

The Boston Private Industry Council

HomeWork Year Two Evaluation Report

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The study described in this report was conducted by Commonwealth Corporation evaluators. The interpretation and implications of the findings presented in this report reflect the view of the evaluators and do not necessarily represent official opinion or policy of the Boston Private Industry Council and the Commonwealth of Massachusetts.

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HOMWORK YEAR TWO EVALUATION REPORT: EXECUTIVE SUMMARY

Background

HomeWork is a multi-agency collaborative effort to provide a framework for systems change so that coordinated and integrated employment and housing services can be provided to disabled and chronically homeless adults in the city of Boston. It is funded under a grant from the U.S. Departments of Labor and Housing and Urban Development and has been in operation since the fall of 2003. Designed to serve 40 individuals, the project provides 20 of these participants with both employment and housing services and the other 20 with employment services only.

During Year One of HomeWork, from October 2003 through September 2004, the participating partner organizations cleared the way for referrals and service coordination to begin by establishing clear eligibility criteria for participation, incorporating the criteria of the different employment, housing, and mental health systems. By the start of Year Two, the project was fully staffed and had begun to recruit participants to receive coordinated and integrated services.

This report examines the progress the project has made during Year Two (from October 1, 2004, to September 30, 2005) to implement key organizational and system changes needed to achieve coordinated, integrated and customized services. In particular, the report describes how the project partners have begun working together as a result of the HomeWork initiative, and it examines the extent to which this heightened level of cross-program cooperation has led to larger changes in the way the system operates as a whole.

Year Two Implementation of HomeWork

During Year Two the attention of the project partners turned from definitional issues to issues of service coordination and delivery, including recruitment, referral, intake, and service planning. Key aspects of that implementation effort include the following:

- **Interagency coordination**, facilitated in large part by regular service coordination meetings with representation from all partner organizations. Quarterly Individual Service Plan (ISP) meetings and ad hoc meetings were also held to review issues specific to individual participants.
- **Recruitment of participants**, resulting in the enrollment of a full project capacity of 40 individuals.
- **Use of clear eligibility criteria**, including the basic criteria of chronic homelessness and disability, plus willingness to participate in employment services. Within this broad framework, the project partners modified their own eligibility criteria to accommodate HomeWork participants.

- **Referral practices**, resulting in a more reliable flow of basic information among agencies, particularly between employment and vocational partners.
- **A well-coordinated intake process**, with JobNet (the One-Stop Career Center) acting as the initial point of intake and making referrals, as appropriate, to service provider organizations in the HomeWork network. The intake and service coordination meetings also served as venues for processing intakes.
- **A case management team approach**, in which the case managers from the different agencies share information relating to participants with one another, and roles and responsibilities are more clearly delineated so that participants' needs can be addressed more effectively and efficiently.
- **Employment services**, providing a variety of program options from which participants can choose.
- **Housing services**, resulting in improved residential stability of participants.
- **Overall service coordination and problem resolution**, facilitated by the factors listed above, which has enabled participants to maintain their housing, stay engaged, and have greater success in making use of employment services.

Developments toward System Change

For purposes of this discussion, “systems change” is operationally defined as having three central features:

- Processes have been developed and implemented for multi-level interagency collaboration;
- A system-wide shared knowledge base has been developed and institutionalized; and
- A coherent organizational structure for service coordination and integration has been developed and implemented.

A number of aspects of the project are leading it in the direction of systems change as just defined. These are summarized below:

1. The project has led to the development of strong personal and institutional relationships.
2. Much progress has been made in building a shared knowledge base, giving the partners a solid understanding of each other's services and issues.
3. Channels of communication have been opened, with JobNet functioning as the hub for information sharing. Communication among partners is also more frequent and timely.
4. A clear project structure and strong partner commitment have resulted in effective service coordination. Three key practices support the HomeWork approach:

- (a) Aggressive outreach to participants, keeping them engaged in the project;
- (b) Participation of key team members, including those who have the strongest or most positive relationships with the participant; and
- (c) Facilitation by a strong project coordinator.

Issues

Several issues or problems are emerging that merit the attention of the partners so that the project can continue moving forward toward attaining its goals. Those issues include the following:

1. **The need to deepen the knowledge base within partner organizations.** The extent of multi-issue/multi-service knowledge varies among partner agencies and among staff within those agencies. Important knowledge gaps remain to be filled.
2. **The need for more communication between DMH case managers and other partners.** It would be useful for the non-DMH partners to have more information on mental health objectives and issues that may have an effect on participants' work plans and experiences.
3. **Concerns about stability and the sequencing of services:** to what extent the stability of participants—their mental status, sobriety, commitment to employment, and residential stability—should be taken into consideration when deciding upon program options and in what sequence services should be provided.
4. **Screening people out at intake.** In some cases, the lengthy paperwork required in the intake processes of certain service providers may be having the effect of screening out potential participants for a lack of skills that are not necessarily related to their employability.
5. **More opportunities for choice.** Participants may benefit from more opportunities to explore their interests during the discovery process. There is also a question of the extent to which participants play a central role in selecting among the range of options available to them.
6. **The need to keep channels of communication open beyond the early stages,** so that partners are made aware of potential problems and can prevent participants from falling through the cracks.
7. **The need to continue integrating multiple service systems,** to avoid duplication and bring services together into a more coherent whole.
9. **Challenges to future expansion and sustainability:** the problem of finding sufficient resources to maintain the current level of effort and to support the facilitative and coordinative functions needed to keep HomeWork effective.

Conclusions

The key findings of the Year Two HomeWork evaluation are listed below.

1. The partners have taken important steps in building a system for interagency communication and coordination on behalf of HomeWork participants.
2. Considerable progress has been made toward establishing a shared knowledge base regarding the multiple issues and service systems affecting HomeWork participants.
3. Service planning for participants is better coordinated for HomeWork participants.
4. The partners are increasingly aware of and attentive to the multiple mental health, substance abuse, housing, and vocational issues affecting participants.
5. The partners are willing to commit increased resources to participants who are seen as stable and committed to becoming and staying employed.
6. Participants appear to have a greater choice of options within a broad range of employment and pre-employment programs.
7. The stage is set to move forward toward larger systemic change, and the HomeWork partners have expressed their interest in continuing in that direction.
8. Some important pieces are now in place to support the future expansion and sustainability of HomeWork.

Recommendations

The recommendations listed below follow from the analysis of the project's progress to date and the ongoing challenges it faces in meeting its goals.

1. Provide further staff training to extend and deepen the shared knowledge base.
2. Develop a common understanding of the indicators of participant readiness for employment and the implications of participant stability for services.
3. Adjust required documentation and procedures to reduce redundancies across agencies and assure that relevant information is being incorporated into participants' service plans.
4. Assure that options are being made available and tailored to individual participants, based on their interests and needs, at each stage of employment services, from discovery through long-term job retention,
5. Share more information at referral and intake about mental health and substance abuse issues.
6. Encourage partners to modify intake processes that screen out applicants for reasons unrelated to their suitability for services.

7. At Individual Service Planning meetings, identify and document ways in which each program can help participants attain multi-issue goals.
8. Broaden the HomeWork team (to include, for example, representatives from the Massachusetts Rehabilitation Commission and other relevant organizations).
9. Develop consistent terminology (to avoid confusion among participating agencies).
10. Move toward further integration of services (e.g, co-locating staff at each other's agencies, joint programming for participants, joint staff training, joint advocacy for funding).

I. INTRODUCTION

This report presents the findings from an evaluative study of the Boston HomeWork project during its second year of operation, from October 1, 2004, to September 30, 2005. This introductory section provides a brief overview of the project, the context in which it was developed, and its accomplishments during its first year of operation.

HomeWork is one of five projects funded in 2003 under the “Ending Homelessness through Employment and Housing” program of the U.S. Departments of Labor (DOL) and Housing and Urban Development (HUD).¹ The overall aim of that program is to establish and institutionalize coordinated and integrated services and customized employment services for chronically homeless individuals with disabilities. Its primary goals² are to:

- Foster multi-program and cross-agency coordination,
- Increase the number and variety of employment strategies and options made for the disabled chronically homeless,
- Build a structure for these changes to assure sustainability of systems change,
- Provide services to disabled chronically homeless individuals so that they can live independently and self-sufficiently, and
- Develop the infrastructure of one-stop career centers to support more comprehensively chronically homeless people with disabilities.

In line with these overall goals, HomeWork is an effort to provide a framework for systems change so that integrated employment and housing services can be provided to chronically homeless disabled adults in Boston. Historically, the services available to meet the needs of this population—housing, employment, substance abuse treatment, disability counseling and rehabilitation—have been fragmented. Coordination and communication among service providers have been minimal. The fragmentation of services often results in new barriers to housing and employment independence and stability by making it more difficult to gain access to needed services or resources. It can also result in disjointed service planning and even interventions that work against one another.

To address this problem, the HomeWork project aims to establish multi-level, multi-agency coordination of employment assistance, housing resources and support, substance abuse counseling, mental health services, and other disability-related services. The project is an effort to overcome the problems of fragmentation by assuring streamlined access to a comprehensive network of supports and addressing multiple needs in a manner that is tailored to each participant. An important aspect of the HomeWork approach is to provide these services, especially housing and employment, at the beginning or very early in the service delivery process.

¹ In addition to Boston, the other grantee cities are Los Angeles, San Francisco, Indianapolis, and Portland, Oregon. For more information on the federal effort see the website of the Office of Disability Employment Policy (ODEP) at <http://www.dol.gov/odep/programs/homeless.htm>.

² The goals are stated in the grant announcement (Federal Register, July 18, 2003, Part II).

The defining elements of service integration emphasized in the HomeWork proposal include:

- Cross-program coordination of services—agencies work together to support participant goals and address resource and support needs;
- Cross-agency linkage of services, creating a comprehensive service network;
- A single point of access for services and unified service planning; and
- Access to a broad network of services to meet the full range of participant needs, goals, and choices related to employment and housing.

The basic premise of the HomeWork approach is that building stronger interagency communication and establishing a common knowledge base will enable the participating organizations to implement key changes in how they work together and become more effective in helping chronically homeless disabled individuals to move towards achieving their housing and employment goals.

During its first implementation year, ending on September 30, 2004, the project made significant progress in addressing policy and procedural issues. These issues, primarily eligibility criteria and processes for referral and intake, were obstacles to processing intakes and moving HomeWork participants through the system. They are described in detail in the Year One evaluation report.³ By the start of Year Two, the HomeWork project had:

- Fully staffed the project;
- Established clear eligibility criteria for participation, incorporating the criteria of the different employment, housing, and mental health systems; and
- Cleared the way for referral and service coordination.

As of the start of Year Two, the project partners agreed that, for the most part, there was clarity and consensus concerning these policies and procedures.

II. THE YEAR TWO HOMEWORK EVALUATION

This report examines the progress the HomeWork project has made, as of September 30, 2005, toward implementing key organizational and system changes needed to achieve coordinated, integrated and customized services. In particular, the report describes how the project partners have begun working together as a result of the HomeWork initiative, and it examines the extent to which this heightened level of cross-program cooperation has led to larger changes in the way the system operates as a whole.

To collect the data for this report, the Commonwealth Corporation evaluators attended service coordination meetings and reviewed the notes from those meetings. They also interviewed staff from nine organizations participating in HomeWork. The interviews were guided by the following research questions.

³ L. Bozzi and S. Schwartz, "Report on the Baseline and Year One Progress of HomeWork." Commonwealth Corporation, October 2004.

1. How are partner agencies sharing information and working with each other?

- What changes have taken place in interagency policies, procedures, and collaborative planning?
- Are these changes perceived by partners to be effective in improving their own policies, procedures, and outcomes?
- How has interagency service coordination changed? How are multiple issues and service needs affecting employment and residential services? How are they addressed in the process?
- Are agency staff, at all levels, getting relevant information concerning housing, employment, mental health, substance abuse, benefits, and medical issues that affect employment and housing? How has this changed?
- Are the above changes in service coordination and information sharing reflected in integrated services, as evidenced in changing service practices and staff roles?
- What barriers impede multi-level systems coordination?
- Which aspects of the HomeWork project are most effective in supporting improved service delivery and positive changes in participants' housing, employment experiences, and health?
- To what extent has a shared knowledge base been developed that reflects an understanding of the multiple issues underlying progress toward independent work and living? To what extent does this knowledge base reflect an understanding of how the different service systems work?

2. To what extent have these changes led to new practices in dealing with HomeWork participants in the following areas?

- *Recruitment practices*, including processes for initial recruitment and information that has been gathered and then shared at referral;
- *Eligibility*, including who was and was not accepted;
- *Application and intake process*;
- *Case management practices*;
- *Individual work planning*, including sequence of services;
- *Employment service practices*, including job choice, adaptation, and supports;
- *Housing service practices*;
- *Integration of services across programs*;
- *Planning for long term support services*;
- *Referrals and linkages*;

To answer these questions, the evaluators conducted interviews with HomeWork project coordinators and staff from the agencies and organizations listed below in Table 1.

Table 1: Organizations Interviewed for Year Two Evaluation

Agency/Organization	Type of Services Provided
Boston Private Industry Council (PIC)	Employment support
Career Advancement Resources, Bay Cove Human Services (CAR)	Employment support
Community Work Services (CWS)	Employment support
JobNet One-Stop Career Center (JN)	Employment support
Justice Resource Institute, Housing Options Program (JRI-HOP)	Housing support
Massachusetts Department of Mental Health (DMH)	Disability counseling and rehabilitation
Metropolitan Boston Housing Partnership (MBHP)	Housing and subsidies
New England Shelter for Homeless Veterans (NESHV)	Employment support
Project Place (PP)	Employment support

The remaining sections of this report present some additional basic information about the project, including staffing, project partners, and a profile of the population being served, and then present the answers to the research questions, the evaluators’ conclusions, and recommendations for future steps that may be taken by the project partners to achieve their goals more fully.

III. YEAR TWO STAFFING AND PROJECT PARTNERS

This part of the report provides a brief description of the project staff and participating partners.

Staffing

HomeWork continues to be fully staffed. The positions for HomeWork Project Manager, at the Boston Private Industry Council (PIC), and the HomeWork Employment Coordinator, at JobNet, were filled near the end of Year One and remain filled. The housing coordinator function is now split between the two primary housing support agencies, Action for Boston Community Development (ABCD) and Justice Resource Institute (JRI). Each housing agency provides coordination and support services to its own pool of HomeWork participants.

Current HomeWork Partners

The participating partners have remained stable since year one. Those partners are:

❖ Housing partners

- *Housing and subsidies*
 - Department of Neighborhood Development, City of Boston (DND)
 - Metropolitan Boston Housing Partnership (MBHP)
 - Massachusetts Department of Mental Health (DMH)
- *Support for clients in housing*
 - Justice Resource Institute, Housing Options Program (JRI HOP)
 - Action for Boston Community Development (ABCD)

- ❖ **Employment support partners**
 - Boston Private Industry Council (PIC)
 - Career Advancement Resources, Bay Cove Human Services (CAR)
 - Community Work Services (CWS)
 - JobNet, One-Stop Career Center (JN)
 - New England Shelter for Homeless Veterans (NESHV)
 - Project Place (PP)
- ❖ **Disability counseling and rehabilitation partners**
 - Massachusetts Department of Mental Health (DMH)
 - Victory Programs (VP)
- ❖ **Project evaluation**
 - Commonwealth Corporation (CommCorp)

IV. BASELINE PROFILE OF THE POPULATION SERVED

As of the end of Year Two (September 30, 2005), the participants in HomeWork were primarily male (83%) and non-Hispanic white (58%). A third of the participants (14 of 40) were African American, and less than ten percent (3 of the 40) were of Hispanic origin. As shown in Figure 1, below, half the participants were age 46 or older, and the great majority (80%) were older than 35.

The educational background of the participants is presented in Figure 2. As shown in that chart, 75 percent of the total (30 of 40) had earned at least a high school diploma or a GED. One person had a bachelor's degree, one had an associate's degree, eleven (28%) had attended some college but did not receive a degree, and seventeen (43%) had completed their education with a high school diploma or GED. Thus, only a minority (25%) of the participants had less than a high school diploma or its equivalent.

It is also worthy of note that a significant minority of the participants—13 of the 40 (or 33%)—were veterans, and that the vast majority—36 of 40 (90%)—were receiving either SSI or SSDI during the previous fiscal year.

As of the date of this report, the project had not yet compiled individual-level data on a number of potentially significant factors, such as the nature of the participants' disabilities. Data on the latter question, for example, was confined to the single designation "psychiatric [disability] or severe emotional disturbance." It would be useful in the future to have more specific data, such as the number of participants suffering from substance abuse, physical disabilities of various kinds, and learning disabilities. Also of interest would be information on employment and housing history, legal history, and other disability-related information (such as relapses suffered during the time of participation) that might affect participants' ability to benefit from HomeWork services. The evaluators look forward to being able to examine these kinds of data in future reports.

Figure 1: Age of HomeWork Participants

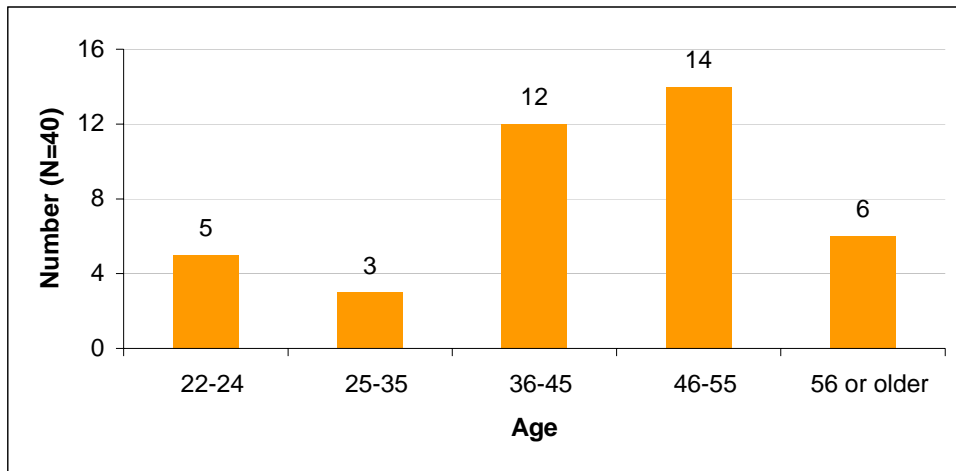
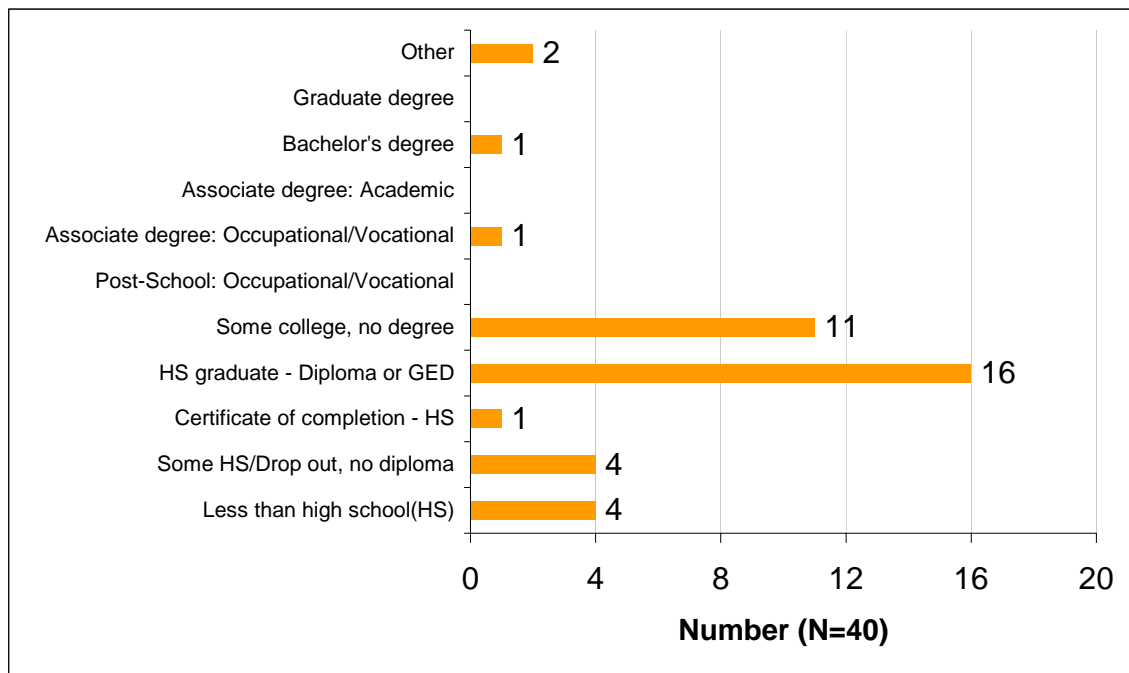


Figure 2: Educational Backgrounds of HomeWork Participants



V. YEAR TWO IMPLEMENTATION OF HOMEWORK

The specific policy and procedural objective of HomeWork during Year Two was to implement coordinated processes and procedures for referral and intake, service planning, service linkage, and service intervention. This was to include implementation of a case management team approach, in which representatives from the participating organizations would meet periodically to facilitate integration and linkages between housing and employment services.

In this portion of the report, we examine the implementation of organizational changes that have occurred as a result of the HomeWork project. We look at changes in policies, procedures, and services in terms of consensus among partners, consistency of practice, and impact on those served.

In general terms, it can be said that in Year Two HomeWork has moved *from definition to implementation*. As participants moved into and utilized the network of HomeWork services, the attention of the project partners turned from definitional issues to issues of service coordination and delivery, including recruitment, referral, intake, and service planning. We examine below the different aspects of that implementation effort.

A. Interagency Coordination

One of the key processes for systems change in the HomeWork project is building a strong framework for interagency coordination through regular meetings attended by representatives of the participating organizations. The purpose of these meetings is to assure that interagency linkages occur, participants' multi-issue needs are addressed, and services are integrated.

Based upon CommCorp participation at these meetings, a review of meeting notes, and interviews with agency staff, it can be stated that the meetings have generally served their intended purpose. The HomeWork partners met weekly for intake meetings throughout most of Year Two in order to continue moving participants into services. Toward the end of Year Two, as HomeWork enrollment neared full capacity and less time was required for intake, the function of the intake meetings began to shift. They became, instead, "service coordination" meetings. Other kinds of meetings, too, including meetings to discuss Individual Service Plans (ISPs) and ad hoc case coordinator meetings, were organized to discuss coordination issues specific to individual participants. Thus, by the end of Year Two, three regular kinds of meetings were being held:

- Intake meetings, now known as Service Coordination meetings;
- Individual Service Plan (ISP) meetings – quarterly planning meetings, attended by the participant and by primary HomeWork partners and non-partners involved with participant;
- Ad hoc problem-solving meetings, as needed, specific to individual participants that are attended by the participant and by the primary HomeWork partners and non-partner case coordinators.

These meetings are unique to this project and for this population because they allow for the discussion of residential, employment, and, as appropriate, mental health and substance abuse services in a single forum. The partners agree that this is the first time they have had an opportunity to deal so comprehensively with the wider range of services needed by participants and to form regular professional ties with staff from other agencies serving the same population. For several partners, this is the first time they have worked closely with the providers of substance abuse services.

B. Recruitment Practices

During Year One of the project much effort was expended by the partner organizations at reaching agreement upon eligibility criteria and the process by which participants would be recruited into the program. Those agreements were in place by the start of Year Two, and it then became possible for the partners to turn their attention to recruitment. By the end of the project year, full capacity had been reached. Forty participants were enrolled, 20 of whom were receiving both housing and employment services and 20 who were receiving employment services only. For most participants, the initial points of contact with the project were through the DMH Homeless Outreach Team and the DMH case managers. In some cases, however, participants were referred to HomeWork directly from the existing client pools of two employment partners, and those individuals then continued to receive services from those two organizations.

As stated in the HomeWork project implementation plan, fifteen DMH clients and five ABCD clients were offered Shelter Plus Care housing vouchers at the onset of recruitment.⁴ ABCD was also available to assist all other participants in gaining access to housing by providing support services. It is important to emphasize, however, that all HomeWork participants are required to sign an agreement to participate in employment services, regardless of whether they receive housing assistance or not.

With regard to the characteristics of the recruited participants, the question has been raised whether they are similar or in some way different from the clients who were being served by the partner organizations before the project began. It would appear that the answer to this question varies somewhat from one organization to the next. The HomeWork participants served by the public housing partner, for example, are not significantly different from other clients who were homeless at the point of intake. Those who were recruited outside of DMH have tended to be more disengaged from services at the time they were recruited into the program. They also tended to be more disengaged from services than the homeless individuals more commonly served by those organizations.

◆ *Emerging Issue: Are all participants really committed to employment?*

Some HomeWork partners said that the availability of the housing voucher was often the driving force behind the DMH case manager's decision as well as the DMH client's decision to sign on to the HomeWork program. In those cases, the employment component was a secondary

⁴ Shelter Plus Care provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program.

consideration. Other partners, however, said that the DMH case managers were targeting people who were motivated to work and were likely to succeed in employment. Further study is needed to discover whether and to what extent employment is a true motivating factor for the participants in the program.

C. Eligibility Criteria

Eligibility criteria are now clear to all HomeWork partners. As reported in the Year One evaluation, much time was spent clarifying each agency's criteria and incorporating them into a clear, single set of criteria for the HomeWork project overall. The partners are now in agreement regarding the process for determining eligibility.

Besides meeting the basic criteria of chronic homelessness and disability, willingness to participate in employment services is understood by all partners to be a basic criterion for entrance to the program. Within this broad framework, the project partners have modified their own eligibility criteria to accommodate HomeWork participants. Two employment partners, for example, have modified their rules related to "readiness" for engaging in employment, and one employment partner stated that, prior to becoming involved in HomeWork, that organization would have screened out many of the participants. Another partner stated that they have modified their sobriety criteria for HomeWork participants.

- ◆ *Emerging Issue: Underlying questions of "stability" and "readiness" and their relation to eligibility and the sequencing of services.*

The partners are grappling with how best to provide services to a population of people who demonstrate periodic instability and are affected by a variety of factors that may undermine their motivation to work. This issue raises questions about the current standards for eligibility and the sequence in which services should be provided.

Some employment partners are now working with clients whom they previously would have rejected for employment services either because of their relative lack of interest in working or because they have not demonstrated sufficient mental health or substance abuse stability. These partners are willing to work with these participants because of the augmented services that are given to HomeWork participants, including back-up from the full team, availability of more intensive services, and treatment for mental health or substance abuse issues.

At the same time, however, some of the partners have argued that "stability" or "readiness" should be given more consideration when determining eligibility for HomeWork and for deciding when a participant is ready to engage in employment services. Concerns have been raised, for example, about such cases as the following:

- People who are not taking their medications and not engaging in treatment;
- People who find it difficult to make the transition to both housing and employment at the same time; and
- Participants who agree to engage in employment services in order to receive a housing voucher but are not fully committed to employment.

These sorts of issues raise questions for some partners as to whether the HomeWork model is appropriate in such cases. They are taking a wait-and-see approach until the outcomes are more clear. Others argue that participating in HomeWork motivates people to take advantage of treatment and other services that can have a stabilizing and rehabilitative effect on their mental status and substance abuse problems.

D. Referral Practices

Processes for referral to HomeWork and to the different partner organizations are clear to all concerned and appear to be operating smoothly. The information on the HomeWork referral form includes brief statements on the functional impact of the person's disability, residential, financial and legal status, and a brief employment history. For the most part, the flow of basic information, particularly between employment and vocational partners, is more reliable than it has been prior to HomeWork. This information is also communicated verbally at the Intake/Service Coordination meetings, where each referral is discussed individually.

◆ *Emerging issue: Information sharing among the partners.*

While the basic kinds of information described above are being communicated well among the partners, it does not appear that they are routinely sharing information on participants' mental health objectives or information that is pertinent to managing cycles of substance abuse relapse or mental health decline. Three HomeWork partners specifically stated that they would like to have more of those kinds of information from DMH case managers at referral, particularly information on participants' mental health objectives. Another partner disagreed, saying it is better to collect such information during the regular service coordination meetings.

E. Intake Process

The intake process appears to be well-coordinated among the partners. There are three components to this process:

- (1) The JobNet employment coordinator meets with participants and makes referrals to service providers.

The primary function of the JobNet intake process is to explain the services available through HomeWork and to help participants identify a program choice, service needs, and, on occasion, a job preference. The JobNet coordinator completes a questionnaire based on a discussion with the participants about their employment history, interests, skills, strengths, and barriers. Participants also discuss their employment dreams and goals and talk about what they would like or need in a job. Occasionally, a participant will be given the opportunity to tour one or more of the programs, and this experience can serve as the basis for making a choice.

- (2) The service providers carry out their own intake processes with the participants referred to them.

Each program has its own intake process, which varies according to program services and general approach. This variety is intentional and is accepted within the framework of the HomeWork model. The intake process used by one employment service partner, for example, is relatively brief, consisting mostly of an appraisal of the participant's interests and need for support services. Another's is more extensive, requiring the participant to complete a job history and an essay. Yet another includes a tour of the facility, a "meet and greet" activity to introduce participants to the different training options, and an hour and a half of paperwork—a process, this partner states, which screens out some potential participants.

(3) The intake and service coordination meetings are also a venue for processing intakes into program.

At these meetings, the representatives from the different agencies jointly discuss participant information and clarify their respective roles vis-à-vis each participant. This phase of the intake process is discussed in the following section.

F. Interagency Intake/Service Coordination Meetings

At the Intake/Service Coordination meetings, the HomeWork partners collaboratively process referrals and intakes, track participants' movement into services, and discuss problems that arise. Policy and procedural issues are also addressed in the context of individual cases. Inter-agency cross-training sessions have also taken place during these meetings.

The intake meetings involve both direct line staff and management staff, thus enhancing the project's capacity to identify and address policy issues, resource gaps, and other problems. For example, partners have discussed and adapted their "release" (discharge) criteria when dealing with participants who have suffered relapses. In one case, this resulted in the team making arrangements to keep a participant housed and engaged through other partner services when it became clear that the veteran's program with which he had been involved was about to release him. In another situation, the employment service provider modified its criteria somewhat because of its commitment to the goal of keeping participants engaged and because of the wider access to resources available through HomeWork,

G. HomeWork Individual Service Plan (ISP) and Ad Hoc Case Coordinator Meetings

Quarterly Individual Service Planning (ISP) meetings are held for each participant. The purpose of these meetings is to:

- Bring all parties to the table, including participants;
- Address the participants' support needs as they move toward their goals;
- Monitor, adjust, and clarify roles and responsibilities; and
- Document and coordinate the written service plan(s), including any plans the participant may already have with partners.

In addition to the routinely scheduled quarterly meetings, partners can—and do—call ad hoc problem-solving meetings as the need arises. At these meetings, partner case coordinators meet

with participants to address pressing issues or needs. It is optional for participants to attend these meetings, but they usually do. Some people expressed concern that the process can be overwhelming for participants, but others said that attending the meetings bolsters their sense of ownership of the process. The HomeWork employment coordinator adapts the meetings to meet the needs of individual participants, striving to assure that they are clear about the process, including the written ISP plan.

The HomeWork employment coordinator manages the meetings. She manages documentation of the plans, keeps records, reviews progress, consults regularly with providers to stay up to date with the ISP, and follows through with all parties on any plans that are made. Most of the partners interviewed commented that the management of this process by a highly involved coordinator has been key to its effectiveness.

By all reports, the meetings have been well attended by primary parties, including participants' primary coordinators from mental health agencies (Department of Mental Health or Community Rehabilitation Services), housing, employment, veteran, and substance abuse programs. The HomeWork partners expressed unanimous appreciation of these meetings as a highly effective means of working together to help participants address problems. Some partners say that the meetings are unique in their experience. Others (the two partners who historically work closely with DMH) see the meetings as a broadening and efficient systemization of similar team processes. There appears to be a high level of commitment among partners to this process.

H. Case Management Practices

One of the stated objectives of the HomeWork project is to create a unified case management process through a case management team approach.

HomeWork participants continue to have case managers for each program they are involved in (e.g., a DMH or substance abuse agency case manager, an employment agency case manager, a residential service manager, etc.). These case managers continue to perform the same roles as before the project began, but more information is shared and roles and responsibilities are more clearly delineated so that participants' needs can be addressed more effectively and efficiently. Further, by acting as a hub and conduit of information, HomeWork has synchronized service planning and service delivery among these different case managers. The HomeWork ISP process and the HomeWork ad hoc meetings, facilitated in large part by the HomeWork employment coordinator, are the venues for case management coordination.

As stated in the HomeWork proposal, an important part of the project is "to directly link housing and employment services so that participants interact with employment counselors who know how to address an individual's housing needs, and vice versa." Based upon what was learned from the interviews, it appears that this is beginning to happen. The following examples were given:

- DMH case managers are beginning to talk more to HomeWork participants about job history and resumes, and they have begun to counsel them on the various benefits for which they are eligible.

- The case managers at one of the employment organizations have begun reinforcing the “safety tactics” that participants are working on through their substance abuse treatment programs.
- In some cases, staff from partner organizations have met with participants in their homes and even in jail. One participant, for example, was on a downward cycle and was asked to leave housing, but the HomeWork case management team worked together to place him in a shelter while he was waiting for a substance abuse treatment bed. In the meantime, he began re-engaging in the vocational program and chose a new site for those activities.

According to the DMH coordinator, the fact that no DMH participants have dropped out of the program for clinical reasons is a clear indication of the HomeWork team’s success in dealing with the problems participants are facing.

I. Employment Services: Job choice, placement, and long term supports.

Because of the number and variety of HomeWork partner organizations, different kinds of employment services are available to participants, thus maximizing their ability to choose among a range of employment options.

Participants usually begin their involvement in employment through the JobNet “discovery” process, in which they discuss their employment goals, interests and needs. Then, based upon their interests and program availability, they choose the option they prefer. These options include pre-employment training programs, occupational training, transitional work skill building, self-employment, community internship, enclave, and customized competitive employment experiences.⁵

Among these options, most people initially participate in some form of pre-employment training or work experience program.⁶ In some cases, these work activities provide participants with a stabilization period during which they can build work habits and confidence and, sometimes, explore specific kinds of work as an extension of the discovery process. This period is also used in some programs to further assess participant employment, modification and support needs.

For those participants who choose to go directly into customized employment, one of the HomeWork employment partners does offer assistance with individual, competitive job development and placement with supports, as needed. Two other providers also have this capacity, but participants in those programs generally are expected to participate in one of the transitional or training experiences before seeking competitive employment. The employment partners recognize the need for long-term supports, but capacities for this are unclear and will be examined further in the Year Three evaluation.

⁵ The Year Three evaluation will examine further how the choice process is being implemented.

⁶ As stated in the HomeWork proposal, “this population needs pre-employment counseling and training, to support them while they begin employment and stipends during the transition period.”

Each HomeWork employment partner has its own intake, vocational assessment and planning processes, as well as different kinds of resources and programs for job development and employment supports. The HomeWork approach has been to accept all partner services as they are, while working through the service coordination process to strengthen processes for participant choice and expand partners' knowledge about other issues that affect participants. It is expected that the capacity for customized employment will expand as participant choice becomes more of a driving force and as the knowledge base deepens.

Consistent with this approach, the actual design of the partners' employment programs—the employment experiences they offer and the processes used for employment planning—are essentially the same as they were before the HomeWork project began. There is initial evidence, however, of increasing adaptability and increasing responsiveness to the different kinds of problems participants have. There is evidence that partners are adapting their criteria for program participation. Some are trying to build more flexibility into their services and ease up, when possible, on criteria for discharge of HomeWork participants from their programs. In a few cases, the result has been to allow for more experimentation by program recipients.

One employment partner, for example, is giving HomeWork participants more latitude to experiment with different program options. Two of that program's participants have tried several different employment options, including both on-site training and competitive placement; and one of those participants is now working at Au Bon Pain, a job placement that began as an internship in order to build the participant's comfort level.

J. Housing Services

Improved communication among partners and coordinated intervention have improved residential stability for some HomeWork participants. This may be particularly true for the housed non-DMH participants, as compared to the DMH housed participants, who often would have had access to more comprehensive residential supports through JRI, even prior to the HomeWork project.

The HomeWork public housing partner reports that the project has improved the residential stability of participants. For example, some participants were able to keep their housing vouchers because of the improved income reporting that came about as a result of HomeWork's cross-agency training. Another example is the case of a participant who was placed in substance abuse treatment. Previously, that person's housing voucher might have been suspended and he would have dropped out of the agency's view. Because of the intervention of the HomeWork case management team, however, the problem was worked out with the housing agency and he was able to keep his voucher.

K. Overall Service Coordination

The processes for service coordination that have been described above have significantly increased access to information, resources and services within the HomeWork partner network.

During the project evaluation interviews, partners gave a number of examples illustrating how coordinated outreach and problem resolution enabled participants to maintain their housing, stay engaged, or have greater success in making use of employment services. Some of these examples are listed below.

- When an employment service partner alerted the HomeWork team to changes in a participant's behavior, the team facilitated his temporary placement in a shelter pending his acceptance into a substance abuse treatment program.
- The housing service partner worked with the DMH case manager to bring about a change in a participant's medication, thereby improving his capacity to work. When informed by the housing service that the participant was bored in his current employment placement, the employment service partner changed his work plan. It enrolled her in an ESL class and initiated a search for a community employment placement.
- In response to a contact from the employment service, housing support staff began working with a participant to help him get up on time for his weekend job.
- When a HomeWork participant suffered a relapse, the substance abuse service partner moved quickly to find a residential treatment placement. It would have been difficult, if not impossible, to find a bed if the team had not been informed of the problem so quickly.

VI. DEVELOPMENTS TOWARD SYSTEM CHANGE

In the light of the changes that have been described in the previous section, which developments are most critical in bringing about the desired system changes? For purposes of this discussion, "systems change" is operationally defined as having three central features:

- Processes have been developed and implemented for multi-level interagency collaboration;
- A system-wide shared knowledge base has been developed and institutionalized; and
- A coherent organizational structure for service coordination and integration has been developed and implemented.

In this section of the report, we examine those aspects of the project that are leading it in the direction of systems change as just defined.

1. The project has led to the development of strong personal and institutional relationships.

The level of service coordination achieved by HomeWork is rooted in what one partner called “the trust, respect, confidence in each other” that has come from working together across many different agencies and organizations. Most of the partners described the cohesiveness of these working relationships as new and unique to the HomeWork project.

The relationships among the HomeWork partners formed during the first year of the project when they began working together, often at their weekly meetings, to resolve the various policy and procedural issues. Through this process, they began to learn more about each other’s programs and to become more attuned to each other’s perspectives on the issues. Ongoing participation in the service coordination meetings continues to build the working relationships among the partners. These meetings involve a great deal of information sharing and collaboration.

By playing a mediator and facilitator role, the HomeWork project manager was instrumental in helping the partners overcome perceived barriers (e.g., perceptions of DMH regulations for confidentiality), thus strengthening the institutional relationships. Several of the HomeWork partners mentioned this.

One additional factor that may have played a role in this respect was the fact that there was no expectation that the different partners’ programs would be changed as a precondition to participation. This fact may have been helpful in making the partners more open to a systems change, as opposed to organizational change, process.

2. Much progress has been made in building a shared knowledge base.

The partners now have solid knowledge of each others’ services and issues. They are in agreement about the value of working together to support participants’ efforts towards work and independent living.

Among partner staff who are directly involved with the project, primarily management staff and program coordinators, there is now a solid understanding of each others’ services, including eligibility and referral mechanisms, release criteria, reporting requirements and programs. They attribute this to their participation in Service Coordination meetings and to cross-training among HomeWork partners. Each partner was given one-half hour at an intake meeting to provide essential information about the organization, its policies and procedures, to the other team members. This cross-training was important, as one person put it, “in creating a unit with a common goal.”

Several partners, particularly those who had not worked intensely with DMH clients before, said that they now have a broader understanding of the needs of this population and how to work with them. Before HomeWork, they said, they were more “compartmentalized” and focused only on their own “silo” of services. Now, as they work with participants, they are more attuned to such issues as medication side effects, benefits, and behavioral indicators of relapse. (One employment partner said that, with non-HomeWork clients she does not “think in parallel” and doesn’t get involved in housing at all.)

This broader knowledge appears to have led to a growing belief in the ability of participants to work when intensive and flexible supports are available. For example, one housing resources partner stated that he was more optimistic about what people can achieve and about the extent to which added resources and supports can make a difference.

Several partners noted that they have or observe in other partners a greater willingness to work with people who don't fit their traditional criteria, who may have been previously rejected from services, for example, due to lack of stability or sobriety over a period of time.

It appears that this greater knowledge is being shared with line staff as well, probably as a result of their participation in ISP meetings, ad hoc meetings, and other kinds of contact with different HomeWork partners. This seems to be happening for DMH case managers, who, prior to HomeWork, had usually not been concerned with employment services past the point of referral. Now they are more involved in benefits planning (around SSI/SSDI incentives), they attend ISP and ad hoc problem solving meetings, and they are in greater communication with some of the partners. One case manager talked to a local cleaner about a job placement. The DMH HomeWork coordinator cites this as an example of a small event that can have a ripple effect on other staff's interest and enthusiasm.

3. Channels of communication have been opened.

The HomeWork coordination process has opened channels of communication among the partners, with JobNet functioning as the hub for information sharing. Communication among partners is also more frequent and timely.

A simple, but significant, factor that has improved communication is that the partners know which agencies HomeWork participants are involved with. With non-HomeWork clients, the lack of such basic information often creates a barrier to communication with clinicians.

Improved communication among front-line staff has become evident. The most frequently cited example is of staff contacting other partners when they observe changes in a participant's behavior that may be problematic. As a result, partners are able to act more quickly to resolve those problems. As one person put it, there are now "more witnesses and less disruption" due to relapses and mental health cycles. Another example, which illustrates the value of simple communication, is that HomeWork partners are now reporting income changes to housing program representatives, enabling partners to keep their vouchers as a result.

4. A clear project structure and strong partner commitment have resulted in effective service coordination.

The project has been effective in facilitating service coordination among the vocational, housing, mental health, and substance abuse partners working with participants.

The HomeWork partners identified the following reasons for the effectiveness of the project's service coordination processes:

- All primary services—housing, employment, mental health, and substance abuse—are discussed in a common forum (the service planning and coordination meetings), which covers the wide range of issues pertaining to each participant and produces a clear plan of action to resolve each of those issues.
- The partners respond as a team to participant problems. When necessary, they go together to meet with participants to help them deal with specific problems.
- Participants have multiple points of contact with the project. This allows fluidity in relationships. If one relationship “sours,” the participant still remains connected and does not drop out of the project.
- Team members respond directly to one another. Each agency has a point of contact who responds to project-related concerns and makes resources available on a priority basis.
- Regularly scheduled meetings provide a clear structure for participation and continuous discussion of issues as they arise.
- A strong central coordinator (JobNet) manages the team process, organizes regular meetings and planning, and follows up with the parties involved

In sum, there are three key practices, unique to HomeWork, which support the effectiveness of the HomeWork approach:

- (1) Aggressive outreach to participants, keeping them engaged in the project;
- (2) Participation of key team members, including those who have the strongest or most positive relationships with the participant; and
- (3) Facilitation by a strong project coordinator.

Within this structure, the partners are strongly committed to working together to address problems as they arise for each participant. This system of prioritized and coordinated services has made it possible for HomeWork to serve the target population more responsively and intensively than has been the case in the past.

VII. ISSUES

What issues or problems are emerging that may impede systemic change or improved outcomes? Some of these issues have been touched upon earlier in this report, and this portion of the report considers them in greater detail.

1. The need to deepen the knowledge base within partner organizations.

The extent of multi-issue/multi-service knowledge varies among partner agencies and among staff within those agencies. Important knowledge gaps remain to be filled. This problem is exacerbated by staff turnover and insufficient staff training.

It is important to ensure that knowledge of collateral services and of the multiple issues facing participants reaches direct line staff in each of the employment, housing, and disability-related agencies. Staff should know how to recognize problem signs in each of these areas, reinforce participants' goals and objectives in each area, and fulfill their responsibilities for sharing information with others.

In two of the participating employment organizations, staff turnover is a significant barrier to maintaining a firm knowledge base among staff. It is notable that staff turnover is low at the DMH residential support service organization and that staff at that organization tend to be relatively well informed about mental health and vocational issues. Similarly, knowledge of vocational services and issues has increased among the DMH case managers who have worked with HomeWork participants. The size of DMH, however, is a barrier to institutionalizing these shifts, since the number of case managers working with HomeWork is quite small. According to the DMH HomeWork coordinator, training for case managers on rehabilitation principles is critical for any systemic shift to happen, and, currently, such training is minimal.

2. The need for more communication between DMH case managers and other partners.

Based on what was learned from the interviews, it appears that the DMH case managers and CRS staff usually do not take the initiative to inform the other partners about medications, hospitalizations, or destabilizations that could affect employment. Two of the HomeWork employment partners stated that it would be useful to have more information on mental health objectives and issues that may have an effect on participants' work plans and experiences.

It is unclear whether this lack of communication is due to a continued perception on the part of some DMH case managers that confidentiality policies prohibit communication (a problem that HomeWork and DMH have addressed with the release of information forms) or whether it reflects more systemic issues, such as low prioritization of these issues, high caseloads, and turnover. In any case, communication barriers persist, and the partners need to work together to address them.

It should be noted, in this context, that one of the employment providers prefers, when possible, to get information directly from the participants themselves rather than the case managers. Indeed, participants are often the best source of knowledge concerning their own relapse triggers, coping strategies, and support needs. The evaluation interviews did not probe the extent to which such information is being gathered verbally from participants, and this issue should be explored further in the Year Three evaluation of HomeWork.

3. Concerns about stability and the sequencing of services.

As the partners gain more experience with HomeWork, they seem to be growing more confident about the ability of many participants to work when given intensive and flexible supports. Some partners, however, have questioned whether some participants are stable, motivated and committed enough to be ready to work. They point out that, perhaps, the stability of participants—their mental status, sobriety, and residential stability—should also be taken into consideration when deciding upon program options and in what sequence services should be provided. Because one of the central purposes of HomeWork is to engage participants simultaneously in both housing and employment, and because participants typically go through cycles of stability and instability, this is a central question that has many implications for program eligibility and program design.

This issue is emerging as the project matures, because, as participants become more involved in employment services, their disability-related barriers are becoming more evident. While not a critical concern at this point—even the more skeptical partners are willing to continue providing services to participants whose stability or motivation may be in question—there is a potential for it to become a major issue in the future. It is important that the partners begin discussing the issue together and agree upon ways to adapt services to meet the needs of some of project’s most challenging participants.

4. Screening people out at intake.

It appears that the lengthy paperwork required in the intake processes by two HomeWork employment partners, as described earlier in this report, may be having the effect of screening out potential participants for a lack of skills that are not necessarily related to their employability. If this is, in fact, the case, it seems to run counter to the clearly expressed intent of the project to “pare down” intake procedures “in order to successfully recruit and engage homeless adults with mental illness and to avoid discouraging and intimidating processes that preclude actual service” (HomeWork proposal, page 12).

5. The question of choice.

While a variety of employment-related activities are available to participants within the HomeWork partner network, more opportunities are needed during the discovery process for participants to explore interests through job shadowing, transitional jobs, and other short-term employment-related experiences. Another aspect of choice has to do with the extent to which participants play a central role in selecting among the range of options available to them. This question should be examined further in the Year Three HomeWork evaluation.

6. The problem of social isolation.

One problem related to the residential service model is the social isolation of some HomeWork participants living in Shelter Plus Care units. This concern was voiced by two of the partners, one of which is the residential support agency for HomeWork’s DMH participants. According to one of the employment service partners, several participants are spending much of their time

“hanging around” the facility and are not actively engaging in the employment services that are offered. This raises the question of whether additional services (e.g., a job support club) might be needed to engage these participants in employment. It also illustrates the concern that some participants, particularly those who are receiving housing as part of their involvement in the project, are not truly committed to employment in the short term .

7. Paying attention even when the wheel does not squeak.

Most of the coordination efforts to date have focused on participants who are either in the intake/referral stage or have problems that need quick attention. Given the cyclical patterns of instability that are typical of this population, it is important for team members to remain in communication with one another beyond these early stages. Staying up-to-date on the progress of all participants can help assure that no one falls through the cracks over the long run and alert the team to any early signs of downward cycles. The process could be as simple as distributing an updated status data sheet at every Service Coordination meeting.

8. “Information exchange” vs. “system change.”

The changes in service coordination described above indicate that progress has been made in building interagency communication and access to each other’s resources. One can see evidence that the partners are becoming increasingly involved in each other’s issue areas, primarily by alerting one another and working together to address problems.

For several partners, the HomeWork service coordination process is an expansion of a process that was already in place, particularly with DMH case management, rather than a larger systemic change. The difference has been a broadening of the partnership to include employment, residential and substance abuse services—an important change from previous practice and an important step in changing the way the system works as a whole.

One partner, while noting that the programs are becoming more flexible in dealing with eligibility criteria and participants’ cycles of stability and instability, described the HomeWork project as “tweaking programs incrementally”— a process of “systems exchange” (meaning that the main focus is on information sharing and coordination across service delivery systems) rather than “system change,” in which the different programs are integrated under a more coherent system. The point is that, while staff from the different partner organizations are working much more closely together, the participants still have several different case managers, several ISP’s, and different places they must go for meetings and support services. Based upon its accomplishments to date, it seems that the stage is now set for the project to deal with the challenge of integrating this continuing multiplicity of service systems.

9. Barriers to future expansion and sustainability.

Under current conditions, partner agencies are receiving funding from the HomeWork grant to provide direct services and to participate in the various coordinative activities. Given the fact that HomeWork participants receive a larger share of agency resources, paid for under the grant, than other clients, it is questionable whether such a labor-intensive program can be sustained in the

future without a further infusion of resources. Another challenge for the future will be having sufficient resources to support the facilitative and coordinative functions that are currently being carried out by JobNet and the PIC. Future efforts to expand and sustain the HomeWork model must grapple with these as well as the other issues that have been discussed in this section of the report. Some approaches to addressing these issues will be suggested in the final, recommendations section of this report.

VIII. CONCLUSIONS

A number of key findings have emerged from the evaluation of HomeWork during its second year of operation, as discussed in the preceding pages. These findings are presented below.

1. The partners have taken important steps in building a system for interagency communication and coordination.

We have seen in these pages many examples of communication and coordination among the participating agencies, leading in many instances to more flexible and better informed practices to address the multifaceted problems of the project's participants. Supporting this improved communication and coordination have been two key developments:

- (a) *Strong relationships and a sense of trust* have developed among the partners, deriving from their shared experience addressing policy issues, participating in cross-training, and developing shared goals. This has resulted in a willingness to be more flexible in their own policies and programs, to step out of program silos, and to place high priority on addressing participants' needs.
- (b) The partner organizations have *greater access to one another* and have improved the *sharing of information across agencies*. This has come about through well-organized and broad-based processes for coordinating services, including bringing the primary parties into the team process. The result has been an expanded capacity to respond to the multiple needs of project participants.

2. Considerable progress has been made toward establishing a shared knowledge base regarding the multiple issues and service systems affecting HomeWork participants.

This has occurred particularly among the coordinators who represent the partner organizations at the regular Service Coordination meetings. It is unclear to what degree this information has filtered down to direct line staff, but there are some indications that a shared knowledge base is beginning to spread internally within the organizations. Partners expressed concerns about their capacity to institutionalize this knowledge due to staff turnover and the large size of some service systems.

3. Service planning for participants is better coordinated than in the past.

There is a clearly established flow to planning, The multiple steps and processes are clear to all involved, and everyone is aware of the participants' basic goals. Duplications of certain processes remain, however, such as multiple intake procedures and multiple discovery processes for participants.

4. The partners are increasingly aware of and attentive to the multiple mental health, substance abuse, housing, and vocational issues affecting participants.

Increasingly, they are responding to these different concerns by linking to and coordinating with partner services. There are also indications that some partners are beginning to augment their own services to reinforce the rehabilitation and intervention strategies of other partners with whom participants are involved. There is a need, however, to establish a broad-based understanding among direct line staff of substance abuse recovery interventions, psycho-social rehabilitation techniques (especially in the areas of employment and independent living), and systems under which these services are provided.

5. The partners are willing to commit increased resources to participants who are seen as stable and committed to becoming and staying employed.

Employment providers, for example, are demonstrating a willingness to make adaptations to their standard criteria for program participation and discharge and are more flexible in dealing with participants suffering from relapses or mental instability. Some partners, however, are concerned that some of the participants are not stable enough to engage in employment services. Further work is needed to reach a common understanding of how services can be provided to participants at different stages of readiness and stability.

6. Participants appear to have a greater choice of options within a broad range of employment and pre-employment programs.

These options include job training, transitional job placement, entrepreneurial and competitive placement options, with support, as needed. Employment service models are generally the same as they were before the HomeWork project began, but they are grounded in a better understanding of the participants' many different issues. There is a need, however, to broaden the range of options available for discovery experiences, as well as the capacity of HomeWork employment partners to provide the supports and adaptations needed for participants to obtain and retain competitive employment.

7. The stage is set to move forward toward larger systemic change, and the HomeWork partners have expressed their interest in continuing in that direction.

Having worked through the initial implementation activities and challenges, the project partners have created the foundation for developing a more integrated service delivery system. There are early indications that some staff are broadening their roles and becoming more directly involved in other issues. For example, staff at one employment service organization are increasingly talking about substance abuse issues with participants, and DMH case management staff are becoming more engaged in vocational planning than they had been prior to the project. To

provide further guidance in this direction, wider systems integration has become a subject of discussion at the regular Service Coordination meetings.

8. Some important pieces are now in place to support the future expansion and sustainability of HomeWork.

Factors supporting future expansion and sustainability include a clear framework for inter-agency coordination (ISPs, intake and referral processes, regular Service Coordination meetings), and a strong partner commitment to the project, and an expressed willingness to continue participating in multi-level coordination meetings. Still to be worked out, however, are the continuing duplication of services across agencies and the fact that HomeWork participants demand a larger share of the agencies' resources than their other clients. Ultimately, the adequacy of resources—time, staffing, and funds—is a critical issue that remains to be resolved.

IX. RECOMMENDATIONS FOR MOVING FORWARD

The recommendations in this section follow from the above analysis of the project's progress to date and the ongoing challenges it faces in meeting its goals.

1. Provide further staff training to extend and deepen the shared knowledge base.

Staff training is needed to hasten the assimilation of knowledge among direct line staff and help institutionalize the multi-issue knowledge base that informs these services. The HomeWork partners can work together to generate a cross-agency staff development plan that combines resources among partner agencies (and possibly leverages additional resources) to assure periodic in-service training for program managers and line staff. This training should cover the partners' programs and the HomeWork service coordination processes and expectations. It should enhance staff understanding of the different kinds of housing, vocational, and disability-related issues that confront participants. It should also cover different ways of working with participants and coordinating with other agencies regarding such issues as medication side-effects, benefits planning, indicators of and triggers to relapse or instability, and strategies for coping with or managing symptoms.⁷

2. Develop a common understanding of the indicators of participant readiness for employment and the implications of participant stability for services.

HomeWork service plans and programs should be adapted to the needs of participants as they go through cycles of mental health instability or substance abuse relapse, or as they experience barriers that undermine their desire to work. Some HomeWork partners have expertise in this area, and they can be helpful in training the other partners. Information on national best practices can also be collected and shared.

⁷ As of April 2006, HomeWork has initiated an integrated services training program for its partner organizations and other collateral service agencies.

In exploring these issues, attention should be given to the implications for service eligibility and the sequencing of services. Such questions as the following should be addressed:

- How can the project bolster its strategies for engaging participants in employment services, even if they appear unmotivated to participate in those services?
- Should HomeWork set a higher threshold of stability (as one partner suggested) in order to be eligible for services, or should it remain committed to its current practice of accepting anyone who meets the eligibility criteria and says he wants to work?
- When is a participant likely to benefit from working in a transitional or skill building employment activity, in terms of job readiness (developing work habits and confidence, becoming more stable), as compared to working in a competitive job, with any necessary supports and modifications?

3. Adjust required documentation and procedures to reduce redundancies across agencies and assure that relevant information is being incorporated into participants' service plans.

In order to avoid duplication of effort, certain portions of the intake process (such as employment history, “discovery” discussions, and information on the participant’s benefits status) could be assigned to specified partner organizations, and the information gathered in this way could then be passed along to the other HomeWork partners working with that participant. Under this sort of system, for example, an employment service partner engaging a participant in the discovery process would not be repeating what has already happened at JobNet. Who does what could vary with different participants’ situations, as long as the information is passed along clearly between partners at the time of referral or service planning meetings.

If the HomeWork partners were to waive some of their own intake and service planning forms in favor of a single format for all partners, with each partner completing different portions of the form, it would be much simpler to reduce the duplication of effort and to assure that information is shared. While there will always be information needed that is specific to each service, much common information is now collected by each agency separately.

4. Assure that options are being made available and tailored to individual participants, based on their interests and needs, at each stage of employment services, from discovery through long-term job retention,

To assure that each participant has the opportunity to make an informed choice among the full range of partner programs, it is important to examine further the choice process and the services made available to participants. This issue is central to HomeWork and should be a focus of the project evaluation in the coming years.

In this connection, the partners should work together to offer a broader range of brief “discovery” experiences that can help participants identify their interests and needs. Such experiences might include job shadowing, transitional employment with supports (for

community employers), and informational interviews with people who work in jobs of interest. Some partners offer some of these services now, but they should be offered more consistently as part of the broad array of employment service activities available to all participants.

The partners should also assess their capacity to provide or facilitate supports and adaptations necessary for participants to work competitively, to assure that any limitations in resources are not restricting participant options. Related staff training needs should also be taken into consideration here, as should the cost of providing such services.

Finally, the partners should develop a strategy to share the responsibility for providing ongoing monitoring and other services to support long-term job retention. Such a strategy should account for the fact that some participants will periodically need increased services, and many should have some level of ongoing contact with a support system.

5. Share more information at referral and intake about mental health and substance abuse issues.

The planning and provision of services for HomeWork participants should be informed by a knowledge of mental health and substance abuse cycles, strategies for managing such cycles, relapse triggers, stressors, medication side effects, benefit disincentives, environmental and social preferences. Mental health clinicians and residential and vocational staff familiar with the participants should work with them to identify and pass on such information to the other partners. To provide a framework for this process, intake and referral forms should be modified to include this information.

6. Encourage partners to modify intake processes that screen out applicants for reasons unrelated to their suitability for services.

Partners should review their intake procedures to make sure they are not screening out chronically disabled homeless people who are employable and interested in working. Through discussion and training, partners can learn to pare down paperwork requirements so they do not disqualify otherwise eligible applicants to the program.

7. At Individual Service Planning meetings, identify and document ways in which each program can help participants attain multi-issue goals.

ISP meetings can be an ideal venue for partner team members and participants to work together and develop ways to support one another so that the participants can achieve their goals. Strategies for maintaining sobriety can be discussed, for example, and the partners can decide upon ways to support the attainment of that goal in different work and residential settings. Employment service staff can help participants arrange their work schedules so they can attend AA meetings, and residential staff can suggest ways to socialize and relax in settings that don't involve alcohol. Similarly, residential ISPs can reinforce time management strategies for getting to work on time, and mental health ISPs can address medication side effects that interfere with work by working out alternate times to take those medications.

Partners should be encouraged to expand their ISP tools to include sections that reinforce the attainment of work, residential, social, financial, and health goals. These expanded ISP tools can provide a structure that reinforces training in psychosocial rehabilitation.

8. Broaden the HomeWork team.

As suggested by several partners, the participation by the Massachusetts Rehabilitation Commission (MRC) should be considered, since it already serves some the current HomeWork participants and has the potential to be a greater resource for others as well. Perhaps on a trial basis, an MRC representative—possibly a manager of supported employment—should be invited to participate in Service Coordination and ISP meetings.

Two of the existing partners also suggested that it might be useful to involve representatives from Community Rehabilitation Services (CRS) in the service coordination meetings, although that may be impractical because the services provided by CRS are spread out among a number of DMH-contracted providers. Some consideration should be given as well to inviting a representative of a consumer-based group, such as M-Power or the Boston University Center for Psychiatric Rehabilitation, especially to help with implementing service models that are participant-driven.

9. Develop consistent terminology.

It would be helpful to agree upon terminology that is consistent between the workforce development system and the disability rehabilitation service system. The term “supported employment” has different meanings in these two settings. Terms such as “Individual Service Plan”, “case manager”, and “team meeting” could refer to either HomeWork or DMH staff and processes, leading to possible confusion. It is recommended that HomeWork adapt some differentiating terminology, such as “HomeWork Service Plan,” “employment service coordinator,” and “residential service coordinator.”

10. Move toward further integration of services.

The project is now in a position to facilitate further integration of services. The overriding goal would be to continue pulling together these multiple services to function in as unified a fashion as possible. At this point, in order to advance further toward this goal, the partners may need to consider bolder moves that would require exchange or merging of staff roles and agency resources. Some examples include:

- Co-locating staff at each other’s agencies (e.g., basing employment service staff at a residential program to engage participants initially in “discovery” and highly supportive, transitional work experiences);
- Joint programming (for example, a joint work support–social club program);
- Encouraging staff to wear multiple hats as they explore ways to support participants (e.g., having employment staff help a participants to join an exercise club);
- Considering different funding formulas for reimbursement (e.g., residential staff taking on the function of long term job monitoring and support under a DMH contract);

- Merging any intake and service planning processes and paperwork that are common to different agencies;
- Joint staff training and support; and
- Joint advocacy for funding services for this population.

Several partners have stated that they are willing to go forward in this direction, even suggesting that this become one of the primary purposes of the Service Coordination meetings. A HomeWork retreat for all the partners could be a good time to develop a strategic plan, with specific objectives and action steps, to continue moving toward an integrated service system for Boston's disabled chronically homeless adults.