Many people with mental illnesses who are homeless want to work, and many have had jobs in the past. The work people do while homeless, such as collecting bottles or panhandling, requires its own sets of work skills, organization, and decision-making; however, these subsistence jobs are not jobs in the mainstream economy. For these individuals, it may be especially difficult to access the resources they need to connect with mainstream labor opportunities.

When people who are homeless and have a mental illness participate in rehabilitative programs, they may receive employment-related services such as job search and placement through their agency, but they are usually not connected with the mainstream Department of Labor (DOL) system, where other job seekers get help. Because of this disconnect, work - one of life’s most mainstream activities -- is sometimes contained in its own “treatment services silo.” A job-seeker who is homeless and has a disability may be seen exclusively through the lens of his or her disability, rather than recognized as one of many job seekers who, for various reasons, need support to obtain and sustain a job and to escape poverty.

There is increasing recognition from the federal government on down, as well as from consumers and their advocates, that nothing helps people to be part of the mainstream so well as getting them involved in mainstream activities. A report by the Institute for Community Inclusion captures this shift in philosophy: “What was in the past solely the province of the federal-state vocational rehabilitation (VR) system and employers (i.e., employment issues affecting people with disabilities) must now be attended to in the context of other systems, including those projects funded under the auspices of the Department of Labor (DOL)...” (Marrone and Boeltzig 2005).

Accordingly, this Work as a Priority Issues Brief offers an introduction to mainstream training and employment services offered primarily through DOL, as well as those available through other sources. If we are to help people with psychiatric disabilities transition from homelessness to self-sufficiency and community inclusion, services contained in the “treatment services contained in the “treatment silo” will not suffice. Nor will mainstream employment without support services be sufficient to overcome all of the challenges encountered by people who are homeless. Rather, both must be available through a network of care that unites a range of stakeholders and an array of funding sources to help clients claim productive lives in the community.

This discussion of the need to address employment by increasing collaborations and by blending or braiding resources is a timely one. While the Department of Housing and Urban Development (HUD) has been a primary funding source for supportive services, including employment, for people who are homeless, the agency is now focusing its efforts on housing development in order to address the crisis in the lack of available affordable housing that keeps thousands of people who want to escape homelessness literally out in the cold. Throughout the country, local Continuums of Care (CoCs) are also opting to fund housing development over services-only projects, threatening the continued existence of employment programs that are showing positive results among people who are homeless. To respond to these changes, mainstream resources like DOL need to work closely with programs for persons who are homeless to find new, creative ways to engage and support people in work. This is essential not only to address issues that result from the loss of funding, but also because helping people -- all people -- get jobs is, simply, what the...
Core Services

• Outreach and intake
• Eligibility determination
• Initial assessment
• Self-search job search and placement assistance

Intensive Services

• Case management for those seeking training services
• Comprehensive and specialized assessments
• Development of individual employment plans
• Group counseling
• Teaching short-term pre-vocational skills

Training Services

• On-the-job training
• Occupational skills training
• Adult basic education
• Skill upgrading
• Entrepreneurial training
• Customized training
• Job readiness training
• Cooperative training (e.g. with unions or trade schools)

No Wrong Door” -- or “You Can’t Get There From Here!”

When President Clinton signed the Workforce Investment Act (WIA) into law in 1998, replacing the Jobs Training Partnership Act (JTPA), the WIA created a new vision for the DOL-funded training and employment system. WIA focuses on creating locally driven One Stop Career Centers, which are established within Local Workforce Investment Areas (LIWAs) under the oversight of local workforce investment boards (WIBs). At least 51 percent of the board’s members must belong to the business community. One Stops are intended to meet the needs of all job seekers, including those with disabilities. They provide an array of services at the following levels:

- “Core” services (available at no cost to all),
- “Intensive” services (for those who cannot obtain employment using core services and who meet specific eligibility criteria, including many persons with disabilities), and
- Job training services (for those who cannot obtain employment using core services and intensive services and who meet specific eligibility criteria).

While these services may be available to them in theory, people with mental illnesses who are homeless face a significant array of barriers to employment at the personal, program, and systems level (refer to Chapter 4 in Work as a Priority, Tables 4.1, 4.2, and 4.3). Other challenges may develop as they attempt to connect to the One Stop system:

- At the personal level, lack of understanding of One Stop services, fear of entering what may be perceived as intimidating environments, and a general distrust of formalized services might make a person reluctant to enter and use a One Stop.
- At the program level, providers may be reluctant to work with One Stops because they feel “they don’t understand our clients.” Programs also may not realize how One Stops can help their clientele and what services they offer. Also, staff constraints may not allow the time it takes to understand and develop referral relationships and to accomplish the follow-through that is necessary to maintain the partnership.
- At the systems level we have a “clash of worlds.” The differing language, culture, and outcome orientation among homeless outreach workers, housing and employment providers, mental health and substance abuse treatment systems, and mainstream labor create barriers to collaboration. Each has vested interests, and unless new forums for developing understanding, shared resources, and consensus around outcomes are developed, there will be more walls that separate than bridges that join them.

One Stops themselves may not be eager to welcome clients who are homeless and have mental illness. They are required to meet certain performance criteria, as indicated in the text box on this page. These criteria are based upon local performance standards, and funding reductions may be imposed if they fail to meet them. One can see that it is to the One Stop’s advantage to enter, place, and retain as many people as possible. One Stop staff perceive that those they enter into their system who are hardest to serve, including people with
mentally ill, and those who are homeless and have a mental illness. They are required to meet certain performance criteria, as indicated in the text box on this page. These criteria are based upon local performance standards, and funding reductions may be imposed if they fail to meet them. One can see that it is to the One Stop’s advantage to enter, place, and retain as many people as possible. One Stop staff perceive that those they enter into their system who are hardest to serve, including people with mental illnesses who are homeless, could negatively affect the Centers’ outcomes if they constitute a large enough percentage of the total individuals served.

Some state VR systems have further added to the systemic barriers facing these clients. VR is a mandated One Stop partner, with resources for serving all people with disabilities. However, in response to funding cuts, many state VRs have prescribed an “order of selection” that limits the number of people they can work with to those persons with disabilities who have the greatest likelihood of success. People with mental illnesses who are homeless are even less likely to receive services under these orders of selection. A recent Brief by the National Governor’s Association observes that: “State (VR) agencies may be reluctant to work with persons with mental illness because of the prevalent misconception that people with mental illness are less capable of working than other people with disabilities. Increasing education and public awareness may be necessary to mitigate this misconception and increase VR services for persons with mental illness” (O’Connor 2003). Until this “misconception” is corrected, people who qualify for services from VR but are unable to get them should look to One Stops for intensive services (ICI 2001).

The challenge faced by DOL is to fulfill its mandate of universal access while ensuring that the services provided to people with disabilities result in demonstrable employment outcomes. A significant amount of the employment services provided under JTPA were to dislocated workers and others who need a less intensive mix of case management and personal assistance in addition to employment services. Now, if “One Stops work for all,” they must engage, place, train, and support people who often have significant disabilities as well. They must do so, however, while ensuring they continue to meet performance criteria and do not suffer cuts in funding that would deprive all clients of essential support. This Brief suggests resources and strategies that can help One Stops meet this challenge.

DOL Employment and Training Administration (DOLETA) recognized that the mainstream training and employment system needs specialized help in changing its culture to be more welcoming of people with disabilities. In 2003, it developed and implemented the “Disability Program Navigator” (DPN) program. DPNs work with One Stops to increase access and use of services by people with disabilities. They also provide funding to states to implement “Work Incentive Grants” (WIGs) to organizations throughout the country to help people with disabilities obtain employment through partnerships with local One-Stop Career Centers.

To provide further support to persons with disabilities seeking employment and those working to help them find it, DOL’s Office of Disability Employment Policy’s (ODEP) “Job Accommodation Network” (JAN) program offers a toll-free information and referral service that encompasses:

To access JAN, call 1-800-526-7234 or visit “JAN on the Web” at: http://www.jan.wvu.edu.

The DOL Strategic Plan for FYs 1999-2004 includes targeted expectations for an increased number of people with disabilities registered through the One Stop system (ETA 2000). How well are those with psychiatric disabilities, including those who are homeless, getting access to mainstream training and employment services? Recent studies indicate that the results are mixed at best. Marrone and Boeltzig (2005) suggest that both One Stop centers and mental health systems share responsibility for these poor outcomes. While One Stop staff members are generally unprepared and untrained to address the impacts of psychiatric (and co-occurring disorders) on employment, the mental health systems of care do not always value employment as an outcome. Increasing community integration among people with mental illnesses who are homeless requires a strong interface among the outreach, engagement, housing, treatment, disability benefits, and employment systems; resources must be complementary, not fragmented.

Marrone and Boeltzig (2005) offer a number of recommendations to improve the way One Stops serve people with mental illness, including:

- Develop a core level of sensitivity and knowledge for all One Stop staff regarding disability issues and incorporate this into standard staff development activities and requirements for staff competencies.
- Develop “co-case management” services so people can get help from the generic training and employment services and disability systems matched to individual need.
A recent evaluation of WIA implementation by Social Policy Research Associates (SPRA 2004) highlighted strategies used by local LWIAs in Arizona, Oregon, and Maine to help persons who are homeless get mainstream jobs. The authors examined factors that would lead to better coordination between providers and the One Stop, resulting in increased access and use of mainstream employment services by people who are homeless. They confirmed that the key challenges faced by people who are homeless in obtaining competitive jobs include lack of education and competitive work skills, the impacts of disabilities on work, and lack of supportive services. A number of One Stop practices may be considered for replication, including these:

- In Arizona, participation by the One Stop in the Continuum of Care (CofC) has increased coordination, communication, and the numbers of referrals by provider agencies to the One Stop. It has helped the One Stop to better understand the needs of people who are homeless, enabled providers to appreciate how access to mainstream employment resources can benefit their clientele, and perhaps equally as important, helped to develop a cross-systems local strategy for addressing chronic homelessness in which employment is an important element.

- In Oregon, the One Stop is operated by a by a homeless services organization that has essentially created a “homeless-focused One Stop.” The One Stop has become the hub of the local homeless services delivery system. It is working with the City of Portland’s Bureau of Housing and Community Development (BHCD) to develop and implement the City’s 10-year plan to end chronic homelessness.

- In Maine, the One Stop is located in proximity to an area shelter and other key homeless-serving agencies. Together, they have developed a consortium that secures referrals and access to emergency services for individual. It also addresses systems issues through participation on the CofC, Emergency Shelter Assessment Committee, and Homeless Veterans Workgroup.

Increasing access and use of mainstream employment services begins with developing a solid understanding of the needs of the population, as well as the capacity and limitations that both the One Stops and providers face in meeting their needs. It continues with identification of other key stakeholders (e.g. government, faith-based communities, and others who play a role in the system of care) and a demonstrated commitment by stakeholders to planning, cooperation, and collaboration.

Programs helping persons with mental illnesses who are homeless are advised to learn as much as possible about how local workforce development decisions are being made by their LWIA and whether or not the needs of their clientele are addressed. They should also develop a dialogue with One Stops to find ways that people with mental illnesses who are homeless can better access and use mainstream employment services. The SRI study provides some guidance to both providers and One Stops on ways to achieve these objectives:

<table>
<thead>
<tr>
<th>Outreach and Enrollment</th>
<th>One Stops should offer specialized services for people who are homeless. They should have a physical location accessible to these clients; in addition, they should use outreach workers and partner referrals to increase awareness and use of their services by this population.</th>
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<tbody>
<tr>
<td>Service Delivery</td>
<td>Prepare to offer a wide array of services to meet peoples’ complex needs, including pre-employment services, job placement and training services, case management, and supportive services in collaboration with local partners. To accomplish this, One Stop staff may need to get training on how to best serve people who are homeless, including those with mental illnesses.</td>
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<tr>
<td>Pre-Employment Services</td>
<td>Links to shelter, safe and affordable housing, and emergency services should be woven into the services design through partnerships and referral arrangements. In addition to these services, assistance with educational remediation, pre-employment skills training, and person-centered planning provides a foundation for developing employment goals, as well as searching for and acquiring jobs</td>
</tr>
<tr>
<td>Job Placement and Training Services</td>
<td>As current research indicates and as promulgated by SAMHSA’s Toolkit on Supported Employment, helping people to get jobs quickly achieves better employment outcomes than requiring participation in extensive “pre-vocational” services. Sites need to prioritize rapid access to jobs while ensuring that wraparound supports are available.</td>
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</table>
Case Management and Supportive Services

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<tr>
<td>Case management to ensure access to supportive services (such as help managing housing, transportation, and disability-related issues) must be part of the employment package. These supports can be obtained by referral to partner agencies or through homeless-specialized One Stops, or they may become staff responsibilities. Follow-up services do not end with placement but also must address the factors that lead to community stabilization and sustainability, including housing retention and access to treatment.</td>
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The “Ending Chronic Homelessness Initiative”

In an historic collaboration that began in 2003, the USDOL Office of Disability Employment Policy (ODEP) and HUD provided joint funding for housing vouchers and for employment services for people meeting HUD’s definition of chronic homelessness. This initiative ties in very strongly to the intent of the President’s “New Freedom Initiative” (NFI), which emphasizes the need to end chronic homelessness among people with mental illnesses through housing and jobs (New Freedom Commission on Mental Health 2003). The NFI directs federal agencies to contribute to a national agenda of mental health transformation based on the principle that everyone with psychiatric and/or co-occurring disorders, including those who are homeless, should have full access to mainstream housing and employment opportunities in order to be integrated in the life of the community.

The ODEP/HUD cooperative agreements were given to workforce development-led consortiums in Oregon, San Francisco, Los Angeles, Indianapolis and Boston. Each LWIA-led local collaboration, known as an Extra Care Housing (ECH) initiative, is engaged in outreach and enrollment of people living on the streets, providing permanent housing using HUD’s Shelter Plus Care funding stream, and using the resources of the One Stop system to provide employment services using ODEP’s “Customized Employment” process. Customized Employment builds upon other evidence-based and/or promising employment practices, such as Individual Placement and Support. Such practices include self-employment and social purpose ventures to help people discover their inherent aptitudes, interests, and skills; negotiate jobs that meet both their needs and the needs of the employer; and obtain follow along supports. A recent study of customized employment practices concludes that the use of customized employment methodologies to generate good job matches and the provision of effective follow-up services result in Entered Employment and Employment Retention Rates that easily meet local WIA Performance Measures” (Center on Disability 2005). For information and resources on customized employment and person-centered planning, visit the Web site for ODEP’s Training and Technical Assistance for Providers Program (T-TAP): http://www.t-tap.org.

A critical aim of ECH initiatives is to influence systems change. Each project involves a large group of stakeholders working together to break down service silos and reduce fragmentation. The projects are already seeing results in improved collaboration and communication between the mainstream workforce system and local governments, ending homelessness initiatives, other disability and homeless services providers, employers, faith-based organizations, and other community-based organizations. They are also beginning to engage VR in productive dialogue on ways people who are chronically homeless (a group that includes people with disabilities by definition) can improve access to and use of VR services. Perhaps equally important, HUD is closely involved at both the federal and local level, ensuring that there is a strong linkage between housing and employment supports. As of this writing, over 159 people have been successfully housed and over 40 people are working at or above minimum wage. These promising projects:

- Firmly integrate housing and employment from the beginning using a “Housing First/Work First” approach.
- Are locally led not by the disability services sector, but by the local DOL training and employment sector, thereby reaffirming the mainstream focus of the projects.
- Build upon and enhance other employment best practices to improve their applicability for people with disabilities who are homeless.
- Address systems change through local collaboration-building, essentially bridging the “worlds” of homeless and disability services, housing, and mainstream employment.

In late 2004, ODEP established a national technical assistance center – the “Chronic Homeless Employment Technical Assistance Center” (CHETA) – to support program development and systems change efforts among ECH grantees and to provide expertise on employment and community inclusion for those who are homeless to its other grantees. The Corporation for Supportive Housing (CSH), a national supportive housing development intermediary, is the recipient of funds for this center. CSH has partnered with Advocates for Human Potential, Inc. (AHP), a nationally recognized expert in homelessness and employment, to provide content expertise on homelessness and employment. CHETA’s work will include a repository of best practices and resources that employment providers, consumers, and advocacy groups can use to improve access to and use of mainstream employment services by people with disabilities who are homeless.

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The US DOL’s Homeless Veterans Reintegration Program (HVRP) provides funds to grantees in 16 states for occupational training, education, placement assistance, and other key services to help homeless veterans get job training and jobs. The Department of Labor’s Veterans Employment and Training Service (VETS) expects that more than 8,000 homeless veterans will gain employment as a result of these grants. Funds are awarded on a competitive basis to state and local workforce investment boards, local public agencies, and nonprofit organizations, including faith-based and community organizations, that have familiarity with both the area and population to be served and that can administer an effective program. HVRP has been recognized nationwide as an extraordinarily efficient program; it is the only federal program that focuses exclusively on employment of veterans who are homeless.

Other Mainstream Resources

A myriad of federal agencies can provide support for mainstream training and employment services for people with mental illnesses who are homeless (GAO 2000). Providers should invest the time to understand how these resources are made available in their community and how they can use them to their best advantage. In no order of priority, the following list provides a list of potential resources for training and employment in addition to VR, WIA, SSI Work Incentives and other resources mentioned in other Issues Briefs or in Work as a Priority:

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<tr>
<th>Agency</th>
<th>Resource</th>
<th>Description</th>
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| HUD           | Section 3                         | Section 3 is a means by which HUD fosters local economic development, neighborhood economic improvement, and individual self-sufficiency. Section 3 is the legal basis for providing jobs for residents and awarding contracts to businesses in areas receiving certain types of HUD financial assistance. Under Section 3 of the HUD Act of 1968, wherever HUD financial assistance is expended for housing or community development, to the greatest extent feasible, economic opportunities will be given to Section 3 residents and businesses in that area. Section 3 residents are:  
  - Public housing residents, or  
  - Low and very-low income persons who live in the metropolitan area or non-metropolitan county where a HUD-assisted project for housing or community development is located. (Note: low income is defined as 80 percent or below the median income of that area. Very low income is defined as 50 percent or below the median income of that area.) |
| HUD           | Community Development Block Grant (CDBG) | The CDBG program provides annual grants on a formula basis to many different types of grantees through programs such as the following:  
  - Entitlement Communities: The program provides annual grants on a formula basis to entitled cities and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons.  
  - State-Administered CDBG: States participating in the CDBG Program award grants only to units of general local government that carry out development activities. Each State develops funding priorities and criteria for selecting projects annually. |
| HUD           | Renewal Communities, Empowerment Zones, and Enterprise Communities (RC/EZ/EC) | Through federal grants, tax incentives, and partnerships with government and profit or nonprofit entities, the HUD Initiative for Renewal Communities, Empowerment Zones, and Enterprise Communities (RC/EZ/EC) opens new businesses and creates jobs, housing, and new educational and health care opportunities for low-income individuals. The existing EZs and ECs have used their Federal seed money to create partnerships that have leveraged more than $12 billion in public and private investment. Strategies resulting from these partnerships have generated jobs; provided business assistance and services; trained and educated youth and families; improved access to child care, health care and transportation; and increased residents’ safety and involvement in their neighborhoods. |
| HUD           | Tenent Based Rental Assistance     | Established under the 1998 Quality Housing and Work responsibility Act (QHWRA), Section 5.611 of the law applies mandatory deductions or “disregards” for rent calculations when people have new or increased... |
employment income (CSH 2004). By deducting a portion of earned income before calculating rent, the effect of the “disregard” is to reduce tenants’ rent charges and allow them to keep a greater portion of their increased earnings. The Law has been expanded to include those with disabilities living in the following HUD housing programs:

- HOME Programs
- Housing Opportunities for People with AIDS (HOPWA)
- Supportive Housing Programs (SHP), and
- Housing Choice Vouchers (Section 8) Programs.

In addition, Section 5.611 allows mandatory deductions for non-reimbursed expenses that help people with disabilities become or remain employed (examples: cab fare, wheelchairs, job coaching, etc). Consult the statute for specific provisions and exclusions.

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<tr>
<th>Agency</th>
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<tr>
<td>U.S. Dept. of Agriculture (USDA)</td>
<td>Food Stamp Education and Training (FSET)</td>
<td>The Food Stamp program administered at the federal levels by USDA helps low-income individuals and families obtain a more nutritious diet by supplementing their income by food stamp benefit (USDA 2003). The Food Security Act of 1985 created the Food Stamp Education and Training (FSET) program to help participants gain skills, training, or experience that will increase their ability to obtain regular employment. The act requires each state to operate an FSET program with one or more of the following employment and training activities: job search, job search training, education, vocational training, or work experience. Funding for the program includes a combination of federal grants to states, state funds, and federal matching funds. Each state determines its own requirements for participation and how the program interfaces with the Food Stamp and TANF work requirements. Consult the report and your state’s plan for more information.</td>
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</table>

**Providers should take the time to understand how their own communities use financial incentives to invest in community economic and workforce development.** Boston’s Neighborhood Jobs Trust’s “First Step” Job Training Program is a good example of creative use of economic development resources to support job training and employment for low-moderate income residents. Developers are required to pay into the Neighborhood Trust $1.44 for each square foot of development in excess of 100,000 square feet. These funds support occupational skill training provided by over 18 community-based agencies and have served over 780 participants since 2001. Sixty-four percent of these participants have acquired jobs (City of Boston 2004).

For too long, helping people with mental illnesses who are homeless to get and keep employment has been viewed as primarily the responsibility of the provider community. The result has often been stand-alone employment programs more focused on treatment outcomes than on economic self-sufficiency. Historically, we have taken a “silo” approach to funding these services, relying on mental health or homeless services dollars without attempting to blend or braid resources with mainstream funding to support training and employment for all job seekers. Research shows that people with psychiatric disabilities, including those who are homeless do get jobs through evidence-based and/or promising practices (Cook 2005). The challenge is helping people not only to get work, but to achieve employment at a living wage. To address the root causes of homelessness, we must also address poverty and ask ourselves these questions: “Who else in this community has an anti-poverty mission? How can we work together more effectively?”

The increased focus by USDOL (especially ODEP) on increasing employment among those with disabilities and those who are chronically homeless is a promising sign. However, there is much that providers can do to facilitate collaborations with the mainstream training and employment system to allow those they serve to achieve self-sufficiency and inclusion in the community. Suggestions for action include:

- Begin by identifying the stakeholders in your community who have an interest in increasing employment among people with psychiatric disabilities who are homeless. Gather information on how they are addressing the issues now and with what funds. Determine whether they see a benefit in developing partnerships and collaborations. Establish an action plan for the work of the collaborative, including how to help access and use mainstream employment resources. At this stage, a useful toolkit for collaboration building is Winer and Ray’s The Collaboration Handbook (2000).
- Invite and encourage participation of the One Stop in the local HUD Continuum of Care.
Seek ways to participate as a member of the local Workforce Investment Board to help shape local training and employment plans and to facilitate funding for those with psychiatric disabilities who are homeless.

Contact your local One Stop and Disability Program Navigator and work with this individual to train One Stop staff on issues related to homelessness.

Understand how state and local WIA dollars are being spent. Seek vendor status as a training and employment provider for your clientele and help your customers make better use of One Stop resources.

Make information about One Stop services available at drop-in centers, shelters, and day programs.

Establish resource rooms in your agency with computers for job search. Provide staff who can help coach and facilitate the job search process and link resources to the One Stop.

Ask how your clientele are included in your community’s economic and workforce development plan. Work with government, business, the faith-based community, and other stakeholders to ensure that your clientele get their fair share.

Review your state’s plan for eligibility requirements for FSET. Access FSET funds that can be used to support education and training opportunities for clients eligible for food stamps.

The job of helping people with psychiatric disabilities who are homeless obtain employment at a living wage is not the responsibility of the mental health system alone. While accessing mainstream resources for education, training, and employment are important. The real key to success is how well local partnerships sustain the effort, bringing not only their money but also their time, talent, and vision to bear on the issue. Investing in partnerships is the key that opens the door to more resources that can be combined with those supporting treatment and case management. Together, this funding mix can be used to help end homelessness by investing in services that address poverty and unemployment.

**References**

- Chronic Homelessness Employment Technical Assistance Center (CHETA). Web site under construction. Information on CHETA content areas can be obtained by contacting Project Manager Gary Shaheen at gshaheen@ahpnet.com
  - http://www.doleta.gov/pdf/Final_f0.pdf
  - http://www.doleta.gov/pdf/Final_f0.pdf
  - http://www.doleta.gov/pdf/Final_f0.pdf
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