



# Project Vogue

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Intervention Implementation Guide

## Acknowledgements

Special thanks to Armstrong Tingwane, M.Phil., Principal Investigator, Gay Men's Health Crisis, Inc. (GMHC), and the NORC team at the University of Chicago, who provided Evaluation and Technical Assistance for this project. Additional thanks go to four main clinical partners who participated in the design and implementation of the project: Mount Sinai Hospital System, Callen-Lorde Community Health Center, Ryan Community Health Center (Ryan Health) and Housing Works.

The publication was produced for the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) under Contract Number 75R60219D00015, Task Order Number 75R60221F34001.

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Suggested Citation: U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Project Vogue Intervention Implementation Guide. Rockville, Maryland: U.S. Department of Health and Human Services, 2023.

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# Project Vogue

This guide examines the Project Vogue intervention, designed by GMHC, an AIDS Service Organization (ASO), in New York City. This intervention was funded through the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program "Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (BMSM)" initiative.

Project Vogue is a recreation-based intervention that provides sexual health-related services in a stigma-free space for BMSM with HIV, aged 18–45. The intervention provides intensive, community-based care coordination services, integrated HIV medical care, and behavioral health care to increase viral load suppression and improve longevity, quality of life, and other health outcomes for BMSM.

The intervention focuses on BMSM with HIV who have not yet been successfully maintained in care, and who may have intersectional experiences with stigma or discrimination due to race, sexual orientation, gender expression or gender identity, and/or HIV status. Intersectional stigma refers to the overlapping of stigmatized identities within a person or group.<sup>1</sup>

This guide includes key components of the Project Vogue intervention, outlines the capacity required by organizations to conduct this work, and includes replication steps to support others in their implementation efforts. Finding replicable interventions that meet Ending the HIV Epidemic in the U. S. (EHE) initiative goals and support clients along the stages of the HIV care continuum are key to future programmatic and client success in HIV care.<sup>2</sup>



**Ending the HIV Epidemic in the U.S. Pillar:** Treat



**HIV Care Continuum Stage:** Linkage, Retention, and Viral Suppression



**Priority Population:** Men who have Sex with Men with HIV



**Setting:** ASO



## ACHIEVEMENTS

Of the 80 clients enrolled in the program, 82 percent were retained in care, 66 percent were prescribed antiretroviral therapy (ART), and 72 percent were virally suppressed at 12-month follow-up.



### About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving healthcare to people who are geographically isolated, economically or medically vulnerable. The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program is administered by HRSA's HIV/AIDS Bureau (HAB). The RWHAP SPNS Program supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of clients served by the RWHAP. RWHAP SPNS advances knowledge and skills in the delivery of healthcare and support services for people with HIV who have not been successfully maintained in care. Through its demonstration projects, RWHAP SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.

#### **About the Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (BMSM) Initiative**








The featured intervention was part of the RWHAP Part F: SPNS "Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (BMSM)" initiative. This initiative supports individuals who identify as BMSM aged 18–45 with HIV who are newly diagnosed, new to care, not in care, not virally suppressed, and/or at risk of falling out of care. The Project Vogue intervention aimed to increase viral load suppression and improve longevity, quality of life, and other health outcomes for BMSM. The intervention also worked to mitigate the effects of behavioral health conditions on health outcomes and improve clients' retention in HIV care and medication adherence.

To learn more about this initiative, visit:



<https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/evidence-informed-behavioral-health-models>

# Getting Started

This table provides a general overview of the Project Vogue intervention so readers can assess the necessary steps required for replication.

<b>INTERVENTION AT-A-GLANCE</b>	
<b>Step 1</b> 	<b>Involve Leadership</b> Implementing Project Vogue may require resources beyond those typically available to support linkage to and retention in care, so having leadership support at the onset is critical.
<b>Step 2</b> 	<b>Determine Infrastructure Capacity</b> Assess whether your facility has a recreation-based safe drop-in space to use, with space to provide sufficient privacy when necessary for intake and other intervention activities.
<b>Step 3</b> 	<b>Hire and Train Staff</b> To serve the priority population, it is recommended that key program staff are members of the community. Once selected, train staff on Motivational Interviewing, trauma-informed care, HIV Navigation Services, and cultural responsiveness.
<b>Step 4</b> 	<b>Establish Clinical Partners</b> Establish reciprocal memoranda of understanding (MOUs) with clinical partners to achieve project outcomes.
<b>Step 5</b> 	<b>Establish a Community Advisory Board (CAB) and Share Intervention</b> A Community Advisory Board (CAB) is a group of volunteers who consult on program initiatives. For this intervention, it's essential to have a CAB that comprises BMSM who can advise on all aspects of the program, including marketing materials and client recruitment.
<b>Step 6</b> 	<b>Develop and Implement Client Recruitment Strategy</b> In addition to in-house recruitment among current clients, connect with House & Ball (H&B) mothers, fathers, and other influential figures in the community to promote Project Vogue among their participants.
<b>Step 7</b> 	<b>Determine Eligibility</b> During the recruitment process, screen potential clients for eligibility using an electronic intake tool. Clients who are not eligible for Project Vogue can be referred to other departments/programs for further support.

## INTERVENTION AT-A-GLANCE

<p><b>Step 8</b></p> 	<p><b>Develop Individual Care Plans and Provide Clinical Case Management</b></p> <p>Provide case management services and develop an individual action plan for each client. Help reduce barriers to care and support access to applicable HIV care, mental health treatment, substance use disorder treatment, adherence counseling, benefits programs, and health insurance.</p>
<p><b>Step 9</b></p> 	<p><b>Maintain Ongoing Engagement</b></p> <p>Stay engaged with clients who have participated in the program. HIV is a chronic condition that needs to be monitored and BMSM require peer support along the HIV care continuum.</p>



## RESOURCE ASSESSMENT CHECKLIST

Prior to implementing the intervention, organizations should walk through the following Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. If organizations do not have the recommended readiness, they are encouraged to develop their capacity so that they can successfully implement this intervention. Questions to consider include:

- Are staff culturally responsive, compassionate, and interested in working with BSM with HIV?
- Do you have staff, preferably with lived experience of HIV, who mirror that of the population? This should extend to volunteer roles as well.
- Does your organization have a robust HIV Navigation Services system in place to offer HIV/STI testing, linkages to medical care and support, re-engagement in services, and adherence support services?
- Do you have a process in place to involve community members in the design, planning, staffing, recruitment, and engagement of clients? For example, do you have a Community Advisory Board (CAB) in place to support these processes? If not, do you intend to institute one?
- Do you have strong buy-in and support from leadership and other internal programs?
- Do you have recreation-based space which is accessible to members of the priority population? The space could be in various forms such as a youth drop-in space, social lounge(s), and related activities, arts, and crafts spaces.
- Do you offer mental/behavioral health and other supportive services co-located where the intervention is provided? If such services do not exist, is your organization willing to partner with an organization that can offer culturally responsive and contextually relevant behavioral health services to the priority population?



# Setting the Stage

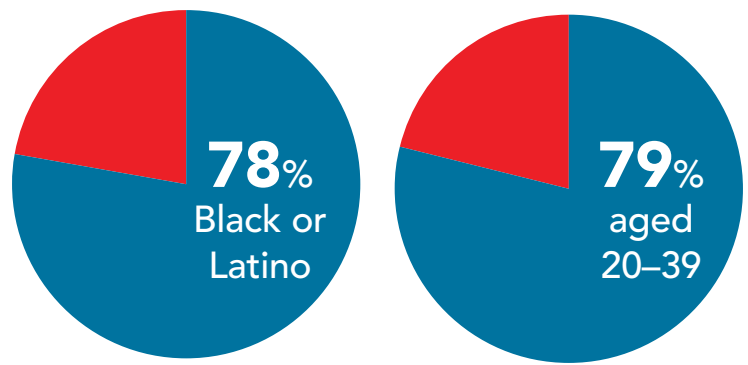
Black men who have sex with men (BMSM) continue to be disproportionately impacted by the HIV/AIDS epidemic in New York City. According to a 2020 report, 1,396 people in NYC received a new HIV diagnosis. Of all new diagnoses among MSM, 78 percent were Black or Latino and 79 percent were aged 20–39.<sup>3</sup>

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.<sup>4,5,6</sup> In fact, disproportionately high rates of untreated mental health disorders and substance use conditions among BMSM are one of the most significant factors contributing to 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<sup>7,8,9</sup> and disproportionate rates of poverty, incarceration, joblessness, lack of education, and homelessness.<sup>1,10</sup> These risk factors and barriers create unique and difficult-to-penetrate cultural and communication practices among BMSM.

Over the last two decades, GMHC has successfully reached BMSM by creating a welcoming, non-judgmental environment, and promoting an agency-wide practice whereby programs are designed and implemented in collaboration with the priority population.<sup>11</sup>

**1,396** people in NYC received a new HIV diagnosis in 2020.

Of all new diagnoses among MSM . . .



# Description of Intervention Model



## CHALLENGE ACCEPTED

**The Challenge:** Create a safe and fun space for BMSM with HIV, aged 18–45, who have a new HIV diagnosis, are new to care, are not in care, are not virally suppressed, and/or are at risk for falling out of care, to remind, educate, motivate, and encourage behaviors supporting linkage to care, retention in care and medication adherence.

## Intervention Steps:

1

*Secure leadership support.* Introduce leadership to the Project Vogue intervention concept—combining recreation and artistic endeavors with HIV-specific care coordination services that include behavioral health services and support. Sharing evidence of the project’s successes will help illustrate why such an intervention can help BMSM. Involve multiple internal stakeholders from development, finance, and program services, to promote the intervention.

2

*Determine infrastructure capacity.* What differentiates Project Vogue from other interventions for BMSM is its focus on providing a space to encourage and support artistic expression, including hosting and sponsoring House and Ball (H&B) events and practices, and other wellness and artistic activities. Determine

3

*Hire and train staff.* Existing staff may need to be trained or new staff may need to be hired to provide a suite of social work-informed support services to address emotional, practical, and clinical factors that impact clients’ ability to engage and maintain treatment. Hire and train key staff on Motivational

Project Vogue combines recreation and social activities to safely connect individuals to the HIV treatment and support services they need. The peer-based, low-threshold model of care management worked with clients with varying levels of readiness to engage in care.

whether your facility has a recreation-based safe drop-in space to use, and if not, which partnerships would make this possible.

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Interviewing, trauma-informed care, HIV Navigation Services and cultural responsiveness. It is recommended that key program staff are members of the priority population being served.

**4** *Engage community partners.* To support program participants in their HIV treatment and realize the project's health-based outcomes, connect with external clinical partners and other community-based partners (if necessary) to develop reciprocal MOUs.

**5** *Establish a CAB (if none exist) and include your CAB throughout the intervention.* GMHC created a project-specific CAB to address unique needs of the Project Vogue clients, most of whom are younger than average GMHC clients. Schedule meetings with your CAB to seek their input on different components of the intervention, challenges experienced, and opportunities for improvement. The CAB can also guide 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 "Replication Tips for Intervention Procedures and Client Engagement" section).

**6** *Conduct outreach to recruit clients.* It is imperative that you have access to BSM who can enroll in the program. Talk about the Project

Vogue intervention during your local case management meetings or other gatherings of people with HIV, or professionals working with them. Create and disseminate a one-pager about Project Vogue and ask all departments to share information about the program and refer potential clients. Have conversations with House mothers and fathers (leaders in H&B) and ask permission to conduct outreach activities, such as tabling, at H&B practices and vogueing classes, in-person. Provide an intake form at the time of recruitment and refer any non-eligible individuals to the other services offered. Promote the new program via social media channels.

**7** *Conduct intake and enrollment.* Utilize 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.

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- *Behavioral health services:* Use the Psychosocial Assessment to gather details about the client's recent substance use history and mental health conditions such as anxiety and depression. The assessment also captures information about the client's criminal and incarceration history, household members, and personal support networks.
- *Supportive services:* Gather information about the client's housing status, income sources, expenses, debt, benefits, and insurance coverage, to inform connection to supportive services.

**8** *Provide clinical case management.* Provide case management services and develop an individual action plan for each client. The intervention uses these core elements to improve retention in HIV care:

- *Individual Counseling Session #1 (month 1):* The objective of this session is for the Peer Navigation Ambassador (PNA), Program Coordinator (PC) and the client to get to know each other and start developing rapport. Based on clients' identified needs, goals, and readiness to begin care, the PNA and PC develop a responsive individualized action plan that incorporates targeted, social

work-informed case management services. In addition to care planning, the PNA and PC also work to rapidly address clients' barriers to care.

- *Individual Counseling Session #2 (month 6) and #3 (month 12):* These sessions follow a similar format to the first one, with slight variations, updating medical records, re-assessments, and an exit strategy to determine the best way to discharge the client from the intervention.
- *HIV Navigation Services (HNS):* These services are initiated after enrollment and continue throughout the entire time the client is enrolled in the program. Provision of this service is based on each unique individualized action plan.

Non-core elements of the intervention include weekly H&B sessions, voguing classes, arts and wellness classes/activities, and a bi-weekly empowerment group. It is important to encourage clients to take part in these activities.

**9** *Maintain ongoing engagement.* Continue to follow-up with Project Vogue clients throughout the 12-month intervention to ensure positive outcomes for the long-term.



## STAFFING REQUIREMENTS & CONSIDERATIONS FOR REPLICATION



### Staffing/Organizational Capacity

Project Vogue uses a collaborative care model that includes four dedicated staff. Staff requirements and competencies needed to successfully implement the intervention include the following:

- *Program Director*: Provides oversight and technical support for all components of the program.
- *Program Evaluator*: Serves as the Data Manager for the program and assists in supporting service delivery and promoting continuous quality improvement.
- *Program Coordinator (PC)*: Responsible for overall management and oversight of the program. Provides direct support to all Peer Navigation Ambassadors, completes all client intakes and brief interventions, and submits programmatic reports.
- *Peer Navigation Ambassadors (PNAs) (2–3 positions)*: Conduct outreach, escort clients to appointments, conduct linkage navigation services and re-engagement efforts, and maintains content on Get! App (See Replication Tips for Intervention Procedures and Client Engagement).



### Staff Characteristics

Core competencies include:

- Cultural responsiveness, compassion, and humility
- Familiarity with HIV, mental health, harm reduction, trauma-informed care, and substance use disorders
- Communication and teamwork skills

# Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, examples for further context. Successful replication of Project Vogue intervention involves the following:



*Establish client retention standards.* GMHC developed timelines for staff with expectations on when they 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: Call/text client to remind them of the appointment.
- Two days after each counseling/Motivational Interviewing session: Call/text client to schedule a follow-up appointment.

No Show/Missed Appointments:

- Contact the client within 24 hours of their missed appointment utilizing their preferred method of communication to check on what prevented them from attending their appointment. Collaboratively work with the client to resolve any barriers and, if possible, schedule another appointment within two weeks.

Follow-ups:

- After the client chart is created, 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 the Electronic Health Record (EHR).



*Provide incentives.* Clients who participated in the weekly groups and other activities were provided with nutritional snacks, hot meals, and transportation support (MetroCards).



*Consider the GET! mobile app.* One major adaptation of this intervention was the integration of the *GET!* mobile app to support HNS. It was acquired through GMHC's partnership with New York State's AIDS Institute. This platform consists of a HIPAA-compliant mobile application 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 clients. Other benefits of the app include enhanced retention due to seamless engagement with clients and increased peer effectiveness. The app integration process includes:

- Studying the app components
  - Training staff on use of the mobile app platform
  - Developing content and rolling out the plan
  - Engaging with selected clients and the Project Vogue CAB to discuss and develop content ideas for the app
  - Launching the app and enrolling clients
  - Maintaining the app
-

# Securing Buy-in

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



- ⦿ **Highlight the gap** this intervention seeks to address for BMSM. Showing the positive outcomes can help demonstrate the intervention's effectiveness.
- ⦿ **Ensure all key players are at the table** including funding partners and other community organizations, such as clinical partners. Discuss how referrals will be handled and tracked.
- ⦿ **Employ a collaborative approach** to intervention planning and implementation, and schedule regular meetings to keep partners and the CAB informed and involved.



# Overcoming Implementation Challenges

There are often challenges implementing a new intervention. Project Vogue experienced several challenges and addressed them in the following ways:

- **HIV stigma and mental health stigma.** 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 were different. This was largely due to clients' reluctance to utilize these services. Organizations should not assume that existing referral mechanisms will work for BSM. To address this issue, Project Vogue developed customized feedback mechanisms between behavioral health services and intervention staff to monitor completion of service referrals and attendance of appointments.
- **Disparities with access to technology/Internet.** During the COVID-19 pandemic, GMHC learned that not all clients had adequate access to tools which would make their online engagement with the intervention possible. These limitations resulted in high cancellation rates and limited participation in virtual sessions. To address this, at enrollment, organizations should 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, access to a computer or other device, and total recurring expenses for technology.
- **High staff turnover.** During the intervention, GMHC experienced high attrition rates, especially among PNAs. To minimize this attrition, agencies intending to engage with peer-level roles should create a clear and tangible path for professional growth within the organization. If resources allow, 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 stability and can reduce housing and financial stress, so they can perform their duties without distractions from 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 disruptions in implementing the program while a position is being filled.

# Promoting Sustainability

GMHC employed a continuous process for sustainability planning in collaboration with other programs within the organization. The agency was able to secure resources/funding from other implementing partners to allow integration of a mobile platform (*GET!*) into Project Vogue. GMHC continually engaged with medical/community partners to solicit additional resources from private funders, and the New York State and City health departments to support sustained implementation.

## PROJECT VOGUE: BY THE NUMBERS

**80** clients enrolled

**3,336** encounters in all GMHC associated services

**41.7** encounters per client on average

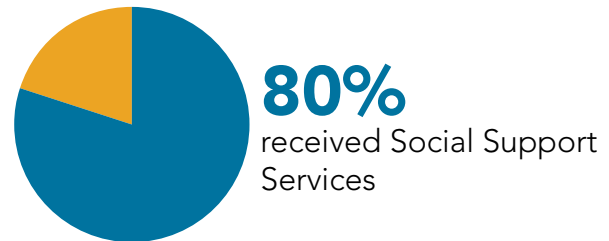
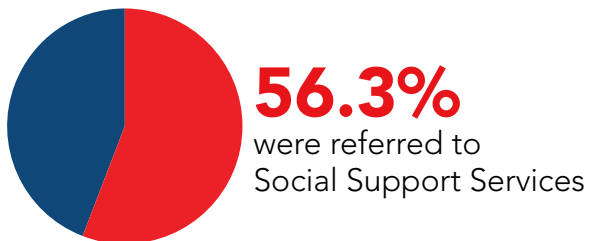
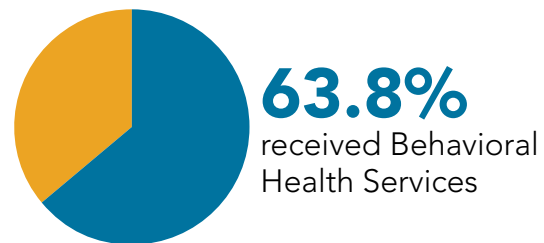
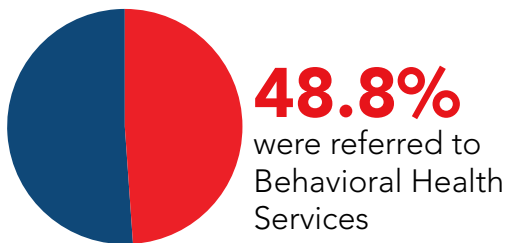
After a 12-month follow-up:

**66%** were prescribed ART

**82%** were retained in care

**72%** reached viral load suppression

Behavioral Health and Social Services:



# Conclusion

Project Vogue represents an innovative and social intervention model to connect BMSM with HIV, aged 18–45, to HIV care and peer support. The intervention uses a peer-based, recreational, and artistic setting to improve retention in HIV care and provides wraparound services in a culturally responsive, collaborative care model. Project Vogue clients provided with a safe, supportive, counseling model of care management showed improved engagement and retention in HIV treatment and care and viral suppression. Their increased uptake in behavioral health care and social support services further demonstrates Project Vogue’s ability to connect BMSM with services they need to live happy and healthy lives.



## OTHER AVAILABLE RESOURCES

Project Vogue: Black MSM Implementation Manual:

[https://targethiv.org/sites/default/files/media/documents/2022-12/BMSM\\_SPNS\\_GMHC\\_Vogue\\_Implementation\\_Manual\\_2022.pdf](https://targethiv.org/sites/default/files/media/documents/2022-12/BMSM_SPNS_GMHC_Vogue_Implementation_Manual_2022.pdf)

Project Vogue: Black MSM Implementation Toolkit:

[https://targethiv.org/sites/default/files/media/documents/2022-12/BMSM\\_SPNS\\_GMHC\\_Implementation\\_Toolkit\\_2022.pdf](https://targethiv.org/sites/default/files/media/documents/2022-12/BMSM_SPNS_GMHC_Implementation_Toolkit_2022.pdf)

HIV Navigation Services – STEPS to Care Training:

<https://www.cdc.gov/hiv/effective-interventions/treat/hiv-navigation-services/index.html>

Motivational Interviewing Network of Trainers:

<https://motivationalinterviewing.org/>

### Additional Replication Resources

Integrating HIV Innovative Practices (IHIP):

<https://targethiv.org/ihip>

Best Practices Compilation:

<https://targethiv.org/bestpractices/search>

HIV Care Innovations:

<https://targethiv.org/library/hiv-care-innovations-replication-resources>

## Need Help Getting Started?

If you are interested in learning more about this intervention or other interventions featured through the Integrating HIV Innovative Practices project or want to request technical assistance, please email: [ihiphelpdesk@mayatech.com](mailto:ihiphelpdesk@mayatech.com)

### Subscribe to our Listserv

To receive notifications of when other evidence-informed and evidence-based intervention materials, trainings, webinars, and TA are available through the Integrating HIV Innovative Practices project, subscribe to our listserv at: <https://targethiv.org/ihip>

### Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to [SPNS@hrsa.gov](mailto:SPNS@hrsa.gov) and let us know about your replication story.

### Endnotes

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<sup>4</sup> Centers for Disease Control and Prevention. (2018). Racial and ethnic disparities in sustained viral suppression and transmission risk potential among persons receiving HIV care-United States, 2014. *MMWR*, 67(4). <https://www.cdc.gov/mmwr/volumes/67/wr/mm6704a2.htm>

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<sup>8</sup> Burns, P.A. (2022). Perspective chapter: Centering race, stigma and discrimination-structural racism and disparities in HIV among black sexual minority men. *Effective Elimination of Structural Racism*, 25(3). <https://www.intechopen.com/chapters/79934>

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<sup>11</sup> Levy, M.E., Wilton, L., Phillips, G., Glick, S.N., Kuo, I., Brewer, R.A., Elliott, A., Watson, C., & Magnus, M. (2014). Understanding structural barriers to accessing HIV testing and prevention services among black men who have sex with men (BMSM) in the United States. *AIDS and behavior*, 18(5), 972–996.

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