



Rebuilding Lives... from the Streets to a Home and a Job

September 2006
Chronic Homelessness Employment Technical Assistance Center

“Ending chronic homelessness in our communities means not only providing permanent housing for people whose homelessness is measured in years, but also creating the opportunity to participate in the workforce, earn an income, and to contribute to America’s economy. In these projects, the Departments of Labor and Housing and Urban Development are demonstrating how communities can develop partnerships to end chronic homelessness through employment and housing and developing the tools to help the workforce development and homeless assistance systems achieve their goals.”

John Rio, Co-Director, CHETA
September 2006



Disclaimer

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Rebuilding Lives... from the Streets to a Home and a Job

John, Robert, Bertha, Miracle, Patricia, and their peers have lived on the streets for a long time. Like many Americans, they were only one paycheck away from losing their homes and then it happened. They lost their jobs, homes and families. In some instances their homelessness was caused by economic catastrophes; for others their disability played a part. Although they were down on their luck, they did not give up hope or their dreams.

Now they are participants in a new initiative to create homes and employment opportunities for some of our most disadvantaged citizens—people whose homelessness is not measured in



West Portland One-Stop Career Center

days or months, but is calculated in years. Rebuilding Lives tells you about people living on the streets in Boston, Indianapolis, Los Angeles, Portland, and San Francisco, and who moved into supportive housing, intent on putting their lives back together. Combined, the five people in these stories spent more than 35 years homeless.

In a bold endeavor, the U.S. Departments of Labor and Housing and Urban Development joined forces to bring together permanent housing resources with local workforce development systems, homeless assistance agencies, clinical service providers, and housing providers to help end chronic homelessness. The federal agencies entered into cooperative agreements in five communities with the local lead agency for the Workforce Investment Board and the local administering agency for McKinney-Vento housing programs—Shelter Plus Care and the Supportive Housing Program. The Ending Chronic Homelessness Through Employment and Housing initiative seeks to demonstrate how to combine

customized employment strategies, delivered through One-Stop Career Centers, with permanent supportive housing and wrap-around services. These five communities are: Boston, Indianapolis, Los Angeles, Portland, and San Francisco. This intervention is aimed at people who have disabilities and who have lived a year or more on the streets or who have had four episodes of homelessness over the previous three years.

Customized employment has proved its effectiveness as an employment service strategy in the mental health community, and offers a chance for a job that fits who the person is, what the person needs, and has to offer. It provides an avenue to employment for any applicant who feels that the traditional competitive route presents a barrier to their job goals. Customized employment recognizes that there are applicants with disabilities who, because of the significance of the impact of their disability, will not be able to meet employer expectations that are designed for existing job openings.

This is not to say that these applicants are unemployable or that they have nothing to contribute to employers. It simply means that they need a customized relationship with their employers—a

competitive edge that allows employers to consider the best an applicant has to offer in relation to discrete workplace needs.

Supportive housing is permanent affordable housing linked with culturally appropriate supportive services in which tenants are lease holders, paying about 30% of their gross monthly income for rent. Whether clustered in a single building or scattered apartments in a neighborhood, the housing units are mostly managed by nonprofit agencies with a dedicated mission to this type of housing. Supportive housing has proven to be a successful approach to ending chronic homelessness¹ and when linked with employment and clinical services, it can be effective in helping tenants work, increasing the tenants' sense of having a productive life, and reducing reliance on public entitlements.²

These projects expect to provide housing, clinical services, and customized employment for their participants, and also to produce changes in their communities which strengthen the collaboration between the workforce development, clinical treatment, housing, and homeless assistance systems. It is also a "systems change" initiative, and each project has assembled partners and larger stakeholder groups to advance the goal of ending chronic homelessness.

The stories in *Rebuilding Lives* are about some of the participants in these communities, their early experiences, and recent developments in their lives. This document introduces a few people in this effort to end homelessness, and the intention is that readers are intrigued by the results realized through the close collaboration among the partners and in the lives of those served by the project. They are working together to end chronic homelessness through employment and housing.

John: Boston

John carries a huge backpack when he is walking around town. While this bag may have once carried all of his possessions, it now contains what he considers the essentials: a binder full of reading materials given to him by his church group, and two copies of the Christian Bible. He now keeps his other worldly belongings "at home" in his own apartment.

John was born in New York, but grew up in Chicago. He began drinking at the age of 18, but when his mother passed away, when John was 28, John began drinking heavily and experimenting with harder drugs. He attributes his eventual descent into homelessness to his substance abuse problems, although he makes a point to qualify this. "I had a drinking problem, sure. But worse, I had a *thinking* problem. There were a lot of bad choices that led me to homelessness—choices about relationships, roommates, work, finances, friends—and of course, drinking was a huge part of that."



¹ Culhane, D.P. Metraux, S. and Hadley, T. (2001). "The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative." *Housing Policy Debate*, Fannie Mae Foundation.

² Long, D. and Amendolia, J. (2003). *Promoting Employment For Homeless People—Final Cost-Effectiveness Study*. Bethesda, Maryland: Abt Associates.

In 1996, at the age of 31, John became sober for the first time, and stayed clean for 24 months. After relapsing, he continued to struggle with his addiction for the next two years, occasionally achieving periods of sobriety that did not last. Today, John is proud to say he has been clean and sober for nearly five years.

John moved to Boston when he was only a few months sober, feeling that the change of scenery and associations would benefit his recovery. Although he had family in the area, he had lost all support and contact with them while he was actively drinking. He was homeless in Boston as he had been in Chicago, but he was sober, and he says he tried to keep a positive attitude about staying in the shelters. "Part of me was saying, 'What did I do? Where did I go wrong?' I also knew that shelters were temporary, transitional, emergency residences. I had no intention of staying homeless."

Over the course of the next five years, John sometimes managed more stable living arrangements. These situations were always temporary, however, and he repeatedly found himself returning to the shelter system. With employment, John was more successful. He credits this fact with his strong work ethic and willingness to do any type of labor. He kept a waste disposal/recycling job for three years, and was able to secure temporary jobs and day labor when he was out of steady work. However, none of this employment was stable, nor was it sufficient to cover John's basic living needs.

John was referred to HomeWork in September 2004, while he was residing at the Pilgrim Shelter for the Homeless in Boston, Massachusetts. He first heard about the program from another resident. At the time of his referral, he had been homeless (on and off) for nearly a decade, and had just begun working with one of the HomeWork partnering agencies, Project Place, for employment services. He was interested in the enterprise placements at Project Place, which would provide six months of paid work experience and training, supplemented with case management, career coaching, and skills workshops. This agency appealed to John because he felt that the type of work offered (vending/stocking/maintenance) would be good preparation for his vocational goal of warehouse associate. John was referred to the HomeWork project by staff at Project Place in September 2004, and by late October, John had secured an enterprise placement at Project Place, and begun his six-month period of work and training.

During the initial phase of his referral to the HomeWork project, John was also connected with the HomeWork housing coordinator to determine if he was chronically homeless. Staff also began to work with John on obtaining the documentation required for a "Shelter Plus Care" voucher, and to prove chronic homelessness as a requirement of the project. This was a complicated task, but when he was finally approved, John began looking for an apartment, and he moved into an apartment sight unseen as he was so excited to have his own place. Finally, on the first day of 2005, John moved into his own place.

Looking back on his first night in his own home, John recalls being amazed by the smell, and the lack of noise. "It was like...you know that 'new car' smell? Like the carpets are really fresh and new? It was like that, and I couldn't get over it. And, for first time in a long while, I could lay in bed without hearing people fight or urinate just a few feet away from me. And I didn't have to worry about my stuff getting stolen, because there was a lock on my door. It was great."

During the first few weeks, John focused on settling into his new place, and then began to refocus his attention on his employment goals. During his housing search, he had continued to work 16 hours per week at Project Place, and attended their life, career, and computer skills workshops, so continuing with employment activities was not a huge transition. When John

completed the workshop component at Project Place, he began a competitive job search, and received extensive personal support from his career coach. During this search John obtained a position in a stocking/warehouse position at a thrift store. This job ultimately did not work out, and John says that this experience was so discouraging it brought him very close to giving up and moving back to Chicago, even though this would have meant a return to the streets and shelters. Fortunately, John chose to reach out to his supports rather than acting on this impulse, and he ultimately resolved to give himself another chance: "I knew that going back to Chicago would've been a huge step back...and Boston is where I've made my home...my *own* home. I won't give that up, and I don't have to."

John continues to work with his Project Place career coach on finding employment, and in the meantime is advancing other goals, such as continuing to build his computer skills. Looking ahead to the future, John says he would love to have his own janitorial and landscaping business someday, and has thought about using his life experience to help others, in the field of substance abuse treatment. He knows that the first step towards either of these goals is to obtain his GED, which he intends to pursue this summer. After 18 months, John is still in the program. He is living in the same apartment and says he likes the area a lot. John is currently unemployed and receiving unemployment insurance, but is also working with staff at the One-Stop Career Center (Job Net) to continue his job search and improve his computer skills. A primary reason for his sustained stability is the ability of staff to respond to the need for rent adjustments, extra support and benefits counseling when he lost his job—this is a solid example of the value of wrap-around support services connected to the housing site. This is all a part of the program's vision, and John exemplifies someone who benefited from the comprehensive support.

Based on conversations with John, it is clear that he has benefited greatly from the support he receives from the program staff as well as those at Job Net. He is a truly motivated individual, and staff firmly believe this will lead to a great opportunity. He is optimistic about finding another job, and has developed friendships that he is now using to network and for personal support.

Robert Tucker: Indianapolis

Robert Tucker will tell anyone who asks, "God has brought me a mighty long way." After years of drug abuse and homelessness, he now has a stable, affordable home and a job he loves. He has found new hope and reconnected with his children and family. He now proudly provides

"I started crying when I got the acceptance letter. In the shelter, it's a struggle every day—you have no food, no place to stay. When I moved into my new apartment, I was blown away."

them with child support and comprehensive health and dental insurance. "I've got peace now," he says. "And I could never have done it without the Threshold Project. It's different than the others. They had faith in me when I didn't have faith in myself."

The youngest of seven children born and raised on the northwest side of Indianapolis, Robert first smoked marijuana when he was eleven. Drinking and experimenting with harder drugs soon followed. A couple of years after graduating from high school in 1983, Robert had become a

confirmed user of crack cocaine. Over the next 17 years, Robert managed to hold down low wage jobs, get married, and raise two children, despite his drug use. But after years of

tolerating his drug and alcohol abuse, Robert's wife finally left him and moved to Arkansas with their children in 2000. At that point, Robert says, "Life got a whole lot worse."

"I was feeling sorry for myself," he remembers. Soon, he was homeless, moving from job to job and house to house, sometimes living in crack houses. His sister eventually took him in at his recently deceased mother's house. She tried to convince him to get his life together, but he wouldn't listen. He tries to be philosophical about this time in his life: "You can always go home to momma, but momma ain't there no more."

At this time, drugs limited his ability to work. "You get stuck... get in the mindset that this is where your life ends. Like you'll never have more than what you have now." Substance abuse ravaged his physical health as well. "In 2002, I weighed 110 pounds. I would pass out after urinating. I couldn't figure out what was wrong." After a number of collapses and trips to the emergency room, he was diagnosed as anemic. He is still paying off bills for this medical care today.

Then in July of 2003, after spending the early morning hours burning up the last of his rent money on crack, Robert says he "found new life in Christ." Tired of getting high, he wrote a letter to his brothers and sisters apologizing for "all he had done." He then made his way to the Wheeler Mission in downtown Indianapolis to begin rebuilding his life. At first, Robert's time at Wheeler Mission went well. He participated in a year-long substance abuse treatment program. But the program heavily regulated his everyday activities. He ended up leaving after 6 months. "I just got fed up with the rules," he says.

After leaving the mission, Robert used drugs again for the first time in months. Remorseful, he called a chaplain he trusted at Wheeler Mission, someone who had not given up on him. He helped Robert find a temporary place to stay at another church, and also secured Robert an interview with the federally-funded Threshold Project, an interagency collaborative (funded by US DOL/HUD) in Indianapolis, led by the Indianapolis Private Industry Council (IPIC).

The Threshold Project, one of the sites of the demonstration project mentioned above, offers chronically homeless participants such as Robert affordable, supportive, and permanent housing linked to customized training and employment placement services. Compared to the missions and other treatment programs, the Threshold Project let Robert determine how he wanted to achieve sobriety as well as define his own employment goals.

"I definitely wanted to be a part of it," Robert says. "I started crying when I got the acceptance letter. In the shelter, it's a struggle every day—you have no food, no place to stay. When I moved into my new apartment, I was blown away. I thought, 'This is mine—my apartment.' And it was enough. I thank God that He saved me from a life of homelessness."

After placing him into an affordable apartment supported with on-site services, Threshold staff helped Robert choose the culinary training program offered by Second Helpings in Indianapolis. On November 19, 2004, a day etched in his memory, he graduated. "Cooking is my thing," he says. "It was a joy to finally accomplish something. It felt so good. I was very happy with myself." Using the principles of customization, the staff individualized a plan with Robert to enter the training and become certified as a chef. He is now employed with a service operation at an area hospital. He earns \$11.50 per hour, plus family health, dental, vision, and life insurance, vacation and sick time, and tuition reimbursement. "This is the most money I've made in my life," he smiles. "I love this job...and the benefits!"

The customized employment process offered by the providers in the Threshold Project helped him make the connections that led to his employment. Together, they formed a supportive team that cut across agency lines and disciplines, a change from previous traditional practices of employment and training programs. Along with his pastor and other church leaders, Robert cites other Project participants, his employment counselors at the One-Stop Career Center operated by Goodwill of Central Indiana in partnership with the IPIC, and his culinary skills instructor as important companions, guides, and teachers.

There have been difficult times during the program, and at times Robert has wanted to quit. He has also had to find new ways to study and learn new information, using staff support. As he admits: “The years of drug use made it hard to think sometimes, hard to focus. But it paid off and I graduated.”

“I definitely think the government should expand this program. It helps people get started, get skills and get a job.” Robert says he often hears homeless individuals complain about not being able to qualify for jobs. “People don’t have the training or the skills. The program can help all of us... it addresses all of your needs. A lot of times, people aren’t given the opportunity to redeem themselves. When you get turned away again and again you get used to it. It becomes all you know. I’ve got some more road to travel,” Robert admits. “But thank God for this program. I hope more people get to use it. I’m here as proof. It works.”

Bertha McDaniel: Los Angeles

When Bertha McDaniel first moved into her one-bedroom apartment, her living room was bare, except for a television and a DVD player given to her by a friend, and bedroom furniture was sparse. Bertha is grateful: “This is one of the only times in my life that I can say that I truly have peace of mind.” Those first few days in her new apartment passed and now she has her own furnishings, her own bed, a refrigerator and a new stove thanks to LA’s Hope, a collaboration of 10 nonprofit organizations participating in the Los Angeles area’s program funded through the demonstration project. Bertha is proud to have finally arrived at the end of an extraordinarily difficult and often harrowing journey.

Bertha was born in Houston, Texas, 51 years ago. She lived there with her mother and grandmother until one day, when she was six, Bertha walked into the bathroom to find her mother slumped in a tub filled with her own blood, cut 127 times with a razor. Her mother was taken away and young Bertha believed she was dead, until she returned a few months later and moved the family to Los Angeles. The shocking, violent image of the “red tub” haunted Bertha into adulthood. Growing up with her single, hardworking, and now distant mother did not help to heal her emotional wounds. Though Bertha’s mother did all she could to help the family survive, Bertha felt her mother was unable to provide her and her siblings with the love and support they needed to grow into mature, independent adults.

“I don’t want to be number one at the job, but I do want to be in the top five.”

“From the moment I saw her in that tub, I always thought everyone was talking about me,” recalls Bertha. With no access to counseling, she began using drugs by age 14, though she was sure to graduate from high school because she “didn’t want anyone to think I was stupid.” Soon thereafter, she received a typist/computer operator certificate from a business college. But by

that time she had begun using harder drugs, making steady employment impossible. From 1971 to 1984, Bertha was addicted to PCP, alcohol, cocaine and other drugs. During that time, she was diagnosed with schizophrenia. She began to receive Supplemental Security Income (SSI) for her disability, further enhancing that income by working as a prostitute.

During one of her many psychiatric hospitalizations, a particularly unpleasant incident caused Bertha to stop using PCP. But her schizophrenia remained untreated and she soon discovered crack cocaine. She spent most of her time in Los Angeles' Downtown Skid Row district, where she felt "relaxed" and at home with the large homeless and drug abusing population that lived there. But Bertha never considered herself homeless, because she could always return to her mother's house to sleep in the daytime. However, when her mother died in 2000, she was finally forced to turn to shelters and missions.

Bertha's sister fell into a similar lifestyle, and continues to abuse drugs to this day. Bertha, now clean and sober, is reluctant to let her know where she lives, for fear of being victimized. "She'll come over with other people and start using," she states. "And I'd probably let her, 'cause I'm always thinking 'bout others, and never about myself. I can't do that no more. This time is my time." Bertha's destructive lifestyle has taken its toll on the next generation of the McDaniels family as well. She describes her 31 year-old son as a "gang banger." He is now serving time in prison. Bertha would like to have a relationship with her twin grandchildren, but cannot deal with her daughter's "negative lifestyle." Bertha also has a 15 year-old daughter, but because she was born with cocaine in her system, she has grown up in group homes. Bertha hopes to regain custody of this youngest daughter, but the daughter is angry about and resentful of Bertha's negligent parenting.

Bertha's introduction to this program began in 2003 when she was almost murdered. The trauma of that episode caused her once again to reassess her life. A few days later, with the kind of fortuitous timing that marks many successful outreach efforts, Bertha ran into a persistent outreach worker named Bill from the South Central Health and Rehabilitation Program (SCHARP), who had previously spoken with Bertha about the LA Hope Initiative, but had not been able to create a firm linkage. However, when Bill explained the program to Bertha this time, she was ready to listen. "At first, I thought it was a bunch of bull," she says. "But I felt something different the second time I met Bill. It was his glow, his hug. He had spirit in him." When Bill was able to use the Initiative's extensive—and flexible—resources to swiftly place Bertha into a clean and sober transitional housing situation, he established a trusting bond with her that previous outreach workers had been unable to achieve. Bertha states it plainly: "He saved my life."

In the weeks that followed, Bertha stayed sober by attending counseling groups and staying on her psychotropic medications; she also received ongoing psychiatric treatment services from SCHARP. She enjoyed the newfound clarity that sobriety brought, and became even more motivated as she spoke with other participants who had already received federal housing vouchers through the program and were preparing to move into their own apartments. Saying "I wanted to see if it really was true," Bertha constantly pestered staff to help her find permanent housing until she got the keys to her present apartment.

Her enthusiasm extended to employment as well. After almost 25 years without working a legitimate, steady job, Bertha asked to be placed into a volunteer placement in order to gain some work experience and was appointed to a volunteer position helping people at Goodwill Industries, one of the LA HOPE Initiative's participating providers. Bertha liked working with disabled and homeless people, and in just 8 months she became a Peer Mentor to other

participants. “I don’t want to be number one at the job, but I do want to be in the top five,” she laughs. She viewed her position at Goodwill as a stepping stone to a full-time paid position with more responsibility, and hoped to use her new stability as leverage for convincing the foster care system to allow her to reunite with her youngest daughter.

During this time she attended Peer Advocacy Training, and became engaged at the Southeast LA WorkSource Center for job placement services. She also began to interact with the foster care system about her youngest daughter, while continuing to explore employment options. She obtained a job, then quit it shortly thereafter due to scheduling conflicts. She continued to pursue opportunities, but at the same time encountered various obstacles that prevented her from feeling satisfied or ultimately interested in various opportunities. This past spring Bertha seemed to disengage from her vocational plan, and staff have been trying to re-engage her. But she is still living in the housing unit and continues to benefit from the training options offered through the project, and staff are hopeful that she will soon recapture some of her earlier motivation to pursue employment.

The beauty of this process has been Bertha’s willingness to pursue options from the beginning, thanks to extensive and diverse support, and the project staff’s flexibility and responsiveness to identify and address particular needs in a timely way. Bertha also continues to be relatively stable, thanks in part to the support offered by the project.

Miracle: Portland

Miracle first came to the Community Engagement Program (CEP) at Central City Concern in Portland, Oregon via a referral from another alcohol and drug treatment program. Her mental health nurse practitioner at that program felt that Miracle would benefit from a program that offered services that could address her mental health needs as well as her need for alcohol and drug treatment. Miracle feels that her involvement with this program is the first time she has received any mental health treatment that has actually allowed her to progress. The CEP Team referred her to the Ending Chronic Homelessness Through Employment and Housing Program because she wanted to work and needed the stability of long-term housing that would be there for her even if she relapsed.



Miracle is a 23-year old African-American woman. She is charismatic, outgoing, intelligent, quick witted, friendly, detail-oriented, mischievous, an excellent speller, energetic, and determined, and she has strong people skills. She wanted to create change in her life and but was terrified that she will not succeed.

Miracle comes from a large family. She is the middle of 13 children. She has received various mental health treatments since the age of 8. During this time she started using drugs and was sexually abused. Miracle was raised by her father, and he was actively using drugs during her childhood. However, he is now clean and sober and a support person for her.

In middle school, Miracle began bringing juice mixed with gin to school. She was placed in an alternative school and completed tenth grade. During the eleventh grade she was expelled, and she feels that the large amounts of free time she had due to the expulsion contributed to her

spending more and more time on the streets. She typically refers to the people she knows from the streets as her “street family” since the street and drug use had been a big part of her life and her identity. For Miracle, part of the struggle in coming off the streets was to leave her street family behind since it was a way of life that she had known for the past 7 years. While on the street, she was sent to many treatment providers and systems. She has had over 15 hospitalizations for suicidal ideation and attempts (beginning at age 12), and has acknowledged that active suicidal ideation had become a normal part of life. Her list of diagnoses is long, including schizophrenia, bipolar disorder substance induced psychotic disorder, post-traumatic stress disorder, and borderline personality disorder. Her drug of choice has been methamphetamines as well as cocaine, heroin, and alcohol. Treating each of these issues simultaneously as well as addressing housing and employment needs have been crucial in order for her life to become more stable.

Miracle discovered she did not know how to live and yet didn’t want to die, after having a gun pointed in her face. Today she states that she still does not know how to live but has become okay with not knowing all the answers. Her symptoms of suicidal ideation and depression have subsided since she moved into her apartment and began receiving regular mental health treatment and support through the program.

Before she entered this program, she spent most of her life trying to act as though she did not have a mental illness. “I did everything I could to convince others and myself that I was not crazy.” She would deny to herself and others that she heard voices, and only received temporary help when hospitalized for suicidal ideation or attempts. An important change for Miracle was that after joining the program she established regular treatment with a clinical therapist, who worked with her to address all of these issues through counseling and other forms of treatment. She also began meeting regularly with the customized employment specialist on the team, and they developed a person-centered plan that focused on different employment options that would work for her. The person-centered plan also includes access to, enrolling in, and navigating the services offered at the local One Stop Career Center.

Miracle moved into the Henry Building where other clients of the program also lived. She chose to move into an SRO rather than a larger apartment because she feared a larger place would become a place where she and her friends would hang out and it might become a “drug house.” She knew that if her street family wanted to move in with her she would let them. She knew that she could not stop them on her own. At this site, program staff are regularly in the building to provide support to clients. This helped to provide a sense of community and a place where the walls were not quite so lonely. The Henry Building provided a place within walking distance to services, and a place where if she ever lost her keys she still would be able to get into her home. The Henry Building is a step between where she was and where she someday hopes to be. Miracle felt that the Henry provided the structure that supported her to not hurt herself by sabotaging her housing.

It also allowed her to have her own key, to come and go as she chose, and to feel safe. She states that, “It used to feel like the walls were caving in on me. Now there is this spot where I can stand and center myself. My place is becoming my sanctuary.” On a particularly difficult day Miracle experienced the joy of having a home in a new way. “The bus ride home was long. I felt so beaten down. Then I walked in the door only to find out my cat had created a mess. I did not get mad as I usually would. I stood there for a minute and I felt like I was finally where I was going. Weird, but cool.”

When she first explored the concept of going to work, Miracle talked about customer service and food industry work. Miracle received her vocational support from her employment specialist, and as well as other members of the CEP 4 Team. She started a person-centered planning class, then the doubts started to creep back and she stopped coming to the class. But the team never stopped offering support around employment goals and she returned to the next session of classes. Miracle may doubt her abilities but the team has continued to hold a vision of hope for her until Miracle can see it for herself.

Throughout her process of discovery, Miracle's words began to describe a vocational vision: "I want a part-time job that is small and mediocre. A coffee shop and deli type of place, where I am the cashier. If you are up front you don't have to deal with the paperwork. You have to deal with the people. People come into the deli who know exactly what they want and who need you to do it right... They need you to deal with them when they are not dealing well with themselves... Deli work is really a form of social work... I want to go to school. I want to learn Spanish. Later I'll decide what I really want to do. For now, I just want a job to get money for things like a phone and cable while I'm in school."

When asked what she wanted in the future she said she would like a place where she can cook for her family, have her own belongings bought with her own money, and have two cats. She also wanted to have the same "clean" date she has today. "I don't want to have to remember a new one. I'm sick of changing it. I just got used to remembering this one."

Her final goal for the future has been to take fewer medications. She has been realistic and acknowledges that medications are an important part of her recovery but still hopes to decrease them over time. Miracle is using many services to further her goal of recovery. Stabilized housing, case management, mental health services, addiction treatment, and vocational planning are all things that are assisting Miracle in creating a new life for herself.

As part of this paper, we chose to check in six months after the original story was written to determine how these remarkable individuals were faring in the program. Miracle is no longer in the program, because she has reunited with her family. She has stayed in contact with some of the staff, and is continuing to complete many of the items on her person-centered plan. She states that this tool has had a profound impact on her life, and hopes to use it in many parts of her life.

Patricia Willis: San Francisco

In 1993, Patricia Willis was a single mother of three living in the sprawling Sunnydale public housing complex on San Francisco's south side. She had held a number of jobs in the past, paid taxes and had no substance abuse problems. But when her son got into an altercation with the police, she was evicted from her subsidized housing unit.

At first, she and her family were taken in by friends. But soon they had to rely on churches and, finally, the emergency shelter system. The eviction inaugurated a 10-year episode of homelessness, during which Patricia was eventually separated from her teenage children.

During her homelessness, Patricia was diagnosed with lupus and chronic arthritis, as well as related depression associated with these physical conditions. She was no longer able to work, and eventually qualified for a Social Security Disability Insurance (SSDI) payment of \$701 per

month. She uses much of this income to pay for her medications, because she cannot qualify for medical health insurance. Despite her extended homelessness, she has learned to manage her illnesses. She attributes her ability to stay healthy to her improved mental health and her success at staying away from drugs and alcohol.

A year and a half ago, Patricia felt better than she had in a long time and began thinking about trying to reenter the workforce. But the combination of her disabilities and the ongoing instability



of her homelessness made it impossible for her to look for, much less obtain, a job. It was at this time that Patricia first heard about Hope House, a supportive residence for chronically homeless and disabled individuals in the Bayview-Hunters Point section of San Francisco. She was referred to Hope House by a local church, one of the community stakeholders in San Francisco's federally-funded Ending Chronic Homelessness Through Employment and Housing demonstration project described above.

"At first, I thought it was just the same old typical public housing situation," she recalls. She had been offered help with housing in the past, but these opportunities had never panned out, so she was highly skeptical. Moreover, Patricia was worried that if she moved into Hope House, she would once again be put into the same vulnerable position she was in when she was first evicted years ago. Nevertheless, with the encouragement of staff, she decided to follow through with an application. "If it hadn't been for those people," Patricia says, "I would've given up. They helped me take the next steps I needed to take to get in."

Within a few weeks, Patricia had been accepted and signed a lease to live in a Hope House apartment. There, she received supportive services from staff, which helped her settle into the first stable living situation she had known in 10 years. "I couldn't believe that I really had my own spot to lay my head. The first night, I just tried to relax, to accept the reality of the situation." Staff worked with Patricia to help her set independent living, health maintenance and employment goals that she wanted to pursue. She was especially excited about re-entering the workforce, something she feared she would never be able to do again. "My career dream is to drive," she says. "I would prefer to drive for public transportation, or for the school district. I will need training to obtain my class B license." The Hope House employment specialists, based at the local One-Stop Career Center, have worked with her to create a customized employment placement following her graduation from appropriate training. She continues to feel "worried about my benefits, but I think I'll be okay, as long as my doctor excuses me to work."

After Patricia finally obtains stable employment, she hopes one day to find a house of her own. While the high costs of the San Francisco real estate market may preclude her from buying a house, Hope House uses HUD's Supportive Housing Program funding to subsidize scattered-site apartments in the neighborhood, which keeps her current housing affordable. Patricia knows she has a long way to go: "I definitely need guidance to help establish and reach my goals, but I have my case managers and my employment counselor to do it with me. I just need positive supports. I never thought that you could receive all these services in one place."

For now, Patricia is content to enjoy the stability she has missed during her long time being homeless. "I like my place. It's very nice," she smiles. "One day I even had my grandchildren visit me and I cooked for them and my housemates. It's great to have my own keys and to be able to come and go as I please. It's truly a blessing."

What's Next?

The Threshold project, WorkSystems, Hope House, HomeWork, and LA's Hope will continue to support the journey these participants and others like them have started. These are housing first projects with a very unique feature—they are connected to the workforce investment system's One-Stop Career Centers in their communities. The experiences of the individuals in this document demonstrated that these participants followed their own career pathways, and require the flexibility and support to facilitate these journeys, in much the same fashion that they need to have access to these systems and services from all directions. Theirs is not a linear course (consistent with most human journeys), but rather a winding road that is likely to include fits and starts in the labor market while remaining stably housed.

A Federal Partnership with Community Agencies

Boston, Massachusetts

The Boston Private Industry Council, in partnership with the City of Boston Department of Neighborhood Development, organized a coalition of 13 organizations representing the housing, disability, employment, employer, and veteran communities in a combined effort to coordinate permanent housing services with customized employment services to end the cycle of chronic homelessness. The Home Work Project targets persons who are chronically homeless served within and outside mental health systems through assertive community outreach and engagement. It provides 23 units of permanent supportive housing. Through this extensive collaboration, the project creates a blend of housing and employment services integrated with customized employment services. This effort has increased connections and capabilities of the One-Stop Career Centers and of other service systems to serve persons with disabilities who are chronically homeless. The initiative also seeks to change how the housing and workforce investment systems work together to meet the city and state's goal of ending chronic homelessness.

Featured Innovation: Leveraging alternative funding sources for employment including Food Stamps, Employment, and Training (FSET) program resources.

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Indianapolis, Indiana

The Indianapolis Private Industry Council, Inc. created a new “system of care” approach that combines and coordinates partners in the mainstream employment, treatment and housing systems. The Threshold Project offers 42 housing units subsidized by HUD Shelter Plus Care funding to people who are chronically homeless. These apartments are located in four small apartment buildings in a campus setting and are integrated with other market-rate units. Resource coordinators providing case management services and One-Stop employment coordinators placed at the housing site staff the housing grant. The project combines a stable housing platform from which tenants may launch their careers into preferred jobs in the area. Using a single-site model with access to One-Stop Career Center services, the Threshold Project integrates case management, treatment and employment services funded by DOL to support its clientele in mainstream job seeking, placement, and training services. It has developed partnerships and seeks to leverage new resources, including partnerships with the Indiana State Vocational Rehabilitation and HealthNet, a federally qualified health center. Through this coordination of system services and resources, the Threshold Project partners hope to sustain and expand employment and training services as well as employment support systems such as housing to help end chronic homelessness in Indianapolis. Planning for a cross-systems summit is underway and an event is targeted for September 2006.

Featured Innovation: Comprehensive, integrated single-site housing and employment services resulting in an entered employment rate of 70 percent and a 50 percent job retention rate for the period of January through December 2005.

Web site: www.ipic.org/forcommunity/homeless.htm

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Los Angeles, California

Under the leadership of the Workforce Development Division of the Community Development Department, City of Los Angeles, 10 Los Angeles agencies representing the public and private community-based and faith-based sectors have joined together to better integrate the HUD permanent housing, mental health, and other workforce development programs serving persons with disabilities who are both chronically homeless and mentally ill. Through assertive outreach, “LA’s Hope” identifies, engages, and supports a minimum of 76 people who are chronically homeless using a housing first/work first strategy. Customized employment services are

provided at the career One-Stop and at the sites of the partner agencies and coordinated with supportive services in order to break the cycle of chronic homelessness.

Featured Innovation: One-Stop Portals are located at the 400-bed New Image Emergency Shelter and the 84-unit St. George Hotel, a supportive housing building on Skid Row. A One-Stop Portal providing self-directed job search, the EmployABILITY Center provides beginning computer and internet training, resume writing, and a variety of other workshops to assist the homeless in employment-search activities. Approximately 163 individuals have found full or part-time employment.

Website: www.lacity.org/CDD

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Portland, Oregon

Worksystems, Inc. leads a collaborative effort across five service organizations to coordinate permanent housing services through HUD and employment resources with customized employment services through DOL/ODEP in an effort to end the cycle of chronic homelessness within the Portland community. The Worksystems project includes 89 Shelter Plus Care subsidies supporting scattered-site apartments funded through its partner, the Housing Authority of Portland. Tenants are supported in this permanent housing by an assertive community treatment team approach managed by the lead service agency, Central City Concern (CCC), linked with the resources of the West Portland One-Stop also operated by CCC. Another homeless assistance agency, JOIN, provides supportive services also linked to the One-Stop to some of the tenants in these housing units. The major program components are direct outreach and engagement into employment and housing using intensive case management practices, providing permanent housing, job development, placement, and supporting the principles and practices of Customized employment such as job carving, micro-enterprise development, individual development accounts, and peer mentors.

Featured Innovation: Using a career mapping process for person-centered planning as a WIA core service at the West Portland One-Stop Career Center. This model is also being implemented at SE Works, another Region 2 One-Stop.

Website: www.worksystems.org

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San Francisco, California

Under the leadership of the Private Industry Council of San Francisco, Inc., the PIC of SF and its community partners provide housing first/work first services using scattered-site HUD supportive housing to offer “vocalized” housing to a minimum of 70 people who are chronically homeless in the Bayview community of San Francisco. The project, known as Hope House, is led by United Council of Human Services which brought together partners from the HUD supportive housing, SSA/TANF, Vocational Rehabilitation, and community-based homeless service providers to deliver vocalized housing in an effort to utilize the area’s workforce development system, including the area One-Stop Career Centers. Currently there are 67 people housed and 113 have been interviewed, with 15 job training placements and 78 employment placements. Services are provided to all project participants by an integrated service team, that consists of employment staff, housing case managers, vocational rehabilitation staff, a PAES/CAAP (general assistance) worker, and One-Stop Career Center staff.

Featured Innovation: Use of career readiness/life skills curriculum to help people who are chronically homeless access general assistance and employment supports.

Website: www.picsf.org, www.sfgov.org/site/frame.asp?u=http://www.sfhsa.org/

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The Departments of Labor and Housing and Urban Development have made available technical assistance and training to assist these projects through agreements with the Corporation for Supportive Housing and Advocates for Human Potential. Visit www.csh.org/cheta

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