

1. Proposal Summary - A proposal summary is provided as Attachment 2.

2. Program Proposal

B. Experience and Expertise for The HOPE Program (Lead Applicant/CBO)

- a. The HOPE Program, an award-winning workforce development not-for-profit located in Brooklyn and serving men and women from all five New York City boroughs, is proposing to build on its fully-operable workforce program and strong track record of success through robust a collaboration with Brookdale University Hospital and Medical Health Center.

With services targeted at the lowest-income New Yorkers, a rigorous approach to work readiness, strong measurable outcomes, a capacity for research, and an organizational culture that embraces wellness and mental health as essential to our students' success in the workforce, The HOPE Program is uniquely suited for the Connections to Care program. Our Mental Health Partner, Brookdale University Hospital and Medical Health Center, also has extensive experience with the target population as well as a highly qualified team of mental health experts, making them the ideal partner. We look forward to working with the Mayor's Office to Advance New York City to bring mental health services to the New Yorkers who need it most through task-shifting to lay staff and to evaluate the impact of this work.

HOPE was founded in 1984 by Dr. Deborah MacFarlane-Antoine, a PhD candidate at Columbia University who believed that her background in education and belief in second chances could have a profound impact on men and women living in poverty. Since that time, HOPE has received significant recognition including most recently the New York Association of Training and Employment Professionals Workforce Award; the New York City Employment and Training Coalition's awards for outstanding staff, program participant and employer partnership; Macquarie Group Foundation's prestigious David Clarke Fellowship and others. The organization's mission is to empower New Yorkers living in poverty to achieve economic self-sufficiency through employment and career advancement.

HOPE serves approximately 300 low-income New Yorkers each year with significant barriers to employment, including homelessness, histories of criminal justice involvement and substance abuse, low educational attainment, and poor work history. HOPE students are diverse: They range in age from 18 to 60 with an average age of 38. Fifty-one percent are men and 49% are women. Over 90% are black and/or Hispanic. Thirty percent live in shelters or with friends or family and an additional 27% reside in substance abuse treatment facilities at the time of their enrollment in HOPE. Approximately 20% are custodial parents of children under the age of 14.

HOPE defines low income as living below the federal poverty line, as defined by the US Department of Health and Human Services. Using this measure, over 93% of HOPE's clients receive an annual household income of under \$11,770, living below the federal poverty line for a household of one (US Department of Health and Human Services' 2015 poverty guideline) before they enroll in HOPE. Income is determined in a thorough pre-enrollment intake interview.

- b.** Through HOPE's rigorous job training, placement and advancement programming, the men and women we serve overcome significant barriers and achieve strong results. Over 70% of program graduates secure jobs, including 78% full-time jobs and wages 20% above minimum wage. HOPE's long-term job retention rates, notably over 90% at 90 days and over 70% at one year, have been recognized by the Workforce Benchmarking Network's national survey of similar organizations as well as Robin Hood Foundation and other leading philanthropies as among the strongest in the field. HOPE currently enrolls 300 new clients each year and serves hundreds of additional graduates through robust job retention and career pathway services. Reflective of HOPE's ability to recruit participants, enrollment has increased by 19% in the past year and we are on track to increase by an additional 8% this year. HOPE's size and the personal attention each individual receives strengthen students' trust in staff and partners, increasing the extent to which students will comply with mental health offerings, leading to strong results.

HOPE currently offers two programs: *HOPEworks* (12 weeks) for diverse careers in maintenance, animal care, security, social services and many more; and *FOODworks* (8 weeks) for careers in the growing food industry. Both programs offer training, adult basic education (literacy and math), computer skills, resume-writing and interviewing skills, financial literacy, certifications in New York City Food Protection and OSHA10, and work wellness services. HOPE classes are full-time (Monday through Friday, 9 AM through 5 PM), mirroring the structure and demands of a job. HOPE provides daily meals, professional clothing and Metrocards (based on need).

Students complete at least 100 hours of on-the-job training at diverse employment sites citywide and engage in structured supported job search services, with introductions to HOPE's network of employer partners. Once employed, all graduates have access to a lifetime of continued support to address job challenges, plan for career advancement, explore educational opportunities, and more.

- c.** HOPE currently has 22 staff, including 14 direct service staff. As all services and administration take place at one location, all staff interact directly with students, model a high standard of professionalism, and provide feedback to students as necessary. For example, HOPE's Facilities Coordinator, a recent graduate of the program, serves as a

role model and professional mentor to current students.

- d. HOPE will serve C2C's target population of unemployed or underemployed working age adults 18 and over. HOPE was founded over 30 years ago specifically to serve this population, and our core programming is aimed at connecting unemployed individuals living in poverty with employment, long-term job retention, and successful entry into career pathways. These services are supported by a wide range of private funders, including Robin Hood Foundation, as well as contracts with the New York City Mayor's Office of Criminal Justice, New York City Department of Small Business Services, and a subcontract with the Consortium for Worker Education to serve men and women receiving SNAP (Supplemental Nutrition Assistance Program, formerly food stamps). Based on our track record with these contracts, we were recently awarded a subcontract with Consortium for Worker Education under New York City's Jobs to Build On program.
- e. HOPE does not currently offer mental health services, despite the prevalence of depression, anxiety, trauma, Substance Abuse Disorder and others as reported by over half of students. Based on our strong belief that students require not only job skills, but additional supports, in order to succeed in the workforce, HOPE is eager to integrate mental health training and referrals into our core programming. Reflective of our focus on addressing the whole person despite limited resources, we currently provide classes in stress management, goal-setting, diversity in the workplace, and the evidence-based practice of mindfulness. In addition, we utilize resources such as www.hitesite.org to provide referrals for mental health counseling.

B. Experience and Expertise for the Adult Outpatient Psychiatric Clinic of Brookdale University Hospital and Medical Health Center (MHP)

- a. Brookdale Hospital was founded in 1910 by residents of Brownsville and East New York who wanted their community to have an accessible, nonprofit, voluntary hospital. The Hospital Society was founded in 1914 and we officially opened our doors in April 1921. Today, Brookdale covers a 10-acre campus plus six ambulatory care sites, with buildings devoted to inpatient, ambulatory, long-term care, senior living and emergency medicine, and has the latest technology for services to the community.

The mission of Brookdale University Hospital Department of Psychiatry is to provide quality mental health services to the community and train the next generation of providers to continue that work. The Department and the Adult Outpatient Psychiatric Clinic (AOPD), a program within the Department of Psychiatry, provide care to patients irrespective of race, creed, color, gender, sexual orientation or socioeconomic status. Brookdale Hospital is accredited by the Joint Commission on Accreditation of Healthcare

Organizations and is licensed by the New York State Department of Health and the New York State Office of Mental Health, alongside several other affiliations and associations.

The majority of patients reside in and around the Brownsville neighborhood in Brooklyn, which at 40% has one of the highest poverty rates in New York City. Reflective of the hospital's experience with low-income New Yorkers, the median income in this community (\$26,273) is approximately half of that for New York City overall (\$50,711). Approximately 95% of AOPD patients are on Medicaid.

Patients come to the AOPD from as far away as Staten Island, The Bronx, Queens and Manhattan. The AOPD is approximately 30 minutes from The HOPE Program's facility, conveniently located on the 2/3 subway line.

AOPD serves approximately 1075 individuals a year, two-thirds of whom are women and one-third of whom are men. Like HOPE's population, over 90% are black and/or Hispanic. Close to 100% of the clinics patients suffer from a Severe and Persistent Mental Illness, most commonly schizophrenia, schizoaffective disorder, major depression and the Bi-Polar disorders. Additionally, the majority of patients have suffered significant trauma as well as multiple environmental stresses.

- b.** The core modalities required by the C2C grant, including screening, Motivational Interviewing, Mental Health First Aid, and psychoeducation are firmly embedded in all of the mental health training and clinical care provided by AOPD. Across all intakes, psychiatric evaluations, group therapy, one-on-one counseling, medication management, family therapy, crisis intervention, follow-ups and other services, these evidence-based practices are core to AOPD's work. Further, these modalities are practiced by clinicians of all kinds, from LCSW staff through Attending Psychiatrists.
- c.** Reflective of AOPD's understanding of the need to measure and evaluate the impact of our work, the department recently adopted a new electronic medical records system called EPIC. EPIC allows us to track and report on clients' demographics, treatment plans, compliance and other outcomes. It will be used in conjunction with The HOPE Program's Salesforce.com database to track and report C2C outcomes to The Mayor's Fund and the external evaluator, as well as to identify opportunities for programmatic improvement.
- d.** AOPD lay staff regularly join residents and medical staff in receiving psychoeducation and mental health first aid training through our extensive residency program. This training is provided to lay staff and paraprofessionals (such as Patient Service Assistants) both in the Psychiatric Department and throughout the hospital. We also have a monthly

peer group run by the Department Administrator in which psychiatric patients and staff interact with one another and receive psychoeducational training.

- e. The AOPD exists to provide high quality, patient centered, psychiatric outpatient treatment to individuals ages 18 and up from all five boroughs of New York City. The AOPD offers medication management, individual therapy, group therapy, crisis intervention, family therapy, and psycho-education. Staffing consists of a full-time Director and Coordinator, 5.8 FTE full-time Attendings, one full-time Nurse Practitioner, one full-time Psychiatric Nurse Practitioner, 0.8 FTE Clinical Psychologist, 8 full-time therapists and one full-time Registered Nurse. All psychiatry is performed by Board Certified and/or Board Eligible Psychiatrists and third and fourth year Psychiatry Residents (under the supervision of an Attending). The Department Head authorizes all mental health treatment occurring in the AOPD.

AOPD currently serves 1,075 individuals annually, averaging 2,500 patient visits per month. HOPE's current population of 300 new students per year, all of whom will benefit significantly from staff training, and only a portion of whom will require individual mental health services, will fit seamlessly into AOPD's existing services.

- f. The operation of our residency program requires regular collaboration with the accreditation council for graduate medical education (ACGME). The ACGME sets benchmarking standards and provides a system of support for our residents. We have also collaborated with numerous medical schools to allow their students to fulfill the psychiatry component of their six week rotational requirements. These medical schools include New York Medical School, SUNY Downstate, Ross University School of Medicine, and others. AOPD also maintains successful formal partnerships with New York City EMT and the local police precinct. AOPD provides evaluation and support in the event that either of these agencies is the first responder to a situation in which someone exhibits psychological distress.

C. Organizational Capacity

1. Program Management

HOPE has the capacity to meet or exceed programmatic, financial and management expectations as described in Section III and as detailed below.

- a. HOPE maintains outstanding data collection and analysis functions, which support our ability use data to support programmatic decisions and to comply with the rigorous data reporting and analysis requirements of the C2C grant. HOPE's custom Salesforce.com database tracks a wide variety of demographic features (e.g. conviction and incarceration history, income, family status, employment history, education) and milestones achieved

(enrollment, days of program completed, pre- and post-scores on the Test of Adult Basic Education, employment, participation in post-employment retention services, days of job retention, financial literacy outcomes and more) for each student. Our staff statistical analyst ensures data quality and provides regular reports to ensure progress toward goals and to identify potential programmatic adjustments as necessary. Based on this strong record, HOPE was selected to participate with Public/Private Ventures and Tiger Foundation's initiatives on data collection and analysis best practices for the field.

Data is a key element of HOPE's culture. We produce monthly scorecards to report enrollment, completion, job placement, job quality, job retention and other measures. We carefully analyze these statistics against annual goals and performance at the same point in time the previous year. On a monthly basis, we highlight areas of concern and areas of great success, information that is shared with all staff and Board members on a regular basis. Data is literally part of the walls of The HOPE Program, as these outcomes are also prominently displayed in our reception area.

HOPE's Statistical Analyst holds a Master's Degree in Statistics and extensive Salesforce.com training. This staff member will be an integral member of the C2C implementation team, ensuring that we capture essential data, asking appropriate questions in order to track program success and course correct, analyze outcomes on a regular basis, and participate in C2C research requirements.

- b.** A recent specific example of HOPE's use of data to make significant programmatic changes is the launch and discontinuation of a pilot training individuals for jobs in the retail sector. Retail was chosen based on rigorous research. HOPE had participated in the Morgan Stanley Strategy Challenge through which a team of analysts determined that retail and related positions aligned with the skills of HOPE clients and were projected to grow within the broader labor market. The opportunities within retail were further demonstrated by the focus given to this sector within the Mayor's Jobs for New Yorkers Task Force report. HOPE launched the program following several round tables with retail employers and extensive research into the skills required to succeed in the sector.

Despite this preparation, HOPE's Retail & Beyond track, as it was called, struggled with regard to enrollment and completion. While job placement and retention were strong, the numbers of interested participants did not justify the program's continuation. HOPE conducted focus groups with clients to better understand the challenges, adjusted the program's name, and tried other interventions. The data continued to reveal that the program was not a good use of HOPE's resources. As a result, HOPE discontinued the program and re-directed the resources to our proven HOPEworks model, which yields strong results, as data continues to demonstrate.

A further example of our use of data to drive programmatic decisions is seen in HOPE's attendance policy. Our Statistical Analyst conducted a comprehensive analysis of how students perform in the workforce compared with their number of absences at HOPE. Our current attendance policy is based on the attendance rates that produce the strongest outcomes for students and graduates.

HOPE is required by our largest private supporter, Robin Hood Foundation, to engage with an external evaluator (previously Philliber Research and Evaluation, currently an independent consultant). As a result of these evaluations, Robin Hood has consistently reported that HOPE's one-year job retention rate is "laudable...and well above portfolio average." In addition, HOPE has volunteered to participate in the Workforce Benchmarking Network's national benchmarking survey, which placed our 90-day job retention rates in the top 10 percent nationwide.

- c. HOPE has a strong administrative team in place. Robin E. Jenkins, Chief Financial and Operating Officer, who will lead the administrative functions of this grant, has a diverse background as a program manager and administrator in the private and nonprofit sectors, including at PriceWaterhouseCoopers and the Freelancers Union. She holds a dual MBA from Thunderbird School of Global Management and University of Pittsburgh, an MA from The Catholic University of America and a BA from Smith College.

Robin is supported in this role by Kiwi Partners, HOPE's contracted finance firm. Kiwi brings best practices from across the nonprofit sector as well as highly efficient day-to-day bookkeeping and related services. Kiwi Partners has been serving the nonprofit sector for over 17 years. Its President, Jacquie Holmes, holds a Master's Degree in Business Administration from the Stern Graduate School of Business and is a Harvard Business School Alumnus. Kiwi Partners has successfully achieved clean audits each year from HOPE's independent auditing firm and has successfully complied with all government contracts.

- d. The HOPE Program employs Nonprofit Solutions Network (NSN), a third-party technology company that customizes technology solutions to the unique needs of nonprofit organizations. We have worked closely with NSN to build and maintain a technology infrastructure that meets our needs. We have also been invited by a leading funder to apply for additional technology support to upgrade staff computers.

Client data is stored in the Salesforce.com cloud. Salesforce.com's services are certified as compliant with some of the most rigorous, industry-accepted security, privacy, and reliability standards. They are certified and audited to standards as a service provider with

the ISO/IEC 27001:2005 standard (including ISO 27001), SAS 70 Type II (now SSAE No. 16), SysTrust, and the EU-US and Swiss-US Safe Harbor frameworks).

Based on this high level of security, Salesforce.com is widely used within the nonprofit sector to safely maintain client data.

- e. HOPE's executive team actively engages with and oversees all programs at HOPE, facilitated in part by the fact that all HOPE programming takes place at one location. Executive Director, Jennifer Mitchell, directly supervises Program Directors and works collaboratively to review data, celebrate success, and strategize programmatic improvements. Program Directors not only oversee direct line staff, but also engage directly with clients by conducting intakes, teaching clients, and conducting mock interviews, among other activities. This direct engagement ensures that executive level decisions align with the needs of our clients and that feedback is received and incorporated into future programming. Executive staff will play the same essential roles in developing, implementing and overseeing the C2C program as with all of HOPE's programs.
- f. HOPE currently manages two collaborations with direct benefits for students. Neighborhood Trust Financial Partners provides financial literacy education and opportunities to open no-fee checking accounts. This is particularly important as lack of access to traditional financial services is costly and is a detriment to our students' financial self-sufficiency, as recently reported in *The Economist*. HOPE invites Neighborhood Trust staff to teach weekly classes to students, collaborates on goals for students, shares aggregate data, and successfully manages any roadbumps in the partnership.

HOPE also partners with Community Service Society. On a monthly basis, HOPE staff travels with students to attend CSS's RAP Sheet Repair Intake event where students learn about employment discrimination and the importance of accessing their RAP sheets to correct errors. We then work with CSS to secure and repair students' RAP sheets when appropriate. In addition, we have a strong partnership with Cherub Improv to engage students in improv activities, strengthening their confidence, training them to think creatively under pressure, and reinforcing that HOPE is a supportive and caring space that promotes personal growth.

These partnerships work well due to both organizations' commitment to open communication, regularly scheduled meetings and check-in points, and the fact that each partner's services complement the others. These are all elements that will be emphasized in the partnership between HOPE and Brookdale Hospital under the Connections to Care

grant.

2. Fiscal Capability

- a. HOPE has successfully complied with a variety of grants as the primary contractor under the New York City Mayor's Office of Criminal Justice and the New York City Department of Small Business Services and we have secured renewed contracts for over five years with each of these agencies. We have previously served as a sub-contractor under the New York State Department of Labor's Emerging and Transitional Worker grant in partnership with the Consortium for Worker Education. We have successfully complied with grants through the New York State Department of Health and Federal Emergency Food and Shelter Program. We currently serve as a sub-contractor with Consortium for Worker Education under the Office of Temporary and Disability Assistance's SNAP Employment and Training contract.
- b. HOPE currently meets all of the expectations of 2 C.F.R 200.302(b), with the exception of written procedures to implement the requirements of 200.305 payment and written procedures for determining the allowability of costs. We will develop these procedures if awarded the C2C grant in accordance with the regulations.
- c. With an operating reserve equaling nearly one full year of expenses and a strong track record of sound financial management, HOPE has the resources and processes necessary to manage grant requirements. HOPE meets all rigorous standards of the Better Business Bureau. We consistently receive clean audits from our independent audit firm, Marks Paneth & Shron, LLP.
- d. HOPE has not received a federal award, and has no disallowed expenses or costs to report.

3. Leveraged Funding

- a. HOPE has a strong track record of achieving private funding from leading philanthropies and individuals in our community to support our essential programming. We will propose to receive additional funding from existing supporters in this space, including the Altman, Cummings, Barker Welfare, Tin Man, Achelis and Bodman Foundations and others. In addition, we will seek to re-establish partnerships with past funders with an interest in mental health care, such as the van Ameringen Foundation. Finally, we will partner with current and past Board members with mental health specialties to identify individuals in their networks interested in supporting enhanced mental health care for our students.

In addition, with the support of a government relations firm, we are building upon our

standing relationships among City and State elected officials, which we will leverage for matching funds for this grant.

The matching requirement for the C2C grant, given HOPE's proposed budget, represents approximately 4% of our current budget. These strategies, coupled with support from the Mayor's Fund to Advance New York City, will achieve the matching requirement. We commit to achieving the full required match.

D. Proposed Program Approach

- a.** The proposed approach is focused primarily on ensuring that staff receive high quality and effective training and ongoing support in the core modalities; reducing stigma among clients surrounding mental health services through workshops facilitated jointly by HOPE and Brookdale Hospital staff; and rigorous, ongoing evaluation of program impact. The goals of this C2C proposal are to improve mental health outcomes among participants; increase participation in one-on-one mental health services; avoid hospitalizations, relapses and emergency room visits; and further improve students' employment and job retention outcomes.
- b.** This program will serve men and women from all five New York City boroughs facing significant barriers to employment, notably histories of criminal justice involvement and substance abuse, homelessness, low educational attainment and poor work history. Consistent with the grant requirement that C2C serve a low-income community, over 93% of HOPE students live below the federal poverty guideline (2015) for a family of one and 99% have income that is 200% or less than the federal poverty guideline. Further, as all HOPE students face long-term unemployment, they meet the criteria specified in the definition of "low-income community."
- c.** HOPE's records indicate that a minimum of 55% of students face mental health disorders. In the most recent program year, 30% of students who disclosed medications had prescriptions for mental health symptoms and diagnoses, including Substance Use Disorder, Depressive Disorders, Anxiety Disorders, Schizoaffective Disorder, sleeplessness, Bipolar Disorder, and others. An additional 25% reside in substance abuse treatment facilities at the time of enrollment, indicative of substance abuse disorders. Given the well-documented stigma and other significant barriers of seeking mental health care among this population, HOPE estimates that the percent of individuals in need of care is much greater. Furthermore, as many of our students have experienced incarceration and homelessness, domestic violence, and histories of abuse and neglect, trauma is a significant barrier as well.

- d. As described above, the majority of HOPE students and graduates are living with mental health disorders. HOPE is charged with building their skills, confidence, and readiness for the workplace. A further responsibility is to make thoughtful matches between students and internship sites/potential employers. HOPE has a strong track record in this area, which can be further improved through an understanding of how to help students with mental health conditions thrive in classroom settings and the professional settings to which we are sending clients. Building the capacity of HOPE staff to deliver task-shifted mental health services will have a direct impact on the men and women we serve as it will better enable us to determine mental health barriers to employment and potential solutions, identify appropriate training and employment sites, and provide retention and advancement counseling, particularly through Motivational Interviewing, that drives students to climb the career ladder. The interventions required by C2C, and proposed by HOPE and Brookdale, strongly align with students' needs in re-entering the workforce.
- e. The program model will consist of in-depth partner orientation, quarterly full-day trainings at HOPE for front-line staff (and administrative staff, as appropriate), monthly half-day follow-up consultation sessions at HOPE, monthly psycho-education trainings for HOPE students, and priority referrals and follow-ups for HOPE students, as described in greater detail below.

Orientation: The first step of implementation will be to ensure that each partner has a solid understanding of each other's client needs, services provided, culture and other elements that will drive success of the program. To achieve this, key staff from each organization will spend approximately a half-day at the partner organization engaging in a tour, meeting other staff, and observing staff/client interactions. Orientation will also include an in-depth data planning meeting (alongside the external evaluator) to ensure proper data collection.

Quarterly training: In the first quarter, AOPD staff will provide an in-depth training in screening for common mental health conditions, based on AOPD's significant experience in this area and in line with HOPE's existing intake needs. This training will be accompanied by consultation and ongoing support in how to build HOPE's intake processes to effectively integrate best practices in screening. This training will be specifically for front-line staff, as they are responsible for intake and enrollment. Also in the first quarter, we will train all HOPE staff in Motivational Interviewing. In the second quarter, AOPD will train all staff in adult Mental Health First Aid and will conduct training specifically for front-line staff in psychoeducation. In the third quarter, AOPD will build upon the screening and MI work from the first quarter with a more advanced training module. Similarly, in the fourth quarter, we will build upon the adult Mental Health First Aid and psychoeducational skills developed in the second quarter.

This schedule allows us to not only continue to build on skills previously taught, but also to ensure that new staff who join the HOPE team have the opportunity to develop the skills taught earlier in the year. Frequent scaffolded training, as proposed, builds mental health skills into HOPE's organizational culture and strengthens our staff's capacity to deliver these modalities.

Monthly meetings: In order to reinforce skills taught in weekly workshops and to address any implementation challenges, AOPD will meet with HOPE monthly (and more frequently, if needed). These meetings will consist of a one-hour refresher course on the core modality with all appropriate staff; one hour of sitting with individual staff, observing the implementation of the modality and providing feedback; and a management meeting to share global feedback and review data. This monthly meeting will also focus on empowering management staff to continue to give support and feedback to front-line staff, enhancing HOPE's organizational capacity to deliver task-shifted mental health services.

Monthly psychoeducation workshops: As HOPE develops strong relationships with students, HOPE staff are trusted messengers to communicate the benefits of seeking mental health care if needed. To capitalize on this strength, HOPE and AOPD will partner to develop and deliver monthly psychoeducational workshops to HOPE students, with the goals of empowering participants with knowledge of mental health conditions, reducing stigma, and increasing participation in clinical mental health care for those who need it.

Ongoing communication: HOPE and AOPD will have frequent check-ins by phone to discuss referrals.

- f. Elyssa Gersen-Thurman (credentials described on page 13) will manage HOPE's engagement in this partnership. Her specific responsibilities will include further building on staff buy-in for integrated mental health services and staff confidence in their ability to take on task-shifting responsibilities; scheduling training and follow-up to maximize staff participation; working with the Statistical Analyst to ensure thorough and accurate data collection; soliciting feedback from clients and staff on program details and experience with Brookdale clinical care; and meeting with Brookdale staff to monitor program success. Brookdale Hospital will hire a 0.5 FTE Licensed Clinical Social Worker to manage the day-to-day, supervised by the clinic's Coordinator, Cheryl R. Levine, LCSW-R. Cheryl has served in this position for a year and a half and also has extensive experience as a Department Administrator for SUNY Downstate University Hospital of Brooklyn Long Island College Hospital Campus as well as in private practice. The role of

the designated LCSW will be to conduct training in the core modalities of screening, Motivational Interviewing, Mental Health First Aid, and psychoeducation; meet monthly with HOPE staff to provide ongoing coaching and support; develop and implement psycho-education workshops for HOPE students with HOPE staff; meet with HOPE management to monitor program success; and be the primary point of contact for referrals to AOPD. As a member of the AOPD staff, this individual will have access to the resources, expertise, and support of the wide range of experts of AOPD.

g. Details:

- i. HOPE serves 300 new individuals each year and hundreds of graduates. We estimate that 500 individuals will benefit from staff training in mental health modalities (including new students and graduates). We estimate that 50 referrals for mental health services will be made.
- ii. HOPE is conveniently located at 1 Smith Street, 4th Floor, Brooklyn, New York. HOPE serves men and women from all five New York City boroughs.
- iii. C2C will support HOPE's entire client population. As described above 500 men and women will be impacted by training and 50 referrals for mental health services will be made annually.
- iv. C2C will be integrated into HOPE's existing services, which include intake, classroom training, one-on-one meetings with Instructors and Employment Specialists, career counseling for graduates and others. As HOPE launches 14 class dates each year, all services are ongoing. HOPE is supported by a wide range of private funders (Robin Hood, Tiger, Weinberg, Altman, Goldman Sachs, Capital One and others), contracts with the New York City Department of Small Business Services and the Mayor's Office of Criminal Justice Services, a subcontract to serve SNAP recipients with the Consortium for Worker Education, and hundreds of individual supporters.
- v. HOPE students all participate in the same classes and activities during their training. Participation in screenings and psych-education workshops will be compulsory elements of the training, reflective of HOPE's belief in the importance of mental health training for success in the workforce.
- vi. HOPE has strategies in place to engage graduates upon exiting the program. Our full-time Retention Associate conducts regularly scheduled follow-up with graduates, their employers, and their networks in order to provide ongoing job retention services. We also distribute modest incentives in the form of

MetroCards and retail gift cards to encourage continued engagement with HOPE. The C2C budget includes resources to provide students and graduates with incentives to continue to participate in the research study. Furthermore, in many cases, HOPE's strong relationships with students and graduates facilitate long-term engagement with many.

In addition to this existing structure, HOPE will leverage Brookdale Hospital's relationships with clients to follow-up, re-engage, and track outcomes, to the extent allowed by HIPAA regulations.

- vii.** Screenings, as instructed by AOPD, will be fully integrated into HOPE's existing intake system, maximizing the extent to which this modality will be used to support HOPE students' access to mental health services. All front-line staff, not only intake staff, will be trained on screenings, as challenges may arise throughout the training process that need to be screened and referred. In particular, staff will be prepared to offer CAGE screenings following HOPE's on-site drug testing, a compulsory element of our programming.

Motivational Interviewing will be the core modality of all one-on-one career counseling sessions, which take place frequently at HOPE through instructor feedback meetings, goal-setting conversations with Employment Specialists, in preparation for job interviews, and other milestones along the career pathway.

As described above, the majority of HOPE's population have existing mental health diagnoses, and nearly all have traumatic experiences in their pasts. At times, HOPE's rigorous training program and working closely with peers can serve as triggers. While these cases are often learning experiences for men and women entering the workforce, successful application of Mental Health First Aid will better empower staff to diffuse challenging situations and direct students for additional treatment.

As previously described, psychoeducation will be provided to all staff to ensure knowledge on the mental health challenges of our students and the subsequent impact in the workforce. At the same time, HOPE staff will work with Brookdale Hospital staff to provide psycho-educational workshops to students.

- viii.** Fourteen front-line staff will be trained, including Program Directors, Recruitment and Intake Coordinator, Work Readiness Instructors, Technology Instructor, Employment Specialists, Business Development Manager, Retention Associate, Advancement Coordinator and Mindfulness Instructor. The ratio of front-line staff to clients is 1:36 over the course of the year. Administrative and

managerial staff will also be trained, including the Executive Director, Chief Financial and Operating Officer, Chief Development Officer and others. This is essential in a program like HOPE as all services and administration are provided in the same location and all staff interact with students and graduates on a daily basis. Furthermore, engaging all staff in mental health training reinforces the extent to which task-shifted mental health services are embedded in the organizational culture.

h. Staffing

- i. All modalities will be integrated into the existing work of direct service staff. For example, Brookdale Hospital Adult Outpatient Psychiatric Clinic will train HOPE staff on screening protocols that fit seamlessly with HOPE's existing intake process. HOPE currently hosts two open house informational sessions each week for applicants. Informational sessions include a detailed description of the program, and the Test of Adult Basic Education (TABE). Applicants are then invited to participate in a one-on-one intake interview that covers demographics, work history and current income, family, living situation, current medications and diagnoses, emergency contact information, career goals, and additional information. Brookdale Hospital will work with HOPE management to integrate questions into this existing intake interview which would indicate the need for additional screening. For example, with the expertise of Brookdale Hospital Mental Health Professionals, HOPE's Intake Coordinator might add a question along the lines of "Are you often worried?" A "yes" response would trigger staff to conduct the evidence-based Hamilton Inventory for anxiety. Brookdale Hospital will train staff on the Hamilton Inventory as well as the mini mental status exam (MMSE), the CAGE screening for substance abuse disorder, and the Beck Depression Inventory. Training will emphasize appropriate follow-up for clients whose initial screenings indicate a possible diagnosis.

Similarly, HOPE currently offers Work Wellness classes covering topics including stress management, dealing with challenging people, goal setting and other skills that lead to success in the workplace. As psychoeducation is an essential element of students' comprehensive training, HOPE will replace some existing classes with psychoeducational workshops. Front line staff currently have career coaching and other one-on-one sessions with students, and also deal with crises as they arise. Rather than create additional workload, Motivational Interviewing and Mental Health First Aid will better equip staff to manage situations which they currently encounter on a regular basis.

- ii. The HOPE Program lead on the C2C grant will be Elyssa Gersen-Thurman, Director of Work Readiness and Work Wellness Services. Elyssa is a Licensed Mental Health Counselor, but her role at HOPE is primarily administrative. As such, she brings the educational background to support this initiative and cultivate additional buy-in among staff. At the same time, because HOPE does not provide mental health services, this program will fill a critical gap in services. Mihaela Krasteva-Nikolov, HOPE's Statistical Analyst, will be the key point of contact for research and evaluation. Resumes for Elyssa and Mihaela is attached.

HOPE has limited experience in implementing Motivational Interviewing. We were introduced to this modality through a strong partnership with the US District Court, Eastern District of New York, which has yielded strong results among probationers. HOPE has contracted with a training provider to offer initial training in MI, but has lacked the resources to train new staff or provide ongoing guidance to previously trained staff.

- iii. In addition to Elyssa Gersen-Thurman, who has worked in vocational services for low-income men and women with substance abuse disorder for over 20 years, the program will be supported by HOPE's Executive Director, Jennifer Mitchell. Jennifer joined HOPE in 2011 and has overseen an increase in New Yorkers served, implemented the organization's five-year strategic plan, and facilitated the development of our staff. Under her passionate leadership, HOPE has developed core values, built its board of directors, and implemented cutting-edge strategies to empower our staff to provide the highest quality services through access to data, self-care techniques, and other techniques. She serves on the Board of Directors and Executive Committee of the New York City Employment and Training Coalition and has brought many new partnerships to HOPE. Prior to joining HOPE, Jennifer led programs for The Doe Fund for over 12 years. She holds an MPA from Columbia University and a BA in Sociology from SUNY Binghamton. Both Elyssa and Jennifer meet the criteria of having strong leadership skills, well over five years of successful experience with the target population, and a commitment to providing services in a manner that is sensitive to the characteristics and cultures of the target population.
- iv. HOPE staff has shown a strong commitment to learning and integrating new skills to consistently improve our services to low-income men and women. Previous Motivational Interviewing training was received enthusiastically, and workshops on self-care, vicarious traumatization, LGBTQ cultural competency, Salesforce.com and other professional development seminars have improved HOPE's work. Staff will be pleased for the opportunity to build upon HOPE's

existing services to better serve our students, while adding credentials to their professional portfolios. Further, as HOPE is a data-driven organization, staff will be interested to analyze the impact of new interventions on student success.

This program has support from the full senior staff, including HOPE's Executive Director, who has provided input into the program planning.

- v. Elyssa Gersen-Thurman, who has been identified as the C2C program lead, is a member of the Executive Team at HOPE and engages in weekly meetings with the Executive Director, Chief Financial and Operating Officer, Chief Development Officer, and Director of Employment and Graduate Services. These weekly meetings will provide an opportunity to review data, communicate successes and challenges, and strategize course corrections.
- i. Intake interviews, including screenings, and one-on-one career counseling sessions using the Motivational Interviewing framework will take place in private offices of HOPE staff. Clinical mental health services will be provided by the MHP at Brookdale Hospital.
- j. HOPE and Brookdale will contact 911 in the case of emergency or when students reveal something reportable such as suicidal or homicidal intent, child abuse or neglect or elder abuse or neglect. If students reveal this information at HOPE, which is not bound by HIPAA requirements, HOPE will communicate this information to Brookdale Hospital to support mental health services for the client. If this information is revealed to a mental health counselor at Brookdale Hospital, the information will not be shared, consistent with HIPAA regulations.
- k. HOPE will provide intake interviews, screenings and one-on-one career counseling sessions using the Motivational Interviewing framework on-site. All clinical mental health services will take place at Brookdale Hospital or through Brookdale's Mobile Crisis Team, which actively follows up with high-need clients who become unresponsive. Often, clients become non-compliant because of competing appointments, lack of resources for transit fare, or other issues which can be addressed. Brookdale's Mobile Crisis Team visits nonresponsive clients deemed at risk within 24 – 72 hours of a missed appointment to encourage continued engagement.

HOPE and Brookdale Hospital are located within 30 minutes of each other on the 2/3 subway line.

If off-site care is needed, participants will be supported in the following ways: HOPE staff will contact Brookdale Hospital together with the participant; HOPE staff will

record the date of the first (and subsequent appointments) in order to remind participants to attend and ask follow-up questions the following day; Brookdale Hospital will communicate with HOPE if clients do not arrive for their appointments. In addition Brookdale Hospital has agreed to prioritize evening appointments for HOPE clients in order to accommodate the full-time schedule of training, and ultimately jobs.

Furthermore, the proposed budget includes a pool of \$9,000 in the first year (and increasing to accommodate increases in clients served in subsequent years) to ensure that students in need of clinical mental health care but who lack Medicaid will have access to Brookdale's intake, psychological labs, and follow-up. Brookdale will then work with these clients to connect them with Medicaid, if applicable.

In order to collaboratively support mutual clients, Brookdale Hospital will provide all information allowed by HIPAA to HOPE.

I. Anticipated Impact

Consistent with the goals of the Mayor's Fund to Advance New York City, the goals of the HOPE/AOPD partnership are to:

- i.** Increase participant retention in HOPE; our current completion rate is approximately 72%. We aim to see completion rates of 75% - 80% through improved support of front-line staff and improved mental health.
 - ii.** Increase participant job retention; our current completion rates are approximately 90% at 90 days and 70% at one-year. We aim to increase each of these by 3 – 4 percentage points, through students' improved ability to manage their care.
 - iii.** Increase the health stability and overall wellness of CBO participants, as reported by participants themselves as well as decreased perception of stigma among participants and their family members
 - iv.** Maintain and continuously build upon use of task-shifted skills by HOPE staff
- m.** As previously described, HOPE has a culture of using performance data to inform programming, and C2C will be no different. Through monthly meetings between management of HOPE and AOPD, we will monitor progress toward goals and develop strategies to improve the program as necessary. For example, if student participation in mental health care is not improving, we will consider additional psychoeducational programs for students, solicit feedback from students on their reservations to seeking care, and identify additional strategies for improvement.
- n.** HOPE's existing structure allows for significant client and front-line staff feedback. Clients are invited to submit feedback in anonymous online surveys and in a "feedback box" prominently displayed in our reception area. In addition, students provide feedback

in one-on-one conversations with instructors and employment specialists. Front-line staff are encouraged to share feedback at weekly department meetings, weekly client meetings (HOPE's equivalent of a case conference), and at monthly staff meetings. Furthermore, HOPE executive staff have an open door policy, inviting input at any time. These structures will be leveraged to solicit staff input on C2C, as with all other elements of HOPE programming.

- o.** One anticipated challenge is scheduling a rigorous training program within HOPE's tight program schedule. A potential solution is to plan the full program year in advance, allowing staff sufficient time to adjust their plans to accommodate mental health training. An additional anticipated challenge is ensuring that staff fully adopt the mental health modalities, which will be mitigated by monthly check-ins and observations. Finally, data entry, an additional potential challenge, will be addressed through frequent quality assurance on the part of HOPE's Statistical Analyst and monthly meetings between program managers at HOPE and AOPD.
- p.** To support evaluation activities, HOPE will appoint our Statistical Analyst to serve as the point of contact for the external evaluator. We will ensure that our Salesforce.com database is customized to include the fields required by the evaluation. Program Directors and the Statistical Analyst will oversee timely and accurate data collection and entry and will reply to evaluators' questions in a timely fashion. We will work closely with the evaluators to meet any additional reasonable requirements for the grant.