

Appendix: Program Description of LA's HOPE

LA's HOPE's service structure included case managers based at Goodwill Industries (one of the workforce development centers supported by CDD) who were hired especially for this project, mental health services through the three participating AB2034 community mental health centers (CMHCs), and access to the services of six workforce development centers (including Goodwill), assigned on the basis of geographical proximity to one of the CMHCs. The Goodwill case managers were the essential core of the intervention's housing and employment aspects. They did most of the outreach, case finding, and engagement, after which DMH assessed prospective clients and enrolled those found eligible in one of the three CMHCs as AB2034 clients. DMH also started the application process for a Shelter Plus Care certificate--the HUD funding mechanism for subsidizing rent for program clients as well as many other homeless DMH clients and homeless people with disabilities. When possible, DMH placed clients into temporary housing so as not to lose them while the often-protracted Shelter Plus Care application process was happening. CMHC staff engaged the clients assigned to them in the mental health services and supports standard to AB2034 clients, including the medications assessment, monitoring, and adjustments that often proved vital to recovery sufficient to make working possible. CMHCs also served as the locations for pre-employment and vocational services. Goodwill case managers also worked with clients to find and apply to landlords for appropriate housing and with DMH staff to assemble the documents needed to complete the Shelter Plus Care application. Once complete, DMH sent the application to the Housing Authority of the City of Los Angeles for final processing, inspecting the unit, and issuing the certificate. Housing was scattered-site, with most participants occupying efficiency or one-bedroom units in private market buildings.

Goodwill case managers acted as the liaisons among participants, mental health service providers, and the workforce development centers, and provided overall coordination for the project. They helped LA's HOPE clients move and settle into housing, after which they started helping clients get ready and search for jobs. The original program design had the Goodwill case managers handing off primary responsibility at this point to CMHC staff, but for the most part this did not happen for several reasons, including the absence of any funding from the demonstration going to CMHCs and the retention of Goodwill case managers of demonstration resources to help clients find and keep work. CMHC staff involvement in the employment arena consisted of providing supported work opportunities within the CMHCs for clients who needed some experience before trying competitive employment (with client salaries paid for with demonstration funds) and employment support groups specifically for LA's HOPE clients that dealt with issues of getting and keeping work. Key aspects of evidence-based supported employment practices used by both Goodwill case managers and CMHC staff included helping clients make their preferred vocational choice, ongoing work-based vocational assessment, follow-along supports, prescribed caseloads, and help with job retention. LA's HOPE staff used individualized assessment extensively to determine participant skills, history, preferences for types of work and work environment, and supports likely to be needed. They used the information gained to tailor supports to each individual and help match participants to jobs. Compared to working with participants to ascertain their needs and preferences and help them find appropriate jobs and adjust to job conditions, significantly less use was made of other evidence-based practices including job development and negotiations with employers to

accommodate participants' disabilities. Participants themselves most often did not want their employers to know about their disabilities, and preferred to find jobs they could do without having to disclose their conditions.

By about midway through the demonstration's five years, two of the CMHCs had assigned a staff person with employment development experience (another evidence-based practice) as a jobs specialist who, in addition to running groups, supervising work experience, and doing one-on-one jobs counseling with LA's HOPE clients, established cooperative relationships with at least one of the two workforce development centers assigned to their CMHC. The third CMHC believed that its orientation to encouraging work for all its clients did not require any changes to accommodate LA's HOPE clients. Goodwill case managers also did one-on-one counseling, provided transportation for housing and job search, and helped clients use the workforce development centers when appropriate.

Workforce development centers offer two levels of service. The first level, available to anyone who walks in, includes job search through the centers' computerized job listings, computer access and assistance for resume and letter writing, and similar self-directed activities. About 75 to 80 percent of people going to these centers use only this level, as did some LA's HOPE clients, usually with the help of LA's HOPE or CMHC staff. Most LA's HOPE clients who got jobs, however, found them through the newspapers, signs in windows, or word of mouth and not through workforce development center resources. The second level of service at workforce development centers involves actual enrollment, and can offer, as needed, counseling, job matching, skills development classes (e.g., data entry, word processing), work clothes and sometimes tools, and post-employment supports. These resources can make the difference between a client getting and keeping work or not, but in the case of LA's HOPE the Goodwill case managers could offer clients these same supports using demonstration funds, so the second level of assistance through workforce development centers was rarely needed.

Workforce development centers need clients who are ready to work, can be on time and appropriately dressed, can get along with co-workers and supervisors, and similar characteristics. While willing and in some cases required to work with people with disabilities, staff at these centers felt that agencies serving populations with disabilities such as CMHCs needed to help their clients move to the level of work readiness that the workforce development centers can handle. Goodwill, CMHC, and workforce center staff who negotiated these roles were most successful in helping their clients access workforce development center resources. Workforce development centers in Los Angeles agencies with a community development orientation, both nonprofit and for-profit, were more interested in helping and became more involved with LA's HOPE clients than those without this orientation, both nonprofit and for-profit.