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Serving the Homeless Through the One-Stop System: A Case Study

A Briefing Paper Prepared as Part of the
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SERVING THE HOMELESS THROUGH THE ONE-STOP SYSTEM: A CASE STUDY

As part of Social Policy Research Associates' (SPR's) Evaluation of the Implementation of the Workforce Investment Act (WIA), this paper explores examples of the One-Stop system's ability to serve the homeless population. It draws primarily on site visits we conducted to a small number of local workforce investment areas that were selected because of their efforts with regard to this specific special population. We begin by placing this paper in the larger context of SPR's WIA evaluation.

BACKGROUND

In the summer of 1999, the U.S. Department of Labor (DOL) awarded Social Policy Research Associates (SPR) a contract for the national *Evaluation of the Implementation of the Workforce Investment Act (WIA)*. This study consists of three phases. The first two phases were concerned primarily with understanding broad issues of WIA implementation, such as the transition from the Job Training Partnership Act (JTPA) to WIA, partnership building, and service design and delivery. SPR conducted site visits to 23 local workforce areas in order to understand the WIA implementation process. Also as part of the first two phases, SPR tracked data on states' and local areas' progress toward implementing required WIA elements, as well as analyzed Workforce Investment Act Standardized Record Data (WIASRD) and Standardized Program and Information Report (SPIR) data to understand the extent to which client characteristics and services changed as local areas transitioned from JTPA to WIA. A total of 18 reports and papers were produced from the first two phases of the study.

The year 2003 marked the beginning of the third and final phase of the study. Rather than revisiting broad-level implementation issues, this phase focused on two narrowly defined topics. These topics were identified as (1) business engagement, and (2) services to special populations within the One-Stop context. Each of these topics branched into a distinct but related sub-study under Phase III.

The special populations sub-study—of which this paper is a part—is specifically concerned with how three particular groups—homeless, Migrant and Seasonal FarmWorkers (MSFWs), and Limited English Proficient individuals (LEPs)—can be effectively served within the One-Stop context. With this question in mind, SPR and its subcontractor, TATC Consulting, conducted site visits in December 2003 and January

2004 to a number of local workforce investment areas. The three workforce investment areas visited specifically for their homeless-serving strategies were: Pima County, Arizona; Multnomah/Washington/Tillamook, Oregon; and Coastal Counties, Maine.¹ In addition to these three sites, this paper is informed to a much smaller degree by a site visit to the Capital Area Michigan Works local area—a site we studied as part of the business engagement sub-study.²

The three primary sites listed above were selected as part of a difficult process of identifying local areas that had extensive experience and innovative strategies for working with the homeless in the One-Stop context. While we attempted to identify sites by requesting nominations from DOL and special interest organizations, in the end, we relied first on web research to identify a small pool of potential sites, and then on preliminary telephone interviews to finalize the three sites. Given the difficulty SPR experienced in finding potential sites, it must be emphasized that this paper cannot be considered a “best practices” study, since there were few identified comparisons. Rather the sites we studied represent case studies, or different models of serving the homeless in the One-Stop context.

INTRODUCTION

Measuring the prevalence of homelessness presents a serious challenge, particularly because homelessness is often a temporary condition rather than a permanent status. In addition, attempts to measure homelessness are made more difficult by varying definitions of homelessness and imperfect methodologies that often result in undercounts, particularly of those who are intermittently rather than chronically homeless, and of those who are homeless but in less visible locations. That said, a study by the Urban Institute in 2000 estimated that approximately 3.5 million individuals are likely to experience homelessness in a given year.

The causes of homelessness are often just as difficult to pinpoint as its frequency, with both macro- and micro-level factors being cited by various organizations and individuals. For instance, trends in wages, public assistance and rental housing have all

¹ We conducted a total of nine site visits for the special populations sub-study—three focused on the homeless, three on MSFWs, and three on LEP.

² Though the special populations and business engagement sub-studies each had their own respective set of site visits, site visitors on each side asked limited questions about the other sub-study while on site.

been pointed to as contributors to the nation's increase in homelessness over the past quarter-century. Factors such as a decrease in the number of unionized workers and manufacturing jobs, an increase in non-standard work such as temporary and part-time employment, and an erosion in the value of the minimum wage, have contributed to wage declines.³ Low-wage workers have been particularly affected by wage trends; the real value of the minimum wage in 1997 was 18.1% less than its value in 1979.⁴ Stagnant or declining wage trends and less secure jobs have put housing out of reach for many workers, particularly low-wage workers, which has, in turn, led to an increase in the number of impoverished workers at homeless shelters.⁵

Some also cite the decreasing value and availability of public assistance as a contributor to the rise in homelessness. Between 1970 and 1994, the typical state's AFDC benefits for a family of three fell 47 percent, with an adjustment for inflation.⁶ In 2000, only about half of eligible families participated in Temporary Assistance for Needy Families (TANF), compared with nearly eight in 10 families in 1996.⁷

There have been trends in the private housing market that some feel are significant to explaining the rise in homelessness. The gap between the number of low-income renters and the number of affordable housing units has exploded from near non-existent, to a shortfall of 4.4 million affordable units—the largest shortage ever recorded.⁸ In addition, only about one-fourth of eligible families receive federal

³ Mishel, L., Bernstein, J., and Schmitt, J. *The State of Working America: 1998-1999*, 1999. Available from the Economic Policy Institute, 1660 L Street, NW, Suite 1200, Washington, DC 20036; 202/331-5510.

⁴ *Ibid.*

⁵ In every state, more than the minimum wage is required to afford a one- or two-bedroom apartment at Fair Market Rent. National Coalition for the Homeless. "Why are People Homeless?" September 2003. Available online at <http://www.nationalhomeless.org/causes.html>

⁶ Greenberg, Mark and Jim Baumohl. "Income Maintenance: Little Help Now, Less on the Way," in *Homelessness in America, 1996*, Oryx Press. Available from the National Coalition for the Homeless, 1012 14th Street, NW, Suite 600, Washington, DC 20005; 202/737-6444.

⁷ Center on Budget and Policy Priorities. "Falling TANF Caseload Amidst Rising Poverty Should Be a Cause for Concern." 2003. Available online at <http://www.cbpp.org/9-4-03tanf.pdf>.

⁸ Institute for Children and Poverty. *A Shelter is Not a Home: Or is it?* April 2001. Available online at www.homesforthehomeless.com/ or from the Institute for Children and Poverty, 36 Cooper Square, 6th Floor, New York, NY 10003.

housing subsidies, highlighting the tremendous gap between demand and supply.⁹ Underscoring this shortage was an April 2004 announcement by HUD that it would pay only the cost of a Section 8 voucher as of August 2003, plus an inflation adjustment. The change is expected to affect many of the nation's public housing agencies and their clients, especially those in locations where rent increases outpace inflation.¹⁰

Finally, the destruction of Single Room Occupancy (SRO) housing, the effective end of involuntary commitment for the mentally ill, the deinstitutionalization of the mentally ill without sufficient housing, the crack epidemic, and the declining frequency of marriage among women with children have also all been assigned a role in the growth of homelessness.¹¹

Just as there are myriad potential macro-level factors contributing to homelessness, there are also myriad potential individual-level factors preventing an end to homelessness, not the least of which is insufficient education, skills or work experience to secure a living-wage job.

A number of key lessons have emerged from programs specifically designed to assist homeless individuals find and maintain employment, including those from the Job Training for the Homeless Demonstration Program (JTHDP). Authorized by the Stewart B. McKinney Act and administered by DOL, JTHDP tested a range of employment, training and supportive service strategies specifically designed and implemented to assist the homeless in finding and retaining employment. For just over seven years, JTHDP grantees—which included CBOs as well as JTPA Service Delivery Areas (SDAs) across the nation—provided services to over 45,000 homeless individuals.

The experiences of the JTHDP grantees confirmed the key challenges faced by the homeless in finding employment—such as lack of education and competitive work skills, disabling conditions, and lack of supportive services—and highlighted key elements of successful employment programs—including access to case management;

⁹ National Low Income Housing Coalition, 2004. www.nlihc.org

¹⁰ Chen, David W. "Housing Subsidies for the Poor Threatened by Cuts in U.S. Aid." *New York Times*, May 4, 2004.

¹¹ Jencks, Christopher. *The Homeless*. Cambridge: Harvard University Press, 1994.

assessment and employability planning; job training services that include remedial education, vocational training and job search assistance; job development and placement; housing services; and supportive and follow-up services. Also underscored by grantees' experience was the critical need to establish strong partnerships between employment and training agencies and local homeless-serving organizations, stabilize homeless individuals in terms of housing and other emergency services prior to engaging them in employment and training services, and provide continuous assessment and case management services in order to then provide a set of services targeted to each homeless individual's unique combination of needs. Overall, given the range and *intensity* of services that the homeless need to move into gainful employment, JTHDP grantees found it necessary to engage in careful planning of the local service delivery system, and to establish strong client-coordination procedures among agencies.

Although JTHDP funding was cut in FY1995, DOL has worked to help ensure that the critical lessons and practices gleaned from the JTHDP are used to build the capacity of national employment programs to serve the homeless. In addition, given the Bush Administration's New Freedom Initiative and its pledge to end chronic homelessness within ten years, and renewed focus on the Interagency Council on the Homeless (Council), increasing attention and resources have been given to help integrate homeless individuals into the workforce. A series of interagency funding collaborations—such as last summer's DOL-HUD Notice of Funding Opportunity on Ending Chronic Homelessness—signals an alignment with the type of partnerships and coordinated employment and housing services found critical under the JTHDP. DOL's role in particular with regard to national partnerships on homeless issues is to be augmented in the coming year with a more pronounced role on the Council.

Given the backdrop painted above, this paper on serving the homeless in the One-Stop context comes at an opportune time. Its overarching research question is, to what extent can the One-Stop system effectively serve the homeless population and through what specific and unique means and strategies. In addressing this question, we revisit many of the key issues and findings of the JTHDP evaluation, but in a post-JTPA environment. The remainder of this paper is divided into five key areas: (1) profiles of the three sites we visited; (2) key challenges and strategies with regard to outreach and enrollment of the homeless population in WIA; (3) key characteristics and modifications of the service delivery system needed for the homeless population to secure and retain employment; (4) analysis of the nature of local partnerships to serve the homeless; and

(5) a distillation of key themes and practices to emerge from the study, as well as their implications for other local areas and for the future.

LOCAL PROFILES

Here we provide an overview of the three homeless sites we visited in order to place this paper's findings in local context—e.g., in terms of varying demographics and homeless characteristics, key homeless-serving partners, and the extent of local planning with regard to the homeless population.¹²

Pima County LWIA

Located in the southern half of Arizona, Pima County has a population of approximately 890,000—over half of which resides in the city of Tucson, where we focused our site visit. The second largest city in the state, Tucson has a population that is predominantly White (75%), though there is also a significant Latino population. The city has experienced an approximately 25% increase in its population over the last 14 years.

Tucson has witnessed a weakening of its manufacturing base, particularly with the departure of a number of key companies such as National Semiconductor and Bob Deere, which provided a ready supply of entry-level jobs. While agriculture was a traditional linchpin of the Tucson economy in the past, major industry clusters today include tourism, telecommunications, and bio-industry. The unemployment rate in Tucson hovers around five percent.

The Pima County LWIA has two full-service One-Stop centers located in the northern and southern halves of Tucson. We based our site visit at the Kino Service Center, in southern Tucson. The LWIA also has four satellite or specialized centers, including the Jackson Employment Center, which specializes in providing employment-related services to homeless individuals. In addition to receiving WIA funds, the Center has just won Homeless Veterans' Reintegration Project (HVRP) funds and is also a Continuum of Care (CoC) grantee. The Jackson Center has five Department of Housing and Urban Development (HUD) Supportive Housing Programs (SHPs), which are

¹² As stated earlier, this paper is informed to a much smaller degree by a site visit to the Capital Area Michigan Works LWIA—a site we visited for the business engagement sub-study. This LWIA is comprised of urban, suburban and semi-rural counties, a largely White population, and an economy dominated by public sector employment. Because of its extremely minor role as a data source, we chose not to profile the site in addition to the three homeless sites.

considered traditional housing programs and thus require employment as a condition of residence. The Jackson Center has 14 permanent, full-time employees, most of whom are concerned with employment skills training or training coordination. There is one intake/eligibility staff person, three full-time case managers and one full-time MIS staff person. The Center serves approximately 450-500 individuals per year—40% of whom are youth,¹³ 30% of whom are veterans, 20-30% of whom have been previously incarcerated and 60% of whom are females. An estimated 10% of the Center's clientele suffers from mental illness.

As with homeless counts in general, Tucson's estimates of its own homeless population vary significantly. A recent HUD grant application from Tucson/Pima County used a point-in-time count in February 2003 to provide a figure of 4,336 homeless—63% of whom were unsheltered and 13% of whom were chronically homeless—while a local respondent estimated that 2,500 individuals are homeless in Tucson at any given time. The former estimate may be significantly higher given that the point-in-time count took place in the winter, when local respondents indicated there is an increase of homeless in shelters due to a temporary increase in shelter space, and because more homeless are likely to migrate to Tucson in the winter months.

The largest transition in the local homeless population has been the shift from single men over 30 years of age, to women, families and youth. Families now account for approximately half of the local homeless population, which has had implications for how shelters provide services—e.g., stocking diapers as well as razors for men. Currently there is insufficient shelter space designed to accommodate family units. Veterans still comprise a significant proportion of the local homeless population. This may be due in part to the proximity of Davis Air Force Base in Tucson, as well as Fort Huachuca to the east. Veterans also tend to be drawn to the Tucson area by the climate, a large and growing Veterans Administration (VA) hospital, as well as by an extensive veterans community and service base. A good proportion of the homeless—veterans in particular—tend to congregate not on city streets, but rather in rural desert patches and washes where they can establish camps.

The Tucson Planning Council on the Homeless (TPCH, or the Council) is a voluntary collaboration of individuals and organizations committed to reducing

¹³ Youth at the Jackson Center are co-enrolled in YO.

homelessness, and is the lead local entity for development and implementation of the CoC plan. There are over 30 members of TPCH, including the local One-Stop system, city and county officials, the VA hospital, housing providers, police officers and members of the faith community. TPCH meets at least monthly and uses strategic planning as the basis for all its activities. Sub-committees on topics ranging from winter shelter to homeless youth are charged with implementing and reporting on goals and strategies throughout the year.

The local One-Stop system—the Jackson Center in particular—is a strong member of TPCH. A lead staff member from the Jackson Center currently serves as Chair of TPCH. The Jackson Center is the acknowledged local expert on the employment and training component of the homeless service delivery system; thus all other One-Stop centers and a wide range of homeless-serving organizations, such as shelters and mental health facilities, consistently refer their clients to the Jackson Center for employment and training services. Overall, Tucson has a significant number of agencies and CBOs that provide various services to the homeless, and a strong philosophy of coordination rather than duplication. Consequently, individual agencies and organizations appear to have a clear sense of their specific role and/or specialization within the homeless service delivery system.

Multnomah/Washington/Tillamook LWIA

The Multnomah/Washington/Tillamook counties region accounts for one-third of Oregon’s total population. In addition, the region has experienced an increase in population of approximately 250,000 over the last decade. The city of Portland, located in Multnomah County, is where we concentrated our site visit. Portland has a population of approximately 540,000, which accounts for approximately 80% of the county’s population. Over 75% of Portland’s population is White.

The primary industries of Multnomah County are manufacturing, transportation, wholesale and retail trade, and tourism. However, over the past three years, the Portland area has lost over 55,000 jobs. One of the hardest hit industries has been manufacturing. Currently and relatively strong industry clusters in the Portland area include information technology and bioscience. The unemployment rate in Portland is around seven percent; like Oregon, Portland often has a higher unemployment rate than the nation as a whole.

As in Tucson, local respondents described the difficulty of coming up with a local homeless count. According to a point-in-time count in 2002, Portland had a homeless population of 2,526. However, local respondents' estimates ranged from 2,000-10,000. Key homeless subgroups in Portland include those who have a criminal background, are mentally ill, and are addicted to drugs. Local respondents indicated that they had witnessed an increase over the past ten years in homeless women, and homeless who are addicted specifically to heroin.

At the state level, the workforce development system is merged with the community college system—aptly named the Department of Community Colleges and Workforce Development. The Multnomah/Washington/Tillamook LWIA reflects this merger in that three of the area's six One-Stop centers are operated by community colleges. We based our site visit at the West Portland One-Stop center (WPOS)—a One-Stop specializing in serving the homeless and operated by Central City Concern (CCC), a homeless services organization operating in Portland since 1980. The WIA administrative entity, fiscal agent and staff to the local workforce investment board (WIB) is Worksystems, Inc. (WSI).

The City of Portland, Bureau of Housing and Community Development (BHCD) is the administrator of federal and local homeless funds, including McKinney funds. BHCD is also the lead agency on local planning efforts to end homelessness in ten years and houses a number of specific homeless working groups, such as those on discharge planning and chronic homelessness. While BHCD plays a primary role with regard to local planning efforts on homelessness, there is also a local homeless providers association comprised of eight members that meet monthly.

The role of WPOS in the local homeless service delivery system is a relatively large one, particularly given the identity of the One-Stop operator, CCC. That is, because CCC is an organization dedicated specifically to providing programs and services to the homeless, WPOS is a well-connected hub in the local service delivery system. CCC operated a number of housing programs with employment components before applying to serve as the operator of WPOS. A range of partners maintain a presence at WPOS—not only required, “traditional” One-Stop partners, but also partners such as shelters and other homeless-related CBOs—a blend of partners viewed as critical for bridging the gap between the homeless population and “mainstream” resources.

Coastal Counties LWIA¹⁴

The Coastal Counties LWIA is comprised of six counties in Maine, including Cumberland County, where the city of Portland is located and where we based our site visit. The greater Portland area has a metro population of approximately 230,000, which comprises nearly 25% of the state's total population. Portland is the largest city in the state with a population of approximately 65,000. Over 90% of the city's population is White and predominantly middle class; however, Portland is also known as a significant refugee resettlement area, primarily for Somali and Sudanese populations. In addition, the local retiree population is growing, as well as the local Latino population—the latter in part due to migrant farmworkers who come to the area to harvest blueberries.

Portland is a port city and the local economy relies heavily on tourism. As with many other states and local areas, manufacturing is on the decline, leading the local economy to become more service- and retail-oriented. Small businesses dominate the local economy, though two supermarkets represent the largest employers in the state. While the unemployment rate in Maine is between five and six percent, the unemployment rate for Cumberland County is lower at around three and a half percent.

The size of the local homeless population in Portland fluctuates according to season; the population decreases in winter when some homeless migrate to warmer climates. The peak homeless season is in the summer. According to the City of Portland's Health and Human Services Department, there were approximately 318 homeless individuals in Portland in 2003—the majority of whom are comprised of adult White males, and approximately 12 percent of whom identify themselves as veterans. A 2001 CoC planning document estimated that there was a need for 839 emergency shelter, transitional housing, and permanent supportive housing slots (with an existing inventory of 706). Local respondents indicated that the local Oxford Street Shelter serves between 180-250 individuals every night. Local *One-Stop* respondents provided only an estimate of the number of homeless they *serve*—about 75 per year, approximately 80 percent of whom are veterans. Veterans—typically from Vietnam—are a key subgroup of the overall homeless population in Portland. Local respondents

¹⁴ Though the Coastal Counties LWIA was one of our three homeless sites, in reality, it informed the LEP sub-study to a much greater degree.

have also observed a significant increase in the number of female homeless, which in 2003 were estimated to comprise approximately one-quarter of the homeless population.

Statewide, there are 23 One-Stop centers across four LWIAs. We based our site visit at the Portland Career Center, one of seven One-Stops in the Coastal Counties LWIA and the only One-Stop in the city of Portland. Key stakeholders involved in the local homeless service delivery system include the Dislocated Veteran Outreach Program at the Career Center, the Maine Veterans' Workforce Investment Program and the City of Portland Health and Human Services, which runs the largest emergency shelter in the state, Oxford Street Shelter.¹⁵

In general, the Portland Career Center works closely with other agencies in order to secure referrals and to refer homeless clients to emergency services prior to receiving employment and training services. This is facilitated by the fact that the Career Center is located on the same street as the Oxford Street Shelter and other key agencies. A number of these key homeless-serving partners participate on several planning committees, including the Emergency Shelter Assessment Committee, the CoC Committee, and the Homeless Veterans Workgroup.

OUTREACH & ENROLLMENT

The One-Stop centers we visited relied heavily on their specialized nature, physical location, outreach workers and partner referrals to build and maintain awareness of their services among the homeless and to enroll homeless clients.

The Jackson Center and WPOS both identify themselves as *specialized* One-Stop centers. That is, the Jackson Center is a One-Stop specifically for those who are homeless, unemployed and job-willing, while WPOS—operated by a large umbrella homeless services organization—is technically open to any customer, but is widely known to specialize in homeless and/or previous offender clientele. As a result of their specialized natures, these two One-Stops enjoy a level of contact with and awareness among the homeless population that would not ordinarily be the case with more traditional One-Stop centers. The specialized nature of the One-Stops also facilitates homeless individuals in feeling comfortable visiting the Jackson Center or WPOS, as

¹⁵ The Oxford Street Shelter served 1,646 unduplicated individuals in FY 2003—41% of whom had never used the shelter's services before.

opposed to more traditional One-Stop centers where their status as a special population would be more pronounced.

All three centers are strategically located with regard to other homeless resources in their respective cities. For instance, the Jackson Center in Tucson is located near the Casa Maria Soup Kitchen. WPOS stands on a busy street corner, across the way from a major shelter and very close to a number of other critical homeless resources, such as a detoxification center and CCC transitional housing buildings. The Portland Career Center is located on the same block as both the city's major emergency shelter and the General Assistance (GA) office.

Though all centers are located in high visibility sites, walk-ins or self-referrals were not cited as a significant source of homeless customers. For instance, lead staff at the Jackson Center stated that walk-ins account for only 10-15% of their clientele. Rather the centers depend greatly on outreach workers and partner referrals to recruit homeless customers. Outreach workers may be based at any number of agencies or organizations. For instance, WPOS relies on a single, full-time outreach worker funded by the city. This designated "bunk kicker" regularly visits all city shelters in order to develop relationships with homeless individuals and encourage them to learn about and visit the One-Stop. This requires the outreach worker to act as friend, advocate and even potential enemy in order to successfully educate the homeless about One-Stop services and get them to even start thinking about employment as a possibility. This form of outreach was deemed highly successful for WPOS for the past five years; the level of trust and familiarity was apparent during the site visit, as we observed the outreach worker being personally greeted and engaged in conversation by homeless individuals on the street and at the shelters.

Similarly, the Portland Career Center relies on the Outreach Coordinator—a formerly homeless veteran—to regularly visit local shelters and encourage the use of One-Stop services. The Jackson Center in Tucson also relies on the direct outreach efforts of staff members at various other partner agencies and organizations, such as the VA hospital. Many of these agencies and organizations have found it useful to utilize outreach workers who are viewed as peers by the homeless—e.g., veterans, youth, etc. The Jackson Center relies on the expertise of these staff to conduct outreach at shelters and other locations, and then, in turn, to refer the homeless individuals they reach to the Jackson Center.

All the centers we visited rely significantly on the referrals of other agencies and organizations—including “traditional” One-Stop centers—for homeless clients. Shelters are often the primary referral agency. WPOS also counts the local prison as a primary referral agency. According to one local respondent, the prison communicates two directives to just-released prisoners: “go see your parole officer, and go to the West Portland One-Stop.” While it seems natural that One-Stop centers would rely on other homeless-serving agencies to provide clients, the Jackson Center strongly endorses the referral system for other reasons as well. Though the Jackson Center will not turn away any potential client (e.g., a walk-in), its official policy is that all clients must be referred from another community-based agency. Such a policy means that by the time homeless individuals walk into the Jackson Center, they have already presumably received (emergency) services from another agency and are better equipped to engage in employment and training services.

A strong referral system highlights the need for awareness among homeless service providers as well as the homeless themselves. The Jackson Center and the WPOS both enjoy a strong connection to and reputation among local homeless-serving agencies and CBOs, which in turn, facilitates positive word-of-mouth among the local homeless population who come to identify WPOS, for example, as a place that works extensively with the homeless.

Finally, because of the unique nature of the WPOS operator (as a homeless services agency), WPOS can also rely to some extent on free advertising at its various other program and service sites. For instance, CCC advertises WPOS services at the transitional housing units it also operates. In general, however, the centers we visited did not cite advertising in its traditional form as an outreach or recruitment strategy—presumably because such a strategy was not needed and/or because such a strategy would be ineffective given the transitional nature of the target population and their frequent disconnect from traditional media outlets.

The Jackson Center and WPOS serve as key but differing examples of whether and how homeless individuals that come into the One-Stop are actually enrolled in WIA services. At the Jackson Center, all participants are WIA registrants. The Jackson Center’s only criteria for enrollment are that the individual: be homeless, want to work, and not be engaged in criminal behavior. There are no other screening-out criteria that come into play during the intake/eligibility determination process. In the case that the individual in question is actively abusing drugs, the Jackson Center will first refer him

or her to local detoxification services. After reviewing an individual's basic demographic information and confirming eligibility, the next step is to form an Individual Service Strategy (ISS), which involves the assessment of individual interests and capabilities, engaging in Employability Skills Training (EST), and forming an Employment Development Plan. (The latter two elements are discussed further in the following service delivery section.) One major challenge with regard to the intake/eligibility determination process is that of varying homeless definitions. Jackson Center staff stated that because DOL and HUD have different definitions of homeless, some of the center's clients may meet the DOL definition, but not the HUD definition, and therefore may not qualify for housing.

Given that the identity of WPOS is not technically exclusively for homeless individuals, it is not surprising that the WIA enrollment decision is a more complicated one at WPOS. After completing initial paperwork, attending a group orientation to the One-Stop and meeting with an assessment specialist, homeless individuals will be enrolled in WIA only if they are considered suitable according to a number of guidelines such as whether the individual: has been clean and sober for at least 60 days; has no current criminal charges, outstanding warrants or pending court dates that might result in long-term incarceration; is considered mentally stable; and is off the street. In general, staff uses the above guidelines, as well as dialogue amongst themselves, to gauge whether a homeless individual is currently employable and thus suitable for referral to WIA services.

Potential WIA customers at WPOS are sent to a WIA counselor. Counselors undertake a three-step process with their customers: assessment, eligibility and registration. One WPOS counselor noted that she schedules the assessment and eligibility steps in two separate appointments as a way to gauge the customer's commitment to participating in WIA services. Given that the process of obtaining customer identification (to prove eligibility) can be a lengthy process, this is an especially telling test of customer commitment. In addition, counselors may use their observation of customers filling out paperwork as a covert assessment of literacy skills. Suitable and interested individuals may be enrolled in the Shoreline housing and employment program¹⁶ and co-enrolled in WIA.

¹⁶ The program makes use of 62 SRO housing units located above the One-Stop and is operated by CCC.

Portland Career Center spoke only to the question of whether to enroll homeless veterans, since the vast majority of homeless individuals who seek their services are veterans. The veterans WIA services, provided under the Maine Veterans' Workforce Investment Program, include career counseling, assessment, training and placement. All eligible individuals are registered. Eligible individuals must have been honorably discharged and meet at least one of the following criteria: have a service-connected disability, have earned a medal, served during the Vietnam War, been discharged within the last 48 months, and/or be homeless.

Performance measures do play a role in determining whether to register homeless individuals in WIA services.¹⁷ One WPOS WIA staff member described the difficulty of this decision given these customers' vulnerable state, and their frequently more pressing need for housing and substance abuse services. As this staff member further described, "it's a balancing act to work with people who need services, and [knowing] what will help us meet our performance standards . . . we struggle with people who aren't ready for intensive services, but who also aren't really ready to navigate the core services system, or their life, on their own."

At WPOS, in cases where referrals to services other than WIA are made, they are often made to co-located partners—such as housing or the Homeless Veterans Reintegration Program (HVRP) if they are veterans—or outside to CBOs for such services as mental health treatment. (An individual who cannot be transitioned off the street is often seen as a "red flag" of undiagnosed mental illness, and may be referred to CBOs for treatment.) Even when WIA registration is not an immediately feasible option, WIA staff at WPOS still plays a relatively significant role in terms of helping to connect homeless individuals to pre-employment services. One WPOS WIA counselor noted that this level of involvement from WIA staff prior to WIA registration is unusual compared to other One-Stops.

SERVICE DELIVERY

The sites we visited rely on different models of service delivery. For instance, while the Jackson Center is viewed as the sole employment and training specialist within the homeless service delivery system, it relies heavily on a sophisticated local

¹⁷ In the Capital Area Michigan Works LWIA, no homeless customers are registered in WIA because of performance measure concerns, particularly the retention measure.

network of other homeless agencies and organizations to provide a full set of services to its clients, including housing and mental health counseling. Each member of the local network has a clearly identified and specialized portion of the spectrum of care for the homeless population. At WPOS, on the other hand, many of the various needed services are available through “in-house” CCC programs, which can be grouped into four broad categories: housing, chemical dependency and health services, workforce services and business enterprise.

While the model of service delivery may look quite different from one local area to the next, one cross-site commonality is that the homeless’ various and serious needs mean that they often require a wide range of services in order to successfully secure and retain employment. These services include pre-employment services, job placement and training services, and a significant dose of case management and supportive services.

Pre-Employment Services

Pre-employment and/or emergency service provision is the first critical step in serving the homeless population and is part of a larger formulated client action plan or individual service strategy.

At the Jackson Center, each client is sheltered as the first step of program participation. Housing provides more than just shelter; it also provides an address, which can be critical for getting homeless clients the full range of services they need. Because the Jackson Center relies on their clients being initially referred by other agencies, many clients’ immediate housing needs have already been addressed prior to arriving at the Jackson Center. Nevertheless, the Jackson Center’s intake staff person sends no fewer than three individual “walk-ins” per day to local shelters. The Jackson Center identifies additional emergency needs using case management practices. These additional needs may include substance abuse detoxification, mental health counseling, public transportation passes and grooming items.

At WPOS, pre-employment needs are often addressed during the time between determining WIA eligibility and WIA registration. While housing is the most obvious pre-employment need, WPOS also cited criminal charges, and various physical, mental, and learning disabilities that may require attention before employment is a feasible option for homeless clients.

Other non-emergency, pre-employment services can include basic educational remediation. For instance, staff at the Jackson Center estimate that approximately 60% of their clientele require remediation through Pima Community College. Individual clients typically test at an 8th or 9th grade education level.

Another critical pre-employment phase/service at the Jackson Center is the mandatory two-week Employability Skills Training (EST) program—an intensive component that teaches a form of self-directed job search. The curriculum—developed during the local area’s participation in the JTHDP—teaches participants about the “hidden” job search process, based on the assumption that publicly announced job openings account for only about five percent of all job openings. The key question addressed during EST is how one should go about accessing these unannounced job openings. In addition to teaching participants how to research Tucson-area jobs and engage in peer networking, the EST curriculum also covers issues of self-esteem and personal upkeep. EST participants are expected to emulate the world of work by wearing professional attire to class. The two-week EST course also serves as an assessment tool, in that Jackson Center staff can determine which EST participants are ready to enter the Job Development phase, and which participants would benefit by first receiving additional services, such as remedial education services to improve their reading skills by at least one grade level.

Job Placement & Training Services

Both the Jackson Center and WPOS prioritize job placement as opposed to training services for their homeless clients. This prioritization can be attributed to a number of reasons, including homeless clients’ obvious need for immediate income, as well as the limited amount of training dollars available. WPOS cited additional reasons for why their homeless clients rarely utilize training dollars, including homeless clients’ lack of interest, homeless clients’ inability to believe in training as a viable option, and the need for WPOS staff to use immediate job placement as a way for homeless customers to even view the world of work as a feasible one. At WPOS, training is rare not just for homeless customers, but for all customers. The PY 02 summary report for WPOS shows that only 31 of 414 enrolled WIA adult customers completed training.

While the Jackson Center also prioritizes job placement, it does rely on Pima Community College as a training provider. The college offers strong short-term and certificate training programs, particularly those geared toward the medical field. The Jackson Center rarely utilizes private vocational schools, except for two truck driving

schools, and Pima Medical, which offers training in the pharmaceutical and veterinary fields.

Job placement for homeless customers is similar for the Jackson Center and WPOS in that it occurs in a wide variety of industries; however, the method of job placement differs considerably. WPOS appears to utilize a more hands-on approach in assisting homeless customers secure jobs. For instance, WIA staff use their intimate knowledge of the registered customer base to screen job listings and refer appropriate candidates. If a staff member sees a job listing that seems appropriate for a particular customer, they will write the customer's name on the white board in the lobby along with the message, "I have a job posting for you." This assisted approach reflects the local area's articulated philosophy of helping their homeless customers build an initial foundation of self-confidence and see that employment is indeed possible.

At the Jackson Center, homeless customers must rely more on themselves and entrepreneurship skills—i.e., researching potential unannounced jobs and making cold calls to potential employers. In the words of one local respondent, the Job Development phase consists of "a supervisor watching someone direct their own employment search in the phone room." Jackson Center staff's approach to job placement reflects their articulated insistence that there should be absolutely no difference between a homeless and non-homeless customer in terms of expected success in finding a job. Given that assumption, the Jackson Center is different from other homeless serving agencies that often feel or operate as if homeless clients must be "given" a job.

In terms of the types of jobs actually secured by homeless clients, there appeared to be no particular pattern of note in the sites we visited. At WPOS, homeless customers find jobs in industrial warehouses, shipping and receiving, truck driving, welding, street-cleaning, telemarketing and janitorial services. Likewise, at the Jackson Center, homeless clients are placed in a wide variety of "living wage" jobs, nearly all of which are in the Tucson area. Those homeless clients with a higher education level typically require a longer period of time to find a job, in part because the Jackson Center strongly encourages them to wait for a job that matches their abilities. One Jackson Center staff shared the story of a college-educated homeless client who took a job as a security guard and expected a hearty round of congratulations from his case manager. Instead, the case manager expressed great disappointment, which helped to prompt this client to continue his job search and eventually find a professional position.

Despite the fact that homeless customers often have numerous barriers to employment, according to WPOS staff, once homeless clients are job ready, placement tends to follow relatively quickly. This differs from customers served at other local One-Stop centers, who, according to WPOS staff, are more likely to engage in long-term training and be considering a career change, with the result being that job placement often takes longer.

Case Management & Supportive Services

The importance of case management and supportive services cannot be overemphasized. While employment may be the primary focus and end goal of WIA staff serving the homeless, there are, in the words of one local respondent, “a huge amount of underlying issues” that must be addressed not only upfront at the emergency/pre-employment stage, but also continuously throughout the job search and/or training process. Transportation, child care, housing, clothing, and mental health needs are all common components of a supportive service strategy for the homeless. The role of the case manager as an assessor and coordinator of these various services is “the glue that holds it all together.”

The case manager goes beyond ensuring that supportive services are provided; the case manager addresses countless ancillary and less visible needs. For example, one case manager at a Tucson CBO observed that, “housing is no good without case management [because] there are more reasons for homelessness than not having a house.” This case manager described how even when homeless individuals are provided shelter, they will often still live as if homeless—for example, by not thinking to buy furniture, keeping the curtains closed, setting up a “camp” in the living room, or living in unsanitary conditions. The case manager may need to convey very basic information to their clients—for instance, how to clean a bathroom and why doing so is important. This type of case management can require daily interaction before eventually petering off. Case managers must not only provide time-intensive services, but also tailor their services very precisely, as there is “no typical client” when serving the homeless population.

Case managers at the Jackson Center and WPOS see their clients often—usually weekly or even daily. Case managers at the Jackson Center check in with their clients almost daily as they come in for EST or to use the phone room during the Job Development phase. Check-in time is used to ensure that clients’ various supportive service needs are being met by the local service delivery system. Likewise, case

managers at WPOS meet weekly or bi-monthly with clients and work on a number of supportive service issues that may be affecting job seeking efforts and employment.

Homeless clients may receive case management and supportive services from a variety of sources in the local service delivery system. WPOS clients, for example, can access many services through CCC—the One-Stop operator and homeless organization. CCC’s services can be categorized into four areas: housing; chemical dependency and health; workforce; and business enterprise. For instance, CCC owns or manages 1,400 units of housing—some of which is “stand-alone” housing, and some of which is connected to particular supportive services, such as substance abuse treatment. CCC also operates the Hooper Detoxification Center, which intervenes in the process of chemical dependency by providing outreach, sobering and sub-acute medical detoxification services. Thus, because WPOS is part of a larger and homeless-specific parent organization, WPOS homeless clients are in essence directly connected to a larger “One-Stop” of supportive services.

The Jackson Center relies more on a partnership/network approach in providing its homeless clients with both case management and supportive services. Homeless clients may receive case management services from multiple local service providers—including, but not limited to the Jackson Center. Jackson Center clients’ basic supportive service needs will be met through the network as long as they are following their ISS. Some of these services are provided in shelters and transitional housing facilities, while others are provided off site. The case managers from different agencies meet regularly as “an interdisciplinary team” to discuss their mutual clients and avoid duplication of services (e.g., two case managers providing bus tokens to the same client).

Supportive service provision does not end at job placement. An explicit component of the Jackson Center’s program is to continue to support the client’s transition to independent living once employment is obtained. This may entail “ad hoc” assistance—such as buying one client a bicycle once bus transportation was no longer a feasible means of getting to work—as well as more traditional follow-up support. Follow-up services, or after-care, involves Jackson staff not only periodically verifying each client’s employment and wages, but also identifying ongoing supportive service needs, or needs more directly tied to employment (such as the need to mediate a situation with the client’s employer). The Jackson Center views after-care services as a critical tool for keeping their clients employed and “on the right track.” Clients who

lose their job are urged to return to the Jackson Center as quickly as possible, not just to regain employment, but perhaps to address more pressing issues (e.g., a client who needs a ride to detoxification services).

Supportive service needs—particularly housing and substance abuse counseling—are also a component of WPOS’ follow-up with clients once they are placed in a job. Newly employed clients are exited at the end of the quarter; staff follows up with the entire group 30 days thereafter in order to determine current employment, housing and supportive service needs. Clients also receive a letter notifying them of their date of exit as well as available follow-up services. Because keeping abreast of homeless clients’ changing contact information is a particular challenge, WPOS staff instituted a raffle whereby newly employed customers submit their current contact information for a chance to win a prize.

Summary of Major Service Delivery Challenges & Modifications

Perhaps one of the most basic challenges at hand in serving the homeless population is the stigma often attached to this special population and the chasm that exists between the homeless and more “mainstream” resources, such as One-Stop centers. As one local One-Stop respondent observed, “people won’t go to get services at a place where the people staffing it and the other customers don’t look like them.” As a reflection of this, both WPOS and the Jackson Center are *specialized* One-Stop centers. While WPOS is open to any customer, it is well known that it specializes in homeless and previous offender populations; furthermore, its very location on a corner full of “street life” makes it less likely that members of the “mainstream” population would choose to access One-Stop services at WPOS. Finally, even WPOS’ signage indicates the specialized nature of its services. WPOS is housed in a building boldly labeled Central City Concern. The West Portland One-Stop label is much smaller and was clearly added at a later date than the CCC seal.

While local staff at WPOS opined that they did not see how the homeless could be effectively served without their specialized set-up, they did discuss associated challenges—specifically, questioning their identity as either a One-Stop center or as a homeless organization providing employment and training services, and questioning the long-term effectiveness of isolating the homeless population within such a specialized center. While customers with unique barriers can doubtless benefit from programs designed specifically to address those barriers, such a structure might also convey a

further sense of isolation from “mainstream” resources, including the labor force in which they are attempting to enter via the One-Stop system.

The Capital Area Michigan Works LWIA presents a kind of compromise. Here homeless individuals are never enrolled in WIA services. However, Advent House, a faith-based non-profit that operates the Good Work! Employment Program for the homeless, attempts to provide enough of its programming onsite at the One-Stop center so that its homeless customers become adjusted to “mainstream” facilities and can use certain resources, such as the resource room, clothes closet and computer labs. The hope is that customers will eventually be able to make use of mainstream One-Stop services on their own. In this way, the Good Work! Program is viewed as a “pre-pre-employment” program.

While the Jackson Center also grapples with the challenge of a homeless “stigma,” it does not face the same question of identity as WPOS, in that it is officially and specifically a One-Stop center for the homeless. However, its formal name also reflects a strategic decision with regard to its more mainstream goals. As one local respondent stated, it is not called the Jackson Center for the Homeless. It is the Jackson *Employment* Center. The word homeless was deliberately left out to avoid the associated stigma. Furthermore, including the word employment in the center’s name reflects its previously discussed conviction that homeless customers can be held to the same high expectations as more “traditional” One-Stop customers.

In bridging the gap between the homeless and the mainstream, perhaps the most significant advantage possessed by both WPOS and the Jackson Center is the ability to function like a CBO with their specialized knowledge of and interactions with the homeless population, but the capacity to provide services with more “mainstream” WIA and HUD resources.

At the same time, WIA staff may question the feasibility of using mainstream resources to serve the homeless. For example, given the complex and interrelated elements of homelessness, ranging from mental illness to child care needs, it is not surprising that the first major quandary staff may face is whether homeless individuals should even be enrolled in WIA services. Homeless clients may require more intensive and ongoing services than WIA staff are prepared to offer; furthermore, given their multiple barriers to employment and peripatetic nature, they may pose a “risk” to WIA performance measures. The One-Stop centers we visited are able to use different

strategies for addressing the enrollment question. Its “officially” specialized One-Stop identity allows the Jackson Center to essentially bypass this decision altogether; there are no screening out criteria. However, even with its ability to accept effectively all homeless clients, the Jackson Center is still mindful of the need to stabilize homeless individuals prior to any employment and training services. Thus, unlike other One-Stop centers, the Jackson Center has made it policy to require that their clients be referred from another agency—i.e., an agency that would have “prepped” these individuals for employment and training services by first providing more immediate services such as housing and detoxification.

As an “unofficially” specialized One-Stop center, WPOS struggles a bit more with the WIA enrollment decision for homeless individuals, and relies on a set of guidelines and staff dialogue to gauge homeless clients’ suitability for WIA services. While their enrollment decision is not as automatic as that of the Jackson Center, WPOS differs from more traditional One-Stop centers in the level of WIA staff’s involvement in helping homeless individuals connect to pre-employment services, whether they be in-house or at local CBOs.

With regard to job training and placement, a couple of challenges that emerged from our sites were low expectations of homeless individuals and the difficulty in finding jobs for some homeless individuals, particularly those with barriers such as criminal backgrounds. The sites we visited respond to these challenges in various ways. The Jackson Center’s philosophy is that homeless individuals should be held to high expectations. As such, the Jackson Center relies on a relatively intensive EST program to address self-esteem issues and to provide homeless clients with the tools to find a job independently. The emphasis on unannounced job openings in particular underscores the need for homeless clients to create their own opportunities. The Jackson Center is concerned not just with their clients finding jobs, but finding jobs that match their education and skill level; as such, the Center encourages clients to take not just any job, even if it means a drawn-out job search process.

WPOS capitalizes upon the business enterprise arm of CCC to address some of its homeless clients’ employability challenges. CCC runs several small businesses, including a janitorial service, a building maintenance and repair service, used furniture rehabilitation and resale, two thrift stores, and a painting crew. CCC also has plans to expand into other areas, such as historical building preservation. CCC originally conceived of its small business enterprise as a way to safeguard itself against

fluctuations in public and private funding. However, these small business enterprises are also designed to employ a workforce that has typically faced barriers to labor force entry based on homelessness, addiction, mental health issues, criminal background or other factors. Thus, not only is WPOS a One-Stop well-suited to the needs of customers facing special barriers to employment, but the center's operating organization is also an employer of these very same customers, and serves as a way for employees to develop credibility and references for future employment in the mainstream labor market. Furthermore, as employers, business enterprise staff can provide special understanding of and guidance on employees' soft skills issues, such as how to interact with supervisors and clients in a respectful way. Finally, WPOS has developed unique and popular courses, such as "Looking for work with a criminal background," that also reflect the center's attention to its customers' unique employability challenges.

The Portland Career Center also works to provide homeless clients with a measure of "beginner" work experience, given their employability challenges. Career Center staff coordinates with the Employment Trust, Inc. /Manage Work Services Initiative, which uses funds to create a work experience program. Employment Trust, Inc. provides a reference for the customer and a job coach that helps place and retain individuals in a work situation. The Career Center pays 50% of the individual's wages. The primary employer for this initiative has been a large grocery store chain in New England.

Given homeless customers' often intensified need for soft skills training and other supportive services, these job placement strategies can succeed only if—in the words of one local respondent—"case management becomes a primary service rather than strictly job coaching." In both Tucson and Portland (Oregon), this translates to the heightened importance of interpersonal contact and relationships. Successful recruitment in Portland (Oregon) depends heavily on the full-time "bunk kicker's" visits to the local homeless shelters, where he has developed many personal relationships. Retention of homeless clients in EST in Tucson depends greatly on the relationship the instructor builds with his/her class members, and the personal motivation he or she provides. Success in new housing arrangements depends on sometimes daily visits with case managers. Retention in employment is aided by personal contact and follow-up by case managers, who can probe clients on the need for ongoing services and support.

As for a specific type of case management approach that appears to work best with homeless clientele, local respondents only commented on the need to wear many

different hats—i.e., advocate, enemy, friend—and the need to define success differently with homeless individuals. As one case manager observed, “what really works is repetition”—making repeated interpersonal contacts to build trust and make small degrees of progress. As another respondent described, “a seed is planted but you might have to try, try again.” To avoid burnout from repeatedly providing such intensive service, case managers must learn to define success in smaller steps. For instance, one respondent said that a measure of success might be a homeless client remaining sober for four weeks instead of two. One interesting strategy specifically mentioned by a Tucson respondent was to include the children of homeless clients in case management sessions in order to expose them to productive living practices at a young age, and to hopefully break the cycle of homelessness.

Finally, another important service adaptation we noted was that many key homeless-serving staff at the One-Stop (and outside the One-Stop) had experience being homeless, or were particularly interested or trained in homelessness and serving vulnerable populations. For instance, the average staff person at the Jackson Center has 12 years of experience working with the homeless. The WPOS Center Director estimated that 70% of WPOS staff had experienced homelessness, incarceration, addiction disorder, or, at the very least, poverty, and/or were previous CCC clients. These forms of staff experience were clearly valued at WPOS, in some cases more than employment and training service expertise.

LOCAL PARTNERSHIPS FOR SERVING THE HOMELESS

Given the variation and intensiveness of required services for the homeless to secure gainful employment, partnerships are essential to an effective service delivery system. No one homeless service provider can “go it alone,” particularly with extremely limited funding at their disposal. In some sense, agencies have no choice but to collaborate, given the scarcity of public dollars and the incapacity of any one agency to meet all the different needs of a single homeless client.

The One-Stop centers we visited utilized different forms of partnership in order to effectively serve their homeless clientele. WPOS could be characterized as having a strong tradition of *intra*-organizational partnership, in that the One-Stop operator is such a multi-faceted homeless services provider, that, to some extent, CCC does not need to build external partnerships. (Indeed, one local respondent differentiated between the community-wide Continuum of Care, and the CCC’s in-house Continuum

of Care.) In addition, WPOS uses co-location effectively as a tool for partnering with such partners as the Homeless Veterans' Reintegration Project.

The Jackson Center, on the other hand, looks outward in its partnership efforts—including to the many homeless-serving CBOs in the Tucson area. Each local partner, including the Jackson Center, has a clearly identified, specialized piece of the homeless services pie—whether that be employment and training, housing, clothing or detoxification services. The strength of the local CoC is highly dependent on the effective partnerships and communication between different agencies. As one local respondent noted, one of the reasons why partnerships work so well in Tucson is because agencies *do* maintain their turf (i.e., specialized expertise) without *acting* turf-like. As another respondent summed up, local partnership is all about “specialization, referrals, and communication.”

Besides having specialized service niches, the sites we visited have a number of other strategies or factors that contribute to effective partnership, including: regular meetings between the staff of different partners to “coordinate not duplicate” homeless services; development of a Homeless Management Information System (HMIS); a client- rather than agency-focus; a cadre of homeless leaders and stakeholders who have been working together for a long period of time; co-location; use of grant opportunities or special initiatives to establish or strengthen partnerships; and the establishment of a formalized council as a collaborative vehicle.

While WPOS facilitates effective homeless-serving partnerships by having numerous partners (including less traditional ones, such as a credit union that works with homeless clients) co-locate at the center, Tucson provided a richer discussion of partnership strategies and elements of success.¹⁸ Foremost among these was the development of a highly democratic council, the TPCH. TPCH provides a clear and equitable structure for collaborative efforts in serving the homeless. While the Executive Committee is responsible for setting TPCH's agenda, actual decision making power is dispersed throughout the membership—a change that greatly increased TPCH

¹⁸ The Pima County local area has been formally recognized for its strong partnership model. In August 2000, the area received national recognition from HUD with a best practice award for creativity in the development and use of community linkages. The award was particularly focused on the local La Casita Transitional Housing Program for youth. Key program partners, including the Jackson Center, provide housing and educational opportunities for youth between 16 to 21 years old.

participation. Each member agency, no matter what its size or relative influence, gets only one vote; this includes the city and county members.

The primary incentive for TPCCH membership is the chance to be a part of joint grant application processes and secure resources for individual agencies. Unlike other local areas where powerful agencies (e.g., city and county agencies) might take control of all local funds to dole out to other organizations, in Tucson, TPCCH—not a particular agency or organization—is the lead on all grants. However, TPCCH makes it clear that, in order to share in grant resources, members must serve on one of TPCCH’s committees and be an active part of TPCCH throughout the year, not just at grant application time.

Besides resource incentives, members are motivated to participate in TPCCH because of networking opportunities with agencies throughout the local area, as well as learning opportunities—e.g., to hear about trends that other agencies may be observing. For instance, a new police captain recently approached TPCCH about membership because she wanted to learn about homeless agencies and issues. She in turn offered TPCCH insight into what the police are seeing in terms of homeless trends on the street. In this way, TPCCH is relatively unique in that it is a homeless-focused entity, but is not comprised only of homeless specialists. Its members include the police, AIDS organizations, behavioral health organizations as well as the faith community.

In short, TPCCH effectively draws together various homeless-serving and other concerned organizations to develop and implement the local CoC. While this is the council’s primary function, TPCCH also serves as a critical repository of “partnership culture”—a culture characterized by a basic but strong commitment to the homeless, a “non-profit mindset,” joint planning and shared resources, democratic decision making processes, and clearly defined objectives and plans for serving the homeless. With this partnership culture embodied in a structure larger than any one particular organization or individual, homeless-related collaboration is somewhat protected against the inevitable comings and goings of particular TPCCH members.

Local respondents in Tucson indicated that one of the primary challenges in establishing a collaborative body such as TPCCH is simply for members to engage in community planning without thinking about their own individual agency’s interests first. To address this challenge, Tucson found it helpful to conduct focus group sessions of ground-level intake and case management staff that knew very little about their agencies’ budgets, but knew a lot about direct interaction with the homeless population.

These focus groups in turn informed the larger strategic planning process with direct, “real world” homeless experience, rather than with the political and financial interests of particular agencies at the forefront.

While one local respondent indicated that it “would take years” for another group to become as cohesive and cooperative as TPCH—in part, because key stakeholders have been working together for many years—the most immediate recommendation to other local areas was to simply have agencies *talk* with one another. Another key lesson is to ensure that people have the space to disagree with one another in the context of such a body as TPCH; toward this end, TPCH found it helpful to hire an outside consultant to run the meetings and establish this “safe space.”

In Tucson, coordination and inter-agency partnership is facilitated by a relatively strong sense of alignment between partner philosophies on serving the homeless. While the Jackson Center is sometimes criticized as being too “tough” on the homeless with its immediate world of work expectations, given the Center’s demonstrated success, more local partners are adopting the Center’s philosophy of “high expectations with high support” for their homeless customers. For instance, Travelers Aid does not just provide “three hots and a cot,” but also an incentive—clients must go to the Jackson Center in order to maintain their housing. Case managers from other local organizations indicated that they like being able to send their clients to the Jackson Center for day-long, purposeful activities.

On the other end of the spectrum from the Jackson Center, shelters and youth-focused homeless agencies are sometimes criticized for being too “soft” on their clients, too directive or coddling. However, local respondents in Tucson agreed that, overall, differences of philosophy do not at all interfere with their partnership efforts and, furthermore, were probably necessary in that one philosophy or approach would not work for all sub-groups of the homeless (e.g., youth versus veteran homeless).

When on site, we asked local respondents to describe partnership efforts not just at the broader level of aligned philosophies and governing structures, but also at the more detailed level of communication and coordination methods and links. Overall, both Tucson and Portland (Oregon) make use of consistent email and phone contact, as well as interpersonal meetings between different partner staff in order to coordinate and not duplicate services to homeless clients. However, while Portland’s approach is to “talk to each other when we need to talk to each other,” Tucson’s approach is relatively

more formal, in that the various case managers meet regularly to discuss their mutual clients “as an interdisciplinary team.” In Portland, Maine, representatives from varying agencies meet regularly via participation on several committees, including the CoC Committee and the Homeless Veterans Workgroup. During these meetings, current issues or challenges in serving the homeless are discussed, as well as possible solutions. These formal meetings, as well as informal communication between partners, help to effectively link and coordinate their services.

More formalized partnership meetings have apparently been attempted and failed at WPOS. Local respondents in Portland (Oregon) indicated that the best inter-partner communication occurs when there is a project that various partners are interested in working together on. One example was a project designed to assist people with psychiatric disabilities enter the workforce. Several partners, including CCC, convened to write a proposal for implementing a particular service design. In this way, grant opportunities serve as catalysts for effective partnership. Similarly, in the Capital Area Michigan Works LWIA, the WIA administrative entity partnered with Advent House—a faith-based non-profit that runs the Good Work! Employment Program for the homeless—specifically to secure Food Stamp employment and training funding to support the Good Work! Program. (As a result of this partnership, the Good Work! program began utilizing space at the One-Stop; its customers can use the resource room, clothes closet and computer labs.)

In Tucson, inter-partner communication and coordination will be further strengthened and formalized via a forthcoming Homeless Management Information System (HMIS), which was due to go online in February 2004. Twenty-three agencies are scheduled for HMIS implementation throughout a two-year process. The HMIS will allow all agencies to share information on their homeless clients and to more easily refer them to other partners’ services—for example, to reserve a bed in a shelter across town, or to plug into state services. The system will have a universal intake form with common areas highlighted, but with the flexibility to add agency-specific, customized data fields. Local respondents also expressed hope, like HUD, that the HMIS will help partners work together to identify the chronic “game players”—those who “work the system” and are interested only in handouts and subsidies, not in improving their socioeconomic situation.

Finally, though a relatively minor factor, in both Portland (Oregon) and Tucson, it was pointed out that the cities are small enough so that partners have often known

each other in various capacities and/or on a personal level for many years. These long-standing and multi-faceted relationships have in turn facilitated specific partnership efforts on the homeless population.

SUMMARY & IMPLICATIONS OF KEY LESSONS

In previous sections of this paper, we discussed key characteristics of models for serving the homeless in the One-Stop context. In many respects, these characteristics confirmed the JTHDP findings—for example, the need to provide continuous assessment and case management services, and the need to stabilize homeless clients prior to providing employment and training services. However, our broader concern or question for this study was to what extent the One-Stop system can effectively serve the homeless population. While this question was extremely useful for guiding our data collection, given the very small sample of sites visited, we are limited in the extent to which we can definitively answer. Our site visit data do allow us to crystallize what appear to be some key implications for transferability to other local areas.

The One-Stop system's ability to serve the homeless is perhaps most determined by the interrelated issues of identity and resources. Our site visits made clear the value of One-Stop centers that are identified, either officially or unofficially, as homeless-serving organizations. Such an identity allows homeless customers to feel comfortable seeking services in the first place, and allows for staff who not only have the expertise in interacting with homeless individuals, but also the intimate connections to other homeless-serving agencies and resources in the community. For example, when asked specifically about the unique role of the Jackson Center as compared to more traditional One-Stop centers, respondents in Tucson emphasized that the Jackson Center was indispensable because staff at traditional One-Stops would not be equipped to work with the homeless, and would not be located at what was considered a "hub" of the homeless service delivery system.

With an identity as a homeless-serving organization, One-Stop centers may perceive their mission and weigh their performance concerns somewhat differently than a traditional One-Stop. The Jackson Center does not struggle with the decision of whether to enroll homeless customers in WIA because of performance measure concerns; its mission means that essentially all homeless customers are enrolled and served. While WPOS does struggle with the enrollment question a bit more, respondents also indicated that, because they are a homeless-serving organization, they feel an obligation not just to WIA performance measures, but also to more local factors

and concerns—e.g., specifically serving the homeless with federal employment and training dollars, and reaching those performance goals negotiated specifically with WSI (WIA administrative entity).

Thus, without a mission that is at least in part specifically concerned with the homeless, and without the benefit of specialized “homeless staff,” it is difficult to see how the lessons of the One-Stops we visited would be readily transferable to many other local areas. Even in the case of a traditional One-Stop center with a WIA staff member who possessed expertise in homeless issues, that staff member would presumably need to be concerned with how homeless clients might affect local performance outcomes, and might have substantial limitations on capacity to serve homeless customers (e.g., in terms of dollars, connections to other local resources and amount of time available for continuous interpersonal contact).

One potential model for other local areas may be one that was observed in Chicago for serving another special population, the LEP population. Chicago’s One-Stop systems make use of several CBOs to effectively serve various sub-groups of the LEP population. Specifically, CBOs with a long history of working with specific racial or ethnic communities also serve as affiliate One-Stop centers. In this way, these organizations enjoy the same two advantages as WPOS and the Jackson Center—i.e., the advantage of being intimately connected to the special population on a ground level, as well as the advantage of receiving consistent mainstream funding. Naturally the feasibility of this model depends on many factors, including the particulars of the local landscape. For instance, in Portland, Maine, such a model would be difficult to implement given the scarcity of CBOs.

In terms of actual service delivery, the key features that emerged from our site visits were a relative emphasis on job placement over job training, and intensive case management service provision. Job placement was prioritized for various reasons, including scarce training dollars and perceived lack of interest in training among homeless clientele. However, all sites sometimes use a “stepping stone” approach to job placement, in that they make available to their homeless clients a type of pre-work experience that acknowledges their unique employability challenges and builds a foundation of confidence. The pre-work experience takes the form of World of Work expectations during EST, employment in a homeless services organization’s business enterprise arm, and a subsidized work experience program. The centers provide other resources specially targeted to homeless clients’ employability challenges, such as a

class on how to look for work with a criminal background, and a very intensive EST curriculum that addresses a range of issues that homeless clients in particular might be facing. Thus, while other local areas might very well be able to also emphasize job placement over job training for their homeless clientele, they would also need to provide the necessary and specifically targeted supports, whether they be a specially designed curriculum or a supply of job opportunities for those hardest to employ. Even the Jackson Center, with its philosophy of high expectations for homeless clients and emphasis on independent job search skills, realizes that it must provide targeted and intensive support in order for its homeless clients to be successful. “High expectations with high support,” is how one staff member described the Jackson Center’s approach.

Perhaps the most intensive type of service required for homeless clients is case management. The sites we visited emphasized the inability of more traditional One-Stops and WIA staff to provide the type of case management that many homeless clients require. Furthermore, in Tucson, Jackson Center staff discussed the need for case management services to be provided by a range of partners in the CoC, so long as they are coordinated. Replication of this model depends on strong inter-partner communication and client coordination procedures, which in turn depend on the specifics of the local landscape at hand.

Political factors are one critical component of the local landscape and its ability to replicate some of the key strategies discussed here. Concentrated efforts to serve the homeless were, to some degree in both Tucson and Portland (Oregon), motivated by key political figures. City council members in Tucson served as a catalyst for the TPCCH’s formation. One particular leader in Portland, who was strongly dedicated to the homeless, fought to establish WPOS in its current homeless-friendly location. Establishing a homeless services agency (CCC) as the operator of WPOS was a similarly improbable accomplishment, in no small part due to the efforts and dedication of key political leaders.

The nature of the local political landscape also has implications for the ability to replicate effective partnership strategies for serving the homeless. In Tucson in particular, local respondents expressed uncertainty about the extent to which its collaboration-not-competition spirit could be reproduced, let alone the cohesiveness of the group represented by the TPCCH. Implementing the extremely democratic operating procedures of TPCCH (one member, one vote) presented some challenges even in Tucson. A much larger city with additional heavyweight agencies and layers of turf or

bureaucracy could involve even more complex challenges—not just specifically for establishing a TPCH-like body, but even for meeting consistently as “an interdisciplinary team.”

Finally, we would like to revisit the long-term desirability of the models presented here, in that they provide the immediate advantages of specially designed services, but may also convey a sense of isolation from more mainstream centers. This is not a question we are prepared to answer within the scope of this paper; however, it does bring us back to the Capital Area Michigan Works LWIA—a site that informed this paper to some small degree, but did hint at a compromise between a specialized One-Stop center and those that simply do not enroll homeless clients in WIA services. In this LWIA, homeless clients receive employment and training services from a specialized CBO, but are also brought to the One-Stop center to use some “mainstream” resources such as the resource room and clothes closet. Though these clients are not enrolled in WIA, the hope is that their exposure to the One-Stop center might serve as an initial step towards a later time, when the One-Stop might be more equipped to address their needs. Further study could help illuminate the extent to which such a strategy is an effective one.