

Facilitating Workforce Re-entry

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Introduction

Thanks to dramatic advances in the treatment of HIV, individuals living with the disease are now more able and interested in returning to the workforce. But re-entry into the working world is not as simple as it might seem. For example, many people who left their former jobs because of their illness are ambivalent about returning to the same place of employment. Sometimes the battle with HIV has changed life goals such that individuals wish to follow a different course—for some this might mean a life of activism and for others it might mean a desire to find more meaningful work. Some people with HIV are facing an end to government benefits and are out in the workforce for the first time. As those with HIV/AIDS look forward to longer and healthier lives, a vital component of comprehensive care is the return to work. Employment is a crucial part of mental health, self-esteem and survival. But the HIV diagnosis is often one of the smallest barriers a person faces in the re-entry process. More pressing needs such as education, housing and child care can greatly hinder the return to employment.

The Harbor-UCLA vocational/rehabilitation/workforce entry program assists unemployed/disabled people with HIV/AIDS in their efforts to re-enter the workforce. Among the HIV-positive patients seen at the Harbor UCLA Medical Center and the Long Beach Comprehensive Health Center's HIV clinic, a large percentage reported being unemployed, and many reported a need for assistance in their efforts to return to work. At the Long Beach Comprehensive Health Center, a majority of the HIV patients were able to work but needed assistance in workforce entry. Employment efforts are often impeded by intervening factors such as substance abuse. Those facing continued

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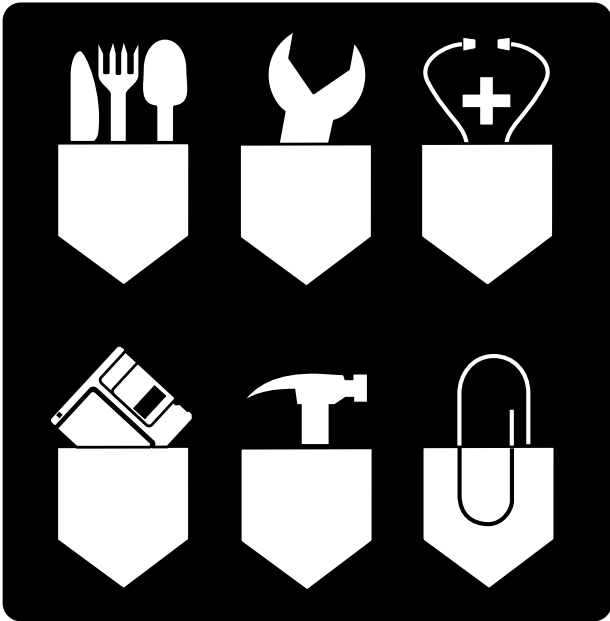
Project Chronology

Further Information and Technical Assistance

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unemployment are more likely to drop out of medical care, increasing the chances of relapse or continued substance abuse.

As those with HIV/AIDS look forward to longer and healthier lives, a vital component of comprehensive care is the return to work.



Employment is a crucial part of mental health, self-esteem, and survival.

HIV mental health and substance abuse treatment programs. Each plan is designed to integrate medical, mental health, psychosocial, vocational and education services.

Lessons Learned

Lesson #1: Create linkages.

As the needs of those with HIV/AIDS change and become more specialized, the range of services necessary for comprehensive treatment often exceed the resources of a single agency. Providers are encouraged to remedy this problem by linking with other facilities through formalized agreements or other such strategies.

When the Harbor Project identified that vocational/rehabilitative training was a critical and unmet need, the agency faced the dilemma of whether to provide the services on-site or develop formalized linkages with other agencies. After an assessment of agency experience and economic feasibility, program staff decided to contract out for these services. The program's lack of expertise in the areas of vocational rehabilitation, job training and job development would have created significant obstacles for Harbor, such as the hiring of appropriate staff, the development of new timelines for project

Location

The program operates primarily in Long Beach, California. Located in the southern region of Los Angeles County, Long Beach has the second highest municipal incidence of reported AIDS cases in California. Most individuals participating in the program live in Long Beach.

Services

Clients entering the program receive a complete mental health, psychosocial, neuropsychological, and vocational interest and skills confidence assessment. Following completion of the assessment, clients meet with a psychologist to discuss the results and their potential employment goals. Clients then meet with their project case managers to finalize their goals and to develop implementation plans. Education and job placement needs are addressed through referral to the Long Beach Career Transition Center. Other needs such as substance abuse or mental health treatment also are addressed through referrals to local

implementation and the creation of new networks for job placement.

Linking with other facilities can be achieved in several ways. Some partnerships can be new and will require significant resources, while others can be built on existing relationships in the community. Since relationship building requires time and resources, it is best to begin the process by taking advantage of prior relationships.

Lesson #2: Build upon prior relationships.

Having personnel who are well known in the community greatly facilitates linkage development. Often staff member and administrators have extensive personal connections and relationships in the work field and with specific staff at different community organizations. It is these informal personal relationships that lay a foundation for successful linkage, however, the opposite case might also hold true—key agency staff might have strained relationships with staff at other agencies, making it more difficult to create linkages.

The Harbor Project was able to take advantage of prior positive relationships. The project director was the key individual/network builder for the project. Since the 1980s he had formed and nurtured many community relationships through his involvement in different research projects and service delivery programs in the area. His research as well as his representation on committees such as the Long Beach HIV Care Consortium fostered numerous and regular interactions with key individuals in the Long Beach Department of Health and Human Services, all who were key to forming the necessary linkages.

One of Harbor's main partners in the provision of vocational rehabilitation services, Goodwill Industries (a vocational training agency), was secured through such existing relationships. Goodwill Industries of Long Beach and South Bay has a strong reputation for successful job assessment and retraining programs for the deaf, the mentally and physically challenged people. The initial relationship with Goodwill Industries was formed following an informal discussion between Harbor's project director and the development director at Goodwill Industries

Early efforts to develop this agreement between the two agencies transpired smoothly due to this personal connection. However during the drafting of the proposal and in the contract negotiations, different personnel became involved. These staff members were not familiar with or involved in the decision making of the linkage agreement process between Harbor and Goodwill. As a result, several meetings took place to acquaint

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Goodwill staff with Harbor's program goals. Three months after award of the contract, staff turnover at Goodwill hindered the smooth functioning of the proposed linkage, which ultimately might have added to the lack of successful referrals to Goodwill.

Personal trust in the linking agency as well as knowledge of the proposed linkage serves as an important basis for which linkages can be built. If that trust does not exist prior to the linkage, the program should plan activities that would engender trust, communication and knowledge sharing between the two agencies. But efforts to better acquaint and familiarize staff at the linking agency after a linkage has been created do not necessarily guarantee the success of a linkage. Staff responsible for implementing the linkage or making the necessary referrals between agencies have to not only be knowledgeable about the proposed linkage, but they also must be convinced and committed to the new interorganizational relationship. Engaging key staff in the decision-making related to that relationship can enhance the commitment of staff. Even though staff turnover might complicate participation in the decision-making process, any such efforts can make a difference.

Lesson #3: Ensure an appropriate match between clients' needs and services offered.

The Harbor program based initial estimates of service need on feedback from agencies in the Long Beach HIV care consortium. This information suggested that Goodwill would be a good match in the provision of job training and vocational rehabilitation services.

But the services Goodwill provided were later determined to be a poor match for Harbor clients for several reasons. Three factors emerged to conspire against a successful collaboration. First, the clients Goodwill Industries had historically served (e.g. mentally retarded, severely mentally ill, deaf) differed substantially from the individuals who enrolled in the Harbor program. In contrast to Goodwill's traditional clients, the project's client base included a mix of people ranging from previously high functioning professionals to those with little or no previous gainful employment, alcohol and drug use histories, and personality disorders. Despite whatever obstacles to employment they might have experienced, most of these clients' historical level of functioning was higher than that of most clients served by Goodwill.

A second factor that hindered success in this linkage was the limited number of rehabilitative services Goodwill offered. Whereas the Long Beach Career Transition Center was able to provide a broad range of training through the use of subcontracts with various trade and technical schools (as well as with the Long Beach Unified School District and Long Beach City College), Goodwill Industries provided all programming on-site. Training was limited to basic skills in computer keyboarding, computer data entry, retailing and sheltered workshops. This limited scope of training made matching clients needs difficult.

Finally, the Harbor program met with considerable client resistance to training with Goodwill because of its reputation as an agency that provides services to certain marginalized groups. Although Harbor's population is also marginalized, the nature of its stigma is quite different from the stigma associated with Goodwill's clients.

Stigmatized groups can be just as (or more) stigmatizing of other disenfranchised groups as the general public, and sensitivity to this possibility is important.

Lesson #4: If client need is not met, pursue other options.

Harbor discovered partway into the first year of the project that Goodwill Industries was not being utilized as fully as had been initially anticipated. Because the program was still new, and because Goodwill had requested that agencies not send their “problem clients” initially, it was anticipated that as time went on, the program

would use Goodwill Industries with greater frequency. But initial expectations concerning use of Goodwill Industries were higher than the actual use in both the first and second years of the project.

The Harbor program’s use of the Career Transition Center was substantially higher than the use of Goodwill Industries, so Harbor’s agreement with both agencies was altered to reflect a primary subcontract with the Career Transition Center. This arrangement provided for greater flexibility and responsiveness to changes in the service needs of clients entering the program, and required only one contract for the services provided through the Career Transition Center and Goodwill Industries. It also allowed Goodwill Industries to be viewed in the overall program in a similar fashion as other private training institutions that contract with the Career Transition Center to provide employment training. The Harbor Project’s ability to modify programs to meet changing client needs has proven to be important in providing the best and most comprehensive services.

It is vital that projects continually assess or be aware of the changing needs of the target population and make attempts to ensure the needs of their clients are being met by the appropriate providers. Many times, the services that are planned and implemented are not suited to the proposed population. Clients possess particular characteristics which necessitate very specific services or that services be delivered in a specific environment. Service needs can change during the course of the project, so providers must assess and be able to modify programs to meet clients’ changing needs.

The Harbor program staff realized the importance of this flexibility. After the first year of Harbor’s services, the AIDS Project/Los Angeles conducted a focus group study that noted areas of need among persons with HIV. This study confirmed the need for vocational and rehabilitative services for those with HIV but did not specify a mechanism for the provision of such services. Harbor program staff has had to

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continually assess both the target population's needs and the most effective way to meet these needs. It is also important for all agency staff involved in the project to be aware of the target population's unique characteristics and needs and the interaction of these two factors. For example, it was discovered that those in the vocational/rehabilitative fields were not knowledgeable about relevant HIV issues as their area of work mainly focuses on securing benefits for clients. Ad hoc training on HIV issues was provided to staff at cooperating agencies. However the program might have benefited from more formalized cross training between the different agencies.

Lesson #5: Build community support.

It is essential for a project to be aware of the community's attitude towards the target population. For example, Harbor first assessed the community's response to the program and possible obstacles clients might encounter in finding work. After doing so, the project approached the Greater Long Beach Area Chamber of Commerce and nominated a Chamber representative to Harbor's advisory committee. This representative assisted in developing and distributing a mailer to 300 Chamber members to recruit focus group participants as a first step in gauging local business response to the needs of people with HIV. Although only a few members responded, the project was able to obtain valuable information. HIV-employment issues might not represent a priority for many potential employers. The employers in the focus group were concerned with issues ranging from health insurance to maintenance of confidentiality for individuals who have to take off a lot of time for doctor's appointments. Having community support and knowing what community obstacles the project has to confront in providing services greatly enhances the agency's ability to deliver services and form linkages.

Summary

Prior to implementation of the Harbor program, referrals to the State of California Department of Rehabilitation were frustrated by order of selection (a tool used to determine service eligibility), poor funding for the department, and lack of staff responsiveness and knowledge. In particular, in times of especially low funding the order of selection was used to restrict service to those who were most severely disabled, which often did not include people with HIV/AIDS.

The Harbor program has been able to demonstrate the need for rehabilitative services for people with HIV/AIDS, as well as the feasibility of undertaking these services. As a result, the local office of the Department of Rehabilitation has agreed to take referrals from the community, and agreed to partner on a major application for a research project investigating the relative effectiveness of two approaches to vocational rehabilitation for people with HIV.

The Harbor Project Chronology

July – December 1995

- Long Beach HIV Care Consortium conducts local needs assessment and identifies vocational rehabilitation/job placement services as an emerging need among people with HIV/AIDS.

December 1995

- Local discussion group convenes to explore options for development of vocational rehabilitation/workforce entry resources for people with HIV. Group meets monthly.

March – May 1996

- Following consultation with discussion group, application to HRSA developed. The application includes specific vocational rehabilitation needs assessment that incorporate reanalysis of local community needs assessment data, survey of case-management providers, and analysis of data from two local clinics.

September 1996

- HRSA announces award.

October 1996

- Project developed and program procedures refined.
- Personnel recruitment begins.

December 1996

- Hire program coordinator, psychologist, and social worker.

January 1997

- Coordination meetings with AIDS Project Long Beach, AIDS Project Los Angeles.
- First participant intake interview, testing, and SCID interview.
- Monthly area case managers meeting.
- Press release issued.
- Newspaper article appears in the *South Bay Daily Breeze* and the *Press-Telegram*.

February 1997

- Item about the project appears in *UCLA Today*.
- Rehabilitation director at Goodwill Industries resigns.

March 1997

- First participant consultation with psychologist.
- First referral to Career Transition Center for vocational training.

April 1997

- Hire replacement program coordinator.
- Coordination meeting with Career Transition Center.
- First referral to Goodwill industries for vocational training.

May 1997

- First part-time job placement.
- First full-time job placement (food service).

July 1997

- New brochure developed and distributed to HIV clinics and case management programs.
- Newspaper article appears in the *South Bay Daily Breeze*.
- First self-employed participant.

August 1997

- Forms developed for follow-up interviews.
- First temporary job placement.
- First meeting of project advisory group, which includes representative from the Greater Long Beach Area Chamber of Commerce.

September 1997

- Article appears in the *Orange County Blade*.
- Quarterly advisory group meeting with representatives from local businesses, case management organizations, vocational rehabilitation centers, health and mental health care providers.
- 100th participant begins program.

October 1997

- First six-month follow-up interview completed.

November 1997

- First interview for comparison group completed.

March 1998

- 50th participant completes testing and is referred for vocational placement or training.
- First placement in civil service.
- First participant enrolls in internship through Career Transition Center

April 1998

- Focus group of Greater Long Beach Area Chamber of Commerce members conducted.

October 1998

- Contracting arrangement with Goodwill Industries terminated.

March 1999

- 100th participant completes testing and is referred for vocational training or placement.
- First participant completes two-year follow-up, he is working full-time.

April 1999

- 200th participant begins program.

October 1999

- 236th and final participant begins program.

March – April 2000

- Department of Rehabilitation agrees to accept referrals and to partner in new proposal to NIMH.

Further Information and Technical Assistance

If you are interested in obtaining further information about the developed by the Harbor Project and the service model please contact:

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