

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

a.k.a. The Coordinated Services Intervention (CSI)

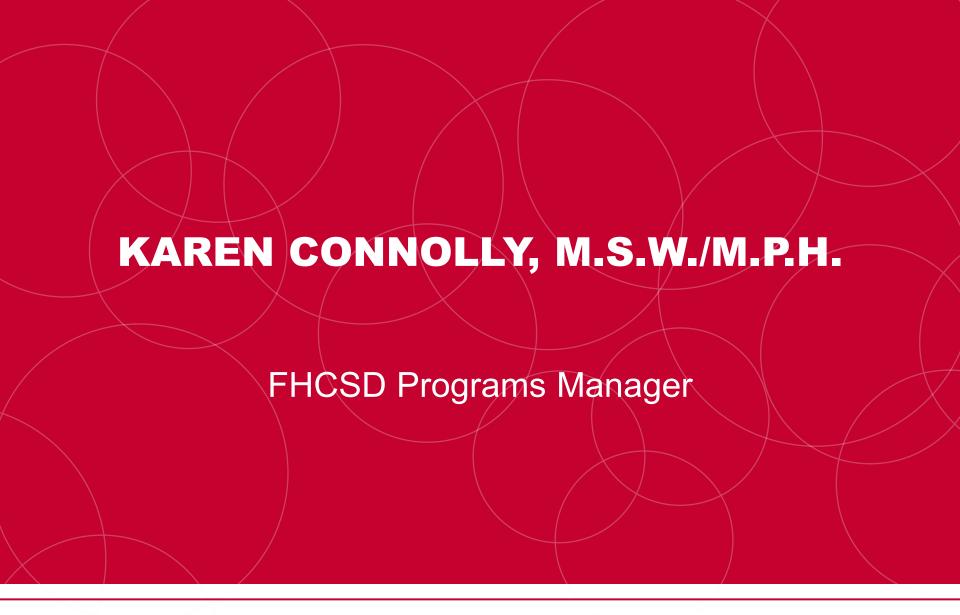














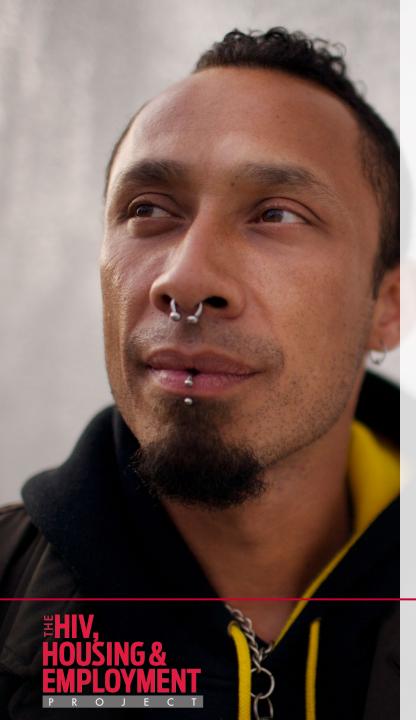


# INTRODUCTION

In 2017, with funding support from HRSA/SPNS, Family Health Centers of San Diego (FHCSD) built a Coordinated Services Intervention (CSI) collaborative care model that improved long-term HIV health outcomes for racial/ethnic minorities through the coordination of supportive employment and housing services.







### **CSI Partnership**

The CSI model of care is built upon a developed collaboration between FHCSD as lead program organization in formalized partnerships with:

#### **Townspeople**

Housing Opportunities for People Living with HIV/AIDS (HOPWA) housing provider, housing case management

#### **IPH**

Created assessment and evaluation tools, collect and analyze data

#### **NAMI**

Temporary housing assistance funding, financial management training, Partial Assistance Rent Subsidy (PARS) program administration

#### **Employment Partners\*\*\***

San Diego Workforce Partnership (SDWP), San Diego Employment Solutions (SDES)





# PRIORITY POPULATION

People of Color (POC) 18 Years or Older People Living With HIV/AIDS (PLWHA) Not Fully Engaged in Care **Newly Diagnosed Detectable Viral Load** Homeless or Unstably Housed Unemployed, Underemployed, Temporary Employed or Part-Time Employment Fleeing Domestic Violence





# INTEGRATION INTO EXISTING SERVICES

Ryan White Case Management and the SPNS Linkage Coordinator





## Intervention Flowchart

#### Recruitment- COMPLETED

#### Potential Client Sources

- Internal information technology lists of persons who have fallen out of HIV care
- Walk-ins
- 3) Self-referral from partner agency
- Newly diagnosed and referred to program
- Referred from other FHCSD program

#### Linkage Coordinator

Contacted by potential client, appointment made

First appointment; welcomes client, explains program; if interested in program makes appointment with Research Assistant, if not offers referrals

#### Research Assistant

Conducts screening (for the program) and consent (for the study)

- Eligible & Consents 

  returns to Linkage Coordinator for services
- Eligible & Does Not Consent ⇔ returns to Linkage Coordinator for services

#### Intervention- Ongoing

#### Linkage Coordinator

- Completes client assessment and care plans
- Makes appointment with housing navigator (Townspeople)
- Makes referrals to other programs as needed
- Works with client and NAMI to gather needed paperwork and obtain emergency housing funds
- Refers client to employment partner

#### NAMI

- Teaches client about financial responsibility
- Gathers paperwork and manages emergency housing funds if additional funds are needed (i.e. from project)
- Provides client payee services as needed

#### Townspeople

- Meets with client and Linkage Coordinator
- Navigates client through San Diego County Homeless Management Information System
- Links to housing program, other housing resources
- Provides updates, ideas and information about housing availability

#### Follow-up- Ongoing

#### Linkage Coordinator (LC)

- Meets with clients monthly to track housing and employment progress
- Completes ongoing client assessment and care plans
- Provides additional referrals
- Tracks completion of referrals; discusses barriers and creates a plan for completion of referrals
- Monitors health care adherence

#### NAMI

Provides payee services if needed

#### Townspeople Provides move-

Provides movein supplies and help

#### SDES

Helps client obtain employment

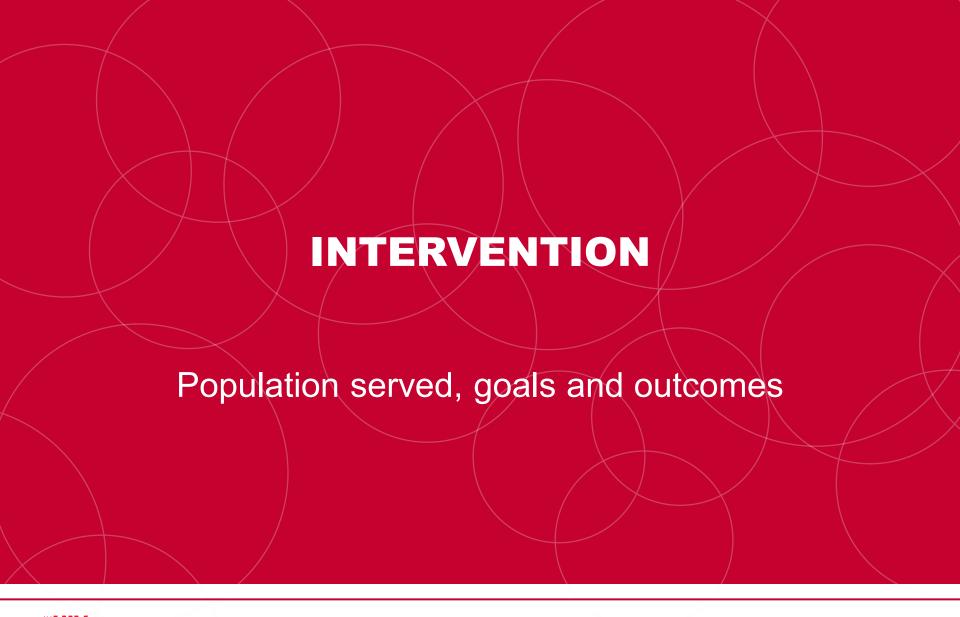


#### Graduation

Sustainability plan created by LC



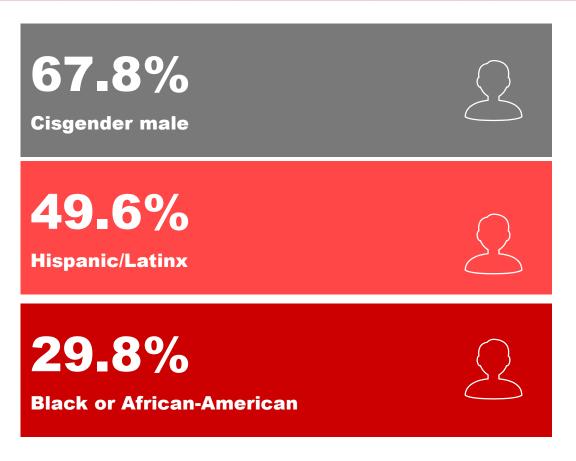








# **POPULATION SERVED**



121 clients were served (exceeding our enrollment goal)

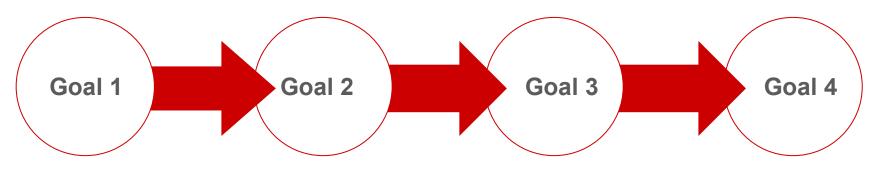
All were homeless or temporarily housed

78.5% were unemployed





# **PROGRAM GOALS**



Improve retention in HIV medical care, antiretroviral therapy (ART) among persons in HIV medical care, and viral suppression among persons in HIV Medical care among racial and ethnic minority people with HIV in San Diego.

Improve housing outcomes for PWH in San Diego

Improve employment outcomes for PWH in San Diego

Sustain and integrate CSI into standard agency operations





# **BARRIERS TO SUCCESS**



Low Self esteem

Substance use

Lack of proper clothing or cleanliness to obtain a job

Lack of available housing

Leasing and approval process delays

Update of homeless navigation software

Lack of proper legal documentation for housing and employment





# SUCCESSFUL OUTCOMES



- **96.9%** (94/97) achieved HIV viral suppression at least once during the intervention period compared to 75.3% (73/97) at intake.
- **90.1%** (109/121) were linked to or retained in HIV medical care.
- **68.6%** (83/121) were housed (59 in permanent housing and 24 in temporary housing) compared to 47.1% at intake (57 in temporary housing).
- **30.6%** (37/121) were employed (8 full-time, 28 part-time and one part-time 'under the table') compared to 21.5% (26/121) at intake.



