Building the Capacity of the Homeless Service Workforce

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Abstract: The available data are imperfect but suggest that between 202,300 and 327,000 workers provide homeless services. However, little is known about the composition of this workforce and little attention has been paid to developing its capacity to address the multiple problems of those living without homes. Workforce development covers a range of activities from recruitment through training and credentialing—all of which support the goal of strengthening the professional identity, skills, and resilience of the workforce. Success in ending homelessness is likely to be out-of-reach without serious investments in the professional development of homeless service providers. The Interagency Council on Homelessness is ideally positioned to establish a national agenda for workforce development in homeless services and to leverage action across federal agencies to build workforce capacity.

INTRODUCTION

One of the most under-valued assets in this nation's fight to end homelessness is the homeless service workforce. From program administrators to direct service workers, homeless service providers are responsible for solving one of the most complex expressions of poverty in America today. Yet insufficient attention has been paid to providing the support and skills they need to succeed.

Profound challenges face the homeless service workforce every day. High rates of co-occurring health, mental health, and substance use problems among homeless populations demand a workforce with increasingly sophisticated treatment knowledge and skills. Shifts in homelessness policy require the workforce to adapt to new service delivery models. With the economy in trouble, an already under-resourced system faces lost tax revenues, further compromising the ability of states and localities to address the needs of homeless populations. These needs are greater than ever before. The depressed economy and increasing numbers of men and women returning from military service mean more veterans and families with children are on the street while the affordable housing crisis leaves few options for providing them with homes.

Even as the challenges have grown, the critical role of the workforce has been largely ignored. Efforts to support, train, and retain the workforce have been neither systematic nor thorough. The American Recovery and Reinvestment Act of 2009 allocated over 2 billion dollars to affordable housing production, $1.8 billion in increased funding for housing vouchers, and $1.5 billion to Homeless Prevention and Rapid Re-housing programs [1]. While these investments are substantial, the relief offered by this infusion of funds will be short-lived without simultaneous efforts to strengthen the ability of the workforce to deliver effective services.

This paper explores how we might improve the nation's response to homelessness by building the capacity of the homeless service workforce. We begin by outlining the unique challenges of working in homeless services. Subsequent discussions review the steps required to develop a coherent workforce development strategy.

Although the phrases "homeless services" and "homeless population" are used throughout, they should not suggest any homogeneity among homeless people and homeless services. To the contrary, homeless populations are composed of vastly different subgroups from chronically homeless people with high levels of disability to those who experience short-term homelessness including families that have lost their homes to foreclosure. As client characteristics and needs vary, services will also vary as will the challenges and training needs of the workforce.

The Challenges of Work in Homeless Services

Workers in homeless services confront a formidable array of barriers to success:

- **Responding to a Population with Special Needs.** People experiencing homelessness face increased risk of life-threatening medical conditions such as tuberculosis and HIV; increased occurrence of debilitating behavioral health conditions; and higher rates of substance use relative to people with stable housing [2]. One study revealed that about 37% of homeless men and 32% of homeless women have co-occurring Axis I mental health and substance-use disorders, rates that have increased since 1990 [3]. Trauma is a significant issue among many homeless subgroups. Mothers with children, youth, and veterans often bring histories of complex trauma, due to interpersonal violence or post-trauma responses to

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war, sometimes complicated by traumatic brain injury. Many service providers do not have the training or experience to understand the invidious impact of trauma, its dynamics, and how best to respond with trauma-specific services as well as other services delivered through the lens of trauma.

- **Difficulties Engaging Clients in Services.** Many people experiencing homelessness have not traditionally been well cared for and may be reluctant to engage in services. The challenges of working with chronically homeless people - those with disabling conditions who experience prolonged or repeated homeless episodes - are particularly striking [4]. This population is harder to reach, less likely to seek help, and more difficult to engage in services.

- **Working in Non-Traditional Settings**. Homeless services are often provided in non-traditional settings. In outreach work in particular, there is often a power shift experienced when workers must approach clients on their turf rather than in a traditional professional setting. Workers may feel out of their element and may have concerns about personal safety and confusion about boundaries. Coping with the stress of witnessing violence or dealing with emergencies such as injury, sexual assault, or drug overdoses further challenges homeless service workers.

- **Managing Multiple Systems.** Individuals and families experiencing homelessness often have multiple needs - for housing, income, job training/employment, health care, and other supportive services. These needs are typically addressed by a number of separate and seldom effectively coordinated public and private agencies. Yet collaboration and integration of services is critical to providing optimal care to homeless populations [5]. Many of the services homeless people need are provided through mainstream programs. These programs are traditionally under-resourced and eligibility is often restricted by legislation and regulations making it extremely difficult to access needed care and benefits [6].

  The absence of a comprehensive, coordinated system that provides access to mainstream programs and continuous care adds numerous challenges to the retention of direct service providers. As homeless service workers confront a very fragmented service system, the opportunities for job frustration and dissatisfaction increase.

- **Confronting Negative Public Attitudes.** Leginski notes that every wave of homelessness in the United States has been associated with negative attitudes toward homeless people. The negativity is expressed in vagrancy laws, editorials, and personal attitudes. It may be stimulated by dominant cultural values, such as the disdain for idleness, vague invocations of public safety, or in response to observed behaviors [6]. Even today, the "undeserving poor" continue to be a stigmatized population targeted by laws and ordinances that criminalize their everyday behavior. High rates of mental health and substance use difficulties complicate

this picture of public disdain. For the workforce, negative public attitudes mean a lack of public support "on the street" as well as fewer program resources. Few jurisdictions have escaped the NIMBY (not-in-my-backyard) problem and its effect on the availability of affordable and scattered site housing.

- **Working in a Low Wage Environment.** Anecdotal evidence suggests that low pay and high turnover characterize the homeless service workforce [7]. Data collected by the U.S. Department of Labor's Bureau of Labor Statistics (BLS) confirm this speculation. Median wage rates for some of the largest occupations relevant to homeless services are lower than the median for all industries in the "social assistance" sector. For instance, mental health and substance abuse social workers earn a median wage of $15.38/hour in "Community Food, Housing, and Other Relief Services" compared to $17.02/hour in all industries combined [8]. Low wages can be more palatable in organizations that provide rich opportunities for learning. Yet the press of dealing with the challenges of providing homeless services in tightly funded programs often leaves little time or money for local professional development activities.

- **Dealing with Burnout and Compassion Fatigue.** The daily experience of working with clients in desperate circumstances can impose a special burden on the homeless services workforce. Fisk, Rakfeldt, and Heffernan [9] describe "a pervasive sadness related to witnessing the traumatic experiences endured by homeless persons." For many workers, the sadness may be joined by feelings of powerlessness and anger when working to help people who are homeless [9]. Schutt and Garrett [10] note that staff may feel depression, fatigue, lack of recognition, lack of support, and the sense that they are not accomplishing all that needs to be done. Employees may join this workforce with lofty goals and high expectations, but over time become let down and burnt out [10].

Forming a Workforce Development Strategy

In this environment, what is required to develop a workforce capable of making a difference? Training is critical, but workforce development also covers a range of activities from recruitment through credentialing that support the goal of strengthening the professional identity, skills, and resilience of the workforce. Understanding workforce capacities and creating a strategy for workforce development requires answering three fundamental questions:

I.   What is the current nature and size of the homeless service workforce?

II. What is the nature and size of a workforce that will meet the needs in the field?

III. How do we close the gap?

I. What is the Current Nature and Size of the Homeless Service Workforce?

The foundation of any strategy for addressing the needs of the workforce is accurate knowledge about its

characteristics - how many workers are there, what are their credentials and skills, where do they work and in what jobs? With the information currently available, we can only answer these questions with crude estimates.

Where Do Homeless Service Staffs Work?

There are basically two clusters of homeless service settings: programs dedicated to serving homeless individuals and mainstream programs that serve various populations including homeless persons.

Dedicated Homeless Service Programs

The 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC) provided the first national description of homeless service programs [11]. Based on a sampling strategy implemented by the Bureau of the Census, the survey gathered information about 16 types of programs funded by public and private agencies. The study estimated that approximately 40,000 homeless assistance programs were operating across the nation in 21,000 physical locations. Food pantries were the most numerous (9,030), followed by emergency shelters (5,690), transitional housing (4,400), soup kitchens and other distributors of prepared food (3,970), outreach programs (3,310), and programs distributing vouchers for emergency housing (3,080).

Since this 1996 survey was completed, communities report significant increases in the prevalence of homelessness, most visibly expressed in the rise of homeless tent cities [12, 13]. Federally funded homelessness programs have grown in step. For example, in 2007 a HUD report to Congress [14] identified 6,200 emergency shelters, 7,400 transitional housing facilities, and 5,900 permanent housing programs for a total of 19,500 federally funded housing programs compared to the 1996 NSHAPC estimate of 10,090 housing programs funded by all sources (5,690 emergency shelters and 4,400 transitional housing programs). In response to HUD's emphasis on permanent supportive housing, HUD's latest report [15] notes a 22 percent increase in that component in just two years (2006-2008). Another example is the growth in Healthcare for the Homeless sites funded by DHHS. In Federal fiscal year 2000, $88M was appropriated to fund 135 sites. By 2009, the appropriation had grown to $178M covering 205 clinics.

Mainstream Agencies Serving Homeless Clients

Less is known about other providers of services to homeless people. Social service agencies, family welfare organizations, school systems, public housing, faith-based programs, primary care settings, behavioral health service providers, and a host of charity and philanthropic efforts are critical partners in assisting people who experience homelessness.

For many of these agencies, homeless clients are only one subgroup among many they serve. Expert informants estimate that between 50% and 75% of the services provided to people experiencing homelessness are delivered by mainstream agencies that have broader missions [16]. A recent study released by DHHS [17] indicated that 28 of the 50 States and District of Columbia interviewed about Medicaid and Temporary Assistance for Needy Families included indicators of homelessness among program participants.

What Jobs are Represented in the Workforce?

Based on field experience and numerous discussions, focus groups, and workshops with other local and national experts, SAMHSA's Homeless Resource Center (HRC) created nine job clusters that describe positions and functions within the homeless services workforce [18]. Table **1** describes these clusters. While useful as an organizing concept, the clusters on Table **1** have not yet been validated in any comprehensive survey effort.

Notably, the HRC did not specifically name consumers as unique members of the workforce, but rather, assumed that consumers are embedded throughout the job clusters, from outreach workers to program administrators. Reporting on a project designed to enable families to shape the policies, programs and services that affect them, Bassuk [19] describes consumer involvement as both the right thing and the smart thing to do. "Right" refers to the imperative to empower consumers, to bring them out of the shadows of social exclusion and provide them with "participatory parity". "Smart" refers to the ability to better understand consumer needs and thereby provide more effective services that also result in increased user satisfaction.

Despite these advantages, consumers have yet to be fully integrated in key positions with decision-making authority in homeless service agencies. While much remains to be done before consumer integration can be declared a widespread reality, visible progress has been made. Recognizing their special abilities to engage clients in services, consumers have typically served as outreach workers and case managers, effectively moving previously reluctant clients into services. Moreover, an emerging number of programs designed and operated by consumers are a promising development in homeless service delivery.

What Training Do Workers Bring to Their Jobs?

The third column of Table **1** outlines the training typically received by workers in each of the 9 job clusters. In four out of nine clusters - which include a majority of positions - many have had little to no formal training or academic experience and receive their training on-the-job. Various agencies have made substantial investments in on-the-job training, technical assistance, and conferences to strengthen the infrastructure for homeless services [18]. It is not clear, however, that the opportunities for staff development are well-coordinated or that they follow a systematic plan for upgrading the knowledge and skills of the workforce. Rather, each appears to provide services independent of the next yielding a picture of ad hoc learning opportunities with no overarching efforts to give providers a solid foundation in best practices for homeless service delivery.

How Many People are Employed in Homeless Services?

We can only speculate about how many people are employed nationally across the nine job categories in Table **1**. The most recent quantitative examination of staffing patterns comes from a narrow slice of homeless services—a survey of family shelters conducted in 1994 by Weinreb and Rossi [20]. In their sample of 1,619 programs, paid workers dominated the staffs which were about equally divided

Table 1.   Job Clusters and Positions Among the Homeless Service Workforce

Job Cluster	Job Categories/Functions	Training/Education Background
Executive Leaders	Executive directors, deputy directors, accountant/chief financial officers, development directors and positions focused on organizational leadership, management, finances, daily operations, and board and community liaison.	Bachelor and advanced degrees
The Following Positions Typically Involve Direct Client Contact		
Clinical and Program Managers	Shelter managers, residence managers, clinical directors and managers, program managers and team leaders.	Mixed: little to none; on-job training; bachelors and advanced degrees
Independent Living Specialists	Property managers, housing search specialists, benefits specialists or coordinators and employment/workforce development specialists.	Mixed: little to none; on-job training; no higher than bachelors
Substance Abuse Counselors and Prevention Specialists	Substance abuse counselors or licensed drug and alcohol abuse counselors and prevention specialists.	Specific degrees, certification and/or licensing in substance abuse prevention and treatment
Medical Professionals	Physicians (MD), podiatrists (DPM), registered nurses (RN), and dentists (DDS or DMD), support staff for these professionals such as physician assistants (PA), medical assistants (MA), licensed practical nurses (LPN), dental assistants and hygienists, and other certified specialists.	Bachelors and Advanced degrees
Mental Health Professionals	Psychiatrists, psychologists, mental health counselors, psychotherapists, psychiatric/-mental health clinical nurse specialists and practitioners, art therapists, and mental health workers.	Mixed: high school and GED diplomas to advanced degrees and licenses
Case Managers	Supportive housing and housing coordinators or specialists; housing, mental health, family and general case managers; case workers and social workers.	Generally a bachelors degree or higher; varies substantially across settings
Cross System Professionals	Community health workers or health educators, HIV case managers, harm reduction specialists, and boundary spanners or systems coordinators.	Mixed: little to none; on-job training; bachelors and advanced degrees
Residence-Based and Non-Residential Frontline Direct Support Staff	Shelter assistants and workers, security guards, overnight or house managers, residential support specialists, peer educators or peer support specialists, client or family advocates, psychosocial rehabilitation specialists, drop-in center staff, outreach workers, studio assistants, and volunteers.	Mixed: little to none; on-job training; typically no higher than bachelors degree

among programs with fewer than four staff members (34%), four to ten (33%), or 11 or more (32%). If we apply these percentages to the nearly 16,000 shelter and housing facilities projected by the NSHAPC survey, we obtain a workforce of approximately 130,000. As shelter and housing are only part of the array of programs established to serve homeless people, it is clear that we are focusing on a workforce of significant size.

Assume for a moment that all of the remaining 24,100 programs in the 1996 NSHAPC survey have not grown in number over the following 11 years and that each employs three staff devoted to homeless populations. This would add 72,300 to the homeless service workforce, bringing the total to over 202,300 workers in targeted homeless service programs.

Surveys implemented by the BLS permit an approximate validation of this number. In the 2008-2009 *Career Guide to Industries* [8]*,* the "social assistance" industry includes "*community food and housing, and emergency and other relief services.*" This sector includes "*transitional housing for low-income individuals and families as well as temporary residential shelter for the homeless, runaway youths, and patients and families caught in medical crises*." This sector

also includes food banks, meal delivery programs and soup kitchens as well as disaster relief services including shelter and medical assistance. In its Career Guide [8], the BLS estimated a workforce of 129,000 in this sector.

Notably, this estimate only includes non-government programs. NSHAPC [11] reported 14% of homeless service programs (2730) were operated by government agencies. The BLS report indicates that half of all establishments in social assistance have fewer than 5 employees, another 42 percent have 5 to 49, seven percent have 50 to 249 and less than one percent has over 250. Applying the average of these ranges to government operated programs adds another 69,000 positions, bringing the total to 198,000-- remarkably close to our previous estimate of 202,300 staff members in homeless service programs[*].

Note, however, that the BLS report [8] only counts 9000 establishments in the sector called "community food and housing, and emergency and other relief services." Since

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[*]Staff numbers used in these calculations are as follows: 50% of 2730=1365x2.5 staff=3412; 42% of 2730=1147x27 staff=30,969; 7% of 2730=191x144 staff=27,504; 1% of 2730=27x251 staff = 6777 or a grand total of 68,662.

NSHAPC counts 19,500 facilities and programs, we could easily double the BLS employment count, bringing the total (including NGO employees) to 320,000. In short, by these approximations, we estimate a range of 202,300 to 327,000 homeless services workers.

Developing Better Data on the Size and Characteristics of the Workforce

Much of what has been presented in this section is speculative and points to the urgent need for more systematic information on the size and composition of the homeless service workforce. The gold standard for generating workforce data is a rigorous national probability survey to describe and quantify the homelessness workforce nationwide. While an appropriate sampling strategy would minimize cost, the survey would still be a significant undertaking that would undoubtedly require cooperative funding among agencies responsible for addressing homelessness.

A more limited, but nonetheless viable option is to consider adding workforce variables to HUD's Homeless Management Information System (HMIS). Capitalizing on the HUD mandate that its homelessness grantees comply with the implementation of an HMIS appears to be the best approach in terms of wide applicability and cost efficiency. HMIS has become accepted by virtually all communities. Increasingly, it is the standard to which a huge array of housing and service providers subscribe and by which the prevalence of homelessness is reported, the characteristics of the homeless population are described, and the housing and services they receive are documented. Given this wide acceptance, efforts might appropriately be directed to exploring the addition of workforce variables in the HMIS. Although the HMIS would only cover staff in programs that receive federal funds, it would provide a recurring, comprehensive source of homelessness workforce data, readily related to provider sites and provider types.

States and localities also have a role in understanding the workforce and advocating for its needs. Many jurisdictions undertake annual counts of homeless individuals, but few quantify the resources available to provide housing and services to those populations. Local workforce surveys would go a long way toward improving knowledge of the number and types of staff working in homeless services.

II. Describing the Workforce of the Future: What is the Nature and Size of a Workforce that will Meet the Needs in the Field?

Once the current workforce is counted and described, we can assess whether it adequately meets the needs of the field. This question has both quantitative and qualitative dimensions: (1) Is the supply of workers adequate to meet the demand; and (2) What are the competencies and skills workers must bring to their jobs?

The Supply Question

There is no simple answer to this question. Whether the nation will experience broad labor force shortages over the coming decade is a subject of vigorous debate that has only become more complex with the recession that began in 2007 and arrived in full force in 2008-2009. Recently, however,

two agencies of HHS, the Centers for Medicare and Medicaid Services [21] and the Substance Abuse and Mental Health Services Administration [22], have considered the prospective need for service providers and both concluded, with some urgency, that workforce shortages were likely to be soon and significant. Both agencies recommended a systematic focus on workforce development strategies, including training and expanded consideration of the role that consumers and family members perform in service provision.

Fig. (**1**) shows the BLS outlook for selected occupations in the social assistance industry that are found within the nine homeless service job clusters. These figures include all sectors of social assistance—an industry which provided 1.5 million non-government jobs in 2006. Significant job growth over the ten years between 2006 and 2016 is projected for all of the occupations listed with an average increase of 59 percent compared to only 11 percent for all industries combined.

The overall growth figure masks significant variation among the three different sectors that comprise the social assistance industry. Individual and family services are expected to grow by 73 percent, vocational rehabilitation services by 22 percent, and community housing, food, and emergency services by 19 percent. Most of the projected increase in demand for these occupations is expected in programs that serve the elderly.[†] Nonetheless, these programs may divert substantial numbers from other fields of human service, causing domains such as homeless services to confront new competition for qualified applicants. Further constraints on the supply of workers have been projected to result from the nation's changing demographics. Lower birth rates, longer life expectancies, and aging baby boomers are trends that have converged to produce an older population less likely to participate in the workforce. As baby boomers reach retirement and fewer workers are available to take their place, job vacancy rates in many social assistance occupations could be substantial.

This picture of looming shortages was drawn largely before the current recession gained momentum. With the severe downturn in the economy, the most immediate question may be the level of training and skill of the workforce rather than its numbers. In May, 2009, the number of unemployed persons nationwide increased by 787,000 to 14.5 million and the unemployment rate rose to a staggering 9.4 percent. Since the start of the recession in December, 2007, the rate of unemployment has grown by 4.5 percent, an increase of 7 million unemployed persons [23]. Job losses have occurred in all sectors with the exception of health care where employment has continued to grow. While it is possible that the new availability of workers will mitigate the projected shortfalls in social assistance workers *in the short-term*, retraining will be an urgent need.

[†] Whether homeless service programs will see increasing populations of elderly clients remains to be seen. HUD's 2009 report to Congress indicates four percent of the clients in HUD's homeless projects were 62 or older. The report suggests that "high early mortality and premature disability among persons experiencing chronic homelessness and the strong social safety net in the United States for people aged 65 or older, including…assisted housing for seniors" [15] may account for the low percentage.
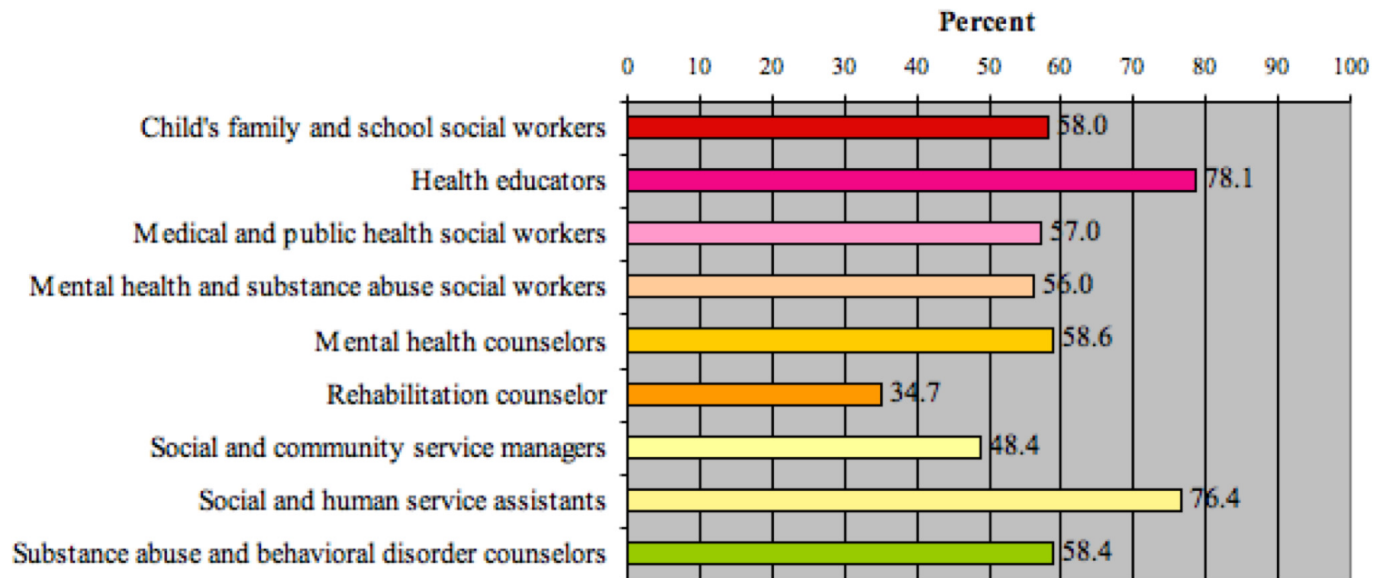
Fig. (1). Percent change in selected social assistance jobs [8].

The importance of training is heightened by the new populations of people experiencing homelessness. Combined with high unemployment, rising mortgage foreclosures have produced substantial increases in homelessness, particularly among families. At the same time, reduced public revenues have caused a precipitous drop in public funding that might have permitted an expanded workforce for homeless services. While the stimulus package may offer some relief, there is no question that the workforce will be called upon to work far harder and smarter than ever before.

Two conclusions can be drawn from this summary of labor force trends:

- First, while no one knows how large a labor force shortage the country may face, providers would be well advised to prepare for the worst case. Preparation means making sure that human resource policies in homeless service organizations can attract and retain a workforce that can meet the difficult challenges involved in serving homeless populations.

- Second, it is possible that current unemployment rates may reduce near term labor force shortages by providing new sources of labor. It is important to remember, however, that this relief is likely to be short-lived, disappearing when the economy rebounds. It is also likely that the new workers may be drawn from fields outside of human services. In view of this potential new reality, a new emphasis on basic training will be imperative.

What are the Required Competencies and Skills of the Workforce?

A consensus process has become the de facto methodology for identifying the competencies workers need to succeed in their jobs. Even among service delivery professions with a rich tradition of research, such as public health, a consensus process has been used [24, 25]. Using this approach, invested parties such as practitioners, consumers, and family members nominate, sort, and rank

competencies. This method has the appeal of using informed opinion and experience and is often executed with impressive rigor. However, a consensus process requires assurance that contributors are a representative and inclusive group; it also demands periodic re-examination to capture new developments in the field [26].

No comprehensive efforts have been undertaken to identify competencies applicable to the homeless service workforce. Nevertheless, many of the professions in the nine job clusters identified in Table **1** have publically available core competency listings that can be readily adapted to homeless services. De novo development of competency standards would only be needed for the minority of positions that represent professions unique to homeless services.

The adaptation of competencies and skill standards to homeless services is critical to develop training programs driven by a clear understanding of what is required to perform well. Even before competencies are fully articulated, however, there is a critical need for basic orientation to the world of homeless services. Earlier we observed that a large portion of the services provided to people experiencing homelessness are delivered by mainstream agencies that have broader missions. At the same time, the percentage of overall agency effort directed to homeless clients is typically very small. This creates the obvious imbalance: a population highly dependent on receiving services from agencies whose staff are trained professionals, but not heavily experienced in delivering services to this population. The workforce development challenge is clear: there is an urgent need to provide the staff of mainstream agencies with the basic knowledge to understand and serve clients who bring the added and unfamiliar complication of homelessness.

The knowledge gap in targeted homeless service programs is no less urgent. There the field has moved from largely voluntary programs providing basic necessities in church basements and other community locations to a fuller realization of the special needs of homeless populations. Yet the staffs often remain entrenched in voluntary traditions

where commitment to service is expected to compensate for lack of knowledge or professional training.

Responding to this need, the Homelessness Resource Center has developed a basic knowledge curriculum designed to orient providers to the challenges of working with homeless populations [27]. After acquainting trainees with the variety of subgroups and needs among people experiencing homelessness, the curriculum covers a range of best practices—among them strategies for outreach and engagement, basics of motivational interviewing, creating trauma informed services, dealing with crises, maintaining a recovery orientation, providing family-oriented care, creating culturally competent services, and developing healthy self-care strategies. The challenge now is to ensure that this knowledge curriculum reaches both mainstream agencies and dedicated homeless service organizations. The demands of working on the front line often leave providers in both arenas unable to take time off even for a single training session. As a result, it will be especially important to plan on multiple avenues to disseminate training—including web-based interactive programs that can be completed at trainees' convenience. Moving from knowledge acquisition to skills training is the next challenge, discussed in the following section

III. How Do we Close the Gap?

Basic training is only one of a series of actions that need to be taken to develop the workforce. To ensure that adequate numbers of skilled workers will be available to meet the needs for homeless services, serious attention must be paid to strategies to engage and retain workers. At a minimum these include management practices that create a supportive work environment as well as systematic efforts to help workers develop their professional careers.

Developing a Supportive Organization

Adequate compensation is essential to attract and retain qualified workers. Yet organizations with fixed budgets and expanding needs have few options for increasing wages. Improving benefits by subsidizing part or all of the cost of health insurance premiums is one alternative; a healthcare reimbursement arrangement is another, albeit more limited possibility. Offering telecommuting opportunities or flexible work schedules may also help to mitigate lower monetary rewards. In the public health arena, states have found that flexible schedules improve organizational resilience, lower absenteeism, and reduce the desire to "job hop" [28].

It is also important to note that when workers examine the rewards of their employment, compensation may not be at the top of their list. The Gallup organization's surveys of workers in hundreds of occupations and locations suggest that 75 percent of the reasons for changing jobs are not related to compensation. While inadequate pay and benefits account for 22 percent of the reasons for leaving, lack of career advancement tops the chart at 32 percent, lack of fit to job at 20 percent and dissatisfaction with management or the general work environment at 17 percent [29].

Focusing in depth on the management practices that create job commitment, Gallup principals have identified 12 elements of "worker engagement" that keep employees on the job. The authors report that disengaged employees have higher rates of absenteeism and average 31-51 percent more turnover than engaged workers. Levels of engagement were defined by scaled responses to the following statements:

1. I know what is expected of me at work.

2. I have the materials and equipment I need to do my job right.

3. At work I have the opportunity to do what I do best every day.

4. In the last seven days, I have received recognition or praise for doing good work.

5. My supervisor or someone at work seems to care about me as a person.

6. There is someone at work who encourages my development.

7. At work, my opinions seem to count.

8. The mission or purpose of my company makes me feel my job is important.

9. My associates or fellow employees are committed to doing quality work.

10. I have a best friend at work.

11. In the last six months, someone at work has talked to me about my progress.

12. This last year, I have had opportunities at work to learn and grow.

Many of those working in homeless services would give a high ranking to the eighth statement as they entered the field due to a strong commitment to the social value of the work. Improving the capacity of leadership and management to create a supportive organizational culture would go a long way toward sustaining that commitment to service. Fostering a culture of respect and empowerment, building a sense of community, establishing a culture of recognition, and developing the leadership and management skills of program administrators are all critical strategies for engaging employees and improving retention [18].

Developing Careers

We have seen that lack of career advancement is a central reason why organizations fail to retain their workforce. Developing credible opportunities for career advancement involves several related steps:

*   Building **career ladders** that have salary structures providing for advancement through defined occupational levels or steps, each of which represents the attainment of a higher level of responsibility and proficiency;

*   Providing **competency-based training** in the specific skills needed to move from one level on a career ladder to the next; and

*   Awarding **certifications** that recognize the mastery of skills, are "portable", and widely accepted by employers and licensing bodies.

Developing career ladders on a regional or statewide basis may be particularly important in the field of homeless services which typically consists of many small to medium

size employers and lacks a full range of occupational titles or steps within those titles. Describing jobs across the field of homeless services can provide workers with a better sense of involvement in a profession where there are opportunities to grow.

Career pathways rely on articulating competencies and skills and developing of training programs to promote the acquisition of those skills. The basic knowledge curricula developed by the HRC focuses on expanding the number of workers in homeless services who have sound knowledge of history, policies, populations, clinical issues, services and systems. An important next step would be the development of more in-depth modules on specific homeless service interventions—for example, those identified by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) or those whose value has been demonstrated in other fields.

New entrants to the homeless service labor force should be required to demonstrate basic proficiency in new models of service and evidence-based practices early in their tenure. Since homeless service providers work in a wide variety of venues (from jails to hospitals and permanent facilities) and must be familiar with the latest developments in service provision, even long-term providers in mainstream agencies will benefit from specialized skills training.

Ideally, progress along a career path would be measured by certifications that a level of knowledge or skill has been achieved. De novo development of a certification program in homeless services is a formidable task. However, two existing certification programs might provide the foundation for add-on designations in homeless services. Certified Peer Specialists are formally recognized as peer providers of mental health services by several states [30], and Certified Direct Support Professional is a position credentialed by the National Alliance for Direct Support professionals [31]. Considerable research and testing stand behind both of these programs which could be used as the basis for creating a specialist designation in homeless services.

Efforts might also be made to influence academic training in homeless services by adding basic training on homelessness to existing human service curricula. As of June 5, 2008, 41 universities, state colleges and community colleges had been accredited by the Council for Standards in Human Service Education. Ideally, a course requirement would be added to the Council's accreditation standards. Still another approach is formal peer mentoring. For example, many state education systems have developed the concept of a "master teacher," where experience and competence are not only formally recognized, but actively used to mentor others and assist in their professional development [32].

CONCLUSION

The history of homelessness in the United States links faltering economic performance to significant waves of national homelessness [6]. As the first decade of the 21st century ends, the state of the U.S. economy suggests the current wave of homelessness will endure well into the next decade. Since the current wave first emerged in the 1980's, the country has cycled through various responses—ranging from massive overnight shelters and housing first approaches

to new paradigms in service delivery. Throughout, the role of the workforce has been assumed, but insufficiently recognized and never analyzed. Improved support of the workforce offers an opportunity to end a wave of homelessness that now rivals any the U.S. has experienced.

To achieve any real progress in the years ahead, a firm hand is needed to establish a national agenda for workforce development in homeless services. The logical overseer is the Federal Interagency Council on Homelessness (ICH), created by the McKinney-Vento Homeless Assistance Act of 1987 to coordinate the Federal response to homelessness. Action on workforce issues offers a new ICH agenda for a new administration and is consistent with recent requirements for the Council to develop a national plan to end homelessness. The Council is ideally positioned to formulate strategy, leverage action, mobilize resources, establish standards, and coordinate efforts to build workforce capacity within this plan.

The tasks to be accomplished include both research and action. Understanding the size and characteristics of the current workforce, projecting future needs and defining competencies and skill standards are all research tasks that require nationally representative data. Collecting these data or guiding states and localities by establishing data collection standards are tasks best addressed at the federal level. Absent a federally initiated national probability survey, we have suggested the exploration of a workforce component within the HMIS as a starting point for collecting data. Whether a survey or an add-on to the HMIS, the effort could be shared both by relevant Federal agencies such as HUD, VA, HHS, and the Education Department as well as State and local levels responsible for the operation of HMIS. It is important for this action to be well coordinated so that the data are consistent and the results coherent. A national survey or an HMIS effort could appropriately be championed by the ICH.

At the Federal level, some portion of the technical assistance resources Federal programs devote to support and assist homelessness grantees could be leveraged to support defining competencies and skill standards for the workforce. Federal programs could cooperatively identify core sets of knowledge, skills, and abilities in concert with professional associations that have previously documented core competencies for relevant professions.

While these definitional activities proceed, efforts must begin to upgrade the basic knowledge of the workforce— both those employed by mainstream agencies as well as homeless service providers. As we have observed, the former serve many populations and have little grounding in homeless services. The latter come from a voluntary tradition that has provided the workforce with little to no formal training. Though advanced skills rely on the definition of competencies and skill standards, basic training is an urgent need that requires immediate action. Equally important is leadership and management training with a specific focus on helping administrators create a supportive organizational culture that will assist in engaging and retaining direct service workers.

Action in the area of training is available to local provider agencies, consortiums of providers (such as continuums of care or State interagency councils on

homelessness), as well as federal agencies. Local providers can both support and encourage training—with clear recognition that exceptionally strained budgets put limits on this support. Consortiums can both develop and sponsor such training, ensuring that it is targeted to local needs and meets other benchmarks of consistency and quality. Consortiums also have the possibility of leveraging the involvement of college and adult education programs.

The development of career paths and certification programs are more ambitious imperatives but immediate progress is possible. Pathways for professional development may be heavily affected by varying civil service, hiring and promotion practices shaped by local statute and policy. This may make it challenging to develop anything like representative guidelines. However, it should be explored—perhaps through a series of dialogues involving focus groups of provider agencies and their staffs. If a degree of abstraction or consensus about career development pathways is possible, this would suggest that additional developmental efforts are worthwhile. If local variations rule out generic approaches, that too could be determined.

For certification and credentialing to be most meaningful, they are best viewed as relatively formal activities involving more than a certificate of completion. The certification imprimatur of professional organizations and academic programs would be most meaningful. A dialogue with these organizations could be initiated by Federal agencies, a national advocacy group, or independently by the organizations themselves.

The challenges ahead are not trivial. The inattention to homeless service workforce issues means that momentum must be created rather than leveraged. Obtaining the participation of all relevant organizations also presents challenges in view of the absence of a history of workforce advocacy. Marshalling resources will also be significant. Yet without considering the contribution of the workforce to addressing homelessness, the agenda for ending one of the most challenging expressions of poverty in America fails to include a critical ingredient for success--the people actually responsible for finding, housing, and helping to solve the multiple problems of those who live without homes.

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