



KC Life 360

Intervention Implementation Guide

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KC Life 360

This guide examines the KC Life 360 intervention, designed by the City of Kansas City, Missouri Health Department (KCHD) to complement the KCHD Transitional Housing programs for people with HIV, supported by the Kansas City Transitional Grant Area (KC-TGA). This intervention was first funded through the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP), Special Projects of National Significance (SPNS) "Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services" initiative (also known as the "HIV, Housing & Employment Project").

KC Life 360, originally named after Kansas City, is an employment-focused intervention that utilizes the intersection between employment services, HIV care and treatment, and housing to improve health outcomes of people with HIV. The intervention seeks to engage clients into supportive services to ensure the ability to obtain and maintain employment, earned income, and economic mobility to secure permanent housing placement.

The intervention was developed to address the gap between existing housing services and local employment efforts across an 11-county geographic area included in the KC-TGA. KC Life 360 forged a connection between KC-TGA housing efforts and evidence-based, successful employment services from local providers. The intervention was available to individuals enrolled in the KCHD Transitional Housing program and other clients experiencing homelessness and housing instability.

This guide includes key components of the KC Life 360 intervention, outlines the capacity required by organizations/clinics to conduct this work, and includes replication steps to support others in their implementation efforts. Finding replicable interventions that meet Ending the HIV Epidemic in the U. S. (EHE) initiative goals and support clients along the stages of the HIV care continuum are key to future programmatic and client success in HIV care.¹



Ending the HIV Epidemic in the U.S. Pillar: Treat & Respond



HIV Care Continuum Stage: Retention & Viral Suppression



Priority Population: People Experiencing Homelessness



Setting: Health Department and Partner Sites



About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving healthcare to people who are geographically isolated, economically or medically vulnerable. The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) is administered by the HRSA HIV/AIDS Bureau (HAB). The RWHAP SPNS Program supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by RWHAP. RWHAP SPNS advances knowledge and skills in the delivery of healthcare and support services to underserved populations with HIV. Through its demonstration projects, RWHAP SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.





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

The featured intervention was part of the RWHAP Part F: SPNS “Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services” initiative. For this initiative, RWHAP SPNS supported the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment, housing, and employment services to improve HIV health outcomes for low-income, uninsured, and underserved people with HIV in racial and ethnic minority communities. The overall goal of the coordinated services intervention was to decrease the impact of the social determinants of health (such as unmet housing or employment needs) that affect long-term HIV health outcomes for people with HIV impacted by employment and housing instability in racial and ethnic minority communities. To promote long-term health and stability for this population, this initiative supported 12 demonstration sites across the United States that implemented, evaluated and disseminated innovative strategies for integrating HIV care, housing and employment services into a coordinated intervention and one Evaluation and Technical Assistance Provider (ETAP). This RWHAP SPNS Program initiative was supported through the Department of Health and Human Services (HHS) Secretary’s Minority HIV/AIDS Fund.

To learn more about this initiative, visit: <https://targethiv.org/housing> and <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/improving-hiv-outcomes-housing>

Getting Started

This table provides a general overview of the KC Life 360 intervention so readers can assess the necessary steps required for replication. This intervention facilitates retention in linkage HIV care and viral suppression for people experiencing homelessness and un- or underemployed individuals with HIV.

INTERVENTION AT-A-GLANCE	
<p>Step 1</p> 	<p>Assess Readiness and Engage Partner Agencies</p> <p>Conduct an inventory of internal staff who engage with people with HIV who are experiencing housing instability, unemployment, or under employment. Assess gaps in staff capacity to determine hiring needs and/or necessary partnerships. Strong partnerships are essential to successfully implement KC Life 360. Take stock of local housing and employment service providers as well as existing programs within your organization to determine community experts for engagement. Additionally, engage support services like police, hospitals, behavioral health providers, landlords, and employers to generate a robust referral network.</p>
<p>Step 2</p> 	<p>Recruit and Train Dedicated Staff</p> <p>Once capacity of existing staff, including staff within partner agencies has been assessed, additional staffing needs can be identified. Develop staff roles and responsibilities to address gaps in staff capacity and, where possible, recruit the additional staff from within the priority population. Determine training needs of new and existing staff to effectively assess barriers to housing, employment, and HIV medical care for the client population.</p>
<p>Step 3</p> 	<p>Develop a Plan and Protocols for Project Partners</p> <p>In the pre-implementation phase, develop plans and protocols for marketing, referrals, and implementation of the intervention. Start by creating a communications and marketing plan to begin promoting the intervention. The plan may include presentations to internal and external stakeholders, printed materials for dissemination in the community, and targeted social media marketing. Next, conduct a referral map exercise to outline the referral process for clients engaging in program services. Continue revisiting and revising the referral map to adjust for challenges, adaptations, changing client needs, and lessons learned. To ensure the seamless flow of information and referrals, determine the process for data sharing between project partners and arrange for co-location of housing and supportive services.</p>
<p>Step 4</p> 	<p>Engage Clients in Housing and Employment Supportive Services</p> <p>As referrals are made, triage clients to the case manager, housing support specialist, and employment support specialist, as appropriate, based on the client's immediate needs. Conduct the necessary intake assessments and generate plans for client progress toward achieving housing and employment goals.</p>



RESOURCE ASSESSMENT CHECKLIST

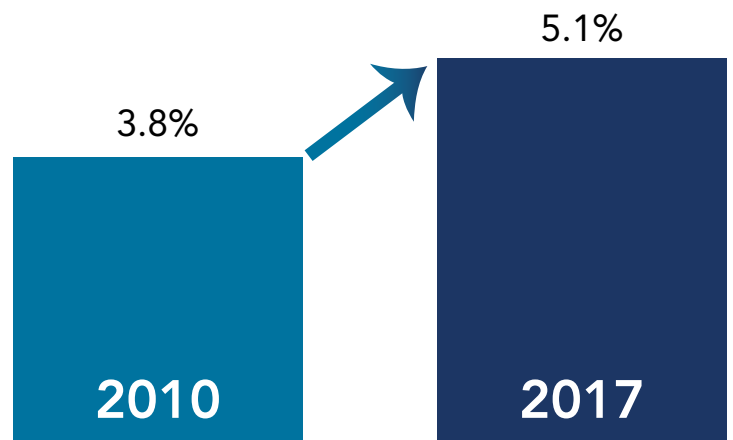
Prior to implementing the KC Life 360 intervention, organizations should walk through the following Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. If organizations do not have the recommended readiness, they are encouraged to develop their capacity so that they can successfully implement this intervention. Questions to consider include:

- Does your staff understand the state of the HIV epidemic among persons experiencing housing and/or employment instability within your community?
- Do you know where to find people with HIV who are experiencing housing instability, unemployment, or underemployment?
- Does your organization have previous and/or current experience delivering housing and/or employment supportive services to people with HIV?
- Does your organization have (or does a current community partner have) case managers, housing support specialists, and employment support specialists? If not, are you able to obtain this staff either directly or via partnerships?
- Does your staff understand the barriers to care, housing, and employment faced by people with HIV?
- Can your organizational structure accommodate people experiencing housing instability, unemployment, or underemployment via flexible appointment times and linkages to ancillary support, such as transportation, food, clothing, hygiene, and technology?
- Does your organization have the communications infrastructure and vendor relationships to create and disseminate educational materials (both in print and online)?
- Does your organization have experience creating an outreach/social marketing campaign, particularly in partnership with clients, community stakeholders, and current/potential service partners?
- Does your organization currently or have the potential to work with other agencies (civic/social organizations, faith-based organizations, community-based organizations, and AIDS service organizations) that provide services to people with HIV who are experiencing housing instability, unemployment, or underemployment to avoid overlap in services? Are representatives of these agencies willing to serve on an Advisory Board to help plan and facilitate the intervention?

Setting the Stage

Research indicates that housing status is a key determinant of health for people with HIV impacting access to medical care and achievement and sustainment of viral suppression. In 2018, the U.S. Department of Housing and Urban Development's (HUD) national data showed that in a single night in January, in all states, territories, Puerto Rico, and the District of Columbia, 10,064 people with HIV were living in emergency shelters, transitional facilities, or unsheltered.²

HRSA has implemented several strategies to address the housing needs of people with HIV and from 2010 through 2017, the percentage of stably housed RWHAP clients increased from 82 percent to 87 percent. However, the proportion of RWHAP clients experiencing unstable housing also continued to increase during this time from 3.8 percent of clients in 2010 to 5.1 percent of clients in 2017.² Furthermore, clients identified as experiencing unstable housing have the lowest viral suppression rates when compared with other disproportionately affected groups.³ The data demonstrates that housing and employment are powerful indicators of low viral suppression rates among people with HIV and additional attention should be given to addressing the healthcare needs of people with HIV who may be facing housing instability, unemployment, or underemployment.



Proportion of RWHAP clients experiencing unstable housing

KC Life 360 is an innovative model of care designed to engage people with HIV who needed or were already utilizing housing support in additional layers of supportive services to ensure their ability to obtain and maintain earned income and permanent housing. According to the KCHD, 82.8 percent of people with HIV in the 11 county, bi-state catchment area of the KC-TGA reported viral suppression, 19.5 percent were experiencing homelessness or unstable housing, and 3.6 percent were unemployed or underemployed in 2019.⁴

KC Life 360 Intervention Implementation Guide

Under the original demonstration project, KC Life 360 was strategically designed to complement activities that would expand the RWHAP Part A and Housing Opportunities for Persons with AIDS (HOPWA)-funded KCHD Transitional Housing program for people with HIV within the KC-TGA. KC Life 360 was available to clients enrolled in the KCHD Transitional Housing program as well as clients in the KC-TGA who were experiencing homelessness or housing instability and had expressed desire to obtain and maintain employment.

To support implementation of KC Life 360, it was necessary to connect existing KCHD housing services with successful local employment and housing service providers. The KCHD engaged two subcontractors: reStart and Catholic Charities of Kansas City, St. Joseph Missouri (CCKCSJ). The KCHD leveraged its existing relationship with reStart, supported partially by HOPWA funds, to provide housing-related services. In addition to housing, clients enrolled in reStart's HIV housing program received various other supportive services including strengths-based case management, substance use counseling, mental health therapy, employment services, and assistance in accessing benefits. CCKCSJ assisted clients with employment needs such as workforce workshops, financial literacy, job search assistance, resume building, and emergency financial assistance. The partnership between KCHD/KC-TGA and CCKCSJ was newly formed to support KC Life 360 efforts.



ACHIEVEMENTS

Between May 2018 and September 2020, KC Life 360 served a total of 115 clients. Of the 115 intervention participants, 82 percent gained access to or maintained earned income, mostly through full-time employment; 78 percent gained access to permanent housing; 12 percent gained access to transitional housing; and 94 percent achieved or sustained viral suppression. While the original intervention administrators note that some individuals engaged in KC Life 360 eventually lost employment or housing, overall outcomes indicate improvements in client access to and engagement with supportive services, retention in medical care, and adherence to medication.³

Description of Intervention Model



CHALLENGE ACCEPTED

The Challenge: Ensuring access to housing opportunities and the ability to obtain and maintain employment to secure permanent housing for people with HIV.

The National HIV/AIDS Strategy recognizes housing instability and unemployment as key challenges often associated with greater disease risk and poor health outcomes. The strategy calls on interested parties and organizations to enhance their focus on support services such as housing and employment to enable economic self-sufficiency and improved health outcomes for people with HIV.⁵ KC Life 360 builds on the *Getting to Work Training Curriculum* (See "[Other Available Resources](#)") developed by the U.S. Department of Labor (DOL) and HUD, in collaboration with the National Working Positive Coalition (NWPC). The intervention is designed to complement the steps outlined in the curriculum by offering layers of supportive services for people with HIV who are experiencing homelessness or housing instability. These efforts equip clients 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.

Intervention Steps:



Assess Readiness and Engage Partner Agencies

- a. *Identify Priority Populations:* Before implementing KC Life 360, determine the characteristics of your priority population. This may include income level, housing and employment status, age, and stage in the HIV care continuum. Assess the population size to gain a clearer picture of the staff and resources you may need.
- b. *Secure a Funding Source for the Intervention:* Your budget development process will vary depending on your organization's existing funding streams and whether you plan for full or partial implementation of the intervention. Correspond with internal stakeholders (e.g., budget managers, program directors) to explore existing funding streams and funding opportunities. Ideally, the budget should include funding to support five dedicated staff members: one full-time project manager, one full or part-time case manager, one full or part-time employment support specialist, one

full or part-time housing support specialist, and one part-time data manager. Additional funding for tangible reinforcements (e.g., cellphones, transportation, food, clothing, personal hygiene kits, etc.) may be included in the budget, accessible through outside donations, or embedded within partner agency resources.

- c. *Identify Internal and External Stakeholders:* Ideal partnerships engage internal and external stakeholders who already provide the services that are needed to holistically address housing and employment challenges. Partners may include housing and shelter programs including transitional housing programs and HOPWA providers, employment service providers, and health care providers. Establishing a network of organizations already engaged in service delivery to people experiencing homelessness and people experiencing poverty will increase the reach of your engagement efforts and foster a sense of trust with community members.



Key to Success: Blending dedicated funds and outside donations allows for greater innovation and the ability to meet the diverse needs of clients. Outside donations allowed the KCHD and its partner agencies to provide bikes for clients, Thanksgiving meal bags, and holiday gifts for KC Life 360 clients with children.

d. *Determine Staffing Roles and Hiring Needs:* During pre-implementation activities, determine which stakeholders need to be consulted about staffing requirements and whether existing teams already include candidates for any staff roles. Work closely with hiring managers to determine whether any staff roles or responsibilities will change to accommodate intervention activities. Ideally, project staff will include individuals who have experience in program management, housing and employment services, case management, and data coordination.

2

Recruit and Train Dedicated Staff

a. *Recruit Staff:* Once appropriateness and capacity of existing staff has been assessed and staffing needs have been identified, finalize staff roles and responsibilities, and set up an accessible job application process. To ensure that you have a pool of diverse and representative job candidates from which to choose, leverage your existing networks and systems (e.g., job boards, client relationships) in the broader community to fill positions either internally or externally. Consider members of your priority population who may have previously been involved with your site or your partner agencies. These individuals' experiences may help them to relate to and bond with clients.

b. *Onboard and Train Staff; provide Continuing Education:* Train newly recruited staff in appropriate organizational processes and procedures. Provide education to all staff about the issues of homelessness, housing instability, and employment challenges faced by people with HIV. Begin training and development of key staff by utilizing the DOL/HUD *Getting to Work: A Training Curriculum for HIV/AIDS Service Providers and Housing Providers* online modules (See "[Other Available Resources](#)"). The *Getting to Work* training curriculum provides staff with a basic orientation to HIV in the context of employment, employment as a key component of serving the whole person, and the various approaches to helping clients who are ready to work identify and achieve their related goals. Consider bolstering staff knowledge with trainings and certifications offered by the HUD Continuum of Care (CoC) Program.

c. *Become Knowledgeable about Benefits:* Work is a normative experience for adults in American society and gainful employment can improve one's overall well-being and financial health through increased income, increased social interaction, and increased self-efficacy.⁶ To successfully support clients as they navigate employment, provider staff

should take time to understand the impact of earned income on benefits for people with HIV. Providing accurate information to clients about their benefits is important to ensure their ability to obtain and maintain stable housing without fear of losing benefit eligibility or cost savings due to employment and earned income.

3

Develop a Plan and Protocols for Project Partners

a. *Conduct Referral Mapping:*

Conceptualize client flow, client expectations, and staff roles and responsibilities through referral mapping. Creating a roadmap or outline of the client engagement activities, from intake to follow-up, can (1) reveal potential barriers and challenges, (2) clarify staff roles and responsibilities, and (3) identify areas for task shifting to optimize workflow. Referral mapping may require additional iterations after program launch to reflect adaptations and emerging needs.

b. *Share Data:* Successfully monitoring client outcomes is made easier when all project partners are able to access client case notes and relevant data through a shared data management system. For clinics and health departments, these data may be easily collected within an existing electronic medical record (EMR) or other centralized database for tracking client-level data. Establishing

a centralized database for all end users including medical providers and case managers; housing providers; and employment supportive service providers is integral to programmatic success. Agencies implementing KC Life 360 without internal access to an EMR or other data management system should establish collaborative partnerships with local outpatient/ambulatory care providers and/or local health departments to access existing data management systems. These efforts may require additional training and certifications including Health Insurance Portability and Accountability Act of 1996 (HIPAA), EMR platform-specific, or other required trainings.

c. *Co-locate Program Staff:* Full or part-time co-location of housing and employment supportive services staff at housing locations is beneficial for providing clients with seamless referrals via “warm handoff” from employment support specialist to housing support specialist and vice versa. Meeting clients where they are offers convenient access to support staff, relieves barriers to engagement and follow-up like lack of transportation, and supports care coordination across provider types. Create a Memorandum of Agreement (MOA) between partner agencies to provide co-located services at an agreed upon location. The MOA should outline the programmatic,

administrative, and fiscal roles and responsibilities of partner agencies with implementing co-located housing and employment services in support of the intervention.

d. *Develop Marketing and*

Communication Plan: Strategic efforts to promote the intervention can lead to early successes in program enrollment, referrals, community response, and coordinated care. Take time during the pre-implementation process to create a marketing and communication plan that will promote services to community members and encourage referrals from service providers. Consider leveraging existing agency social media channels, providing presentations to service providers, and sharing printed materials with messaging specific to consumer groups and clients. For marketing and communications plans that include social media promotion, be sure to include social media content creation in the roles and responsibilities of at least one dedicated staff member. Initial marketing of the intervention should begin at least one month prior to program launch.

4

Engage Clients in Housing and Employment Supportive Services

a. *Conduct Intake Assessment:* After determining eligibility of persons referred to the program, clients

should meet in-person with the employment support specialist to conduct an employability assessment. Refer to the KC Life 360 Employability Tool included in the appendix of the original KC Life 360 Implementation Manual as an example (See "[Other Available Resources](#)"). This assessment serves to describe employment history, identify the type of employment the client wishes to pursue, and assess potential barriers to gaining employment and/or housing (e.g., a history of evictions, lack of or gaps in work history, missing documentation, unpaid utility bills, lack of transportation, history of felony convictions, childcare needs, etc.).

b. *Develop an Employment Action*

Plan: After client goals, barriers, strengths, and interests are assessed, the employment specialist and the client work together to create an Employment Action Plan (See "[Other Available Resources](#)"). The Employment Action Plan outlines steps and target dates for addressing each identified barrier so that the client and staffer have a mutual and clear understanding of the process for gaining employment and/or housing. Consider using a 30-day, 60-day, and 90-day format. Provide the client with a copy of their Employment Action Plan so they can track and mark off items as they are accomplished.

- c. *Initiate Weekly One-on-One Contact with Clients:* Following the initial intake meeting, clients may choose to engage in weekly contact with the employment support specialist to assess progress and mitigate crises as they arise. Remember, progress on goals is not linear; the employment support specialist should collaborate frequently with the case manager to offer supportive services as needed to address concerns. As barriers are addressed and goals are reached, contact with clients will generally become less frequent.
- d. *Address Housing Needs:* As needed, the case manager or the employment support specialist should refer clients to the housing support specialist for housing services. Clients will then meet with the housing support specialist to discuss their readiness for and desire to secure transitional or permanent housing, explore all available housing options, and complete the necessary readiness assessments for the appropriate housing opportunities. If transitional housing is available and determined to be the most appropriate option for the client, the housing support specialist should provide an overview of the transitional housing program, complete intake documents, provide a tour of the housing environment, and offer time for questions and answers. The housing support specialist will notify clients as housing becomes available. Clients are issued their keys and allowed to move-in immediately. Depending on the need, clients should receive assistance with assembling furniture in their unit.
- e. *Develop Contingency Plan:* Staff should maintain knowledge of supplemental resources accessible to clients if the client experiences challenges that impact their Employment Action Plan and/or viable paths to housing. Supplemental resources may include a database of area employers, a list of area shelters and emergency housing providers, a list of area food banks, and information about emergency rental assistance. As needed, staff should work with clients to review these resources and develop contingency plans to best address client needs when housing and employment challenges arise.



STAFFING REQUIREMENTS & CONSIDERATIONS FOR REPLICATION



Staffing/Organizational Capacity

The KC Life 360 intervention developers recommend utilizing a combination of existing internal staff and staff from partner agencies to implement the intervention. Depending on the existing staff infrastructure in your setting, staff roles for KC Life 360 may overlap. The minimum staff requirements and competencies needed to successfully implement KC Life 360 include the following:

- **Project Manager:** Strong administrative supervision is necessary during the implementation of KC Life 360 to oversee training and partnership activities, ensure fidelity, provide instruction and supervision to program staff, and maintain budgetary control of program funds. The project manager should establish and maintain meeting structures and communications to facilitate collaboration across staff members and partner agencies. Additionally, the project manager should obtain training on the allowable use of RWHAP funds.
- **Employment Support Specialist:** The employment support 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 with HIV. The role reports directly to the project manager. Ideally, the employment support specialist should understand the core principles of workforce development and career counseling.
- **Housing Support Specialist:** The housing support specialist establishes relationships with local housing agencies and HUD Continuum of Care (CoC), facilitates housing placement for eligible clients, and works with local health facilities, police, social, government, and legal services to market housing options for people with HIV. The role reports directly to the project manager.
- **Data Manager:** Ideally, the clinical data coordinator is a public health nurse with knowledge of electronic medical records and client-level database management. The coordinator performs routine database chart audits to analyze clinical outcomes of program participants and reports back to the project manager.
- **Case Manager or Referral Specialist:** The case manager or referral specialist supports clients engaged in emergency housing or with complex barriers to housing and employment. The case manager works with new clients to complete a housing plan within seven days of intake and provides clients with assistance including budgeting, employment search, locating permanent housing, managing medical issues, and addressing transportation and other needs. The case manager is responsible for making and facilitating appropriate client referrals to community service providers for medication management, day treatment, inpatient care, domestic violence support, and continued access to integrated services, and tracking and assisting clients to ensure engagement and follow through on referrals.

These roles may be filled by existing staff within the replication site or at partner agencies. Staff across all roles should work together to evaluate and develop program services which meet the needs of KC Life 360 clients.

Staff Characteristics

Core competencies include:

- Experience working with people with HIV
- Experience working with people experiencing housing instability
- Understanding of the intersections of HIV, housing and employment
- Ability and willingness to prioritize people with HIV who are experiencing housing instability as the experts in their own lives, with autonomy to decide their own goals and outcomes, and to provide feedback on how programs can be structured to meet their unique needs
- Pre-established relationships with community organizations and resources for supporting community members in addressing housing and employment challenges

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, examples for further context.

Successful replication of the KC Life 360 intervention involves the following:



Completion of the *Getting to Work Training Curriculum*. Proper training of staff is essential to successful implementation of KC Life 360. The DOL/ HUD *Getting to Work Training Curriculum* provides the foundation for effectively providing employment services to people with HIV. The curriculum is divided into three modules: Understanding the Value of Work, Adopting an Employment and Training Mindset— Organizationally and Individually, and Incorporating Employment into the HIV/AIDS Service Menu. The curriculum assists service providers in understanding HIV in the context of employment and the different approaches to helping clients who are ready to work identify and achieve their related goals.



Promoting the *intervention*. Marketing materials such as presentations, brochures, and social media posts can help disseminate information about the intervention and encourage client referral and enrollment. These materials should be available within the replication site and at partner organizations where appropriate. Marketing and dissemination of KC Life 360 materials should be informative, empowering, and reflective of the diverse communities you serve.



Building and sustaining *relationships*. Fostering strong relationships with partner organizations including other housing and employment services programs, health care providers, and health departments supports interagency collaboration. Cross-system partnerships should reflect the cultural, racial, linguistic, and geographic diversity of participants.



Providing tangible reinforcements. As available within the program budget, partner agencies should provide tangible reinforcements such as food, clothing, cellphones, transportation, hygiene kits, and gift cards to eligible clients. Offering clients this additional layer of support allows you to meet the needs of the whole person and address barriers to progress.

- **Cell phones:** Utilizing program funds to support purchasing of cell phones and monthly payment plans alleviates technological barriers and supports contact between clients and providers and/or employers. Clients gain autonomy in looking for employment, scheduling interviews, and more. Additionally, access to a reliable phone helps clients stay in contact with housing providers, their landlord, and members of their care team. Dedicate funds in your budget for cell phones and monthly payment plans to offer this essential resource to your clients.
- **Alternative incentives:** Depending on funding eligibility and availability, explore options for alternative incentives like gas and grocery gift cards to encourage referrals and accommodate varied client needs. Offering clients multiple gift card options to choose from provides them with autonomy and ensures that they receive the support they need. The original implementers of KC Life 360 utilized a combination of private donation, partner agency, and RWHAP funds where allowable to support incentives including bikes, gift cards, holiday meals, and home furnishings.






Offering emergency hotel gap lodging. Immediate housing concerns can be alleviated by emergency hotel/gap lodging if it is built into the KC Life 360 intervention. Allocate funds to secure hotel rooms in the event of emergencies and/or limited availability of housing in area shelters. The employment support specialist should conduct weekly case management with clients entering emergency hotel/gap lodging to develop a housing plan and assist clients in moving toward permanent, stable housing. Refer to the housing plan in the appendix of the original KC Life 360 Implementation Manual (See "[Other Available Resources](#)") to support this work.

Securing Buy-in

Securing the support of leadership, staff, and other relevant stakeholders is an important step when implementing a novel intervention. The following strategies may help to secure buy-in for the KC Life 360 intervention:



-  **Engage community experts:** Partnerships with service providers who are considered experts within the community is essential to providing clients with access to a full range of supportive services. Identify local housing, health care, behavioral health, police, hospitals, landlords, employers, and other support services that are positioned as experts within the community. These connections allow staff to tailor referrals based on the client's life experiences and needs. Additionally, having strong relationships with a variety of providers allows for interagency collaboration and opportunities for peer learning.
-  **Leverage existing resources:** Explore flexibility within existing funding streams, staff capacity, and programs that can be leveraged to support implementation of KC Life 360.
-  **Share information with stakeholders:** Introduce various stakeholder groups to the KC Life 360 intervention through presentations. Conduct an introductory presentation with internal staff and leadership as well as potential partner organizations to share an overview of the project and its goals. Review the detailed referral mapping process to provide these stakeholders with a glimpse into their place within the implementation process. Additional details including funding streams, staff roles and responsibilities, employment and housing plans, and eligibility requirements should also be shared.

Overcoming Implementation Challenges

There are always challenges when implementing a new intervention. Barriers to implementing KC Life 360 may vary based on location, existing organizational infrastructure, and workflow. Several that might be anticipated, as well as possible solutions, include:

Time and effort of pre-implementation activities

Successful implementation of KC Life 360 requires extensive pre-implementation planning and marketing. Creating job descriptions, hiring qualified staff, completing staff training, referral mapping, and promoting the program to area providers are all necessary, but time-consuming elements of the planning process. Maintaining open lines of communication across internal and external partners, regularly holding planning meetings, ensuring that staff understand the rationale behind the work they are doing and are well trained in the required capacities of their roles (including understanding local housing/employment policies and regulations) can help streamline these activities.

Insufficient stock of permanent, safe, decent, and affordable housing

Challenges with housing availability may arise during implementation of KC Life 360. It is important to establish strong relationships with local housing service providers and area shelters to ensure a robust network of housing options to refer clients. If possible, put systems in place to address emergency/immediate housing needs when area shelters are full. Including emergency hotel/gap housing in your program budget and planning is a great short-term option to ensure that the housing needs of clients are met.

Limited access to essential resources

Clients with limited access to resources may experience challenges in maintaining work, attending program follow-up meetings, and visiting services providers. Access to reliable transportation and phone service is a key to success for clients engaged in KC Life 360. Where allowable under program funding provisions or by leveraging outside donations or partner agency support (as was done by KC Life 360 developers), provide cellphone/monthly cellphone plan payments and transportation support (e.g., bikes, gas gift cards, rideshare funding) for clients who could benefit from these resources.

Client identification and legal name change

People experiencing homelessness may require support in obtaining identification documentation (e.g., social security card, birth certificate, driver's license). Lack of identification poses a barrier to employment and housing. Staff should be familiar with the local court system, including the laws and processes for legal name and gender marker changes for people of transgender experience. Changes to legal documents often require filing fees and clients may require financial support to cover these fees. Consider providing legal fee support where allowable under program funding provisions or by leveraging outside donations/partner support.

Promoting Sustainability

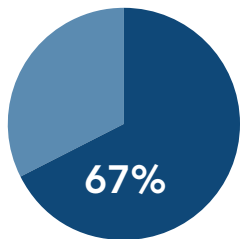
Provisions for maintaining supportive housing and employment services are essential to sustaining KC Life 360. Anecdotal evidence from intervention developers suggests that initially discussing dedicated funding for staff roles with leadership at your organization is an important element for promoting sustainable implementation. Continue to revisit and revise the referral process to optimize staff workflows and address challenges as they arise. At the onset of program design, practitioners wishing to implement a similar intervention should plan for and strategize a sustainability plan that includes the following components:

- Your organization's capacity to hire and train new or existing staff
- Your organization's capacity for flexible scheduling to accommodate client work schedules
- Plans for safe long- and short-term housing accommodations
- A comprehensive list of internal and external partners for service referrals
- Standard operating procedures for data collection and management
- A description of funding sources—including sources for incentives (e.g., ridesharing funds)

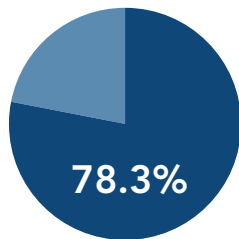
KC LIFE 360: BY THE NUMBERS

During the implementation of the project, KC Life 360 served **115** clients.

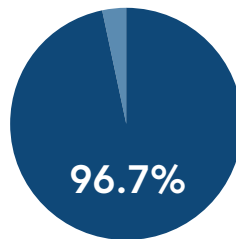
Client outcomes for the project reporting period of May 30, 2018 through September 29, 2020 include:



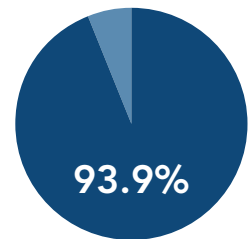
secured
some form of
employment



secured
permanent
housing



engaged
in care



achieved or
maintained viral
suppression

Source: Shank, J., Lightner, J., Adams, D., Barnhart, T., Hutchinson, W., Harrison, T., Muturi, S., Rosenblum, S., Rajabiun, S., Ryan, S., Hughes, S., Jaime, P., Solomon-Brimage, N., Hoyt, M. J., Sell, L., Ficcadenti, K., Resch, K., Roberts, J., Grant, J., ... Rodman, C. (n.d.). KC Life 360 Intervention Manual. Rockville, MD; U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau.

Conclusion

KC Life 360 positions employment and housing as essential focuses within the coordinated response to HIV. The intervention provides a system of services beyond the HIV continuum of care to support people with HIV in building the skills needed to obtain and maintain employment, earned income, and economic mobility, with the goal of securing subsidized or unsubsidized permanent housing. KC Life 360 leverages community expertise and interagency collaboration to expand the network of supportive services available to people with HIV who are experiencing homelessness, housing instability, and/or challenges attaining employment.

The components that make KC Life 360 successful include an emphasis on client autonomy and co-location of support staff to improve client access to resources. Through innovative programs, such as emergency hotel gap or short-term lodging; cellphones and monthly payment plans; and a bicycle program, the original implementors of KC Life 360 were able to support clients as they navigated barriers and challenges to achieving housing and employment goals. Agencies considering replicating KC Life 360 in part or in full are encouraged to explore similar innovations in their communities to best meet the unique needs of their client populations.



OTHER AVAILABLE RESOURCES

KC Life 360 & Initiative Resources

KC Life 360 Best Practices Compilation Feature:

https://targethiv.org/intervention/kc-life-360?utm_source=bpURL

KC Life 360 Original Intervention Overview and Materials:

<https://targethiv.org/hhe/interventions/kc-life-360>

KC Life 360 Implementation Manual:

https://targethiv.org/sites/default/files/media/documents/2021-10/hhe-KCMO-Implementation-Manual_0.pdf

University of Missouri–Kansas City KC Life 360 Webpage:

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

FDIC Money Smart Resources:

<https://www.fdic.gov/resources/consumers/money-smart/index.html>

Housing Opportunities for Persons with AIDS (HOPWA):

<https://www.hudexchange.info/programs/hopwa/>

HUD Exchange:

<https://www.hudexchange.info>

HUD Continuum of Care (CoC) Program:

<https://www.hudexchange.info/programs/coc/>

HUD Getting to Work Training Curriculum:

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

Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services, 2017–2020:

<https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/improving-HIV-health-outcomes>

Additional Replication Resources

Best Practices Compilation:

<https://targethiv.org/bestpractices/search>

HIV Care Innovations:

<https://targethiv.org/library/hiv-care-innovations-replication-resources>

Integrating HIV Innovative Practices:

<https://targethiv.org/ihip>

Need Help Getting Started?

If you are interested in learning more about this intervention or other interventions featured through the Integrating HIV Innovative Practices project and want to see if you qualify for technical assistance, please email: ihiphelpdesk@mayatech.com

Subscribe to our Listserv

To receive notifications of when other evidence-informed and evidence-based intervention materials, trainings, webinars, and TA are available through the Integrating HIV Innovative Practices project, subscribe to our listserv at: <https://targethiv.org/ihip>

Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to SPNS@hrsa.gov and let us know about your replication story.

Endnotes

¹ Centers for Disease Control and Prevention. (2021, September 7). *About ending the HIV epidemic initiative*. Centers for Disease Control and Prevention. Retrieved July 5, 2022, from:

<https://cdc.gov/endhiv/about.html>

² U.S. Department of Housing and Urban Development HUD, HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations (2018). Retrieved February 18, 2022, from https://files.hudexchange.info/reports/published/CoC_PopSub_NatTerrDC_2018.pdf

³ Griffin, A., Dempsey, A., Cousino, W., Avery, L., Phillips, H., Egwim, E., & Cheever, L. (2020). Addressing disparities in the health of persons with HIV attributable to unstable housing in the United States: The role of the Ryan White HIV/AIDS program. *PLOS Medicine*, 17(3).

<https://doi.org/10.1371/journal.pmed.1003057>

⁴ Thompson, F., Shank, J., Lightner, J., Barnhart, T., & Adams, D. (2019). *Kansas City, MO Coordination of Supportive Employment and Housing Services*. TargetHIV. Retrieved February 18, 2022, from

https://targethiv.org/sites/default/files/media/documents/2021-08/hhe-imi-poster-kansas_city_MO-2021.pdf

⁵ The White House. 2021. *National HIV/AIDS Strategy for the United States 2022–2025*. Washington, DC.

⁶ Martin, D. J., & Rerucha, K. R. (2011). *Working with HIV: Issues for people with HIV/AIDS contemplating workforce (re)entry*. American Psychological Association. Retrieved February 18, 2022, from

<https://www.apa.org/pi/aids/resources/research/martin>