Safe and Sound Return Partnership Implementation Guide

THE HIV, HOUSING, & EMPLOYMENT PROJECT

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

Authors and acknowledgments

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This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #H89HA00028 Special Projects of National Significance (SPNS) Initiative, Improving Health Outcomes Through the Coordination of Supportive Employment & Housing Services, in the amount of $900,000 awarded to AIDS Foundation Chicago. No percentage of this project was financed with non-governmental sources. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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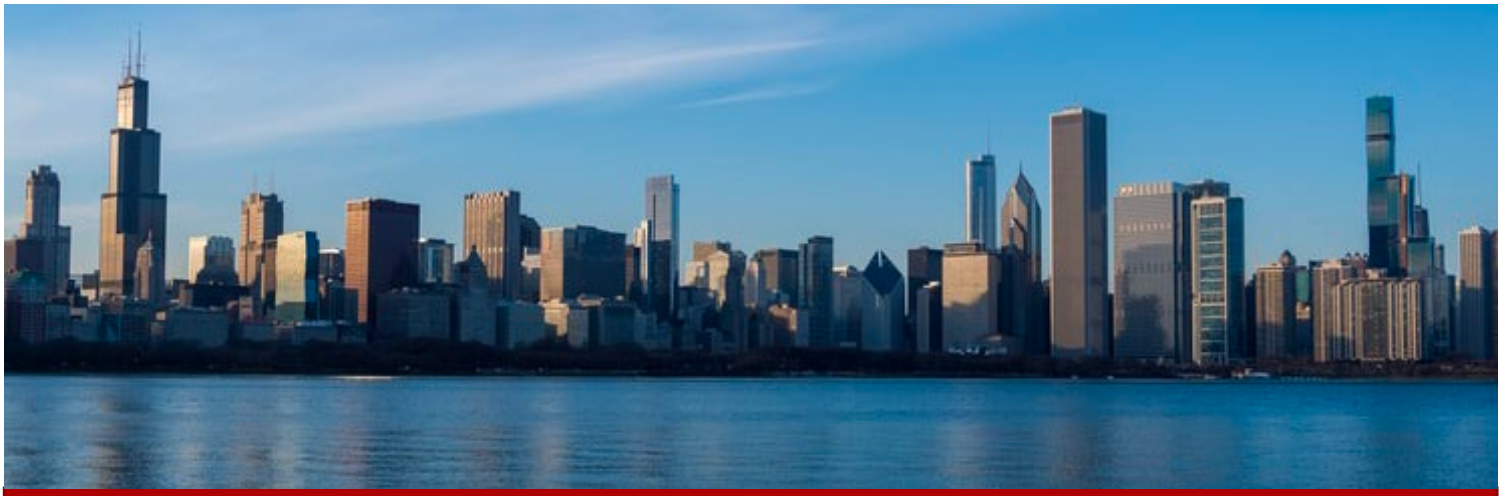
Introduction



Chicago skyline

AIDS Foundation Chicago (AFC) focused their intervention on retention in care and the expansion of housing and employment opportunities for individuals recently released from prison and jail. This program, called the Safe and Sound Return Partnership (SSRP), aims to improve participant health outcomes on the HIV care continuum through outreach and engagement strategies that increase access to care, housing and employment services.

Building on nearly a dozen years of coordinating services for people living with HIV and reentry, AFC spearheaded an innovative, collaborative service system of HIV providers, employment and housing designed to access the most vulnerable and most impacted populations.

A major goal of the SSRP intervention is to decrease fragmentation among community services for the HIV-positive reentry population and address and evaluate the following:

- **Linkage and retention into quality care**
- **Access to employment services and placement**
- **Access to housing navigation services and placement**

To meet these objectives, SSRP and partners implemented a variety of service interventions and strategies ranging from community outreach, employing a taskforce and coalition of multisector partners, client navigation and case management strategies.

The SSRP goals are outlined below:

Intervention

Goal I: Rapidly connect 100 high-need people living with HIV recently released from jail or prison to an expanded range of medical, housing and employment services along with other critical wraparound supports, such as behavioral health treatment.

Goal 2: Develop and deliver trainings to increase capacity of citywide housing and employment providers to deliver culturally competent services to people living with HIV and reentry populations.

Goal 3: Convene a cross-system SSRP Coalition to reduce systemic barriers/gaps and develop strategies to increase access to and coordination of comprehensive medical, housing and employment resources for people living with HIV who are leaving jail or prison.

Background and Intervention Overview

Description of the Demonstration Site & Relevant Partners

AFC mobilizes communities to create equity and justice for people living with and vulnerable to HIV and related chronic conditions. AFC collaborates with individual, government, and community partners to develop and improve HIV and AIDS services. SSRP is a three-pronged intervention (see figure below) that works across various levels at the client, provider (organization) and systems levels to ensure continuity of and retention in care and to reduce structural barriers that impede returning citizens' progress along the HIV treatment cascade.

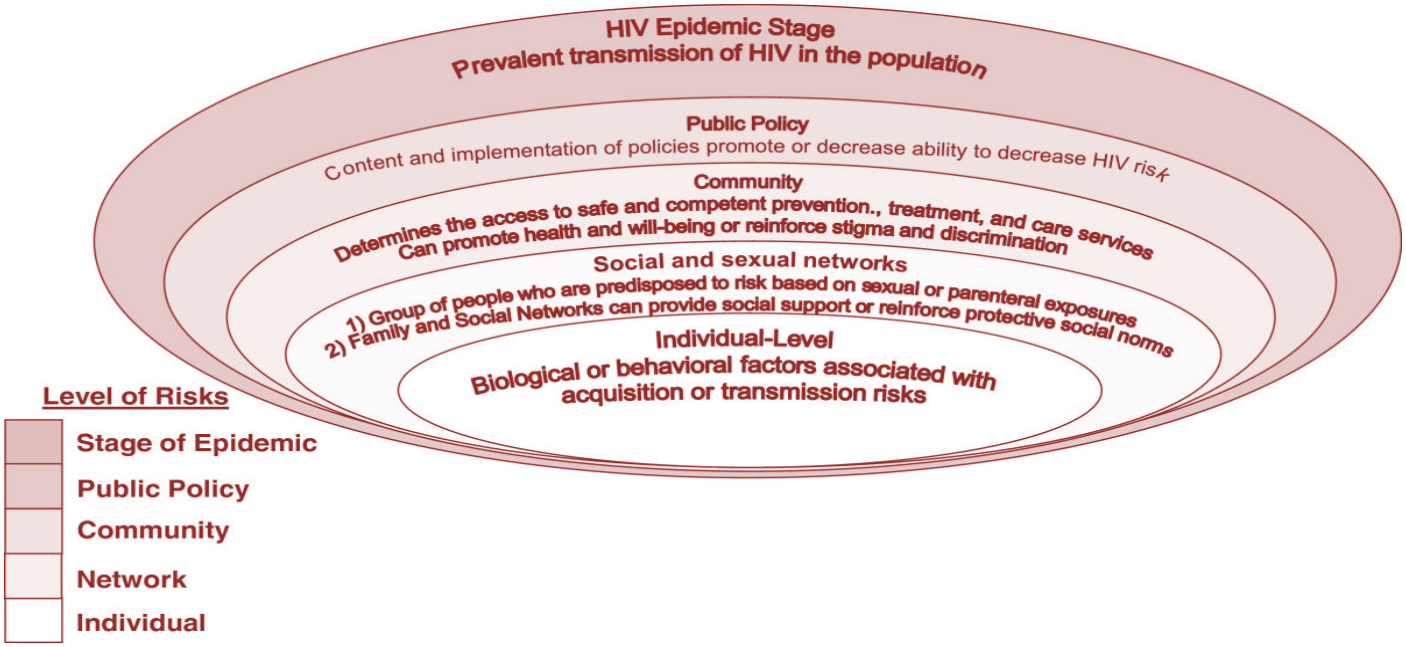


Figure 1: Modified social-ecological model (Baral, Logie, Grosso, et al. (2013, p. 482). [1]

SSRP builds on a collaboration of AFC's existing Corrections Case Management Program (CCM), with several critical partners including Cermak Health Services/Cook County Jail and prison discharge planners. The service sites consisted of Cook County's public health system and the Ruth M. Rothstein CORE Center to identify seropositive people leaving jail or prison prior to discharge or as soon as possible post-release. SSRP leveraged this existing infrastructure while strengthening AFC's partnership with organizations needed to provide care, housing and employment services.

Description of Need

Why Focus on the Reentry Population?

In Illinois, Non-Hispanic Blacks account for 56% of prison inmates (IDPH, 2017) and more than 70% under local jail supervision. Characteristics of this population overlap with groups experiencing the state's highest rates of new HIV infections; most predominantly, younger gay and bisexual Black and Latinx men, African American women, and people with low socioeconomic status.

At present, up to 1.6% in Illinois prisons and 0.53% of persons in Cook County Jail (CCJ) are known to be living with HIV. Currently, CCJ is one of the largest detention centers in the U.S. and identifies one to two (0.22-0.53%) new people living with HIV per month.

Once released, they face additional challenges — such as lack of economic resources; homelessness; high rates of mental health disorders, trauma and substance use; and the dual stigma of HIV and corrections involvement. These factors complicate their health, life stability and successful reintegration into the community.

PARTNER AGENCIES

Ruth M. Rothstein CORE Center

Christian Community Health Center

AIDS Housing Taskforce (HUD/HOPWA housing services)

Illinois Department of Commerce Office of Employment & Training

Transforming Reentry Services (MWIPM)

Chicago Department of Public Health

Illinois Department of Public Health

Public Health Institute of Metropolitan Chicago

Cermak Community Services

> **"When an individual is released from prison or jail their primary focuses are staying out, getting off parole and reunification with family, but there are the obstacles and trauma that prevent access to care, housing and employment."**
>
> *Dr. Cynthia Tucker, VP of Prevention and Community Partnerships, AFC, Chicago, IL.*

Table 1: The total number of HIV-positive inmates was 686 or 1.6% of the total prison population. An estimated 66% of these inmates living with HIV would be released tothe Chicago/Cook County community in 2016.

Table 1: Illinois Prison HIV Rates

Jurisdiction	Total Inmates (2016)	HIV+ (2015)	% HIV + (2015)	Total Releases (2016)	% Inmates Released (2016)	Estimated # PLWH Released (2016)
Illinois	43,6657	686	1.6	28,615	66%	450

Source: Data from Illinois Department of Corrections [IDOC], May 2016

Priority Populations

Target Population Characteristics

The severe reality is that the reentry population is most likely to die from HIV than other populations due to the insurmountable barriers that keep them from engaging and be retained in care. Reentry populations have a complex set of medical, behavioral and economic challenges that impact their wellbeing.

To conduct the SSRP program, agencies needed to develop an awareness and capacity to address the following additional obstacles:

1. **Gaining a general idea of the focus population's challenges such as HIV and reentry stigma, depression, and active substance use and addiction.**
2. **A lack of culturally competent care for reentry.**
3. **Getting a feel for the attitudes and opinions of the population as well as provider fear when you're starting work on an initiative.**
4. **Ensuring the security of your organization's staff and participants.**
5. **Being able to talk convincingly with the media about the reentry population.**
6. **Being able to share information with partner organizations or coalitions that work in the population so that you can best collaborate.**
7. **Providing background, branding and justification for additional funding opportunities.**
8. **Knowing the context of the population so that you can best tailor the interventions and strategies to increase your chances of success.**

Description of the Intervention

Given the complex nature of the reentry population and the need for community, health and psychosocial needs, a comprehensive program is needed to assist this vulnerable population to access care, housing and employment. Key innovations include:

- **Increasing the network of available housing and employment resources with partnerships with the AIDS Housing Taskforce (AHT) and the Illinois Department of Commerce Office of Employment & Training (DCEO), an Illinois state workforce development program.**

- **Convening an SSRP Coalition, comprising representatives from each of the project's partners, to help inform the development of an enhanced HIV and reentry training curriculum and undertake a strategic planning process to improve systems-level coordination of medical, housing, and employment services.**

- **Delivering and building capacity by providing trainings/cross-trainings on the HIV and reentry curriculum (both workshops and webinars) to increase capacity and cultural competency of Ryan White HIV/AIDS Providers (RWHAP) and housing case managers, providers of employment services, and other human services staff working with returning citizens.**

- **Creative events and programs such as a one-stop expo to increase the network of care.**

Goals and Objectives

Outcome 1: **Improve the health outcomes of 100 people leaving jail or prison who are living with HIV through designated outreach and engagement strategies that increase access to care, housing and employment services.**

Outcome 2: **Increase the impact of the corrections case management program through improved client outcomes in the areas of health, employment, and housing.**

Outcome 3: **Enhance cross-system collaboration to address the employment and housing social determinants of health for formerly incarcerated people living with HIV.**

Outcome 4: **Evaluate the impact of the SSRP program on the health, housing and employment outcomes of formerly incarcerated people living with HIV and disseminate best practices.**

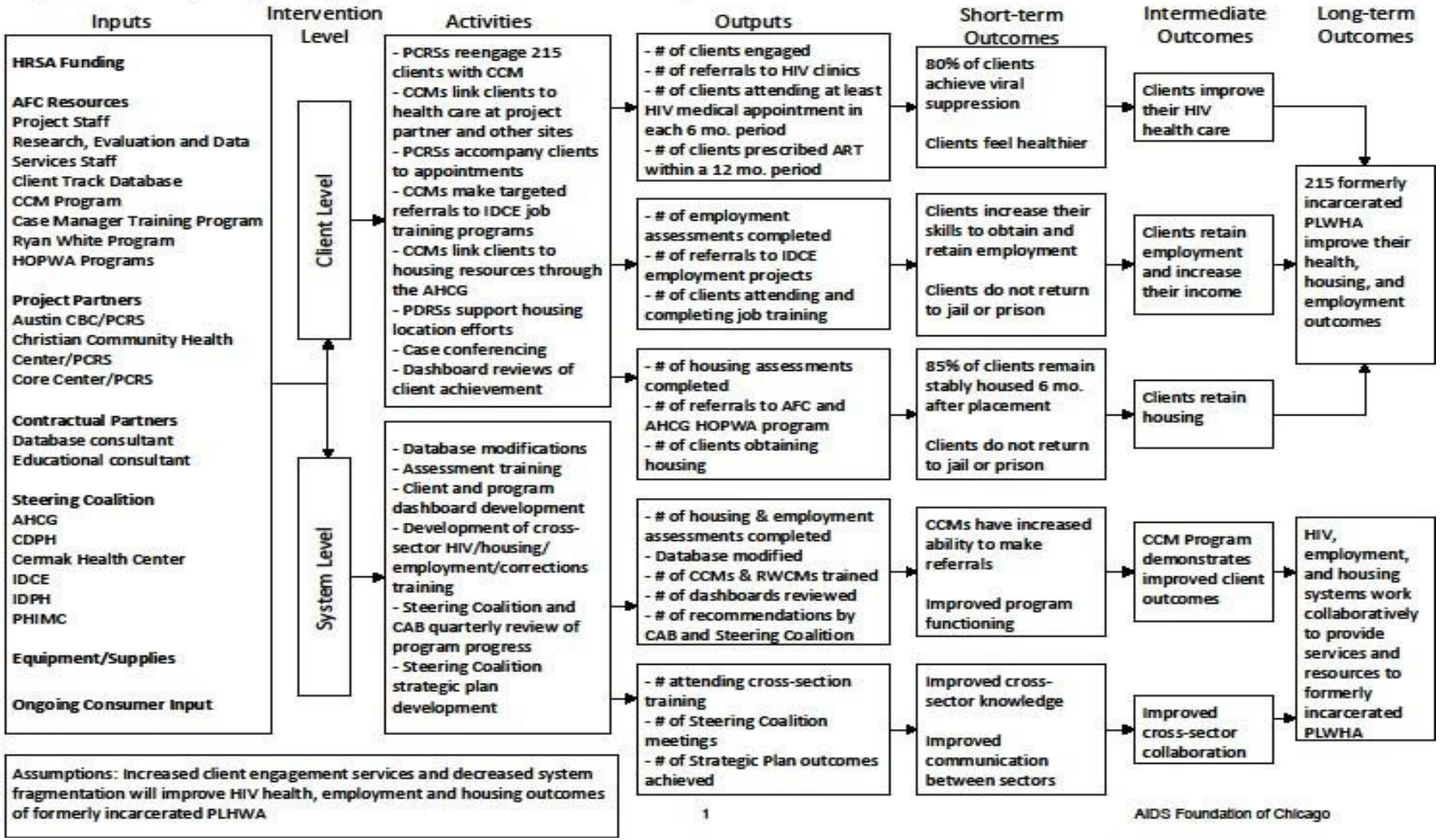
Table 2: Intervention Model at a glance: Pre-Implementation - Evaluation

Step 1	**Review intervention components for appropriateness and necessary capacity and resources. Complete a logic model to support development of the program.**
Step 2	**Create partnerships if not available with jails and prisons and HIV case management services to establish the foundations of the program. Identify housing and employment partners within the DOL and the HIV Housing continuum.**
Step 3	**Identify peer community reengagement specialist (PCRS), train staff who will support clients participating in the SSRP intervention, and associated housing and employment services. Train partner sites on this intervention and complete DOL Getting to Work and Housing trainings.**
Step 4	**Identify taskforce members who will provide input into recruitment materials (fliers and appointment cards) and assist with strategizing for systems-level interventions. Conduct events and assist with structural interventions leading to policy change.**
Step 5	**Identify a confidential and private space at partner organizations to hold consent sessions and enroll participants at sites where medical, behavioral health and other critical services are provided.**
Step 6	**Create communication materials and recruitment fliers. Employ Peer Reengagement Specialist to recruit clients for the SSRP program.**
Step 7	**Connect with partner sites to provide HIV care, housing and employment opportunities. All clients should be engaged in HIV corrections case management.**
Optional Evolutional Components	
Step 8	**Run a pilot project of the program with staff to ensure that all the data collection tools are appropriate and to create scripts for the PCRS staff.**
Step 9	**Develop data collection materials, consent forms and incentives needed to increase enrollment (optional depending on population served). Consider providing refreshments to support clients through the long waiting periods. Provide additional incentives at the end of the medical session.**

THE HIV, HOUSING, & EMPLOYMENT PROJECT

Safe + Sound Return Partnership Logic Model

Goal: 1) Rapidly connect 215 formerly incarcerated PLWHA to an expanded range of medical, housing, and employment services; 2) Develop and deliver trainings to increase capacity of citywide providers to deliver services to HIV/AIDS and reentry populations; and 3) Convene a cross-system coalition to increase access to and coordination of comprehensive medical, housing, and employment resources for ex-offenders with HIV/AIDS.



Assumptions: Increased client engagement services and decreased system fragmentation will improve HIV health, employment and housing outcomes of formerly incarcerated PLHWA

Demographic Characteristics: Population Types
Table 3: Demographic Table: Demographic Category (n=108)

Demographic Category	Number	Percent
Race/Ethnicity:		
White	5	5%
Black	95	84%
Hispanic	5	5%
Asian Pacific Islander	0	5%
Native American	3	1%
Gender:		
Male	84	78%
Female	19	17%
Transgender	4	4%
Genderqueer	1	1%
Age Groups in Years:		
Under 19	0	
20-29	15	14%
30-39	21	19%
40-49	37	34%
Over 50	35	33%

*Cases reported between May 1, 2018 and March 31, 2020.

Theoretical & Evidence Informed Frameworks

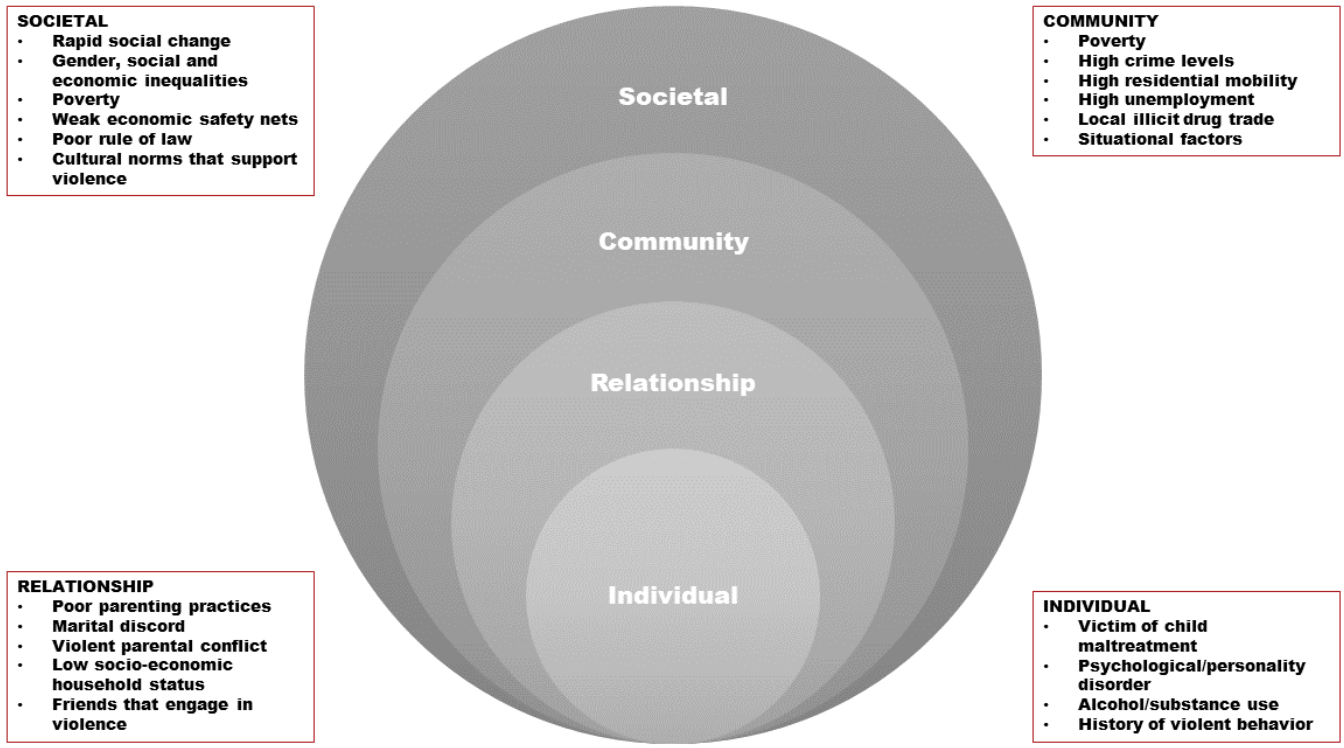
The theoretical framework for this model stems from the modified social-ecological model (depicted in Figure 3, below), which focuses on individuals in the greater context in which they live. The major components of the social-ecological model are the various aspects of an individual's environment associated with access to health-seeking behaviors.

The paradigm may assist in explaining the lack of prevention adoptive behaviors within this community. The model stipulates that it is important to work with justice-involved individuals across all levels. The levels include individual, social and sexual networks, community, and public policy.

Justice-involved individuals are exposed to an array of intersecting factors that include systems of health, education, mass incarceration, housing, health care and employment (Poteat et al. 2014).

Figure 3: Social Ecological Model

The intersectional rings display how dynamics of the levels influence and contribute to aspects at other levels that can guide decision making and life choices.



At the individual level, personal history and biological factors influence how individuals behave and increase their likelihood of becoming incarcerated. Among these factors are being a child of an incarcerated parent, victim of child maltreatment, psychological or personality disorders, alcohol and/or substance use and a history of behaving aggressively or having experienced abuse.

At the relationship level, family, friends, intimate partners and peers may influence the risks of becoming incarcerated. For example, having violent friends may influence whether a young person engages in or becomes part of the judicial system and describes the relationships and circumstances that may land an individual in juvenile detention, prison and or jail. At the community level, contexts in which social relationships occur, such as schools, neighborhoods and workplaces, also influence the incarceration rates of specific groups. Risk factors here may include the level of unemployment, homelessness, population density, mobility and the existence of a local drug or gun trade.

MULTIFACETED APPROACH

- **Assess risk/needs**
- **Use a multi-discipline team**
- **Provide training**
- **Provide Social Support**
- **Conduct community Engagement**
- **Provide access to care**
- **Provide Housing**
- **Provide Employment**
- **Provide community events**
- **Provide evaluation**

At the societal level, social factors influence whether incarceration is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those around mass incarceration, and cultural norms that endorse mass incarceration as an acceptable practice.

This modified social-ecological theory describes a multifaceted approach that is relevant to HIV and the societal factors and can help facilitate a comprehensive understanding of the climate of health inequities and injustices that affect justice-involved individuals living with HIV. Historically, programs and interventions have had a focus on changing individual behavior, but the social-ecological theory focuses on the interplay between multiple systems and behavior (DiClemente, DiClemente, Salazar & Crosby, 2013).

Even when people leaving jail or prison who are living with HIV are aware of their status and have access to health care, many barriers discourage them from accessing care. For example, HIV stigma leads many returning citizens to not access services due to the stigma that exists across levels at agencies, health care settings, housing agencies and employers. Therefore, employing a multifaceted approach may decrease the difficulties in accessing services.

SSRP's multilayered program of enhancing medical prognosis, employment and housing has developed program strategies to address the structural factors that impact justice-involved participants at all levels depicted in the framework.

About the SSRP Program Implementation

Pre-Implementation Stage

Agency

To ensure a housing and employment program is successful, it is important to spend adequate time planning. Through this process, you will determine where your work will occur, with whom you will work, and what your intended outcomes will be. Examining the community-level data and conducting focus groups, community assessments will help determine the required factors needed to implement your project. The process will highlight some of the most common considerations that should be addressed when integrating the model into your agency and will help you think about how each issue may be resolved within your program.

Within AFC and participating agencies, it is important to:

1. **Provide regular trainings on employment and housing services for HIV corrections case managers.**
2. **Encourage HIV corrections case managers and housing providers to work with clients to cross-check the housing list, as appropriate to the client's circumstances.**
3. **Strengthen connections with mental health and chemical-dependency providers and advocate for people living with HIV/AIDS to receive appropriate behavioral health services, particularly to promote housing and employment stability for clients.**

Asset assessment

The SSRP conducted an HIV/AIDS needs assessment between January and December 2018 that provided an opportunity for community members to discuss and identify critical issues and strategies for enhancing and integrating HIV/AIDS, housing and employment services in Chicago. Approximately 29 justice-involved individuals and 30 stakeholders from across Cook County participated in the process, which included consumer focus groups, interviews, and a World Café. Four critical areas of need were documented through the assessment:

1. **Case management services**
2. **Workforce development**
3. **Housing**
4. **Stigma and trauma**

Case management services

Many people living with HIV/AIDS rely on case managers to help them navigate the resources they need. Our assessment showed that clients with case managers were much more likely to have developed care and housing plans and received housing assistance. However, focus group participants and other stakeholders indicated that case management services are not completely aligned with respect to housing resources.

Workforce development

A key service that has been underutilized among people living with HIV/AIDS is employment and education training. Stakeholders believe that HIV/AIDS providers can do more to support their clients to access employment services, job training and post- secondary education to find and retain jobs. Most clients need support to obtain mainstream resources.

Housing

Housing is the most prevalent need among people living with HIV/AIDS. While there are now more than 23,580 people living with HIV/AIDS in Chicago, the amount of funding for Housing Opportunities for Persons with AIDS (HOPWA) has declined, and the number of units dedicated to people living with HIV/AIDS has remained stagnant.

Although Chicago has a comprehensive housing continuum with a range of housing options, there is simply not enough housing assistance to serve every person living with HIV/AIDS who needs help — and especially for those that have recently left jail or prison.

Stigma and Trauma

Stigma and trauma were highly documented by the focus group participants. Mental health and chemical dependency services are crucial for helping people living with HIV/AIDS who are coping with the post-traumatic effects of trauma, yet stakeholders report difficulty getting these services for clients who need them.

The critical needs identified in the assessment focused the development of strategies to enhance, integrate and sustain services in the following areas:

Funding — including leveraging other grant resources

In a tight economy, it is more important than ever for agencies and organizations in the fields of workforce development, housing and HIV/AIDS services to join forces to support the needs of disadvantaged populations. Driven in part by economic necessity, SSRP partnership leaders employed innovative strategies for collaborating and securing funding, often crossing lines that have long separated groups by professional field, public/private sphere or geographic location.

Survey available benefits and resources

SSRP is designed to increase capacity, coordination, and HIV/AIDS competency in community areas on Chicago's West and South sides — Englewood, North/South Lawndale, Near/Lower West Side, Roseland, East/West Garfield Park, and Austin — that have the city's highest annual rates of returning citizens. Within these neighborhoods, existing services for reentry populations are fragmented and largely provided by grassroots and/or faith-based community organizations and very few offer case management, housing and/or employment services.

Table 4: Survey of Needs Assessment

	HIV Medical Care	RW Case Management	RW Corrections Case Management	Housing	Employment Services
Ruth M. Rothstein CORE Center (CCHHS)	X	X	X		
Austin Health Center (CCHHS)	X	X	X		
Access Community Health Network	X	X			
Christian Community Health Center	X	X	X	X	X
South Side Help Center		X	X		
Heartland Health Outreach		X		X	
North Lawndale Employment Network		X			X
Team Work Englewood					X
Association House of Chicago					X
Westside Health Authority					X
Life Center Chicago					X
Safer Foundation				X	X
TASC					X
Transforming Reentry Services/MWIPM		X	X		
Haymarket		X	X		

*includes supportive housing for people living with HIV; **includes employment services for people living with HIV

The City of Chicago Department of Family & Support Services (DFSS) maintains several workforce development initiatives specifically for people leaving jail or prison, including a Transitional Jobs Program and the Chicago Transit Authority (CTA) Second Chance program.

In 2017, 27 organizations received DFSS funding to provide transitional jobs, employment preparation and placement, or industry- specific training and placement for persons returning from prison or jail. While there were several sites providing services, the Illinois Department of Employment Security (IDES) maintains a Reentry Employment Service Program that includes job placement (including on the-job training) and employment readiness services for reentry individuals. However, most of these programs do not address specific challenges facing HIV-positive populations, such as HIV/AIDS disclosure, stigma and episodic disability.

Consumer involvement/consumer advisory board

It is important to involve those who receive program services in the planning and governance of the program implemented. AFC's Consumer Advisory Board (CAB) is a dedicated group of program consumers receiving care, housing and prevention services. The CAB enhances consumer engagement and leadership in governance on behalf of the consumers of the SSRP program. CAB's goals are to strengthen the consumer/provider partnership through consistent dialogue, mutual respect and shared vision of optimal service for clientele.

The CAB has four main purposes:

1. **Monitor SSRP project performance and challenge decision-makers to consider consumer-driven options for program and care delivery.**
2. **Help the SSRP program recognize its strengths, weaknesses, opportunities, and challenges in accomplishing its mission**
3. **Keep governing boards focused on the needs of the reentry population that justice involved individuals represent.**
4. **Advocate for the population with respect to services from the SSRP.**

Gain buy-in from within the organization and from external partners

Before attempting to integrate a new service program into existing agencies, it is important to have the willing participation of agency administration and staff. The SSRP taskforce has been key to internal and external mobilization and engagement. There have been seven guiding principles that have facilitated the participation of the organizational and community partners in the development and implementation of the SSRP model.

1. Identifying at least one person on your team who is "on the hook" for stakeholder buy- in. This person should have a background in employee communication, change management, or large-scale program management.
2. Take time to conduct assessments at the baseline “buy-in level” of your stakeholders going into your project by conducting interviews or surveys. This helped the program managers to fully understand stakeholder concerns as well as identify potential pockets of resistance. Document specific actions senior leaders can take to ensure buy-in at all levels of the organization.
3. Measure your progress. Conduct stakeholder interviews and surveys throughout the course of your project to see what is working and what is not, so you can make needed adjustments.
4. Conduct a pilot project to test the data collection,
5. resources and to see what works and what does not work.
6. Establish frequent targeted communication to promote information exchange.
7. Share program success and challenges and invite recommended solutions.

Training for program partners should include basic information regarding HIV and HIV resources and should further explain how HIV has affected the community. In addition, training will encourage the more active participation of taskforce partners by providing about the services and operations of program partners. This will assist program staff with identifying and integrating housing and employment services. Trainings should be engaging and interactive and encourage participation of attendees. If the resources are available, it may be a good idea to provide food at the training.

Training for SSRP partners allowed for a detailed explanation of the program’s goals and logistics and provided an opportunity for direct service staff including PCRS specialist, CCM and site managers to raise questions and express concerns to agency and program administrators. To develop participation and networking, the SSRP taskforce hosted A World Café, which included SSRP partners, participants in focus groups and members of the consumer population. Workshops and presentation lead by the SSRP strategy team, program staff and representatives from local planning groups developed an awareness of program goals and outcomes and developed an approach to program sustainability.

SIX-MONTH ASSESSMENT

- Human Subjects Training
- Getting to Work: Training for HIV and Housing Providers
- Understanding the value of work
- Adopting an Employment and Training Mindset
- Incorporating Employment into the HIV/AIDS Service Menu

A six-month assessment meeting to update partners on the outcomes, lessons learned and strategies for improvement also enhances partner participation. Several key components are considered important.

The SSRP worked from the beginning to sustain the interventions beyond the grant funding. Sustainability is critical because extends the reach of the needed program interventions that had impact on the population.

The steps of the path to program sustainability that are being integrated by the SSRP program offer a powerful, practical, and proven way to address sustainability. The key to program sustainability is not to focus on what worked elsewhere or on the expectations of a funding source but what can be integrated into standard procedures. Instead developing an approach to sustainability for your program begins with asking three overarching questions and then developing a plan through consideration of the nine steps identified below.

Overarching Questions:

1. **What exactly are we trying to sustain?**
2. **What were the innovations that can transform the larger system?**
3. **How much did we integrate the program into existing procedures?**
4. **What was the effectiveness and quality of the program?**

Summit of Hope, 2019 (Access to Women's Closet and Employment Opportunities)

Steps: Planning for sustainability

Step 1. **Define the purpose and program need.**

Step 2. **Know the program champion and supporters.**

a. **List highlights**

Step 3. **What has our program done?**

a. **What are the accomplishments and achievements?**
b. **What is the effectiveness and impact of the program?**

Step 4. **What publicity has our program received? Dissemination of information.**

a. **Events**
b. **Articles**
c. **Professional conferences**

Step 5. **Explain how the program is structured and integrated.**

a. **Peer Navigation**
b. **Meetings and cross trainings**
c. **Communication Strategy, Taskforce and Stakeholders**
d. **Policies**

Step 6. **What are the staffing resources?**

a. **Funding for staff**

Step 7. **Knowing the challenges and barriers for program implementation.**

a. What activities did not work

Step 8. **Is the budget enough to cover our expected costs now and in the future?**

a. **Apply for similar funding opportunities**
b. **Program expansion**

Step 9. **Identifying other funding sources know what other sources are available.**

a. Seek additional funding

Step 10. **Replicate the program or components of the program.**

Promoting the Intervention

Marketing and communications plan

Key to the success of program implementation is the development of a marketing and communications plan. Successful implementation of SSRP required effective communication between program staff, partners, other stakeholders and participants as well as building awareness of the program in the target community and population. Branding of the program was essential to having a logo, and name of the program to promote on social media and other digital platforms.

SSRP
Safe and Sound Return Partnership
EMPLOYMENT & HOUSING

SSRP logo

With support from AFC staff, a low-level grass roots social marketing campaign was implemented. The campaign components consist of fliers, palm cards, and appointment cards. Over the program performance period staff engaged in events, programs, and conferences to disseminate fliers, palm cards, and appointment cards and utilize social media to increase awareness of the research study.

During the project period, AFC developed and implemented a strategy to regularly disseminate the campaign through a diverse mix of social media. In addition, program successes were shared with key stakeholders, including existing and potential partners, priority population members, and funders to leverage and expand program efforts over time.

Planning costs

SSRP utilized a planning matrix to determine the resources required to achieve program activities. An excel spreadsheet or a planning spreadsheet can be used to lay out the logical framework to help improve planning and budgeting skills and understanding of the relationship between the programmatic and financial elements.

Staffing Plan

The purpose of the staffing plan is to make certain the project has enough staff with the right skills and experience to ensure a successful project completion.

Role Requirements

The following table (Table 6) below provides a detailed breakdown of the roles required to execute the SSRP project.

Table 5: Team Responsibility Chart

Role, Project Team	Project Responsibility	Skills Required	Number of Staff Required	Estimated Start Date	Duration Required FY18-19
Project PI	Responsible for the development and oversight of the evaluation plan, ensuring compliance with funder. Assure quality improvement and meeting scopes.	Project management, ability to organize and problem-solve, integrate process improvement and create team	1	10/1/17	12 months
Project Director	Oversee the project and lead the work of the SSRP Coalition	Project management, knowledge of advanced principles and theories, leadership	1	10/1/17	12 months
Project Manager	Lead team, develop the HIV and Reentry training curriculum and document processes, implement trainings for Peer Community Reengagement Specialists (PCRSs)	Project management	1	10/1/17	12 months
PCRS Team	Ensure clients have medical appointments and connect directly to housing and employment resources	Project management, recruitment and engagement skills	2	9/1/18	12 months

Communications Developer	Create framework content	Research and web writing skills	1	9/1/18	4 months
Web Designer	Design web-based performance mgmt. tool	Web design, web writing skills	1	10/1/18	3 months
Data Analyst	Data collection, storage and data merging	Web development	1	11/1/18	12 months
Evaluation Director	Create evaluation design, evaluate deliverables, promote use	Project management experience	1	11/1/18	12 months

Recruitment and hiring of staff and peers

The staff is critical to the success of the project, and the peers serve as role models for reentry participants to overcome challenges and access health care. It is important for the success of the program that the peers mirror the population. Our employee recruitment and selection policy describe our process for attracting and selecting external and internal job candidates. This recruitment policy sample can serve as a rubric for recruiters and hiring managers to create an effective hiring process.

Hiring teams should aim for a well-planned and discrimination-free hiring process. Because you cannot add to recruitment flier or job descriptions language on having reentry experience, the referral process serves as a key component of the process.

AFC used a process that hired peers as staff; they were full participants of the program and not stipendiary employees. The hiring process for peers created buy-in and fully incorporated peers into the team, the idea that SSRP hired from within the population became a critical part of the program.

It was critical to have a training program and to stipulate and outline all the roles and responsibilities.

Job descriptions and postings

Hiring proceeds through the following steps:

1. **Identify need for an opening**
2. **Decide whether to hire externally or internally**
3. **Review the job description and compose a job ad**
4. **Select appropriates sources (external or internal) for posting the opening**
5. **Decide on the selection stages and possible timeframe**
6. **Review resumes in company database/ATS**
7. **Source passive candidates**
8. **Shortlist applications**
9. **Proceed through all selection stages**
10. **Run background checks**
11. **Select the most suitable candidate**
12. **Make an official offer**

Minimum qualifications

The minimum qualifications are the minimum amounts of education, experience, knowledge, skills and abilities, certifications and other job requirements that must be met for each of the positions. Qualifications are listed in the appendix. (See Appendix for more information)

Staff onboarding, training and continuing education

Table 6 depicts the onboarding, orientation and training process and steps. The onboarding process is intended to make program staff more engaged and productive and to increase retention.

Table 6: Staff onboarding, orientation and training

Training/Event	Type	Occurrence	Overview/Outcome	Staff
Orientation	Face-to-Face/Zoom	One-time	Meet staff and understand program goals, scopes and their individual tasks and responsibilities	All new Staff/ supervisors
Onboarding	Face-to-Face/Zoom	One-time	Review program Review forms	All new Staff/ supervisors
Trainings	DOL Employment Training (Getting to Work)	One-time	Overview of employment services	All Program Staff
	Working with RedCap/Databases	Ongoing	Understanding data collection forms	All Program Staff
	Working with Hard to Reach Clients	Ongoing	Recognize how to work with reentry, transgender and other hard to reach clients	All Program Staff
	Trauma Informed Care	Ongoing	Identify trauma informed practice	All Program Staff
	Community Engagement	Ongoing	Describe steps on planning, implementing and evaluating program	All Program Staff
	HIV Disparities	Ongoing	Recognize HIV disparities	All Program Staff
	Stigma and HIV	Ongoing	List HIV-related stigma drivers and misconceptions	All Program Staff
	Intersection of Housing & Employment	Ongoing	Explain strategies used to collaborate and partner to improve access	All Program Staff
	Referral mapping	Ongoing	List partners and organizations, we are working with and want to partner with	All Program Staff

	Competency Assessment	Ongoing	Highlight the importance of assessment and evaluation	All Program Staff
	Dismantling Racism	Ongoing	Identify key concepts of dismantling racism	All Program Staff

Workplace and staff environment

The first component is to ensure that the workplace and staff environment support:

- **Access to a supportive, flexible manager who is open to regular workload assessments in order to reduce trauma exposure.**
- **Leadership from a manager who encourages staff to attend ongoing professional education and who provides timely and good-quality supervision as needed.**
- **More individual employee control over their schedule.**
- **Reducing hours spent working directly with traumatized individuals to decrease stress, burnout and secondary trauma.**

The second component is to provide an environment where the staff person can:

- **Develop and maintain a strong social support both at home and at work.**
- **Increase self-awareness through mindfulness meditation and narrative work such as journaling.**
- **Identification of internal and external stakeholders (housing, healthcare, behavioral health, police, hospitals, landlords, employers, other support services).**

SIX CRITICAL AREAS OF PARTNERSHIPS

1. **Financial Relationship or Linkage**
2. **Clear objectives, goals and deliverables**
3. **Taskforce Leadership and Representation**
4. **Program Development and flow**
5. **Client relationships and responsibilities**
6. **Contribution to the Project**
7. **Data Collection Process**
8. **Dissemination**

Several partners were identified, and many partners and stakeholders were recruited for engagement into the program through the SSRP taskforce or to provide services. Several key strategies were ensuring that we were able to:

- **Work directly with partner key personnel; such as Peer Reengagement Specialist;**
- **Work with partner to create a taskforce and develop systems work;**
- **Conduct ongoing program assessments and evaluation,**
- **Have reporting to lead agency as described in contractual agreement;**
- **Ensuring program compliance and quality improvement with SSRP requirements;**
- **Coordination of communication – both in terms of public outreach and between partners.**

Table 7: Partner program roles & responsibilities

Agency	Role	Services Provided to Project
AFC	Lead	Project management, oversight, and evaluation; RWHAP Corrections and Medical Case Management; client linkages to housing/housing assistance, behavioral health, and other supports
Cermak Health Center/ Cook County Jail	LOS	Jail-based HIV/AIDS primary care; collaboration in discharge planning
CORE Center*	MOU	Corrections Clinic (HIV/AIDS primary care); additional medical consultation/testing/treatment; read contracts
Austin CBC*	MOU	HIV/AIDS primary care; behavioral health, additional medical consultation/testing/treatment
CCHC	MOU	HIV/AIDS primary care, behavioral health, reentry services, housing and employment readiness plus linkages to additional supports, read contracts
AIDS Housing Taskforce	LOS	15 providers of HOPWA-funded Transitional and Permanent Supportive Housing
Illinois Department of Commerce Office of Employment & Training	LOS	Eight providers of employment readiness, employment training and job placement
Chicago Department of Public Health	LOS	Bridge services to help locate HIV-positive individuals who have been lost to care
National Alliance for the Empowerment of the Formerly Incarcerated (NAEFI)	MOU	Training and support services

*MOU is from the umbrella organization, the Cook County Health and Hospital System

Key points:

- **One representative from each agency collaborating and contributing to the project served on the SSRP Taskforce convened by AFC.**

- **The Taskforce will meet twice per year to provide feedback on and approve an enhanced HIV and Reentry training curriculum; review interim progress toward SSRP outcomes; and explore strategies to improve cross-systems integration and coordination of health, housing and employment services for people living with HIV leaving jail or prison.**

Engaging Department of Labor (DOL) / Department of Housing & Urban Development (HUD)

AFC and the SSRP project leveraged existing relationships to involve the Illinois Department of Employment Commerce (ILDEC) and the Chicago Cook Workforce Partnership (CCWP) to share expertise in the implementation of the tailored employment model. Involvement included collaboration and participation by both agencies to provide partnership, services and training and education. Both agencies will be involved in decisions involved in the taskforce and strategic planning (including the plan to provide employment strategies.

Intervention Implementation/Service Delivery Model

This section of the manual will provide information that will guide the actual implementation of services to the target population.

Initial Steps: Core components of the intervention/services provided

Staff in-person consent

Staff in-person interviews are used to enroll clients. In this mode of screening, staff utilize the screening questionnaires, document the answers on a paper or computerized version of the screening tool. Your organization will have to think through the concerns that will help develop various advantages and disadvantages of different approaches and staff duties.

Costs – Little or no costs involved (depending on the staff selected to administer enrollments and services that can be delivered simultaneously). Snacks or refreshments as consents take time.
Training – Moderate training; primarily training is related to the content of the screening, data collection tools and intervention module; may need to learn new technology if entering scores into a computer.
Space – Depending on the method employed, there may be little or no additional demand for space.

However, a confidential, private area will be needed.
Time – Time intensive; in-person staff time required for delivery of enrollments and consents as well as clear explanation of the intervention.

Individual level

The re-entry process prepares someone leaving jail or prison for life after incarceration. This process combines assessment with a multi-disciplinary approach to increase opportunities for economic development, housing, supportive services and health care services. Corrections case management is characterized by a range of specific strategies to address the specific challenges, obstacles and needs that should be considered when designing, implementing and evaluating the approach.

HIV Corrections Case Management

AFC's Corrections Program currently partners with Cermak Health Services, the onsite provider of primary care at Cook County Jail, and discharge planners at Illinois prisons, to identify people living with HIV who are set for release in 15–30 days and express plans to return to Chicago post-incarceration. An AFC Corrections Case Manager (CCM) is housed half-time at Cermak Health Services to meet with individuals prior to discharge, explain AFC's reentry services, perform intake into the program should the individual choose to participate, and make post-release appointments for the client at CORE or another primary care provider of their choice to ensure there is no disruption in continuity of HIV/AIDS care.

To accommodate clients' geographic and other preferences, AFC maintains embedded medical CCMs at Austin CBC (shared with Cermak Health Services), CORE (both a Transitional Corrections Case Manager and a Corrections Case Manager), three additional agencies on the city's West and South sides (Transforming Reentry, Haymarket Center, South Side Help Center), and at Agape Missions in Joliet, Illinois, which helps transition clients released from prisons and jails in Will, Grundy, Kankakee, South Suburban Cook and surrounding counties.

SSRP CORE SERVICES

- **Intensive Corrections Case Management Services**
- **Care Coordination**
- **Housing Navigation**
- **Employment Navigation**
- **Behavior Modifications Interventions**
- **Community Education to decrease stigma**
- **Structural Support (transportation, vouchers, food)**
- **Outreach**
- **Patient Education**

CCMs work with clients to identify individual needs and goals, develop a comprehensive service plan; refer clients to any needed services; and track/monitor service usage across all medical, housing and employment domains. SSRP clients remain in intensive CCM for two to three years. Once clients exhibit greater life stability, SSRP transferred them to AFC's coordinated system of standard Ryan White medical case management services, as well as mainstream/independent affordable housing as applicable.

Housing

Approximately 85% of AFC's current corrections clients enter the program with housing needs. CCMs link these individuals to resources (e.g. transitional and permanent supportive housing, inpatient substance use treatment at Haymarket Center, and tenant-based rental assistance) within 30–90 days. AFC coordinates and/or provides HOPWA and HRSA-funded long-term housing subsidies, one-time emergency financial assistance payments, permanent supportive housing and assistance with housing identification.
SSRP, CCMs and their clients benefitted from an expanded array of housing providers. CCHC, for example, provided the project with access to its new 66-bed, program-based unit, which opened in 2018 on the city's South Side. Similarly, the AIDS Housing Constituency Group (AHCG) kept case managers apprised of available housing citywide for their clients.

The AHCG comprises representatives from 15 Chicago providers of HUD/HOPWA housing and/or housing advocates: AFC, Alexian Brothers Housing and Health Alliance, Asian Human Services, Chicago House and Social Service Agency, Christian Community Health Center, Haymarket Center, Heartland Human Care Services, Heartland Health Outreach, Housing Opportunities for Women, Human Resources Development Institute (inpatient addiction and mental health treatment), Legal Assistance Foundation of Metropolitan Chicago, Open Door Health Center of Illinois, Puerto Rico Cultural Center, and CDPH.

Prior to launching the SSRP project, AHCG developed a work plan to design an integrated, coordinated HIV/AIDS housing system in Chicago, focusing on the following priorities:

- **Creating a standardized assessment and referral system for HIV housing**
- **Integrating data within and across systems**
- **Identifying dedicated housing for high-risk negatives**
- **Defining HIV housing models and best practices**
- **Promoting integration with other sectors, including employment and health care**
- **Developing innovative projects to expand access to affordable housing**
- **Identifying safe emergency housing/immediate options for people living with HIV experiencing homelessness**

Employment

Prior to SSRP, AFC's Corrections Program referred clients to Chicago House's Employment Program. However, this linkage only accommodated ~20 persons per year. CCHC maintains an employment readiness program. In addition, SSRP's collaboration with the Illinois Department of Commerce Office of Employment & Training (DCEO) — which administers federal funding from the U.S. Department of Labor Workforce Innovation & Opportunity Act — connected corrections clients to new employment-related resources at eight DCEO/DOL-funded businesses or agencies: the Association of Builders & Contractors (apprenticeship programs); EPIC Program (a pilot to improve career pathways for underemployed and unemployed SNAP recipients); Illinois workNET Centers, Apprenticeship Plus and Apprenticeship Youth Plus (providing adults,

students, and youth with on-the-job training combined with classroom instruction); Jane Addams Resource Corporation (employment and tutoring); Accelerated Training for Illinois Manufacturing; and Building Futures in Illinois.

SSRP will also deepen engagement with AFC's existing network of reentry employment service providers, including the community-based organizations Safe Haven, St. Leonard's House, North Lawndale Employment Network, and Chicago House; the Illinois Department of Employment Security (IDES) Reentry Employment Service Program and the prison-based Kewanee Life Skills Reentry Center; and the City of Chicago Department of Family & Support Services (DFSS), which maintains a number of workforce development initiatives specifically for ex- offender populations, including a Transitional Jobs Program and the CTA Second Chance Program.

Job Training and Employment Services:

- **Provide job training and help with employment assessment and attainment**
- **Create partnerships with employment partners that have access to employment opportunities**
- **Provide services for addressing job professionalism through coaching and mentorship**
- **Offer maintenance and support for services to relieve stress and trauma**
- **Conduct longitudinal evaluation assessments**
- **Address the problems and challenges created by the criminal justice systems so that participants can become gainfully employed through the multisector taskforce**

Assisting people living with HIV

People living with HIV who have been identified in prison or jail typically exit with 30 days of HIV medication and, if they intend to return to Chicago, a referral to CORE for ongoing HIV primary care. CORE offers a specialty Continuity of Care Corrections Clinic on Monday and Wednesday evenings to best accommodate this population. Some choose not to present at CORE due to concerns about potentially disclosing their seropositive status to the wider community (CORE serves only HIV-impacted populations). Additionally, a significant number of individuals also have co-occurring mental health problems; these individuals are released with only one week's supply of medication for behavioral disorders. For reentry people living with HIV, interruptions in their daily habits, social supports and mental health treatment can sometimes adversely affect adherence to antiretroviral therapy and avoidance of high-risk transmission behaviors.

SSRP therefore built in several "safety nets" to engage seropositive returning citizens in the continuum of care as quickly as possible. Prior to SSRP, AFC maintained a dedicated Transitional CCM at CORE during the hours of CORE's Continuity of Care Corrections Clinic to identify people living with HIV who are coming from Illinois prisons. AFC receives lists of recently released people living with HIV from prison and jail discharge planners and/or former Cook County Jail inmates. The Transitional CCM works with new clients through their first medical appointment before transitioning them to ongoing corrections case management.

AFC also works with IDOC parole officers to locate individuals who have been lost to care.

SSRP strengthened these efforts in two ways. First, the project established two new Peer Community Reengagement Specialists (PCRSs) to assist in locating returning citizens living with HIV in the community (using information supplied by the individual at time of release or last-known whereabouts from parole officers as applicable).

The Peers were representatives of the target population and/or targeted community areas, and were trained in basic HIV/AIDS competencies, such as confidentiality, by AFC. Once they successfully located an individual, the Peers worked to connect him/her to a project CCM and coordinated reentry services. Second, SSRP leveraged CDPH's bridge program, which employs a network of Disease Intervention Specialists to locate people living with HIV who are not in care and engage them in services. Through this linkage, SSRP gained additional resources to find returning citizens with HIV/AIDS and engage them in comprehensive medical, housing and employment services.

As noted above, SSRP used a CCM model to coordinate and provide intensive supports for formerly incarcerated people living with HIV. AFC also maintained linkages to providers of behavioral health counseling and treatment to assist clients with attendance issues that may interfere with their adherence to HIV medications. Collectively, the Program Manager, CCMs and PCRSs comprised a Medical Care Coordination Team.

SSRP's Project Director and Project Manager monitored client progress on an ongoing basis by convening monthly meetings of the Medical Care Coordination Team and providers of employment (and when appropriate, housing) services. These meetings were designed to foster collaborative case consultations, share resources and best practices among the project team, identify any challenges or gaps in project design and implementation, and ensure that all delivered services meet HRSA/HAB/HUD/DOL guidelines. Two SSRP clients sit on AFC's Integrated Community Advisory Board (CAB), which meets quarterly, to provide ongoing feedback to the Project Director and Manager. AFC also maintains a dedicated Quality Improvement Team (QIT) for Corrections that comprises four corrections clients and two CCMs.

The Project Director convened the QIT once per month to address client progress, share findings from the CAB, and identify any necessary modifications to SSRP's implementation/delivery model. Lastly, the Project Director and Manager provided the SSRP Coalition (see Systems-Level intervention, below) with twice-yearly reports on interim program outcomes, CAB/QI feedback and recommendations for improvement, and any resulting adjustments to the project design/methodology.

System Level

Improving the care, housing and employment opportunities of justice-involved individuals is a complex undertaking that involves many health care providers, organizations and community groups. It needs the

varied insights, energy and resources of a group that represents the community. Collaboration with a wide variety of stakeholders adds to the credibility of your project in the eyes of the community.

Phase I: Partnerships created A Multisector Taskforce

1. **Hold a community event inviting all potential collaborators togenerate enthusiasm and to enlist members for the multisector taskforce.**
2. **If an existing coalition has consented topartner than utilize that organization to expand and involve them directly in planning for the ongoing taskforce.**
3. **Send a letter of invitation to key community stakeholders.**
4. **Start with an expert speaker. An expert for SSRP had sufficient experience and knowledge in the reentry/corrections field. They may have specific education, training or lived experiences.**

> *"An expert for SSRP had sufficient experience, knowledge in the reentry/corrections field. They may have specific education, training or lived experiences."*

Phase II

1. **Hold the first multisector taskforce meeting. This meeting will have three purposes:**
   - **Allow the participants get to know each other**
   - **Establish the group's terms of reference**
   - **Outline the draft workplan (key priorities)**
2. **Conduct a gallery walk or World Café to identify thechallenges, barriers and or/solutions.**
3. **Group members should be supported as needed to ensure their full involvement in group discussions.**

For example:

- **All taskforce members need to have their input affirmed.**
- **Focus population involvement is essential and must be meaningful, so they do not feel tokenized. Additionally, the following apply:**
  - **Avoid acronyms short forms and abbreviations**
  - **Arrange for teleconferencing if needed**

- Plan convenient times and places for meetings
- Highlight members by having a member spotlight
- Provide snacks
- Schedule meetings well in advance (standardized if possible)
- Ensure that meeting minutes are prompt and clear, with action items defined
- Plan a consistent method of communication regarding changes in meetings and new initiatives so that everyone has equal awareness

Key Success Factors

- Representation from major stakeholders, including housing and employment
- Support from your own organization
- Energy and determination
- Valuing the contributions of all involved
- Administrative support for the work of the taskforce
- Clear direction, aim and purpose
- Creating community events or programs that are beyond the program to increase participation and buy-in
- Identify how you are going to involve the community and workplace.

The taskforce plays a significant role in identifying priorities and the critical elements of the program and outreach to all HIV + reentry clients.

Partnerships/committees' activities and accomplishments

- Worked closely with city and state health departments, political leaders, state agencies and local community-based organizations.
- Created and developed a multisector taskforce.
- Monitored local HIV data on reentry populations and local political climate for incarceration rates.
- Had as many as ten taskforce meetings with over 30 organizations.
- Worked in partnership with Cook County Jail, Illinois Department of Corrections and Illinois Department of Public Health and the entire taskforce to host the 2nd Women's reentry conference.
- Conducted trainings on trauma-informed care, social media, juvenile justice reform, housing and employment services. (See appendix – III)
- Participated in two reentry conferences held in Chicago and Springfield, IL.
- Conducted program updates at community meetings and community planning groups.

- Continue to share the message of our efforts and concerns
- Participated in a priority planning process to set our course for the next two years with taskforce and goals.
- Kept our members up-to-date on related issues through emails and Basecamp. (Basecamp is a project management tool employed to increase productivity, communication and share documents for a program team.)
  - Used Basecamp as one of the communication channels to serve as a two-way interactive avenue to provide firsthand information on upcoming meetings, community programs and services.

Communication

The Communication Plan implemented by the Safe and Sound Return Partnership is a strategy for external and internal communication. This means keeping members informed, responding to their concerns and involving them in the implementation.

Communication must be a two-way process; communication activities fall into two categories: internal communications (within the SSRP internal strategy team) and external communications (with taskforce members, stakeholders, participants and community members).

The internal strategy team will evaluate the communication strategy whenever necessary during its meetings and will make changes for improving its effectiveness. Communication is a key component to the success of the program. Based on the communication strategy implemented during the lifetime of the SSRP project, the following paragraphs summarized the main objectives and activities to consider when implementing a communication plan.

Internal communication

The internal strategy team management communicates effectively with all the project partners on general project related issues. To assist quarterly strategy, meetings were implemented.

The project partners are well informed about the actual status and activities of the project. The project partners communicate actively with the other project partners and coordinate their project-related activities successfully.

> **"Having a single location for messages, files, to-dos and timeline has kept everyone on the same page."**
>
> *L'Oreal Bailey, AIDS Foundation Chicago*

Internal communication general activities:

- **Set up an email list and a saved file folder for all documents.**
- **Draft communication guidelines.**
- **Update the contact list database of the taskforce members and guidelines as the project proceeds.**
- **Hold monthly strategy meetings to suggest the most effective means of communication and to share information and develop strategies.**
- **Use the Basecamp to disseminate information and outcomes, communication guidelines, news and issues.**
- **Use Basecamp for the project documentation and deliverables.**
- **Update the team members regularly on the progress and problems and the plan to implement priorities.**

External communication

The goals of SSRP's external communication strategy include:

- **To promote effective dissemination of news and information relative to the SSRP project to all members and other agencies and stakeholders.**
- **To encourage active participation of members (monthly taskforce meetings, trainings, conferences and community events, in order to get their experience and knowledge, enhance the quality of project's activities and disseminate the project results.**
- **To support and enlarge the taskforce membership and strengthen capacity building and training.**

External communication priority audiences and target groups:

Dissemination and consistent outreach is a necessary component for recruitment, sustainability and overall success of the program. The media, community planning groups, other coalitions and NGOs are to be provided with professional, newsworthy and accurate information about the project in a way that explains the project in an easily digestible way for the public. Local governments and health departments should be actively involved in public events related to the project.

Communication and dissemination includes three main sets of actions:

- **Production and circulation of recruitment materials, fliers, brochures and press releases.**
- **Participation at and organization of community events.**
- **The webpage shall provide information about the project, updates and progress of the results.**

> *"Efforts should be made to raise awareness about the project and its outcomes, and encourage their use, through the main policy networks in which partners are involved."*

Workshops and conferences shall be organized at key stages of the project. Whenever appropriate, external experts and stakeholders should be invited to participate in workshops, webinars and conferences. In addition, many partners are involved in other ongoing projects and close collaboration with these projects shall enable wide-ranging dissemination throughout different communities' representatives of partners that may participate in meetings and scientific conferences, which are related to the objectives and mission of the SSRP project.

Apart from participation in meetings and conferences, we shall disseminate the project findings to the scientific community with papers published in peer-reviewed journals.

Intervention Outputs and Outcomes

Outcome 1: Improve the health outcomes of 215 formerly incarcerated people living with HIV through designated outreach and engagement strategies that increase access to care, housing and employment services.

Outcome 2: Increase the impact of the Corrections Case Management program (CCM) through improved client outcomes in the areas of health, employment, and housing.

Outcome 3: Enhance cross-system collaboration to address the employment and housing social determinants of health for formerly incarcerated people living with HIV.

Outcome 4: Evaluate the impact of the SSRP program on the health, housing and employment outcomes of formerly incarcerated people living with HIV and disseminate best practices.

Related to Policy/Systems Change

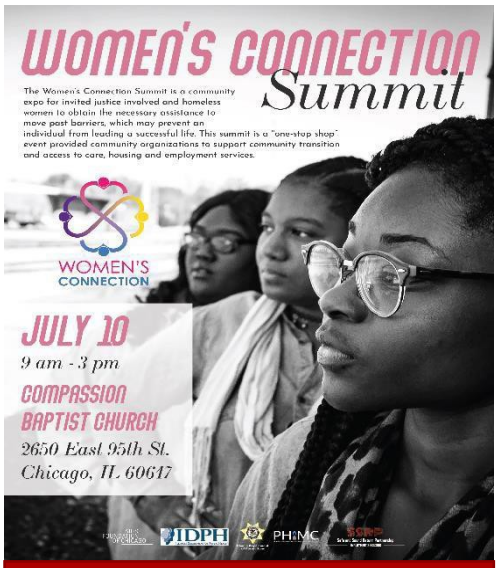
The SSRP program help local agencies and jurisdictions develop a multisector multilevel intervention to work with increasing the participant's success in reintegration back into the community. Our systems change work addresses improving the engagement of justice-involved individuals into the HIV care continuum, increasing access to resources such as mental health, housing and employment thereby promoting public safety and ensuring fiscal responsibility.

Three specific policy/systems change work has stemmed from the SSRP taskforce, specifically 1) increasing access of service to justice involved cis and trans women; 2) HIV decriminalization and 3) decreasing stigma for the reentry population, specifically trans women of color. To advocate for policies impacting specific populations, workgroups have been organized, such as the HIV decriminalization workgroup.

Summits of Hope

As a part of the SSRP program, we realized that women, specifically trans women, were often overlooked for jobs and had specific barriers including violence, depression and isolation, in addition to the housing and employment and stigma issues of their reentry male counterparts.

Therefore, SSRP created the Women's Connection Summit of Hope, a community expo that brings together local service providers to create a "one-stop" environment for individuals on parole and probation to obtain necessary resources and assistance to overcome barriers to success. The program was modeled after the Illinois Department of Public Health and the Illinois Department of Corrections Summit of Hope.



SSRP Recruitment Flier, July 2019 summit

Goals:

1. **Increase the engagement of women of color living with HIV, with multisector providers (legal, housing, employment, education, CM, DV, social support, etc.).**
2. **Increase support for care and treatment services, education, employment, and housing services, HIV/HCV testing, mental health, and behavioral health services.**
3. **Provide an environment where women can access services, be empowered and get pampered for a day.**
4. **The Summit of Hope is a proven IDPH- and IDOC-sanctioned program and is independently organized in communities throughout the state of Illinois. To date, 90 Summits of Hope have been held across the state of Illinois; however, only one of these has focused explicitly on women.**

AFC's SSRP Taskforce held the second ever Women's Summit of Hope (SOH) to provide resources and services to cisgender and transgender women who have recently left the Illinois correctional system. The SOH consisted of provider vendors, roundtables, a women's closet, gift bags, transportation, estheticians and hairstylists.

The goal of the Summit is to connect returning citizens with available services to better ensure reintegration into the community and thus reduce recidivism. This approach is an efficient way to reach vulnerable populations and ensure the health, social, employment, housing and legal needs of recently released individuals are met.

The events were both full-day events and included health services, workshops, exhibit areas, lunch and a collection of donated work attire from which attendees can choose to support their reentry to the workforce. IDPH provided HIV, HCV, STI, blood pressure, and glucose screenings as well as referrals to primary and HIV health care.

Processes

1. **Site Selection – accessible to population and multiple points to access site. Site must have ample space for program components.**
2. **Create fliers and social media announcements.**
3. **Ensure vendors/providers list includes care, educational, employment and housing resources.**
4. **Create committees for roundtable/workshops, women's closet and provider vendors.**
5. **Create clothing donation and collection drop-off locations.**
6. **Write to donors for donations for gift cards for raffles, contents of toiletry bags and make-up bags (Figure 6: depicts processes for summit implementation)**

Other services and resources include counseling and mental health; domestic violence resources; food, clothing, and shelter; childcare; employment and interview services; state identification cards; transportation; legal services; and education and training services. Workshops were held on topics related to employment, including information about how to dress for and approach job interviews. Makeup artists and hair stylists were on site to offer consultations about professional styles for interviews and working environments.

Summit of Hope – March 2019, Chicago State University, Chicago.

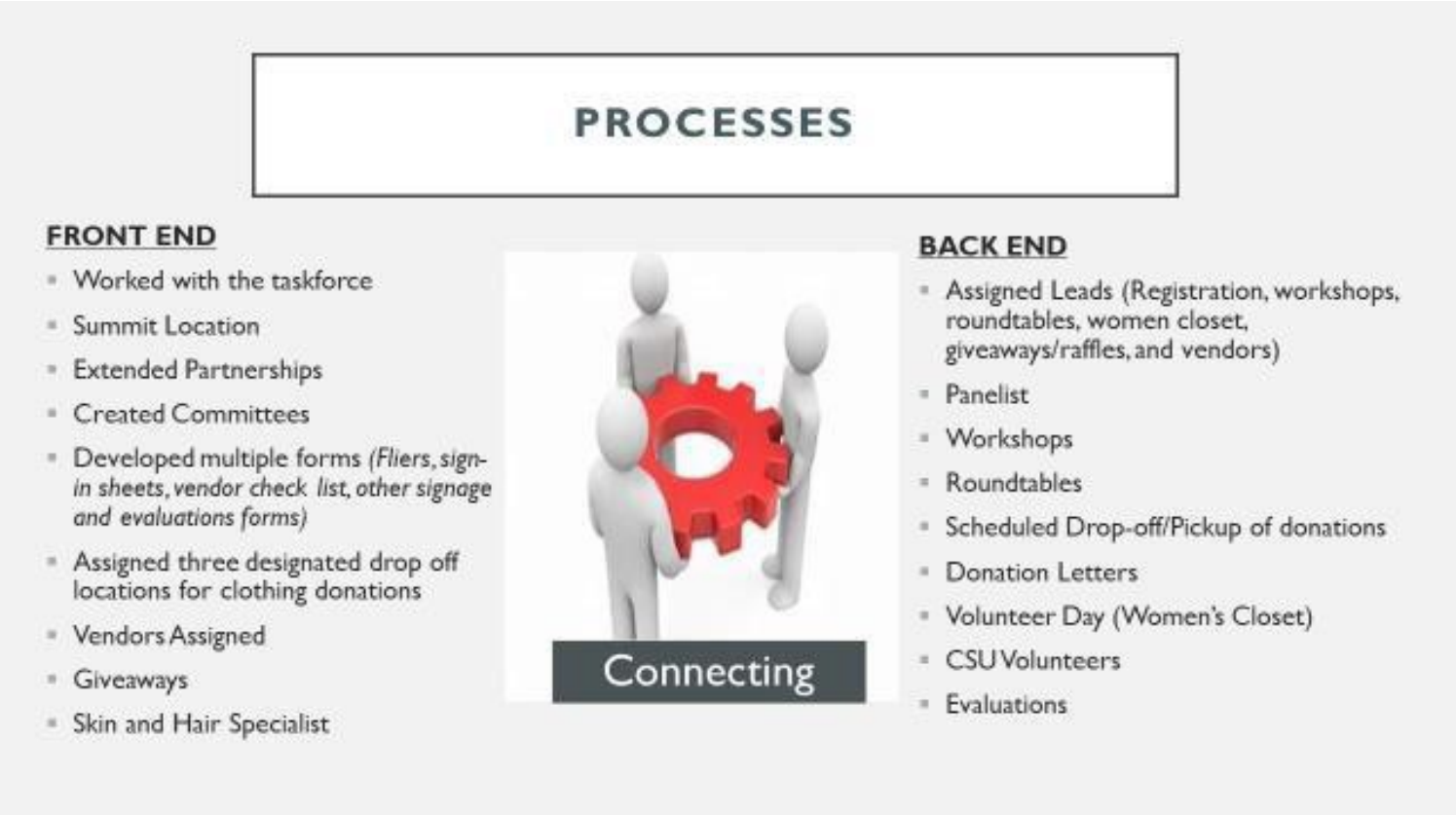


Figure 6: Processes of the Summit Implementation

Summit of Hope Attendees and Roundtable presenter Rev. D. Green

The SSRP Taskforce recruited volunteers to assist participants and guided them through the exhibits, vendor tables and workshop areas. Participants were provided a reusable bag filled with toiletry and personal hygiene items that can also be used to collect resources and information from each of the vendor tables. As women stopped at resource tables and workshops, they had the opportunity to obtain vendor giveaways and raffle tickets. Raffle prizes included donated appointments with professional hair stylists, gift cards and other health and beauty products, and helped keep participants engaged throughout the day. By the end of the summit, participants were equipped with many needed resources, materials and referrals to be healthy and successful as they reintegrate back into their communities.

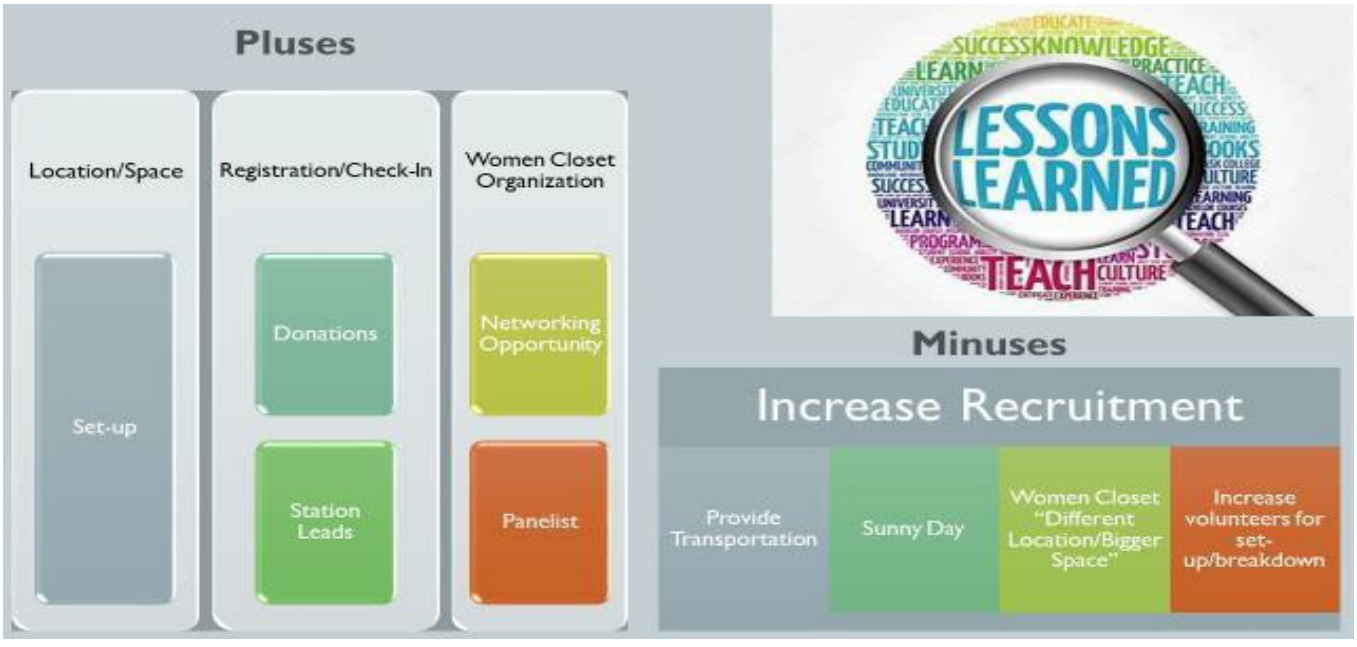
At the end of the Summit, each participant was asked to fill out an evaluation to rate their satisfaction with the event. The evaluation inquired about additional needs of the participants and input about other potential resources and services that may be helpful at future events. AFC intends to leverage the successes and outcomes of this event to build capacity to host future Women's Summit events. The results of the evaluation were used to inform the structure, services and resources offered at these future events.

HIV Decriminalization Working Group

The last time our community-led advocacy efforts to challenge Illinois' HIV criminalization laws were activated was in 2012. Since then, we have seen no outward-facing changes to discriminatory practices terrorizing Illinoisans living with HIV. So, the SSRP taskforce has worked with the newly formed the first Illinois HIV Decriminalization Working Group, which first met in June 2018, and outlined strategic next steps to repeal HIV-specific laws.

Several community meetings, webinars and focus groups have been held. The group will examine the state's current HIV criminalization laws; learn how to get involved in state efforts to update these laws; and how we can be more accountable for the Meaningful Involvement of People living with HIV (MIPA) in HIV decriminalization community efforts.

Figure 7: Reflection Slide of Summit Lessons Learned



The lack of flexibility, leadership involvement in and commitment to the project process is the most critical lesson learned that we want to share. For the program model to work, the agency must have buy-in to the program and want success to take place. Secondly, external partnerships, incentives and program messaging are critical to the model's program success. Finally, collaboration and establishing strong relationships across partners and housing and employment organizations are key ingredients for a successful program.

Additional best practices included holding in-person meetings when possible; crafting well-planned agendas; and incorporating the training into the monthly meeting, team calls and creating written contracts for deliverables. It was critical to think about how to incorporate SSRP into existing internal and external workflow and goals. Having contracts with partner agencies assisted in the program success.

Collaboration

In addition to establishing strong relationships across grantee partners and organizations, the following lists summarizes the best practices, barriers and challenges facilitators experienced and learned in the implementation of the program model:

Best Practices

Reducing health disparities for the reentry population requires a team approach to meet every facet of their lives; some of the best practices are to create a network. Every individual that is brought into care moves us to a higher continuum of care, increased recidivism, and more individuals that are productive citizens.

1. **Holding in-person meetings when feasible for the taskforce and using a webcam-based webinar session as an alternative.**
2. **Having well-structured monthly internal strategy meetings.**
3. **Having contracts with written deliverables, with money tied to them and making sure those contracts span the duration of the grant.**
4. **Adding team meetings to already existing meetings so that people do not need to travel, and collaboration and partnership is easy.**
5. **Having refreshments at in-person meetings and turning them into networking and training sessions.**

Barriers and challenges

- **Project coordination**
- **Data collection**
- **Competing and limited resources**
- **Staff turnover**
- **Participant materials**
- **Collaboration**

Facilitators of success

The final facilitators of success that are critical to a successful program are working in partnership and increasing access to services, leveraging resources, and applying for opportunities for project sustainability.

- **Having strong data collection and evaluation**
- **Sustaining membership in the taskforce**
- **Working across the entire agency, employing IT and Communications teams**

Dissemination Activities

Through press releases, social media, trainings, presentations at local and national meetings and journal articles, AFC will disseminate the SSRP model and its outcomes to a variety of stakeholders, including affected communities, public health providers and policymakers, reentry networks, and community planning bodies (such as the Chicago Area HIV/AIDS Integrated Services Council and the Community Reentry Project) at the local and national levels.

Table 9: SSRP Dissemination Activities

Over the three-year project period, AFC presented at various conferences, meetings and planning groups to ensure consistent dissemination, outreach and project branding. Presentations were given at board meetings, community planning groups, local meetings and national conferences.

Journal/ Conference/Meeting Venue	Type	Totals
National Ryan White Conference on HIV Care & Treatment	Panel, Posters	6
Chicago Area HIV Integrated Services Council Committee – Community Planning Group	Presentation	1
Midwest AIDS Training & Education Center (MATEC)	Presentation	1
AIDS Housing Constituency Group	Presentation	1
Public Health Institute of Metropolitan Chicago (PHIMC) Illinois Reentry Workgroup	Presentation	3
IDPH Illinois HIV Integrated Planning Council (IHIPC)	Presentation	1
Chicago Cook Workforce Funders Alliance - Cook County Coordinated Reentry Council	Panel	1
SYNChroncity 2020	Panel	1
American Public Health Association (APHA) Annual Conference 2020	Panel/Poster	2

***Snapshot list of AFC SSRP Dissemination activities.**

Over the last three years, the SPNS Housing and Employment Initiative has been able to directly improve the lives of people living with HIV from reentry. Through the design of the program, the network of partnerships helped them to overcome significant challenges, link directly to health care and obtain employment and housing.

Through the effective dissemination of results and insights gained across sites, the hope is that many organizations will be able to utilize the lessons learned and replicate the strategies in their own communities.

Attachments (tools and forms for sections I-V)

1. **Job descriptions**
2. **Orientation, Onboarding & Training**
3. **Recruitment to Transition or Discharge Flow Charts**
4. **Referral and Screening form documents: Acuity tools.**
5. **Training and supervision tools**
6. **Transition (acuity tools)**
7. **Sample policies and procedures (i.e. home visit protocols)**
8. **Products/materials that support implementation of the intervention**
9. **Summit of Hope Vendor Checklist**
10. **Promotional content/products**