Improving HIV Health Outcomes through Coordinated HIV Care, Housing & Employment Services

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2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Disclosures

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- Tom Byrne has no relevant financial interests to disclose
- Silvia Moscariello has no relevant financial interests to disclose
- Erik Moore has no relevant financial interests to disclose
- Serena Rajabiun has no relevant financial interests to disclose

Learning Objectives

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- Describe how the unmet social needs of people living with HIV, such as housing and employment, affects their HIV adherence and engagement in care.
- Summarize the multi-sectoral care models implemented by twelve Ryan White-funded demonstration sites to coordinate HIV care, housing, employment, and other social needs to improve HIV health outcomes.
- Examine the impact that gaining housing and employment had on client HIV health outcomes and implications for future research.

Project Purpose

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Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) Program

Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services

- Design, Implement, & Evaluate
  - Innovative interventions **coordinating HIV care and treatment, housing, and employment services** to improve HIV health outcomes for low-income, uninsured, and underserved people with HIV in racial and ethnic minority communities.

RWHAP SPNS Funded Sites and Partners

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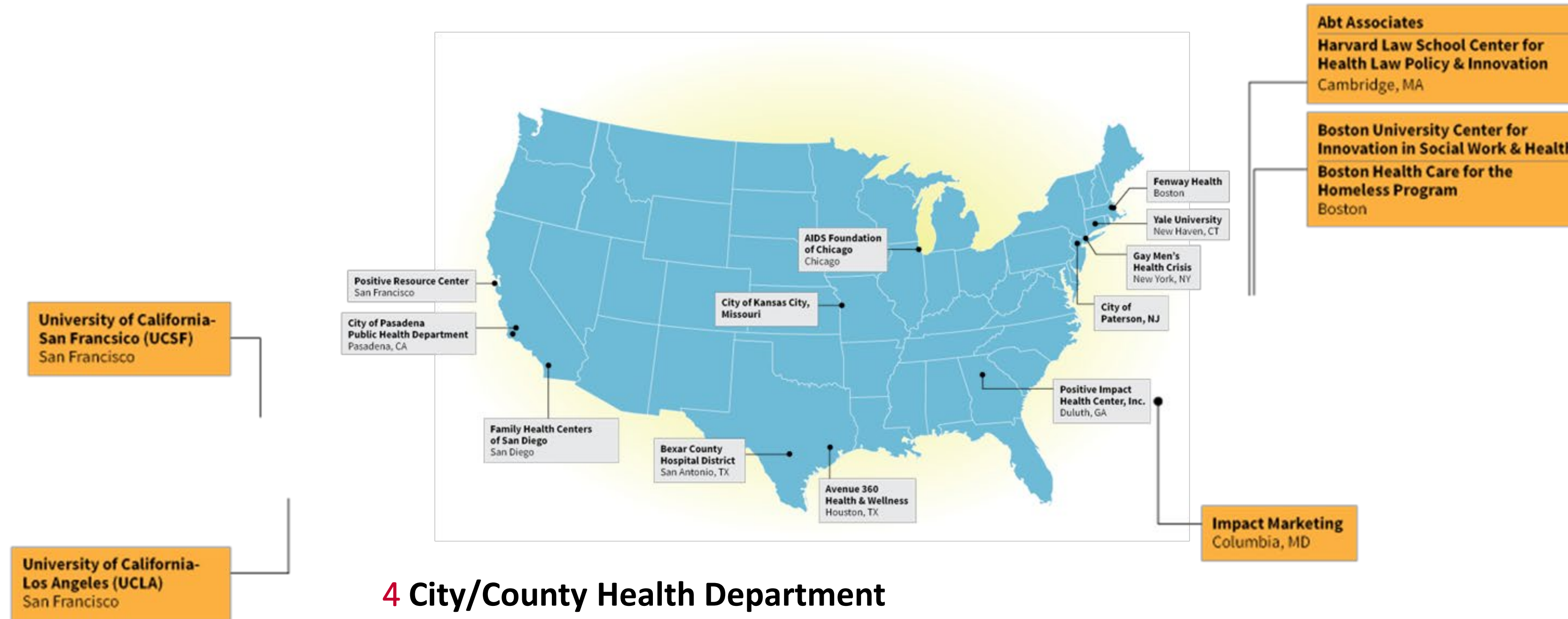
12 Demonstration Sites & 1 Evaluation & Technical Assistance Provider



4 City/County Health Department

4 HRSA Community Health Centers

4 AIDS Service Organizations or HIV Comprehensive Care Agencies

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POSITIVE IMPACT HEALTH CENTERS

HRSA - H.O.M.E.S.

(Housing Opportunities Medical and Employment Services)
SPNS (Special Project of National Significance)

HOUSING AS HEALTH CARE:
THE INTERSECTION OF HOUSING, HEALTHCARE & SOCIAL WORK

CHALLENGES

The negative health effects associated with unstable housing, homelessness, and unemployment are profound. Homeless patients are at high risk of falling out of care and missing appointments.

Unstable housing contributes to poor viral suppression and adherence rates.

SOCIAL WORKERS STEP-UP TO THE CHALLENGE

Viral suppression has become a crucial goal for ending the epidemic, as those who are undetectable cannot transmit HIV. Focusing on their work with individuals living with HIV, **social workers can attest to how housing stability plays an important role in both viral suppression and medical care adherence.**

A THREE-PART PLAN

1 **Create intensive case management focused on housing stability to mitigate adherence issues & support positive health outcomes.**

- Incorporating intensive case management with a (Housing First) model helps People Living with HIV (PLWH) address their housing instability while working towards employment and maintaining consistent medical care.

2 **Engage clients & seek their input as these are major drivers of success.**

- Clients who experience the most success followed an individual service plan, developed in partnership with their social work case manager to obtain housing and employment and become undetectable.

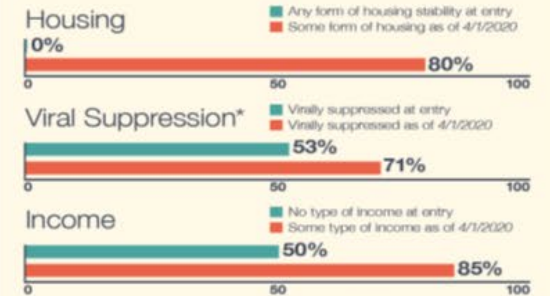
3 **Create & implement an innovative care delivery system to include housing & employment services**

- This helps ensure that clients in the most critical need of health care are retained in care and become undetectable.

OUTCOMES FROM EXPERIENCE

To date, among **104 clients** enrolled in the Positive Impact Health Centers' intervention:

Average client
37 years old | 85% male | 83% African American



*Agency-wide viral suppression rate of 91%.

POSITIVE IMPACT HEALTH CENTERS
positiveimpacthealthcenters.org

About the Program

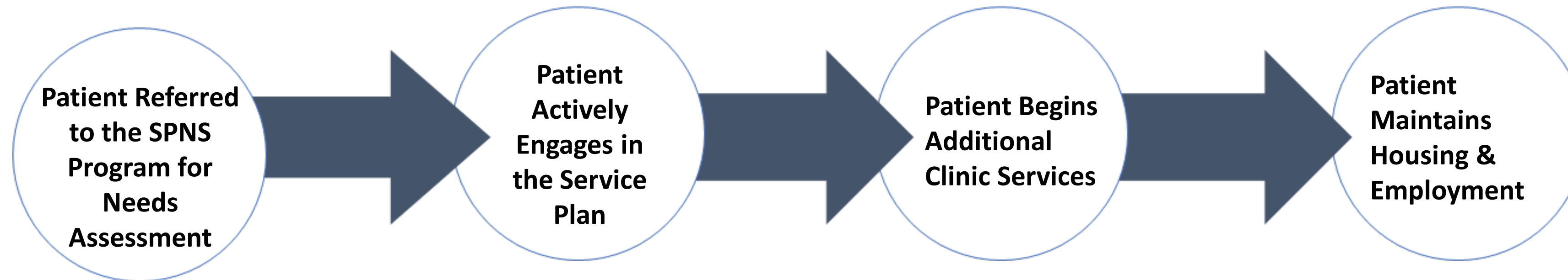
Positive Impact Health Centers (PIHC) integrated this model to develop an intensive case management program focused on housing and employment to promote improved health outcomes in patients lost to care or in danger of falling out of care.

*** HRSA Acknowledgement:**

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA31433 Special Projects of National Significance (SPNS) Initiative, Improving Health Outcomes Through the Coordination of Supportive Employment & Housing Services, in the amount of $900,000 awarded to Positive Impact Health Centers. No percentage of this project was financed with non-governmental sources. This information or content and conclusions are those of the authors 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.

From Homeless to Housed

- **Engagement Challenge**:
- How do we keep individuals with multiple barriers engaged while working towards housing and employment goals and successful health outcomes?

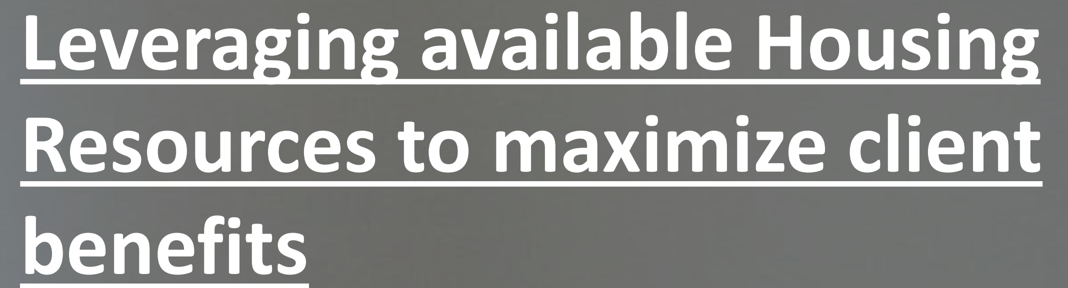


HOMES case manager meets with the SPNS study enrollee to perform a needs assessment. Patient & the case manager complete an individual service plan that outlines goals and responsibilities of the patients and case manager.

Enrollee works with a HOMES case manager to identify housing and employment opportunities, the patient is simultaneously referred to additional clinic services. The team reinforces the fact that Income & Housing stability are the key to unlocking additional services.

The patient meets with auxiliary care providers such as substance abuse counselors, behavioral health therapists or peer navigators. The multi-disciplinary team works behind the scenes to ensure patient stability and successful outcomes.

The patient obtains employment and housing is secured. The HOMES case manager continues to provide ongoing case management including budgeting and referrals for housing supports and utility assistance .


Leveraging available Housing Resources to maximize client benefits

- Scott is a 63 year old WM, who has been positive since 1985. Scott came to Positive Impact Health Centers, through our in-house substance use program with an elevated viral load, an extensive history of poly-substance drug use and housing instability. Scott was referred to the HOMES Project due to his need for case management, risk of homelessness along with active substance use issues that consumed the majority of his monthly income. Scott also has an extensive history of mental illness centered on schizophrenia.
  At the time of the referral, Scott was living in his landlords garage who was also selling him meth. This scenario created a dangerous situation because Scott was medically fragile, out of HIV care and had refused all behavioral health interventions and meds.

Where/How did we begin?

Scott White

Client Concerns:

- Unstable housing
- Substance use treatment
- HIV care
- Non-HIV medical care
- Transportation
- Behavioral health needs

The team addressed housing first as it was the most pressing need. While Scott was sheltered in our HOPWA Gap Lodging program, he was referred to a subsidized senior housing program.

Scott spent a total of 8 weeks in our HOPWA GAP Lodging, 10 weeks in the HOMES Temporary Hotel Program (THP) and 4 weeks in a recuperative care home before transitioning into stable, senior housing.

Where/How did we begin continued
Scott White

Client Concerns:

- Unstable housing
- Substance use treatment
- HIV care
- Non-HIV medical care
- Transportation
- Behavioral health needs

Once he was stably housed, Scott began participating in substance use treatment along with behavioral health.
Scott reengaged in HIV care and was referred for medical treatment for his non HIV-related care which consisted of hernia repair along with bladder and kidney treatments. **Essentially, housing stability was the catalyst that opened the door to accessing health care and all the services that PIHC provides.**

CLIENT OUTCOMES:

- Permanent, affordable, subsidized senior housing
- Substance use decreased by 80%
- Engaged in behavioral health
- Stable in HIV care and undetectable
- Non-HIV related physical health greatly improved
- Financial stability
- Access to reliable public transportation

Housing assessment process

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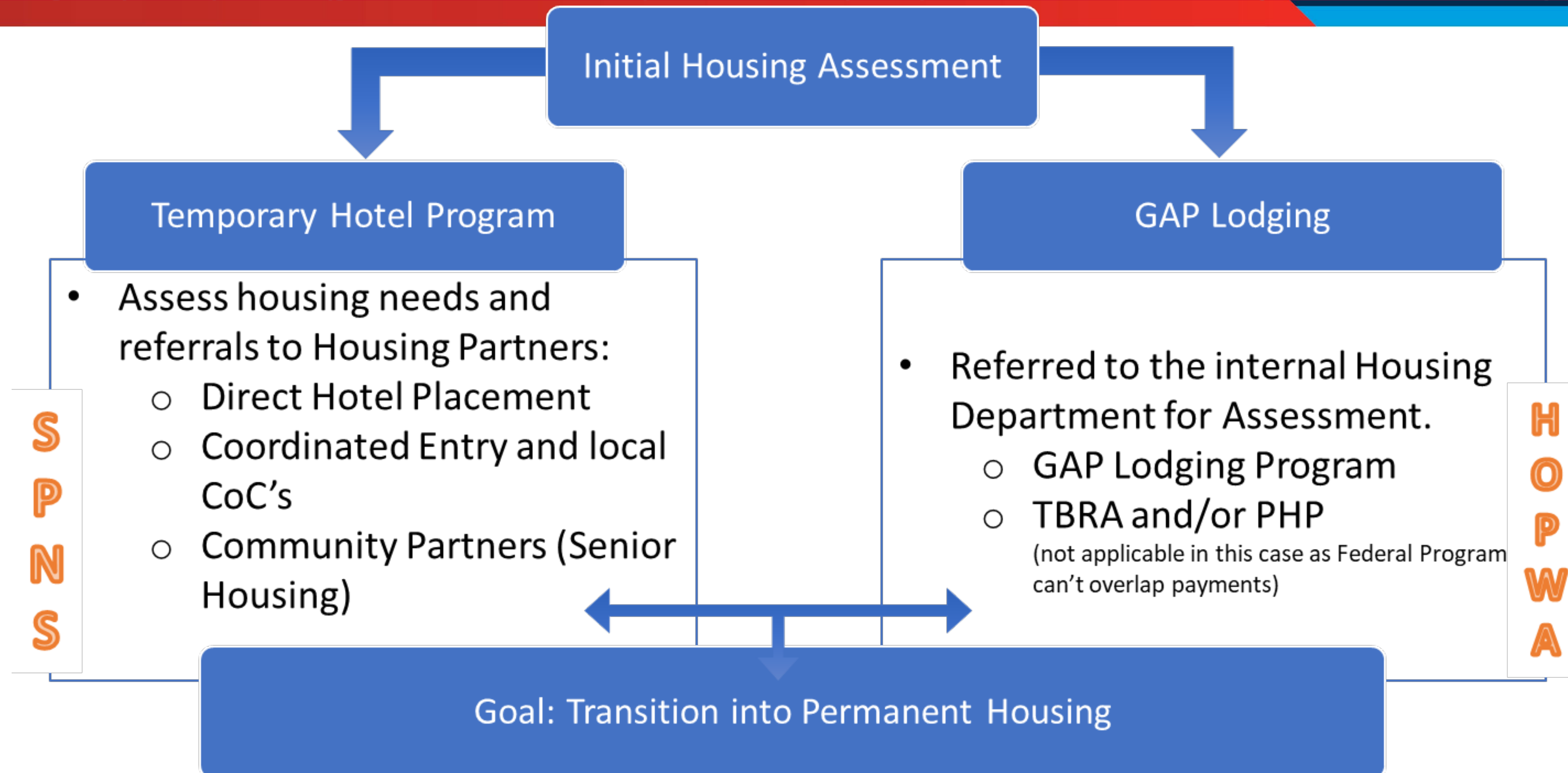

Temporary Hotel placement (THP) Housing Preliminary Results:

1 out of 4

of our participants received THP assistance.

Range: 1 week – 48 weeks**

&

62%

- Of participants that received THP assistance were transitioned into stable housing options.

Temporary hotel placement Preliminary Results:

16 weeks

The average length of time spent in the THP Program.

*HOPWA Gap Lodging only allows up to 60 days.***

Lessons Learned:

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Advantages of THP Program

- Housing is health care. Providing temporary hotel shelter allows clients to devote time and energy to identifying housing options and to improve their health.
- Provides stability and safety.

Challenges of THP Program

- Having sufficient financial funding to provide the assistance to the individuals that could benefit.
- Availability of the hotel can vary depending on the time of year and city events.

THP Program in the Future

- Finding more extended stay housing options that are willing to work with this program, and assist with Flexible Housing options for clients.
- Collaboration between Care Teams providing wrap around service for people in THP.

What Comes Next?

The HRSA case managers provide ongoing intensive case management for study enrollees on an as needed basis. Case Managers work collaboratively with patients to ensure that they remain stable in their housing, employment and medical adherence.

Housing Related:

- Furniture Bank referrals
- Budgeting and financial consultations
- Utility Assistance referrals (LIHEAP)

Employment:

- Referrals to job training programs and improved employment opportunities
- Resume Workshops
- School Applications

Medical:

- Ensure ongoing access to clinic services and medications
- Referrals for dental, vision and other health services
- ACA Enrollment

Other Services:

- Food Bank referrals and Nutritional Services
- MARTA ½ Fare Access
- Referrals to Support Groups and Social Support opportunities

Erik Moore, MSW: Program Manager ||
Andrea Flint, MSW: Intensive CM || **Alphonso Mills:** Study Enrollment Coordinator

Questions?
Thoughts?

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Work Is Everyone's Business

Strategies to Facilitate Movement on the Employment Spectrum by People with HIV

HERO – Yale University – AIDS Program
Liberty Community Services, Inc.

Need/practice Gap

- **Gap** = Employment has not been a focus of service planning for PLH in community-based organizations for a variety of reasons
- **Need** = Resistance, fear and misconceptions need to be mitigated to facilitate progress toward employment.

Expected outcomes

- ***What is the desired change/result in practice resulting from this intervention?***

- Providers will incorporate employment goals into the treatment plan.
- Providers will have a strategy to help the people they serve maneuver through fear and resistance to make progress on the Employment Spectrum.
- Providers will identify partners in the community to facilitate employment outcomes or progress on the employment spectrum for PLH they serve.
- Providers will have a working knowledge of how wages affect benefits

POWER

Pursuing Opportunities With Employment & Resources

- **POWER** is an intervention that was developed to bridge the gap between barriers and work/forward movement on the Employment Spectrum; demystify false assumptions; build working relationships between PLH and untapped resources.
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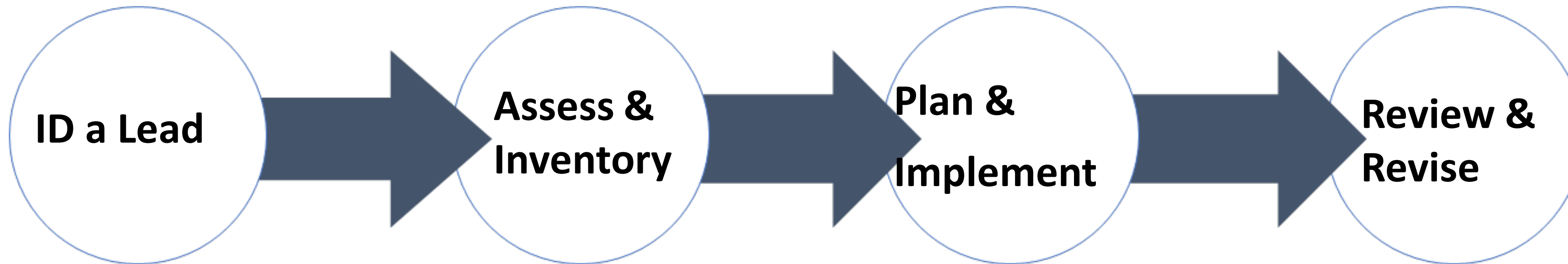

Lead interviews consumers and takes inventory of community resources including potential partners. Establishes schedule, coordinates speakers, generates and receives referrals.

Interview consumers to ascertain their employment and educational histories, fears, hopes and plans.

Inventory employment programs and training programs.

Set progressive schedule framework for each cycle that starts with building upon strengths (starts with referral) and progresses to the implementation of an action plan.

Regularly solicit consumer feedback and make adjustments as needed, i.e., including other partners, adjusting schedules, changing the order of sessions, etc.

Jobs vs. Employment Spectrum

- **Traditional Employment Program**
- Describe your employment history in a non-Trauma Informed program.
- Identify employment goal, i.e., what do you want in a job?
- Build a resume geared toward that career/job.
- Establish job search plan.
- Applications, etc.
- Employment counseling to review plans and results.
- Secure employment.
- Short term follow up.
- Discharge.

- **Employment Spectrum**
- Strengths building starts at referral.
- Focus is on personal growth.
- Trauma Informed approach – staff is sensitive to trauma history, fears, shame and triggers associated with work.
- Learn about resources, network, build supports, get inspiration from others' successes.
- Learn about benefits/wages.
- Access supported employment, school, volunteerism.
- Celebrate progress.
- Graduate groups.

Starting Point
Resistance vs Willingness

I **Can't** Work!

- I just applied for disability benefits
- I haven't worked in years
- I'm scared
- What **CAN** I do???

I **CAN** do this…

- 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 been scared before and got through it
- I am learning what I **CAN** do

- What are some barriers to Work?
- What are advantages to Work?
- How can we make Work work?
- Taking progressive steps.

The Employment Spectrum….

What is the employment Spectrum?

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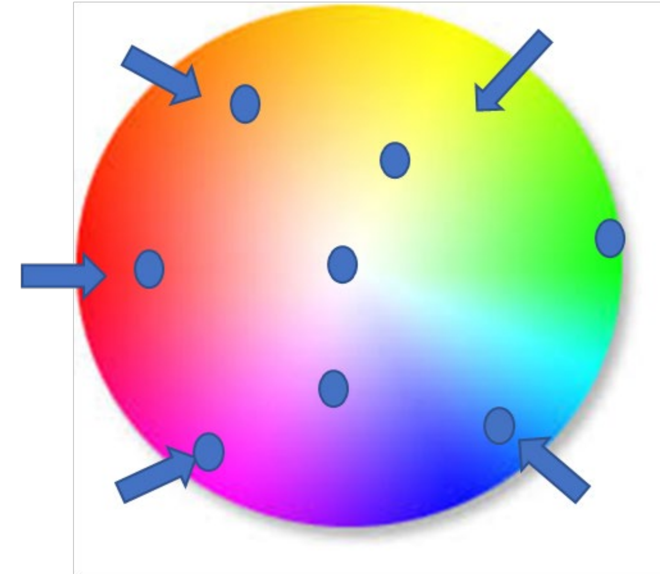
- Any step on a path forward to employment or self-development
- Individualized path – may be a winding path, may be non-linear, may have rest stops
- Path with multiple starting and ending points
- Knowledge, demystification of wages & benefits relationship, volunteerism, networking, wellness, self-discovery, chance-taking, education, temporary jobs, part time jobs, full time jobs, etc.



ENTER ANYWHERE,
GO ANYWHERE...

The Model

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- 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)

Building on Strengths

- Staff that refers clients to **POWER** use the program's Referral Form.
- In addition to demographics and contact information, the referring staff is required to identify an observed strength. This begins the process of looking at the person through a positive lens.
- Some examples of observations:

- ❑ Always on time and asks good questions. Takes notes.
- ❑ Calls to cancel or reschedule appointments.
- ❑ Is committed to recovery and cares deeply about others' feelings.
- ❑ Asks for help when he needs it.

Structure

POWER

Pursuing Opportunities With Employment & Resources

A project of Liberty Community Services, Inc.

- 8 Week Cycles
- 2 Modules per Week
- Weekly Theme, i.e., orientation, tools, strengths, jobs, education, etc.
- Scales – self-efficacy, self-esteem and self-care
- Consumer input – mid-cycle and post-cycle
- Adjustments, i.e., apply consumer input to program design.
- Community involvement of partners and complementary programs.

SAMPLE CYCLE

The cycle is a progressive design.

Take note that the first session does not say anything about employment.

POWER

Pursuing Opportunities With Employment & Resources

A project of Liberty Community 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

SAMPLE CYCLE (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 (midsession evals)

Disability and health

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

WAGES & BENEFITS CALCULATOR

How Wages Affect Rent & Monthly Income

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SSI EXAMPLE with $600 gross wages per month

SSI Federal Payment Standard = $794.00 for 2021

Calculate Exclusions:		
$20.00	General Income Exclusion	
$65.00	Earned Income Exclusion	
$85.00	Total Exclusions	

SSI + Income Calculator		
$600.00	Gross Earned Income (Monthly)*	
-$85.00	Subtract Exclusions	
$257.50	Divide by 2	
$257.50	Countable earned income	
$794.00	SSI Cash Amount	
$257.50	Subtract Countable earned income	
$536.50	New SSI Cash Amount	
	Gross Income & New SSI Amount	$1,136.50

* How to calculate Monthly Gross Income. There are 4.3 weeks in a month. If person is paid weekly, multiply the weekly pay x 4.3. If person is paid bi-weekly, divide check by 2 and multiply x 4.3.

Gross Income + New SSI Amount =

$1,136.50

IMPACT ON RENT RESPONSIBILITY/SUBSIDIZED HOUSING

Rent Portion **prior** to Work is SSI x .30 (30% of income) =

$238.20

Rent Portion/Working is Gross Income + New SSI Amount x .30 (30% of income)

$340.95

INCOME **PRIOR** TO WORKING POST RENT: $794.00 (SSI) - $238.20 (rent portion) = **$555.80**

AFTER WORKING POST RENT: $1,136.50 (gross income+ SSI) - $340.95 (new rent portion) = **$795.55**

$555.80 vs $795.55 – That's almost ***$250*** to budget monthly.

Income & Benefits Calculator 2021 SSI Amount

Consumer involvement

Empowerment and Self-Direction

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.

Promising Outcomes

71% of enrollees progressed on the Employment Spectrum

60% of enrollees secured paid employment

** Up from 5% prior to POWER*

7% entered school/training
11% started volunteering
Self-Care scores went up for all

- 54 completed orientation
- 42 enrolled in POWER
- 3 Scales – Self-Efficacy, Self-Esteem and Self-Care (Pre- and Post)
- Self-Care Scores increased:
  - Physical – up 4.5%
  - Psychological – up 8.2%
  - Emotional – up 4.8%
  - Spiritual – up 4.3%

Dissemination and sustainability

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- **Sharing our processes and outcomes** has been paramount to making this strategy widely available. Dissemination has taken the form of:
- 1:1 Consultation to other organizations who have attended POWER presentations.
- POWER presentations to provider coalitions, statewide learning roundtable, community mental health center, AETC's, Ryan White Conference, continuum of care (homeless/housing services and related stakeholders).
- Dissemination has resulted in **increased resources** for this intervention and the capacity to integrate POWER within Liberty's departments. Today, Liberty has Three Income & Employment Navigators associated with:
- Homeless Services to People Experiencing Unsheltered Homelessness
- Tenants of Permanent Supportive Housing
- Clients in Case Management Services

For more information, contact

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Results from HRSA SPNS Initiative

Improving HIV Health Outcomes Through the Coordination of Supportive Employment and Housing Services

Serena Rajabiun, Tom Byrne, Marena Sullivan, Jessica Flaherty, Kathleen McGlasson, Clara Chen, Howard Cabral

Study Questions

1. **Are there differences in health outcomes over time for people living with HIV (PLWH) by housing status and employment status?**
2. **What factors are associated with improved employment over time for PLWH?**
3. **What factors are associated with improved housing over time for PLWH?**

HIV Housing & Employment SPNS Participants

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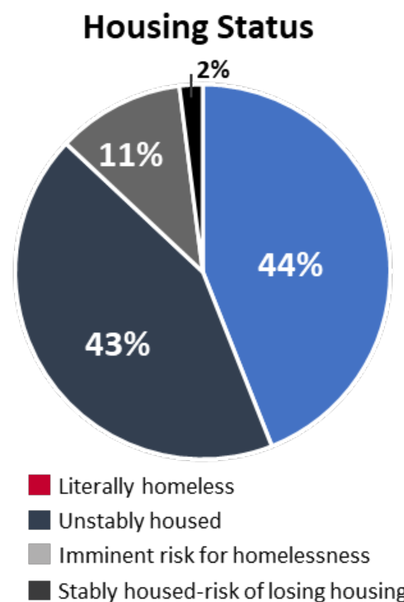
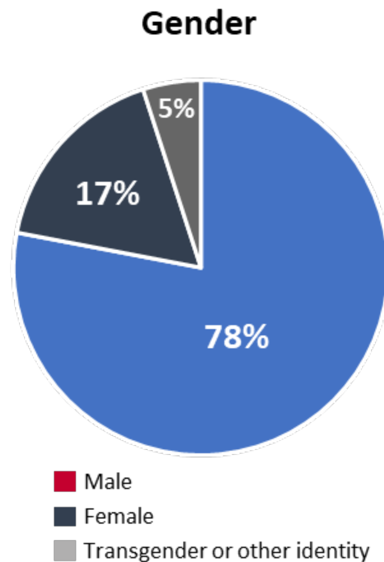
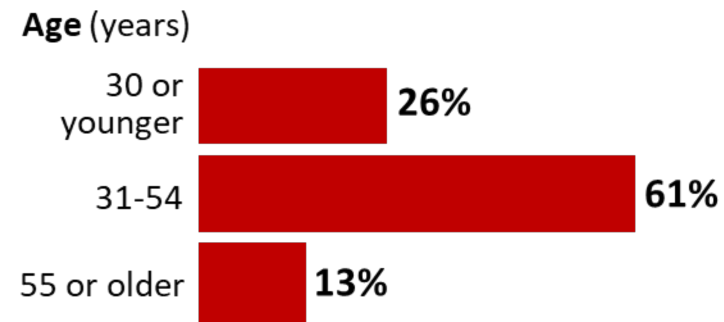
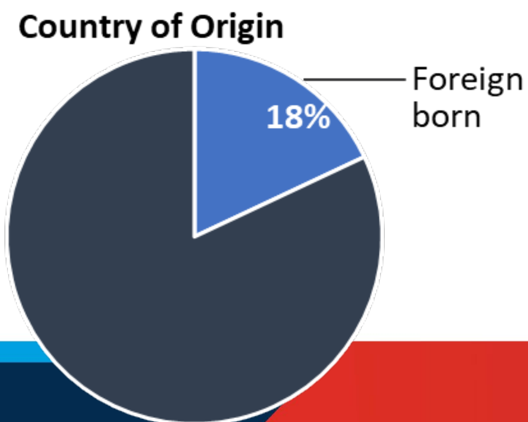
Clients served 1,261

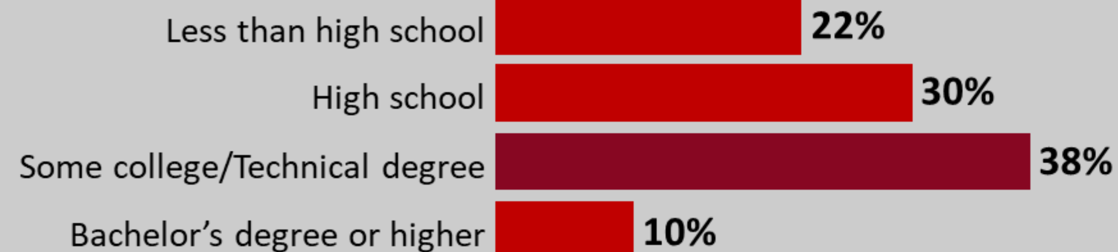
Enrolled in multisite evaluation 1,082











HIV Housing Employment Initiative SPNS Participants (n=1,082)

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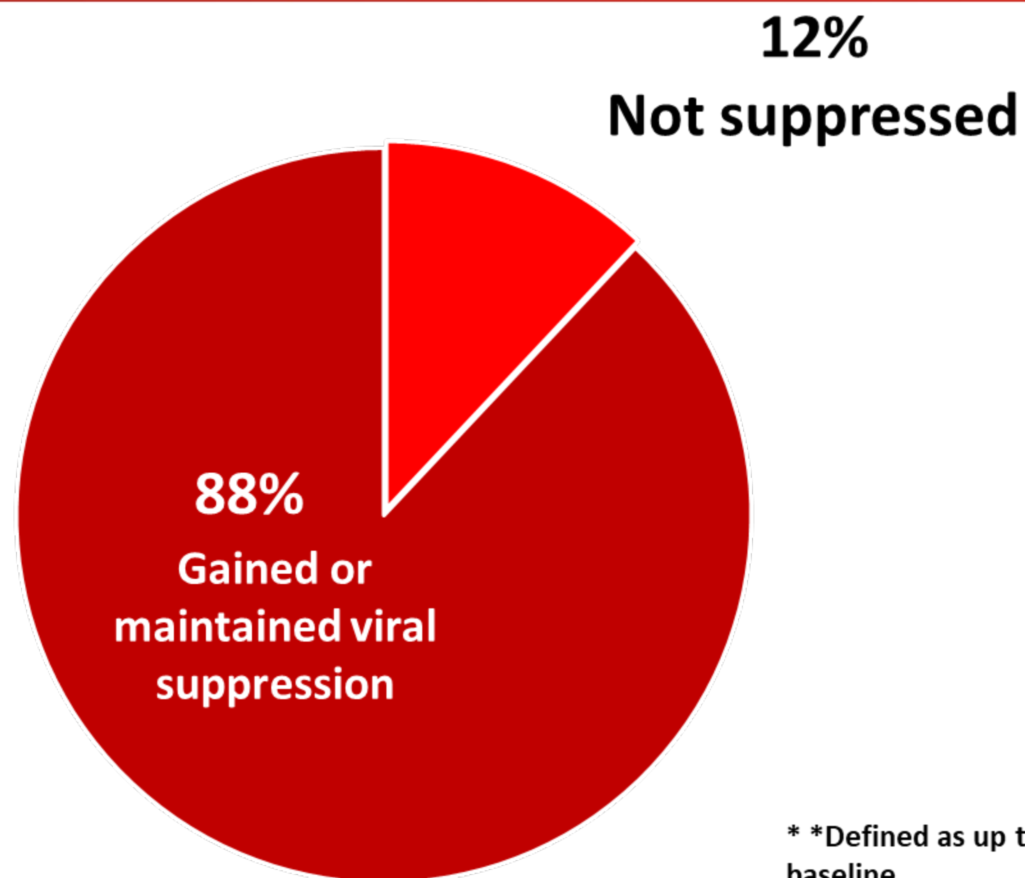
Characteristics	%
Incarceration history	67%
Mental health-Moderate/high risk	
Depression	70%
Anxiety	53%
Trauma history	40%
Substance use risk High risk (dependence)/ Moderate risk (problem)	
Tobacco	63%
Alcohol	46%
Cocaine	21%
Opioid	11%
Food insecure, Very high risk past 30 days	68%

Viral Suppression post intervention* (n=472)



* *Defined as up to 12 months post baseline

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Changes in Housing Status (n=472)

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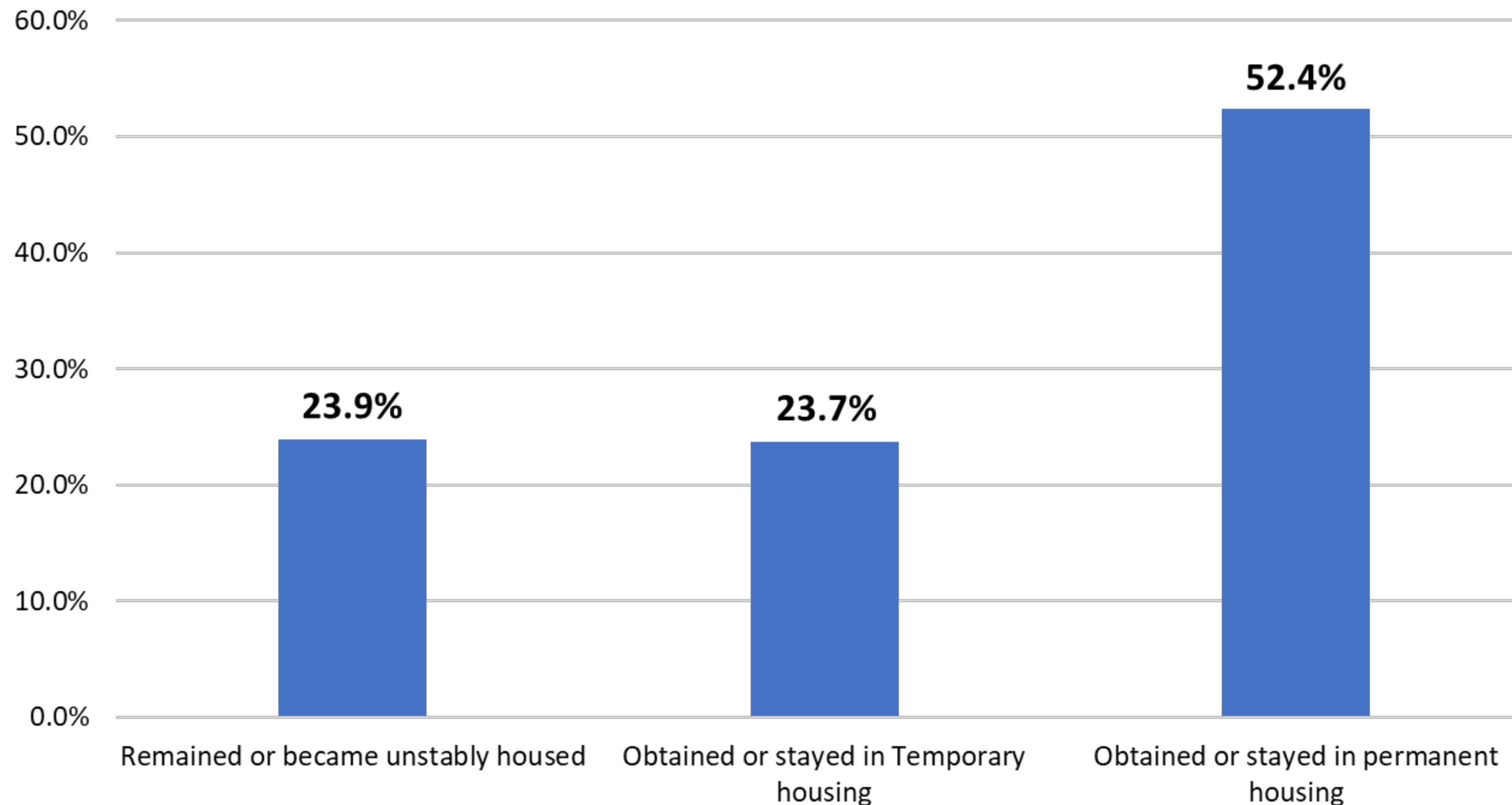

Data not for quotation or publication

Housing	Percentage
Remained or became unstably housed	23.9%
Obtained or stayed in Temporary housing	23.7%
Obtained or stayed in permanent housing	52.4%

Changes in Employment Status (n=472)

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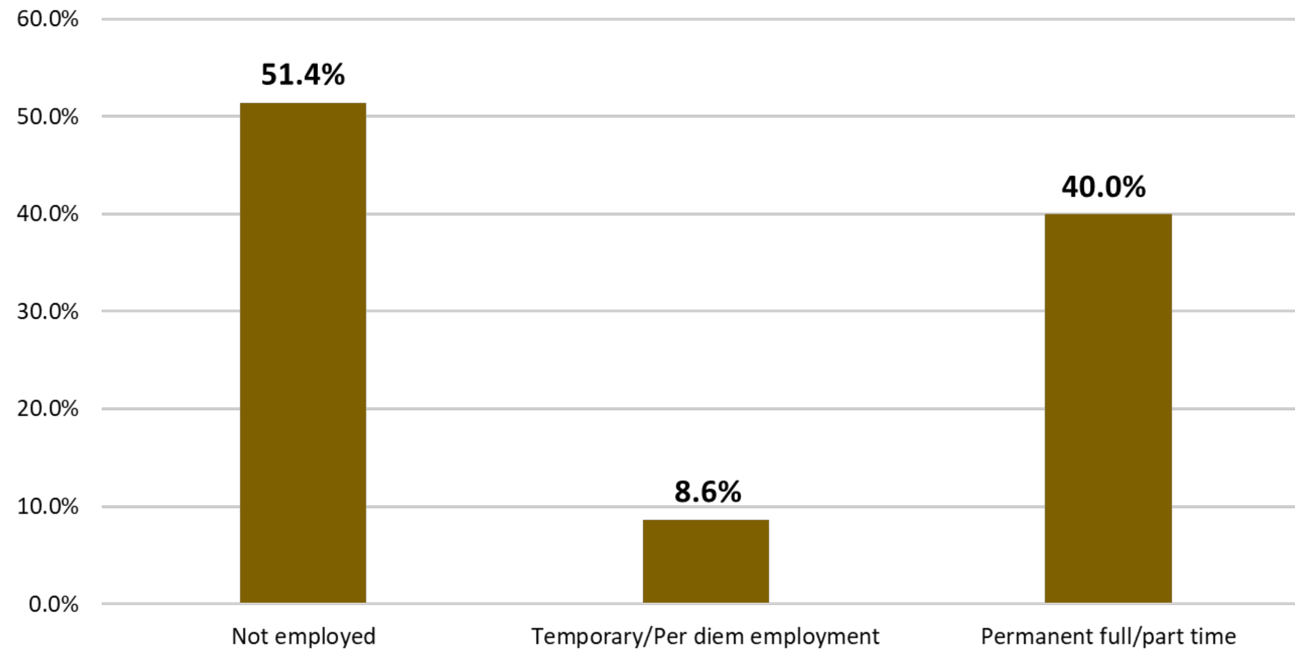

Employment	Percentage
Not employed	51.4%
Temporary/Per diem employment	8.6%
Permanent full/part time	40.0%

Employment Barriers

Percent of participant that noted barriers to employment, *p<0.05

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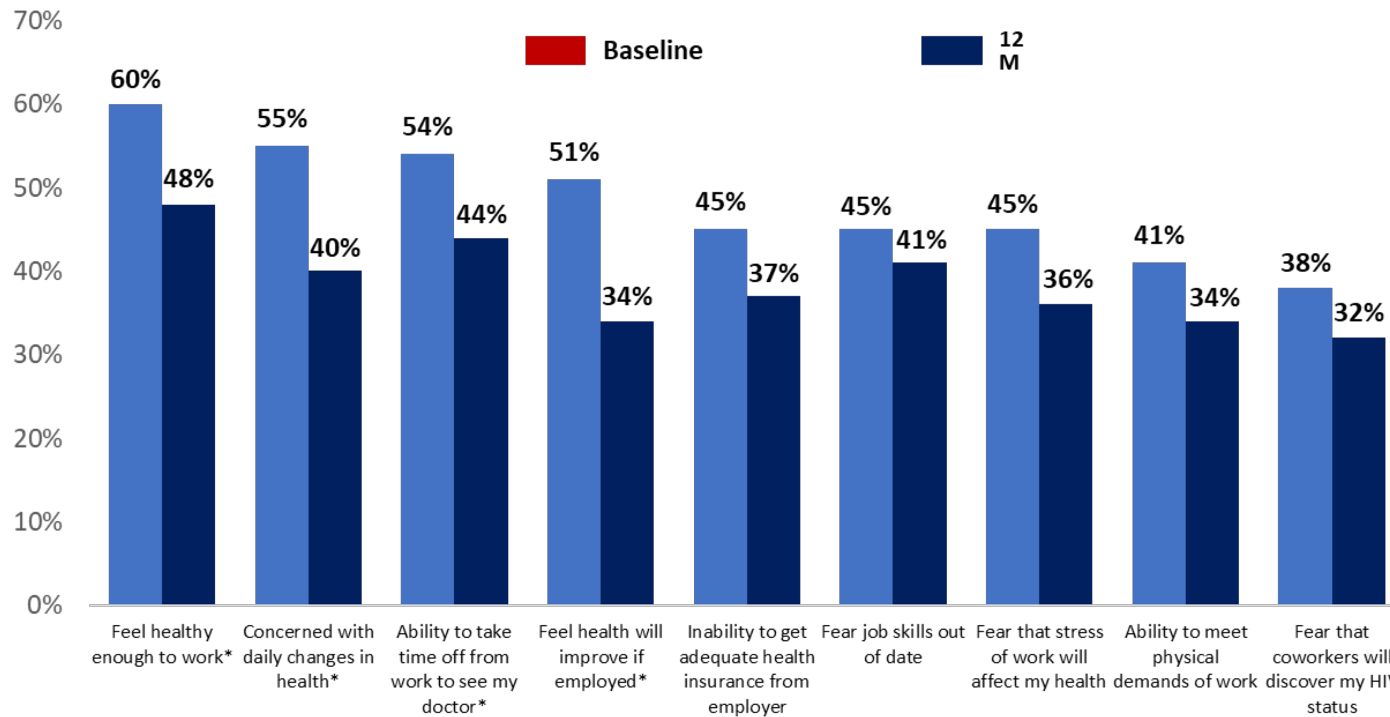

Status	Baseline	12M
Feel healthy enough to work*	60%	48%
Concerned with daily changes in health*	55%	40%
Ability to take time off from work to see my doctor*	54%	44%
Feel health will improve if employed*	51%	34%
Inability to get adequate health insurance from employer	45%	37%
Fear job skills out of date	45%	41%
Fear that stress of work will affect my health	45%	36%
Ability to meet physical demands of work	41%	34%
Fear that coworkers will discover my HIV status	38%	32%

Housing & Viral Suppression (n=472)

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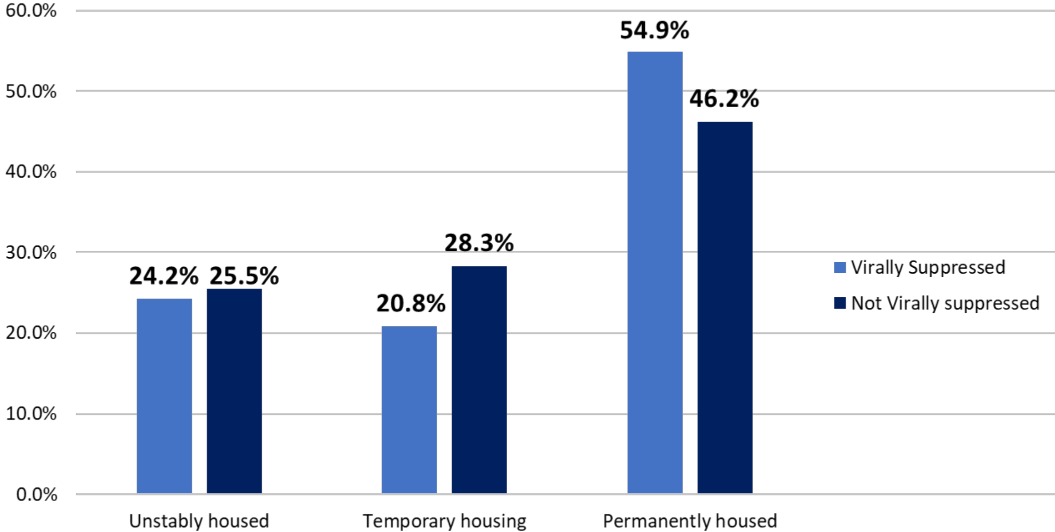

Housing	Virally Suppressed	Not Virally suppressed
Unstably housed	24.2%	25.5%
Temporary housing	20.8%	28.3%
Permanently housed	54.9%	46.2%

P=0.21, adjusted for site

Employment Status & Viral Suppression (n=472)

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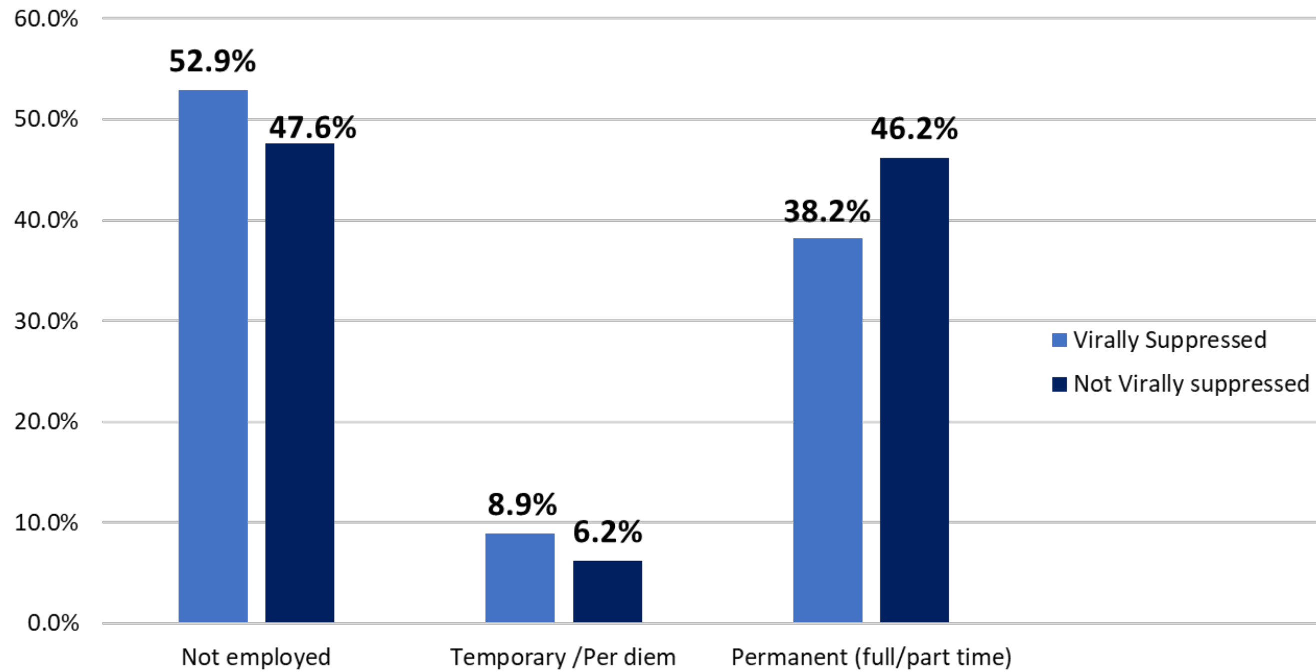

Employment	Virally Suppressed	Not Virally suppressed
Not employed	52.9%	47.6%
Temporary /Per diem	8.9%	6.2%
Permanent (full/part time)	38.2%	46.2%

P=0.10 adjusted for site differences

Factors associated with improved Housing & Employment Status

- ***Higher number of social support networks & no recent history of incarceration*** significantly associated with ***improvements in housing and employment***

- ***Previous employment history & addressing needs for mental health*** treatment significantly associated with ***improved employment***

SPNS Intervention Intensity & types of Encounters post 6 months

11, 570 encounter forms

- 9,478 direct client contact
- 2,092 Time spent finding/outreaching to clients
- Of direct client contact:
  - 47% Housing activities
  - 30% Employment activities
  - 15% Medical care support

9 encounters per participant (range 1-80)

- Housing: 5 encounters (range 0-59)
- Employment: 4 (range 0-46)

Average duration per encounter per participant: 38 minutes (range: 0-660)

Average caseload size per interventionist: 32 clients

Client Impact

- *"I became more confident with myself, the stuff I do… I've been trying to or things that I know of, as far as when it comes to HIV, STI, prep, resources, just me being more confident, more of a confident person."*
- – SPNS client

Employment support from SPNS

[SPNS Interventionist] is really great about pointing out job fairs, which are great, because you get to go and meet with so many different prospective employers at the same time...And I have always felt like I've been supported in finding, environments like these, work fairs, or jobs that have been offered to me that fit more of who I am as individual, so I can't praise enough [SPNS Interventionist] for always reaching out to me and saying "Here is this next opportunity"

– SPNS client

Lessons Learned

- **Housing & Employment stability is not a linear process**
  - Need longer project cycle for stable housing & employment
- **Need a champion and coordinator for consistent community coalition building across sectors**
- **Social support & networks are critical**
- **Dedicated staff for coaching and empowerment**

Lessons Learned continued

- Role for emergency housing support
- Role of private landlords, business owners
- DOL partnerships were challenging for some SPNS clients
- Promote entrepreneurial spirit

Resources for you

Launch Meeting - Zoom
The HIV, Housing & Employment
https://targethiv.org/housing-and-employment

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The HIV, Housing & Employment Project

Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services

THE HIV, HOUSING & EMPLOYMENT PROJECT

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[Target HIV Housing and Employment](https://targethiv.org/housing-and-employment)

How to Claim CE Credit

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- If you would like to receive continuing education credit for this activity, please visit:

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