



# **PALMER COURT EMPLOYMENT PILOT**

## **FINAL REPORT**



May 2013

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**Submitted To:  
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# PALMER COURT EMPLOYMENT PILOT: FINAL REPORT

## Executive Summary

Utah's most aggressive effort to end chronic homelessness and reduce overall homelessness started in 2004. A State Homeless Coordinating Committee was established and developed a 10-year State Plan to reach these goals. Although "Housing First" guides the plan, providing employment and work readiness activities was part of this vision. Beginning in 2010, plans were developed to provide supported employment opportunities for formerly chronically homeless individuals. Palmer Court, a permanent supportive housing (PSH) facility with both single adults and families, was selected as the employment pilot test site. The pilot was to be implemented using existing resources. A generous grant from the Butler Family Foundation made it possible to access technical assistance, visit other sites with similar programs and support some limited barrier removal activities for residents.

The Employment Pilot started in March 2011 with the vision that "all permanent supportive housing residents will have access to increasing their income through employment." Objectives (See Appendix 1) were developed to guide the evaluation. Specific outcomes to be tracked for the 24 month pilot period (Mar. 2011 – Mar. 2013) included resident employment, job retention, participation in work readiness activities, use of public benefits and knowledge of and attitudes toward onsite employment resources. Data to answer these questions were gathered using agency databases, service provider tracking logs, and focus groups with residents, service providers and agency representatives.

Of the 220 residents who were part of the baseline, 79 exited Palmer Court prior to the end of the pilot. The 140 remaining residents experienced an increase in usage of public benefits including SSI/SSDI, medical insurance, and cash assistance; the portion of residents with some outside source of income increased by 10%. While expanded use of such benefits was not originally a goal, the stability afforded by such resources has been recognized as an important element of employment success.

Of the 140 pilot participants, 28 were never part of the practical universe for employment. Of the 112 remaining residents 45.4% participated in workshops, 75% met at least once with an onsite service provider and 55.4% had at least one episode of employment. Of the 62 who had been employed, 26 (42%) held a position for longer than 3 months. Trend lines show the proportion of residents currently employed and employed since baseline continue to gradually increase over time. Physical health and mental health as assessed by case managers predicted engagement in employment while the presence of children and education levels did not.

Employment and work readiness supports are recognized as key elements of reintegrating individuals who have been chronically homeless back into the community. Resident focus groups and key stakeholder interviews point to an expansion in the "culture of employment" as more residents are aware of and access resources and service providers are engaging in new and effective ways.

Service providers and PSH personnel are looking forward to transitioning the pilot into an ongoing employment program and are actively building new interagency partnerships, determining outcome measures and tracking, reviewing program objectives and exploring possibilities for building resources and capacity for the future. While each resident becomes "ready" at a different time, employment and work readiness supports are recognized as key elements of reintegrating individuals who have been chronically homeless back into our community.

## INTRODUCTION

Utah's most aggressive effort to end chronic homelessness and reduce overall homelessness started in 2004. Under the guidance of then Lt. Governor Olene Walker, a State Homeless Coordinating Committee was established and developed a "centrally led and locally developed" approach to guide the 10-year State Plan to reach their goals.

Using the "Housing First" model as a guide, one key strategy involved creating more low-income permanent housing units. Since that time, over 600 units of housing has been secured. These efforts have proved enormously successful as chronic homelessness has been reduced by 74% since 2005. (Mckltrick, 2013) As noted in the Utah State Plan, persons who have experienced chronic homelessness only comprise 13% of the homeless population; however, they consume 60% of the resources directed toward homeless services. According to the Utah Homelessness Coordinating Committee (2008) this does not include the frequent use of costly community emergency services.

Another key strategy involved providing supportive services to assist newly housed residents in accessing basic resources to increase the chance of maintaining stable housing. One such basic resource included access to employment and work readiness activities. Beginning early 2010, plans were developed to provide supported employment opportunities for the formerly chronically homeless individuals living in permanent supportive housing.

### Employment Pilot

A review of national research revealed a significant gap in employment focused resources and services. Preliminary formal and informal conversations with groups of persons who have been chronically homeless revealed a desire for such assistance. Palmer Court, a permanent supportive housing unit opened in 2009, was selected as the test site for the Employment Pilot.

The majority of Palmer Court residents have experienced chronic homelessness. Therefore, Palmer court has a large group (220 at baseline) of greatly challenged individuals concentrated in one residential location. While other permanent supportive housing facilities in Salt Lake City have residents with similar backgrounds, it should be noted that Palmer Court is the one site that houses *families*, that is, any number of adults with one or more child under age 18 living in one household.

Planning for the implementation of the pilot began in Spring 2010. The pilot was to be implemented using existing resources, however a generous grant from the Butler Family Foundation made it possible to access technical assistance from outside experts, hire evaluators, visit other site with similar programs and financially support some limited barrier removal activities for residents. During the months of discussions and preparations John Rio, a national expert on employment projects for those who have been or are homeless, provided guidance and suggestions for the pilot. Leaders from many state agencies, social service providers, housing authorities and local city and county leaders all participated in the planning and pilot development.

In March of 2011, the Employment Pilot was *officially* launched with the vision that "all permanent supportive housing residents will have access to increasing their income through employment." This report summarizes the lessons learned over the two year pilot period.

## **Employment Pilot Evaluation Plan**

Using resources from the Butler Fund Foundation grant, researchers from the University of Utah's Social Research Institute were contracted to track outcomes for the pilot. The Pilot Administration Team (PAT) developed a set of objectives (See Attachment 1) to guide the evaluation. Specific outcomes to be tracked included the residents':

- Employment (defined as any activity resulting in taxable income of any amount)
- Employment retention
- Participation in work readiness activities
- Use of public benefits
- Knowledge of and attitudes toward onsite employment support resources

### **Data Collection**

Gathering the data for measuring these outcomes was challenging in several ways. Palmer Court is basically a housing complex. Residents must follow rules similar to other public housing units but they may come and go at will. They are not required to report information such as employment to a case manager. Palmer Court case managers and employment service providers gathered weekly to share any information they had regarding employment or resident interest in employment activities. This Pilot Operations Team (POT) meeting became a critical source of information regarding employment and work retention. Data regarding participation in work readiness activities was typically tracked by activity leaders via resident sign in when they attended a work shop or other activity. Data regarding use of public benefits was made available through Utah's Department of Workforce Services. In addition, to assess changes in the culture of employment, qualitative data from residents, service providers, and agency representatives was critical to evaluate changes in this area.

### **Pilot Project Timeline**

Data for the Palmer Court Employment Pilot was gathered over a two year period, from March 2011 through April 2013 and included a variety of quantitative and qualitative methods.

**Table 1: Palmer Court Employment Pilot Timeline**

<b>March 2011</b>	<b>-Pilot Starts - Baseline Data collection</b>
<b>April 2011</b>	<b>- Round 1 - Resident focus groups</b>
<b>August 2011</b>	<b>- Stakeholder Interviews</b>
<b>March 2012</b>	<b>- Year One Analysis</b>
<b>April 2012</b>	<b>- Round 2 Resident focus groups</b>
<b>August 2012</b>	<b>- Pilot Expansion Analysis</b>
<b>April 2013</b>	<b>- Pilot Partner Transition Meeting - 24 months data collection completed</b>
<b>May 2013</b>	<b>- Final Report</b>

## FINDINGS

### **Developing the Employment Pathway and Organizational Model**

The Palmer Court Employment Pilot grew out of an effort to assist formerly chronically homeless individuals in reengaging in society through employment. Many permanent supportive housing residents had expressed a desire to connect to employment of some sort but often lacked the ability to be successful in this endeavor. Leaders from several government entities, non-profit agencies and permanent supportive housing sites found few others who had taken on such an endeavor. The development of a common pathway to employment and working organizational model for incorporating employment into the list of resources/activities available to permanent supportive housing residents is thus the first finding of this pilot evaluation.

### **Housing First - Employment Next: The Pathway from Homelessness to Employment**

Attachment 2 presents a pathway reflecting the sometimes long road from entrance into permanent supportive housing and employment. Each resident navigates through each of the stages as his/her own pace. Some never move beyond the first stage as they struggle to maintain stability even within the permanent supportive housing venue. Others are able to stabilize and re-engage with the community through various types of employment and activities.

While case managers and employment support personnel can be supportive, it is critical that no resident ever hear the message that access to housing is in any way contingent on engaging in employment activities. Housing First is still the model, however, case workers in this model at attentive to a client's words in actions that express interest in "getting some money," "having a little extra to buy things," or simply a desire to participate in more meaningful activities. These cues from a resident suggest possible interest in taking steps toward some level of employment. The client leads, those around the client offer support and help open doors.

### **The Employment Pilot Organizational Model**

The organizational model which developed over the course of the pilot required collaboration at all levels - front line, middle management and executive leadership. Ownership at all levels was critical as partners were often asked to reimagine outcome measures and service delivery based on the unique needs of those who have experienced chronic homelessness. What follows is a brief description of each of the core components of the employment program organizational model.

### **Human Resources**

***Program Participants:*** As shown in Attachment 2, the specific set of clients served by a program must be at the center of project design. For Palmer Court this included an entire population who had experienced chronic homelessness and about one quarter of whom had children under age 18 in the home. Other permanent supportive housing units in the area were found to have unique populations which required a slightly different range of services and activities. Throughout the course of the pilot, conflicts between service providers, case managers and agency leadership often came down to divergent views of the population being served and their particular needs.

**Case managers:** These individuals are likely the most connected to program participants and often are the first to know when an individual is considering seeking employment. Case managers are often aware of underlying issues which will likely need to be addressed if an individual pursues employment. It is important that case managers remain on the fringe of employment activities in order to maintain the client/case manager relationship even if the individual does not pursue employment. However, case managers can serve as a referral source and a point of encouragement when a resident expresses interest in pursuing an employment goal.

**Onsite Employment Service Providers:** Unlike case managers, onsite employment service providers engage with clients specifically around employment or employment related activities. Locating such personnel onsite allows clients to drop by and engage informally with service providers. Employment service providers provide information on a variety of employment options, assist residents with resume writing or completing job applications, and possibly serve as a connector between a resident and a potential employer.

**Project Coordinator:** The role of the project coordinator is to provide over site and continuity between the various partners in the project. This person provides a “backbone” to the entire structure. It is best when this person is not part of one of the partner agencies but is hired specifically to gather partners in the process. This was not possible in the pilot program however the individual who served in this role was able to move beyond her agency identity and worked with all partners to enhance outcomes for pilot participants.

**Pilot Operations Team:** This group consists of individuals who work directly with clients – case managers and service providers. The Project Coordinator facilitated weekly (and then bi-weekly) meeting to discuss individuals who were working or moving toward work. This coordination effort helped all to be aware of what was happening among the clients actively engaged in the process.

**Pilot Administration Team:** This group consists of leaders from all agencies and partners involved in the process. This group meets monthly and provides support for the front line workers through securing funding, sharing progress with government officials and providing resources to move forward and expand the project.

## **Resources/Services**

**Supported Employment Opportunities:** Critical to the success of the pilot was a partnership with an agency which provided opportunities for supported employment both on site at Palmer Court and in the local community. The jobs varied from one day labor activities to higher skilled positions including some that turned into full time employment.

**Employment Support Services:** Employment supports were vital to assist residents in securing and maintaining employment. Supports included help obtaining a driver’s license, child care, bus passes, and special clothes for work. Resources to address issues such as substance abuse, mental health issues and how to combine SSI receipt and work were also provided.

**Skill building/Training Opportunities:** Basic life skills, budgeting, and computer skill trainings were important in helping some residents begin moving toward employment. Work with Easter Seals, LDS support services and even volunteer work provided some resident an opportunity to take the first steps beyond the walls of their rooms and engage with others in life enriching activities.

Each component described above served a unique purpose in the pilot program. Such a model would of course look different depending on the needs and resources of the local community. However, it is believed that the areas addressed by each components of the organizational model can be generalized to other sites working with a similar resident population.

### Baseline Data & Resident Demographics Over time

Baseline data for the Employment Pilot were collected between mid-February and mid-March 2011 to gain insight into the initial demographic composition and employment situation of the residents living at Palmer Court and capture a snapshot, a starting point, for later comparisons.

The original baseline analysis separated the Palmer Court residents (N = 220) into two groups: those with Section 8 vouchers (n=154) and the “week-by-week” individuals (n=66), who came from the SRO hotel. The Section 8 group was further subdivided into residents with children under 18 (n=55) and those without children (n=99). Over time it was discovered that those renting week-to-week and residents without children were generally very similar and could be combined to compare to the residents with children. Analysis of baseline demographics and other data for the two groups provided insight into the composition of the overall population.

**Table 2: Palmer Court Basic Demographic Data Comparison**

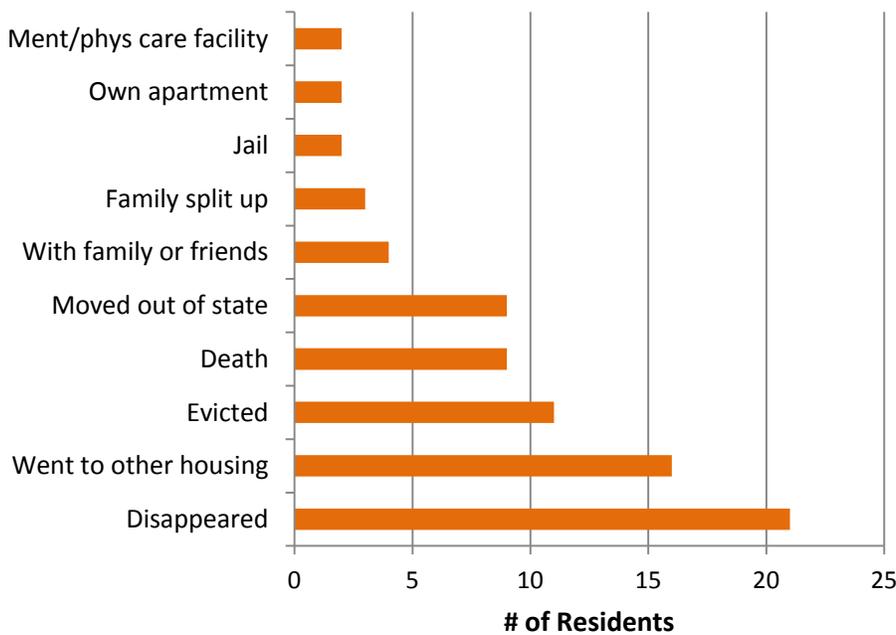
	Original Baseline Group			Current Population		
	With children n = 55	Without children n = 165	Total N = 220	With Children n = 46	Without children n = 148	Total N=194
Median Age ( 19 – 74)	32	51	44	36	52	49
19 – 29	<b>26 (47.3%)</b>	11 (6.6%)	41 (18.6%)	10 (21.7%)	9 (6.1)	19 (9.8%)
30 – 39	15 (27.3%)	14 (8.4%)	29 (13.2%)	<b>18 (39.1%)</b>	13 (8.8%)	31 (16.0%)
40 – 49	11 (20.0%)	35 (21.0%)	49 (22.3%)	12 (26.1%)	39 (26.4%)	51(26.3%)
50 – 59	3 (5.5%)	<b>73 (43.7%)</b>	83 (37.7%)	6 (13.0%)	<b>63 (42.6%)</b>	69(35.6%)
60 – 69	-0-	29 (17.4%)	13 (5.9%)	-0-	20 (13.5%)	20 (10.3%)
70 +	-0-	5 (3.0%)	5 (2.3%)	-0-	4 (2.7%)	4 (2.1%)
Gender						
Male	12 (21.8%)	<b>119 (71.3%)</b>	130 (59.1%)	10 (21.7%)	<b>109(73.6%)</b>	119 (61.3%)
Female	<b>43 (78.2%)</b>	48 (28.7%)	90 (40.9%)	<b>36 (78.3%)</b>	39 (26.4%)	75 (38.7%)
Education Level						
No HS diploma/GED	<b>26 (47.3%)</b>	35 (21.0%)	61 (27.7%)	15 (32.6%)	35 (23.6%)	50 (25.8%)
HS Diploma or GED	19 (34.5%)	<b>95 (56.9%)</b>	113 (51.4%)	<b>23 (50.0%)</b>	<b>84 (56.8%)</b>	107 (55.2%)
Some college	8 (14.5%)	27 (16.2%)	34 (15.5%)	5 (10.9%)	19 (12.8%)	24 (12.4%)
Associate’s Degree	1 (1.8%)	2 (1.2%)	3 (1.4%)	2 (4.3%)	2 (1.4%)	4 (2.1%)
Bachelor’s Degree	1 (1.8%)	7 (4.2%)	8 (3.6%)	1 (2.2%)	6 (4.1%)	7 (3.6%)
Graduate Degree	-0-	-0-	1 (0.5%)	-0-	1 (.7%)	1 (0.5%)
Unknown		1 (.6%)		-0-	1 (.7%)	1 (0.5%)

There were 194 residents living at Palmer Court at the end of the pilot study. This group includes 140 residents who had been at Palmer Court since baseline. As the data in Table 2 shows there have not been any significant changes in the demographic make-up between these two times. The proportion of families, approximately 24%, has remained consistent between baseline and the end of the pilot

and most are led by a single female head of household. Differences in age, gender and level of education continue to indicate the unique needs of residents with and without children.

While the current population looks similar to the baseline group, there has been a significant amount of turn over during the two year pilot period. Of the original baseline, 79 residents (35.9%) have, for a variety of reasons, exited Palmer Court. Just over one quarter (26.6%) of those who exited

**Figure 1: Reasons for Palmer Court Exit**



simply left with no notice or explanation. About one fifth (20.3%) left Palmer Court and moved into another housing location or program. This group contained a higher portion of families with children. There were 11 (12.7%) baseline residents who were evicted and 9 (11.4%) who died during this period. The two residents who moved into their own apartments were both receiving SSDI and never reported employment during the study.

Of those who left Palmer Court, 32 (40.5%)

residents were either evicted or disappeared. It should be considered that those who exited due to these reasons were possibly less stable or less connected to Palmer Court in general. Obviously residents can not benefit from the services of Palmer Court if they are not living there thus helping a resident remain stable enough to remain housed is an important first step to ever being able to assist the person in moving toward engagement in and hopefully stable employment.

**Public Benefit Usage**

Tracking changes in the use of public benefits was of interest to this pilot. At the time of baseline data collection one of the objectives of the pilot was to *reduce* the need and thus the use of public benefits by Palmer Court residents. Over the course of the pilot service providers and pilot administrators began to recognize that many residents had very tenuous access to benefits and that just retaining access was a significant struggle. Yet, access to benefits such as SNAP and medical coverage were critical for supporting the person in remaining engaged in employment and work related activities. Public assistance benefits, including SSI, SNAP, FEP, Health Insurance and Veteran’s Benefits, have become recognized as important tools in assisting individuals who have been chronically homeless to re-engage with community and society.

Table 3 compares the complete baseline population with the current population. Overall more residents in the current population are accessing social security, FEP, and public health benefits. Interestingly, there has been a 10% decrease in the portion accessing SNAP.

**Table 3: Public Benefit Usage – Baseline and Current Populations**

March Data	Baseline Population			Current Population		
	With children n = 55	Without children n = 165	Total N = 220	With children n = 46	Without children n = 148	Total N = 194
Social Security Benefits SSI, SSDI or combination	15 (27.3%)	61 (37.0%)	76 (34.5%)	12 (26.1%)	66 (44.6%)	78 (40.2%)
SSI for child	4	---	4	2	---	2
Food Stamps/SNAP Total Dollars/month	52 (94.5%) \$16,103	118 (71.5%) \$14,602	170 (77.3%) \$30,705	36 (78.3%) \$11,852	95 (64.2%) \$11,711	131 (67.5%) \$23,271
FEP (TANF) Total Dollars/month	9 (16.4%) \$2,967	-0-	9 (4.1%) \$2,967	16 (8.2%) \$6,096	-0-	16 (8.2%) \$6,096
General Assistance (GA) Total Dollars/month	-0-	13 (7.9%) \$3,368	13 (5.9%) \$3,368	-0-	3 (2.1%) \$861	3 (1.5%) \$861
Unemployment comp Total Dollars/month	-0-	6 (3.6%) \$1,215	6 (2.7%) \$1,215	-0-	-0-	-0-
Public health insurance	47 (85.5%)	66 (40.0%)	113 (51.4%)	41 (89.1%)	81 (54.7%)	111 (57.2%)
Veteran's Benefits	-0-	7	7	-0-	7	7
Child Support	10 (18.2%)	---	---	10 (21.7%)	---	---
No income (including no earned income)	28 (50.9%)	54 (11.6%)	81 (36.8%)	12 (26.1%)	40 (27.0%)	52 (26.8%)

Specific attention was paid to the 140 original baseline residents who are still living at Palmer Court. Table 4 provides outcomes for this group. Pre-test and post-test comparisons between the groups show similar trends as with the larger population as more residents are accessing social security, FEP, and public health benefits. Reductions in the use of General Assistance (GA) likely reflect the shift from accessing GA to receiving Social Security.

In the population and pilot group comparisons, the percentage of residents who have access to NO income resources (earned or unearned) is down by 10%. This is indeed a great accomplishment as a person is much less likely to be able to focus on employment if they are in an immediate financial crisis with no source of income. Remaining attached to a source of financial support is critical to creating the sense of security needed to be able to think about engaging in employment and work readiness activities.

**Table 4: Public Benefit Usage – Pilot Study Population: Pre-test and Post-test**

March Data	Pilot Study Population (N = 140)					
	Pre-test			Post-test		
	With children n = 27	Without children n = 113	Total N=140	With Children n=27	Without children n = 113	Total N=140
Social Security Benefits SSI, SSDI or combination	9 (33.3%)	36 (31.9%)	46 (32.9%)	9 (33.3%)	50 (44.2%)	59 (42.1%)
SSI for child	1	---	1	2	---	2
Food Stamps/SNAP Total Dollars/month	26 (96.3%) \$7,516	85 (75.2%) \$11,074	111 (79.3%) \$18,590	20 (74.1%) \$5,871	76 (67.3%) \$9,094	96 (68.6%) \$14,965
FEP (TANF) Total Dollars/month	4 (14.8%) \$1,194	-0-	4 (2.9%) \$1,194	9 (33.3%) \$3,383	-0-	9 (6.4%) \$3,383
General Assistance (GA) Total Dollars/month	-0-	13 (11.5%) \$3,393	13 (9.3%) \$3,393	-0-	2 (1.8%) \$574	2 (1.4%) \$574
Unemployment comp Total Dollars/month	-0-	6 (5.3%) \$2,574	6 (4.3%) \$2,574	-0-	-0-	-0-
Public health insurance	21 (77.8%)	37 (32.7%)	58 (41.4%)	24 (88.9%)	53 (46.9%)	77 (55.0%)
Veteran’s Benefits	-0-	3	3	-0-	3	3
Child Support	6 (22.2%)	---	6 (4.3%)	6 (22.2%)	---	6 (4.3%)
No income (including no earned income)	12 (44.4%)	37 (32.7%)	49 (35.0%)	5 (18.5%)	31 (27.4%)	36 (25.7%)

**EMPLOYMENT OUTCOMES**

The Employment Pilot design is based on the assumption that all Palmer Court residents have the capacity to work, now or at some point in the future. “Employment” was defined as a person having received any *taxable income* from a paying job. And employment “episode” occurred when a resident received taxable income for ANY length of employment. The goal is to understand the impact of pilot activities on those currently able to work, thus it was important to distinguish between residents who are currently able to participate to any degree in employment and/or employment-related activities and those who are not.

To distinguish these groups, case managers reported at baseline and then every six months on each resident’s ability to engage in employment or employment related activities. A rating of 1-6 on a scale designed to rate a resident’s ability to perform employment related activities indicated a resident had some level of ability to engage in activities and become part of the “practical universe.” A “0” indicated the resident had significant physical and/or mental health issues (either acute or chronic) making them unable to engage in *any* activities at this time. This included, for example,

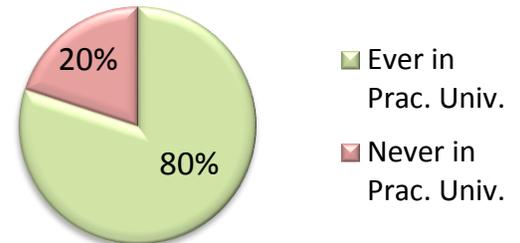
elderly residents who have been retired for years and those with significant permanent disabilities receiving Social Security benefits. Those rated as having “0” current ability relative to employment are included in monthly reports on the “full population” but are not in the “practical universe.” This distinction was used purely for measuring pilot outcomes and had no impact on residents’ access to employment activities and other associated supportive services.

### Pilot Group Employment Activities

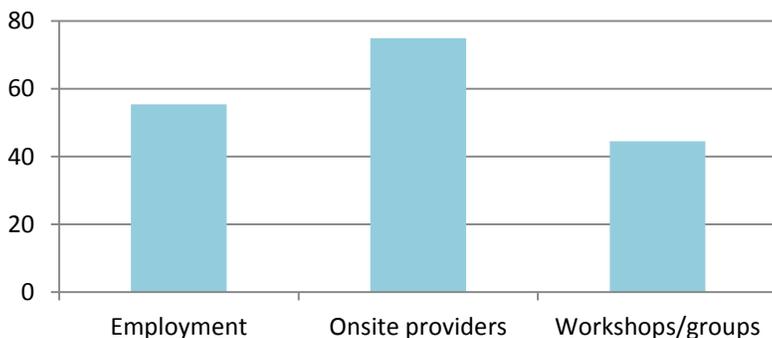
Of the 140 residents followed through the 24 months of pilot evaluation, 28 (20%) were never part of the practical universe. One of the 28 residents did attempt to engage in onsite employment but did not maintain the position for long.

Of the remaining 112 residents who were in the practical universe at some point during the pilot, Figure 3 shows the level of involvement with workshops and groups, onsite service providers and employment.

**Figure 2: Pilot Group**



**Figure 3: Pilot Activities - Practical Universe**



Of the 112 residents more than half, (62 = 55.4%), had at least one episode of employment. Interestingly, exactly half (31) only had employment with Valley Services, temporary services or in a supported employment environment. The other 31 had at least one episode of employment with an independent employer outside the temporary or supportive employment spectrum.

Again, of the 112 residents in the pilot practical universe 75% had engaged with one of the service providers. Another 45.4% had participated in workshops or groups. Of the pilot group residents in the practical universe only 12 had not engaged in employment or any employment related activities during the course of the pilot.

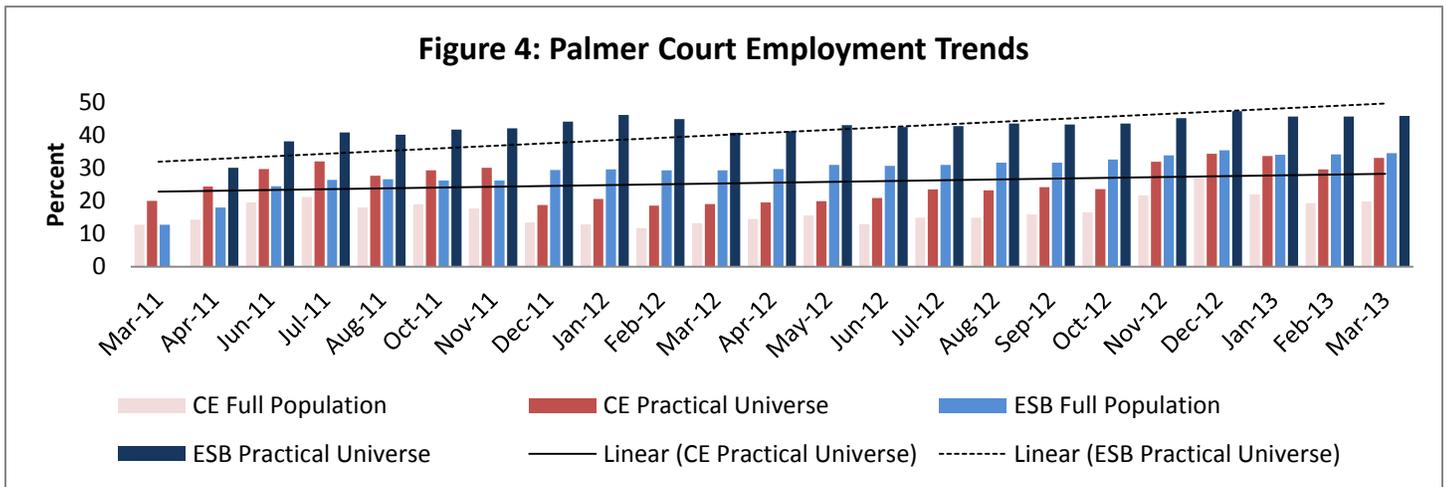
Of those who had been employed, 82% had met with a service provider and 55% had participated in workshops or other groups. Only 9 residents had been employed and were not reported as having engaged in any other pilot activities.

Employment retention was an outcome originally part of the pilot objectives. Many of the residents engaged in employment that was sporadic or with agencies where the person was on call but not actively working on any regular basis. This reality makes it difficult to compare employment episodes over time. Of the 62 residents who had at least one employment episode, it was clear that 7 had retained baseline employment throughout the entire 24 month pilot. There were 19 individuals who had retained active employment for at least 3 months in one job. For the remaining 36 residents who had employment, there was no evidence of having held the position for at least 3 months.

## Overall Employment

The monthly tracking of employment (both full population and practical universe) through the course of the two year pilot has provided valuable information in identifying an overall trend and the beginnings of a natural cycle of employment among Palmer Court residents.

At baseline, 20.0% of the practical universe and 12.7% of the full population were identified as “currently employed.” Over the course of the two year pilot the rate of currently employed within the practical universe ranged between 18.5% in Feb. 2012 and 32.5% in Dec. 2012. The trend line shown in Figure 4 shows a very slight upward slope. There are hints of cyclical trends which could be associated with seasonal employment availability and the challenges related to transportation in bad weather. Employment for the overall population ranged between 12.1% and 21.0%.



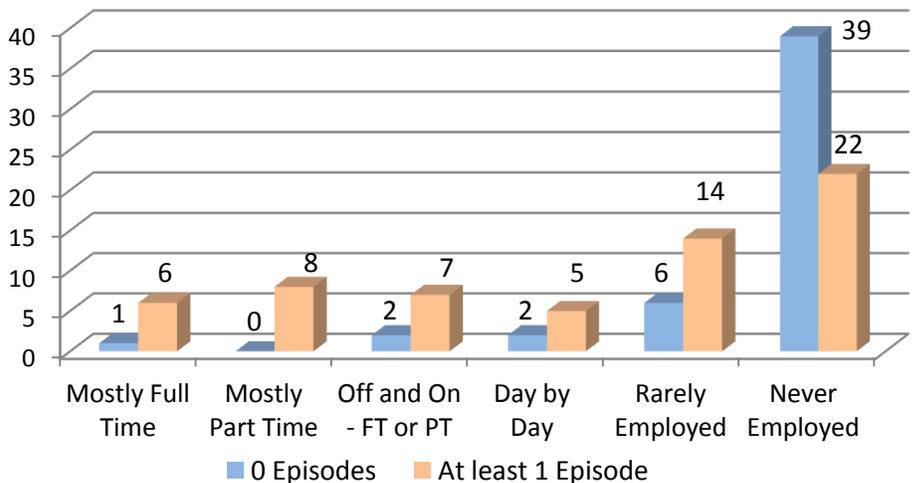
\*CE: Currently Employed; ESB: Employed Since Baseline

By the end of the pilot 103 of the 299 (34.4%) residents who had lived at Palmer Court at any time during the pilot had experienced at least one episode of employment. The “Employed Since Baseline”(ESB Practical Universe) trend line (See Figure 4) has an upward slope reflecting a steady increase over time. These outcome data indicate that the opportunities made available through the pilot have reached a significant number of residents within the practical universe.

## Shifts in Employment Engagement

To evaluate the impact of the pilot activities on employment, employment history prior to the pilot was compared to employment involvement throughout the pilot period. As noted in the baseline report, some residents worked less after arriving at Palmer Court. While some interpreted this as a lack of focus on

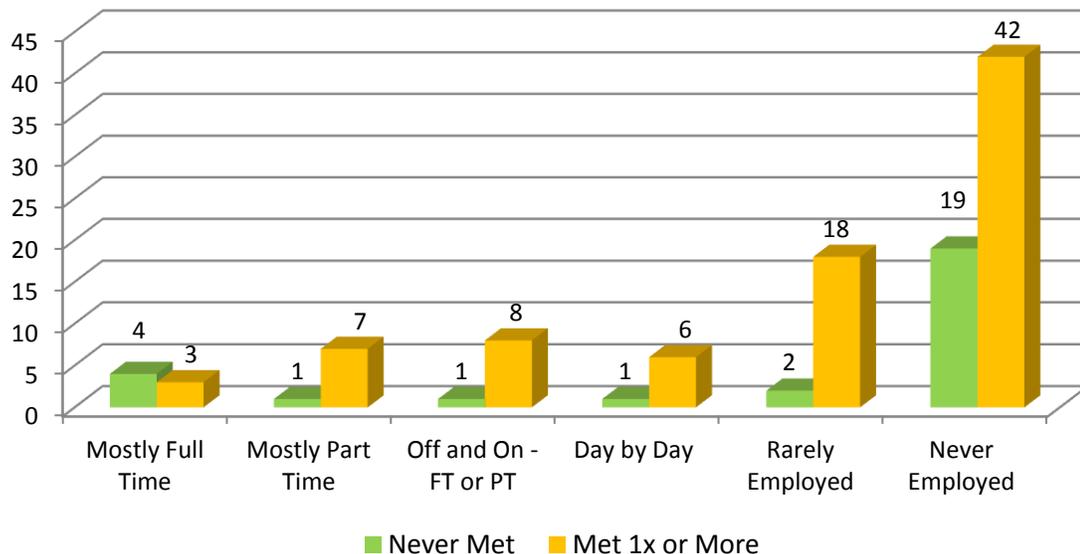
**Figure 5: Employment between PC Arrival and Baseline and Employment During Pilot**



employment within Palmer Court, most (including residents) understand that stabilizing within Palmer Court takes time and energy. Recall that overall, 55.4% of the pilot group had at least one episode of employment, however employment outcomes were different depending on the resident’s connection to employment prior to the pilot. Figure 5 above shows that after the start of the pilot Palmer Court residents engaged in employment at a higher rate than they had prior to the pilot. There were 36 residents who had previously “rarely” or “never” connected with employment, who had at least one employment episode after the start of the pilot.

While fewer of the 61 residents “never employed” between coming to Palmer Court and the baseline measure had connected with employment, this did not mean they had not met with a service provider. As showing in Figure 6, 42 (69%) residents who had never been employed since arrival at Palmer Court had met with a service provider (DWS, Voc. Rehab., Social Security). This supports the observation that residents were not less likely to engage with service providers simply because they had no recent work history.

**Figure 6: Employment between PC Arrival and Baseline and Engagement with Service Providers**



Successful engagement of residents with a wide variety of needs and past experiences was possible due to - the wide range of employment and work related activities made available throughout the pilot. Early in the pilot development the PAT recognized the need to provide a wide variety of activities and supports to encourage engagement. The development of five “service clusters” (See Attachment 3) provided an opportunity to talk about the broad scope of resources, activities and employment options that would need to be developed to meet the needs of the diverse population. While the service clusters were never really used as a tool to categorize activities, simply engaging in the discussion regarding the types of resources and services to be offered forced the team to keep the thinking broad and inclusive of multiple needs.

**Factors Predicting Engagement and Employment**

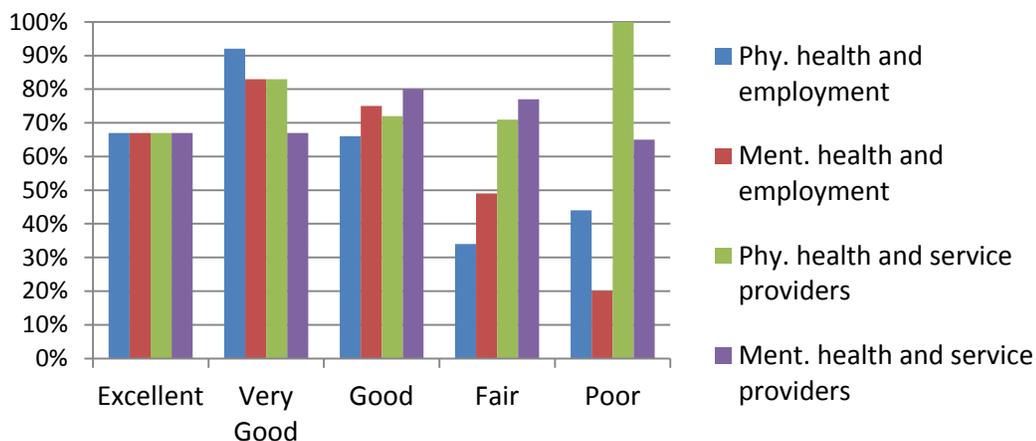
Data from the baseline were used to evaluate what factors could be correlated with a resident’s engagement with service providers or actually engaging in one or more episodes of employment. Among the general population, factors such as the level or education or the presence of

children in a home can affect employment outcomes. In the pilot group neither education level nor the presence of children (as measured at baseline) significantly changed service provider engagement and employment outcomes.

Case managers were asked to rate each resident’s physical health and mental health (using a five point scale) at baseline. As indicated by the green and purple bars in Figure 7, there was no significant relationship between the residents’ physical health or mental health rating and engaging with a service provider.

However, the red and blue bars show a sharp drop in employment activity as the residents’ physical or mental health are rated worse. This shows that while those with physical or mental health problems received attention from service providers, this did not typically translate into actual employment.

**Figure 7: Resident Health and Pilot Activities**



### Resident Perspectives

Resident focus groups were conducted at the start of the pilot process and then again during the evaluation of expanding pilot activities to additional permanent supportive housing locations. Both sets of focus groups provided valuable information for the pilot from the perspective of those who would be using the services. The format for the resident focus groups was semi-structured and included questions focusing on employment activity at Palmer Court (previous, current, and future suggestions). A total of 52 residents participated in these voluntary focus groups.

#### Focus Groups – Round 1 – March 2011

The first round of focus groups at Palmer Court served as a baseline to better understand resident perspectives on employment and related work readiness activities. Focus group participants contributed to the pilot leadership’s overall understanding of the needs of those who have experienced chronic homelessness. Regardless of the particular activities, residents challenged leaders to consider the impact of any service or activity on areas such as:

- Themes which emerged from the discussions:
  - Communication: a desire for more information, provided clearly and accurately with reliable follow-up when needed
  - Individuality: view residents as individual not cogs in a system, know each ones personal strengths and needs, ask (don’t assume) what is best for me
  - Respect: “value me as a person,” self-determination, personal pride and human dignity needs to be honored, wages need to reflect this
  - Safety (Physical, Financial, Psychological): life on the streets equals danger, life in Palmer Court should equal safety; physical safety is a part but psychological safety (freedom from outside pressures) is important

- Practical Issues residents want folded into any Palmer Court efforts:
  - Individual Considerations
    - Age, mental/physical health, criminal record, education/previous work experience, personal interests and goals
  - Universal Nuts & Bolts
    - Transportation, childcare, telephone access, computer access and training, benefit protection, basic necessities (food, silverware, t.v., etc.)
    - Other wellbeing activities such as exercise, art classes, tutoring, and community council/having a “voice”

Overall, the dominant issue was that of stability and security. Residents expressed a fundamental need for physical, financial, and psychological safety; all of which can be secured at Palmer Court. Employment discussions can threaten resident perceptions of safety in several ways and should be approached carefully to avoid negative consequences and continued trauma. Benefits, for instance, a major component associated with financial safety, can be jeopardized by employment and thus coordinated benefits planning should be part of efforts to secure employment for residents.

In addition to safety concerns, Palmer Court residents participating in this initial round of focus groups expressed frustrations with more universal components of employment such as transportation, access to childcare, and individualized job development. Respect from service providers also emerged as a crucial factor in whether or not a resident feels compelled to work with employment personnel in their search for a job.

### **Focus Groups – Round 2 – April 2012**

The 31 participants in the second round of focus groups provided great insights into what was “sticking” in communicating and promoting a culture of employment. Themes which emerged from the discussion included:

- General familiarity with onsite employment and employment related resources
- Majority have very positive view of onsite service providers
- Case manager typically viewed as the gateway to accessing services
- Employment is a step-by-step process; each one needs to be able to walk the path at his/her own pace
- Social stigma and fear of social engagement can inhibit residents from engaging in employment activities (and many other activities) outside Palmer Court

The single greatest difference between the first and second round of focus groups was the overall familiarity of the participants with the onsite service providers. Most participants could identify the providers by name and often could identify the agency with whom an individual worked and the type of services they could provide. The “culture of employment” was clearly evident as residents told stories of friends and neighbors who had spread the word about resources and services. Residents asked about increasing communication so they could know more about what was available if they were to want to contact a provider.

One other important change involved a shift in focus. In the first round of interviews residents focused primarily on issues within Palmer Court. This round focused more on issues concerning interactions outside the residence. Socializing in public gatherings, interacting with employers and outside agencies, and shaking the identity as a “homeless person” were topics of concern.

The residents did have suggestions for improvement in some areas and expressed frustration with several ongoing practical problems such as transportation and the stigma associated with working and interacting outside of Palmer Court. Much was said in terms of the discrimination and societal oppression faced by residents as they attempt to re-engage with society, especially in any type of employment capacity. Several residents recounted highly traumatic experiences with external agencies in which they were the target of painful social stigma.

### **Pilot Expansion Beyond Palmer Court**

In the fall of 2012 the SRI evaluation team conducted a needs assessment and gap analysis at three other permanent supportive housing (PSH) locations. Case managers and residents at Grace Mary Manor, Sunrise Metro and Kelly Benson participated in focus groups to learn about their opinions regarding current and future activities and resources related to employment. While some employment related service providers had been on site engaging with residents, these focus groups were the first formal activities conducted by the evaluation team. Both residents and case managers shared important perspectives for shaping future activities.

The first principle which arose from the resident focus groups was a clear reminder that transitioning from chronic homelessness into housing is a long process involving financial, emotional, psychological, relational and physical adjustments. Residents described stages of the transition including regression and decompensation, boredom, inquiry, testing, and willingness to take on new activities. The process is certainly not linear and not everyone starts or ends at the same place. The timing of each stage varies greatly by individual and is influenced by many factors including mental and physical health, access to essential resources, and other life experiences. The entire process may take weeks, months, or even years depending on the individual resident. It is critical to take this developmental process into consideration when planning employment related initiatives. Different activities and services will be appropriate for residents in different phases of their development. Ensuring that there are a variety of options for residents in each phase will be a particularly important challenge in designing the employment focused programs.

A second insight was the incredible uniqueness of each PSH location. While the differences between the resident populations at each facility are the most striking, there were also noticeable differences between the styles of case management, facility culture, and the layout of each unit that also influences each location. All of these unique characteristics need consideration when determining how to best move forward. Some examples of differences between the PSH facilities are shown here.

Grace Mary Manor is unique in that it has the:

- Youngest population of the three facilities
- Highest reported good/excellent physical health
- Lowest % of currently employed residents
- Residents most concerned with basic stabilization issues as a step to future activities

Sunrise Metro unique characteristics include:

- Primarily male population
- Polarized population (high v. low functioning)
- Strong connection to veteran employment services
- Case managers have smallest caseload
- Highest % of currently employed residents

- Highest % of residents interested in employment
- Already have access to many resources

Kelly Benson is unique in the following ways:

- 55+ population – many are retired
- Case management system creates high staff turnover
- Significant level of physical limitations among residents
- Highest reported good/excellent mental health
- Lowest percentage of residents interested in employment
- Residents' primary concerns related to quality of life issues and conquering boredom

Pointing out the specific characteristics of each site serves as a reminder that each site, each case manager and each resident is unique. Moving forward, whatever activities are incorporated into the employment program will always need to be flexible and adjustable to meet individual needs.

The exploration of how (or if) the pilot would be shared with the other PSH facilities encouraged a review of the “lessons learned” during the pilot period (See Attachment 4 for full descriptions). These core principles are again pertinent as the pilot model is redesigned and implemented uniquely in each facility.

#### **Pilot Design**

1. Interagency collaborations experience culture clashes as norms within each agency are challenged and stretched to accommodate cultural differences.
2. Large undertakings such as this need a project director who functions as a full time organizational hub or back-bone around which the project evolves.
3. Those with firsthand experience with the day to day lived realities of the chronically homeless individuals need to have an equal voice as the program is designed.
4. Case management style at the PSH facility matters.
5. The case manager to client ratio may need to be adjusted to determine if workload increases due to employment activities might overwhelm the system.
6. Residents and resident views need to be incorporated in the design process.
7. Chronically homeless individuals are not uniform in their needs relative to employment.

#### **Pilot Implementation**

1. Simply relocating mainstream services onsite doing “business as usual” assuming residents will then be effectively served is not enough.
2. Changes in the “culture of employment” have happened.
3. Once interest in jobs is shown it needs to be readily available as interest wanes quickly.
4. Most residents need a very supportive, gradual entrance into work.
5. Many tenants express a desire for full-time and higher paid employment.
6. Employer partnerships are being developed and need to be maintained.

#### **Pilot Evaluation**

1. Outcomes fluctuate rapidly and can be small and must be measured over long periods. “Progress” is not linear. There are many small steps - both backwards and forwards.

## Community Pilot Review and Next Steps – April 2013

In April 2013, community agency representatives, service providers and case management teams from several Permanent Supportive Housing (PSH) sites gathered to identify themes, lessons learned and the next steps for moving the pilot into an ongoing employment program.

### **Overarching Principle: Stability**

Throughout the discussion, “stability” emerged as a common factor believed to be an essential component of working with individuals who have experienced chronic homelessness. In reviewing any aspect of services offered, opportunities presented, or option created, the impact on basic stability in the housing situation, stability of mental health and physical health, financial resources, etc. must be considered. Stability in all areas is an essential component supporting residents in being able to successfully engage with the larger community in any capacity. With this as a starting point, the service providers and PSH site representatives identified the following core themes in their presentations and dialogue.

### **Themes and Lessons Learned**

***Re-envisioning the Role of Employment:*** During the pilot “employment” was an outcome measure but as the pilot partners have grown in their understanding of individuals who have experienced chronic homelessness, employment and engagement in work related activities has evolved into a resource which provides a means to a broader goal of individuals re-engaging with the community. Providing access to employment opportunities expands the tools available to case managers and service providers in supporting residents’ efforts to improve their lives through access to the broader community. Employment also plays an important role in supporting stability in housing, improving mental and physical health for some, and increasing financial resources. When employment or work related activities serve such purposes for an individual it is a good connection.

***Re-defining Success:*** How “success” within a program is defined determines what should be measured. By definition PSH residents have struggled to retain housing in the past. Some people leave housing due to problem behaviors etc. Some participants felt housing retention (stability) should be an outcome that is measured if helping people stay housed is a sign of success. From this view employment becomes a support to the housing outcome. The concept of Housing First and Permanent Supportive Housing being *permanent* were reiterated throughout the meeting. Agencies and case managers want to ensure that while they support an ongoing Employment Program, it cannot overshadow the goals of Housing First.

A measure that indicates “practical universe” is important in understanding employment outcomes. There are those with severe physical and mental health issues who will likely never have paid employment, but they may be able to interact at different levels that promote skill building workshops, social skills, computer classes, parenting classes, budgeting classes, etc. Those perhaps new to PSH will likely experience a stabilization period, often lasting up to two to three years. What measures might be important to add into the process as some individuals may be transitioning from a stabilization stage to an active engagement stage?

One challenge is that different agencies have different goals and measures of success. Can (or should) the goals of the agencies be adjusted to be more in line with each other when working with

individuals in PSH sites? What is the impact on agency goals and outcomes if they shift their work to accommodate the unique barriers of the PSH populations?

**Need for Resources:** Many resources were identified that would assist in maintaining the Employment Program's success and would benefit the residents of PSH sites and become important employment supports. The resources identified included access to mental and substance abuse services, financial resources that would allow for on-site programming for job preparation, resources that would increase agency collaboration to provide wrap-around care and continued access to public assistance programs with dynamic case management services.

Multiple community resources and agencies have collaborated to provide preparation activities and to assess the readiness of residents to work. Over the course of the pilot the unmet biopsychosocial-spiritual needs of residents were increasingly understood as potential barriers to quality of life and employment. Addressing these needs is essential when working towards increasing engagement with employment related activities. Cited most often, addressing mental health and substance abuse difficulties (when the resident is ready) is needed at all the PSH housing sites.

**Self-Determination:** Self determination must be central to case management and Employment Program focus. Individualization of services needs to be employed and the resident's stated goals and interests respected.

**Job Development:** The ability to create partnerships with community agencies and programs that creates flexible job opportunities for residents was crucial to this process. In particular, Valley Services has introduced a new pathway to employment and has inspired other similar relationships that will benefit residents, such as Easter Seals.

**Agency Collaboration:** Agency collaboration includes everything from providing on-site access to resources (such as DWS and Voc Rehab) to the Pilot Operations Team conducting bi-weekly meetings to ensure that referrals and resources were in place to support the needs of the residents and outcomes of the Employment Pilot.

**Agency Introspection:** The willingness of agencies and its members to address biases that would impact residents and the pilot was crucial for the project to continue moving forward. Like all new programs, the implementation period had challenges that were a result of difficulties with implementation of something 'new', as well as agency identities and goals 'clashing' as they figured out how to work together. It was noted by PSH case managers that the project has become streamlined and is now a natural part of the process. It is no longer overwhelming to assist residents in accessing services.

The themes that emerged highlighted several questions that shape the future steps that will be taken by the Employment Project. Such questions include:

- Does on-site availability of services act as a *gateway* to residents engaging more in the community and potentially with future employment? Which services should be on-site? How will they be adjusted for satellite PSH sites?
- What is the impact on agency goals and outcomes if they shift their outcomes to accommodate the unique barriers of the chronically homeless population?

- Is there a current agency missing or level of care that is missing in our community that might enhance the Employment Program?

### **Moving Forward – Next Steps**

One goal of the session was to identify “where do we go from here?” Several ideas were suggested and give the group tangible activities on which to focus moving forward.

- Identify the outcomes that will best describe progress for the chronically homeless population.
- Identify measures to assess the outcomes
- Streamline the data collection strategies ensuring that residents, case managers and agencies can collect and share information in an effective and confidential manner
- Identify how to conduct future needs analysis that will highlight resource gaps
- Renew the purpose of the PAT and POT teams, re-establishing their protocols and purpose for the different PSH sites
- Identify and secure funding streams that will provide funding flexibility in providing tools, skills and training to residents (including mental health and substance abuse treatment)
- Re-write goals and objectives of the Employment Program that encompass the lessons learned and incorporate the new outcomes that will be assessed as part of the continuing progress and accountability of the program

### **Discussion**

As noted by participants in the pilot review session, The Palmer Court Employment Pilot was a challenging, stretching, sometimes frustrating but overall very worthwhile endeavor. It certainly continues to be a *work in progress* but there are some lessons learned that will shape the transition from employment pilot to ongoing employment program. Many such lessons were identified at the pilot review session and communicated by those who have been “in the trenches” with it for more than two years. These insights, along with the outcomes from the pilot measures provide solid direction for taking the next steps toward building a successful ongoing employment programs. These next steps will likely include reflection on questions such as Why employment? What is success? And finally, remembering to take the long view in moving forward.

#### **Why Employment?**

*Housing first, employment next!* This was a core philosophy guiding the beginning of the pilot. Case managers and service providers who work with those living in PSH facilities could easily name 10 more pressing needs that should be addressed. Why employment next? Insights from residents provide insights into what this phrase means to them.

Housing first means more than just having a roof over one’s head. It is a feeling of safety and securing from fully knowing and trusting that this will not be taken away. Housing restores a level of basic human dignity which has been missing. It literally gives residents a “place” in this world. It can take years for people to internalize this feeling of safety and security and be able to think about looking beyond the walls of their rooms and back into the broader community. But it does happen.

The Employment Next philosophy strives to make employment opportunities and work readiness activities always available so that when the time is right, the pathway to employment is

there. In the beginning “employment” was viewed as a pathway to increase income and hopefully assist residents in moving out of PSH into independent living. This is still possible, however this vision has been tempered by the real life challenges often faced by those who have experienced chronic homelessness. This does not mean that employment or work related activities are not important. Providing for (or at least contributing to) one’s own financial stability is a key component of adulthood. Engagement in any level of work or work readiness can be an important portal of reentry into society as a whole. Providing opportunities to connect to employment and work readiness activities is a means to support residents to begin reaching out beyond home and reconnecting with the community.

Does this mean the Employment Next philosophy should be changed? According to residents - certainly not! Recall that 75% of pilot participants met with an onsite service provider. There is a desire on the part of many to explore what they can do. However, it does suggest that employment, in itself, is not the ultimate goal of the program. This is not easy! Nurturing relationships, planting seeds of ideas, cultivating a culture of employment, keeping employment options ready and available is very challenging. Communities must decide if the resources required are worth it.

Others who have “given up” on providing employment services to those who have been chronically homeless were likely unable to shift their view from employment as the primary outcome, to focusing on increasing stability and overall quality of life as the larger goal. Employment rates alone will likely never justify, or give the “bang for the buck” that will make the program viable. In all reality, the economic benefit of the employment pilot to society will likely never be seen through increased earnings; it will be seen in the reduction of costs to the community of expenses such as emergency medical care, engagement with the judicial system and public safety, and intensive use of homeless services. However, the benefit to each individual who is able to broaden their world and find a way to again feel part of the larger community is the most valuable.

### **What is Success?**

A quick overview of the original pilot objectives (See Attachment 1) reflects the initial priorities and view point at the start of the pilot. Over time this perspective was tempered and nuanced by the realities of life for those who have experienced chronic homelessness. One such reality was the fact that over one third (79) of the pilot residents had left Palmer Court during the two year period. A few exited for positive reasons, but a majority disappeared, were evicted or died.

While everyone is provided housing, there is clearly a need to continue working toward creating that safe, stable environment that supports housing stability. Success, for persons who have experienced chronic homelessness, is first and foremost about establishing stability in all areas of life – housing, health, finances, emotions, relationships, and the list goes on. Some residents have such severe challenges that engaging in any type of activity is not realistic. Recall 20% of the pilot group still at Palmer Court was never part of the practical universe.

For some success can mean being able to keep their SNAP benefits open by getting their paperwork in on time. Food security is obviously necessary before one can think of engaging in work. The pilot leadership had recognized this and, moving forward, reduction in the use of public benefits will not be as important as residents gaining the capacity to retain benefits to support employment efforts. From this perspective success is built slowly, layer by layer, creating a stable foundation for each next step before moving forward.

Employment and work related activities continue to be important supports which can add to some aspects of personal stability and create success. Yet each individual engages in their efforts in a different way. Agencies engaged in providing services will be challenged to consciously evaluate to what extent (if any) they might need to adjust their services and model of service delivery to meet the needs of this population. Issues such as location of providing services, expectations of participants/recipients, timelines for activities, penalties for lack of follow through - all may need to be evaluated to support successful engagement. Agency expectations of outcomes for front line workers could be adjusted to reflect the challenging nature of reaching performance goals.

### **Taking the Long View**

The Palmer Court Employment Pilot reflects a very small period of time when attempting to create lasting change. The pathway from living the experience of chronic homelessness, into permanent supportive housing, and then into employment is not linear and it is generally not quick. Healing and re-entry into society generally takes many years. During the course of the pilot some residents were at their own “ready” point, accessed resources, and connected with employment. Others were still in the stage of contemplation or working on other aspects of their lives but this does not mean they will never reach their own time of being ready. Some are so beaten down, physically, mentally or emotionally, that it may be years (if ever) before they are ready to take a step. The employment outcomes from this pilot are impressive given the short time frame of measure and the diverse population. Pilot implementers have shown creativity in adjusting and expanding measures to reflect steps to progress. Leaders now seem to recognize that it is not that “all will be employed” but that when anyone is ready to take a next step, the resources will be readily available to support them in whatever way needed.

Taking the long view not only applies to residents but to service providers and community agencies as well. The past two years has involved a good deal of struggle and growth for these groups. There were, and to a certain extent continue to be, culture clashes regarding the appropriateness of services, methods of communicating with residents, and how to even define employment. These challenges forced groups to further refine their own goals, methods and interest in the pilot. After two years there has been much growth but there is still room for further dialogue. Transitioning from a pilot into an ongoing program provides a good opportunity to continue clarifying goals, measures and roles within the program.

It will be important that those tracking resident employment outcomes keep all service providers and community agencies involved in the decision making process of this still developing program. As has been seen, it takes the efforts of a broad spectrum of partners to address the many diverse needs of these residents. The successes and challenges recorded here are just the beginning stages of understanding what works and what is gained through the employment program.

### **References:**

Mckltrick, C. (2013, May). Homeless Numbers Drop in Utah. *SL Tribune*. Retrieved from: <http://www.sltrib.com/sltrib/news/56246724-78/homeless-walker-utah-count.html.csp>

Utah Homelessness Coordinating Committee. (2008). *Utah’s Plan to End Chronic Homelessness and Reduce Homelessness by 2014*. Salt Lake City, Utah: Author.

# **Attachment 1: Objectives for the PSH Employment Pilot At Palmer Court**

**Purpose:** All permanent supportive housing residents have opportunities to increase their income through employment.

## **Objectives:**

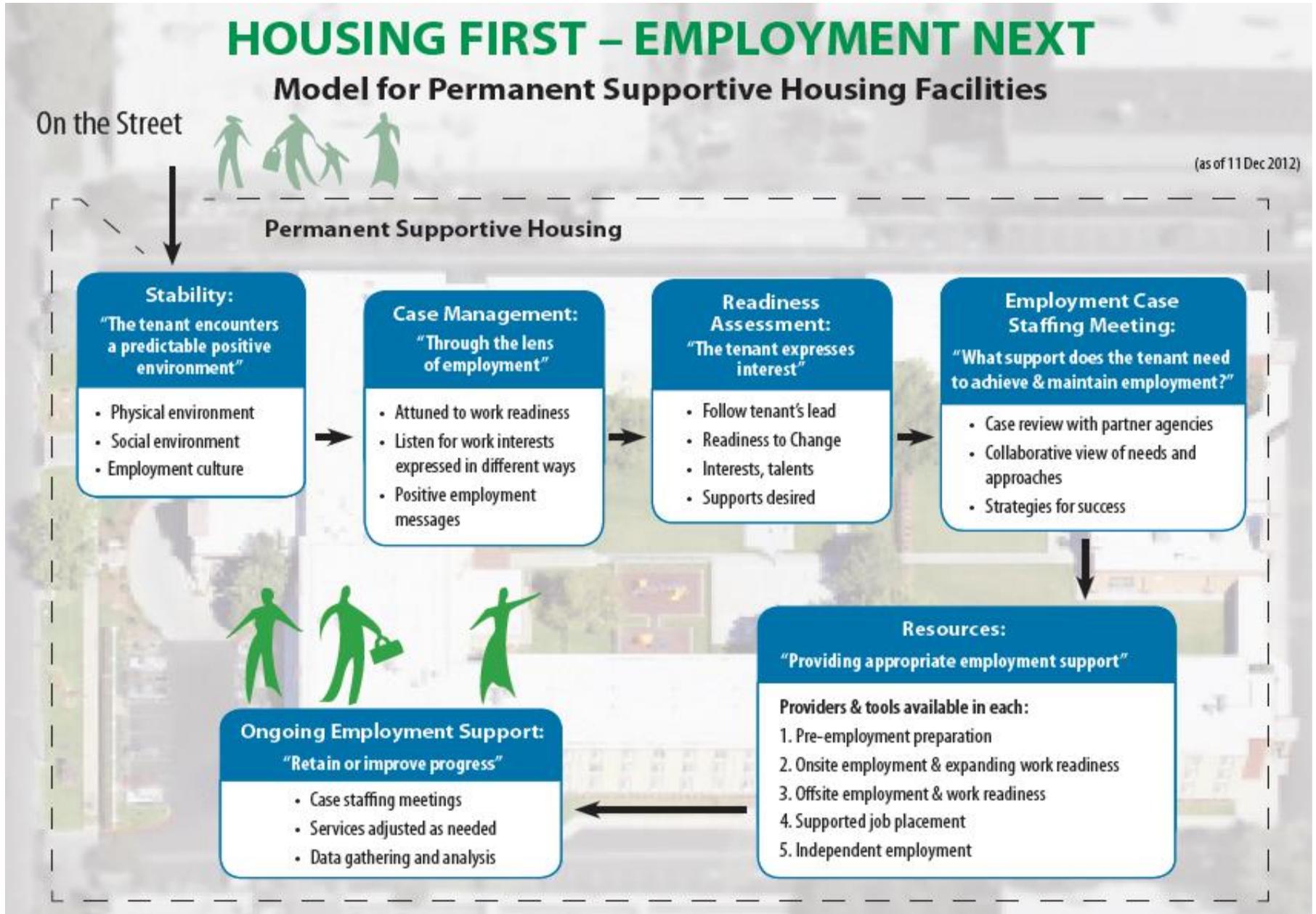
1. Determine the Palmer Court Pilot's impact on each resident's connection to employment.
2. Determine changes in the use of social services by Palmer Court residents.
3. Assess how the "culture of employment" changes during the pilot.
4. Identify the elements/activities most likely to improve each resident's capacity to engage in employment and increase income.
5. Evaluate all findings from the pilot to generate a summary of lessons learned and recommendations for others seeking to implement similar programs

## **Objectives with outcome measures and targets:**

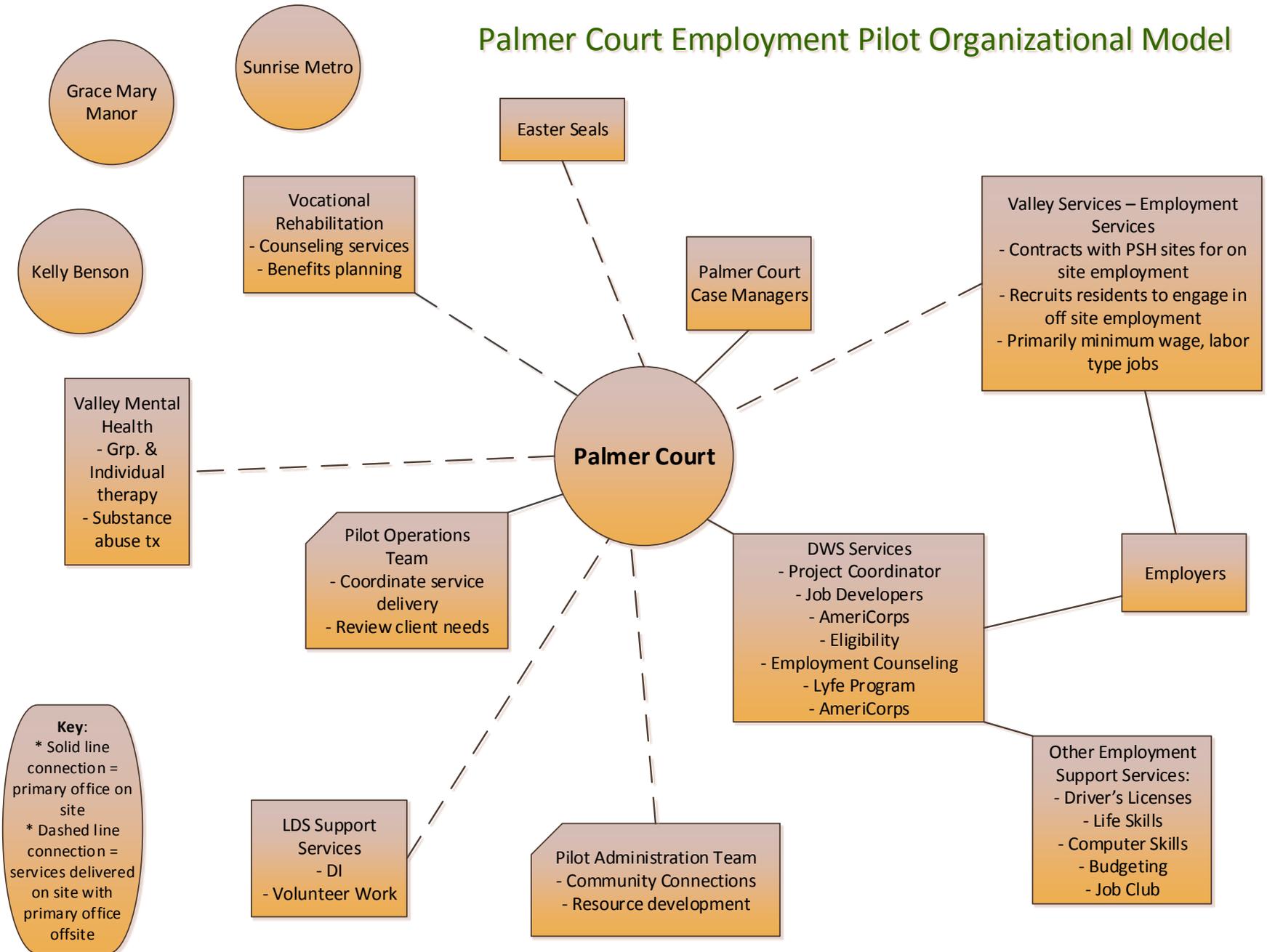
1. Determine the Palmer Court Pilot's impact on each resident's connection to employment:
  - a. Attendance in pre-employment activities [examples are Life Skills, Donuts and Work Talk, Benefit and Education Presentations], starting with December of 2011, increases. [this is a duplicated count as people attend more than once in a month and an activity may be weekly]  
Targets:
    1. By May 2012 - attendance in monthly activities 30% of adult population.
    2. By December 2012 - attendance in monthly activities 60% of adult population.
  - b. Number of Palmer Court residents (living at Palmer Court three months or longer) who earned any wages in the pilot year.  
Targets:
    1. At 6 months - 20% of adult population
    2. At 12 months - 40% of adult population
  - c. Retention of employment
    1. Percentage of residents who reported employment of any duration during 3 or more consecutive months.  
Target:
      1. 75% of residents who were employed at entry to Palmer Court retained employment for at least 3 consecutive months
      2. 40% of residents who gained employment after arriving at Palmer Court retained any employment for at least 3 consecutive months.
2. **Determine changes in the use of social services by Palmer Court residents:**
  - a. Number of Palmer Court residents who access each of the following social services during the pilot
    1. State Child Care assistance
    2. Family Employment Program (TANF)
    3. Food Stamps/SNAP
    4. General Assistance
    5. Medicaid
    6. SSI/SSDI
    7. Vocational Rehabilitation
    8. Unemployment Insurance  
Target:

- a. During each 6 month evaluation period, less than 10% of residents experience a disruption in benefit receipt due to missing deadlines, reviews or other paperwork issues.
    - b. Changes due to earned income, in the total dollars received by residents from the following means tested social service programs:
      - 1. Family Employment Program (TANF)
      - 2. Food Stamps/SNAP
      - 3. State child care assistance
      - 4. Housing
      - 5. Unemployment insurance
      - Target:
        - a. Cost neutral after year 1.
        - b. 20% decrease in those program costs year 2.
    - c. Develop a macro level measure that includes impacts in other areas such as use of emergency rooms, improved school attendance, use of head start.
- 3. Assess how the culture of employment changes during the pilot:**  
Review the Corporation for Supportive Housing assessment scorecard. Identify components which PAT believes important to adopt as Palmer Court to enhance the “Culture of Work.”
- Target:
    - 1. Within 9 months of pilot start, all elements of the Corporation for Supportive Housing assessment scorecard for an organization will be discussed, evaluated by the PAT for application to this pilot, and assigned for implementation to the appropriate party.
    - 2. Within 12 months of pilot start, all parts of the Corporation for Supportive Housing assessment scorecard for an organization deemed appropriate for this pilot will be fully initiated.
- 4. Identify the elements/activities most likely to improve each resident’s capacity to engage in employment and increase income:**
- a. At 12 month mark of pilot, residents who have had positive employment outcomes will be identified and their experiences with pilot service providers and resources assessed to determine the most effective elements of the pilot to date.
  - b. Focus Groups will be conducted with residents to obtain information on activities that were impactful in making progress. *(SRI conducts and compiles information)*
- 5. Evaluate all findings from the pilot to generate a summary of lessons learned and recommendations for others seeking to implement similar programs *(Mary M. Coordinates and PAT makes final decisions)***
- a. Determine what elements of the Palmer Court pilot model contributed to or did not contribute to residents obtaining employment.
  - b. Determine any savings and any additional costs of the model and the return on investing any additional resources.
  - c. Determine what interventions and tools are most effective in: enhancing the “culture of employment”;
  - d. Present the updated, recommended model for moving the employment pilot to other PSH facilities

## Attachment 2: Pilot Model: Pathway and Organizational Model



# Palmer Court Employment Pilot Organizational Model



## Attachment 3: Service Clusters: Palmer Court Employment Pilot

A primary component of the Palmer Court Employment Pilot is making appropriate resources and services more visible and accessible to Palmer Court residents and staff. Service Clusters provide a way to organize these resources and services according to the **support** provided to the resident when engaging in a variety of activities.

Each service cluster is identified by the skill development goals at that level and the goal for residents participating in activities at that level. Currently, service providers are being asked to identify specific programs that fit in each Service Cluster. Once complete, these listings will be used by case managers to assist interested clients in finding a good match to help them move toward and into employment.

### Service Cluster 1: Pre-Employment Preparation

**Skill Development:** Focus on increasing daily living skills and other basic work-readiness activities to increase self-awareness, responsibility, social functioning and interest in employment.

**Goal:** Service providers will assist residents in developing an appropriate and productive daily routine to the extent of their ability and willingness. Expand use of resources, identify personal strengths, and address barriers to employment.

**Services/Types of Activities:**

- **Assistance with securing a Driver's License**
- **One-on-one meetings with disability benefits specialist**
- **Voc. Rehab. assistance with securing medical, dental and transportation resources**
- **Budgeting Workshop**
- **DWS transportation assistance**

### Service Cluster 2: Onsite Employment & Expanding Work-Readiness

**Skill Development:** Continue to address pre-vocational needs and develop basic employment-related skills. Identify workplace expectations to increase level of independence.

**Goal:** Service providers will actively engage residents in onsite, supported wage-earning employment and/or work-readiness activities. They will begin planning for future employment and developing career goals.

**Services/Types of Activities:**

- **Onsite volunteering opportunities**
- **Onsite workshops - Life skills classes, Work and Donuts**
- **Onsite employment**
- **Work readiness workshops**

### Service Cluster 3: Offsite Employment & Work-Readiness

**Skill Development:** Develop the necessary skills to complete job duties with moderate assistance through offsite participation. Service providers will familiarize residents with services offered by partner agencies, developing skills to independently seek, obtain and retain work.

**Goal:** Service providers will actively engage residents in offsite supported wage earning employment and/or work-readiness activities. They will continue planning for future employment and developing individualized career goals.

**Services/Types of Activities:**

- **Offsite volunteer opportunities**
- **Offsite job skill training/classes**
- **Participation in CCEP classes to obtain computer literacy skills**
- **Voc. Rehab. assistance with education and training resources**

### Service Cluster 4: Supported Job Placement

**Skill Development:** Focus on gaining specific skills needed to independently gain and retain employment with occasional/minimal assistance.

**Goal:** Service providers will assist residents in seeking out services to assist them in accessing wage earning employment, gain employment and maintain his/her position with minimal support.

**Resources/Services:**

- **DWS Job developer: meet with residents to determine interest; locate jobs in the community, assist in completing application and interview process, serve as a resource regarding employer or resident issues around employment, informs residents of DWS employment support services and assists in accessing services**
- **Valley Services: Provides assisted employment opportunities with the possibility of full-time employment at external agencies.**
- **Voc. Rehab. Supported work activities, job coach, job matching**

### Service Cluster 5: Independent Employment

**Skill Development:** Build on current knowledge and experience to develop additional skills for improving long-term independent employment opportunities with little or no assistance needed from service providers in seeking and/or retaining employment.

**Goal:** Resident independently achieves and/or maintains wage-earning employment.

**Resources/Services:**

- **DWS: [jobs.utah.gov](http://jobs.utah.gov), Employment Centers**
- **DWS Job Developer: meet with residents to determine interest; assist in locating job postings at DWS, locate jobs in the community and make resident referral; inform residents of DWS employment support services and direct resident to DWS office for services**

## Attachment 4: LESSONS LEARNED

### Pilot Design

1. Interagency collaborations inevitably experience culture clashes as norms within each agency are challenged and stretched to accommodate cultural differences. Differences range from small to large and will rarely disappear on their own. Open conversations, especially during the design phase, are critical to help all to retrain by-in and on-going support. Areas of possible conflict include but are not limited to:
  - a. Differences in language (terminology, meanings of words) – language is powerful. Ask, “What do you hear when I say...”employment” or “success”?
  - b. Disparate values of what is “right” or best for a particular population
  - c. A variety of missions driving the engagement
  - d. Limitations due to funding sources and requirements
  - e. Previous “baggage” due to past interactions and experiences
  - f. Varying levels of familiarity with the population being served

Addressing these issues early in the design phase facilitates a smoother and more rapid movement into the implementation phase.

2. Large undertakings such as this need a project director who functions as a full time organizational hub or back-bone around which the project evolves. Agency representatives are already overwhelmed with work and represent a particular perspective (as noted above). This person acts to enhance the whole, facilitating communication and monitoring progress toward the larger goal.
3. Those with firsthand knowledge of and experience with the day to day lived realities of the chronically homeless individuals need to have an equal voice at the table as the program is designed. Creating a safe environment for honest discussion is difficult but critical to success. The power differentials between agency administration and front line case managers must be recognized and those most vulnerable must feel safe and protected if they are to be truly free to engage in honest dialogue. Outside agencies, even those with the best intentions, will struggle to match their mission to the realities of the population if they do not first become very familiar with the strengths and needs of the people for whom the program is designed.
4. Case management style at the PSH facility matters. The front line interaction between the client and the case manager is where the real work happens. Case managers or representatives for this group need to be involved in a discussion about how the goals of the project fit with the norms of the primary case managers. Not all programs can be implemented successfully with all case management styles. If the role of the case manager is expected to change with the implementation of a new program, this needs to be communicated clearly and consistently.
5. The case manager to client ratio may need to be adjusted to determine if workload increases due to employment activities might overwhelm the system. Personnel are often already stretched thin. The added demands of including employment resources in the multitude of activities and services needs to be acknowledged and adequate staffing provided. This is necessary so that other services do not suffer and current workers, who already engage in very challenging work, are not over-whelmed.
6. Residents and resident views need to be incorporated in the design process. Focus group input, participation in appropriate planning sessions and consultation prior to implantation all provide critical feedback for grounding the program in the residents’ needs and lived realities.
7. The chronically homeless individuals are not uniform in their needs relative to employment. Program designers need to think across a continuum of services from activities to support

independent employment to activities designed to encourage basic interactions even within the housing community as a first step to employment. Given the wide range of needs it may be appropriate to start with a small group of residents with similar employment related needs and expand the scope of services and residents served over time.

### **Pilot Implementation**

1. It is not enough to simply relocate service providers onsite doing “business as usual” and assume residents will then be effectively served. Processes which made it difficult for residents to access services will likely continue to be barriers unless pathways can be adjusted to meet the needs of many within this population. Agencies which have been able to adjust their services to meet the needs of residents have been finding greater success in engaging residents in their programs and services.
2. Changes in the “culture of employment” have happened. While very difficult to measure quantitatively, one year after implementation residents are better able to identify people, activities and resources available to support any interest in employment. As residents feel increasingly supported in their employment endeavors, they take additional steps, both with the help of service providers and on their own.
3. Job Availability -- Once marketing of the program began, we realized we needed to have a number of jobs that clients could quickly enter. Temporary jobs, daily jobs were good. As soon as we had some of these available, it gave tenants an opportunity to achieve entrance into employment, even for a short time. It is important to have something available when a tenant expresses interest, if not, they can quickly become discouraged.
4. Most residents need a very supportive, gradual entrance into the workforce. There should be time for getting to know a client’s work history and employment goals. While many labor jobs have been made available to residents, physical health issues and interest in other types of employment have stopped some residents from taking such jobs. Employment variety and personalizing options are important in serving a diverse population.
5. Many tenants express a desire for full-time and higher paid employment. However, we need to balance and check ourselves, as the residents are not interested in being told what is best for them but want their dreams and interests considered. We need to spend the time in working with them to find the right type of job so that they will be successful.
6. Employer partnerships are being developed and need to be maintained. Employers are a key component to successful placements and they need to know that by hiring a resident they are also receiving the services and support of the job developer who can be a partner to manage issues that may arise once a resident is employed.

### **Pilot Evaluation**

1. Because individual involvement in employment and employment-related activities fluctuates so rapidly, outcomes must be measured over long periods of time to reflect accurate patterns associated with pilot outcome measures. Over time, trends in the data may show an overall increase in employment, however, pilot “successes” can be identified more accurately and immediately using alternative measurements.
2. “Progress” in this type of program is hardly linear. It is a step-by-step process that often contains steps backwards as well as forward. Measures such as interest in employment, engagement with service providers, participation in employment related activities, employment “talk,” and other such factors need to be measured and valued as equally important as employment outcomes.