

PROJECT HERO

Housing and Employment Resources
for Improving HIV Outcomes

**HRSA SPNS Initiative: Improving HIV
Outcomes through the Coordination of
Supportive Employment and Housing
Services**

Authors

Silvia Moscariello, MBA, Program Director, Liberty Community Services

Bryce McKinzie, Employment and Income Navigator, Liberty Community Services

Sara Loffredo, Program Coordinator and Housing Navigator,
Liberty Community Services

Frederick Altice, MD, MA, Professor of Medicine, Epidemiology and Public Health,
Yale University

Natalie Kil, MPH, Associate Director, Yale University

Divya Chandra, MPH, Postgraduate Associate, Yale University

Ruthanne Marcus, PhD, Associate Director, Yale University

Lisandra Alvarez, Data Manager, Yale University

Regina Wright, Research Coordinator, Yale University

Rodolfo Lopez, Medical Case Manager, Yale University

Augustine Sanchez, LCSW, Yale University

Libby Didomizio, MPH, Postgraduate Associate, Yale University

Sharon Joslin, APRN, Yale University

Lindsay Powell, APRN, Yale University

Kelly Vanasse, RN, Yale University

Background & Intervention Context

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV who are uninsured and underserved. The Program funds grants to 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.

The intervention outlined in this manual was part of the "Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services" Initiative (otherwise known as the "HIV, Housing & Employment Project"). This HRSA Special Projects of National Significance (SPNS) Initiative was funded by the U.S. Department of Health and Human Services (HHS) Minority HIV/AIDS Fund, and the intervention was conducted and evaluated within Yale University a RWHAP-funded site.

The Project HERO (Housing and Employment Resources for Improving HIV Outcomes) intervention was implemented by Yale University, a RWHAP Part A recipient based in New Haven, CT.

Funding

This project is supported by the Department of Health and Human Services (HHS) Secretary's Minority AIDS Initiative Fund under grant number H97HA31435 and the Health Resources and Services Administration (HRSA)'s HIV/AIDS Bureau (HAB), Special Projects of National Significance (SPNS) program Initiative Improving Health Outcomes Through the Coordination of Supportive Employment & Housing Services for \$900,000. No percentage of this program was financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Table of Contents

I.	<u>Introduction</u>	<u>1</u>
	1. The purpose of the implementation manual	
	2. Audience	
	3. Overview of the SPNS initiative	
II.	<u>Background and Intervention Overview</u>	<u>2</u>
	1. Description of the demonstration site & relevant partners	
	2. Description of need	
	3. Description of the intervention	
	a. Goals and Objectives	
	b. Logic model	
	4. Priority population(s):	
	c. Demographics	
	5. Theoretical & evidence informed frameworks	
III.	<u>Pre-Implementation Activities</u>	<u>12</u>
	1. Asset assessment	
	a. Agency	
	b. Funding –including leveraging other grant resources	
	c. Survey available benefits in area (housing, employment, medical care, respite care)	
	d. Setting – new or integrated into existing program	
	e. Potential funders to leverage	
	f. Consumer involvement/Consumer advisory board	
	2. Gaining buy-in internal organization and partners	
	3. Planning for sustainability	
	4. Promoting the intervention	
	a. Marketing and communications plan	
	5. Planning costs	
	6. Staffing plan	
	a. Recruitment and Hiring	
	i. Job descriptions and postings	
	ii. Minimum qualifications	
	b. Staff onboarding, training, and continuing education:	
	i. Referral mapping	
	ii. Antiracism	
	iii. Trauma Informed Practice	
	iv. Competency assessment and development plans	
	v. Mentorship plans	
	7. Supervision structure	
	a. Clinical supervision	

- i. Management approaches re: Secondary Trauma/Stress/Burnout
- 8. Partner organizations
 - a. Roles and responsibilities
 - b. Identification of internal and external stakeholders
 - c. Strategies for informing/ partnering with stakeholders
 - d. Engaging Department of Labor (DOL) / Department of Housing & Urban Development (HUD)

IV. Intervention Implementation/Service Delivery Model20

- 1. Core components of the intervention/Services provided
 - a. Individual level
 - i. Services provided and how (navigation, behavioral health medical care, case management)
 - ii. Staff activities (how often staff meets with clients, duration of intervention)
 - iii. Tangible reinforcements: food, clothing, hygiene, kits
 - iv. Acuity scale
 - b. System level
 - i. Partnerships created and how maintained;
 - ii. Organizational staff meetings.
 - c. Steps to Build POWER
 - d. Steps to Build HHE
 - 2. Communication
 - System level
 - i. Partnerships/Committees' activities and accomplishments.
 - ii. Methods of internal and external communication; Timeline and meeting schedules.
 - iii. Use of EMR-for documentation & reporting
 - iv. How modules were developed/adapted for priority target populations
 - 3. Transitioning to Standard Care
 - 4. Documentation
 - a. EMR
 - b. Case notes
 - c. Other data management systems
 - 5. Documented Technical Assistance needs/requests
 - 6. Intervention flow chart
 - 7. Partner activities
 - 8. Modifications made during implementation
 - 9. Intervention implementation costs
-

V.	<u>Local Evaluation Plan35</u>
1.	Theoretical model
2.	Logic model
3.	Process evaluation
a.	Barriers and challenges
b.	Facilitators of success
4.	Outcome evaluation
5.	Impact evaluation
VI.	<u>Intervention Outputs and Outcomes37</u>
1.	Intervention outputs
a.	Number of trainings
b.	Type of trainings
c.	Number of staff trained
d.	Number of intervention sessions (dosage)
e.	Number of participants served and demographics
2.	Intervention outcomes
a.	Related to the intervention goals and objectives
b.	Related to relevant HIV care continuum stage(s), including number of clients linked to care, retained in care, and virally suppressed
c.	Related to policy/systems change
d.	Related to sustainability planning
e.	Level of integration of SPNS model into organization’s system of care
VII.	<u>Lessons Learned42</u>
1.	Barriers and challenges
2.	Facilitators of success
VIII.	<u>Dissemination Activities44</u>
1.	Published resources about the intervention
2.	Presentations about the intervention
3.	Dissemination and publicity activities in the community and to other area Ryan White HIV/AIDS Program-funded Parts about available intervention resources and outcomes
4.	Outreach about the intervention to local and regional AIDS Education and Training Centers (AETCs)
5.	Posted on TargetHIV and AETC NCRC websites for download and use
IX.	<u>References46</u>

X. [List of Appendices48](#)

- Appendix A. POWER cycle schedule
 - Appendix B. Employment Resource Guide
 - Appendix C. POWER feedback forms
 - Appendix D. Job Description: Program Director
 - Appendix E. Job Description: Housing Navigator
 - Appendix F. Job Description: Employment and Income Navigator
 - Appendix G. POWER Referral Form
 - Appendix H. POWER Service Plan
 - Appendix I. Agencies participating in HHE
 - Appendix J. Sample listserv email invite to HHE
 - Appendix K. Participant POWER Materials
 - Appendix L. HHE Sample Agenda
 - Appendix M. HHE Feedback Form
 - Appendix N. HHE listserv informational email to the HHE
 - Appendix O. POWER & HHE Resource Checklists
 - Appendix P. SSI Calculator
 - Appendix Q. HHE Meeting Schedule
 - Appendix R. POWER Marketing PowerPoint
 - Appendix S. HHE Marketing PowerPoint
-

Introduction

The purpose of the implementation manual

The purpose of the implementation manual is to provide stakeholders with information about the program in sufficient detail for replication.

Audience

The organizational audience for this document includes service providers, county, city and state agencies who are interested in improving the access and quality of care and services to people with HIV/AIDS who are homeless or unstably housed and unemployed or underemployed. The specific staff include

- ▶ Ryan White Medical Case Managers
- ▶ HIV/AIDS Service Organization leadership
- ▶ Employment navigators
- ▶ Housing navigators and housing program managers
- ▶ Health providers, and social service program developers seeking to improve integrated services to people with HIV.

Overview of the SPNS initiative

Project HERO (Housing and Employment Resources for Improving HIV Outcomes) augments our work at the Yale Clinical and Community Research Program that uses evidence-based interventions to provide HIV treatment, behavioral health services, and housing to people with HIV in the New Haven area. Project HERO builds on our most recent Special Projects of National Significance (SPNS) Project, Project mHEALTH (Medical Home Engagement and Aligning Lifestyles and Transitions from Homelessness), operating a virtual Patient Centered Medical Home (PCMH) one-stop shop for HIV, behavioral health, and substance use disorder care, as well as housing and employment services. The manual for Project mHEALTH can be retrieved from <http://www.cahpp.org/mHEALTH-Yale.pdf>.

The Project HERO SPNS intervention operates on two levels: the individual and the community. First, it aims to empower clients through high attention to the development of individual employment or income producing goals within their service plans. In addition to individual income planning, HERO provides a group model that addresses community resources, training, job placement assistance, wellness, education and self-esteem. As clients' housing stability improves, they often face challenges in maintaining their housing, frequently related to lack of income or daily routines provided through vocational rehabilitation or employment. Second, Project HERO SPNS seeks to build the capacity of community-based organizations in to fulfill housing and income needs of people with HIV through collaboration and the sharing of knowledge.

Background and Intervention Overview

Description of the demonstration site & relevant partners

Liberty Community Services, Inc. (LCS) was founded in 1987 as Connecticut's first housing program dedicated to people with AIDS. The original residents were people dying from AIDS on the streets of New Haven. Formerly Connecticut AIDS Residence Program, Liberty has adapted to the changes in treatment, development of evidence-based practices and changing community needs to broaden its mission and service components. Liberty has gained a reputation for being progressive, inclusive, person-centered and highly responsive to the individuals and families it serves through its various programs. Today, Liberty is the largest HOPWA provider in the region and has a spectrum of services aimed at preventing and ending homelessness for individuals and families. As part of HERO, LCS has designed and implemented two interventions: Pursuing Opportunities With Employment & Resources (POWER), and a community coalition of providers referred to as the Health, Housing and Employment/Income Gathering. In addition to the interventions, LCS provides housing navigation services to participants.

Liberty is the largest HOPWA provider in the region and has a spectrum of services aimed at preventing and ending homelessness for individuals and families.

Yale Community Health Care Van (CHCV) and Clinic provides free and open access clinical care for people with HIV, along with integrated services including directly observed therapy, behavioral health, medication assisted therapy for substance use, a syringe services and harm reduction program, including overdose prevention. Preventive and treatment services for infectious disease are also offered including screening and treatment for HIV, hepatitis C (HCV), hepatitis B (HBV), and STIs, vaccinations, and routine primary and episodic acute care. The clinical program participates in Ryan White for intensive case management and collaborates with regional HIV clinics to assist in client transportation, medication adherence, and food assistance. The Yale Clinical and Community Research Program (YCCR) provides evaluation for the HERO SPNS program.

Description of need

New Haven: HERO was conducted in New Haven, Connecticut, a moderate size city with over 130,000 residents with high levels of extreme poverty, homelessness, and unemployment. With high cost of living (income per capita = \$23,500), concentration of people of color (62%) and 27% living below the poverty level, New Haven residents struggle with complex challenges affecting their health and quality of life.

Epidemiology of HIV/AIDS in New Haven: New Haven has the highest number (~1900) of people with HIV in CT. Though new AIDS cases in CT have declined since the peak in 2002, new cases due to the opioid crisis are emerging and the number of people with HIV has increased due to patients living longer with ART, earlier diagnosis and entry into care.

In 2014, 507 new HIV/AIDS cases in New Haven were reported, an 11% increase from 2013. By year-end 2014, there were 15,112 cumulative AIDS cases reported from New Haven's Eligible Metropolitan Area (EMA). People of color and PWID account for most AIDS cases. While 23% of AIDS cases were MSM, 60% of new HIV infections were in MSM (mostly of color).¹

Of concern is the continued rise in the number of AIDS cases among Blacks (49% to 55%), Hispanics (21% to 24%) and women (30% to 32%).²

The 4 most common reasons expressed by clients or not being engaged in HIV care included: 1) Worried others will find out/privacy; 2) fear of telling someone else; 3) feel healthy; and 4) other basic needs not met, including other health needs and lack of a job.³

HIV Retention in Care and Viral Suppression: The Viral Suppression rate for people with HIV in four of New Haven's HIV Clinics reporting in CAREWare (electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and providers) in 2018 was 87% and 92% in 2019. The retention rate for the state for 2018 was reported as 73% by the Connecticut Department of Public Health. The retention rate for Ryan White patients in New Haven as of March, 2020 was 92%, with a viral suppression rate of 90%.

Homelessness and HIV: According to the CT AIDS Resource Coalition, in 2010, over 1,300 people with HIV were housed among the 25 supportive housing programs statewide, but CT AIDS housing providers turned away 91% of people with HIV requesting housing because there is a lack of space. Approximately 200 HIV+ prisoners are released to New Haven annually, often without adequate support. Individuals transitioning from incarceration are not immediately eligible for HUD housing because they are defined as "stably" housed while incarcerated.

Homelessness in New Haven: In a single night survey of homeless individuals in 2016 there were 487 people counted as homeless in New Haven. According to the 2014 New Haven homelessness needs assessment, over 40% of the homeless individuals had a history of mental illness and 52% reported chronic substance use disorders (SUDs). The city's residents experiencing homelessness have considerable medical, psychiatric and SUD comorbidity with 246 (52%) meeting triple diagnosis criteria, simultaneously having a psychiatric, SUD and medical comorbidity. Nationally, CT is the 6th most expensive state for housing and the 4th most expensive for rentals.

Relationship between Employment and HIV Outcomes: There is a bidirectional relationship between health and employment in which improved health allows for employment and when an individual is employed or working they feel more productive, report improved quality of life, and they feel healthier. Longitudinal studies show that people who are employed report fewer psychological symptoms, less distress, lower anxiety and depression, better health management, and less suicidal ideation.⁴ Re-employment, when an individual re-enters the workforce after incarceration or disability, is known to positively affect self-esteem, improve general and mental health, and decrease psychiatric morbidity.⁴

In the National Working Positive Coalition Vocational Development and Employment Needs Survey (NWPC-VDENS):

- ▶ among unemployed people with HIV, 43% of men and 38% of women were able to work.
- ▶ among respondents who had been unemployed and were currently working, 46% reported increases in their CD4 cell count, 49% reported self-care improved and 21% reported increased medication adherence.⁵

According to the World Health Organization's Commission on the Social Determinants of Health (CSDH) and the Centers for Disease Control and Prevention (CDC), 45-62% of people with HIV are unemployed compared to national unemployment rates of 4%.⁶ Rates of employment among people with HIV have improved with the availability of ART¹⁵ yet remained lower than non-infected people of similar age.

In Connecticut, people with HIV cite financial security, enhanced self-esteem, and the opportunity to create a social support system as their motivations to work or return to work. Employment and re-employment are not only a means to obtain economic resources but central to meeting psychosocial needs; identity, social roles and status. Unemployment contributes to higher mortality and poorer general health, mental illness and medical care consumption.⁴ Working promotes social participation, and leads to better health outcomes for people who are sick or disabled.

Description of the Intervention

The Virtual Patient Centered Medical Home

The HERO intervention is set within the "Virtual" Patient Centered Medical Home (PCMH) that was developed as part of the mHealth SPNS project between Yale Community Healthcare Van (CHCV) and associated clinic and Liberty Community Services (LCS). PCMH is a model of primary care that is comprehensive, focused on the relationship with the patient as a whole person, coordinated across the sectors of the health care system, accessible to the patient, and provides quality care based on evidence-based practices. Extensive information is available regarding the key elements of a PCMH through the Agency for Healthcare Research and Quality (AHRQ)'s PCMH Resource Center website: <https://pcmh.ahrq.gov/page/defining-pcmh>.

The CHCV and clinic staff along with the LCS staff provide a one-stop shop for HIV, behavioral health, medical case management, directly observed therapy, and substance use disorder care (CHCV and clinic), as well as housing and employment services (LCS). The virtual PCMH is flexible and integrated to meet the complex needs of our shared clients and provides extensive communication across disciplines at the two agencies through email, texting, and case conferencing. The interventions and the core teams reside within the virtual PCMH.

PCMH Foundational Principles

The foundational principles that prepare the PCMH team to undertake the intervention are:

- ▶ Implementing the Getting to Work Technical Assistance modules to establish a culture of "vocalization" within the PCMH;
- ▶ Training HERO staff in the Getting to Work initiative to increase the competence of all disciplines on employment and training opportunities for clients;
- ▶ Facilitating job training opportunities to give participants the skills needed to obtain employment by integrating an Employment and Income Navigator on the team;
- ▶ Facilitating access to affordable and subsidized safe, decent and accessible housing by integrating a Housing Navigator on the team.

Interventions: Project HERO serves as a catalyst for improving health outcomes through the integration of care, housing and employment. To this end, it introduced both system and client level interventions to an existing "virtual" medical home. Project HERO seeks to increase the ability of both staff and patients to effectively access and utilize housing and employment resources.

The project has two interventions described in the following pages –

- (1) at the patient level (**POWER**)
- (2) at the community / system level (**Health, Housing and Employment Coalition**)

Description of Intervention 1 - POWER (Pursuing Opportunities With Employment Resources)

POWER is a participant-driven client-level intervention which uses the “job club” model. The POWER intervention provides a structured presentation and meeting schedule where participants are able to build skills in areas such as building resumes and computer competencies. Participants network with peers and professionals. They also gain knowledge about disability benefits and labor laws as well as available local resources such as General Education Diploma (GED) programs and banks. “Job Club is intended to help provide support and focus to job seekers. It should be a dynamic (meaning flexible and changing) program that prepares job seekers for effective job search activities. The end-goal of course is securing employment.”⁷

“Additional guidance that was used to create the job club can be found in the article “How A Job Club Can Help You Get Hired” at the [Balanced Careers](#)⁸ website and [Starting a Job Club](#) from the US Department of Labor, Employment and Training Administration.”⁹

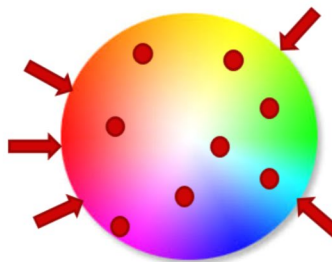
The POWER intervention, a participant driven Job Club developed by LCS, is an 8-week, twice-weekly program. (A sample POWER cycle schedule is in [Appendix A](#))

Job Club

Job Club is an important tool for results-orientated job search activities. The primary function of a Job Club is to provide a group networking opportunity for job seekers. Job seekers have an opportunity to share the job leads, experiences, and to receive direction and additional leads by the facilitating agency.

A New Approach: The Employment Spectrum

- It is any step forward on the path to employment or self-development.
- It is not a linear path.
- People start where they are ready to start.
- It is learning, demystification of misconceptions, networking, volunteerism, jobs, trying new things, etc.



Enter anywhere.
Go anywhere.

The premise of this intervention deviates from the traditional approach to employment services. The initial focus of involvement in POWER is “who are you and what are your strengths,” rather than “what are your career goals.” POWER brings forth the concept of the employment spectrum. Using trauma informed care principles, staff is sensitive to

trauma history, fears, shame and triggers associated with work. Not a linear path, the employment spectrum can be entered and exited at any point, i.e., a person may enter as a volunteer and exit as a student, based upon what they have discovered about themselves and the resources around them. The goals of POWER are as follows:

Goal 1: Increase the number of participants from baseline to completion who are enrolled in job training or have obtained employment opportunities or progress on the employment spectrum

Outcome

- ▶ Number of enrolled clients
- ▶ Number of graduated clients
- ▶ Movement on Employment spectrum: Number of clients enrolled in school or training programs, volunteer placements, or paid employment

Goal 2: Improve participants self-reported elements of self-worth

Outcome

- ▶ Change in [General Self-Efficacy Scale](#) score¹⁰
- ▶ Change in [Rosenberg Self-Esteem Scale](#) score¹¹
- ▶ Change in [Self-Care Assessment](#) score¹²

Description of Intervention 2 - Capacity Development through a Health, Housing and Employment/Income Coalition

The Health Housing & Employment/Income Coalition (HHE) is a community level intervention that seeks to align the efforts of HERO to improve outcomes. With POWER as a client level intervention, HHE works to bring providers and community organizations into the fold to focus on a mutual understanding of the stated needs of the people served. The purpose of the HHE is to facilitate productive, person-centered relationships between housing, health and employment providers by eliminating silos and increasing access. The goal is to permanently eliminate silos to expand capacity through productive access. Participating in the coalition will motivate and engage providers to improve employment, housing and health outcomes through regular forums that promote familiarity with resources and mutual learning. The forum's attendance continuously increased based upon strategically widening the invitation list from a foundation of Ryan White Medical Case Managers to housing and employment program managers and then line staff case managers and employment specialists.

Limiting the group to only health, housing and employment was not enough. There are intersections of many other sectors, i.e., housing supportive services intersect with waiver programs, health issues are multi-faceted, income instability is clearly related to food insecurity, and so on. The group is diverse yet connected by the commitment to develop strong relationships that meet compatible goals. The goal of the HHE coalition is as follows:

Goal 3: Increase cross-sector alignment to improve outcomes through collaboration between health, housing, employment, and related providers

Outcome

- ▶ Increased communication
 - ▶ New collaborations
 - ▶ Bi-directional referrals (including to POWER)
 - ▶ Increased access to resources
 - ▶ Cross-sector dissemination of local opportunities for housing, employment, and rehabilitation, and related services
 - ▶ Increased staff competencies through cross sector training
-

**Figure 1. Logic Model: Pursuing Opportunities With Employment & Resources (POWER)
Situation: Client Level Intervention to Improve Health Outcomes Through Progress on the Employment Spectrum**

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	Short	Medium	Long
<ul style="list-style-type: none"> • Labor • Employment & Income Navigator • Program Director 	<ul style="list-style-type: none"> • Planning • Partner Engagement • Recruitment • Enrollment • Carry out sessions • Evaluation • Mid and End Cycle Participant Feedback • Community Resource Assessment 	<ul style="list-style-type: none"> • Cycle Schedules • Session Instruction Donations • Case Managers Refer Participants • Client commits • Community Instructors Attendees • GSE Scale, Self-Esteem, Self-Care • Completed feedback forms, program revisions • Knowledge of community resources for POWER participants 	<ul style="list-style-type: none"> • Attendance • Completion of Cycle • Employment Spectrum Plan • Engagement with group members • Participate in “graduate” sessions 	<ul style="list-style-type: none"> • Employment • Enrollment in School/ Training • Volunteerism • Improved Self-Esteem • Improved sense of Self-Efficacy • Improved Self-Care 	<ul style="list-style-type: none"> • Improved Health • Improved Financial Empowerment • Housing Stability • Health Stability • Improved Quality of Life
<p>Assumptions: People who have a sense of purpose feel better.</p>			<p>External Factors: Reliability of community partners to fulfill commitments.</p>		

**Figure 2. Logic Model: Health, Housing, & Employment Coalition (HHE)
Situation: Community Level Intervention to Improve Health Outcomes Through Cross-Sector Collaboration**

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	Short	Medium	Long
<ul style="list-style-type: none"> • Labor • Program Director • Program Director 	<ul style="list-style-type: none"> • Planning • Partner Engagement • Recruitment • Attendance • Carry out sessions • Evaluation • Communication / Information Dissemination 	<ul style="list-style-type: none"> • Schedule • Panelists, attendees, planners • Email Invitations, Promotion at sector meetings. • RSVPs • Experts on subject matter (Health, Housing, Employment, Benefits, etc.) • Feedback forms • Regular emails on Vital Information forms, program revisions • Update e-mail contacts 	<ul style="list-style-type: none"> • Attendance • Communication 	<ul style="list-style-type: none"> • Networking with colleagues • Sharing of resources, events, etc. 	<ul style="list-style-type: none"> • Active Collaboration to Improve Health Outcomes • Improved staff competencies • Improved client level outcomes including housing & health stability, income improvement
<p>Assumptions: Staff wants to know resources that will help the people they serve.</p>			<p>External Factors: Other job demands.</p>		

Priority population(s)

The priority population for the intervention included those who were:

- ▶ 18 and older, HIV positive, out of care or at risk of falling out of care.
- ▶ Literally homeless, transitionally housed, or unstably housed, fleeing or attempting to flee domestic violence, imminent risk of homelessness.
- ▶ Unemployed or underemployed.

Theoretical & evidence informed frameworks

The POWER intervention is a derivative of the promising practice Job Club Model.⁷⁻⁹

“A job club, also known as a job search club or a networking club, is a formal or informal group of job seekers. The purpose of a job club is to assist with a job hunt and to give and get job search support and advice. Members might share resumes and cover letters, conduct mock interviews, recommend job leads, and offer general encouragement and advice about the job search.”⁸

The HHE capacity development approach builds upon the “Getting to Work Technical Assistance Initiative” through the United States Department of Labor and Housing Opportunities for People with AIDS (HOPWA), a training curriculum for service providers to understand the impact of HIV on employment. This strategy helps providers in their approach to assisting clients with HIV who are ready to work.

While training is one piece of the intervention, the HHE also builds upon the [cross-sector alignment Theory of Change](#) developed by the Robert Wood Johnson Foundation, the Georgia Health Policy Center, the Center for Sharing Public Health Services, and the Public Health National Center for Innovations. The framework emphasizes that improving health outcomes and social determinants of health indicators cannot be achieved by one sector, but innovation and collaboration across sectors is required for sustained change. Their model requires authentic community involvement, cross-sector alignment of goals, through transparency, shared data, and measurement systems.¹³

The services provided by the Housing Navigator and PCMH use a “Housing First” approach where housing is the initial step in stabilizing the lives of people with HIV. The “Housing First” model relocates people from homeless services systems into permanent and affordable supportive housing as quickly as possible, then provides time-limited support services for their addiction and mental illness.^{14,15} Housing assistance, case management, and supportive services, including mental health and substance abuse treatment, provided together assists people with HIV to remain housed and will prevent future homelessness. Homeless people with HIV face additional complications in their lives when they are unable to access primary health care providers, keep their medications if they are on the streets, and they often deal with untreated mental illness and drug addiction. These vulnerabilities are exacerbated when the individual is un/underemployed.

Pre-Implementation Activities

Asset assessment

Agency

LCS is the largest HOPWA provider in the New Haven region and has a spectrum of services that are aimed at preventing and ending homelessness for individuals and families. Yale CHCV and clinic provide medical care, directly observed therapy, and behavioral health for people with HIV.

Funding

HERO is funded through HRSA's Special Projects of National Significance (SPNS) for a 3 year demonstration project. Both Yale CHCV and LCS leverage Ryan White case management funding and services. LCS leverages HUD and HOPWA funding for housing services, and uses city funds and paid contract work for transitional employment. LCS also receives funding from a philanthropic organization to remove small barriers to employment, such as, identification fees, work apparel, etc. Yale CHCV bills for healthcare services provided to people with HIV and receive other funding through philanthropic, research, and industry grants to be able to provide comprehensive services for clients.

Available benefits in area

A community assessment was conducted by LCS in concert with the Greater New Haven Coordinated Access Network (GNHCAN) to identify health, housing and employment resources. The resources were compiled and a system of dissemination of current information was established [online](#) in multiple related blogs as a tool for housing, employment, and medical case management staff. The online format is updateable and those who use it will receive email notification when additional resources are identified. Real time information is available from the field, such as section 8 waitlist openings, job fairs, and available detox beds. LCS has provided this resource to the community since 2012 and the available benefits informed the interventions.

The Employment Resource Guide ([Appendix B](#)) was developed as a comprehensive resource assessment of available local employment services in the implementation stages of the HHE.

Setting

The POWER program was integrated into the existing structure of case management and housing services provided by LCS and the PCMH. The POWER sessions were held in a meeting space at LCS designed to reflect trauma-informed principles, such as specific colors, plants, seating arrangements meant to promote safety and choice. The HHE capacity development coalition is a new endeavor.



Liberty Community Services meeting room for POWER intervention sessions

Potential funders to leverage

For people seeking employment, the project leverages Workforce Investment Act (WIA) training dollars to pay for occupational preparation. Additionally, the project will assist participants in seeking higher education through scholarships and grant programs, such as Pell grants.

Consumer involvement/Consumer advisory board

The intervention staff solicited consumer input to guide the development of services. One of the interventions, POWER (Pursuing Opportunities With Employment & Resources) was based upon a “job club” model. Tailored to reflect the greater New Haven Community and the employment services environment, the program was offered to every HERO enrollee. Combining education with skill and strength-building, POWER was intended to facilitate improved self-confidence, a career or self-development plan and increased paid employment outcomes. The participants completed a formal feedback form with both open-ended questions and ratings ([Appendix C](#)). The feedback was used to make modifications to the program to meet the stated needs of the participants. The staff collected feedback, reviewed comments and used suggestions for future cycles. Consumer feedback has resulted in schedule changes, a stronger emphasis on re-entry issues, and the development and implementation of a “graduate” POWER group.

Gaining buy-in from internal organization and external partners

The HERO team systematically conveyed information about employment on two levels – to the people served and to the providers serving them. The messaging was more passive at the beginning with a broader focus, i.e., “Would you like to learn more about employment?”

- ▶ **To Non-Employment Team Members:** All members of the HERO team were required to complete the “Getting To Work” training program online.
- ▶ **To Providers:** A community resource assessment of mainstream and disability and/or re-entry (population specific) employment programs was conducted. The resources were compiled in one document and disseminated to providers. Case managers/care coordinators were asked, “Do the people you serve have jobs? Do they say they want to work?” “Are you familiar with local employment programs?” “Do you know that your clients would be eligible for ____?” “Do you know how to apply for those services?” The employment resource document answers those questions. The intent is to build interest in the POWER model and to facilitate referrals.
- ▶ **To the People Served:** The HERO team reviewed all intake documents and assessments to make sure that employment, education and earning history is sufficiently covered. That means that any potentially judgmental questions about barter or “informal cash” agreements, i.e., “off the books” earnings were asked objectively. Messaging about employment and the concept of an “employment spectrum” was placed in many phases of the service plan. The intent was to discover skills, experience and work histories regardless of the source of pay/barter. This was a crucial foundation for engagement. By identifying strengths and skills, the Employment and Income Navigator was able to reinforce those capabilities during the period of service. Furthermore, the employment plan incorporated what the participant revealed about preference and desires with regard to entering the employment spectrum through POWER.
- ▶ **To Community Partners who Contributed to POWER:** The HERO Employment & Income Navigator identified the expertise in the community that would match with the POWER modules, i.e., financial empowerment specialist, community banks, education and training programs, volunteer organizations, etc. As these partners were contacted to lead modules, it was easy to identify the mutual benefit of participation. For instance, the financial empowerment specialist was funded to provide services to this population. Community colleges are always seeking enrollments. Volunteer organizations need volunteers and banks need customers. Buy-in was really easy with these partners.

Planning for sustainability

Central to the sustainability of demonstration projects is finding the proper partners or role within an existing network of services. The relationship between Yale CHCV and LCS is strengthened through the virtual PCMH, and the relationship with all organizations participating in the HHE is essential for sustained collaboration. Efforts are being made to promote sustainability through replication of POWER and through developing a cross-community advisory/planning group for the HHE Gatherings.

The specific steps being taken currently are:

- ▶ **POWER** – the HERO PI is leading a team to submit a researcher-initiated proposal to further develop the intervention. This is an intermediate step to a full-scale proposal to demonstrate an evidence-based practice. Being deemed an evidence based practice assures sustainability.
- ▶ **HHE** –the HERO team has invited several members of community agencies to join an advisory/planning group. The rationale for approaching sustainability in this way is to secure community buy-in, make sure that the topics for the gatherings remain relevant and to make sure that the community has input to the intervention. Furthermore, there is great interest on the part of the City of New Haven’s Homeless Services Department and the local Coordinated Access Network to continue this practice as it is the first cross sector mechanism to share information and knowledge.

Potential funding to explore to further develop the cross-sector coalition include the Robert Wood Johnson Foundation and the National Institute of Health (NIH). The two interventions (POWER and the Health, Housing & Employment/Income Gatherings) have been included in a SAMHSA grant and will be sustained for four more years.

Promoting the intervention

Marketing and communications plan

POWER – The HERO staff has taken advantage of many opportunities to promote the impact of this intervention. Employment rates are ten times higher for POWER participants than for those clients with comparable needs entering LCS through the same process for comparable services.

5%

Employment rate of
LCS clients

60%

Employment rate of
POWER participants

10X

Higher rate of
employment for
POWER participants

The scales that are administered at baseline and post-intervention have demonstrated an increase in self-care scores. To share the impact of this intervention, the HERO staff has made local, regional and statewide presentations to organizations and professionals serving this population or similar populations.

Planning costs

The pre-implementation planning phase spanned 6 months and incurred staff time for planning, hiring, and training. The Program Director and Employment and Income Navigator also conducted resource assessments for employment resources (LCS already had housing resources in place). The principal planning tasks were community resource mapping and networking, and building interest in participation by clients and partners.

Staffing plan

Recruitment and Hiring

The Project Director conducted recruitment internally to identify staff with strong interpersonal, planning, and networking skills.

Job descriptions and postings

Job Descriptions and minimum qualifications for the LCS Program Director ([Appendix D](#)), the Housing Navigator ([Appendix E](#)), and Employment and Income Navigator ([Appendix F](#)) are attached. The Project Director from LCS oversees both the HHE Capacity Development Coalition and the POWER intervention, while the Employment and Income Navigator coordinates the POWER Intervention and provides 1:1 assistance to clients. The Housing Navigator provides 1:1 housing assistance. Both Navigators communicate via the virtual PCMH with the Yale CHCV and the RW EIS.

Staff onboarding, training, and continuing education:

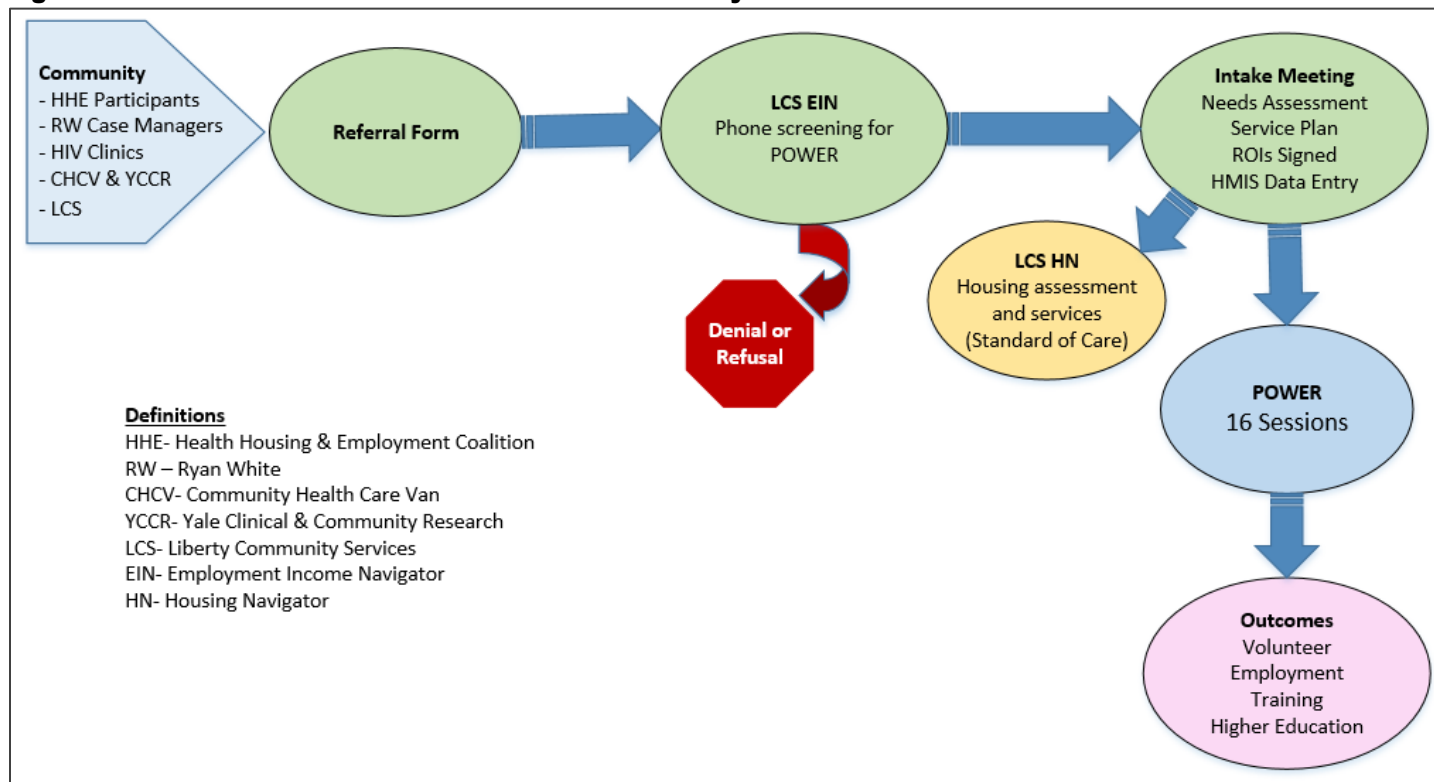
All staff have been required to participate in HUD's Getting to Work online modules. Staff also have opportunities for training with the AIDS Education and Training Center (AETC). Staff experienced in the field have also participated in community workshops on a range of topics to include HIPAA Training/Confidentiality, Fair Housing, Motivational Interviewing, Transgender Health Issues, Trauma-informed Care and Creating Trauma Informed Spaces, Cultural Competency and Cultural Elements in treating Minority Populations, Cultural Competency to Increase Linkage and Retention in HIV Primary Care, Mental Health First Aid, Harm Reduction, Overdose and Naloxone Education, Shelter Diversion, and Boundaries & Self Care.

Referral mapping

All LCS staff were knowledgeable or trained on the POWER referral process, done through an internal editable Referral Form ([Appendix G](#)) to the different internal case management programs. All LCS case managers also have the POWER cycle schedule. External POWER referrals were accepted from Yale CHCV, local HIV clinics, Ryan White Case Managers, and HHE participant organizations. The LCS

EIN completes a screening and an intake, which includes a collaborative Service Plan ([Appendix H](#)) to guide the participant’s goals in the program.

Figure 3. Referral and Enrollment Process for POWER Cycle



Mentorship plans, Competency assessment, and development plans

Mentorship and competency assessment occurred twice per POWER cycle to review curricula with the Employment and Income Navigator and the Project Director. The Project Director conferred and sought consultation from community leaders via email regarding the direction of the HHE gatherings.

Supervision structure

Clinical supervision

Clinical supervision provided to the staff at the Yale CHCV through their clinical activities. Supervision plans are individually tailored to staff needs and competencies. For instance, at the early stage of Project HERO, the EIN needed additional supervision focused on employment models and strategies to assist people with disabilities. The focus of the clinical supervision changed over time.

Management approaches re: Secondary Trauma/Stress/Burnout

The Program Director at LCS oversees the Employment and Income Navigator and the Housing Navigator. Team and Supervisory meetings are held bi-weekly for navigators to review and debrief on client cases to help process secondary trauma and to strategize to manage client issues. To

prevent staff burnout, POWER cycle enrollment is held to 15 clients. Interns were utilized to assist navigators with the administrative tasks and to enter case notes.

Partner organizations

Roles and responsibilities

Yale CHCV and LCS were the main partners in this initiative anchored within the virtual PCMH.

The Yale CHCV and Ryan White Early Intervention Specialist provided

- ▶ a **clinical setting** to identify and refer potential POWER participants.
- ▶ clinical partnership.
- ▶ HIV care and case management.
- ▶ comprehensive and coordinated medical, drug, and mental health treatment for people with HIV experiencing homelessness in New Haven.
- ▶ clinical expertise with experience the homeless population.
- ▶ participants in the HHE and presenters in the POWER intervention.

LCS provided

- ▶ leadership presence in the community as a central member of **HIV, housing, employment and homelessness services** in the Greater New Haven Region.
- ▶ housing services and case management as part of the virtual PCMH the planning and coordination of the HHE Coalition and the POWER intervention.
- ▶ identification of partner organizations to include in the HHE Coalition to increase bi-directional referrals and expand cross-sector collaboration.

Identification of internal and external stakeholders

For both the HHE Capacity Development Coalition and the POWER intervention it was essential to identify the resources in the community that already exist and learn how to use them. When planning the intervention LCS considered how consumers accessed resources, what were the eligibility requirements, who were the gatekeepers, what were the gaps, what capacity exists, who was or was not using the services. The coalition and POWER intervention helped close these gaps by increasing collaboration between existing service providers. A full list of participating agencies is in [Appendix I](#).

Stakeholders in POWER were organizations invited to present to the participants in ongoing cycles:

- ▶ Banks and Financial Literacy (Liberty Bank, NH Opportunity Center)
- ▶ Volunteer opportunity providers (YNNH Hope Program, The Towers, and Sunrise Café, Library)
- ▶ Disability and Health (Yale CHCV, American Job Center, Downtown Union Soup Kitchen)
- ▶ Education (Adult Education [GED], Porter & Chester, Conntac at Gateway, SNAP at Gateway)

- ▶ Employment Programs (American Job Center, Bureau of Rehabilitation Services, New Haven Works, Emerge)
- ▶ Law and Justice Involvement Programs (Legal Aid, Fresh Start, Connecticut Commission on Human Rights and Opportunities, Emerge)
- ▶ Grooming and personal care (Academy di Capelli)
- ▶ Consumers

Stakeholders in HHE were organizations identified to participate in the ongoing meetings:

- | | |
|---|--|
| ▶ Housing Providers | ▶ American Job Center |
| ▶ Homeless Services Providers | ▶ Benefits Specialists |
| ▶ Employment Services Providers | ▶ Municipal and Regional Representatives |
| ▶ Behavioral Health Providers (SA, MI, Dual Diagnosis, Inpatient, Outpatient) | ▶ Basic Needs Providers |
| ▶ Community Health Care Centers | ▶ Coordinated Access Network (CAN) |
| ▶ Street Health Services | ▶ Food Pantries, Food Kitchens |
| ▶ Ryan White Medical Case Managers | ▶ Libraries |
| | ▶ Housing Authorities |

The role of the partner organizations was to identify an internal champion to attend coalition meetings, to incorporate a focus on employment in their organizations, and to provide bi-directional referrals. All organizations were invited to refer clients to the POWER intervention.

Strategies for informing/ partnering with stakeholders

To keep participants engaged and informed between HHE Coalition meetings LCS developed a listserv to distribute updated information about opportunities and resources in the community, as well as invite stakeholders to upcoming meeting ([Appendix J](#)). When POWER community speakers come to present they are given the next presentation date and reminder calls.

Engaging Department of Labor (DOL) / Department of Housing & Urban Development (HUD)

Through the HERO interventions LCS and Yale staff were trained using DOL / HUD's Getting to Work online modules. Work with the Department of Labor locally was done through the American Job Center. A representative from the American Job Center was engaged to contribute timely information on offering training programs and job sector trends to Project HERO. This informed POWER and is distributed to participants of the HHE gatherings (other organizations serving this population).

Intervention Implementation / Service Delivery Model

Core components of the intervention / Services provided

Individual level

The individual level intervention, POWER, is based on a 16-session cycle job club group which meets two times per week for 8 weeks. Each cycle has the same subject areas though there might be different presenters from different area agencies. The POWER job club concept was an expansion of the Employment Continuum, meeting the clients where they were at and moving them forward along the spectrum. The intervention included gaining knowledge, demystification of wages & benefits relationship, volunteerism, networking, wellness, discovering strengths within, trying new things, education, temporary jobs, part time jobs, full time jobs, etc. Materials used in the POWER session were found in different online resources or were developed by LCS and are provided in [Appendix K](#) as a sample of POWER activities. Throughout and at the end of each cycle feedback was collected from participants to drive and refine the intervention activities. For instance, participants requested more assistance with Law & Justice Involvement so organizations such as Legal Aid were asked to participate.

The subject areas in each cycle include:

- ▶ Identifying Personal Strengths
- ▶ Job Readiness: Computer Lab
(establishing email, writing a resume and cover letter, resource blog, personal resource inventory and goal setting)
- ▶ Entrepreneurship and Banking
- ▶ Volunteering
- ▶ Disability and Health
- ▶ Adult Education and Personal Development
- ▶ Employment
- ▶ Presentation and First Impressions
- ▶ Interview Skills
- ▶ Legal Advocacy

Services provided and how

POWER participants were also enrolled in LCS case management services and met 1:1 with the Employment and Income Navigator, the Housing Navigator. Employment navigation included assistance with job search skills, resume building, identification of volunteer opportunities, review of benefits and the impact of employment. The suggested caseload for employment navigation is 12-20. The Yale CHCV provided behavioral health medical care and the Ryan White Early Intervention Specialist case manager provided medical care coordination.

The LCS Housing and Employment and Income Navigators conducted initial intakes and then met with clients as needed to conduct standard case management activities such as referrals to other services or programs including SSI, SNAP, or other entitlement benefits. Staff also met with clients during POWER intervention meetings. All clients were followed for 12 months unless they were lost to follow-up, refused to remain in the program, or were incarcerated. Clients had a warm handoff to case management as necessary once their housing and employment navigators and other needs were sufficiently met.

Tangible reinforcements: food, clothing, hygiene, kits

To maintain engagement, the POWER intervention participants received a planner to track their POWER session dates and appointments. During each session, snacks and coffee were provided. Incentives were given throughout the program including notebooks, folders, grooming and personal hygiene kits, and a haircut at the end of the program. Participants with scheduled job interviews were provided assistance with transportation as needed. Participants who obtained a job at the end of the program received a 10-ride bus pass for transportation.

The participants found enough intrinsic value to request that a graduate group be hosted at LCS. The group met weekly and was led by the graduates. The intent for the ongoing participation was peer-support and mentoring. LCS provided space for the meetings.

Acuity scale

The AIDS Connecticut Acuity Index is done by the LCS navigator for all HERO clients at the initial assessment appointment. The findings of the scale indicate the areas on which to focus to assist the clients to achieve their goals for independence, i.e., improving income, managing time and responsibilities, compliance with HIV care, etc. The acuity index can be found here: <http://www.aids-ct.org/pdf/qata/acuity-index-2018-fillable.pdf>

System Level

Core Components of the HHE Capacity Development Coalition

The first goal of the HHE Coalition was to provide information about benefits & labor to local service agencies to demystify the barriers about income and benefits. The next step was to provide information about underutilized community resources to assist the agencies in accessing assistance for their clients. The quarterly meetings agendas were created organically based on feedback from participants and coordinators. The Meeting structure was

- 1) Networking time
- 2) Short Educational Presentation, i.e., PREP, a new initiative in area, etc.
- 3) Main Focus, i.e., Provider Panel, Presentation on a Health, Housing or Employment focus
- 4) Networking Time
- 5) Feedback Form and Time to Complete.

A sample HHE Meeting Agenda is found in [Appendix L](#). The HHE Feedback Form is in [Appendix M](#). Feedback was used to make revisions in the structure and substance of gatherings.

HHE Meeting Topics included:

- ▶ How Wages Affect Benefits/Rent Subsidies
- ▶ Introduction of Housing Providers, Employment Providers and Medical Case Managers
- ▶ Housing Panel (PSH, CAN, etc.)
- ▶ Employment Panel
- ▶ Housing Panel (Sober Living and other housing models)
- ▶ Behavioral Health Panel
- ▶ Tenant Roles and Responsibilities
- ▶ Food Resources (Registered Dietician presentation on Eating Healthy on a Budget)
- ▶ Pursuing Opportunities with Employment and Resources (POWER)

Staff activities (how often staff meets with clients, duration of intervention)

The staff who participate from the community partner organizations in the HHE Coalition, participate in collective and cross-sector learning and networking, for the purpose of improving housing, health, and income stabilization outcomes for people with HIV. The coalition meets quarterly.

Partnerships created and how maintained;

After initial buy in was established, LCS maintained ongoing communication with partners. LCS sent listserv emails with important housing and employment community information to approximately 250 service providers disseminating information between meetings (Sample in [Appendix N](#)). Participants who formed connections during networking session met independently of the coalition to strengthen referrals.

Organizational staff meetings.

Yale and LCS convened monthly meetings with the Employment and Income Navigator, the Housing Navigator, the Medical Case Manager, the project directors, outreach workers, research associates, and the data manager to discuss referrals, shared clients with more complicated needs, administrative updates, data collection, and quality improvement. The Employment and Income Navigator provided updates with the number of referrals, enrollments, and retention to monitor project progress. Day to day discussions regarding clients occurred more frequently via email, text, or phone.

Steps to Build POWER

The following section details steps to customize a job club to meet the needs of the clients.

POWER Step 1: Identification of needs, resources, and strategies

Activity 1a: Client needs assessment

► Process: Collect information on the following

- Work histories
- Perceived barriers
- Positive experiences
- Education level
- Benefits status
- Previous experience with employment services
- Level of interest in attending group
- Motivation to work
- Self-identified skills
- Lifestyle hopes and dreams
- Financial literacy
- Criminal history
- Transportation

Activity 1b: Job club literature review

► Process: Collect and synthesize job club literature

- Review online resources and journal articles
- Communication with employment specialists
- Identify best practices to address participants' stated needs
- Review program evaluation tools

Activity 1c: Complete local community resources assessment

► Process: Identify available resources in the following roles or areas

- Health and wellness providers
- Training programs
- Employment programs (mainstream and special populations)
- Volunteer coordinators from area agencies
- Adult education and GED programs
- Post-secondary training programs
- Financial literacy (i.e., financial counselors, local banks)
- Mainstream employment centers (i.e., American Job Center)
- Area employers
- Legal assistance
- Re-entry providers
- Aestheticians (to provide haircuts)

- Sources of low cost or no cost work appropriate apparel
- Others as related to participants' stated needs

POWER Step 2: Implement POWER Intervention (Nuts & Bolts)

Activity 2a: Develop POWER cycle curriculum and schedule

- ▶ Process: Plan for POWER groups (Checklist in [Appendix O](#))
 - Identify staff responsible for POWER design & implementation
 - Identify best practices in employment readiness
 - Review job club models and materials
 - Conduct resource assessment of employment and education
 - Establish curriculum and schedule for POWER sessions
 - Establish participant referral process
 - Secure appropriate venue with adequate space, privacy, and equipment (i.e., monitor, computer, and internet access)
 - Purchase supplies for participants (i.e., snacks, bus passes, pens, folders, calendars, notebooks, and hygiene kits)
 - Develop and disseminate marketing materials (i.e., fact sheet and introductory presentation for potential participants)
 - Draft and finalize course content and schedule for 16 sessions
 - Schedule speakers – use community resource guide above
 - Reserve computer lab time

Activity 2b: Market POWER to potential referring providers and clients

- ▶ Process: Prepare marketing materials, disseminate, and recruit
 - Develop and disseminate marketing materials
 - Disseminate Referral form to case managers
 - Enroll clients in POWER
 - Track marketing activities

POWER Step 3: Gather data to evaluate POWER

Activity 3a: Create and evaluate data set

- ▶ Process: Collect process and outcome data on POWER program
 - Collect and analyze data on the following:
 - Feedback from POWER presenters/community providers

- Scales scores (baseline and last session)
 - [General Self-Efficacy Scale](#) ¹⁰
 - [Rosenberg Self-Esteem Scale](#) ¹¹
 - [Self-Care Assessment Scale](#) ¹²
- POWER session attendance
- Number of participants: referred (and referral sources), enrolled, and graduated
- Number of participants who achieved movement on the employment spectrum: enrolled in school or training programs, volunteer placements, or paid employment
- Participant feedback on POWER program sessions
- Baseline and final employment status
- Baseline and final housing status
- Baseline and final retention in HIV care and viral suppression

POWER Step 4: Enhance likelihood of replication and sustainability of POWER

Activity 4a: Disseminate POWER model and outcomes

▶ Process:

- Synthesize qualitative and quantitative data on benefits of POWER
- Identify targets of dissemination
- Meet with community stakeholders and present data
- Provide technical assistance to other organizations
- Present at regional meetings
- Create presentations, posters, and articles

Steps to Build HHE

The following section details steps to customize a Health Housing and Employment / Income Community Coalition.

HHE Step 1: Obtain buy-in

Activity 1a: Educate key community partner about HERO: HHE and POWER

- ▶ Process: Gain commitment to participation
 - Project leadership from LCS and Yale reached out to the New Haven Ryan White HIV Continuum to attend a Medical Case Management meeting to present HERO
 - HHE and POWER interventions described to staff
 - SSI Wage/Benefit Calculator which shows how and if income earned will impact benefits presented and disseminated ([Appendix P](#))
 - Anticipated benefit to staff and clients explained (i.e., increased staff competence and improved employment outcomes through the removal of barriers)

Activity 1b: Identify stakeholders to be included in coalition gatherings

- ▶ Process: Research and outreach key stakeholders in the community in the following service areas.
 - Housing providers
 - Homeless service providers
 - Employment service providers
 - Behavioral health providers (SA, MI, Dual Diagnosis, Inpatient, Outpatient)
 - Community Health Care Centers
 - Street Health Services
 - Ryan White Medical Case Managers
 - Benefits Specialists
 - American Job Center
 - Labor Companies
 - Municipal and Regional Representatives
 - Basic Needs Providers
 - Coordinate Access Network (CAN)
 - Food pantries, Food Kitchens
 - Libraries
 - Housing Authorities

HHE Step 2: Develop Capacity through Health, Housing & Employment/Income

Activity 2a: Increase cross-sector collaboration and competency between regional service providers (health, housing, employment/income)

▶ Process: Plan and hold regularly scheduled regional education and networking meetings
Project leadership from LCS and Yale reached out to the New Haven Ryan

- Develop checklist of essential elements for gatherings ([Appendix O](#))
 - Venue- in this case, the city offered space
 - Parking- in this case, the nearby church provided parking
 - Invitation e-mail list
 - Invitation and reminders (start a minimum of 6 weeks before event)
 - Agenda
 - Feedback form and time to complete it
 - Handouts on topic
 - Follow up e-mail with contact information of presenters
 - Sharable invitations and encouragement to share event with colleagues to grow mailing list
 - Send out invitations at least 6 weeks in advance
 - Send 3 reminders – 2 weeks from meeting, 1 week from meeting and Monday before meeting
 - Organize room with refreshments, chairs, resource and business card table, sign in sheets
- Establish agenda per structure:
 - 15 Minutes Networking/Refreshments
 - 10 Minute Introductions
 - 20 Minute short training on HIV/Health, Housing or Income-related subject
 - 45 Minute Main Presentation or Panel
 - 15 Minute Q&A
 - 15 Minute Conclusion and Completion of Feedback Forms

Activity 2b: Develop capacity through expanded representation

▶ Process: Strategically broaden representation and participation

- *First contact:* Introduction of HHE project to Ryan White Medical Case Manager Coordinator
- *Meeting #1: Attendees – Ryan White Medical Case Managers (RWMCM) Only*
 - Short instructional session on “How Does Work Impact Benefits”
 - Distributed SSI calculator ([Appendix P](#))

- Overview of the intention to build a coalition
- RWCM's identify priority area to learn about
- *Meeting #2: - Attendees – RWMCM plus Employment and Housing Provider Managers*
 - Invite Housing and Employment Services Program Managers to introduce to RWCM's
 - Meeting is merely introduction and quick description of services
- *Meeting #3: Attendees – RWMCM, Employment and Housing Provider Managers and Line Staff*
 - Employment provider panel
 - Exchange of information about employment programs
 - Widen the invitation list to line staff of employment and housing providers
 - Line staff is identified by program management staff of various sectors
- *Meeting #4: Attendees - RWMCM, Employment and Housing Provider Managers and Line Staff, Outreach Workers, Coordinated Access Network (CAN) Staff, Area Health Center Case Managers*
 - Housing providers panel
 - Continued expansion of invitee list
- *Meeting #5: Attendees - RWMCM, Employment and Housing Provider Managers and Line Staff, Outreach Workers, Coordinated Access Network (CAN) Staff, Area Health Center Case Managers, Participant Network Invitees*
 - Housing resources panel
 - Continued expansion of invitee list
- *Meeting #6: Attendees – Same as Above*
 - Tenant rights
 - Continued expansion of invitee list
- *Meeting #7: Attendees – Same as Above*
 - Food and disease
 - Continued expansion of invitee list
- *Meeting #8: Attendees – Same as Above*
 - How to create an employment readiness group
 - Continued expansion of invitee list



Community Partner presenting at HHE Coalition Meeting

Activity 2c: Expansion of members on email list and at meetings

- ▶ Process: Publicize meetings and invite new participants
 - Announce meetings at various meetings in community
 - Send “shareable” invitations through Outlook or other app
 - Continue to add people to email list
 - Invite speakers who can be gatekeepers to other participants
 - Maintain distribution of vital information on resources and announcements, i.e., housing vacancies, food distribution, free telephones, etc.

Activity 2d: Partner involvement in planning to deepen buy-in

- ▶ Process: Identify cross sector representation for planning
 - Invite partners to share in planning of coalition meetings
 - Document ideas
 - Keep it simple and easy by planning and sharing ideas via email

Activity 2e: Associate a clearinghouse of resources and information to HHE

- ▶ Process: Use invitation list for bi-directional information sharing
 - Encourage partners to share announcements, resources, developments and opportunities
 - Share resources through e-mail list

- Include housing waitlist openings, job opportunities, job fairs, new services, announcements
- Solicit feedback on relevance of information shared

HHE Step 3: Gather data to evaluate to HHE

Activity 3a: Measure Outcomes

- ▶ Process: Collect process and outcome data on HHE program
 - Positions of Attendees
 - Organizations present/participating
 - Number of meetings held and attendance
 - Number of stakeholders on email list
 - Number of emails sent
 - Increased cross-sector knowledge by providers resulting in improved employment spectrum, housing, and health outcomes
 - Attendee satisfaction rating

HHE Step 4: Enhance likelihood of replication and sustainability of coalition building

Activity 4a: Dissemination of presentations describing HHE purpose and process

- ▶ Process: Disseminate information about HHE and relevance
 - Identify targets of dissemination
 - Meet with community stakeholders and present data
 - Present at regional meetings
 - Create presentations, posters, and articles

Activity 4b: Replication of HHE Capacity Development Coalition

- ▶ Process: Continued HHE Implementation and implementation in other communities
 - Invite representatives from other community to meetings
 - Share information at statewide meetings
 - Include representatives from other communities on e-mail list
 - Include funders, etc. on email list

Communication

System level

Partnerships/Committees' activities and accomplishments.

LCS leadership provided information on the POWER model as a strategy to improve employment outcomes for their respective clients. LCS also provided technical assistance in customizing and implementing the POWER model. Presentations were conducted at the Corporation for Supportive Housing Learning Collaborative, the New Haven Housing Authority, and the Ryan White Planning Council. Technical assistance was provided at a local homeless shelter and a vocational program within a substance use treatment agency. A presentation on the HHE development and function was also done at the Connecticut Balance of State (Continuum of Care / HUD) semi-annual meeting.

Methods of internal and external (with partners) communication; Timeline and meeting schedules.

The HHE Coalition met quarterly, participants were invited via email. The schedule is in [Appendix Q](#). Participants were encouraged to add new colleagues and connections to the listserv.

Use of EMR-for documentation & reporting

LCS is a HIV Housing and Case Management agency and does not use an EMR. The EMR was not used by area health clinics for system level documentation or reporting.

How modules were developed/adapted for priority target populations

The Employment and Income Navigator created a power point presentation for the POWER sessions to address low literacy issues and help those who were visual learners ([Appendix K](#)). Spanish speaking staff were utilized as needed for translating documents or assessing clients.

Transitioning to Standard Care

Throughout the HERO project, navigation services were intended to be transitional. Interventions focused on moving people along the employment and housing continuum in 6 months, up to 9-12 if necessary. Once a more stable housing and employment status was achieved clients were transitioned via warm handoff to LCS housing and Ryan White case managers. All clients who had medical case management through AIDS Project New Haven, Nathan Smith Clinic, or Fairhaven Health maintained those relationships.

Documentation

EMR

EPIC was used by all area hospitals and most Federally Qualified Health Centers. This integrated EMR provided continuity of care between all providers. Staff were able to look up provider visits, clients' current medications, and laboratory results. Moreover, they were able to receive messages from

providers and refer clients to other providers and specialists, essential for communication and improved patient care. EPIC also tracked emergency department visits and hospitalizations.

Case notes

LCS intervention staff use Caseworthy, Connecticut's chosen Homelessness Management Information System (HMIS) to track client level involvement in POWER. POWER was added to LCS's program profiles. Case notes and attendance for all POWER-related activities are entered in Caseworthy in more detail. Through Caseworthy, staff is able to enter demographic information, conduct periodic assessments of income, housing status, health insurance, and non-cash benefits. Reports can be generated with this database.

Other data management systems

The Project used CareWare for Ryan White clients' data. CareWare data were collected by Outreach/EIS staff and entered into the system by a Data Assistant. HMIS (Caseworthy) data were collected by the LCS navigators.

Case Study

Daniel (not his real name) was a 42-year-old African American male who had just been released from prison when he came to Yale CHCV. He was homeless and unemployed.

Daniel was referred to the Employment Navigator at LCS and entered the POWER program. He was nervous for what was to come for his future but remained optimistic. He was able to move into a halfway home and devoted all his efforts into looking for any type of employment he could find. When Daniel came into the LCS office, he spoke about how much he would love to work with other people. He dreamed of inspiring others, especially those who were going through what he has experienced. He has maintained his positive outlook and hope for the future throughout his life.

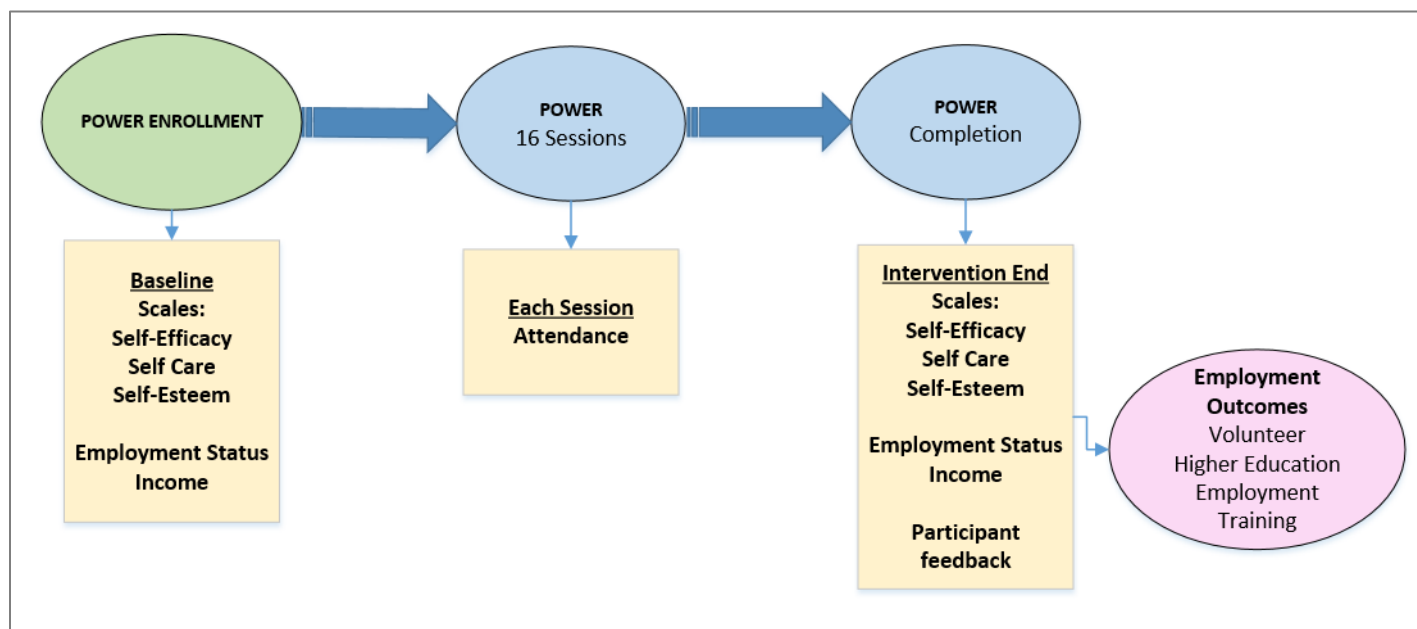
Daniel obtained an amazing full-time job which allowed him to drive trucks and interact with his staff, and he can't say enough about how much he loves his job. He was most excited the job offered benefits and he no longer had to rely on Medicaid for his health needs. He is currently in the process of looking for an apartment that will be his very own and that he will be able to afford with his own wages. Daniel felt incredibly lucky and blessed for sticking through the hard times to finally become financially independent and working hard to reach his goals. After 12 months of participating in HERO Daniel was stably housed and his HIV viral load was suppressed.

Daniel was also working with an organization to fight against the discrimination he faced while he was in prison. He wanted to change the way the LGBT community is treated in the prison setting and has already made progress in presenting his case. Daniel has been a true inspiration to the community and to those who have had similar experiences, and he has only just begun.

LCS POWER Client

Intervention flow chart

Figure 4. POWER Intervention flow chart



Partner activities

LCS created, coordinated, and executed the POWER intervention and the HHE Coalition. Yale CHCV provided the HIV and clinical care, and behavioral health and substance use services, and the Yale Clinical and Community Research team conducted the project evaluation activities.

Modifications made during implementation

The POWER schedule was modified to be two consecutive days due to client preference. Legal and re-entry issues were included in the POWER curriculum based on formal client feedback. No modifications were made to the HHE coalition.

Intervention implementation costs

Yale University received \$900,000 over 3 years to orchestrate and evaluate the HERO program. LCS received \$300,000 of the total funding over 3 years as a sub-awardee to deliver the interventions. Table 1 following is the cost breakdown for the interventions at LCS.

Table 1. LCS HERO costs

POWER Costs	Description
Labor	1 FTE for 3 years
Supplies	Printing, refreshments, bus passes, other give-aways
Space	In-kind
Speakers	Pro-bono
HHE Costs	Description
Labor	Labor .1 FTE for 3 years
Supplies	Printing, refreshments for gatherings (~\$200/session)
Space	Provided free of charge by City Parking Provided free of charge by local church
Housing Navigator Costs	Description
Labor	.5 FTE for 3 years

Local Evaluation Plan

Theoretical model

The theoretical model for evaluation for POWER and the HHE Coalition is the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework that is used to evaluate population behavior change at the individual level and the impact of community programs. The five elements evaluated by RE-AIM are Reach- participating individuals and representation, Effectiveness – impact on outcomes of interest, Adoption – number of settings implementing a program, Implementation – degree the program is implemented as intended, and Maintenance – sustainable delivery of the program.¹⁶

Logic model

See the [Figure 1](#) POWER Logic Model on page 9 and the [Figure 2](#) HHE Logic Model on page 10.

Process evaluation

LCS, in collaboration with YCCR will collect and analyze the following process data:

For the POWER intervention:

- ▶ Number of community presentations for POWER job club
- ▶ Number of referrals to the EIN
- ▶ Number of enrolled in POWER job club
- ▶ Number of attendees per POWER class
- ▶ Portion attended of 16 class cycle
- ▶ Number of POWER of cycles
- ▶ Number of participants graduated POWER cycle
- ▶ Participant satisfaction rating

For the HHE Capacity Development intervention:

- ▶ Number of sessions
- ▶ Number of attendees per session
- ▶ Attendee satisfaction ratings

Outcome evaluation

Outcomes of Interest for the Multi-Site and Local Evaluation Plan: A number of standardized outcomes, including dependent and independent variables will be measured, including:

HIV Outcomes:

- ▶ Viral Load (VL) and CD4 lymphocyte counts,
- ▶ retention in HIV care (2 CD4 counts or VLs within 6 months)
- ▶ Source: Chart Review using EPIC. Care360 at Quest Diagnostic Laboratories.

Housing Status:

- ▶ Clients baseline housing status
- ▶ Clients movement over housing spectrum
- ▶ Clients gaining permanent housing
- ▶ Source: Self-report or documentation (i.e., lease) to HN
- ▶ Intake, change in status, exit, 3 months post-exit

Linkage to Employment Services:

- ▶ Clients baseline employment and income status
- ▶ Clients movement over employment spectrum (training, school, volunteer, informal)
- ▶ Clients gaining full-time employment

Employment Measurements: The IEN tracks employment data including: Process: 1) referrals made to each employment program, 2) time between referral and first contact, 3) time between first contact and admission; Outcomes: 1) Employment Status, 2) Wages, 3) Hours worked; Client Satisfaction: 1) How client rated services, 2) How client rated staff, 3) How client rated intervention's impact on perception of quality of life. In addition to client level outcomes, the "vocationalization" process will be evaluated to determine the baseline competence of the PCMH home staff with regard to employment services and again after being trained. Employment programs that receive training from the IEN on HIV and work, a pre- and post-training session assessment will be implemented.

Scales:

POWER participants are administered 3 scales at baseline and at completion of the 16 POWER sessions. The scales include, [General Self-Efficacy Scale](#)¹⁰, [Rosenberg Self-Esteem Scale](#)¹¹, [Self-Care Assessment Scale](#)¹².

Impact evaluation

POWER is a client level intervention intended to facilitate achievement in the areas of income, education, skills and self-esteem. There are two ways that the impact is evaluated – 1) formal tools that measure self-efficacy, self-esteem and well-being; 2) concrete measures including securing employment, enrolling in an educational or training program, starting a volunteer job, and income changes. POWER uses scales for the formal measures. They are included in the appendices. The concrete measure are tracked by the Employment and Income Navigator.

The Health, Housing and Employment/Income Gatherings (stakeholder meeting) are evaluated through a feedback form with is included in the appendices as well. The feedback form contains uniform sections that the participants complete at the end of each sessions. The impact is evaluated by the reported level of value the participants report, suggestions for future sessions, and general format measures.

Intervention Outputs and Outcomes

Intervention outputs

POWER

- ▶ 8 Week Cycles offering self-esteem and skill building, community partners presenting resources, instruction on job seeking skills, etc. (see sample cycle [Appendix A](#))
- ▶ Participant feedback to shape future Cycles and to identify needs for program revisions.
- ▶ Improved participant self-care, self-efficacy, self-esteem.
- ▶ Movement on the Employment Spectrum

HHE

- ▶ Stakeholder membership and bidirectional participation (exchange of expertise and resources)
- ▶ Participant feedback to shape future sessions
- ▶ Cross-sector training on health, housing and employment/income resources and practices

Number of trainings

HMIS, Caseworthy: This management information systems was used to track enrollment in the POWER intervention. It includes entry and exit assessments, attendance and case notes.

HHE meetings: 8 sessions were offered to date. They covered a variety of topics and/or panels about resources related to housing, income and health relevant to achieving collaborative services to this population.

Type of trainings

- ▶ Health Session: food insecurity, health eating on a budget, PrEP
- ▶ Employment Sessions: area employment agencies, POWER Model
- ▶ Housing Sessions: Mainstream housing, means and/or disability housing, local resources for financial assistance

Number of staff trained

100 staff have been trained through HHE.

Number of intervention sessions (dosage)

6 POWER cycles were offered, people attended an average of 10 of 16 sessions per cycle.

The 41 participants in HERO received 1:1 encounters from the Housing Navigator, Employment and Income Navigator, and Ryan White Medical Case Manager (assistance with Transportation).

- ▶ **Housing and Employment / Income Services Provided = 1,313**
- ▶ **Medical / Transportation Services Provided = 255**

Number of participants served and demographics (i.e. number recruited; number enrolled; number who met service requirement; demographics of enrolled clients)

Overall there were 58 people recruited. Clients were screened using the SPNS database. Based on SPNS screening criteria, if a client was “eligible” or ineligible” it was recorded in the SPNS database. 41 total participants enrolled and the 17 ineligible people were referred to other services or studies. The 41 participants in the local HERO evaluation received Employment and Income Navigation as well as Housing Navigation through LCS. Their demographics are found in Table 2.

Table 2. HERO Intervention Enrollment Demographics	Number *(n=41)	Percent (%)
Race / Ethnicity		
White	10	24.4%
Black	23	56.1%
Asian Pacific Islander or Native American	0	0%
Other	9	22%
Hispanic		
Yes	14	34.1%
No	27	65.9%
Gender		
Male	29	70.7%
Female	12	29.3%
Sexuality		
Heterosexual	29	70.7%
Lesbian/ Gay / Homosexual	7	17.1%
Bisexual	5	12.2%
Age Group in Years		
Under 19	2	4.9%
20-29	3	7.3%
30-39	4	9.8%
40-49	11	26.8%
Over 50	21	51.2%
Health Status		
Less than High School Degree	17	41.4%
High School Degree or GED	15	36.6%
Some College	8	19.5%
Junior (2 year) College Degree	1	2.4%
Living with HIV	41	100%
* 1 participant was withdrawn from the study		

Intervention outcomes

Related to the intervention goals and objectives

30 of 40 participants (75%) were permanently housed, 2 were in transitional housing, 1 was incarcerated, 1 was known homeless, and 5 others had an unknown housing status at 12 months.

POWER Outcomes

58 people expressed interest and completed the POWER orientation and 42 went on to enroll in POWER. Average attendance per cycle ranged from 38% - 68% as shown in Table 2. Attendance was lowest in Cycle 5 due to the sessions running over the holiday season.

Table 2. POWER Attendance

Power Cycle (N=42)	Average Rate of Attendance for 16 Sessions
1 (N= 9)	61%
2 (N= 7)	68%
3 (N= 7)	66%
4 (N= 7)	57%
5 (N= 8)	38%

POWER Results

POWER Referrals

- ▶ 58 completed orientation 1:1 with the Employment and Income Navigator
- ▶ 42 enrolled and completed POWER

Employment Spectrum (N=42)

Of the 42 POWER participants

- ▶ 71% of enrollees achieved progress on the Employment Spectrum
- ▶ 60% of enrollees secured paid employment
- ▶ 7% entered educational or training program
- ▶ 11% volunteered



Self-Care Scale Scores – significant increase (N=42)

- ▶ Physical – increased 4.5%
- ▶ Psychological – increased 8.2%
- ▶ Emotional – increased 4.8%
- ▶ Spiritual – increased 4.3%

HHE Outcomes

Throughout the series of HHE community meetings the membership was expanded purposefully from 15 members to more than 200 members. Representation grew from 5 organizations to 46 organizations, starting with HIV organization and growing to include broader Health, Housing, Employment, Behavioral Health, Aging, Housing Authority, Department of Labor, Department of Housing, Department of Mental Health & Addiction Services, faith-based organizations, etc.

Overall participants found the coalition useful. Feedback delivered through feedback forms demonstrated a 4.7 (on a scale of 1 to 5, 5 being the best) average score on attendees' view of value, relevance, structure and satisfaction regarding HHE coalition meetings.

Relevant HIV care continuum stages

For those who participated in the HERO services, at month 12, 75% had been linked to care, and 60% were retained in care, and 60% were virally suppressed.

HIV Care Continuum

- ▶ **Linked to care** = 30 (75%)
- ▶ **Retained in care** = 24 (60%)
- ▶ **Virally suppressed** = 24 (60%)

Related to policy/systems change

4 POWER participants attended statewide trainings to help community organizations introduce employment to their clients. The 4 participants were part of the training presentation and provided the consumer point-of-view. Their inclusion as presenters prompted training organizers to require consumer perspective in future trainings.

Related to sustainability planning

Stakeholders from 6 organizations reached out to Liberty for advice on how to replicate and customize POWER for their populations. These organizations were assisted 1:1 by the LCS Employment and Income Navigator who coordinated and led the POWER sessions. LCS staff also presented about POWER to 20 providers at the Connecticut Mental Health Center, as well as a HHE gathering with 18 providers.

LCS is also pursuing opportunities to develop POWER into an evidence-based intervention. There is a pending proposal with the Coordination Action Network (CAN), it has been presented to a representative from the Department of Housing, and researchers from Yale (Dr. Frederick Altice, a co-investigator on HERO), and at Southern CT State University. A proposal was submitted to Robert Wood Johnson but was not funded.

Level of integration of SPNS model into organization's system of care

A new policy was implemented at LCS requiring staff at 6-month intervals offer POWER as part of services offered to clients. HHE meetings are also mandatory for LCS staff. The Yale CHCV and clinic also refer clients to LCS for POWER and are part of the HHE Coalition.

Lessons Learned

Barriers and challenges

The following barriers and challenges were encountered during the implementation of the interventions:

POWER and Housing and Employment Navigation

▶ **Poor retention and turnout of participants**

People had difficulty prioritizing attendance and organizing schedules. The group facilitator handed out schedules in writing, distributed pocket calendars, and telephoned/texted reminders each week.

▶ **Logistics of obtaining employment and housing**

Background checks were required for justice involved clients creating a barrier to obtaining housing or employment. Navigating the labor and benefits issues (i.e., SSI/SSDI) was complex for both clients and staff. Housing waitlists were also extensive.

▶ **Unstable social support networks for participants**

Participants lacked supportive social networks which decreases opportunities for assistance. Participants also experienced changes in their support networks related to how they were living, i.e., in shelters or doubled up, moving, etc.

▶ **Speakers not showing up for POWER sessions**

Establishing relationships with reliable speakers from the community was challenging. The facilitator frequently scheduled two speakers per session to mitigate this possibility.

HHE

▶ **Meeting the needs of multiple stakeholders**

Scheduling and coordinating meetings with multiple stakeholders is logistically challenging, however, this did not pose a barrier. It was a consideration when preparing the schedule and agenda. It was also a consideration when finding useful meeting topics across a diverse group of social service providers– Feedback from participants, current events, trends and community needs informed topics.

COVID-19 Pandemic

The major challenge to completing and continuing the momentum of the POWER and HHE interventions has been the COVID-19 pandemic. Both POWER and HHE were halted for about six months beginning in March 2020. POWER has since resumed in-person at space in a public library that provides sufficient social distancing. The HHE network provided a valuable listserv for community services to share information about available resources for clients, including CARES Act benefits and programs. The HHE resumed virtually in 2021 and in-person meetings will begin when possible.

Facilitators of success

To help overcome some these challenges, the following strategies were implemented:

POWER

▶ **Increased participant turnout**

Increased communication between intervention team, case manager, and evaluation team helped to increase attendance to the POWER sessions. The HERO team held monthly case conference meetings between medical / behavioral health, housing, and employment providers. The EIN maintained close contact with POWER participants and provided 1:1 assistance with benefits, resumes, job and housing applications, etc. as needed. Incentives were provided for participants (i.e., food, calendars, hygiene products, grooming, etc.) to increase attendance. Accepting participants to POWER based on referrals from case managers and Yale University

▶ **Increased speaker turnout**

A strong relationship between research/academic organization (i.e., Yale University), community organization (LCS), and community businesses to increase provider participation in POWER.

HHE

▶ **Developing and maintaining strong professional relationships with community stake holders**

HHE organizers made connections between job resources and service providers to educate providers on underutilized programs. Via the HHE email listserv, helpful resources were provided between meetings to keep participants engaged and aware of community resources. HHE organizers also provided advanced notice for meetings, meeting reminders, and shareable invitations.

Dissemination Activities

Published resources about the intervention

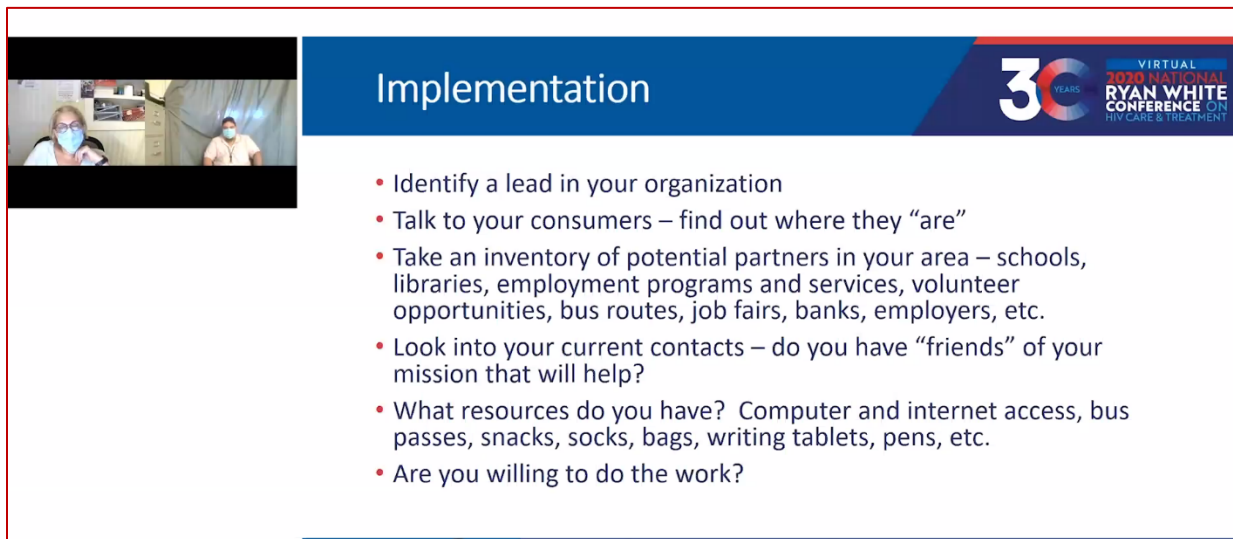
Resources have not yet been formally published about the intervention. However, a number of presentations were developed to market the POWER intervention, found in [Appendix R](#) and for the HHE, found in [Appendix S](#).

Presentations about the intervention

Several presentations were done to market the intervention.

Presentations about the HHE Capacity Building Coalition were made to:

- Statewide Continuum of Care – Housing Service Providers
- Ryan White Case Managers
- Ryan White Conference 2020



Implementation

- Identify a lead in your organization
- Talk to your consumers – find out where they “are”
- Take an inventory of potential partners in your area – schools, libraries, employment programs and services, volunteer opportunities, bus routes, job fairs, banks, employers, etc.
- Look into your current contacts – do you have “friends” of your mission that will help?
- What resources do you have? Computer and internet access, bus passes, snacks, socks, bags, writing tablets, pens, etc.
- Are you willing to do the work?

Presenting Virtually at the Ryan White Conference 2020 due to COVID-19

Presentations about the POWER program were conducted for:

- CT Mental Health Center
- HHE Capacity Building Coalition Meeting
- Ryan White Case Managers
- Department of Mental Health and Addiction Services – 2 Training Roundtable

Dissemination and publicity activities in the community and to other area Ryan White HIV/AIDS Program-funded Parts about available intervention resources and outcomes

See above for presentations to the community and Ryan White program. A presentation was submitted to the annual Ryan White Conference. Additional outcomes will be disseminated and presented in the future.

Outreach about the intervention to local and regional AIDS Education and Training Centers (AETCs)

The local AETC attended the presentations to the Ryan White Case Managers.

Posted on TargetHIV and AETC NCRC websites for download and use

A spotlight on POWER will be posted on the AETC, LCS, and Yale Clinical and Community Research websites.

References

1. Connecticut Department of Mental Health and Addiction Services. (2007). *Collection and Evaluation of Data Related to Substance Use, Abuse and Addiction Programs, 2006 Biennial Report*.
2. Connecticut Department of Public Health. (2008). HIV/AIDS Surveillance Report, 2007.
3. Connecticut Department of Public Health (Connecticut HIV Planning Consortium). (2008). The Statewide Coordinated Statement of Need for Connecticut, 2008. In: AIDS and Chronic Diseases Section, ed. Hartford, Connecticut.
4. Waddell, G., & Burton, A. (2006). *Is Work Good for Your Health and Well-Being?* London, UK: The Stationary Office.
5. Conyers, L. M. (2004). The impact of vocational services and employment on people with HIV/AIDS. *Work, 23*(3), 205-214.
6. Conyers, L.M., et. al. (2017) A Critical Review of Health, Social, and Prevention Outcomes Associated With Employment for People Living With HIV. *AIDS Educ Prev, 29*(5), 475-490.
7. CW Solutions. (2007). Effective Elements of a Job Club. Retrieved from www.changewithin.com
8. The Balance Careers. (2018). How A Job Club Can Help You Get Hired. Retrieved from <https://www.thebalancecareers.com/how-a-job-club-can-help-you-get-hired-2062022>
9. Coffey Consulting, L. (2014). Starting a Job Club. Retrieved from <https://h1bskillstraining.workforcegps.org/resources/2016/05/18/11/53/Resource>
10. Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy Scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in Health Psychology: A User's Portfolio. Causal and Control Beliefs* (pp. 35-37). Windsor: NFER-NELSON. Retrieved from https://pcna.net/wp-content/uploads/2018/12/16e_the_general_self_efficacy_scale.pdf
11. Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package, 61*(52), 18. Retrieved from <https://wwnorton.com/college/psych/psychsci/media/rosenberg.htm>
12. Saakvitne, K. W., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. WW Norton & Co. Retrieved from http://www.pacwrc.pitt.edu/Curriculum/STSRemoteModule5/Handouts/HO18_SlfCrAssmntWkst%20S TS.pdf

13. Georgia Health Policy Center. Cross Sector Alignment Theory of Change. Aligning Systems for Health. Retrieved from:

<https://ghpc.gsu.edu/download/cross-sector-alignment-theory-of-change/?wpdmdl=4752171&refresh=5d88c3cc451971569244108>

14. Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Am J Public Health, 94*(4), 651-656. doi:10.2105/ajph.94.4.651

15. Henwood, B. F., Padgett, D., & Tsemberis, S. (2015). *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives*: Oxford University Press.

16. Shaw, R. B., Sweet, S. N., McBride, C. B., Adair, W. K., & Martin Ginis, K. A. (2019). Operationalizing the reach, effectiveness, adoption, implementation, maintenance (RE-AIM) framework to evaluate the collective impact of autonomous community programs that promote health and well-being. *BMC Public Health, 19*(1), 803. doi:10.1186/s12889-019-7131-4

List of Appendices

- [Appendix A.](#) POWER cycle schedule
- [Appendix B.](#) Employment Resource Guide
- [Appendix C.](#) POWER feedback forms
- [Appendix D.](#) Job Description: Program Director
- [Appendix E.](#) Job Description: Housing Navigator
- [Appendix F.](#) Job Description: Employment and Income Navigator
- [Appendix G.](#) POWER Referral Form
- [Appendix H.](#) POWER Service Plan
- [Appendix I.](#) Agencies participating in HHE
- [Appendix J.](#) Sample listserv email invite to HHE
- [Appendix K.](#) Participant POWER Materials
- [Appendix L.](#) HHE Sample Agenda
- [Appendix M.](#) HHE Feedback Form
- [Appendix N.](#) HHE listserv informational email to the HHE
- [Appendix O.](#) POWER & HHE Resource Checklists
- [Appendix P.](#) SSI Calculator
- [Appendix Q.](#) HHE Meeting Schedule
- [Appendix R.](#) POWER Marketing PowerPoint
- [Appendix S.](#) HHE Marketing PowerPoint



Schedule – Cycle 6 (sample)

February

Introductions, Guidelines, Expectations:

- 12th - Orientation, Introductions, Identifying Strengths
- 13th - Computer Lab: Resource Blog, Personal Resource Inventory, Establishing Work Emails and Phone Numbers (MARTHA Assurance wireless)

Resume Building

- 19th - How to write a resume and cover letter
- 20th - Computer Lab: create or update resumes

Entrepreneurship and banking:

- 26th - Opportunity Center(115) and Liberty bank (2)
- 27th – Legal aid (115) and Marakech (2pm)

March

Volunteering

- 4th –YNNH HOPE Program (115) and (2) Sunrise Café
- 5th - Ive’s Main Library(2) and The Towers(115) (midsession evals)

Disability and health

- 11th - Community Health Care Van(115) & (2) DESK
- 12th – Field trip Porter and Chester(1-3p)

Education and personal development

- 18th - Adult education(115) and (2) SNAP at Gateway
- 19th –Conntac at Gateway (115pm) and CHRO (2pm)

Employment

- 25th - American Job Center(115) & (2)Fresh Start
- 26th -New Haven Works (115) & (2) emerge

April

Presentation and first impressions

- 1st - Grooming and personal care
- 2nd - (4:30)Haircuts

Follow-ups

- 8th - What have you learned and evaluations and self-efficacy. Successes and what should future cycles be like?

All sessions start at 1:00 PM and end at 3:00 PM.

Appendix B. Employment Resource Guide.

Employment Resource	Model/ Eligibility	Referral Process	Description
<p>Community Services Network CMHC – 34 Park Street New Haven, CT</p>	<p>Supported Employment (EBP)</p> <p>Primarily New Haven, Hamden, Bethany, and Woodbridge</p>	<p>CSN Inter-Agency Referral Packet</p> <p>(link in Description)</p>	<p>CSN Supported Employment services help people find and retain jobs in the community that pay competitive wages and are based on individual preferences and abilities. Supportive services include resume writing, interview skills, job seeking and retention, career counseling, job placement and coaching, workplace skills training, benefits counseling, peer supports .</p> <p>SUPPORTED EMPLOYMENT is based on six principles</p> <ul style="list-style-type: none"> • Eligibility is based on YOUR choice. No one is excluded who wants to participate. • Supported employment is integrated with treatment. Employment specialists coordinate plans with your treatment team: your case manager, therapist, psychiatrist, etc. • Competitive employment is the goal. The focus is community jobs anyone can apply for that pay at least minimum wage, including part-time and full-time jobs. • Job search starts soon after YOU express interest in working. There are no requirements for completing extensive pre-employment assessment and training, or intermediate work experiences (like prevocational work units, transitional employment, or sheltered workshops). • Follow-along supports are provided for a period of time after starting a job with the expectation that as the job becomes more familiar, and you are more confident on the job, you will be graduated from employment services. • YOUR preferences are important. Choices and decisions about work and support are individualized based on YOUR preferences, strengths, and experiences. <p>To make a referral, complete an Inter-Agency Referral Form.</p> <p>For general questions/comments, you may also contact 203-974-7874</p> <p>LINKS TO:</p> <ul style="list-style-type: none"> • APT FOUNDATION - assists individuals with Substance Use Disorders • ESGI – in addition to Supported Employment for people with SPMI, ESGI collaborates with Fellowship to carry out a SAMHSA funded program for SPMI with criminal justice backgrounds. • FELLOWSHIP PLACE– in addition to Supported Employment for people with SPMI, Fellowship is funded by SAMHSA to provide employment services for individuals with criminal justice backgrounds. Employment Specialists serving this population are trained to help people overcome the obstacles specific to criminal justice involvement and getting a job. <p>Fellowship Place also offers employment services specifically for people who are currently homeless or who have experienced homelessness. Employment Specialist provide outreach, engagement, and individualized services to meet the special needs of this population going to homeless shelters, transitional housing programs, and other spaces where people who are homeless frequent.</p>

<p>Appendix B. Employment Resource Guide.</p>			<p>Employment preparation and job training are available to help individuals get skills and build their resume. This includes on-site food service internship with Servsafe certification, volunteering in the community, on-line academic and soft skills training, computer classes, mock interviews with community employers and job readiness workshops. Annual Career Fair provide networking opportunities with employers. Annual Education Fair, with up to 20 educational institutions, provides opportunities to learn about educational programs available to reach long-term career goals.</p> <ul style="list-style-type: none"> • MARRAKECH
<p>Fellowship Place 441 Elm St. New Haven, CT 06511</p>	<p>Supported Education DMHAS Region 2 Supported Education Provider</p>	<p>For additional information or to make a referral please contact Fellowship Place directly.</p>	<p>Fellowship Place’s Supported Education Program provides counseling and assistance to help individuals living with a chronic mental illness begin and complete a post secondary education. Services include education assessment and planning, assistance with the college enrollment process (e.g. completing applications and financial aid forms, preparing for placement tests, and, when needed, seeking accommodations from the Disabilities Office), as well as on-going support while enrolled in classes. The program promotes self sufficiency and recovery with the long term goal of creating opportunities for participants to acquire the education and skills they need for meaningful employment.</p> <p>Fellowship Place is also a satellite program for New Haven Adult Education and provides GED classes on-site.</p> <p>(203) 401-4227 (Phone) (203) 789-4451 (Fax) http://www.fellowshipplace.org/</p>
<p>Columbus House 586 Ella T. Grasso Blvd. New Haven, CT 06519 </p>	<p>Array of Income and Employment support services</p> <p>Must be currently homeless.</p> <p>Must be DMHAS eligible (verifiable MI, Dual, or SUD)</p>	<p>Case Manager should complete attached referral packet and attach necessary documentation.</p>	<p>Income and Employment Services</p> <p>Getting people into their own homes is just half the challenge; the other half is keeping them there. All clients who are housed—whether through housing vouchers or short-term financial assistance—will need income to stay in that home indefinitely. Our Income and Employment services help individuals and families increase their income through benefits counseling and employment services. The employment services team, engages and build relationships with the individuals we serve, to assist them with obtaining and retaining gainful employment by way of building relationship with employers in the communities. Having ongoing supports for a period of time.</p> <hr/> <p>Employment and Enrichment Center</p> <p>EEC is a six-week program that helps adults in all aspects of the job search including resume writing, interview skills, effective communication, and motivation, as well as personal budgeting and recovery</p>

<p>Appendix B. Employment Resource Guide.</p>	<p>HVRP (homeless veterans reintegration program) – must be any discharge except dishonorable</p>		<p style="text-align: center;">WorkFare</p> <hr/> <p>Students who graduate from the EEC may be recommended for WorkFare, in which they are paired with maintenance or kitchen staff to learn critical skills for working in commercial facilities.</p> <p style="text-align: center;">Representative Payee Services</p> <hr/> <p>Services provide financial management for those receiving Social Security or Veteran Administration benefits. Assistance includes managing their benefit, using benefits to pay for the current and foreseeable needs, saving any remaining benefits; and keeping good records of how benefits are expended.</p> <p style="text-align: center;">SSI/SSDI Outreach, Access, and Recovery (SOAR)</p> <hr/> <p>SOAR is a national project designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder.</p> <p style="text-align: center;">Employment Network</p> <p>An Employment Network (EN) is an entity that enters into an agreement with the Social Security Administration (Social Security) to either provide or coordinate the delivery of services to Social Security disability beneficiaries. The EN can be an individual, a partnership/alliance (public or private) or a consortium of organizations collaborating to combine resources to serve eligible individuals. ENs participating in the Ticket to Work program (Ticket program) must adhere to certain rules and regulations.</p> <p style="text-align: center;">(203) 401-4400 (Phone)</p>
---	--	--	---

Appendix B. Employment Resource Guide.			
<p>BHCare 435 East Main Street Ansonia, CT 06401</p>	<p>Ansonia, Derby, Oxford, Seymour and Shelton.</p>		<p style="text-align: center;"><u>Employment Services</u></p> <p>Employment is an integral part of an individual’s recovery from mental illness, addictions or other disabling conditions. BHCare’s goal is to help you achieve productive employment in the community. Services can include but are not limited to job seeking skills training, on-the-job and job-related supports, vocational counseling, resume and interview preparation, and ADA consultation.</p> <p>BHCare accepts referrals from a variety of sources, including clients served by the Department of Mental Health and Addiction Services.</p> <p style="text-align: center;">PH: 203-736-2601 FAX: 1- 203-736-2641</p>
<p>BHCare 14 Sycamore Way Branford, CT 06405</p>	<p>Branford, East Haven, Guilford, Madison, North Branford, and North Haven.</p>		<p style="text-align: center;"><u>Employment Services</u></p> <p>Employment is an integral part of an individual’s recovery from mental illness, addictions or other disabling conditions. BHCare’s goal is to help you achieve productive employment in the community. Services can include but are not limited to job seeking skills training, on-the-job and job-related supports, vocational counseling, resume and interview preparation, and ADA consultation.</p> <p>BHCare accepts referrals from a variety of sources, including clients served by the Department of Mental Health and Addiction Services.</p> <p style="text-align: center;">PH: 203-483-2630 FAX: 1-203-483-2659</p>

Appendix B. Employment Resource Guide.			
<p>Bridges...A Community Support System, Inc.</p> <p>949 Bridgeport Ave. Milford, CT 06460</p>	<p>Milford, Orange and West Haven.</p>		<p style="text-align: center;">Employment Services</p> <p>Bridges Employment Opportunity Program helps individuals obtain and maintain jobs in their communities. It also serves area businesses by identifying and pre-screening job candidates whose skills and interests match their requirements. The program helps individuals identify their interests and develop the skills necessary to attain and maintain desired employment.</p> <p style="text-align: center;">PH: 203-878-6365 FAX: 203-877-3088</p>
<p>Workforce Alliance Main Office</p> <p>New Haven: 560 Ella T. Grasso Blvd. Phone: 203.867.4030 request Voice/TDD service by calling: 203.624.1493 Ext. 210</p>	<p>NEW HAVEN: 560 ELLA T. GRASSO BLVD., New Haven, CT 06519 PHONE: 203.624.1493</p> <p>Hamden: 37 Marne Street, Hamden, Ct 06514 Phone: 203.859.3200</p>	<p>American Job Centers- one stop employment center.</p> <ul style="list-style-type: none"> - Career counseling - Occupational training - Re-entry program - Workshops - Computer Center - All Free Employment Resources and Services 	<p style="text-align: center;">Have You Been Unemployed for 6 Months or More?</p> <p>Our Ready to Work and other on-the-job training programs offer incentives for employers to hire for jobs in IT, Manufacturing, Engineering and more. Learn More.</p> <p style="text-align: center;">Metrix Online Learning Provides Flexibility and Choice</p> <p>American Job Center in South Central CT offers Metrix Learning to provide impactful job skills training online. Learn More.</p> <p style="text-align: center;">CTHires for Jobseekers and Employers</p> <p>CTHires is the Connecticut Department of Labor's new hub for job development, training and other career services. Jobseekers and employers both new and continuing can use this system. To learn more visit www.cthires.com.</p> <p style="text-align: center;">Public Workshops</p> <p>Brushing up on interview skills, or improving your basic skills on the computer are just two of the many ways our workshops can serve your job search. Learn more. Next Steps... Re-entering the Workforce</p> <p>Next Steps is designed to turn ex-offenders into job seekers with the life skills, job training and workplace-readiness you need to succeed. Our job candidates are well-prepared as individuals beginning a new phase of life... that includes a job. Learn More »</p>
<p>American Job Centers – Southwest</p>	<p>DERBY 101 Elizabeth Street Derby, CT 06418 Phone: (203) 734-3443</p>	<p>American Job Centers- one stop employment center.</p> <ul style="list-style-type: none"> - Career counseling - Occupational training - Re-entry program - Workshops - Computer Center 	<p style="text-align: center;">Green Jobs Training</p> <p>The Green Jobs Funnel Program is designed to provide training services and career counseling to help you get a job in the green workforce.</p> <p>Jobs First Employment Services - helps people gain and maintain independence from federal and state financial assistance by providing the necessary skills and training needed to secure employment by the 21-month expiration of benefits.</p>

<p>Appendix B. Employment Resource Guide.</p>	<p>Open Mon - Fri, 8:30am - 4:30pm</p> <p>ANSONIA 4 Fourth Street Ansonia, CT 06401 Phone: (203) 397-6647 Open Mon - Fri, 8:30am - 4:30pm</p>	<p>All Free Employment Resources and Services</p>	<p>STRIVE of Fairfield County- Provides participants with the training and tools to achieve their best employment and personal potential.</p> <p style="text-align: center;"><u>Ex-Offenders</u></p> <p>ReEntry Works - Helping people succeed in the workforce after incarceration.</p> <p style="text-align: center;"><u>People with Disabilities</u></p> <p>Everyone Works - Helping people with disabilities find jobs. Jobseekers with disabilities receive individualized counseling, job search assistance and adaptive technology. Everyone Works is open to any jobseeker aged 18 or older with disabilities, commonly those with sight and hearing impairments. There are no income or residency restrictions.</p> <p>Add Us In Diversity Works - Supports small businesses in Southwestern Connecticut, New Haven and surrounding towns to hire and leverage the talent of people with disabilities, including lesbian, gay, bisexual, and transgender individuals with disabilities. For more Add Us Information on ODEP’s website, please visit <u>www.dol.gov/odep/addusin</u></p> <p style="text-align: center;"><u>Veterans</u></p> <p><u>Office for Veterans Workforce Development</u> - assists you in acquiring the various benefits and services you might be entitled to receive and to make your transition from military to civilian life as seamless as possible.</p> <p style="text-align: center;"><u>Valor Programs</u> offered by The WorkPlace - The Homeless Veterans' Reintegration Program (HVRP) provides services and training to assist in reintegrating homeless veterans into meaningful employment within the labor force in Southwestern and South Central Connecticut. Each Veteran can receive occupational skills training as well as classroom training in core skill competencies and employability skills that are required for long term employment success. Funding is by the U.S. Department of Labor/Veterans’ Employment and Training Service. The Supportive Services for Veteran Families Program is a program to stabilize housing and prevent homelessness among Veterans in Southwestern and South Central Connecticut. Funded by the U.S. Department of Veteran Affairs.</p> <p style="text-align: center;"><u>Youth</u></p> <p>WIOA Youth Training - The Workforce Innovation and Opportunity Act (WIOA) enacted a formula-funded youth program serving eligible low-income youth, ages 14-21, who face barriers to employment.</p> <p>YouthWorks- Helps youth who need occupational training become valuable, self-reliant members of the community. Contact YouthWorks at (203) 416-8487.</p> <p>HUSKY - Healthcare for Uninsured Kids & Youth. Allied Community Resources can help you with HUSKY. Call toll free 1-877-487-5901 to speak with the HUSKY Outreach Supervisor.</p>
--	--	---	--

<p>Appendix B. Employment Resource Guide.</p>			
<p>EMERGE CT 830 Grand Avenue New Haven, CT 06511</p> <p>(203) 562-0171 (203) 535-0940 - EYB info@emergect.net</p>	<p>Men, women, and youth returning to New Haven from incarceration and those at- risk of being incarcerated.</p>	<p>Website – sign up for next orientation https://form.jotform.com/70305511806144</p>	<p>EMERGE provides skills training, paid work opportunities, and wrap around support services that better position our crew members to attain stable employment and economic stability.</p> <p>Our programming emphasizes behavior change, and teaching the skills needed to self-manage that change, so the individual breaks the tendency to react without taking into account the consequences of their actions. Through positive and supportive relationship building, our multi-phase, wrap-around service approach breaks the cycle of destructive behavior by working with our crew members to effectively deal with their trauma.</p>
<p>New Haven Works 205 Whitney Avenue, 1st Fl. Suite 106 New Haven, CT 06511</p> <p>Phone: (203) 562- 9000 info@newhavenworkspipeline.org</p>	<p>New Haven Resident</p> <p>18 or Older High School Diploma or GED</p> <p>Eligibility to Work in the U.S.</p>	<p>To join New Haven Works, you must attend an orientation. Orientations</p> <p>What to Bring:</p> <ul style="list-style-type: none"> • Photo ID with New Haven Address • If Photo ID does not have a New Haven Address, proof of New Haven residency is required (utility bill in your name, copy of a rental lease, or other government issued mail) • Proof of employment eligibility (social security card, green card, permanent resident card, US birth certificate, or US passport) <ul style="list-style-type: none"> • Resume <p>TO REGISTER FOR AN ORIENTATION, CLICK HERE.</p>	<p>Expectations 4 Employment (E4E) Workshop</p> <ul style="list-style-type: none"> • Our 3-day job preparation and placement program developed in collaboration with partner employers to give participants the skills and tools necessary to succeed in the job search, in interviews, and on the job. <p>Pre-Employment Screenings</p> <p>Referrals to quality training programs and other service providers</p> <p>One-on-one career coaching and planning</p> <p>Open Computer Lab hours</p> <ul style="list-style-type: none"> • Monday and Wednesday <ul style="list-style-type: none"> ○ 9:00 am - 7:00 pm • Tuesday and Thursday <ul style="list-style-type: none"> ○ 9:00 am - 4:00 pm • Friday <ul style="list-style-type: none"> ○ 11:00 am - 4:00 pm <p>Volunteers are available to help with resumes and online applications</p> <p>Transportation Subsidies</p> <ul style="list-style-type: none"> • Participants with an interview or job placement may qualify for subsidized transportation benefits <p>Exam Fee Scholarships for phlebotomy and medical coding (CPS) certification exams</p>

Appendix B. Employment Resource Guide.			
<p>Liberty Community Services, Inc.</p> <p>129 Church Street, Mezzanine, New Haven, CT 06510</p> <p>(203) 495-7600</p>	<p>Services are available to Liberty consumers only.</p>	<p>Interdepartmental referrals made by case managers.</p>	<p>Project RESPECT – WorkMobile Low barrier access to temporary paid work.</p> <p>HERO – employment services capacity building</p> <p>Referrals to employment resources</p> <p>Liberty Job Seekers Assistance Blog – http://libertycsjobs.blogspot.com/</p> <p>Library Case Manager</p>



POWER

Pursuing Opportunities With
Employment & Resources
A project of Liberty Community Services, Inc.

POWER MID / FINAL EVALUATION

Instructor's Name: _____ Date: _____

(Please Circle one number for each of the questions below)

1. Were these job classes helpful?

Excellent		Good			Fair			Poor	
10	9	8	7	6	5	4	3	2	1

Comments: _____

2. How would you rate the new information that you have not heard before?

Excellent		Good			Fair			Poor	
10	9	8	7	6	5	4	3	2	1

Comments: _____

3. How did you like the way POWER is presented?

Excellent		Good			Fair			Poor	
10	9	8	7	6	5	4	3	2	1

Comments: _____

4. What do you find was the most helpful about POWER Job Club?

5. How can POWER be improved?

6. Other Comments:

Program Director - Liberty Community Services (10% FTE)

Position Purpose: To oversee activities conducted by subawardee, Liberty Community Services, and supervise Housing Navigator and Income/Employment Navigator

Responsibilities: The LCS Program Director is responsible for supervising program staff, ensuring delivery of effective programs to clients, developing new programs, and reporting program results. Work with other Program Directors on programs or components that span housing and support programs across all Program Director responsibilities. Key responsibilities include:

1. Expand and secure funding for programming that supports the recovery of current clients. Such programs may include employment, wellness and the Women’s Program.
2. Manage LCS Outreach programs, including implementing HIV Outreach Program and Admissions and Resources programs;
3. As opportunities arise, develop new program ideas, and apply for new grants to fulfill these;
4. Ensure that LCS programs are well known in the community and that programs are meeting community needs;
5. Explore external credentialing and develop possible strategies for implementation;
6. Review and revise program policies and procedures where necessary.

Qualifications: The Collaborator must have an advanced degree in business, administration, or social services and a demonstrated expertise providing service to the target population. She must have a demonstrated expertise working in a social service agency providing housing services to people with HIV, mental illness, and substance abuse.

Housing Navigator/Project Coordinator - Liberty Community Services (50% FTE)

Position Purpose: Under the direction of the Program Director, the Project Coordinator will provide intensive community services and navigation to clients, coordinate and supervise part time staff. The program coordinator will work closely with the Program Director, and must have working knowledge of HIV/AIDS services, and the State Department of Correction, Public Health, Social Services, and Mental Health and Addiction Services. Will provide access to housing and employment resources for all clients.

Reports to: Liberty Community Services Program Director

Responsibilities: The Housing Navigator/Project Coordinator is responsible for integrating housing and wrap-around services for homeless individuals who are HIV+ that have been identified for the HERO project. The Housing Navigator/Project Coordinator will collaborate with the Nathan Smith Clinic, Emergency Medical Services, the police, the Liberty Safe Haven Day Program and the Community Health Care Van to direct or retrieve identified individuals into care. This is not an office position but rather one where tasks take place primarily in the community and on the street. This is a full-time position and may include evenings and weekend hours. Position supervises and schedules Income/Employment Navigator.

1. Prepares activity reports for HERO program
2. Serves as point of contact for department in the absence of the Program Director.
3. Provides work priorities and schedules for Employment Navigator.
4. Acts as primary contact person for program participants; providing clinical and client support
5. Provides housing stabilization services including finding rent subsidies for clients
6. Serves as primary liaison to Yale HERO Program Team
7. Collects and documents necessary data elements for research project
8. Maintains timely and accurate client files, including correspondence and encounter notes
9. Maintains strict confidentiality concerning program participant personal information

Qualifications: Bachelor's degree or equivalent training with 5 or more years experience in social service setting, extensive knowledge of local and State HIV+, drug treatment, mental health, housing, employment, and medical facilities.

Employment and Income Navigator / POWER Coordinator - Liberty Community Services (100% FTE)

Position Purpose: The Income and Employment Navigator is responsible for carrying out discrete tasks related to integrating housing and income for individuals who are or have experienced homelessness identified through the HERO project. Under the direction of the Project Coordinator, the Income and Employment Navigator will 1) assist the persons served in accessing resources to facilitate employment, training, and education to increase their earning potential, 2) educate the staff of the medical home on the eligibility and access processes for employment and educational services, 3) educate mainstream, means-based and disability-specific employment and education providers about the impact of HIV/AIDS on these areas. Additionally, this position will assist persons served in accessing and understanding cash and non-cash benefits.

Reports to: Liberty Community Services Housing Navigator/Project Coordinator.

Responsibilities:

1. Establish and maintain an online resource directory on benefits, employment, employment preparation, effect of benefits on employment, financial literacy, eligibility criteria, referral processes, etc.
2. Establish working relationships with employers, supported employment programs, American Jobs Center, New Haven Works, Department of Labor, reentry programs, Department of Rehabilitation Services, SOAR Program and other parties that will facilitate economic self-sufficiency.
3. Upon admission to the HERO project, the Income and Employment Navigator will conduct an assessment of needs and strengths related to income and employment and assist the person served in establishing an action plan to achieve employment.
4. Develops and carries out instructional sessions for medical home staff and consumers on the impact of work on benefits, employment and training resources, and strategies to maximize referrals.
5. Maintains data about program activities and outcomes. Prepares quarterly and annual outcomes reports.
6. Conducts weekly outreach and community education at NHFPL.
7. Develops relationships with temporary employment agencies to facilitate job placement and work experience.
8. Documents case notes on contacts with clients in Case-worthy and study-related online data collection system.
9. Plans and administers the POWER program (enrolls participants, recruits speakers, plans sessions, tracks attendance and outcomes, evaluates program).
10. Participates in Health Housing and Employment / Income Community Coalition.

Qualifications: Bachelor's Degree in Human Service related field preferred. Three years of experience working in employment program setting for people with mental illness, addiction and/or homelessness. Working knowledge of employment and social services in New Haven, CT, valid CT driver's license, ability to work independently, ability to represent Liberty in the community, bilingual preferred, basic knowledge of local and addiction, homelessness, mental health and, supportive housing.



Referral Form

Person's Name: _____ Date: _____

Phone Number: _____

E-mail: _____

Address: _____

HMIS Number: _____

VERY IMPORTANT: Please describe one strength that you observed in this person.

Referred By: _____ Program: _____

Phone: _____ E-Mail: _____

Alternate Contact Name and Number: _____

Submit referrals to: Bryce.McKinzie@libertycs.org or via interoffice mail. Bryce works at the Church Street location of Liberty Community Services, Inc.

SERVICE PLAN

Admission date: _____

PROGRAM PARTICIPANT _____ **STAFF:** _____

NEW PLAN

REVISED PLAN

CONTINUED PLAN

Service Areas	Referrals
<input type="checkbox"/> Housing	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Medical	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> ADL/ILS	<input type="checkbox"/> Employment
<input type="checkbox"/> Social/Leisure	<input type="checkbox"/> Education/Vocation
<input type="checkbox"/> Legal	<input type="checkbox"/> Basic Needs/Shelter
<input type="checkbox"/> Benefits	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other	

GOAL

1. _____
2. _____
3. _____

STAFF RESPONSIBILITY

1. _____
2. _____
3. _____

TARGET DATE: _____

OBTAINABLE OBJECTIVE (DEFINE IN SPECIFIC AND MEASURABLE TERMS WITH PERSON RESPONSIBLE)

GOAL

1. _____
2. _____
3. _____

STAFF RESPONSIBILITY

1. _____
2. _____
3. _____

TARGET DATE: _____

Program Participant _____ **Case Manager** _____ **Date:** _____

HHE Participating Agencies	
<p>Agency in Aging of South Central Connecticut American Jobs Center A New Beginning A Place to Nourish (APNH) APT Foundation BH Care Center for Indisciplinary Research on AIDS (CIRA) City of New Haven Columbus House, Inc. Community Action Agency of New Haven Community Services Network (CSN) Connecticut Mental Health Center The Connection Continuum of Care Cornell Scott-Hill Health Center (CSHHC) CT Department of Housing Downtown Evening Soup Kitchen (DESK) Elm City Communities/Housing Authority of New Haven Emerge Connecticut, Inc. Fair Haven Community Health Center Fellowship Place Goodwill Katal Center Liberty Community Services (LCS) Life Support Program Marrakech, Inc.</p>	<p>Multicultural Ambulatory Addictions Services (MAAS) National Safety Council (NSC) New Haven Community Service Administration New Haven Free Public Library (NHFPL) New Haven Healthy Start New Haven Legal Assistance Association, Inc. (NHLAA) New Haven Works New Reach Shelter Plus Care Program / New Haven Oxford House of CT Project Fresh Start Shoreline Recovery United Way of Greater New Haven (UWGNH) United Way (worldwide) Veteran's Affairs (VA) Yale AIDS Program Yale Clinical & Community Research (YCCR) Yale New Haven Hospital (YNNH) Yale School of Public Health Youth Continuum</p>

Sample HHE Invite



Thu 5/21/2020 9:42 AM

Silvia Moscariello <Silvia.Moscariello@libertycs.org>

These invitations go through the Outlook App

To ● Kil, Natalie

i You replied to this message on 5/21/2020 10:02 AM.

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

SAVE THE DATE

Our next gathering will take place on Thursday, January 23, 2019 at 9 AM at the Opportunity Center.

The subject will be:

Work is Everyone's Business - strategies to engage clients in employment - a group approach.

Learn how to support your clients to enter the Employment Spectrum. Regardless of your role, i.e., housing, health, or employment, you can support employment outcomes.

RSVP

Silvia Moscariello, MBA
Program Director

Appendix K. POWER Participant Materials

SUCCESS OR FAILURE

Directions:

Listed below are examples of success or failure. Knowing only what is stated about the person, you must decide whether that person was probably a success or probably a failure in the chosen field by circling S for Success or F for Failure.

- | | | |
|---|---|--|
| S | F | 1. Someone once said, about this person, "When you consider he has only had four months of school, he is very good with his studies, but he is a daydreamer and asks foolish question." He also ran for political office seven times and was defeated each time. |
| S | F | 2. A teacher said this about him – "He is a very poor participant. He is mentally slow, unsociable, and is always daydreaming. He is spoiling it for the rest of the class. It would be in the best interest of all if he were removed from the school at once." |
| S | F | 3. Wanted to be elected senator when he grew up. Was one of 35 to run for the President of his freshman class in college and was eliminated on the first ballot. |
| S | F | 4. Wanted to be a military leader or a great statesman. A participant failed three times in his exams to enter the British Military Academy. |
| S | F | 5. As a boy, had 24 brothers and sisters, his mother deserted the family when he was five; his father drank heavily; he lived in poverty; the children were put in foster homes; when he was seven he ran away 8 times in 1 year; he was sent to reform school. |
| S | F | 6. In trying to solve a problem, tried 487 experiments all of which failed. |
| S | F | 7. Wanted to compose music, but became deaf. |
| S | F | 8. A teacher said this about her, "I am very concerned about her. She is bright and full of curiosity, but has interest in bugs and other crawling things and her daredevil projects are just not fitting for a young lady. Perhaps we could channel her curiosity into a safe hobby." |
| S | F | 9. Wanted to be a performer; went to drama school in New York. After several months, the school wrote her mother that she had no acting ability at all. They said "take her back home." |
| S | F | 10. Wanted a British television series <i>Till Death Do Us Part</i> on American prime time. He tried all networks for three years. |
| S | F | 11. Wanted to excel in science or engineering when he grew up. As a boy flunked first and fourth grades. |
| S | F | 12. Wanted to play an outstanding game as a quarterback. Completed only three of his first twelve passes; threw total of thirty incomplete passes and one interception during the game. |
| S | F | 13. Wanted to be the outstanding baseball player in his league. |
| S | F | 14. Wanted to be a military leader, in military school he graduated 42 out of a class of 43 next to last. |
| S | F | 15. Wanted to be an outstanding businessman. Wanted his candy store. At 19, he tried to operate one, it failed. Went to New York and tried to manufacture candy. This failed too. |
| S | F | 16. An editor told her that she would "never be able to write anything for popular consumption." |
| S | F | 17. Wanted to play professional football, wasn't chosen through more than 200 draft choices. Finally, the Pittsburgh Steelers took him as their 17 th pick. He didn't make the team. During the football training camp, they let him go. |
| S | F | 18. Wanted to sketch and cartoon. Applied for a job with Kansas City newspaper. After looking at his work the editor said, "To be frank with you, it's easy to see from these sketches that you have no talent." |
| S | F | 19. In sports, struck out 1,330 times in baseball. |
| S | F | 20. She discovered she had dyslexia only after her own daughter was diagnosed with it. When she was young, always thought something was wrong with her but didn't know what it could be. |

Appendix K. POWER Participant Materials

ANSWERS SUCCESS/FAILURE QUESTIONNAIRE

1. Abraham Lincoln
2. Albert Einstein
3. John F. Kennedy
4. Winston Churchill
5. Flip Wilson
6. Madame Curie, the woman scientist who isolated radium
7. Ludwig Von Beethoven
8. Amelia Earhart, Aviator
9. Lucille Ball
10. "All in the Family"
11. Edward Gibson, one of the 3 astronauts in the Sky Lab III mission—he was the science pilot
12. Joe Namath, during this game, he also threw 3 touchdown passes and let the New York Jets to a victory over the Oakland Raiders 27-23. That day the Jets won their first AFL Championship.
13. Henry Aaron
14. Napoleon
15. Milton S. Hershey, Hershey Chocolate Company
16. Louisa May Alcott, Author of "Little Women"
17. Johnny Unitas, one of the great quarterbacks of all time.
18. Walt Disney
19. Babe Ruth, perhaps the most famous baseball player who ever lived.
20. Cher, singer and actress

HOW TO CONDUCT YOURSELF IN AN INTERVIEW

1. **DRESS PROPERLY** --- Dress according to the standards of the organization. It's best to dress on the conservative side. Don't wear faddish clothing, flashy jewelry, strong perfume or shaving lotion.



2. **BE ON TIME** --- Find out when and where the interview will take place, and how to get there. Arrive 10-15 minutes early.
3. **BE FRIENDLY** --- Greet the interviewer by name, smile, and give a firm handshake. Treat secretaries and receptionists in a polite, professional manner.
4. **SHOW YOUR ENTHUSIASM** --- Enthusiasm, energy, and a sense of humor can help create a good impression. Don't be passive or indifferent.
5. **MAINTAIN EYE CONTACT** --- Good eye contact with the interviewer is a key to building trust in a relationship.



6. **BE AWARE OF BODY LANGUAGE** --- A person's tone of voice, posture, facial expressions, etc., all give clues about his or her feelings and attitudes. Be sensitive to these signals in yourself and others. Don't fidget or slouch. Face the interviewer in a relaxed, open manner.
7. **EXPRESS YOURSELF!** --- Speak clearly and audibly. Use complete sentences – avoid one-word answers. Don't use slang. And don't ramble or mumble. Be confident.
8. **BE YOURSELF** --- Don't try to change your personality. Give the interviewer a chance to find out that you're a genuine, capable and sincere individual.
9. **BE A GOOD LISTENER** --- Listen to what the interviewer has to say. Be alert to nonverbal cues indicating when you should start or stop talking. Don't be thinking of your response while the interviewer is still talking.

10. ASK QUESTIONS! --- Interviewers will usually give you a chance to ask questions. Be prepared to ask about things such as responsibilities, opportunities for advancement, method of supervision, performance evaluation, etc. Save questions concerning salary until the end of the interview.



11. EMPHASIZE YOUR STRENGTHS --- Focus on work, experience, courses or personal qualities that would be beneficial for the job. Give examples from your experience or education to support this.
12. DON'T CRITICIZE --- Don't put down previous employers, teachers or co-workers. It will give the interviewer a negative impression of you.
13. HAVE SOMETHING TO OFFER --- Discuss ways you can contribute to the organization. Let the interviewer know how you can meet a need or solve a problem.
14. BE ASSERTIVE --- This doesn't mean that you should be aggressive. It means being confident of your abilities, and being able to get results when working with other people.
15. AVOID PERSONAL ISSUES --- Do not discuss family, personal, or financial problems.
16. THANK THE INTERVIEWER --- Be sure to thank the interviewer for his or her time and interest.



17. PLAN FOLLOW-UP ACTION --- Arrange a way for the employer to contact you, if the job isn't offered to you right away. Ask when you can expect a decision to be made, and if you should call at a certain date to find out.
18. SEND A THANK-YOU LETTER --- Follow up the interview with a thank-you letter. In it, restate your interest in the job, summarize key points of the interview, and add information to help your case. Send immediately to the interviewer.

COMMON INTERVIEW QUESTIONS

Read each of the interview questions and answer written or verbally.

1. Tell me about yourself.
2. Why have you held so many jobs?
3. What is your major weakness? Your major strength?
4. How much do you expect to be paid?
5. Why do you want to work for this company?
6. Why did you leave your last job?
7. Why do you have a gap in your work history?
8. What do you like to do in your leisure time?
9. What are your long range goals for the next 5 to 10 years?
10. Why should I hire you?
11. What are your special skills or abilities?
12. What are two of your most important achievements? Failures?
13. Why are you interested in this job?
14. What jobs have you enjoyed the most? The least? Why?
15. If asked to work overtime, odd hours, and perform extra duties would you?
16. When are you available for work?
17. What would your last employer say about you?
18. What machines or equipment can you operate?
19. What types of people do you like to work with?
20. How well do you perform under pressure?
21. What skills do you have that will make you successful in this field?
22. Do you prefer working with others or alone? Why?
23. How do you handle criticism?
24. Do you smoke?
25. Would you be willing to take a drug test? Lie detector test? Physical exam?

TWENTY FREQUENTLY ASKED QUESTIONS

1. Tell me about yourself.
2. For what position are you applying?
3. What are your long-term career goals? Where do you see yourself in five years?
4. Why do you feel that you will be successful in....?
5. What leadership roles have you held?
6. What do you do in your spare time?
7. What have been your most satisfying and most disappointing school or work experiences?
8. What are your strongest (weakest) personal qualities?
9. Why did you choose to apply for employment with us?
10. What courses did you like best in school? Least? Why?
11. Why should I hire you?
12. Tell me about your extracurricular activities and interests.
13. Why do you feel you are qualified for this job?
14. Why did you leave your last job?
15. How soon could you start?
16. What do you know about this company?
17. How much do you expect to be paid?
18. How do you feel about working overtime, odd hours?
19. Do you prefer working with others or alone?
20. Do you have any questions for me?

Appendix K. POWER Participant Materials

- Activity: Eye Contact
- Purpose: Participants will discover just what information you can learn about a person from looking in their eyes.
- Audience: Adult
- Materials: Eye Contact Worksheet
Eyes cut out of magazines
Pencil or Pen

Implementation Strategies: You will need to cut out enough eyes from magazines so each group has at least 2 sets of eyes. Divide your large group into smaller groups, with 2-4 in each group. Each group needs 2 sets of eyes and an Eye Contact Worksheet. Have the group answer the questions on the worksheet. They are to answer questions for person 1 and person 2. Give the groups 5 minutes for each set of eyes. When finished, have a group by group discussion:

- *Do the others agree?
- *Why or why not?

Issues to be aware of: The groups may not be able to come up with the same answers. There are no definite right or wrong answers, it's just to get the participants thinking and noticing eyes and their movements.

Length of time: 25 minutes

EYE CONTACT WORKSHEET

- 1. Male – Female _____
- 2. Approximate Age _____
- 3. Ethnic _____
- 4. Color of Hair _____
- 5. Length of Hair _____
- 6. Do You Think You Would Like This Person? _____
- 7. What Emotions Is This Person Showing? _____
- 8. Is This A Prominent Person? _____
If So Name Them _____

Activity:	Goal Setting In Six Easy Steps
Purpose:	Participants will learn how to select goals for themselves.
Audience:	Adult
Materials:	Goal Setting Handout Goals Worksheet Pens

Implementation strategies: Discuss the six steps of goal setting with your group. Have the participants set at least one goal for themselves. Talk about their goals individually and brain storm strategies to achieve their goals.

Issues to be aware of: Set guidelines as what you think participants' goals should be, example school related or job related. Make sure that the goals the participants choose for themselves are realistic and specific. Display goals somewhere in the classroom, where participants can constantly see their goals. Refer to these goals periodically to see if they are working toward them.

Length of time: 30 minutes, depending on the number of participants

GOAL SETTING

Whether you think you can
or you think you can't
you're right
Henry Ford

Set goals in 6 easy steps taken from *The One Minute Teacher* by Spencer and Constance Johnson.

1. Decide goals. What is it that you plan to accomplish?
2. Write goals in first person, present tense. I am...
3. Be brief so that you can read them in one minute or less.
4. Be specific. Set a date to achieve your goal.
5. Use good feeling words. I enjoy...
6. Take one minute, several times a day to look at your goals and your behavior to see if your behavior matches your goals.



My Goals by _____

Goal # 1 is: _____

This goal is important because: _____

Steps I'll take to reach this goal are: _____

Goal # 2 is: _____

This goal is important because: _____

Steps I'll take to reach this goal are: _____

<http://specialled.about.com>

DETECTING STEREOTYPES

Activity: Detecting Stereotypes

Purpose: Participants will become enlightened as to how people are judged, based on a small amount of information.

Audience: Adults

Materials: Detecting Stereotypes Handout
Pen or Pencil

Implementation strategies: In the handout are descriptions of ten different people. From the bit of information given, circle the number which best indicates what sort of person each of the ten are based on a scale of 1-5. Discuss how people decide whether they like a person on the little information they know about them. Discuss how we can get to know people better.

Length of time: 20 minutes

DETECTING STEREOTYPES

Directions: Below are descriptions of ten different people. From the information given, circle the number which best indicates what sort of person each of the ten are based on a scale of 1-5.

1. Miss Stanford, teacher at Miles Junior High School has taught there for 10 years. She is five feet tall and loves teaching math classes. She probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

2. Mr. Smith, 35 years old, the local state highway patrolman is married, has two children and a dog. He probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

3. Brad is a 17 year old high school junior in a city school. He works as a lifeguard every summer, dates every weekend and enjoys cars. He probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

4. Amy works as a garbage collector. She is married and has two children. She probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

5. Michelle works at the electric power company, is married with three children. She probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

Appendix K. POWER Participant Materials

6. Beth is a senior at the University of North Carolina. She is 5'5" and loves English classes. She probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

7. Mr. Lucas, 35 years old, the local highway street cleaners is married, has two children and a dog. He probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

8. Kevin is a 26 year old high school teacher. He works as a lifeguard every summer, dates every weekend and enjoys cars. He probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

9. Timothy works as a tax accountant. He is married and has two children. He probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

10. Denny works at the electric company, is married with three children. He probably is:

Intelligent	1	2	3	4	5	Stupid
Easygoing	1	2	3	4	5	Hot-tempered
Lenient	1	2	3	4	5	Strict
Conservative	1	2	3	4	5	Liberal
Attractive	1	2	3	4	5	Unattractive

Activity: **Job Club Information Sheet**

Purpose: Participants will give you necessary and important information, so you will be able to better help them with the job search process.

Audience: All Job Club Members

Materials: Job Club Information Sheet
Pen or Pencil

Implementation strategies: Have participant fill out the personal information sheets. Keep this information on file for future reference.

Issues to be aware of: It is best to have this filled out as of the first Job Club meeting.

Length of time: 10 minutes

JOB CLUB INFORMATION SHEET

Date: _____

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone Number _____

Date of Birth _____

Highest Grade Completed in School _____

Do you have a driver's license? Yes _____ No _____

Do you have a car? Yes _____ No _____

If no, what means of transportation do you have to seek work? _____

Employment History

Name of Company _____

How long on that job? _____ Job Title _____

Name of Company _____

How long on that job? _____ Job Title _____

Name of Company _____

How long on that job? _____ Job Title _____

Hobbies _____

Do you have childcare? Yes _____ No _____

Appendix K. POWER Participant Materials

Activity: Job Application Quiz

Purpose: To test participants understanding of completing job applications.

Audience: Adult

Materials: Job Application Quiz
Job Application Quiz Answer Sheet

Implementation Strategies: Pass out job application quiz for participants to complete

Length of time: 30 minutes

Name: _____

Job Application Quiz

1. Should you use blue or black ink to fill out your application?
2. If the previous address is the same as now, what do you write down?
3. Should you fill in all the blanks?
4. If a question does not apply to you, what do you write?
5. Do you always tell the truth on your application?
6. How should your salary expectations be filled in?
7. What should you say about leaving your last job?
8. Do you sign your full name?
9. Can volunteer work be listed under work experience?
10. Do you have to complete a separate application for each job?
11. Should you get permission from the person you are using as a reference?
12. What must you include when listing your telephone number?
13. How should you list your duties at your most recent job?
14. Do you need to fill in the "starting" and "ending" pay on the application (regarding the work experience and jobs you held)?
15. Do you need the full address, supervisor's name and phone number of past employers?
16. What information do you need to be able to list references?
17. What order should your work history be listed in?
18. Do you need to give a specific start date?
19. What should be written by you on the application if you have been convicted of a crime?

Job Application Quiz Answer Sheet

1. Should you use a pen or pencil to fill out your application? **Pen, preferable black**
2. If the previous address is the same as now, what do you write down? **Same as above**
3. Should you fill in all the blanks? **Yes, unless you feel the question is inappropriate**
4. If a question does not apply to you, what do you write? **n/a, not applicable**
5. Do you always tell the truth on your application? **yes**
6. How should your salary expectations be filled in? **open**
7. What should you say about leaving your last job? **Have really good reason**
8. Do you sign your full name? **yes**
9. Can volunteer work be listed under work experience? **yes**
10. Do you have to complete a separate application for each job? **yes**
11. Should you get permission from the person you are using as a reference? **Yes, you want them to be prepared for any phone calls they may receive**
12. What must you include when listing your telephone number? **Area code**
13. How should you list your duties at your most recent job? **Short, descriptive tasks and duties**
14. Do you need to fill in the "starting" and "ending" pay on the application (regarding the work experience and jobs you held)? **no**
15. Do you need the full address, supervisor's name and phone number of past employers? **Yes, it shows you are organized**
16. What information do you need to be able to list references? **Person's name, acquaintance, phone number, address**
17. What order should your work history be listed in? **most current work experience should be listed first, followed by the previous work experience**
18. Do you need to give a specific start date? **No, you can give an approximate date**
19. What should be written by you on the application if you have been convicted of a crime? **"please see me"**

Resume Development Tool

Use the following link to access the Resume Builder developed by Liberty Community Services. This tool will help clients to organize and create a resume with assistance from staff.

[Resume Builder](#)

POWER Session 1

INTRODUCTIONS, STRENGTHS, AND ORIENTATION

What to expect, what you will hopefully get from this, what you'll learn about yourself

POWER
Pursuing Opportunities With
Employment & Resources
A project of Liberty Community Services, Inc.

WHO ARE WE?

Bryce	Brandon	Ever
<p>Income and Employment Navigator Current research study Prior LCS jobs include Peer/network navigator, and library assistant. Education includes associate's in general studies, bachelor's in Psychology, and working on Master's in counseling Prior work includes supermarkets, amusement parks, colleges, security guard, fast food, and commissioned sales representative. Volunteers in his off time.</p>	<p>Social Work Intern from SCSU Former server, and editor at a magazine. Bachelor's in English. Wants to Assist with Substance Abuse and Addiction Counseling with his Social Work Degree. Does advocacy with New Haven Rising and Latinas Unidad en Accion. Speaks moderate level Spanish. Enjoys riding his bike around New Haven and seeing the sites.</p>	<p>Income and Employment Case Manager Project RESPECT Experience in promotions and sales Worked in harm reduction and prevention Prior work in carpentry and construction Father of three children Love watching movies in his off time.</p>

POWER Session 1

WELCOME AND INTRODUCTIONS

- First Name
- Dream job/career?
- How does your favorite color relates to your work or work ethic?

What Will our future look like?

- Notebooks, folders, calendars, pens, POWER stickers.
- Schedules for the next six to eight weeks.
- Resume builder (December 5th).
- Professional emails and phones that have minutes
- Presentation, education, disability, entrepreneurship, volunteering, maintaining health.

HMIS DATA SHEET

- This will allow us to put you on the online management services as a POWER participant. Please sign it today and over the next week we will have you come and sign up. It will only take about 10-15 minutes at most. We track our notes of how we assisted you there and then Liberty will be able to track our assistance with you.

Questions?

POWER Session 1

JOB CLUB INFORMATION SHEET

- Please take time to fill out your info sheet, and your questionnaire.

YOUR JOB APPLICATION CHECKLIST

Take the time to make sure your job application is completed properly.

- Make sure to read and follow all the instructions properly. Review the whole application slowly before you start completing it, to avoid repeating information.
- Check your contact details are correct, neatly written and properly spaced.
- Check your email address is correct, legible and appropriate for a professional image.
- Check your former employers are spelled correctly and your dates of employment are accurate.
- Check your qualifications are correctly detailed and can easily be understood. Acronyms that make no sense just waste the reader's time.
- Avoid leaving blanks. If questions do not apply to you respond with "not applicable".
- Proofread your application carefully before you submit it.

www.best-job-interview.com

TOP 10 INTERVIEWING TIPS

ONE	Research the opportunity before your visit.	TWO	Prepare a list of questions you want to ask.
THREE	Dress professionally and be neat and well-groomed.	FOUR	Arrive a few minutes early.
FIVE	Take a few copies of your CV, a notepad, and pen.	SIX	Maintain eye contact and show interest in everyone involved in the interview.
SEVEN	Never discuss money in the first interview.	EIGHT	Do not have more than one alcoholic drink at any meal or event with a potential employer.
NINE	Show equal respect to all you meet.	TEN	Follow up with a thank you note to each interviewer.

VISTA
www.vistastaff.com

SHEETS TO FILL OUT

General efficacy Scale

This is to see how you handle you situations

Self care assessment

This is to see how you take care of yourself

Self Esteem

This is your motivations and how you feel about yourself.


All three will be used throughout the upcoming two months to assist with how to help get you where you want to be. If you need help with Spanish translation or reading it let Ever or Bryce know.

POWER Session 1

STRENGTHS THAT PEOPLE DEVELOP

- **Self-awareness.** One of the most important characteristics of a leader is self-awareness, and the ability to understand your own strengths and weaknesses. ...
- **Decisiveness.** ...
- **Fairness.** ...
- **Enthusiasm.** ...
- **Integrity.** ...

- **Knowledge.** ...
- **Creativity and Imagination.** ...
- **Endurance.** ...




<https://www.inc.com/bill-green/the-8-characteristics-of-an-effective-business-leader.html>

SUCCESS OR FAILURE

- Read the following scenarios and decide whether the person succeeds or fails in life. Afterwards we will discuss it.

SUCCESSFUL PEOPLE	UNSUCCESSFUL PEOPLE
Read every day	Watch TV every day
Compliment	Criticize
Embrace Change	Fear change
Forgive others	Hold a grudge
Talk about ideas	Talk about people
Continuously learn	Think they know it all
Accept responsibility for their failures	Blame others for their failures
Have a sense of gratitude	Have a sense of entitlement
Set goals and develop life plans	Never set goals



Winston Churchill

POWER Session 1

STRENGTHS AND BARRIERS INTERVIEWS

Motivations

- Enthusiasm
- Trustworthiness
- Creativity
- Discipline
- Patience
- Respectfulness
- Determination
- Dedication
- Honesty
- Versatility

Deterrents

- Being too critical of yourself
- Attempting to please everyone
- Being unfamiliar with the





**Health, Housing and Employment/Income
June 26, 2019 – 8:45 AM to 11:15 AM
The New Haven Opportunity Center
Session 8 – Food & Preventing Disease**

AGENDA

- 8:45 AM - Doors open – refreshments/networking/sign in
- 9:10 AM - Welcome and Introductions
- 9:15 AM - Food Insecurity in New Haven – Resources
Steven Werlin, Executive Director, DESK
- 9:45 AM - Food & Disease Prevention
Laura Wilson, RDN, CDE, Yale-New Haven Health System
- 10:40 AM - Closing Comments
- 10:45 AM - Complete Feedback forms
- 10:45 to 11:00 AM - Networking

We offer thanks to all of our presenters!

Gratitude to the City of New Haven for providing a forum and support for these gatherings. A special thank you to Velma George for helping to make it happen.

We couldn't accommodate parking without the generosity of Pastor Dorothy Mewborn from the Freedom Temple Holiness Church.

Appreciation to APNH and Yale AIDS Program for partnering on this important work.

And most of all – THANK YOU!!!!



Appendix M. HHE Session Feedback Form

HEALTH, HOUSING & EMPLOYMENT/INCOME

Session Feedback Form

Session: **Housing Resources Panel, April 11, 2019, New Haven Opportunity Center**

On a scale of 1 – 5, please rate the following. We have left a line for comments after each question.

- 1 = Worthless
- 2 = Meh
- 3 = I learned something
- 4 = This was helpful to me in my job
- 5 = This is GREAT – MORE, please

Please circle your rating

Please rate the <i>Financial Empowerment Presentation</i> .	1	2	3	4	5
<hr/>					
Please rate the following on the <i>Housing Resources Panel</i> The information presented was helpful.	1	2	3	4	5
<hr/>					
The presentation was easy to understand.	1	2	3	4	5
<hr/>					
The session provided content that you can apply immediately.	1	2	3	4	5
<hr/>					

The following are Yes and No questions (please circle):

Was the session the right length of time?	YES	NO
Were you satisfied with this session?	YES	NO
Will you recommend this session to others?	YES	NO
Will you attend future sessions?	YES	NO


Please take a moment to tell us how we can help you achieve health, housing & employment/income outcomes for the people you serve, i.e., increase in job acquisition, access to housing, use of health and clinical services, etc.:


On the back of this form, please let us know if you have experienced any changes in your practice or outcomes or in the way your access resources since we began these gatherings. Let us know if you have had increases in referrals to employment services, job placements, etc.


Please leave in the Feedback box on your way out. Thank you!!!


Appendix N. Sample Listserv Emails to HHE

Sample Email for Employment Resources:

 Silvia Moscardiello <Silvia.Moscardiello@libertycs.org>
Fw: Reminder: Amazon Informational Sessions at the Hamden American Job Center, Tomorrow, Feb. 21st

To:  Kil, Natalie

 You replied to this message on 5/21/2020 9:27 AM.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



 Hamden Informational...
636 KB





From: List <DOL-SOUTHCENTRALGRAND@LIST.CT.GOV> on behalf of Albert, Janice <Janice.Albert@CT.GOV>
Sent: Thursday, February 20, 2020 10:50 AM
To: DOL-SOUTHCENTRALGRAND@LIST.CT.GOV
Subject: Reminder: Amazon Informational Sessions at the Hamden American Job Center, Tomorrow, Feb. 21st

Amazon Informational Sessions

Find out what it's like to work at Amazon. Attend one of the informational sessions at the Hamden American Job Center, tomorrow, Friday, Feb. 21st, between the hours of 10:00am to 2:00pm.

Sample Email for Housing Resources:

Affordable housing opportunity- please share Inbox x  

 **Silvia Moscardiello** <Silvia.Moscardiello@libertycs.org> Thu, Jan 30, 1:10 PM (1 day ago)   
to Silvia ▾

Please click the link in Karen DuBois-Walton's e-mail below. Also, scroll down to see Connecticut projects.

From: Karen DuBois-Walton

Friends,

Please share this information. Waitlists are open for affordable units at Brookside and Rockview. Click the link and scroll down to our properties to print off the pre-application. Applications are accepted via mail, email or in person at Brookside and Rockview- 6 Solomon Crossing, New Haven, CT. Information for reasonable accommodations are included within the application materials.

<https://michaelscomingsooncommunities.com/>

Thank you for your help in getting this information disseminated.

POWER Resource Checklist

- Venue
- Snacks
- Bus passes
- Pens
- Folders
- Calendars / Planners
- Notebooks
- Hygiene kits
- Marketing materials (fact sheet and introductory presentation)
- Monitor
- Computer
- Internet access
- Attendance sign-in sheet
- 16-session curriculum content
- Guest speakers

HHE Resource Checklist

- Venue
- Snacks
- Parking
- Invitation e-mail list
- Invitation and reminders
- Meeting agenda
- Meeting handouts
- Attendance sign-in sheet
- Feedback forms

SSI Calculator

Use the following link to access the Supplemental Security Income (SSI) Calculator developed by Liberty Community Services

This tool will help staff and clients to determine how wages will affect benefits. The calculator has a formula for calculating the change in SSI check when adding earned income.

[SSI Calculator](#)

Health, Housing and Employment Gatherings

February, 2018	How Wages Affect Benefits/Rent Subsidies
April, 2018	Introduction of Housing Providers, Employment Providers and Medical Case Managers
June, 2018	Housing Panel (PSH, CAN, etc.)
November, 2018	Employment Panel
January, 2019	Housing Panel (Sober Living and other housing models)
April, 2019	Behavioral Health Panel
June, 2019	Tenant Roles and Responsibilities
November, 2019	Food Resources (Registered Dietician presentation on Eating Healthy on a Budget)
January, 2020	Pursuing Opportunities with Employment and Resources (POWER)



POWER

Pursuing Opportunities With Employment & Resources

Special Project of National Significance: HERO – Yale University – AIDS Program
HRSA HIV, Housing and Employment Demonstration Project
H97HA31435



Agenda – Learning Objectives



1. Participants will understand the context of “Work is Everyone’s Business”
2. Participants will look at employment readiness through the lens of the “Employment Spectrum”
3. Participants will explore the broad range of employment resources in their respective areas
4. Introduction to POWER – Pursuing Opportunities With Employment & Resources
5. Participants will have access to resources and guidance to customize a “job club” model within their organizations
6. Earned Income/Benefits Calculator
7. Next Steps



Work is everyone's business...

Is work their business?	Well....what can they do?
• Social Worker	?
• Grocery Store	?
• Person receiving SSI/SSDI	?
• Housing Provider	?
• Psychiatrist/Mental Health Treater	?
• Addiction Specialist	?
• Landlord	?
• Nurse, Doctor, etc.	?
• Friend, Neighbor, Family....	

THE HIV, HOUSING & EMPLOYMENT PROJECT

BOSTON UNIVERSITY

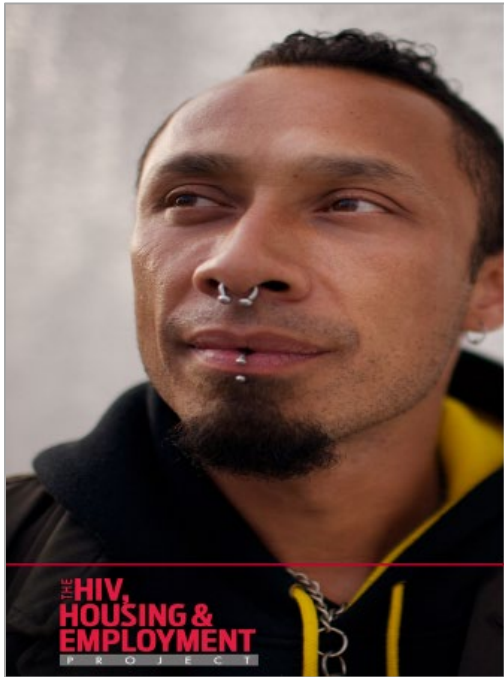
Work is everyone's business...

- What are some barriers to work in the supportive housing world
- Let's talk about advantages of work
- How do we make work "work"?
- We don't start the conversation with work...

POWER
Promoting Opportunities With
Employment & Business

THE HIV, HOUSING & EMPLOYMENT PROJECT

BOSTON UNIVERSITY



The Employment Spectrum

- It is any step that will move a person forward on their path to employment or self-development
- It is not a linear path
- People start where they are ready to start
- It includes gaining knowledge, demystification of wages & benefits relationship, volunteerism, networking, wellness, discovering strengths within, trying new things, education, temporary jobs, part time jobs, full time jobs, etc.

**ENTER ANYWHERE,
GO ANYWHERE...**

THE HIV, HOUSING & EMPLOYMENT PROJECT

BOSTON UNIVERSITY

NOW, LET'S TALK ABOUT WORK

I CAN'T WORK!!!!

- I just applied for disability benefits
- I haven't worked in years
- I never worked
- I'm scared
- I'm worthless
- I just can't
- What can I do????

I CAN MOVE ON THE SPECTRUM

- I just applied for disability and I can take a class...learn Spanish...exercise...volunteer
- I have learned more about myself since then
- I have survived the unsurvivable
- I have been scared before and I got through it
- I can discover my worthiness
- I can
- I am learning what I can do

RULE: NEVER REINVENT THE WHEEL!

Identify resources

- What resources are in the community?
- How do consumers access them?
- What are the eligibility requirements?
- Who are the gatekeepers?

Where to focus your energy

- Where are the gaps?
- What capacity exists?
- Who is using the services?
- Who is not using them?
- Are there trends?
- What can you do?



THE INTERVENTION-CUSTOMIZED “JOB CLUB”

POWER is a new initiative within Liberty’s employment services. Building upon the Getting to Work Technical Assistance Initiative through USDOL and HOPWA, **POWER** brings high visibility to employment to the organization’s consumers, staff and community partners.



THE MODEL

Model: the intervention is a derivative of the Job Club Model. “A job club, also known as a job search club or a networking club, is a formal or informal group of job seekers. The purpose of a job club is to assist with a job hunt and to give and get job search support and advice. Members might share resumes and cover letters, conduct mock interviews, recommend job leads, and offer general encouragement and advice about the job search.” (The Balance Careers, 2018)



POWER

Pursuing Opportunities With
Employment & Resources

A project of Liberty Community Services, Inc.

**THE HIV,
HOUSING &
EMPLOYMENT
PROJECT**

**BOSTON
UNIVERSITY**

GETTING READY

- Identify a lead in your organization
- Talk to your consumers – find out where they “are”
- Take an inventory of potential partners in your area – schools, libraries, employment programs and services, volunteer opportunities, bus routes, job fairs, banks, employers, etc.
- Look into your current contacts – do you have “friends” of your mission that will help?
- What resources do you have? Bus passes, snacks, socks, bags, writing tablets, pens, etc.
- Are you willing to do the work?



POWER
Pursuing Opportunities With
Employment & Resources

**THE HIV,
HOUSING &
EMPLOYMENT
PROJECT**

**BOSTON
UNIVERSITY**

A CYCLE AND RATIONALE



POWER

Pursuing Opportunities With
Employment & Resources
A project of Lower Costumes Services, Inc.

Schedule – Cycle 4 (tentative)

September

Introductions, Guidelines, Expectations:

- 18th - Orientation, Introductions, Identifying Strengths
- 19th - Computer Lab: Resource Blog, Personal Resource Inventory, Establishing Work Emails and Phone Numbers

Resume Building

- 25th - How to write a resume and cover letter
- 26th - Computer Lab: create or update resumes



A CYCLE AND RATIONALE (CONT.)

October

Entrepreneurship and banking:

- 2nd - (115p) Liberty bank and Connex (2pm)
- 3rd - Opportunity Center (115p) & ~~Key-Bank~~ (2p)

Volunteering

- 9th -YNNH HOPE Program (115p) and Sunrise Café (2p)
- 10th - Ive's Main Library (2p) and (mid-session evals)

Disability and health

- 16th - Fresh Start (1:15p) & (RSC)Key Bank (2pm)
- 17th - (115p) Community Health Care Van and the TOWERS (2p)

Education and personal development

- 23rd - Adult education (115p) and (2p)SNAP at Gateway
- 24th - (115) Conntac at Gateway

Employment

- 30th - American Job Center (115P) & Porter and Chester (2p)
- 31st - New Haven Works(115p) & emerge(2p)

November

Presentation and first impressions

- 6th - Grooming and personal care
- 7th - (430)Haircuts

Follow-ups

- 13th - What have you learned and evaluations and self-efficacy. Successes and what should future cycles be like?

All sessions start at 1:00 PM and end at 3:00 PM.

Graduate Sessions

Graduates are welcome to attend to offer support to current participants.

Graduate groups take place one day a week.



BENEFITS & EARNED INCOME



SSI Example:

SSI recipient making \$400.00 gross wages per month:

SSI + Income Calculator		
\$400.00	Gross Earned Income	
\$85.00	Subtract Exclusions	
\$315.00	Divide by 2	
\$157.50	Countable earned income	
\$771.00	SSI Cash Amount	
\$157.50	Subtract Countable earned income	
\$613.50	New SSI Cash Amount	
	Gross Income & New SSI Amount	\$1,013.50

Gross Income + New SSI Amount = 400.00 + 613.50

New monthly income \$1013.50 which is \$242.50 more than SSI amount

HOW IT AFFECTS SUBSIDIZED HOUSING:

Your Rental Portion Prior to Working:	$\$771.00 \times .30 = \231.30
Income After Paying Rent:	$\$771 - \$231.30 = \mathbf{\$539.70}$
Your Rental Portion AFTER Working:	$\$1013.50 \times .30 = \304.50
Income After Paying Rent:	$\$1013.50 - \$304.50 = \mathbf{\$709.00 (+ \$169.30)}$



IMPACT

Employment Spectrum

- Cycle 1 – 37% employed
- Cycle 2 – 68% employed
- Cycle 3 – 57% employed
 - Average Employment Rate: 54%
- 1 Accepted into HOPE Program
- 2 Enrolled in higher education
- 5 Volunteered
- n=42

Local Evaluation

- General Self-Efficacy Scale
- Self Care Scale
- Self-Esteem Scale
- These are administered at Entry and Exit.
- Results are pending analysis.



AND....

Consumer Driven

- At the mid and end point of each cycle, feedback is solicited (anonymously) from participants. A tool uses rated responses and open-ended questions to assert the program's value, impact and relevance. Feedback is used to make program adjustments and revisions to meet changing needs.

Graduate Groups

- The participants found enough value to request that a graduate group be hosted at Liberty. The group meets weekly and is led by the graduates. The intent for the ongoing participation is peer-support and mentoring.



CELEBRATE ACHIEVEMENTS

Remember to celebrate small and big accomplishments



Some Ideas

- Certificates
- Small goodies
- Text messages (encouragement when things don't go well, when they do)
- Acknowledgement and validation when things are good and when things are "crappy."
- Have a cup of coffee together and talk
- Anything that's not bad news is good news




NEXT STEPS FOR YOUR ORGANIZATION

Discussion, Questions & Answers

- You've seen two models of Job Readiness – Individual Model like Carl's presentation in Fairfield County and a Group Model like POWER. How could you implement a "job readiness" intervention?
- What might be your first steps?
- What would you definitely have as part of your program?
- Would you do it alone or with another organization/partner?
- What do you consumers say they would like or need?
- Questions?






CAPACITY DEVELOPMENT

Improving Health, Housing and Employment/Income Outcomes
by Breaking Down Silos

Special Project of National Significance: HERO – Yale University – AIDS Program
HRSA HIV, Housing and Employment Demonstration Project
H97HA31435

RESOURCE ASSESSMENT

<h3>Collect Information</h3> <ul style="list-style-type: none">• What resources are in the community?• How do consumers access them?• What are the eligibility requirements?• Who are the gatekeepers?	<h3>Analyze, Synthesize and Disseminate</h3> <ul style="list-style-type: none">• Where are the gaps?• What capacity exists?• Who is using the services?• Who is not using them?• Are there trends?
---	--



THE INTERVENTION - GATHERINGS

- **Purpose:** To facilitate productive, person-centered relationships between housing, health and employment providers by eliminating silos and increasing access. To permanently eliminate silos to expand capacity through productive access.
- **Strategy:** Motivate and engage providers to improve employment, housing and health outcomes through regular forums that promote familiarity with resources and mutual learning.

PUTTING IT TOGETHER

- The forums are created by strategically widening the invitation list from a small group of medical case managers.
- Housing and employment program managers were included in the next round.
- Case managers and employment specialists were invited.
- We continue to expand our participants.
- The first gathering was about 18 people. We now average over 60. Our invitation list is 180.



EDUCATE, CONNECT & ENGAGE



Develop a common knowledge base about resources and practices.

Encourage relationship building.

Solicit ideas for upcoming gatherings.

Feedback on value to participants.

INITIAL OUTCOMES

Liberty Community Services, Inc.

- 2014-2018 Liberty made 4 referrals to the CSN Supported Employment Programs
- 2018-2019 Liberty made 14 referrals to those programs
- 2019 Liberty implemented a "job club" program called POWER in response to a "gap" in services. 37% of the participants secured jobs. That's over the previous rate of 5%.

Community Partners

- HIV providers report that employment outcomes are on the rise.
- Referrals are being made to POWER from other organizations.
- Session evaluation scores average 4.85 out of 5 (positive)
- A planning group has emerged with representation from a range of providers.