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

Implementation Manual

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GMHC

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Below is a list of authors who contributed to implementation of this intervention and production of this Manual; 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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The photo montage on the cover page features models. It is for illustrative purposes only and does not depict Project Vogue clients.

Table of Contents

Background

Overview of the SPNS BMSM Initiative

HRSA's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV who are uninsured and underserved. The RWHAP funds grants to states, cities/counties, and local community-based organizations (CBOs) to provide care and treatment services to people with HIV (PWH) to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

The intervention outlined in this Implementation Manual was part of the *Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (BMSM)* Initiative (otherwise known as the "BMSM Initiative"). This initiative was funded by HRSA's HIV/AIDS Bureau (HAB), Ryan White HIV/AIDS Program (RWHAP) Part F, Special Projects of National Significance (SPNS). GMHC in New York City (NYC), New York, conducted and evaluated Project Vogue, and was one of eight demonstration sites (or recipients) which participated on this initiative. SPNS supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by the RWHAP. SPNS advances knowledge and skills in the delivery of health care and support services to underserved populations living with HIV. Through its demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of treatment models while promoting the dissemination and replication of successful interventions.

Specifically, this three-year BMSM Initiative funded eight demonstration sites (or recipients) to implement evidence-informed behavioral health interventions and/or models of care (MOCs) to engage, link, and retain BMSM with HIV in medical care and supportive services. The interventions/MOCs included strategies to integrate behavioral health services, including substance use disorder treatment, with HIV care to specifically address the needs of BMSM living with HIV and improve their health outcomes. GMHC implemented the Project Vogue intervention, an adaptation of Project Silk: a recreation-based intervention that provides sexual health-related services in a stigma-free space for Black LGBT individuals.

Introduction

Purpose of the Implementation Manual

This Implementation Manual provides guidance on the design and implementation of the Project Vogue, developed by GMHC, and implemented from August 2019 through November 2021 in NYC. GMHC is an HIV/AIDS service organization with extensive experience in providing support and care services to BMSM. Specifically, the Manual documents intervention adaptation, local evaluation, implementation, outputs, outcomes, and lessons learned from Project Vogue to facilitate future replication. The Manual incorporates client experiences and data from evaluation surveys and qualitative interviews with clients.

Audience for the Implementation Manual

This Manual is intended for program managers and staff who work with the priority populations of BMSM with HIV. The goal is to utilize service elements from the model to help build capacity and readiness of RWHAP and non-RWHAP recipient organizations to successfully engage, link, and retain BMSM in HIV care and treatment that addresses their behavioral health and support service needs.

The information in this Manual will be disseminated to internal stakeholders at GMHC and to the wider RWHAP network in NYC and NY state: HIV Planning Councils/Groups, partner agencies who are RWHAP recipients, New York State (NYS) and NYC Departments of Health, and other key stakeholders. GMHC intends to also submit Project Vogue evaluation findings to targeted conferences and academic journals for dissemination.

Intervention Overview

Demonstration Site Background

GMHC was founded in 1982 as the world's first response to the disease ravaging gay communities in NYC. Since then, the agency has grown into a robust and nationally recognized AIDS service organization that serves 12,600 clients annually and has participated in the development of the National HIV/AIDS Strategy (NHAS) and New York's *Blueprint to End the Epidemic*. For over 35 years, GMHC has been a leader in engaging communities at highest risk for HIV and providing culturally-sensitive licensed behavioral health care, case management, testing services and prevention education, evidence-based interventions, assistance navigating benefits, and a robust array of services that support health and well-being.

The agency is dedicated to remaining agile in the face of the evolving AIDS epidemic; to this end, GMHC continually expands its program portfolio and service models to address the myriad social determinants of health that contribute to unsuppressed viral loads among PLWH in NYC.

As an active and leading member of NYC's social service community, GMHC supplements its onsite services through partnerships with dozens of agencies, enabling clients to receive specialized care where it helps them most. GMHC is also a member of multiple service consortia and regularly shares referrals with agencies across NYC. Linkages with partner organizations enhance GMHC's onsite offerings by 1) expanding the scope of services offered; 2) increasing accessibility to services through GMHC's established linkages with providers throughout NYC's five boroughs for clients' convenience, thereby improving chances of program and client success; and 3) improving GMHC's ability to meet client-specific special needs. For Project Vogue, GMHC created formal linkage agreements with four main community partners to meet program goals: Mount Sinai Hospital System (Mount Sinai), Callen-Lorde Community Health Center (Callen-Lorde), Ryan Community Health Center (Ryan Health), and Housing Works.

Needs Assessment

Critical to the effort to end the HIV epidemic is a broad commitment to meeting clients' behavioral health needs and social risk factors in support of individual stability and improved viral load suppression. In fact, the disproportionally high rates of untreated mental health disorders and substance use conditions among BMSM are one of the most significant factors contributing to the high rates of HIV infection and poor health outcomes along the HIV Care Continuum in NYC. In addition, compared to the general NYC population, BMSM experience higher rates of discrimination and stigma due to racism and homophobia and disproportionate rates of poverty, joblessness, and homelessness.

These risk factors and barriers can create unique and difficult-to-penetrate cultural and communication practices among BMSM. However, GMHC is exceptionally well positioned to connect with these communities. GMHC has successfully reached BMSM by creating a welcoming, non-judgmental environment, and promoting an agency-wide practice whereby programs are developed in collaboration with the priority populations. Over the last two decades, many GMHC programs have been designed and implemented by and for BMSM.

GMHC launched Project Vogue and evaluated the effectiveness of its client-centered, HIV-specific care coordination services to particularly benefit BMSM with HIV who are struggling to manage behavioral health conditions and achieve and maintain viral load suppression. Informed by the National HIV/AIDS Strategy: Updated to 2020 (NHAS), the Consolidated Plan for the City of New York, evidence-based theories of behavior change, and GMHC's internal research, Project Vogue's unique approach combines rigorous reinforcement of the HIV Care Continuum with sustained, multi-faceted support to prevent regression. Project Vogue was embedded in GMHC's integrated program environment and leveraged a vast array of onsite and partner-based services to meet client needs: NYS-licensed mental health care, substance use treatment, and psychiatric care; Medicaid Health Homes care management; legal assistance; food and nutrition services; complementary therapies; on-site pharmacy services; adherence support; housing assistance; and support groups.

Adapted Model of Care

Original MOC

GMHC utilized *His Health's* Project Silk as the foundation for Project Vogue.[i] Project Silk is a recreation-based intervention that provides sexual health related-services in a stigma-free space for Black LGBT individuals. This community-based intervention is also grounded in principles of asset-based youth development. GMHC specifically elected to adapt Project Silk based on the agency's deeply forged relationships with the hard-to-reach House & Ball (H&B) community. These connections are exemplified by GMHC's thirty years of experience hosting H&B community members and providing HIV prevention, care, and support services. Project Silk therefore provided a strong framework upon which GMHC could strengthen its services to this community to foster deeper engagement and better health outcomes. Note, during implementation of Project Vogue, GMHC re-modified client eligibility criteria to include other BMSM at the agency who were not part of the H&B community.

Below is a list of some of the core components and characteristics from Project Silk, which were incorporated into Project Vogue:

- A 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 PrEP/PEP, HIV-related medical care, and social services
- Integrated HIV and STI testing
- Co-located mental health and supportive services
- Condom distribution
- A behavioral health intervention
- HIV Care Continuum interventions (e.g., HIV/STI testing, Linkage to Care (LTC), re-engagement in services)
- Ancillary and social services

The following table briefly describes the implementation process of Project Silk.

Original Model at-a-Glance	
Project Silk	
 Step 1	Create and promote **a recreation-based safe drop-in space** • Includes co-located supportive services
 Step 2	Peer navigator staff **provide referrals** • Refer to needed services, including social support and behavioral health
 Step 3	Implement a **social network strategy**
 Step 4	Provide **space for artistic expression**
 Step 5	Support clients in **pursuit of their authentic selves**

Adaptations

Through provision of community-based care coordination and integrated HIV treatment and behavioral health care, Project Vogue aimed to mitigate the structural, clinical, and individual-level factors that prevent effective engagement in HIV and behavioral health care and viral load suppression, which are significant in NYC's unique economic and health care landscape. GMHC developed a safer space, called the Clubhouse, where H&B and non-H&B community members alike relax, spend time with friends, access services, and discuss health maintenance and risk-reduction strategies with GMHC staff. In this work, GMHC has found that while this population needs GMHC's services, especially HIV testing and care, behavioral health services, and basic benefits and housing assistance, it has been challenging to formally engage them in these type of services, due in part from past experiences of discrimination related to behavioral health issues, homophobia and racism, lack of trust in mainstream medical providers, and perceived lack of need for services.

In keeping with the Project Silk program model, GMHC wanted to capitalize on the experience and assets described above to develop a model that would engage and link clients to a continuum of culturally-competent HIV care services. The agency leveraged its considerable in-house services, especially its co-located licensed mental health and substance use treatment clinics. For more details, please refer to the *Project Vogue Adaptation Checklist* included in the *Toolkit*.

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

GMHC initially modified and enhanced the intervention in the following ways:

- GMHC used the existing on-site Clubhouse to serve as a safer space for artistic expression for the BMSM community; this offered a space for the recreational component of the model centered on H&B and other recreational activities.
- The priority population was adapted and expanded to include BMSM, aged 18-45 years, from and outside of the H&B community. The goal was to maximize GMHC's recruitment potential and allow access to other clients who shared the same experience and space as BMSM from the H&B community.
- Peer Navigation Ambassadors (PNAs) were hired to recruit, engage, and connect clients to GMHC's co-located, licensed behavioral health clinic, as well as its existing extensive suite of supportive services.
- GMHC strengthened existing partnerships with specific medical providers to link clients to HIV clinical care and treatment.

The following table briefly describes the implementation process of Project Vogue.

Adapted Model at-a-Glance	
	Project Vogue
 Step 1	Create and promote **a recreation-based safe drop-in space** • Includes co-located supportive services
 Step 2	Peer navigator staff implement **HIV navigation services** • Develop and implement an Individualized Action Plan for each client • Refer to needed services, including social support and behavioral health
 Step 3	Implement social **network strategy** • Tailor the social network strategy to clients' unique needs to capitalize on client recruitment and engagement
 Step 4	Provide **space for artistic expression** • Host events/activities that foster artistic expression and participation in other wellness activities
 Step 5	Support clients in **pursuit of their authentic selves**

Final Adapted Intervention

Goals and Objectives

Project Vogue aimed to achieve the following goals:

- Enhance existing services to improve retention and outcomes in HIV and behavioral health treatment for BMSM.
- Improve HIV care coordination with partner agencies across NYC.
- Improve care coordination across GMHC programs and services, especially GMHC's mental health and substance use treatment clinics.
- Leverage program services to increase social connectedness among clients.

Core Elements and Key Characteristics

Project Vogue provided enhanced outreach and screening to BMSM and fostered 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 included hosting and sponsoring H&B events and practices, and support participation in other wellness and artistic activities agency wide.
- Connecting clients to licensed behavioral health services (co-located within the Clubhouse and larger GMHC programs) and HIV medical treatment in partnership with GMHC's medical partners.
- Providing client-centered case management.
- 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.
- Providing HIV navigation and support services for the entire 12-month duration of the intervention, from enrollment to exit.

Project Vogue Core Elements:

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

- **Intake and Enrollment**
- **Individual Counseling Session #1**
- **Individual Counseling Session #2**
- **Individual Counseling Session #3**
- **HIV Navigation Services**

The **non-core elements** of the intervention included weekly H&B sessions, voguing classes, arts and wellness classes/activities, and a bi-weekly empowerment group. Project Vogue staff strongly encouraged clients to take part in these activities. For more detailed descriptions of the core and non-core elements of Project Vogue, see the *Implementation* section.

Intervention Logic Model

Target Population	Goals and Objectives	Assumptions
- HIV-positive BMSM - Aged 18-45 - Living in New York City - Newly diagnosed, not engaged in care, and/or virally suppressed - At risk of falling out of care	- Enhance existing services to improve retention and outcomes in HIV and behavioral health treatment for BMSM - Improve HIV care coordination with partner agencies across New York City - Improve care coordination across GMHC programs and services, especially GMHC's mental health and substance use treatment clinics - Leverage program services to increase social connectedness among clients - Evaluate GMHC's program internally and participate in multisite program evaluation - Build GMHC's capacity to continue successful case management and evaluation practices after project period ends	- Unmet needs for behavioral health - Structural factors limit clients' ability to achieve viral load suppression - Stigma, racial discrimination, and past negative medical experiences impact PLWH's willingness and ability to enter and engage in care

Inputs	Activities	Outputs	Outcomes
Partnerships - Mount Sinai - Callen-Lorde - Housing Works - Ryan Health **Staff** - Senior Vice President of Programs and Prevention Services - Senior Managing Director, Prevention Services - Program Coordinator - Peer Navigation Ambassadors (2) - Senior Director, Analytics and Evaluation - Monitoring & Evaluation Specialist - Lead SPNS Evaluator **GMHC Programs Leveraged** - Mental Health and Substance Use Services - Psychosocial Support Groups - GMHC On-site Clubhouse Space - On-site Pharmacy - Treatment Adherence Support - Benefits Enrollment - Employment Services - HOPWA Housing and Housing Assistance - Wellness Services (arts, complementary therapies, education, entertainment) - Hunger Relief Services and Nutrition Counseling Legal Assistance - Financial Management	**Recruitment and Outreach:** - Conduct outreach activities at House & Ball practices, high HIV prevalence areas in NYC, Brooklyn Community Services NYCHA community centers (Brownsville, BK), and via social media - Conduct in-reach to identify HIV-positive young BMSM engaged in GMHC services and programs **Provide a Safe Space:** - Leverage existing on-site Clubhouse space - Leverage in-kind health education programming **Provide Space for Artistic Expression:** - Host House & Ball practices and competitions - Hold weekly voguing practices - Hold annual House of Latex Ball **Provide Linkage to HIV Care, Behavioral Health, and Supportive Services within GMHC and through Partners:** - Establish MOUs describing linkage to care procedures - Link PLWH to HIV medical care if unlinked - Link PLWH to on-site licensed behavioral health services and supportive services as needed - Track clients' service, outcome, and activity data across programs, share data with partners, discuss client progress, and identify emerging needs - Conduct intake, develop service plan, and conduct reassessment every six months - Provide treatment adherence support **Support Clients to Be Their Authentic Selves:** - Conduct program orientation - Provide individual and group counseling - Provide ongoing peer mentorship supports **Collaborate with ETAP to Participate in Multisite Evaluation:** - Build data collection tools/data modules - Collect and share data with ETAP and partners **Build Capacity to Improve HIV and Behavioral Health Outcomes for the Target Population:** - Develop and disseminate Implementation Manual - Collaborate with ETAP, partners, and GMHC staff to integrate program components into agency practices	- Conduct outreach to over 100 clients annually - Hold 12 orientation sessions annually - Hold 52 support group sessions annually - Hold 200 individual counseling sessions annually - Host 52 House & Ball practices and 52 voguing classes annually	- Improve GMHC's ability to identify and address clients' unmet behavioral health and HIV service needs - Improve GMHC's ability to mitigate the effects of behavioral health conditions and social risk factors on health outcomes - Improve data and care coordination systems within GMHC and with partners **Short Term:** - Increase the number of clients receiving HIV care and behavioral health services - Increase the number of clients retained in HIV care and adherent to ART - Improve client knowledge, self-efficacy, and ability to stay engaged in medical care - Reduce attrition from care programs **Long Term:** - Increase medication adherence - Decrease substance use conditions among clients - Increase mental health care utilization among clients **Impact:** - Increase viral load suppression - Improve longevity, quality of life, and health/social outcomes for PLWH

Population Served

Initiative Eligibility Criteria

In addition to the eight demonstration sites, NORC at the University of Chicago was funded under the SPNS BMSM Initiative as the Evaluation and Technical Assistance Provider (ETAP). The ETAP designed and implemented a culturally responsive, mixed methods evaluation to evaluate the impact of the Initiative across recipients. To be eligible to participate in the Multisite Evaluation (MSE), a client was required to be:

- Living with HIV;
- Aged 13 and older;
- Identify as a BMSM (including cisgender men, transgender men, and gender non-conforming individuals assigned male at birth); and
- Fit into one of the following categories:
    - Newly-diagnosed/new to care;
    - Never entered into care;
    - Fallen out of care;
    - At risk of falling out of care; and/or
    - Not virally suppressed.

For the purposes of this Initiative, risk factors for falling out of care were ongoing behavioral health issues (e.g., mental health and/or substance use disorders), a history of irregular engagement in care, housing and/or employment instability, a history of sexually-transmitted infections, or a history of negative experiences in a health care setting.

Project Vogue Specific Eligibility Criteria

In addition, GMHC established the following site-specific eligibility criteria:

Demographics:

- **Age/age group:** 18-45 years of age (inclusive)
- **Race/ethnicity:** Black. “Black” included both individuals who identify as Black or African American only and those who identify in multiple race categories as long as “Black or African American” was one of the categories.
- **Sex/gender:** Male or transgender male/gender non-conforming individual who has sex with men.
- **Sexual orientation:** Male or transgender male/gender non-conforming individual who has sex with men.
- **Health status:** Person living with HIV

Intervention Eligibility Criteria:

- Not engaged in HIV primary care or at risk of falling out of care

Definitions

- **"Not engaged in care"** was defined as having more than 90 days between any two HIV medical appointments in the past 12 months.
- **"At risk of falling out of care"** was indicated by several conditions, any one of which would qualify the client for the program: recent incarceration, employment instability, housing instability, history of sexually transmitted infections, history of ongoing mental health issues, history of ongoing substance use, or poor experiences in health care or with health care providers.

Pre-Implementation Activities

Organizational and Community Resources

GMHC operates a wide range of onsite HIV supportive services that address barriers to clients' well-being. These services foster client stability and self-sufficiency and help those with demonstrated need achieve health, housing, and employment security. Project Vogue was designed to leverage these existing services.

Project Vogue was housed within GMHC's Prevention Services department. The components of the intervention were a combination of new and existing services in the agency. This set-up allowed Project Vogue to seamlessly benefit from staff time and resources supported by other funders within Prevention Services and other departments.

Below are some of the services provided at GMHC, which the program leveraged:

Mental Health Care and Substance Use Services. GMHC has provided culturally-competent RWHAP-funded mental health and substance use services since 2005. Through targeted counseling groups and evidence-based interventions, GMHC offers several supportive services which include individual counseling and therapy, family/couple's psychotherapy, therapeutic groups, and psychiatric medication management for a range of issues.

GMHC Testing Center. GMHC has more than 22 years of experience in screening and testing clients for HIV, Hepatitis C, Syphilis, Chlamydia, and Gonorrhea, and supports clients with compassionate counseling, partner notification services, and immediate accompaniment to medical care. Project Vogue clients were encouraged to access testing services to regularly test for STIs and Hepatitis C screening.

Benefits Advocacy. GMHC's Benefits Advocacy Unit, established in 1987, helps clients access over $4 million annually in public benefits. The unit excels at enrolling clients in comprehensive health insurance plans, connecting them with supplemental benefit programs, and supporting them with benefits advocacy.

Representative Payee Program. GMHC's Financial Management (GFM) Program serves as the representative payee for PWH who are referred through the NYC HIV/AIDS Services Administration (HASA). GFM collects clients' federal and state income benefits (e.g., Social

Security Disability Insurance, State Supplement Program), directly pays for clients' rent and utility expenses, and disburses the balance of the funds to clients.

Legal Services. GMHC's RWHAP-funded Legal Services department helps clients negotiate legal challenges including tenant or employment discrimination matters; immigration issues and visa applications; bankruptcy support, debt management, and estate planning; and power of attorney and health care proxy issues. The agency is staffed by attorneys with decades of experience in housing court handling eviction cases and other landlord-tenant matters.

Financial Literacy. The agency's Workforce Development department offers bi-monthly classes on household budgeting, credit, savings accounts, and navigating public benefits systems. The programs particularly focus on helping clients manage the transition from public benefit supports to earned income and address clients' concerns about maintaining healthcare coverage and adequate income as their benefits eligibility shifts.

Food and Nutrition Services. The meals and nutrition services support the health and well-being of PWH. Among its services, GMHC offers congregate meals in the dining room, nutrition counseling, nutrition education groups, and access to healthy food.

Housing Services. GMHC operates under a housing-is-health care model and has managed housing assistance programs – including large-scale rental subsidy programs – for over two decades. The agency has specific experience successfully implementing and managing major housing and social support programs funded by the Centers for Disease Control and Prevention, RWHAP, Housing Opportunities for Persons with AIDS (HOPWA), and the NYS Department of Heath AIDS Institute.

Workforce Development Services. GMHC currently operates an NYC-funded program specifically designed for recipients of NYC's HASA benefits. Through GMHC's significant experience serving HASA beneficiaries, staff have worked closely with PWH clients, the Human Resources Administration (HRA), and employers in a range of industries to mitigate these challenges and facilitate successful transitions into employment including the following programs:

RISE. Partnering with HRA, GMHC offers a targeted employment training, placement, and retention program for HASA beneficiaries.

MATCH. The MATCH Program provides employment counseling and job readiness services and walks clients through the process of finding and retaining employment.

Career Advance. GMHC provides job training, internships, career assessments, counseling, and financial management education specifically tailored to transgender/gender non-conforming people, and lesbian, gay, and bisexual-identifying clients.

Vocational Training. Through a partnership with State University of New York's (SUNY) Advanced Technology Training, and Information Networking (ATTAIN) computer labs, GMHC's SUNY ATTAIN lab offers sector-specific trainings to provide vocational foundations in areas including carpentry, electrician skills, plumbing, and health care/home health as well as academic and English-language-learning support.

Consumer Involvement

GMHC's programs are grounded in the community it serves and are built by individuals who have lived experience with issues of poverty, substance use, and HIV/AIDS. Program staff bring intimate familiarity with the challenges of achieving sobriety, maintaining seronegativity, disclosing HIV status to family and friends, and accessing care, and offer GMHC clients empathetic and informative support.

To get consumer input into the adaptation of the MOC, GMHC:

1) Facilitated a focus group discussion with members of the priority population.
2) Hired and engaged program staff who were also members of the priority population.
3) Held consultations and brainstorming sessions with the program staff. Staff also participated in program planning, design, and logic modelling activities in support of Project Vogue.

During implementation, a Community Advisory Board (CAB) was constituted to guide implementation of the intervention. It consisted of Project Vogue clients and some intervention staff. GMHC designed this CAB to function in a less traditional way than most CABs; it was comprised of open membership with no tenure limits. Any client could participate in all scheduled CAB meetings. Based on GMHC's experience, such an arrangement enhanced ownership of the process, engagement, participation, and retention of clients. All CAB meetings took place virtually via the Zoom Meetings platform. The first three meetings were held bi-monthly, and then meetings were held quarterly thereafter.

Each CAB meeting was used to get insights on the intervention from a client's perspective. Program staff also sought input on different components of the intervention, challenges experienced, and opportunities for improvement. The CAB was also instrumental in guiding content development for the GET! Mobile app which was integrated into the intervention *(More information about the GET! Mobile app can be found in the Additional Adaptations section).* At any meeting, the goal was to have a minimum of nine members participating. Promotion of these meetings was done during 1:1 interaction with clients, direct email, texting, during the virtual "hangout" sessions (support groups), and private messaging on select social media channels. Promotion of the CAB activities was later added to the Mobile app as well.

It is important to note that GMHC has a long-standing primary CAB. This CAB consists of GMHC clients, regardless of their HIV status, who provide feedback on GMHC programs, as well as advocate on behalf of the client population. Their role agency-wide is critical. However, the agency created this project-specific CAB to address unique needs of the Project Vogue clients, most of whom are younger than average GMHC clients in the primary CAB.

Partnerships

Internal Partnerships

The process for determining if GMHC had the capacity to adapt and implement Project Vogue was complex. It involved multiple internal stakeholders from the development, finance and fiscal analysis, analytics and evaluation, and programs services departments. The team met to review projected costs for both program and administrative functions for the intervention and determine if the agency would be able to sustain these costs. This is especially important for supporting larger indirect costs created by any new program. The fiscal team first had to advise whether Project Vogue would be able to leverage resources from other funding sources to support all direct and associated costs. This should be the first step taken by any agency planning to adapt this intervention.

The next step was to analyze how Project Vogue would be integrated into the vast GMHC programs infrastructure to successfully provide clients with the best care and support. As such, gaining buy-in from all internal stakeholders was of paramount importance. This process started at the design stage of the intervention. Discussions were held with the management teams, and staff to assess whether GMHC had an adequate support system to implement this MOC.

Prior to enrolling new clients, a program summary/one pager promoting Project Vogue was created and shared internally with staff across the agency. The Project Vogue Program Director presented at various internal program meetings to introduce Project Vogue and the type of collaboration which was expected from all parties.

The Project Vogue Program Coordinator also held individual consultations with colleagues and participated in meetings to promote the intervention. The team developed promotional materials, and stationed them in strategic internal staff spaces. As integration of behavioral health services was one of the core components of this Initiative, Project Vogue staff spent a considerable amount of time in this planning process with the Mental Health and Substance Use departments at GMHC. Their engagement was crucial to the success of this model.

External Partnerships

In addition to the four clinical partners who committed to Project Vogue via memoranda of understanding (MOUs), GMHC has formal and informal referral agreements with hundreds of medical and other community providers across NYC and is a recognized leading provider of coordinated HIV, housing, and employment services. GMHC is also a member of NYC's PlaySure Network, an initiative spearheaded by the NYC Department of Health and Mental Hygiene. It comprises more than 50 community partners and includes CBOs and medical providers. Project Vogue's main clinical partners were also part of this network.

Prior to initiation of this program, GMHC staff met with the four clinical partners (Mount Sinai, Callen-Lorde, Ryan Health, and Housing Works) to discuss the modalities of working together

and develop reciprocal MOUs to realize outcomes from the project. GMHC chose these partners as the agency had long-standing relationships with each partner and were aware of their services, referrals processes, and excellent standards of care for the population of focus. In addition, GMHC worked with other partners on this project that were largely dictated by the clients' needs and preferences.

Subsequently, GMHC had additional conversations and planning meetings with these four clinical partners. The goal was to further establish how the modalities outlined in the MOUs were to be operationalized, and mechanisms to facilitate effective referrals and joint management of the clients to achieve optimal outcomes. During the implementation period, Project Vogue staff and management engaged with the four clinical partners at varying degrees for referrals and management of clients. Below are brief descriptions of the four main partners.

Mount Sinai is a provider of RWHAP services, and one of the nation's oldest, largest, and most respected voluntary hospitals. Mount Sinai's patient population represents the entire spectrum of ethnic and racial groups living in NYC, with success providing care to men who have sex with men (MSM), undocumented immigrants, and individuals from the African American/Hispanic communities. Racial and ethnic minority communities comprise over 82 percent of its current patient population.

Callen-Lorde is a medical facility for the lesbian, gay, bisexual, and transgender community as well as people living with HIV and AIDS. Callen-Lorde offers a comprehensive, integrated program of quality medical and mental health services, including RWHAP services. Callen-Lorde provides the following services: primary medical care; mental health; medication adherence support; care coordination; and assistance and referrals regarding benefits and entitlements, including insurance, housing, and referrals to other supportive services.

Housing Works has served low-income and underserved NYC communities for over 25 years. The agency's harm reduction philosophy provides low-threshold services, which are most effective in engaging youth and young adults, to lower barriers to well-being and placing everyone's quality of life before judgment of their behavior. Housing Works offers specialized health care and supportive services programs for youth and young adults, and PWH.

Ryan Health (formerly The William F. Ryan Community Health Network) is a Federally Qualified Health Center (FQHC) based in Manhattan that has been providing high-quality, comprehensive, and affordable primary and specialty care to New York's diverse and underserved communities since 1967. Through its six centers in Manhattan, it provides HIV treatment, adolescent health care, primary care, dental care, and other specialty services.

Staffing and Supervision Model

This section provides a brief overview of the intervention's core program staff, training and development activities, and supervision structure. Detailed descriptions of the staff roles and responsibilities are included in the *Toolkit*.

Staffing Plan: Brief Roles of Intervention Staff

- *Program Director*
  - Provided oversight and technical support for all components of the program.
- *Program Evaluator*
  - Served as the Data Manager for the program, and assisted in supporting service delivery and promoting continuous quality improvement.
- *Program Coordinator (PC)*
  - Was responsible for overall management and oversight of the program. Provided direct support to all Peer Navigation Ambassadors, completed all client intakes and brief interventions, and submitted programmatic reports.
- *Peer Navigation Ambassadors (PNAs) (2-3 positions)*
  - Conducted outreach, escorted clients to appointments, and conducted linkage navigation services and re-engagement efforts.

Staff Onboarding, Training, and Continuing Education

GMHC developed the policies and procedures for implementation of Project Vogue. The policies and procedures protocol provided step-by-step instructions on how to implement all the elements of Project Vogue by program staff. All program staff were trained on implementation to ensure the model was implemented with fidelity across all the service areas. These materials included 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 member, collaboration with clinic and other community partners, the referral processes, and documentation standards. These policies and procedures were updated as the intervention was implemented, and they formed part of the foundation for the development of this Implementation Manual (please refer to the *Project Vogue Implementation Protocol* in the *Toolkit*).

The table below provides a summary of some of the mandatory and elective training activities Project Vogue team participated in. As part of the onboarding, the team also received training on completing the comprehensive agency intake process.

Staff Trainings	
Trauma-informed practice	Since 2018, GMHC instituted a trauma-informed model of care across the agency; all staff receive annual training on trauma-informed care. In this training, staff learn about the practice of trauma-informed care, both clinical and administrative, and how this practice is operationalized at GMHC. They also learn about the impact of trauma on individuals who participate in services at GMHC to better recognize how all administrative and clinical practices can either support or hinder the progress of our clients who have experienced trauma.
Competency assessment and development plans	The program team also received training on other technical topics related to the MOC. Staff attended these trainings as a requirement by the agency, per their skills building plan. These are developed through the data-driven administrative supervision (DDAS) (see below). In addition to the DDAS, the annual staff performance review is also utilized to review and identify opportunities for skills building and development.
Antiracism	Led by the CEO, the agency instituted an agency-wide effort to develop cultural humility and diversity, equity, inclusion, and antiracism competencies for all staff. The first part of this effort was for staff to take part in an agency training on cultural humility. It was a three-module training focused on: 1) Recognizing the importance of cultural awareness and resilience across the HIV Care Continuum, 2) Navigating cultural humility across the HIV Care Continuum, and 3) Practicing cultural responsiveness across the HIV Care Continuum. The goal is to enhance both staff and clients' experiences and improve outcomes. As part of this process, all staff also were instructed to read a book titled *The Person You Mean to Be: How Good People Fight Bias,* by Dolly Chugh. Thereafter, staff participated in monthly small group discussions in cohorts to allow for intimate discussions and develop a better understanding of cultural humility and discover the unconscious biases that they may have.
Other trainings	Details on additional trainings which Project Vogue staff participated in can be found in the *Intervention Outputs and Outcomes* section.

Supervision Structure

Supervision is an inherent process at the organizational level and GMHC uses the *triad method* across the agency. In the triad method, the supervision structure includes DDAS in addition to clinical supervision, which entails skills building and identifying other areas for improvement. The staff meet with their supervisor once per week to discuss an individual dashboard of items that are tracked as key performance indicators, which guide the conversation of the clinical supervision.

The DDAS is followed by clinical supervision, which allows for the staff and supervisor to discuss items such as secondary trauma, stress, and burnout, in addition to areas for improvement as outlined by the individual dashboard, and specific skills or trainings necessitated by particular events or general skills building. If staff anecdotally discuss items such as secondary trauma, stress, and burnout, the supervisor uses an agency toolkit to aid in these situations. Due to the nature of the organization, social work practices are inherent in the organization and are essential in these discussions.

Furthermore, GMHC offers over five weeks of general paid time off (including sick leave and vacation time), a comprehensive health insurance plan which includes access to numerous behavioral health professionals, an active culture of self-care and associated practices, occasional staff health fairs, and some wellness classes that are available to clients and staff. The agency also offers staff Employee Assistance Program (EAP), a resource which staff can use to seek support services outside of the agency if they do not seek support internally. At the height of the coronavirus disease 2019 (COVID-19) public health emergency (PHE), GMHC engaged services of therapists and counselors who donated their time and expertise to help staff deal with the crisis. They provided group clinical supervision sessions, individual counseling sessions, and group bereavement counseling.

Marketing and Promotion

At project initiation, GMHC developed a brand identity for Project Vogue. Subsequently, recruitment and promotional materials in the form of a palm cards and a tear off flyers were created. These were developed with input from clients and GMHC's communications team. These printed promotional materials were distributed internally and at various local partner locations around the city. The palm cards/flyers were also re-purposed for use on GMHC's social media platforms particularly on Facebook. These posts were promoted using paid ads to boost and maximize reach. Some examples of the palm cards/flyers developed are included in the *Toolkit* for reference.

Project Vogue also drew upon GMHC's extensive successful experience bringing BMSM into care. Program staff, who identify with the priority population and have influence in their communities, were responsible for conducting promotional outreach through the following methods:

***House & Ball Activities*:** Project Vogue conducted outreach and recruitment at H&B practices hosted by GMHC, weekly voguing classes hosted by GMHC, and at other H&B functions in the community. Staff also encouraged H&B leaders to promote the program to participants or refer them to the team if they were eligible.

***Clubhouse*:** Much of GMHC's success reaching BMSM was facilitated by its drop-in, on-site Clubhouse space, which offers clients a welcoming place for socialization, learning, and risk-reduction discussions, fostering a sense of trust in GMHC and encouraging engagement in care. In turn, clients served as outreach support to their social networks, bringing in new potential clients. Project Vogue, through its PNAs and PC engaged Clubhouse clients into these services and hosted activities in the space.

***In-reach*:** Client-facing staff across the organization conducted significant "in-reach" to identify eligible individuals and refer them to Project Vogue. GMHC's Intake department performs a comprehensive bio-psychosocial agency intake for all new clients, which amounts to over 800 individuals annually. Intake staff then used these assessments to identify and engage individuals who may benefit from Project Vogue. Critical to these efforts was informing other GMHC staff of Project Vogue.

***Street and Community (Offline) and Online Outreach*:**

- **Off-site outreach** activities targeted high-prevalence neighborhoods throughout NYC. GMHC used Project Vogue to expand outreach to high-need areas in Brooklyn, Queens, and the Bronx that have been targeted less frequently due to limited staffing capacity for outreach. Additionally, GMHC leveraged a recent partnership with Brooklyn Community Services, which operates community centers in six NYHCA housing complexes in Brownsville, Brooklyn. PNAs conducted outreach at these community centers, and program staff conducted case management activities there as well. Project Vogue staff also conducted outreach at city-wide events, including NYC LGBT Pride and NYC Black Pride.
- **Online outreach** was one of the best ways to engage and recruit clients into the project. The PNAs and the PC utilized social and new media platforms to promote the project and recruit clients. Staff conducted engagement activities after the promotional palm cards were uploaded into platforms like Facebook.

To track the efficacy of the marketing and promotional materials, GMHC added metrics to internal tracking tools to determine where and how each client was successfully recruited into the program. These data were discussed and analyzed during weekly program implementation meetings as well as using the internal program dashboards. Based on the data, strategies/activities were adjusted in real-time to allow program staff to focus on promotional efforts which yielded more results.

Local Evaluation

Local Evaluation Overview

A critical component of a demonstration project such as Project Vogue is evaluation and the process to collect data to measure program implementation fidelity, progress toward pre-determined output targets, and success and impact of the intervention. The evaluation of Project Vogue included a MSE and a local evaluation.

For the MSE, Project Vogue evaluation staff collected survey data from clients to report to the evaluation and technical assistance team at NORC (ETAP). Other data collected as a part of the MSE were individual encounter-level data, medical record data, and labor-allocation data for Project Vogue staff.

Multisite Evaluation
The MSE assessed implementation processes, intervention services and client-level outcomes, and intervention costs. Self-reported client survey data, encounter data, and clinical outcomes data collected for the MSE were available for analysis in local evaluations.

The theoretical model underpinning the local evaluation plan for Project Vogue contextualized the HIV epidemic as syndemic. Ron Stall et al.[ii] demonstrated that a syndemic of depression, substance use, childhood abuse, and the experience of violence (especially intimate partner violence) contributes to higher levels of HIV incidence among MSM in the United States. In the local evaluation of Project Vogue, GMHC sought to determine the specific factors that contribute to the HIV syndemic, and how they influence engagement in care and viral suppression of BMSM with HIV in the H&B community.

The local evaluation included some survey data collected as a part of the MSE survey. The GMHC evaluation team added a Resiliency Scale,[iii] Social Provisions Scale,[iv] and an HIV Stigma Scale[v] into the MSE survey to evaluate the intervention from a syndemic context. The local evaluation also included a qualitative component. The team conducted 26 individual interviews with clients, distinguishing clients from each of the two arms of the study (affiliated or not affiliated with the H&B community; see the *Toolkit* for the *Interview Guide*). There was some overlap between the two distinct client populations as well. The final component of the local evaluation was the evaluation of the GET! Mobile app. This included collection on app usage, indulging activity, satisfaction of app components, and ease of use.

Evaluation Logic Model

This table presents the logic model for Project Vogue's local evaluation, followed by the process and outcome evaluation research questions.

Project Vogue Evaluation Logic Model

Activities & Outputs	Data & Data Sources	Outcomes and Analysis	Impact
• Enroll 150 clients for baseline from August 2019-December 2020. • Individual client program period: 12 months • Program period: August 2019-November 2021 **Activities that generate data** 1. Linkage to care and peer navigation – duration: 50 weeks 2. Support groups – 52 drop-in sessions (25approx. 2-3 per month) throughout program period to November 2021 3. Individual counseling (up to 3 sessions per client, based on need, during first 6 months, to support client's continuation in the program and with HIV care, to November 2021) 4. H&B Practice Sessions (open to program and others, to November 2021) 5. Vogue Lessons (open to program and others, to November 2021) 6. All other documented services received, to November 2021 7. GET! Mobile app	• Survey (MSE and local instrument which includes HIV Stigma Scale, Social Provisions Scale) • Individual interviews (40 total after approximately 12 months of program experience, or at thematic saturation) • Case notes • Medical data/labs • Observation **Data sources by activity** 1. Case notes: brief questions in TREAT for PNAs to answer (barriers to care, barriers to medication adherence, interest in program activities, supports, etc.) 2. Sign-in sheets, observation, individual interviews 3. Recorded interviews with evaluation team, engagement in other services at the agency 4. Evaluation survey embedded into GET! Mobile app interface	• Number of clients linked to care within 30 days of program enrollment (verify appointment made) • Number of clients in care after one year (two or more appointments kept) • Number of clients on ARTs • Number of clients virally suppressed and undetectable • Number of clients participating in drop-in sessions • Number of clients participating in counseling • Number of clients participating in other activities (H&B, Vogue, other services) **Analysis** a) Multiple regression models to examine relative impact of different activities on outcomes along the HIV Care Continuum b) Thematic content analysis of case notes and individual interviews, with observation of activities: meaning and significance of social supports in H&B, experience of clients in program	• Increase % of BMSM in H&B who are engaged in care, on ART treatment, and virally suppressed • Reduced transmission of HIV from HIV+ community members to persons at risk • Increase % of BMSM who are aware of services and opportunities at GMHC to (a) prevent infection and (b) receive the appropriate medical care and other services if infected **Evaluation Findings** a) If community supports in H&B have impact on HIV Care Continuum and what that impact is b) How social support in H&B works to impact progress on HIV Continuum of Care c) Barriers to progress on HIV Continuum of Care that are not affected by H&B social supports

Process Evaluation Questions

I. Do clients with a higher level of GMHC staff contact (in any program at GMHC) have more improved medical outcomes?
II. What are the most effective care coordination and case management strategies utilized by GMHC staff with Project Vogue clients?
III. What adaptations to the proposed program model need to be made, and how effective are the adaptations?

Outcome Evaluation Questions

I. Do higher levels of stigma, mental or behavioral symptoms, and/or a lower level of cognitive engagement act as preconditions to engagement in care?
II. Do forms of social support available in H&B moderate the impact of syndemic context on engagement in care and medical outcomes?
III. Do individual-level interventions provided by Project Vogue effectively impact engagement in care and progress on the HIV Care Continuum?

Implementation Activities

Core Components

Client Recruitment:
Although some of the clients were recruited through the distribution of printed and electronic flyers/palm cards, most of the clients enrolled into Project Vogue were recruited from internal referral sources. The evaluation team pulled out a list of about 900 clients from the agency's Electronic Health Record (her), called TREAT, who could potentially enroll into Project Vogue. Program staff systematically perused through this list and reduced it to a total of 150 clients who were likely eligible for Project Vogue. To further determine if potential clients on the list were eligible, staff studied their records on therEHR. The team only reached out to clients who consented at the time of their intake to be contacted for further engagement in other GMHC services. Program staff reached out to these clients from the list via telephone, private messaging on social media, and email. The team also conducted other recruitment strategies to enroll new clients:

- Program staff had conversations with House mothers and fathers (leaders in H&B), who utilize the agency's space to conduct their House meetings/vogue practices, to promote Project Vogue. They mostly met during their weekly practice sessions at GMHC.
- The PNAs/PC engaged with community partners to generate new referrals for potential clients as well. PNAs completed outreach at different locations in the city, including Sylvia Rivera Law Project, FIERCE, Audre Lorde Project, Callen-Lorde, and New Alternatives.
- The PNAs also conducted recruitment outreach at H&B community balls, hosted by partner agencies as described in detail under the *Marketing and Promotion* section of the Manual.

Determining Eligibility:
The eligibility screening questionnaire was fielded at first contact with the potential client during the recruitment process. GMHC converted the screening tool into an electronic version, which allowed staff to administer the tool anywhere at the time of recruitment using an agency device. The only condition was that the space for conducting the screening must have sufficient privacy. This was also convenient for the client, and reduced chances of losing them, as might occur if all screenings had to take place in the office. If a potential client was found eligible after completing the eligibility screener, then the individual was booked for GMHC Intake and Project Vogue Enrollment. Potential clients who were not eligible for Project Vogue, but interested in other programs at GMHC, were referred to the Intake department as well for further support.

Project Vogue's Core Elements

There were primary roles assigned to the intervention team at the start of the intervention. PNAs were responsible for recruiting new clients and assisted with promotion and outreach efforts as well as direct implementation of the intervention components. The PC was primarily responsible for client enrollment, orientation, and supporting the PNAs with the provision of HIV navigation services (HNS). However, programs should always be prepared to adjust roles as and when needed to accomplish tasks. Due to the high attrition rates of the PNAs, the program operated with the PC and one PNA for a large part of the implementation period. The PC had to take on additional roles and assisted with direct recruitment of clients until more PNAs were onboarded. When the client case load grew larger, the PNAs received training and were assigned their own caseloads.

Intake & Project Vogue Enrollment:
Led by the PC, all intakes and program enrollments were completed at GMHC premises. However, during times when the agency staff had to work virtually due to unforeseen circumstances, or for potential clients who were unable to come into the agency, intakes and enrollments were conducted remotely/virtually via telephone/videoconferencing. All potential clients, whether they were existing or new clients, had to complete the new intake/re-assessment process before enrolling into Project Vogue.

GMHC program intake is comprehensive and designed to fully identify clients' needs and barriers to care. Intake staff utilized evidence-based motivational interviewing techniques to gather information and determine client needs in the following areas:

- ***HIV treatment and medical care****:* Recent medical care and hospitalization history; viral load; food security; diagnoses of any heart, lung, or blood disorders, neurological disorders, cancer, sexually transmitted diseases, or other medical conditions; current prescription medications; and adherence to anti-retroviral treatment (ART) regimens.
- ***Behavioral health services****:* The Psychosocial Assessment gathered details about the client's recent substance use history and mental health conditions such as anxiety and

depression. The assessment also captured information about the participant's criminal and incarceration history, household members, and personal support networks.

- ***Supportive services:*** Included the clients' housing status, income sources, expenses, debt, benefits, and insurance coverage, to inform connection to supportive services.

During the enrollment process, GMHC staff also confirmed whether clients were connected to an HIV primary care provider and determined whether their last completed appointment was within the past three to six months. Clients who were not currently seeing an HIV care provider were immediately referred to Mount Sinai, Callen-Lorde, Ryan Center, Housing Works, or another provider of their choice to obtain appointments within 48 hours.

This informed, comprehensive, and collaborative assessment process was a critical first step to ensure clients received a responsive, individualized care plan. GMHC found this approach to be particularly effective to determine clients' readiness to begin and remain adherent to an ART regimen. Unlike traditional case management models, GMHC's intake provided a forum for identifying and addressing these issues, and GMHC's model offered flexibility with both low- and high-threshold services, with the option for low-threshold clients to move up to more intensive engagement with time.

Individual Counseling Session #1:
Upon completion of the intake process, staff then proceeded to conduct the first of three Individual Counseling sessions with the client. The objective of this session was for the PNA/PC and the client to get to know each other more and start developing rapport. Before the first Individual Counseling Session, staff reviewed the comprehensive client assessment completed during program enrollment. Based on clients' identified needs, goals, and readiness to begin care, the PNA/PC developed a responsive individualized action plan that incorporated targeted, social work-informed case management services. In addition to care planning, the PNA/PC also worked to rapidly address clients' barriers to care. For example, if during Program Intake, the PC found that a client did not have insurance coverage, the PC immediately linked them to GMHC's Health Navigation team for enrollment in Medicaid and/or one of NYS's HIV-specific insurance plans. If a client had a known mental illness and/or substance use disorder and was out of care, the PC made a same-day appointment with GMHC's licensed mental health and/or substance use clinic. 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, this is not always feasible given resource constraints and other circumstances. At the end of the session, staff then set up an appointment for the next Individual Counseling Session. Note: For more guidance on completing this session, please refer to the *Session Guide 1* and *Individualized Action Plan Template* in the *Toolkit*.

Individual Counseling Session #2 (month 6) and Session # 3 (month 12):
The other two Individual Counseling Sessions followed a similar format to the first one, with slight variations which are explained below:

- Two weeks prior to the appointment, staff reminded the client to collect or ensure their medical records were up to date in preparation for these sessions.
- During these sessions, the PNA or PC reviewed progress of the client's action plans and made any updates where applicable.
- They also conducted re-assessments. As a best practice, all GMHC clients are required to conduct a re-assessment of their Primary Care Status Measures (PCSM) every six months.
- The final Individual Counseling Session also included a wrap-up of the intervention and development of an exit strategy to determine the best way to discharge the client from the intervention.

Note: For more guidance on completing sessions two and three, please refer to the *Session Guides 2&3*, and the *Case Closure/Exit Form* in the *Toolkit*.

HIV Navigation Services:
This was the heart/core service of the MOC, and it involved the continuous provision of HNS. HNS were initiated after enrollment and executed the entire time the client is enrolled in the program. Provision of this service was based on each unique Individualized Action Plan.

Through HNS, the PNA/PC helped clients address emotional, cultural, or other sources of resistance to attaining optimal care, support, and remaining stable as identified during the initial assessments. This support was provided through regular check-ins in person or virtually. These check-ins ranged from informal conversations to see how clients were doing; making follow-ups on specific items; or offering supportive personalized counseling to facilitate engagement in care. For example, the PNA would call or text clients to remind them of upcoming appointments, and would accompany clients to their medical, behavioral health, and supportive service appointments as needed.

In addition to emotional support, appointment accompaniment provided the PNA with the opportunity to build a trusting relationship with the client, discuss treatment adherence issues such as managing ART side effects, and if appropriate, share their own lived experience. GMHC found that this individual-level support mechanism is highly effective at helping hard to engage populations enter and remain in care. At a minimum, the PNA conducted four one-on-one check-ins with the client every six months via secure text messaging, direct messaging, phone, or in person.

GMHC introduced the GET! Mobile app to clients during the last 7 months of the intervention. The PNAs/PC introduced the app and its benefits to clients individually through their scheduled interactions in provision of HNS. The app was also introduced and promoted during the virtual support group sessions. If clients were interested in the app, they would then be signed-up to

download and utilize the app. More details on integration of this app into the MOC are under the additional adaptation section.

Client Retention Standards:
GMHC developed set timelines that staff were expected to meet with each client for each core component of this 12-month intervention. The following *client retention standards* were used to augment the level of engagement with clients:

New Client Intake & Enrollment:

- Two days before enrollment: Call/text client to remind them of the appointment.
- Intake process: Introduce Project Vogue and 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 contact the client within 24 hours of their missed appointment, to check on what prevented them from attending to their appointment. Then, staff collaboratively work with the client to resolve it, and if possible, schedule another appointment within two weeks.

Follow-ups:

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

These client retention standards are also outlined in the *Project Vogue Intervention Protocol* included in the *Toolkit*.

Project Vogue's Non-Core Elements

Through its 35 years of service provision experience, GMHC has found that many clients struggled to acclimate into entering a high-intensity service environment and required low-threshold moments that enable them to adjust to accessing such care, and benefit from peer-led support. As such, clients were also offered opportunities to participate in non-core elements of the intervention, which were designed as retention activities, built community, and offered alternative forms of support. These were: bi-weekly empowerment groups and weekly H&B sessions, arts and wellness classes/activities, and drop-in activities.

Staff informed the client about these services and their benefits as part of the orientation process during enrollment. Clients were encouraged to participate and were informed that these services were not mandatory parts of the program.

The **bi-weekly empowerment group** was an open support group provided via the Zoom platform due to the COVID-19 PHE. The topics/agenda were set collectively by clients and the PNAs/PC. The sessions were facilitated by the PNAs, or the PC in their absence.

The **weekly wellness H&B activities, arts and wellness classes, and the drop-in safer space** were offered at GMHC premises before the building operations closed due to the COVID-19 PHE. PNAs/PC were present at these activities and had opportunities to informally check-in with clients to discuss any issues with HIV treatment or connection to other services, discuss any additional service needs, and offer emotional support. Clients also used these encounters to discuss any barriers to treatment adherence or additional service needs with program staff.

Though not mandatory, client participation in these non-core activities was monitored by staff. On a bi-weekly basis, the sign-in sheets for the Clubhouse activities were reviewed by program staff and logged into TREAT as encounters. For agency-wide activities offered by other departments, staff retrieved clients' participation via the encounter logs on TREAT as well.

Project Vogue clients had access to several tangible reinforcements offered though the program in several ways:

Transportation Support: Clients were supported with two-way MetroCards at any point they visited the agency or attended appointments with their medical and supportive services providers.
Nutritional Support: Clients who participated in the weekly groups and other activities were provided with nutritional snacks/hot meals.
Gift Cards: These were provided to clients as compensation for their participation in evaluation activities and CAB meetings. However, it is recommended to develop a form of incentive schedule for participation in program services when adopting this intervention. GMHC will incorporate use of gift cards as one of the tangible reinforcements in future iterations of the MOC.
Other Support: As previously stated, the intervention design allowed clients to benefit from the larger agency program ecosystem. In addition to the benefits described above, Project Vogue clients also had access to more tangible support through other services such food/pantry supplies, housing support, financial services, hygiene kits, clothing, and more gift cards from other programs at GMHC. Clients were also referred to other services for BMSM, which complemented HNS they received from Project Vogue.

Partnerships

As previously stated, GMHC engaged in an MOU with four clinical partners, all of whom provide medical and behavioral health care services. These were Callen-Lorde, Mount Sinai, Ryan Health, and Housing Works. The goal was to establish these formal mechanisms to facilitate effective referrals and joint management of the client to achieve optimal outcomes. At an administrative level, it took the program longer than usual to finalize details of the MOUs and

working relationships with the four clinical partners because of hierarchies in the decision-making process, staff changes, and changing priorities among partners.

However, the program learned that directly engaging with client-facing staff from these partners was a more effective way of ensuring optimal linkage and coordination of staff. Staff were able to cement those relationships with staff at Housing Works and Callen-Lorde. Project Vogue staff held a presentation with the Callen-Lorde care coordination team. GMHC Prevention Services also started a pilot program with Housing Works, to enhance referrals to their medical providers for GMHC testing clients. Through this, Housing Works had one of their Care Navigators on site at GMHC twice a week. The Project Vogue team used this opportunity to also liaise with this Navigator to engage Project Vogue clients who preferred to use Housing Works as their medical provider.

The PC continued to make courtesy phone calls and emailed his peers at the partner agencies to inform them about Project Vogue and discussed how the partnerships could be enhanced. Program staff also followed up with their peers at other agencies when they had to confirm a referral for clients. They attempted to link clients to one of these four clinical partners or link them to their preferred provider for medical and behavioral services. One example was a client who came from out of state; he was linked to Mount Sinai in less than a month after enrolling into GMHC services. Note, progress on all the efforts described above was disturbed by the advent of the COVID-19 crisis.

Organizational Staff Meetings

Project Vogue staff held weekly implementation meetings to review progress with implementation of the intervention. The standard agenda consisted of updates on client recruitment and retention, HNS, and successes and challenges with referrals to behavioral and medical support services, community partner engagement, CAB activities, evaluation, and staff training needs. The frequency of these meetings allowed staff to address any matters arising in a timely manner.

Behavioral Health Integration

Selected Approaches

Project Vogue focused on referring clients to behavioral health services both internally at GMHC's Mental Health and Substance Use Services as well as externally to partner providers if the service was not offered internally. Additionally, the following activities were integrated into the intervention:

- The comprehensive risk and needs assessment, which was conducted as part of the agency intake process, contained the following tools: PHQ2,[vi] GAD2,[vii] and CAGE-AID.[viii]
- Those who screened positive on the assessments were immediately referred and linked to GMHC's co-located Mental Health and Substance Use Services. Otherwise, the referrals to the behavioral health services were discussed and made with the

client during the first Individual Counseling Session.
- Development of an Individualized Action Plan which included objectives linked to utilization of these services. Clients attended a minimum of three Individual Counseling Sessions where progress on the action plan was reviewed and there were re-assessments and updates to the action plan.
- Conducting low-threshold Individual Counseling Sessions by program staff.
- Creating a virtual empowerment group called "Virtual Hangout." This was a support group facilitated by the PC and the PNAs. These groups were initially hosted bi-weekly, but it was changed to weekly sessions based on client feedback. The themes for discussion and other activities are developed in collaboration with clients to enhance participation and retention.

As noted above, Project Vogue utilized TREAT as the EHR portal. All clients' encounters across the agency, including behavioral health services, were recorded in this system. Please refer to the *Documentation Systems* section in the companion *Toolkit* for more details on use of TREAT.

Facilitators of Success

Integration of behavioral health services requires continuous re-engagement with eligible clients as reception to uptake these services was slow. Most clients initially agreed to an appointment with a behavioral health care provider, and later rescinded the decision to move ahead with the service. In response, GMHC identified and re-emphasized some facilitators of success to enhance uptake and retention into behavioral health services.

As mentioned in the previous sections, Project Vogue's peer-based, low-threshold model of care management worked with clients with varying levels of readiness to engage in care, or "met clients where they were at," and used evidence-based techniques—e.g., peer support virtual hangout group, motivational interviewing, and supportive counseling—to reduce fear and improve client self-efficacy. To further apply this model, GMHC implemented the strategies below:

- Staff modified engagement dosages by increasing the number of client virtual check-ins/visits. Staff also capitalized on weekly wellness calls, staying engaged with clients and looking for ways to inspire clients. This created opportunities to follow up with clients about the status of their mental health and well-being and referrals to behavioral health services.
- Staff changed the internal client referrals processes for behavioral health services to conducting virtual warm hand-offs for referrals and updating client contact information at every client engagement.
- Staff capitalized on prior relationships when allocating caseloads. GMHC's vast service structure led most Project Vogue staff to have had prior relationships with clients through other BMSM programs and large client database. Given that, it was more effective to assign clients to staff who might have engaged with them previously when feasible. This facilitated easier engagement practices.

Additional Adaptations

COVID-19 Adaptations

Recruitment: In mid-March 2020, NYS and NYC authorities instituted physical distancing measures to mitigate and contain the effects of the COVID-19 pandemic. All non-essential services in the state were ordered to shut down for an indefinite period, after the state and the city became an epicenter of this PHE. As a result, GMHC's building operations were closed. The agency immediately started to offer Project Vogue services to clients remotely for all services where possible. This took some time to take effect, and recruitment and enrollment slowed significantly for a few months while changes were instituted. The program's modification request to the local IRB to allow for implementation of activities virtually was successful. The MOC protocols were also updated to reflect this change in the mode of delivery. No other significant changes were made to the MOC.

Due to these circumstances, program staff had to rely more heavily on GMHC's internal client list generated by the evaluation team to recruit new clients. The team utilized email, phone, and other online platforms to reach potential clients, explain the program requirements, and screen the individuals using the client eligibility screener. Project Vogue staff also engaged with their colleagues within GMHC to refer any of their clients where it was possible. The Project Vogue flyer was also posted on the program Facebook pages. Ultimately, across the entire recruitment period, most clients enrolled were recruited during the PHE period.

Program Delivery: GMHC made modifications to the intervention workflow to allow for virtual service delivery. Once clients were identified as eligible for enrollment, program staff liaised with their colleagues in the Intake department to complete the comprehensive behavioral risks assessment process remotely.

The other tools used to provide services included electronic MS Forms and Teams application which were shared via Sign-now's HIPAA-compliant electronic platform, Zoom, Google Voice, Google Meet, and BRIA Mobile for discussion of sensitive client information. The team also utilized non-public facing features of social media platforms (Facebook Messenger, Instagram PM, etc.).

As GMHC building operations were closed, clients did not have space to engage in artistic and cultural activities in GMHC spaces, like the Clubhouse drop-in space. This negatively affected engagement in individual check-ins and group activities. In response, Project Vogue staff came up with creative ways to keep client engagement high. A virtual "drop-in" Clubhouse space was created via Zoom, and clients met bi-weekly. Activities for artistic expression and to socialize were encouraged in these sessions. As clients began to develop what was termed "Zoom Fatigue", they expressed their need to meet in person with their peers. As such, Project Vogue staff started organizing outings in public spaces where it was safe to do so. Staff met with clients in places like the piers and public parks. These efforts were appreciated by clients.

Post-program Follow-up: Upon completion of the intervention, a final exit assessment was conducted. Based on their needs, clients were transitioned out to other programs within GMHC or externally. It is Project Vogue's policy to maintain periodic contact/follow-up with the clients who completed or discharged from the program. Staff conducted regular virtual check-ins to see how they were doing. These wellness check-ins were completed at minimum once a month, or more frequently, depending on the client's needs at completion of the intervention.

Other Adaptations Made During Implementation

GET! Mobile App

One major adaptation added during implementation of this intervention was the integration of the mobile app called GET! into the MOC to support HNS. It was acquired through GMHC's partnership New York State's AIDS Institute. It is part of their expansion of the Y Get It program (*https://www.ygetit.org/*). This platform consists of a HIPAA-compliant mobile application, GET! developed by Mount Sinai's AppLab to aid in engaging, linking, and retaining young people into health care services.

Some of the core components of the app include: Medication adherence messages and tracking, appointment scheduling, educational materials, and secure personal messaging between program staff and the app users (clients).

The app was chosen primarily to enhance staff-to-client engagement and facilitate secure conversations about medically sensitive data, key milestones, and appointment reminders for medical and behavioral health services. Other benefits for integrating this app included enhanced retention due to this seamless engagement with clients, increased peer effectiveness, and minimizing possible travel barriers by clients. There was also an opportunity to expand use of this app to other programs in the agency beyond Project Vogue clients. GMHC started using the app with Project Vogue clients in June 2021.

Integration process:

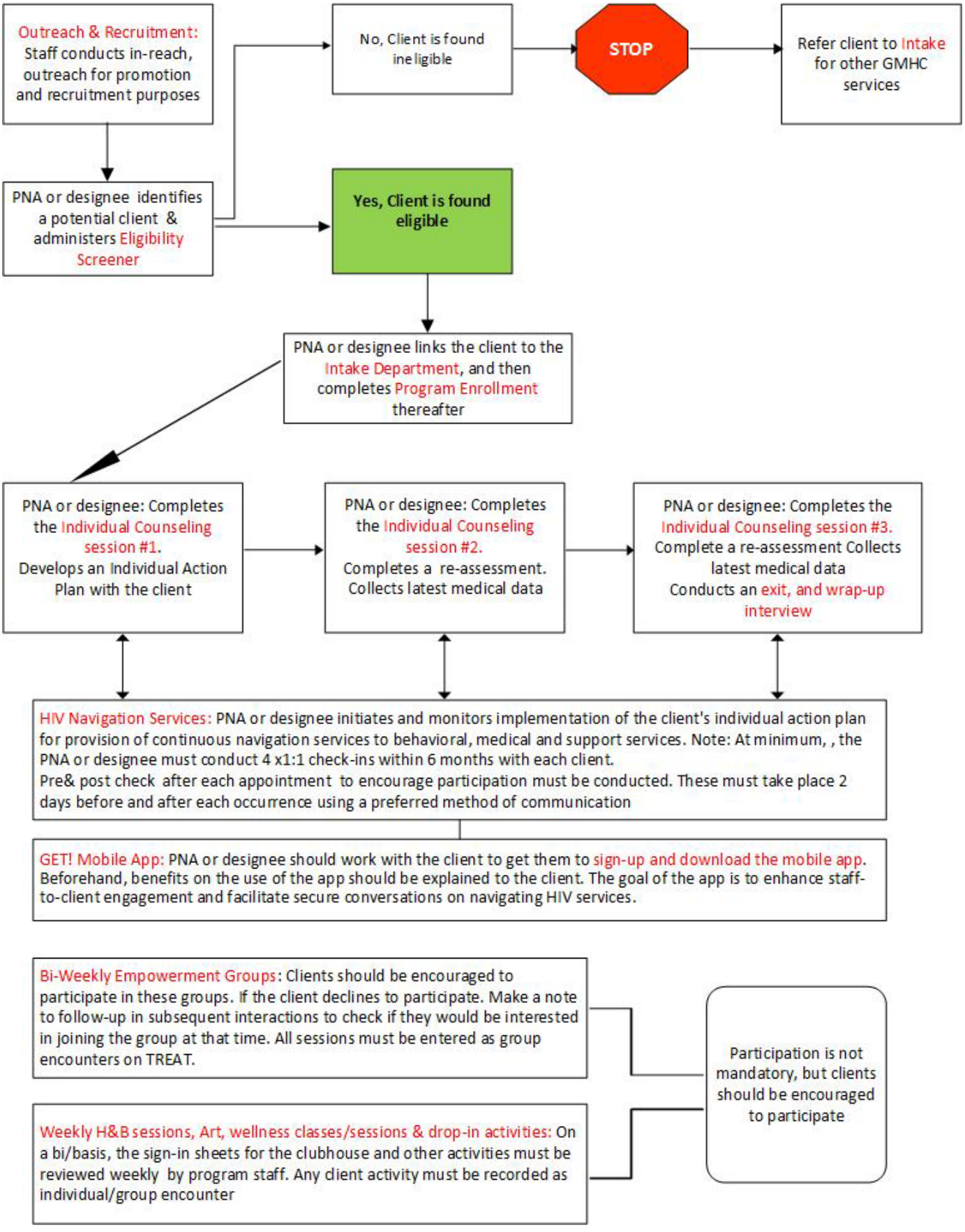
- Study the app components by GMHC staff
- Train GMHC staff on use of the mobile app platform
- Develop content and roll out plan
- Engage with a few clients and the Project Vogue CAB to discuss and develop content ideas for the app
- Launch the app and enroll clients
- Maintain the app

Project Vogue did not conduct a test rollout of the app for usability, user experience, and acceptance of each key functions. This would have been costly and time consuming, as the app

was adapted with its core components in place. A change to some of the key functions would also be akin to developing a completely new app. Rather, program staff spent time with clients, both within and outside of the CAB, to discuss content ideas and possible resources they would like to see in the app. Project Vogue continued to review and update content as users interacted with the app.

Intervention Flow Chart

The chat below provides a quick guide on implementation of the intervention components. It was designed prior to enrolling clients. It serves as a quick snapshot of the Project Vogue Intervention Protocol included in the Toolkit. This intervention flow chart was modified as needed during the implementation period.


Outreach & Recruitment: Staff conducts in-reach, outreach for promotion and recruitment purposes
No, Client is found ineligible
STOP
Refer client to Intake for other GMHC services
PNA or designee identifies a potential client & administers Eligibility Screener
Yes, Client is found eligible
PNA or designee links the client to the Intake Department, and then completes Program Enrollment thereafter
PNA or designee: Completes the Individual Counseling session #1. Develops an Individual Action Plan with the client
PNA or designee: Completes the Individual Counseling session #2. Completes a re-assessment. Collects latest medical data
PNA or designee: Completes the Individual Counseling session #3. Complete a re-assessment Collects latest medical data Conducts an exit, and wrap-up interview
HIV Navigation Services: PNA or designee initiates and monitors implementation of the client's individual action plan for provision of continuous navigation services to behavioral, medical and support services. Note: At minimum, , the PNA or designee must conduct 4 x1:1 check-ins within 6 months with each client.
Pre& post check after each appointment to encourage participation must be conducted. These must take place 2 days before and after each occurrence using a preferred method of communication
GET! Mobile App: PNA or designee should work with the client to get them to sign-up and download the mobile app. Beforehand, benefits on the use of the app should be explained to the client. The goal of the app is to enhance staff-to-client engagement and facilitate secure conversations on navigating HIV services.
Bi-Weekly Empowerment Groups: Clients should be encouraged to participate in these groups. If the client declines to participate. Make a note to follow-up in subsequent interactions to check if they would be interested in joining the group at that time. All sessions must be entered as group encounters on TREAT.
Weekly H&B sessions, Art, wellness classes/sessions & drop-in activities: On a bi/basis, the sign-in sheets for the clubhouse and other activities must be reviewed weekly by program staff. Any client activity must be recorded as individual/group encounter
Participation is not mandatory, but clients should be encouraged to participate

Costs

This section provides a breakdown of the expenses for Project Vogue intervention at GMHC. It also outlines some key factors for consideration for those agencies seeking to replicate this intervention. Each agency is unique, and its set-up, staff size, salaries, geographic location, components of the intervention adopted, and the anticipated number of clients to recruit will determine budget size and allocations. The list is not exhaustive.

For GMHC's experiences, expenses remained constant throughout the implementation period, and there was minimal change from the initial cost planning. The only major changes were on the personnel costs due to high attrition rates of the PNAs, as well as savings from decreased client travel and the purchase of nutritional snacks due to the COVID-19 PHE. GMHC's building closed down for a large portion of the intervention period, and as such, these line items were not as expensive as planned. Below is a breakdown of costs per category, with recommendations on obligatory expenses for agencies intending to adapt this model.

Overall Allocation of Expenses:

- 56 percent went to personnel costs, including fringe benefits
- 27 percent went to other expenses
- 17 percent went to administrative overhead

Required Expenses:

Personnel Costs	# of Staff	% of Time
Program Director	1	15% FTE
Program Coordinator	1	75-100% FTE
Peer Navigation Ambassador	2	100% PT[1]
Evaluator	1	45% FTE
Fiscal Staff	1	10% FTE

- These recommended allocations above are based on implementation of Project Vogue at GMHC. They are bound to change depending on the unique landscape of the implementing agency. Factors like changes in other agency programs, staff movement, change in larger agency budgets, and restructuring processes, among others, affected these allocations from time to time throughout the implementation period.
- It is important to note that the success of managing personnel costs came from GMHC's ability to leverage costs on other funders from the agency mostly on administrative and fiscal staff as well as overhead costs.

[1] The PNAs were part-time staff members (20 hours a week) who spent all of their time on Project Vogue activities. For retention purposes, GMHC recommends hiring PNAs as full-time staff members (see the *Lessons Learned* section for more information).

Other Required Costs	
Client Local Travel Assistance (metro fares, etc.)	$3,300-$5,000 annually
Nutritional Snacks	$3,500 annually
Program Supplies	$1,200 annually
Outreach & Promotion, and Online Engagement	$2,000-$8,000 annually

Client Travel: This is essential to support clients with HNS as transportation in NYC is expensive. Project Vogue clients were given two-way MetroCards for traveling to GMHC offices for services, or when they needed to attend their appointments elsewhere in the city for their medical/behavioral care and other support services. Clients were also supported with MetroCards for their participation in the weekly Clubhouse, H&B, and other artistic services at the agency.

Nutritional Snacks: Clients were provided with nutritional snacks in the Clubhouse drop-in space and other program activities. This support was well-received by most clients. The budget for hot meals will depend on the location, client needs, and funding for services.

Program Supplies: This includes normal office stationery and printing of recruitment materials and palm cards.

Outreach & Promotion: This budget line became crucial during the COVID-19 PHE when most agencies started to provide services virtually. The crisis crowded online platforms as all agencies competed for clients' attention. The level of funding for outreach and promotion will depend on your location and technology profile of the clients served. For GMHC, there had to be some budget re-allocation to allow Project Vogue to pay for engagement online. If clients in your locale prefer personal engagement over online platforms, it is recommended that a larger amount be allocated to this line. If traditional use of printed materials/word of mouth works, then this line can be substantially lower.

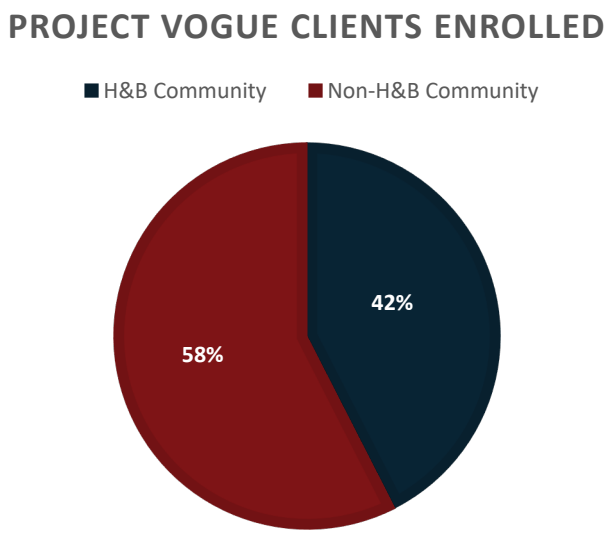
Client Incentives: For this implementation period, clients received gift cards as compensation for their participation in the evaluation activities only. However, having an incentive schedule in place is also important for retention and overall motivation of the clients. Client incentives are only a *recommended* cost, when adapting this intervention. Agencies can leverage resources from other funders outside of RWHAP to secure client incentives for retention purposes. When making a choice of which gift cards to procure, program staff should make every effort to engage with clients or the CAB. From experience, if the gift cards do not have any fulfilment for most of the clients, it can de-motivate them, and affect recruitment and retention in the intervention.

Intervention Outputs and Outcomes

Intervention Outputs

Demographics and Baseline/Follow-Up Characteristics

A total of 80 clients were enrolled into the program from September 2019 to December 2020. All clients identified as male, or were assigned male at birth, and had sex with others who identified as male. All clients were also newly diagnosed with HIV, at risk of falling out of care, or out of care at the time of enrollment. Of the 80 clients enrolled, 34 clients identified as being affiliated with the H&B community and 46 clients were not affiliated with the H&B community.



The table below details some demographic characteristics along with some baseline characteristics of the clients in the Project Vogue intervention. The table also highlights engagement in behavioral health services and support services, from baseline to 6- and 12-month follow-up. Receipt of behavioral health services decreased from 60.76 percent at baseline to 49.30 percent at 12-month follow-up, and for support services from 56.95 percent at baseline to 38.75 percent at 12-month follow-up. Though there was a sharp decline in behavioral health services from baseline to 6-month follow-up of nearly 40 percent, the 12-month period saw an increase. Support services is in stark contrast with behavioral health services as 70.00 percent of clients had received a support service at 6-month follow-up, but only 38.75 percent at 12-month follow-up. Both of these trends, as with other data, reflect the nature of services during the COVID-19 pandemic. In the first year of the pandemic, the need for support services increased, and the need for behavioral health services declined; however, as the pandemic continued, the need for support services declined, and the need for behavioral health services increased.

Clients Enrolled	**80**
Average Age at Enrollment	30 years
Average Annual Income at Program Completion	$6,062.63
Unemployed	At Baseline: **58.75%** 6-Month Follow-Up: **68.09%** 12-Month Follow-Up: **71.43%**
Reporting Housing Instability	At Baseline: **31.25%** 6-Month Follow-Up: **38.3%** 12-Month Follow-Up: **28.57%**
Receiving Behavioral Health Services	At Baseline: **60.76%** 6-Month Follow-Up: **40.54%*** 12-Month Follow-Up: **49.30%****
Receiving Social Support Services	At Baseline: **56.96%** 6-Month Follow-Up: **70.0%*** 12-Month Follow-Up: **38.75%****

*Note: N = 74 for 6-month as six clients were withdrawn from the evaluation. The data also take unknown values into account, as some clients did not provide 6-month follow-up data.
**Note: N = 71 for 12-month as nine clients were withdrawn from the evaluation. The data also take unknown values into account, as some clients did not provide 12-month follow-up data.

An important area to discuss for an intervention like Project Vogue is structural issues of housing and employment clients faced. At enrollment, 58.75 percent and 31.25 percent of clients mentioned issues of unemployment and unstable housing, respectively. The unemployment rate steadily increased from baseline to 6-month follow-up to 12-month follow-up, whereas housing stability increased slightly at 6-month follow-up and sharply decreased at 12-month follow-up. The increase in unemployment across the different timepoints is certainly related to the COVID-19 pandemic. Many clients were not comfortable going outside due to fear of COVID-19, and many companies reduced their staff sizes, which meant there were fewer job openings for clients to apply to. The housing situation is also likely due to the pandemic, as in the first year of the pandemic, many people lost their housing due to the uncertainty and lack of clarity regarding housing laws and guidelines in NYS and NYC. The 12-month period saw a sharp decline in unstable housing due to clients maintaining their domicile with updates and increased clarity on housing laws and guidelines, and some moving in with family.

Number of Staff Trained

A total of seven staff participated in the trainings below:

Staff Trainings
Healthy Sex! Linking Gay Men to Sexual Health Services
Group Facilitation
Mental Health First Aid-USA
HIV Navigation Services
Hep-C training
HIV Viral suppression & capacity building for line staff
Improving Linkage to Care-ARTAS
Positive Prevention
Promoting Health Care Services for Black and Latino Young Gay Men and Men who Have Sex with Men
Cognitive Behavioral Therapy
Addressing Countertransference, Preventing Burn-Out, Self-Care
Trauma informed Care
Establishing Healthy Boundaries with Clients
Confidentiality Law Overview
Group Facilitation
Social Media Basics for outreach & engagement
Promise for HIP
Fundamentals of Motivational Interviewing for HIV
Peer Work Works
U=U: Undetectable Equals Untransmittable
Situational Leadership
Hep C training
Stages of Recovery & Change

Number of Intervention Sessions (Dosage)

The tables below depict the different services (procedures) received during the implementation period. It is broken down by the type of service provided, time spent providing the service, and the number of unique clients who received the service. The service dosages are presented in three different timeframes, as new services were continually added into the MOC during implementation. Table #1 and Table #3 detail the differences in the program prior to the onset of the COVID-19 pandemic and during a full year of the COVID-19 pandemic, while Table #2 shows a mix, as GMHC went into lockdown in the middle of March 2020.

The most common services provided prior to the onset of the pandemic were related to the recreation drop-in space, with 90 total procedures across 19 clients in 2019, and 131 total procedures across 25 clients in just the first three months of 2020. The virtual visit and client check-in procedures quickly became the most commonly used procedures, as they were associated with the virtual visit and client check-in services that were a critical part of programming throughout the pandemic.

Another important procedure that became highly utilized in the final year of the program was outreach for client re-engagement procedures, with 281 total procedures related to re-engagement attempts with clients. This increased outreach shows the difficulty the pandemic placed on program staff to effectively reach clients for relevant service delivery. To further illustrate this point, Table #2 shows that there were 778.45 total hours of services provided across all clients, which decreased to 599.35 in 2021, even with an increased number of clients for the entire year.

Table # 1:

Project Vogue Services: August 1st, 2019 – December 31st, 2019			
Service	**Total Procedures**	**Total Hours**	**Unique Clients**
Recreation Drop-In	90	216.32	19
MetroCard Distribution	71	100.28	20
Health Promotion and Education - Individual	22	45.5	2
Counseling Session	21	22.2	16
Intake	20	17.32	20
Virtual Visit	13	2.05	5
Referral to Other Services	10	3.38	10
Client Check-In	8	7.92	6
Referral to Mental Health Services	6	2.23	5
Vogue Lounge	6	19.5	1
Follow Up Interview	4	3	4
Follow Up (Non-medical case management)	2	2.02	1
Kiki Ball	2	6	2

Project Vogue Services: August 1st, 2019 – December 31st, 2019			
Service	**Total Procedures**	**Total Hours**	**Unique Clients**
Referral to Mental Health Services Offered & Refused	2	1.5	2
Motivational Interviewing	1	1	1
Other	1	0.08	1
Grand Total	**279**	**450.3**	**20**

Table # 2:

Project Vogue Services: January 1st, 2020 – December 31st, 2020			
Service	**Total Procedures**	**Total Hours**	**Unique Clients**
Virtual Visit	217	57.43	78
Client Check-In	173	74.72	41
Recreation Drop-In	131	395.25	25
Intake	60	34.07	60
MetroCard Distribution	49	91.48	25
Referral to Other Services	49	23.65	36
Referral to Mental Health Services	35	18.02	29
Follow Up (Non-medical case management)	27	10.12	6
Counseling Session	14	12.4	14
Outreach for Client Re-engagement - Phone call	14	2.88	5
Referral to Mental Health Services Offered & Refused	13	5	12
Client Navigation	12	3.85	5
Health Promotion and Education - Individual	8	14.85	4
Motivational Interviewing	7	5.62	5
Outreach for Client Re-engagement - E-mail or text message	7	1.03	4
Follow Up Interview	6	2.98	6
Peer Support Group	4	8	3
Mental Health Counseling - Group	3	6	3
Outreach for Client Re-engagement - Search in other locations	3	0.43	2
Referral to Social Services	3	0.67	3
Vogue Lounge	3	6.5	3
House Practice	2	3.5	2
Grand Total	**840**	**778.45**	**80**

Table # 3:

Project Vogue Services: January 1st, 2021 – November 30th, 2021			
Service	**Total Procedures**	**Total Hours**	**Unique Clients**
Client Check-In	716	132.02	78
Virtual Visit	613	123.73	78
Follow Up (Non-medical case management)	259	65.22	65
Outreach for Client Re-engagement - Phone call	186	22.83	52
GET! App Successful Enrollment	68	41.43	50
Peer Support Group	59	123.7	25
Outreach for Client Re-engagement - E-mail or text message	49	5.35	27
Outreach for Client Re-engagement - Search in other locations	46	34.08	21
Motivational Interviewing	28	9.67	12
Client Navigation	24	3.93	15
Health Promotion and Education - Individual	24	6.05	17
Referral to Mental Health Services Offered & Refused	24	5.08	18
Referral to Mental Health Services	21	4.93	16
Referral - Other	20	5.23	14
Client Refused GET! App Enrollment	15	2.03	10
Health Promotion and Education - Group	7	9.75	5
Other (Service not specifically attached to Project Vogue)	7	0.68	7
Follow Up Interview	2	0.75	2
MetroCard Distribution	2	2.25	1
Mental Health Counseling - Individual	1	0.62	1
Grand Total	**2171**	**599.35**	**78**

Intervention Outcomes

Referrals to Behavioral Health and Supportive Services

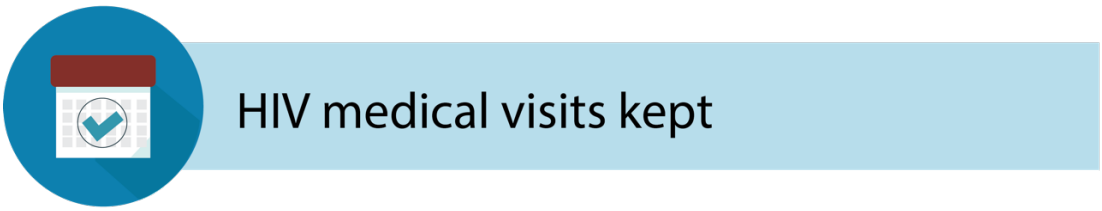
% Referred to Behavioral Health Services: 48.75%
All 80 of the clients enrolled in Project Vogue were offered a referral to behavioral health services, and 39 of the 80 clients, or 48.75 percent, agreed to a behavioral health referral. Other clients were already receiving behavioral health services elsewhere at the time of enrollment. Following the onset of the COVID-19 pandemic, many clients did not want to have virtual sessions and preferred in-person sessions with behavioral health practitioners. However, this option was hard to access during that time.

% Receiving Behavioral Health Services: 63.75%
Though only 39 clients were referred to behavioral health services, 51 of the 80 (63.75 percent) clients utilized behavioral health services following enrollment. The number does not necessarily reflect all clients' participation in behavioral health services, as some did not share all their service information with the Project Vogue program or evaluation teams.

% Referred to Social Support Services: 56.25%
Similar to behavioral health services, all clients enrolled in the program were asked if they would like a referral to support services. Some refused and many others were already receiving support services, either at GMHC or elsewhere. Of the 80 clients, 45 (56.25 percent) agreed to a referral to a support service.

% Receiving Social Support Services: 80%
Many clients received support services following enrollment into the program. Of the 80 clients, 64 (80 percent) received some support service, which included meals and pantry, housing, employment, and a variety of other non-clinical services. Though some of these services included virtual sessions, many of the clients benefited from the weekly pantry meal and voucher distribution by GMHC's Meals and Nutrition department. Similar to the data obtained for behavioral health services, some clients were not as forthcoming with services they received. As such, the number of clients who received support services is likely higher than the reported number above, although this reported number does show a high receipt of support services, which may reflect needs following the onset of the COVID-19 pandemic.

Impact on HIV Care Continuum Outcomes



- Baseline: 91.14%
- 6-Month Follow-Up: 72.97%*
- 12-Month Follow-Up: 81.69%**

ART prescriptions

- Baseline: 98.75%
- 6-Month Follow-Up: 58.12%*
- 12-Month Follow-Up: 66.20%**

Virologic suppression

- Baseline: 87.01%
- 6-Month Follow-Up: 60.81%*
- 12-Month Follow-Up: 71.83%**

*Note: For all HIV Care Continuum data above, N = 74 for 6-month as six clients were withdrawn from the evaluation. The data also take unknown values into account, as some clients did not provide 6-month follow-up data.
**Note: For all HIV Care Continuum data above, N = 71 for 12-month as nine clients were withdrawn from the evaluation. The data also take unknown values into account, as some clients did not provide 12-month follow-up data.

Sustainability Planning

One of the anticipated outcomes from Project Vogue was to achieve improved data and care coordination systems within GMHC and partners. Internally, there were some deficiencies in the systems, which hampered effective coordination of client services, especially from prevention services to the mental health and substance use services.

With the onset of the COVID-19 PHE, a lot of GMHC's programs were offered virtually. This added new challenges to this process, exacerbating the above-mentioned structural deficiency. In addressing this, GMHC began to expand the current infrastructure to be able to effectively provide services remotely. Through this, the agency also saw an opportunity for creation of a virtual co-located service model which is being investigated as a possible future strategy.

Moving forward, GMHC plans to collaborate with willing clinical and non-clinical partners to provide co-located virtual services to support clients. Preliminary analysis shows this model to be potentially cost-effective and could allow some Project Vogue components to be embedded into existing GMHC programs effectively with minimal resources. The model would also work

even if the agency adopted a hybrid model of service delivery as a by-product of the COVID-19 PHE. GMHC is considering continuing to offer some of the services both exclusively through virtual means or have a combination of both in-person and remote service provision.

Lessons Learned and Best Practices

Implementation

Challenges and Lessons Learned

Implementation of this intervention had many successes. However, there were also challenges experienced along the way, not the least of which was the COVID-19 PHE. These came about due to myriad of environmental, systemic, and client-related factors. GMHC learned from these experiences, and it will be important for any agency intending to adopt this intervention to study and minimize their recurrence. Below is a summary of some of the lessons learned from implementing Project Vogue, by topic area.

Engagement with Medical/Community Partners:

- *Client-facing staff and peer-to-peer relationships with external partners are sustainable*.

GMHC has an extensive relationship with a lot of the partners in NYC. The four clinical partners who chose to work with Project Vogue have been collaborating with GMHC across many programs for years. However, Project Vogue required a heightened collaborative experience for engaging clients in behavioral and medical services. As such, GMHC spent a considerable amount of time engaging with leadership at these institutions to ensure this engagement process would be smooth. At an administrative level, it took the program longer than usual to finalize details of the MOUs and working relationships with the four main clinical partners because of hierarchies in decision-making processes, staff changes, and changing priorities among partners. To address this challenge, the program learned that directly engaging with client-facing staff from these partners was a more effective way of ensuring that linkages and coordination of staff were optimal. Staff were able to cement peer-to-peer relationships with Housing Works and Callen-Lorde. Project Vogue staff held a presentation with Callen-Lorde care coordination team. GMHC Prevention Services also started a pilot program with Housing Works, to enhance referrals to their medical and other providers for GMHC testing clients. Through this, Housing Works has one of their Care Navigators on site at GMHC twice a week. Project Vogue staff used this opportunity to also liaise with this Navigator to engage Project Vogue clients who prefer to use Housing Works as their primary provider when needed.

Linkages to Behavioral Health Services:

- *HIV Stigma and mental Health stigma negatively affected participation in Behavioral Health Services*.

The desire to access behavioral health services expressed by clients and the actual uptake was different. Fewer clients followed through on referrals. This was largely due to clients' reluctance

to utilize these services. Upon follow-up by intervention staff, most of the clients expressed that they no longer needed this service.

For internal referrals, customized feedback mechanisms between behavioral health services and intervention staff to monitor completion of service referrals and attendance of appointments should be completed at the design stage of the intervention/adaptation. Agencies should not assume that existing referral mechanisms will just work for BMSM. Project Vogue staff relied on the established systems of completing these referrals in TREAT. The Behavioral Health team would then use their process to engage with the client for their services. However, there was a discrepancy in follow-ups and confirmation of client referrals. Multiple discussions were held with Mental Health and Substance Use clinic teams to address this issue. As a result of this, staff now actively review all incoming referrals from Project Vogue. Mental Health and Substance Use Services staff were re-trained on the use of the referrals tools in the TREAT system; a tracking tool was also developed to improve communications between the different teams when managing client referrals. This tool was monitored and updated on a on a weekly basis to update progress on all referrals.

Disparities with access to Technology/Internet:

- *A client technology needs assessment is a crucial part of client engagement in care.*

All programs must assess their clients' technology capacity and needs to determine factors which may affect program delivery, such as internet connectivity, access to a phone, ability to maintain the phone plan, total recurring expenses on technology, access to a computer or other device, etc. Such factors were not critically considered before as most of the services were offered in person at the agency. The full extent of this disparity and its impact on the health care of clients was not fully realized until the COVID-19 PHE hit. Like many agencies, GMHC was forced to fully rely on technology to implement the intervention. GMHC learned that not all clients had adequate access to tools which would make their online engagement with GMHC optimal. Some of these limitations resulted in:

- No show by clients/High cancellation rates
- Limited participation in virtual sessions
- Longer times to engage with most clients

As a recommendation, agencies must develop/incorporate a tool which audits clients' access to technology as part of their intake and assessment processes. GMHC developed processes for staff to ask clients about their experience with technology as part of their intake and assessment process. The agency is also exploring ways to develop services specific to improving clients' technological needs. This should be viewed as a social determinant of health, which can impact the level of client engagement in care, and should be addressed as a core part of provision of care and support services by agencies.

Program staff capacity:

- *High attrition rate among PNAs – which negatively affected staff-client ratio.*

Project Vogue lost three PNAs during the entire implementation period. For most parts of this period, one of the PNA positions remained vacant. This was not a unique experience to this intervention, as the agency had experienced similar attrition rates in other programs working with BMSM. One pattern observed over the years, and with this intervention, are similar reasons for the PNAs' departure from the agency, including the need to take a break to decompress, personal challenges that require them to leave work, and desertion, among others. To minimize this attrition, agencies intending to engage with peer-level roles in such a program should create a clear and tangible path for professional growth within the agency. If resources allow, agencies should engage peers to work more hours or be hired on a full-time basis so they can enjoy more benefits and opportunities for growth. This brings some stability and reduces stress into their lives (housing, finances, etc.), so they can perform better without distractions from so many other challenges outside of work. Agencies should also have tailored clinical supervision or a peer support mechanism in place for the peers. Cross-training of intervention staff within the larger department(s) can also minimize the disruptions in implementing the program whilst the position is being replaced. Vacant peer positions are not easy to fill.

Due to high attrition rate among PNAs, remaining staff had to handle a higher-than-normal caseload for a large portion of the intervention period. This negatively affected the level of engagement each staff member had with their clients. This issue was exacerbated by the limited hours the PNAs had with clients each week as they worked on a part-time basis. This is another reason why it is vital for any agency adapting this MOC to focus on engaging PNAs as full-time staff.

Evaluation

The evaluation of SPNS demonstration projects is critical to sustainability and dissemination work. Furthermore, evaluation allows for the intervention team to highlight program successes and challenges and demonstrate fidelity to program implementation. Below is a table indicating the baseline and follow-up surveys conducted with clients in Project Vogue, which demonstrates the evaluation team's retention efforts. The table also indicates individual interviews for local evaluation efforts.

Baseline	6-Month Follow-Up	12-Month Follow-Up	Individual Interviews (Non-H&B)	Individual Interviews (H&B)
80 (100%)	47 (64.4%)	50 (70.4%)	15	11

Challenges and Lessons Learned

Due to the nature of data collection work, and the minimal contact evaluation team members have with clients, evaluation always comes with its barriers and challenges. Below is a list of the largest barriers/challenges encountered for evaluation throughout the implementation period for Project Vogue:

EVALUATION	
Challenges/Lessons Learned	Facilitators/Best Practices
Disruption caused by the COVID-19 PHE – This was a challenge encountered by many organizations like GMHC across the globe. The PHE significantly altered the way programs were implemented and the way data collection was conducted. This global catastrophe forced GMHC to remain in lock-down and for all staff to continue working from home or in a modified work environment for more than half of the program period. Furthermore, the PHE made contacting clients much more difficult because clients no longer had regular access to internet as they would have if they utilized the 'drop-in' space or other lounge areas at GMHC.	*Flexibility with client schedules* – Work around client schedules, as they may be different due to the varying nature of the PHE.
Difficult to maintain contact with clients as evaluation team – Because the evaluation team contacts clients infrequently, and strictly for data collection purposes, maintaining an open line of communication between clients and evaluation team members is difficult and when attempting to contact them in follow-up windows, clients often do not respond to phone calls or texts.	*Seamless evaluation* – Keep in constant contact with the program team when contacting clients for evaluation purposes, as the program team may have additional methods to contact the client, may be able to have the client call an evaluation team member at their convenience, or may have additional information for the evaluation team member.
Difficult to reach clients – At times, clients are difficult to reach by both the evaluation team and the program team. Clients often change their phone numbers, or other methods of contact, and do not update that information with GMHC. Because of this, the numbers that the evaluation team and program team use to contact clients show as disconnected or registered to a different person, which makes it even more difficult to get into contact with the client for evaluation purposes.	*Tracking sheets* – Have comprehensive tracking sheets that make it easy to see when a client is in and out of window for follow-up surveys, or for local evaluation activity. Tracking sheets also help with maintaining records that include HIV-related outcomes.

Dissemination Activities

To Learn More

1. Published resources about the intervention
2. Presentations about the intervention
3. Dissemination and publicity activities in the community and to other area RWHAP-funded Parts about available intervention resources and outcomes
4. Outreach about the intervention to local and regional AIDS Education and Training Centers (AETCs)
5. Posted on TargetHIV and AETC National Coordinating Resource Center websites for download and use

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