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2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

HRSA SPNS Initiative: Improving HIV Health Outcomes Through the Coordination of Supportive Employment and Housing Services

The HIV, Housing & Employment Project

Institute Objectives



- Describe the complex needs of people with HIV who experience homelessness/housing instability and unemployment/underemployment.
- Develop strategies to build staff skills and create external partnerships to facilitate care and services.
- Share strategies, resources, and tools to provide integrated care to people with HIV who are out of care, homeless/unstably housed, and unemployed/underemployed.
- Describe opportunities to leverage partnerships with federally funded housing (HUD), employment (DOL), and other community agencies, to serve people with HIV who are homeless/unstably housed and unemployed/underemployed.

Moderator



Corliss D. Heath, PhD, MPH, Mdiv, Project Officer

Health Scientist, Division of Policy and Data

HIV/AIDS Bureau

Health Resources and Services Administration (HRSA)

U.S. Department of Health and Human Services

Presenters



Serena Rajabiun, MA, MPH, PhD, Co-Principal Investigator
Evaluation and Technical Assistance Provider, Boston, MA

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Positive Resource Center, San Francisco, CA

Cynthia Tucker, Dr. P. H., Principal Investigator
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Addressing Barriers to Care for PWH Experiencing Homelessness and Un/Underemployment

The HIV, Housing & Employment Project: Session One of Three

Session One Objectives



- Describe the needs of people with HIV/AIDS who are experiencing homelessness or unstable housing and the unique challenges in achieving retention in care and viral suppression.
- Learn strategies to address the challenges at the patient, provider, and system level.

Background



Achieving success in housing, employment, and HIV primary care requires an intentional and coordinated effort, as they are interdependent upon one another.

- Finding and maintaining housing is difficult in the absence of employment.
- Employment is challenging to keep if stable housing is not achieved.
- Both lack of housing stability and employment can negatively impact retention in HIV primary care.

HIV Care, Housing, and Employment must be addressed collectively for people with HIV to achieve viral suppression.

Background



Currently in its third year of a three-year demonstration project cycle, the HIV, Housing & Employment Project is supported through funding from the Department of Health and Human Services Secretary's Minority AIDS Initiative Fund and the HRSA HIV/AIDS Bureau's Special Projects of National Significance program.

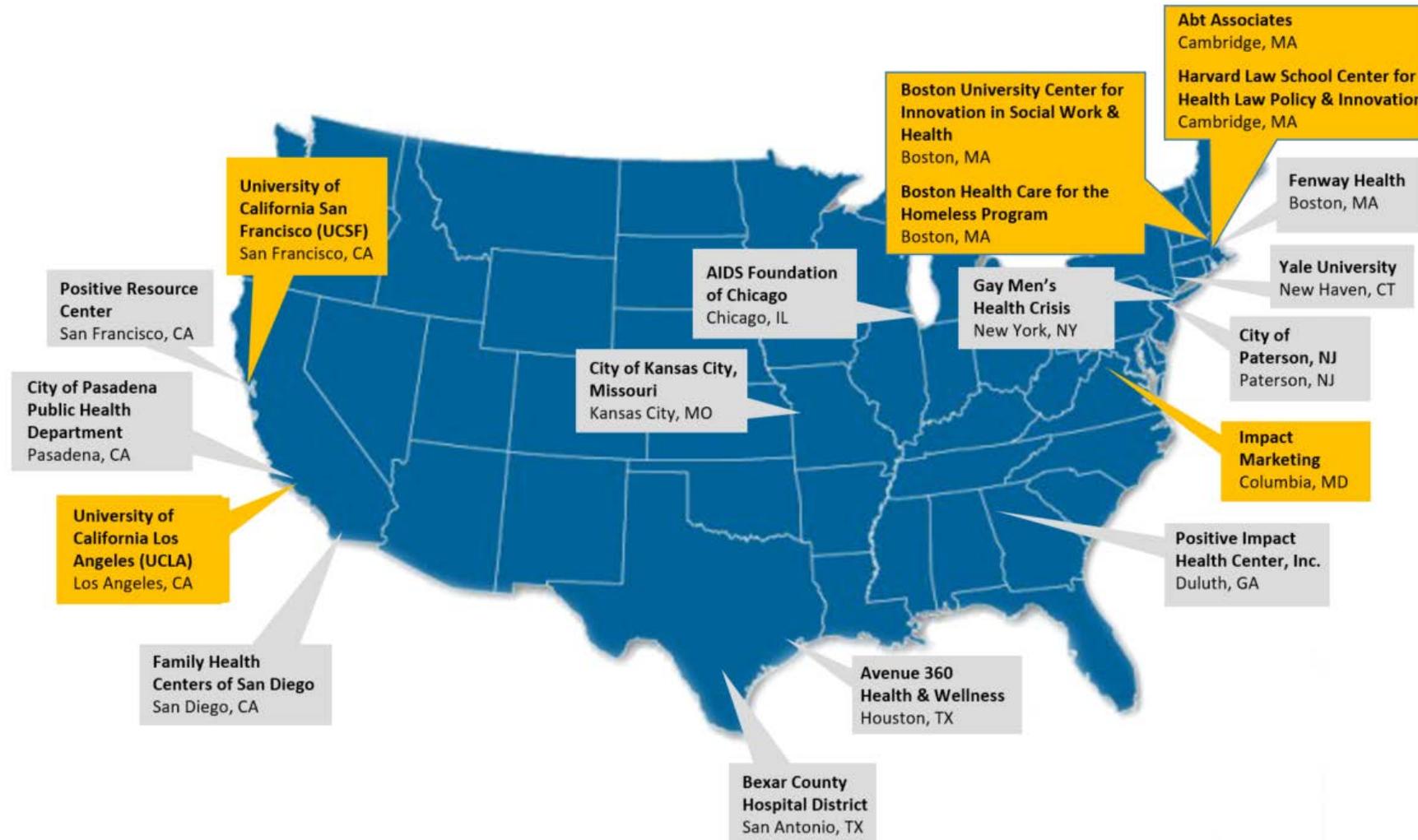
Twelve Demonstration Sites funded to:

Improve health outcomes for low-income, uninsured, and underinsured people with HIV (PWH) in racial and ethnic minority communities by coordinating health, housing and employment service systems designed to address social determinants of health disparities such as poverty and homelessness.

One Evaluation and Technical Assistance Provider (ETAP) funded to:

- Conduct a rigorous multi-site evaluation
- Coordinate and provide TA to the demonstration sites
- Lead and coordinate the efforts for publication and dissemination

Demonstration Sites



Project Organizational Settings



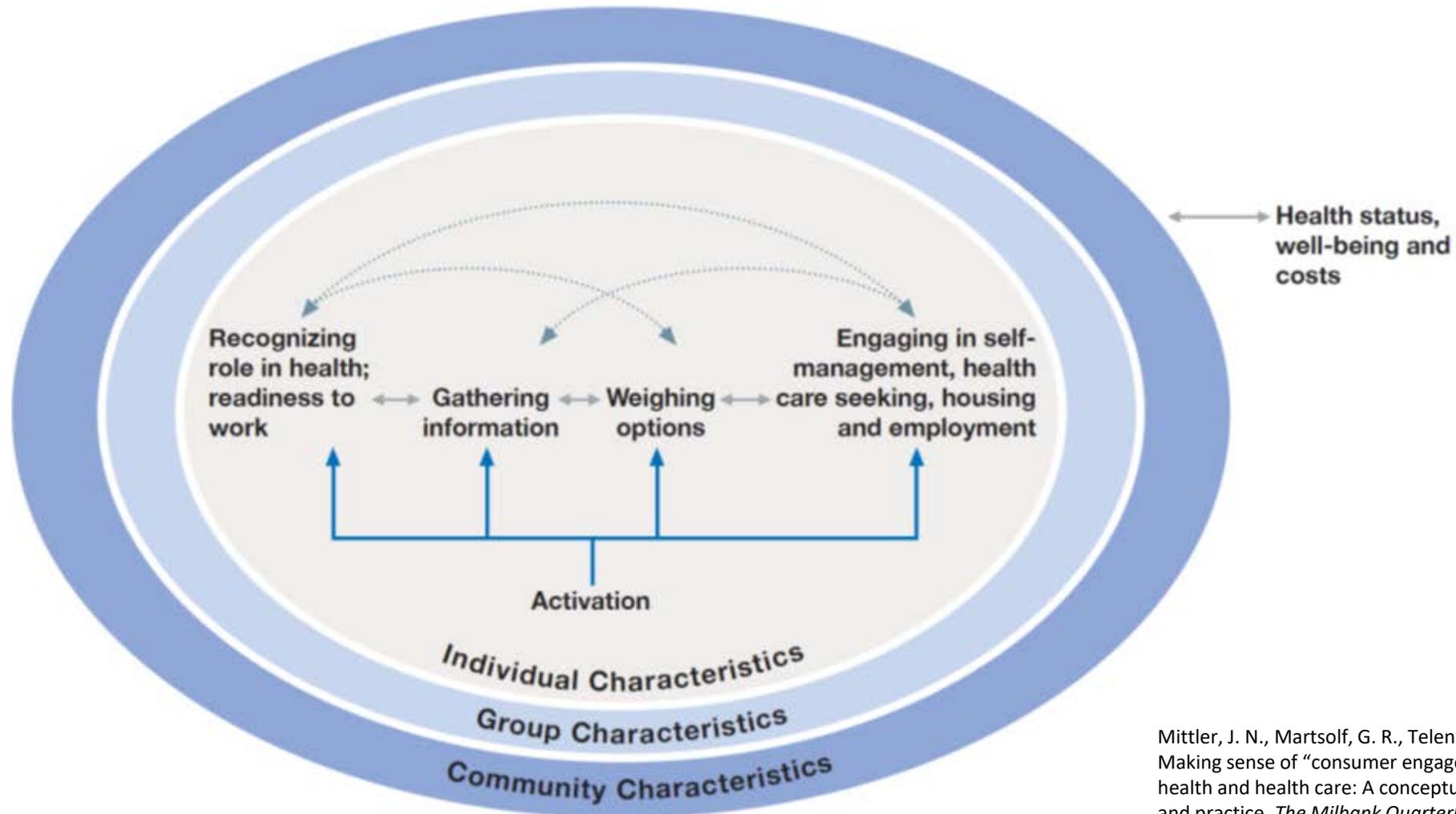
City Health Departments and District	RWHAP &/or Federally Qualified Health Center	AIDS Service Organization	Other
Bexar County Hospital District, TX	Avenue 360 Health and Wellness	AIDS Foundation Houston	Yale University
City of Kansas City, MO	Family Health Centers of San Diego	AIDS Foundation of Chicago	
City of Paterson, NJ	Fenway Health	Gay Men’s Health Crisis	
City of Pasadena, CA	Positive Impact Health Center, Inc.	Liberty Community Services, Inc.	
		Positive Resource Center	

Site Intervention Types



Intervention Type	Number of Sites
Care Coordination/Navigation	12
System-wide case management training	3
Internal case management training	3
Streamlining referrals	3
Engaging HOPWA-funded TH	2
Expanding IT capacity	2

The Engaging Consumers in Health and Health Care in Communities (ECHC) framework



Mittler, J. N., Martsolf, G. R., Telenko, S. J., & Scanlon, D. P. (2013). Making sense of “consumer engagement” initiatives to improve health and health care: A conceptual framework to guide policy and practice. *The Milbank Quarterly*, 91(1), 37-77.

Process and Implementation Questions



- What are the key strategies to expanding employment opportunities for homeless and unstably housed PWH? How do these strategies reduce barriers and facilitate access to employment opportunities?
- What is the level of engagement needed to get a PWH employed?
- What does it cost to implement a successful intervention?
- What are the barriers and facilitators to the implementation of the proposed model?
- How is the model integrated into the mission and existing work of the site clinic/agency?

Outcome Questions



- Do the interventions:
 - lead to an increase in the number of previously homeless/unstably housed PWH retained continuously in quality HIV care?
 - lead to an increase in the number of previously homeless/unstably housed PWH who are virally suppressed?
 - lead to an increase in the number of employed PWH retained continuously in quality HIV care?
 - lead to an increase in the number of employed PWH who are virally suppressed?
- Are there differences in health outcomes over time for PWH by housing status and employment status?
- What factors are associated with improved employment over time for PWH?



Demographics and Baseline Data

Enrollment Criteria



- 1. 18 years or older**
- 2. HIV-positive (and meets one of the following criteria)**
 - Newly Diagnosed (within 12 months)
 - Not engaged in HIV primary care
 - At risk of falling out of care
 - Not virally suppressed
- 3. Homeless or unstably housed**
- 4. Unemployed or underemployed**

Demographics (N=1083)

At Baseline



Gender Identity	% of Clients Enrolled
Cisgender Man	77.7%
Cisgender Woman	17.1%
Transgender Woman	3.3%
Transgender Man	0.6%
Other	1.4%

Demographics (N=1083)

At Baseline



Race/Ethnicity*	% of Clients Enrolled
Hispanic	32.7%
Black/African American	43.2%
White	12.7%
Other	10.9%
US Born	82.3%

*Check all that apply response option

Demographics (N=1083) At Baseline



- Age Range: 18-73 years
- Average Age: 40.3 years

Risk Factors (N=1083) At Baseline



- Just over half (57%) of participants reported very good/excellent medication adherence
- High rates of incarceration history: roughly 2 in 3 participants were ever in jail and 1 in 3 ever in prison
- High rates of mental health challenges (70% had risk of depression; 53% moderate/sever anxiety)
- Moderate to high rates of substance use in past 3 months
 - 1 in 2 used cannabis
 - 1 in 4 amphetamines
 - 1 in 6 cocaine
 - 1 in 13 opioids

Housing Status (N=1083) At Baseline



Self-Described Housing Status	% of Clients Enrolled
Currently homeless	43.5%
Imminent risk of losing housing	11%
Unstably housed	42.7%
Stably housed	2.7%
Ever homeless	86%

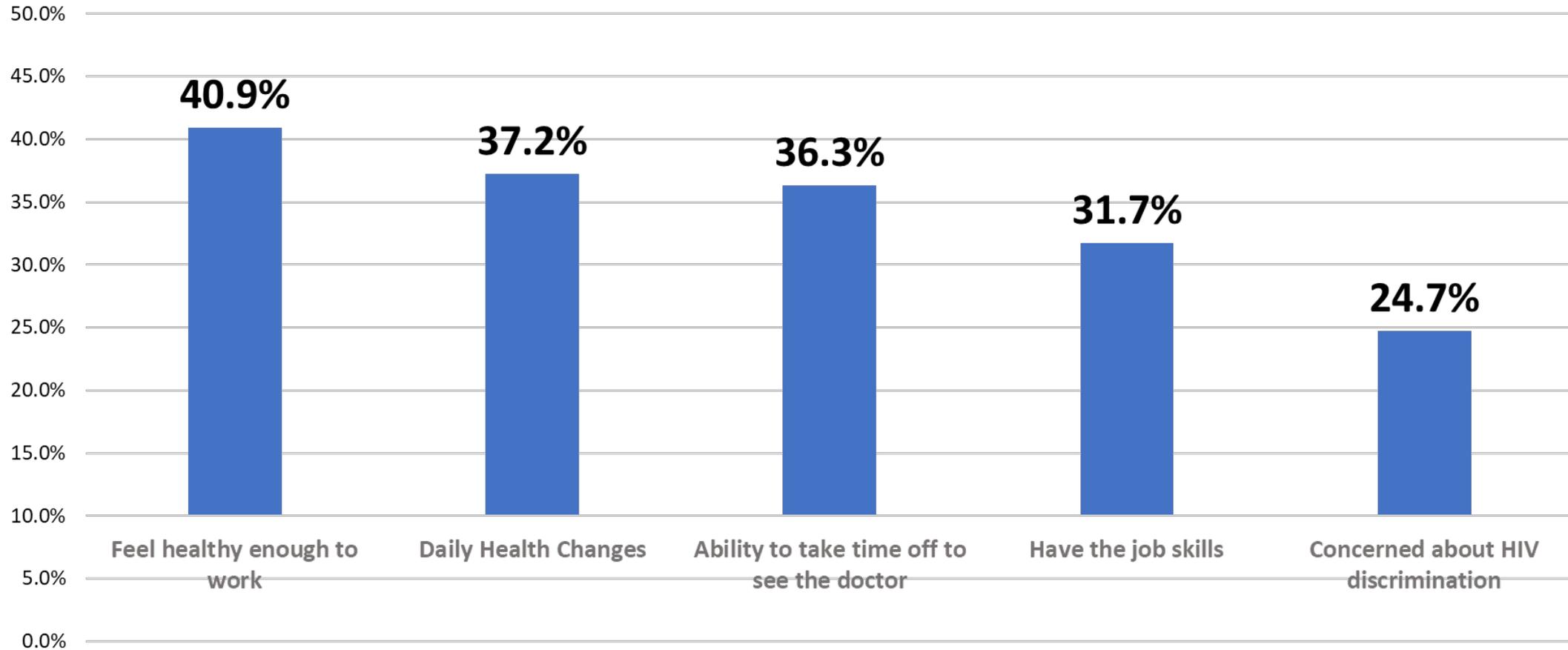
Employment Status (N=1083)

At Baseline



Employment Status	% of Clients Enrolled
Not currently working	80.6%
Currently working	19.3%
Working but under-employed	22.2%
Need training or vocational support	65.8%

Employment Barriers



Structural Barriers



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“As we were putting all of this together, **we know societal issues are the problem, poverty, racism, discrimination, mass incarceration, employment.** I mean we could stand up here and we could make a wheel of all those issues and it impacts. We want to figure out how we can work on two of them that will make a change and then **think what we want to do is try to put together some structural interventions that will allow us to maybe touch on this.**”



Working with Transgender Populations

Joe Ramirez-Forcier, Positive Resource Center
San Francisco, CA
www.prcsf.org

Transgender Community



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Population

- San Francisco History
- Compton Cafeteria Riot of 1966
- Homelessness: LGBTQ+ 27%
- Demographics

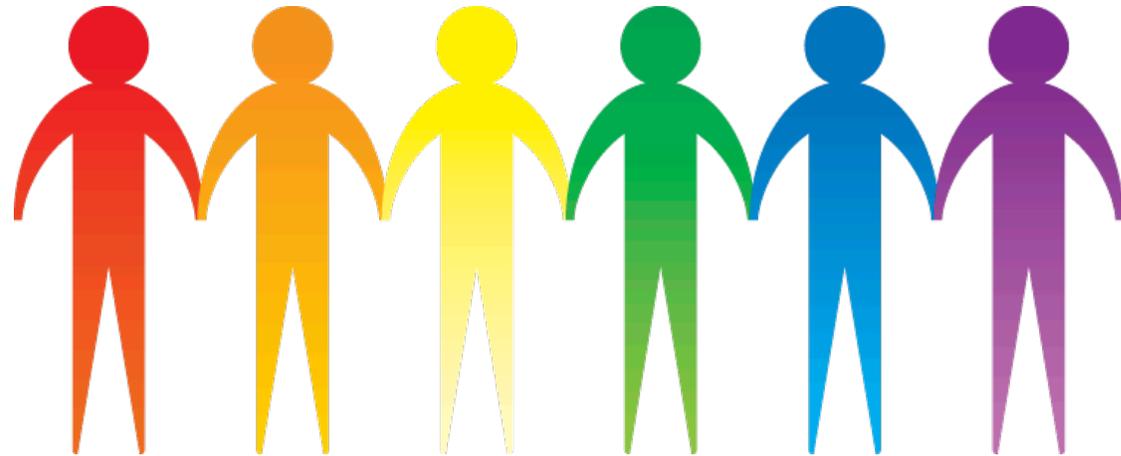


Sources: GLBT Historical Society <https://www.glbthistory.org/catalog-search>; Screaming Queens: The Riot at Compton's Cafeteria – San Francisco, CA (2005) <https://www.imdb.com/title/tt0464189/>; City and County of San Francisco. (2019) Homeless Count Point-in-Time Count: Executive Summary https://hsh.sfgov.org/wp-content/uploads/2020/01/ExecutiveSummary_SanFrancisco2019.pdf. Williams Institute. Census Snapshot.,(2008).California Gay, Lesbian, and Bisexual Population. <https://www.issuelab.org/resources/1668/1668.pdf>

Transgender Community

Barriers:

- Racism
- Genderism
- Trauma
- Housing
- Employment
- Social
- Medical



Transgender Community

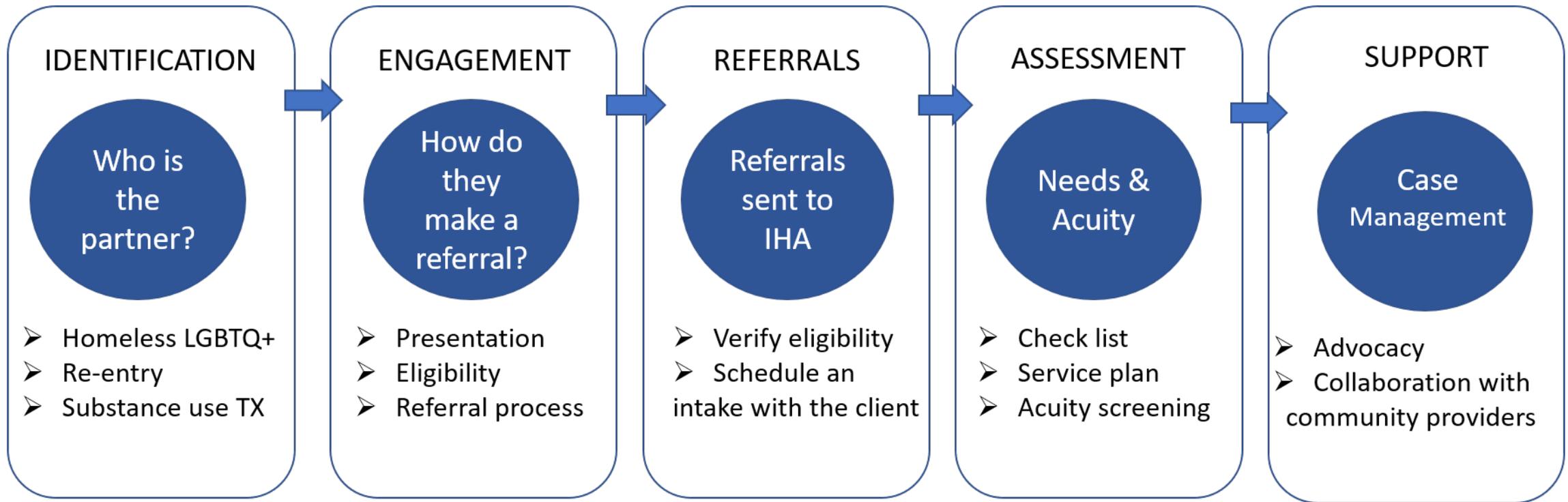


We address the barriers through:

- Linkage to Care Health, Mental Health, Substance Use
- Housing
- Benefits GA/Cal Fresh/SUI/ SDI/SSI/SSDI/Emergency Financial Assistance
- Education – Computer Training, Peer to Peer Training,
- Employment

Transgender Community

How we did it



Transgender Community



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Acuity Screening Form

Client's Name: _____ Date: _____ Staff: _____

Please check one box for each life area.

Life Area	Self-Management	Moderate Needs	Urgent Needs
Medical & Mental Health			
Linked to HIV care	<input type="checkbox"/> Engaged in consistent HIV medical care	<input type="checkbox"/> Completed 50% or more HIV medical appointments in the last 6 months	<input type="checkbox"/> Has completed less than 50% of HIV medical appointments in the last 6 months
Health Insurance / Medical Care Coverage	<input type="checkbox"/> Has own medical insurance, able to access medical care	<input type="checkbox"/> Enrolled in medical care benefits programs, needs occasional assistance accessing care	<input type="checkbox"/> Needs referral, no health insurance or inadequate benefits, needs immediate assistance
Current HIV Health Status	<input type="checkbox"/> Virally suppressed, no hospitalization in the last 6 months	<input type="checkbox"/> Detectable viral load, no hospitalization in the last 6 months	<input type="checkbox"/> Refuses ARVs with CD4 < 200, or newly diagnosed in the last 6 months
Medication Adherence	<input type="checkbox"/> Adherent to medication 100% of time	<input type="checkbox"/> Adherent to medication 50% or more time, reminder not needed	<input type="checkbox"/> Resistance or minimal adherence to medications, or reminder needed
Mental Health	<input type="checkbox"/> No history of mental health issues; no treatment required or getting adequate care	<input type="checkbox"/> History or current difficulties, already engaged in mental health care	<input type="checkbox"/> Immediate intervention needed; danger to self or others or gravely disabled
Substance Use	<input type="checkbox"/> No difficulties or long term stability or no history	<input type="checkbox"/> History or recurrent problems, not impacting daily functioning	<input type="checkbox"/> Current use impacting daily functioning, immediate intervention needed

Activity Check List

The HIV, HOUSING & EMPLOYMENT PROJECT

Date: _____

PROJECT

Integrative Health Analysis

Client ID: _____

MEDICAL / DENTAL / VISION

- HIV Medical Care
- Dental or Vision Care
- Mental Health Care

PERSONAL HYGIENE

- Hygiene Supplies
- Free Haircuts

FINANCE

- Open an account with one of "BankOn San Francisco" sites
- Consumer Credit Counseling Service
- Money Management
- General Assistance or CAAP

LEGAL

- Benefit Counseling: SSI, SDI, SSDI (PRC)
- Immigration/Housing/Bankruptcy/Conservatorship/Tax, etc.
- Criminal Justice issues

EMPLOYMENT

- Employment Services (PRC)
- DOR Orientation (PRC)
- Barista Training
- CHEFS Program
- Volunteer Programs
- Mental Health Day Treatment
- Group Therapy & Support groups
- GED Classes

HOUSING

- DAHLIA / Plus Housing
- Coordinated Entry
- Treatment Programs with Housing
- 311 Shelter Reservation Waitlist for a 90 day bed
- Housing Clinics
- Housing in other cities or States

OTHERS

- DMV IDs
- MUNI CLIPPER Card
- Public Library Card
- Lifeline Mobile Phone
- Low Cost Computers
- Food Stamps & Food Banks

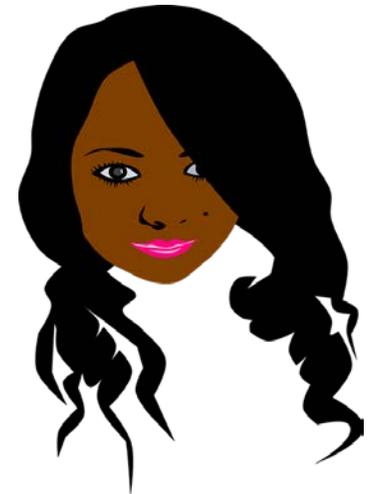


Transgender Community

Story of Rebecca*:

Rebecca is a 53 year old trans woman who has been homeless for over 10 years and struggling with substance use disorder and mental health issues. During the intake, Rebecca told the staff that she's having a breast argumentation surgery in a couple of weeks and needed a place to stay. "My doctor said he wouldn't do my surgery if I don't have a place where I can focus on recovery" she said.

The staff has many years of experience working with transgender community and recognized how important it is for her to have the surgery without delay. It's about her wellbeing and a higher level of contentment and happiness.



*Name changed for privacy

Transgender Community



Story of Rebecca:

Rebecca and the staff created a service plan.

- 1) Referral to the Coordinated Entry (SF Homelessness Response System)
- 2) Secure a bed for post-surgery at community medical recovery center
- 3) Reserve a 90 day shelter bed

The staff successfully assisted Rebecca during this process. Rebecca had the surgery of her dream as scheduled, then spent 2 weeks at the community medical recovery center. A month after the surgery, the Coordinated Entry was able to offer her a SRO unit. Rebecca is no longer homeless. Since she has an MSW, Rebecca wishes to return to the social work field someday.

How to sustain this essential direct service work?

- Integration into existing services
- New funding – Local/State/Federal
- Policy – Local/State Level



Promising Practices for Housing and Employment with the Reentry Population

Cynthia Tucker, Dr. P.H. AIDS Foundation of Chicago

Safe & Sound Return Partnership

SPNS Initiative Improving Health Outcomes Through

The Coordination of Supportive Employment & Housing Services



Background & Need



- Illinois has the country's eighth highest offender population
- Over 215,200 men, women, aged 18 and over
- Characteristics overlap with groups experiencing increased HIV rates
- At present, about 1.6% in IL prisons are HIV+ and 0.56% of persons in Cook County Jail
- Lack of economic resources
- High rates of mental health needs
- Trauma
- Substance use
- Dual stigma
- Family reunification & social support



Safe and Sound Return Partnership

EMPLOYMENT & HOUSING

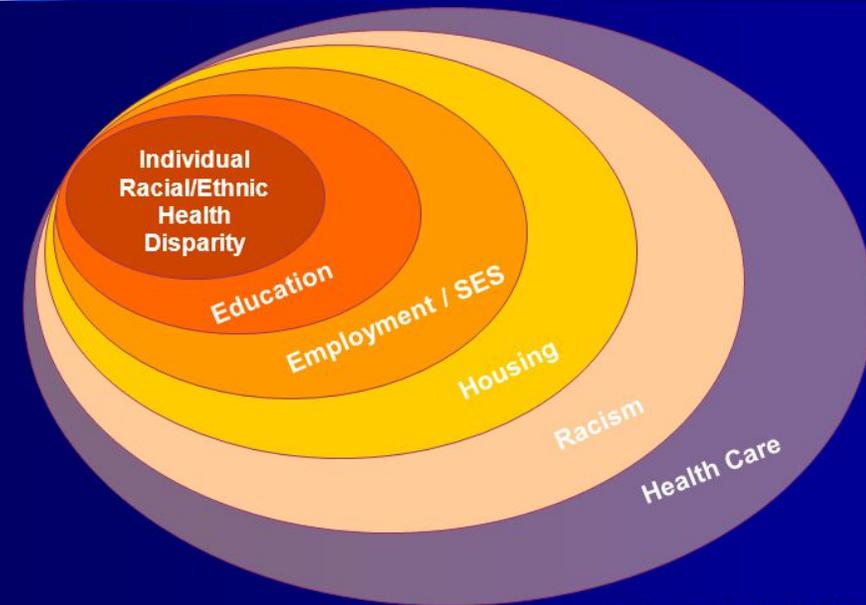
Safe & Sound Reentry Partnership (SSRP): What We Do



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- Multi-level, Multi-discipline Taskforce
- Person-Centered Assessment (CAB)
- Social Support, Coaching, Mentoring
- Housing Navigation Services
- Work Readiness
- Job Development
- Retention Support
- Reemployment Activities and Intensive Case Management

Racial and Ethnic Health Disparity *Circles of Influence*



Columbus Health Department



SSRP Program Activities

- Created a multi-level, multi-disciplined taskforce
- Employed Peer Reengagement Specialist to provide Employment and Housing navigation services
- Partnered with National Alliance to Empower the Formerly Incarcerated to train taskforce and create reentry circles for participants
- Partnered with SOLVE-Is to expand employment training and job placement
- Created a SSRP Women's Connection Summit modeled after the IDPH Summit of Hope

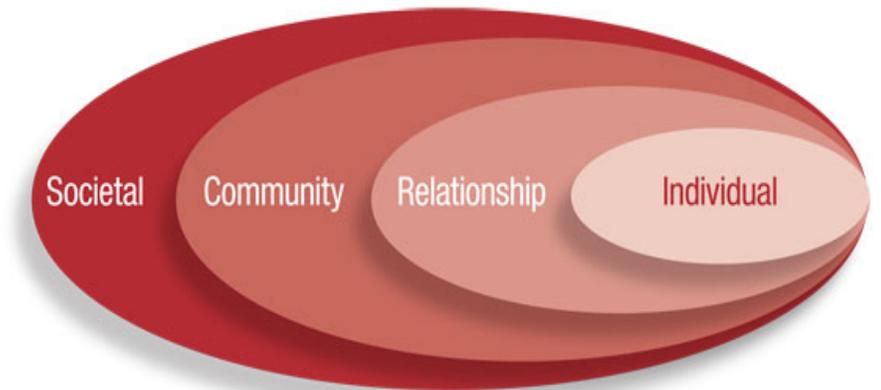


Figure 1.2. The Social-Ecological Model: A Framework for Prevention

How We Did It: SSRP Taskforce

- Addressed gaps and built capacity in reentry services
- Provided trauma-informed and culturally competent training and education
- Worked with a community advisory board and conducted focus groups
- Created program and policy related strategies



How We Did It: Peer Reengagement

- SSRP employed a team approach
- Utilized existing ICCM program and SSRP **Peer Reengagement Specialist (PRS)**.
- Navigated across disparate resources
- Employment services and engagement
- Reduced barriers to service uptake
- Encouraged retention
- Assisted in building provider trust



National Alliance for the Empowerment of the Formerly Incarcerated (NAEFI)

- Specific and tailored trauma informed trainings and practice
- Create Reentry Circles
- Work directly with clients on employment coaching and mentoring
- Work to reduce isolation and acquire strategies to pursue and maintain healthy relationships



Solve-IS: Web-based Employment

- Client intake
- Barrier identification
- Client tracking
- Social services referrals
- Job posting
- Job referrals
- Job apprenticeship programs
- Outcome measurements



Summits of Hope



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- Connection with Parole
- Increased Access to Employment
- Increased Access to Housing
- Increased Community Outreach
- Provided Training and Education
- Provided Transportation
- Provided Health Screenings & IDs
- Women's Closet, Hair and Skin Services
- Provided Toiletries, Tote Bags and T-Shirts
- Raffles, Food & Entertainment



Summit of Hope: Outcomes



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90+ Increased Partnership and Collaboration

2 Successfully Increased Job Opportunities

100+ Participants, Networking and Services

4+ Provided Health Screenings

2 Integrated Employment and Housing into a Non-Threatening Event



Overall Outcomes and Lessons Learned



Client Story

- 57 yr. old - Enrolled into SSRP and ICCM
- Met with peer; found a job
- Homeless due to COVID-19
- Currently in Bridge Housing
- Employed in Food Industry
- Permanent housing in July 2020



Lessons Learned

- Taskforce is crucial to program
- Peer Reengagement Specialist augments ICCM work and increases probability of employment
- Increase employers at the taskforce table
- Data is priority number one



Addressing Barriers To Care for Undocumented Populations

Nancy Vasquez, B.B.A., CHW

Bexar County Hospital District, University Health System
San Antonio, TX

Bexar County Hospital District dba University Health System



- South Texas' only safety net health system
- Level 1 Trauma Center
- Texas' 3rd largest hospital system
- 28 County Service Region across South Texas
- Over 900 Physicians and Residents
- More than 8,800 employees
- South Texas' first and only health system to earn Magnet status from the American Nurses Credentialing Center



Bexar County Health District dba University Health System



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Mission - The mission of University Health System is to improve the good health of the community through high quality compassionate patient care, innovation, education and discovery.

Vision - We are leading the way to be one of the nation's most trusted health institutions.

Values - Our patient care will be high quality and compassionate above all, attentive, kind and helpful without exception, and wise in the use of resources.



University Health System

Thinking beyond

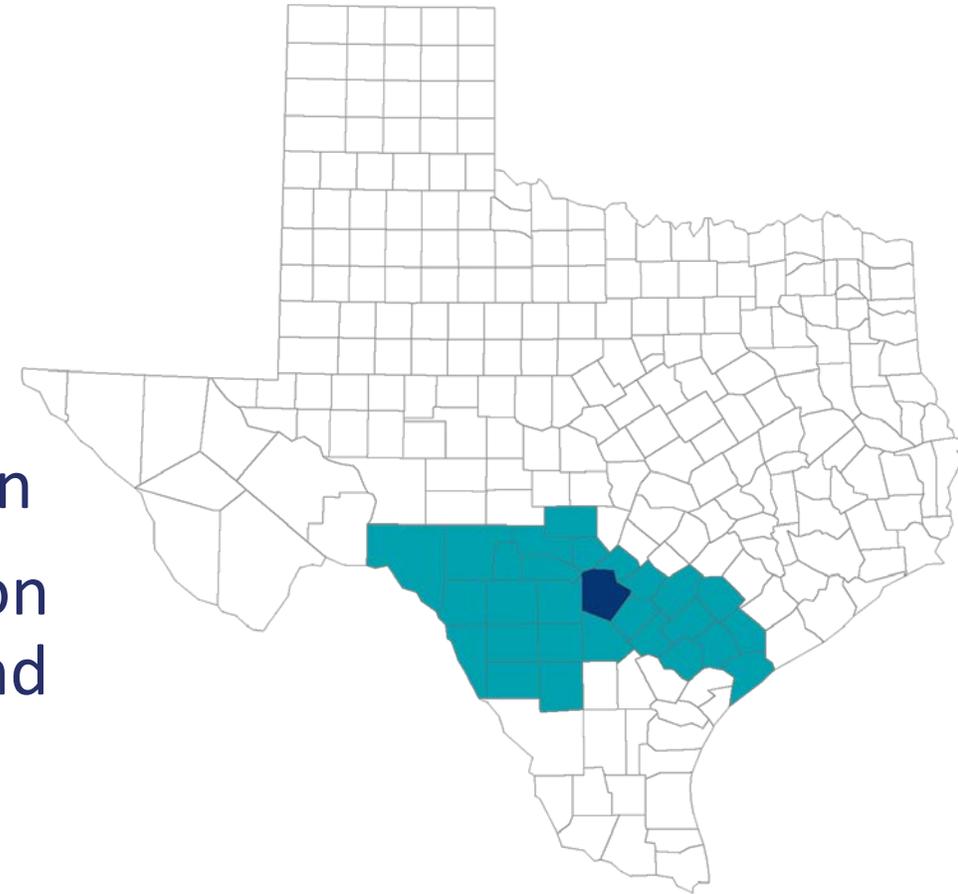


Bexar County Hospital District dba University Health System



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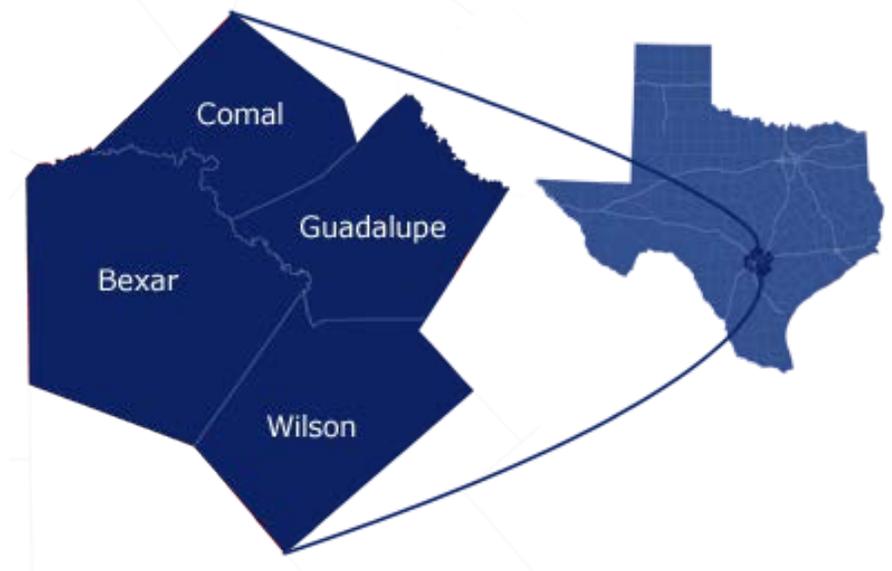
- San Antonio is the 7th largest city in the United States
- Bexar County, the fourth most populous county in Texas, slightly larger than Rhode Island
- 94% of the region's PWH (People With HIV) can be found in the San Antonio metropolitan region
- Bexar County has a significantly larger proportion of Hispanics (60.5%) than both Texas (37.6%) and the nation (16.3%)



Bexar County Health District dba University Health System



- Ryan White Administrative Agency for Parts A, B, D, and F (SPNS)
 - Serves the San Antonio Transitional Grant Area (SATGA) 4 county area – Bexar, Comal, Guadalupe, and Wilson
 - 2.4 million people
- UHS - Family Focused AIDS Clinical Treatment Services clinic (FFACTS)
- Subcontracts with the SATGA's largest HIV specialty community organizations
 - Black Effort Against the Threat of AIDS (BEATAIDS)
 - San Antonio AIDS Foundation (SAAF)
 - Alamo Area Resource Center (AARC)
 - El Centro del Barrio (CentroMed)



Special Project National Significance



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- BCHD first SPNS program
 - September 2017
- Project Investigator
- Three Member Advocates
- Program Coordinator
- Data Manager
- Data Coordinator



Member Advocates

- New to HRSA/SPNS
- Experience
- Skills Sets
- Desired to Help
- Onboard Training
- Self Awareness



Client Case: “Maria”



- Honduran Immigrant Woman
- Facing Foreclosure
- Husband Passed Away (AIDS)
- Widowed Leaving her as Head of Household
- Transmitted HIV to American born twin daughters

Challenge

- About to lose home
- Mourning loss of husband
- No formal work experience
- Provide for her four children
- No family support





- Empower client
- Discover strengths
- Build on present skills

- Joy for cooking identified
- Magnified her natural entrepreneur spirit
- Promoted plate sales and grew to catering
- Generated income to support family





- Listen carefully for strengths
- Capitalize on current skills and natural brilliance
- Provide feedback to help client make best decisions

Client Case: “Miguel”



- Mexican immigrant male
- Undocumented for 25 Years
- Cash only employee (Under the table)
- Service industry jobs
- Last employment at car dealership

Challenge

- Long time undocumented status
- Chronic homelessness
- No family or friends
- Bad luck
- No previous knowledge on car registration requirements





- Continue to motivate
- Goal setting with client
- Connecting with legal aid

- Identified clients abilities to keep working
- Education and ability to learn English helped him survive
- Strong will to keep moving forward





- Providing different resources as some might not be available to client
- Try to communicate as often as possible
- Understand client's history and barriers



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Panel Discussion

Contact information & Resources



The Evaluation and Technical Assistance Provider

- Serena Rajabiun, MA, MPH, PhD, Co-Principal Investigator, rajabiun@bu.edu

Positive Resource Center, San Francisco, CA

- Joe Ramirez-Forcier, Principal Investigator, Joe.RamirezForcier@prcsf.org

AIDS Foundation of Chicago, Chicago, IL

- Cynthia Tucker, Dr. P. H., Principal Investigator, ctucker@aidschicago.org

County Hospital District dba University Health System, San Antonio, TX

- Nancy Vasquez, B.B.A., CHW, Nancy.Vasquez@uhs-sa.com

Website:

<https://targethiv.org/ta-org/hiv-housing-employment-project>

Upcoming workshops



- **Wednesday August 12, 2:30-4:00pm EST**
 - Abstract ID: 16782:
Systems Models Providing Care and Treatment to People with HIV experiencing homelessness and under/employment
- **Thursday August 13 2:30-4:00pm**
 - Abstract ID: 16783
Leveraging Multisectoral Partnerships to Increase Housing And Employment Support Services for PWH Experiencing Homelessness and Under/Unemployment
- **Thursday August 13, 4:30-5:30**
 - Abstract ID: 16769
 - Leveraging HRSA and HUD Funding to Improve Outcomes for People Who Are Unstably Housed

How to Claim CE Credit



- If you would like to receive continuing education credit for this activity, please visit: ryanwhite.cds.pesgce.com



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Thank you

The HIV, Housing & Employment Project: Session One of Three
UPDATE WITH OTHER WORKSHOP TIMES



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Live Discussion