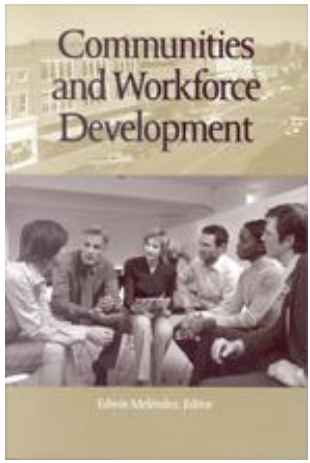
Addressing the Employment Challenge for the Formerly Homeless: Supportive Housing in New York City



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Addressing the Employment Challenge for the Formerly Homeless

Supportive Housing in New York City

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Supportive housing provides a cost-effective means of helping formerly homeless individuals stay off the streets and live healthier, more independent lives (Culhane, Metraux, and Hadley 2002). Motivated in part by the increased pressure brought by welfare reform to move people off public assistance, but also by the desire to help the formerly homeless lead more rewarding lives, supportive housing providers have become more interested in increasing the employment opportunities available to their residents. This chapter examines the employment status of residents in supportive housing programs, the nature of their employment barriers, the benefits of employment, and the ways by which supportive housing organizations are attempting to meet residents' vocational needs.

Understanding the employment challenges posed by the formerly homeless is particularly important in the context of serving so called hard to serve populations, those that encounter multiple barriers to employment. In many ways the conceptual problem presented by the development of services for the homeless[1] is similar to that of providing services for long-term welfare recipients who, in addition to lack of employment experience and other barriers directly related to their job skills and readiness, often also face mental health, substance abuse, and

many other barriers that seriously impede their employability. For these types of disadvantaged populations, conventional employment goals are often not attainable, at least not without significant investments in support services. Even then, when specialized programs are in place, many of these program participants cannot be expected to sustain full-time employment, whether for reasons of physical or mental disabilities or because of various other conditions that impede their workforce participation.

For this study, we formulated three core analytical areas of inquiry. First, we developed a set of questions to ascertain what the barriers to employment are for the homeless. We wanted to know to what extent the formerly homeless population diverges from typical participants in an employment services program. Second, given these multiple barriers to employment, we wanted to investigate what were the employment goals and benefits for the homeless. This question is important because it determines the types of programs that are offered to the homeless.

Finally, we examined the services necessary to serve the homeless population and looked at model programs that offer comprehensive and effective services. Evidently, programs serving the homeless must provide an array of support services that go beyond the conventional package offered by other employment programs. Our task was to determine the most important services, the proportion of support services provided, and by whom: the supportive housing organization itself or in partnership with other employment services providers.

We selected the supportive housing organizations and facilities for this study from a database of supportive housing providers and residences provided by the Supportive Housing Network of New York (SHNNY), a coalition of 160 nonprofit supportive housing agencies in New York State. The research was based largely on interviews with staff at the participating organizations, including executive directors, vocational staff, residence managers, and case managers. In addition to conducting staff interviews at 20 of the agencies, we held focus groups for residents at four supportive housing facilities.

Approximately one quarter of the residents in the supportive housing facilities covered by the study were employed either full or part time. Employment was considerably lower among residents living with a mental illness or HIV/AIDS, while residents with a history of substance use tended to have higher rates of employment. Many of the

barriers identified pertain to residents' soft skills (such as dealing with authority, anger management, lack of motivation, high absenteeism, tardiness, and difficulties adjusting to workplace routines and expectations) or their hard skills (such as weak basic skills, literacy levels, and specific job skills). As is common in programs serving disadvantaged low-income populations, one-quarter to half of all the residents lack a high school diploma or General Equivalency Degree (GED). Another barrier is a lack of incentive, which is often associated with the low wages that residents are likely to earn if they do work. However, many of the impediments for employment went beyond purely labor market related factors. For instance, mental illness presents a barrier because of social and behavioral issues such as paucity of speech and lack of affect (emotional expressionlessness).

Loss of disability benefits proved to be a major concern for the formerly homeless. Due to a real or perceived threat to Medicaid and other benefits, residents receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) seem to have the least incentive to find employment. Another important barrier involves the limited ability of case management staff at supportive housing facilities and day treatment programs to actively and consistently encourage residents to seek employment. This inability may stem from several factors, including the frequent turnover of case management staff, inadequate training, lack of information, lack of time, and the need to respond to frequent crises and other emergencies. Last, the expiration of time-limited welfare benefits did not seem to compel recipients to seek employment.

Regarding the second analytical area of inquiry, our findings suggest that employment is perceived in the supportive housing community more as part of a therapeutic path towards recovery from health and social problems than as a route to financial independence. The most commonly perceived benefits of resident employment were the building of self-esteem, integration into mainstream society, the improvement of mental health and a sense of well being, and the added structure and purpose in residents' lives. Economic self-sufficiency was a goal for only a select few of the more highly functioning residents.

The study's final area of inquiry focused on the delivery of employment services for the formerly homeless. Effective programs targeting the hard to serve must not only address a broad range of labor market

related barriers, such as the lack of soft or hard skills, but also the added burden of chronic health problems. Many participants in employment programs for the homeless have health problems that make sustaining a regular work schedule very difficult. Program managers must find employers and occupations that offer sufficient flexibility to accommodate medical appointments and absences due to illness.

To determine best practices in the field, we examined the variety of approaches that supportive housing providers utilized to enhance residents' employment opportunities. Of the 20 facilities studied, 14 offered some form of vocational program. Most of these vocational programs were small and relatively new, with annual budgets seldom exceeding $500,000 and often amounting to much less. Programs rarely have more than two to three dozen participants at a time and often offer vocational programs for a larger target population than supportive housing residents, who in many cases constitute only a small portion of all the vocational clients. Most of these programs offer a wide range of job readiness services, case management, and retention services. Two-thirds of the organizations provide vocational training for specific occupations, though several organizations interviewed felt it was more effective to refer residents to vocational programs at other organizations than to institute their own vocational programs. In general, vocational programs tend to place residents in full-time jobs, even though supportive housing staff tended to think that part-time work was the most that residents could handle.

We conclude that despite increased program development and innovation, vocational programs operated by supportive housing groups have not yet reached a large segment of their target population. A relatively small number of residents in supportive housing are employed or participating in vocational programs. Two sets of issues emerge from this study. One is the struggle vocational programs face in attracting supportive housing residents; the other concerns the effectiveness of programs in helping residents to succeed in a competitive labor market. Although economic independence is probably not a realistic goal for most residents of supportive housing, many, including those with mental illness, could still benefit from competitive employment given the opportunity and necessary support. Supportive housing groups and other service providers need to examine the efficiency of supported em-

ployment and long-term pre-vocational training as a pathway to competitive employment.

The chapter is organized according to the three analytical areas presented above. The first part examines the employment status of the residents at the 20 supportive housing facilities and the nature of their employment barriers. The second part takes a brief look at the perceived benefits of employment for residents of supportive housing. The third part examines the ways by which the supportive housing organizations are attempting to meet the residents' vocational needs. The final part offers conclusions and recommendations.

EMPLOYMENT STATUS OF RESIDENTS

The supportive housing organizations and facilities were selected not so much as a random sample but to reflect the field's diversity along several dimensions. As presented in Table 5.1, 20 organizations ultimately participated in the study, 14 of which provided vocational services. For each organization, one facility was selected to study in depth. The supportive housing residences selected for the study range in size from 14 units to 652. Seven facilities focus exclusively on people living with mental illness, three on people living with HIV/AIDS, and four target formerly homeless people who do not have diagnoses of mental illness or HIV/AIDS, although some of them have histories of substance abuse. The remaining six residences serve a mixed population, including people living with HIV/AIDS or mental illness, other formerly homeless individuals, and, in some cases, "community residents" (low- and moderate-income individuals who may not be disabled or formerly homeless).

Few residents of the supportive housing facilities included in the study worked. On average, about one-quarter of the residents in the 20 facilities covered in this study were employed either full or part time. However, there was wide variation in the proportion of working residents. At the high end, at least 50 percent of residents were employed full or part time at three residences. At the other extreme, less than 15 percent were employed at six facilities—nearly one-third of the entire sample (see Table 5.2). The incidence of employment varies among different population groups residing within supportive housing. It appears

Table 5.1 Overview of Selected Supportive Housing Organizations and Facilities

Organization	Facility	Year facility founded	Number of supportive housing facilities	Total supportive housing units	Number of units in facility	Offer vocational services	Population served
Bowery Residents' Committee	Los Vecinos	1995	12	648	35	Yes	Mixed
Brooklyn Community Housing and Services	Oak Hall	1990	3	136	74	Yes	Mixed
The Bridge	Park West House II	1996	12	326	14	Yes	Mental health
Catholic Charities, Brooklyn and Queens	Monica House	1992	6	402	78	No	Mental health
Clinton Housing and Development Corp.	300 W. 46th Street	1996	4	215	70	No	Mixed
Common Ground Community	The Times Square	1994	3	1,068	652	Yes	Mixed
Community Access	Gouverneur Court	1993	4	285	136	Yes	Mental health
Federation Employment and Guidance Service (FEGS)	White Plains Road	1996	3	150	52	Yes	Mental health
Friends Home Group	Friends House in Rose Hill	1996	1	50	50	No	HIV/AIDS

Housing Works	East 9th Street Residence	1997	2	68	36	Yes	HIV/AIDS
Institute for Community Living	Warren Street	1995	9	429	14	Yes	Mental health
The Jericho Project	Jericho House	1991	4	168	48	Yes	Homeless
Jewish Board of Family and Children's Services	Abraham Residence III	1997	1	68	68	No	Mental health
The Miracle Makers	Miracle Makers Adult Housing	1991	1	175	175	No	Homeless
Neighborhood Coalition for Shelter	NCS Residence	1984	3	800	66	Yes	Mixed
Project Greenhope Services for Women	Greenhope Houses	1990	2	55	36	Yes	Homeless
Project Return Foundation	Jerome Court	2000	5	200	40	Yes	HIV/AIDS
Services for the Underserved	The Majestic	1996	22	600	55	Yes	Mental health
VIP Community Services	Abraham Apartments	1999	5	261	27	Yes	Homeless
West Side Federation for Senior and Supportive Housing	Westbourne	1997	12	1,275	128	No	Homeless

SOURCE: Authors' calculations, based on interviews with the supportive housing providers.

Table 5.2 Employment Status of Supportive Housing Residents at Selected Facilities

Supportive housing provider	% working FT or PT	Total working	Facility population type
Institute for Community Living	91	11	Mental illness
West Side Federation for Senior and Supportive Housing	54	69	Homeless (public assistance)
The Jericho Project	52	29	Homeless (substance abuse)
VIP Community Services	41	11	Homeless (substance abuse)
Common Ground Community	41	257	Mixed
Clinton Housing and Development Corp.	28	19	Mixed
The Miracle Makers	27	47	Mixed
Brooklyn Community Housing and Services	26	19	Mixed
The Bridge	21	3	Mental illness
Services for the Underserved	21	11	Mental illness
Neighborhood Coalition for Shelter	20	11	Mixed
Project Greenhope Services for Women	16	24	Homeless (substance abuse/mental illness)
Housing Works	14	5	HIV/AIDS
Bowery Residents' Committee	12	4	HIV/AIDS
Catholic Charities, Brooklyn and Queens	12	9	Mental illness
Federation Employment and Guidance Service (FEGS)	11	6	Mental illness

Friends Home Group	8	4	HIV/AIDS
Jewish Board of Family and Children's Services	4	3	Mental illness
Project Return Foundation	0	0	HIV/AIDS
Mean	26	29	
Median	21	11	

SOURCE: Authors' calculations, based on interviews with the supportive housing providers.

to be considerably lower among residents living with a mental illness and HIV/AIDS than among other groups. It is noteworthy that facilities catering to people with histories of substance abuse tend to have considerably higher rates of employment than facilities geared to people with mental illness or HIV/AIDS. When facilities house mixed populations, people living with HIV/AIDS or mental illness (sometimes both) tend to have lower rates of employment than their neighbors.

Of the three residences with employment rates of at least 50 percent, only one—the Institute for Community Living, on Warren Street—focused on people with mental illness. This supportive housing provider actively integrates employment into its overall treatment program. The other two facilities serve a more general homeless population, including a large percentage of individuals with histories of substance abuse but not with severe mental illness or with HIV/AIDS. Most of the residences with intermediate levels of employment (i.e., between 15 and 41 percent) served a more heterogeneous population, housing people with different backgrounds and disabilities. However, within these facilities, residents living with HIV/AIDS or mental illness were much less likely to be employed than their neighbors.

For example, in the Times Square, the largest supportive housing residence in the sample, 40 percent of the facility's 632 residents were employed in 2001 (see Table 5.3). However, over 80 percent of these were either "community" residents—low- and moderate-income individuals, few of whom had histories of homelessness—or original tenants, who moved in before Common Ground acquired the facility in 1990. Excluding residents 60 years and over, some 87 percent of the "community" residents were employed either full or part time, including 37 percent of the original tenants. Of the formerly homeless residents under 60 years of age at the Times Square, the subgroup with the highest employment rate—47 percent—is subsidized by the city's Department of Homeless Services. These residents generally are not diagnosed with HIV/AIDS or mental illness. In contrast, of the 47 residents under 60 supported by the HIV/AIDS Services Administration (HASA), only one was employed, and of the 135 residents with mental illness under 60 years of age supported by the city and state's NY/NY program, just 13 percent were.

The high incidence of unemployment among residents with mental illness is consistent with national trends. Only about 15 percent of

Table 5.3 Employment Status of Times Square Residents by Population Group, 2001

	All residents			Residents under 60		
	Total	Number employed	% employed	Total	Number employed	% employed
AIDS	50	1	2	47	1	2
Mental illness	151	21	14	134	17	13
Homeless	80	27	34	57	27	47
Original	85	13	15	27	10	37
Community	266	203	76	227	198	87
Total	632	265	42	492	253	51

NOTE: Residents with AIDS are funded by New York City's HIV/AIDS Services Administration (formerly Division of AIDS Services); residents with mental illness are funded by the city/state program New York/New York; formerly homeless residents are funded through the city's Department of Homeless Services. "Community" residents come from New York's general population and generally are not disabled and do not have histories of homelessness.

SOURCE: Authors' calculations, based on interviews with the supportive housing providers.

people of working age with severe mental illness are employed in the United States, although surveys of the mentally disabled population consistently show that about 75 percent want to work (McReynolds, Garske, and Turpin 2002). The U.S. Department of Labor's (USDOL) Job Training for the Homeless Demonstration Program found that participants with mental illness had significantly lower job placement rates than other homeless populations. Whereas more than half of unmarried males and the chemically dependent found employment, the same was true for just 33 percent of the program's participants with mental illness (USDOL 1998). Similarly, when persons with severe psychiatric disability seek vocational services, their success rate is only about half of the rate for those with physical disabilities (McReynolds, Garske, and Turpin 2002). Persons with mental illness also tend to be underrepresented in vocational service programs. National reviews of vocational rehabilitation have found that only 2 to 4 percent of people who receive mental health services receive vocational rehabilitation at any given time (Bond et al. 2001).

BARRIERS TO EMPLOYMENT

The very issues that lead people into supportive housing also pose formidable barriers to employment. Previous studies, including the evaluation of the Corporation for Supportive Housing's *Next Step: Jobs Initiative* (Corporation for Supportive Housing 1997; Fleischer and Sherwood 2000; Proscio 1998) stress several common characteristics of the supportive housing population that can impede prospects for employment. Besides low levels of educational attainment and minimal work experience, these may include mental illness, HIV/AIDS, and substance abuse. Interviews with providers of supportive housing and vocational services brought out a large number of employment barriers, not all of which relate directly to the resident's disabilities, education, or employment history.

All of the supportive housing providers discussed the limitations posed by residents' disabilities and backgrounds. These limitations were most acute for residents with mental illness and for those living with HIV/AIDS. Staff and residents cited more than 50 barriers (see Table 5.4). These may be sorted into several broad categories, in-

cluding 1) social, behavioral, or medical impediments, 2) inadequate skills or work history, 3) inadequate incentives and encouragement, and 4) employer resistance.

By far the most frequently cited barrier to employment involved difficulties adapting to the routines and expectations of the workplace. Many of these problems fall under the rubric of inadequate soft skills, such as difficulties dealing with authority, weak anger management skills, social skills, or problem-solving skills, lack of motivation, absenteeism, and tardiness.[2] In some cases, supportive housing staff members felt that the residents' mental illness made them too unsuitable for regular employment, either because their behavior and manner would not be acceptable or because they would not be able to tolerate the stress. Several respondents voiced concerns that too much stress or anxiety on the job could cause residents to relapse into substance abuse or experience a worsening of their mental illness (i.e., decompensate). At a resident focus group, two participants said they would not take any job without first consulting their psychiatrists to see if they could "handle it." Both expressed concern about having too much stress. These concerns about mental illness extend beyond residents with diagnoses of schizophrenia and other psychiatric disorders. Vocational and supportive housing staff often commented on the presence of residents with undiagnosed mental illness.

Another set of barriers clustered around the residents' skills, education, and work experience. Most residents lack the basic skills necessary for many types of employment and have little, if any, paid job experience. Few residents in the supportive housing facilities studied had more than a high school education, and many had less. Individuals without a high school diploma or a GED make up one-quarter to one-half of residents at most sites. While a number of residents have completed at least some college, including a very few with advanced degrees, they represent a small fraction of the supportive housing population. These low levels of educational attainment were noted by staff, who frequently remarked that many residents had very weak reading, computational, and other basic skills. In some cases, the residents' lack of skills reflects not just their limited educational attainment but various developmental disabilities as well.

Most residents have an intermittent or erratic work history, little of it in the formal economy. In the case of those with mental illness, it was

Table 5.4 Number of Organizations that Identify Barriers to Employment

Barrier	Mental health community (6)	HIV/AIDS community (3)	Homeless/ community residents (4)	Mixed (MH, HIV, homeless) community (7)	Total (20)
Social, behavioral, and medical barriers					
Loss of benefits	4	2	3	6	15
Mental health issues	4	1	2	5	12
Fear (of failure, of losing housing, of taking on too much, or of success)	3	1	2	3	9
Lack of motivation to find and retain employment	3	1	2	2	8
History of substance use	1	0	2	4	7
Personality issues/interpersonal skills (poor attitude, inability to deal with authority)	0	1	2	4	7
Lifestyle—i.e., prostitution, chaotic drug use/relapse	3	1	1	2	7
Behavioral issues	1	1	1	1	4
Low self esteem	1	1	0	2	4
Can't handle responsibility of a job—getting up on time	1	1	1	1	4
Physical health issues	2	2	0	0	4
Stress of training or working	0	1	1	1	3
Comfortable/stable at supportive housing program	1	1	0	1	3

Self-sabotaging behavior	1	0	0	1	2
Need flexible schedule for medical and SSA appointments	0	1	0	1	2
Learning or developmental disabilities	0	0	2	0	2
No stable support network	1	0	0	1	2
Disruptive family or family background	0	0	1	1	2
Residents wanting too much too soon	1	0	1	0	2
Involved in other activities (such as day treatment)	1	0	0	0	1
Lack of practical resources (i.e., clothing, services)	1	0	0	0	1
Hard for residents to trust	1	0	0	0	1
Age of resident	0	0	1	0	1
Inadequate skills and work history					
Lack of education	3	1	4	3	11
Lack of skills (hard and soft)	2	1	1	4	8
Lack of or poor employment history	1	0	3	3	7
Low literacy level	1	1	2	2	6
Lack of prevocational skills	1	0	0	0	1
Budgeting problems	1	0	0	0	1
Language barrier	1	0	0	0	1

Table 5.4 (continued)

Barrier	Mental health community (6)	HIV/AIDS community (3)	Homeless/ community residents (4)	Mixed (MH, HIV, homeless) community (7)	Total (20)
Inadequate incentives and encouragement					
Programs underestimate resident's potential—don't expect people with mental illness to work, don't understand role or push employment	2	0	0	2	4
Lack of staff to focus on vocational services	2	0	0	1	3
System barriers—too many appointments or steps required by VESID, SSI, etc.	2	1	0	0	3
The state of treatment for the mentally ill (such as clubhouses)	2	0	0	1	3
Job developers place people in undesirable, low paying, demeaning work	2	1	0	0	3
Practitioners unable to evaluate clients' skills and vocational needs	1	0	0	0	1
Lack of preparation by referral agency	0	0	0	1	1
Employer reluctance to hire residents of supportive housing					
Discrimination by employer and public perception of mentally ill and methadone patients	4	0	1	2	7

Criminal record	0	0	2	0	2
Stigma of being HIV-positive or mentally ill in the workplace	0	1	0	0	1
Employers have had bad experiences in the past	0	0	1	0	1
Fluctuations in the labor market	0	0	0	1	1
Other barriers					
Child care needs	0	0	0	1	1
Need to support children who live elsewhere	0	0	1	0	1
Housing issues (such as looking for housing)	0	0	0	1	1

SOURCE: Authors' calculations, based on interviews with the supportive housing providers.

pointed out that many residents became ill in their early 20s, precisely at the time when their peers were starting their careers. As a result, many residents of supportive housing not only lack the basic literacy, computational, and cognitive skills necessary for most jobs, but are also without the understanding of workplace norms that comes with job experience. Many residents are in their late 30s or older and have not held a regular job in years, if ever. Those with the least work experience, particularly if they are in their thirties or older, are the least attractive candidates to employers.

A third barrier to employment revolves around the incentive to work. Many residents of supportive housing see little to gain by working and in some cases much to lose. Residents receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) seem to have the least incentive to join the workforce, especially if they believe doing so requires them to relinquish their Medicaid benefits. Staff and residents alike voiced concerns about the loss of government entitlements that might ensue if residents became employed. Few residents and only some staff were aware of recent measures passed to increase work incentives for recipients of SSI and SSDI, but even the most thoroughly informed staff members said that loss of benefits remained a daunting barrier to employment.[3] Indeed, one agency employs a full-time benefits specialist on its vocational staff to keep residents informed of changing eligibility requirements and to help them navigate the system. The issue of benefits came up repeatedly at all four resident focus groups. Participants were wary of having their benefits cut off once they became employed. They were especially worried about whether they could regain their benefits should they become unemployed again.[4]

A related barrier to employment is the low wages that most residents are likely to earn if they were to work. Most participants at all four focus groups agreed that they could not support themselves at less than about $15 per hour, a wage few thought they could command. Most felt it was not worth it to work for less, especially if the job did not provide health insurance. Only a few participants said they were willing to accept a lower wage as a way to gain a foothold in the workplace. Most thought of employment as a way of moving out of supportive housing and into a home of their own; however, they didn't feel they could ever earn enough to do so.

The expiration of welfare benefits did not appear to be a significant incentive for employment among residents of supportive housing. This may reflect the fact that many residents are disabled and receive SSDI or SSI, which are not subject to time limits. It may also reflect the fact that New York State guarantees a reduced level of public assistance (Safety Net Assistance—noncash) for all individuals and families that have exhausted their time-limited welfare benefits. Only a few staff reported having public assistance recipients ask them for help in finding employment. Similarly, employment did not emerge as a particularly urgent priority at one focus group of mostly public assistance recipients, and the impending expiration of benefits did not seem a major source of concern. Although most of the participants at a second focus group of public assistance recipients did want to work, none felt compelled to do so by time limits.

The stability that formerly homeless residents have attained with supportive housing and a modest amount of public assistance may be another disincentive to employment. It was remarked that many residents are used to their current routines and are not motivated to change them, even though they receive limited income from public assistance or disability benefits. Having had chaotic lives, they seek stability. Since they live in subsidized, permanent housing and receive food stamps, they do not see a pressing need to increase their incomes through employment. In the case of supportive housing residents living with HIV/AIDS, residents and staff felt they had especially little incentive to work. Not only are people living with HIV/AIDS particularly dependent on Medicaid and other government benefits, it is difficult for them to balance employment with their need for medical services; specifically, it is hard to schedule health-related appointments while working. Moreover, it is also hard to find jobs flexible enough to accommodate absences due to illness.

Further dissipating the incentive to work are case managers and other social service staff who, several vocational providers said, do not actively encourage residents to seek employment and strive for economic independence. Vocational staff felt that case managers seldom encouraged residents to seek employment for three reasons: lack of time and resources, lack of training, and lack of financial incentive for them to go beyond their basic job description. Case managers, staff members sometimes said, are often so busy responding to various emergencies

that they can rarely take the time to encourage more highly functioning residents to look for employment opportunities. Also, if residents express a desire for an expensive item such as a computer, or a wish to take up a new occupation, it was felt that case managers were likely to ignore these comments rather than explain the necessary steps it would take to achieve this goal and provide encouragement to do so. One facility director said that case managers tend to have little experience in or knowledge of vocational rehabilitation and are not adequately informed of the resources available to help residents obtain employment. Case management positions, she explained, are typically entry level and are most often filled by people straight out of college. They are still learning the ropes and are not educated about the resources that exist in vocational training and rehabilitation. Most of their time is spent on "troubleshooting, responding to crises." They have little time to refer residents to vocational services or otherwise encourage them to seek employment. Compounding the problem, turnover is usually quite high among case managers, in part because of low salaries, making it difficult to sustain a vocational culture within supportive housing organizations.

Some respondents also felt that staff members at the day treatment programs in which some supportive housing residents participate do little to encourage them to seek employment. Indeed, some interviewees stated that day treatment programs preferred to have supportive housing residents remain in their current programs than to have them create vacancies by moving into a vocational program or a job.

Other employment barriers included reluctance of employers to hire persons with mental illness, HIV/AIDS, a history of substance abuse, a criminal record, and other characteristics of the supportive housing population. Some respondents believed that residents were afraid of feeling stigmatized by their coworkers. Others said that the poor health of some formerly homeless residents also constituted a serious barrier. In addition to living with a mental illness and HIV/AIDS, residents often suffer from diabetes, hypertension, heart disease, asthma and other chronic conditions. A few respondents mentioned weak or nonexistent social support networks to help residents deal with the stresses of employment. Finally, some felt that vocational support and welfare systems were not sufficiently responsive to the needs of supportive housing residents. In particular, they felt that agencies such as the New York

State Department of Education's Office of Vocational and Educational Services for Individuals with Disabilities (VESID) imposed too many hurdles in the form of multiple interviews and delays for residents, causing them to become discouraged and lose interest in employment.

Benefits of Employment

The supportive housing groups, including those that do not provide vocational services, were nearly unanimous with regard to their views on the benefits of employment. Executive directors and case managers alike emphasized the importance of employment in building the self-esteem and confidence of residents and integrating them into mainstream society. Few if any expressed much hope that employment would pave a path of economic self-sufficiency for more than a handful of residents. Instead they stressed the benefits of employment for the resident's mental health and overall sense of well being. They said that employment, even a few hours a week, gives people a sense of purpose, a feeling that they are engaged in something positive. Employment also provides some structure and purpose in the residents' lives. As an unemployed participant in a resident focus group put it, employment "would give me a reason to get up in the morning, something to look forward to." Some felt that employment helps people develop stronger social skills and indeed helps them develop some of the skills desired for living in supportive housing.

Several respondents did discuss the financial benefits of employment, but few thought that it was reasonable to expect residents to become financially independent. Several also cautioned that the nature of some residents' mental illness made it unlikely that they would be able to work continuously into the future; some suffer periodic breakdowns that make them unable to work for periods of time.

Approaches to Employment

The study included organizations that do and organizations that do not provide vocational services for their residents. As was said earlier, of the 20 supportive housing providers studied, 14 offer some form of vocational services. Most of the vocational programs are small and relatively new. They typically involve a continuum of services, from initial

assessment to post-placement support, almost always with a heavy dosage of case management. Several of the organizations with vocational services do not focus exclusively on residents of supportive housing; in some programs supportive housing residents constitute a small proportion of all vocational clients.

A few of the six organizations that do not provide vocational services would like to do more to help their residents secure a place in the labor force. Some of them have experimented with vocational support in the past, and others are planning to hire vocational staff in the future. Most said they did not have the financial resources to institute vocational programming. Instead, they rely on case managers to refer residents to vocational programs offered by other organizations. Some also hire residents for part-time jobs at their facilities.

Program Overview

The supportive housing organizations' vocational programs are quite small. Most employ five or fewer full-time staff and seldom have budgets in excess of $500,000—and sometimes much less. They rarely have more than two or three dozen participants at any one time. While some vocational programs focus almost exclusively on supportive housing residents, others serve a broader population. For example at Community Access's supported employment program, about 30 percent of the 198 participants live in supportive housing. However, only one or two of these participants reside at supportive housing operated by the parent organization; the rest come from facilities run by several different organizations.

The supportive housing providers with vocational programs differ more in the number of services provided than in their basic approach. Most of the organizations offer vocational services as a separate, standalone program, often based at a central location (often a supportive housing residence). One or two groups provide vocational service programs at multiple supportive housing facilities. In a few instances, vocational services are integrated within other programs. For example, Project Return's vocational services are part of a larger drug rehabilitation program. Similarly, supportive housing providers sometimes fold vocational services into day treatment programs and psycho-social clubs.

Work Readiness Training

Common to all 14 organizations offering vocational services is a concern with work readiness. All provide counseling and case management services to help residents adapt to the routines and expectations of the workplace. All provide some form of vocational assessment, in part to determine the most appropriate programs and referral.

Virtually all the groups provide some form of job readiness training. This can vary from long-term day-treatment or intensive psychiatric rehabilitation programs to two-week classes on a range of soft skills. The longer-term programs typically focus on persons with mental illness and do not necessarily aim exclusively at preparing clients for employment. For example, the largest vocational program run by Services for the Underserved (another supportive housing provider specializing in the mentally ill) is its Brooklyn Clubhouse, a psychosocial clubhouse. A structured therapeutic setting for persons with mental illness, the clubhouse program includes supported employment—mostly internships—for clients.[5] More broadly, it prepares people for employment by providing a task-oriented day. The agency views the clubhouse's overall programming as providing pre-vocational support. By requiring clients to sign up for specific activities and tasks, the clubhouse provides a structured day, which can help them adapt to the structure and routines of the workplace.

Most of the programs promote work readiness on a shorter-term basis. They usually involve individual or group meetings with vocational counselors and case managers as well as classroom instruction on a wide range of soft skills, including such topics as resume preparation, interviewing skills, job search skills, and anger management.

Several of the supportive housing groups offer supported employment, usually within their organizations, but sometimes with other organizations as well. Most of the programs involve part-time work and are limited to a few months. The goal is to provide work experience in a nonthreatening environment as a stepping stone to competitive employment. Most often, supported employment involves front desk, food service, building maintenance and other low-skill jobs at the parent organization. A few organizations also offer "assisted competitive employment" for supportive housing programs. These programs provide job coaches and other supports to help individuals (usually with mental

illness) cope with regular employment. For example, The Bridge's Assisted Competitive Employment program employs two staff to work as job developers and job coaches for about 30 clients. Post-placement support includes individual and group counseling, regular phone contact with clients, and occasional visits to the job site. Staff members also speak to employers when requested to by the client.

Several programs integrate work-readiness or soft skills with their hard-skill vocational training. The Institute for Independent Living, for example, runs a three-week pre-employment course as a prerequisite for its vocational training courses. The work readiness training instructs people on how to complete employment applications, prepare resumes, identify realistic career goals, and develop strategies for job retention. The course also includes mock job interviews and provides assistance in medication and money management.

Some of the smaller vocational programs offered by supportive housing providers focus exclusively on work-readiness and refer clients to other programs for training in specific vocations. The Jericho Project, a supportive housing organization serving homeless individuals with histories of substance abuse, employs three vocational counselors and one job developer. The vocational counselors are based at specific supportive housing residences and help residents develop short- and long-term career goals and identify necessary steps to reach these goals. They also provide post-placement assistance to help residents retain their jobs. While some residents are placed in jobs directly, others are first referred to vocational training programs to develop more advanced skills. The agency's job developer assists residents with their job search, helping them sharpen their interviewing skills and improve their resumes.

A small number of organizations provide instruction in reading, writing, and other basic skills as well as English as a Second Language. Most of the groups refer residents to community colleges and other institutions for this kind of support. The Center for Urban Community Services (CUCS), for example, contracts with a community college to provide basic skills training at its supportive housing facilities.

Hard-Skills Training

Two-thirds of the organizations that offer vocational services provide some form of vocational training (i.e., hard skills training) for

specific occupations or industries. Most often these programs are very small and focus on food services, building maintenance, case management, and other jobs routinely carried out by the parent organization. In some cases, training is intertwined with the organizations' supported employment programs; in others, it is provided in a classroom setting. For example, the Institute for Community Living operates four-week training programs in janitorial services, food services, and computer applications as part of a broader job placement program that also includes three weeks of work-readiness training. CUCS's internship program combines paid work experience with six to eight weeks of course work in soft skills and in such vocation-specific areas as office occupations, building maintenance, and social services.

Several organizations have started, or are about to open, computer training facilities and programs as part of their vocational services. They provide computers and staff to train residents in the basic computer applications such as word processing and the Internet. Staff at several supportive housing facilities reported that residents express interest in learning about computers, as did participants at two of the four resident focus groups. However, this interest is often quite general and does not necessarily translate into employment aspirations. Nevertheless, responding to this interest, 13 of the supportive housing groups have established computer-training programs. One of them, the Jericho Project, expects new residents to take at least four classes in its computer program. As of August 2001, 60 percent of all residents had taken at least one class. Another, the Institute for Community Living, offers a four-week course in computer skills aimed at people interested in clerical employment or just in learning about computers. Its goal is to help residents become comfortable working with computers.

Job Placement and Retention Support

Most of the supportive housing groups with vocational programs employ job developers to help residents find jobs with employers throughout New York City. Most graduates of the vocational programs run by supportive housing organizations tend to work in low paying service jobs, usually without benefits. While some agencies attempt to place people in jobs paying a few dollars more than the minimum wage, staff members admit that most participants lack the skills and work ex-

perience that would enable them to command higher pay. The best paying jobs are usually in social services. For example, "peer specialists" trained at one supportive housing organization's vocational program typically earn around $24,000 annually with benefits, or, for part-time positions, $10 an hour. Wages for building maintenance, food service, and other occupations targeted by vocational service programs tend to be considerably less. Most of the vocational providers feel that supportive housing residents are usually ill suited for retail and fast-food jobs. Customer relations can be stressful in retail environments, and middle-aged residents can find it demeaning to work alongside teenagers and young adults in fast-food establishments.

In general, the vocational programs place residents in full-time jobs. Although case managers and other supportive housing staff—as well as participants in the resident focus groups—tended to prefer part-time work, considering full-time work too stressful for most residents, most of the vocational staff felt that if a resident could succeed in part-time employment he or she could probably succeed in full-time work as well.

A few of the organizations have also created business ventures to employ their vocational clients. CUCS, for example, has started a jewelry-making business and is looking at the possibility of starting other micro businesses as well. The agency sees micro businesses as a way of providing flexible work for supportive housing residents. Such enterprises must require skills that residents already have or can develop in a short period of time. Residents can work at their own pace, either at home or at more central locations.

Housing Works, unlike all the other supportive housing and vocational service providers studied, guarantees a job at its parent organization for every Job Training Program (JTP) participant (most of whom are not residents of supportive housing) who passes both the JTP coursework and the core competency criteria for a particular position. Specifically, it places graduates in case management, clerical, building maintenance, food service, and retail jobs at its offices, residential facilities, and thrift stores. All graduates are guaranteed jobs with health insurance, paid vacation, and other benefits.

There was great diversity found among the organizations in the extent to which they hired residents of their own supportive housing facilities. Organizations identified benefits as well as drawbacks to em-

ploying residents within their housing programs. Benefits to employing residents within the agency include the feeling that by hiring residents they are able to fulfill both the need for residents to obtain employment and job experience and the need to fill certain positions in the organization. Also, by serving both as the residents' employer and as their service provider, the agency is able to offer residents valuable guidance in the transition to work. Since the roles of service provider and employer are combined, stress and problems can be noticed early and thus averted. On the other hand, some providers recognize that a conflict of interest can arise when attempting to provide housing and case management while also acting as the resident's employer. By the provider trying to be all of these things for a resident, the line between service provider and employer can become blurred, often making it difficult to provide comprehensive support services. Also, many feel that by providing residents employment inside the organization, those residents are not being encouraged to strive for greater independence.

In order to preserve the distinction between service provider and employer, organizations utilize a wide variety of strategies in the hiring of past and current residents. Some programs, like Jericho Project and Project Greenhope, will only hire former residents who have been out of the program for a length of time, usually at least one year. Jericho Project's staff is made up of 20 percent former residents, while Project Greenhope has a few former residents employed in security or porter internships. Other agencies, such as the Federation Employment and Guidance Service (FEGS)—recognizing the difficulties of employing one's own residents—will not hire its own residents; rather, it accepts referrals for employment from other supportive housing programs. Yet another way that agencies have resolved this conflict is by hiring residents to work in divisions of the agency besides the one in which they live. Both Project Return and Catholic Charities of Brooklyn and Queens follow this practice. Jobs that residents are most often hired for within the parent organization include maintenance, porter, front desk, and security; some are also hired for peer counseling and case management.

Most of the organizations try to help clients retain employment after initial placement. A few of the organizations employ job coaches to provide post-placement support. However, several respondents voiced concern about the difficulty of helping people keep their jobs. Some

said that clients were not comfortable meeting with job coaches at the work site—that it was embarrassing for a client to have a coach while working alongside other workers who do not. Some also said it was unclear what the coaches could actually do at the work site. It was better, they said, for coaches to meet with clients elsewhere to discuss any issues they might be facing.

Most of the vocational programs include support groups for both trainees and graduates. These range from weekly meetings with vocational staff to monthly or quarterly dinners for program graduates. While support groups and other forms of group work are common elements of pre-employment and vocational training, they seem more difficult to implement for clients who have become employed or have otherwise graduated from a vocational program. Staff at several organizations said it was difficult to attract many program graduates to peer-group meetings. As a result they are experimenting with both the format of the meetings and the kinds of topics to be discussed. Some groups are making post-placement meetings more of a social event, combining a presentation or discussion with dinner. One group, the Bowery Residents' Committee, pays $200 to participants after six months of regular attendance at monthly meetings.

Partners, Referrals, and External Relationships

Most of the vocational programs operated by supportive housing providers are fairly insular, involving few if any partnerships with other organizations. While several are connected to VESID, none participate in programs operated by USDOL for vocational support, including the city's one-stop center. Only a few of the organizations—mostly those serving people who do not have a mental illness or HIV/AIDS—link up with New York City's Welfare to Work programs. Few groups contract with other organizations to provide vocational or related services for their residents. Likewise, few of the supportive housing providers have formal alliances with other organizations in the workforce development arena. And few involve private employers in the design or oversight of their vocational programs. For example, only two have employer advisory boards, although several others have expressed an interest in forming advisory boards. While

some groups want to have closer connections to employers, others are more wary, partly out of fear of promising more than they can deliver.

Employment Outcomes

Few of the supportive housing groups have management information systems in place to track the employment outcomes of the participants in their vocational programs. Most are unable to provide comprehensive data on job placements, retention, wages, or advancement. The bulk of the employment outcome information collected for this study is based on the estimates of program staff. Most staff members say that vocational clients typically end up in low-paying jobs and often have trouble holding their jobs for extended periods of time. It was frequently remarked that clients often go through a rapid succession of jobs before one "sticks." In the case of persons with mental illness, clients often become unable to hold a job during acute phases of their disease but then return to work once their condition stabilizes.

The Jericho Project, serving formerly homeless individuals with histories of substance abuse but typically without mental illness or HIV/AIDS, is one of the few groups to systematically track employment outcomes. It reports that the average starting salary of residents it has helped to place is $8.04 an hour. In addition, 70 percent of residents placed in the past two years retained their jobs for at least six months, and 51 percent did so for at least one year. Of those who did not retain their jobs, two-thirds found new jobs within three months. Given the character of its target population, the Jericho Project probably achieves greater success than most vocational programs serving residents of supportive housing.

CONCLUSIONS AND RECOMMENDATIONS

Although supportive housing groups have created numerous vocational programs for their residents and other formerly homeless and disabled individuals, many residents in supportive housing are not employed or participating in vocational programs. The Corporation for Supportive Housing, in its recently completed *Next Step: Jobs Initiative* report, encouraged participating groups to promote employment in

all aspects of their supportive housing programs—or, as coined by one author, to "vocationalize the homefront" (Parkhill 2000). While most of the groups in *Next Step: Jobs Initiative* continue to stress employment in multiple ways, the 20 supportive housing providers covered in this study, with one or two exceptions, show little sign of doing so. Despite program development and innovation, the supportive housing groups studied here do not seem to be reaching a very large segment of their target population. This raises a double-edged question: Are supportive housing organizations failing to reach their target population, or is the need for vocational services among formerly homeless residents of supportive housing less than service providers and their supporters have assumed?

Most residents of supportive housing confront formidable obstacles to employment, including poor basic skills, minimal work experience, and in many cases mental illness, HIV/AIDS, and other health problems. Many have not held a steady job in years, if ever, and do not always grasp the norms of workplace behavior. As one vocational service provider explained, formerly homeless individuals have had very little structure and support in their lives that would have prepared them for employment.

Two sets of issues emerge from the staff interviews and resident focus groups. One concerns the ability of vocational programs to attract supportive housing residents; the other relates to the programs' effectiveness in helping residents succeed in the labor market. The supportive housing industry needs a better grasp of the size of the pool of viable vocational clients and how it can reach them. The industry also needs a better sense of the vocational potential of supportive housing residents and the best way of realizing that potential.

Accessing the Market

Given the character of the supportive housing population and its multitude of employment barriers, it is critical to have realistic expectations of its employment potential. While some residents have the potential to become economically self sufficient within the labor force, others, most likely the majority, do not. Most of the latter are not likely to earn substantially more than the minimum wage or to hold jobs for extended periods of time. This is not to say, however, that competitive

employment is unsuitable for residents with mental illness, HIV/AIDS, and other disabilities. It does suggest, though, that their vocational needs and expectations will differ from supportive housing residents that do not have these disabilities, and that they are not likely to achieve sustained economic independence through employment.

Supportive housing most likely does not offer a very large pool of individuals with the potential to benefit from mainstream employment services geared to long-term economic advancement. The most promising candidates for these programs probably come from two groups of supportive housing residents—individuals supported by the Department of Homeless Services (DHS), and residents whose rents are not subsidized by state or local programs (although some receive federal Section 8 rental vouchers). Termed "community" residents, the latter group is not limited to the formerly homeless or the disabled and includes the original residents of single-room occupancy hotels (SROs) that were acquired by nonprofit supportive housing providers, as well as individuals willing to pay market rents for apartments in supportive housing facilities.

A first priority should be to assess the employment status and work readiness of DHS and community residents—as opposed to residents with diagnosed mental illness and HIV/AIDS whose vocational potential is usually more limited. According to data provided by the Supportive Housing Network of New York, these two groups collectively account for 54 percent of New York's 12,000 units of supportive housing (22 percent DHS, 34 percent community).

The experience at Common Ground's two largest supportive housing facilities, if at all typical of the larger population, suggests that demand for vocational services among community and DHS residents is quite limited, especially if the goal is sustainable, self-supporting employment. At both the Times Square and the Prince George, the vast majority of community residents under age 60 are already employed and thus probably do not need vocational assistance. A much smaller fraction of the residents under 60 supported by DHS are employed—47 percent at the Times Square and 34 percent at the Prince George. Many of the unemployed DHS residents at the Times Square and Prince George, however, are disabled, either receiving SSI or SSDI or with pending applications. At the Times Square, only 4 of 29 unemployed DHS residents under age 60 do not receive SSI or SSDI or have pending applications

for these benefits. At the Prince George, half of 42 unemployed DHS residents under age 60 do not receive SSI or SSDI or have pending applications. In sum, the demand for mainstream vocational services at these large supportive housing residences is quite limited.

If supportive housing residents do not constitute a large source of demand for mainstream employment programs designed to help people become economically self-sufficient, a potentially larger segment of the supportive-housing population, including residents supported by DHS as well as those with mental illness and HIV/AIDS, might be interested in other types of programs to help them obtain regular jobs in the private and public sectors. Although it may not be reasonable to expect them to become economically self-reliant, many of these residents could still benefit from competitive employment given the opportunity and necessary support. It is therefore critical to have realistic expectations about residents' true vocational potential. This is particularly important with regard to residents with mental illness.

One barrier to the employment of persons with mental illness may be the tendency of mental health professionals to underestimate their ability to work outside of a sheltered environment (McReynolds, Garske, and Turpin 2002; Nemec, Spaniol, and Dell Orto 2001). Psychiatrists, psychologists, social workers, case managers, and other staff, perhaps because they receive little training in vocational rehabilitation, may not always understand the extent to which mental illness impairs employment potential.[6] The vocational rehabilitation literature shows that it is extremely difficult to predict the employment outcomes of people with schizophrenia and other severe mental illnesses. Research also shows that there is no relationship between the clinical symptomatology of mental illness and the patient's ability to hold a job (Anthony and Jansen 1984). The only way of predicting employment outcomes for a person with mental illness is that person's previous work history. Yet despite these research findings, mental health practitioners are typically concerned that employment can induce too much stress for clients, risking a worsening of their condition. Our interviews with case managers and residents frequently elicited these concerns.

With regard to supportive housing residents with HIV/AIDS, a key employment barrier is the availability of employment opportunities that provide sufficient flexibility to accommodate the need to make frequent medical appointments and to take time off when not feeling well. This

is not just a matter of employers providing flexible work schedules, but also of them having the ability to deal with last minute absences and other deviations from the schedule. Most employers, of course, have little tolerance for unplanned absences from the workplace. Housing Works, as discussed above, has addressed this issue by creating jobs for its trainees within its own organization.

If one priority for supportive housing providers should be to better gauge the number of residents potentially able to benefit from vocational services, another should be to improve how residents with vocational potential are steered toward vocational services and employment. The pool of potential vocational clients may be smaller than originally expected, but more can likely be done to help these residents succeed in the labor force.

One of the most straightforward ways of involving more supportive housing residents in employment and vocational services is to educate residents and staff about their ability to retain Medicaid and other benefits while employed. It is striking how few residents or staff members were aware of recent employment incentives designed to encourage employment among recipients of SSI and SSDI. For example, few were aware that recipients of SSI could retain Medicaid coverage so long as their annual earnings did not exceed approximately $33,000. Clearly, supportive housing staff and residents need to be better informed about these work incentives. A better understanding of how employment affects benefits eligibility should alleviate some residents' anxiety about working. Worries over the loss of government benefits should not be as big a barrier to employment as they appeared to be in our interviews.

Another, more difficult way of stimulating interest in employment is for case managers and other direct service providers to offer more encouragement and assistance. As noted above, vocational staff felt that case managers—at supportive housing facilities and at the day treatment and other programs that residents participate in—do not actively promote employment. Partly because they are often responding to emergencies and other urgent matters, case managers are viewed as not taking the time and effort to stress the benefits of employment to their clients. Moreover, many staff members report that case managers are not often aware of the different types of vocational support that are available for their clients. Part of the problem stems from the high turnover of case managers and the fact that many are new to the job and not

well versed in vocational rehabilitation. As noted above, the problem is further aggravated by the lack of training case managers and other mental health professionals receive in the area of vocational rehabilitation. Social workers, psychologists, and other mental health workers receive little if any training in vocational rehabilitation in their professional education (Nemec, Spaniol, and Dell Orto 2001; McReynolds, Garske, and Turpin 2002).

Additional training of case managers could help "vocationalize" the supportive housing homefront. Indeed, given the number of vocational programs in New York City, not to mention the services provided by VESID, it may be a wiser use of resources for supportive housing organizations to put more emphasis on making case managers more effective advocates of employment than to invest in their own vocational training (hard skills) programs.

Increasing Effectiveness

The vocational programs offered by supportive housing organizations include a wide range of services, such as soft skills training, supported employment, occupational skills training, job placement assistance, and retention support. This study did not attempt to evaluate these programs but rather to gather information on the range of services provided and how they are delivered. Nevertheless, two issues stand out with regard to program effectiveness. One concerns the tracking of employment outcomes. The other relates to the emphasis on supported employment and long-term pre-vocational training.

Few of the groups could provide up to date data on attrition during training, job placement rates, wages, job retention, or wage progression. Some organizations track employment outcomes but do not compile the data so that it can be readily analyzed; instead the information is confined to individual client files. Other organizations do not collect outcome information on a systematic basis. As a result, much of the information on employment outcomes is based on the impressions of program staff. In order to provide stronger vocational services it is essential to know the outcomes of current programs. Since few supportive housing organizations possess the budgetary resources to invest in the management information systems necessary for improved tracking and analysis of employment outcomes, this is an area that will require sup-

port from government, foundations, and other institutions interested in promoting employment for supportive housing residents.

Among other benefits, better outcome data would help address a key question about many of the vocational programs offered by supportive housing providers. As discussed above, a number of these organizations operate supportive or transitional programs and in some cases extensive pre-employment programs such as psycho-social clubs and continuing day treatment. It would be useful to know the extent to which participants in these programs eventually move into competitive employment. To what extent do residents in intensive psychiatric rehabilitation programs, day treatment programs, and clubhouses transition to other types of vocational programs that lead to competitive employment? To what extent do people in supported employment and internships make the transition to competitive employment? Questions about the efficacy of these approaches were raised at two resident focus groups and in some of the interviews with vocational providers. The two resident focus groups had participants who had worked in internship or supported work programs but then became idle once their assignments came to a close; they seemed to make little effort to find permanent jobs afterwards. One cannot generalize from the experiences of a few former clients, but their stories do underscore the need to better understand the multiple pathways that can lead from supported to competitive employment. They are also consistent with research documenting that supported or sheltered employment is not an effective stepping stone to competitive employment (Bond et al. 2001). Also supporting the focus groups' concerns is that at least one vocational director was reorganizing his organization's supported employment program because what was supposed to be a temporary work experience had become one without end for most participants. With better information on program outcomes, supportive housing organizations will be better able to help residents make the most of their vocational potential.

Notes

1. This chapter uses the terms "homeless" and "formerly homeless" interchangeably to refer to once-homeless individuals now residing in supportive housing.
2. Weak soft skills are also considered a major impediment to employment among

other disadvantaged job seekers without mental illness or a history of homelessness (Houghton and Proscio 2001).

3. For details on work incentives for SSDI and SSI beneficiaries, go to the following Web site: http://www.ssa.gov/work/ResourcesToolkit/workincentives.html.
4. This concern is not without merit. Several focus group participants and case managers described situations in which the Social Security Administration erroneously terminated disability benefits, requiring residents to go through a lengthy application process to verify their disability and reestablish their eligibility.
5. For more background on psychosocial clubs see Bond and Resnick (2000) and Beard, Propst, and Malamud (1982).
6. For example, a national survey found that 2.9 percent of staff in psychiatric rehabilitation programs have backgrounds in vocational rehabilitation counseling (Fabian and Coppola 2001).

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