

KC Life 360 Intervention Manual

**THE HIV,
HOUSING, &
EMPLOYMENT**
PROJECT

HIV PROGRAMS  
Care & Prevention

KC Life 360 – City of Kansas City, MO Health Department

Special thanks to the following individuals and project partners who support KC Life 360 with the mission of embedding employment services in the Kansas City-Transitional Grant Area (KC-TGA) and supporting our community in realizing their employment goals and potential.

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Table of Contents

Introduction	4
Purpose of this manual	4
Audience	4
Overview of the SPNS initiative	4
Background and Intervention Overview	5
Description of the demonstration site	5
Demonstration site partners	6
Description of need	7
Description of the intervention.....	8
Program goals.....	8
Logic model.....	9
Priority populations	12
Demographics.....	13
Theoretical & evidence informed frameworks	14
Pre-Implementation Activities	15
Recruitment, design, planning, & implementation	15
Project recruitment & hiring	15
Referral mapping	16
Project design & planning	16
Promoting the intervention.....	16
Intervention Implementation/Service Delivery Model	18
Core components.....	18
Partner activities	18
Roles and responsibilities of project partners.....	19
Planning costs.....	21
Innovative Practices	22
Creative solutions to transportation barriers.....	22
Significance of cell phones.....	22
Multi-site co-location agreements	23
Emergency hotel gap lodging.....	23
Lessons Learned.....	25
Barriers, challenges, and facilitators of success	25
Barriers & Challenges	25
Facilitators of Success.....	26

Data, Outcomes, and Evaluation	26
Data management systems and analysis.....	26
Use of electronic medical records (EMRs)	26
Case notes and other data management systems	27
KC Life 360 outcomes	28
Evaluation	29
Publication and Dissemination	31
Sustainability	32
Appendices	33
Job descriptions	33
Employment Support Specialist.....	33
Housing Support Specialist.....	36
Public Health Nurse- Clinical Data Evaluator	38
Workforce Development Program Manager	40
(Catholic Charities of Kansas City-St. Joseph).....	40
Case Manager/Referral Specialist.....	42
(reStart)	42
Organizational chart.....	43
Referral and screening forms.....	44
KC Life 360 Employability Tool.....	44
KC Life 360 Employment Action Plan.....	46
Client eligibility checklist	47
Client flow diagram.....	49
Citation.....	50



Introduction

Purpose of this manual

The purpose of this manual is to document the implementation methodology of the KC Life 360 project so that it may be replicated, as desired, by other sites.

Audience

We expect this manual may be helpful to service providers, county, city, and state agencies who are interested in improving the access and quality of care and services to people with HIV who are homeless or unstably housed and unemployed/underemployed.

Overview of the SPNS initiative

The HRSA/SPNS initiative *Improving Health Outcomes through the Coordination of Supportive Employment and Housing Services* funded 12 demonstration sites to support the design, implementation, and evaluation of innovative interventions which coordinate HIV care and treatment, housing and employment services to improve HIV health outcomes for low-income, uninsured, and underinsured people with HIV in racial and ethnic minority communities. The City of Kansas City, Missouri Health Department was one of the recipients for this project and created the KC Life 360 program, described in the pages that follow.

Background and Intervention Overview

Description of the demonstration site

The KC Life 360 initiative is strategically designed to complement recent activities aimed at the expansion of the City of Kansas City, Missouri Health Department (KCHD) Transitional Housing programs (Ryan White and Department of Housing and Urban Development funded) for people with HIV.

KC Life 360 provides additional layers of supportive services to ensure clients entering and exiting the Kansas City Transitional Housing program are equipped to obtain and maintain employment, earned income, and economic mobility to secure permanent housing placement (subsidized or unsubsidized), and ultimately achieve and maintain desired outcomes along the HIV Care Continuum. KC Life 360 is available to both clients enrolled in the Transitional Housing program and other clients in the Kansas City Transitional Grant Area (KC-TGA) who are experiencing homelessness and housing instability, as detailed in later sections.



KCHD is the dually funded Ryan White (RW) Emergency Relief Grant (Part A) Recipient and the Housing Opportunities for Persons with HIV/AIDS (HOPWA, formula) Grantee serving the KC -TGA, an 11-county geographic area (**Figure 1** below) which has been disproportionately affected by HIV.

“Service providers across all sectors are increasingly recognizing employment is a key component of serving the whole person.”

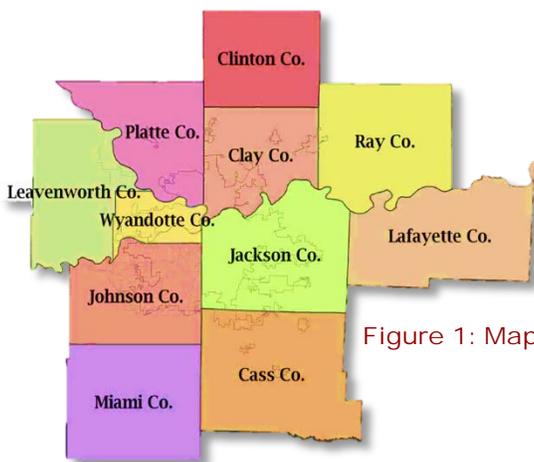


Figure 1: Map of TGA

KC Life 360 KCHD dedicated staff include:

- ▶ Manager of HIV Services (serving as Principal Investigator);
- ▶ Quality and Housing Services Manager (serving as Project Manager);
- ▶ Housing Support Specialist (serving as Data Coordinator);
- ▶ Employment Support Specialist (providing direct case management and intervention services);
- ▶ Project Evaluator (oversight and direct involvement in all evaluation related activities); and the Clinical Data Coordinator (limited term contractor) - added in Year 2.

Demonstration site partners

To support the KC Life 360 program, the KCHD has two subcontracting partners: **reStart** (an existing, long-term relationship supported partially by Housing Opportunities for Persons with AIDS [HOPWA] funds) and **Catholic Charities of Kansas City, St. Joseph Missouri (CCKCSJ)** (a new subcontract providing support for employment services).

reStart Inc. has been providing housing-related services in the Kansas City Metropolitan Area since 1981. reStart is the only homeless agency in Kansas City serving all populations—single adults, ex-offenders, persons with HIV, families with children (married and un-married, single, and same sex parents), LGBTQ+ persons, veterans, and unaccompanied youth—with a full continuum of care from outreach and emergency shelter to transitional and permanent supportive housing. reStart’s transitional housing program, for both single adults and families, provides clients with the stability and support needed to begin (or re-engage) in a treatment and medication regimen which is difficult or impossible while living on the streets. reStart began delivering HOPWA services in 2005 and RW housing services in late 2017 and has been recognized by the AIDS Service Foundation of Greater Kansas City for their commitment to serving homeless persons and families with HIV.

In addition to housing, food and shelter, clients enrolled in **reStart** HIV Housing programs receive various supportive services through the in-house strengths-based case management, substance use counseling, mental health therapy, employment services, and assistance in accessing benefits and health related services.

KC Life 360 reStart dedicated staff include:

- ▶ Housing Case Manager (providing housing case management and related interventions for a smaller case load, <35 unduplicated clients, at a given time);
- ▶ Special Populations Coordinator (providing some direct housing case management services, direct supervision, as coordinating services, contributing to project management and reporting/evaluation); and a
- ▶ Director of Adult and Clinical Services (providing general grant management and oversight).

Catholic Charities of Kansas City, St. Joseph Missouri’s (CCKCSJ) mission is to serve and to lift; helping clients to become self-sufficient. Their Employment Services program has been serving those in need for 10 years, fulfilling its mission by assisting clients with employment needs such as workforce workshops, resume building, job search assistance, financial literacy, and emergency financial assistance. The workforce workshops allow for clients to meet other people that are going through similar struggles. KC Life 360 marks the first formal collaboration between CCKCSJ and the KC-TGA HIV network.

KC Life 360 CCKCSJ dedicated staff include one 360 Employment Specialist (providing one-on-one and group level interventions for approximately 20 clients at a given time); one Employment Services Program Manager (providing some direct client services and program management); and one Director of Employment Services (providing supervision and overall grant management).

Job descriptions, roles, and responsibilities for KC Life 360 staff at the KCHD and partner agencies are detailed in the appendices. An organization chart is also provided in the appendices detailing funding streams/sources for KCHD staff positions.

Description of need

Employment is an essential focus within the coordinated response to HIV. Employment support services are needed based on the three key principles outlined below and supported in the Department of Housing and Urban Development's (HUD) Getting to Work initiative.

- ▶ **Work is Possible:** Due to advances in care and treatment, people with HIV increasingly have the stamina to work and achieve self-sufficiency through employment. Additionally, life expectancy rates have increased, creating a renewed focus on financial independence and retirement planning.
- ▶ **Work Improves Individual Health:** Work—the single most normative experience for adults in American society—is a key social determinant of health for all people, including people with HIV. Research conducted in recent years indicates that for many people with HIV, working is correlated with improved physical and mental health, increased independence and sense of meaningfulness, as well as decreased health risk behaviors.
- ▶ **Work Can Complement Existing Benefits:** People with HIV can pursue employment without fear of losing their benefits in the event they go through a prolonged period of not being able to work.

Description of the intervention

Program goals

Goal 1: *Vocationalizing and Addressing Housing Needs:* Embedding employment-related and stable housing expectations, practice, and service delivery into all aspects of program operations. The first step is essential to embedding KC Life 360 into the partnering agencies' culture of care and service.

Goal 2: *Dedicated Staff:* Designating and funding staff specifically for employment-related services to support the successful implementation and sustainability of KC Life 360. Staff complement existing housing services staff currently funded through HOPWA, VAWA/HOPWA, and other funding streams. An innovative component of the project is the co-location of employment support and housing staff across agencies.

Goal 3: *Assessment of Clients at Intake:* For every referral to KC Life 360, the KCHD Employment Support Specialist, in cooperation with the reStart Housing staff, will assess employment readiness of the individual at intake. Recognizing employment readiness is a critical factor for job attainment, retention, and long-term stability. This includes using best-practice assessment tools to gauge client interests and strengths. Ensuring employment readiness allows the KC-TGA to maximize limited resources during the demonstration project and ensure clients are poised for success. Examples of the KCHD ESS's Employability Tool and Employment Plan can be found in the appendices.

Goal 4: *Interagency Collaboration:* KC Life 360 works to build strong relationships with CCKCSJ, additional workforce service providers (e.g., Full Employment Council), as well as with HOPWA funded agencies and other housing providers. This is achieved through cross-system partnerships reflecting the cultural, racial, linguistic, and geographic diversity of participants. Bringing housing and employment service providers together takes place through multiple meeting mechanisms in the KC-TGA: The Housing Task Force; Service Coordination Meetings; and the KC Life 360 Work Group. These forums are detailed in Table 8 (p. 25). Additionally, the KCHD ESS participates in the local housing HUD funded Continuum of Care (CoC) Workforce Development Committee to further promote interagency collaboration and leverage resources.

Goal 5: *Knowledge of Benefits:* Helping provider staff (RW and HUD funded) understand the impact of earned income on benefits (SSI/SSDI, health insurance through Medicaid/Medicare, and more) improves client motivation while diminishing sentiments/myths regarding negative consequences of employment. Successfully supporting participants as they navigate employment and benefits is a cornerstone of KC Life 360's goals and impacts participants' ability to obtain and maintain stable housing without the fear of losing benefit eligibility or cost savings due to employment and earned income.

Logic model

The KC Life 360 Intervention Flow Chart, which diagrams how clients move through the program, can be viewed in the appendices. The program Logic Model is shown on the following pages.

Conditions	Inputs	Activities	Outputs	Outcomes
<p>Client populations</p> <ul style="list-style-type: none"> • KC-TGA RW clients in MO counties also enrolled in HOPWA housing services • RW clients in HOPWA Transitional Housing Program • HOPWA VAWA clients and clients from other HUD-funded programs <p>Assumptions</p> <ul style="list-style-type: none"> • Employment readiness training outcomes will be best among clients who score higher on employment readiness assessments • Efforts to find employment for clients on disability will need to account for income eligibility limits to ensure clients don't lose needed benefits • Reaching program goals and outcomes will be best 	<ul style="list-style-type: none"> • Catholic Charities Employment Readiness Training • reStart referrals for employment readiness training • KCHD Employment Support Specialist <ul style="list-style-type: none"> • KCHD-Employment Support Specialist (1 staff) • reStart-Supportive Housing Services including assistance with job seeking • Catholic Charities-Employment Placement Services (1 staff) • ReStart- Transitional Housing Specialist (1 staff) • RW Case Managers (CM) (in-kind)- Monitoring of HIV medical care engagement 	<ul style="list-style-type: none"> • Employment readiness trainings • Referral of HOPWA clients for employment services • Employment Readiness Assessments • Development of Individual Employment Plans <ul style="list-style-type: none"> • Weekly one-on-one client sessions to identify job opportunities and complete applications • Technical and financial support for clients to identify & resolve barriers to successful employment 	<ul style="list-style-type: none"> • 60 (Y1), 150 (through Y3) employment readiness trainings • 30 (Y1), 75 (through Y3) clients referred to program • 30 (y1) 75 (through Y3) individual employment readiness assessments completed <ul style="list-style-type: none"> • 50 weekly job postings for participants by KCHD Employment Support Specialist • 28 (Y1), 71 (through Y3) participants meet at least weekly for one-on-one sessions with KCHD Employment Support Specialist • Minimum of 150 job applications 	<p>GOAL</p> <ul style="list-style-type: none"> • KC-TGA clients referred to KC Life 360 are prepared to secure meaningful work <p>OBJECTIVES</p> <ul style="list-style-type: none"> • Short-term: At least 80% of participants will complete 2 or more workforce development services (Y1) • Long-term: 95% of participants will achieve at least one goal in their employment plan within 1st year of participation <p>GOAL</p> <ul style="list-style-type: none"> • Promote economic self-sufficiency for individuals and families by providing employment placement services and career

<p>achieved by individualized care plans</p> <ul style="list-style-type: none"> • Unemployment and housing instability often co-occur, further complicating barriers to HIV care and treatment. Both must be addressed to advance the HIV Care Continuum • Addressing social determinants will be an effective solution to improve HIV health outcomes 		<ul style="list-style-type: none"> • Post interview reviews to strengthen interview skills • Weekly Housing Case Management with clients to identify permanent housing • Incorporation of employment services in Housing Case Management • Care coordination with KCHD Employment Support Specialist to support client goals • Reducing barriers to stable housing • Document client HIV medical care in client-level database • Work with client to address barriers to HIV medical care, housing, and employment • Housing Provider uses client-level Health Outcomes report from 	<p>submitted by participants through Y3</p> <ul style="list-style-type: none"> • 75 requests for support services or financial assistance • 21 clients per month seeking permanent housing placements • 28 (Y1), 71 (Y3) clients incorporate employment outcomes into Housing Care Plan • 4 case conferences with HCHD Employment Support Specialist per quarter • At least 2 VL/CD4 and medical visits documented per program participant • Barriers, housing, and employment documented every 6mo. For all participants in CM Service Plan • 4 case conferences between CM Housing Provider and KCHD Employment Support Specialist per quarter 	<p>development services</p> <p>OBJECTIVES</p> <ul style="list-style-type: none"> • Short-term: At least 70% of participants will attain employment after completing the employment readiness component of their plan • Long-term: At least 75% of participants will retain employment at 30 days and at least 65% will retain employment at 90 days <p>GOAL</p> <ul style="list-style-type: none"> • Prepare clients to live independently in stable housing <p>OBJECTIVES</p> <ul style="list-style-type: none"> • At last 55% of transitional housing clients will exit to permanent housing by September 2020 • At least 70% of participants will gain income-producing jobs • At least 65% of participants will increase earned income <p>GOAL</p>
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		<p>database to track participants position on the HIV Care Continuum</p>		<ul style="list-style-type: none"> • Improve HIV medical outcomes for participants in Workforce Program <p>OBJECTIVES</p> <ul style="list-style-type: none"> • Short-term – By Sept 1, 2018 at least 70% of participants will meet Retention in HIV Medical Care measure as defined by HRSA • Long-term- By Sept 1, 2019 at least 85% of participants will be virally suppressed based on HRSA core measure for Viral Suppression
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Priority populations

SPNS project priorities (all sites)

18 years or older.

Not in Care defined as one or more gaps in HIV primary care visits which lasted six months or more in the previous two years' prior [HRSA Retention in Care Core Measure].

Non-Virally Suppressed defined as a most recent viral load ≥ 200 copies/mL

At-Risk of Falling out of Care defined as persons who missed their last two appointments in the last 12 months, or missed their last appointment in the last six months.

Transitionally housed defined as being in a place for less than 24 months (i.e. participating in subsidized housing program such as rapid re-housing program; half way housing; sober housing); OR with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (i.e. including a car, park, abandoned building, bus or train station, airport, or camping ground); OR living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (i.e. congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); OR an individual who is exiting an institution where he or she resided for less than 90 days and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Unstably housed defined as not having a lease, ownership interest, or occupancy agreement in permanent and stable housing with appropriate utilities (e.g. running water, electricity) in the last 60 days; OR in permanent supportive housing and received a shut off notice in the last 60 days; OR has experienced persistent housing instability as measured by two moves or more during the preceding 60 days; OR can be expected to continue in such status for an extended period of time; OR is facing imminent eviction (received a Notice to Quit from the court system).

Imminent Risk of Homelessness defined as an individual or family who will imminently lose their primary nighttime residence, provided that:

Residence will be lost within 14 days of the date of application for homeless assistance.

No subsequent residence has been identified.

The individual or family lacks the resources or support networks needed to obtain other permanent housing.

KC-TGA local priority populations

All categories align and comply with the above-listed multi-site study priority populations

Transitional Housing Clients defined as KC-TGA RW clients enrolled in either RW or HUD/Department of Justice funded transitional housing programs

HOPWA VAWA Tenant-Based Rental Assistance defined as KC-TGA RW clients enrolled in either the HUD & DOJ funded demonstration grant with time-limited permanent supportive housing

Newly Diagnosed defined as diagnosed within the past 12 months.

Formerly incarcerated.

Demographics

Data shown in **Table 1** (next page) are based on information queried from SCOUT (the KC-TGA client level database) for the measurement period of May 1, 2018 (project launch) through July 31, 2020.

Table 1: KC Life 360 client profiles	Percent
Race/Ethnicity	
Black or African-American	69.6%
White	21.7%
Hispanic	6.1%
Other/More than 1 Race	2.6%
Gender	
Male	70.4%
Female	23.5%
Transgender	6.1%

Table 1: KC Life 360 client profiles cont.	Percent
Age	
13-24	14.8%
25-44	60.0%
45-64	24.3%
65+	0.9%
Risk Factor	
MSM	54.8%
Heterosexual	34.8%
MSM/IDU	7.8%
IDU	1.7%
Unreported	0.9%

Theoretical & evidence informed frameworks

The origins of KC Life 360 stem from the HOPWA Getting to Work Employment Initiative supported by HUD. KCHD utilizes a five-goal approach (page 5) with complimentary modifications to best serve our jurisdiction, reflecting both employment assistance for PEOPLE WITH HIV and access to stable housing, while synergizing the strengths and resources specific to our coordinated system of care. See:

<https://www.hudexchange.info/trainings/dol-hud-getting-to-work-curriculum-for-hiv-aids-providers/>

Pre-Implementation Activities

Recruitment, design, planning, & implementation

Project recruitment & hiring

Staffing plan, job descriptions and minimum qualifications

Job descriptions, roles, and responsibilities are detailed in the appendices.

Recruitment and Hiring

- ▶ Existing KCHD staff were prepared to begin work immediately to launch the KC Life 360 program; these included the Principal Investigator, Project Manager, and Evaluator. Likewise, the Project Intervention lead staff at partner sites were already in place.
- ▶ The job description for the KCHD-ECS was developed for inclusion in the grant application for this project and was shared with the KCHD Human Resources department prior to submission so that recruitment began immediately upon notification of award.
- ▶ Upon hiring, the KCHD-ECS position became part of the existing HIV Services team at the HD and was co-located at the KCHD and in dedicated office space at reStart. In Year 2, a job description was developed for the Clinical Data Coordinator (term-limited) position to help with retention and evaluation activities.



Staff onboarding, training, and continuing education

- ▶ Training and capacity development of key staff began by utilizing HUD’s Getting to Work online modules as a basic orientation to the concepts of integrating HIV care, housing, and employment.
- ▶ For purposes of evaluation and the ability to validate and disseminate project findings on a larger scale, CITI Trainings (research ethics and compliance) were completed by all project staff. Subsequent trainings tailored to staff roles and responsibilities followed. Agencies wishing to implement a similar intervention to KC Life 360 are encouraged to begin with the same Getting to Work and CITI modules, as well as basic orientation to local programs, agencies, and services.

Since project implementation in May 2018, staff have participated in the following trainings offered outside of the KC Life 360 program and have proven beneficial in developing system capacity and providing continuing education and/or professional development.

- ▶ **Re-entry Employment Specialist Training and Certification** – Provided by local HUD Regional Office, developed by the National Institute of Corrections
- ▶ **Successful Facilitator Workshop and Certification** – Provided by the City of Kansas City, Missouri Human Resources Division
- ▶ **MoneySmart** for Adults Train-the-Trainer – provided by FDIC

Referral mapping

Referral mapping is an essential tool pre-implementation as it assists in conceptualizing client flow, client expectations and staff roles and responsibilities. Referral mapping may take multiple iterations but allows individuals and agencies to create a roadmap for program implementation. KCHD began referral mapping during the application for KC Life 360 SPNS funds which was useful in the application submission. Prior to program launch, referral mapping was revisited which provided an orientation of staff to their function within the larger program and was used in program roll out meetings with providers to explain the program.

Project design & planning

Intensive efforts were undertaken to ensure the successful launch of KC Life 360.

Careful attention was paid to promoting the intervention, focusing messaging specific to providers making referrals and discussing the program with potential clients, as well as messaging specific to consumer groups and client's themselves.

Promoting the intervention

Marketing and communication plan

The large-scale roll-out of KC Life 360 began one month prior to accepting referrals. Activities included:

- ▶ **Early April 2018- First Presentation to Service Providers:** Introduced KC Life 360 to those in the KC-TGA who would be making referrals on behalf of clients and discussing program resources with clients (e.g., all RW Medical Case Managers (MCMs) and Housing Providers; n = 50). The presentation included:
 - (1) General overview of the project and goals;
 - (2) An introduction to the newly established staff position, KCHD-ESS;
 - (3) Details on what clients could expect during the first meeting and subsequent interactions;
 - (4) Sharing the Employability and Assessment Employment Plan (see appendices)
 - (5) Step-by-step details for the electronic service referral process while outlining which staff are responsible for submitting the referral and which staff triage the referral once received (see client flow diagram in the appendices);
 - (6) Review of eligibility requirements (see appendices); and
 - (7) Introduction of evaluation components, outcomes, and goals. In preparation of this first roll out presentation, KCHD created a KC Life 360 Program Brief document.
- ▶ **Mid-April 2018- Second Presentation to Service Providers:** Two-weeks after the initial introductory presentation, a second followed to ensure comprehension, address questions, and reinforce information. The second presentation (1) Introduced the Project Evaluator; (2) Allowed CCKCSJ to introduce staff and present on services available; (3) Reviewed eligibility criteria a second time; and (4) Provided three case study examples to conceptualize eligible clients. In preparation of the second roll out presentation and in response to questions generated by providers during the two-week period between presentations, KCHD staff created a *KC Life 360 FAQs* document and a *Screening Eligibility Cheat Sheet* (see appendices). All items were reviewed and distributed during the program roll out presentations and uploaded into the client-level database (SCOUT).
- ▶ **Ad-hoc Presentations:** Presentations by the KCHD ESS were conducted for Peer Educator Support Groups and client support groups (six trainings in first eight months of program launch; average of at least one per month thereafter). These presentations proved incredibly successful as some clients self-referred after hearing the presentation, or contributed to other word-of-mouth referrals. All trainings were provided in-person to individual agencies/support

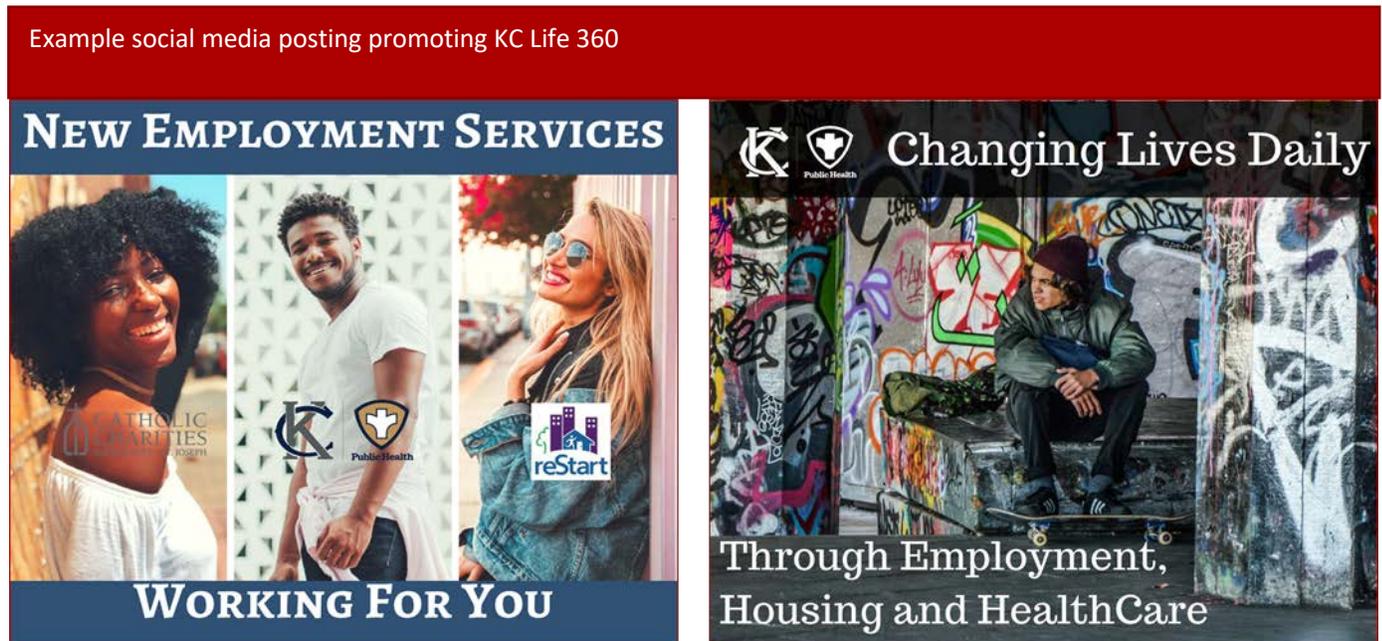
KEYS TO SUCCESS

Early successes in program enrollment, referrals, community response, and coordinated care can be credited to specific and strategic efforts to promote KC Life 360 pre-program launch.

groups, and blended audiences. Topics included: “How Employment Can Change Your Life,” and “What is KC Life 360?” Formats included Lunch-and-Learns, and more didactic methodologies.

While considerable efforts were taken pre-launch to educate about KC Life 360 services, ongoing provision of information to the RW community on the referral process, program eligibility, and services available continued at least annually in the three years of the project.

Figure 2: Examples of Social Media



- ▶ **Marketing & Use of Social Media:** Initial and sustained marketing of KC Life 360 was achieved through frequent social media posts. KCHD set a minimum standard of weekly posts to the KC-TGA Planning Council Facebook page, a task performed by the KCHD Employment Support Specialist. This responsibility was included in the Employment Support Specialist job description and performance appraisals for accountability. The KCHD Communications Division provided training related to content creation and Facebook utilization to the KCHD Employment Support Specialist. **Figure 2** (above) provides additional examples of content generated.

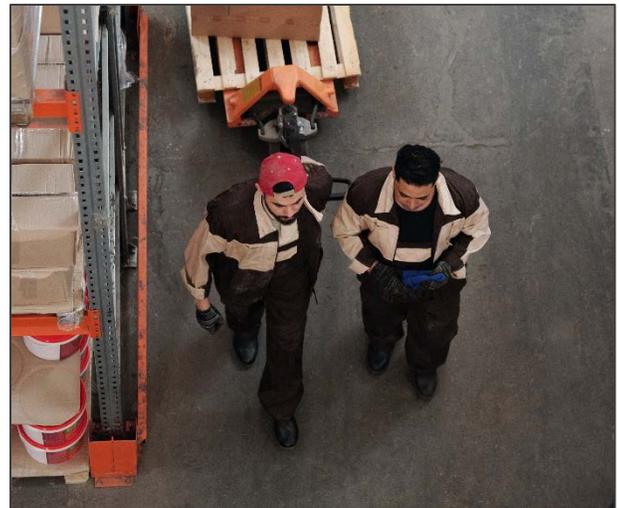
Intervention Implementation/Service Delivery Model

Core components

Partner activities

reStart supports the efforts of the KC Life 360 project by

- ▶ providing referrals for people with HIV served by reStart to receive employment services and including those services as part of the housing plans for each referred client;
- ▶ ensuring reStart’s staff is trained to provide employment readiness assessments for all people with HIV enrolled in federal housing programs at reStart;
- ▶ providing space and staff support for on-site employment training sessions and one-on-one consultations with housing clients; and
- ▶ support for project reporting/evaluation as needed.



CCKCSJ supports the efforts of this project by providing

- ▶ access to existing workforce development services for RW clients;
- ▶ targeted employment services for RW clients;
- ▶ development and implementation of educational/training sessions specific to the RW client population;
- ▶ networking and employer relationship building; and
- ▶ technical assistance to the KCHD’s HIV Services Program and existing RW and HOPWA provider agencies on referring and engaging clients in workforce development services.

Identification of internal and external stakeholders (housing, health care, behavioral health, police, hospitals, landlords, employers, other support services) – The HIV Services Department of the KCHD and all HOPWA funded agencies (the KCHD and subrecipients) collaborate with other AIDS Service Organizations, such as the Kansas City CARE Health Center, Truman Medical Center and The University of Kansas Hospital.

- ▶ Behavioral health services are available through agencies such as Truman Medical Center, KC Care, and Thrive Health Connection.
- ▶ Employment services are available through CCKCSJ, VOC Rehab, and the Full Employment Council;
- ▶ Substance use disorder treatment is available through Phoenix House and Comprehensive Mental Health.

Strategies for informing/ partnering with stakeholders – The partnerships described above allow clients to access a full range of supportive services. Regular interaction and contact with the RW MCM systems provide opportunity for case conferencing and care coordination across provider types. Additional mechanisms of engagement (including presentations to key stakeholders) is detailed in the Project Design & Planning section of this manual.

Engaging Department of Labor (DOL) / Department of Housing & Urban Development (HUD) – KCHD, reStart, and CCKCSJ staff were trained using DOL/HUD’s Getting to Work online modules. Work with the DOL locally was done through CCKCSJ.

Roles and responsibilities of project partners

At KCHD: Once determined eligible for the program and for the multi-site evaluation, clients met in-person with the Project Evaluator, Quality and Housing Manager, or Housing Support Specialist to consent for the multi-site evaluation. If an individual provided consent to participate, the baseline interview was conducted, and a gift card provided. From there, a warm “hand-off” occurred to initiate a second in-person meeting between the client and the Employment Support Specialist. For persons choosing not to consent to the multi-site evaluation, no interview occurred, and the client was introduced directly to the Employment Support Specialist.

For both consenting and nonconsenting clients, the first introductory meeting with the Employment Support Specialist included an employability assessment and acted as an opportunity to begin fostering a trusting relationship.



Members of the KCHD Team who welcome clients at initial appointment.

This meeting begins by completing the KCHD Employability Tool. These tools (included in appendices) serve to describe employment history and to identify what type of employment the client may wish to pursue. In addition to employment goals, the Employment Action Plan may also include learning or advancing trade skills, and schooling. The assessment also includes potential barriers to gaining employment and/or housing; examples include a history of evictions, lack of work history, missing documentation (e.g., social security card, driver’s license, birth certificate), unpaid utility bills, lack of transportation, history of felony convictions, childcare needs, and more.

Once these goals and barriers are identified, an Employment Action Plan is drafted – inclusive of target dates for addressing each barrier – so both client and staffer have a mutual and clear understanding as to what steps to take to work toward gaining employment and/or housing. The Employment Action Plan uses a 30-day, 60-day and 90-day format.

Each client is provided a copy of the Employment Action Plan so they can mark off the items as they are accomplished. As the client meets with the Employment Support Specialist at mutually determined intervals, the Employment Action Plan is updated. A copy of both the Employability Tool and Employment Action Plan is scanned into SCOUT (a shared client-level database) so all members on the client’s care team (generally, the RW and Housing Case Managers) are kept informed of progress. After the first meeting, most clients engage in weekly contact with the KCHD ESS. As barriers are addressed and goals reached, contact with these clients generally becomes less frequent. Some clients return and re-engage with services as crises occur (such as job loss) Some clients struggle to address barriers to employment (e.g., because of mental health or substance use issues) and progress on goals is not linear; the Employment Support Specialist collaborates frequently with RW MCMs to offer supportive services as needed to address these issues.

Notably, the KCHD also provides comprehensive HIV core and support services funded through RW and Minority AIDS Initiative (MAI) funds, in combination with housing related services (voucher and non-voucher).



Teamwork and coordinated services is essential. Jessica Gant (CCKCSJ's 360 Employment Specialist) and Debbie Adams (KCHD's Employment Support Specialist) frequently interact, exemplified here providing Thanksgiving meals.

At *Catholic Charities of Kansas City-St. Joseph (CCKCSJ)*: Clients are referred (as needed) for additional employment-related services to CCKCSJ by the KCHD ESS, utilizing program implementation and referrals specifically designed for this purpose to streamline processes. The initial appointment with CCKCSJ varies by each client and may be a one-on-one meeting with CCKCSJ staff or a group service (such as participation in CCKCSJ Work Force Development Class, Resume Workshop, or Job Club). CCKCSJ designs group classes to progress as a series, supporting clients through each phase tailored to individual needs.

In the event the first service accessed by a client at CCKCSJ is in a group setting, individual one-on-one occurs immediately after. By guaranteeing a one-on-one portion regardless of initial appointment type, CCKCSJ staff can then provide wrap-around services such as transportation, cell phone assistance, and more. Meeting with the CCKCSJ Employment Specialist allows the client to have a space where they can discuss needs beyond employment.

At *reStart*: Generally, RW MCM submit housing referrals to reStart. In cases where the client is a current HOPWA in shelter, reStart staff, the MCM, and client meet to discuss and assess if the client is ready (and desires) to move to the transitional housing program. If yes, the MCM or reStart staff can general the referral for this process. Clients are notified by reStart staff when there are openings in their transitional housing program and are referred through the RW Part A Medical

Case Management system. The RW MCM accompanies the client for the initial appointment with reStart, where reStart staff present an overview of the program, complete intake documents, provide a tour of the building, and offer time for questions and answers. Clients are issued their keys and allowed to move-in immediately. Depending on the need, the client may get assistance with assembling of furniture for their unit. The initial appointment may or may not include the development of an *Individualized Service Plan*; this is completed by the second appointment if not the first. Residents at reStart are required to participate in weekly housing case management meetings to monitor progress, with attention to health, housing, and employment. reStart housing case managers partner with RW MCM and other community-based service providers to ensure wrap-around services. Additional services provided by reStart include those for mental health and substance abuse disorder.

Tangible reinforcements: food, clothing, hygiene, kits: Dedicated funding sources were embedded within each agency to support tangible reinforcements such as food, clothing, cell phones, transportation, and hygiene (**Table 2**). Outside donations provided bikes for clients, Thanksgiving meal bags, and holiday presents for KC Life 360 program participants with children. Blending outside donations, and dedicated funds allowed for greater innovation and meeting the diverse needs of clients. Agencies wishing to implement a similar intervention should dedicate dollars in a way that is compliant with funding sources, yet adaptable to meet unique client needs throughout the life of the program.



reStart's Christy Rodman and Tray Harrison assist clients in achieving housing stability and refer clients to KC Life 360 for tailored employment services.

Planning costs

Table 2: Funding for supportive items/tangible reinforcements

Agency	Source	Activities
KCHD	SPNS	Hygiene kits; gift cards (Walgreens, McDonalds, Subway, Quick Trip); Emergency Housing
ReStart	SPNS	Transportation; Emergency Assistance (work related clothing; food); Short-term Housing Assistance (One-time assistance to help clients move from transitional to permanent housing arrears; eviction costs; barriers to securing permanent housing)
	Private donation; Other	Flourish Furnishings: Provides furniture for clients as they transition out of reStart Transitional housing master-leased units.
Catholic Charities KC-SJ	SPNS	Transportation; Work Uniforms; Certifications (Food Handler’s Card); Monthly cell phone payment
	Private donation; Other	Bikes; Holiday meals



Innovative Practices

Creative solutions to transportation barriers

KCHD's novel intervention was to provide clients living with HIV free bikes to travel to doctor's appointments, medical case management appointments, employment, and to do normal activities of daily living. Kansas City is largely auto-oriented and the bus system alone is insufficient to traverse the long distances between where people with HIV live and where they have work opportunities. A KC life 360 program collaborator had a contact with bikes to give away and offered to donate and deliver them to the program. The KCHD Employment Support Specialist seized this opportunity to help and launched the program by keeping a few bikes at a time in her office. When visiting clients asked about the bikes, she simply offered to give them one, and this opt-in strategy allowed for those interested to receive bikes. Clients who have received bikes report feelings of freedom and a willingness to experience new challenges they did not in the past.

Significance of cell phones

The inability of providers and/or employers to contact clients, and vice versa was a barrier. Utilizing program funds to support the purchasing of cell phones and monthly payment plans was new to KCHD's programs. Providing support for this type of activity was in high demand, and contributed to successful program outcomes. Clients gained autonomy in looking for employment, scheduling interviews, and more. Clients also benefited from being able to use their cell phone to contact housing providers, their landlord, and members of their care team from all aspects (Medical Care, Housing, and Employment). Agencies looking to replicate KC Life 360 should budget for this type of expense.

Jamal's story

Jamal had been unemployed for a while and was living at the shelter. After engaging with the KC Life 360 program, Jamal got a job at a local warehouse. Unfortunately, it was the middle of January and about a mile off the bus line. Jamal had to walk 30 minutes after riding the bus for 45 minutes.

One day, Jamal was talking with the KCHD Employment Support Specialist during a routine appointment. He noticed the bikes in her office and said it would be nice to have one to ride that extra mile between the bus stop and his job. She sent him out the door with a bike.

Jamal used that bike to ride the extra mile after his bus ride. He is thankful for the opportunity to get to work. This bike allowed him to be successful.

Multi-site co-location agreements

An innovative component of the project is the co-location of the KCHD Employment Support Specialist at reStart. This allows for in-person handoff between reStart’s Housing Specialist and the KCHD Employment Support Specialist. Co-location also reduces barriers to engagement in services (such as transportation), supports care coordination across provider types, and allows additional embedding of employment-related services within the KC-TGA system of care. CCKCSJ began co-location office hours at KCHD late in Year 1 after seeing the successes of co-location between reStart and KCHD.

Emergency hotel gap lodging

“We are stable, safe, and together. We are in a good spot.”

-KC Life 360 client, single mother of three children fleeing domestic violence

Kansas City was able to reallocate carry over funds from Year 1 to support emergency hotel/gap lodging assistance. This was significant as it allowed the HIV Services Housing program portfolio the ability to immediately shelter an individual without relying on area shelter availability or cultural competency. The addition of this program component filled a long-experienced gap in our housing continuum and is detailed in other sections of this document. This component of KC Life 360 is detailed in the next section.

Kansas City had long recognized a gap in services for individuals needing immediate housing/shelter. During the course of this project, Kansas City learned of two other participating sites, Family Health Centers of San Diego and Positive Impact Health Centers of Atlanta who had been providing emergency hotel gap lodging through this SPNS grant. Using carry over funds from Year 1, Kansas City was able to allocate funding to provide emergency hotel gap lodging.

“I’m so thankful for the opportunity to be out of the winter weather and in a safe place.”

-KC Life 360 client

Kansas City had to build this service (programmatically speaking) from scratch. Family Health Centers of San Diego and Positive Impact Health Centers of Atlanta were instrumental in sharing intake forms, housing plans, and providing other administrative and programmatic advice.

The Employment Support Specialist contacted a number of hotels in key areas (close to transportation, medical care, employment opportunities, etc.) to inquire about rates and the ability to reserve rooms on behalf of others. The Employment Support Specialist (ESS) was instrumental in building relationships with area hotels.

The ESS job duties were adjusted to include weekly case management of clients entering the emergency hotel gap lodging program. Together, the client and the ESS created a Housing Plan to assist them in moving toward more permanent and stable housing. The KC Life 360 team created presentations and information for service providers to announce the new emergency hotel gap lodging. Additionally, Kansas City worked with their database administrator to create real-time, electronic service referrals and other documentation mechanisms to track this program component.

This program component of KC Life 360 is considered a landmark success as it allowed Kansas City to offer a much-needed type of housing assistance. The program also allowed for peer learning and leveraging of best practices from other sites. Kansas City formally integrated this type of emergency housing into their HOPWA Formula funds so as to permanently sustain this type of service.

Health Outcomes – Gap Lodging

“I’m so happy! I just did not think I would ever get a place that was all mine, that was not my car.”

-KC Life 360 client

Of the 17 individuals served, all who entered the program virally suppressed were able to maintain suppression. Four of the seven who were not suppressed at time of entry reached viral load suppression. Of the four remaining, updated lab data could not be obtained for two of them; one individual’s viral load showed continuous decreases; and one individual’s viral load increased.

100%

maintained viral load suppression

100%

exited to permanent housing

43%

achieved viral load suppression

“On July 1, 2019, the emergency hotel gap lodging program was launched. There was a total of 17 people with HIV (and their household members) served while funds lasted. The average length of stay was 57 days. The longest length of stay was 114 days, and the shortest length of stay was 14 days.”



Lessons Learned

Barriers, challenges, and facilitators of success

Barriers & Challenges

The barriers and challenges listed below reflect those encountered in program pre-launch and during implementation.

- ▶ **Time/Effort of Program Launch:** Inclusive of the contracting process, creating job descriptions, and the hiring qualified staff, training needs on program design, eligibility, and implementation, and promoting the program to area providers.
- ▶ **Client motivation**
- ▶ **Insufficient stock of permanent, safe, decent, and affordable housing**
- ▶ **Transportation**
- ▶ **Importance of cell phones**
- ▶ **Legal name change/new IDs for transgender clients**
- ▶ **Client follow-up** made difficult due to inability to contact via phone/email; or client schedules become busier after gaining employment or enrolling in school

Kansas City was able to help two clients work through the local court system to start the process for a legal name change. These two clients had challenges with employment because of how they present to an employer versus their legal name. This is a first step in gaining stable employment for our transgender population.

Facilitators of Success

Despite the challenges, many facilitators of success have emerged. Below is a list based on Years 1-3 of the KC Life 360 intervention implementation.

- ▶ **Communication Mechanisms:** Use of an electronic, real-time SCOUT referral process;
- ▶ **Co-location:** KCHD’s ESS is co-located at housing provider, ReStart’s Transitional Housing master-leased property via a Memorandum of Agreement. Additionally, CCKCSJ began (informally) co-locating for a few hours each Monday at the property late in Year 1, which proved beneficial and was maintained through Year 3;
- ▶ **Coordinated system of care:** Inclusive of RW providers (e.g., MCMs, Peer Educators), Housing Providers, and Intimate Partner Violence and Sexual Assault Providers. Each of these provider types have made referrals to KC Life 360.
- ▶ **Dedicated staff for evaluation activities:** For programs or projects that will include a research component, a dedicated FTE for follow-up data collection, clinical evaluation, and to support dissemination of findings, as well as part of an evaluation FTE to lead data analysis, dissemination of findings, and/or short-term evaluation activities are useful. Even projects which do not implement formal research, supporting evaluation activities is important in order to demonstrate the effectiveness of interventions.
- ▶ **Strong employment partnerships:** The expertise and proven record of CCKCSJ was instrumental. They were experienced in providing services for persons formerly incarcerated, connecting folks to GED classes/certifications, and addressing a diversity of needs. They were also able to leverage other funds to fill gaps.
- ▶ **Hotel gap lodging:** See previous section for details.

“I’m thankful for the support of the employment staff assisting me with finding out the process for a name change in another state; this is important for me to get done so that I feel better about myself.”

-KC Life 360 transgender client

Data, Outcomes, and Evaluation

Data management systems and analysis

Use of electronic medical records (EMRs)

Kansas City was able to collaborate through multiple modalities to access electronic medical record (EMR) data. Conversations began with the three main outpatient/ambulatory care providers:

- ▶ Truman Medical Centers, the area safety net hospital;
- ▶ Kansas City CARE Health Center, an FQHC;
- ▶ The University of Kansas Hospital, a for-profit teaching hospital.

Working with each entity carried different requirements for access (e.g., additional HIPAA training, EMR training). Access to EMRs was critical to obtaining data not typically available through SCOUT ((Securing Client Outcomes Using Technology, our statewide HIV-specific shared database), such as non-HIV specific diagnoses.

During the process of establishing access to the three EMRs, KCHD staff were also made aware of a singular system, LACIE which is a database allowing area hospitals and clinics to voluntarily share data to combine patient data into a single, widely available digital record. KCHD Surveillance and Communicable Disease Division staff had access to LACIE and guided the KC Life 360 team on how to access and navigate the system. LACIE has been especially important for accessing data related to Emergency Department visits and hospitalizations for our clients who receive HIV care at the FQHC.

Case notes and other data management systems

Documentation of clients served and services received is done through multiple modalities. At the multi-site level, services are noted in REDCap and the Boston University (BU) Tracking System.

At the local level, the main system is a shared client-level database, SCOUT. Between 2017-2019 intentional efforts were undertaken by KCHD to incorporate all housing and employment supportive service providers in SCOUT.

Traditionally, SCOUT was predominately used by RW funded providers only, but with the expansion of the KCHD HIV Services network (including the expansion of housing providers, employment supportive services providers, and intimate partner violence supportive service providers) the need to establish a centralized database was integral. Through a previously funded SPNS initiative, *“Addressing HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum”*, a universe of training materials was developed and maintained by the KCHD Housing Support Specialist. Over the course of three years, this was grown into a structured SCOUT training program for end users other than RW funded partners. Within SCOUT (which will support local evaluation components), each end user can view a comprehensive chart of shared clients.

KC Life 360 funded staff positions across all agencies can document client encounters (e.g., office visit; benefits coaching; job placement; employment preparation; housing case management; and more) and service referrals. SCOUT case notes are used during the screening and eligibility process as client housing status, clinical care (medical visits, lab draws, date of diagnosis) and employment are captured. Lastly, SCOUT allows for local reporting on client demographics, utilization, and outcomes.

Partner agencies have additional documentation standards for case notes according to agency policies. ReStart utilized the local Homeless Information Management System (HMIS) to document housing services and Catholic Charities utilizes Efforts to Outcomes (ETO).

KEYS TO SUCCESS

Establishment of a centralized database for all end users, including Ryan White providers and case managers; housing providers; employment supportive services providers; and intimate partner violence supportive service providers was integral to programmatic success.

KC Life 360 outcomes

Data below is based on the final KC Life 360 Quarterly Aggregate Report. This report provides a snapshot into client outcomes for that quarter of the project. **Table 3** depicts client outcomes for the reporting period of May 30, 2018 – September 29, 2020. Outcomes domains (employment, housing, and health) are calculated independently.

Table 3: KC Life 360 client outcomes	Percent
Employment	
Total Percent Some Form of Employment	67.0%
Full-Time Workers	46.1%
Part-Time Workers	20.0%
Per Diem Workers	0.9%
Under the Table Payment/Other Workers	0%
Total Clients Received SSI/SSDI	14.8%
Housing	
Permanent Housing	78.3%
Temporary	8.7%
Emergency Hotel/Gap Lodging	0%
Other	13.0%
Health – Engaged in Care	
Total Engaged in Care	96.7%
Total Not Engaged in Care	3.3%
Total Unknown Engagement	0%
Health – Viral Load Suppression (VLS)	
Total Achieved or Maintained	93.9%
Total Not Achieved or Maintained	6.1%
Total VLS Not Available	0%

93.9%

achieved or
maintained viral
load suppression

67%

increasing earned
income through
employment

78.3%

receiving permanent
housing assistance

96.7%

engaged in medical
care

Evaluation

Kansas City participated in the multi-site evaluation activities as well as local evaluation efforts. Evaluation data is shared in various publications and dissemination activities mentioned in later sections of this manual. Local evaluation studies included:

- ▶ Evaluating if **integrating employment services will improve coordination** in the RW system.
- ▶ Longitudinal **change in social networks** applying **social network analysis (SNA)**.
- ▶ The dose-response **relationship between housing, employment, and HIV health outcomes** (local).
- ▶ The relationship between **stigma and employment barriers** -- a multisite cross-sectional study. (multisite).
- ▶ The impact of **gap lodging** on HIV health outcomes.

Table 4 below shows local evaluation efforts:

Table 4 KC Life 360 proposed local evaluation table		
Evaluation Question 1. How have client housing, employment, care and treatment outcomes for HOPWA and RW clients changed since program implementation?		
Data Source	Outcome	Collection Intervals
Efforts to Outcomes (CCKC-SJ Employment Services Database) SCOUT (Client-level database)	Employment Status <ul style="list-style-type: none"> % clients who obtain employment % clients retained in employment at 30 days % clients retained in employment at 90 days % of clients with increased earned income in the 12-month measurement period % of people with HIV with unmet employment needs receiving employment services in the 12-month measurement period 	Baseline, 6m, 12m
	Housing Status <ul style="list-style-type: none"> % of clients unstably housed % of clients exiting transitional housing into permanent 	
	Retention in Care <ul style="list-style-type: none"> % of clients who had at least one HIV medical care visit in each six (6)-month period of the 24-month measurement period, with a minimum of 60 days between medical visits 	
	ART Use <ul style="list-style-type: none"> % of clients prescribed ART for the treatment of HIV infection in the 12-month measurement period 	
	Viral Suppression <ul style="list-style-type: none"> % of clients with a viral load <200 copies/mL during the last test in the 12-month measurement period 	
Evaluation Question 2. In what ways has project implementation changed client service coordination across Providers?		
Data Source	Outcome	Collection Intervals
SCOUT (Client-level database)	Staff Training <ul style="list-style-type: none"> Number of clinical and program staff who are provided HIV, housing, and employment-related training ^[SEP] 	Baseline, 6m, 12m
SCOUT (Client-level database)	Care Coordination & Capacity Building <ul style="list-style-type: none"> # of provider sites (community based and faith-based ^[SEP] organizations) that adopt new or enhanced organizational policies, programs, or protocols as a result of this project 	Baseline, 6m, 12m

Efforts to Outcomes (CCKCSJ Employment Services Database)	<ul style="list-style-type: none"> # of sites where employment status begins to be documented in SCOUT # of case conferences between Housing, Ryan White, and Employment service providers 	
	<p style="text-align: center;">Program Utilization</p> <ul style="list-style-type: none"> # of referrals into KC Life 360 # of clients utilizing KC Life 360 # of participants who complete 2 or more workforce development services during Year 1 of enrollment # of clients who complete a component on their Individual Employment Plan within 1st year of enrollment 	
Provider quantitative survey	<p style="text-align: center;">Qualitative Perceptions</p> <ul style="list-style-type: none"> Perceived process of service coordination under new system vs. old system List and descriptions of perceived barriers and facilitator 	Year 2 and Year 3 provider surveys through ETAP TA
Evaluation Question 3. What cross-system partnerships have been initiated and/or formalized?		
Data Source	Outcome	Collection Intervals
TBD through ETAP TA	<p style="text-align: center;">Number and Type of New Partnerships</p> <ul style="list-style-type: none"> Number of Employers added to Preferred Employer List Number of recruitment and outreach activities at partner agencies, hospitals, clinics, and local businesses and foster new relationships to expand recruiting network. 	through ETAP TA
Evaluation Question 4. In terms of cost, what resources are required to implement and maintain project?		
Data Source	Outcome	Collection Intervals
Site invoices	<ul style="list-style-type: none"> Startup investment needed 	Monthly
Financial data	<ul style="list-style-type: none"> Resources to maintain program Resources spent by categories of program activity (e.g. evaluation, planning, etc.) 	Year 2 and Year 3 annual site visits

Publication and Dissemination

The KC Life 360 team utilized various mechanisms to publicize information about our program nationally, as described in **Table 5** below.

Table 5: Publication & Dissemination

Websites

Program website: <https://info.umkc.edu/kclife360/>

Site Spotlight (bike program story): <https://targethiv.org/sites/default/files/support/KCLife360BikeProgram.pdf>

Abstracts and presentations:

Shank J, Moore EF, Doherty JK. Interdisciplinary and Systems Models for Providing Care and Treatment to people with HIV experiencing homelessness and under/unemployment. Abstract #78912. 32nd National Conference on Social Work and HIV/AIDS. May, 2020.

Shank J, Adams DD, Barnhart T. Public Health Social Work: Ending the HIV epidemic through an inter-professional approach. Abstract # 793134. 32nd National Conference on Social Work and HIV/AIDS. May, 2020.

Shank J, Adams DD, Barnhart T. Housing and Employment Success Stories: Innovative System Service Delivery Supporting the HIV Care Continuum. Abstract #15642, 2020 National Ryan White Conference on HIV Care and Treatment.

Shank J, Byrne T, McClure L, Moscariello S. Leveraging multi-sectoral partnerships to increase housing and employment support services for people with HIV experiencing homelessness and under/unemployment. Abstract #16783, 2020 National Ryan White Conference on HIV Care and Treatment.

Manuscripts in development

- ▶ The impact of LGBTQ and HIV-related stigma as a moderator for housing outcomes
- ▶ The impact of employment on HIV health outcomes

Sustainability

Sustainability planning began early in Year 2. Many KC Life 360 activities were sustained by utilization of HOPWA formula funds.

- ▶ **Hotel Gap Lodging:** Using HOPWA Short-Term Supportive Housing, KCHD was able to maintain this type of housing service delivery in their program portfolio.
- ▶ **Employment Support Specialist:** Within HOPWA's Supportive Services, the activities the ESS position fulfilled are eligible. Kansas City moved funding into this HOPWA budget line item to continue supporting the ESS staff position beyond the HRSA SPNS funding period.
- ▶ **Resource Identification:** Allows for system-level work under HOPWA Formula funds. Kansas City allocated dollars to this HOPWA line item to allow for system-level coordination, assessment, training and capacity building between the housing, employment, and HIV care sectors.

Key steps in sustainability using HOPWA funds

Sustainability planning was essential so as to meet all related HOPWA deadlines or milestones. Key steps included:

- ▶ **Researching eligible expenses** and activities under HOPWA CFR
- ▶ **Cross referencing KC Life 360 activities and services** with those that are HOPWA eligible
- ▶ **Communication with Kansas City's Neighborhood's and Housing Division** to include edits to the Annual Consolidated Plan and HOPWA Request for Proposals (RFP)
- ▶ **Budget meeting** with finance staff and Division Leadership
- ▶ **Allocating dollars to Short-Term Supportive Housing** (new); Support Services (new for KCHD); and Resource Identification (increasing previous allocation)
- ▶ **Presentation to City Council** on newly added line items and services
- ▶ **Working with City of KCMO Human Resources** to create a HOPWA funded ESS job description, posting, and hiring

Agencies which desire to implement a similar intervention can contact the KCHD HIV Services Division Housing program at 816.513.6098

Appendices

Job descriptions

Employment Support Specialist

Summary

This is for professional, administrative, and technical work in the Kansas City (MO) Health Department (KCHD). Work involves a strong commitment to personal and professional development, direct client services, employment counseling, employment outreach and recruitment, and program evaluation.

The Employment Career Specialist manages recruitment and intake of clients into the program and develops relationships with businesses for job placement and referral, as well as maintains a caseload of clients who are HIV positive. The role reports directly to the Quality and Housing Services Manager.

Incumbents of this class are expected to apply core principles of workforce development, career counseling, and practices of the profession and perform increasingly difficult and responsible work commensurate with years of formal training and experience. Work is reviewed by administrative and professional superiors through adherence to grant requirements, written reports, presentations, and results achieved.

Duties and responsibilities

Career Counseling and Job Placement

- ▶ Design and implement job development and placement services with businesses across Kansas City.
- ▶ Develop programmatic materials for employment program, including the development of an Employment Intervention Manual.
- ▶ Manage assigned caseload of participants disenfranchised by HIV, poverty, homelessness, and/or gender nonconformity.
- ▶ Assess prospective participants' ability to become employed and, in cooperation with participants, develop and initial work plan that identifies personal and career goals.
- ▶ Manage assigned caseload by reviewing eligibility documentation and completing and necessary intakes with clients.
- ▶ Provide career counseling and assist in the development of short/long-term employment goals.
- ▶ Develop and implement screening process for participants to be referred to jobs.
- ▶ Refer appropriate candidates to employer and serve as the liaison between employment and the employer.
- ▶ Provide consistent follow-up with all employer partners. This includes tracking 30-day and 90-day employment retention among participants.
- ▶ Attend community meetings with local HIV, transgender, and LGBTQ service providers for client recruitment.
- ▶ Assist with recruitment and outreach activities at partner agencies, hospitals, clinics, and local businesses and foster new relationships to expand recruiting network.
- ▶ *Project Implementation and Management*

- ▶ Research and utilize data and evidence-based practices to target sectors and employment partners to obtain appropriate employment opportunities for client population.
- ▶ Develop and maintain relationships with case managers and housing providers at partner agencies.
- ▶ Facilitate job readiness workshops, educational presentations, staff training, and other assigned workshops with partner agencies.
- ▶ Maintain relevant data collection and documentation for the Employment program.
- ▶ Assist in preparation for program reports as well as program evaluation activities.
- ▶ Work with colleagues to evaluate and develop program services that meet the needs of the Employment clients. Seek ways to improve services and implement ideas and activities which foster the growth of the program and promote our services.
- ▶ Participate in on-site and remote learning opportunities with the evaluation and technical assistance provider.
- ▶ Represent the KCHD HIV Services Employment Program at meetings and functions addressing workforce development issues, at contractor meetings, and at other community meetings when applicable.
- ▶ *Program and Department Activities*
- ▶ Attend HIV Services Program staff meetings and supervision meetings.
- ▶ Attend Kansas City Health Department staff meetings, as required.
- ▶ Perform other appropriate duties as assigned.

Technical skills

Some knowledge of:

- ▶ Employment placement services
- ▶ Job development and training
- ▶ Data management and analysis
- ▶ The principles and practices of career counseling and employment coaching
- ▶ The principles and practices of program administration
- ▶ Excellent oral and written communication skills
- ▶ Excellent organization and documentation skills

Ability to:

- ▶ Work with individuals with job-seeking challenges due to disability, mental disorder, addiction or other hiring disadvantages.
- ▶ Aid clients in learning to support themselves through gainful employment.
- ▶ Properly interpret and make decisions in conformance with established laws, regulations, and policies.
- ▶ Collect, analyze, and interpret data and submit oral and written reports.
- ▶ Establish and maintain effective working relationships with employees, municipal officials, other agencies, the general public, and medical care providers.
- ▶ Present technical material in a clear, precise manner than can be easily understood by a variety of groups.

Education and Experience

Accredited Bachelor's degree with major course in sociology, social work, education, human resources, business/labor management, public health or public administration, and two years' professional experience in workforce development and/or employment services, with at least one year at the level of a public health specialist.

OR

Accredited Master's degree in major course work as noted in paragraph one above, and one years' professional experience in workforce development and/or employment services.

Housing Support Specialist

Summary

This is for professional, administrative, and technical work in the Kansas City (MO) Health Department (IKCHD). Work involves planning, coordinating, and directing resources for the purpose of facilitating HIV-related Housing programs.

Incumbents of this class are expected to apply core principles of public health, grant management, and practices of the profession and perform increasingly difficult and responsible work commensurate with years of formal training and experience. Work is reviewed by administrative and professional superiors through adherence to grant requirements, written reports, presentations, and results achieved.

Duties and Responsibilities

- ▶ Maintains and facilitates SCOUT database training program for HIV Housing Program.
- ▶ Compiles and calculates demographic, utilization, and performance outcome data for implementation and evaluation of housing programs.
- ▶ Supports housing support programs or projects of limited complexity; determines proper methods and techniques to use in promoting the activities of the assigned projects.
- ▶ Delivers presentations and assists in writing reports and articles to stimulate interest and disseminate information to the community regarding HIV and housing services.
- ▶ Provides basic information to the public and community organizations concerning specific HIV and housing problems, needs, and concerns.
- ▶ Assists an administrative or technical superior in conducting various tasks as requested.
- ▶ Maintains required records and prepares assigned reports.

Duties Specific to Housing Opportunities for Persons with AIDS (HOPWA) Grant, Other HUD Projects and Ryan White Housing Projects

- ▶ Implements HIV-related housing projects under the supervision of the HIV Services Quality Manager/Housing Manager
- ▶ Serves as KCHD representative on client hearings related to HIV housing services.
- ▶ Provide routine reports and updates to the Quality Manager/Housing Manager.
- ▶ Provide housing reports to the KC-Transitional Grant Area (KC-TGA) Ryan White Planning Council, Kansas City (MO) Health Department leadership and/or for other groups as directed by leadership of HIV Services Program.
- ▶ Complete all required grant reports for HIV housing services.
- ▶ Establish and maintain Partnerships with local housing agencies and members of the local HUD Continuum of Care (CoC) in the Kansas City region.
- ▶ Participate in training and other learning opportunities related to housing services for people with HIV.
- ▶ Provide, in cooperation with local CoC, a coordinated point of entry for veterans, chronically homeless, youth and victims of intimate partner violence who are HIV+.
- ▶ Facilitate HIV screening and testing events, in conjunction with HIV Prevention Staff, to identify HIV+ persons who are homeless and link them to HIV care and housing services.

- ▶ Work with local health facilities, police, social, government, and legal services to create a marketing campaign which raises awareness about transitional housing options for victims of intimate partner violence who are HIV+.

Duties Specific to HRSA SPNS Project KC Life 360

- ▶ Monitor required HUD and CITI Working Human Subjects training certificates among project sponsors.
- ▶ Perform intake assessments and informed consent among persons referred

Education and Experience

Accredited Bachelor's degree with major course in community development, multi-disciplinary social science or urban services, public health or public administration, and two years' professional experience in community or neighborhood development work, with at least one year at the level of a public health specialist.

OR

Accredited Master's degree in major course work as noted in paragraph 1 above and one years' professional experience at the level of a public health specialist.

Public Health Nurse- Clinical Data Evaluator

Summary

This is professional, administrative, and technical work in the Kansas City (MO) Health Department (KCHD). Work involves clinical data evaluation, reporting, and coordinating resources for the purpose of facilitating HIV-related Housing programs.

Incumbents of this class are expected to apply core principles of public health, grant management, and practices of the profession and perform increasingly difficult and responsible work commensurate with years of formal training and experience. Work is reviewed by administrative and professional superiors through adherence to grant requirements, written reports, presentations, and results achieved.

Duties and Responsibilities

- ▶ Performs routine 6month, 12month, and 18month electronic medical record and client-level database chart audits in support of KC Life 360 evaluation requirements.
- ▶ Work with area clinics to access electronic medical record data elements necessary to support clinical evaluation component.
- ▶ Analyze clinical outcomes for KC Life 360 program participants.
- ▶ Performs routine 6month, 12month, and 18month client follow-up assessments in support of KC Life 360 evaluation requirements.
- ▶ Assist in the development and analysis of the KC Life 360 evaluation control/sub-study group.
- ▶ Research and utilize data and evidence-based practices to target sectors and employment partners to obtain appropriate employment opportunities for client population.
- ▶ Maintain relevant data collection and documentation for the KC Life 360 program.
- ▶ Assist in preparation of project reports as well as program evaluation activities.
- ▶ Work with colleagues to evaluate and develop program services which meet the needs of KC Life 360 clients. Seek ways to improve services and implement ideas and activities which foster the growth of the program and promote our work to the general public.
- ▶ Participate in KC Life 360 Work Group.
- ▶ Participate in on-site and remote learning opportunities with the evaluation and technical assistance provider.
- ▶ Represent the KCHD HIV Services at meetings and functions addressing HIV health outcomes and the intersection of housing stability and employment at contractor meetings and other community meetings when applicable.
- ▶ Collect, analyze, and interpret data related to housing status and key HIV health outcomes.
- ▶ Compile and calculate demographic, utilization, and performance outcome data for implementation and evaluation of housing programs.
- ▶ Provide routine reports and updates to the Quality Manager/Housing Manager.
- ▶ Provide reports to the KC-Transitional Grant Area Ryan White Planning Council, Kansas City (MO) Health Department leadership and/or other groups as directed by leadership of HIV Services Program.
- ▶ Maintain required records and prepare assigned reports.

- ▶ Assist in the development of the KC Life 360 Intervention Manual and other items as directed by HRSA and/or Boston University.
- ▶ Attend KCHD staff meetings, as required.
- ▶ Perform other appropriate duties as assigned.

Education and Experience

Minimum Qualifications: A Bachelor's degree from an accredited four-year college or university in nursing, health care administration, public health or related healthcare field. Licensure as a registered nurse as determined by the MO State Board of Nursing or a state having reciprocity with the state of MO.

Preferred Qualifications: Completion of a Master's degree in major course work as noted in paragraph 1 and/or two years of related experience, and/or clinical data evaluation experience.

Workforce Development Program Manager (Catholic Charities of Kansas City-St. Joseph)

Position Objective: Provide employment assistance to individuals and families to achieve economic stability and security.

Essential Duties

Stewardship

- ▶ Services will be provided primarily to a targeted population as directed by funder.
- ▶ Provide employment preparation services in workshops as well as individually, including resume building, interviewing skills, interview etiquette, etc.
- ▶ Assist with job retention and career pathway activities through providing information both to individuals and in a group setting on topics such as conflict-resolution, decision-making and problem-solving
- ▶ Assist with identifying career strengths and potential on paper and electronically, per program policies and as directed by supervisor; maintain client records as indicated
- ▶ Provide financial assistance in accordance with program policy and procedures; maintain accurate records of financial and other assistance provided to participants in the participant/client file, and in other appropriate data bases as indicated
- ▶ Follow all policies and procedures regarding the agency including confidentiality
- ▶ Maintain information and statistics per program guidelines; complete reports as requested and assigned by supervisor

Teamwork and Collaboration

- ▶ Collaborate with partners in serving a targeted population regularly, via phone, e-mail and personal meetings, with the goal of service coordination.
- ▶ Provide outreach services to potential employers and employment agencies as needed and requested by supervisor
- ▶ Attend agency and community meetings as requested; maintain working relationships with community agencies, including probation and parole staff, to provide comprehensive services to clients and to stay abreast of current trends and available resources.
- ▶ Attend in-service training including internal and external conferences/workshops as required, requested and approved by supervisor
- ▶ In all community activities, represent the agency's mission, purpose, and philosophy to the community
- ▶ Provide guidance and support to community volunteers working within the program
- ▶ Perform other activities as needed and requested by supervisor with the goal of attaining and maintaining efficient program operations

Commitment to Customers

- ▶ Provide client advocacy services as needed
- ▶ Provide information and referral services to internal and external resources

- ▶ Treat all internal and external customers with respect and exhibit positive behavior in dealing with clients, participants, co-workers, supervisors, volunteers and interns, partners, collaborators, and the general public
- ▶ Work together with other staff to be a change agent so that the client/participant will be a productive, successful citizen
- ▶ Perform other activities as needed and requested by supervisor with the goal of providing an excellent quality of services for the clients/participants, the agency, and community

Case Manager/Referral Specialist (reStart)

Description: This position is responsible comprehensive strength-based case management services to adults in the Adult Emergency Shelter with the primary goal of achieving permanent housing.

Responsibilities Include:

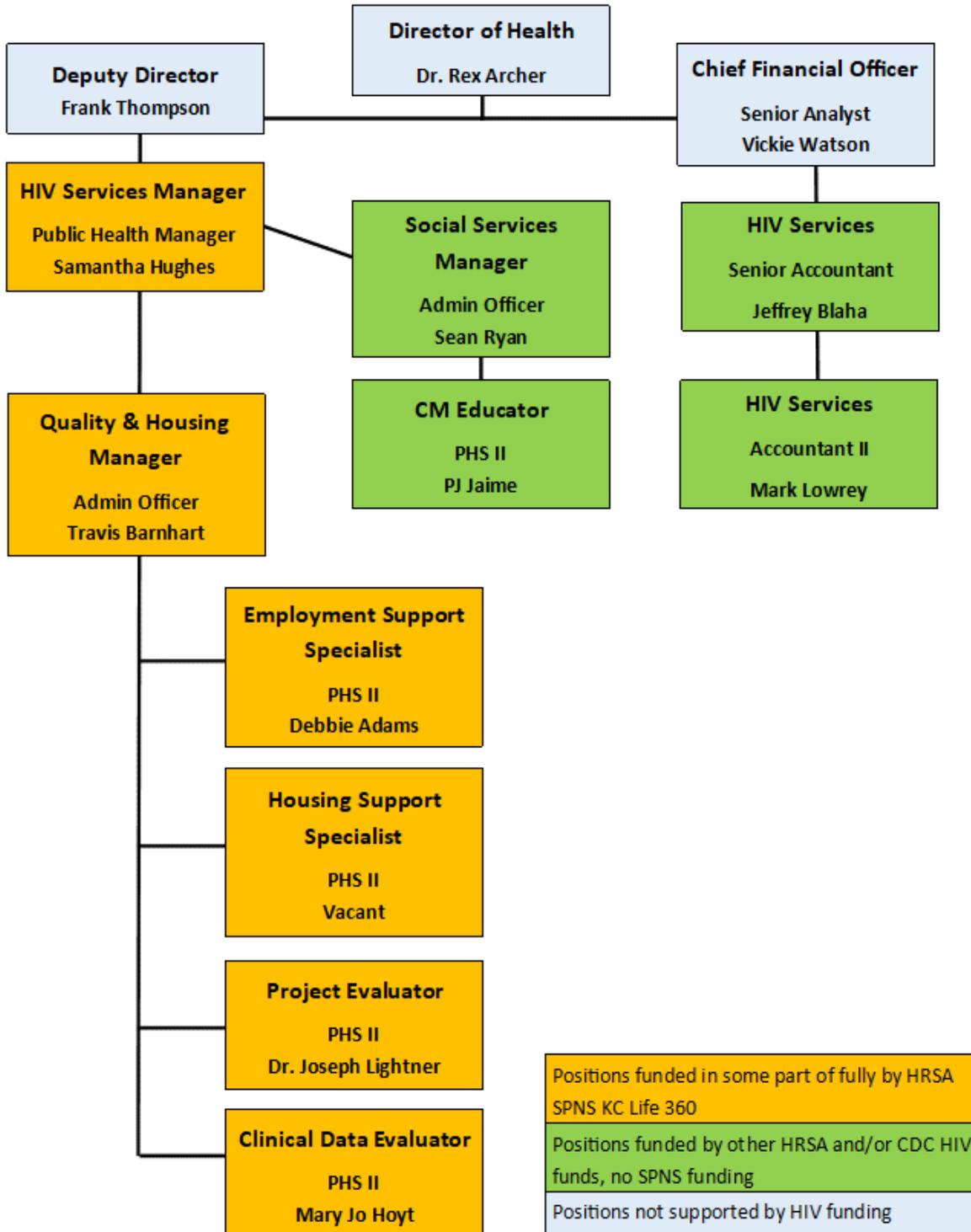
- ▶ Complete housing plan with new clients within 7 days of intake.
- ▶ Input data into MAAC Link and SCOUT database on a timely basis.
- ▶ Complete all required documentation and case notes and maintain all reStart case files.
- ▶ Provide assistance for clients in: budgeting, employment search, locating permanent housing, managing medical issues, and addressing transportation and other needs.
- ▶ Make and facilitate appropriate client referrals to community service providers for medication management, day treatment, inpatient care, domestic violence support, and continued access to integrated services. Track and assist client to ensure engagement and follow through on referrals.
- ▶ Maintain current knowledge of and good working relationships with other service providers with whom reStart collaborates. Attend inter- agency meetings as required.
- ▶ Meet grant deliverables, outcomes and expectations, including data collection and reporting requirements, as needed.
- ▶ Conduct weekly floor meetings, room inspections, make weekly chore assignments.
- ▶ Other duties as assigned.

Qualifications

- ▶ Bachelor's degree in social work or related field required. (Master's preferred). 3-5 years' experience in social services field preferred.
- ▶ Ability to write clear, accurate case notes and complete other required case documentation thoroughly and accurately.
- ▶ Able to handle crisis situations with a minimum of supervision.
- ▶ Must have driver's license and insurance.
- ▶ Work schedule includes days, evenings and weekend hours.
- ▶ Must pass criminal records check.
- ▶ Proficiency with PC-based word processing and database documentation required.

Organizational chart

Kansas City, Missouri Health Department



Referral and screening forms

KC Life 360 Employability Tool

Participant name: _____ DOB: _____

<p>Please indicate when and/or what type of shifts you prefer to work. Circle all that apply:</p> <p>Full time Part Time</p> <p>Day Shift Night Shift</p>	<p>Please list your three desired jobs with desired wage:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>Please describe any education, experience, skills, and/or qualifications that may help you in your job search:</p> <p>Do you have a GED or a High School diploma? GED High School diploma</p> <p>Highest Level of Education: _____</p> <p>Work Experience: _____</p> <p>Skills: _____</p> <p>Qualifications: _____</p> <p>Other: _____</p>	
<p>English Proficiency</p>	
<p>Do you have difficulty reading, writing, speaking, or understanding English? Yes No</p> <p>Are you currently taking and ESL class? Yes No If yes, what level? _____</p> <p>Have you taken an ESL class in the past year? Yes No If yes, what level? _____</p> <p>Plan to address English proficiency: _____</p> <p>Plan to address language issues: _____</p>	
<p>Legal/Criminal</p>	
<p>Are you legally able to work in the United States? Yes No</p>	

Do you have any legal issues that could affect your ability to go to work or training?	Yes	No
If yes, please explain: _____		
Have you been convicted or pled guilty to a criminal offense within the last 7 years?	Yes	No
(Convictions will not necessarily bar you from employment.)		
If yes, please explain: _____		
Plan to address legal issues: _____		

KC Life 360 Employment Action Plan

Participant name: _____ Date: _____

Goal	Plan of action/immediate – in the next 30 days	Target date/completed	Plan of action/short term in the next 60 days	Target date/completed

*One goal per box *Up to 3 action items per single goal *Determine when action items will be completed

Client signature _____ Staff signature _____

Next review _____ Next appointment _____

Client eligibility checklist

- Client must be 18 years of age or older and be living with HIV

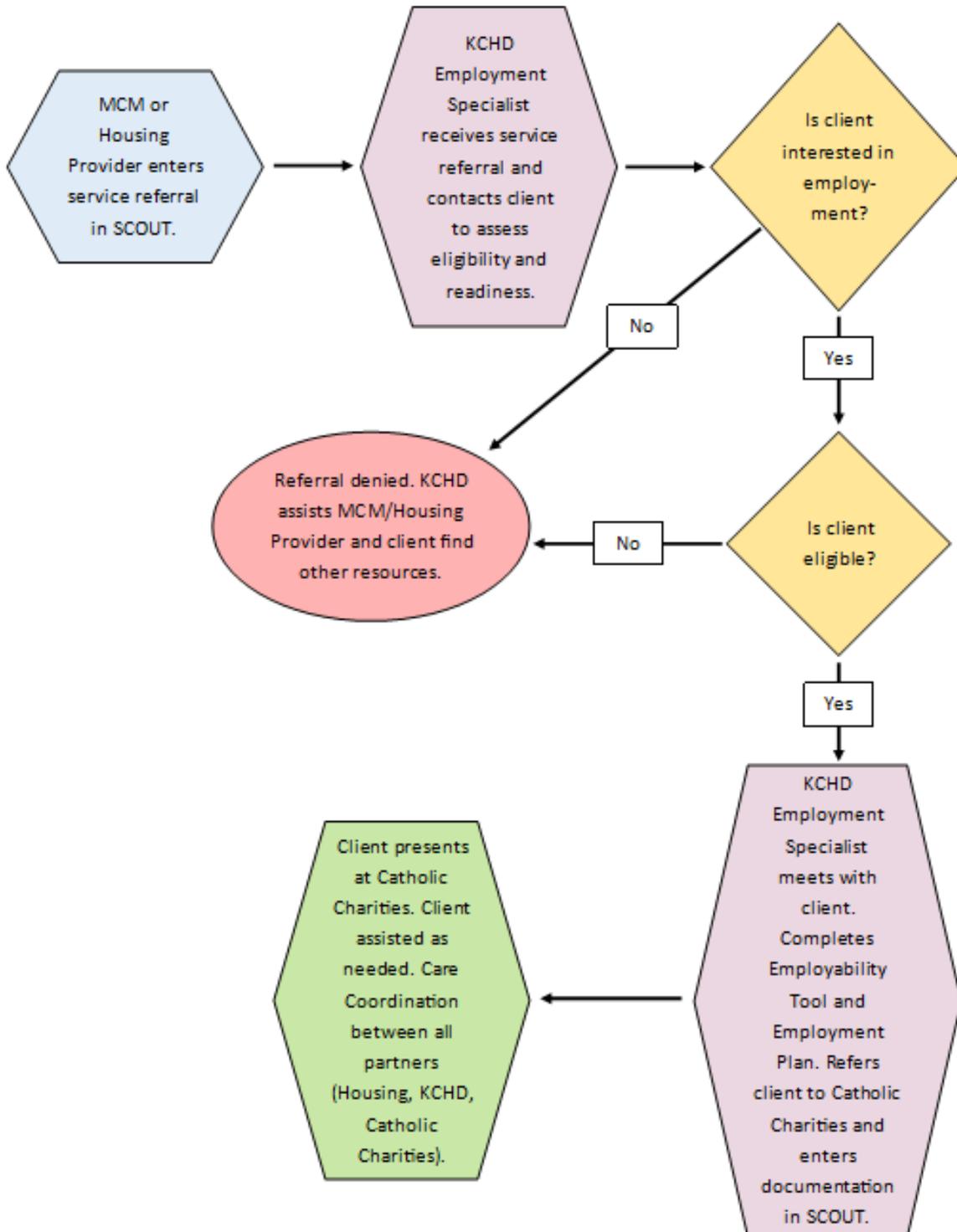
Housing	
Literally homeless	<input type="checkbox"/> Lacks fixed, regular, and/or adequate regular nighttime residence (couch surfing etc.) <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitionally housed less than 24 months (e.g. reStart housing program; CoC rapid-rehousing, sober house, hallway house) <input type="checkbox"/> Residing in a place not designed for human accommodation/habitation (abandoned building, tent, care, park, etc.) <input type="checkbox"/> Leaving criminal justice system <input type="checkbox"/> Hotel/No fixed address <input type="checkbox"/> Living in an institution where they've resided for less than 90 days
Unstably housed	<input type="checkbox"/> No lease or occupancy agreement in their name or ownership interest <input type="checkbox"/> Utilities have been off in the last 60 days <input type="checkbox"/> In permanent housing (subsidized or not) and received a shut-off notice in the last 60 days <input type="checkbox"/> Persistent housing instability – evidenced by moving twice during the last 60 days <input type="checkbox"/> Imminent eviction – has received eviction notice <input type="checkbox"/> Housing instability expected to continue over an extended period of time
Domestic violence	<input type="checkbox"/> Fleeing <input type="checkbox"/> Attempting to flee <input type="checkbox"/> Has no other residence <input type="checkbox"/> No other or lack of resources and support to obtain permanent housing

Employment	
Unemployed	<input type="checkbox"/> Does not have a job <input type="checkbox"/> Currently receiving unemployment benefits but actively looking for a job <input type="checkbox"/> Receives SSI/SSDI benefits and wants to earn additional income
Underemployed	<input type="checkbox"/> Part time employment <input type="checkbox"/> Temporary employment <input type="checkbox"/> Works for cash <input type="checkbox"/> Works per diem <input type="checkbox"/> Does not have enough paid work <input type="checkbox"/> Not doing work that makes full use of skills and abilities

*****If you selected at least 1 housing criteria and at least 1 Employment criteria – REFER*****

Service referral – KCDH employment Srvs - KC Life 360

Client flow diagram



Citation

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 living 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 a RWHAP-funded site.

The KC Life 360 intervention was implemented by the City of Kansas City, Missouri Health Department, a RWHAP Part A recipient based in Kansas City, Missouri.

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