

ACTION ITEM
Minnesota Council for HIV/AIDS Care and Prevention
Directive for Psychosocial Support Services
April 9, 2024

1. Background

“The planning council has the right to provide directives to the recipient on how best to meet the service priorities it has identified. It may direct the recipient to fund services in particular parts of the EMA or TGA (such as outlying counties), or to use specific service models” (Ryan White Part A Planning Council Primer, page 22). The council may use directives to Part A to call for the testing or broader use of a particular service model.

2. Rationale

Since 2022, the Disparities Eliminations Committee has investigated the disparities and barriers to care in behavioral health services (behavioral health services being defined as mental health, psychosocial support, and substance use services). In May 2023, the committee hosted a mental health provider panel to learn directly from providers how barriers to behavioral health care impact disparities and delivery of care. Additionally, in September 2023, the committee received a presentation from the New York City Planning Council on a behavioral health directive that integrated mental health, psychosocial support, and substance use services, and also created an enhanced peer support model to access those services. In a systematic review of peer support models for people living with HIV conducted in 2021, such models were found to have modest, but superior retention in care, antiretroviral therapy adherence, and viral suppression rates. Furthermore, multiple Ryan White funded recipients and subrecipients have developed effective peer support models which have improved outcomes along the HIV care continuum for people living with HIV.

The committee aims to develop an enhanced peer model to increase access and retention to behavioral health services as data shows deep disparities in access to these services.

3. Recommendation

The Planning and Allocations Committee(PAC) directs the Part A Recipient and recommends to the Part B Recipient to facilitate revisions to Section 8.3 of the Psychosocial Support Services to outline an enhanced peer support model that includes client referral, group facilitation, behavioral health navigation services, and accompaniment to behavioral health services including Psychosocial Support, Mental Health, and Substance Use (Outpatient) Services. PAC also recommends directing the Part A recipient and recommend to the Part B Recipient to collaborate and better define peers within the service standard.

PAC also recommends directing the Part A Recipient and recommending to the Part B Recipient to include a prompt in the Fiscal Year 2024 Multi-Service Request for Proposals for any proposals requesting Psychosocial Support Services funding to outline how the proposer will involve peer support staff in the delivery of their Psychosocial Support Services.

Recommendation from the Disparities Elimination Committee to the Planning & Allocations Committee

The Disparities Elimination Committee (DEC) of the Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) recommends to the Planning & Allocations Committee that they direct the Part A Recipient and recommends to the Part B Recipient to facilitate revisions to Section 8.3 of the Psychosocial Support Services to outline an enhanced peer support model that includes client referral, group facilitation, behavioral health navigation services*, and accompaniment to behavioral health services including Psychosocial Support, Mental Health, and Substance Use (Outpatient) Services. Disparities Elimination Committee also recommend directing the Part A recipient and recommend to the Part B Recipient to collaborate and better define peers within the service standard.

DEC also recommends directing the Part A Recipient and recommending to the Part B Recipient to include a prompt in the Fiscal Year 2024 Multi-Service Request for Proposals for any proposals requesting Psychosocial Support Services funding to outline how the proposer will involve peer support staff in the delivery of their Psychosocial Support Services.

Since 2022, the Disparities Eliminations Committee has investigated the disparities and barriers to care in behavioral health services (behavioral health services being defined as mental health, psychosocial support, and substance use services). In May 2023, the committee hosted a mental health provider panel to learn directly from providers how barriers to behavioral health care impact disparities and delivery of care. Additionally, in September 2023, the committee received a presentation from the New York City Planning Council on a behavioral health directive that integrated mental health, psychosocial support, and substance use services, and also created an enhanced peer support model to access those services. In a systematic review of peer support models for people living with HIV conducted in 2021, such models were found to have modest, but superior retention in care, antiretroviral therapy adherence, and viral suppression rates.¹ Furthermore, multiple Ryan White funded recipients and subrecipients have developed effective peer support models which have improved outcomes along the HIV care continuum for people living with HIV (see pages Appendix I for examples of peer support models from [TargetHIV](#)).

The committee aims to develop an enhanced peer model to increase access and retention to behavioral health services as data shows deep disparities in access to these services. In the 2020 Statewide HIV/AIDS Needs Assessment, the data demonstrated disparities in access to behavioral health services for several communities disproportionately affected by HIV/AIDS:

- Overall, 54.0% of respondents said that they were unable to access psychosocial support services. Compared to:
 - 67.9% for Not Hispanic (NH), American Indian and 81.8% for NH, multiple races clients.
- Overall, 33.5% of respondents said that they were unable to access mental health services. Compared to:
 - 50.0% for NH, Black/African-born and 39.8% for NH, Black/African American clients.
- Overall, 42.1% of respondents said that they were unable to access outpatient substance abuse services. Compared to:
 - 45.5% for NH, American Indian clients.
 - 75% for clients who live in doubled up housing.

- Overall, 44.5% of respondents reported that they were unable to access inpatient substance abuse treatment services. Compared to:
 - 63.6% for NH, American Indian clients.
 - 57.1% for people who are unstably housed or homeless.
 - 68.2% for people whose income is between 101% - 200% of the Federal Poverty Guidelines.
 - 58.8% for people who were diagnosed before 1997. and 57.1% for people diagnosed between 2016 - 2020.
- Overall, 21.4% of respondents reported that during the past 12 months, problems with emotions, nerves, or mental health caused them to miss their HIV medical appointments. Compared to:
 - 50.0% for NH, multiple races, and 35.4% for NH, American Indian,
 - 34.3% for transgender or a different gender identity,
 - 57.9% for people in temporary or transitional housing,
 - 35.2% for people diagnosed between 2016-2020.
 - 30.8% for people aged 18-29 and 28.6% for people aged 30-39.
- Overall, 22.4% of respondents reported that during the past 12 months, problems with emotions, nerves, or mental health caused them to not take their HIV medication as prescribed. Compared to:
 - 45.0% for NH, multiple races
 - 45.7% for transgender or a different gender identity
 - 55.3% for people in temporary or transitional housing
 - 40.7% for people diagnosed between 2016-2020
 - 35.9% for people aged 18-29 and 37.6% for people aged 30-39.²

Through the peer model directive, the Disparities Eliminations Committee aims to decrease and eliminate the disparities in access to behavioral health services through a targeted approach in the psychosocial support service standard, particularly for Black, Indigenous, Latinx, and People of Color (BIPOC) communities, transgender clients and people of different gender identities, people who are unstably housed or in temporary or transitional housing, youth, and newly diagnosed people living with HIV.

*Navigation of behavioral health services being defined as providing assistance to clients to navigate insurance and receive behavioral health benefits to which they are entitled, supporting non-case managed clients in understanding what services are available to them, helping to make and keep appointments, and following up on linkages/referrals.

References

1. Berg, R. C., Page, S., & Øgård-Repål, A. (2021). The effectiveness of peer-support for people living with HIV: A systematic review and meta-analysis. *PLOS ONE*, 16(6).
<https://doi.org/10.1371/journal.pone.0252623>
2. Hennepin County Public Health Ryan White Program & Minnesota Department of Human Services Ryan White HIV/AIDS Program, Peterson, A., Melson, J., & Reimer, E., 2020 HIV/AIDS Comprehensive Needs Assessment Survey: services databook 87-99.

Appendix I

Model Type	Name	Funding Source	Summary	Core Elements	Planning & Implementation	Results
Peer accompaniment	Peer Linkage and Re-engagement of Women of Color with HIV TargetHIV	RWHAP Part F SPNS	From 2016 through 2019, three clinics—AIDS Care Group, Howard Brown Health, and Meharry Medical College—participated in a Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) Dissemination of Evidence-Informed Interventions (DEII) initiative to implement peer linkage and re-engagement interventions for women of color with HIV. Integrating peers into HIV primary care teams has been effective in better engaging women of color in care.	Recruitment of clients; Intensive peer support; Clinical and administrative supervision of peers	Staffing; Recruitment & training of peers; Outreach to clients; Peers as part of the care team; Growth opportunities for peers; Technical assistance	<ul style="list-style-type: none"> • 58% of clients had a case manager (up from 23% at baseline) • 96% of clients were linked to care • 73% of clients were retained in care • 81% of clients reached viral suppression at six and 12 months after enrollment (53% virally suppressed at baseline)
Peer navigation	Co-Locating Care Management Staff and Peers in Medical Clinics TargetHIV	RWHAP Part A	Ryan Health, a Federally Qualified Health Center, and Alliance for Positive Change (Alliance), a community-based organization, created a medical-community partnership to link clients to care and decrease missed appointments. The Linkage to Care (LTC) program, utilizing peer navigators, was successful in reengaging clients who had fallen out of care.	Utilizing data to identify clients for outreach; Re-engagement activities; Co-location of Alliance Care Manager at Ryan Health; Funding through the Medical Health Homes project	Clinic and community-based organization partnership; Dedicated peer navigators; Space at the clinic; Regular team meetings	<ul style="list-style-type: none"> • 43% of clients were reengaged in care. • 98% of currently enrolled patients had at least two primary care physician appointments in the past 12 months. • 100% of currently enrolled patients were consistently engaged with the care management team every month.
Peer navigation	The Village Project TargetHIV	RWHAP Part F SPNS	<i>The Village Project</i> is an intensive case management-based intervention that harnesses peer navigation and integrated behavioral health services to improve the health outcomes of young Black gay, bisexual, and men who have sex with men. The intervention addresses social risk factors to improve health outcomes via enhanced social support systems. <i>The Village Project</i> uses a case manager, a peer patient navigator, a behavioral health counselor, and a client advocate to facilitate improvements in linkage to care, retention to care, access to behavioral health services, and viral suppression. This nine-month intervention was	Comprehensive acuity and other assessments; Intensive case management combined with peer navigation; Multidisciplinary case conferencing; Integrated behavioral health services;	Intervention designed with input from Black gay, bisexual and men who have sex with men; Including peers on the care team;	<ul style="list-style-type: none"> • Retention in care increased from 20.5 percent (31 clients) at baseline to 56.3 percent (85 clients) at 12 months post enrollment • Viral suppression increased from 45 percent (68 clients) at baseline to 76.8 percent (116 clients) at 12 months post enrollment

			implemented by Parkland Health & Hospital System as part of a Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) initiative. <i>The Village Project</i> was associated with increased retention in care and viral suppression.	Psychosocial support group		
Peer navigation	Bottom-Up Project TargetHIV	Non-RWHAP; City funding	Launched in 2019, the <i>Bottom-Up Project</i> is a multi-organizational initiative focused on leveraging health information exchange (HIE) data and peer navigation to identify people with HIV who are lost to follow-up. Using real-time clinical data, in combination with linkage to HIV care and social services, the <i>Bottom-Up Project</i> locates and reengages people with HIV who are not currently in medical care and are not virally suppressed. This project is a collaboration involving the New York-Presbyterian (NYP) HIV Center of Excellence, Alliance for Positive Change, Healthix (a New York State HIE), Housing Works, and New York City's HIV AIDS Service Administration (HASA). Through this collaboration, over half of patients on the lost-to-follow-up list were found and invited to enroll in the linkage to care/reengagement program.	Monthly lost-to-follow-up list; Using HIE data to locate clients from the lost-to-follow-up list; Peer navigators reaching lost-to-follow-up clients; Addressing social determinants of health	Partnerships; Staffing; Training	<ul style="list-style-type: none"> • 116 were found (52%) • 24 were enrolled (21% of those who were found) • 13 were reengaged in medical care (54% of those enrolled)
Linkage to care	Peer Engagement to Improve Linkage to Care and Retention in Care for Women and Youth TargetHIV	RWHAP Part D	University Health (UH) uses peers and patient navigators to provide support, reduce barriers, and improve linkage and retention to care for women and youth with HIV. Two peers with lived experience were hired as Outreach Specialists to spearhead the program, which is named <i>FAM210</i> . Their duties include planning and facilitating support groups, connecting clients to patient navigators, and developing innovative ways to engage youth and women. Outreach Specialists also share similar experiences, encourage medication adherence and use of services, and provide mentoring. The intervention was successful in moderately improving the numbers of clients linked to care, retained in care, and virally suppressed.	Hiring criteria; Outreach Specialist job description; Dedicated social media and marketing strategy	Staffing; Community outreach; Program promotion; Supplies and other costs; Meeting space	<ul style="list-style-type: none"> • Served from 418 to 623 (including increase in the number of youth served from 24 to 95) • Linked to care from 39% to 43% • Retained in care from 16% to 23% • Virally suppressed from 13% to 18%
Linkage to care	Project Strength Through Youth Livin' Empowered (STYLE) 2.0	RWHAP Part F SPNS	<i>Project Strength Through Youth Livin' Empowered (STYLE) 2.0</i> is a multi-component intervention designed to help reduce stigma and social isolation for Black gay, bisexual, and other men	Social marketing campaign and outreach; Peer health care	Adaptation of the original STYLE intervention;	<ul style="list-style-type: none"> • Receipt of HIV medical care increased from 79% to 85%

	Empowered (STYLE) 2.0 TargetHIV		who have sex with men (MSM). The intervention relies on health care navigators who facilitate linkage and engagement activities. They also connect clients to behavioral health providers who conduct motivational interviewing, as well as to a mobile application (app) that supports all intervention activities. As part of the Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men initiative, researchers at Duke University's Center for Health Policy and Inequalities Research adapted <i>STYLE</i> to create <i>STYLE 2.0</i> for young Black MSM (ages 18-35) living in North and South Carolina. <i>STYLE 2.0</i> participation has been associated with positive trends across HIV care continuum outcomes, including retention in care and increased viral suppression.	navigator; Medical-social support network; Virtual support groups; <i>STYLE 2.0</i> app; Behavioral health interventions	Recruitment; Incentives	<ul style="list-style-type: none"> Retention in HIV medical care increased from 76% to 88% Prescribed ART increased from 97% to 99% Viral suppression increased from 82%–91%
Linkage to care	Project CONNECT: E2i TargetHIV	RWHAP Part F SPNS	<i>Project CONNECT (Client-Oriented New Patient Navigation to Encourage Connection to Treatment)</i> uses linkage coordinators to effectively engage people in HIV medical care. It focuses on people with newly diagnosed HIV or people with HIV who are transferring their care or have been out of care. AIDS Taskforce of Greater Cleveland implemented <i>Project CONNECT</i> as part of Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i), an initiative funded by the Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) program from 2017–2021. <i>Project CONNECT</i> was successful in increasing the number of clients retained in HIV care and who reached viral suppression.	Early orientation; Enhanced personal contact; Biopsychosocial assessments and linkage to care	Linkage coordinator qualifications; Client recruitment; Choosing an assessment tool; Client incentives; Staff training;	<ul style="list-style-type: none"> Participants had between four to ten sessions with linkage coordinators over the 12-month period Retention in care increased from 16% to 28% Prescription of ART increased from 97% to 100% Viral suppression increased from 66% to 83%
Peer case management	Eradicating Racism and Striving for Excellence in HIV Care (ERASE) TargetHIV	RWHAP Part F SPNS	East Bay Advanced Care (EBAC), the largest HIV care provider in California's East Bay, developed and implemented <i>Eradicating Racism and Striving for Excellence in HIV Care (ERASE)</i> to address the unique needs of Black men who have sex with men (MSM). Through an intensive case management intervention, peer case managers	Peer case managers; Black MSM-affirming physical space; Policies to improve access;	Client recruitment; Staffing; Staff training; Team meetings	<ul style="list-style-type: none"> In the year prior to enrolling in <i>ERASE</i>, 54.5% of clients had two HIV medical visits; during the 12 months of the intervention, 74% of

			provide health education and wellness support, and connect clients to medical and behavioral healthcare. <i>ERASE</i> also offers a physical “safe space” for Black MSM to meet with a case manager, access medical services, or connect with peers. Enrollment in <i>ERASE</i> improved retention in HIV care for clients.	Comprehensive services		<p>clients had two HIV medical visits.</p> <ul style="list-style-type: none"> • Viral suppression increased slightly from 46.5% at baseline to 49.4% after 12 months of the intervention.
Peer case management	Building Brothers Up (2BU) TargetHIV	RWHAP Part F SPNS	<i>Building Brothers Up (2BU)</i> is a case management intervention designed to engage and reengage Black men who have sex with men (MSM) with HIV into HIV care services. Peer case managers work closely with clients to increase HIV health literacy, troubleshoot accessibility issues to HIV care, and connect clients directly to behavioral health and support services. This three-month intervention was implemented by the Friends Research Institute as part of the Black MSM Initiative funded by the Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) program. Clients who participated in <i>2BU</i> had increased retention in care and viral suppression 12 months after enrollment.	Peer case management; 2BU session activities; “Red carpet treatment”	External partnerships; Staffing; Peer case management; Clinical therapist; Training; Outreach and recruitment	<ul style="list-style-type: none"> • At 12 months, 85% (34/40) were retained in HIV medical care. • At 12 months, 50% (20/40) were virally suppressed, up from 37% at baseline