The Role of Employment in Ending Homelessness

A Report to the Homeless Strategic Initiative on Supported Employment

Rachel Post, M.S.S.W. and Amy Horton

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Introduction

In May 2023, the Homeless Strategic Initiative (HSI) engaged the Technical Assistance Collaborative (TAC) — a national nonprofit organization dedicated to supporting our nation's human services, health care, homelessness, and affordable housing systems — to interview key informants and analyze reports and data to outline supported employment (SE) service availability for people experiencing and at risk of homelessness in the Portland Metro Area. HSI requested that as part of this scope of work, TAC document the greatest challenges to scaling SE services to meet the need, and propose high-level recommendations to further advance this service category so that people exiting homelessness may have greater opportunities to advance towards health, wellness, and economic self-sufficiency.

Why Employment Services Matter

A robust body of evidence points to the broad deployment of supported employment services as a primary intervention to address both homelessness and housing instability. It is critical to help individuals experiencing homelessness to secure employment, as the lack of earned income is one significant contributor to entering into homelessness as well as affecting the duration of homelessness. While the scarcity of deeply affordable housing and inadequate access to fully integrated and culturally responsive health and behavioral health care are also significant contributors to homelessness, employment supports should be offered to those living in supportive housing in order to help them gain earned income, address poverty, and promote career pathways. The Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program directs communities to monitor specific system performance metrics to help measure the degree of success they are having in ending homelessness. Communities often prioritize the top three CoC system performance measures: **Measure 1**, which tracks the length of time individuals remain homeless; **Measure 2**, which tracks the rate at which individuals who leave homelessness experience additional spells of homelessness; and **Measure 3**, which tracks the overall change in the number of people experiencing homelessness each year. However, communities must also focus on **Measure 4**, which tracks income growth for persons entered into and exited from the Homeless Management Information System (HMIS). One of the sub measures under Measure 4 tracks the percentage of individuals exiting CoC-funded programming and/or housing whose income has increased. In 2022, the national average was only 14.2% of individuals leaving CoC-funded resources whose earned income had increased; by contrast, the Portland/Gresham/Multnomah County CoC documented this outcome at 16% (120 out of 748 individuals). It is difficult to conceive how communities are to truly end homelessness without fully integrating supported employment services into supportive housing along with health and behavioral health care, as the lack of income is a significant contributor to homelessness.

This report offers a brief orientation to the value of supported employment services and to an evidence-based model of SE that has been documented in the literature and recognized by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for nearly three decades. It is important for social service providers and policy leaders to know that this model has been recognized by the Centers

for Medicare and Medicaid Services (CMS) as addressing one of many health-related social needs and is included as a Medicaid-covered service in several states, including the Oregon Health Plan.

The Value of Employment Services

Employment status is widely regarded as a social determinant of health (SDOH), and unemployment is recognized by both SAMHSA and the Health Resources and Services Administration (HRSA), under the Department of Health and Human Services (HHS), as a modifiable risk factor for poor health — as are social isolation and inactivity, both of which can accompany unemployment. Furthermore, nationally recognized SE scholar Joe Marrone, with UMass Boston's Institute for Community Inclusion, notes that studies going back to as far as 1938 demonstrate that unemployment is the cause (rather than the result) of increased mental distress, social disconnection, increased substance use, and physical illness.[1]

What Does Evidence-Based Supported Employment Programming Include?

Supported employment services provide individuals who have mental illness and co-occurring disorders with specialized assistance in choosing, acquiring, and maintaining competitive employment; optimally, SE is coordinated with supportive housing, physical health, and behavioral health services. The evidence-based, SAMHSA-recognized Individual Placement and Support – Supported Employment (IPS-SE) model, which has been adapted for working with people who are experiencing homelessness and those who have been involved in the criminal justice system, has been shown to increase access to competitive employment and income; reduce symptoms of mental illness, inpatient hospitalizations, and psychiatric crisis visits; and improve self-esteem and overall quality of life. Assisting individuals to achieve employment enables them to improve their social integration and networks as well as their living situation, which can reduce their risk of behavioral health crises in addition to having positive impacts on other SDOH.[2] The IPS-SE model is based on eight principles which, when implemented with fidelity, produce the positive employment outcomes that have been widely documented in research studies for over 25 years:

1.   Support program participants to achieve competitive employment: jobs that anyone can apply for and that pay minimum wage or higher, at the same rate of pay as their coworkers with

[1] Marrone, J., Farkas, M., & Abramson, L. (2018). Making mental health systems of care "high performers" in employment in employment outcomes. *American Journal of Psychiatric Rehabilitation, 21*(3):61-79; Eisenberg, P., & Lazersfeld, P. (1938). The psychological effects of unemployment. *Psychological Bulletin, 35*:358–390.

[2] Martone, K., Arienti, F., Gulley, J., & Post, R. (2022). *The role of supportive housing, case management, and employment services in reducing the risk of behavioral health crisis*. Technical Assistance Collaborative Paper No. 8. Alexandria, VA: National Association of State Mental Health Program Directors.

similar job descriptions. These jobs have no artificial time limits imposed by the social service agency that operates the IPS-SE program.

2. Conduct systematic job development on behalf of every IPS-SE program participant: IPS-SE employment specialists systematically visit employers, who are selected based on the program participant's preferences, to learn about their business needs and hiring preferences.

3. Conduct "rapid job search": Rapid job search helps program participants to obtain jobs rather than assessment, training, and counseling. The first face-to-face contact with employers occurs within 30 days from the time a program participant is enrolled into the program.

4. Deliver integrated services: IPS-SE services must be integrated with behavioral health services and must include intentional discussion of how SE and behavioral health teams are coordinating services based on the program participant's desired outcomes. Employment specialists should be embedded in or attached to behavioral health treatment teams to elevate the value of IPS-SE for all caseload-enrolled clients.

5. Conduct benefits and entitlement planning: Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other benefits and entitlements and the impact that employment income will have on these, to support informed decisions and to dispel myths.

6. Enroll participants without any exclusions: The tenet of "zero exclusion" means that no one is excluded from an IPS-SE program based upon perceived readiness, diagnoses, symptoms, substance use history, psychiatric hospitalization, homelessness, level of disability, or legal system involvement.

7. Offer time-unlimited support: Job support is individualized and continues for as long as each worker wants and needs the support. Employment specialists must have face-to-face contact at least once a month.

8. Support program participants' preferences: services are based on each program participant's preferences and choices rather than on the employment specialist's or supervisor's judgments.[3]

Adherence to these principles is measured in a 25-item fidelity scale, used by many communities and several states to inform their efforts in offering IPS-SE to qualifying individuals.

In a 2019 systemic meta-analysis, which included reviews of individual studies from 2000 to 2019, findings strongly support the application of IPS-SE with individuals who have substance use disorders (SUDs), including those with a co-occurring mental health disorder.[4]

A 2020 article published in *Psychiatric Services* indicates that IPS-SE is effective with diverse populations, such as racially marginalized groups and people who were homeless, in both urban and rural settings, and over many years. Furthermore, adherence (fidelity) to IPS principles correlated strongly with employment outcomes.[5]

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[3] IPS Employment Center (n.d.) What is IPS?

[4] Harrison, J., Krieger, M. J., & Johnson, H. A. (2020). Review of individual placement and support employment intervention for persons with substance use disorder. *Substance Use & Misuse, 55*(4):636-643.

[5] Drake, R. E, Becker, D. R., & Bond, G. R. (2020). Growth and sustainment of individual placement and support. *Psychiatric Services, 71*(10):1075-1077.

IPS-SE Employment in Oregon

The Oregon Supported Employment Center for Excellence (OSECE) was created in 2008 as part of Oregon's Supported Employment Initiative to provide technical assistance to mental health agencies offering IPS-SE; conduct fidelity reviews; collect, evaluate, and share outcome data; educate and advise local and state policymakers; and coordinate media coverage of success stories.

The Center is funded through a contract with the Oregon Health Authority/Health Systems Division and is operated in partnership with the Office of Vocational Rehabilitation, the IPS Employment Center, and Options for Southern Oregon (which administers the contract).

A Study of the Central City Concern Supported Employment Program

In March 2010, Portland State University's Regional Research Institute issued a study conducted by Heidi Herinckx on Central City Concern's (CCC) supported employment programs. Researchers utilized secondary data originating from the Homeless Management Information System (HMIS), CCC's employment records, and substance use disorder treatment datasets. The study examined the data for 319 unduplicated clients served in the agency's alcohol and drug-free community transitional housing during a two-year period between 2007 and 2009.

All individuals in this study were homeless upon entry into CCC programs; the majority (70%) had felony convictions; and all had primary SUDs. Half were enrolled in CCC's SUD treatment program (49%), one-third had committed at least one crime in the last five years, and 28% met the HUD definition for chronic homelessness. Despite these numerous barriers to employment, outcomes in this study were favorable, with 71% of all clients served achieving employment. The study yielded several major findings:

- Of the 319 clients served by the CCC supported employment programs, 227 (71%) were placed in at least one job.
- Over three-quarters of SE participants placed in a job were still employed after their participation in the employment program ended.
- The variable most strongly associated with employment was completion of CCC's Alcohol and Drug-Free Community transitional housing program: 85% of those who successfully transferred to permanent housing were employed, compared to 61% of those who did not.
- Over half (53%) of SE participants worked full-time.
- Employed participants' average wage was $9.96 per hour (median wage was $8.70), equivalent to $14.42 per hour in 2023 according to the Bureau of Labor and Statistics inflation calculator.
- Of the 220 who exited the transitional housing, 55% (121) successfully completed the program and moved into permanent housing. Forty-five percent (99) did not successfully complete the program.

These findings indicate that SE is an effective model for individuals with a primary SUD who experience homelessness and have a substantial history of criminal justice involvement.[6]

Since the study was published, OSECE has tracked the outcomes of IPS-SE programs approved to utilize Medicaid service coverage through the Oregon Health Plan. Tables 1 and 2 below reflect the performance of Multnomah County IPS-SE providers in the last quarter before the COVID-19 pandemic and in the last quarter of 2022. Due to the pandemic, the Oregon Health Authority permitted organizations to stop reporting this data through the last quarter of 2022, though two providers (Cascadia and the Early Assessment and Support Alliance [EASA Multnomah] opted to report their outcomes during that time.

Table 1: OSECE recorded outcomes by Multnomah County providers in 2019 Quarter 4

IPS Supported Employment Program	Employment Specialists	Clients Served	Clients Employed	Clients Employed (%)	Fidelity Score*
Cascadia BH	8	117	61	52.1%	107
Central City Concern	4	56	29	51.8%	102
EASA Multnomah	2	23	13	56.5%	104
NARA NW	2	26	12	46.2%	101
Outside In	1	16	5	31.3%	100

Table 2: OSECE recorded outcomes by Multnomah County providers in 2022 Quarter 4

IPS Supported Employment Program	Employment Specialists	Clients Served	Clients Employed	Clients Employed (%)	Fidelity Score*
Cascadia BH	7	99	52	52.5%	107
Central City Concern	Unreported	Unreported	Unreported	Unreported	Unreported
EASA Multnomah	2	22	13	59.1%	108
NARA NW	Unreported	Unreported	Unreported	Unreported	Unreported
Outside In	Unreported	Unreported	Unreported	Unreported	Unreported

* Fidelity Score indicates the degree to which a program is operating to the evidence-based practice IPS-SE model, as measured by OSECE. The highest achievable score is 120. Scores of 100 and above are considered high fidelity.

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[6] Herinckx, H. (2010). Employment outcomes 2007-2009: CCC supported employment programs. Prepared in collaboration with Central City Concern. Portland, OR: Regional Research Institute for Human Services, Portland State University.

Other Portland-Specific Employment Services Studies

A recent 18-month study prepared by RTI International evaluated four employment social enterprises (ESEs) located across the country, including one operated by Central City Concern. ESEs are mission-driven businesses focused on hiring and assisting people with barriers to securing employment, in order to support them in improving their quality of life. This study tracked outcomes for those engaged in CCC's ESEs and those in a comparison group who attended CCC employment orientation but opted for other employment services through CCC's Employment Access Center. Eighteen months after intake, 17% more ESE group members had been employed for some portion of that period, than the comparison group. The ESE group had 24% more members living in stable housing than the comparison group. And finally, ESE group members were 7% less likely to have been arrested in the last 18 months than members of the comparison group.

This study further defined the cost per employee to operate the ESE as well as the monetized benefit of ESE employment. CCC's ESE cost $18,336 per employee, whereas the monetized benefits, which include the valued outcomes of employee income, housing, reduced arrests, better health, and ESE revenue, was calculated as a benefit to society as a whole at $36,336. Of all four ESEs in the study, CCC's produced the highest return on investment (ROI). For every dollar spent, its ROI to society as a whole was $1.98.[7]

These results show promise in the value of employment programming for individuals who are exiting homelessness with histories of justice involvement and behavioral health conditions. It should be noted that persons who opt into CCC's ESE programs are often housed in CCC's very-low-income alcohol and drug-free transitional supported housing programs, which may influence the rate of those living in housing at 18 months.

Key Informant Interviews

To gain a clear picture of the current challenges in offering supported employment services to individuals experiencing or at risk of homelessness in the Portland-Metro Area, we conducted six key informant interviews. The individuals we interviewed represented service providers and/or local governments delivering employment services (N=5 or 83.3%), as well as the Oregon Health Authority-contracted Oregon Supported Employment Center for Excellence (N=1 or 16.7%). In addition to delivering SE, the service providers we interviewed deliver an array of housing and homelessness support services, including outreach, permanent supportive housing, family housing, transitional housing, fair market housing, hotel vouchers, shelter stays, and rental assistance.

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[7] Glennie, E., Laird, J., Hong, Y., & Dunlop Velez, E. (2021). *Employment social enterprise evaluation: Economic self-sufficiency and life stability 18 months after starting work with and employment social enterprise*. Prepared for REDF. Berkeley, CA: RTI International

Three of the six key informants (50%) utilize a transitional employment placement (limited term) model, while two (33.3%) utilize the IPS-SE model. Other SE services delivered by the providers include those related to job readiness (GED, trade recruiting, and community volunteer corps), peer mentorship and housing for youth exiting foster care, and individual case management utilizing the critical time intervention (CTI) model to find employment with a living wage.

Limitations of Provider-Reported Data

Our goal in the key informant interviews was to collect SE population data on variables such as homeless status, SUDs, and racial/ethnic makeup. Unfortunately, only one provider (16.7%) currently tracks those variables and can compare them against employment outcome data; furthermore, this provider's data was unavailable during the interview. Similarly, none of the providers we interviewed currently compare those variables against those who have maintained employment. One interviewee reported that their organization recently purchased software that will enable reporting on these variables in the future. An interviewee spoke to the limited scope of data collection and reporting required in IPS-SE programming and attributed this to "the state's design," citing "push-back against increasing administrative burden." Only one stakeholder could report on the percentage of SE participants experiencing homelessness (10% are currently homeless, with another 10% formerly experiencing homelessness). Without consistent data collection, tracking, and reporting across SE providers on how these variables correlate with the ability of SE participants to secure and maintain employment, overall trends cannot be observed, nor can services or staffing be adjusted to meet participant needs. While this information was not available through our key informant interviews, there is a wide body of research on IPS-SE that offers a roadmap for level and intensity of employment supports that should be offered to assist recipients in securing and retaining employment that is matched to their desired vocation.

Immediate Challenges Facing the Supported Employment System

We asked all key informants to share the top three immediate challenges their agency/system faces in offering SE services to individuals who are homeless or at risk of homelessness. Five of the six (83.3%) cited insufficient funding as a challenge, and four (66.7%) cited workforce shortage/turnover, with three people (50%) indicating that workforce is their number one concern. Even though only one key informant's agency has reports on the efficacy of its SE services, no key informants selected the capacity to evaluate the efficacy of SE services as one of their top three immediate challenges.

Table 3: Top Three Immediate Challenges to Supported Employment Programming

Challenge/Barrier	Considered Priority 1	Considered Priority 2	Considered Priority 3	Respondents
Insufficient funding	1 (17%)	3 (50%)	1 (17%)	5 (83%)
Workforce shortage/turnover	3 (50%)	—	1 (17%)	4 (67%)

Challenge/Barrier	Considered Priority 1	Considered Priority 2	Considered Priority 3	Respondents
Lack of willing employers/employer diversity	–	1 (17%)	1 (17%)	2 (33%)
Lack of ability to hire program participants	–	–	1 (17%)	1 (17%)
Lack of capacity to serve those with high acuity behavioral health needs	–	1 (17%)	1 (17%)	2 (34%)
Lack of coordination/collaboration with supportive housing services	–	1 (17%)	–	1 (17%)
Lack of coordination/collaboration with health and behavioral health care providers	1 (17%)	–	–	1 (17%)
Lack of knowledge about evidence-based practices in SE	–	–	1 (17%)	1 (17%)
Lack of behavioral health and housing services for people with intellectual and developmental disabilities (I/DD), which results in inability to place individuals in employment	1 (17%)	–	–	1 (17%)

The two most frequently cited barriers, insufficient funding and workforce shortages, are clearly linked, with interviewees noting that the workforce shortage is being driven in part by wages. As one interviewee said, "If you are job seeking and see that you can make 25-50% more as a case manager than as an SE provider, you probably won't apply for the SE position." Another interviewee noted the connection by stating, "They need to be able to offer significantly higher wages to be able to compete. Workforce has difficulty finding housing, so this contributes to workforce leaving the area."

Interviewees noted specific funding challenges such as the need to hire additional staff; to increase salaries and Medicaid rates for SE; to provide job readiness resources and supports to program participants; to offer SE services to anyone who wants to work; and to provide care coordination and affordable supported housing.

In terms of workforce challenges, interviewees noted an inability to hire people for SE positions; a need for competitive wages for hiring and retention; technical assistance needed to support skill set development for employment specialists; and the effect of the housing shortage as eligible workers leave the Portland metro area.

Only one stakeholder identified a lack of knowledge about evidence-based practices in SE as being a top challenge.

Key Informant Insights

> "Employment services can be used to: Increase exits out of homelessness, including by improving the outcomes of other system investments such as emergency and temporary shelter capacity; Improve the effectiveness of short-term rental assistance by improving housing stability and income attainment rates and reducing returns to homelessness; improve housing stability rates in permanent supportive housing and affordable housing."
>
> —*Sean Hubert, Vice President and Chief Strategy Officer, Central City Concern*

Here, we group the needs described by interviewees into five categories, accompanied by insights from these key informants.[8] For a tally of all SE-related needs identified by key informants, see Appendix A.

Provider Workforce Development

Three stakeholders (50%) indicated an immediate challenge regarding workforce and staff turnover.

Table 4: Provider Workforce Development Needs

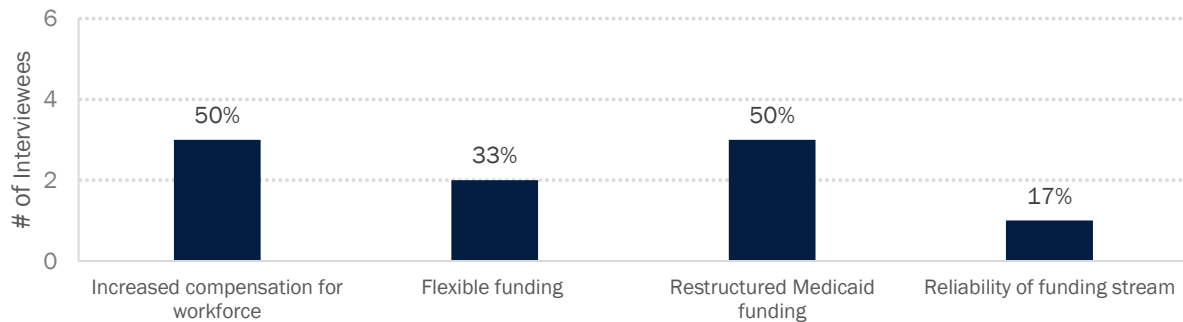| Workforce Need	Key Informant Insights
Need to reduce provider vacancies and turnover	• "[We have] 3 employment support staff vacancies, 2 of which are IPS team members. 65% employment staff turnover in last year." • "[We] currently have 4 vacancies at [program] which has a staff of seven, so over half of the team positions are vacant." • "Can't get people to apply for SE positions." • "It typically takes 2-3 months to fill a position though. Lots of turnover as well."

Funding

Funding challenges came up throughout the interviews, with four respondents (66.7%) mentioning a need related to funding. These perspectives could be broken into four funding buckets: increased compensation for the workforce, flexible funding, restructured Medicaid funding, and the reliability of the funding stream. See Exhibit 5A for breakdown of funding needs and Table 5 for key informant insights.

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[8] Some of the challenges were specifically asked during the interviews, and some came up throughout the interviews.

Exhibit 5A: Funding Needs

Bar chart titled "# of Interviewees" (y-axis 0 to 6):
- Increased compensation for workforce: 3 (50%)
- Flexible funding: 2 (33%)
- Restructured Medicaid funding: 3 (50%)
- Reliability of funding stream: 1 (17%)

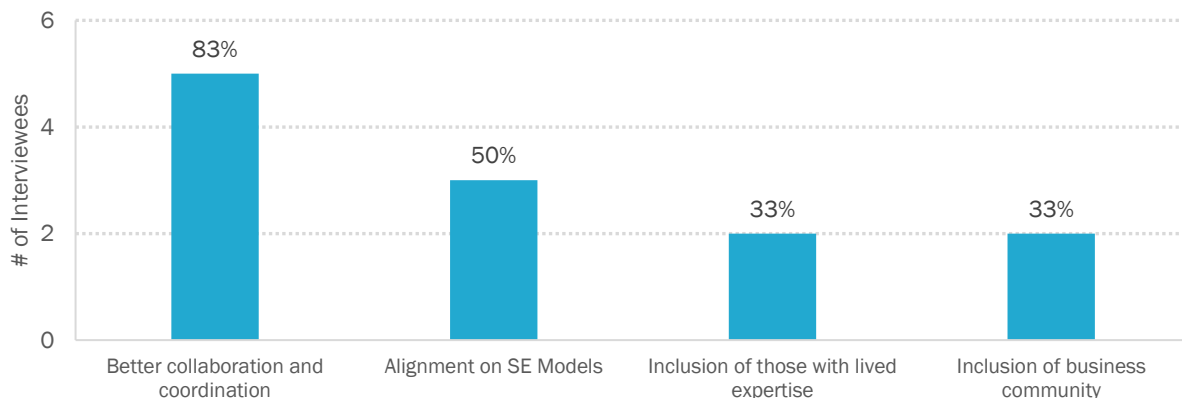**Table 5: Key Informant Insights by Funding Need**

Funding Need	Key Informant Insights
Need for increased compensation for workforce	• "There is a decreasing workforce serving this population in Portland Metro Area. They need to be able to offer significantly higher wages to be able compete. Workforce has difficulty finding housing, so this contributes to workforce leaving the area...Would like to pay folks $52K as a starting salary." • "[My agency needs] funding for 2 additional SE specialists and increased salaries by 20%." • "[The workforce shortage] is probably driven in part by wages; if you are job seeking and see that you can make 25-50% more as a case manager than SE, you probably won't apply for SE."
Need for flexible funding	• "Funding is tied to recovery housing, behavioral health. Need more funding that is available to anyone who wants to work. Right now, only a subset of program clients have access to any employment programming. Would like funds to simply offer employment to anyone who wants it, regardless of what program they are associated with. Other organizations (Transition Projects, Volunteers of America) are wanting their clients to access employment services." • "Funding for clothing, haircuts, other expenses related to resources for individuals to be ready to work."
Need for restructured Medicaid funding	• OHA could reexamine the funding structure for SE and consider raising the rate – this is Medicaid reimbursable. It would be incredibly incentivizing for CMHCs [Community Mental Health Centers]. CMHCs could do a better job negotiating contracts with CCOs [Coordinated Care Organizations] to improve funding...Each CCO establishes separate contracts with each CMHC and what each CMHC is actually getting paid to deliver SE looks very different, and how that maps to Medicaid is unclear. • "[The Medicaid SE] rate should build in costs for higher salaries to attract and retain people." • "Need for clubhouse to be Medicaid reimbursable and at the rate it costs."

Funding Need	Key Informant Insights
Need for reliability of funding stream	• "Vocational Rehabilitation Division (VRD) contributes $50,000 for those who are enrolled... Have braided VR money. Since it's tied to individuals, it's challenging to know how much revenue will be available from one year to the next."

Systems Integration Needs

There was strong agreement among respondents that systems integration is essential. All six stakeholders (100%) highlighted ideas for better collaboration and coordination, alignment on SE models, and inclusion of both people with lived experience and the business community. See Exhibit 6A for breakdown of system integration needs and Table 6 for key informant insights.

Exhibit 6A: Systems Integration Needs

**Table 6: Key Informant Insights by Systems Integration Needs**

Systems Integration Need	Key Informant Insights
Need for better collaboration and coordination	• "[For IPS] OSECE offers trainings and monthly sessions for Supervisors and SE specialist to connect. Yearly conference all of which is available to IPS SE programs." • "There is little coordination at the state level and a lack of leadership due to turnover and vacancies." • "It would be great to create a convening body for SE providers and include those with lived expertise and the business community on this body." • "Need a collaborative impact model to connect supportive affordable housing and employment services for those who experience intellectual and developmental disabilities (I/DD). They are working with Joint Office related to

Systems Integration Need	Key Informant Insights
	the Housing Bond. There are 1,100 on [Coordinated Entry] and they may have a qualifying diagnosis of I/DD." • "We need to elevate employment at the policy level as critical to addressing houselessness." • "The idea of employment and long-term employment starts way before people are at age of employment." Wishes that I/DD system would do more to plant the seeds of employment with families very early on, "just like we do for non-disabled populations." • "Need system coordination between behavioral health and supportive housing providers."
Need for alignment on SE models	• "Need ACT [Assertive Community Treatment] level of services focused on homeless population." • "OR put $110 million for Measure 110 for various CMHCs and other agencies and target populations with primary SUD... they did not require Measure 110 grantees use IPS model of SE." • "Clear initiatives that recognize that SE is a part of addressing houselessness. Seeing it as an opportunity to integrate people into communities and understand that employment offers opportunity to give people a sense of purpose and connection, essential elements to retaining housing." • "Need to protect SE specialist time on ACT team so they don't get sucked into crisis management/case management."
Need for inclusion of those with lived expertise	• "It would be great to create a convening body for SE providers and include those with lived expertise and the business community on this body." • "[Agency] has a peer advisory council and [program] has their own peer advisory board. Both of these are consulted on design, implementation and delivery of SE services. Also, 46% of staff respond that they have lived experience."
Need for inclusion of business community	• "Regarding number and diversity of employers, they have a good mix and since Covid, more employers are talking to SE specialist." • "Inviting them [the business community] to co-create targeted programming to employ this population."

Training and Technical Assistance

Throughout the interviews, the need for additional training and technical assistance (TA) was prevalent in conversations, with four interviewees (66.7%) mentioning it. Training and TA needs were identified across three audiences: SE participants, SE providers, and employers/the business community. Additionally, training specific to the merits and processes for creating a business advisory council was noted. See Exhibit 7A for breakdown of training and technical assistance needs and Table 7 for key informant insights.

Exhibit 7A: Training and Technical Assistance Needs
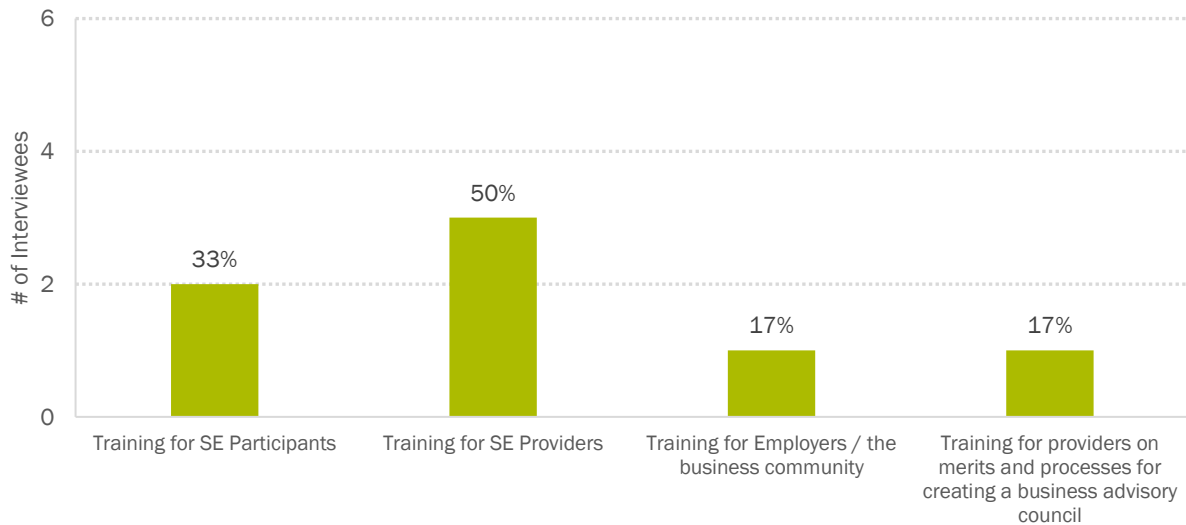
Table 7: Key Informant Insights by Training and Technical Assistance Needs

Training & TA Need	Key Informant Insights
Need for training for SE participants	• "Need to set aside funding for apprenticeships, trainings, and other clear pathways towards employment. HSO is contracting with [agency] to create peer pathways towards certifications."
Need for training for SE providers	• "Need more training to serve high acuity, collaboration with SUD treatment provider, and housing services. Need ACT level of services focused on homeless population." • "Need technical assistance to support skill sets for employment specialists. Also need to offer competitive wages for hiring and retention." • "Need to be able to secure training around IPS-SE and funding for implementing IPS-SE."
Need for training for employers / the business community	• "Training the business community on working with folks with trauma."
Need for training for providers on merits and processes for creating a business advisory council	• None of the providers interviewed have Business Advisory Councils • "Also need more training funding to support new hires in working in a clubhouse and TEP [transitional employment placement]," and "Staff need to have more time to outreach with employers. They don't have a business advisory council."

Data Collection and Reporting Gaps

Four stakeholders (66.7%) indicated a lack of data collection tools and processes to inform quality improvement.

Table 8: Data Collection and Reporting Needs

Data Collection & Reporting Need	Key Informant Insights
Need to collect and report on data	• They don't currently track for these variables, but they have capacity to do that but aren't sure about data quality. • Not tracking homeless status for SE, SUD, racial/ethnic makeup – for SE we track aggregate • Due to major workforce shortages, the Oregon Health Authority (OHA) has put a pause on fidelity reviews for SE, which also includes submitting quarterly data. • [Agency] just launched management software which will allow them to compare homeless status, SUD, racial/ethnic make-up) against those who have successfully maintained supported employment in the future. All individuals were formerly homeless, and we don't have data on what percent have SUD, but [agency] estimates 70%. • They don't have data that documents correlation between employment and housing tenure.

Recommendations

Without supported employment programming, systems cannot effectively end the condition of poverty that people exiting homelessness face. Supported employment services must be both scaled to meet the need and offered in an integrated and coordinated manner with other housing, health, and behavioral health care and social service systems. Based on the information summarized in this report, we offer the following recommendations to advance the role of supported employment in improving the health, wellness, and economic stability of individuals who are exiting homelessness.

Recommendation 1: Convene a Supported Employment Community of Practice

Because several key informants were unaware of the IPS-SE model and coverage under Medicaid, TAC recommends that HSI and/or payers organize a community of practice to educate policymakers, CoC leaders, and affordable housing operators about the potential impact of this intervention when it is integrated throughout the homelessness service system.

Recommendation 2: Key CoC Partners Develop a Unified Body to Address the Supported Employment Needs of People Experiencing Homelessness in the Portland Metro Area

While the scope of this project did not allow for a key informant interview with the Joint Office on Homelessness, it appears that the CoC governing body does not have an advisory committee on addressing the employment needs of people exiting homelessness. The key informants we did interview reported that there is no entity dedicated to organizing efforts, developing policies, and meeting workforce and funding challenges related to SE programming for this population; nor does there seem to be a process by which OHA disseminates information about the availability of SE as a Medicaid-covered service. TAC recommends that such a body be convened, with representation from providers, payer systems, people with lived expertise, Multnomah County Corrections, the Workforce Investment Board, the Department of Vocational Rehabilitation, the Department of Human Services, and area businesses and employers.

Recommendation 3: Build Data Infrastructure

Reliable data is necessary to document the level and types of employment support services being offered to individuals experiencing and at risk of homelessness, and their long-term outcomes. Data on SE services should be integrated with other data sets including those tracked currently within HMIS and those documenting health and behavioral health care service delivery and outcomes. IPS-SE and other types of employment supports are intended to be offered in an integrated and coordinated manner to produce optimal results. Tracking data that documents system coordination and comprehensive services and outcomes will further support the need for employment services in efforts to end homelessness and poverty and to promote health and wellbeing.

Recommendation 4: Work with Payers to Increase Funding

HSI and related homeless service partners should work with major payer organizations to identify opportunities to increase funding for IPS-SE. The currently chaotic and piecemeal approach to funding IPS-SE and other models of SE create multiple obstacles to scaling this practice to meet the needs and to documenting its costs, impact, and return on investment. Sources of funding cited by those interviewed included a range of philanthropic sources and Medicaid. TAC recommends considering modifications to the existing Medicaid reimbursement and eligibility criteria.

Recommendation 5: Explore Other Sources of Funding

Because the number of providers licensed to bill Medicaid is limited, TAC recommends that HSI and its partners explore the availability of additional financing, including from the Metro Supportive Housing funds and Measure 110 funds. Additionally, TAC recommends that new funds be monitored by the Oregon Supported Employment Center for Excellence to ensure fidelity to the model.

Appendix A: Overview of Supported Employment Needs Identified by Key Informants

Needs Identified In Key Informant Interviews

Legend:
- Provider Workforce Development Needs
- Funding Needs
- Systems Integration Needs
- Training and Technical Assistance Needs
- Data Collection & Reporting Gaps

Need	Value
Reduce vacancies and turnover	3
Increased compensation for workforce	3
Flexible funding	2
Restructured Medicaid funding	3
Reliability of funding stream	1
Better collaboration and coordination	5
Alignment on SE Models	3
Inclusion of those with lived expertise	2
Inclusion of business community	2
Training for SE Participants	2
Training for SE Providers	3
Training for Employers / the business community	1
Training for providers on merits and processes for creating a business advisory council	1
Collect and report on data	4