



# ENDING CHRONIC HOMELESSNESS THROUGH EMPLOYMENT AND HOUSING:

A Program and Policy Handbook for  
Successfully Linking Supportive Housing  
and Employment Services for  
Chronically Homeless Adults

September 2008  
Chronic Homelessness Employment Technical Assistance Center



### Disclaimer

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# INTRODUCTION

## Overview and Purpose of the Handbook

Employment plays a key role in permanently ending homelessness, giving people dignity, self respect, and the resources to help pay for housing and other necessities of life. To end chronic homelessness, permanent supportive housing and employment services must be linked together, to help tenants to move toward self-sufficiency, re-engage with their communities, and pursue their employment goals. This Ending Chronic Homelessness through Employment and Housing (ECHEH) Handbook draws upon the lessons learned and best practices from five (5) pioneering communities that have pursued housing and employment strategies to improve the lives of persons who were chronically homeless,<sup>1</sup> and also documents lessons drawn from research. This Handbook is intended to assist and inform service providers, program planners, policy makers, and community leaders who want to understand the key ingredients, operational procedures, and policy implications for establishing an effective approach to providing employment and housing services to formerly homeless individuals with multiple barriers to employment and housing stability.

## Informed by Experience from the Field

In 2003, in support of the goal of ending chronic homelessness, and building upon previous efforts of the 1988 – 1995 Job Training for the Homeless Demonstration Program, the U.S. Department of Labor (DOL) and U.S. Department of Housing and Urban Development, partnered together to launch the *Ending Chronic Homelessness through Employment and Housing* (ECHEH) initiative. The collaboration resulted in Cooperative Agreements being signed with five (5) cities for the purpose of demonstrating the employment potential of persons who are chronically homeless through the implementation of techniques designed to foster community employment, utilizing customized employment strategies linked with permanent housing.

The initiative was funded by three branches within DOL - the Office of Disability Employment Policy (ODEP), the Employment and Training Administration (ETA), and the Veterans Employment and Training Service (VETS) - and by HUD's Office of Special Populations. In this five year initiative, DOL and HUD awarded a combined total of \$23,615,367 to five local workforce investment boards and their respective housing partners. A major goal of this initiative was to develop sustainable and effective direct service partnerships between housing providers, homeless assistance agencies, and the mainstream workforce system.

The Chronic Homelessness Employment Technical Assistance (CHETA) Center collected, analyzed, and organized information about these five (5) demonstration projects. This Handbook includes information gathered directly from these projects, including: views from project staff and participants; sample forms; program policies; best practices; and lessons learned.<sup>2</sup>

Successful job training programs for people who have experienced homelessness include comprehensive assessment, ongoing case management, housing, supportive services, job

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<sup>1</sup> A "chronically homeless" person is defined by HUD as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years."

<sup>2</sup> In this Handbook, the terms "participant" and "tenant" are used interchangeably, meaning: a person who entered permanent supportive housing and engaged, to some degree, in employment services.

training, job placement services, and follow-up. Employment program models effective for people with serious mental illnesses, including transitional employment, supported employment (an evidence-based practice), and individual placement and support, must be flexible in how they define success and be prepared to work with individuals who are homeless over the long-term. A “work-first” approach, as opposed to extensive pre-vocational training, can motivate a person who is homeless to address other problems in his or her life.

Preliminary results from the ECHEH demonstration programs are encouraging, with 59% earning income—44% of participants entering competitive employment, 24% in protected or subsidized work, and 4% becoming self-employed. Experience from these demonstration programs shows that, when you make work a priority, it is feasible and rewarding to help homeless individuals with disabilities get back to work. The goal of this Handbook is to assist others in their efforts to do just that.<sup>3</sup>

### Overview of Housing Provided

Each ECHEH site was awarded subsidies for a designated number of housing units, for a total of 297 units across the five sites. For four of the projects the housing is scattered throughout the community and for one project, the housing units are located together in a single site. The ECHEH sites include:

- **Boston, MA:** *HomeWork*, Boston Private Industry Council, 20 housing units
- **Indianapolis, IN:** *Threshold*, Indianapolis Private Industry Council, 42 housing units
- **San Francisco, CA:** *Hope House*, City of San Francisco Human Services Agency, 70 housing units
- **Los Angeles, CA:** *LA's HOPE*, City of Los Angeles Community Development Department, 76 housing units
- **Portland, OR:** *Portland Ending Chronic Homelessness Initiative*, Worksystems, Inc., 89 housing units

**SEE:**

**Appendix A** for an overview of each ECHEH site

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<sup>3</sup> The final evaluation was not available at the time of publication. For the Final Evaluation Report on the ECHEH demonstration, conducted by Westat, please contact the Office of Disability Employment Policy at: <http://www.dol.gov/odep/>

The importance of housing, as well as employment and treatment, to end chronic homelessness, cannot be overstated, and it comprises one of the most consistent themes in the research literature. You cannot end homelessness without homes. Providing permanent supportive

“Well first and foremost is I’m extremely lonely...I’m totally unemployable. I’m over the hill, got no references, no appreciable skills, patchy work history at best...I’m a former alcoholic and addict who is homeless. Who’s gonna look at that resume and say, “Oh this guy’s just what we need!””

housing to homeless people with psychiatric and substance use disorders reduces their use of costly hospital emergency department and inpatient services, which are publicly funded.<sup>4</sup> Equally important is the way in which employment provides confirmation that homeless people are indeed “well”. Through employment, persons become recognized as fully functioning members of society, have that membership confirmed by each and every paycheck, and have an “identity” derived from the work they do.

Some tenants feel that they need to work in order to pursue recovery, others may blame work for relapse, and still other tenants, while appreciating the advantages of work, fear it might interfere with recovery or that it might mean the loss of life saving benefits. One report documented a tenant’s experience: “Well first and foremost is I’m extremely lonely...I’m totally unemployable. I’m over the hill, got no references, no appreciable skills, patchy work history at best...I’m a former alcoholic and addict who is homeless. Whose gonna look at that resume and say, ‘Oh this guy’s just what we need!?’ I know I ain’t marketable. So that leaves me to occupy myself with things that don’t pay and what can you do when you ain’t got any money? It’s very depressing. Recovery is not going to make all my problems go away.”<sup>5</sup> Working is about earning money. However, for many, the rewards go beyond the often limited economic rewards received by homeless and formerly homeless workers. The rewards also include the self-esteem and self-worth gained by engaging in productive, purposeful activity. The ECHEH project sought to provide homeless persons access to permanent supportive housing and employment, the supports necessary to maintain both, as well as a to impart an understanding of both as integral parts of improving one’s own recovery, personal stability, and self-sufficiency.

In the first year of the ECHEH projects, housing eligibility criteria were not well understood by the DOL grantees, nor were the housing agencies clear about when employment services were to begin. It was a difficult first year for these five collaborations, as they worked to bridge the gaps between their respective systems, regulations, and outcome expectations. Chapter Two provides information that may be useful to those less familiar with the housing world. This information will help community planners and workforce development professionals, as well as new supportive housing providers, with basic information about operating permanent supportive housing, with employment as a core component.

## The Need for Targeted Services and Specialized Skills

Experience at the ECHEH sites has shown that it is necessary to develop special staff skills and

<sup>4</sup> Martinez, T.E. and Burt, M. (2006). Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults. *Psychiatric Services* 57(7), 992–999.

<sup>5</sup> Weinberg D, Koegel P. Impediments to recovery in treatment programs for dually diagnosed homeless adults: An ethnographic analysis. *Contemporary Drug Problems*. 22(2):193-236, 1995.

programmatic innovations to best serve homeless or formerly homeless job seekers—and that targeted programs will promote the greatest success for this population. This conclusion echoes that reached by DOL after its earlier homeless employment demonstration program, the *Job Training and Homeless Demonstration Program* (1988 – 1994):

“Demonstration experience clearly indicates...that it takes more than employment and training to help many homeless individuals to find and keep jobs. If the Job Training Partnership Act (JTPA) or other nationwide employment and training initiatives are to serve effectively a large number and cross-section of America’s homeless population, the results imply that such programs will need to specifically target outreach and enrollment efforts on homeless individuals {...} In addition, such programs will need to provide a wide array of services – including job training, job development and placement services, housing assistance, post-placement follow-up and support, and a range of other support services – and, through assessment and case management, tailor such services to specific needs of each participant.”<sup>6</sup>

## Purpose of the ECHEH Handbook

The primary purpose of the ECHEH Handbook is to help communities plan for and implement the principles, practices, operations, and administrative elements of programs that seek to stably house and employ a population that faces significant barriers to both. This Handbook provides information about creating, implementing, and operating employment service programs integrated within and/or linked to permanent supportive housing units.

The target audience for this Handbook includes program planners and operators in the supportive housing, workforce, behavioral health, and homeless assistance systems. This Handbook seeks to help planners and program operators by:

- Providing guidance regarding how to organize a partnership with a shared vision and orientation
- Documenting approaches that have been tested in the field
- Providing sample tools for adaptation
- Sharing lessons and evidence from other programs

There are many challenges involved in developing programs that, by necessity, rely on the resources from multiple systems. To effectively house and employ people with histories of homelessness, particularly those individuals whose homelessness is measured in years not days, services from the housing, workforce, behavioral health, and health care systems are needed; therefore, planners and operators need to be “multi-lingual”—conversant in the language of each of these different systems. This Handbook seeks to serve as a resource and guide to those traveling across systems (“boundary spanners”) to design and operate high quality, effective employment and housing programs. In addition, policy makers, grant writers, funders, and Continuum of Care participants across the nation will also find useful information within this Handbook.

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<sup>6</sup> Employment and Training For America’s Homeless: Report on the Job Training for the Homeless Demonstration Project, U.S. Department of Labor (1994), pp. ES 4 - 5



## Scope of this Handbook

This Handbook assumes the reader has some knowledge of models and strategies for creating and operating permanent supportive housing, which, simple stated, is affordable housing linked with services that help formerly homeless people live more stable, productive lives. Readers who would like more background information regarding supportive housing are encouraged to visit *Understanding Permanent Supportive Housing*, CSH's web-based *Toolkit for Developing and Operating Supportive Housing*, available at [www.csh.org/toolkit2understanding](http://www.csh.org/toolkit2understanding), which includes the following tools:

- [What is Supportive Housing?](#)
- [Key Principles of Supportive Housing](#)
- [Five Elements of Successful Supportive Housing](#)

## How the Handbook Is Organized

This Handbook addresses: getting started and refining programmatic ideas and goals; collaborative planning and anticipating challenges; developing policies and procedures to support or structure the activities of staff; delivering services; and understanding the policy implications of this work. The Chapters are organized as follows:

*Chapter 1: Getting Ready – People and Programs* identifies necessary partnerships, examines views on employment readiness, and particular skills staff need to deliver employment services.

*Chapter 2: Integrating the Systems Required for Effective Service* focuses on cross-system collaboration at the system level.

*Chapter 3: Establishing the Employment Service in Supportive Housing – Helping Tenants Choose, Get Keep a Job* calls for a fresh look at how chronically homeless people are selected to participate in employment services, the kinds of work people might seek, how staff can market job seekers and their services to employers, and focuses on job retention as a key goal.

*Chapter 4: Essential Elements and Structure of an Integrated Services Team* focuses on cross-system collaboration at the staff level.

*Chapter 5: Factors Impacting Employment and Supportive Services for the Target Population* explores the specific factors that typically impact, positively and negatively, both the job-seeker and the delivery of employment and supportive services in an integrated supportive housing and employment services program

*Chapter 6: Administrative Operations and Funding Strategies* offers an overview of the key administrative elements that programs should consider, and plan for, when developing their project.

*Chapter Seven: Evaluating a Housing and Employment Services Program* provides information to consider regarding conducting an evaluation of your project and an overview of the evaluation experiences of some of the ECHEH sites.

*Chapter 8: Lessons Learned and Policy Implications* provides an overview of what was learned through the ECHEH projects, and suggests new directions.

# CHAPTER ONE: GETTING READY – PEOPLE AND PROGRAMS

## Introduction

Before launching into designing a program or establishing partner agreements, it is important to consider a number of key issues. This Chapter focuses on helping potential partners get ready to plan a program, especially one that will depend on developing and managing partnerships across the homeless assistance, housing, workforce development, and behavioral health care systems. “Getting ready” includes: identifying and understanding the target population to be served; identifying what partners will be involved and what they need to learn from each other; examining how staff view employment readiness; determining critical staff skills and how such skills will be developed and supported; discussing local system design, how progress will be measured, how services will be evaluated, and defining the ultimate goals of the project.

## Spanning Boundaries in Partnerships and Making Use of Interagency Strengths Through Collaboration

Helping people with multiple barriers to employment, especially when one of those barriers is a lack of housing, requires the combined efforts of more than one organization, and, usually, more than one funder. In each of the ECHEH demonstration projects, collaboratives were formed. The number of agencies in these collaboratives ranged from nineteen (19) in Los Angeles to seven (7) in Indianapolis. Partners typically included: a behavioral health agency; the administrative agency for the local Workforce Investment Board; one or more One-Stop Career Centers; a community-based non-profit vocational rehabilitation agency; a community-based human service agency; case management organizations; housing agencies; the local public housing authority; the state mental health agency; the state vocational rehabilitation agency; a technical assistance and training provider; and an evaluator. The experience of these projects suggests that the success of the partnerships depended upon a lead organization identifying a person whose job it was to span the boundaries of these various organizations and the systems they represent.

These partnerships are important not only to meet the comprehensive needs of the target population and to coordinate the diverse services procedures and practices, but also to access a variety of funding sources that can support the project and/or help sustain the project into the future. For example, in one project, the case management agency, affiliated with a Federally Qualified Health Center, could access funding through Medicaid; as a vendor for employment services, the nonprofit vocational rehabilitation agency could access the State Vocational Rehabilitation funds; and the mental health agency could augment funding through billing for services to its managed care entity. The potential sum of such interagency contributions is greater than any one agency could generate alone.

## Employment Readiness and Access to Employment Services

Across the country communities are developing housing first programs, providing direct access to permanent housing from the streets and shelters and providing wrap-around supportive services to mitigate the challenges chronically homeless individuals might face as they move into subsidized housing. Participants’ access to the permanent housing is not contingent upon them being

determined to be “housing ready”. The efficacy of this approach is now well proven and it plays a key role in ending homelessness for persons with even the most significant challenges and obstacles.

Similarly, there should be “no wrong door” to employment services. Keeping the door open to people who express the desire to enter the work world is the beginning of engagement to help people to make any needed change in their behavior or skills so that they can succeed in a workplace. For some, securing permanent housing requires an income to pay rent and that can mean pursuing a job and a home simultaneously. Telling people to come back to for employment services when they are clean and sober, or when they are free of any symptoms of mental illness or other chronic health conditions, is closing the door at the moment of opportunity, when the individual is contemplating making a change in their life. A no wrong door approach provides footholds so that people can climb to the next level of preparing to go to work. Experience at the ECHEH sites suggests that chronically homeless people who express the desire to work should be included in employment services, regardless of how well prepared they are to enter competitive employment at the time of entry.

### **Participant Case Study: R.J.**

R.J. is a 38 year old man who has been homeless for five years. In addition:

- He is diagnosed with schizophrenia.
- He has been drug addicted since the age of six.
- He smokes crack.
- He doesn't know where he is going to sleep tonight.
- He believes shelters are bad places where people rob you and beat you up while the staff looks the other way.
- He says he is an inventor because he knows how to stop planes from falling out of the sky.
- He thinks the city does not spend enough money on the homeless and says “If the Mayor can spend millions building a new city hall he should be able to give us money to help us get jobs.”

Based on the federal definition, the U.S. Departments of Labor and Housing and Urban Development (HUD) would clearly consider RJ a “chronically homeless” person.

### **SAMPLE:**

#### **Appendix 1.1: *Verification of Chronic Homelessness***

#### ***Readiness to Work – How Well Prepared is R.J. to work?***

Many would approach the question of R.J.'s employability by seeking to determine if he is ready to work or not. That is, does he exemplify the characteristics employers seek in a job seeker. These are the important soft-skills, such as punctuality, interacting appropriately with co-workers and supervisors, performing assigned tasks, dressing appropriately to the work environment, among others. In traditional employment and training programs, staff would most likely tell R.J. to come back when he has addressed his mental health symptoms, is not using substances, and is living in stable housing. However, closing the employment door to R.J. when he expresses the desire to get a job can set him back further from that goal. Instead, engaging him when he is contemplating something that he wants to do can validate his ambition. Of course, R.J. is ill-prepared to operate a forklift in a warehouse today, but can succeed within low-demand, more accessible work opportunities that are under the purview of an employment program as he addresses the behaviors

needed to work.

Employing chronically homeless job seekers requires adjustments to traditional practices. Maintaining past strategies can inhibit job seeker motivation and perpetuate joblessness among this population. Greater flexibility, in which we truly meet the participant “where they are at”, is needed. Evidence from the ECHEH projects clearly supports the need for a change in traditional thinking.

### *Can Housing and Jobs Both be First? What Sequence Would Help R.J.?*

Programs offering chronically homeless people assistance to get a job and permanent housing simultaneously are more likely to see improvements in employment rates, income, and housing rates, than programs that do not offer these targeted services. Practitioners in homeless assistance, housing and employment programs tend to approach R.J., and people like him, with a linear service model. In such a model, people with multiple barriers are assisted to address one problem at a time, in a kind of presumed sequential order. In a customized approach, strategies are less linear, and designed to build upon an individual’s strengths and expressed interests.

It is possible to engage people who are chronically homeless and living on the streets or in shelters and assist them to make use of housing and employment services concurrently. Helping R.J. pursue his desire to work and have a place to live may leverage his motivation and advance his readiness to change. Sequencing of services is based on R.J.’s needs and preferences, rather than on how programs are structured. Getting ready to develop and operate an integrated supportive housing and employment services program means questioning current local practices. Such practices may rely on developmental models that require people to demonstrate proficiency in one area of their lives in order to advance in another area, or master certain circumscribed behaviors before moving forward toward their job goal.

## Preparing Qualified Staff

A survey of the practitioners employed in the five (5) ECHEH projects revealed that two-thirds of the staff identified certain skills, practices, or activities as important for delivering employment services to chronically homeless tenants of supportive housing, while there appeared to be less consensus regarding other practices.<sup>7</sup> The agreed-upon practices can be grouped into four (4) categories: Customized Employment; Vocational Assessment; Job Development; and Job Retention.

### *Customized Employment: Key Skills, Practices, and/or Activities*

- The individual is hired and paid directly by the employer.
- Work occurs in an integrated, individualized work situation in the community or in a business alongside people who do not have disabilities.
- Employment results in pay at the living wage or the “going rate.”
- The process is facilitated through a blend of services, supports, and resources that include the workforce system and other public and private partners such as disability service providers.

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<sup>7</sup> Rio, John. (2008). Common Employment Strategies in the US DOL-HUD Initiative to End Chronic Homelessness Through Employment and Housing. New York: Corporation for Supportive Housing and Advocates for Human Potential. Available at: [www.csh.org/cheta](http://www.csh.org/cheta)

These resources are coordinated to meet the job seeker's needs.

- Exploratory time is utilized to uncover the job seeker's unique needs, abilities, and interests in addition to more formal or traditional assessment.

#### *Vocational Assessment: Key Skills, Practices, and/or Activities*

- Staff help participants identify the kind of work the participant prefers to do (dreams and aspirations) through some kind of vocational exploration (and without limitation of whether or not they can currently do all of the tasks associated with such preferred work).
- Staff solicit from participants their likes and dislikes about certain kinds of jobs or occupations.
- The staff provides participants labor market and employer information about vacancies, job growth in key industries, training opportunities, wage ranges and other benefits, schedule options, location of job and similar information to support the participants informed choice about a job goal.
- The staff help participant identify the types of jobs that are the best match in terms of actual skills (work and transferable), knowledge, previous experience, preferred schedule, and type of environment that promotes a positive work experience (i.e. avoid triggers for relapse, etc.)
- The vocational assessment identifies the participant's preferred job or type of work they want to secure.
- The vocational assessment identifies the participant's current and needed level of supports, including the people, places, things or activities that may help them work. Supports may be professionals or natural supports.
- The vocational assessment identifies the participants' current and needed level of occupational skills and abilities to perform the work tasks of their desired job – their behavioral strengths and weaknesses.
- The vocational assessment identifies disability related obstacles or other factors that may interfere with obtaining the participant's preferred job and the impact of these obstacles, e.g. active substance use may result in tardiness, no shows for work or on the job injury; or prior felony convictions may result in Criminal Offender Record Information (CORI) problems.
- The vocational assessment includes a chronology of educational, training and work history (including training from military experience).
- The results of the vocational assessment are documented on a written form or profile.
- Each participant is a unique individual and staff conducts vocational assessments in ways that are guided by the individuality of the participant, their choices and their self-determined needs.
- Staff conducting vocational assessments develop discrepancy between participant preferences and behaviors as appropriate and use other motivational interviewing strategies to encourage change.
- Vocational assessments are conducted by staff trained in interpersonal skills or interviewing skills that support a participant-centered counseling approach which is non-judgmental, attends not only to the facts but also to the participant's emotions and feelings about their life experiences, work and their disability, uses open ended questions to solicit information, avoids reliance on directive strategies alone.

#### *Job Development: Key Skills, Practices, and/or Activities*

- The job seeker is fully involved in planning what employers to contact and which jobs to

pursue, decides who will participate, and directs the job development effort.

- Each job seeker has a designated job developer or an employment specialist responsible for job development.
- The job developer uses Internet job sites, workforce system resources, trade publications, newspapers, and their personal network of friends, employers, and others who can provide job leads in industries in which participants want employment.
- The job developer intentionally coordinates with workforce system staff and related agencies in order to maximize options for the participant.
- Job developers or employment specialists provide job options that are in different occupations and industries and in diverse settings.
- The job developer follows up on job placements and coordinates services for job retention with the case manager, other employment specialists or job coach.
- The focus is on the job seeker's preferences, talents, life experiences, strengths and dreams, rather than their challenges or limitations.
- Concerns and complexities are considered solvable through negotiation and support, and must not become reasons to rule out career options.
- The planning process always focuses on obtaining community-based, integrated employment that pays a living wage.
- Family, friends, and natural social networks serve as a secondary source of input, opinions, and support. The job seeker is always the primary source of information.

#### *Job Retention: Key Skills, Practices, and/or Activities*

- Staff responsible for job retention exchange information with clinical, case management, and other employment staff.
- Job retention services are not time limited but offered as long as the worker requires support.
- The project tracks job retention for those placed in jobs.
- Project staff works with participants to solve on-the-job problems, at the job site or off site.
- Staff helps participants resolve employment support challenges, including child care, transportation, mental health care, etc.

### **Models of Partnering with the Mainstream Local Workforce Investment Agency**

Designing an integrated supportive housing and employment services project requires giving consideration to the nature and extent of the relationship between various agencies, including the local Workforce Investment Board (LWIB) and its career centers. The LWIB and/or the One-Stop Career Center can act as a central coordinator or collaborator with community-based agencies, including housing and supportive services providers, to end homelessness. Given the role of the LWIBs and that the career centers across the United States comprise *the* mainstream workforce system, it is reasonable to consider their leadership role for homeless employment services across the multiple systems in the community. The nature of this relationship may fall within one of the following models:

- 1) *Cooperative Model*: Agencies provide outreach, engagement, employment services, employer marketing in-house. Use One-Stop services, including Disability Program Navigators (DPNs), as one of an array of options people can choose from without obligation that the One-

Stop staff do anything other than make their services available to individuals who are supported in their use by agency-based employment specialists. Access to Vocational Rehabilitation (VR) can be through agency-held contracts or appointments with One-Stop VR located staff. Objective is increased familiarity across sectors and encouraging One-Stop use when people are ready without changing the way each sector operates.

- 2) *Partnership Model:* Agency (or agencies) outstations employment staff on a routine or scheduled basis at the One-Stop, while providing outreach, engagement, employment readiness services in-house or among an agency partnership. Outsourced staff is the 'go-to' staff for referred homeless individuals and are mentored and supported in-house to access those services, including VR. Outsourced staff uses One-Stop resources for employer marketing, and for supporting people in accessing core, intensive and training services and are available for homeless 'walk-ins' as well as project referrals. One-Stop provides rent-free space and access to its resources as needed. People are enrolled in WIA services. Objective is two linked sectors working as a partnership with roles and responsibilities understood in a manner that improves access and use but does not adversely impact WIA outcomes.
- 3) *Collaborative Model:* One-Stop is an active participant on the Continuum of Care and local planning to end chronic homelessness, regular cross-training of One-Stop / agency staff is held, could be a "homeless-specialty" One-Stop with homeless-oriented services on-site or available (showers, clothes closets, etc) and trained One-Stop employment specialists who can serve homeless. Formal MOUs can exist in defining relationships and the initiative should have oversight by a joint Steering committee. Disability Program Navigators are trained in linking homeless to housing, support and employment resources and provide back up TA to One-Stop employment specialists. Homeless job seekers are WIA-enrolled on entry; homelessness and disability are recorded and tracked; and One-Stop staff is active in efforts to build connections with referral sources like shelters, to increase access and use of employment services. Can include most or all the elements of the Partnership model with the additional expectation that resource development and sustainability is a shared responsibility, joint planning between One-Stop leadership and the homeless community occurs, new initiatives (mobile One-Stops, satellites in shelters, etc) are jointly funded. Objective is that it changes the way both sectors work and creates in essence a 'new entity' that is workforce and support services focused and collaboratively planned and funded.

## Best Practices and Lessons Learned

- Planning an integrated supportive housing and employment services program requires careful consideration of shifting programs and practices from traditional linear approaches to a more customized foundation, in which services are responsive to the interests, preferences, and capabilities of chronically homeless individuals.
- In this approach, employment and housing services are offered concurrently, not sequentially.
- No single agency can meet all of the needs of the chronically homeless population.
- Better linkages with the mainstream workforce investment programs are essential for developing a long-term, sustainable employment services.

## Questions to Consider

- What is the current rate of employment among your tenants?
- What kind of relationship with the local mainstream workforce system do you think would help your tenants improve their vocational outcomes?



## CHAPTER 2: INTEGRATING THE SYSTEMS REQUIRED FOR EFFECTIVE SERVICE

### Introduction

This chapter identifies the key service partners necessary to successfully link employment services and supportive housing and suggests ways to foster the integration of these systems. At a minimum, linking employment services and supportive housing requires cooperation and integration across four large service systems – workforce/employment services, supportive housing, homeless assistance, and behavioral health. It is understood that these systems are structured differently in every community and are often operated as entirely independent systems.

This chapter contains an array of information regarding developing the connections between services systems necessary to support and enhance an integrated supportive housing and employment services project. Emphasis must be placed on planning ahead and working to develop functioning partnerships at a *systems* level, understanding the key partners that should be involved, and best practices for leveraging the strengths of each system.

Note: The focus of this chapter is on the broad (or “macro-level”) systems issues involved in developing an integrated supportive housing and employment services project. More specific, micro-level, detail (e.g., front line service-delivery techniques) is discussed in Chapters Three and Four.

### Principles and Practices

The integration of the workforce, supportive housing, homeless assistance, and the behavioral health systems is the crux of this ECHEH approach. To achieve effective integration, each system must share a unified understanding of the implementation strategy and must develop clear, consistent policies and practices for working towards this common goal and view. Leaders and primary staff of each system need to be fully invested in this shared view and, therefore, effort must be put into the development of a common language and definitions, cultural understanding (e.g., housing system staff learn about workforce system staff working environment/parameters and *vice-versa*), and consistent programmatic goals and projected outcomes.

#### *The Lead Agency Plays a Key Role*

One of the first planning considerations is identifying which partner is best suited to the role of lead agency. In many cases, including the ECHEH demonstration projects, the lead agency is, by default, usually the agency who officially “houses” the project, meaning: is the direct recipient of the core funding. This agency tends to direct, explicitly or otherwise, the emphasis or focus of the project. In all of the ECHEH sites the lead employment services agency/grantee was a workforce agency. The level of integration achieved across the workforce, housing, homeless assistance, and behavioral healthcare systems varied across sites. While employment tended to be the primary focus for each site, in some projects this goal was well-integrated with mental health and housing goals, while in others there was more of a push-pull relationship between the focus on housing and behavioral services and employment services. Often, this balance was driven by the experience and strengths of front line staff, as well as by the different performance outcomes that

were connected to the different funding streams

Examples of these different dynamics within the ECHEH sites include:

- In Portland, Worksystems, Inc., the lead agency and center of the city's workforce system, is very focused on employment outcomes. Its housing and direct employment service partner, Central City Concern (CCC), emphasizes housing stability and mental health services and hired project staff with significant mental health experience.
- In Indianapolis, the lead agency, the Private Industry Council (PIC), emphasizes employment outcomes and mental health issues have a much lower profile among its project partners.
- Similarly, in Los Angeles the lead agency is the Los Angeles Community Development Department and has experienced challenges in bringing the housing and mental health systems to the table on a regular basis.
- In San Francisco, the lead agency is the City of San Francisco Human Services Agency. (This agency took over management of the grant after the local Private Industry Council was dissolved.) The primary focus of the project has been on creating on-site programming that provides housing, employment, and clinical assistance to the participants, but, in these efforts, have struggled to bring these three service systems together in a cohesive manner.
- In Boston, the lead agency is the Boston Private Industry Council. It has had more success in integrating key systems throughout the project, building upon the foundation provided by extensive integration work done by the State of Massachusetts, as well as local Boston agencies.

### *Integrated Planning*

Integration of these four systems has been one of the greatest challenges, and learning experiences, for each ECHEH site. The lead agency for the project must play a central role in bringing the different representatives from these systems into the project, and has significant influence over how the overall commitment from system partner progresses. Ideally, representatives from the different systems will participate in the *early stages* of planning and development of the program design, and not just at the time of implementation. Another important factor is to involve all relevant systems in discussions defining the overall culture, philosophy, goals, and intended outcomes of the project—including goals that are systemic in nature, such as expanding the number of affordable housing units in a community, as well as the specific goals related to the participants in the project.

[SAMPLE:](#)

*Appendix 2.1: LA's HOPE Early Project and Partnership Planning*

### *Understand What Your Partners Need to Succeed*

Each partner in the project must have an understanding of what the other partners need in order to make the collaborative project successful. Often, funding is a primary need, but there might also be a need for non-financial help, such as: specialized information and knowledge; introductions to new program models; other community support resources (e.g., transportation and food

assistance); training for staff; dedicated staff time from other systems; political support in difficult situations (e.g., a public hearing for a housing site); or assistance in helping the system to implement a new service priority (e.g., employment goals stated in local Continuum of Care priorities).

## Programmatic Lessons Learned

Key lessons learned regarding programmatic practices from these ECHEH projects include:

- Clearly define the eligibility criteria for all participants in a way that is agreed upon and understood by all systems and service partners. Include definitions for each criterion to avoid misunderstandings down the line.
- Give different systems and partners (including front line staff) adequate time to plan the project and become familiar with each other's cultures and systems
- Take time to discuss and understand exactly what the project is trying to achieve, in terms of program goals.
- Convene thoughtful, productive discussions about how data collection and reporting will be done within, and across, each system. Each system representative must have a good understanding of their system's data collection process, including what they collect and how (i.e., the actual software used).
- Identify a common tool that will be used by the staff from all relevant systems, to work towards common goals with the participants.
- Identify a staff person from each system, including the lead agency, who together will be responsible for the successful coordination of the services for the overall project.
- Carefully define the expectations of each service partner and system, including how that expectation will be met. This should include candid conversations about how these expectations will be supported in terms of staff time and funding and, ideally, also be memorialized in a written document (e.g., Memorandum of Agreement).
- Facilitate conversations about contradictory policies or program goals that need to be resolved before the program can be implemented successfully. If these kinds of conflicts are not addressed prior to program implementation, the burden of resolving conflicts or addressing the contradictions will fall on direct services staff and have a negative impact on program participants.
  - Example: Gain a clear understanding of how increased employment income may or may not affect housing subsidies or other benefits (e.g., SSI). This is an area where there is a lot of confusion and misinformation, so identify good resources for your staff and your program participants on how to find answers to these questions (e.g., local Work Incentive Planning Assistance groups [WIPA's]).
  - Example: One ongoing issue, further exposed by the ECHEH projects and documented by the Westat evaluators, is that federal policies (SSA, HUD) create "a considerable disincentive to working full time", due to the impact of increased income on medical, disability, and housing subsidies.<sup>8</sup> Until some regulatory change is made, service providers need to be aware of these potential impacts and factor that into each participant's

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<sup>8</sup> Frey PhD, W., Elinson PhD, L. Westat Independent Evaluation: Preliminary Key Findings, Conclusions, Policy Implications and Next Steps, ECHEH Grantee Meeting (July 30, 2008).

vocational planning (see page 23 for a list of resource related to this issue).

## Building upon Local System Design

When reviewing the different systems in the local community, it is important to identify early on which ones will play a key role in the project. Once identified, it is then crucial to involve representatives from each system in the planning and implementation of the project. Even with all of the right partners in the room, collaboration is hard work and significant issues will likely arise from the inception of the project idea. Addressing these comprehensively and as early as possible will create a better foundation for the life of the project. Strategies to anticipate and resolve some common issues include:

- Clarify the key policy issues relevant to the project as early as possible. Define and structure each policy in a way that is agreed upon by all system partners.
  - Example: Discuss the definition of chronic homelessness and understand how this term may impact policies regarding outreach strategies and participant eligibility criteria.
- Develop targeted strategies and actions for improving the linkages between and integration of workforce, mental health, substance abuse treatment, and housing/homeless assistance services and systems.
- Define a strategy for how to conduct outreach to local businesses and how this will be supported by the full project. Getting support from local businesses can be very important in making the project a success.
- Determine how resources that support the success of the participants will be identified and accessed by the project partners.
- Find ways to increase the emphasis on employment within the local community (e.g., as a priority in the regional Ten Year Plan to End Homelessness)
- Plan for ways to build connections to employment services in new housing initiatives for homeless people, as well as connections to housing in new employment initiatives.
- Identify a communication strategy, for “telling the story” to the community about the needs, challenges, and positive qualities of homeless and formerly homeless people, success stories, etc. Strategic communication about the project will enhance the overall receptivity and understanding of the community—and may help create a few champions.
- Plan cross-systems trainings so that all partners learn about the cultures and goals of each system.

## Qualitative and Quantitative Program Measures

Determining the ultimate goal and purpose of the program during the initial planning process is crucial to clarifying the scope of the planned project—and is necessary for making decisions regarding program design, operational policies and procedures, and projected outcomes. It is also important to define what information and data the project hopes to collect and measure in order to demonstrate whether the project is achieving its purpose and outcomes. Project partners should consider the following questions when determining what qualitative and quantitative information needs to be collected, analyzed, and reported:

- What are the specific reasons for collecting each element of quantitative and qualitative information?

- What information is necessary to illuminate the problem/issue/need that the project is trying to solve/explain/fulfill?
- Who will look at and interpret this information? In addition to funder(s), with who will this data be shared?
- What cross-system information is needed to accurately describe and represent the project?
- What specific data will be required by funders, will help inform policy, and/or will help inform program adaptations?
- What types of information should be gathered regarding the *qualitative* aspects of the project (e.g., average length of time a participant takes before pursuing and obtaining work, etc.)?
- How will this information be used to inform others about the project? What audiences might be targeted for reports (e.g., funders, policy-makers, employers and businesses, other systems' partners, educational partners, etc.)?

### Connecting Participants to the Behavioral Health System

A major component of making a supportive housing employment program successful is the true integration of the mental health and substance abuse treatment systems into the services strategy and program coordination. The majority of program participants will need access to one or both of these systems while they are living in permanent supportive housing. Proven methods for facilitating this integration include:

- Working directly with city or county mental health or substance abuse service clinics as formal partners in the project.
- Choosing a clinical service provider(s) as project partner(s) who can provide participants with immediate access to treatment services.
- Procuring funding that allows a subcontractor to provide clinical services directly to participants in the project, as formal members of the integrated services team.
- Ensuring that clinical partners have similar service philosophies to those that have been defined for the project. It is crucial for the lead agency and clinical treatment partner to have a shared philosophy and service approach.
  - Example: In the Portland ECHEH project, Central City Concern is a good example of an organization that is involved in the integrated employment and housing project and also provides a variety of mental health and substance abuse services (including a Mental Health Center supported by Healthcare for the Homeless funding).
- Working with clinical treatment systems and agencies to integrate employment activities, goals, and outcomes into overall treatment planning - this means ensuring that all intake and assessment forms, practices and procedures, have employment clearly identified as a core activity in treatment planning.
- Ensuring that the Department of Vocational Rehabilitation (DVR) is involved as a partner in the project from the beginning.
- Promoting the national shift within mental health systems from a medical model to a recovery model, including an emphasis on employment as a goal and potential for everyone.
- Including treatment and clinical program managers on the project's Oversight Committee.

## Connecting Participants to the Homeless Assistance System

When working with chronically and formerly homeless people, it is important for the supportive housing and employment services to have close linkages with the regional homeless assistance system. In most communities, the homeless assistance system includes shelters, treatment services, benefit planning assistance, legal and medical resources, vocational and employment support, and ongoing case management focused on obtaining personal stability, housing placement and retention. These linkages should be cultivated and strengthened in order to recruit future tenants and participants, to offer ongoing resources to participants, and to procure on-going funding targeted for homelessness prevention and/or housing and services for formerly homeless people (such as McKinney/Continuum of Care funds for housing subsidies and other services).

Creating and sustaining linkages with the homeless assistance system will be very important in the design and implementation of the engagement and outreach strategy, which will include encouraging individuals to apply for permanent housing options as quickly as possible. In some communities, it may be important to consider linking with this system not only in the primary city, but in the surrounding communities and counties as well, especially in communities in which housing prices are high and affordable housing units may be more readily available in outlying locations. For examples, in the Boston ECHEH project, the staff was having great difficulty finding suitable housing for participants, due to very high housing costs. To alleviate this problem, staff looked to outlying communities, where there was a greater variety of housing options available.

## Supportive Housing Models to Consider

Choice of the appropriate supportive housing model, or models, will be determined by both the program strategy and local housing options. Permanent supportive housing is decent, safe, and affordable community based housing that provides individuals with the rights of tenancy under state/local landlord tenant laws and is linked to voluntary, flexible supportive services and employment services designed to meet residents' needs and preferences. It is permanent in that there are no limitations on how long an individual can stay in a supportive housing unit. The duration of a tenant's stay is governed by their individual choice and the lease agreement with the landlord.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives.<sup>9</sup> The effectiveness of supportive housing in ending homelessness has depended upon a willingness to take risks and experiment with new models, approaches, and strategies, as well as the commitment of all partners within any model to fully perform their role.

Some of the primary housing models used in the ECHEH projects included:

- Units located in scattered sites:
  - Individual participants live at sites.
  - Services located in separate sites.
  - Outreach done to resident sites when needed.

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<sup>9</sup> Readers who would like more background information regarding supportive housing are encouraged to visit *Understanding Permanent Supportive Housing*, CSH's web-based *Toolkit for Developing and Operating Supportive Housing*, available at [www.csh.org/toolkit2understanding](http://www.csh.org/toolkit2understanding).

- Participants come to service sites.
- *Strength*: Each participant has a sense of privacy and not being “in a program”.
- *Challenge*: Hard to build a sense of community among participants.
- Units clustered within scattered sites:
  - Several participants live at one site, either in separate units or in shared units.
  - Each of the sites are visited regularly by service staff.
  - *Strength*: Allows for some community-building among participants, as well as integration with the broader community.
  - *Strength*: Balances a sense of privacy with a sense of being in a peer program.
  - *Challenge*: Shared residences often lead to interpersonal conflicts.
- Units located within a single site:
  - All participants live at same site, which may be owned and operated by provider or leased from a landlord.
  - Services are located at the same site or very close by.
  - *Strength*: Creates the opportunity for quick and accessible services and interventions.
  - *Strength*: Community-building activities can be implemented and peer support can be cultivated easily.
  - *Challenge*: Less privacy for the individual participants and more of a sense of being “in a program”.

In identifying the appropriate housing model, or models, the following issues should be considered:

- What type of housing is considered most suitable by the target population?
- Where and how should services be delivered?
- What are goals of the project regarding participants establishing, or re-establishing, community connections? What housing design will be most effective in promoting housing stability, as well as encouraging the pursuit of employment?
  - Example: In Indianapolis, program participants live at a single congregate site. This has been a positive factor in that all support services are on-site and readily available to the participants. The housing is managed by staff from a partner agency, available for quick interventions, as necessary. This co-location of all tenants and services promotes a strong tenant community and significant peer support. The drawbacks are that tenants are sometimes troubled by “problem” behaviors, such as binge substance use or relapse, which makes it difficult for participants who are trying to remain abstinent. Also, tenants sometimes feel that they do not have adequate personal privacy.

## A Housing First Philosophy

A core principle of supportive housing, and of the ECHEH projects, is that participation in specific support services is NOT required in order to get or keep housing (“housing first”). Provision of services is flexible. It is driven by the needs of the tenants, regarding types of services, intensity, duration, and timing. It may mean that tenants who are unwilling or not prepared to give up some negative behaviors need tolerance and help with those behaviors that they want to address.

Through practice and research, we have learned that many homeless people with disabilities can move from living on the streets and in shelters directly into permanent housing given the necessary amount of comprehensive services. Traditional approaches required people to demonstrate clean and sober behavior, along with other prerequisite behavior, by going through a phased approach: from living on the streets, to residency in a shelter, to transitional housing, to some kind of supervised housing, and then, finally, to permanent housing of their own. Now, it is increasingly common for housing organizations to pursue the housing first approach, a model that offers permanent supportive housing directly to people who want to leave the streets. Matching an individual's preferences with available housing units, whether in a scattered or single site model, is the first order of business, followed by helping the individual seek the services or treatment that they believe they need. However, it is imperative that the supportive services, even ones that are standard to all tenants, follow any individual from the streets into housing. There have been situations in which "housing first" initiatives were not able to supply adequate supports to individuals who move into the housing, and this can lead to disastrous results.

In a study of a housing first approach to permanent housing for people with psychiatric and substance use disorders, researchers evaluated consumer choice and harm reduction strategies and concluded that participants in the housing first program were able to obtain and maintain independent housing without compromising psychiatric or substance abuse symptoms.<sup>10</sup> Another study examined the percentage of cocaine-using homeless persons (all with psychiatric distress) attaining stable housing and employment 12 months after entering a randomized trial of intensive behavioral day treatment, plus one of the following for 6 months: no housing; housing contingent on drug abstinence; or housing not contingent on abstinence. Of 138 participants, the percentages with stable housing and employment at 12 months were 34.1 and 33.3%, respectively. Analyses suggested superior outcomes when housing was offered as part of the behavioral treatment. The findings suggest the need for services to support housing of persons who reduce but do not eliminate all substance use.<sup>11</sup>

Case managers, outreach workers, employment specialists and others must recognize the rights of people to live in the community as they help homeless people move from the streets to permanent supportive housing. Each individual has the right to rent or buy housing on the same terms as others do (without any special conditions or agreements). They also have the right to ask for and receive reasonable accommodations for their disability.

#### [SAMPLES:](#)

**Appendix 2.2:** *Central City Concern's Addendum to the Lease S+C Program*  
(Portland ECHEH site)

**Appendix 2.3:** *Threshold Housing Project Notice of Right to Reasonable Accommodation*  
(Indianapolis ECHEH site)

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<sup>10</sup> Tsembaris, S., Gulcur, Leyla and Nakae, M. (2004). Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis. *American Journal of Public Health*, 94:4, 651-656.

<sup>11</sup> Kertesz, S.G., Mullins, A.N., Schumacher, J.E., Wallace, D., Kirk, K. and Milby, J.B. (2006). Long-term Housing and Work Outcomes Among Treated Cocaine-Dependent Homeless Persons. *The Journal of Behavioral Health Services and Research*, 33:1.



In the ECHEH projects, nearly 40% of those entering one of the five project sites had an active substance use issue at admission to permanent supportive housing. The efforts in these projects to make program modifications in permanent housing that tended to relax program rules and embrace a motivational, stage-focused model using flexible and customized service principles, despite initial staff skepticism regarding these modifications, seemed to lead to improved outcomes. This finding is in keeping with current literature examining the impacts of this approach.<sup>12</sup> (For more information on Motivational Interviewing, see Chapter Four.)

**SAMPLE:**

**Appendix 2.4: Threshold Housing Project Participant Drug & Alcohol Policy**

One of the premier achievements of all five ECHEH sites is their excellent work in assisting people to move directly into housing and stabilize, with positive housing retention rates as a result of responsive supportive services.

**ECHEH sites - Housing Retention<sup>13</sup>**

Duration of Housing	N	% including Don't Know	% excluding Don't Know
12 months or more	307	67.3%	77.9%
24 months or more	204	44.7%	51.8%
36 months or more	129	28.3%	32.7%
Don't Know	62	13.6%	-----
Mean	25.9 months		
Median	24.0 months		

Type of Housing	Percent of Tenants (N=456)
Single site housing; single occupancy	17.38%
Scattered site housing; single occupancy	59.70%
Scattered site housing; roommates	22.92%

The tables above show: the length of tenancy for participants who entered permanent supportive housing and remained at least three months; and the percentage of tenants in the three different types of housing. Note that in the first chart there were a significant number of individuals for whom housing retention information was not available. This “unknown” data (for 62 persons) is included in the calculation for column headed “% including don’t know” and excluded in the in the last column. For the purposes herein, the reader could consider these as upper and lower limits in housing retention rates for the ECHEH tenants. Thus, between 44.7% and 51.8% of the 456 tenants in the initiative remained housed for 24 or more months.

<sup>12</sup> Mayes, J. and Handley, S. (2005). Evolving a model for integrated treatment in a residential setting for people with psychiatric and substance use disorders. *Psychiatr.Rehabil.J.* 29:1, 59-62.

<sup>13</sup> Westat, Interim Data, July 30, 2008. The final evaluation was not available at the time of publication. For the Final Evaluation Report on the ECHEH demonstration, conducted by Westat, please contact the Office of Disability Employment Policy at: <http://www.dol.gov/odep/>

## Understanding the Impact of Earned Income on Housing and Other Benefits

For any program seeking to promote the employment potential of persons who may be receiving public benefits (e.g., SSI, SSDI), including housing subsidies (e.g., Section 8, Shelter + Care), it is critical to understand the potential impact that increased income will have on benefits eligibility, rental obligations, and housing eligibility. This area can be quite complicated and, for participants and sometimes case managers, can create a disincentive to engaging in employment services. Many ECHEH program participants expressed a fear of losing their benefits and/or housing if they started to work. An accurate assessment of potential impacts of increased income is essential, to avoid an unanticipated loss of benefits, to plan for a potential shift away from benefits and towards greater self-sufficiency, and also to demystify the (sometimes unfounded, yet often warranted) fears about the effects of increased income on housing and other supports. (See Chapter Eight for more information on this issue.)

Some recommended resources for evaluating these potential impacts are:

- SSA's Work Incentives Planning and Assistance agencies (WIPAs): [www.ssa.gov/work/](http://www.ssa.gov/work/)
- U.S. Department of Housing and Urban Development website: [www.hud.gov](http://www.hud.gov)
- Neighborhood Legal Center's ([www.nls.org](http://www.nls.org)) Work Incentives Hotline: 1-888-224-3272
- [Determining Adjusted Income in HUD Programs Serving Persons with Disabilities: Requiring Mandatory Deductions for Certain Expenses; and Disallowances for Earned Income; Final Rule](#) *Federal Register* (Jan 2001, Vol. 66, No. 13)<sup>14</sup>
- [Tenant Rent Calculations for Certain McKinney Act Programs](#)<sup>15</sup>

## Considerations for Building Your Program

### *Drawing on the Strength of Peer Culture*

When developing this kind of collaboration, the involvement and input of program participants as peers, at every level, can give significant strength, cohesion, and validity to the goals and values of the project – such involvement is a core value within the ECHEH projects. The involvement of program participants - as volunteers, members of advisory committees and Boards of Directors, and staff members - is an integral part of their services model. It is also key element of creating a “vocalized” culture, designed to encourage participants to pursue different positions of responsibility and open the door to new employment (and life) possibilities.

### *Creating a Multi-Dimensional System with a Unified Goal*

One of the essential characteristics of a successfully integrated services model is that multiple systems work together towards a unified goal. In this case, the goal is to help the chronically homeless individual recover their home, work life, community, and physical and mental health. Therefore, the full array of service systems and staff need to be involved in the creation of the program goals, the services plan and philosophy, and the operational guidelines that will facilitate staff working together in an integrated manner. Steps that will assist with this process include:

- Facilitating on-going conversations from the beginning of the partnership to create and define the service philosophy:

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<sup>14</sup> Available at: <http://documents.csh.org/documents/cheta/hudrules.pdf>.

<sup>15</sup> Available at: <http://documents.csh.org/documents/cheta/rentcalcs.pdf>.

- Define how services will be provided, and by whom; clarify the role of each partner.
- Define potential barriers that may stand in the way of open communication and full integration; identify ways to reduce or eliminate these barriers.
- Continue discussions regarding the service philosophy during the development, implementation, and maintenance of the project, to help avoid mission and/or service “drift”.
- Hold team meetings that include all service systems on a regular basis.
- Creating a cross-systems training plan for all levels of staff (all management levels, direct services staff, and trainers):
  - Educate the staff in each services system about the role, function, value, culture, and philosophy of all services providers involved in the project.
  - Ensure that this training includes extensive cultural competency and sensitivity discussions.

### *Managing Cross-System Disconnects and Divergent Expectations*

Most people involved in cross-systems collaborations would agree that one of the main challenges is bringing each of the services systems, as well as other associated partners, together in such a way that they are able to view the program with a unified vision. Addressing this challenge requires an open, flexible attitude from all partners. Each system must be willing to adapt its own methods and philosophies, as needed and as feasible, to reach the common goals of the project.

Even if service systems and partners agree to work towards this purpose, significant and recurring challenges will probably occur. These challenges will vary for any given project, and will require customized, unique strategies and solutions, but are likely to include:

- Regulations and policies at the Federal, state, county or local levels often inadvertently work at cross-purposes.
- Even if there seems to be agreement among the partners from different systems about the project, it is important for planning purposes to take the time to define expectations before project implementation – and to revisit expectations as the project progresses. These details may include expectations regarding what the project hopes to achieve, how each partner will contribute to accomplishing this goal, what presumptions each partner has about the services available from other partners, how resources will be shared, and what outcomes need to be achieved in order for the project to be successful.
  - *Example:* One area of disconnect in many of the ECHEH projects was regarding the goals and expectations of the project. At some ECHEH sites, the HUD-funded partner was very satisfied with the level of housing retention for participants while the DOL-funded partner was quite disappointed with the level of employment placement. At other sites, the opposite was true. These examples demonstrate how challenging it is for the different partners to fully embrace, and become invested in, the unified goals of the project (e.g., employment and housing), and not simply their own system’s goals.

The best way to avoid conflict over differing expectations or understandings is to consciously address the inherent conflicts in system philosophy, culture, practices, vision and mission, and service definitions from the start of the planning process. It is also productive to revisit these on a regular basis in order to ensure that all of the partners have frequent reminders of the agreements

made. It is important to document these discussions and agreements in order to keep a consistent record over time.

### Importance of Oversight Committees

Having an oversight or other governing body for an integrated employment and supportive housing project is critical for ensuring there is a consistent forum for facilitating communication regarding project direction. Key guiding principles for creating and managing an effective Oversight Committee include:

- Inviting representatives of all the service systems to be on the Committee from the beginning of the project.
- Having the project coordinator act as staff to the Committee and incorporate their concerns and recommendations into project development.
- Defining a clear set of responsibilities and scope of work for the Oversight Committee, including affirmatively identifying some areas that will not be in their purview (e.g., personnel issues, etc.)
- Respecting the time and energy of the Oversight Committee by: planning meetings well in advance; having a well-defined agenda; bringing relevant and necessary materials to the meeting; having facilitated discussions that result in concrete decisions; and getting information to members in advance.
- Holding committee members accountable for completing tasks that they are assigned or for which they volunteer.
- Getting members actively involved in solving the problems and issues of the project.
- Sharing with members how their participation is helping to move the project forward.

### Identify a Champion for Your Project

One primary ingredient of success for the ECHEH projects, or any project, is having a “champion”, someone who exhibits the courage, commitment, energy, and vision for the project to succeed, from beginning to end. Such a champion might be someone who works within a government agency, an elected official, a local businessman, community advocate, or simply a concerned citizen. The key attributes of a successful champion include:

- A relentless commitment to making the project a success.
- The ability to influence systems and agencies that have the authority to make the project successful.
- The ability to communicate in a clear and compelling manner why the project is worthwhile.
- The ability to cultivate supportive relationships across diverse sectors, all of whom share the vision of the project.

A “boundary spanner” may be the same person as the champion, but has the specific talent for, and commitment to, understanding, validating, and seeing clearly the challenges and concerns of all the system partners involved in the project.

## Understand Legislation and Regulations that Support Employment

Whenever possible, work with city agencies and local legislators to ensure that public policy supports the goals of your project.

- *Example:* the work of the ECHEH grantees gained vital traction due to the inclusion of supportive housing and employment services within local Ten Year Plans to End Chronic Homelessness.

Regulations that mandate a preference for hiring low-income people for certain projects involving public funds can be leveraged to help advance tenant employment:

- *Example:* First Source Administration in San Francisco mandates that any jobs created through city contracts or subcontracts, as well as ones that are created on land owned by the City, be made available first to qualified low-income people in the city limits (including homeless people).
- *Example:* HUD Section 3 regulations mandate that recipients of certain HUD funding give, to the “greatest extent feasible”, a hiring preference for new jobs created by such funding to qualified persons certified as Section 3 eligible (based on income and residence).

This type of legislative mandate, emphasizing the importance of employment for marginalized individuals, can be used to create the momentum needed to increase job opportunities for program participants.

## Common Challenges and Suggested Solutions

Some challenges brought on by complex collaborations, such as those found in the ECHEH projects, can be predicted and minimized through careful planning - other challenges will arise through unique, unforeseen circumstances, requiring improvised responses. Regardless of the nature of the challenge, some primary recommendations for addressing them include:

- **Challenge:** Each system partner has a well-established operational culture and philosophy of service, and any degree of change takes significant time, energy, leadership, common vision, willingness to compromise, and resources.
  - *Possible Solution:* The project leaders should facilitate on-going forums in which the different system representatives are encouraged to learn about, and from, each other, including the core areas in which they view issues differently and offer different service interventions. Facilitate direct, honest conversations regarding policies that are not compatible, and then decide if and how the project will either: 1) cope with and work within these policies; 2) modify these policies; 3) choose other service partners with more compatible policies; or 4) pursue a combination of the above.
- **Challenge:** Getting crucial local and state partners, such as Departments of Vocational Rehabilitation, to collectively support the vision of the project. In many cases, the regulations and guidelines for each system work at cross-purposes.
  - *Possible Solution:* Involve these key agencies in the project from the beginning and identify the contradictory guidelines through needs assessment activities. If these contradictions are obvious and clearly stated to all partners there is more opportunity to resolve them by determining guidelines that are acceptable to each system.

- **Challenge:** Identifying mainstream resource providers (e.g., Department of Public Health, Department of Human Services, Department of Vocational Rehabilitation and the Veterans Administration) that have available funding and capacity to provide behavioral health, vocational, and other services to participants.
  - *Possible Solution:* Identify funding streams that might provide or subsidize additional resources for the program. At the two ECHEH sites in California, many of the clinical services were funded by AB 2034 funds (a special legislated funding stream in California, administered by the state Department of Mental Health, for clinical services to homeless people) and MediCal funds (reimburses specific service costs for individuals who are eligible for MediCal/Medicaid).

## Best Practices and Lessons Learned

- Integration of all services begins at the beginning. It is crucial to ensure that different system policies, philosophies, and practices have been fully discussed, examined, and coordinated prior to implementing the project. Without this preliminary work, it is impossible for direct services staff to operate a truly integrated employment and housing project.
- Take the time to make sure all systems fully understand the target population of the project and their service needs. Examine these needs in the context of the different service funding available to the project. Map potential funding to each need, to determine where the gaps are and what a comprehensive, fully funded, system will look like.
- Create a training plan for the staff from different service systems. Include trainings for managers and policy-makers that address the complex cultural and philosophical differences that exist between the systems.
- Take the time to learn about other systems, how to best work together, and eventually integrate the services to reach the project goals.

## Questions to Consider

- What are the main conflicts or contradictions that exist between the different service systems? Do these conflicts matter, in terms of reaching the project goals? If not, why not? If so, why?
- What are the main goals of the project and why were these goals selected?
- What project elements are critical for success?
  - Does the project need clinical and treatment services available on-site or within five minutes of the participants?
  - Does the project need to offer employment services that are customized to the participant or more one-size-fits-all (i.e., mainstream) in nature?
  - Does the project need to offer rents that are less than 50% of the participant's monthly income or less than 30%?
- What are the "non-negotiable" aspects of the project? Identify, discuss, and agree upon these with all project partners.

## CHAPTER THREE: ESTABLISHING EMPLOYMENT SERVICES IN SUPPORTIVE HOUSING - HELPING TENANTS CHOOSE, GET, AND KEEP A JOB

### Introduction

Helping people get and keep a job....this is where the proverbial “rubber meets the road”. After all is said and done, the measure of a program’s success rests upon whether those enrolled in the program enter employment in jobs that match their preferences and remain attached to the labor force. For our purposes, “entered employment” means the job seeker secured a competitive job, had the opportunity to earn the minimum wage or better, worked alongside people who have not been homeless and who do not have special needs (i.e., an integrated work environment), and ended up working in a position that they wanted and find relatively satisfactory. There was also an emphasis on working with the job seekers to find work opportunities that included benefits that would help offset financial needs related to healthcare, assist the job-seeker to look at career paths that were comfortable and relevant, and augment job and career choices with relevant educational efforts.

In the approach used by the ECHEH projects, the focus was on helping people find their preferred jobs and careers, whatever they may be, in the community, and not solely focused on utilizing community vocational programming. Maintaining employment means keeping a job or getting another, should the first job be lost or unsatisfactory. This approach also integrates the provision of comprehensive supports in the form of clinical counseling, case management, benefits planning and other employment services that have the specific intent of supporting the job-seeker’s employment goals. Job retention may be measured by whether or not the person is in any job in the quarters after first starting employment as well as by the number of days employed (as opposed to unemployed) or the length of time the worker stays in a particular job.

As discussed in the previous chapter, experience from the field confirms that bringing multiple systems together, while necessary, also means doing the hard work of learning about each others approaches, language, and contributions to helping people go to work. It is also important to align the different contributions of each system so that they are in harmony rather than in competition or conflict. Through cross-system collaboration, tenant employment programs will achieve their greatest success. For example, local One Stop Career Centers frequently employ staff dedicated to developing relationships with businesses and employers that can benefit other employment and training organizations in the community, especially those serving people with multiple barriers to employment. A project modeled on the ECHEH strategies might consider linkages with business services at career center offices. Supportive housing projects that are integrating employment services can be more effective if they utilize the resources available through the workforce system.

This chapter provides detailed information about helping tenants (your job seekers), secure employment and maintain an attachment to the labor market. This process starts when homeless people are first engaged by outreach workers to build a connection and stimulate interest in employment that might take place on the street, in shelters, or in transitional housing as well as in permanent supportive housing. All homeless people are potential job seekers and a job seeker does not have to live in permanent housing in order to seek employment. As homeless people take steps toward permanent housing, supportive housing staff should gather information from

applicants about their work interests, experience and daily activities. After moving into a supportive housing project, case managers can work with new tenants to set employment goals, develop plans that address these goals, and initiate job development activities. Case managers and workforce staff can partner, thereby tapping the skills of each other to complement job seeker needs.

This chapter also discusses job retention activities, the all-important work of *maintaining* a tenant's involvement in the labor market. A key principle of the ECHEH handbook, as established by the work of the ECHEH grantees, is to shift our thinking as providers and planners about when the topic of potential employment goals for future tenants is initiated. It is the experience of this project that these conversations can begin at the same time as those that address getting emergency or permanent housing, and that integrating employment goals (including interest in "starter" jobs, attending classes and other vocational activities)

Whether you are a planner of permanent supportive housing and employment services or currently operate a housing project closely linked with employment services, this chapter will help you:

- Understand how staff can engage tenants around setting goals for getting and keeping a job;
- Include the idea of "career planning" as part of this overall process for the long-term self-sufficiency of the tenants
- Develop an infrastructure to support tenant activity to get and keep a job;
- Find concrete tools to establish and document tenant job placement and retention activities;
- Think through the planning processes that support getting and keeping a job.

### The "No Wrong Door" Approach

In order to conceptualize how you might implement employment services through a housing and employment collaboration, it is helpful to imagine participants pursuing employment throughout the different phases of the project (i.e., outreach, intake, placement, etc.) and starting whenever and wherever the job seeker feels most comfortable. We refer to this as having a "no wrong door" approach. Each individual follows an independent vocational path and set of goals. A no wrong door approach allows for an individualized pathway because it is under such circumstances that the participant can access employment services easily and flexibly, with the services designed to be responsive to specific needs. It supports staff in efforts to meet the participant where they are at, rather than requiring participants to fit into a pre-determined slot with expectations that might just as easily rule out chronically homeless individuals as include them. It also supports the concept that pursuing employment goals is not usually a linear process, and for chronically homeless people it might involve getting a job fairly quickly, perhaps at the same time as the individual is pursuing clinical treatment services or housing retention assistance.

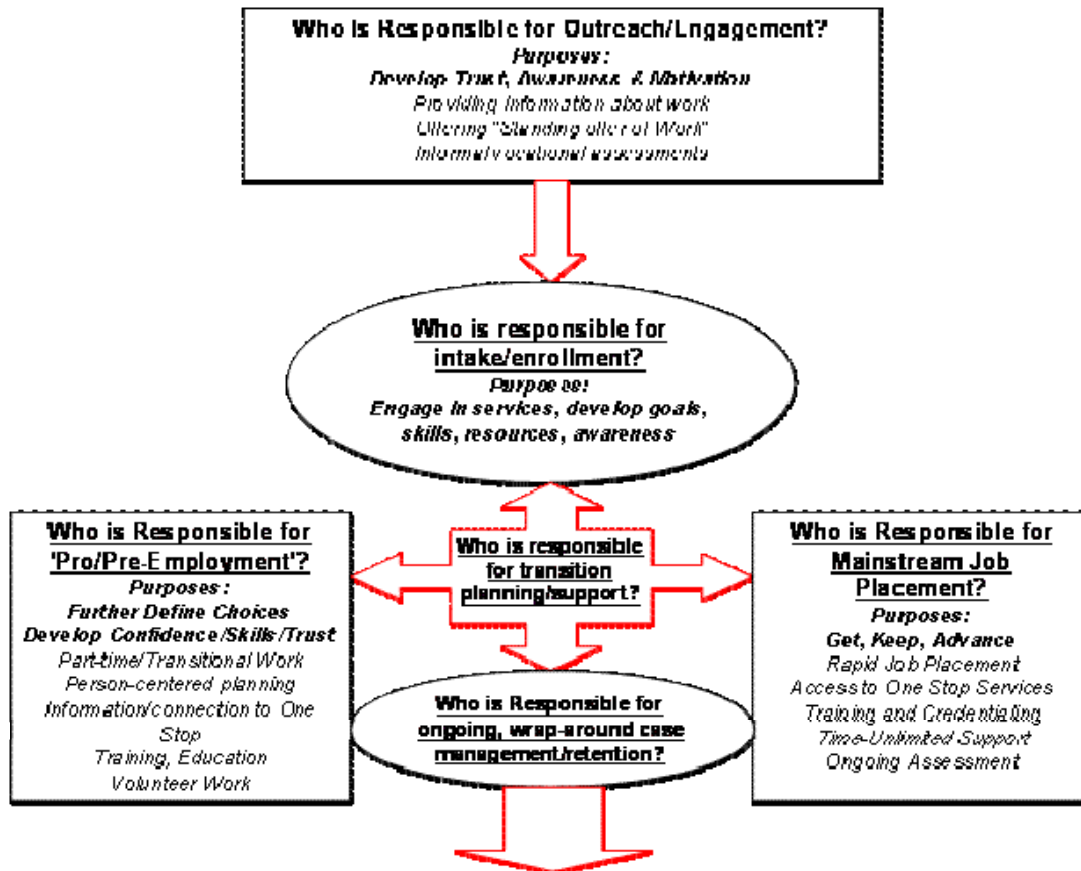
Through our experiences we found that programs and services that honor and embrace an individual's *current* expressed desire to work and their vocational status, then support and facilitate movement from that point forward, are quite successful in assisting people to find and keep employment. Supported employment services research tends to support this claim.<sup>16 17</sup> The

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<sup>16</sup> Cook JA, Lehman AF, Drake R, McFarlane WR, Gold PB, Leff HS, Blyler C, Toprac MG, Razzano LA, Burke-Miller JK, Blankertz L, Shafer M, Pickett-Schenk SA, Grey DD. (2005). Integration of psychiatric and vocational services: a multisite randomized, controlled trial of supported employment. *American Journal of Psychiatry*, 162(10):1948-56.



diagram below illustrates the different phases along the services spectrum and the various points of entry to employment assistance. Each partner involved in a particular phase should be prepared to work on pursuit of employment with a program participant. Services will look different during each phase, but the main goal is to be able to answer affirmatively, at *any* phase, when a participant requests assistance with exploring employment options



## Helping Tenants Choose Employment and Career Goals

### *Establishing Employment Goals with Participants*

Best practices in employment services call for setting vocational and employment goals with job seekers that are driven by both the preferences of the job seeker and the needs of employers in the local labor market. Across the ECHEH project sites employment specialists worked individually and in small groups to help participants explore the world of work and to set vocational goals. While high performing employment programs tend to operate on the principle that they are there to serve two customers: the participant and the employer, the emphasis of the ECHEH sites and the principles in this guidebook is on preparing tenants to be good employees, and preparing employers to be more aware and knowledgeable of the positive benefits of this population as a part of their workforce.. Based on the experience in these projects, attending to a dual customer

<sup>17</sup> Quimby, E., Drake, R. E. and Becker, D. R. (2001). Ethnographic findings from the Washington, D.C. vocational services study. *Psychiatric Rehabilitation Journal*, 24 (4), 368-374.

approach requires special effort as the comprehensive needs of chronically homeless job seekers can occupy an employment specialist's time at the expense of missing an understanding of the employer's needs. A supportive housing and employment project needs to recognize the dual customer focus. Employment specialists know how to determine employer needs and opportunities in order to match those demands with the aspirations of job seekers.

Homeless individuals and tenants of supportive housing seeking employment frequently have multiple barriers to employment and, therefore, often require integrated cross-systems services, with multiple service providers contribute expertise and assistance to the individual's recovery and stabilization as a tenant and employee. In this respect, working on employment goals with people who are, or have been, homeless is different than working with people who have not been homeless.

### *A Customized Approach*

Traditional employment and training programs assume all job seekers, including those facing multiple barriers to employment, need to be ready for competitive employment and demonstrate their capacity to acquire and keep a job. The experience in the five ECHEH sites, and in other pilot projects targeting homeless populations, shows that this assumption is not accurate. People who have been living on streets and in shelters often seek vocational assistance yet are ill prepared to meet the expectations of fulltime employment (especially for jobs at living wages in high growth occupations). In an employment setting that emphasizes customization, (the approach used by the ECHEH sites), job seekers engage in a process of "discovery", through which job seekers and employment specialists learn about the preferences, capacities, and gifts the chronically homeless or supportive housing job seeker brings to the employment endeavor. Discovery is not planning, it is an assessment process that seeks to answer the questions "who is this person?", "what do they care about and want to do?", and "what are their ideal conditions of employment?"

### **The Efficacy of the *Discovery* Process**

Samuel moved into the housing unit in Indianapolis and immediately started working with his employment consultant to find employment. The discovery process revealed that Samuel had an interest in working in the automotive field. The employment consultant negotiated a job for Samuel assisting mechanics in an auto body shop; however, Samuel did not like the job and quit soon thereafter. Another two jobs in the automotive industry were negotiated for Samuel, but he did not like those either. At that point, Samuel was asked by his employment consultant to write a list of all the things he did and did not like about the jobs. Using that list, the employment consultant negotiated a fourth job for Samuel. He is currently working full time (for 6 months), receiving full benefits and paying full rent for his housing. Had it not been for the customized approach used with Samuel, an employment consultant might not have had the time necessary to understand the issues at play and negotiate an appropriate and sustainable job.

### **SAMPLES:**

**Appendix 3.1: *Discovery Interview Form***  
**Appendix 3.2: *Sample Discovery Interview***

Customization means individualizing the employment relationship between employees and employers in ways that meet the needs of both. It is based on an individualized determination of the strengths, needs, and interests of the person with a disability, and is also designed to meet the

specific needs of the employer. It may include employment developed through job carving, self-employment or entrepreneurial initiatives, or restructuring strategies that result in job responsibilities being customized and individually negotiated to fit the needs and strengths of individuals with a disability. Customization in employment services focuses on identifying the true motivation, interests and capabilities at the moment of the job-seeker, and also assumes the negotiation of reasonable accommodations and supports necessary for the individual to perform the functions of a job.

In the January 2007 report on the ECHEH sites, the independent evaluator did not observe a great deal of customization related to job negotiation and, particularly, job carving - an aspect of customization of employment services that focuses on the employer's needs. One reason is that many program participants were unwilling to disclose their disability or homelessness to potential employers. Another reason might be that this population neither wants nor needs jobs to be customized. Many program participants appear to work in jobs that already exist, or perceive that by so doing they are not seen as different from their coworkers. As described above, the "customization" in all of the ECHEH sites primarily used elements that involved identifying jobs that meet the strengths and interests of the program participant, through a customized needs assessment and Discovery process, and providing the supports that will assist the program customer in identifying job goals and retaining employment (e.g., services related to financial planning, treatment of substance abuse problems, and ongoing mental health services).

#### *A "Work First" Philosophy*

The ECHEH sites each, to differing degrees, had a "work first" approach. This means that homeless people who expressed a desire to work were not be required to engage in long preparation or "ramp-up" training in order to be deemed ready for participation in employment services or job placement. This service philosophy requires a quick response approach to employment, both the expectation and desire. We are not advocating immediate fulltime job placement for people who demonstrate poor basic work behaviors and who might be at risk in an employers work environment. We are simply reframing how we view employment readiness and how ECHEH programs helped participants meet their employment objectives. A corollary to the work first philosophy is the belief that discussions about employment, and the inclusion of employment goals, are an important part of a tenant's overall support service and long-term self-sufficiency plan and should be addressed from the beginning of the service relationship. Rather than telling a prospective participant to come back to the employment service when they are clean and sober, welcome applicants "where they are at" and include them in services right away. It is therefore appropriate to start gathering information at the earliest possible moments in establishing a relationship with a prospective job seeker. Early conversations might address the following topics and questions:

- Do you like to work?
- What do you remember about your first job?
- What was your best (worse) job?
- What holds you back from working?
- Employment experience of family members
- Positive and negative experiences in classroom learning
- Fears of losing benefits
- Typical day with and without work

- What is your dream job?
- How much money would you like to earn?
- How has your past history affected your getting or keeping a job?
- Employment preferences
- Barriers to employment
- Special training

In this approach, case managers do not hand off the job seeking tenant to an internal employment specialist or to an outside employment and training provider. Case managers seek ways to integrate their service coordination, planning and interventions with other disciplines helping the participant, including employment specialists. Goals included in the tenant's individual plan of services do not merely state that the tenant wants to work and that this involves a referral. Instead, the case manager plays a continuing role in supporting tenant employment, including managing entitlements, as well as coordinating treatment and other critical services, during employment. In this setting, employment goal statements might look like the following.

- George would like to work 15-20 hours a week in a medium sized company as a shipping/receiving clerk, earning close to \$9/hour by September.
- Bob would like to discover the kind of work he enjoys and is good at doing, so will be working part-time at 2 or 3 different jobs over the next year.

Goals are expressions of the participant's intent to pursue employment and, to the extent possible at the time of the interview or goal setting meeting, establish the participant's job preferences that form their ideal job.

### *Defining the "Ideal" Job*

In the person-centered approach to employment services, the case manager and/or employment specialist gather information about the elements of the tenants' ideal job. This includes the industry the job seeker would like to work in; the type of occupation; if possible, specific employers for whom they'd like to work; the desired amount of earnings and hours to work in a week; scheduling issues that have significant impact on an individual's life and the location. This information, combined with that revealed through the Discovery process, will provide the job developer with important information for pursuing job leads and marketing the job seeker to employers. These details might include: preferences for indoor or outdoor work; preferences for work that involves dealing with people or things or data; and desire to either avoid or pursue physically demanding jobs or serving others. The job developer's task is further clarified with information from the job seeker about wage preferences, as well as location, transportation options, benefits, and other factors. During this process the staff and job-seeker also discuss what supports, strategies and tools will be helpful for the job-seeker in order to pursue specific employment goals.

With staff assistance, the job seeker develops a profile of the kinds of jobs they would like to secure and, thereby, also discerns which jobs they would not like to pursue. The "ideal job" profile approach stands in stark contrast to more traditional (or strategies centered on the job developer), in which the job developer goes out to employers, identifies available jobs, and returns to the job seeker with these options. In this less effective approach, the job seeker is often forced to make a choice between jobs they dislike the least.

### Example

At Threshold, the ECHEH site in Indianapolis, staff and tenants make use of a participant vocational profile, accompanied by the participant vocational plan form, to guide their conversations about the kind of work tenants want to pursue and how the tenant, case manager, and employment will work together to help the tenant secure a job and maintain their employment.

#### *Components of the Threshold Policy on Assessment and Planning:*

- The participant, along with the Resource Coordinator (RC) and the Employment Consultant (EC), will conduct a Discovery process to identify strengths, hopes of the participant for future goals, and assess the participant's current resources for accomplishing these goals.
- It is essential to include identification of support networks in the participant's life.
- This process begins at move-in and is formally explored at the Resource Coordination Team (RCT) meetings and through the creation of a Participant Profile.
- The first RCT will be conducted within 7 days of move in to program and recur, at a minimum, monthly.
- Goals will be identified.
- The participant, along with the assigned RC and EC, will create a Participant Plan to identify and prioritize the basic needs of the participant addressed during the discovery process.
- The plan will be initiated within 7 days of move-in including at least one goal and activities for all RCT members.
- The plan will be further developed on a weekly basis during the first month of participation.
- After the first month, the plan will be evaluated and adapted at least monthly during RCT meetings.
- The participant, RC, and EC will sign off on the plan.
- A copy of the plan will be given to other team members as well.

#### SAMPLE TOOLS:

Appendix 3.3: *Threshold Participant Vocational Profile*

Appendix 3.4: *Threshold Participant Vocational Plan*

### Example

At the ECHEH site in Portland, Central City Concern adapted "career mapping" strategies as part of its person-centered planning practices. This strategy is particularly helpful to job seekers who find it difficult to articulate their vocational goals.

#### *Career mapping:*

- is a process to identify interests and abilities of homeless people seeking employment;
- determines top job preferences;
- follows a customized person centered approach; and

- uses as an alternate strategy to elicit personal work experience and future employment aspirations

In the “Capacities, Gifts & Strengths” map, a job seeker begins to identify what they are able to do, what they enjoy doing, and what they have done in the past. The purpose is to set a job goal that allows them to market their unique gifts, strengths, and capacities to prospective employers.



[SEE:](#)

*Career Mapping for Chronically Homeless Job Seekers.* Shaheen, G. and Rio, J., New York: Corporation for Supportive Housing, Chronic Homelessness Employment Technical Assistance Center (2006). Available at: [www.csh.org/cheta](http://www.csh.org/cheta)

### Example

Another federal chronic homeless demonstration grantee, Chicago Collaborative Initiative to Help End Chronic Homelessness (ARCH), adopted some of the lessons learned from the ECHEH grantees and modified its intake assessment forms to improve how it gathers information about a tenant employment aspirations.

[SAMPLE:](#)

Appendix 3.5: *A.R.C.H. Intake Assessment Tool*

## Helping Tenants Get a Job

### *Marketing Job Seekers and Services to Employers*

Now, with your participant’s ideal job profile in hand, the next question is: What do employers want from you, the employment service provider? Employers need skilled labor; lower labor costs, and solutions to their business problems. According to Gregg Weltz, Coordinator for the Prisoner Re-Entry Initiative in the Office of Workforce Investment at the U.S. DOL, “Employers don’t want to hear about programs. They don’t hire programs, they hire solutions. Employers want three things from us: they want our programs to be simple to use, they want to minimize the training they are responsible for, and they want to maximize profit. We need an approach and strategy that meets the homeless customers’ needs and the desires of employers. It’s not one priority over the other. It’s the intersection between those two discussions that’s critical.”

Employment specialists need to acquire an understanding of the labor market what jobs are in demand and what employers seek in a job applicant. If the goal setting process was successful

and the process helped the participant discover the type of work they want to do and the kinds of employers or industry that they would like to work in, then the employment specialist can identify a few specific employers to market the job seeker. A successful pitch of a participant to an employer requires preparation and materials.

A marketing letter to an employer might be a useful tool. This document is a brief communication to a prospective employer about a candidate's qualifications, with a focus on description of the results and accomplishments the job seeker achieved in the past. It is intended primarily as a "door opener" and not a cover letter and does not need to be accompanied by a resume. It can also provide information about what your program's services are and how they benefit the employer.

#### Assessing Employer Needs and Concerns – Listen first, then...

- Ask about current & future employment needs
- Ask about previous experience with various groups of new or potential employees
- Ask about previous experience with non-profit agencies
- Describe ideal/troublesome employee
- Get info from managers, line staff, & human resources department
- Present information in business terms
- Emphasize value of hiring our job-seekers
- Help identify & solve specific employment needs

It may be useful for the employment specialist or other personal representative of the job seeker, or the job seeker himself or herself, to draft a preliminary proposal to an employer that describes the job functions the participant does well and would like to perform for the employer. A proposal can set the stage for negotiation with an employer that is individualized for the job seeker and tailored for the employer. According to a 2006 study published in the *Journal of Applied Rehabilitation Counseling*, several employers who used such customized strategies reported that doing so helped them meet a specific production or sales goal, increase customer satisfaction, improve operations, free other employees to handle customers and reduce backlogged work.

How employer-friendly are your program's practices? While it is important to advocate and assert the capabilities of the job seekers, it is important to meet employers where they are at too. Job development is not primarily about cold-calling and effective sales techniques. It is more about building mutually advantageous professional relationships and partnerships with employers.<sup>18</sup> It is also about teaching each other through these relationships so that employers, job-seekers, and integrated employment and housing programs expand and become more effective.

A good place to begin is by starting with self-examination. Look at your organization's current strategies to employ homeless job seekers. Is it working? How well are you doing? Are people going to work in jobs they want to do or taking what ever is available? How would you describe your connections with employers? Do they call you with openings? These are a few initial questions for you to identify what it is that you are doing that is getting results. If you are not getting people jobs or jobs they want, what might be getting in the way? What percent of time do staff spend on developing employer relationships and improving their own understanding of employer needs? How do you go about approaching an employer – how do you blend the need for your job

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<sup>18</sup> Luecking, Richard, Fabian, Ellen and Tilson, George P. (2004). Working Relationships: Creating Career Opportunities for Job Seekers with Disabilities Through Employer Partnerships. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

seeker to find work and the need of the employer to hire a candidate with the right skills who they can count on to perform critical tasks?

Staff at one employment and housing organization put it this way:

*The employer needs a job done and it's our job to convince the employer that this person is the best person for the job. So they need to be able to compete with anyone who applies. We can't be asking the employer to decrease productivity in order to do good. That said, I think we should put out to employers why there is a benefit to hiring local community members, of working with local employment service practitioners. We need to talk about the demand side and how on the various systems should increase its expectation of employers to look at more diverse population to provide a quality workforce.*

Some workforce development practitioners argue the need for a credential that tells employers that this job applicant has attained a certain proficiency in basic work skills including workplace math, soft skills, reading abilities, problem solving capacity, etc.<sup>19</sup> Others are concerned that such credentialing might rule out capable job seekers for whom a more customized approach is needed, which may eliminate the need for certain skills to succeed in a particular job. Similarly, there remains some debate about whether or not readiness requirements for employment are critical.<sup>20</sup> Program planners and managers are encouraged to be mindful of the current debate and, at the same time, understand that the population served in an ECHEH-type project is one frequently eliminated from services that set immutable readiness requirements for pursuit of competitive employment.

### *What Not To Do*

In the preceding section, we suggested some useful considerations and tools for program planners and managers. Just as important, here are some practices to avoid:

- Force-fitting a person into a job in order to meet program outcomes
- 'Passive job development'
- Focusing on the job seeker's disability rather than their ability
- Attempting to begin the employer relationship by talking about tax incentives
- Promising "two for one" (services of job seeker plus their support person)
- Guaranteeing 100% productivity or attendance
- Offering to do all the employee training and supervision
- Failing to plan for the next job/career step (advancement, transition)

### *Typical Jobs Held by Homeless or Formerly Homeless Jobseekers*

Program planners and managers may want to gather information about the kinds of employment homeless people secured through the assistance of recent employment efforts. To the extent possible, gathering such information about the types of jobs, amount of work, industries or occupational classes will provide a picture of previous job development and placement efforts. Comparing the job interests of your current job seekers to these lists may inform your plans for

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<sup>19</sup> See <http://www.workreadiness.com/>

<sup>20</sup> Roberts, Melissa M. and Pratt, Carlos, W. (2007). Putative Evidence of Employment Readiness. *Psychiatric Rehabilitation Journal*,30:3, 175–181.



targeting certain industries or employers in your region. It may help you set a new course in your job development efforts. At the ECHEH sites, the types of occupations most frequently held by participants included<sup>21</sup>:

- Building and grounds cleaning and maintenance
- Food preparation and serving-related
- Office and administrative support
- Production
- Sales and sales-related
- Transportation
- Material moving

The table below identifies a sample of participant jobs as reported by two ECHEH sites:

Type of Position	Type of Industry	Employer
Stock Clerk	Retail Trade	General Dollar
Patient Services Assistant	Health Care and Social Assistance	Clarian Health Systems
Production Assistant	Wholesale Trade	Ritter's Frozen Custard
Peer Mentor	Health Care and Social Assistance	Midtown CMHC
Custodian	Health Care and Social Assistance	Wishard Hospital
Computer Lab Assistant	Other Services (except Public Administration)	AARP
Housekeeper	Health Care and Social Assistance	Methodist Hospital
Gate Attendant	Arts, Entertainment, and Recreation	Indiana State Fair
General Laborer	Transportation and Warehousing	GEMCO
Truck driver delivery	Transportation and Warehousing	Rose City Moving
Laborer; stock and freight	Arts, Entertainment, and Recreation	Roseland Theater
Customer service rep	Other Services (except Public Administration)	NW Publishing
Maids and housekeeping	Accommodations and Food Service	Labor ready inc.
Construction and related work	Construction	Independent Contractor
Retail sales person	Retail Trade	Marshalls
Landscaping and Grounds keeping worker	Other Services (except Public Administration)	Community of Christ
Welders and cutters	Manufacturing	Madden Industrial Craftsman

The Final Report on the Job Training for the Homeless Demonstration Program<sup>22</sup> found that homeless job seekers secured work in mainly three occupational categories, accounting for 72% of

<sup>21</sup> Palan, Martha A., Elinson, Lynn, McCoy, Marion and Uyeda, Mary. (2007). Evaluation of Disability Employment Policy Demonstration Programs, Task 5: Follow-up Site Visit Report – Fiscal Year 2003 Demonstration Program: Ending Chronic Homelessness Through Employment and Housing, Interim Progress Report, FINAL.

<sup>22</sup> Trutko, J.W., Barnow, Burt S., Beck, S.K., Min, S., and Isbell, K. (1998) Employment and training for America's homeless: Final report of the job training for the Homeless Demonstration Program. Washington, DC: U.S. Department of Labor.

the job placements. These included:

- Service worker positions (35%)
- Laborer positions (27%), defined as: manual occupations generally not requiring specialized training (e.g., car washers, garage laborers); and
- Office/clerical positions (10%)

Most positions required low levels of occupational skills or expertise. Of the remaining occupational categories, two – operatives (e.g., truck drivers, electronic assemblers) and sales positions – accounted for 13% of placements and also required relatively low skill levels. The moderate to high level skilled positions—craft workers, managers, professionals, and technicians—accounted for the 15% balance of placements. Homeless job seekers were often willing to accept any job offer that would provide an immediate source of income, rather than exploring their vocational interests to seek jobs that might offer a pathway, perhaps with training, to better growth oriented employment.

In a review of tenant employment at a leading national supportive housing agency in Chicago<sup>23</sup>, of the 1025 individuals housed by the agency were mainly African American males, with an average age of 40 years with less than 12<sup>th</sup> years of formal education. Just over half of this tenant population worked during the year 2000 earning wages just above \$7.00 per hour with 45% working part-time or temporary jobs. Despite their efforts to connect with the workforce, 95% of those who worked did not earn above 150% of poverty and two-thirds earned less than 100% of poverty. It appears that these tenants were doing what society expects of them (going to work) but without reaping the benefits of a living wage.

Typical jobs held by tenants at the Chicago supportive housing agency, above:

Percent of 1025 Tenants	Job Classifications
13%	Administrative Assistant
2%	Cashier
10%	Customer Service
12%	Desk Clerk
5%	Driver-Messenger
3%	Food Service
3%	Health Services
7%	Hospitality
11%	Janitor – Maintenance
27%	Laborer
4%	Security
3%	Social Services

Combining these categories with those used for JTHDP data, we find: 40% in service occupations; 27% in laborers; and 15% in clerical positions. These results closely match the JTHDP placements.

From these experiences it seems homeless job seekers and tenants of supportive housing tend to get jobs that are entry level, restricted to a limited segment of the labor market, and are not likely to

<sup>23</sup> Personal communication with Nancy Issac, former Director of Employment Services at Lakefront SRO, July 2001.

reflect entry into career and wage advancement opportunities. In most instances, the programs and agencies involved in these initiatives offered little occupational skills training and opted more for job readiness training.

### Not Just a Job, but a Career Pathway

Other projects may want to consider strategies to improve on these previous efforts and include program designs that include occupational training and approaches that lead to career pathways for job seekers. One such approach is to link with sectoral initiatives. Sector initiatives are industry-specific workforce development approaches. They share four common elements that distinguish them from conventional programs.

- They craft workforce solutions to a specific industry within a region.
- They utilize a strategic partner with deep knowledge of the targeted industry to link organizations such as community-based nonprofits, employer organizations, organized labor, and community colleges.
- They provide training strategies that benefit low-income individuals such as unemployed workers, nontraditional labor pools, and low-wage incumbent workers.
- They promote systemic change by restructuring internal and external employment practices to benefit employers, low-wage workers, and low-income job seekers alike.

An independent sector approach for a single housing and employment project is not feasible and is unlikely to be taken up by one provider organization. In sector work, collaborations are more common because it takes significant expertise, capacity, scale, and resources to mount a successful sector partnership with area employers. It is useful, however, for housing and employment projects to link with sector projects in their region and seek to join a partnership for tenants with an interest in the particular industry of the sector partnership.<sup>24</sup>

### Helping Tenants Keep a Job

Once a participant is employed, the goal of any employment service is to help the newly hired worker to keep their job and remain attached to the labor market. Job retention is not only influenced by the services and supports provided to workers after starting a job, there are any number of practices that are linked to this goal. For example, a good or poor match between the participant's vocational choice and the actual job they secure is likely to impact whether or not they stay on the job. Similarly, advanced planning with the worker to sequence jobs or move from one position to the next or one employer to the next can help the participant remain employed over time. We are looking at "job retention" in 3 different contexts:

- 1) **Employment retention:** keeping a certain job, and coping with barriers, challenges and issues that arise and are a negative influence; and
- 2) **Labor force attachment:** working towards an unbroken employment track record. That means understanding that job changes can be a positive way to meet personal vocational goals, but quitting jobs without other options in place can be counterproductive; and
- 3) **Career advancement:** where workers actively pursue jobs within the same workplace, or new

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<sup>24</sup> For more information about sector partnerships see <http://www.insightcced.org/index.php/insight-communities/nnspp-homepage>.

workplace in the same industry, to use new skills, improve compensation levels and benefits, and better meet their long-term work interests.

Each of these may require different interventions and levels of support, but they share the common goal: to help worker stay engaged in employment activity and reap the rewards that come from being employed.

The table to the right is a snap shot of the duration of longest participant employment taken near the end of the ECHEH projects. Of those who entered permanent housing and entered employment across the five pilot projects, nearly 40% kept their employment 6 months or more.

Duration of Longest Employment	
Duration of Employment	Percent
Less than 1 month	11.2%
1 month $\geq$ T < 3 months	18.0%
3 months $\geq$ T < 6 months	24.0%
6 months and more	36.7%
Don't know	10.1%
Total	100.0%

There seemed to be an association between the number of different types of employment services provided to these participants and whether or not they entered employment. Those who were employed utilized more employment services than those who did not secure employment. They also tended to use services more of the time than those who were unemployed. In addition, those who had 6 months or more of employment duration tended to use more services and those who used fewer services tended to have less than 6 months of employment services.

An investigation of job retention factors for homeless people with significant disabilities who were participants of another Boston project<sup>25</sup> suggest:

- Coordination of services that respond to housing, medical and health care issues, legal and court issues, financial and life care support, and career support issues is critical to keeping a job.
- Employment and training services for this population must be coordinated with psychosocial and work supports, both before and after placement in a job.
- Successful independent living in permanent housing is related to case management services and to sustained employment, not to Housing First initiatives alone.
- Flexibility and immediacy of case management is necessary to respond to employment, housing, healthcare, and social needs during transition; while ongoing program contact availability is necessary to sustain individuals after placement in employment and permanent housing.

The CHETA center developed a manual called *Keeping Up the Good Work* that details strategies and tools for employment specialists to use in job retention services.<sup>26 27</sup> Plans to meet the unique needs of each formerly chronic homeless worker to keep their employment should carefully

<sup>25</sup> Project Independence, a program of Community Work Services (CWS), a Boston based CBO with a 100 year history of service to people with disabilities and partner agency in the HomeWork Boston ECHEH project.

<sup>26</sup> Ware, Laura, Martinez, Jennifer and Rio, John. *Keeping Up the Good Work: Building a Job Retention Culture for People Who Experience Homelessness*. New York: Corporation for Supportive Housing in partnership with Advocates for Human Potential, Inc., Chronic Homelessness Employment Technical Assistance Center (2008). Available at: [www.csh.org/cheta](http://www.csh.org/cheta).

<sup>27</sup> See also: Clymer, Carol and Wyckoff, Laura. *Employment Retention Essentials: Building a Retention-Focused Organization*. New York: Public Private Ventures.

consider the “hidden” challenges for homeless workers. These challenges might include:

- Trauma is an experience for many people who are or have been homeless, either experienced prior to, and /r during, their homelessness.
- Homelessness creates a survival mentality, and may limit one’s ability to feel safe, experience privacy, and feel a strong sense of well-being.
- The experience of homelessness often leads individuals to need immediate gratification, stemming from the ongoing struggles of daily survival.
- Homelessness is an experience of being marginalized, oppressed and viewed with bias and prejudice.
- Many individuals who experience homelessness feel judged, criticized and scrutinized.
- Experience of homelessness can lead to or exacerbate mental illness (such as anxiety or depression or substance use).

A supportive housing environment that is vocationalized aligns operational activity that support tenant employment and is more likely to help tenants remain employed. It is important to think about how all staff, the physical environment, the overall attitudes and policies, daily operations and staff training activities support the tenants’ employment goals.

#### [SAMPLE TOOL:](#)

*Appendix 3.6: Critical Ingredients for Offering an Integrated Employment Service in Supportive Housing*

### **Best Practices and Lessons Learned**

- Establish a no wrong door program orientation that not only allows access to services from almost any point but to do so regardless of how well prepared people are for competitive employment. Follow a zero exclusion policy: everyone who expresses the desire to work can access employment services.
- Marketing job seekers to employers requires building a professional working relationship with businesses in the community that acknowledges the needs of the employers, and also provide new information and resources to the employers.
- Helping participants maintain employment is influenced by a number of factors beyond the individual features of the worker. You can, and should, design program strategies for job retention, labor market attachment, and career advancement.

### **Questions to Consider**

- How well did we vocationalize our programs/buildings/organization?
- What is the nature of our approach to employers and are we business friendly?
- How can we better help tenants make informed vocational choices rather than choosing jobs based on availability or limited exposure to different kinds of work?
- What are our plans for honoring the successes of our tenants and their employers?
- Have we taken the necessary steps to help tenant job seekers and workers successfully manage their unique homeless experiences in their pasts?

## CHAPTER 4: ESSENTIAL ELEMENTS AND STRUCTURE OF AN INTEGRATED SERVICES TEAM

### Introduction

This chapter will define and explain service integration and strategies, at the *staff* level, for participants who are chronically homeless. In Chapter Two, we discussed service integration at the *system* level, now we will look more closely at the day-to-day delivery of services within that integrated system. Services integration refers to the process of merging previously separated services, at the participant level, to meet the mental health, employment, housing, substance abuse and all other needs of a participant who may have co-occurring disorders.

Effective treatment of participants with multiple service needs depends upon integration of these services. However, it is important to remember that service integration, in and of itself, is not enough. Coordination efforts must achieve the goal of actually helping participants—particularly those who may face significant barriers to working—receive the services they need to obtain and keep employment.

Despite the common tendency to refer to "comprehensive service integration programs," the terms "comprehensive" and "service integration" are not synonymous. Service integration is merely one method of obtaining comprehensive service coverage, but service integration does not *guarantee* comprehensive service coverage. Furthermore, programs may use different combinations of comprehensiveness and service integration. For instance, a mental health program may have arrangements with other agencies to provide additional services, but these services may still be related to mental health rather than to other aspects of participant need such as housing or employment (an example of services integration *without* comprehensiveness). Or, a program may try to make its own service offerings comprehensive rather than relying on outside agencies to fill in service gaps (an example of comprehensiveness without service integration).

This chapter will focus on the following:

- The Essential Role of "Champion"
- Training – recommendations for front-line and managerial staff
- Communication – learning each other's language, effective meetings, and managing conflicts
- Supportive Services Role in Employment – integrating employment goals across systems
- Helping Participants Motivate Themselves– how to effectively engage and inspire tenants to pursue employment goals

### The Essential Role of "Champion"

A successful collaborative initiative is dependent on a varied cast of players who assumed diverse roles. A key characteristic of an ideal collaboration is the ability of the collaborative to identify organizations that can coordinate services, enhance communication between partners, and provide the partnership with the stability necessary to sustain funding. All of this, of course, is easier said than done.

Regardless of the impetus behind the collaboration (“top down” or “bottom up”, as discussed in Chapter Two) approach, there must be a “champion” of services integration. That champion may be a single person, a group of agencies, or a funder. The champion is the person or team that is always looking at services integration with an eye towards finding and improving ways to coordinate services around the needs of the participants. The champion works to build trust among all of the stakeholders. The champion fosters collaboration among partner agencies to share billing approaches, support strategies, and other expertise. The champion is also responsible for building capacity among the partner agencies. This person or team convenes meetings to deal with operational issues, as well as funding and policy issues.

### *Oversight Committees as Champions*

In all five ECHEH sites, the “champion” was a group called the Oversight Committee (OC). Below is an overview of the role of the Oversight Committee in Portland. In Portland, the following agencies are members of the Oversight team: Housing Authority of Portland, Portland's Bureau of Housing and Community Development, HUD, Multnomah County Community Justice, JOIN, Central City Concern, Vocational Rehabilitation, Multnomah County Human Services, Worksystems Inc, and CHETA. The Oversight Committee is comprised of agencies and groups that work with the homeless.

- Timing: The OC was very involved in the start-up of the project
- Scope: The OC was involved in all aspects of the project, from policy development to program issues to implementation to *ad hoc* problem solving
- Membership: The OC membership reflected involvement in ECHEH initiative as well as a different Chronic Homelessness Initiative, since the ECHEH core service provider, Central City Concern, was a recipient of both grants.
- Role: The OC acted to facilitate service integration for first few of years of the project
- Adaptability: In 2007, the OC was restructured because the CHI finished and the focus of the ECHEH initiative needed to shift towards sustainability issues.

It is hoped that the Oversight Committee will become an ongoing subcommittee focused on employment issues facing homeless population for the Continuum of Care. All of the five ECHEH projects had Oversight Committees and the recommendation is that there needs to be regular meetings between all of the partners. It is important to decide up front on a method for how decisions will be made and who needs to be at the table to make them.

## Training

By now, you are thinking that service integration is a lot of work...and you are right. But we want to assure you that it is worth the effort. Bringing agencies together that have different expertise requires training at many levels. It is important to provide variety in training, because we all learn differently. Some training can be brief (conducted over lunch), some may be 25 people in a room with a power point presentation, and some can be done using the web. Mixing up lengths of times and types of training keeps it interesting and helps those who may not be comfortable asking questions in a large room of participants.

Here are suggested staff trainings that can be done throughout the collaborative, listed by topic areas:

### Organizational Issues

- Service Design – How does this service integration system work?
- Preparing agencies for change – Change is stressful and staff will perform better when they are prepared for the changes.
- Team Trust Building – The more people involved the greater the opportunity for errors and blame.
- Innovation and Creativity – Most agencies do not encourage innovation but service integration demands innovation and creativity.

### Managing Integrated Services

- Changing Systems to Support Service Integration – Helping agencies to attempt to create new services and develop new service delivery structures
- Supervising Integrated Services – This is specifically designed for the systems integration “champion”.

### Cross Training

- Multidisciplinary Teams: Moving from Coordination to Collaboration – includes cooperation in serving participants, goal congruence, participant referral, cooperative planning, co-location of staff and services, information sharing and communication.
- Employment Training –Customized Employment
- Substance Abuse
- Mental Health
- Housing
- Veteran’s Affairs
- Ex-Convicts
- Families
- SSI and SSDI
- Crisis Management
- Person Centered Planning
- Data Collecting and Reporting
- Conflict Resolution
- AIDS/ HIV

## Communication

One of the biggest challenges posed by service integration is communication. Picture a room with up to ten people who speak the same jargon. Communication may be hard sometimes, but you all speak the same language so you can work out the communication kinks. Now picture that same room with up to twenty people, all speaking different languages. That is what it is like when you bring together staff from different disciplines (substance abuse, mental health, employment, housing, homeless) and many other people who work with the same group of participants. There



are two effective ways to deal with learning each other's language/jargon. The first way is to avoid using jargon when communicating with other agencies. This will take some practice and discipline but is possible if staff keep the end goal in mind. The second method to dealing with the different languages/jargon is to agree at the beginning on the terminology and meaning of any jargon that will be used and write it up so that new staff can be quickly oriented.

### *Effective Meetings*

Systems to improve communication need to be in place to enhance communication. With any project that involves many "moving parts", such as a housing and employment program with multiple services connecting to multiple participants, meetings inevitably play a key role in keeping things on track. Meetings need to take place at all levels. There should be meetings of direct service staff, managers, and agency key people along with systems key people. Clarity of goals, agenda, roles, and accountability is essential. It is important that minutes are taken at all meetings and dispersed prior to the next meeting. Are you tired of losing track of what decisions were made when? Who was supposed to do what? Wouldn't it be great if there were minutes for the meetings you were in? Problem is, it's often hard to get a minute taker, and people have trouble taking minutes for a meeting in which they actively participate. When you do get someone to take minutes, nobody reads them because they're too long; it's hard to capture the essence of a meeting. It is important for all staff to learn to take clear minutes of meetings. The following info should be in the minutes:

- Date of meeting
- People present
- Clarify how, when, why, and by whom decisions are made
- Define actions needed and people responsible
- Next meeting date

Here is an example of the meeting protocol for one agency in the Indianapolis ECHEH collaborative. Notice that the meetings are clearly structured and that they are not held simply for the sake of having a meeting.

### [Example: Meeting Guidelines](#)

#### Project Protocol: Routine Meetings

##### Guidelines:

Meetings are a very important part of getting to know the participant, information gathering and development of the Participant Profile and Participant Plan. Several types of meetings are involved in the process. It is necessary for the team to come together to discuss concerns, incidents, unusual occurrences, and requests concerning individual participants. This will create a participant centered environment, as well as, provide opportunity for all team members to be actively involved in the recovery process. It also provides an environment where all team members can be actively involved in problem solving, service plan development, and are well informed about each participant. This also enables each team member to be better able to respond during on-call hours. The following are types of meetings:

1. **Candidate Interview:** The Resource Coordinator (RC) and Employment Consultant (EC) will obtain information from the candidate that will help assess motivation to work and other

relevant areas for project acceptance. The Interview will be done following a review of the Referral & Eligibility Form. Throughout the interview process, input and questions will be encouraged. It is the responsibility of both the RC and EC to ensure each candidate has an opportunity to express goals and desires, as well as ensure the candidate has a clear understanding of the project expectations and agrees to comply with them.

2. **Resource Coordination Team:** The RC and EC will set a time for a team meeting involving the participant, RC, EC, and any outside support systems working with the participant (family, friends, other social service agencies and etc.). This meeting will focus on their individual strengths, based on discovery, and help facilitate a plan that will drive the activities and resources by which the team and participant will work together. The initial RCT will be held within 7 days of move-in and recur at least every 30 days thereafter.
3. **Staff Meetings:** A guideline for these meetings is as follows:
  - Staff meetings will be held bi-weekly, at a designated time.
  - The agenda for these meetings will address:
    - A. Programmatic and participant successes
    - B. Programmatic and participant concerns
    - C. Community awareness- discussion of new resources and events in the community.
    - D. Review of applicants by having the RC and EC who conducted the interview presents the candidates to the team. Determination will be made regarding program acceptance. Project Supervisor will assign an EC and RC to this candidate, who will then follow the procedures for move in.
    - E. Policy and procedure review: As the program continues to evolved, new forms, activities, expectations, police and procedures will be reviewed for all staff. Team members will be encouraged and supported in providing genuine feedback on program goals, objectives and activities.
4. **Employment/Vocation Staffing:**
  - Meetings will be held bi-weekly at a designated time
  - Attendees will include all project staff (RCs, ECs, and Project Manager), a manager with Easter Seals Crossroads and a manager with Goodwill Industries
  - Meetings will focus on vocational and employment issues related to specific cases. All attendees will be encouraged to generate ideas, assist with problem solving and identify additional supports and resources to assist participants in meeting goals and objectives. Additionally, meetings will discuss systemic goals and objectives for the project and identify solutions to achieving success with these goals.

### *Virtual Communication*

Another system for communication is the computer. There are so many methods to use on the computer but programs, such as Share Point, are places where all staff can save documents and track information. SharePoint is a Microsoft server program that allows different agencies to facilitate collaboration, share resources and information, manage documents, and most importantly, keep information in one place so that everyone has access. The challenging part of having any type of system is that everyone needs to actually use it, and use it regularly. Having

parameters for how often information should be entered/updated is important. Of course, all users must be trained to use the selected software system.

### *Participant Files*

Part of communication on the direct service level is using record keeping in participant files. Files should be accessible to all the team members.

#### **Example – Participant File Information:**

In Portland, the lead ECHEH grantee, Worksystems, Inc., includes the following forms in their files.

- Intake form
- Release of Information Forms
- I-TRAC (data management software) Participation face sheet
- PCP (Assessment)
- Individualized Employment Plan
- Employment confirmation form: add confirmation dates for 90, 180, 360, and long term employment)
- Resumes & Cover Letters
- Other misc. employment info
- Resource Plan (partner resources/benefits planning and coordination/ and role of each agency involved in plan.
- Partner (VR/WIA/etc) Plans
- Training Plans (OJT, school/ABE/GED, occupational skills training-examples)
- Work based learning/work experience documentation
- Employment Case Notes (Clinical Chart)

It is important to think about case files prior to staff working on services integration. Many organizations collect information and do not share because of confidentiality and other reasons but sharing this information is integral to services integration.

### *Managing and Resolving Conflict*

When we talk about conflict here, we are referring to that between/with staff and not the participants. Conflicts will arise when staff is in disagreement, when program outcomes are negative, and due to personality conflicts. It is important to have an environment that encourages creativity, which means understanding that there will be failures and understanding that you can learn from those failures. Here are eight steps to deal with conflict within an agency:

- 1) Know thyself and take care of thyself
- 2) Clarify personal needs threatened by the dispute
- 3) Identify a safe place for negotiation
- 4) Take a listening stance into the interaction
- 5) Assert your needs clearly and specifically
- 6) Approach problem solving with flexibility
- 7) Manage impasse with calm, patience, and respect

## 8) Build an agreement that works

Now that you have the eight steps, you will have no trouble resolving conflicts! If only it were that simple. Seriously, it is important that staff be trained in conflict resolution and that you create an environment that promotes healthy ways to address conflict, which will inevitably occur.

## Helping Participants Motivate Themselves

Motivation is the key to getting and keeping a job but, many times, your participants are not motivated. How do you motivate someone? From our experience, it is important that the case manager does not try to motivate the participant but, instead, works with the participant to help him/her motivate themselves. The best way to achieve this is to use motivational interviewing. Motivational interviewing is a directive, person-centered counseling style for eliciting behavior change by helping consumers to explore and resolve ambivalence.<sup>28</sup>

There are several key features of motivational interviewing that you must keep in mind and they are:

- It is focused and goal oriented
- It helps to resolve ambivalence towards healthy behavior
- Participants have the capacity to find their own answers
- It requires accepting and understanding of the participants
- Examination and resolution of ambivalence is it's key purpose

### *The Spirit of Motivational Interviewing*

We believe it is vital to distinguish between the *spirit* of motivational interviewing and *techniques* that we have recommended to manifest that spirit. Clinicians and trainers who become too focused on matters of technique can lose sight of the spirit and style that are central to the approach. There are as many variations in technique there are clinical encounters. The spirit of the method, however, is more enduring and can be characterized in a few key points.

1. *Motivation to change is elicited from the participants, and not imposed from without.* Other motivational approaches have emphasized coercion, persuasion, constructive confrontation, and the use of external contingencies (e.g., the threatened loss of job or family). Such strategies may have their place in evoking change, but they are quite different in spirit from motivational interviewing, which relies upon identifying and mobilizing the participant's intrinsic values and goals to stimulate behavior change.
2. *It is the participant's task, not the counselor's, to articulate and resolve his or her ambivalence.* Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. Many consumers have never had the opportunity of expressing the often confusing, contradictory and uniquely personal elements of this conflict, for example, "If I stop smoking I will feel better about myself, but I may also put on weight, which will make me feel unhappy and

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28 Information in this section is from: Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334. Available at: <http://www.motivationalinterview.org/clinical/whatismi.html>

unattractive." The counselor's task is to facilitate expression of both sides of the ambivalence impasse, and guide the participant toward an acceptable resolution that triggers change.

3. *Direct persuasion is not an effective method for resolving ambivalence.* It is tempting to try to be "helpful" by persuading the participant of the urgency of the problem about the benefits of change. It is fairly clear, however, that these tactics generally increase participant resistance and diminish the probability of change.
4. *The counseling style is generally a quiet and eliciting one.* Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of motivational interviewing and are explicitly proscribed in this approach. To a counselor accustomed to confronting and giving advice, motivational interviewing can appear to be a hopelessly slow and passive process. The proof is in the outcome. More aggressive strategies, sometimes guided by a desire to "confront participant denial," easily slip into pushing participant to make changes for which they are not ready.
5. *The counselor is directive in helping the consumer to examine and resolve ambivalence.* Motivational interviewing involves no training of participants in behavioral coping skills, although the two approaches not incompatible. The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change. Once that has been accomplished, there may or may not be a need for further intervention such as skill training. The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence in a consumer-centered and respectful counseling atmosphere.
6. *Readiness to change is not a participant trait, but a fluctuating product of interpersonal interaction.* The therapist is therefore highly attentive and responsive to the participant's motivational signs. Resistance and "denial" are seen not as participant traits, but as feedback regarding therapist behavior. Participant resistance is often a signal that the counselor is assuming greater readiness to change than is the case, and it is a cue that the therapist needs to modify motivational strategies.
7. *The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.* The therapist respects the participant's autonomy and freedom of choice (and consequences) regarding his or her own behavior.

Viewed in this way, it is inappropriate to think of motivational interviewing as a technique or set of techniques that are applied to or (worse) "used on" people. Rather, it is an interpersonal style, not at all restricted to formal counseling settings. It is a subtle balance of directive and participant-centered components shaped by a guiding philosophy and understanding of what triggers change. There are, nevertheless, specific and trainable therapist behaviors that are characteristic of a motivational interviewing style. Foremost among these are:

- Seeking to understand the person's frame of reference, particularly via reflective listening
- Expressing acceptance and affirmation
- Eliciting and selectively reinforcing the participant's own self motivational statements expressions of problem recognition, concern, desire and intention to change, and ability to change

- Monitoring the participant's degree of readiness to change, and ensuring that jumping ahead of the participant does not generate resistance.
- Affirming the participant's freedom of choice and self-direction

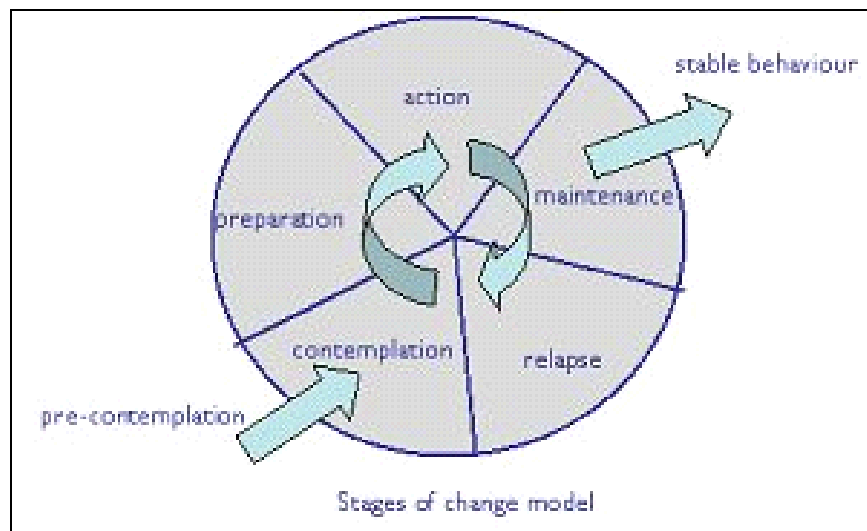
In order to do Motivational Interviewing, you must know a few things about the process of behavior change, which are the following:

- People change behavior because they are ready, willing, and able
- Change is not linear
- Change is most persistent when it is internally motivated

### *Stages of Change*

Another key feature of motivational interviewing is an understanding of the stages of change. The stages of change are:

- Precontemplation (Not yet acknowledging that there is a problem behavior that needs to be changed)
- Contemplation (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
- Preparation/Determination (Getting ready to change)
- Action/Willpower (Changing behavior)
- Maintenance (Maintaining the behavior change) and
- Relapse (Returning to older behaviors and abandoning the new changes)



It is important to recognize where participants are in the stages of change and to know that change is not linear.

## Best Practices and Lessons Learned

- Service coordination in and of itself is not enough. Coordination efforts must achieve the goal of helping participants—particularly those who may face significant barriers to working—receive the services they need to obtain and keep employment.
- It is important to start your program with looking at the other agencies and groups that serve the same population. Building partnerships at the beginning of a program allows for better integration and problem solving.
- Staff needs to be cross-trained to understand each other's functions and support each other. This cost and time needs to be built in up front.
- The best approach to work with participants is consumer focused. This requires listening to the participant and understanding the stages of change.

## CHAPTER 5: FACTORS IMPACTING EMPLOYMENT AND SUPPORTIVE SERVICES FOR THE TARGET POPULATION

### Introduction

In order to facilitate and support participants' pursuit of their vocational goals, staff must anticipate the different factors that impact these efforts. These factors will be personal, organizational, systemic, and societal, and will have both positive and negative effects. Many factors are presented by the participant themselves, but there are also many elements of organizations, service systems, and communities that have significant influence on how a participant identifies, pursues, and attains vocational goals. In this chapter we will examine how some of these factors can be anticipated and planned for, as well as steps that can be taken to ameliorate the impact of unforeseen factors when they emerge.

It is also the intent of this chapter to identify useful strategies for anticipating these impacts and integrating these strategies into the overall services plan. These strategies are highlighted in the context of work that has been performed at the five ECHEH sites that has proven to be effective in addressing these diverse barriers. It is important to note that, in addition to posing challenges and barriers, many of these factors can have a positive influence on many of the participants, as well as the overall project. An example is the significant impact a single participant can have on an entire project when he/she is successful at achieving a job or other vocational goal, especially after facing numerous challenges and barriers.

### Key Factors Impacting Employment for an Individual who has Experienced Chronic Homelessness

#### *Individual Impacts - Barriers*

Given the inherent personal challenges faced by individuals who have been, or are still, homeless, and often living with one or more disabilities, it is important to be fully aware of the challenges presented in the context of pursuing employment. In the case of individuals who have experienced chronic homelessness, many of them adopt behaviors and survival mechanisms (consciously or unconsciously) while living on the streets or in shelters, and many of these behaviors will need to be addressed/managed with participants once they are in the program.

These barriers may be long-term issues such as limited educational background and literacy skills, criminal histories, poor work histories, learning and mental health disabilities, substance abuse, and struggles with self-esteem and motivation. Barriers may also have developed in response to the trauma of homelessness, including: feeling unsafe, having a guarded, "turf" mentality resulting from long term lack of privacy, survival mechanisms/defenses that may reduce the ability to get along with others, and generally having a "survival mentality" that is focused on getting through current immediate circumstances and not on goal-planning, long term results, and the concept of delayed gratification.



### *How Individual Barriers Affect Vocational Planning*

The individual barriers described above must be factored into any vocational plan developed with the participant. A major part of working with the participant will involve helping him/her understand and adapt these behaviors in a work, housing, social, or other setting. This process will most likely include: ongoing counseling with staff, ongoing communication between clinical and case management staff to address clinical issues that create or influence these barriers, participation in “work experience” or training settings to practice different behaviors, and possible referral to educational programs so as to increase basic education and literacy skills. Each of these activities has the goal of teaching new, alternative behaviors to participants that are recognizably distinct from those that developed during their homeless experience.

### *Individual Impacts - Assets*

Individual behaviors and characteristics of participants can also have very positive impacts. Such personal characteristics as: motivation to attend school in order to get a better job; a desire to start working quickly in order to be busy and earn income; a desire to pursue full-time work to avoid the temptation to relapse; a desire to obtain employment and move into a better neighborhood. These individual attributes and passions can have significant impact on other participants, including the positive influence of knowing someone who has had success in pursuing vocational goals.

### *Organizational Impacts - Barriers*

Organizations involved in the project or those that offer additional services to participants can also create or exert significant impacts on the ability of participants to pursue employment. As discussed in Chapter Two, an important part of the planning process is to have all of the organizational partners talk honestly and directly with each other, and to learn each others’ language. Organizations may have policies and procedures, as well as particular cultural orientations, which have been quite effective for other programs, but may be incompatible with this project. For example, if a clinical organization’s approach to issues substance abuse and treatment of co-occurring disorders has historically focused on the promotion promoting abstinence prior to encouraging someone to pursue employment, then there might be a need for significant discussions about how this project would operate.

Another significant way that organizations can create barriers for an integrated employment and supportive housing project is in their specific hiring practices. Often organizations prioritize internal hires and staff development, particularly public agencies, sometimes making it difficult to hire individuals who best fit the skill demands of the job. Again, it is crucial to discuss these types of issues well in advance of implementation, and to encourage collaboration with each partner in all major decisions, including the hiring of key positions for the project.

Organizational impacts on the overall project require significant review and understanding, and each organization embarking on this type of project is encouraged to conduct an internal inventory to determine how this integrated supportive housing and employment services project will impact the overall organization, and what adaptations, policy changes, staff development, and physical space accommodations will need to occur in order to properly assimilate the project into the organization. Similarly, it is crucial that the organizations talk to each other about these same issues, and that the project planner conduct a survey of the partner organizations so as to illuminate the potential issues that may arise in this area. In this survey, special emphasis should be placed on issues such as: identifying how each organization may encourage or possibly hinder

collaboration and coordination; how each may have different “languages” and communication methods that may need to be adapted for the project; the influences and limitations each organization may have that may impede its ability to act or respond quickly to challenges (e.g., specific Board of Director protocols, required public notification); current capacity of the organization to address the needs of this project as compared to overall organizational activities; and what type of commitment each organization has to respond to the project and individual participant needs as they arise. Make sure to approach these potential issues early in the project, and continue to raise them throughout the planning process. They will require consistent attention and action and will probably persist throughout the planning and into the implementation of the program.

### *Organizational Impacts – Assets*

Clearly, organizations will also have many positive impacts on the project and on the participants’ ability to pursue employment goals. These types of impacts may include: welcoming and well-defined attitudes and practices towards people who have been homeless and/or are living with disabilities; a mission statement or organizational statement of purpose that emphasizes the core values inherent in this type of project (e.g., the belief that all individuals are capable of finding work); and staff training strategies that prioritize cultural competency, customer service, strong advocacy in partnerships with the participants, and other “participant-centered” approaches. Organizations that are attempting to restructure or adapt overall service cultures may view this integrated employment and supportive housing project as an active vehicle for achieving this goal, and this can have a very positive impact on the organization, project and participants.

### *Societal Impacts*

In addition to system-level impacts (discussed in detail in Chapter Two), societal impacts will often be vague and hard to identify, yet they play a significant role in any project that is working with low-income people to address their permanent housing and employment needs in an integrated manner. The barriers faced by participants who are, or have been, homeless, and are living with disabilities, are complex and numerous. In addition, the situation is often further complicated by the presence of bias, racial prejudice, or subtle or overt discrimination of diverse kinds. Systems, organizations, or individual staff are often unwilling or feel incapable of providing accessible, relevant services. The impacts presented by society are caused by the basic cultural oppression that impacts so many parts of society, but these issues should especially be noted, discussed, and addressed in this type of project, based on the specific demographics and needs of the potential participants.

The most important factor to consider regarding societal impacts is to remember that they are always present, and anyone who has experienced homelessness or lived with disabilities has experienced numerous incidents when these impacts were very personal. In addition, people who are low-income and/or from different minority groups are also subject to extensive bias and prejudice. In response to this, the project and the staff will need to make every effort to identify: how access to services can be made as easy and as welcoming as possible; how to develop and deliver culturally sensitive services; and how best to respond to the individualized needs of the participants. Staff also need to be conscious of verbal and non-verbal messages that are sent to the participants in every aspect of the project’s environment, from posters and art that are on the wall, to the way staff dress, to the way that language is used, to the lighting and overall cleanliness of the housing and service environment.

## Best Practices and Lessons Learned

- It is important for staff to assist participants identify, understand, and potential issues and behaviors that will impact their ability to pursue and attain employment goals. In order to do this staff should take the time to work with participants to develop a Person-Centered or Individual Service Plan, which not only uncovers the participant's personal skills, interests, talents and gifts, but also highlight the specific steps, activities, and supports needed in order to pursue these goals.
- The most important tool that program planners and the community have to address impacts is a survey of all partners involved at the beginning of the project. Ask each to honestly define important issues, such as: program and organizational policies, cultural histories and philosophies, hiring practices, overall skill and experience of current staff, and other organizational issues that will ultimately impact this type of project. Once this survey is complete, it is an incredibly important foundation to use for discussions that will ultimately define the centralized, unified vision, mission, goals, and overall culture of the integrated employment and supportive housing project.

## Questions to Consider

- How should staff of the project be selected, orientated, trained, supervised, and supported, in order to best identify the specific barriers that face participants and address them?
- What specific cultural, philosophical, and systemic differences exist between each of the project partners, and what adaptations or compromises need to happen in order to facilitate the success of the project and participants?
- What are some of the environmental, community, political, and economic factors in your specific community that will impact this project, as well as the individual participant's goals? Examples might include: a current economic downturn in the area that has made it more difficult for all job-seekers to find employment; or recent incidents of violence against homeless people that have sparked controversy about how to address homelessness.

# CHAPTER SIX: ADMINISTRATIVE OPERATIONS AND FUNDING STRATEGIES

## Introduction

A strong administrative infrastructure is essential to successfully operate an employment and housing program for chronically homeless adults. To keep your program organized (and compliant with funding requirements), it is important to design policies for staffing, record keeping, and communication that facilitate this goal. Additionally, having a solid and efficient administrative structure, which defines concrete procedures for staff training, data collection and reporting, helps you gather quality data on the program and its participants. This, in turn, can help you improve your services, giving the program its best chance of success and ongoing funding.

Chapter Six provides an overview of the key administrative elements that programs should consider when developing an integrated supportive housing and employment services project. This includes data-driven procedures and policies (e.g., recordkeeping, collection and reporting), as well as service-driven procedures and policies (e.g., supporting and training staff, protecting participant confidentiality). This chapter also explores possible strategies for funding employment services.

## Basics of Program Administration

### *Recordkeeping and File Maintenance*

It is important to keep organized and comprehensive program files for several reasons. First, it helps ensure that participants receive the best care possible. Having materials that are regularly updated and centrally located creates a significant resource for any staff person who works with that participant. Second, well-maintained records foster effective communication among program staff. Finally, keeping updated, well-organized files is important for the long-term success of your program. Accurate and integrated records maintained throughout the life of your program will help ensure that the vital information regarding services provided to your participants, as well as the procedures of program staff, are readily available. This information can be used to help address recurring issues with participants; analyze trends among staff and participants; and provide an historical account of how the program has been functioning, which is essential information for understanding lessons learned over time.

The following is a list of forms/templates that you should consider including in each participant's file. This list was compiled from experience across the five ECHEH sites.

- **Intake Form** - provides background information on the participant including work history, skills, interests, and personal history which helps engage the participant in setting goals, and informs the job search process.

### SAMPLE:

**Appendix 6.1:** *Threshold Project Referral and Eligibility Form* (Indianapolis ECHEH site)

- **Release of Information Forms** – these are essential in meeting confidentiality requirements, as well as respecting and protecting the participant's privacy; and providing legal protections and permissions for any/all sharing of participant information with other entities.

- I-Trac Participation face sheet – shows basic information on the results of real time tracking and management of data.
- Person-Centered Plan (PCP) – identifies a participant’s preferences, strengths, capacities, needs and desired outcomes or goals. It also notes any training, supports, therapies, treatments and/or other services the participant and his/her team determine are needed to help achieve the participant’s goals. Having a person-centered plan is the first step of self-directing services, and will also contain how potential emergency needs will be met.
- Individualized Employment Plan (IEP) – captures essential intake information, records initial and follow-up assessment data, notes employability assets and barriers, and documents a participant’s progress. It is important that this form is consistently updated throughout the participant’s tenure with the program.

[SAMPLE:](#)

*Appendix 6.2: Individual Supported Employment Plan (Portland ECHEH site)*

- Employment Confirmation Form – records facts about a participant’s specific employment, including his/her employer’s address and contact information, dates of hire, duration of work if applicable, salary/wage, and the participant’s job description. This form is signed by both the employer and the participant, and should be updated at 90, 180, and 360 days, as well as for long term employment.
- Resumes & Cover Letters – copies of the participant’s resumes and cover letters as developed for various positions, increased or changed skills, interests and/or experience, and should be on file and updated as needed.
- Resource Plan – this document combines resources the participant receives from partner organizations, benefits information, and what role each agency providing services will play in the participant’s journey to a job and a home. Having one document that combines various aspects of the participant’s plan helps to integrate the file, but also provides guidelines for how integrated services will work together, and demonstrate who is responsible for providing specific services to the participant.
- Partner Plans – this includes specific information on plans for services a participant receives from any/all partnering agencies like Vocational Rehabilitation, One Stops Career Centers, etc. Keeping these individual plans within the participant’s file helps project staff maintain a comprehensive record of what services the participant receives, by whom, and the relevant agency information for each.
- Education and Training Plans – these would include any educational and/or training programs the participant is engaged in, such as a GED course; computer training classes; and occupational skills trainings for automotive skills, retail operations, manufacturing, computers, custodial maintenance, and food service. It’s important to keep these updated, with relevant certifications and paperwork, so that a record of the participant’s new or enhanced skills are current and available upon request to the employer (and for resume updating by project staff).
- Documentation of Work-based Learning/Work Experience – any on-the-job trainings or increased tasks/responsibilities should be documented and updated regularly, in order to keep a current record of the participant’s hands-on experience. This is helpful if/when the participant begins to look for a new job, or as a basis for job advancement.
- Employment Case Notes – this would include the participant’s clinical chart, along with the progress notes on his/her employment plan, such as meetings with the case manager/vocational specialist, job interviews attended, information on job placements, and issues encountered in the workplace.

## [SAMPLE:](#)

### *Appendix 6.3: Threshold Project Employment Placement Report (Indianapolis ECHEH site)*

- **Communication Logs** - When working across multiple systems of care, it is important to keep communication clear and concise among all service providers. A communication log is useful for integrated supportive housing and employment programs because it creates a forum for the vocational specialist (or other employment staff), housing staff, and clinical staff to exchange important information regarding participant issues. It is a quick and easy method for sharing participant information on a practical level. These logs should be kept brief and to-the-point and be updated on a regular basis. This is particularly helpful in maintaining effective communication within supportive housing programs, where there are often numerous service disciplines working with each participant. At one of the ECHEH sites, documentation of communication among staff is stored electronically. Meetings with participants, including team meetings with multiple staff and the participant, as well as case notes, are captured in narrative form in the database, which also serves as their local HMIS.

## **Data Collection, Management, and Reporting**

All ECHEH demonstration projects had data collection protocols required by both DOL and HUD.

### *Data Collection for the ECHEH HUD-Funded Services*

Primary data for the HUD portion of the grant was collected on each site's local/regional Homeless Management Information System (HMIS), and was reported by each staff member as service was provided to a participant. The HMIS provides significant opportunities to improve access to, and delivery of, services for people experiencing homelessness. Data from HMIS can be analyzed to accurately capture the scope of homelessness and the effectiveness of efforts to ameliorate it. An HMIS can strengthen community planning and resource allocation. For service providers, an HMIS offers front-line service staff tools for providing more effective participant services through improved referrals, interagency case management, and service coordination. At local discretion, an HMIS can be used as an operational tool to share assessments of participant needs, to link participants to needed services from multiple providers, to track the provision of services across providers, and to determine the current location of participants within the service system.

Providers are required to report the participant-level data on a regular basis to the HMIS. The local Continuum of Care (CoC) is responsible for aggregating the data and preparing an unduplicated local count of homeless persons. The CoC must also retain the data for a period of five years. Below is a chart of information collected by all agencies serving homeless people with HUD funds. Depending on their unique programs, some agencies collected additional data, but the elements below were universal across all agencies. The second chart lists some of the program-specific data elements.

## HMIS Data Collected by All HUD-Funded Agencies Serving Homeless Persons

	Notes
2.1: Name	
2.2: Social Security Number (and data quality code)	“Under federal law, a government agency cannot deny shelter or services to participants who refuse to provide their SSN” SSN quality code = space to record don’t know, don’t have, and refusal.
2.3: Date of Birth	
2.4: Ethnicity and Race	Ethnicity=Hispanic/Latino or Non-Hispanic/Latino Race = American Indian/Alaska Native, Asian, Black or African Am., Native Hawaiian or Other Pacific Islander, White. Self-reported, not staff-observed. Allow participants to identify multiple racial categories.
2.5: Gender	
2.6: Veteran Status	
2.7: Disabling Condition	<p>**HUD-suggested question: “Do you have a physical, mental, emotional or developmental disability, HIV/AIDS, or a diagnosable substance abuse problem that is expected to be of long duration and substantially limits your ability to live on your own?”</p> <p>Answer Categories: Yes/No/Don’t Know/Refused</p> <p>For this data element, a disabling condition means: (1) A disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.</p> <p>Special issue: Homeless service providers must separate the participant intake process for program admission from the collection of disability information in order to comply with Fair Housing laws and practices, unless this information is required to determine program eligibility.</p> <p>**Used with DOB, HHID, Residence Prior, Program entry and exit dates to determine whether participant meets “chronically homeless” definition.</p>
2.8: Residence Prior to Program Entry	Night prior: type of residence and length of stay. <u>Type</u> : ES, TH, PSH, Psych facility, Subs. Abuse treatment/detox, Hospital, Jail, Rental, Homeowner, with family, with friend, Hotel/motel, Foster care, Place not meant for

	habitation, Other (note: cross-walk key provided with current APR) <u>Length of stay</u> there: 1 week or less, less than 1 month, 1-3 months, 3-12 months, 1 year or more.
2.9: Zip Code of Last Permanent Address	Permanent = 90 or more days consecutively. Data quality code = space to record DK/refused
2.10: Program Entry Date	Note: new entry after each episode of service – “a definition of what constitutes a break in the treatment depends on the program and needs to be defined by program staff.”
2.11: Program Exit Date	
2.12: Unique Person Identification Number	Automatically generated by HMIS
2.13: Program ID Number	For each participant, staff will only need to select the name of the program servicing the participant.
2.14: Household ID Number	Automatically generated by HMIS

### HMIS Program-Specific Data Elements for HUD-Funded Programs:

	Notes
3.1: Income and Sources *	Amount by type and total monthly income Options: Earned Income; Unemployment Ins; SSI; SSDI; Veteran’s disability; Private disability; Worker’s comp; TANF (MFIP); GA; SS-retirement; Veteran’s pension; Pension from job; Child support; Alimony; Other; No financial resources
3.2: Non-Cash Benefits *	Options: Food stamps /other food benefits card; MEDICAID; MEDICARE health insurance program; State Children’s Health Insurance Program; WIC; VA Medical Services; TANF/MFIP Child Care services; TANF/MFIP transportation services; Other TANF/MFIP-funded services; Section 8/ public housing/ other rental assistance; Other source
3.3: Physical Disability *	Yes/No
3.4: Developmental Disability*	Yes/No
3.5: HIV/AIDS *	Yes/No
3.6: Mental Health *	Yes/No. If yes, “expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Yes/No)
3.7: Substance Abuse *	Yes-Alcohol/Yes-Drugs/Yes Dually-diagnosed/No. If yes, “expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Yes/No)
3.8: Domestic Violence *	Yes/No. If yes: within past 3 months; 3-6 months; 6-12 months; More than 1 year ago; Don’t know; Refused
3.9: Services Received *	Date of service and type (mainly based on AIRS taxonomy)
3.10: Destination *	<u>Place</u> : Emergency shelter ; Transitional housing; Permanent housing for formerly homeless persons; Psychiatric hospital/ psychiatric facility; Substance abuse treatment facility or detox center; Hospital (non-psychiatric); Jail, prison or juvenile detention facility; Room, apartment, or house that you rent; Apartment or house that you own; Staying in a



	<p>family member's room, apartment, or house; Staying in a friend's room, apartment, or house Hotel or motel; Foster care home/ foster care group home; Place not meant for habitation; Other; Don't Know; Refused</p> <p><u>Tenure</u>: Permanent; Transitional; Don't know; Refused</p> <p><u>Subsidy type</u>: None; Public housing; Section 8; S+C; HOME; HOPWA; Other subsidy; Don't know; Refused</p> <p>(Note: Cross-walk provided for current APR categories)</p>
3.11: Reasons for Leaving*	<p>Left for a housing opportunity before completing program; Completed program; Non-payment of rent/occupancy charge; Non-compliance with project; Criminal activity/destruction of property/violence; Reached maximum time allowed; Needs could not be met; Disagreement with rules/persons; Death; Unknown/disappeared; Other</p>
3.12: Employment	<p>Employed: Yes/No</p> <p>If Yes, number of hours in past week:</p> <p>If Yes, tenure: Permanent; Temporary; Seasonal</p> <p>If No, looking for work? Yes/No</p>

#### *Data Collection for the ECHEH DOL-Funded Services*

Information for the DOL side of the ECHEH demonstration project was collected differently at each site, using various data tracking systems. One such system used by an ECHEH grantee was I-Trac, a web-based application that allows real time tracking and management of data for over 20,000 customers. I-Trac provides program staff with access to vital information, allows for flexible data collection, and reporting formats that can be calibrated to multiple funding streams.

#### *How Data Can Enhance Services and Improve Partner Integration*

When well-designed, a Homeless Management Information System (HMIS) can combine a number of functionalities to enhance individual service provider operations and to link providers together into a broader CoC data-sharing system. All these functionalities provide local providers and agencies with the ability to generate reports on their internal operations also design specific reports for various funders. Each agency agrees to share certain information with the HMIS, therefore HMIS can be used to generate reports on the operations of the Continuum of Care system as a whole.

These functionalities include:

- **Participant Profile:** Participant demographic data obtained at intake and exit.
- **Participant Assessment:** Information on participants' needs and goals, as well as case management or treatment plans.
- **Service Outcomes:** Participant-level data on services provided, progress, outcomes, and follow-up.
- **Information and Referral/Resource Directories:** Timely data on the network of available services within the Continuum to determine eligibility and provide referrals. Some systems provide documentation and tracking of a referral from one provider to the next and messaging capability.
- **Operations:** Operational functionality that permits staff to manage day-to-day activities, including bed availability, and incident reporting.

- **Accounting:** Traditional accounting tools and special components to record service activity/expenditures against specific grants. Some systems have donor and fundraising elements.

### *Data Collection Required for Eligibility Screening*

In addition to data required for creating unduplicated counts and other reporting, HUD, other federal agencies, state and local governments, and private funders of homeless services often require certain criteria to determine eligibility for housing or services. Eligibility criteria are often statutory and accurate eligibility screening is a contractual obligation for every provider. Thus, it is essential that each provider reliably collect this information and be able to produce it for funders and other compliance auditors, as necessary.

### *Data Is Necessary to Make the Case for New or Ongoing Funding*

Programs need good data to make the case for why they should be funded. If you already have a grant that requires you to keep data on your participants, services, and outcomes, you can use this to build the case for service or site expansion. If you are not already collecting such data, try to gather information about who you serve, the services you provide, and the outcomes you achieve. You will use these data to:

- apply for grants
- educate policymakers and the community
- increase support for public funding
- improve your program; and
- justify continued funding

One important way to use the data you collect is to publicize your success. This will help raise awareness of your program among potential collaborators and funders, as well as the general public. You can put a human face on the data by including success stories—brief profiles of participants who have agreed to share their story—in materials you distribute to the media, your board of directors, or at meetings of your stakeholder group. You might want to consider scheduling a presentation to a group of potential funders or local policymakers. If some of your participants are willing to tell their stories in person, this can be a dynamic way to support the value of your services.

Finally, you can also use your data internally to support continuous quality improvement and help you determine which elements of your program to sustain. The Annie E. Casey Foundation notes that “workforce programs frequently use performance data only to report on their efforts to their funding sources, rather than using the data as a source of information to improve how they deliver workforce programs. In doing so, they miss an important opportunity to analyze their work objectively and look for ways to improve.” The Annie E. Casey Foundation is supporting development of a framework to allow organizations to compare their workforce development outcomes to those of other organizations that are serving similar populations.<sup>29</sup>

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<sup>29</sup> Annie E. Casey Foundation, 701 St. Paul Street, Baltimore, MD 21202, <http://www.aecf.org>.

## Protecting Participant Confidentiality

Confidentiality and the protection of participant information are important issues for any direct service project. It is especially important in the context of a collaborative project, where cross-agency communication around participant care is encouraged and essential. Clinical staff, employment program staff, and housing program staff share information on participants through communication logs, integrated participant files, and other forms of dissemination. Healthcare services were often provided alongside employment and housing services, therefore, the ECHEH sites had to become conversant in all applicable privacy laws, including Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. HIPAA standards address the use and disclosure of individuals' health information by an organization, as well as standards for individuals' privacy rights to understand and control how their health information is used. The law is complicated and often misconstrued, so it is best to spend some time determining how it may, or may not, impact your particular organization and/or your collaborative project. A good place to start is to consult the HIPAA website of the Department of Health and Human Services, at: <http://www.hhs.gov/ocr/hipaa/>

Generally, information about services provided to a participant and/or any identifying information about the participant may only be shared if the participant has given his or her consent in writing. Programs can create their own in-house consent form that covers a variety of potential scenarios.

**SAMPLE:**

*Appendix 6.4: Sample Consent to Release or Obtain Information Form*

## Supporting and Retaining Skilled Staff

The foundation of a good program is based, in large part on the staff they have. As discussed earlier in this handbook, staff need to have a full understanding of an integrated services model, and a commitment to working in a collaborative, integrated manner. Staff need to know what their role is within the integrated services team (including participation in team meetings or case conferences), the expectations of the program for contact between staff from different service areas (e.g., clinical, housing), policies, procedures, and protocols for working with members of the comprehensive services team, and where/how the participant fits into this structure.

### *Assessing Job Candidates*

When hiring staff, program leaders should work as part of an interdisciplinary team to assess the skills and experience of potential hires, making recommendations as to whether they can help facilitate a cohesive and truly integrated approach to participants. Staff need to represent employment and clinical backgrounds and have a real understanding of, and openness to, providing services in an integrated services team.<sup>30</sup>

**SAMPLE:**

*Appendix 6.5: Job Description for Project Supervisor (Indianapolis ECHEH Site)*

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<sup>30</sup> For more information of staff profiles for the ECHEH projects, see Rio, John. Common Employment Strategies in the US DOL-HUD Initiative to End Chronic Homelessness Through Employment and Housing. New York: Corporation for Supportive Housing and Advocates for Human Potential (2008), available at: [www.csh.org/cheta](http://www.csh.org/cheta).

### *Support and Investment in Staff*

Once staff are hired, it's essential that program administrators support and retain good employees by helping them feel there is an organizational investment in them, in the overall program, and people it serves. Program leaders need to show staff that their time and expertise are valued and respected. Staffing patterns need to be developed so that staff are safe, available to participants in the most effective manner, are encouraged to learn from and rely on each other, and are encouraged to honor each service discipline and system as being significant and crucial to the overall success of the participant. There are several key ways to do this:

- Define clear expectations for each individual position, as well as its role within the team.
- Identify the goals and mission of the program, and how each staff person fits into that plan.
- Provide tools, supervision, and ongoing training to help them fulfill program expectations.
- Promote ongoing team settings and learning opportunities to engage staff to interact on a regular basis.

Another important part of supporting and maintaining a successful program is having an effective staff-to-participant ratio. When hiring candidates, program leaders should consider the full capacity of the program, and how many individuals are expected to be served when operating at this capacity. One ECHEH site's dedicated program staff-to-participant ratio, when fully up and running, was 1 to 2.5, with a total of 29 active staff and 75 active participants. The staff counted in this ratio include project managers, project coordinators, housing specialists, employment specialists, financial management analysts, strategic planning consultants, outreach workers, case managers, mental health employment specialists, and administrative assistants or other support staff.

Overall, there are three main areas of program infrastructure and administration that directly affect the support and retention of skilled staff. These are explored in detail below.

- **Staff Meetings** - these are an integral part of keeping staff working as an efficient team. They also help to address key issues affecting the program and communicate updates and changes to policies. These should be well-structured and consistent, with a designated facilitator, agenda items distributed in advance for feedback and preparation. This includes meetings between various service staff, like housing services staff meetings, One-Stop staff meetings, as well as integrated meetings which include staff members from different service areas.
- **Staff Training** – developing staff knowledge, skills and understanding regarding the unique attributes of the target population, behavioral health care practices and employment interventions are important to equip project personnel. Training at program start-up is often intensive and offered at a pace and tempo that supports staff development, as well as orienting new and existing staff to innovations in practice. All staff should be trained in the expectations of the program and their individual responsibilities, including: person-centered-planning; crisis de-escalation; co-occurring disorders; cross-systems services orientation; using the data reporting systems; customized employment; and outreach and engagement.
  - *Include Cross Training.* It is also important that staff are cross-trained between service disciplines so that staff can respond to specific issues that arise in the project and provide truly comprehensive services as part of an integrated team of staff. Direct-services staff are often limited in the amount of time they can afford to be away from the office, therefore it is suggested that trainings be done in small segments of time, rather than full-day trainings.

- **Use of Office and Program Space** – the design, layout and use of space makes a significant impact on the way participants view the program. It is important for the program to be a safe and inviting place where participants’ privacy and confidentiality are maintained. It is suggested that each staff member have their own office, where they can meet with participants one on one, without worrying about others overhearing their conversations or being distracted by stimuli. The program space should also be conducive to effective service coordination and integration. Clinical, employment and housing staff should be in close proximity to each other, to help foster easy and frequent communication between service staff, as well as to make it easier for participants to keep appointments with various members of their team. Whenever feasible, a large room for participant gatherings and group connection is recommended, to help develop the sense of community among the program participants. Location is also an important factor to consider. If possible, programs should be located in a safe area that is physically accessible, near good transportation, and close to housing and other service programs.

### **Funding Employment Services in Supportive Housing**

It is also important that program leaders examine and analyze possible funding sources to sustain or augment existing services. For some programs, expanding stakeholder groups can be a beneficial choice in increasing service capacity and obtaining additional funding streams. Planning leaders should also consider options for leveraging resources, including forming linkages with like-minded community organizations, such as customized employment steering committees of local Workforce Investment Boards (WIB)s or Department of Vocational Rehabilitation (DVR) that will work with the program to provide integrated services. This can help expand the employment focus to other local, regional, and national entities, as well as provide integrated, comprehensive services to participants.

Funding employment programs for homeless people is a complex endeavor that necessarily involves multiple strategies, collaborators, and key decision points. The following steps are essential in securing funding for these programs.

- **Identify a need** - The key task in this step is an exercise often called “mapping” community resources. Resource mapping can help you identify other organizations that serve people who are homeless and the services they provide, determine gaps and duplications that exist in the service delivery system, understand how funding for employment programs flow into your community, and discover resources that can be leveraged by you and your partners. Because no one agency can meet the needs of homeless jobseekers, you will likely want to conduct this type of community needs assessment with members of your key stakeholder group. Community-wide planning creates opportunities to engage potential partners and examine system-wide issues that impact employment services for people with disabilities and disadvantages. In this step, planner and program leaders should:
  - Determine the services required by the population you will be serving
  - Take an inventory of the services you already provide
  - Identify service gaps
  - Determine how your program will fill those gaps

**SAMPLES:**

*Appendix 6.6: Gap Analysis for LA’s HOPE*

*Appendix 6.7: Gap Analysis Matrix for LA’s HOPE*

- **Engage in a dialogue at the community level** - The key task in this step is collaboration with key stakeholders, both to agree on a common agenda and develop a plan that resonates with all members of your planning group. Many discretionary grants now require collaboration among two or more entities from the community. Ideally, you will want to develop such partnerships before you try to design a new program or write a grant proposal. Building these partnerships takes time and effort, but they can pay off by opening new avenues of funding that might otherwise not have been available to individual organizations. In this step, planner and program leaders should:
  - Find a champion/change agent
  - Gather key stakeholders, including employers, housing entities, and potential funders
  - Articulate a clear vision
  - Develop a common and collaborative agenda
  - Create a plan with measurable goals and objectives
  - Develops a budget that takes account of changing fiscal needs over the life of the initiative.
  
- **Investigate funding sources** - Federal, State, and local government agencies and a number of national and regional foundations support workforce development initiatives. There are a number of excellent resources that can help you identify a funding source or multiple sources to fund your employment program (see Appendix 6.8, noted below). As you research potential funding sources, one of your key decisions will be to match the funding source with the population you hope to serve and the services you are prepared to provide. Some funding sources can support a wide range of activities for diverse groups of jobseekers, while other funding sources support a particular workforce activity, such as job training, or target a specific population. You can be creative in framing your program to interest potential funders, but you'll want to do so only within the overall vision and mission of your agency. Finally, you'll also need to weigh the money you stand to gain by winning a particular grant against your time and costs for submitting a proposal and the organizational costs—including reporting and/or eligibility verification requirements—of administering the grant. In this step, planners will want to:
  - Research Federal, State, local, and private options
  - Ensure that the funding source fits your target population
  - Consider the costs and benefits of seeking a particular source of funding

[SAMPLE TOOL:](#)

*Appendix 6.8: Potential Funding Sources for Employment Services*

- **Consider creative funding strategies** – Funding employment programs for formerly homeless people requires creative thinking. Ultimately, the most successful and sustainable programs incorporate multiple funding sources that cut across traditionally separate services and programs. Indeed, one of the most important principles of effective financing is to recognize that the resources necessary to build and sustain your program may come from many sources and in a variety of forms. There are several reasons for this:
  - The participants you serve have multiple and complex needs and you are not likely to find a single funding source that can accommodate their needs for employment services, as

- well as for housing, treatment, and support services.
- Some funding sources are geared toward providing start-up support, while others are more appropriate for long-term financing.
  - There is not enough money available in many grant-funded programs to support the full range of services you may want to offer.

Managing multiple sources of funds can be complex and may require that you braid or blend the different funding streams. Braiding implies that the funding streams remain visible and are used in common to produce greater strength, efficiency, and effectiveness. Blending funding requires mechanisms to pool dollars from multiple sources to make them, in some ways, indistinguishable. Often you can maximize the value of the Federal funds you receive by using them to leverage additional public or private funds. Some Federal programs require grantees to match the funds they receive with non-Federal funds; the stronger the community partnerships you develop, the more additional sources of revenue may be available to you. For example, some of the ECHEH sites for this project combine State Vocational Rehabilitation dollars with supplements from private or public grant dollars like the Community Development Block Grant, or local foundation awards.

In addition to seeking outside funds, you may want to consider reallocating or redirecting existing spending within your agency to support your new initiative and you'll likely want to draw on such non-monetized resources as volunteer staff and donated equipment, space, and technical support. Don't overlook the value of these resources. Finally, you may want to consider adding revenue-generating elements into your program design. In the social enterprise model, programs create businesses that employ their participants and generate revenue for the agency. Some programs charge fees to service users to help cover program costs, but this is less likely to be feasible when serving an economically disadvantaged group such as the formerly homeless. And a number of agencies that serve homeless and disadvantaged participants engage in all manners of fundraising, from annual appeals to charity balls and silent auctions.

## Questions to Consider

- What community organizations and funding sources can you connect and collaborate with to develop strong partnerships for comprehensive care and expanding financing opportunity?
- What data will be collected by your program? What HMIS package or data tracking system will meet the needs of this program?
- What does the program's ideal staff person look like? What experience, skills, traits, etc., does this candidate need?
- How will program administrators conduct staff meetings and support those they've hired to enhance their skills and provide the best care possible for participants?
- What gap in services is your program designed to fill?
- What partnerships can be formed to increase funding opportunities? What are the federal, state, local funding streams available? What non-traditional sources can the program use to supplement funding?

# CHAPTER SEVEN: EVALUATING A HOUSING AND EMPLOYMENT SERVICES PROGRAM

## Introduction

Program evaluation can contribute to increasing the effectiveness of services, improving desired outcomes, and contribute to a better understanding of program operations. Evaluation efforts can take many shapes: from rigorous research using experimental designs and comparative methods to those more focused on descriptive designs, in which no comparisons are made. In descriptive designs, conclusions about cause and effect relationships are not drawn, but *associations* between activities or characteristics and outcomes can be identified and explored. In planning the development and operation of an integrated supportive housing and employment services project, planners may or may not choose to include an evaluation component. In this chapter, we explore some of the issues and experiences gleaned from the field. Serious consideration of an external evaluation should include a review of the literature on homeless employment and housing research, including the papers prepared for the 2007 National Symposium on Homelessness Research, especially the paper on *Employment and Income Supports for Homeless People*.<sup>31</sup>

In planning an evaluation, project partners should work together to answer a few important questions. Such questions could include:

- Why conduct an evaluation?
- Who will conduct the evaluation?
- Should the evaluation be conducted by a single individual or a team?
- Should the evaluation be undertaken by an agency staff member or by an external independent evaluator?
- When should the evaluator become involved in the project?
- What resources are there to support an evaluation component?
- What are your reasons for collecting each piece element of quantitative and qualitative information? Be specific.
- Who will look at and interpret this information? In addition your funder(s), with who will you want to share this data?
- To accurately describe and represent the project, what crucial cross-system information do you need to collect?
- What specific data fields do you need and want to collect -- those required by funders, that inform policy, or that inform program adaptations?
- What types of information do you want to gather about the *qualitative* aspects of the project (e.g., average length of time a participant takes before pursuing and obtaining work, etc.)?
- How will this information be used to inform others about the project? What audiences would you possibly want to report to in the future (e.g., funders, policy-makers, employers and businesses, other systems' partners, educational partners, etc.).

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<sup>31</sup> The Symposium papers are available at <http://aspe.hhs.gov/hsp/homelessness/symposium07/index.htm>.



There are many resources available that can guide program evaluation planning. Some resources are specific to evaluating, on an individual basis, employment services or housing programs or homeless assistance services. However, there do not appear to be any specific resources outlining integrated evaluation activities for a collaborative supportive housing and employment project. The ECHEH sites conducted local project evaluations and also participated in an evaluation of all five sites, initiated by DOL's Office of Disability Employment Policy (one of the federal funders). Their experience offers insight into developing the evaluation component of a collaborative project.

## Why Conduct an Evaluation?

From the perspective of a program planner, evaluation is conducted to:

- Inform program leaders about progress toward goals and objectives;
- Improve understanding about program operations and outcomes drawn from quantitative and qualitative data;
- Ask specific questions about the association of certain program factors or outcomes and the nature of the relationships between them (e.g., causal, correlative).

Program evaluation often has the potential to inform program leaders about how well they are progressing toward the project's goals and objectives. Determining the extent of tenant satisfaction with services and the overall experience of living in permanent supportive housing, linked with employment services, can substantiate the ongoing delivery of certain services or provide impetus for staff to rethink what and/or how services are offered.

Data collection for an evaluation should build upon existing program reporting requirements. For example, HUD requires of all of its grantees to complete its Annual Progress Report or (APR). Local Workforce Investment Boards (LWIBs) require workforce service providers to provide data on WIA performance measures. And vendors (agencies and companies providing contractual services) for the State Division of Vocational Rehabilitation (DVR) program, report the results of services delivered to people with disabilities. Unfortunately, data reporting requirements, even for those solely focused on employment, are not always complementary and may define terms and measures differently. Of course, other funding sources may require additional and different reporting requirements. Using a variety of funding sources for employment services can challenge program managers' efforts to easily report data and results. Basic administrative management and information systems should collect a variety of employment data (as described in Chapter Six), ideally with the ability to generate reports for all the various funders involved in the program, as well as to export for the program evaluation efforts described in this Chapter.

## The ECHEH Projects and Program Evaluation

### *Plan for the Evaluation from the Beginning*

Planning for program evaluation begins early in the partnership planning process. At the Indianapolis ECHEH site, the Threshold Project, the evaluation plan was developed at program inception and data continues to be collected and is organized in monthly and annual reports by an independent evaluator. Planners should describe the purpose of the project by defining the problem, or need, for the project in the community and how the program proposes to solve or address that problem. For a program evaluation to be successful, the project must have clear goals

and objectives. These goals and objectives must establish measurable activities that comprise inputs into the project, as well as those activities expected to be outcomes of the project. Planners frequently also identify benchmarks that delineate the expected progress.

Any project that wants to, or is mandated by a funder to, include an evaluation, should incorporate the evaluation plan into the project description. The evaluation plan should:

- Describe how the project intends to meet its goals and objectives;
- Describe how the project will be implemented and
- Define key tasks or activities that provide evidence or that benchmark implementation (i.e., milestones);
- Establish the processes for measuring the goals and objectives, as well as cost;
- Define the measures that will be used to track specific identified outcomes;
- Determine the reporting schedules and methods and define the intended audiences.

### *Commit in Writing to Cooperating on Evaluations*

In the ECHEH pilots, each project developed a Memorandum of Agreement (MOA), signed by the DOL and HUD grantees participating in this initiative. The issue of implementation and evaluation was among the items addressed in the MOA. Specifically, each site had to outline the key tasks necessary for accomplishing the activities outlined in this MOA, including agreements to cooperate with mutual and combined evaluation efforts.

Federal funders sought from their grantees an evaluation process for assuring successful implementation of their objectives as stated in their grant application. These included the predicted outcomes resulting from activities funded by US DOL and to identify the “methods of evaluation” that will be used by the applicant to determine success.

Government, philanthropy, and other funding sources are frequently interested in evaluation, (beyond program reporting requirements), for purposes of documenting and reporting the activities undertaken during the life of the project for future use in working with other grantees or constituencies. Information about effective strategies suitable for replication or testing in other settings may include:

- Methods of documentation and reporting;
- Use of performance measures that are clearly related to the intended outcomes of the project;
- Collection and use of both quantitative and qualitative data;
- Mechanisms for ensuring high-quality products and services from the proposed project.

### *Key Issues to Consider When Choosing an Evaluator*

Program evaluation of an integrated supportive housing and employment services project does not necessarily require hiring an external, independent evaluator. However, this section assumes that you’ve determined that an external evaluator is necessary or has been required by your funder. To recruit an external evaluator, a project should first prepare an evaluation brief --- a short description of the project goals and anticipated activities that will give prospective evaluators sufficient information to prepare an evaluation proposal. The description does not have to include too much information about the methodology because this will be part of the evaluator’s proposal. If you know in advance what the budget is for your evaluation component, you should provide this in your description. If your budget has some flexibility, or if you intend to raise money specifically for the

evaluation component, your evaluation brief should say this. Most service and housing providers underestimate the costs of even simple program evaluation designs conducted by external evaluators. If you are on a limited budget, such as 10% or less of your operating expenses, you may want to consider use of an external evaluation consultant who could assist internal staff to conduct a program evaluation.

**SAMPLE:**

**Appendix 7.1 *Budgeting for a Project Evaluation***

The skills and experience expected of the evaluator include those expected of evaluators in general, as well as those that relate specifically to your project. These include:

- Project evaluation experience in supportive housing, workforce development, and/or vocational rehabilitation
- Highly recommend: experience in evaluation of homeless employment programs
- Broad understanding of homeless assistance and housing;
- Skills in quantitative and/or qualitative data analysis;
- High level oral and written communication skills;
- Independence (i.e., no existing relationships that could create an actual, or the appearance of, study bias;
- Capacity to meet the project's evaluation timelines; and
- Willingness and capacity to work with the Project Manager, Project Team, and the Agency Administration, as required.

**SAMPLES:**

**Appendix 7.2: *Scope of Services for Hope House Evaluation***

**Appendix 7.3: *Domains of Inquiry and Source List - Hope House Evaluation***  
(San Francisco ECHEH Site)

**Appendix 7.4: *Template for Consulting Agreement – Evaluation***

## **Evaluations of the ECHEH sites**

The ECHEH sites cooperated with an independent cross-site evaluation, led by Westat, which was funded directly by DOL.<sup>32</sup> This independent evaluation was separate from the ongoing evaluation for continuous improvement required each ECHEH site, for project implementation. In addition to the cross-site evaluation effort, each site developed a local evaluation and engaged a local, independent evaluator (listed below). Inquiries regarding all local evaluation efforts should be directed to the individual DOL grantee contacts referenced in this Handbook.<sup>33</sup> For purposes of this Chapter, we will look at the Portland ECHEH evaluation experience as a case study.

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<sup>32</sup> The final evaluation was not available at the time of publication. For the Final Evaluation Report on the ECHEH demonstration, conducted by Westat, please contact DOL's Office of Disability Employment Policy at: <http://www.dol.gov/odep/>.

<sup>33</sup> To learn more about the local evaluations, please contact the ECHEH sites directly; See Appendix A for Contact Information.

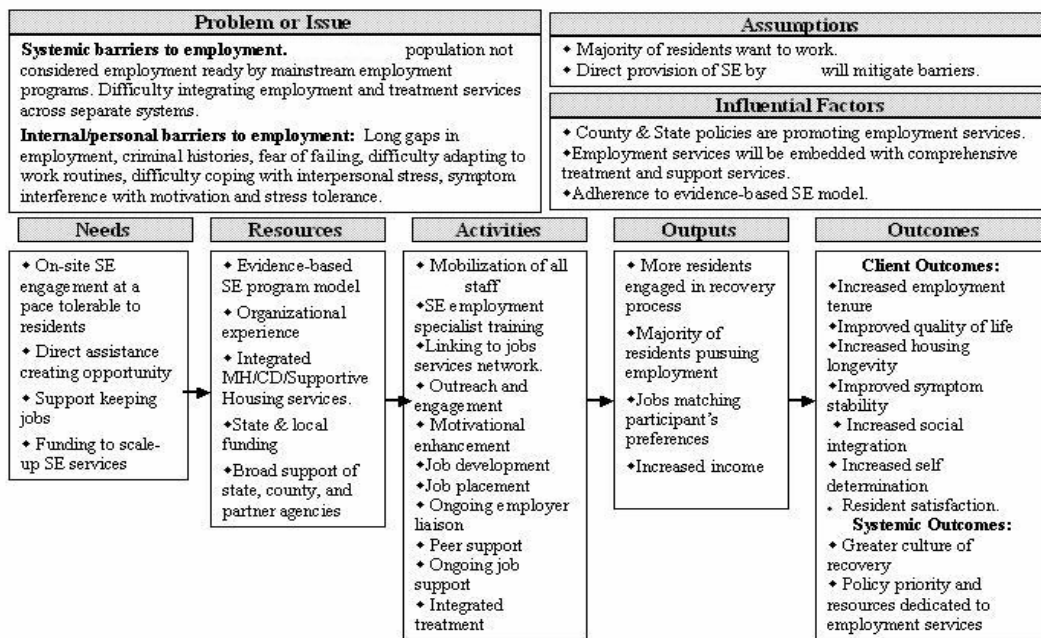
Ending Chronic Homelessness Through Employment and Housing - Local Evaluations		
Site	Evaluator	Evaluation Focus
Los Angeles	Martha Burt	Comparison of LA's HOPE participants with 2 comparison groups.
Indianapolis	Jim Luther Consulting	Program goals and objectives implementation
Boston	Commonwealth Corporation	Program goals and objectives implementation
Portland	Thomas Moore	Cost study
San Francisco	HomeBase, The Center for Common Concerns	Program goals and objectives implementation
Cross-Site Evaluation	William Frey, Westat	Program and participant level information about the DOL 5 site initiative.

**SAMPLE:**

*Appendix 7.5: Highlights of Urban Institute Evaluation of LA's HOPE*

Quantitative and qualitative data can be collected and include a variety of information based on a logic model of the program services. A logic model for an integrated supportive housing and employment services program may look like the one in Figure 1<sup>34</sup>, below, which outlines a supported employment (SE) program.

**Figure 1: Example of a Logic Model**



Most frequently evaluation information collected minimally includes demographic data about the

<sup>34</sup> This logic model was prepared by the Downtown Emergency Services Center in Seattle, Washington.

participants and staff; process information about the experience of service users and those delivering and managing the services; and outcomes of the project services for the target population. In this section, we will look closely at the evaluation approach used in the Portland ECHEH site.

## Conducting an Evaluation: The Portland Experience

As stated previously, ECHEH sites collected data as prescribed by Westat for the cross-site independent evaluation and also collected data for their local evaluation and program reporting requirements. In the Portland site, DOL grantee WorkSystems Inc., used a city-wide database system called I-TRAC (the data system for its One-Stop Career Centers). This database collects primarily data related to employment services, progress, and outcomes. The main data fields collected are:

- Participant number
- Physical Health
- Support Network
- Housing
- Mental Health
- Legal Issues
- Life Skills
- Substance Abuse
- Education
- Worksource Participation
- Employment

Some evaluations can focus on particular aspects of a project, for example costs of services and what the costs are to communities when services are not available. This was the approach taken in the Portland ECHEH project where the local evaluator conducted a cost study.<sup>35</sup>

The Portland evaluation report discusses the estimated costs-benefits of providing community based therapeutic care and case management to adults experiencing chronic homelessness and multiple disabling conditions. The treatment approach used was adapted from the empirically tested Assertive Community Treatment (ACT) model and is locally referred to as the Community Engagement Program (CEP).

The estimated pre-enrollment annual cost for health care and incarcerations per participant was \$42,075. For the first year following enrollment in services these costs were reduced to an estimated \$17,199. The investment in services and housing during the first year of enrollment was averaged to approximately \$9,870. Combining the investment in services with other health care utilization, the total per participant expenditure for the first year of enrollment was \$27,069. This represents a 35.7% (\$15,006 per person) annual cost saving for the first year following enrollment in CEP. Extrapolating this savings to the approximate number of participants served each year (n=293) the estimated cost savings would amount to \$4,396,758 per year. Of course, another way to look at this suggests that, if there were no CEP programs, the cost to the community would be approximately \$12,327,975. Experience suggests that the first year of treatment is the most expensive. Based on this, it is highly recommended that further studies, over a greater period of time, be undertaken to demonstrate the on-going cost savings of the CEP approach as participants remain stabilized in the community over multiple years.

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<sup>35</sup> Moore, Thomas, L. (2006). Estimated Cost Savings Following Enrollment in the Community Engagement Program, Findings from a pilot study of homeless dually diagnosed adults, June.

The Portland ECHEH site has engaged in several layers of evaluation, including a significant process conducted by an independent evaluator to look at the importance of treatment services to the overall stability of chronically homeless people. The evaluator conducted initial interviews with a target group, then follow-up with this group at three month intervals. An excerpt of the project description as well as some of the findings is included below.

The primary areas that were explored with each participant included:

- individual's early life experiences
- history of homelessness
- mental health status
- employment
- family history of health and homelessness issues
- criminality
- service utilization.
- Additionally, consumer satisfaction information was collected from the participants to assist in blending consumer input into the planning and review process.

The structure of the three interviews was to facilitate recollection through a modified follow-back calendar method which characteristically looks back for 1 to 3 months. The technique solicits important marker events which the participant can readily place in sequence over time. As the interviews progress, other important events are then "placed" in sequence before or after the major life events. Having a minimum of two or more days between interviews allows the participant to naturally reflect on the topics of the interview. Subsequent interviews then return to the sequence of events and continue to refine the timing and situations of key events, especially those under study. Although not perfect, this process allows for greater reliability of information than attempting to undertake the collection of such information in one or two sittings.

One of the acknowledged shortcomings of this particular interview approach is that it requires a relatively higher level of functioning to participate in the structured recollection process (which can be tedious at some points) as well as to commit to, and follow through with, a sequence of interviews over the course of a two week period. Additionally, the study was completely voluntary so the sample was certainly not randomized. Token incentives of \$5 for each of the first two interviews and \$10 for the final interview were provided.

The CEP Teams were provided a formal overview of the study purpose, the procedures, and with copies of the interview questions. In turn, CEP team staff identified potential participants and provided them with an overview of the purpose of the pilot study and the commitment necessary. Those individuals who volunteered were asked to sign an informed consent, a release to participate, and were then identified to the researchers.

The pilot study was designed, in light of funding limitations and the difficulty in collecting actual system-wide service utilization data, to collect self-reported service utilization. Realizing the potential limitations of collecting relatively accurate information from participants for a look-back period of five years, the data collection process was designed to follow a multi-session, life-review format carefully documenting the individual stories of the participants including the collection of quantitative data to assist in the analysis.

This approach has proven to be effective in aiding in the process of accurately recalling past events and experiences. Most of what is known about homelessness, joblessness, and the etiology of mental illness, including addictions, is based on correlational research. Although providing a substantial and critical body of knowledge, these survey approaches can inadvertently filter out elemental information which is of paramount importance towards understanding the dynamics of the problems faced in attempting to eliminate homelessness while treating mental illnesses and addictions.

Thirty-nine participants were identified, 35 completed the three interview schedule, and 34 records were reviewed of those who completed their first year of treatment on one of the CEP teams. Of those who completed the interviews, 28 (80%) were males. The average age of participants was 42.2 years and they were primarily Caucasian. The average years of education completed was 11.9 and the average length of unemployment was 3.7 years. This closely approximates the demographics of all CEP enrollees. The average length of homelessness over the past five years was 3.7 years. It should be noted that a concurrent study funded through the ICH cooperative grant reports the mean years of homelessness (lifetime) as 8.6 years for the participants on the CEP III team.

The structure of the three interviews was to facilitate recollection through a modified follow-back calendar method which characteristically looks back for 1 to 3 months. The technique solicits important marker events which the participant can readily place in sequence over time. As the interviews progress, other important events are then “placed” in sequence before or after the major life events. Having a minimum of two or more days between interviews allows the participant to naturally reflect on the topics of the interview. Subsequent interviews then return to the sequence of events and continue to refine the timing and situations of key events, especially those under study. Although not perfect, this process allows for greater reliability of information than attempting to undertake the collection of such information in one or two sittings.

A total of 16 individuals from the partnering agencies were identified and 15 were interviewed. The one individual who was not interviewed did not return phone requests to schedule the interview. Duration of the interviews ranged from approximately 10 minutes to over 50 minutes and averaged approximately 30 minutes. The interview was semi-structured and contained six topical questions. The questions are included below with the associated findings. Additionally, 18 participants were interviewed from both CEP III & IV as part of the overall evaluation.

### **Evaluation Findings: The Portland Experience**

Below is a summary of selected findings from the Portland ECHEH project, with much more in-depth information available in the actual information available from WorkSystems, Inc. of Portland. These findings reflect observations and opinions of customers, stakeholders and staff.

#### *Expectations of customers:*

- Expectations were generally reported as very positive. The breadth and depth of services being provided to the participants was exceeding expectations.
- There are some perceptions by customers that they were being expected to accomplish activities as a conditional requirement for participation in the programs. This is clearly against

treatment protocol. Nonetheless, participants are “expected” to be doing something towards their stabilization and recovery and this might be misunderstood as a conditional requirement - which it is not

*Other Challenges Included:*

- The “normal,” yet noteworthy, difficulties of recruiting appropriate personnel for the unique modified assertive community treatment (ACT) model; and
- Providing model-appropriate supervision and training early on for the staff.
- Unused housing vouchers, due to the slower than planned start up, were reported as being of great concern. Subsequent participation of an organization known for its street outreach and reputation was viewed as a very sound strategic and tactical decision for the project and for the community and effective use of these vouchers.

A the time of the report, the employment component of CEP IV was also reported as still not being completely clear as to the expectations of the Department of Labor (including definitions regarding customized employment):

- Although it was reported that there was sound, positive movement towards more fully integrating WSI, the One-Stop, and the DOL expectations, this area of integration is still seen as somewhat problematic with tension stemming from apparently two global views.
- One view looks at housing, stabilization, treatment/recovery as the primary components melded together followed by employment.
- The other view places much more emphasis on employment efforts at the forefront.
- It would seem that from reviewing all the information of the process evaluation to date, that the very early conceptualization of the project by the One-Stop staff was more closely aligned to DOL’s expectations.

*Program Strengths:*

- Exemplary dedication, commitment (passion), and quality of skills of the diverse staff members
- Acceptance of the housing first approach along with a harm reduction model
- Taking on the most challenging participants and keeping them engaged – in other words, serving the intended participants and not “skimming off” the easier to serve participants first
- The integration of a variety of stakeholders and the common vision that is emerging at the oversight committee level
- Project and team management that keeps the efforts progressing (e.g., no micro-management and focus on team building; increasing focus on employment efforts with the participants, SSI qualification process, utility money management, identifying problems and fixing; integration of JOIN, etc.)
- Developing consistency of expectations and practices in the modified ACT model over time and across teams.
- Weekend and evening services available
- Very strong, positive movement in the area of employment services including a staff person being integrated with both the One Stop and the teams
- Progress in implementing customized employment – clarity of expectations improving
- Implementation of Person Centered Planning at the One Stop including staff training



- Good progress in the arena of securing entitled benefits for participants such as SSI/SSDI with the addition of person with paralegal experience
- Development of one team member as a case manager for “step down” participants who do not require as much services as those who are newer to the teams. This is envisioned to free up capacity for new participants to come into the program.
- Ongoing improvement of coordinating with other systems, such as Dept of Voc Rehab, and leveraging some of those resources
- Overall gratitude on the part of active customers for the opportunity to be in the program and to make mistakes without being kicked out
- The overwhelming perception of participants is the surprisingly (to participants) high level of commitment of the staff, the unconditional acceptance of the participant and the mental illness/addiction, and a completely individualized “program.”
- Customers being surprised that they were provided housing and services “with no strings attached.” There was no requirement they be clean and sober first in order to get sober, for example.
- The staff ensures that dignity and a sense of pride are paramount and that when relapses occur, that is simply part of the recovery process and are not viewed as problematic. However, it was clear that this approach did not encourage relapses as being the thing to do - a subtle, but profound difference from what they had experienced in other treatment/service settings

*Program Challenges:*

- Coordinating the partnering agencies
- Obtaining clarity on expectations (esp. from DOL)
- Continuing to move further into individual participant self-sustainability including reducing dependence on the service system as well as more financially independent
- Continuing to build capacity for the customized employment component
- Continuing to expand the lexicon of common terminology to better bridge communications among those experienced with treatment, housing, and employment
- Maintaining the high level of motivation among CEP team members
- Continuing to “cross-train” existing CEP team members in delivery areas they may not be as strong in (e.g., mentors and mental health care, customized/Person Centered Employment, HIV/AIDS protocols) to enhance coordination and continuity of care
- Outcomes management with dispersed participant housing and the broad diversity of skills, education, and experience of team members
- Continuing to gain eligibility for disability income support (e.g., SSI, SSDI);
- Maintaining and further developing housing supply for participants
- Overcoming barriers to housing availability stemming from criminal record, violence, sex crimes, etc.)
- Developing housing alternatives as the vouchers are expended
- Finalizing individual utility payment system
- Effectively dealing with potential additional cuts to social services in the region/state in conjunction with the condition of the economy in the state
- Being able to take full advantage of all of the technical assistance that is offered and available

to the projects that is available from nationally known experts in several fields

- Better management of the wait list and better serving those on the wait list. (It is important to stress the difference of perceptions of the CEP. When talking about the wait list, they talk about how to best “serve” those who are waiting for services. This may seem like a subtle point, but it underscores the philosophy of the effort.)
- Keep in mind that this is a community project and not just a Central City Project. The challenge is how the valuable services are going to be sustained and how to encourage other agencies to adopt/support the model within their own milieu.
- The major challenges reported focused on continuing to facilitate the coordination between agency cultures. This is especially true between the employment and therapeutic communities but also important for the various service agencies and therapeutic effort.
- Inadequate amount of time for preparation and start-up before being held accountable for serving customers. This includes inadequate time to address cross-systems planning, hiring of appropriate staff, identifying appropriate potential customers, identifying appropriate landlords, etc.
- The multiple funding sources for the two grants have been a challenge to coordinate at the local level. This includes disparity among expectations, definitions, and reporting requirements. Except for the customized labor component of the DOL/HUD grant, this initial disparity appears to be heading towards resolution.
- Differences among the policies and practices of participating agencies presented challenges early in the rollout. For example, the availability and use of housing vouchers from HAP was reported by multiple sources as an initial challenge.
- There remains a disparity between the perceptions of the federal expectations for the DOL grant. The split in opinions revolves around what DOL expects in relation to systems change. The “labor” view is that the systems change should be occurring in the One Stop. In this scenario, the therapeutic intervention would have a highly visible component in the One Stop so that a “technology transfer” could be taking place through formal and on-the-job training of One Stop staff in skills necessary to effectively support participants with mental health, addictions, and homelessness issues in their continued stabilization and recovery while attaining employment.
- The other view is as the project is currently being deployed with the employment efforts taking place primarily in the therapeutic environment. There was also some minor disparity among the stakeholders regarding what “customized employment” really entailed.
- There exists a fairly healthy level of, for lack of a better term, resentment in some sectors of the community regarding the availability of funds. Some, who were encouraged to “sign on” in support of the proposal as “stakeholders,” expressed frustration in receiving no clear and direct benefits from the federal monies. These ranged from perceptions of being omitted from the dispersion of funds to not seeing value to their agency or participants in the offered services. This finding is certainly nothing surprising, but may simply need to be periodically reviewed in an effort to bridge relationships in the community.
- It was difficult, at this point in the rollout, to easily identify value to all the agencies and departments that “supplied” personnel to be part of the teams. It must be made clear, that this was not expressed by the interviewees as being problematic, but emerged as an evaluation question regarding the sustainability of these types of efforts with off-site staff. Although there are clear benefits gained by the community, the value to the partnerships may be tangential and more likely based on the value of the goodwill generated in the process.

- There is no “consumer” representation on the oversight committee.
- The data collection of the project has been problematic from the beginning, and the collection of data was not planned effectively in order to satisfy the needs of DOL and HUD at the same time. This represents lack of coordination at the Federal and local level. .
- Concern was expressed that some potential contributing factors to the general level of severity of the participants’ situation may not be garnering as much emphasis as would be desired. This primarily related to compromised health (e.g., HIV/AIDS) and age (especially youth and young adults).

The primary challenges faced by participants continue to be achieving and maintaining recovery from alcohol or substance abuse, managing mental health symptoms, and maintaining physical health while maintaining their housing and seeking employment.

### *Demographic Findings:*

#### Health History

- Participants were asked to rate their current physical health on a Likert type scale ranging from 1 to 5, which corresponds from ‘well above average’ to ‘well below average,’ respectively. Reports on this scale from participants had a mean of 3.1, and responses ranged the full spectrum of the scale. This suggests that, in general, the individuals in the sample perceived themselves to be of average physical health.
- Participants were also asked to report on the number of days they had spent in either inpatient or outpatient treatment for a variety of physical and mental health services. Of those receiving inpatient treatment for a physical health concern (n = 23), participants indicated having spent a mean average of 59.8 days receiving treatment, and reports ranged from 1 day to approximately 730 days. Individuals who received services for an urgent/ER physical healthcare concern (n = 29) reported from 1 to 158 days of care and a mean of 13.7 days.
- The number of mental healthcare treatment days was also reported. Among these services, 14 participants reported spending an average of 25.4 days at an inpatient mental healthcare facility, of which individuals reported a length of stay between 1 and 92 days. Outpatient treatment was also reported for the 15 participants who indicated receiving an average of 213.1 days of treatment with lengths of stay ranging from 1 day approximately 1460 days during the past 5 years. There were no significant gender differences between any of the physical and mental health indicators reported above.

#### Family History

- Participants were asked a series of questions about their families in order to gather information about family members’ health issues (physical and mental), alcohol and drug issues, criminal justice problems, and if the family member was present in the participant’s early childhood.
- Over 88% of the participants reported that either their biological mother or father had physical, mental, or addictions problems. For nearly 30% of the participants their biological mother was not present during their childhood (through 16 years old) and for 40%, their biological father was not present.
- Although the sample was too small to statistically test, there was an interesting frequency distribution for males with mothers, or fathers, who had involvement with the criminal justice system.

### Substance Use History

- Participants were asked to report their substance use history which included the age they first used a given substance and if they ever developed a problem with the substance.
- Alcohol use was reported by 91.4 % of participants, followed by cocaine (85.7 %), marijuana (82.9 %), and heroin (68.6 %). As expected, participants reported a wide variety of substances used or experimented with over the course of their lives.
- Of those reporting alcohol use (n = 32), the mean age when alcohol was first consumed was 12.8 years, with a starting age ranging from 3 to 27 years. Nineteen of these participants reported having alcohol abuse problems which started at a mean age of 17.8 years, and the range of the problem onset spanned from 11 to 27 years. There was no mean difference between genders for the age of first alcohol use.
- Marijuana was reportedly used by 29 of the participants. The mean age of first use was 15.2 with a range of between 6 and 23 years of age. Of those reporting to have had a problem with marijuana, the mean age of problem onset was 15.1 years with a range between 10 and 21 years of age. There was no mean difference between genders for the age of first use of marijuana. The age a participant first reported using marijuana was found to have a significant positive correlation with the age participants became homeless.
- Cocaine was reportedly used by 30 of the participants with a mean age for initial use of 23.5 years with an age range between 9 and 50 years of age. Those who reported having had a problem with cocaine (n = 20), the mean age of problem onset was 26.7 years, with an age range between 9 and 44 years of age. There was no mean difference between genders for the age of first use for cocaine.
- Of the 24 individuals reporting to have used heroin, the mean age of first use was 25.8 years with an age range between 9 and 45 years. There were 16 of these individuals who indicated having had a problem with heroin and the mean age this problem started was 26.1 years with an age range between 9 and 40 years. A trend in the data indicated that females reported first using heroin at younger mean age (19.3 years) than males (27.9 years), however this effect did not reach significance, possibly due to the small sample size. Also of interest is a significant positive correlation between age of first heroin and cocaine use.

### Criminal Justice History

- Eighty percent of the participants reported spending some time incarcerated during the previous 5 years. The mean age of first incarceration was 11 years and ranged to 55 years.

### Trauma History

- Traumatic experiences include neglect and abuse and are defined by Jacobs in his Jacobs Neglect, Abandonment, and Abuse Protocol (J-NAP) (Jacobs, 1999) as Participants reported a high incidence of childhood trauma ranging from neglect, to physical, emotional, and sexual abuse. Over 85% of participants (n = 30) reported some form of trauma while growing up, with only 5 male participants reporting no trauma.
- Neglect was reported by 28.5 % of the participants, including 3 females and 7 males.
- Physical abuse was reported by 62.9 % of the participants, including 7 females and 15 males. Participants reported that abuse started between their first year and the age of 15 years, and the mean age of abuse onset was 6.2 years. There were no gender differences for the age of physical abuse onset. Of interest, a significant positive correlation was found between the age

participants report first being neglected and experienced physical abuse; however, this result should be interpreted with caution due to the small sample size.

- Emotional abuse was the most frequently reported form of abuse by participants (n = 27). This included all 9 females and 18 males. These individuals reported first experiencing emotional abuse during their first year and the age of 37 years with a mean onset age of 8.9 years. There was a significant positive correlation between the age participants reported first emotional abuse and first sexual abuse.
- Sexual abuse was reported by 51.4 % of the participants in the study, which consisted of 8 females and 10 males. The mean age of first sexual abuse incident was reported by participants to be 9.2 years with an age range between 3 and 19 years. The age participants reported first being sexually abused was correlated with the age participants reported first being physically abused. Individuals who reported being sexually abused reported a significantly lower mean number of days homeless (x = 3.3 years) when compared to those who had not been sexually abused (x = 4.2 years). Of participants experiencing both physical and sexual abuse (n = 13), a significant mean difference was found indicating that participants experiencing both forms of abuse reported lower physical health than individuals not experiencing both forms of abuse.

Without question, the population being served by the ECHEH Portland Teams are the most severely impaired participants, seen outside an institutional setting.

## Best Practices and Lessons Learned

- A formal program evaluation may not be required, but may be in the best interests of program planners, funders, program participants, and others.
- Descriptive evaluations (e.g., Portland example) as well as more rigorous evaluation designs (e.g., LA example), such as random assignment, can contribute to our knowledge and practices regarding the provision of multiple services to chronically homeless individuals

## Questions to Consider

- What are the reasons for including an external evaluation as part of your program?
- What will our partners do with the information and knowledge gained from an external evaluation versus an internal program evaluation?
- How would we manage (design, budgeting, results, reporting) an evaluation component?

## CHAPTER 8: LESSONS LEARNED AND POLICY IMPLICATIONS

### Purpose of the Initiative

In support of the Administration's goal to end chronic homelessness, the U.S. Departments of Labor and Housing and Urban Development, in 2003, partnered together to create an innovative, collaborative approach to *Ending Chronic Homelessness through Employment and Housing* (ECHEH). The collaboration resulted in Cooperative Agreements being signed with five major cities for the purpose of demonstrating the employment potential of persons who are chronically homeless, utilizing "customized employment" strategies linked with permanent housing. A major goal of this initiative was to develop sustainable and effective direct service partnerships between housing providers, homeless assistance agencies, and the mainstream workforce system.

The five ECHEH projects are located in cities with significant challenges to end homelessness. Each was awarded housing assistance for a certain number of housing units (for a total of 297 housing units). In four projects, the housing is scattered throughout the city and in one city the housing units are located at one congregate site. HUD's Shelter Plus Care program supports the housing in all but San Francisco, where HUD's Supportive Housing Program is used. The Projects are:

- *HomeWork*, Boston Private Industry Council and the City of Boston's Department of Neighborhood Development, Boston, MA (20 Units)
- *Threshold*, Indianapolis Private Industry Council and the City of Indianapolis's Metropolitan Development, Indianapolis, IN (42 Units)
- *Hope House*, City & County of San Francisco Human Services Agency's Housing and Homeless Programs and the Office of Workforce Development, San Francisco, CA (70 Units)
- *LA's HOPE*, City of Los Angeles Community Development Department and the Housing Authority of the City of Los Angeles, Los Angeles, CA, (76 Units)
- *Portland Ending Chronic Homelessness Initiative*, Worksystems, Inc. and the Housing Authority of Portland, Portland, OR, (89 Units)

In the solicitation for grant applications, the Federal agencies asked grantees to house eligible participants as quickly as possible and to use a Customized Employment (CE) approach with their chronically homeless job seekers. CE refers to a strategy of individualizing the employment relationship between employees and employers in ways that meet the needs of both. It is based on an individualized determination of strengths, needs, and interests of the person with a disability and simultaneously employing strategies designed to meet the specific needs of the employer. It may include approaches such as supported employment; supported entrepreneurship; individualized job development; job carving and restructuring; small businesses; and use of personal budgets and other forms of individualized funding that provide choice and control to the person and promote self-determination. CE assumes the provision of reasonable accommodations and supports necessary for the individual to perform the functions of the job, as negotiated.

### Preliminary Results

Over the course of this five year demonstration project, workforce and housing agencies formed

partnerships, coordinated large collaboratives, and produced results.

For the 456 customers who entered housing across the five ECHEH sites and stayed there at least three months, the independent evaluator<sup>36</sup>, found:

Characteristics	Results
<ul style="list-style-type: none"> <li>• 70% male</li> <li>• Between 30-64 years of age</li> <li>• 54% Black; 37% White</li> <li>• 31% Less than H.S.</li> <li>• 88% have psychiatric or substance use disorder</li> <li>• 39% active substance use at enrollment</li> <li>• 54% homeless for a year +</li> <li>• 40% had 4+ episodes in last 3 years</li> </ul>	<ul style="list-style-type: none"> <li>• 59% earned income</li> <li>• 44% held a competitive job</li> <li>• 28% were self-employed or in protected work</li> <li>• \$9.70 average hourly wage</li> <li>• 38% worked fulltime while 62% worked less than 35 hours per week</li> <li>• 25% remained in employment for 12 months or more</li> </ul>

As important, if not more so, the initiative provides a wealth of information, discussed in great detail throughout this Handbook, regarding the process of developing and maintaining these collaborative projects. This information is an important contribution to both practice and policy in the workforce and housing fields.

## Investment

In this five year initiative, DOL and HUD awarded a combined total of \$23,615,367 to five local workforce investment boards and their respective housing partners. To encourage sustainability of the workforce services developed through this initiative, DOL designed its funding to include decreasing support in the fourth and fifth year of the projects (80% of year three funding and 60% of year three funding, respectively). HUD is continuing to fund the housing assistance beyond the initial five year term through each community's Continuum of Care.

Technical assistance and training for the initiative, including use of best practices and customized employment, was provided by the Chronic Homelessness Technical Assistance Center (CHETA), a partnership between the Corporation for Supportive Housing and Advocates for Human Potential supported by \$1.9 million in DOL (ODEP and ETA) funds over four years. From 2004 – 2008, CHETA conducted three primary activities – training and technical assistance to the sites; building a repository of materials for the field<sup>37</sup>; and presenting workforce and housing policy considerations to the federal agencies.

Table I, below, shows the DOL investments in the initiative. Table II shows the investment across the five project sites by the U.S. Department of Housing and Urban Development. Please note that HUD makes awards for Shelter Plus Care (S+C) for a five year term for either Tenant-based Rental Assistance (TRA), Sponsor-based Rental Assistance (SRA) or Project-based Rental Assistance (PRA); and makes awards for the Supportive Housing Program (SHP) for a three year term.

<sup>36</sup> Karakus, M., Elinson, Preliminary Results From the Chronic Homelessness Dataset; Prepared under contract for the U.S. Department of Labor, Office of Disability Employment Policy, July 30, 2008.

<sup>37</sup> See: [www.csh.org/cheta](http://www.csh.org/cheta)

**Table I. Investment to Five Sites from the U.S. Department of Labor**

YEAR	ODEP	VETS	ETA	TOTALS
2003	2,621,686	500,000	0	3,121,686
2004	2,621,686	500,000	0	3,121,686
2005	2,333,300	500,000	0	2,833,300
2006	600,000	400,000	1,498,148	2,498,148
2007	673,612	300,000	875,000	1,848,612
<b>TOTALS</b>	<b>8,850,284</b>	<b>2,200 000</b>	<b>2,373, 148</b>	<b>13,423,432</b>

**Table II. Investment from the U.S. Department of Housing and Urban Development**

HUD Applicant	CoC Number	Component	HUD Award	Start Date
Housing Authority of Portland	OR03-501	S+C TRA	\$2,991,900	12/29/03
City of Boston	MA03-500	S+C SRA	\$1,007,820	6/09/04
City of Indianapolis	IN03-504	S+C PRA	\$990,360	01/08/04
San Francisco Dept. of Human Services	CA03-501	SHP	\$2,209,415	6/01/04
Los Angeles County Dept. of Mental Health	CA03-600	S+C TRA	\$2,992,440	1/23/04
<b>TOTAL</b>			<b>\$10,191,935</b>	

The combined investment from both federal agencies over the five year term in the five projects:	<b>\$23,615,367</b>
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## Evaluation

The Office of Disability Employment Policy (ODEP) engaged Westat as an independent evaluator for the ECHEH initiative. Using both quantitative and qualitative approaches, Westat submitted reports to ODEP that included a variety of pertinent information regarding the features of each project site; characteristics of program customers; the type and quality of work they entered; the nature and extent of program services received; characteristics of employment placements; as well as the benefits and support services received at program enrollment and at the time of data collection. The independent evaluation of the initiative is intended to provide DOL with data and information that can be used to assist policy development, decisions, and recommendations, as well as to track the success of its goals under the Government Performance Results Act (GPRA). An additional intent of the evaluation is to ensure that public monies are being used to meet the objectives for which they were intended. A final report of Westat's findings for the analysis of participant level data is expected in October 2008. Readers interested in obtaining this final report should contact the Office of Disability Employment Policy.<sup>38</sup>

<sup>38</sup> Office of Disability Employment Policy, <http://www.dol.gov/odep/>; For the ECHEH Evaluation: Richard Horne, Supervisory Research Analyst, [horne.richard@dol.gov](mailto:horne.richard@dol.gov)



## Lessons Learned from the ECHEH Demonstration Project

*Community leadership from Workforce Investment Boards is a key element of improving employment services and outcomes for the chronic homeless population.*

The Local Workforce Investment Board and their administrative agents are the cornerstones for these projects and over time they extended or strengthened their roles as leaders on employment and homelessness in their communities and states. State and Local WIBs can also be instrumental in communicating to DOL the policy challenges they experience in trying to better serve the chronically homeless job seeker. The availability of \$23,615,367 in new money in these communities offered the incentive needed to combine systems to house and employ chronically homeless adults.

The experience of this initiative is consistent with an earlier GAO report<sup>39</sup> that found that there was a need to create a system of incentives that encourage federal mainstream service providers to better serve homeless people. According to the panelists convened by GAO, federal programs must find ways of ensuring that the high cost of serving the homeless population does not serve as a disincentive to providers to serving this population. The investment in the ECHEH initiative suggests the outlay of dollars from the workforce investment system to assist homeless job seekers is not substantially more than the costs of employment services to other job seekers, when wrap-around social, housing, and behavioral health care is coordinated.

While there is concern in many communities that the WIA performance measures inhibit the willingness of a One Stop career center to serve homeless job seekers, the workforce grantees expressed the view that enrolling homeless job seekers in WIA programs would not negatively impact their performance measures. The prevailing concern about performance measures and the views of the initiative grantees suggests several possibilities. First, the prevailing attitude about negative impact on performance measures may be unwarranted and occurs because One Stop staff may lack the skills or knowledge to help this target population. Second, the small number of customers that were enrolled in the ECHEH sites was so low (456) as to not have a substantial impact. The impact on performance measures notwithstanding, there seemed to be consensus among grantees that there is little incentive in the WIA system to serve homeless populations, absent a moral or political commitment to do so. ECHEH grantees expressed concern that providers who receive federal funds but face resource constraints may be deterred from making the special efforts that are needed to reach out to and serve the homeless population.

**It is possible to effectively combine employment services with permanent housing assistance to improve the well being of individuals who are chronically homeless.** As demonstrated thirteen years ago, in the JTHDP, and again through the ECHEH initiative, the mainstream workforce system can successfully serve persons who are homeless. The ECHEH initiative served only severely disabled populations, a striking difference from earlier demonstrations. To effectively do so, resources and services need to be specifically targeted to the chronic homeless population and services need to be comprehensive, timely, and championed by a skilled leader.

ECHEH grantees also learned that staff delivering employment services to chronically homeless

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<sup>39</sup> U.S. General Accounting Office (2000). Homelessness, Barriers to Using Mainstream Programs, GAO/RCED-00-184, July.

individuals need training and support to effectively address the complex needs of this population. Staffing across the housing and workforce agencies may need to be co-located and work as a team, inextricably tying together services that support housing and employment stability.

The staffing and commitment described above will rarely be possible, however, without effective financial and performance incentives designed to promote collaboration across systems. In January 2006, CHETA convened a national panel of forty leaders

#### Characteristics of Participants in the ECHEH Initiative

- 70% male
- Mostly between 30-64 years of age
- 54% Black; 37% White
- 31% Less than H.S.
- 88% have psychiatric or substance use disorder
- 39% had active substance use at enrollment
- 54% continuously homeless for a year or longer
- 40% had 4 + episodes in last 3 years

concerned about the challenges of creating effective collaboration between the mainstream workforce and homeless systems. The panel included representatives of the local workforce investment boards from the five ECHEH demonstration sites, national experts, national foundations, researchers, federal agency representatives (Labor, HUD, HHS, SSA, and VA), and disability leaders. Among the policy issues discussed was the recognition that federal resources can be used as incentive money, leveraging local workforce agency resources with the homeless, behavioral health care, and housing systems. A representative from the Bill and Melinda Gates Foundation observed, "Without financial incentives in place, it makes it hard for the systems to come together. We need to provide examples of where at a regional or statewide level they've put together a plan that does integrate systems and what it took to make that happen." A national expert on homelessness advised, "At the table we have a few examples of workforce providers that are stepping up. Not at the table, we have several hundred workforce boards that aren't doing very much to serve chronically homeless people. So it seems like we need to get those other workforce boards more interested, and that's going to require something from the federal government."<sup>40</sup>

**The goal of ending chronic homelessness through employment and housing will only be realized through collaborations across multiple systems.**

Each ECHEH site has a functioning steering committee that is viewed as essential to operating their project. The committee installed a case management team, worked to resolve issues related to participant flow, and set up tracking systems. Bringing together personnel from different systems means bringing to the table different views, knowledge, attitudes, language and approaches. Consequently, these projects used different terminology and different combinations of team

No one system has the knowledge, skills or resources to end homelessness; some continue to present substantial disincentives to work for people with disabilities that are chronically homeless.

members, but the general work flow (recruitment, intake, collaboration across agencies, job placement and follow along) shared many of the same features at each site.

ECHEH grantees concurred that no one

<sup>40</sup> Steve Berg, Vice President for Programs and Policy, National Alliance to End Homelessness in Gale, K., and Rio, J (Eds). (2006). Ending Chronic Homelessness Through Employment and Housing – A Leadership Dialogue. New York: Corporation for Supportive Housing, June.

system has the knowledge, skills, or resources to end homelessness and, in fact, some systems present substantial disincentives to work for people with disabilities that are chronically homeless. The work of changing systems takes time, commitment, and resources, as well as technical assistance and training. Collaboration across the workforce, supportive housing, homeless assistance, and behavioral health systems is difficult, but can be done when workforce investment boards (the lead agencies for the ECHEH projects) employ boundary spanners and plan for collaboration.

In each of the five sites, a project coordinator functioned not only as the staff lead for their project but also served as a “boundary spanner.” A boundary spanner conducts activities across the borders of the agency partnerships representing different systems. They learned the language of multiple systems, as well as how each operates in regard to ending chronic homelessness. The boundary spanners for each project focused on partner roles and the reintegration of project participants into the workforce—from the initial point of entry into the project, to entry to housing and employment, and through the provision of follow up supports. This key staff person facilitates regular meetings of the partners, orchestrates activities across partner agencies, and instigates new activities, sometimes with allied organizations. These project leads are the glue, or the lynchpin, that hold projects together, keeps them on track, and facilitates progress toward agreed upon project goals.

As discussed in Chapter Two, in all five sites the collaborative required each system to learn and understand each other’s rules, language, and philosophical orientation. Partnerships cut across systems and in many cases represented brand new relationships. For example, in Los Angeles the partnership in the LA’s HOPE project included nineteen agencies:

- The City of Los Angeles Community Development Department (CDD)
- The Housing Authority for the City of Los Angeles (HACLA)
- Los Angeles Homeless Services Authority (LAHSA)
- The County of Los Angeles Community Mental Health Department
- CA Employment Development Department (EDD)
- CA Department of Vocational Rehabilitation
- Metro North WorkSource
- Center at Goodwill of Southern California
- Portals, Inc.
- San Fernando Valley Community Mental Health Center
- South Central Health and Rehabilitation Programs (SHARP)
- Shelter Partnership
- New Image Shelter
- Hollywood WorkSource Center
- Sun Valley WorkSource Center
- Vanys-North Sherman Oak WorkSource Center
- Southeast LA-Crenshaw WorkSource Center
- South Los Angeles WorkSource Center
- Wilshire-Metro WorkSource Center

Improvements in coordination across systems occurred in all ECHEH sites. According to local project staff, prior to the initiative, each system functioned independently and conversations about homeless job seekers were virtually nonexistent. It is no small accomplishment that the administrative agents for the local workforce investment boards in five different cities engaged agencies in the housing, homeless, and treatment systems.

Key lessons for building successful collaborations include:

- Give planning the time, attention, and respect it deserves. You will pay the price if you don't.
- Be sure to include in planning people who are fully aware of the challenges posed by the target population and existing agency priorities and constraints, yet who are committed to the ultimate project goals and open-minded as to how they may be accomplished.
- Create a project governing structure that can handle issues at every level, from service delivery to individual participants to changes in agency operating procedures that affect many participants to policy development and long-range planning.

Access to training services and intensive services for chronically homeless job seekers through the Workforce Investment Act (WIA) funded One Stop Career Centers is limited because of a combination of competing priorities, limited funding, and high performance measures that create a disincentive to serving the chronically homeless.

Although WIA and other Labor programs are available in every community, the extent to which chronically homeless individuals are assisted by these programs to enter, remain, and advance in the labor market is not known. Whether in One Stop Career Centers or state vocational rehabilitation agency offices, providers may not be organized or equipped to serve homeless people, may not be knowledgeable about their special needs, or may not have the sensitivity or experience to treat homeless participants with the necessary cultural sensitivity that is required to help this population make changes in their lives.

The concern at the local level to meet performance measures continues to be a substantial barrier to engaging chronically homeless job seekers in WIA funded services. At the ECHEH sites, 24% of participants were enrolled in WIA services, but most did not receive training or intensive services funded by WIA dollars.

In 2003, the Department of Labor reported that the Administration's proposed legislative changes to the WIA Re-authorization will "*enable States and local areas to provide a wider range of services to low-wage earners in general through work support. These legislative changes would help to diminish barriers to serving targeted populations through the One-Stop system. By addressing such barriers, the system will become more dynamic and flexible while maintaining the universal access focus. The Administration's proposal would require each State to include in their State plans, developed under WIA, a description of the strategies the State will use to serve the employment and training needs of homeless individuals.*"<sup>41</sup> Unfortunately, reauthorization still currently remains under congressional consideration.

However, there are steps that DOL could undertake to address this challenge immediately. For example, DOL could provide state WIBs written guidance on including homeless people as a targeted population with barriers that should be served under WIA programs, including with

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<sup>41</sup> 2003 Department of Labor Annual Report to the United States Interagency Council on Homelessness available at [http://www.dol.gov/dol/audience/ICH\\_03\\_Annual\\_Report.htm](http://www.dol.gov/dol/audience/ICH_03_Annual_Report.htm)

intensive and training services, and ask states to describe their efforts to end chronic homelessness through employment services, as part of mandated WIA planning activities.

**Targeting resources and services to people who are chronically homeless results in increased employment and more stable housing.**

The outcomes of the ECHEH initiative are promising. The local evaluation of the Los Angeles ECHEH site compared initiative participants with other chronically homeless populations not receiving targeted employment assistance. Researchers found LA's Hope participants were *four times more likely* to go to work than two chronically homeless comparison groups.<sup>42</sup>

Despite multiple and significant challenges such as mental illness, substance use, long-term street homelessness, low levels of education, limited social support networks—all hallmarks of people who

Researchers found LA's Hope participants were four times more likely to go to work than two chronically homeless comparison groups.

have fallen into chronic homelessness—the projects in these cities have shown remarkable results. In this ECHEH initiative, for the 456 individuals who entered housing in the five sites and stayed there at least three months, the independent evaluator, Westat, found:

- 59% earned income
- 44% held a competitive job
- 28% were self-employed or in protected work
- \$9.70 average hourly wage
- 38% worked fulltime while 62% worked less than 35 hours per week
- 25% remained in employment for 12 months or more

DOL's earlier *JTHDP* demonstration project resulted in an entered employment rate of 36%. Over time and with increased resources, DOL's *Homeless Veteran's Reintegration Program (HVRP)* yielded positive employment outcomes, from 65% in 2004 to 68.9% in 2005 to 69.9% in 2006. Appropriations increased during the same timeframe from \$18.888 M to \$20.832 M to \$21.780 M. The population, although homeless, were not chronically homeless, as in the ECHEH demonstration. Nonetheless, results from the *JTHDP* and *HVRP* support the assertion that if you focus on getting homeless people working, provide funding and housing supports, funders will see a return on their investment.

The effort and preliminary results in the ECHEH sites further substantiate this claim. The workforce investment system has generally considered this same population not ready for employment and training services. In addition, the state vocational rehabilitation system may see this population as unlikely to benefit from employment services or as persons whose rehabilitation is not likely to lead to an employment outcome. However, the evaluation information suggests these approaches and attitudes do not reflect the current evidence. The local evaluation of the Los Angeles ECHEH project compared chronically homeless participants with two other homeless populations with disabilities and observed:

*LA's HOPE has succeeded in achieving its two primary goals—housing chronically*

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<sup>42</sup> Burt, Martha. (2007). Evaluation of LA's HOPE: Ending Chronic Homelessness Through Employment and Housing Final Report. Washington, D.C.: Urban Institute.

*homeless disabled people and assisting them to enter employment. To this finding one may say, "Well of course, that's what they were trying to do, so naturally their participants would look better on these outcomes than members of the comparison group." To this response we say, "Exactly."<sup>43</sup>*

Such a finding simply suggests that if you do not focus employment services and housing on this population, you will not achieve positive employment and housing outcomes.

**SAMPLE:**

**Appendix 8.1: Evaluation of LA's HOPE: Ending Chronic Homelessness Through Employment and Housing: Final Report; Urban Institute (September 2007)**

**Mental health care and substance abuse treatment are essential to move people from unemployed street dwellers to permanently housed wage earners.**

In the absence of incentives, collaboration between workforce investment and behavioral health care systems remains uneven, limiting improvement in employment outcomes for chronically homeless individuals. The episodic nature of customers' primary disabilities and the complexities of how work behaviors change and develop require staff from these systems to blend their expertise, often on a daily basis. In Indianapolis, the project engaged a treatment partner halfway through the project that shared values and priorities which complemented those of the workforce staff. In another project this connection developed over time, and, in another, it never came together. Overall, the ECHEH grantees reported that their behavioral health partners had yet to embrace employment as a central feature of their work to end homelessness and promote a participant's stabilization and recovery.

**Federal housing programs for homeless people with disabilities, especially those funded by the McKinney-Vento Act, can do more to promote employment of tenants.**

In the ECHEH projects, it was a challenge to engage chronically homeless individuals in streets or shelters and quickly assist them through the housing application process before the individual disengaged with the service provider. Overall, prospective candidates for the initiative were first engaged around housing: assessment of chronic homelessness status, building motivation to enter housing, preparation of applications, and securing various verifications. In many instances, project staff would begin to focus services on employment before the individual was housed, mostly due to the length of time it took to get an individual determined eligible for housing, locate the housing, and move into the housing. Sometimes, during this process, an individual who was receiving employment services was determined ineligible for housing. Frequently, housed participants were less enthusiastic about employment after getting into housing. Given these experiences, it seems useful to consider how the culture of housing programs and behavioral health service organizations might change to promote an environment of expectation, in which work activity is part of tenancy. In a housing first project, timely, direct access to housing without significant application delays is essential. It also became obvious that certain applicants looked and acted like they were chronically homeless, when, in fact, they failed to meet the 365 days of homelessness required to be eligible for the program. There was no waiver process to exempt people from the definition in such circumstances, even when they were highly motivated to work and move into housing.

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<sup>43</sup> Ibid.

As tenants become workers and move toward greater self-sufficiency they faced a “housing assistance cliff.” Tenants in the Los Angeles and Indianapolis ECHEH projects were the first to have tenants earn sufficient income to no longer need to rely on HUD’s housing assistance. The Shelter Plus Care rules stipulate that when a tenant starts to pay 100% of the fair market rent for their housing unit, their housing assistance is terminated. Unofficially, some jurisdictions re-instate the tenant’s housing assistance should they become unemployed or have a reduction in earned income, if this occurs during a specific “grace period.” Formerly homeless tenants of supportive housing, who have disabilities in which acute symptoms are episodic and frequently unpredictable, are discouraged to learn that their housing assistance is jeopardized if they work too much. Furthermore, if the care the tenant receives is linked with the provision of housing assistance, as it is in the HUD Shelter Plus Care program, then not only does the tenant risk rental assistance but also risks loss of the supportive services that help them retain work and maintain housing.

Unfortunately, tenants in four out of the five ECHEH projects were not eligible for the Earned Income Disregard (EID). When HUD revised its rules to extend the EID to people with disabilities in certain housing programs, it did not include the Shelter Plus Care program.<sup>44</sup> In addition, HUD recognized that the rule should allow child support paid by a non-custodial parent who earns income or is engaged in educational activities to be excluded from income, but the provision was not addressed.

## Suggested Next Steps to Improve Employment Outcomes for Job Seekers who are Chronically Homeless

The following next steps are drawn from our experiences with the five ECHEH projects, their recommendations to us, and from the preliminary data obtained from the national independent evaluator. In addition, we reviewed evaluations conducted by local researchers for the ECHEH sites and assessed lessons learned from prior key initiatives.

Service providers, whether at One Stop Career Centers or homeless assistance agencies, should adopt effective employment and training practices that are backed up by solid evidence, track the results of their efforts, and report their outcomes consistent with the common measures.

In its Fiscal Year 2003-2008 Strategic Plan, the Department of Labor set a goal to increase employment, earnings, and retention among those facing barriers to employment, including homeless individuals. This DOL plan states:

*Success in terms of our employment and training programs is clearly measurable in the marketplace by the degree to which businesses use our employment services, and hire and retain the graduates of our training programs. A key dimension of this measurement of success addresses DOL’s special emphasis programs and the extent to which we have alleviated the high unemployment rates of individuals facing significant barriers to employment, including those with disabilities, Limited English Proficiency, **homelessness**, and special populations who have traditionally experienced barriers to employment, such as certain subsets of the veteran population, older Americans, school dropouts, and migrant*

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<sup>44</sup> Federal Register / Vol. 66, No. 13 / Friday, January 19, 2001 / Rules and Regulations

*and seasonal farm workers.*<sup>45</sup>

The Department made a commitment to measure the number of homeless individuals who enter employment upon exiting WIA funded core, intensive, and training services, and to establish a baseline in FY 2004. In this same plan, the Department indicated that it would determine a FY 2008 performance target for service outcomes for individuals who are homeless. The Department's 2003 report to the ICH stated: "Establishing this goal and changing the reporting system to collect information on the number of WIA adult program registrants who are homeless should increase services to this population." To date, this DOL strategic objective has not been reached.

At this time, DOL may best estimate the number of homeless job seekers served by the mainstream workforce system through research sampling techniques in a limited number of communities. Such data collection and analysis complements HUD's Continuum of Care annual homeless counts.

Both DOL and HUD should consider strategies to improve homeless job seeker outcomes by delivering training and technical assistance on evidence-based best practices for One Stop Career Center staff.

**Linkages between supportive housing, behavioral health, employment and training providers, and local One Stop Career Centers must be planned, implemented, and sustained.**

The effort and success of the five ECHEH projects centered on cross-system collaboration. The U.S. DOL could further the aims of ending chronic homelessness by making available planning grants to state or local WIBs and HUD funded Continuums of Care, to effectively replicate the collaborations created in this ECHEH initiative. Two year planning grants to communities, focusing on integrated service partnerships, leveraged funding approaches, and adopting best practices would advance the goal of ending end chronic homelessness.

Federal guidance from DOL to state WIBs regarding the development of WIA plans could include a requirement to report on activities and plans to improve employment and training services to chronically homeless populations, as one of the disadvantaged populations served by the workforce system. Such WIA planning should be coordinated with local Ten Year Plans To End Homelessness, as well as federally required housing and behavioral health plans. The aim of cross systems planning is to build service bridges between service providers that result in improved employment and housing outcomes.

Members of local Continuum of Care groups should seek opportunities to sit on local workforce investment boards, to offer their expertise as community planners. Such leaders are knowledgeable in responding to the complex needs not only of homeless populations but of other disadvantaged populations, representing pools of workers who, if given the right services and/or training, can potentially meet the needs of employers. Similarly, local WIB members might also sit on the local Continuum of Care committee, to maintain workforce linkages with housing and homeless assistance agencies.

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<sup>45</sup> FY 2003-2008 US Department of Labor Strategic Plan, September 2003, Page 9.



**Government, at the federal, state, and local levels, needs to establish the necessary financial incentives and the funding mechanisms to pay for the creative employment and training services that are critical to increasing employment outcomes among chronically homeless individuals.**

Like many communities, ECHEH grantees reported decreases in their share of federal funding for WIA programs, making the challenge of serving disadvantaged populations even more difficult. In order for One Stop Career Centers to meet the employment needs of chronically homeless job seekers in their communities, additional WIA dollars are required.

Although not a mandatory partner in WIA, the Food Stamp Employment and Training (FSET) program represents an under utilized funding source for homeless job seekers. The Food Stamp program is consistently one of the most frequently utilized federal entitlements by homeless populations. In the ECHEH initiative, 40% of those entering housing had Food Stamp assistance. The U.S. DOL and HUD should consider strategies for working with the U.S. Department of Agriculture (USDA), administrator of the FSET program, to assist states and local communities to make use of the employment and training component of FSET. The Boston ECHEH site funded employment services for homeless people using FSET. The challenges of doing this are significant, however, and most communities will need some technical assistance in order to implement such a program.

To meet the permanent housing measures set by HUD, and achieve the housing to service ratio indicated in the annual McKinney Application, Continuums of Care across the country have shifted resources away from supportive services only projects, a category that includes many employment programs. HUD should not permit further employment service reductions without a demonstration of replacement dollars by the Continuum.

In addition, as Continuums of Care focus more funding the development of permanent housing in their communities, and less on funding supportive service (including employment), more could be done to encourage leveraging resources to support employment services.. For example, Continuum of Care projects that partner with One Stop Career Centers, vocational rehabilitation agencies, and/or FSET programs could receive bonus points on the CoC funding application.

Two legislative actions that would provide incentives on the state level (One Stop Career Centers, state vocational rehabilitation agencies, etc.) are:

- 1) Provide opportunities for states to petition DOL for waivers of the performance measure targets, as part of a plan to target services to persons who are homeless or formerly homeless.
- 2) Increase the available funding to One Stop Career Centers for contracted services for special needs populations through a targeted initiative to end chronic homelessness through employment, when linked with a Continuum of Care permanent housing project.

**Federal housing programs can include provisions that reward providers for achieving significant employment outcomes, including incentives that encourage tenants to work and elimination of factors that inhibit employment.**

As practitioners improve their ability to help job seekers by using new and evidenced based practices, more homeless individuals are likely to consider employment. Unfortunately, some elements of today's subsidized housing programs often create unintended "Solomon's choice" between losing one's housing or giving up pursuit of a job.

To further tenant employment and eventual self-sufficiency, adjustments are needed in certain housing policies for homeless populations. Removing barriers, such as the “housing assistance cliff”, and extending the Earned Income Disregard to all homeless housing assistance programs would likely benefit tenants aspiring to find a job. It would also be necessary to amend HUD’s Shelter Plus Care and Supportive Housing desk-guides to clarify that once a chronically homeless individual is eligible for housing assistance, that housing assistance remains accessible as a safety net, even when the tenant earns income to pay full market rent.

Given the experience and outcomes of the ECHEH project it seems clear that federal agencies should now re-visit the assumptions, built into housing and benefits regulations, regarding the employment potential of persons who have been chronically homeless. The assumption that employment would likely not be a viable option this population is no longer accurate. Many of these individuals want to work and are able to do so. With a re-alignment of federal policies across systems, designed to encourage this goal, meaningful employment and stable housing for persons who were once chronically homeless may no longer be the exception, but the rule.