

Sheltering and Engaging Multiply Diagnosed HIV-positive Homeless

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Introduction

Operation Link is a Special Project of National Significance (SPNS) funded by the U.S. Department of Housing and Urban Development's (HUD) Housing Opportunities for Persons with AIDS (HOPWA) grant program. In August 1996, the HUD Office of HIV/Housing funded Operation Link through its HOPWA Multiple Diagnosis Initiative (MDI). Operation Link is an emergency shelter and support services demonstration program designed to engage and retain in services the hard-to-serve homeless persons diagnosed with HIV/AIDS and a severe chronic mental illness and/or addiction to alcohol or other drugs.

Located in Jersey City, New Jersey, Operation Link is a program of Catholic Community Services' (CCS) Hudson County Division. As such, it is an integral part of a developing continuum of housing and support services for homeless, multiply diagnosed individuals with HIV/AIDS in Jersey City. In addition to the Operation Link emergency shelter, the CCS continuum of programs specialized for persons with HIV/AIDS includes outreach services, transitional housing, plus permanent housing and residential end-of-life palliative care for persons with HIV/AIDS both of which are in development.

As an eight-bed shelter within a larger general emergency shelter setting, Operation Link often receives referrals from its general shelter population of single, homeless, multiply diagnosed individuals. In addition, Link receives referrals from local Hudson County social

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services and HIV medical care programs, substance abuse treatment facilities, and Ryan White county case managers.

Operation Link Model of Care and Services

The goal of Operation Link is to demonstrate that the traditionally underserved population of homeless people with HIV/AIDS and a chronic severe mental illness and/or addiction to alcohol and other drugs can be effectively linked to housing and other social services through an intensive service delivery model specialized to meet their needs. The goal is subdivided into two challenges:

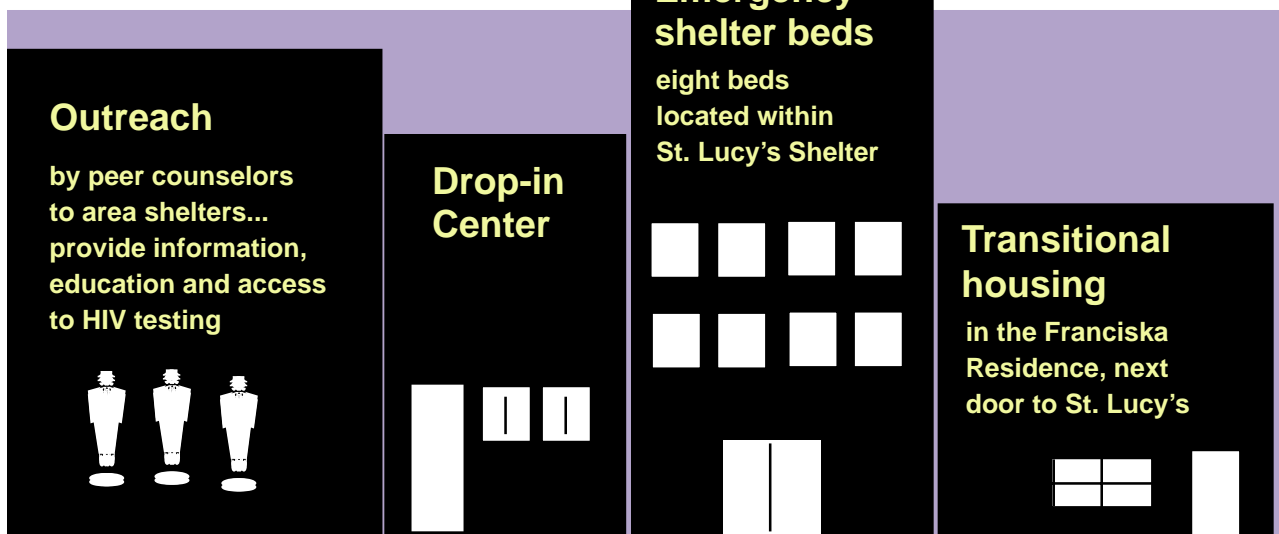
- To develop a service model that can effectively engage the hard-to-reach homeless, multiply diagnosed person with HIV/AIDS through a risk-reduction, low-demand and nonintrusive environment of care;
- To participate in a cross-site national evaluation to determine the effectiveness of the program model and its effects on the critical dimensions of engagement and service utilization.

Operation Link is composed of four integrated service components and, although the project represents a social service innovation for Jersey City's homeless population, each component builds upon and enhances currently existing community resources. This integration of existing services into one service continuum creates a highly coordinated model of intensive services for the homeless population diagnosed both with HIV/AIDS and a severe chronic mental illness and/or addiction to alcohol and other drugs.

The program implemented four service components. The first of Link's four service components is its outreach service. Although unable to implement its mobile outreach van due to regulatory limitations associated with medical services, Operation Link uses its peer counselors to implement outreach to its Greenville Resource Center and area shelters. In addition to making target population clients aware of Operation Link services, the outreach component provides information, education, referral and access to HIV testing. Through this outreach, staff initiate relationships with clients that encourage them to become more fully engaged in the program's continuum of housing and other social services.

The second service component is a drop-in center located at the Operation Link shelter. Because of reduced funding in its original award, Link was not able to implement its originally proposed concept of opening a drop-in center to the larger community. It remains available to Operation Link clients as a resource and socialization room, a meeting room for group events and resident community meetings, and a means for peer counselors to personally get to know the target population while discreetly and unobtrusively assessing their service needs.

The third component, eight reserved emergency shelter beds, are located in a separate room within the larger St. Lucy's Shelter. Unlike the regular emergency shelter beds, the Link-designated beds are available to participants 24 hours a day and include three meals. Clients can remain in shelter beds, and when ready, move into transitional housing.



Operation Link has four components each of which builds upon existing community resources.

The fourth service component is special AIDS transitional housing which is provided by Catholic Community Services' Franciska Residence located next door to Operation Link and the St. Lucy's Shelter. Link clients can transition into this service component seamlessly.

Location

Link operates in Jersey City, New Jersey as a 24-hour, seven-day-a-week emergency shelter providing linkage to support services for homeless individuals with HIV/AIDS who are also diagnosed with mental illness and/or substance abuse problems. Jersey City is an urban center with a substantial homeless population, chronic affordable housing shortages and the second highest rate of AIDS cases per 100,000 people throughout 1998 among metropolitan areas in the United States. Jersey City's "1996-2000 Consolidated Plan" identifies the need for increased housing services for the homeless. The plan estimated that 50 percent of the city's unsheltered homeless population is dual diagnosed, with 11 percent of that population affected by AIDS-related diseases.

Services

Operation Link is designed to serve homeless men and women with HIV/AIDS who are also diagnosed with mental illness and/or substance abuse problems. The study population consists of all clients screened for eligibility and admitted to Link.

The low-demand, nonintrusive philosophy of care developed by the experienced Link team is especially designed to progressively engage homeless individuals who typically display a multiplicity of needs. As expected, those served are often actively in addiction on admission, typically lacking in stable social and familial supports, exhibiting prior episodes of transiency and housing instability and likely to shun sustained engagement with others. Evidence of low impulse control, problems with anger management and patterns of behavior that are likely to try the patience of and often elicit rejection from other shelter or social services systems are apparent.

In addition Operation Link serves both the larger social and medical services community dealing with this target population. Its work focuses heavily on readying both the client and the social services system for each other. In the process of

referring clients, this involves considerable work to encourage greater levels of flexibility and tolerance among social services and medical providers who are called upon to serve this population.

Provider Team

Operation Link has several collaborators in the project:

- Medical and Social Services for the Homeless (MASSH) has on-site personnel for case management and medical referral for their clients enrolled in Link.
- Let's Celebrate provides a hot lunch and snacks for Link shelter residents.
- Franciska Residence provides transitional AIDS housing to Link participants.

In addition to these collaborators, Operation Link views the larger service provider community and the Ryan White county case managers as critical to its success. Serving a target population with multiple needs from medical to mental health to addictions and entitlements, Operation Link have developed and nurtured good working relationships with community providers who are called on behalf of clients in need.

Lessons Learned

The project has several unique features effective in engaging homeless clients who have been difficult to engage or chronically unstably housed. Among those unique features are:

- Low demand, high tolerance philosophy of care that encourages progressive engagement of clients through a nonpunitive, nonjudgmental and nonintrusive stance toward service involvement and relapse.
- Recognition that change toward healthier life choices is incremental and nonlinear, often marked by positive steps alternating with episodes of relapse.
- Concept of change that involved encouraging high levels of client personal choice, empowerment and self-direction in promoting and maintaining improved lifestyles and healthy life choices.
- Provider recognition of the need for commitment to the client throughout this approach-avoidance movement towards change.
- Absence of typical demand for abstinence when the client is not ready for change, although on-site substance use is prohibited.
- Modes of intervention that heavily rely on encouragement and suggestion, building of trust, immediate transportation and the use of peer counselors as integral program and client supports.

Lesson # 1: Peers have a positive impact.

The use of peer counselors has proved to be an effective strategy for engaging clients and linking them to needed services. Having themselves been HIV-positive, at risk of homelessness, are in recovery, the peers are an effective bridge between the professional staff and the client, offering companionship and encouragement as well as knowledge of available services in the community. Peers are highly committed and dedicated to helping others to navigate the social service system and achieve a more stable, healthy and independent lifestyle. The use of peers does, however, require close ongoing professional supervision to assist them in negotiating boundary issues, insuring adherence to a risk-reduction approach and/or encouraging a nonjudgmental approach.

Lesson # 2: Learn ways to coexist with different services.

The project operates as a small, specialized HIV/AIDS shelter within a larger general emergency shelter. This creates both opportunities and challenges for future replications of this model. For example, within one month of opening its doors, Operation Link was at full capacity and has continued at capacity throughout its demonstration period. Being housed in a larger shelter enables staff to identify HIV-positive clients within the general shelter population who can be placed on a waiting list for an Operation Link bed. It became apparent, that if wait-list clients were not engaged quickly, they would be lost to contact once a bed did become available. In order to remedy this situation, the general shelter and Link managers both agreed to set aside holding beds in the general shelter for clients awaiting admission to Operation Link. This arrangement enabled the peers to begin preliminary engagement and service provision that succeeded in retaining wait-list clients in service until an Operation Link bed became available.

The general shelter operates on an abstinence-based model, while Operation Link espouses a risk-reduction model of care. Close and respectful working relationships between managers of each shelter accounted for the tolerance needed to implement the risk-reduction model of care. Even so, tensions were apparent, as identified in an ethnographic study between general shelter staff, who viewed Operation Link clients as highly privileged and subject to a too-permissive approach, and Operation Link staff who were seeking to encourage client empowerment, personal choice and self-direction. Among the lessons learned is that communication needs to remain open and working relationships encouraged between staff of the two shelters to insure that tensions do not disrupt program implementation. One strategy to promote this was to provide cross training for peers who sometimes assist shelter staff. They came to be seen as helpful partners.

Lesson # 3: Seize the opportunity to engage the client.

Although originally funded as a short-term emergency

The major lesson learned is that effective work... needs to seize every opportunity for engagement, create a flexible environment unconstrained by rigid rules of engagement that might drive clients away.

shelter (typically 30-45 day stay), Operation Link learned that many clients needed longer stays in the program's risk-reduction environment prior to transfer into an abstinence-based transitional or permanent housing situation. Premature transfer results in losing the client to the streets. Rather, Link staff learned that if clients struggling toward positive life changes are kept engaged in services and housed even beyond the traditional emergency shelter length-of-stay definitions, they can succeed in achieving more stable housing. The major lesson learned is that effective work with the hardest-to-serve person needs to seize every opportunity for engagement and create a flexible environment unconstrained by rigid rules of engagement that might drive clients away.

Lesson # 4: Relationships with community providers are critical.

In that the homeless, multiply diagnosed person with HIV/AIDS is often in need of multiple services, it is essential that the program staff maintain good working relationships with staff of community agencies. Peer counselors prove particularly effective in this regard, having prior knowledge of such services and being themselves known in the service provider community. Operation Link adopted a view of community service providers as their second target population, as customers who needed to be nurtured and engaged to accept unconventional Link clients at a moment's notice. Link staff maintain solid working relationships, so that when client need presents itself, staff can call on such relationships to secure a contact, an admission or an appointment for clients promptly—even transporting clients to that appointment as needed. In addition, Operation Link work closely with the Ryan White county case managers to avoid duplication of work and to insure that clients' other needs (medical, mental health, substance abuse, etc.) are incorporated into treatment plans being made by those case managers.

Lesson #5: Get creative.

Multiply diagnosed homeless persons with HIV/AIDS often present behaviors which challenge the patience of staff, program administrators and even other clients with whom they interact. Disappointments are inevitable as clients act out to sabotage their recovery, relapse or disengage from service, even after promising gains have been made.

Staff who seem to be most effective in dealing with the uncertainties of shelter life are those with a high tolerance for ambiguity, a willingness to not always know the answer and who are comfortable with a certain amount of unstructured space in which clients can define their own direction. The latter suggest some of the key characteristics of staff who might prove most successful in working with this target population in a shelter setting. From an administrative perspective, staff and managers should be prepared, to assemble the shelter team and make decisions at a moment's notice when dealing with provocative or difficult behaviors.

One segment of clients have had multiple admissions to Operation Link and to the general shelter. Rather than being seen as failures, such re-admissions are seen as evidence of effective engagement of clients who understand that Operation Link's philosophy permits

second chances and forgiveness of prior provocations. The philosophy of progressive engagement enables clients who relapse repeat chances to move toward healthier life choices and continue work on their personal issues through re-admission. Recognition that such clients require a flexible approach is essential to effectively working with this population.

Operation Link Project Chronology

March 1996

- Development team meets to design a program in response to Housing Opportunities for Persons with AIDS Multiply Diagnosed Initiatives RFP which would expand and complement CCS' existing HIV/AIDS services.

March-May 1996

- CCS' continuum of care for HIV/AIDS housing services discussed, needs assessment conducted, model drafted, program elements planned, community service provider linkages organized, letters of support requested and application completed. Proposed program includes evaluation component for quantitative and qualitative look at process and outcomes.

May 1996

- Application for funding submitted.

August 1996

- Notice of award received with a 25 percent reduction from the requested amount.

September-November 1996

- Reduction in award results in revisions to program design.
- The number of designated shelter beds is reduced from ten to eight.
- The drop-in center is available only to Link residents.
- The frequency of outreach and the work hours of medical personnel and peer workers are reduced.
- The planned permanent housing renovation is dropped from the plan.

February 1997

- CCS and HUD sign contract.

March-April 1997

- Project director recruitment begins.

May 1997

- Project director hired.

May-June 1997

- Project director begins program implementation.

- Policy and procedure and staff training manuals developed.
- Planning meetings with collaborators held.
- Evaluator’s development of baseline and follow–up data collection tool proceeds.

June 1997

- Coordination of mobile outreach unit with local collaborator slowed by confusion among parties regarding responsibilities for hiring and supervision of staff. Link project director and collaborating program director work to establish a complimentary approach.
- Project director begins outreach to community HIV providers.
- Project director begins recruitment of staff.
- CCS medical director contacted to assist in recruiting psychiatrist.
- Peer worker interviews begin.
- Recruitment of nurses begins.

July 1997

- Nurse and one peer are hired.
- Peer worker begins training.
- CCS staff psychiatrist agrees to assume part-time Link position.
- Start dates of nurse and psychiatrist postponed until the details of the mobile unit’s operation are established with collaborator.
- Donated mobile outreach unit arrives on site.
- A prospective peer worker is unable to accept the position because of income restrictions imposed by SSI. This uncovers the disincentive to work caused by income restrictions of entitlement programs.
- Nurse reconsiders employment due to salary.
- Plan to locate male dorm on the same floor as the female dorm raises an unanticipated security cost. Reconfigure shelter dormitory spaces to avoid cost increase.
- Project director begins preliminary scouting of sites frequented by drug users to be targeted by mobile outreach efforts. Shelter safety security officers (Jersey City police officers) familiar with the scouted areas caution project director about potential harm to both staff and vehicle in targeted areas.
- CCS Hudson County division director and project director conflict over street outreach strategies. Compromise reached when division director approves unanticipated cost of security officer doubling as vehicle driver.
- Police officer hired as mobile unit driver.
- Program evaluator continues to meet with project director discussing data collection tool, peer training, and IRB formation and composition.

- Project director, evaluator and CCS Hudson County division director attend all 1997 PSC Conferences and participate in multisite SPNS group to develop core data elements.

August-September 1997

- Female peer applicant recently paroled reveals drug conviction on her application, which activates HR concerns. Hire delayed two weeks while parole officer is contacted for clarity about the nature of the charge.
- Peer is cleared for hire but states she is about to become homeless because of family move; project director arranges housing for peer in CCS emergency housing.
- Peer resigns when he receives SSI benefits which restricts income.
- Evaluator's training of peers is interrupted by personnel changes.
- Project director and CCS Hudson County division director report on project's status to Advisory Board.
- Harm reduction considered as model of care used in the Link program.
- Project director, CCS Hudson County division director and evaluator discuss the parameters of and implementation of a harm reduction model within a zero tolerance shelter environment.
- Project director and shelter director agree to work toward the use of harm reduction strategies in working with Link clients residing at the shelter.
- Two meetings are held with shelter staff to introduce harm reduction approach as the preferred approach used in working with substance abuse issues in Link program.

August 1997

- First meeting of Institutional Review Board occurs.
- First clients housed in shelter designated Link beds.
- Collaboration with Let's Celebrate is working efficiently to provide lunch and snacks to Link clients.
- Clients not connected with medical services are referred to Medical and Social Services for the Homeless through established link with MASSH staff posted at shelter once each week.

September 1997

- Referrals from local service providers fill shelter beds.
- Link-designated beds at capacity.
- Project director extends capacity to 15 beds to meet demand.
- A waiting list for Link beds is started.
- Peer hired.
- Link staff begin referring unconnected clients to medical care providers making referrals to Link for housing.

October 1997

- Full-time caseworker hired using private foundation grant.
- Female peer arrested for parole violation.
- Peer recruitment continues.

November-December 1997

- Operation Link's shelter bed census remains over contracted number.
- Principle investigator reduces the number of extra Link beds used to four representing a 33 percent increase over contracted number.
- Project director secures permission from shelter director to admit a maximum of two Link wait-listed clients to the general shelter population in holding beds.
- Operation Link staff begin outreach to residents in the general shelter population through informal contacts regarding HIV and testing.
- Project director presents case to principle investigator for changing the outreach effort from one targeting psychiatric clients to one targeting the medically underserved.

December 1997

- Second peer hired and begins training with evaluator on data collection.

January 1998

- Nurse practitioner with HIV experience is hired to provide education and outreach services.
- Nurse begins developing policy and procedure manual for medical interventions.
- The number of holding beds used in the shelter by Link candidates increases to accommodate the number of referrals from community medical providers.
- Project director and CCS Hudson County division director discuss ways to implement outreach van.

January-August 1998

- Unanticipated difficulties regarding licensure of outreach medical service delays start-up.
- Resistance of CCS medical staff administration to treat undomiciled clients delays start-up and raises questions regarding the feasibility of implementing the outreach van.
- High census in Link mitigates street outreach due to a lack of emergency housing available for those contacted.
- Due to emerging conflict between the project director and the executive director of the collaborating organization, the project director suggests the shelter director act as liaison to facilitate outreach operation.

April 1998

- Link physician hired to begin outreach to at-risk shelter residents and to develop medical protocols with nurse for van operation.

- Link evaluator resigns.

May 1998

- Physician meets with administrative medical staff to explain plans for street outreach.
- CCS director of program evaluation assumes responsibility for program evaluation component as new Link evaluator.

June-July 1998

- Nurse offers HIV educational presentation at shelter and begins street outreach contacts with peer.
- Ethnographers hired to observe Link operations, with particular emphasis on process for establishment of shelter rules.

September 1998

- Daily log designed by Link project director and evaluator to capture type and intensity of service offered to each client; completed by all Link workers on a daily basis to track service utilization patterns not captured in baseline and follow-up data instruments.

September-December 1998

- Discrepancies discovered in Link instruments and core data elements for baseline and follow-up instruments reviewed with ETAC and revised by local evaluator.
- Work begins to revise code book to conform to instrument revisions for ETAC QA review.
- Discussions with project director and CCS Hudson County division director initiated by evaluator to consider addition of control group through outreach component. Obstacles include concerns about staff safety in collection of data with homeless on the street; difficulty obtaining data using lengthy baseline instrument from those who might be intoxicated or high; barriers to implementing outreach component of program; and CCS Hudson County division director's concern about limited resources to collect such data.
- Decision made to forgo collection of data from control group.

October 1998

- Project director authorized to step up outreach without collaborator and without the mobile unit.
- Link nurse and physician begin regular outreach to general population of shelter resident's regarding HIV. This includes individual meetings and educational films and referrals to testing sites.
- Evaluator expresses concern about quality of data being collected by peer interviewers, with particular attention to missing data. Decision made to hire master's level CCS employee working in MICA Outreach and familiar with target population for data collection interviews.

December 1998

- Interviewer hired and trained by evaluator to collect baseline and follow-up data.

February 1999

- Meeting held between project director and coordinators of Hudson County CCS HIV/AIDS service programs to discuss feasibility of collaboration on outreach efforts and to determine ways of using the mobile outreach unit for non-medical purposes.

February 1999—present

- Link census continues above capacity, the need for a waiting list continues, nurse outreach efforts expands to include visits to another local shelter, the mobile outreach van remains unused and the Link physician's employment status changes from per diem to as needed.

April 1999

- Coping, social support questionnaires recommended by ETAC and other questions included in Link local evaluation; approval requested and given by IRB chairman in consultation with IRB members.

September 1999

- Provider codes revised by project director and evaluator to insure completeness in database for QA review.
- Interagency linkages questionnaire designed to capture quality of linkages and satisfaction with services

October 1999

- Third and final Link IRB meeting to formally approve additional coping and social support questionnaires added to local Link evaluation.
- Project director participates in panel discussion about Link operations at U.S. Conference on AIDS.

December 1999

- Project director invited to speak to HUD office workers (Washington D.C.) about real implementation of HUD-funded program.
- Hire of ethnographer to interview peer workers and project director for local evaluation paper on challenges and advantages of using peer workers.
- Interagency linkage/ satisfaction questionnaire mailed to more than 70 other providers.
- Suspension of acceptance of new Link referrals in anticipation of grant termination on.
- Suspension of baseline and follow-up data collection interviews.

January 2000

- Suspension of collection of daily service logs.

April 2000

- Project director, evaluator and CCS Hudson County division director attend PSC Conference in San Francisco.

January-September 2000

- Completion of data cleaning, ETAC QA review process for multisite database; data analysis completed; final HUD three-year report completed.
- Evaluator and project director work collaboratively to interpret findings and prepare dissemination products.

Further Information and Technical Assistance

Should you wish to obtain additional information about the service delivery model developed by Operation Link, you are welcome to contact the project directly and request technical assistance.

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