



DIP IN TO YOUR HEALTHCARE WITH

# PROJECT VOGUE!<sup>NYC</sup>

## **Gay Men's Health Crisis (GMHC): Project Vogue**

**Implementation Toolkit**



# Authors

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Below is a list of authors who contributed to implementation of this intervention and production of this Implementation Toolkit; however, this does not reflect everyone who provided invaluable insight and wisdom into program activities which guided direction and contents of this Manual. You are acknowledged.

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## Acknowledgements

GMHC would like to thank the NORC at the University of Chicago team, who provided Evaluation and Technical Assistance for this project. We also thank our Project Officer and his colleagues at the Health Resources and Services Administration (HRSA). Their guidance, feedback, and support throughout implementation of this project was invaluable. Additionally, we recognize our four main clinical partners who participated in the design and implementation of the project: Mount Sinai Hospital System (Mount Sinai), Callen-Lorde Community Health Center (Callen-Lorde), Ryan Community Health Center (Ryan Health), and Housing Works. GMHC also extends gratitude to all clients served by this project. Lastly, we acknowledge Impact Marketing + Communications for formatting the final Manual design.



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## Introduction

Building off the overview provided in the Implementation Manual, this Implementation Toolkit provides additional guidance on how to adapt and implement GMHC's Project Vogue intervention. This Toolkit is designed to provide more detailed information to support future replicators, especially HIV service providers and on-the-ground programs staff, who are planning for implementation or are in the process of implementing Project Vogue components.

Specifically, this Toolkit describes GMHC's adaptation process and documentation system in more detail and offers additional guidance on day-to-day implementation of the Project Vogue using the intervention protocol developed. The Toolkit also provides tangible tools and other materials to tailor and use when replicating, including sessions guides and marketing materials. Replicators are encouraged to reach out directly to GMHC team with questions or for additional information (see the Manual for the team's contact information).



# Consent Form

## Project Vogue

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<b>PROGRAM TITLE:</b>	Project Vogue
<b>SPONSOR OR FUNDING SOURCE:</b>	Health Resources and Services Administration (HRSA), Rockville, Maryland, United States; Grant # H97HA31808
<b>PURPOSE:</b>	Local and multi-site program evaluation
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### A. Introduction

This document is called a “consent form,” and it will help you understand Project Vogue and how you may participate in it.

Project Vogue is a program that will provide community-based care coordination services and integrated HIV prevention and behavioral health care for young Black men who have sex with men aged 18-45 in New York City (NYC). The program specifically addresses young men, transgender men (female to male), and other gender non-conforming individuals in New York City. Specifically, the program will include individuals who are both in New York City’s House and Ball Community, and individuals who are not. The two groups will create the two arms for the study to compare outcomes between those who are in the Ballroom scene, and those who are not. The project includes a program evaluation, also known as a service evaluation study, that gathers information from participants in the program in order to learn how the project is serving the clients. This form describes the program evaluation for Project Vogue, and the program staff will review it with you so that you can decide whether or not you would like to participate in the program evaluation.



Please keep in mind that you may receive services in Project Vogue without participating in the program evaluation. This is entirely your choice. Please feel free to ask any questions that you have about participation and your consent.

## **B. Purpose**

Project Vogue is a program that seeks to improve the health of individuals who are living with HIV by coordinating their medical care and other services, including different forms of support for ballroom activities for those who are in the House and Ball Community (such as vogue classes or practice sessions). The program aims to promote behavioral health services through traditional counseling and through non-traditional methods in wellness activities such as artistic expression. Project Vogue is one of eight demonstration projects participating in a national evaluation of innovative models of HIV care and treatment targeted to young Black Men Who Have Sex with Men. The initiative is funded by the Health Resources & Services Administration, HIV/AIDS Bureau through its Special Projects of National Significance.

## **C. Program Evaluation**

The purpose of the program evaluation, both at GMHC and across all 8 programs in this project, is to learn what programs and practices are best able to help Black and African American men living with HIV become engaged in HIV medical and treatment, furthering their progress on the HIV care continuum. After we have finished the program evaluation in 2022, we will publish reports to with the hope of providing program models to other agencies across the country.

For the program evaluation we will ask all the participants to participate in a survey and provide information about the medical services they receive. Participants will also be asked if they want to participate in an interview that will allow them to describe their experiences with the program in their own words.

GMHC will compile the evaluation data to help make improvements in the program as it progresses. We will also share our results at national and international conferences of HIV health care providers, to help others learn from your experiences. Nationally, a team from NORC at the University of Chicago will collect survey and medical data from all 8 programs in order to assess how the different models of care under demonstration may help to reduce the impact of HIV among young BMSM.

The next section will describe exactly is involved in this program evaluation and what we will ask you to help us with.

## **D. Procedures**

In the program evaluation, we will ask you to provide several different kinds of information to help us learn about your experiences. They include:

- Survey. A survey will be implemented with all participants at baseline (enrollment), 6 months, and 12 months of program participation. The survey requires approximately 45 minutes to complete. The surveys will be implemented in person by Project Vogue staff.
- Individual interviews. Approximately 40 participants in the program evaluation will also have an



opportunity to participate in open-ended interviews in which you will “tell your story” and answer questions about your experiences in the program using your own words. These interviews will be implemented by the Project Vogue evaluation staff after approximately 12 months of program experience so we can gain an understanding of your life before and throughout your time in Project Vogue. For these individual interviews, we are going to select 40 participants in the program who are representative of the whole group of participants. The individual interviews will be audio recorded and transcribed; transcriptions will be anonymous and not mention the participant by name. The audio recordings will be maintained on a HIPAA-compliant encrypted server, password protected, and accessible only to evaluation staff. The recordings will be destroyed three years following the study conclusion, no later than September 29, 2024. Approximately every second person enrolled will be contacted within a few months of enrollment to see if they want to do the interview. If you are contacted, you may decline the opportunity and remain in the program and in the program evaluation. We will simply contact the next person on the enrollment list to offer the interview.

- Case notes and program encounters. When you participate in program services, the program staff record your participation in “case notes” for your program records here at GMHC. This is a normal part of program activity and takes place for everyone in all programs at GMHC. For Project Vogue clients who enroll in the evaluation, the case notes and program encounters will be added to your surveys and other data in the evaluation. These case notes and service interactions with GMHC staff will be identified by participant study ID number only, for analysis by evaluation staff.
- Medical records and labs. Medical visits, substance use treatment services, mental health visits and selected laboratory results will be collected via charts and/or electronic medical records up to 24 months following enrollment (if possible). Medical lab data will include: HIV viral load, CD4 Cell Count, and hepatitis C viral load (if applicable). Medical data will also include mental health diagnosis, substance use, and applicable treatment. Staff will collect this data directly from participants, when possible, at the time of your survey interviews and other service activities. For those participants who do not have direct access to their medical data, we will contact your provider directly.

Each participant will be given an anonymous ID Code that applies only to the Project Vogue evaluation. Survey, medical and service encounter data will be sent to the University of Chicago, which will compile data for the GMHC participants into one dataset, and each record will be de-identified and organized only by your anonymous ID Code. Thus, your survey and medical data will be anonymous; there will be no way for anyone to identify you by looking at the survey results alone. As noted above, the case notes and program encounter information will be identified only your study ID and thus anonymized and added to the other data, all of which will be protected by confidentiality procedures that we will discuss in Section J of this Consent Form.

## **E. Risks**

The program evaluation for Project Vogue is a “minimal risk” evaluation study. That means that participation in the study includes no more risk to you than the things you do every day.





If you feel uncomfortable or anxious during the surveys or interviews, we will offer you the opportunity to speak to a counselor at GMHC who may help you mitigate some of your concerns. If you need to stop your survey or interview to speak with someone right away, we will help you do that. Program staff may also call for a clinically licensed counselor to provide an assessment or other support in the event that a participant seems unable to complete a survey or interview. Section L in this consent form provides the details of your rights as a participant (including stopping research activity or withdrawing from the study), and Section M, “Support,” will provide information on counseling or other support.

To reduce the risk to your confidentiality and privacy, we will use several procedures that are identified in Sections J and K of this consent form.

### **F. Benefits**

There is no direct benefit to you for participating in Project Vogue. There is a positive indirect benefit in program participation (such as receiving care coordination, or any other service provided in the program), however. This is not considered a benefit *of the evaluation* because you may receive these services *regardless of your participation* in the program evaluation study. Furthermore, the analysis and publication of the study results could affect national policy such as the future funding of programs like this one that will help persons like yourself find employment and housing supports. Thus, your participation in the program evaluation will help us all learn about the best programs to help improve the health of persons living with HIV or AIDS.

### **G. Costs**

There is no cost to you for participating in this program.

### **H. Compensation**

For each survey you complete (at enrollment, 6 months later, and after 12 months in the program), you will receive a \$25 gift card that can be used at a local store, for a total of \$75 if you complete all three surveys.

If you provide an individual interview, you will receive a \$35 gift card.

If you participate in all evaluation activities, the maximum amount of compensation you will receive in the program evaluation is \$160.

### **I. Alternatives to Participation**

If you do not want to participate in the program evaluation, you may choose not to enroll in the evaluation study. Regardless of your decision, you will still be eligible to receive the same services or benefits at GMHC. If you decide that Project Vogue is not for you, you have the option to seek HIV medical care and support services at another agency. Program staff will provide you with the appropriate referrals if you seek this option.

### **J. Confidentiality and Privacy**

All records in this study will be kept private. All the information collected will be coded with a unique study ID Code, not your name. Your confidentiality will be protected as permitted by law.





The information you provide to the evaluation will be stored by participant study ID and not by your name.

- **Hardcopy information:** Each study participant will have a hardcopy project folder containing the following items: signed consent forms; signed HIPAA and other releases for the collection of medical and other private health information by the evaluation team; “participant crosswalk” (the only document containing both the participant’s name and study ID); hardcopies of medical records collected in the evaluation; transcripts of individual interviews (all or in part); any reports of specific incidents relating to a participant’s activity in the program or study (for example, adverse events, withdrawal notice, or other outside events that might affect a person’s ability to participate); participant contact information; tracking records to help manage follow-up contacts for surveys and interviews after baseline; and any other confidential information specifically related to a participant’s activities in the program or study. The hardcopy folders and evaluation tracking records will be stored in one locked file cabinet in the office of Ms. Alexa Kreisberg, GMHC’s Director of Analytics and Evaluation. Keys to the file cabinet and to Ms. Kreisberg’s office will be held by only Ms. Kreisberg and Mr. Shivang Shah.
- **Electronic information:** All digital data will be stored in password protected folders on GMHC’s HIPAA-compliant network. This data will be accessible only to the evaluation staff (Kreisberg, Guidry, Shah, and the research assistants). Digital data for the program include: completed surveys; audio files of individual interviews, transcripts of individual interviews, evaluation tracking charts; medical data; and any other data that may be scanned or stored electronically.

All data for the study, whether quantitative or qualitative, hardcopy or electronic, will be identified only by the participant’s unique study ID code. The only document containing the participant’s name and study ID will be the “participant crosswalk” that will be locked in the file cabinet as described above.

The evaluation and technical assistance providers at NORC at the University of Chicago working for the project will have access only to the de-identified data. This means that all information that could be used to identify you (name, date of birth, etc.) will be removed in order to protect your confidentiality. Findings from Project Vogue or any of the other programs participating in the multi-site evaluation may be published, however the confidentiality of all participants of the evaluation will remain protected.

### **K. Certificate of Confidentiality**

To help ensure your privacy, we have obtained a “Certificate of Confidentiality” from the Federal Government for this study. This Certificate means that program staff cannot be forced to disclose any identifying information either to courts or other attorneys in any federal, state, or local civil, criminal, administrative, legislative, or other proceeding.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government for the purpose of auditing the evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).



The Certificate of Confidentiality does not apply when the law mandates the disclosure of private information—for example, if the study staff suspects child or elder abuse, or the potential that a client may harm themselves or others, then staff must report it by law.

### **L. Your Rights as a Participant**

By consenting to participate in this evaluation you do not waive any of your legal rights. Giving consent means that you have heard or read the information about this study and that you agree to participate.

If at any time during the program you wish to withdraw from the evaluation, you may do so, and there will be no effect on the services you receive at GMHC or elsewhere, including Project Vogue. You may continue to receive services in Project Vogue if you choose.

The investigator or the sponsor (Health Resources and Services Administration) may decide to discontinue your participation at any time without your permission because:

- they have determined that staying in the study will be harmful for you or for others
- the sponsor may stop the study
- you do not consent to continue in the study after being told of changes in the research that may affect you
- or for any other reason.

If you agree to be in this program evaluation you will receive a signed and dated copy of this consent form.

### **M. Support**

If you have any questions about the program or the evaluation, please feel free to ask the program staff. Questions about your consent and your rights as a participant in the evaluation can be addressed to either the program staff or the New York Academy of Medicine IRB representative (see list on first page of this consent form).

If you feel uncomfortable or distressed by the surveys or interviews, you may speak to a counselor at GMHC who can help you with these issues. Just tell the program staff who are conducting the survey or interview, and they will provide access to counseling. If you would prefer to contact a counselor on your own, please contact Mental Health Services at GMHC (212-367-1225 or by email [mhs@gmhc.org](mailto:mhs@gmhc.org)) to speak to someone who will be able to help you. The counseling contact is not affiliated with Project Vogue and your interactions with them will be confidential whether you contact them on your own or the staff provide contact with a counselor on your behalf.

**You may indicate your consent on the next page.**

### **N. Consent**

I have read the description of this study in this consent form (or it has been read to me). All of my questions have been answered to my satisfaction. I voluntarily consent to participate in this study. I authorize the use



and disclosure of my health information to the parties listed in the authorization section of this consent for the purposes described above.

By signing this consent form, I have not given up any of my legal rights.

**Name of Participant (printed):** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Consenting Staff (printed):** \_\_\_\_\_

**Signature of Staff:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness (if applicable)**

If this consent form is read to the subject because the subject is unable to read the form, an impartial witness not affiliated with the research or investigator must be present for the consent and sign the following statement:

I confirm that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the subject. The subject freely consented to be in the research study.

**Name of Witness (printed):** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Client Enrollment Form

## Project Vogue NYC Enrollment Form

**Directions:** Please complete the enrollment form as part of the intake process. The client must be HIV+ to enroll in Project Vogue – NYC and must provide proof of their HIV+ status. **Note:** The Project Vogue Eligibility Screener Form must be completed prior to enrollment, to determine eligibility for enrollment.

Date of Enrollment: \_\_\_\_\_ Staff Member Completing Enrollment: \_\_\_\_\_

Client's First Name: \_\_\_\_\_ Client's Last Name: \_\_\_\_\_

Client's Phone #: \_\_\_\_\_ Client's Email Address: \_\_\_\_\_

Preferred Method of Contact (check one): Email Phone Other(specify): \_\_\_\_\_

TREAT MRN#: \_\_\_\_\_ Project Vogue ID#: \_\_\_\_\_

1. Did the client complete the Project Vogue – NYC Eligibility screener? Yes No  
If no, **STOP** and have the client complete the Project Vogue – NYC Eligibility Screener
2. Is client eligible for enrollment in the Project Vogue – NYC program? Yes No

- If **No to 1, STOP** & immediately have the client complete the Project Vogue – NYC Eligibility to determine eligibility into the program.
- If **NO to 2, STOP**, & inform the client that based on the Project Vogue – NYC Eligibility, they are not eligible for enrollment into the program. Make any referrals for the client to address any service gaps, as appropriate.

3. **REQUIRED:**
  - Did you provide an overview of the Project Vogue – NYC Program? Yes No
  - Discussed enrollment process? Yes No
  - Discussed program services? Yes No
  - Discussed the evaluation component? Yes No

4. How did the client hear about the Project Vogue – NYC Program? (Check One)
  - From GMHC staff member Yes
  - Social media (name site) \_\_\_\_\_ Yes
  - Friend/Family member Yes
  - Internal referral (name department) \_\_\_\_\_ Yes
  - External partner (name partner) \_\_\_\_\_ Yes
  - Other (please specify) \_\_\_\_\_ Yes

5. **REQUIRED:**
  - Was proof of age obtained? Yes No
  - Was proof of HIV status obtained? Yes No
  - Was a metro-card provided? Yes No
  - Was gift card provided? Yes No

6. Next Appt: \_\_\_\_\_ Staff member: \_\_\_\_\_



## Project Vogue Adaptation Checklist

Project Vogue was grounded on most of the key characteristics from the original Project Silk model. The checklist below will guide agencies/programs wishing to adapt this intervention through essential components which must be in place to successfully implement the intervention. There will always be variations dependent on the unique climate of each implementing agency.

Adaptation Checklist	Status
<p>The agency has a process in place to involve the community members in design, planning, staffing, recruitment, and engagement of clients. For example, there is a Community Advisory Board (CAB) in place to support with these processes. If the CAB or a similar structure does not exist, the agency intends to institute one.</p>	
<p>The agency has demonstrated experience and cultural competency in working with the priority populations - Black Men who have Sex with Men (BMSM). There should be adequate staff in the program/agency which mirror that of the population. This should extend to volunteer roles as well.</p>	
<p>There is strong buy-in and support from agency leadership and other internal programs. This support would ensure: The intervention is able to leverage resources from other programs to achieve its goal; there is effective care coordination among programs; management is invested in staff growth and development; and the intervention is sustainable.</p>	
<p>The agency has unlimited recreation-based safer space, which is accessible to members of the priority populations. The safer space could be in various forms such as a youth drop-in space, social lounge(s), and related activities, arts, and crafts spaces. These safer spaces should allow for clients to express themselves, build community, and escape stigma and discrimination.</p>	
<p>There is availability of mental/behavioral health and other supportive services co-located in the agency where the intervention is provided. If such services do not exist, the agency can integrate a mental health intervention into Project Vogue. Additionally, the agency can have in place formalized community partners who are competent at providing culturally and contextually relevant behavioral health services to the priority populations.</p>	
<p>The agency has a robust HIV Navigation Services system in place to offer HIV/STI testing, linkages to medical care and support, re-engagement in services, adherence support services, and condom promotion and distribution. Provision of these services should be reinforced by competent Peer Navigators/Ambassadors/Specialists.</p>	



## Intervention Team Job Descriptions

### Program Director

#### Description and Purpose of the Role

This position manages the programmatic and administrative aspects of the Intervention, leverages agency grants and contracts, analyzes data, and prepares and submits reports to monitor agency progress toward annual goals. The Program Director makes recommendations for improving program efficiency, reaching targeted deliverables, and ensuring program quality and integrity. The Program Director provides technical support and training in these areas to program staff; serves as a liaison to other departments; and facilitates interdepartmental coordination on program-related matters.

#### Key Responsibilities

- Oversees, provides guidance on, and supports all program components.
- Analyzes processes to minimize data collection redundancies and enhance reports.
- Holds departmental responsibility for the implementation and use of the Agency's Electronic Health Records (EHR) system (if applicable), and other data systems and processes.
- Serves as a liaison between staff in Information Systems, Human Resources, Development, and Finance as related to agency reporting needs.
- Trains and supports staff on data collection and reporting.
- Collaborates with agency staff to assess program needs.
- Oversees the submission of contract interim and annual progress reports to funder(s).
- Maintains a system of health records that meets industry standards for logical/ efficient organization and revises as necessary.
- Ensures that standards for HIPAA and Article 27F compliance are maintained and regulatory requirements are met.

#### Qualifications/Requirements

Master's Degree in related field (e.g., MPH, MSW, MPA) or equivalent experience in this field. This position requires a minimum of six years' graduate degree experience in the health or human service field, two of which must be in a supervisory capacity.



## Program Coordinator

### Description and Purpose of the Role

The Program Coordinator has overall responsibility for the day-to-day coordination and delivery of all program components: program intake, care plan development, and reassessment; linkage to HIV treatment, behavioral health care, and supportive services including individual and group counseling. This position is also responsible for the implementation of House & Ball activities and supervises the Consumer Advisory Board and Peer Navigator Ambassadors.

### Key Responsibilities

- Provides direct supervision and clinical supervision to the Peer Navigation Ambassadors.
- Provides oversight and assists with group facilitation activities; works closely with the interdisciplinary care team including primary care provider, psychiatrist, therapist, residential services, and substance abuse treatment program.
- Completes all client intakes and provides brief interventions, as well as referrals for clients with identified needs and service gaps.
- Proactively identifies or forecasts barriers clients will face in meeting goals and strategies to minimize or eliminate the barrier.
- Outreaches to clients to facilitate keeping scheduled appointments; arranges for metabolic and periodic preventive screening, per evidence-based guideline standards
- Ensures that clients and caregivers are aware of test results by facilitating a discussion between the client and physician as necessary.
- Coordinates services between clients and extended care team providers to ensure that the integrated care plan is fully implemented.
- Teaches clients through behavior modeling the necessary skills to promote self-sufficiency, medical adherence, and the ability to access community resources on their own.

### Qualifications/Requirements

Master's Degree in social work/psychology or another related human services field. This position requires a minimum of four years' graduate degree experience in the health or human service field.





## Program Evaluator

### **Description and Purpose of the Role**

The Program Evaluator serves as the Data Manager for the intervention. They provide leadership and capacity for supporting data-driven management processes, research activities, and quality improvement activities. This position evaluates programmatic efforts, and collects and analyzes program data to produce research that will contribute to the knowledge base of effective program management, quality improvement, and HIV care.

### **Key Responsibilities**

- Assists program staff in utilizing tools and monitoring systems to track contract deliverables, program outcomes, and quality improvement projects.
- Assists with data analysis in continuous quality improvement projects, research projects, and other special projects.
- Researches and analyzes data from a detail level to construct high-level summaries for fund development, abstracts, manuscripts, and grants.
- Effectively communicates with program staff to fulfill data requests and to deliver analysis results.
- Assists the implementation of an EHR and integrates the EHR into continuous quality improvement efforts.
- Contributes summarized and standardized reports that will be part of GMHC's performance management documentation control and distribution.

### **Qualifications/Requirements**

Bachelor's Degree in Social Work, Health Informatics, Public Health, or a related discipline required, Master's degree preferred. This position requires a minimum of four years' graduate degree experience in the health or human service field, two of which must be in a supervisory capacity.



## Peer Navigation Ambassador

### **Description and Purpose of the Role**

This position is responsible for conducting outreach, escorting clients to appointments, conducting linkage navigation services, and conducting re-engagement efforts.

### **Key Responsibilities**

- Provides individualized peer navigation and support services to clients.
- Assists clients in navigating and accessing service systems, including accompaniment to appointments.
- Conducts online and venue-based outreach and engagement.
- Provides appropriate referrals for clients to behavioral and medical care to ensure continuum of care.
- Advocates for and ensures clients linked to their appointments receive the best service both internally at GMHC and externally with partners.
- Enters all relevant client data according to program policies processes.
- Has the ability to maintain a flexible schedule to perform job responsibilities, which will include working weekends, late nights, and early morning hours.
- Serves as a GMHC representative during all program sponsored activities (online & offline).
- Any other duties as assigned by Program Coordinator.

### **Qualifications/Requirements**

High school diploma or General Equivalency Diploma. Experience and knowledge of HIV/AIDS related issues including, but not limited to HIV confidentiality, harm reduction, HIV Navigation Services, substance use, and mental health counseling interventions will be an asset.



## Sample Memorandum of Understanding (MOU)

Insert Name: [Project Vogue Implementing Agency] and Insert Name:  
[Implementing Partner Agency]

### Brief Description of Each Agency

This is a summary of what each of the partners stated above provides, their mission, locations. The names and contact information of the main point of contacts (principal liaisons) at each agency can be placed here.

### Purpose Statement

*This section provides overall reason for the partnership, and how it will be executed. Example:*

*GMHC and [partner agency] share a goal of providing services for individuals in New York City living with HIV or at risk for HIV/AIDS. Both agencies provide services that are culturally sensitive, appropriate, and tailored to meet the needs of the community. Our organizations have a history of collaboration in which we refer clients to one another when those clients need services we do not individually provide. GMHC and provides referrals to services offered by [partner agency], including community based primary medical care and programs for populations living with or at risk of HIV/AIDS. In turn, [partner agency] refers patients to GMHC. The institutions' proximity, shared values, and commitment to effective systems, culturally competent, and client centered approaches have yielded successful partnerships.*

### Service Agreement/Roles and Responsibilities

This section outlines specific roles and responsibilities of each partner. These natures of the services can be curated per partner and can include some of the language examples below:

- [Partner agency] is to accept referrals for health services from Project Vogue. Detailed modalities of how these referrals will be competed must be added here.
- Enrollment and data collection processes: Partners outline step-by step processes on how they will share client's clinical data, support data sharing for information and dissemination projects, and client case management.

### Confidentiality

There should be language added here how each partner will apply client confidentiality in accordance with all HIV testing and confidentiality and HIPPA laws.

The last section is usually statements to reiterate commitment to this agreement by each partner, that is followed by duration of this commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Project Vogue Intervention Protocol

## Purpose

This protocol guides program staff to ensure the model is implemented with fidelity across all the service areas. The policies and procedures protocol provide step-by-step instructions on how to implement all service elements of Project Vogue by program staff. These include detailed descriptions of the minimum service standards for each core and non-core element, data collection and documentation standards, recruitment and retention activities, roles, and responsibilities of each stakeholder/staff members. It is a working document and shall be updated as and when needed. Updates to this document will include all correspondences noting changes in this policy document, as addendums.

## Model of Care Overview:

Project Vogue provides intensive, community-based care coordination services and integrated HIV prevention and behavioral health care for BMSM ages 18-45, living in New York City, who are newly diagnosed/new to care, not in care, not virally suppressed, and/or at risk for falling out of care. Project Vogue aims to increase viral load suppression and improve the longevity, quality of life, and other health outcomes for BMSM. The intervention works to mitigate the effects of behavioral health conditions on health outcomes and improve clients' retention in HIV care and medication adherence.

Project Vogue provides enhanced outreach and screening to BMSM and fosters improved health outcomes by focusing on the following service areas:

- Leveraging GMHC's existing safer space at its on-site Clubhouse drop-in center;
- Providing a space to encourage and support artistic expression that includes hosting and sponsoring House & Ball events and practices, support with participating in other wellness and artistic activities agency-wide;
- Connecting clients to licensed behavioral health services (co-located within the Clubhouse) and HIV medical treatment in partnership with our medical partners;
- Providing client-centered case management; and
- Augmenting the agency's existing services with a suite of social work-informed support services to address emotional, practical, and clinical factors that impact clients' ability to engage and maintain treatment.

Project Vogue's peer-based, low-threshold model of care management works with clients with varying levels of readiness to engage in care, or "meeting clients where they are at," and using evidence-based techniques—e.g., peer support, motivational interviewing, and counseling—to reduce fear and improve client self-efficacy.

**Duration of the Intervention:** 12 months for each client from enrollment to exit.

## Project Vogue Key Characteristics\*:

- **Recreation-based safe space, to be open at times convenient for target population members.**



- Community-based participatory process in program planning, staffing, recruitment, and engagement.
- Demonstrated cultural competency in all staffing and volunteer roles.
- Strong agency buy-in and support.
- Harm reduction philosophy.
- Peer navigation to HIV-related medical care and social services.
- Social marketing.
- Integrated HIV and STI screening and testing.
- Co-located mental health and supportive services.
- Condom distribution.
- Behavioral intervention.
- HIV prevention care & continuum interventions (HIV/STI Testing, Linkage to Care (LTC), re-engagement in services).
- Ancillary and social services.
- Promotion of the U=U concept.

*\*As adapted and adjusted from Project Silk's key characteristics.*

### **Project Vogue Core Elements:**

Project Vogue is comprised of five core elements each client will be exposed to over the course of the intervention, and three non-core elements. The five core elements are:

- **Intake and Enrollment:** During intake, clients will complete the GMHC intake, comprehensive behavioral risk assessment, and Project Vogue program enrollment. This will be led by the Project Coordinator (PC).
- **Individual Counseling Session #1:** Following the intake assessment during enrollment, the Peer Navigation Ambassadors (PNAs) will begin to develop a relationship with clients and create individualized action plans based on the outcome of the assessments and an analysis of unmet needs of the client. The individualized action plans will be implemented and reviewed throughout the intervention.
- **Individual Counseling Session #2:** Six months into the intervention, the PNAs will review the progress of the action plan components and work with clients to update their plans as needed. A re-assessment will be conducted at this stage.
- **Individual Counseling Session #3:** The PNAs will conduct a final review of action plans with clients and develop an exit strategy from the intervention.
- **HIV Navigation Services:** These services inform how the PNAs engage and retain clients in care to successfully complete Project Vogue. This core element is the backbone of the intervention.

**Non-core elements** of the intervention include weekly H&B sessions, voguing classes, Arts & Wellness classes/activities, and a bi-weekly empowerment group. Project Vogue staff will strongly encourage participants to take part in these activities.

- To track intervention client attendance of these non-core activities while ensuring privacy, PNAs staff will examine activity sign-in sheets and document attendance on TREAT.



## Policies & Procedures

### **Recruitment:**

**Documentation Needed: Eligibility Screening questionnaire, HIPPA form.**

- The PNA or designee must determine eligibility of the potential clients by administering the eligibility screening questionnaire tool developed by ETAP, as well as questions specific to Project Vogue.
- The eligibility screening questionnaire should be fielded at first contact with the potential client during the recruitment process. The tool can be administered anywhere staff is conducting recruitment.
- If the potential client is found eligible after completing the Eligibility screener, then the individual is booked for GMHC Intake and Project Vogue NYC Enrollment.
- Dependent on the time, the potential client must then be invited/scheduled for a full intake and enrollment into the intervention.
- If the client is not eligible for Project Vogue NYC but other programs at GMHC, refer them to the intake department for enrollment.

### **Core Element:**

#### **Intake and Enrollment Intake:**

**Documentation Needed: Eligibility screening questionnaire, HIPAA form(s), GMHC intake form/re-assessment form, Individualized Action Plan form, client referral worksheet**

**Medical Documents: Positive HIV antibody tests result, viral load results, physician (M.D, N.P, P.A) signed/written statements/progress notes, M11Q, etc.**

- All intakes and program enrollments can be completed at GMHC premises; in an office or in a private/quiet room. However, during times when the Agency must work virtually due to unforeseen circumstances, or for potential clients who are unable to come into the Agency, intake enrollment can be conducted remotely/virtually.
- **First confirm if the individual is new or an existing GMHC client.**

**New Clients:** Should be scheduled/referred to complete the normal GMHC intake. They will complete the short intake form, comprehensive risk assessment form and provide medical documentation/proof of HIV status and all other documents required to complete central intake.

The potential client must be advised in advance; to have documentation of their HIV status ready, prior to completing the GMHC intake process. Project Vogue program staff can complete the GMHC program intake; only if the intake staff are not available to complete the process at a time that works for both parties. For example, a client might be able to do an intake after normal business hours when Intake staff are unavailable in the building premises, there is a schedule conflict, etc. Also, other medical information; primary care visits, CD4 count, HepC tests/treatment, etc. though not required to have right away, will be needed to eventually populate the baseline chart data requirements.

**Existing GMHC Clients:** Retrieve their chart on TREAT, review it, and specifically:



- Ask the client if there have been any recent changes since the agency intake was conducted (change of contacts, addresses, emergency contacts etc.).
- Determine date of the last assessment/re-assessment. If it was conducted more than six months ago or more, then conduct the re-assessment.
- Proceed to complete Project Vogue NYC specific enrollment.

### **Program Vogue Enrollment:**

#### **All clients must be enrolled into Project Vogue:**

- The intervention enrollment consists of completion of the enrollment form. The encounter should then be completed on TREAT.
- Additional HIPAA release forms specific to Project Vogue must be completed to allow program staff to obtain the clients' medical data directly from their providers. At this time, it will be important to check the status of the HIPAA form completed by intake team (up to date).
- All clients who enroll in the Project Vogue program will be offered the opportunity to enroll into the GET! Mobile application. Staff should explain all the benefits on the use of the app, and how they would use it to interact with a staff member. The goal of the app is to enhance staff-to-client engagement and facilitate secure conversations on navigating HIV services.
- After intake/assessment is completed, program staff should review all the intake assessment materials in preparation for the first individual counseling session.

### **Core Element:**

#### **Individual Counseling Session #1:**

#### **Documentation Needed: Individualized Action Plan, referrals worksheet.**

The objective of this session is for the PNA/PC and the client to get to know each other more and start developing a rapport. The session will also entail:

- Reviewing the needs assessment and developing an individualized action plan.
- Completing referrals which require immediate attention if needed. Depending on the needs of the clients, staff should make referrals to programs identified in the GMHC internal programs guide. Particular attention should be given for referrals to the agency's behavioral health services. This is an integral part of this BMSM Initiative. When feasible, staff should make every effort to cement the referrals of the client. Best practice has shown that when making referrals, clients are more likely to access the service when an appointment/connection is made at the time of contact with a staff member. However, we are aware this may not always be the feasible given resource constraints and when this is the case, the client should be provided with referrals sheet(s) noting the instructions to make an appointment along with a copy of the client's recruitment card/referrals worksheet which shows the services they are interested in.
- Determining if clients have access to their medical data through a patient portal. Medical lab data will include HIV viral load, CD4 cell count, and hepatitis C viral load (if applicable). Medical data will also include mental health diagnosis, substance use, and applicable treatment. Staff will collect this data





directly from clients, when possible, at the time of survey interviews and other service activities. Program staff will not collect any data it has been provided by the client during agency intake.

At the end of the session, staff should set up appointment for the Individual Counseling Session #2 in the next six months. Before then, there will be subsequent follow-ups and check-ins based on the individualized action plan completed and the client retention standards as outlined in this manual. This includes asking if there are any changes in medical providers to see if we need to obtain a new HIPAA consent.

**Core Element:**

**Individual Counseling Session #2 (Month 6):**

**Documentation Needed: Individualized Action Plan, re-assessment form**

Within two weeks prior to the appointment remind the client to collect or ensure their medical records are up-to-date and ready in preparation for this session.

During this session:

- Check in and review progress of the action plans.
- Conduct a re-assessment.
- Make any updates to the action plans where applicable.
- Review and collect the needed medical records from the client. This includes asking if there are any changes in medical providers to see if we need to obtain a new HIPAA consent.
- Set up appointment for the next Individual Counseling Session and evaluation survey.

**Core Element:**

**Individual Counseling Session #3 (Month 12):**

**Documentation Needed: Consent forms, intake form, program exit form**

Within two weeks prior to the appointment remind the client to collect or ensure their medical records are up-to-date and ready in preparations for this session.

During this session:

- Check in and complete a final review progress of the action plans and make any updates to the action plans where applicable.
- Review and collect the needed medical records from the client. This includes asking if there are any changes in medical providers to see if we need to obtain a new HIPAA consent.
- Develop and exit strategy and wrap-up.

**Core Element:**

**HIV Navigation Services: Continuous Implementation of the Action (Service) Plan:**

**Documentation Needed: Individualized Action Plan, referrals worksheet**

This is the heart of the MOC and it involves the continuous provision of linkage and navigation services: linkage to behavioral and other support services at GMHC; integrated HIV care to medical providers;



assistance with appointment scheduling and accompaniment/escort to the appointments if needed by client; conduct re-engagement activities in line with the objectives of the intervention.

- HIV navigation services are initiated after enrollment and completed during the Individual Counseling Session #3. Provision of this service is based on an individualized action plan.
- However, at minimum, the PNA should have four one-on-one check-ins with client every six months via secure text messaging, direct messaging, by phone, or in person.
- Pre- & post appointment check-in/reminders for each appointment with each client to encourage attendance. This should happen at least two days before and after the occurrence using the preferred method of communication.

This should be the process for all appointments with providers/other support services. It should continue until the client's objectives are met.

### **Project Vogues' Non-Core Elements:**

- **Bi-Weekly Empowerment Groups:**
  - Project Vogue clients must be encouraged to attend and participate in empowerment (support) groups.
  - Staff will inform the client about the group, its benefits, and schedule during the individual counseling session part of the orientation.
  - Encourage the client to participate but it is not a mandatory part of the program.
  - If the client declines to participate. Make a note to follow-up in subsequent interactions to check if they would be interested in participating in the group at that time.

#### **Group Format:**

- This is an open empowerment (support) group. The topics/agenda is set collectively by the participants and the Peer Navigation Ambassadors.
- The sessions are facilitated by the Peer Navigation Ambassadors, or the Project Coordinator in their absence. These groups can take place in person or virtually via a secure platform like Zoom.

#### **All client participation in these groups must be entered as group encounters on TREAT (E.H.R.).**

- **Weekly House & Ball Sessions, Arts and Wellness Classes/Activities, and Drop-in Activities:**
  - These are complimentary services provided for Project Vogue clients. It is not mandatory for them to participate in these weekly activities, but clients should be encouraged to participate if their house has slots/ there is an open vogue class taking place.
  - Participation by Project Vogue clients on any of the weekly activities must be monitored.
  - On a bi-weekly basis, the sign-in sheets for the clubhouse activities must be reviewed by program staff. For agency wide activities, staff can retrieve client's participation via the encounter logs on TREAT. Any client activity must be recorded as individual/group encounter in TREAT under Project Vogue.



## **Client Retention Standards:**

### **New Client Intake & Enrollment:**

- Two days before enrollment: Call/text client to remind them of the appointment.
- Intake process: Introduce Project Vogue, expectations.
- Two days after initial engagement: Call/text client as a follow-up.

### **Individual Counseling Sessions:**

- One day before each counseling/motivational interviewing session: Remind client.
- Two days after each counseling/motivational interviewing session: Make a follow-up.

### **No Show/Missed Appointments:**

- Utilizing the preferred method of communications with the client, staff should check on the client within 24 hours of their missed appointment, to check on what prevented them from attending to their appointment. Then, collaboratively work with the client to resolve it, and if possible, schedule another appointment within two weeks.

### **Follow-ups:**

- After the client chart is created, program staff must study the client's unmet needs and make appropriate follow-ups. Note that every interaction with the client must be recorded under the progress notes section on TREAT.

## **Data Entry Standards:**

- The data entry of the client intake (completion) in TREAT must be completed within 72 hours of the client's individual or bi-weekly group encounters being. The only exception is recording of encounters for non-core services, which are reviewed bi-weekly.



# Session Guide 1

## Individual Counseling Session #1

The PNA or designee must review the client's assessment and prepare any notes prior to this session.

### 1. Getting to Know Each Other:

- Establish the Project Vogue mutual agreements with the client and all parties will use the “ground rules” as a basis for the interactions for the duration of the intervention.
- What the best ways to communicate with the client? Gather all the social media handles the client uses.

### 2. Develop the Individualized Action Plan:

#### ***Important to note during development of the Individualized Action Plan:***

- Improve access to medical/clinical care with the goal of sustaining suppressed viral load.
- Improve BH/SS screening/referrals to receive behavioral health care/supportive services or enhance their engagement/retention in the behavioral health care/supportive services they are receiving.
- Ensure all the other unmet needs are met thorough referrals/access to supportive services.
- Inform the client on the minimum follow-up standards.

*The goal is to ensure the client's access to medical and behavioral care/supportive services is of the best experience and will help improve their clinical and behavioral health. Ultimately, this will improve their quality of life as well.*

### 3. Medical Document Checklist:

- Utilize the checklist to ensure all the medical records are available or arrange with the client to obtain the documents.
- Confirm the online portal the client uses for their medical records. Ask for permission to access with the client to obtain all the medical charts. If the client does not have one, download it for them on their phone or help the client access it via the computer.

### 4. Finalize Session and Data Entry:

- Make a copy of the Individualized Action Plan. Give client a copy for their own reference whether in electronic form or paper format.
- Ensure all the appointments are scheduled on TREAT.



## Session Guide 2

### Individual Counseling Session #2

**Prior to this session: The PNA or designee must review the client's progress notes, status with any follow-ups, and make necessary updates. The client must be asked to update/bring updated medical records.**

**1. Check In: How are things going since the last session?**

- Conduct a general overview of how the client is doing, and check if they are “present”.
- How has the support been like since enrollment into the program?
- Has there been any significant changes since the last session?

**2. Review & Update the Individualized Action Plan:**

- PNA or designee goes through the plan with the client to discuss progress with each goal set during I.C.S #1.
- The client should be acknowledged where they have done well/met their goals.
- For the unmet goals, the PNA or designee should work with the client to find ways to resolve these.
- Always have the next steps/plans agreed with the client.

***Important to note during review of the Individualized Action Plan:***

- Improve access to medical/clinical care with the goal of sustaining suppressed viral load
- Improve BH/SS screening/ referrals to receive behavioral health care/supportive services or enhance their engagement/retention in the behavioral health care/supportive services they are receiving
- Ensure all the other unmet needs are met thorough referrals/access to supportive services.

*The goal is to ensure the client's access to medical and behavioral care/supportive services is of the best experience and will help improve their clinical and behavioral health. Ultimately, this will improve their quality of life as well.*

**3. Medical Document Checklist:**

- Utilize the checklist to ensure all the medical records are available and up to date. If they are unavailable, arrange with the client to obtain the documents.
- Confirm if there have been any changes with their medical/behavioral care provider and update the HIPPA Forms on file.

**4. Finalize Session and Data Entry:**

- Make a copy of the Individualized Action Plan.
- Ensure all the appointments are scheduled on TREAT.



## Session Guide 3

### Individual Counseling Session #3: Wrap-Up

**Prior to this session: The PNA or designee must review the client's progress notes, status with any follow-ups, and make necessary updates. The client must be asked to update their medical records.**

- 1. Check In: How are things going since the last session?**
  - Conduct a general overview of how the client is doing, and check if they are “present”.
  - How has the support been for the past 12 months?
  - Has there been any significant changes since the last session?
  
- 2. Final Review of the Individualized Action Plan and Develop Exit Plan:**
  - PNA or designee goes through the plan with the client to discuss progress with each goal/objective set since the first session.
  - The client should be acknowledged where they have done well/met their goals/objectives.
  - For the unmet goals, the PNA or designee should work with the client to find ways to resolve these.
  - Develop the next steps/and exit plan(s) with the client where applicable.

*The big goal is to ensure the client's access to medical and behavioral care/supportive services is of the best experience and will help improve their clinical and behavioral health. Ultimately, this will improve their quality of life as well.*

- 3. Medical Document Checklist:**
  - Utilize the checklist to ensure all the medical records are available and up to date. If the unavailable, arrange with the client to obtain the documents.
  - Confirm if there have been any changes with their medical/behavioral care provider and update the HIPPA Forms on file.
  
- 4. Finalize Session and Data Entry:**
  - Make a copy of the Individualized Action Plan.
  - Ensure all the appointments are scheduled on TREAT.



# Project Vogue: Individualized Action Plan Template

Client Names: \_\_\_\_\_

Client ID: \_\_\_\_\_

Date Developed: \_\_\_\_\_

*\* Objectives should be written in the SMART format and should support meeting HNS goals.*

<b>Action Plan Objectives and Action Steps</b>		
<b>Objective:</b>		<b>Target Date</b>
<u>Action Step 1:</u>		
<u>Action Step 2:</u>		
<b>Objective:</b>		<b>Target Date</b>
<u>Action Step 1:</u>		
<u>Action Step 2:</u>		

**Possible Barriers to Your Objectives:**





## Project Vogue: Case Closure/Program Exit Form Template

Considering all the factors involved with this case, what level of overall action plan attainment did the client reach? *(choose one)*

- All objectives reached       Some objectives reached       No objectives reached

**This case is being closed because:**

*(Choose all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Client completed action plan    | <input type="checkbox"/> Not able to engage at all              |
| <input type="checkbox"/> Client declined further service | <input type="checkbox"/> No consistent engagement               |
| <input type="checkbox"/> Client moved from area          | <input type="checkbox"/> Able to engage but needs extra support |
| <input type="checkbox"/> Lost track of client            | <input type="checkbox"/> Able to engage on his/her own          |
| <input type="checkbox"/> Client not seen in ___ months   | <input type="checkbox"/> Client incarcerated                    |
| <input type="checkbox"/> Client deceased                 | <input type="checkbox"/> End of Intervention period             |
| <input type="checkbox"/> Client violent towards staff    | <input type="checkbox"/> Other (specify) _____                  |

**Client Names:** \_\_\_\_\_ **Client ID:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Case Close Date:** \_\_\_/\_\_\_/20\_\_\_ **PNA/Designee:** \_\_\_\_\_

CASE NOTES \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



# Mental Health Protocol

## Purpose

The purpose of this document is to respond to incidents where evaluation staff may encounter situations where a client may require escalated mental health intervention.

### **People:**

The staff involved in the documentation process are:

- Senior Director of Analytics and Evaluation
- Lead Evaluator
- Evaluator
- Managing Director of Mental Health Services

### **Training Requirements:**

All staff in the Analytics & Evaluation Department who will be conducting data collection through surveys and qualitative interviews have received training in Mental Health First Aid (MHFA), and Trauma-Informed Care (TIC) as a supplement to this protocol.

### **Procedures:**

#### ***Steps of Internal Referral:***

1. Encounter a client in distress and determine if they need someone to remain in the room with them or if they can be asked to wait while staff gets mental health services personnel.
  - a. If the client requires a person to remain in the room with them, contact another evaluation team member or directly contact the crisis hotline (ext. 1300) or the mental health clinic (ext. 1225).
  - b. If the client can be left calmly in the room, step out and calmly and quietly contact the mental health clinic (ext. 1225).
2. Once assistance is confirmed to be on its way, utilize the MHFA training to take control of the situation and remain with the client until mental health services arrives to assist the client.
3. Mental health services will assess the client. Client will then be screened for eligibility in GMHC mental health services programs.
  - a. If eligible, mental health services will complete a program intake with the client.
  - b. If the client is not eligible at the agency, they will be given emergency intervention, and if needed, will be referred to alternative mental health service providers. (Follow-up by the client's case manager will follow to confirm complete referral and receipt of services.)
4. Once the client is comfortable with the mental health intervention provided and the client expresses a desire to continue with the evaluation:
  - a. The client should fill out a HIPAA release form (DOH5032) for mental health data.



- i. Staff will contact mental health services and confirm that continued participation would not be detrimental to the client nor those around them.
    1. Evaluation or case management staff will utilize the supplementary “Mental Health Case Management Consent Form” to have mental health provider notes on file as a follow-up to incident reports if continued participation is requested.
  - b. If they do not express a desire, but the evaluation team would like to ask the client to continue with the evaluation, they must FIRST fill out a HIPAA release form (DOH5032) with the client, and subsequently contact or have their case manager case conference with mental health services or their external mental health provider and confirm that continued participation would not be detrimental to the client nor those around them.
    - i. Evaluation or case management staff will utilize the supplementary “Mental Health Case Management Consent Form” to have mental health provider notes on file as a follow-up to incident reports if continue participation is requested.
    - ii. Then, an evaluation team member may contact the client to ask if they would like to continue with the evaluation.
      1. If the client does not wish to continue, they should be withdrawn from the evaluation.
      2. If they do wish to continue, then evaluation activities continue as normal, but with the understanding of previously identified trauma and triggers.
5. At this point, if the client is approved to continue by mental health services, a time could be set to complete the survey and enrollment can continue normally. If the mental health services provider(s) advise(s) against their continued participation, the client should be withdrawn from the study.

### **Appendix:**

#### Contacting Mental Health Services:

“Hello this is (your name), with [name of program]. I am calling regarding [client’s name]. This client was seen by you following a survey on [date of incident]. The visit was in response to an incident triggered during [name of program] evaluation activities [at GMHC] (if the client received mental health services at a different organization). The client has expressed a desire to continue in the evaluation. (or – We would like to ask the client if they have a desire to continue in the evaluation.) Before we can re-engage the client in the evaluation, we would need to confirm with you that this would be in their best interest.”



## Mental Health Case Management Consent Form

Client Name: \_\_\_\_\_

Mental Health Provider: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Is the Client present? Yes  No

HIPAA complete? Yes  No

**Purpose of this case conference:** Following an incident during Project Vogue evaluation activities the client was referred to mental health services for support. Following this, *[the client has expressed desire to continue with evaluation activities/we would like to re-engage the client into evaluation activities.]* **(circle/underline one)** Before we can fully re-engage the client into evaluation activities, we need to confirm with the mental health service provider that continued participation in the evaluation would be in the client's best interest and would not contribute to the client's detriment.

Mental Health Provider's assessment:

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Consent to Continue:

Based on my evaluation of \_\_\_\_\_, I \_\_\_\_\_,  
(First and Last Name of client) (First and Last Name of provider, Post Nominal Letters)  
\_\_\_\_\_, can affirm that continuing in the [name of program] evaluation is in their  
(Job Title)

best interest and poses no tangible risks.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Case Manager/Evaluation Staff: \_\_\_\_\_ Date: \_\_\_\_\_



## Individual Interview Guide (Local Evaluation)

### NOTES TO INTERVIEWER:

- BE FAMILIAR with the respondent's situation at the time of program enrollment. READ the respondent's surveys to date. SPEAK to program staff to learn a little more about the respondent.
- Questions to be asked are numbered in brackets and appear in **Bold regular type**.
- Probes and clarifying questions are in plain text and indented with bullets.
- ASK all the **BOLD, numbered questions**. Ask the probing questions as needed.
- Instructions to the interviewer are in brackets or preceded by "Note:"

### THE GOALS OF THE INTERVIEW ARE:

- a) To document clients' experiences prior to entering Project Vogue and its associated programming.
- b) To elicit information that will help to construct timeline of the client's life up to the present.
- c) For those who have been previously diagnosed with HIV, to explore the clients' experiences with care coordination and HIV primary care prior to enrollment and throughout their time in the Project Vogue intervention.
- d) For those who are newly diagnosed, to explore their experiences with the diagnosis and disclosure.
- e) To document behavioral, mental health, and substance use issues in the client's life prior to enrollment in Project Vogue and throughout their time in the Project Vogue intervention.

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### INTERVIEWER SCRIPT TO BEGIN: [Please Follow this script closely]

- Thank you very much for your participation in the Project Vogue Evaluation. Your experiences are important in helping us understand this program and how it can benefit others.
- Today we're going to speak with you about your life up to the time you enrolled in Project Vogue and your experiences being part of the program. We would like to learn some of your personal history, how you came to be where you are today, what you're working on in your life, and what you have been able to work on while in Project Vogue.
- As we discussed in the consenting process when you enrolled, we are audio-recording this interview, but everything you say will be confidential. We will have the interview transcribed.
- That means it will be typed as a "transcript" of this interview so we can read it. The transcript will be identified only by your study ID. Thus, your name will never be associated with this interview transcript. The program staff whom you see here for services or Project Vogue activities will not have access to the contents of your interview transcript. Only the evaluation team will have that access—myself and a few co-workers on the evaluation team. We will ask the person transcribing the interview to change any names that you mention into initials—like JS for John Smith.
- Some of the questions address issues that might be difficult to talk about. Please let me know if anything feels triggering to you, so that we can support you. We can pause, slow down, move on to another question, or end the interview. Just let me know.
- Finally, it's important to know that the program evaluation is only about how the program works. We're not evaluating any persons—neither staff nor clients. Our only goal is to gain an accurate picture of the program and how it works, so that we can help it reach more and more people who could benefit from it.
- For this purpose, your story is crucial. We appreciate your time today to help us understand what you are bringing to the program and what you will expect from it.
- Do you have any questions for me before we begin?



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**[Answer the respondent's questions, then begin.]**

**[Be sure to test the audio recording device to check input levels and output volume.]**

## **SECTION A. PERSONAL BACKGROUND**

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### **[1] Where were you born and raised?**

Probing and clarifying questions: Try to follow-up in ways that will trace their steps to New York.

- Ask, “So what happened next?” or “Where did you go next?” after the person completes a description of the episode.
- Look for “adverse childhood events” (ACES) that could help establish a history of trauma, abuse, or any form of victimization. Try to get details on these events (what, when, where, who) but take care to gauge the client’s emotions. Have tissues ready. Let them stop, breathe, turn off the recording if needed.

If they are from NYC explore their life here, movements away from the city, around the boroughs, experiences of life here as an adolescent.

### **[2] Can you tell me about the home you grew up in?**

Probing and clarifying questions:

- Was this your parents' home?
- Did your parents live together?
- When did they split up?
- Who were your main grown-ups who looked after you as a child? Were they the head of your household?
- Are you close to your family?

### **[3] When did you leave the home that you grew up in?**

Probing and clarifying questions:

- Leave once and for all? For school? Military service? Other reasons?
- Return? Go back and forth?
- Live with friends?
- Have own apartment? Lease?
- How did you earn income to pay for yourself on your own?
- Age when you left?



## SECTION B. EDUCATION AND EMPLOYMENT

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### [4] What is your highest level of education?

Probing and clarifying questions: Establish a timeline and trajectory of education history; be alert for anecdotes or signs of having experienced bullying, gay- or trans-bashing, discrimination in school, etc. Be alert to trauma triggers.

- Whatever level—high school, college, etc.—establish whether or not they finished their degree(s).
- If currently in school—full time or part time?
- If they didn't finish. Ask: "Is there a particular reason that you didn't finish the degree?"
- If they didn't finish: Ask: "Would you want to go back and finish it if you could?" Is anything stopping you?
- If college was highest, probe what major they are/were in.
- What was your best experience involving education?
- What was your worst experience?

## SECTION C1. BALLROOM, FRIENDS, AND FAMILY

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**[For the interviewer: If the client is affiliated with Ballroom, continue here; if the client is not affiliated with Ballroom, go to section C2.]**

**In this next section, we're going to talk about your experiences in the ballroom scene, with your friends, and with your families—both in ballroom and your biological family.**

### [5] How would you describe the "House and Ball Community" to someone who doesn't know anything about it?

Probing and clarifying questions:

- Try to establish all the details of the respondent's definition of the community and its practices.
- Ask about "categories" and what they mean.
- Ask: What is your category – or categories?
- Ask about differences in titles and status: house mother/father, legend, icon, kiki, etc.

### [6] When did you first get involved in the ball community?

Probing and clarifying questions: use these to follow up and establish a timeline or trajectory to the respondent's involvement.

- (If client is part of a house) What house are you part of?  
WRITE the House name in the 'notes' column ☐





- How long have you been with [either “your house” or the “ballroom scene”]?
- What level are you? (i.e. Kiki, member, legend, icon, House parent)
- How does it make you feel to be a member of the house?
- Is this different from how you felt about yourself before joining the house or the scene?

**[7] How did you meet your house family? How did you first get involved in the house community?**

Probing and clarifying questions:

- When did you get involved?

**[8] What has been your involvement/relationship with your house/the scene since you joined Project Vogue to today?**

Probing and clarifying questions:

- Has anything changed?

**[9] How many of the members in your house do you consider to be your "close" friends?**

Probing and clarifying questions:

- Do you have close friends who are not in the House and Ball Community?
- What do your friends who are not in House and Ball know about the ballroom scene or why you want to be involved in it?
- What do they think?

**[10] Are you close to your family that you grew up with?**

Probing and clarifying questions:

- What does your family know about the ballroom scene or why you want to be involved in it?
- What do they think?
- Do you live with your family still?
- How often do you see other family members?

**[11] What has been your relationship with your family since you joined Project Vogue to today?**

Probing and clarifying questions:

- Has anything changed?



**[12] Considering your friends altogether [refer back to ones they talked about, if possible]—how many people would you call your “close” friends?**

Probing and clarifying questions:

- Ask for the story of a day together, or an important event the friendship, with someone they identify as a close friend.
- If they have identified ballroom and non-ballroom close friends, ask: what is different about your ballroom friends and your other friends?
- How about “medium” sort of friends, not too close, but well-acquainted?

**[13] What do you do socially for enjoyment?**

Probing and clarifying questions:

- Which of your friendship groups is involved with your other social activities? Ballroom friends? Non-ballroom friends?
- Ask respondent to describe a night out, or a trip, or whatever it is they identify as things they enjoy doing.
- Ask for who, what, when, where, and how with each story.
- Understand this in the context before joining Project Vogue and after joining Project Vogue

**[For the interviewer: If the client is affiliated with Ballroom, skip to ‘Section D. Social Support.’]**

**SECTION C2. NON-BALLROOM, FRIENDS AND FAMILY**

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**In this next section, we’re going to talk about your experiences at GMHC and your friends, both at GMHC and your biological family.**

**[14] How did you end up at GMHC?**

Probing and clarifying questions:

- When did you start coming to GMHC?
- What was the initial reason you started coming to GMHC?
- Ask for what services they typically use at GMHC.
  
- Ask if they are part of any specific program.
- Ask if they have made any friends at GMHC.
- What has been your experience with GMHC since you’ve joined Project Vogue to today?



### **[15] Are you close to your family that you grew up with?**

Probing and clarifying questions:

- How often do you see your family members?
- Do you still live with family?
- Do they know about your status? How do they feel about you being positive?

### **[16] Considering your friends altogether how many people would you call your “close” friends?**

Probing and clarifying questions:

- Ask for the story of a day together, or an important event the friendship, with someone they identify as a close friend.
- If they have identified ballroom and non-ballroom close friends, ask: what is different about your ballroom friends and your other friends?  
How about “medium” sort of friends, not so close, but well-acquainted.

### **[17] What do you do socially for enjoyment?**

Probing and clarifying questions:

- Ask respondent to describe a night out, or a trip, or whatever it is they identify as things they enjoy doing.
- Ask for who, what, when, where, and how with each story.
- Understand this in the context before joining Project Vogue and after joining Project Vogue

## **SECTION D. SOCIAL SUPPORT**

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### **[18] Whom do you rely upon for support when you need it?**

Probing and clarifying questions

- If the question isn't clear, provide some clarifying examples—like if you need help finding a job, can you call on someone to help? If you need money? Food? Social support when you're feeling down?
- Try to establish specific examples from their stories.
- Ask for the story of a supportive event if they identify one. Establish who, what, when, where, and how it happened.
- Before joining Project Vogue, whom did you rely upon for support? What about now?



## SECTION E. HIV DIAGNOSIS, CARE, AND TREATMENT

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**[19] Thinking about HIV and its diagnosis, how do the people that you spend time with (refer back to the friends/family they may have mentioned previously if you can) talk about these things?**

Probing and clarifying questions:

- If the question is unclear clarify with the client: Do you talk to others about your diagnosis or talk to others about their diagnosis? How about the people that you spend time with; do they talk about HIV or your diagnosis or their diagnosis? If/when they do talk about it, what kinds of things do they say?
- Can you give me an example of when you were able to talk about HIV/your diagnosis? Can you give me a time where you wanted to but weren't able to talk about it?
- If/when been supported, what does that look like? If/when not supported, what does that look like?

**[20] If not addressed in detail already; Do you have friends or family who support you in your HIV care and treatment? If so, how?**

Probing and clarifying questions:

- If the question isn't clear, provide some clarifying examples—like if you need help with medications, can you call on anyone for help? With being adherent? With paying for meds? Help navigating the system?
- If they talk about “family,” establish whether it is biological family, ballroom family, or some other family of choice.
- Try to establish specific examples from their stories.

**[21] Are there other things you can do to stay healthy besides seeing doctors or medical professionals?**

Probing and clarifying questions

- Nutrition?
- Alternative medicine?
- Reiki?
- Probe for specific examples



## SECTION F. BEHAVIORAL ISSUES, SUBSTANCE USE, CO-OCCURRING DISORDERS

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### [22] Do you have any history of mental health concerns?

Probing and clarifying questions:

- If YES: Have you been referred to a mental health specialist? Have you been referred to a substance use clinic?
- How frequently do you see your mental health provider?
- If NO: Have you been set up to see someone or are you interested in seeing someone?
- Is there a reason why not? Does something make it hard or difficult to see a therapist or mental health provider?
- For both YES and NO: These mental health issues—have they stayed with you? Do they still affect your life?
- Did mental health issues [name what they've said if possible] ever prevent you from working? From staying housed? From staying social in the house and ball community? From socializing in general?
- Have mental health issues ever interfered with HIV medical care and treatment? If so, what did you do about it?

### [23] Do you have any history of substance use?

Probing and clarifying questions:

- If NO, skip to next question. If YES, ask “What were your experiences?”
- Is it something other people like friends, family, or coworkers noticed and talked to you about?
- If the respondent says “self-medicating” with regard to substance use, ask: What does it mean to “self-medicate?” Play “dumb;” we want the respondent to tell us in their own words what self-medicating is.
- Did self-medicating help?
- Did you ever have a substance use disorder diagnosis? Did you get treatment? Describe.
- Did you stop using substances? Explore stories of recovery and relapse.
- Did substance use [name what they've said if possible] ever prevent you from working? From staying housed? From staying social in the house and ball community? From socializing in general?
- Has substance use ever interfered with HIV medical care and treatment? If so, what did you do about it?



**[24] When you first heard about Project Vogue, what did you expect in terms of counseling and prevention services?**

Probing and clarifying questions:

- Seek detail in the services.
- Have you ever received those kinds of services before? At another agency?
- Have you spoken to staff here about these kinds of services?
- Has Project Vogue met your expectations? How so?
- What more do you expect from Project Vogue?
- What would you like to see?

Notes and Time Stamps

**[25] What has been different in your experience before and during the COVID pandemic?**

Probing and clarifying questions:

- Can you tell me about your experience with GMHC before the COVID pandemic and during the COVID pandemic?
- Can you tell me about your experience with Project Vogue before the COVID pandemic and during the COVID pandemic?
- Has your experience changed with anything else from before the COVID pandemic and during the COVID pandemic?

## **SECTION G. FINAL QUESTIONS**

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**[26] Is there anything you would like to add that I've not asked you about? Anything else you want to make sure that we know?**

**[27] Do you think it would be helpful to be able to talk to someone about the things we've been discussing?**

**NOTES AND OBSERVATIONS:**

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## Project Vogue Documentation Systems

**This section provides details on the documentation processes which were used for Project Vogue. These can be tailored to each agency's unique environment.**

GMHC staff tracked all client intake data, activity data, and progress towards outcomes in the internal data collection system, called TREAT. TREAT is a format-agnostic, flexible Electronic Health Record (EHR) with the capacity to track the full range of data. In addition, TREAT's flexible, module-based ontology allowed GMHC to add new data collection tools, procedure codes to allow for accurate collection of data.

All encounters with clients were recorded in TREAT. The first encounters were added at the time of initial intake where several tools are used to complete a comprehensive behavioral intake assessment conducted by the intake department. Prior to conducting the initial intake and assessment, potential clients were advised to bring their identity documents, documentation of their HIV status, and other relevant medical records which would make the process go faster. All these records, including a signed HIPAA form, were uploaded into the EHR.

Prior to the use of this EHR for the intervention, all services were mapped out in the system to customize it for the specific intervention services. Program staff and management also utilized the EHR to track and review progress with clients and the larger program, though production of client service level data reports.

GMHC also used TREAT to track, integrate, and produce reports on several measures, including HAB core performance measures, Ryan White Services Report (RSR) data, Primary Care Status Measures, and intervention dosage measures per service area.

### **Case Notes**

Intervention staff utilized the EHR to record every encounter with the client over the life of the intervention. They created, monitored, and followed all client referrals created through the system. At each encounter, staff completed progress notes, with details of their encounter with the client, and assigned procedure codes specific to the services provided. Progress notes were recorded either using canned notes, which were then customized, or as text directly documented by staff based on the nature of that specific encounter.

Before each encounter with a client, staff retrieved and reviewed client progress notes, including those made by other departments. This allowed them to have focused interactions with the client and avoid repeating similar conversations or asking for more information a client might have already given to another colleague within the agency. It kept the encounter focused and demonstrated to the client that the team at GMHC was working together

### **Other Data Management Systems**

Use of the EHR system alone would not be enough to track progress with the intervention. As such, the program also developed several tools to track progress with implementation for all program areas.





Project Vogue utilized standard data collection tools for all services provided. A protocol of service delivery was also established to guide how staff should collect and record data at every point of service delivery. *(Some of the data collection tools and protocol are included in this Toolkit).* Program staff were all trained on use of these protocols and forms associated with them. The checks and balances for data quality incorporated into the data collection processes helped to maintain consistency of data collection.

The Program Director also conducted periodic review of service delivery through a review of service data entered in TREAT. GMHC's Department of Analytics and Evaluation provided technical assistance to intervention staff to reduce data entry errors and inconsistencies. This process involved retrieving information that was missing or inconsistent. GMHC linked the record that contained the error(s) with the staff member who most recently had contact with the client. A report with these inconsistencies and errors was distributed to staff members who were then responsible for updating the client's record with the correct information.

GMHC utilized a collective data driven management model where program staff work in collaboration with the Analytics & Evaluation team to maintain optimal data quality and service integrity. The intervention service projections were mapped out on this program dashboard- with monthly targeted outputs. This was reviewed and updated monthly to ensure the programs was on target. The program staff discussed the dashboard monthly together with the Evaluator from the Analytics & Evaluation department. Should there be deficiencies/problems arising, both teams developed and implemented continuous quality improvement (C. Q.I) projects/corrective action plans as needed. This was another measure which ensured the highest quality and integrity of our data and drove the program towards achieving the desired outcomes.



## Transitioning to Standard Care

Project Vogue's MOC was designed to make the transition to standard care seamless for the client. The agency's vast support services were reviewed in collaboration with the client at the time of exit out of the intervention to ensure there was continuous support provided. The approach was to conduct a soft exit out of the program whilst maintaining periodic contact with the client. Activities below helped facilitate clients' transition to standard care:

**Peer support and mentorship:** Project Vogue staff implemented a peer mentorship model that fostered continuous and goal-orientated engagement in care. Each client was matched with a PNA and encouraged to meet regularly, discuss challenges, and form habits of mutual, recovery-based support.

**Re-engaging clients:** Project Vogue team members tracked clients' engagement in care, attendance at appointments, and follow-through on referrals through TREAT. Clients who missed appointments or otherwise failed to adhere to service plans were contacted by the PNAs for re-engagement in care. The PC met individually with hard-to-engage clients to discuss their motivations, goals, and any emotional or practical challenges to staying in care or attending services. As part of GMHC's organizational effort to decrease client attrition, the agency's Analytics and Evaluation Department produced reports to help program staff identify clients who had not received appropriate assessments or achieved viral load suppression; these clients were then proactively targeted for re-engagement as necessary.

**Medication adherence services:** GMHC offered extensive medication adherence services in-house, including group forums, educational workshops, and individual counseling.

**Transportation support:** GMHC provided clients with MetroCards to facilitate travel to appointments on public transportation.

**Continuous staff training:** Program staff participated in both internal and external trainings for relevant topics to enhance the implementation of the intervention with a focus on effective client engagement.



## Planning for Sustainability

For all its programs, including Project Vogue, GMHC employed a continuous process for sustainability planning in collaboration with other programs and the development departments. This involves several strategies outlined below:

- By design, the core elements of Project Vogue helped foster improved collaboration systems within GMHC, built the infrastructure for increasingly coordinated care, use evidence-based social work principles to guide clients through the HIV Care Continuum, and mitigated the impact of social determinants of health. Each of these elements was directly transferrable to GMHC's service environment after the project period ended. One of the initial components in the design of Project Vogue was to embed it in GMHC's integrated program environment and leverage a vast array of onsite and partner-based services to meet program needs: NYS-licensed mental health care, substance use treatment, and psychiatric care; legal assistance; food and nutrition services; complementary therapies; on-site pharmacy services; adherence support; workforce development; housing assistance; Evidence Based Interventions and support groups. To do so, GMHC incorporated some if not all the components from Project Vogue into GMHC's protocols agency wide where applicable. This was based on the best practices, and the lessons garnered as GMHC implemented the project.
- Project Vogue was added to the agenda for Prevention and Programs Services meetings with Development department when discussing new funding opportunities. This strategy had proven successful in the past as many programs and/or their components were sustained beyond the life of their funding periods. With this, resources were sought to continue to implement the intervention in its entirety, or to integrate Project Vogue's emerging best practices of the model into RFP's or other funding sources as they became available during the implementation period. An example of this is how the agency was able to secure resources/funding from other implementing partners to allow integration of a mobile platform (GET!) into Project Vogue.
- At implementation level, program managers also discussed long term collaboration with other programs within GMHC.
- GMHC continually engaged with medical/community partners to solicit additional resources from the NY State and City health departments to support sustained implementation of Project Vogue into two ways:
  - Developed funding proposals for the intervention based on best practices observed.
  - Advocated for incorporation of some of the project's components into future programs or plans.
- The agency also planned to produce reports on lessons learned and best practices about client service, data collection, and care coordination, and submit for publication in peer-reviewed journals, at conferences, and at policy/practice working groups.



## Project Vogue Promotional Materials

This section exhibits some of the materials which were used for recruitment, program promotion and community engagement. Materials were initially printed for distribution within GMHC premises at community partners locations. The materials were also re-purposed for distribution online through GMHC's new media platforms.

## Palm Card: For client recruitment



**DIP IN TO YOUR HEALTHCARE WITH**  
**PROJECT VOGUE! NYC**

Project VOGUE! NYC provides a safe and nonjudgmental journey toward viral suppression,

**Project VOGUE! NYC** provides a safe and nonjudgmental journey toward viral suppression, with sexual health-related services, workshops, mental health services, support in housing, nutrition, workforce, opportunities to express your creative self through the arts, and other GMHC resources.

**Services available:**

- Incentives and other goodies
- MetroCards
- Vogue Lounge
- Discussion groups
- Exciting events and outings
- Special access to the annual Latex Ball

**You qualify if you:**

- Are a guy who hooks up with other guys
- Identify as black aged 18-45
- Are living with HIV
- Need extra support getting to or staying undetectable
- Need to connect to health care

**Project VOGUE! NYC** participants will have a chance to participate in evaluation activities and receive compensation up to \$125 for their time.

**For more information, please contact**  
Luna Luis Ortiz  
Vogue@gmhc.org or (212) 367-1017  
Please like and PM us on  @ClubhouseGMHC

Individuals pictured are used for illustrative purposes only.

**GMHC**  
END AIDS. LIVE LIFE.



Tear-off flyer: For client recruitment



# DIP IN TO YOUR HEALTHCARE WITH PROJECT VOGUE! NYC

Project VOGUE! NYC provides a safe and nonjudgmental journey toward viral suppression,

**Project VOGUE! NYC** provides a safe and nonjudgmental journey toward viral suppression, with sexual health-related services, workshops, counseling, opportunities to express your creative self through voguing, and other GMHC resources.

**Services available:**

- Incentives and other goodies
- MetroCards
- Vogue Lounge
- Discussion groups
- Exciting events and outings
- Special access to the annual Latex Ball

**You qualify if you:**

- Identify as gay or a man who has sex with men
- Identify as Black aged 18–35
- Are living with HIV
- Need extra support getting to or staying undetectable
- Need to connect to health care

**Project VOGUE! NYC** participants will have a chance to participate in evaluation activities and receive compensation up to \$125 for their time.

**For more information, please contact**  
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Promotional Flyer: For community engagement

GMHC presents

**THE FUTURE** is NOW

Virtual Bigo Mini Ball

**June 19, 2020**  
**7pm est.**

**OTA Vogue \$150**  
**OTA Runway with a Prop \$100**  
**OTA Face with Performance \$100**  
**OTA Bizarre \$150**  
**OTA Best Dressed \$100**  
**FQ Realness \$150**  
**Trans Man Realness \$100**  
**OTA Old Way \$150**

 **ID- Thick1**

**Hosted by Precious Ebony**

**Music Byrell The Great**

**For more information contact Luna Khan at [Lunao@gmhc.org](mailto:Lunao@gmhc.org)**



Promotional Flyer: For community engagement



# Icon Aisha Prodigy

Ballroom's Women's Face

▶ Join us for an open discussion  
about the LGBT Black Experience.

February 19th @ 3pm

4th Flr - Youth Space

▶ Food & Metro Card Provided

▶ 307 W 38th St. 4th Fl

212-367-1017 Luna Luis Ortiz