PROJECT ACCEPT INTERVENTION

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Background

The Health Resources and Services Administration's (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 living with HIV who are uninsured and underserved. RWHAP funds states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

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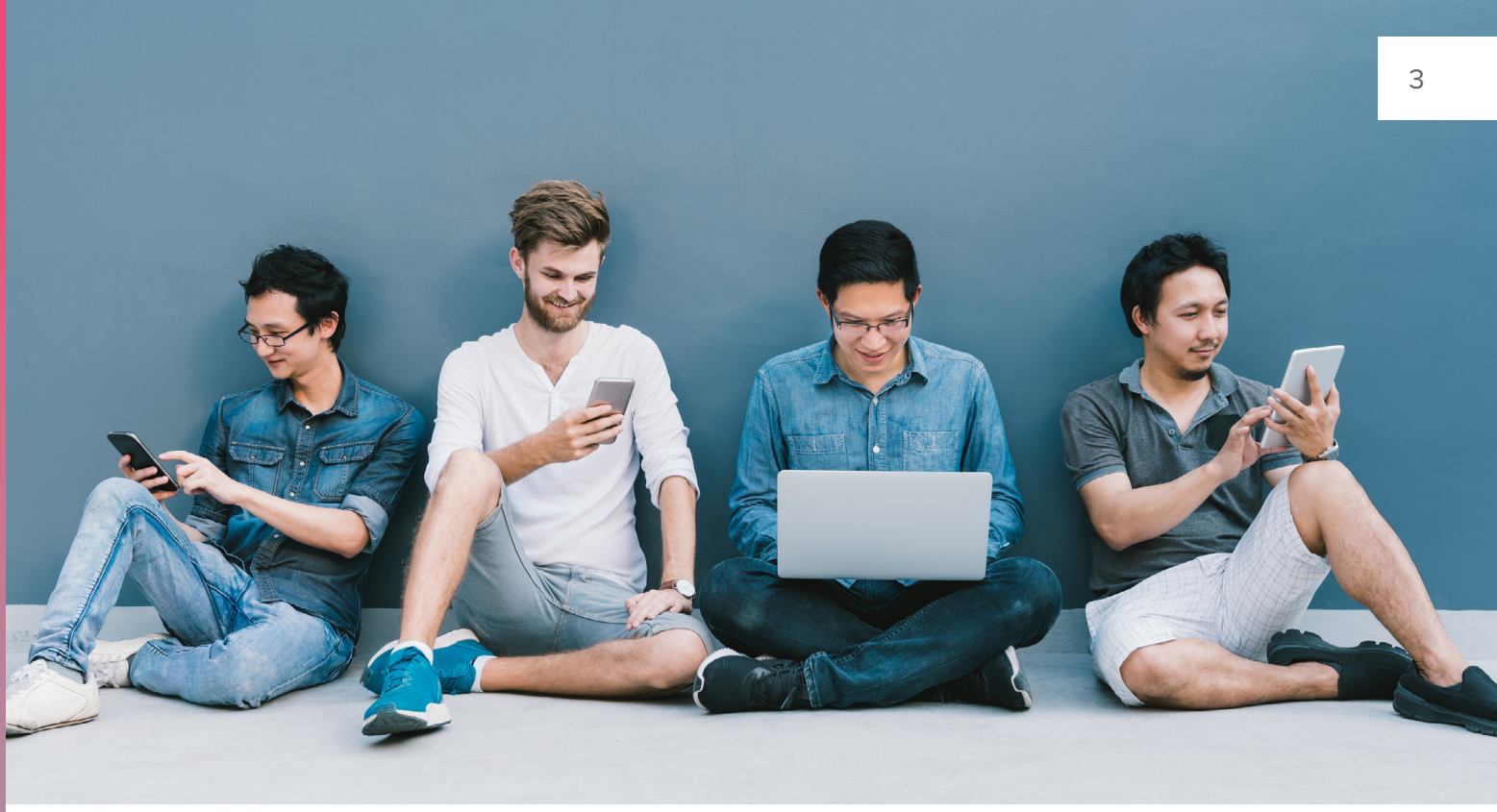
Intervention Snapshot

	Priority Population	Cisgender adolescents and young adults (ages 16 to 24) who have received a new HIV diagnosis*
	Setting	HIV Specialty Clinic
	Pilot and Trial Sites	Randomized Controlled Trials at Adolescent Medicine Trials Network for HIV/AIDS Interventions locations in Detroit, MI; Chicago, IL; Memphis, TN; and Miami, FL
	Model	Project ACCEPT uses an educational and skills-building approach to help youth with HIV develop coping strategies, understand their sexual health, assist them to better use the health care system, and create strategies for HIV care and medication adherence.
	RWHAP Ending the Epidemic (EHE) Opportunity	Approximately 50,900 people with HIV are ages 13 to 25. CDC estimates that youth continue to disproportionately face challenges in accessing care and achieving improved health outcomes, particularly due to low rates of HIV testing and difficulty overcoming socioeconomic and psychological barriers to care. PositiveLinks outcomes indicated a 2.33 greater likelihood of HIV medication usage, which was sustained 12 months post-intervention, as well as increased appointment adherence, visit consistency, and overall medical visits.
	Intervention Funding	Project ACCEPT was funded by a study through the Adolescent Trials Network for HIV/AIDS Interventions within the National Institute of Child Health and Human Development. Developers also used supplemental funding from the National Institutes on Drug Abuse and Mental Health, s RWHAP Parts A, C, and D funding, and the 340B Program.
	Staffing	Staff positions in the original intervention included a Counselor or Social Worker, Peer Facilitator, and Coordinator.
	Infrastructure Needed	Confidential spaces to host individual/ group discussions

**Although Project ACCEPT was originally developed for cisgender youth, it can be adapted to meet the needs of gender-diverse patients.*



Intervention Overview & Replication Tips

Why This Intervention?

Project Adolescents Coping, Connecting, Empowering, and Protecting Together (ACCEPT) was designed as a cisgender-specific, group-based intervention for youth aged 16 to 24 with HIV. Project ACCEPT results include improved engagement in care and other associated positive health outcomes, such as a decline in detectable viral load and greater self-reported adherence to antiretroviral therapy (ART) medication. Project ACCEPT increases engagement in care by addressing the unique challenges that cisgender youth with newly diagnosed HIV face. This intervention employs peer co-facilitated group discussions that use a stress-coping model and information and skills-building activities guided by social cognitive theory.[1] Although Project ACCEPT was originally developed for cisgender youth, it can be adapted to meet the needs of a gender-diverse clientele.

In a randomized controlled trial (RCT) conducted at four sites within the Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN), the group receiving the Project ACCEPT intervention (intervention group) was more likely than the control group to self-report use of HIV medications (odds ratio 2.33) over the 12 months post-intervention. The intervention group was also more likely than the control group to have a declining viral load over time ($p = 0.041$). An assessment of clinical review forms showed that the intervention group had non-statistically significant increases in appointment adherence rates; visit constancy; and an overall number of medical, mental health, or case management visits compared with the control group.[1]

Intervention at a Glance

This section describes the Project ACCEPT intervention to help readers assess the steps required for replication. Although most of the steps were standardized across the four RCT sites (Detroit, Michigan; Chicago, Illinois; Memphis, Tennessee; and Miami, Florida), these steps are specific to the implementation of Project ACCEPT at the Center of Relational Empowerment (CORE) Medical Center in Chicago. Project ACCEPT was primarily funded by a study funded by the Adolescent Trials Network for HIV/AIDS Interventions (ATN) within the National Institute of Child Health and Human Development.

 Step 1	**Define Intervention Population and Data Measures** Characterize youth attending your clinic as an initial step in conceptualizing a culturally appropriate replication of the intervention. In addition to HIV-specific health outcomes and medication adherence, collect information on psychosocial barriers to care (e.g., confidentiality issues, social stigma, status disclosure). Consider how you will clearly define data collection measures that align with the context in which the intervention will be replicated.
 Step 2	**Assess Staff Resources and Gaps** Develop an inventory of cultural competencies for your staff (HIV outreach workers, case managers, peer facilitators, and medical personnel). Gauge the type of cultural competency gaps that exist within your current team. Where possible, create leadership pipeline opportunities for youth who are engaged with your clinic.
 Step 3	**Secure Stakeholder Buy-In** Engage relevant stakeholders, including staff and leadership, to gauge their willingness and ability to bring on new staff who can fill gaps identified in step 2: *Assess Staff Resources and Gaps* and recruit youth for group-based activities. Define parameters for the type of experience and expertise new staff are expected to have, as well as limitations that may hinder you from hiring staff who reflect the culture of your clinic's clients.
 Step 4	**Engage Youth-Centered Community Service Partners** Assess synergies and create partnerships and linkage opportunities with trusted agencies in your area that work with youth with HIV or offer the necessary ancillary services to address community needs. These may include community-based organizations (CBOs), AIDS service organizations (ASOs), or other agencies that provide supportive services to youth with HIV (e.g., housing support, after-school and mentorship programs, substance use). This network is essential to identify providers with the cultural competency skills and experience needed to address service gaps and create a stronger sense of trust among youth.
 Step 5	**Assess Local Laws and Regulations** Create an inventory of policies, laws, and regulations specific to youth in your jurisdiction to help you streamline services and provide appropriate social support. This includes understanding consent laws and identifying programs that promote the legal independence of youth without guardianship.

 Step 6	**Recruit Peer Facilitators, Counselors, and Social Workers** Hire peer facilitators, counselors, and social workers who have experience working with youth with HIV. Recruit peer facilitators aged 18 to 24 years with HIV who have grappled with the same structural barriers that youth in your community frequently experience.
 Step 7	**Train Staff on Project ACCEPT Procedures and Facilitate Knowledge Exchange** Train new staff on the service delivery infrastructure, policies, and other relevant content related to HIV care in your setting. Integrate collaborative learning exercises so that existing staff learn from new staff's lived expertise and use that knowledge to refine their roles, ensure the provision of appropriate services, and reinforce interventionists' behavioral skills.
 Step 8	**Recruit Youth with HIV** Leverage youth currently receiving care at your organization as an initial cohort for Project ACCEPT ramp-up. Provide a thorough explanation of the intervention's components to potential participants along with an informed consent form to ensure youth understand that their participation is voluntary.
 Step 9	**Increase Youth Skills to Engage in HIV Medical Care and Social Support** Engage youth with HIV in care through participation in a series of guided individual and group sessions that use a multilevel framework for skills-building and tailored educational sessions.

Cost Analysis

Project ACCEPT was funded by a study through the Adolescent Trials Network for HIV/AIDS Interventions (ATN) within the National Institute of Child Health and Human Development. The intervention also used supplemental funding from the National Institutes on Drug Abuse and Mental Health. Additionally, intervention developers leveraged the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP). They supplemented their funding using Parts A, C, and D and the 340b drug pricing program. HRSA's RWHAP Fact Sheet provides more context on the different parts. Additionally, RWHAP's Policy Clarification Notice 16-02 outlines details on allowable costs. (See Additional Resources Box).

A more detailed cost analysis for the Project ACCEPT intervention was not available when this manual was developed. However, you can use the CIE Cost Calculator to create an estimate of the cost of implementing the intervention at your organization. (See Additional Resources Box).

Resources Assessment Checklist

Before implementing Project ACCEPT, your organization should walk through the following Resources Assessment (or Readiness) Checklist to assess your ability to do this work. If you do not have these components in place, you are encouraged to develop this capacity to conduct this intervention successfully. Questions to consider include:

- ❑ Does your staff know and understand HIV trends and intersecting health outcomes among youth with newly diagnosed HIV in your community?
- ❑ Does your staff understand the youth's demographic and cultural makeup in your community through either lived experience or work experience? For example, are they representative of the community? Do they understand colloquial terminology and cultural norms?
- ❑ Can your organizational structure accommodate youth with HIV by providing flexible appointment times, after-hours, off-site venues for group-based discussions, and other ancillary services (e.g., transportation, food banks)?
- ❑ Does your organization have funding streams available to recruit and sustain new staff and provide incentives for clients where appropriate?
- ❑ Does your organization (or a community partner) have counselors, social workers, and peer facilitators who are gender-matched with participants and have experience working with youth with HIV? If not, can you recruit such staff directly or via partnerships?
- ❑ Does your organization know where to recruit peer facilitators who have experiences similar to those of the youth you serve? Does your organization know where to identify counselors and social workers who have mental health and youth-serving backgrounds?
- ❑ Does your organization understand the structural barriers and internal policies that create obstacles for youth with newly diagnosed HIV and need care? Is your organization willing to address those barriers and policies?
- ❑ Do you have an existing relationship with a CBO, ASO, or other community partners that work closely with and are trusted by youth with HIV? Are representatives of these organizations willing to work with you to plan and implement this intervention, including recruiting peer facilitators where appropriate?
- ❑ Do you have educational materials on HIV care and ancillary resources accessible and relevant to youth in your community? If not, do you have the capacity to develop these resources in digital and printed formats as needed?

Setting the Stage

According to the U.S. Centers for Disease Control and Prevention (CDC), there are an estimated 1.2 million people with HIV in the United States.[2] During 2018, approximately 75.7 percent of people with HIV received HIV medical care, 57.9 percent were retained in care, and 64.7 percent were virally suppressed.[3] Youth ages 13 to 25 makeup around 50,900 of these cases and are considered the least likely to be aware of their status. The CDC estimates indicate that young people continue to disproportionately face challenges in accessing care and achieving improved health outcomes, particularly due to low rates of HIV testing and difficulty overcoming socioeconomic barriers to care.[4] At each stage of the HIV care continuum, from diagnosis to viral suppression, youth are not entering care or are falling out of care. Improving client engagement and reengagement in care is a national priority, with targeted retention measures established by the HIV National Strategic Plan (see Additional Resources Box), HRSA, and the Ending the HIV Epidemic (EHE) initiative, among others.[5]

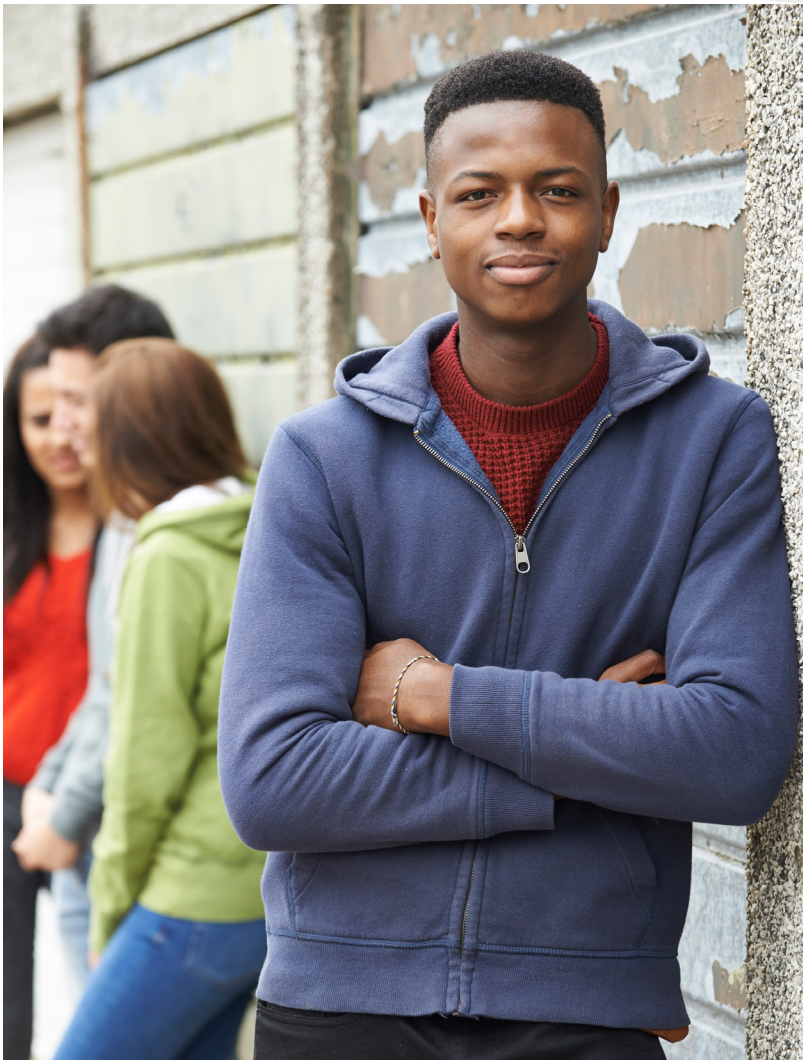
Project ACCEPT employs an innovative care model designed to engage and retain youth aged 16 to 24 with HIV in care using a peer-facilitated, information- and skills-building framework. Youth hold the lowest rates of engagement in care after an HIV diagnosis of any age group, resulting in dismal retention rates and poor viral suppression outcomes. Youth face a range of barriers to successful engagement and retention in care, including typical adolescent developmental issues, psychological distress (e.g., symptoms of depression, hopelessness or anxiety, lack of social support, internalized stigma). All of these barriers can be heightened during the first year after receiving an HIV diagnosis. This first year is a vital time for youth to seek appropriate medical attention.[1,6]

Project ACCEPT was an RCT conducted at four sites within the ATN in the United States: Detroit, Michigan; Chicago, Illinois; Miami, Florida; and Memphis, Tennessee. The ATN is a multicenter research network that conducts research trials with youth aged 12 to 24 who have or are at risk for HIV. Research foci include primary prevention interventions and interventions across the HIV care continuum, both of which include multilevel behavioral and social models. The Project ACCEPT study aimed to engage youth aged 16 to 24 who had received an HIV diagnosis within 12 months. Youth were randomly assigned to either the intervention arm (ACCEPT) or the control arm (HEALTH) at their baseline visit. The intervention combined individual and group sessions addressing a range of issues that influence engagement in care among youth with HIV, including stigma, disclosure, healthy relationships, substance use, future life planning, and referrals to other services where needed. The control arm was focused on general health habits, diet, nutrition, exercise, and information about HIV and other sexually transmitted diseases.

The Project ACCEPT intervention design was based on qualitative research with 30 young people with HIV. The intervention uses a social-ecological model that emphasizes the impact of reported stressors experienced by adolescents within a broader social-ecological system (e.g., families, sexual partners, providers, work, school). Findings indicated that the first year after receiving an HIV diagnosis was a challenging time for youth, especially regarding their HIV diagnosis and disclosing their status to others. Addressing these barriers by teaching skills to navigate sexual health issues, safer sexual negotiation tailored by gender, and delivering gender-specific individual and group-based learning effectively mitigated risk factors that contribute to worse

health outcomes.[1] The decision to separate groups by gender was based on findings of another ATN trial showing youth were more comfortable discussing gender-specific issues (e.g., pregnancy, sexual orientation) in single-gender groups, allowing for greater engagement and retention in the program.[6] The strength of this approach centers on leveraging the diversity and unique experiences of cisgender youth through peer co-facilitators who can tailor the intervention to the needs of youth in the community in which it is replicated.[6]

Over the 12 months post-intervention, the ACCEPT group was more likely than the control group to self-report use of HIV medications (odds ratio 2.33). An assessment of clinical review forms showed that the ACCEPT group had non-statistically significant increases in appointment adherence rates; visit constancy; and the overall number of medical, mental health, or case management visits. A qualitative analysis of a participant survey found that the intervention increased participants' comfort with and acceptance of their diagnosed HIV and increased social support after completing the intervention.[1] Overall, the intervention effectively improved HIV-related health outcomes and engagement in care among youth while providing them with an extra layer of support going forward.



"Facilitators are important to build [a] connection and introduce young folks to what it means to be patients—[this was a] first opportunity for folks to learn to navigate the medical system, which is an essential life skill, to make sure they are prepared."

– CLINICAL PSYCHOLOGIST AND DEVELOPER OF PROJECT ACCEPT

Description of the Intervention Model

Project ACCEPT helps address the challenges facing youth with newly diagnosed HIV by engaging them in the healthcare system. These efforts help clients address psychosocial barriers, a strategy for improving clients' engagement in routine clinic visits and promoting clients' medication adherence. Project ACCEPT's implementors in Chicago predominantly utilized ATN research funding and leveraged RWHAP Part A, C, and D funding to support staff activities around client engagement. RWHAP Part A funding can be useful to potential replicators for activities related to core medical services (e.g., AIDS Drug Assistance Program or ADAP, treatments, early intervention services, mental health services, substance abuse outpatient care, etc.) and supportive services (e.g., medical transportation, food banks, housing, psychosocial support, etc.). These can also be supplementally supported by RWHAP Part C funding should your organization be eligible to receive those funds. RWHAP Part D funding may be particularly useful to potential replicators given its specific focus on services for youth and women. These funds can be leveraged to provide primary care services specific to youth with HIV, clinical quality management, and supportive services like outreach, case management, and transportation to service delivery sites. The intervention is divided into three overarching phases:

1. Assess Gaps and Engage Stakeholders

Establishing the Project ACCEPT intervention begins with identifying the gaps in your service delivery infrastructure and assessing different stakeholders' readiness in recruitment and outreach to prioritize tailoring HIV and other medical care to youth.

a. *Define the Intervention Population:* Characterizing the cultural and demographic makeup of the youth you serve is an important initial step in implementing Project ACCEPT. Assess the population size and determine the recruitment parameters for gender-specific groups (e.g., solidify the age range, understand the distribution of gender and sexual identity). This will provide you with a clearer picture of the staff and resources you may need.

b. *Define Data Measures and Systems:* Establish standard data measures to be collected for ongoing evaluation of the intervention. Ensure that a system is in place for data entry, cleaning, and analysis. Establishing a system for collecting, storing, cleaning, and continually analyzing this information early on will prepare you to conduct an ongoing evaluation of the intervention's outcomes. It is critical to characterize the specific psychosocial barriers experienced by youth in your community, as these barriers will differ among communities and settings.

c. *Secure Stakeholder Buy-In:* Engage organizational leadership and existing staff to ensure support for additional staffing and training sessions. This includes securing support for additional resources and identifying any roadblocks that may prevent the team from recruiting the most suitable personnel to address identified gaps. Staff will need to be receptive to cross-cultural and intergenerational learning, willing to train new staff on processes and procedures, and ready to create a welcoming and supportive environment for youth at all HIV care continuum stages.

d. *Assess Staff Resources and Gaps:* Understanding the resource gaps that may exist across your care continuum begins with understanding the baseline set of skills and resources that are already available to your staff. Create an inventory of language skills, knowledge of youth development frameworks, cultural backgrounds, experiences, or training sessions that staff have participated in, and any expertise relevant to youth. Identify which, if any, of your existing counselors, social workers, peer facilitators, and other staff have the required cultural skills and where gaps exist.

e. *Engage Youth-Centered Community Service Partners:* Ideal partnerships engage organizations that already work closely and have established trust with youth with HIV in clinical and non-clinical settings or offer the services needed to provide a holistic response to social and structural barriers. Such organizations include CBOs, ASOs, youth-led groups, or other community partners that provide supportive services to youth with HIV. Depending on your community's needs, create partnerships with organizations that offer relevant services to queer or transgender youth and include a range of supporting resources (e.g., housing, trauma-informed care, gender-affirming care, safety planning).

   The ATN executive committee includes a community representative, which brings an added layer of community participation and engagement to their research goals. During the original implementation of Project ACCEPT, a youth community advisory board of 12 representatives from local programs was developed to provide input on potential collaborations, recruitment materials, policies, and procedures. If organizing a community advisory board is not feasible, think of ways to incorporate young community members in the development and implementation of Project ACCEPT. Emphasize centering the community perspective and ensuring a bidirectional relationship with community partners to provide clients services and support. Effective partnerships will increase the reach of your engagement and retention efforts while creating trust with the community you serve.

f. *Assess Local Laws and Regulations Related to Youth:* If you have not already done so, create an inventory of the legal requirements for consent, reporting, and privacy specific to youth in your jurisdiction. This may include the age of consent for services, mandated reporting, accessing services and medication without parental consent, or privacy laws related to insurance. Identify existing programs that promote the legal independence of youth who may not have guardianship.

2. Recruit and Train the Intervention Team

Once you have a thorough understanding of resources and gaps and have engaged stakeholders, staff, and community organizations, you are ready to build your intervention team.

a. *Recruit Peer Educators, Counselors, and Social Workers:* Building an effective facilitation team requires counselors, social workers, and peer facilitators who have the cultural experiences to engage appropriately with youth in your community. Hiring peer facilitators with lived experiences like those of the community members you serve is a crucial component of ensuring success in improving client outcomes. Lived experiences can vary based on the social dynamics of a setting. It is ideal for the recruited peer facilitators to be young people with HIV who have an experiential understanding of clients' structural and social barriers. Peers should also wield appropriate cultural knowledge and be familiar with community assets, strengths, and resilience factors. If it is difficult to recruit medical providers who have relevant experience working with youth with HIV, have your peer facilitators serve as provider/client liaisons. This can ensure that a strong foundation of trust is developed and maintained and that opportunities are established for peer facilitators to train providers. Counselors and social workers should have some background in mental health or behavioral science specific to supporting youth's mental health, focusing on how intersecting identities affect access to care and psychological outcomes. Although not required to be a standalone position, identifying an intervention coordinator can

help streamline processes and provide accountability for youth recruitment and retention activities.

b. *Train Staff and Facilitate Knowledge Exchange:* Train staff on organizational processes and procedures and ensure that newly recruited staff are appropriately integrated into the existing care infrastructure. This involves both traditional training sessions on service delivery infrastructure, policies, and other relevant content in your setting, and learning the didactic elements (e.g., techniques, goals) and participatory exercises that are crucial to the success of Project ACCEPT. Obtain feedback from youth on policies and procedures that may unintentionally foster elements of ageism or other forms of disempowerment. Facilitate an exchange between Project ACCEPT team members and peer facilitators to foster youth empowerment in relevant and meaningful ways.

   For the Project ACCEPT study, the ATN provided session-by-session group reviews of intervention manuals and individual feedback for interventionists throughout a two-day staff training session across all implementation sites. Alter the structure and delivery of the intervention content to align with your organizational culture. Allow intervention staff to review all relevant materials and become confident in using participatory exercises (e.g., role-playing) before initiating the intervention with youth. Ensure that counselors, social workers, and peer facilitators are trained together to build rapport and practice participants' co-facilitation dynamics for individual and group-based discussions.

c. *Recruit Youth with HIV:* Once you understand the characteristics of the youth you serve and have recruited and trained the appropriate staff to work effectively with them, you are ready to recruit clients for the Project ACCEPT intervention. If possible, first recruit youth from the patient population already receiving care at your organization or clinical site. If recruitment happens outside of your organization (e.g., in collaboration with community partners), establish a clear referral process that details how clients will be linked to care. Use trained clinical or intervention-specific staff to approach youth, ideally using peer facilitators as the first point of contact. Provide an informed consent form to youth to ensure that they understand that they are voluntary participants in the intervention. This form should explain:

   - The nature of the intervention;
   - The type of information collected;
   - Confidentiality procedures to keep their information from being shared outside of project staff; and
   - The evaluations and assessments involved.

3. Increase Youth Skills to Engage in HIV Medical Care and Social Support

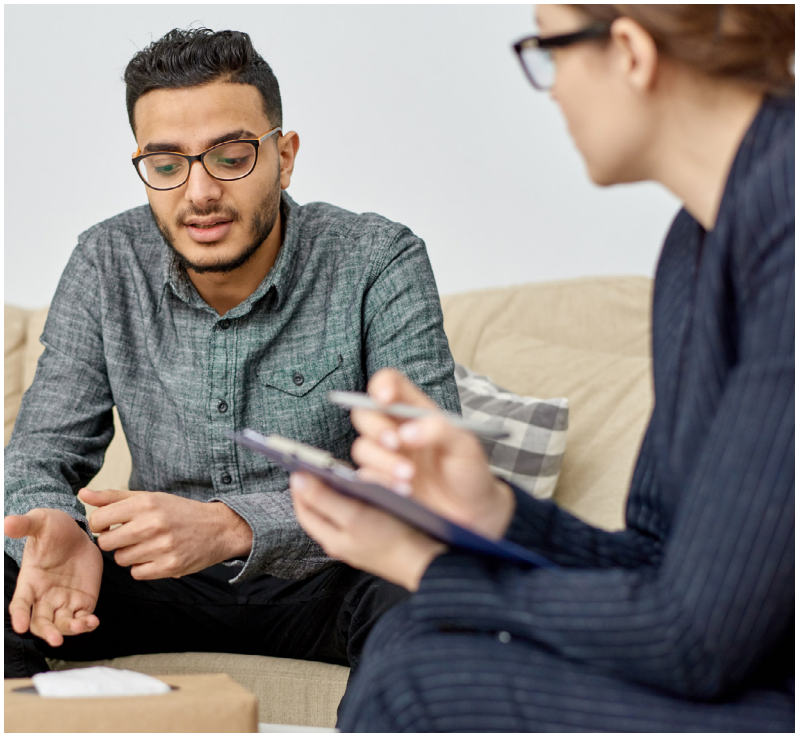
With an established intervention team, a support network of community partners, and intervention participants, you are ready to help youth with HIV bolster the skills that will help them to access medical care and social support. Engagement in Project ACCEPT relies on the interaction between risk (e.g., functional independence, psychological stress) and resistance (e.g., competence, coping strategies) factors, as outlined in the Disability and Stress Coping Model.[7] This interaction can ultimately help youth develop plans that leverage their strengths and address their greatest areas of need. The skills-building approach is also modeled by social cognitive theory and focuses on HIV-related health behaviors, intrinsic motivation, and self-efficacy.[8]

Important Note: While clients should be informed that they may refuse to answer a question at any time, responses, or reactions to certain questions may indicate client distress. If at any time during the intervention a client shares they are at risk for harm (e.g., experiencing violence) or that they intend to cause harm to themselves or others, take measures to ensure their safety based on your organizational guidelines immediately.

Engaging youth should include individual and group sessions, although the exact flow will depend on your organization's service delivery process and the client's insurance status.

a. *Individual Sessions:* A counselor or social worker with a background in mental health, preferably with expertise in issues pertinent to youth, facilitates the individual sessions. The first two pre-group sessions aim to conduct individualized assessments of psychosocial barriers, introduce the intervention structure, and review the ground rules and expectations for participation. The third individual session occurs after completing the group sessions. It is an opportunity to review action plans, goals, and overall takeaways with each participant and provide referrals to ancillary services where necessary. Individual session materials can be found in the Project ACCEPT training manual. (See Additional Resources Box).

   - *Individual Session 1 (Pre-Group Session):* The first individual session is conducted after the client attends their first medical appointment after receiving their HIV diagnosis. The session aims to identify sources of support, conduct a psychosocial assessment, and prepare for a follow-up meeting with the medical provider. This follow-up meeting aims to ask the provider questions and continue the dialogue from the initial appointment. During the original implementation of Project ACCEPT, the first individual session was held within 14 to 18 days after the client's baseline visit.
   - *Individual Session 2 (Pre-Group Session):* This session provides an opportunity for clients to discuss their follow-up meeting with the medical provider, ensure the provider appropriately addressed all of their questions and concerns, and explore ways to make the client more comfortable interacting with the provider in the future. It also offers a comprehensive overview of the Project ACCEPT intervention model, including procedures, goals, and objectives. This session includes a meeting with a peer facilitator to prime the client for the initial group session.
   - *Individual Session 3 (Post-Group Session):* This session occurs after all group sessions have been completed. The session provides an opportunity to discuss the participant's experiences with the group sessions, review their "road map to the future," and facilitate any referrals. Encourage the participant to bring someone from their support network (e.g., partner, family member, friend) with them to this session. This reinforces the importance of social support building emphasized in the Project ACCEPT intervention and allows youth to practice communicating their needs to individuals who support them. Provide a certificate of completion to acknowledge the client's work and accomplishments and support continued engagement with new habits and skills. During the original implementation of Project ACCEPT, this session was held within 14 days after the final group session.

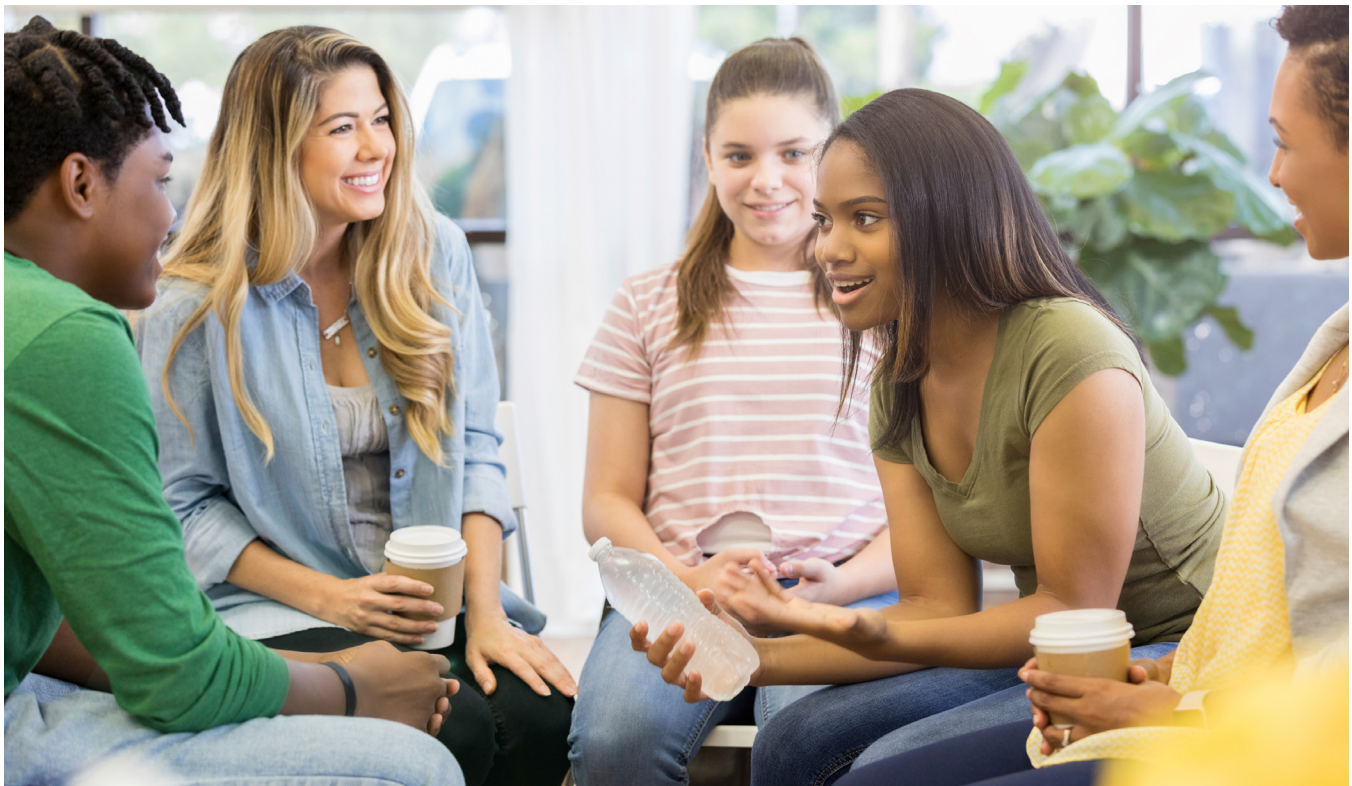


b. *Group Sessions:* A counselor or social worker and peer facilitator co-facilitate the six group sessions. These sessions are held weekly and offer enough time to ensure that clients have a thorough understanding of each session's relevant concepts and skills. The original Project ACCEPT allocated two hours per session, which clients received positively. Tailor session length to the needs of your community and resources available. Additionally, consider offering incentives to clients to bolster participation and retention.

   Group discussions explore a range of topics, including general HIV information, dealing with stigma and societal pressure, understanding sexuality and sexual health, strategies and tools for maneuvering in specific scenarios, and setting health goals. The first four group sessions can be conducted with mixed-gender groups. Conduct Session 5 with groups based on gender identity. The goal of the gender-specific skills sessions is to create a comfortable and affirming space for clients to better understand their sexual health, physiology, and overall relationship to society.

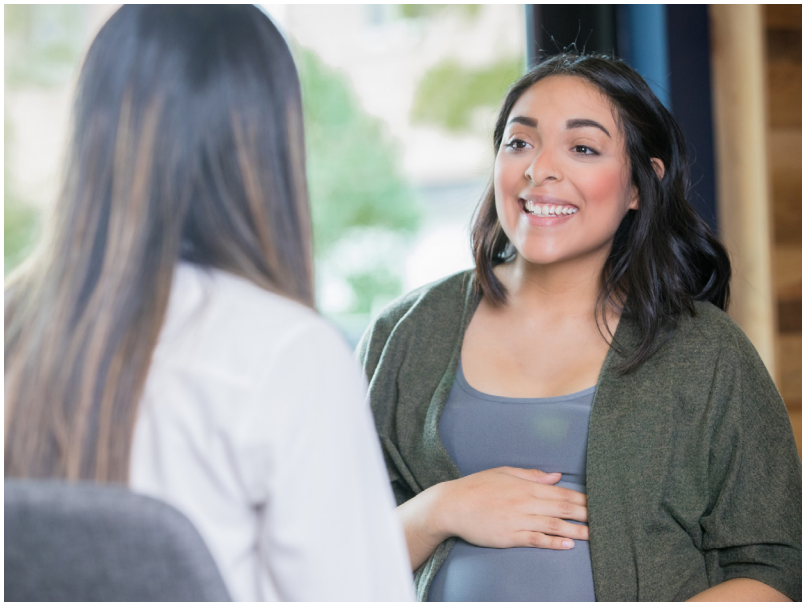
   Offer youth the option of selecting the gender-specific group that they feel most comfortable attending. Although Project ACCEPT was designed for cisgender individuals, organizations implementing the intervention can create similar spaces for gender-fluid individuals and can tailor content for transgender men, transgender women, and gender non-conforming or non-binary clients. Connect gender-fluid individuals with peer facilitators who share their gender-related lived experiences and can provide them with the same level of tailored, affirming support that their cisgender counterparts receive. A description of group session materials, content, and activities can be found in the Project ACCEPT training manual. (See Additional Resources Box).

   - *Group Session 1 – HIV Overview:* This session is used to introduce facilitators and participants and to set the ground rules for the sessions going forward (e.g., attendance expectations, respecting pronouns, frequency of meetings, appropriate behavior, how to share space). Include an icebreaker or bonding activity to make participants feel more comfortable holding space together. Use the first session to provide an overview of HIV education, particularly for those who may have received their HIV diagnoses within the last six months, and as a useful refresher for participants who received their HIV diagnoses outside of this time frame.



Educational content should include myths and facts about HIV, messaging about HIV, transmission prevention strategies (e.g., condom demonstration, an overview of the effectiveness of condoms, treatment as prevention, U=U, etc.), and the importance of retention in care and viral suppression.

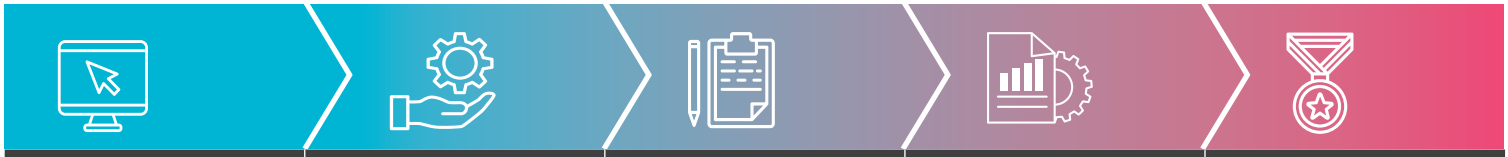
- *Group Session 2 – Disclosure and Stigma:* This session focuses on the social elements of an HIV diagnosis, emphasizing how to navigate the dimensions of stigma associated with the disclosure of HIV status. This session includes a "disclosure scene analysis" that involves a discussion about disclosure steps, safety planning (e.g., assessing when it is safe to disclose), having participants understand the social support available to them and a disclosure decision tree exercise. Take time to consider the role of intersecting identities and how these relate to an individual's ability to disclose their HIV status. Explore ways to support youth in addressing their unique challenges and safely maneuvering disclosure within their support network. A role-playing exercise helps participants learn and practice skills to discuss living with HIV, handling disclosure outcomes, and creating a disclosure action plan and a medication regimen.
- *Group Session 3 – Preparing for Medical Intervention:* This session provides a technical overview of clinical procedures and discusses anticipated barriers to attending HIV medical appointments. This session highlights what active engagement with the clinic looks like and provides a problem-solving skills scenario to help clients better understand how to overcome individual challenges to routine clinic engagement. Include an overview of adherence to medical appointments and medications and help participants develop an active participant action plan.
- *Group Session 4 – Healthy Living and Substance Use:* This session provides an overview of "healthy living," which encompasses strategies for dealing with stress, assessing and mitigating risks, and incorporating nutrition and exercise into a daily routine. An effective format for these discussions is to use interactive games and other mediums to facilitate the conversation. The original Project ACCEPT used a media influence game to discuss social pressure and a grab bag game to discuss substance use and the risks and consequences of substance use disorders. Supplement these activities and conversations with tangible stress management and relaxation techniques and develop a "healthy living" action plan.
- *Group Session 5 – HIV-Positive Sexuality and Reproduction for Young Cisgender Women:* This session is conducted only with youth, peer co-facilitators, social workers, or counselors who identify as women. The session explores the dimensions of sexuality specific to cisgender women and includes discussions about pregnancy planning and prevention of mother-to-child transmission of HIV; discussion of women's sexual health, including an overview of physiology; role-playing exercises on negotiating safe sex; and the development of a sexuality action plan. Educational content specific to young cisgender women can be found in the Project ACCEPT participant handbook for cisgender women. (See Additional Resources Box). Although this session's content is specific to cisgender women, consider developing content on sexual health, safe-sex negotiation, and sexuality for transgender women. Involve a peer co-facilitator who shares a gender identity that is representative of the tailored content.



- *Group Session 5 – HIV-Positive Sexuality and Reproduction for Young Cisgender Men:* This session is conducted only with youth, peer co-facilitators, social workers, or counselors who identify as men. The session explores the dimensions of sexuality specific to cisgender men and includes discussions of family planning; maneuvering stigma about sexuality; cisgender men's sexual health, including an overview of physiology and condom use; role-playing exercises on negotiating safe sex; and the development of a sexuality action plan. Educational content specific to young cisgender men can be found in the Project ACCEPT participant handbook for cisgender men. (See Additional Resources Box). Although this session's content is specific to cisgender men, consider developing content on pregnancy planning, prevention of parent-to-child transmission of HIV, safe-sex negotiation, and sexuality for transgender men. Involve a peer co-facilitator who shares a gender identity that is representative of the tailored content.
- *Group Session 6 – Goal Setting and Self-Esteem:* This is the final group session of the Project ACCEPT intervention and is conducted with all youth, regardless of gender identity. The session covers maneuvering self-esteem and societal stigma while providing participants with the skills needed to set realistic goals for themselves. The session also includes interactive activities through group participation, allowing participants to better understand self-esteem, strategies for building healthier self-esteem, setting realistic goals (including a "road map to the future"), and other group strengthening activities. Conduct a group closing ceremony to provide an opportunity for the group to acknowledge their work and accomplishments.

Logic Model

Logic models are effective tools to assist in planning, implementing, and managing an intervention. Below is a logic model highlighting the resources, activities, outputs, outcomes, and impact of the Project ACCEPT intervention referenced throughout this guide.



Resources	Activities	Outputs	Outcomes	Impact
• Diversified funding: Ryan White HIV/AIDS Program (RWHAP), other government agencies, foundation grants, private and in-kind sources • Partnerships with trusted providers and team members with established community relationships and knowledge of community resources for youth • Staff (social workers/ counselors/peer facilitators) with knowledge of issues relevant to youth with HIV and experience in addressing psychosocial barriers and mental-health concerns • Confidential spaces to host individual and group discussions	• Recruit social workers and counselors who have experience working with youth with HIV and who understand youth mental health needs • Recruit peer facilitators with HIV who are representative of the community and have the skills to co-facilitate vulnerable discussions with youth about sexual and reproductive health and social barriers to care • Conduct individual and group sessions to foster skills for coping with social stressors and engaging effectively with the health care system • Create partnerships and linkage opportunities with local agencies that are trusted by and work with youth and can offer services to address gaps	Youth with HIV: • Are engaged and retained in HIV primary care and other needed services • Develop improved strategies to cope with social stressors and skills to engage in positive health behaviors and navigate the health system more effectively • Feel empowered to disclose their HIV status while prioritizing safety planning • Experience increased social support and community-building	Among participating youth with HIV: • Increased understanding of safe sexual health practices, HIV basics, and managing life with a chronic illness • Development of skills to engage with and navigate the health care system, practice safe-sex, cope with social stressors and learn about reproductive- health planning • Increased feelings of inclusion, acceptance, and support • Resilience against psychosocial stressors and barriers to care Within the implementing organization: • Development or maintenance of a positive reputation with youth • Increased knowledge of barriers to care specific to local youth • Increased number of appointments scheduled and kept appointments by youth	• Increased medication adherence • Increased visit constancy and appointment adherence • A decline in detectable viral load over time

Your Planned Work

Your Intended Results

Staffing Requirements and Considerations

Staff Capacity

Depending on the existing staff infrastructure in your setting, staff roles for Project ACCEPT may overlap. The following staff implemented the original intervention:

- *Counselor or Social Worker*: The counselor or social worker, otherwise known as the "interventionist," has experience in mental health or behavioral health interventions with specific expertise in adolescent and young people's mental health needs. The original implementers of Project ACCEPT prioritized counselors and social workers with master's level credentials, although this was not a strict requirement if individuals had the appropriate experience. Due to the gender-specific component of Project ACCEPT, counselors or social workers must reflect the gender identities of program participants.
- *Peer Facilitator*: Ideally, the peer facilitator should be similar in age to the youth enrolled (i.e., 18 to 24), although age should not be a limiting factor. The peer facilitator should live with HIV and understand the inherent cultural nuances among youth in the community you serve. Although an understanding of and expertise through education and training in mental health is preferred, it is more important to ensure that the peer facilitator reflects the young people in your community. They should have previous experience in facilitating or co-facilitating group discussions or have the necessary skills to engage appropriately with Project ACCEPT groups. Due to the gender-specific component of Project ACCEPT, peer facilitators must reflect the gender identities of program participants.
- *Coordinator:* It helps to identify an individual responsible for coordinating youth recruitment and retention activities. This need not be a standalone position. If a staff member at your organization already carries this responsibility, train them on Project ACCEPT procedures alongside the counselor or social worker. Depending on time constraints, coordination responsibilities may be divided among two staff members. The intent is to create an accountability pipeline for recruitment and retention activities and streamline the Project ACCEPT process into your existing clinic workflow. The coordinator should work closely with peer facilitators to ensure that the coordinator uses appropriate recruitment strategies and retention methods that address the barriers identified by youth in the community being served.

Staff Characteristics

Core competencies of all staff include:

- Experience working with youth with HIV;
- Background in the mental health needs, resilience factors, and communication preferences of youth as well as in positive youth development frameworks;
- Understanding of structural ageism and how it leads to disproportionate health outcomes for youth with HIV;
- Ability and willingness to prioritize youth as the experts in their own lives, with the autonomy to decide their own care goals and outcomes, and to provide feedback on how programs can be structured to meet their unique needs; and
- Pre-established relationships with community organizations and resources (both local and online) for youth.

Replication Tips for Intervention Procedures and Client Engagement

Successful replication of the Project ACCEPT intervention involves active feedback from youth through participation in advisory boards, leveraging peer facilitators' expertise and experiences, and building rapport through collaborative staff training sessions.

- *Create a Youth Community Advisory Board (CAB)*: The original implementation of Project ACCEPT involved developing a CAB comprised of youth served by the implementation sites. The CAB's role was to provide input on all aspects of the development and execution of Project ACCEPT, including feedback on policies and regulations specific to youth in each intervention jurisdiction. ATN also included a youth on their executive committee when conceptualizing the research study, which helped center youth perspectives across study activities and materials. If establishing a youth CAB is not feasible, prioritize youth perspectives and seek feedback during replication planning and execution.

  A youth CAB can:

  - Act as a resource to ensure you are appropriately addressing community needs by developing relevant and accessible materials and delivering inclusive and culturally appropriate content,
  - Increase your organizational knowledge of resources for youth, and
  - Strengthen your network of ancillary services based on the experiences of youth in your community.
- *Leverage the Expertise of Peer Facilitators*: Project ACCEPT's success is attributed to the inclusion of peer facilitators at each stage of the intervention. Successful implementation of Project ACCEPT's behavioral strategies relies heavily on peer facilitators' ability to use their lived experience to address youth needs. HRSA offers motivational interviewing resources for teaching and training, which may help leverage peer expertise. (See Additional Resources Box).

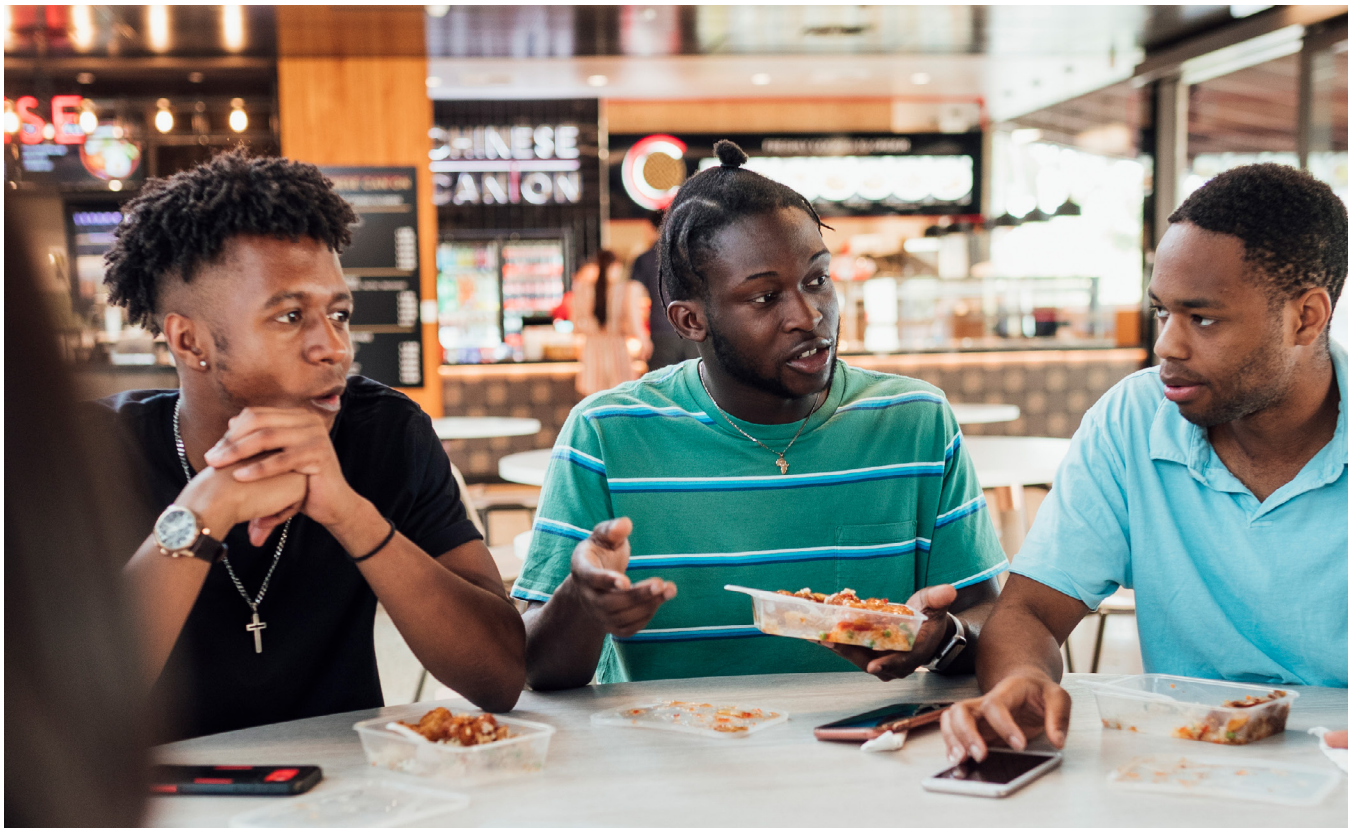
Allow peer facilitators to provide input and feedback on your organizational workflow, policies, and procedures to ensure they are appropriate. Create a pipeline to incorporate peer facilitators into your leadership structure wherever possible and prioritize their expertise as individuals with experience and knowledge who are maneuvering the same barriers as the population you are aiming to engage. Peers can:

- Act as a unique buffer between youth and the health care system and help youth to navigate and understand the system more effectively, and
- Offer youth an opportunity to discuss barriers and needs in an affirming and comfortable space, using accessible and familiar language. This can prompt youth to respond more positively to questions about their personal lives and better equip your organization to address their needs through a richer understanding of the barriers they face.[9]

- *Conduct Collaborative Training Sessions for Interventionists and Other Project Staff*: Train counselors, social workers, peer facilitators, and any other staff involved in the Project ACCEPT workflow (e.g., outreach workers, coordinators, case managers, providers) in a collaborative space where they can practice using the material for individual and group sessions to ensure consistency in the support they provide. Such collaborative training allows peer facilitators, counselors, and social workers to learn each other's facilitation styles, strengths, and areas for support, ultimately improving the rapport between intervention staff and youth.

"I've learned how to accept myself as an HIV-positive young adult. My counselors were caring, smart, informative men. I learned how to disclose [my status] with those I could trust and how to put on a condom. Most importantly, [I learned] ways to make myself feel better during this hard time of coping with HIV."

– PROJECT ACCEPT PARTICIPANT IN CHICAGO



Securing Buy-In

Securing the support of leadership, staff, and other relevant stakeholders is an important step when implementing a novel intervention. The following strategies may help to secure buy-in for the Project ACCEPT intervention:

- **Inform stakeholders that organizations with diverse client populations are viable for this intervention:** Use an in-reach instead of outreach approach to start implementing the intervention with clients already engaged in services but need additional support. This will minimize the time and resources needed to recruit clients.
- **Highlight existing resources:** An array of training curricula and facilitator protocols make learning intervention strategies flexible to staff needs.
- **Highlight the advantages your organization may receive by implementing the intervention:**
  - Offer positive experiences and affirming services to youth. This can increase word-of-mouth referrals, and the number of clients served.
  - Working with a youth advisory board or youth-centered organization offers an opportunity to learn more about barriers to care among youth (e.g., housing needs, parental consent). Peer facilitators can provide insight on questions to ask, how to harness community resilience factors, and how to "dig deeper" to identify barriers.

Overcoming Implementation Challenges

Barriers to implementing Project ACCEPT will vary based on your existing organizational infrastructure and workflow. Anticipated challenges, as well as possible solutions, include:

- **Client reluctance to engage with health care providers:** Past experiences with medical providers, especially related to discussing issues such as sexual health or other aspects of their personal lives, may discourage youth from adhering to care. To mitigate the discomfort or intimidation youth may feel when engaging with medical providers, ensure that providers have experience with youth and are competent in communication styles that reduce stigma and promote empathy and compassion (e.g., motivational interviewing strategies). Similarly, use peer facilitators as liaisons between providers and clients to increase trust and comfort and deliver content in a way that is palatable for youth. Training medical providers on Project ACCEPT procedures alongside peer facilitators can build the rapport needed for effective collaboration.
- **Funding:** Sustaining funding may present an obstacle to implementing Project ACCEPT in the long-term. A thorough conversation with your organizational leadership about funding, integration, and monitoring and evaluation of intervention components and outcomes will be essential to ensure that it can be feasibly implemented and sustained. Discuss ways to repurpose existing funding streams to support different intervention components or ways to collaborate with external organizations to secure the necessary resources. Developing a clear plan for using funds and other resources can help maintain leadership buy-in and ensure that the intervention receives ongoing support.
- **Non-inclusive training curricula and facilitator guides:** Project ACCEPT training curricula and facilitator guides were developed specifically for cisgender individuals, which can be isolating and irrelevant to transgender, gender non-conforming, and non-binary youth. Creating inclusive and affirming spaces for young people to explore and address issues related to gender and build life skills are at the heart of Project ACCEPT. It is important to adapt and extend these core components to all youth, regardless of gender identity. Tailor the content of your training curricula and counseling sessions for gender-diverse youth and ensure that the services you offer are inclusive (e.g., ensure medical providers can offer gender-affirming healthcare). Align your strategies for recruiting and training counselors, social workers, and peer facilitators with the needs of gender-fluid clients. Identify staff who align with your clients' gender identities and create safe group spaces for young people to convene and discuss common issues related to their sexual health, gender expression, and personal lives. Engage with community partners who offer services specific to LGBTQIA youth and can offer examples of how to create welcoming and relevant spaces.

Promoting Sustainability

Project ACCEPT was originally conceptualized and implemented as a finite academic study, limiting concrete strategies for its sustainability. However, a body of ongoing academic work assesses the intervention's scalability and sustained integration into routine medical care across various settings. Anecdotal evidence from intervention developers suggests that discussing ongoing funding initially with leadership at your organization is an important element of promoting sustainable implementation. Discuss your organization's capacity to hire and train new or existing staff, offer flexible scheduling to promote youth adherence, and provide safe venues for confidential conversations in individual and group sessions.

SWOT Analysis

SWOT is an acronym for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a structured planning method that can assess the viability of a project or intervention. By conducting a SWOT analysis before implementing an intervention, organizations can proactively identify challenges before they occur and think through how to best leverage their organizational strengths and opportunities to improve future performance. A SWOT analysis of the Project ACCEPT intervention identified the following:

STRENGTHS

Project ACCEPT increases the skills of youth to engage in and maintain HIV medical care by:

- Creating an atmosphere of acceptance, affirmation, autonomy, and support;
- Leveraging the experiences of peers to facilitate tailored, youth-specific group sessions;
- Creating a network of medical and social support services for youth with HIV, including those belonging to marginalized communities;
- Providing educational materials to improve their understanding of their health needs and opportunities; and
- Facilitating skills building to increase healthy behaviors, improve mental health, enhance social support, develop coping strategies, and effectively navigate the health care system.

WEAKNESSES

Agencies will find it challenging to implement Project ACCEPT without:

- Current relationships with community stakeholders and potential service partners to bi-directionally collaborate on filling service gaps for youth;
- Counselors and social workers who have experience working with youth with HIV and mental health experience specific to youth;
- Young peer facilitators with HIV who are representative of the community and can offer mentorship on health and well-being;
- Stakeholder buy-in and funding to adequately support staff and counseling resources, and
- Receptiveness to feedback from youth on how to better structure programs to address their unique needs effectively.

OPPORTUNITIES

Project ACCEPT offers opportunities to:

- Better communicate health care strategies to youth by involving peer facilitators and using accessible language;
- Provide youth with life skills that promote autonomy and self-determination in managing their health;
- Establish relationships with youth-centered CBOs and other providers;
- Provide an ongoing knowledge exchange across staff regarding social and structural barriers and community resilience factors for youth; and
- Establish your organization as a trusted resource for youth education, skills building, and support relevant to HIV medical care.

THREATS

Threats to the success of Project ACCEPT include:

- Inability to secure ongoing funding to maintain staff;
- Failure to identify, recruit, or secure buy-in from key stakeholders, including community partners, service providers, or other key agencies working with youth;
- Lack of confidential space to host individual and group sessions;
- Lack of support to address emotional or psychological distress that may arise in youth during vulnerable conversations about their health and personal lives;
- Lack of willingness to support youth in autonomous decision-making or recognition of their expertise over their health; and
- Lack of receptiveness to feedback from youth on ways to improve programs to better address their needs and ability to thrive.

Conclusion

Project ACCEPT uses an educational and skills-building approach to promote positive behavior change, increase HIV knowledge, and develop coping strategies, ultimately leading to improved engagement and retention in HIV care. This gender-specific, group-based approach provides an affirming space for youth to increase their health care knowledge, understand their sexual health, and develop strategies to address barriers to adhering to medical appointments and ongoing medication requirements. Project ACCEPT leverages the experiences of peer facilitators and promotes collaboration with youth-specific CBOs, creating trust with youth, and expanding the network of supportive services available throughout their care journey. The study group receiving the Project ACCEPT intervention had a 2.33 greater likelihood of HIV medication usage than the control group, which was sustained 12 months post-intervention. The intervention group also had increased appointment adherence, visit constancy, and overall medical visits compared to the control group.[1] Overall, Project ACCEPT provides a model for clinics and settings to serve youth better and reduce the risk of HIV incidence, morbidity, and mortality.

Additional Resources

Ryan White HIV/AIDS Program Fact Sheet
hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/program-factsheet-program-overview.pdf

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice 16-02
hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

HIV National Strategic Plan
hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2021-2025

CIE Cost Analysis Calculator
CIEhealth.org/innovations

Project ACCEPT Intervention Manual
CIEhealth.org/intervention/project-accept#resources (Click on Resources)

Project ACCEPT Participant Handbook for Cisgender Women
CIEhealth.org/intervention/project-accept#resources (Click on Resources)

Project ACCEPT Participant Handbook for Cisgender Men
CIEhealth.org/intervention/project-accept#resources (Click on Resources)

Introduction to Motivational Interviewing
https://bphc.hrsa.gov/sites/default/files/bphc/qualityimprovement/clinicalquality/sud/intro-motivational-interviewing-slides.pdf

Innovative Models of Care: Motivational Interviewing
https://targethiv.org/ihip/module-5-innovative-models-care-motivational-interviewing

Effects of Pediatric Chronic Physical Disorders on Child and Family Adjustment
pubmed.ncbi.nlm.nih.gov/9534085/

An Ecological Model of Stressors Experienced by Youth Newly Diagnosed With HIV
researchgate.net/publication/41849905_An_Ecological_Model_of_Stressors_Experienced_by_Youth_Newly_Diagnosed_With_HIV

Evaluating the Acceptability and Feasibility of Project Accept: An Intervention for Youth Newly Diagnosed with HIV
ncbi.nlm.nih.gov/pmc/articles/PMC3280923/

Endnotes

[1] Hosek, S.G., Harper, G.W., Lemos, D., Burke-Miller, J., Lee, S., Friedman, L., & Martinez, J. (2018). Project ACCEPT: Evaluation of a group-based intervention to improve engagement in care for youth newly diagnosed with HIV. *AIDS and Behavior*, *22*(8), 2650–2661. doi: 10.1007/s10461-018-2034-4

[2] Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol. 31. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2020. Accessed November 4, 2020.

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[4] U.S. Centers for Disease Control and Prevention (2020). HIV and youth. https://www.cdc.gov/hiv/pdf/group/age/youth/cdc-hiv-youth.pdf. Accessed November 4, 2020.

[5] White House. National HIV/AIDS Strategy for The United States: Updated to 2020. 2020;74. https://files.hiv.gov/s3fs-public/nhas-update.pdf. Accessed November 4, 2020.

[6] Hosek, S. G., Harper, G. W., Lemos, D., & Martinez, J. (2008). An ecological model of stressors experienced by youth newly diagnosed with HIV. *Journal of HIV/AIDS Prevention in Children & Youth, 9*(2), 192–218. https://doi.org/10.1080/15538340902824118

[7] Wallander, J. L., & Varni, J. W. (1995). *Appraisal, coping, and adjustment in adolescents with a physical disability.* In J. L. Wallander & L. J. Siegel (Eds.), *Advances in pediatric psychology. Adolescent health problems: Behavioral perspectives* (p. 209–231). New York, NY: Guilford Press.

[8] Locke, E.A. (1987) Social foundations of thought and action: A social-cognitive view. *Academy of Management Review*, *12*(1):169–71.

[9] Hosek, S. G., Lemos, D., Harper, G. W., & Telander, K. (2011). Evaluating the acceptability and feasibility of Project ACCEPT: An intervention for youth newly diagnosed with HIV. AIDS Education and Prevention, 23(2), 128–144. https://doi.org/10.1521/aeap.2011.23.2.128