



# **Common Employment Strategies in the U.S. DOL-HUD Initiative To End Chronic Homelessness through Employment and Housing**

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Chronic Homelessness Employment Technical Assistance Center



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## Introduction

Policymakers agree that low-income, working-age people who receive government rent subsidies ought to strive for self-sufficiency. Some argue for building a stronger base of evidence in the housing-employment policy arena through an expansion of rigorous, controlled research trials (Long, Rio and Rosen 2007; Riccio 2006). The U.S. Departments of Labor (DOL) and Housing and Urban Development (HUD), in partnership with workforce investment boards and government led housing agencies in five urban centers, launched a 5-year pilot initiative to end chronic homelessness by combining employment and subsidized housing. The initiative includes an independent evaluation of the initiative, the projects and the impacts on homeless job seekers receiving housing assistance and employment services.

The projects in this DOL-HUD supported initiative are required to serve people with a disabling condition and who were continuously homeless for at least 1 year or who had four homeless episodes in the past 3 years. In the first 36 months of operations, the five projects recruited 399 people into 311 permanent supportive housing units, most of which are scattered site apartments, using HUD subsidies.<sup>1</sup> The sites helped 189 individuals enter competitive employment and made 302 job placements with these 189 individuals. The DOL also established the Chronic Homelessness Employment Technical Assistance Center (CHETA) as a resource to the five sites, to create materials in a repository for use by the grantees and the field, and to advise DOL on policy issues regarding employment of chronically homeless job seekers in the mainstream workforce system.

**Participant Demographics.** The people enrolled in the five pilot projects were mostly men (71 percent) and were mostly between 36 to 55 years of age at intake (67 percent). Sixty-three percent reported having a psychiatric disability at the point of entry to the projects. The racial mix of the participants varied across the sites. For example, Portland enrollment was 78 percent white and 9 percent Black/African American, Indianapolis was 15 percent white and 76 percent Black/African American, and the Boston enrollments were nearly equal in these two racial backgrounds. In terms of education and employment, 42 percent of all enrollees had a high school equivalency or degree and 14 percent were working at intake, either full-time or part-time. Thirty-one percent were receiving cash benefits from the Social Security Administration, with most receiving Supplemental Security Income (SSI). Twenty-one percent were receiving Food Stamps<sup>2</sup>, a number consistent with other reports (HUD 2005 APR).

**Survey Instrument.** CHETA developed and conducted a survey of staff practices used in the projects to determine the common employment service interventions across the five sites and to identify possible training needs for personnel providing these direct services. A draft of the survey instrument was distributed to grantees for their comments and their feedback was incorporated into the final survey tool. The survey is intended to serve as an initial exploration of what staff does with their clients in these projects and stimulate a discussion of practices with project leaders and staff. The lessons learned from the survey could inform both changes in the

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<sup>1</sup> One city, Indianapolis, operates a single site supportive housing project that housed 69 people over the first 36 months in 42 apartment units.

<sup>2</sup> Westat Chart, Selected characteristics at intake of people served in adult demonstration programs (Fiscal Year 2001-Fiscal Year 2003).

practices at the sites and the training or technical assistance that might contribute to the success of the projects.

The results of the survey, descriptions of the functions, and common ingredients across the five sites were completed in preparation for the 2007 grantee meeting in April, where this information was part of the dialogue on grantee practices. Prior to conducting the survey with grantees, the survey tool was piloted in three different locations to solicit comments and make adjustments to the questions and format. As a result this pilot testing, no changes in the survey instrument were deemed necessary.

## **Practitioner Survey**

A total of 34 staff participated from the five pilot sites: San Francisco (N=6), Los Angeles (N=13), Portland (N=8), Indianapolis (N=2) and Boston (N=5). The number of staff working varies from site to site, but the core staff funded with grant resources in general ranges from 6 to 8. The respondents to the survey may or may not be representative of these staff and the staff working with the projects at other partnering organizations leveraged by the grant. Information about the total number of staff working in the projects is not available.

The sites completed 43 months of operations as of April 1, 2007, a sufficient amount of time to ramp up their projects, develop programmatic structures, and devise vocational interventions as well as supportive services to impact the housing and employment status of their participants. Each site described the employment practices they intended to implement in their grant application and received approval by the funder. At this point in time there is no cross-site description of the key employment strategies used in the projects, nor is there a set of common, well described interventions used by all five sites. There is also no inventory of training needs at this time.

**Survey Procedures.** The survey seeks to describe the common interventions and ways of practicing several employment strategies. The employment strategies surveyed encompass interventions in four key functions:

- Customized Employment
- Vocational Assessment
- Job Development
- Job Retention

In order to compile this information and insure staff understanding of the survey questions and purpose, CHETA staff met with their project site staff before the survey was administered. The survey was presented, questions were answered, and comments about the four practice areas in their project were solicited.

The survey consisted of 11 demographic questions about the staff, 89 statements describing a task in one of the four practice strategy areas, and a final opened-ended question in which respondents could write in something they perceived as relevant or could comment on the survey experience. Respondents were instructed to rate each descriptive statement of the intervention

on a likert scale, from 1 to 5, with 5 indicating the highest level or that the task happens routinely, that is, 100 percent of the time or nearly so. Rating the ingredient as 1 means that it rarely occurs in staff practices – it is something a staff does not do with any regularity, that is less than 20 percent of the time. If the intervention is rated as “3” – the mid-point -- staff is saying that the ingredient occurs about half or 50 percent of the time with participants [or occurs with half of the participants. These subjective measures are staff best estimates from their point of view as direct service practitioners in these pilot projects. Instructions were given to staff not to sugar-coat their answers. They were asked to self-report and to not provide a certain response because they thought it would appeal to their program director, to the federal funders or because it may reflect one way or another on their practices. They were encouraged to provide an honest estimate of their individual practices. Below is a sample intervention statement and response choices.

<b>Negotiating a job description. The job seeker and the personal representative pick from all the tasks performed at the workplace to create a new, individualized job description.</b>				
1 Rarely Occurs	2	3	4	5 Occurs 100% of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certain approaches to employment of people with disabilities have prescribed interventions, a foundation built on evidence from rigorous research and measures of fidelity (how faithful a program is to that approach). Supported Employment (SE) is one such evidence-based practice for which there is substantial research showing positive vocational outcomes for job seekers with serious mental illness.<sup>3</sup> SE includes ongoing work-based vocational assessment, job development, and retention elements and is complemented by the elements in customized employment. Since there are a significant number of participants with psychiatric disabilities across the five projects, the ingredients of supported employment might be used in common across the sites. The interventions surveyed, while consistent with SE, are not a fidelity measure for SE. For example according to the SE fidelity scale, a high-performing SE program makes a first contact with an employer about a competitive job for a client within one month after program entry. In our survey, the staff was asked to indicate how often the job developer identifies jobs for participants and secures at least one job interview within 90 days of a client beginning the job search process.

**Limitations.** This report describes the results of the survey for all five sites and does not address differences by site, or by other variables such as job title, educational background, or caseload size. This kind of detailed analysis remains potentially useful to inform the grantees and the field about common employment practices with chronically homeless job seekers. In this narrative report, the ratings on the five-point likert scale were not grouped or reduced into three levels of

<sup>3</sup> See SAMHSA toolkit at <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/> , in particular the fidelity scale.

responses. However, Appendix I, Common Interventions across the Sites, includes interventions for which the sum of ratings 4 and 5 for each intervention represents at least 67 percent of the respondents across the sites. The fact that two-thirds of the staff report agreement on a particular item suggested that the particular practice is regularly used with participants and is common across the five sites.

## **Staff Profile**

The types of staff who responded from each site and whether they were core staff or leveraged partner staff selected by the project managers depended somewhat on availability. Consequently, the staff profile varied from site to site and may not be a representative sample. We also do not have data about the total number of staff working with project participants in each site and consequently do not know if the respondents to the survey represent a significant or small portion of the total staff in these five projects. Of the 34 staff responding to the survey, 27 percent were employment specialists, all of whom have had supported employment training; 35 percent were case managers; 9 percent were behavioral health specialists and the remaining staff spent more than half of their time as managers or in administrative roles. Some of the managers also deliver services directly to clients in the project. Only four of the staff is licensed practitioners and three out of four staff responding to the survey is female practitioners.

The majority of staff is over 30 years of age with a college degree and experienced, with only 12 percent having less than 5 years employment in human services. Although 44 percent have worked less than 2 years in their current job in this pilot initiative, all respondents have received training in one or more of the following: motivational interviewing customized employment, supported employment, and/or assertive community treatment.

It is noteworthy that, in some cases, the agency which “houses” the project provides the emphasis or focus for the project. For example, in Portland, Central City Concern (CCC) emphasizes housing and mental health services and hired project staff with mental health backgrounds. In Indianapolis, the project is housed with the Indianapolis Private Industry Council and emphasizes employment; mental health has a much lower profile. The requirement to integrate the permanent housing, behavioral health care and workforce service elements of the program created an implementation challenge for all project sites. Project line staff in Portland reported confusion about how to align housing and employment goals and experienced tension between the agent for the workforce board (which holds the cooperative agreement) wanting employment outcomes and CCC focusing on recovery (Palan, Elinson, and Frey 2006).

## **Customized Employment**

According to the definition used by the U.S. Department of Labor, customized employment (CE) refers to 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.<sup>4</sup> It is not a program, but is a set of principles and interventions that seek

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<sup>4</sup> Federal Register, June 26, 2002, Vol. 67. No. 123 pp 43154 -43149

positive vocational outcomes for people with complex challenges. It builds on evidenced-based practices such as supported employment, and recognizes that some job seekers with disabilities require a tailored approach to enter and remain in the labor market. CE is not necessarily an intervention intended for every homeless job seeker with a disability in this DOL-HUD initiative. The complexity of the individual's needs affects the decision to use any, all, or certain elements of the CE approach. A leader and contributor to the knowledge and skills base for CE, suggested that CE is "indicated when other traditional employment services or supported employment fail to provide the person an employment outcome."<sup>5</sup> Grantees participated in an intensive training of CE practices through CHETA and can offer CE as an option for their participants.

Responses to the set of items on customized employment indicate that the philosophy of a unique, individually tailored approach to helping homeless job seekers is present across the five pilot sites. However, some of the specific elements of customized employment rarely occur. For example, in terms of whether or not the employee (homeless job seeker who secures employment) has a personalized job description, only 19 percent of the respondents thought this occurs frequently, that is, nearly 100 percent of the time. One stated reason for this is that participants do not want staff to intervene to that level with potential employers. Similarly, job carving is not a regular occurring staff practice, with 48 percent of staff saying it occurs less than 20 percent of the time in their practice. The same results were expressed regarding staff negotiating a job description with an employer. Job creation and job sharing are also rare practices, often attributed to the request of participants to maintain their confidentiality or to avoid disclosing that they are in a specialized service program. This does not necessarily mean these projects are deficient in their use of customized employment. Quite the contrary, customization is a principle that is emphasized in the services provided to chronically homeless job seekers in these projects. It may mean that other interventions may be appropriate for their tenants at this particular point in time. For example, a site may engage participants in work experience job slots or time-limited day labor as a strategy to gradually prepare them for the workforce.

These observations seem consistent with other reports. In their site visits the independent evaluators reported that project staff does not always consider all aspects of customized employment to be necessary for each program participant. Generally, the projects seem to be employing discovery and person-centered planning techniques during the assessment phase but not job negotiation or job carving. In Los Angeles, two of the three participants interviewed found their own jobs. In Portland, most of the job placements for participants were not negotiated or customized for the participant but rather were simply "a job" (Palan, Elinson, and Frey 2006).

The survey included 24 items that are practices related to CE and out of these there were five items in which 2/3 of the staff agreed that they are routinely practiced at their project. These are listed in Appendix I.

## **Vocational Assessment**

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<sup>5</sup> Michael Callahan, Presentation to CHETA staff 2004, Washington, D.C.

Homeless people readily identify their needs and rate a range of services at least equally important as the need for affordable housing. These include safety, education, transportation, medical/dental treatment, and job training/placement. Most of these needs are reported as difficult to obtain, while behavioral health services are considered unimportant and readily available (Acosta and Toro 2000). There are no reports about the views of homeless people concerning the kind of employment assistance they find important or useful to meeting their needs.

Of the 19 interventions (items) listed for the vocational assessment strategy, 50 percent or more of the staff across the five sites indicated that 10 of the interventions occur routinely or nearly all of the time with their clients. These items included:

- Identifying client work preferences
- Solicit client likes/dislikes about jobs
- Help clients match their skills with jobs
- Identify current/needed supports
- Identify obstacles to obtaining a job
- List chronology of education, training, work history
- Staff document assessment findings
- Assessment is done by staff trained in vocational assessment
- Assessment is tailored to each individual
- Assessment is done by staff trained in interviewing skills

When staff responses for the assessment items are summed for ratings “4” and “5” and the total represents 2/3 of the respondents, we find that there is common ground in 13 of the 19 vocational assessment practices. These are reported in Appendix I.

Ratings about the use of the remaining interventions suggest that there are differences among all of the staff responding or that there are differences between sites and their orientation to these practices. For example, item 42 states “*The vocational assessment describes well developed and less well developed personality qualities that promote or inhibit work success (endearing and annoying qualities).*” Thirty-eight percent of the staff said that this occurs 50 percent or less of the time and 62 percent indicated that it occurs more than half of the time. Item 52 states “*In conducting vocational assessments staff appropriately share information about their knowledge of the client population as well as self-disclosure to help clients in making vocational decisions.*” Staff also differed in their responses to this intervention, with 41 percent reporting that this does not occur routinely and 59 percent saying it does in their practice. Other interventions with differences include: sharing assessment information with other team members; whether to conduct assessments over time or in a one-time meeting; and whether or not there are regular updates to the assessment. Further analysis of the survey responses by site seems warranted in these items in order to understand site differences.

## **Job Development**

Job development is where the “rubber hits the road” in terms of helping clients enter the labor market. Employment services staff may approach job development differently. Some job developers take information discovered in the job seeker’s vocational assessment and market the

job seeker to employers requiring the skill set of that individual client. Other job developers identify available job openings, bring this list to the client group and assists them in making the best match from the available (but limited) options. Still others, in a customized employment approach, may take a job seeker profile that features the strengths of the job seeker and approaches employers about creating a new job position that may be a composite of job tasks that the employer needs done.

Of the 26 job development interventions in the survey, there was limited agreement among staff responses with respect to which interventions occur routinely and commonly. In fact, in only 4 out of the 26 items do we see agreement among a simple majority of the staff reporting that the intervention is routine, occurring 100 percent of the time with most of the clients (rated as a 5). The four items are:

- Each job seeker has a job developer assigned them
- Job developer uses internet job sites, one stop resources, trade publications, newspapers, and personal networks to find jobs
- Jobs sought are community based, integrated, paying a living wage
- Job developer focus is on the individual's preferences, talents, strengths, and dreams not limitations

Staff is frequently challenged by pervasive negative stereotypes when approaching employers about hiring qualified homeless job seekers. These include:

- Doubts that this group of people can obtain work, or want to work
- Questions about the motivation and capabilities and reliability of the population
- Concerns about how they will integrate into the workplace
- Conceptions about appearance, dress, habits, cleanliness and the impact of the 'popular image' of homelessness that feeds biases
- Personal doubts and fears from the participants about overcoming barriers and past lack of success
- Working with employers to realize that with the proper supports, people transitioning from homelessness can work productively and contribute to the workplace.

A range of practices are necessary to address these potential barriers as well as other factors impacting job development and placement. Ironically, staff responses were at odds in terms of whether or not job developers use information about the participant to create a marketing strategy to employers. Forty-eight percent of the staff indicated that this does not happen routinely in their work with chronically homeless job seekers.

Conventional practices in job development frequently involve preparing the job seeker for the job interview in which the job seeker sells their capability to meet the job requirements to the employer without rehabilitation staff present in the interview. This practice may be less effective with homeless job seekers, particularly for those with mental illnesses. Gervery and Kowal (2005) found 79 percent of the job offers in a sample population of job seekers with serious mental illness occurred when the job developer was present in the interview as compared to only 21 percent when the job applicants went alone. Across the ending chronic homelessness projects, only 32 percent of the respondents to the survey said that job developers accompany job seekers

on job interviews more than 50 percent of the time. It may be that a significant number of job seekers specifically request to go on interviews alone, perhaps because they are worried about stigma or because most of the employment specialists are younger than the job seekers or other personal reasons. It may also be that the program orientation may not encourage job developers and employment specialists to accompany job seekers on interviews, or that job developers and staff do not present sufficient information for clients to make an informed choice about job seeker representation to employers. It may be worthwhile for employment specialists to take a fresh look at their practices regarding on-site services to these job seekers.

Across the five sites, 59 percent of the staff said employment specialists are frequently responsible for job development for their job seekers and 71 percent indicated that more than 50 percent of the time job developers follow up on job placements and coordinate services for job retention with case managers, job coaches, or other service staff. However, in looking at the practice of matching job seekers to employers, 63 percent of all staff (and 86 percent of the employment specialists) said that job developers develop or secure a profile of specific employers under consideration for job development (that includes such information as number of employees, number of vacancies, openings per year, location in relationship to transportation, etc.) less than 50 percent of the time. In terms of countering employer objections about hiring people with complex needs or past criminal justice involvement, only 36 percent of staff indicated that practice happens more routinely than not.

## Job Retention

Formerly homeless people who are working often need extensive supports to assist them in staying employed in the same or a different job, and addressing the numerous personal challenges that may arise at or outside of the workplace is a key element of providing adequate job retention support.

A key principle of job retention is that it should be everybody’s business as part of an integrated team strategy with expertise present in the areas of relapse prevention and other treatment services, understanding about how trauma may impact a workers’ performance, assistance with benefits and money management, knowledge of legal and health services, housing retention, access to diverse vocational and educational opportunities, and, of course, knowledge and skill in navigating the demands of the employment environment. Each of these is important components of job retention that may best be incorporated not only into practices but into the culture of the organization offering employment services (Clymer and Wyckoff 2003).

There were no items in job retention in which a majority of the staff agreed that the item rarely occurs. However, below are the top five interventions with the percent of staff agreeing that it rarely occurs.

<b>Intervention</b>	<b>percent of staff saying it rarely occurs</b>
<ul style="list-style-type: none"> <li>• Staff provide job coaching at the participant’s work site</li> <li>• Staff and project engage/nurture employer relationships;</li> </ul>	<p>37 percent</p>

- employer acknowledgement events, awards, councils, etc. 36 percent
- Staff responsible for job retention have regular contact with employers 27 percent
- Clients placed in jobs have a written job loss prevention plan (plan for relapse, benefits, budgeting, career plans, etc.) 27 percent
- Staff provide information/support to employers regarding participant performance and to increase employer understanding of homelessness and disability 26 percent

Of the 20 items listed under the job retention strategy, most of the staff holds a high level of agreement on three items--that is, more than half of the respondents rated these items as 5 or occurring 100 percent of the time or routinely. These included:

- Job retention staff exchange information with other staff
- Tracking job retention for those placed in jobs
- Staff helps clients resolve employment challenges (child care, mental health treatment, transportation, etc.)

For intervention items where the sum of level “4” ratings and “5” ratings equals or is greater than 67 percent of the staff, we see in Appendix I that 5 out of the 20 job retention interventions are common across the five sites.

## Discussion

Since this survey is an exploratory review with the projects, the results reported herein should be discussed and confirmed with the project leaders and staff. As pointed out earlier in this report, the sample may not be representative enough or adequate to support definitive conclusions or make independent recommendations.

Across the five projects, we find limited agreement about 56 of the interventions from 34 practitioners surveyed. This is not surprising. The projects were clearly directed to make use of CE in their projects, but there were no other explicit requirements for the projects to use other strategies in common. As a result there is likely to be a lot of variety in the interventions with chronically homeless job seekers across the projects. The differences suggest that further analysis should consider looking at within site agreement about common practices.

The survey confirms the client-centered orientation held by staff across the five projects in their practices with clients. They use a framework in which the individual is a unique job seeker and make determinations of job goals based on client preferences and their choices. This is consistent with a CE approach. As the independent evaluator observed, there are certain CE interventions that are not prevalent in these projects and the survey results are consistent with their observations. Job carving, representation and employer negotiation are found less frequently as a practice in contrast to assessment and discovery activities.

We learned from this survey that although 62 percent of the participants entering the five pilot projects were people with psychiatric disabilities, there seemed to be a lack of agreement that SE

type interventions routinely occur in the projects. Even though there are few research reports about the use of SE with homeless people with serious mental illnesses, it seems reasonable for these projects to consider how to use the principles and practices of SE as described in SAMHSA's evidenced based practices toolkit. It seems worthwhile for project staff to explore on-the-job-site services, such as accompanying job seekers on job interviews, or rapidly seeking job placements or readily providing job coaching on the job site as a significant focus of their practices. Although 75 percent of the staff have received training in Supported Employment, the current level of use of these practices suggest that this may be an area for technical assistance and/or training with direct services staff, particularly applying these practices with homeless job seekers.

Many strategies exist for creating and expanding competitive employment opportunities for persons who are chronically homeless. Many effective strategies have emerged through decades of research and demonstration projects, and through other public and private activities promoting increased choice and self-determination for people with disabilities that could be applied to this population. The original DOL solicitation for grant applications spoke to the employment strategies and interventions grantees might consider proposing in their applications. These include multiple "customized" employment approaches such as supported employment and supported entrepreneurship; individualized job development; job carving and restructuring; use of personal agents (including individuals with disabilities and family members); development of micro-boards, micro-enterprises, cooperatives, and small businesses; and the use of personal budgets and other forms of individualized funding that provide choice and control to the person and promote self-determination (DOL and HUD 2003).

In addition, project leaders have been and will no doubt remain focused on strategies to sustain the housing and services to their tenants, as well as aligning homeless assistance and one stop workforce services to improve employment and housing outcomes for homeless job seekers. The findings of this survey might inform the work in the one stop career centers in the grantees local workforce investment system.

## Summary

As the pilot projects to end chronic homelessness through employment and housing enter the final 18 months of federal funding, there remain key areas where training and technical assistance seems advisable. The CHETA Center conducted a survey of practitioner interventions which identified agreement among the majority of site staff regarding 33 interventions that are seen as routinely provided to their chronically homeless job seekers. Similarly, there was common understanding of a majority of staff that certain interventions rarely occur.

In terms of recommendations, the projects might reflect on several that emerge from this survey of common practices.

1. CHETA in partnership with the project leaders should review the site-specific survey results.
2. The projects should consider conducting an SE fidelity assessment to determine the extent to which the program meets SE evidence-based practice and to determine a plan of

action to increase the use of SE interventions with clients who have a serious mental illness.

3. Should a more detailed analysis support the observation that there could be increased use of job retention interventions; all project sites should consider training and technical assistance in the job retention strategy.
4. Project leaders with the CHETA team should review the challenges of using CE interventions, particularly representation and negotiating with employers.
5. Explore with project leaders and managers of their local One Stop career centers to identify practices that should be incorporated in One Stops to improve services to homeless job seekers.

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## **Appendix I. Common Interventions across the Sites**

At least 67 percent of the respondents across the sites gave the interventions below ratings of 4 or 5. The fact that two-thirds of the staff report agreement that a particular practice rates a 4 or a 5 suggests that the practice is regularly used with participants and is common across the five sites.

### **Customized Employment** (5 out of 24 items)

- The individual is hired and paid directly by the employer.
- Work occurs in an integrated, individualized work situation in the community or in a personal 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. 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** (13 out of 19 items)

- 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 client-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 (10 out of 26 items)**

- 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 clients 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 (5 out of 20 items)**

- 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, either at the job site or off site.

- Staff helps clients resolve employment support challenges, including child care, transportation, mental health care, etc.