [5] Ask participants about their own preferences with regard to community referrals for peer and social support.
  - Peer support does not always mean gay or same gender loving support groups.
  - Some programs where Black men are able to socialize without necessarily distinguishing between sexual identities may be appropriate for some participants.



# **VI. MENTAL HEALTH AND SUBSTANCE ABUSE**

# **MENTAL HEALTH AND SUBSTANCE ABUSE**

## **GENERAL OBSERVATIONS**

There was a definite demonstrated need for mental health and substance abuse support or treatment for many of the men who participated in the study. Many of the men in the study were recruited from communities that had high rates of homelessness and associated issues. Treatment-seeking behaviors for African American communities often have high levels of accompanying stigma when it comes to issues of mental health. Although a large number of men in the study may have already been aware of existing needs for mental health services, it is still important to consider a client's motivation and also degree of self-efficacy in order to support them in this area.

With regard to providing referrals for either mental health support or substance abuse treatment, when working with a population of Black MSM, there are some key issues that must be considered in order to properly assess a client's need and to then provide an appropriate source of referral for care or support.

## **IDENTIFYING THE NEED(S)**

When it comes to providing appropriate referrals for mental health support or substance abuse treatment when working with a population of Black MSM there are some key issues that must be considered to properly assess a clients level of need:

1. Participants may come to the program with the expectation of being linked to mental health and substance abuse services
2. Sometimes clients that enroll will be open and transparent about mental illness diagnoses
3. As part of the formal needs assessment, ask clients if they are in need of any formal mental health services
4. Staff may find that clients often withhold a lot of information until they feel that the environment is safe. Staff should specifically ask during the post-ACASI counseling session about whether any of the themes in the instrument raised any concerns for them.
  - a. Many participants would begin to share information with staff about their experiences with depression, anxiety, childhood sexual abuse or other issues after spending some time at the sites during the lengthy enrollment visit. Some clients will report that thre questionnaires helped raise their awareness about previous experience they may have had in their lives

## ASSESSING GOODNESS OF FIT

There were just a few indicators that staff at the sites mentioned when determining the appropriateness of mental health/substance abuse referrals offered to the Black MSM who participated in the study:

1. Finding places that were comfortable for men who were both Black and also MSM was very important
2. Site staff reported knowing from the information that people shared with them that they hadn't had a chance to speak their issues to another Black man
3. In the context of the focus groups and individual interviews that people expressed that they hadn't had a chance to do this before.

## ANTICIPATORY GUIDANCE- MENTA HEALTH AND SUBSTANCE ABUSE

Some of the challenges may relate to the pattern of staffing at the research site(s), while others were more focused on things that may be barriers at the agencies where participants were being referred:

Challenge	Potential Strategies
Participants may not want to share certain risk-related stories to Black MSM on the study team due to concerns about privacy related to social network overlap between them and staff members	4, 5
Limited number of places available at mental health treatment and substance abuse treatment centers.	1, 2
Study staff might know the participant personally or be within their social network.	4
Some mental health care providers may not be oriented towards addressing Black cultural experiences	1
Some mental health providers that specialize in the mental health care needs of Blacks may not be oriented to addressing diverse sexualities.	2
Certain mental health and substance abuse treatment programs are only covered by specific types of insurance; thus, some participants will not meet the insurance requirements.	1, 3, 10
Some participants will not have the necessary documentation that could get them access to services (e.g., social security number). This may be a significant challenge is for participants who have immigrated without visas.	1, 3, 9, 10
The waiting lists for the most well-resourced and highly regarded programs are 3-5 months long.	8-10



## POTENTIAL STRATEGIES

Some of the strategies used across the various sites to address challenges experienced in supporting mental health and substance abuse include:

- [1] Identify a Black therapist that is willing to see study clients on a sliding fee scale basis because many clients may prefer to be connected to Black providers.
- [2] Utilize referrals at LGBT mental health centers, where appropriate, even if they didn't focus specifically on issues affecting Black men.
- [3] Conduct case conference to exchange information and to ensure all teams members are on the same page with regard to the clients plan.
- [4] If there is a client that had a pre-existing relationship with a staff member, the staff member must recuse himself/herself from study related interaction with the client.
  - The staff is not allowed to have access to any of the client's information.
- [5] Ensuring that participant/client boundaries are reinforced such that staff and clients are not made vulnerable by possible romantic attractions.
- [6] Encourage clients to disclose to their psychiatrists if they are using other non-prescribed drugs.
- [7] Encourage participant to discuss any psychotropic medication side effects openly so that they can receive the maximum benefits from health visits.
- [8] Sites can administer intake forms for mental health and substance abuse treatment programs, assist the client to complete the form, and fax it then the treatment program can follow-up with the site or the individual.
- [9] The quicker you can make the connection for the client, the better—try to make speedy referrals. Find a way to get it done right then. If too much time passes the window created by the ACASI “aha moment” will close.
- [10] Accessibility to a clinician is an important feature. At some of the sites, there was a clinician that was on-site all of the time for psychiatric emergencies, assessments, or to support immediate linkages when a client had an immediate need.
  - This is particularly important when referring people to long-term case management and support when there may be complex challenges present that can't be easily triaged within the scope of the protocol for HPTN 061.



## **VII. HIV AND STI TREATMENT SERVICES**

## **HIV AND STI TREATMENT SERVICES**

### **GENERAL OBSERVATIONS**

Screening for HIV and STIs was built into the study protocol. Most sites experiences with HIV and STI testing were related to the routine study protocol related testing. Participants who are engaged in peer health navigation (or peer community navigation) may express an interim need to be referred for STI screening and/or treatment. Even while screening was available for all, treatment was not available at all sites based on circumstances at the site (e.g., there is not an onsite clinic; clinic offers fee-based services) or circumstances related to the client (e.g., no health insurance coverage). Moreover, the specimens collected and tests conducted as part of the baseline and follow-up study visits are not substitutes for standard physical assessments for STIs.

### **IDENTIFYING THE NEED(S)**

Participants were offered HIV and STI screening at baseline; thus, participants screening was a matter of routine, not based on the identification of particular risk assessment or symptom assessment that warranted the screening. Nonetheless, there are various scenarios that may indicate that a participant may need to be linked with non-study related HIV and STI screening and treatment services. These include when:

1. You receive any positive result for the STI/HIV screening tests conducted as part of the study intake process.
2. During a visit (including baseline), a participant discloses that he has anogenital symptoms of any kind. These could include but are not limited to:
  - a. pain or tingling in the penis (including during urination)
  - b. itching
  - c. bumps or blisters
  - d. drainage from the penis or anus (regardless of color or odor)
3. During a PHN visit or other follow-up visit, a participant discloses that he has had sex without using a condom since the last visit. This may be an indication for STI screening/treatment referral regardless of whether or not the client discloses that he has symptoms.
4. During a PHN visit or a follow-up visit, a participant discloses that one of his recent sexual partners experienced anogenital symptoms or was diagnosed with an STI, including HIV.

## **ASSESSING GOODNESS OF FIT**

Please consider the following items when determining the suitability of STI and HIV screening and treatment related service referrals for the study participant.

1. Inquire if the participant prefers to be screened and/or treated by a health provider outside of the area (e.g., outside of their neighborhood).
  - a. Start by informing the participant about local screening and treatment services available based on where they may live in the city.
  - b. Work with them to find others services if they prefer to go to another site outside of their home area.
2. Determine if the participant has any concerns about confidentiality related to being referred to particular well-known clinics.
  - a. For participants who are concerned about their confidentiality being compromised by simply visiting a clinic that only provides sexual health services, consider whether the clinic offers other health services besides HIV/STI testing and treatment.
3. If HIV positive result, determine if the participant wants to be referred to an HIV-specialty clinical practice or to a general primary care provider?
4. Determine whether insurance or ability to pay will be a barrier to receipt of treatment for a sexually transmitted infection.
5. Consider identifying places in close proximities to where the participant lives.
6. Consider if the place is appropriate for people of certain ages, ethnicities, and other demographics
  - a. For example, you may want to reconsider sending a 50-year-old participant to a free clinic that tends to target adolescents. However, never make assumptions. Whenever possible identify the person's preferences.
7. Consider any feedback you may have received about Black MSM's satisfaction with their experiences visiting particular health providers, clinics, or other programs that offer STI/HIV screening and treatment services.

## ANTICIPATORY GUIDANCE- HIV AND STI TREATMENT SERVICES

CHALLENGES TO ANTICIPATE	Potential Strategies
Without insurance the participant is not likely to get treatment at private practices or they will not be able to receive treatment at a clinic where they are not registered a patient.	1, 10-11
A birth certificate or some form of government issued identification is needed in order to apply for certain health coverage (e.g., Ryan White Care Act). This will be a challenge for clients who do not have access to U.S. government issued identification to a number of issues including <ul style="list-style-type: none"> <li>▪ forced migration</li> <li>▪ homelessness</li> <li>▪ immigration without a visa</li> </ul>	10-11
Disease investigators can sometimes be overzealous in their pursuits of treatment verification or partner tracking. Participants with negative past experiences may be particularly reluctant to being diagnosed with a reportable infection.	3-5, 9
Participants may not understand whether they are eligible for public health insurance and/or may not understand the breadth of coverage under their public health insurance plan.	11
Some private practices do not take public insurance, such as Medicaid due to low reimbursement rates.	1
Sometimes the participants will present as their greatest barrier to receiving treatment—resistant to engaging in care due to a number of concerns including <ul style="list-style-type: none"> <li>▪ shame</li> <li>▪ concerns about privacy</li> <li>▪ concerns about having to cope with certain diagnoses</li> <li>▪ stigma about being in an HIV specialty clinic.</li> </ul>	9-10
Some participants will be concerned about receiving care at a place that is publicly identified as a “gay” organization or an AIDS service organization or clinic. This may limit the options you have for where you can refer them.	2, 9-10
Anti-Black racism and class discrimination are unfortunate yet important realities that present barriers to Black MSM receiving services at some well-resourced clinics (including gay friendly or gay-oriented clinics and programs). This limits options for where you will be able to comfortably refer the client.	2, 7, 9
Some LGBT clinics may express disdain or animosity to participants for not identifying as “gay” or for what they may perceive as “acting straight.” This limits options for where you will be able to comfortably refer the client.	2, 7



## POTENTIAL STRATEGIES

- [1] Identify clinical sites that provide confidential STI screening and treatment at no or low cost. Maintain a regularly updated list of these clinics.
- [2] Refer participants to the primary health care provider or other medical/clinical home to promote continuity of medical care.
- [3] Make contacts with municipal or state department of public health disease intervention specialists (aka public health representative) to advocate for more sensitivity in their interactions with study participants.
- [4] Advise participants that they can sign a release of information form that will allow their provider to inform the DOH that they have received treatment for the reported diagnosis.  
\*\*This may prevent the further DIS calls related to treatment, but may not prevent calls related to sexual partner contract tracing.
- [5] Advise clients of their statutory rights to privacy, while acknowledging the importance of partner notification, screening, and treatment in the DOH's effort to reduce the spread of prevention of sexually transmitted disease.
- [6] Refer participant to a clinic or program that has walk-in services.
- [7] If you have a primary health care or HIV specialty clinic at your study site, consider determining whether the participant is interested in transferring care to the onsite clinic.
- [8] Assist clients to connect to a medical/clinical home, especially in states without robust public health insurance systems for people who are HIV negative.
- [9] Address resistance to engaging with care by providing basic health education tailored to the clients level of readiness, offering alternative treatment locations, and also accompanying participants to medical appointments to provide them with direct support.
- [10] Sometimes public health clinics will provide expedited treatment to someone who has a clinical and/or laboratory confirmed diagnosis of an STI. It is important to identify these types of referral process efficiencies to facilitate participant follow-up with treatment.
- [11] Assist clients to determine eligibility for public insurance or other health payer programs.
- [12] Encourage participants to continue to advocate for getting the needed services even if it may take some time.

