



An Annotated Bibliography on Employment and Homelessness

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Chronic Homelessness Employment Technical Assistance Center

Disclaimer

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For additional information on The Chronic Homelessness Initiative, contact:

Office of Disability Employment Policy, U.S. Department of Labor

Voice: 202-693-7880

TTY: 202-693-7881

Fax: 202-693-7888

www.dol.gov/odep



Algert, S.J., Reibel, M. and Renvall, M.J. (2006). Barriers to Participation in the Food Stamp Program Among Food Pantry Clients in Los Angeles. American Journal of Public Health 96(5):807-9.

Substantial numbers of food pantry clients are eligible for food stamps but do not receive them. Background characteristics of 14,317 food pantry users in Los Angeles were analyzed to provide information helpful in food stamp outreach programs. Ninety percent of food pantry users were living well below poverty level, 59 percent were Hispanic, and 44 percent were homeless. Only 15 percent of the food pantry clients received food stamps, with homelessness and limited English language skills acting as barriers to food stamp program participation. *Note that receipt of food stamps provides for mandatory or in some states voluntary access to the Food Stamp Employment and Training component.*

Baumohl, J. (2003). The Multi-Site Study of the Termination of Supplemental Security Income Benefits for Drug Addicts and Alcoholics. Contemporary Drug Problems 30(1-2):1-537.

This set of papers reports principal findings from the Multi-Site Study of the Termination of Supplemental Security Income Benefits for Drug Addicts and Alcoholics. This was a two-year longitudinal inquiry into the lives of almost 1,800 people who in 1996 received Supplemental Security Income benefits by virtue of disabling drug addiction and alcoholism, but whose benefits were jeopardized by the elimination of this impairment category by Congress effective January 1, 1997. This research investigated a variety of outcomes experienced by members of this population during 1997 and 1998.

Bazon Center for Mental Health Law. Recovery in the Community: Funding Mental Health Rehabilitative Approaches Under Medicaid. Washington, DC: Bazon Center for Mental Health Law, 2001.

This report describes how the states fund recovery-focused services in the community for people with mental illnesses. The report explains the federal rules governing community-based psychiatric rehabilitation and case management services for adults under Medicaid and the issues facing mental health systems using the federal-state program. Included are excerpts from states' service definitions and state-by-state tables showing services covered under managed care and fee-for-services plans.

Bazon Center for Mental Health Law. Recovery in the Community (Volume II): Program and Reimbursement Strategies for Mental Health and Rehabilitative Approaches Under Medicaid. Washington, DC: Bazon Center for Mental Health Law, 2003.

This report discusses how states have developed and implemented community mental health services under the Medicaid Rehabilitation Option. It is the second report of two discussing the use of the Medicaid program to fund recovery-oriented services for adults with serious mental illnesses. This report discusses the strategies states use to identify the practitioners who can provide Medicaid rehabilitation services, reimburse providers for these services, and organize agencies and practitioners into provider networks that will promote recovery and rehabilitation for adults with serious mental illnesses.

Beck, S.K., Trutko, J., Isbell, K., Rothstein, F., and Barnow, B. (1997). *Employment and Training for America's Homeless: Best Practices Guide*. Washington, DC: U.S. Department of Labor.

This *Best Practices Guide* is a "how-to" guide for employment and training agencies on tailoring their service delivery systems to be more effective in training, placing, and retaining homeless individuals in gainful employment. The material presented is likely to be of interest to the wide variety of public and private organizations providing services to homeless families and individuals. Among the major objectives of this guide: to enhance agencies' knowledge of homeless individuals; to provide guidance on the types of homeless persons that are most (and least) likely to benefit from employment and training services; to identify the full range of services likely to be needed by homeless individuals to be successful in completing training and securing and retaining employment, and how these services can be provided directly by employment and training agencies or arranged through linkages with public or private service providers; to identify the specific planning and implementation steps needed by employment and training agencies to establish an effective service delivery system for recruiting and serving homeless individuals; and to provide examples of successful strategies used by employment and training agencies, and homeless-serving agencies, in assisting homeless individuals to (re)enter the workforce. Much of the material presented in this guide is based on the experiences of 63 organizations across the country that provided comprehensive services for homeless individuals and families under the Job Training for the Homeless Demonstration Program.

Becker, R.E., Meisler, N., Stormer, G. and Brondino, M.J. (1999). *Employment Outcomes for Clients With Severe Mental Illness in a PACT Model Replication*. *Psychiatric Services* 50(1): 104-106.

In this article, outcomes of clients with severe mental illness in a psychosocial and vocational rehabilitation program modeled after the Program for Assertive Community Treatment were tracked through record review to determine if clients' employment gains were sustained while they were in the program. A total of 184 clients participated in the program between December 1984 and February 1994, of whom 34 percent remained for one to four years and 33 percent remained longer than four years. Sixty-four percent of the clients who stayed in the program a year or longer attained employment. The program maintained an average of employment rate of 33 percent of all participating clients. More than half of the clients who held jobs worked part time and were employed more than half of the time that they were in the program (authors).

Bernstein, J. and Chapman, J. (2003). *Falling Through the Safety Net: Low-Income Single Mothers in the Jobless Recovery*. Washington, DC: Economic Policy Institute.

This issue brief discusses the reauthorization of the Temporary Assistance for Needy Families bill (TANF). The authors discuss the ups and downs of employment among single mothers, as well as family income and components in relation to the current job market, unemployment rate, and living wage. This brief asserts that while low-income single mothers continue to make a valiant effort to get and keep jobs, at the end of 2002, there were 3.2 unemployed workers for every job opening, compared to 1.3 at the end of 2000. According to the authors, the downturn and sputtering recovery significantly amplify the demands on state agencies with the task of helping people move from welfare to work (authors).

Bogard, C.J., Trillo, A., Schwartz, M. and Gerstel, N. (2001). Future Employment Among Homeless Single Mothers: The Effects of Full-Time Work Experience and Depressive Symptomatology. *Women & Health* 32(1-2): 137-157.

This study examines the relationship between work and depressive symptomatology for extremely destitute single mothers who have experienced an episode of homelessness. Using longitudinal data collected from 294 respondents who became homeless in 1992 and were followed for approximately two years, it was found that a history of full-time work was the best predictor of whether a woman would find full-time employment in the aftermath of an episode of homelessness. Even an extensive history of part-time or informal work was not predictive of finding employment after leaving a homeless shelter. A woman's level of depressive symptomatology at the onset of homelessness predicted her strategy in dealing with the shelter bureaucracy. Women with full-time work histories who experienced high levels of depressive moods at the onset of a shelter episode were likely to leave the shelter quickly. Those with lower levels of depressive symptomatology stayed and were more likely than others to complete an education or job training program. These findings suggest that policymakers must focus on providing full-time, not part-time, work for impoverished mothers and take depressive symptomatology into account when offering assistance to homeless mothers.

Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Meisler, N., Lehman, A.F., Bell, M.D., and Blyler, C.R. (2001). Implementing Supported Employment as an Evidence-Based Practice. *Psychiatric Services* 52(3): 313-322.

The authors state that supported employment for people with severe mental illness is an evidence-based practice, based on converging findings from eight randomized controlled trials and three quasi-experimental studies. The critical ingredients of supported employment have been well described, and a fidelity scale differentiates supported employment programs from other types of vocational services. More research is needed on long-term outcomes and on cost-effectiveness. Access to supported employment programs remains a problem, despite their increasing use throughout the United States. The authors discuss barriers to implementation and strategies for overcoming them based on successful experiences in several states.

Bradford D.W., Gaynes, B.N., Kim, M.M., Kaufman, J.S. and Weinberger, M. (2005). Can Shelter-Based Interventions Improve Treatment Engagement in Homeless Individuals with Psychiatric and/or Substance Misuse Disorders: A Randomized Controlled Trial. *Med Care*, 43:8, 763-8.

High proportions of homeless individuals have mental illness and substance use disorders. Few of these individuals engage in consistent treatment, although they are likely to benefit from it. Shelter-based interventions to help this population engage in treatment have not been studied in a rigorous manner. The authors sought to evaluate the effectiveness of a shelter-based intervention, including intensive outreach by a psychiatric social worker and availability of weekly psychiatrist visits with continuity of care to engage homeless individuals with psychiatric and substance use problems. This was a randomized controlled trial. A total of 102 individuals were referred to a shelter-based psychiatric clinic. The primary outcome measure was first appointment attendance at a community mental health center (CMHC). Secondary outcome

measures were attendance at second and third CMHC appointments, participation in a substance abuse program, and employment and housing status at shelter exit.

Brooks, M.G. and Buckner, J.C. (1996). Work and Welfare: Job Histories, Barriers to Employment, and Predictors of Work Among Low-Income Single Mothers. American Journal of Orthopsychiatry. 66:4, 526-37.

The work histories of 436 sheltered homeless and low-income women were analyzed to develop a predictive model of factors that facilitate employment possibilities for some low-income women and deter others from obtaining work. Findings suggest the need for programs of education, early intervention, and job training. However, the availability of adequate jobs and affordable child care are prerequisites for poor, single mothers to become self-supporting.

Brown, V.L. and Riley, M.A. (2005). Social Support, Drug Use, and Employment Among Low-Income Women. American Journal of Drug Alcohol Abuse. 31(2):203-23.

This study examined social support and its association with employment, income, and drug use in a sample of 534 low-income women. Functional support was defined as the perceived quality of one's interactions with others. Structural support was defined as the number of individuals within five particular types of networks: social, employment, drug, close, and emergency. Over the two-year study period, significant increases were observed in hours worked, income from work, income from other sources, and total income. There was also a significant decrease in welfare income. Results suggest that the perceived quality of support received is an important factor in achieving positive employment outcomes.

Burt, M., et al. Homelessness: Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients - Technical Report. U. S. Department of Housing and Urban Development: 1999.

The National Survey of Homeless Assistance Providers and Clients is a landmark study.

It was designed to provide updated information about the providers of homeless assistance and the characteristics of homeless persons who use services. The survey is based on a statistical sample of 76 metropolitan and nonmetropolitan areas, including small cities and rural areas.

Data for the survey were collected between October 1995 and November 1996.

The survey is a response to the fact that homelessness remains one of America's most important social issues. Chronic poverty, coupled with physical and other disabilities, have combined with rapid changes in society, the workplace, and local housing markets to make many people vulnerable to its effects. With the enactment of the Stewart B. McKinney Homeless Assistance Act of 1987, Congress recognized the need to supplement "mainstream" federally funded housing and human services programs with funding that was specifically targeted to assist homeless people. Over \$11 billion in McKinney funds have been appropriated since then, and billions more have been provided through other federal, state, and local programs and benefits.

Calsyn, R.J., Klinkenberg, W.D., Morse, G.A. and Lemmng, M.R. (2006). Predictors of the Working Alliance in Assertive Community Treatment. Community Mental Health Journal, 42:2, 161-175.

Past research has found that a positive working alliance between clients and their case managers is modestly correlated with client outcomes. The current study tried to identify the predictors of the working alliance in a sample of 115 clients who were receiving services from Assertive Community Treatment (ACT) teams. All of the clients suffered from severe mental illness, had a substance use disorder and were homeless at baseline. Both the client's rating and the case manager's rating of the working alliance were assessed at 3 months and 15 months post baseline. Client characteristics, particularly motivation to change, explained more of the variance of the client's rating of the alliance than treatment variables or client change on the outcome variables. On the other hand, treatment variables (e.g., the amount of transportation services provided) and client change on the outcome variables explained more of the variance of the case manager's rating of the alliance.

Calloway, M.O. and Morrissey, J.P. (1998). Overcoming Service Barriers for Homeless Persons with Serious Psychiatric Disorders. Psychiatric Services, 49: 1568-1572.

The objective of this study was to help homeless persons with co-morbid psychiatric and substance use disorders gain access to community services. In 1993 the Center for Mental Health Services implemented the 5-year Access to Community Care and Effective Services, or ACCESS program, in 15 cities. One aim of the program is to encourage collaboration between agencies serving the multiple needs of this population. This study examined the extent of linkages between agencies in the 15 demonstration cities. One respondent from each of the 1,060 community-based programs in the 15 cities rated the extent to which his or her agency was linked with each of the other agencies in the local community in 1994 and again in 1996. Overall, there were 20,801 potential pair linkages. Linkages were classified into four types: a mutual tie, in which both agencies send and receive clients; a unidirectional tie, in which one agency sends and the other receives; an attempted tie, in which one agency sends but the other agency does not confirm receiving; and an unattempted tie. In 1994 and 1996, of the 20,801 pairs of potential service linkages, about a third were in place, while the remaining two-thirds were absent. Overall, linkages showed a slight but significant increase between 1994 and 1996. More than half of the linkages changed in type, indicating fluid service systems.

Campbell, K., Baumohl, J. and Hunt, S. (2003). The Bottom Line: Employment and Barriers to Work Among Former SSI DA&A Beneficiaries. Contemporary Drug Problems 30(1-2): 195-240.

In this article, the authors discuss data from a nine-site, 2-year panel study of 1,764 former drug addiction and alcoholism (DA&A) recipients and detailed semi-structured interviews with subsamples in four sites. The article examines employment outcomes and barriers to employment among 611 respondents who lost SSI and did not replace it with another form of publicly funded income assistance. According to the authors, it is likely that many former DA&A beneficiaries will remain indigent, returning to the SSI rolls when they requalify upon turning 65, given their age, health problems, and limited human capital.

Caton, C.L., Dominguez, B., Schanzer, B., Hasin, D.S., Shrout, P.E., Felix, A., McQuiston, H., Opler, L.A. and Hsu, E. (2005). Risk factors for Long-Term Homelessness: Findings from a Longitudinal Study of First-Time Homeless Single Adults. American Journal of Public Health, 95(10):1753-9.

The authors examined risk factors for long-term homelessness among newly homeless men and women who were admitted to New York City shelters in 2001 and 2002. Interviews were conducted with 377 study participants upon entry into the shelter and at 6-month intervals for 18 months. Standardized assessments of psychiatric diagnosis, symptoms, and coping skills; social and family history; and service use were analyzed. Kaplan-Meier survival analysis and Cox regression were used to examine the association between baseline assessments and duration of homelessness. Eighty-one percent of participants returned to community housing during the follow-up period; the median duration of homelessness was 190 days. Kaplan-Meier survival analysis showed that a shorter duration of homelessness was associated with younger age, current or recent employment, earned income, good coping skills, adequate family support, absence of a substance abuse treatment history, and absence of an arrest history. Cox regression showed that older age group ($P < .05$) and arrest history ($P < .01$) were the strongest predictors of a longer duration of homelessness. Identification of risk factors for long-term homelessness can guide efforts to reduce lengths of stay in homeless shelters and to develop new preventive interventions.

Cauthen, N.K. and Lu, H. (2003). Employment Alone is Not Enough for America's Low-Income Children and Families. New York, NY: National Center for Children in Poverty, Mailman School of Public Health.

This is the first report in the series: Living at the Edge, put out by the National Center for Children in Poverty, which examines low-income families, their challenges and the policy solutions necessary. In this report, the authors focus on the important role that public policies play in supporting low-wage employment. The authors also highlight the limits of low-wage employment, and suggest that it is by itself insufficient to move families from poverty to economic self-sufficiency. Stable, predictable income, savings and assets that can help families survive crisis and plan for the future, and human and social capital are all discussed, and presented as essentials for sustaining economic self-sufficiency by the authors.

Center for Mental Health Services. (2005). Stepping Stones to Recovery: A Case Manager's Manual for Assisting Adults Who Are Homeless with Social Security Disability and Supplemental Security Income Applications. Rockville, MD: Center for Mental Health Services.

This manual features promising practices and tools to document disabilities as part of the SSI/SSDI application process. The manual was created to help case managers and others assist adults who are homeless, especially adults who are homeless and have serious mental illness, with SSI and SSDI applications. People who are homeless confront unique barriers and have a particularly difficult time applying for disability programs. This manual identifies the challenges, explains why and how they occur, and offers suggestions to case managers and others about how to address them.

Chicago Coalition for the Homeless. (2005). Failing to Deliver: One-Stop Employment Centers, Chicago, IL: Coalition for the Homeless.

The Chicago Coalition for the Homeless developed a test project to evaluate the effectiveness of the services at the One-Stop centers from January to July 2004. The project shadowed 16 One-Stop participants as they navigated the system of services over a period of 6 months, as well as spoke to over 35 job seekers during that same period. To broaden the scope of our research, in August and September of 2004 CCH organized 30 volunteers from the community to survey participants at the One-Stop centers throughout the city. This report is the result of 170 interviews conducted during that time period. Overall, the research revealed that respondents were not satisfied with the services they received through the One-Stop centers. Had respondents received the services they requested, they may have been able to achieve self-sufficiency through wage or skill increases. However, over half of respondents did not receive the services they requested. While many people reported that developing a career plan with a job developer was beneficial, only one-fifth of respondents had created one. Also, most respondents (69 percent) received job training, but 45 percent of those individuals reported that job training was not geared toward job placement.

Chinman, M.J., Rosenheck, R. and Lam, J.A. (2000). The Case Management Relationship and Outcomes of Homeless Persons with Serious Mental Illness. *Psychiatric Services*, 51:1142-1147.

The effect of the case management relationship on clinical outcomes was examined among homeless persons with serious mental illness. The sample consisted of the first two cohorts that entered the Access to Community Care and Effective Services and Supports (ACCESS) program, a 5-year demonstration program for mentally ill homeless persons funded by the Center for Mental Health Services in 1994. At baseline, 3 months, and 12 months, clients were characterized as not having a relationship with their case manager or as having a low or high therapeutic alliance with their case manager. Analyses were conducted to test the association between the case manager relationship at baseline, 3 months, and 12 months and clinical outcomes at 12 months. Multivariate analyses of covariance were conducted for 2,798 clients who had outcome data at 12 months. No significant associations were found between the relationship with the case manager at baseline and outcomes at 12 months. At 3 months, clients who had formed an alliance with their case manager had significantly fewer days of homelessness at 12 months. Clients who reported a high alliance with their case manager at 12 months had significantly fewer days of homelessness at 12 months than those with a low alliance, and those with a low alliance at 12 months had fewer days of homelessness than clients who reported no relationship with their case manager. Clients with a higher alliance at both 3 and 12 months reported greater general life satisfaction at 12 months. The study found that clients' relationship with their case manager was significantly associated with homelessness and modestly associated with general life satisfaction.

Cook, J.A., Lehman, A.F., Drake, R., McFarlane, W.R., Gold, P.B., Leff, H.S., Blyler, C., Toprac, M.G., Razzano, L.A., Burke-Miller, J.K., Blankertz, L., Shafer, M., Pickett-Schenk, S.A., Grey, D.D. (2005) Integration of Psychiatric and Vocational Services: A

Multisite Randomized, Controlled Trial of Supported Employment. *American Journal of Psychiatry*, 162(10):1948-56.

Although large-scale surveys indicate that patients with severe mental illness want to work, their unemployment rate is three to five times that of the general adult population. This multisite, randomized implementation effectiveness trial examined the impact of highly integrated psychiatric and vocational rehabilitation services on the likelihood of successful work outcomes. At seven sites nationwide, 1,273 outpatients with severe mental illness were randomly assigned either to an experimental supported employment program or to a comparison/services-as-usual condition and followed for 24 months. Data collection involved monthly services tracking, semiannual in-person interviews, recording of all paid employment, and program ratings made by using a services-integration measure. The likelihood of competitive employment and working 40 or more hours per month was examined by using mixed-effects random regression analysis. Subjects served by models that integrated psychiatric and vocational service delivery were more than twice as likely to be competitively employed and almost 1.5 times as likely to work at least 40 hours per month when the authors controlled for time, demographic, clinical, and work history confounds. In addition, higher cumulative amounts of vocational services were associated with better employment outcomes, whereas higher cumulative amounts of psychiatric services were associated with poorer outcomes. Supported employment models with high levels of integration of psychiatric and vocational services were more effective than models with low levels of service integration.

Cooke, C.L. (2004). *Joblessness and Homelessness as Precursors of Health Problems in Formerly Incarcerated African American Men. Journal of Nursing Scholarship*, 36:2, 155-60.

This article explores how joblessness and homelessness influence the health of men leaving prison. A qualitative study using semi-structured interviews was conducted with 17 formerly incarcerated African-American men. Participants were interviewed for 1 to 2 hours in a private setting. Data were collected over 3 months in late 2001. Questions were focused on the experiences of participants during incarceration and after release from prison. Discourse analysis was used to analyze the data. Findings related to unemployment included (a) being incarcerated was associated with decreased types of employment available after release from prison, (b) a history of incarceration altered how participants were able to conduct job searches, and (c) men who did well after release were those who were self-employed. Findings related to homelessness showed that barriers in either systems or relationships interfered with finding homes. If formerly incarcerated African-American men are to re-enter society in meaningful ways, steady, living-wage employment and a stable living environment are needed for these men to be able to successfully reintegrate into both families and the larger society, and to avoid conditions that are precursors of health problems.

Cook, J.A., Carey, M.A., Razzano, L.A., Burke, J., Blyler, C.R. (2002) *The Pioneer: The Employment Intervention Demonstration Program. New Directions for Evaluation* (94): 31-42.

This article discusses the Employment Intervention Demonstration Program, which was funded in 1995, and was the first Substance Abuse and Mental Health Services Administration multisite

evaluation study to require the use of a common data collection protocol that was developed collaboratively by the participating sites. The influence of the phase of research on the development of the program, the role of participants and stakeholders in shaping the common protocol, the dissemination of early findings, and the impact of the program on policy, are each discussed (authors).

Cook, J.A., Pickett-Schenk, S.A., Grey, D., Banghart, M. Rosenheck, R.A., Randolph, F. (2001). Vocational Outcomes Among Formerly Homeless Persons with Severe Mental Illness in the ACCESS Program. American Psychiatric Association, 52(8), 1075-1080.

This study examined the vocational outcomes of 4,778 formerly homeless individuals with severe mental illness who were enrolled in the Access to Community Care and Effective Services and Support (ACCESS) program, a multisite demonstration project designed to provide services to this population. Participants were interviewed at the time of enrollment and again 3 months and 12 months later by trained researchers who were not part of the treatment team to determine their employment status. At 12 months, participants were also asked about the types of services they had received during the past 60 days. Multiple logistic regression analysis was used to predict employment at 12 months. ACCESS participants reported receiving relatively few job-related services. Nonetheless, modest but significant increases occurred between baseline and 3 months and between 3 months and 12 months in the total proportion of participants who were employed and who were employed full-time and in hourly earnings and estimated monthly earnings. The number of hours worked per week increased significantly between 3 months and 12 months. When the analysis controlled for site, study condition (whether the ACCESS site received or did not receive extra funds to improve service integration), minority status, addiction treatment, and mental health treatment, participants who were employed at 12 months were more likely to have received job training and job placement services. Programs that work with homeless mentally ill persons may better serve their clients by placing as great an emphasis on providing employment services as on providing housing and clinical treatment.

Corcoran, M., Heflin, C. (2003). Barriers to Work Among Recipients of Housing Assistance. Cityscape Journal of Policy Development and Research (6)2: 73-87.

This article describes how current and former welfare recipients receiving housing assistance differ from those not receiving assistance in terms of various potential barriers to employment. The authors evaluate whether housing-assisted welfare recipients have different welfare and employment outcomes compared with unassisted welfare recipients. They examine eight outcomes: whether employed, whether on welfare, whether sanctioned, whether left a job, months on welfare, months employed, hours worked, and the natural log of wages. In the authors' multivariate analysis, they find housing assistance is not associated with the probability of receiving welfare or being sanctioned for noncompliance with the work requirement. Additionally, they find that support for the relationship between housing assistance and work outcomes is weak. Housing assistance has no effect on the probability of being employed, the natural log of weekly earnings, the percentage of months observed working, or the percentage of months observed receiving welfare. The authors find weak support for the role of vouchers in fostering attachment with employers and the role of public housing residence in increasing the number of hours worked on all jobs (authors).

Corporation for Supportive Housing. (2003). Current Opportunities for Medicaid Financing. New York, NY: Corporation for Supportive Housing.

This paper examines seven strategies that are currently used or being explored for using Medicaid to pay for services in supportive housing: the Rehabilitation Option; the Targeted Case Management (TCM) Option; using these options to fund Assertive Community Treatment (ACT) programs and other client-centered services; partnerships with Federally Qualified Health Centers (FQHC); Home and Community Based Services 1915(c) waivers; other federal waivers; and the Assisted Living and Personal Care Option. It describes the federal framework and rules for each along with examples from several states (authors).

Corporation for Supportive Housing. (2003). Financing the Support in Supportive Housing: Challenges and Opportunities in the Medicaid Program. New York, NY: Corporation for Supportive Housing.

The Corporation for Supportive Housing (CSH) has initiated an ongoing project to study how Medicaid funds can be used to fund services provided in supportive housing. The project is part of CSH's effort to maintain and expand supportive housing by identifying new ways to fund its development, operations, and services. This series of white papers includes: an introduction to the CSH Medicaid project; the basics of the federal/state Medicaid program; Medicaid in supportive housing: lessons for policymakers; supportive housing providers' experiences and perspectives on Medicaid; and current opportunities for Medicaid financing.

Corporation for Supportive Housing. (2003). Medicaid in Supportive Housing: Lessons for Policymakers. New York, NY: Corporation for Supportive Housing.

This paper provides an overview of current strategies for using Medicaid to finance supportive housing, and concludes with a list of recommendations for further action by local, state, and federal policymakers to facilitate the use of Medicaid financing for supportive housing. Despite the proven value of using Medicaid financing to fund services in supportive housing, complexity has made it difficult for many states and providers to tap into this promising resource (authors).

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

Data on 4,679 homeless people with severe mental disorders placed in supportive housing in New York City between 1989 and 1997 were merged with administrative data on the utilization of public shelters, public hospitals, Medicaid-funded services, veterans' inpatient services, state psychiatric inpatient services, state prisons, and the city's jails. Adjusting for demographic and other pre-intervention differences between the cases and controls, regression results reveal that homeless people placed in supportive housing experience marked reductions in shelter use, hospitalizations (regardless of type), length of stay per hospitalization, and time incarcerated. Prior to placement in housing, homeless people with severe mental illness used an average of \$40,449 per person per year in such services (in 1999 dollars). Placement in housing through the New York/New York program (NY/NY) was associated with a reduction in service use of \$16,282 per housing unit per year, adjusting for concurrent changes in the controls' service use

patterns. Unit costs per year for the supportive housing are estimated at \$17,277, which would result in a modest cost of \$995 per unit per year over the first two years of placement. The potential benefits and challenges of further public investment in supportive housing for homeless people with severe mental disabilities are discussed.

Debring, C.E., Rosenheck, R., Schutt, R., Kaspro, W.J. and Penk, W. (2003). Patterns in Referral and Admission to Vocational Rehabilitation Associated with Coexisting Psychiatric and Substance-Use Disorders. *Rehabilitation Counseling Bulletin* 47(1): 15-23.

In this article, archival data from 17,929 homeless adults entering the Veterans Health Administration's Healthcare for Homeless Veterans program were analyzed to identify whether the rate of referral and admission to vocational rehabilitation differed between adults with psychiatric disorders alone and those with psychiatric disorders with a coexisting substance-use disorder (SUD). According to the authors, participants with an SUD had an 11 percent greater chance of being referred to vocational rehabilitation than did those with a psychiatric disorder alone. The article also states that of the participants referred to vocational rehabilitation, those with an SUD were almost twice as likely to participate. Those with an SUD also had a higher rate of employment prior to evaluation than did those with a psychiatric disorder alone. The authors assert that these advantages were significant after covarying for demographic variables, specific psychiatric diagnosis, and Addiction Severity Index psychiatric composite score. The authors conclude that these findings fail to support the hypothesis that there is a bias in the process of referral or admission into vocational rehabilitation and suggests that work and participation in work rehabilitation are not negatively affected by a coexisting SUD.

Dixon, L.B., Krauss, N., Kernan, E., Lehman, A.F. and DeForge, B.R. (1995). Modifying the PACT Model to Serve Homeless Persons with Severe Mental Illness. *Psychiatric Services*, 46 (7), 684-688.

The success of the Program for Assertive Community Treatment (PACT) has led to its replication with different client populations, especially those who are underserved by the traditional treatment system. This paper describes a program in Baltimore that has adapted the PACT model to serve homeless persons with severe mental illness. Although the essential ingredients and philosophy of the original model were maintained, the original team approach has been modified by the use of "miniteams." All staff share knowledge of all program clients through formal mechanisms such as daily meetings; however, each client is assigned to a miniteam composed of a clinical case manager, a psychiatrist, and a consumer advocate. Another deviation from the PACT model is that services can be time limited. The authors describe four phases of treatment and problems, including interventions characteristic of each phase.

Draine, J., Salzer, M.S., Culhane, D.P. and Hadley, T.R. (2002). Role of Social Disadvantage in Crime, Joblessness, and Homelessness Among Persons with Serious Mental Illness. *Psychiatric Services*, 53, 565-573.

Research on mental illness in relation to social problems such as crime, unemployment, and homelessness often ignores the broader social context in which mental illness is embedded. Policy, research, and practice will be improved if greater attention is given to social context. The authors critically analyze the approach used in much of the psychiatric services literature to infer links between mental illness and social problems. They compare these studies with studies that

have been more validly conceptualized to account for social context. With this broader perspective, the impact of mental illness on crime, unemployment, and homelessness appears to be much smaller than that implied by much of the psychiatric services literature. Poverty moderates the relationship between serious mental illness and social problems. Factors related to poverty include lack of education, problems with employment, substance abuse, and a low likelihood of prosocial attachments. This relationship is often complicated and is not amenable to simple explanations. Research and policy that take this complexity into account may lead to greater effectiveness in interventions for persons with serious mental illness.

Dressner, J., Fleisher, W. and Sherwood, K.E. (1998). Next Door: A Concept Paper for Place-Based Employment Initiatives. New York, NY: Corporation for Supportive Housing.

This report explores the transferability of the place-based employment model that is being used in the Corporation for Supportive Housing's (CSH) Next Step: Jobs employment initiative. After conducting an extensive literature review and numerous interviews with experts in the field, the authors developed a program model for a place-based employment initiative that builds upon what CSH has learned to date working to integrate employment into supportive housing. Findings suggest a model with job development, job creation, and job placement services at its center along with support services to ensure that unemployed people are able to make all the logistical and lifestyle changes necessary to make work a long-lasting way of life (authors).

Eiken, S. and Galantowicz, S. (2004). Improving Medicaid Access for People Experiencing Chronic Homelessness: State Examples. Baltimore, MD: Centers for Medicare and Medicaid Services.

This technical assistance report is designed to highlight several state initiatives that increase Medicaid access for people who are chronically homeless. An important component of ending chronic homelessness is increasing access to mainstream health and social service programs for people who are homeless. Many people experiencing chronic homelessness use health and social services, particularly from service agencies that target people who are homeless. Their lack of stable housing and other barriers hinder their access to these programs. These mainstream programs can increase ongoing support for people who are chronically homeless, which may reduce the demand for costly and inappropriate services such as emergency department visits and preventable hospitalizations (authors).

Fisk, D. and Frey, J. (2002). Employing People With Psychiatric Disabilities to Engage Homeless Individuals Through Supported Socialization: The Buddies Project, *Psychiatric Rehabilitation Journal*, 26(2):191-6.

This article describes the Buddies Project, a small time-limited grant that employed two part-time formerly homeless persons on a community-based mental health outreach team to participate in social activities with "difficult to engage" homeless individuals. The authors offer clinical examples that point to the success of this small supported socialization project. The paper suggests that employing people with psychiatric disabilities to participate in social activities with homeless persons with psychiatric disabilities can be an important tool to decrease homeless persons' social isolation and engage them into mental health treatment and independent housing.

Fleischer, W., Dressner, J., Herzog, N. and Hong, A. (2001). Keeping the Door Open: A Guide for Employment Programs Serving People with Drug Problems. Part I: For Managers. New York, NY: Corporation for Supportive Housing.

This three-part guide offers employment program managers and staff encouragement, strategies, and tips for serving people with drug issues. The guide is divided into three volumes, and Volume I is written with managers in mind. It focuses on the systems needed to train, manage, and support staff in a program serving people with drug problems, and includes ideas for establishing program rules and a system to refer clients to treatment. It also includes both the federal policy restrictions and funding sources for working with people with drug problems.

Fleischer, W., Dressner, J., Herzog, N. and Hong, A. (2001). Keeping the Door Open: A Guide for Employment Programs Serving People with Drug Problems. Part II: For Program Staff. New York, NY: Corporation for Supportive Housing.

This three-part guide offers employment program managers and staff encouragement, strategies and tips for serving people with drug problems. The guide is divided into three volumes; Volume II is targeted to employment program staff. It covers basic information about drug addiction and treatment and offers tips for working with people including sample dialogues and forms.

Fleischer, W., Dressner, J., Herzog, N. and Hong, A. (2001). Keeping the Door Open: A Guide for Employment Programs Serving People with Drug Problems. Part III: For Programs in Public Housing. New York, NY: Corporation for Supportive Housing.

This three-part guide offers employment program managers and staff encouragement, strategies and tips for serving people with drug problems. The guide is divided into three volumes; Volume III is focused on employment programs operating in public housing. It discusses the related housing policies and regulations and some of the challenges and opportunities provided by the public housing context. This section also lists relevant public funding streams.

Fleischer, W. and Sherwood, K.E. (2000). The Next Wave: Employing People with Multiple Barriers to Work: Policy Lessons from the Next Step: Jobs Initiative and the Next Wave Symposium. New York, NY: Corporation for Supportive Housing.

This report draws upon the lessons of the Next Step: Jobs initiative to assist in the development of return-to-work policies for people with multiple barriers to employment. Recommendations are built upon the practical experience of nonprofit/government/private sector partnerships that were created as part of this initiative. The Next Step: Jobs Initiative tested the premise that a range of employment services targeted to supportive housing tenants can help them access employment. It used supportive housing as the focal point for deploying a range of services to address the multiple barriers to employment that tenants face. It also capitalizes on the residential stability and sense of community that supportive housing offers.

Gale, Katharine. (2003). Holes in the Safety Net: Mainstream Systems and Homelessness. San Mateo, CA: Charles and Helen Schwab Foundation.

This report describes the commonly identified barriers to mainstream programs and agencies providing appropriate services to people who are homeless and to those at risk of becoming homeless. The authors also provide examples of efforts that have been undertaken, or are being initiated, by mainstream agencies or communities to address these barriers. The report also proposes action areas that Charles and Helen Schwab Foundation, in collaboration with other philanthropic organizations, could develop into an initiative on mainstream services. This report is intended as a first phase of general exploration of the potential for philanthropy to impact mainstream service systems and their relationship to homelessness. The authors state that a second phase of more specific research into one or more of the highlighted areas is likely to be necessary or beneficial to launching a funding initiative in this area.

Glomm, G. and John, A. (2002). Homelessness and Labor Markets. *Regional Science and Urban Economics* 32 (5): 591-606.

This paper develops a simple two-period model in which homelessness arises endogenously. The authors assert that there is a non-convexity in the housing market, so some agents optimally choose not to consume housing. In the model, homelessness leads to lower labor productivity in the future. This paper concludes that housing is a good investment, but borrowing constraints may prevent agents from being able to finance this investment. The borrowing constraints and the productivity loss combine to generate a homelessness trap.

Gonzalez, G. and Rosenheck, R.A. (2002). Outcomes and Service Use Among Homeless Persons with Serious Mental Illness and Substance Abuse. *Psychiatric Services*, 53, 437-446.

This study compared baseline characteristics and clinical improvement after 12 months among homeless persons with a diagnosis of serious mental illness with and without a comorbid substance use disorder. The study subjects were 5,432 homeless persons with mental illness who were participating in the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program. Analysis of covariance was used to compare clients who had dual diagnoses and those who did not and to identify any association between service use and clinical improvement. Follow-up data were available for 4,415 clients (81 percent). At baseline, clients with dual diagnoses were worse off than those without dual diagnoses on most clinical and social adjustment measures. Clients with dual diagnoses also had poorer outcomes at follow-up on 15 (62 percent) of 24 outcome measures. However, among clients with dual diagnoses, those who reported extensive participation in substance abuse treatment showed clinical improvement comparable to or better than that of clients without dual diagnoses. On measures of alcohol problems, clients with dual diagnoses who had a high rate of participation in self-help groups had outcomes superior to those of other clients with dual diagnoses. Clients with dual diagnoses who received high levels of professional services also had superior outcomes in terms of social support and involvement in the criminal justice system. Homeless persons with dual diagnoses had poorer adjustment on most baseline measures and experienced significantly less clinical improvement than those without dual diagnoses. However, those with dual diagnoses who received extensive substance abuse treatment showed improvement similar to those without at 12 months.

Goering, P., Tolomiczenko, G., Sheldon, T. Boydell, K. and Wasylenki, D. (2002). Characteristics of Persons Who Are Homeless for the First Time. *Psychiatric Services*, 53:1, 1472-1474.

The Pathways Into Homelessness project in Toronto interviewed 300 unaccompanied adult users of homeless shelters to identify characteristics of individuals who are homeless for the first time. The sample reflected the total population of homeless shelter users in terms of age, sex, level of use, and type of shelter. Two-fifths of the sample were homeless for the first time. There were more similarities than differences between those who were homeless for the first time and those who had been homeless previously. The prevalence of psychiatric and substance use disorders and the rate of previous hospitalization did not differ between first-time homeless persons and those who had been homeless before. The two groups were distinguished by some childhood experiences related to housing. Both groups had multiple indicators of serious problems, suggesting that the need for intervention is as pressing for persons who are homeless for the first time as it is for the larger population of homeless persons.

Greenwood, R.M., Schaefer-McDaniel, N.J., Winkel, G. and Tsemberis, S.J. (2005). Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness. *American Journal of Community Psychology*, 36:3-4, 223-38.

Despite the increase in consumer-driven interventions for homeless and mentally ill individuals, there is little evidence that these programs enhance psychological outcomes. This study followed 197 homeless and mentally ill adults who were randomized into one of two conditions: a consumer-driven “Housing First” program or “treatment as usual” requiring psychiatric treatment and sobriety before housing. Proportion of time homeless, perceived choice, mastery, and psychiatric symptoms were measured at six points in time. Results indicate a direct relationship between Housing First and decreased homelessness and increased perceived choice; the effect of choice on psychiatric symptoms was partially mediated by mastery. The strong and inverse relationship between perceived choice and psychiatric symptoms supports expansion of programs that increase consumer choice, thereby enhancing mastery and decreasing psychiatric symptoms.

Haig-Friedman, D., Meschede, T. and Hayes, M. (2003). Surviving Against the Odds: Families’ Journeys off Welfare and out of Homelessness. *Cityscape Journal of Policy Development and Research* (6)2: 187-206.

Homeless families face complex challenges when making the transition from welfare to the workforce. By focusing on the experiences of homeless families participating in a Boston-based welfare-to-work program, the multimethod, longitudinal study described in this article explored factors contributing to more successful transitions as well as barriers faced by families having a harder time making the transition. The article’s policy recommendations focus on the link between adequate household income and housing stability, the centrality of housing assistance, the need for additional low-cost housing options, the resolution of contradictory and counterproductive emergency assistance strategies, the link between educational and job-training services and employment opportunities, and the expansion of state and federal income-support policies (authors).

Henerson-Frakes, J. (2004). Serving the Homeless through the One-Stop System: A Case Study. A Briefing Paper Prepared as Part of the National Evaluation of the Implementation of WIA Final report. Berkeley, CA: Social Policy Research Associates.

This paper is concerned with the extent to which the homeless population can be effectively served within the One-Stop context, and through what specific and unique means and strategies. The three workforce investment areas visited specifically for their homeless serving strategies were: Pima County, AZ; Multnomah/Washington/Tillamook, OR; and Coastal Counties, ME. The three primary sites were selected as part of a difficult process of identifying local areas that had extensive experience and innovative strategies for working with the homeless in the One-Stop context. This paper cannot be considered a best practices study, rather it represents case studies, or different models of serving the homeless in a One-Stop context (author).

Hendricks, S. and Helmstetter, C. (2003). Emergency Shelters, Transitional Housing, and Battered Women's Shelters: Data Collection Project Twelfth Annual Report. St. Paul, MN: Wilder Research Center.

This report focuses on the lack of affordable housing, resulting in the use of shelters and transitional housing. Based on a shared data collection system among shelter programs in Ramsey County, the authors conducted this annual study of usage trends including demographics, reasons leading to use of shelters, length of stay, and repeated stays. The authors state that in 2002, more than 4,000 people used emergency shelters or transitional housing, and over 1,200 women used domestic violence shelters. The authors assert that a lack of affordable housing continues to be a main reason why people use shelters. The report also states that employment/income is also a common factor in seeking shelter.

Humphreys, H. and Rosenheck, R. (1998). Treatment involvement and Outcomes for Four Subtypes of Homeless Veterans. American Journal of Orthopsychiatry. 68(2): 285-294.

A longitudinal study examined treatment services and outcomes in a nationwide sample of 565 homeless veterans who were classified as alcoholic, psychiatrically impaired, multiproblem, or best-functioning. All four groups experienced some improvement in their primary problem area, in employment status, and in residential quality at 8-month follow-up, but there were significant differences in degree of improvement across groups. Implications for the design of homeless programs and policies are discussed.

Jackson, E., Kligerman, D., Barget, J. and Cecil, G. (2000). Addressing Homelessness: Successful Downtown Partnerships – A Report of Strategies to Assist Homeless Persons with Mental Illness. Washington, DC: International Downtown Association.

The purpose of Addressing Homelessness: Successful Downtown Partnerships is to provide business and service provider organizations with information about partnerships throughout the country, and to enable them to determine which approaches are worthy of exploration in their respective cities. Each partnership described in this report is different and should be viewed as a “work in progress”; each offers constructive, realistic ideas for practitioners concerned about how best to address the issue of people with serious mental illnesses living on city streets.

Jones-De Weever, A., Peterson, J. and Song, X. (2003). Before and After Welfare Reform: The Work and Well-Being of Low-Income Single Parent Families. Washington, DC: Institute for Women's Policy Research.

In this report, the authors contribute to federal and state policy debates through an examination of the changing characteristics and economic well-being of low-income single parent families in the context of welfare reform. This report examines the employment characteristics, income sources, poverty status, and demographic characteristics of low-income single parent families before and after the implementation of the 1996 welfare reform. This report also provides an overview of key findings within each issue-area addressed, and each section highlights major findings and provides a brief discussion of insights for state and federal TANF policy formation and implementation.

Kertesz, S.G., Mullins, A.N., Schumacher, J.E., Wallace, D., Kirk, K. and Milby, J.B. (2006). Long-term Housing and Work Outcomes Among Treated Cocaine-Dependent Homeless Persons. The Journal of Behavioral Health Services and Research, 33:1.

Communities across the United States have initiated plans to end chronic homelessness. In many of these communities, addiction treatment programs remain the default point of entry to housing and services. This study examined the percentage of cocaine-using homeless persons (all with psychiatric distress) attaining stable housing and employment 12 months after entering a randomized trial of intensive behavioral day treatment, plus one of the following for 6 months: no housing; housing contingent on drug abstinence; housing not contingent on abstinence. Of 138 participants, the percentages with stable housing and employment at 12 months were 34.1 and 33.3%, respectively. Analyses suggested superior outcomes in trial arms that offered housing as part of the behavioral treatment. The majority of participants, however, did not achieve housing or employment, in part because of the limited capacity of the local housing programs to accommodate persons who had not achieved perfect abstinence. The findings demonstrate a helpful role for addiction treatment and suggest the need for services to support housing of persons who reduce but do not eliminate all substance use.

Lam, J.A. and Rosenheck, R.A. (2000). Correlates of Improvement in Quality of Life Among Homeless Persons with Serious Mental Illness. Psychiatric Services, 51:116-118.

Longitudinal data from 4,331 homeless mentally ill clients at 18 sites participating in the Access to Community Care and Effective Services and Supports (ACCESS) program were used to assess participants' quality of life over a 1-year period. At baseline higher quality of life was associated with less severe depressive and psychotic symptoms, less use of alcohol and drugs, and more social support. At 12 months improved quality of life was associated with decreased psychotic and depressive symptoms, reduced substance abuse, fewer days of homelessness, and increased social support, income, employment, and service use.

Lehman, A., Goldberg, R., Dixon, L., McNary, S., Postrado, L., Hackman, A., McDonnell, K. (2002). Improving Employment Outcomes for Persons with Severe Mental Illnesses. Archives of General Psychiatry 59(2): 165-172.

This study assesses the effectiveness of the Individual Placement and Support model of supportive employment relative to usual psychosocial rehabilitation services for improving

employment among inner city patients with severe mental illness. The study found that the Individual Placement and Support program was more effective than the psychosocial rehabilitation program in helping patients achieve employment goals. Achieving job retention remains a challenge with both interventions. Unemployment remains a major consequence of schizophrenia and other severe mental illnesses.

Lipman, B. (2004). Paycheck to Paycheck: Wages and the Cost of Housing in the Counties, Washington, DC: Center for Housing Policy.

In this report, the author examines wages for selected vital occupations to see how working families relying on these earnings fare in housing markets around the country. This report represents the first attempt to take the paycheck analyses to the county level on a nationwide basis. In addition, this report surveys the experience of some of the nation's largest and fastest growing counties on how the lack of affordable housing affects their communities. The author includes profiles that compare beginning-of-year 2004 rental costs and homeownership costs in the counties with the prevailing wage rates for six occupations: police officer, firefighter, elementary school teacher, retail salesperson, janitor, and construction laborer.

Livermore, G. (2003). Wage Reporting and Earnings-Related Overpayments in the Social Security Disability Programs. Washington, DC: Cornell Center for Policy Research.

The purpose of this paper is to describe the current status of wage reporting, the processing of work activity information, the extent of earnings-related overpayments among disability beneficiaries; and the potential causes for earnings-related overpayments. While there are many reasons why overpayments might occur, the focus here is on how earnings, and the manner in which SSA processes earnings information, affects the risk of overpayments among SSI and SSDI beneficiaries who work. The paper provides a discussion of the implications of overpayments for the Ticket to Work program and beneficiary work effort, and proposes actions SSA might consider undertaking to reduce the incidence of earnings-related overpayments (author).

Long, D.A. and Amendolia, J.M. (2003). Next Step: Jobs. Promoting Employment for Homeless People. Cambridge, MA: Abt Associates.

Abt Associates conducted a cost-effectiveness assessment of employment services in supportive housing. In this second and final report, the authors conclude that it is cost effective to finance employment services in supportive housing and that benefits accrue to tenants, funders, and society. The study follows a cohort of 536 participants in nine supportive housing sites for nearly four years.

Long, D.A., Doyle, H. and Amendolia, J.M. (1999). The Next Step: Jobs Initiative Cost-Effectiveness Analysis. New York, NY: Corporation for Supportive Housing.

This interim report assesses the cost effectiveness of the Next Step: Jobs demonstration, which provided services intended to boost the employment and earnings of supportive housing residents who earlier had been homeless or at risk of homelessness. This is a population whose difficulties have become increasingly apparent to the general public and whose obstacles to employment and

self-sufficiency have been well documented. The demonstration, managed by the Corporation for Supportive Housing between 1995 and 1998, sought to dramatically change the economic prospects of such people in New York, Chicago, and San Francisco by providing them intensive employment-related services in their supportive housing buildings. (authors)

Lorvick, J., Bluthenthal, R. and Kral, A.H. (2005). Urban Health Study. San Francisco, CA: Urban Health Study.

This study's preliminary findings suggest that injection drug users (IDUs) who received SSI benefits were more stably housed, less reliant on illegal income, used drugs less frequently, and shared needles less often than IDUs without SSI benefits. SSI benefits contribute to general life stability and a reduction in drug-related harm. This finding is consistent with other studies that have shown that drug users who receive income supports and/or subsidized drug treatment are less likely to be homeless, engage in illegal activities, or use drugs. Conversely, penalizing drug users by withholding benefits may in fact increase the severity of homelessness, incarceration, illegal activity, and unsafe drug use.

Lubell, J.M., Shroder, M. and Steffen, B. (2003). Work Participation and Length of Stay in HUD-Assisted Housing. Cityscape Journal of Policy Development and Research (6)2: 207-223.

To what extent do HUD-assisted tenants participate in paid work? How long do tenants remain assisted once admitted to one of the assistance programs? The authors use extracts from very large HUD tenant administrative data systems to answer these questions, with special attention to tenants who are neither elderly nor disabled. Five out of every nine nonelderly nondisabled assisted tenants are employed; earnings for most of the employed do not exceed the federal poverty level. The typical current spell in housing assistance for the nonelderly nondisabled is approximately 3 years, with wide variance.

Mancuso, D.C., Lieberman, C.J., Lindler, V.L. and Moses, A. (2003). TANF Leavers: Examining the Relationship between the Receipt of Housing Assistance and Post-TANF Well-Being. Cityscape Journal of Policy Development and Research (6)2: 123-138.

This article describes the results of a study conducted in San Mateo, Santa Clara, and Santa Cruz Counties, CA, to learn more about the circumstances of families leaving the Temporary Assistance for Needy Families (TANF) program and about the effects of housing assistance on post-TANF outcomes. The results show that housing-assisted leavers were more likely than non-housing-assisted leavers to belong to a minority racial/ethnic group, have more extensive welfare histories, be older, have more and older children in the household, have higher rates of welfare recidivism 18 months after leaving TANF, and have lower wages and total household incomes. Housing-assisted leavers were also much more likely than non-housing-assisted leavers to be working full time 18 months after leaving TANF. Non-housing-assisted leavers were more likely than housing-assisted leavers to live in extended-family or multifamily households and multiple-adult households. They were also more likely to be living in substandard or crowded housing 12 months after leaving TANF. Although the provision of housing assistance was associated with

reduced crowding and, to a lesser extent, reduced TANF recidivism, it was not associated with a reduced risk of poor outcomes over a broader range of outcomes.

Marrone, J. (2005). Creating Hope Through Employment for People Who Are Homeless or in Transitional Housing. *American Journal of Psychiatric Rehabilitation*, 8, 13-35.

Persons with significant disabilities, especially those with problems relating to mental illness and/or substance abuse, face numerous challenges in securing employment. The program described in this article, Hope, Vocations, Progress (HVP) of Columbia River Mental Health Services (CRMHS) in Vancouver, WA, represents an aggressive strategy to facilitate the entry into work for persons with significant disabilities of mental illness and/or substance abuse, who also are in need of shelter, transitional housing, and other life supports. HVP was funded under a Rehabilitation Services Administration (RSA) demonstration grant and includes as its key partners a comprehensive community mental health center, a transitional housing program for women who are ex-offenders, and a homeless shelter system. The program design is examined and program results through 39 months of a 60-month cycle are provided. The author examines the impact of the program to date, its strengths and weaknesses in relation to evidence-based practice models of supported employment, and makes recommendations for further areas of research and inquiry.

McGuire, J.F. and Rosenheck, R.A. (2004). Criminal History as a Prognostic Indicator in the Treatment of Homeless People with Severe Mental Illness. *Psychiatric Services*, 55: 42-48.

This study examined the clinical problems and treatment outcomes of homeless people with severe mental illness and a history of incarceration. Between May 1994 and June 1998, a total of 5,774 people entered assertive community treatment case management services in the Access to Community Care and Effective Services and Supports (ACCESS) demonstration program at 18 sites in nine states. This study used data from reassessments at 12 months after program entry. Analysis of variance was used to compare baseline status and 12-month outcomes for clients with a lifetime incarceration history of less than 6 months, of 6 months or more, and no incarceration history. The outcomes assessed were housing status, employment status, psychiatric problems, alcohol problems, drug problems, and criminal justice involvement. Two-thirds of the ACCESS clients had a history of incarceration, with about one-third having less than 6 months of incarceration and about one-third having 6 months or more of incarceration. Clients with a long-term incarceration history had higher psychiatric symptom scores, higher drug use and alcohol use scores, and higher levels of dual diagnosis than those with a short-term incarceration history or those with no history of incarceration. The same order of differences was found on measures of childhood abuse, family-of-origin stability, and childhood conduct disorder.

McGurk, S., Mueser, K., Harvey, P., LaPuglia, R. and Marder, J. (2003). Cognitive and Symptom Predictors of Work Outcomes for Clients with Schizophrenia in Supported Employment. *Psychiatric Services* 54(8): 1129-1135.

This article examines the relationships of measures of cognitive functioning and psychiatric symptoms with work outcomes and use of vocational services for clients with schizophrenia in a

supported employment program. According to the article, predictors of clients' work outcomes included previous work history, amount government entitlement income received, severity of negative symptoms, involvement in sheltered work activity at baseline, and level of cognitive functioning, including scores on measures of executive functioning and verbal learning and memory. The authors conclude that clients with schizophrenia who have higher levels of cognitive impairment may require greater amounts of vocational support than those with lower levels of impairment. A variety of rehabilitation strategies are suggested.

McKee, P. (2000). An Advocate's In-Depth Guide to Social Security and SSI Disability Benefits and Procedures. Seattle, WA: Theiler, Douglas, Drachler & McKee, LLP.

This material was presented in conjunction with a live presentation on Social Security Disability, and is intended to give an in-depth understanding of Social Security; one of the federal programs that is frequently asked to address the needs of the physically and mentally disabled. This material contains basic facts and an overview of SSA and SSI, as well as information on applications and the administrative process, Social Security lawyers, medical provider's questions and a medical writing guide (author).

Milby, J.B., Schumacher, J.E., Wallace, D., Freedman, M.J. and Vuchinich, R.E. (2005). To House or Not to House: The Effects of Providing Housing to Homeless Substance Abusers in Treatment. American Journal of Public Health, 95:7, 1259-65.

Housing typically is not provided to homeless persons during drug abuse treatment. We examined how treatment outcomes were affected under three different housing provision conditions. We studied 196 cocaine-dependent participants who received day treatment and no housing (NH), housing contingent on drug abstinence (ACH), or housing not contingent on abstinence (NACH). Drug use was monitored with urine testing. The ACH group had a higher prevalence of drug abstinence than the NACH group (after control for treatment attendance), which in turn had a higher prevalence than the NH group. All three groups showed significant improvement in maintaining employment and housing. The results of this and previous trials indicate that providing abstinence-contingent housing to homeless substance abusers in treatment is an efficacious, effective, and practical intervention. Programs to provide such housing should be considered in policy initiatives.

Milby, J.B., Schumacher, J.E., Wallace, D. Frison, C. McNamara, C. Usdan, S. and Michael, M. (2003). Day Treatment with Contingency Management for Cocaine Abuse in Homeless Persons: 12-Month Follow-Up. Journal of Consulting and Clinical Psychology, 71(3):619-21.

Abstinence, employment, and homelessness treatment outcomes at 12-month follow-up are presented from a study comparing behavioral day treatment plus abstinence-contingent housing and work therapy with behavioral day treatment only among homeless persons who abuse crack cocaine. Within-group improvements were revealed, but group differences for drug abstinence found in J. B. Milby et al. (2000) failed to persist at 12 months. Drug-use measurement and treatment termination explanations are discussed. Within- but not between-group differences were found for employment and homelessness outcomes at long-term follow-up. Research

extending abstinence contingencies and continuous drug use monitoring is recommended. Questions about effectiveness of contingency management alone, role of coexisting psychiatric disorders on treatment outcome, and individualized treatment dosing are offered

Min, S., Wong, Y.I., and Rothbard, A.B. (2004). Outcomes of Shelter Use Among Homeless Persons with Serious Mental Illness. *Psychiatric Services* 55(3), 284-289.

The purpose of this study was to examine the extent to which the use of case management services predicted public shelter use among homeless persons with serious mental illness after the termination of Access to Community Care and Effective Services and Supports (ACCESS), a 5-year outreach and case management program. Method: The sample consisted of 475 Philadelphia ACCESS program participants. Client-level interview data and case manager service delivery records that were collected during the ACCESS intervention period were linked with administrative data on public shelter use for the 12-month period after the ACCESS program was terminated. By using Cox's proportional hazards model, multivariate analyses were conducted to test how the characteristics of the participants and the intensity of case management service use affected the rate of the first entry into a public shelter. Results: Homeless individuals with serious mental illness who were younger, were African American, had fewer years of schooling, and had longer shelter stays during the ACCESS intervention period were more likely to enter shelters in the 12 months after the ACCESS program ended. Although use of vocational and supportive services was associated with a lower probability of shelter entry, use of housing assistance was associated with a higher probability of shelter entry. The study found that the total number of case management service contacts was not significantly associated with residential outcomes. Rather, the use of specific types of services was important in reducing the use of homeless shelters. These findings suggest that case management efforts should focus on developing vocational and psychosocial rehabilitation services to reduce the risk of recurrent homelessness among persons with serious mental illness.

Mojtabai, R. (2005). Perceived Reasons for Loss of Housing and Continued Homelessness Among Homeless Persons With Mental Illness. *Psychiatric Services*, 56:172-178.

The objective of this study was to examine the reasons for the most recent loss of housing and for continued homelessness as perceived by homeless persons with mental illness. A total of 2,974 currently homeless participants in the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC) were asked about the reasons for their most recent loss of housing and continued homelessness. The responses of participants who had mental illness, defined both broadly and narrowly, were compared with responses of those who were not mentally ill. The broad definition of mental illness was based on a set of criteria proposed by NSHAPC investigators. The narrow definition included past psychiatric hospitalization in addition to the NSHAPC criteria. A total of 1,620 participants met the broad definition of mental illness, and 639 met the narrow definition; 1,345 participants did not meet any of these criteria and were categorized as not having a mental illness. Few differences in reasons for the most recent loss of housing were noted between the participants with and without mental illness. Both groups attributed their continued homelessness mostly to insufficient income, unemployment, and lack of suitable housing. Homeless persons with mental illness mostly report the same reasons for loss of housing and continued homelessness as those who do not have a mental

illness. This finding supports the view that structural solutions, such as wider availability of low-cost housing and income support, would reduce the risk of homelessness among persons with mental illness, as among other vulnerable social groups.

Morris, J.E. and Levine Coley, R. (2004). Maternal, Family, and Work Correlates of Role Strain in Low-Income Mothers. *Journal of Family Psychology*, 18(3):424-32.

Welfare reform brought large numbers of low-income mothers into the labor force, yet little research has examined how low-income mothers manage the multiple demands of parenthood and employment. Using Hobfoll's conservation of resources theory (Hobfoll, 1989, 2001) to guide hypotheses, the authors examined correlates of role strain in a racially diverse sample of low-income mothers combining work/school with family responsibilities. Results from regression analyses indicate that characteristics that deplete resources, particularly family factors and work characteristics, related to higher maternal role strain, whereas greater work flexibility predicted lower role strain. Findings suggest that interventions directed toward increasing women's resources may help reduce role strain.

Munoz, J.P., Reichenbach, D. and Hansen, A.M. (2005). Project Employ: Engineering Hope and Breaking Down Barriers to Homelessness. *Work*, 25(3):241-52.

This article describes Project Employ, a grant-funded supportive employment program that has grown out of collaboration between Duquesne University's Department of Occupational Therapy and Bethlehem Haven, an emergency shelter and residential recovery program and primary service provider for homeless people in Pittsburgh, PA. The purpose of this article is to describe the history, structure, and outcomes of Project Employ.

Nakashima, J., McGuire, J., Berman, S. and Daniels, W. (2004). Developing Programs for Homeless Veterans: Understanding Driving Forces in Implementation. *Social Work Health Care*, 40:2, 1-12.

Between 1992 and 2003, services for homeless veterans at the Veterans Affairs Greater Los Angeles Healthcare System went from inappropriate utilization of hospital medical and psychiatric beds, to a continuum of residential treatment, transitional housing, and employment programs through arrangements with private agencies. The authors use elements of Hasenfeld and Brock's Political Economy Model (1991) to explain this transformation in service delivery that was spearheaded by a VA social work leadership team. It is argued that three driving forces crucial to program implementation were present: technological certainty, economic stability, and concentration of power. Evidence of the implementation's impact includes creation of new homeless program beds, a reduction in use of medical/psychiatric beds, and a large number of formerly homeless veterans with housing and employment at program discharge. Study limitations and implications for future studies are discussed.

National Association of State Budget Officers, National Governors Association. (2002). Medicaid and Other State Healthcare Issues: The Current Situation. A Supplement to the Fiscal Survey of States. Washington, DC: National Association of State Budget Officers.

This feature highlights state Medicaid expenditures, Medicaid cost containment measures that states are undertaking in fiscal 2002 as well as proposed actions for fiscal 2003, and changes in the State Children's Health Insurance Program and state-funded prescription drug programs. Fiscal 2001 data represent actual figures, fiscal 2002 figures are estimates, and fiscal 2003 data reflect figures in governors' recommended budgets (authors).

National Coalition for the Homeless. (1999). Employment and Homelessness. Washington, DC: National Coalition for the Homeless.

This fact sheet examines the relationship between work and homelessness, including the contribution of unemployment, underemployment, and low wages to homelessness. The authors assess the employment barriers faced by homeless people, and strategies for overcoming those barriers. A list of resources for further study is provided.

National Health Care for the Homeless Council and the National Law Center on Homelessness & Poverty. (1999). The Effects of SSI & SSD Benefits Termination as Seen in HCH Projects. Nashville, TN: National Health Care for the Homeless Council, Inc., HCH Clinicians' Network.

In 1996, the Social Security Act was amended to provide that an individual may not be eligible for SSI or SSD benefits if drug addiction or alcoholism (DA&A) is material to the disability determination. DA&A is "material" if the individual would not be deemed disabled if the use of drugs or alcohol were to stop. Because of the automatic link in most states between SSI and Medicaid, the loss of SSI benefits due to the DA&A benefits elimination necessarily means the elimination of health coverage for the affected individuals. In addition, loss of SSD benefits means the loss of Medicare coverage. The new provisions went into effect as of March 29, 1996, for new applicants. For people who were already receiving SSI or SSD benefits, the changes took effect on January 1, 1997, unless the recipient successfully pursued a redetermination of benefits. This paper reports on findings from a study conducted to examine the impacts of these changes in the law on people who received services through Health Care for the Homeless Projects nationwide. Specifically, the study looked at changes in housing arrangements and access to substance abuse treatment services in people whose benefits were terminated as a result of the changes in the law.

Nelson, G., Clarke, J., Febbraro, A. and Hatzipantelis, M. (2005). A Narrative Approach to the Evaluation of Supportive Housing: Stories of Homeless People Who Have Experienced Serious Mental Illness. *Psychiatric Rehabilitation Journal*, 29:2, 98-104.

The authors present the findings of a narrative approach to the evaluation of supportive housing for formerly homeless people who have experienced serious mental illness. According to the accounts of 11 men and 9 women, their youth and adult years were filled with personal problems, troubled relationships, and a lack of adequate social resources. Since entering supportive housing, participants noted more stability in their lives and the beginning of journeys to recover positive personal identities, restore or develop new supportive relationships, and reclaim resources vital to leading lives with dignity and meaning. The findings add to the

literature on housing interventions for this population in suggesting many positive gains beyond reductions in homelessness and hospitalization.

Nuttbrock, L.A. and Rosenblum, A. (2002). Psychotic Ideation and Receipt of Government Entitlements among Homeless Persons in New York City. *Psychiatric Services* 53(6): 719-723.

This study compared changes in receipt of government entitlements by people who are homeless with and without psychotic ideation in New York City between January 1997 and July 1998, a period characterized by changing state government policies and greater bureaucratic monitoring of eligibility. In conjunction with an experimental study of the efficacy of social work services provided to people who are homeless in Manhattan by a mobile medical van, 25 persons who were assessed as having experienced psychotic ideation in the previous year and 134 nonpsychotic persons were followed up after 4 months to identify changes in their receipt of Medicaid benefits, SSI or SSDI, food stamps, and home relief (state welfare for single persons). The social work intervention was designed to help eligible clients gain access to entitlements and substance abuse treatment. The proportion of clients with psychotic ideation who received Medicaid, food stamps, or home relief decreased during the study period, while the proportion of nonpsychotic clients who received these entitlements increased. Little change was observed in receipt of SSI or SSDI by either group. Psychotic ideation among people who are homeless may be a significant factor in access to and maintenance of government entitlements. In the context of an increasingly restrictive and bureaucratic welfare system, providing assistance to homeless persons who have severe psychopathology presents new challenges to service providers.

Nwakeze, P.C., Magura, S., Rosenblum, A. and Joseph, H. (2003). Homelessness, Substance Misuse, and Access to Public Entitlements in a Soup Kitchen Population. *Substance Use and Misuse* 38(3-6): 645-668.

This study examined the effects of homelessness on access to public entitlements (Medicaid and Food Stamp Programs) in a soup kitchen population. Data were collected between 1997 and 1999 from a sample of 343 adults at two soup kitchen sites in New York City. Five hypotheses, focusing on the effects of housing status (literal homelessness, unstable housing, and domiciled), frequency of drug/heavy alcohol use, drug/alcohol-user treatment history and childcare responsibilities on access to Medicaid and food stamp programs were tested. Multiple logistic regression analysis indicated that both literal homelessness and unstable housing were associated with less access to Medicaid and food stamps. Other significant findings were: current drug/alcohol-user treatment experience was associated with greater access to both Medicaid and food stamps, frequency of drug/heavy alcohol use was associated with less access to Medicaid only, and caring for children was associated with greater access to food stamps only. These findings support the crucial role of housing status in mediating access to entitlements, and the importance of drug/alcohol-user treatment involvement as a cue to seeking entitlements.

O'Connell, J., Quick, P., Zevin, B. and Post, P. (2004). Documenting Disability: Simple Strategies for Medical Providers. Nashville, TN: National Health Care for the Homeless Council.

This paper explains how medical providers can most efficiently and effectively document their patients' impairments in support of SSI or SSDI disability benefit applications. It provides practical, experience-based advice that is grounded in use of the Social Security Administration's Listing of Impairments. This paper is intended to improve access to federal disability benefits for eligible persons, including chronically homeless persons, who by definition are disabled. Obtaining health insurance and monthly incomes through the SSI and SSDI programs can help many people escape the terrible trap of homelessness.

Ortega, A.N. and Rosenheck, R. (2002). Hispanic Client-Case Manager Matching: Differences in Outcomes and Service Use in a Program for Homeless Persons with Severe Mental Illness. *Journal of Nervous & Mental Disease*. 190(5):315-323.

Mental health professionals have responded to ethnic and racial disparities in mental health care by advocating increasing cultural relevancy in treatment. A central component of cultural relevancy is ethnic and racial pairing of clients and providers. This study examined the effects of client-case manager ethnic and racial matching among white and Hispanic clients who received assertive community treatment in the Access to Community Care and Effective Services and Supports (ACCESS) program. Twelve-month outcomes and service use were examined among 242 Hispanic and 2,333 white clients seen in the first 3 years of the program. Analysis of covariance was used to evaluate the association of client-case manager ethnic and racial matching with changes in health status and service use from baseline to 12 months after program entry. At baseline, Hispanics had more serious problems than whites on several measures of psychiatric and substance abuse domains, and they also showed less improvement than whites over the next year on several measures of psychiatric status and service use. One significant association with ethnic matching was found: when treated by a Hispanic clinician, Hispanic clients showed less improvement in symptoms of psychosis. These results do not support the hypothesis that ethnic and racial matching improves outcomes or service use. Several explanations are offered for the results.

Quimby, E., Drake, R. E. and Becker, D. R. (2001). Ethnographic Findings From the Washington, DC. Vocational Services Study. *Psychiatric Rehabilitation Journal*, 24 (4), 368-374.

Based on a 20-month period of participant observations and interviews of persons receiving services, employment specialists and clinicians, this ethnographic substudy identified and documented dilemmas encountered during implementation of an assertive, manualized supported employment program, Individual Placement and Support (IPS), situated in a Washington, D.C., community mental health organization that previously focused on clinical interventions but lacked vocational services. Those receiving services, primarily African Americans, had extensive histories of homelessness and dual diagnosis, and minimal work experiences. Real-world issues among staff centered on conflicting expectations and priorities, diverse perceptions of the role of work, and difficulties in integrating vocational rehabilitation with clinical treatment.

Parkhill, P. (2000). Vocationalizing the Home Front: Promising Practice in Place-Based Employment. New York, NY: Corporation for Supportive Housing.

This report presents the final lessons gathered from the Next Step: Jobs initiative, a 3-year collaboration among 21 supportive housing providers designed to maximize employment opportunities for tenants. These approaches assist with employing persons who are homeless,

former and current substance abusers, individuals with HIV/AIDS, those with physical and psychiatric disabilities and other challenges. Issues addressed include: accessibility; inclusiveness; flexibility; coordinated, integrated approach to services; high quality, long-term employment; and linkages to private and public sectors.

Pickett-Schenk, S.A, Cook, J.A., Grey, D., Banghart, M., Rosenheck, R.A., Randolph, F. (2002). Employment Histories of Homeless Persons with Mental Illness, Community Mental Health Journal, 38(3):199-211.

This study examined the work histories of 7,228 homeless persons with mental illness who were enrolled into the multisite Access to Community Care and Effective Services and Supports (ACCESS) demonstration program. Multiple logistic regression analyses suggest that use of vocational services is significantly associated with increased likelihood of paid employment. The role of vocational rehabilitation services in removing persons from homelessness and improving their quality of life is discussed.

Post, P. (2001). Casualties of Complexity: Why Eligible Homeless People Are Not Enrolled in Medicaid. Nashville, TN: National Health Care for the Homeless Council.

The purpose of this document is to identify obstacles (i.e. misunderstanding of Medicaid enrollment criteria; failure to complete the enrollment process; failure to obtain required documentation) that prevent eligible homeless people from enrolling in Medicaid, to describe how experienced homeless service providers are attempting to address these problems, and to recommend ways in which the obstacles can be surmounted or removed.

Proscio, T. and Houghton, T. (2000). Landlord, Service Provider, and Employer: Hiring and Promoting Tenants at Lakefront SRO. New York, NY: Corporation for Supportive Housing.

This report provides a close look at Lakefront SRO's program of in-house tenant employment as a guide for other supportive housing programs that either hire their own tenants or might want to do so. The lessons of the document are also of potential interest to affordable housing programs whose tenants could become valuable employees given sufficient encouragement, training, and clear policies.

Razzano, L.A., Cook J.A., Burke-Miller J.K., Mueser K.T., Pickett-Schenk S.A., Grey D.D., Goldberg, R.W., Blyler, C.R., Gold, P.B., Leff, H.S., Lehman, A.F., Shafer, M.S., Blankertz, L.E., McFarlane, W.R., Toprac, M.G. and Carey, M.A. (2005). Clinical Factors Associated with Employment Among People with Severe Mental Illness: Findings From the Employment Intervention Demonstration Program. Journal of Nervous and Mental Diseases, 193(11), 705-713.

Research has shown that supported employment programs are effective in helping psychiatric outpatients achieve vocational outcomes, yet not all program participants are able to realize their employment goals. This study used 24 months of longitudinal data from a multisite study of supported employment interventions to examine the relationship of patient clinical factors to employment outcomes. Multivariate random regression analysis indicated that, even when controlling for an extensive series of demographic, study condition (experimental versus

control), and work history covariates, clinical factors were associated with individuals' ability to achieve competitive jobs and to work 40 or more hours per month. Poor self-rated functioning, negative psychiatric symptoms, and recent hospitalizations were most consistently associated with failure to achieve these employment outcomes. These findings suggest ways that providers can tailor supported employment programs to achieve success with a diverse array of clinical subpopulations.

Resnick, S.G., Neale, M.S. and Rosenheck, R. (2003). Impact of Public Support Payments, Intensive Psychiatric Community Care and Program Fidelity on Employment Outcomes for People with Severe Mental Illness. *Journal of Nervous & Mental Disease*. 191(3):139-144.

This study explored the relationship of public support payments, intensive psychiatric community care (IPCC), and fidelity of implementation to 1-year employment outcomes for 520 veterans with severe mental illness (SMI) in a clinical trial of IPCC. At study entry, 455 (87.5%) participants received public support. At 1 year, 46 (8.8%) participants met criteria to be classified as workers. A multivariate analysis indicated that baseline public support was significantly associated with a lower likelihood of employment, and baseline work was positively associated with employment at 1 year. IPCC patients were three times more likely to be working than control subjects, and a significant interaction favored well-implemented IPCC programs over others. This study points out not only the inhibiting effect of public support payment on employment but also the value of IPCC and the special importance of fidelity to program models for employment for people with SMI.

Richer, E., Kubo, H. and Frank, A. (2003). All in One Stop? The Accessibility of Work Support Programs at One-Stop Centers. Washington, DC: Center for Law and Social Policy.

In this report, the authors conduct an initial investigation into the role One-Stop centers currently play in providing job seekers with access to public work support programs. Under the Workforce Investment Act, all local workforce areas in the United States are required to develop a One-Stop delivery system that makes an array of federally funded employment programs available at one location. This report is the result of interviews with 33 One-Stop directors to examine the level of access to seven work support programs (Earned Income Tax Credit, subsidized child care, food stamps, publicly funded health insurance, cash assistance, child support, and transportation assistance). The report discusses the findings of the survey, innovative techniques for making work supports more accessible, and the barriers to better access.

Ridgway, P. and Rapp, C. (1998). The Active Ingredients in Achieving Competitive Employment for People with Psychiatric Disabilities: A Research Synthesis. Lawrence, KS: University of Kansas School of Social Welfare.

This report details an analytic literature review concerning vocational services for persons with prolonged psychiatric disabilities. The report is organized into two primary sections. First, the outcome research literature is assessed to determine how programs perform and what they may reasonably be expected to achieve. The outcomes of three program models—job club,

transitional employment, and supported employment—are examined individually and then compared. The “main ingredients,” program principles and practices, are identified and outcomes for each program type are summarized. Conclusions about “critical ingredients” are then drawn across models.

Rio, J., Russell, D., Dudasik, S., and Gravino, L. (1999). Supportive Housing-Based Employment Services. American Rehabilitation (March).

Homeless and formerly homeless individuals with multiple barriers to employment are not commonly well-served by employment and training programs or by the vocational rehabilitation system. State vocational rehabilitation agencies demand that applicants for services must have a permanent living address, a policy based upon the assumption that stable housing is a prerequisite for successful employment. In sum, formerly homeless and homeless individuals with chronic debilitating health conditions, incomes below poverty, low levels of education, and poor or inconsistent work histories are left out. Significant proportions of this population are the long-term shelter stayers and tenants of supportive housing. Supportive housing is a solution to homelessness, since it offers those who become tenants a permanent, affordable home with onsite social and employment services. Tenants, once stabilized in supportive housing, want to work. As federal, state and local policies are directed to decrease reliance on public entitlements, tenants and their supportive housing landlords have an obvious shared interest in making available vocational services that result in employment outcomes.

Rivard, J.C. and Akabas, S. H. (1999). Evaluation of the “Linking Supportive Housing and Vocational Rehabilitation Systems” Project. New York, NY: Center for Social Policy and Practice in the Workplace, Columbia University School of Social Work.

An unpublished report of a three year demonstration project led by the Corporation for Supportive Housing documents the results of linking two divergent systems, supportive housing and vocational rehabilitation in a large urban center. Among the evaluation findings, the authors highlight the challenges to creating service partnerships, the importance of leadership or champion, and the outcomes that can be achieved.

Rog, D. J. and Holupka, C.S. (1998). Reconnecting Homeless Individuals and Families to the Community. U.S. Department of Health and Human Services, Center for Mental Health Services, The 1998 Symposium on Homelessness Research, Washington, DC.

Homeless people are, by definition, isolated from mainstream society. They lack stable housing, and often lack connections with jobs, families, and communities. This paper summarizes what we know about reconnecting homeless people and individuals into the community and in turn fostering self-sufficiency, including improving their residential stability and employability, and reuniting them with family and friends. In addition to reviewing what is known in each area, this paper discusses the barriers and challenges that continue to challenge efforts to reconnect people back into our communities. The paper concludes with a discussion of the implications of our knowledge for policy, practice, and research.

Rog, D.J., Holupka, C.S., Hopper, K., Lester, R., Roy, K. and Davidson, C. (1999). Next Step: Jobs Evaluation/Documentation Report, Washington, D.C.: Vanderbilt Institute for Public Policy Studies.

A report of findings from external evaluators of the Corporation for Supportive Housing sponsored national employment initiative, Next Step: Jobs, to integrate employment and training services in supportive housing in 21 supportive housing agencies in New York, Chicago and San Francisco. Results indicated that employment services can be established on par with social services in supportive housing and that the pathway tenants take to employment is not usually linear. The supportive housing industry itself is an employer of formerly homeless tenants participating in this project.

Rosen, J., Hoey, R. and Steed, T. (2001). Food Stamps and SSI Benefits: Removing Access Barriers for Homeless People. Journal of Poverty Law and Policy (March-April): 679-696.

This article reviews the SSI program and the Food Stamp Program, identifies potential access barriers, and discusses strategies for removing those barriers. Being extremely poor, people who are homeless should be eligible for a variety of public benefit programs. Both of these programs provide assistance that can make a real difference in the lives of people who are homeless, and can provide a means out of homelessness. However, people who are homeless are often unable to meet residency and address requirements. Documents may not be available and information may not be readily verifiable, posing another type of potentially insurmountable barrier. Further, the lack of a permanent address may make compliance with application processes difficult or impossible. Advocates can use provisions in current law to overcome at least some of these barriers.

Rosenheck, R., Leslie, D., Keefe, R., McEnvoy, J., Swartz, M., Perkins, D., Stroup, S., Hsiao, J.K., and Lieberman, J. (2006). Barriers to Employment for People with Schizophrenia. American Journal of Psychiatry, 163:411-417.

There is growing interest in identifying and surmounting barriers to employment for people with schizophrenia. The authors examined factors associated with participation in competitive employment or other vocational activities in a large group of patients with schizophrenia who participated in the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study, a multisite clinical trial comparing the effects of first- and second-generation antipsychotics. Baseline data on more than 1,400 patients with a diagnosis of schizophrenia were collected before their entry into the CATIE study. Multinomial logistic regression was used to examine the relationship between participation in either competitive employment or other vocational activities and sociodemographic characteristics, schizophrenia symptoms, neurocognitive functioning, intrapsychic functioning, availability of psychosocial rehabilitation services, and local unemployment rates. Altogether, 14.5 percent of the patients reported participating in competitive employment in the month before the baseline assessment, 12.6 percent reported other (noncompetitive) employment activity, and 72.9 percent reported no employment activity. Participation in either competitive or noncompetitive employment was associated with having less severe symptoms, better neurocognitive functioning, and higher scores on a measure of intrapsychic functioning that encompassed motivation, empathy, and other psychological characteristics. Competitive employment, in contrast to other employment or no employment, was negatively associated with receipt of disability payments as well as with being black.

Greater access to rehabilitation services was associated with greater participation in both competitive and noncompetitive employment. Overall employment of persons with schizophrenia seems to be impeded by clinical problems, including symptoms of schizophrenia and poorer neurocognitive and intrapsychic functioning. However, participation in competitive employment may be specifically impeded by the potentially adverse incentives of disability payments and by race and may be promoted by the availability of rehabilitation services.

Rosenheck, R., Lam, J., Morrissey, J.P., Calloway, M.O., Stolar, M., Randolph, F. and the ACCESS National Evaluation Team. (2002). Service Systems Integration and Outcomes for Mentally Ill Homeless Persons in the ACCESS Program. *Psychiatric Services*, 53:958-966.

The authors evaluated the second of the two core questions around which the ACCESS (Access to Community Care and Effective Services and Supports) evaluation was designed: Does better integration of service systems improve the treatment outcomes of homeless persons with severe mental illness? The ACCESS program provided technical support and about \$250,000 a year for 4 years to nine sites to implement strategies to promote systems integration. These sites, along with nine comparison sites, also received funds to support outreach and assertive community treatment programs to assist 100 clients a year at each site. Outcome data were obtained at baseline and 3 and 12 months later from 7,055 clients across four annual cohorts at all sites. Clients at all sites demonstrated improvement in outcome measures. However, the clients at the experimental sites showed no greater improvement on measures of mental health or housing outcomes across the four cohorts than those at the comparison sites. More extensive implementation of systems integration strategies was unrelated to these outcomes. However, clients of sites that became more integrated, regardless of the degree of implementation or whether the sites were experimental sites or comparison sites, had progressively better housing outcomes. Interventions designed to increase the level of systems integration in the ACCESS demonstration did not result in better client outcomes.

Rosenheck, R.A., Dausey, D.J., Frisman, L. and Kaspro, W. (2000). Outcomes After Initial Receipt of Social Security Benefits Among Homeless Veterans With Mental Illness. *Psychiatric Services* 51(12): 1549-1554.

This article examines the relationship between receiving disability payments and changes in health status, community adjustment, and subjective quality of life. The study evaluated outcomes among homeless mentally ill veterans who applied for Social Security Disability Insurance or Supplemental Security Income through a special outreach program. Veterans who were awarded benefits were compared with those who were denied benefits; their sociodemographic characteristics, clinical status, and social adjustment were evaluated just before receiving the initial award decision and again 3 months later. Beneficiaries did not differ from those who were denied benefits on any baseline sociodemographic or clinical characteristics. However, beneficiaries were more willing to delay gratification, as reflected in scores on a time preference measure. Three months after the initial decision, beneficiaries had significantly higher total incomes and reported a higher quality of life. They spent more on housing, food, clothing, transportation, and tobacco products but not on alcohol or illegal drugs. The authors conclude that receipt of disability payments is associated with improved subjective quality of life and is not associated with increased alcohol or drug use.

Rosenheck, R., Frisman, L. and Kaspro, W. (1999). Improving Access to Disability Benefits Among Homeless Persons with Mental Illness: An Agency-Specific Approach to Services Integration. American Journal of Public Health 89(4): 524-528.

This article presents the results of a special initiative designed to improve access to Social Security benefits, including both Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), among homeless mentally ill veterans participating in the Department of Veterans Affairs' (VA) Health Care for Homeless Veterans (HCHV) program. In the initiative, both a Social Security Claims Representative and a state Disability Determination Analyst were co-located with HCHV clinical teams to facilitate applications for Social Security benefits. The project has three objectives: to increase applications for SSI and SSDI among entitled veterans; to increase awards for disability benefits; and to increase the proportion of timely decisions.

Rosenheck, R. and Lam, J.A. (1997). Client and Site Characteristics as Barriers to Service Use By Homeless Persons with Serious Mental Illness Psychiatric Services, 48(3), 387-390.

This article looks at barriers to service use encountered by clients entering the Access to Community Care and Effective Services and Supports (ACCESS) program for homeless persons with mental illness. The data come from surveys conducted as part of a longitudinal study of ACCESS pilot projects. Clients identified the following barriers: not knowing where to go (32.4 percent); not being able to afford the service (29.5 percent); too much confusion, hassle, or waiting (27.1 percent); and having been previously denied the service (16.5 percent). Differences in the program site (that is, the 18 communities hosting ACCESS pilot projects) explained two to three times more of the variance in encountering barriers to use than did individual client characteristics

Sard, B. and Harrison, T. (2001). The Increasing Use of TANF and State Matching Funds to Provide Housing Assistance to Families Moving from Welfare to Work - 2001 Supplement. Washington, DC: Center on Budget and Policy Priorities.

The original paper, "The Increasing Use of TANF and State Matching Funds to Provide Housing Assistance to Families Moving from Welfare to Work," provided a detailed look at eight state and local programs that use federal TANF or state MOE funds to provide housing assistance to families attempting to make the transition from welfare to work. It also explained the issues that states and counties should consider in deciding which funding sources to use for particular housing programs. Since that paper was published, four additional states and localities, Michigan, Pennsylvania, Virginia, and Denver, CO have initiated housing programs using TANF funds. This supplemental paper first reviews HHS' relevant guidance and states' ability to transfer TANF funds to the Social Services Block Grant. It then explores the six new state and local initiatives that use TANF or MOE funds to help subsidize families' ongoing housing costs. These recent efforts provide further evidence that an increasing number of state and local governments are recognizing the importance of addressing families' housing needs as part of state welfare reform efforts.

Sard, B. and Lubell, J. (2000). The Increasing Use of TANF and State Matching Funds to Provide Housing Assistance to Families Moving from Welfare to Work. Washington, DC: Center on Budget and Policy Priorities.

In the last 2 years, the states of Connecticut, Kentucky, Maryland, Minnesota, North Carolina and New Jersey, and Los Angeles and San Mateo Counties in California have used federal Temporary Assistance to Needy Families (TANF) or state Maintenance of Effort (MOE) funds, alone or in combination with other funds, to establish programs to provide housing assistance to families attempting to make the transition from welfare to work. This report describes ways in which states can assist families who are moving from welfare to work. The authors conclude that states that wish to establish a housing assistance program that services both families that currently receive TANF cash assistance and families that do not receive TANF can create a housing program that combines use of federal funds for families currently receiving TANF cash aid with use of MOE funds for other families.

Schumacher, J.E., Mennemeyer, S.T., Milby, J.B., Wallace, D. and Nolan, K. (2002). Costs and Effectiveness of Substance Abuse Treatments for Homeless Persons. Journal of Mental Health Policy Economics, (1):33-42.

This study presents a cost analysis of two randomized controlled studies comparing four drug addiction interventions for homeless persons. The studies controlled for some limitations of previous research in this area including random assignment. Findings are based on treatment costs obtained from actual expenditures and treatment outcomes of drug abstinence from toxicology tests. Cost-effectiveness is considered from the viewpoint of the treatment program. Cost-effectiveness from a societal viewpoint is discussed, but not calculated. This is a retrospective analysis of treatment and treatment outcome costs from two randomized controlled drug addiction treatment outcome studies: Homeless 1 and Homeless 2. Both studies were two-group-usual versus enhanced-care designs with similar treatment components, outcome variables and assessment points, but different research questions. Both studies investigated the efficacy of a contingency management intervention specifically designed for persons who are homeless.

Shaheen, G., Williams, F. and Dennis, D., Editors. (2003). Work as a priority: A Resource for Employing People Who Have a Serious Mental Illness and Who Are Homeless. DHHS Pub. No. SMA 03-3834. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

This guidebook is intended to help people who are homeless and who also have serious mental illness to find and maintain employment. It includes a review of relevant literature and research, a summary of promising employment programs, and a discussion of policies and laws that address the provision of employment support services to people with serious mental illness who are homeless.

Shern, D.L., Tsembaris, S. Anthony, W., Lovell, A.M., Richmond, L., Winarski, J. and Cohen, M. (2000). Serving Street-Dwelling Individuals with Psychiatric Disabilities: Outcomes of a Psychiatric Rehabilitation Clinical Trial. American Journal of Public Health, 90(12): 1873-1878.

This study tested a psychiatric rehabilitation approach for organizing and delivering services to street-dwelling persons with severe mental illness. Street-dwelling persons with severe mental illness were randomly assigned to the experimental program (Choices) or to standard treatment in New York City. We assessed study participants at baseline and at 6-month intervals over 24 months, using measures of service use, quality of life, health, mental health, and social psychological status. The average deviation from baseline summary statistic was employed to assess change. Compared with persons in standard treatment, members of the experimental group were more likely to attend a day program, had less difficulty in meeting their basic needs, spent less time on the streets, and spent more time in community housing. They showed greater improvement in life satisfaction and experienced a greater reduction in psychiatric symptoms. With an appropriate service model, it is possible to engage disaffiliated populations, expand their use of human services, and improve their housing conditions, quality of life, and mental health status.

Smith, V.K. (2002). Making Medicaid Better: Options to Allow States to Continue to Participate and to Bring the Program Up to Date in Today's Health Care Marketplace. Washington, DC: National Governors Association.

Medicaid is a state-federal health care program created by the Social Security Amendments of 1965. States administer the program within federal guidelines. Over the years, Congress has added substantially to the scope of Medicaid, and as the program has expanded it has become increasingly important as a mechanism to finance health care for low-income children, families, pregnant women, the elderly, and persons with disabilities. It also now finances a large share of mental health, public health, and services for the aging. Over time Medicaid has become burdened with new requirements, and the costs for states have become greater than ever expected. Medicaid has grown to be larger than Medicare in terms of program costs and the number of persons served annually. The cost of Medicaid borne by states has become so large as to raise a question about the ability of states to pay their share in the future. This paper identifies options that would restructure the financing of the program so states could afford to contribute to its financing into the future. These changes would help Medicaid be more effective in providing health coverage for low-income uninsured Americans.

Sommer, H. (2000). Homelessness in Urban America: A Review of the Literature. Berkley, CA: Institute of Governmental Studies Press, University of California.

In the 1980s, homelessness attracted a great deal of attention from the media, advocates, politicians, and the public. Every level of government responded to the visibly growing problem. Virtually every sector of society intervened. Interest in the issue seems to have waned considerably since then, but the problem continues to grow, particularly in large urban areas and among different populations. Public policies continue to address the problem, but the nature and scale of the responses have changed. This literature review covers methodology issues in counting the homeless, the history of homeless policy, best strategies for successful prevention and transitional housing, and challenges posed by community opposition to housing sites for the homeless.

Sowell, R.L., Bairan, A., Akers, T.A. and Holtz, C. (2004). Social Service Needs and Case Management Implications for Individuals Accessing a Faith-Based Suburban Homeless Shelter. *Lippincotts Case Management*, (2):72-86.

The purpose of this study was to identify social service needs and case-management implications for homeless and marginally housed individuals accessing services at a suburban faith-based agency. The overall goal for the study was to provide data from the perspectives and experiences of clients that could be used to develop and/or revise services to more fully facilitate clients' movement toward self-sufficiency. The study used an exploratory qualitative design. Study participants consisted of 38 men and women currently using agency services who participated in one of four focus group sessions. Thematic analysis of the content of the audiotapes of the group sessions revealed that the overarching issue for participants was the ability to obtain and maintain employment. Related to this issue were six themes: job readiness and support; self-esteem issues; substance use and treatment; communications; women's issues; and transportation. Based on these client-generated themes, a multi-level case management program is presented.

Stegman, M., Davis, W. and Quercia, R. (2003). Tax Policy as Housing Policy: The EITC's Potential to Make Housing More Affordable for Working Families. Washington, DC: Center on Urban and Metropolitan Policy at the Brookings Institution.

An analysis of how the federal Earned Income Tax Credit (EITC) could alleviate severe housing cost burdens where housing consumes at least half of household income finds that despite the economic prosperity of the late 1990s, housing became less affordable for millions of working families. Because current housing programs cannot fully close the affordability gap, policymakers should consider expanding support in the tax code for working families to help a greater number meet the high and rising costs of housing.

Sullivan, G., Burnam, A., Koegel, P. and Hollenberg, J. (2000). Quality of Life of Homeless Persons with Mental Illness: Results From the Course-of-Homelessness Study. *Psychiatric Services*, 51, 1135-1141.

The quality of life of homeless persons with mental illness was compared with that of homeless persons without mental illness. Subjective and objective quality-of-life ratings were obtained in face-to-face interviews with 1,533 homeless adults in Los Angeles, who were identified using probability sampling of people on the streets and at shelters and meal facilities; 520 subjects were tracked for 15 months. Ratings of homeless persons with and without mental illness were compared using chi square tests and regression analyses. Mentally ill homeless persons were significantly more likely than those without mental illness to receive SSI, SSDI, VA disability benefits, or Medicaid. However, those with mental illness still fared significantly worse in terms of physical health, level of subsistence needs met, victimization, and subjective quality of life. Differences between groups in the subjective quality-of-life ratings were accounted for by modifiable factors such as income and symptoms rather than by nonmodifiable demographic characteristics. Interventions most likely to improve the quality of life of homeless persons with mental illness include those that stress maintenance of stable housing and provision of food and clothing and that address physical health problems and train individuals to minimize their risk of victimization. Interventions that decrease depressive symptoms might also improve subjective quality of life.

Tam, T., Zlotnick, C. and Robertson, M. (2003). Longitudinal Perspective: Adverse Childhood Events, Substance Use, and Labor Force Participation Among Homeless Adults. American Journal of Alcohol Drug Abuse 29(4): 829-846.

This article examines the long-term effects of adverse childhood events on adulthood substance use, social service utilization, and subsequent labor force participation. The authors discuss literature-based relationships between adverse childhood events and labor force participation, as well as mediating effects of adulthood substance use and service use. The article asserts that adverse childhood events were precursors to adulthood alcohol and drug use and that consistent substance use was negatively associated with long-term labor force participation and with social service utilization among homeless adults. The authors also state that adverse events at childhood were positively associated with service use. The authors conclude that adverse childhood events may contribute to negative adulthood consequences, including consistent substance use and reduced labor force participation. The authors suggest that agencies involved in halting the abuse or neglect should participate in more preventive interventions, and that job-related assistance is particularly important to facilitate employment and labor force participation among homeless adults.

Tessler, R., Rosenheck, R. and Gamache, G. (2001). Gender Differences in Self-Reported Reasons for Homelessness. Journal of Social Distress and the Homeless, 10:3, 243 – 254.

The purpose of this paper is to illustrate some of the ways in which the perceived pathways into homelessness are socially structured. We do this by examining the relative frequency of 11 different reasons homeless males and females cite for being homeless. Males were more likely to cite the following as their main reasons for homelessness: loss of a job, discharge from an institution, mental health problems, and alcohol or drug problems. Women were more likely to cite the following as their main reason for homelessness: eviction, interpersonal conflict, and someone no longer able or willing to help. Self-reported reasons for being homeless are also related to age, marital status, race, and being a veteran. As expected, they are also linked to receptiveness to treatment. Gender differences in reasons for homelessness may require different approaches to building helping relationships with homeless men and women.

Theodore, N. (2000). Homeless Who Can't Make Enough to Get Ahead. Chicago: Day Labor Project, Chicago Coalition for the Homeless.

Report of findings from a survey of 510 homeless men and women conducted at four Chicago homeless shelters on a single night in 1999. Contrary to popular assumptions, homeless people are working and working regularly. The majority of adults in homeless shelters work day labor through staffing agencies. These workers are part of a growing segment of the economy – “contingent workers” who hold temporary job assignments through temporary help agencies. In the case of day labor, workers line up each morning at agencies in hope of receiving a work assignment for manual labor at a factory, warehouse, and other work sites. Key results indicate: Homeless day laborers who work regularly earn less than \$9,000 per year; 42% expressed concern for their personal safety on the job; 82% were paid an hourly wage of \$5.50 or less at their most recent job; and 96% of homeless day laborers would prefer jobs with regular scheduled hours. Half of these workers work day labor because it is the only job they could find.

Tompsett, C.J., Toro, P.A., Guzicki, M. Manrique, M. and Zatakia, J. (2006). Homelessness in the United States: Assessing Changes in Prevalence and Public Opinion, 1993-2001. American Journal of Community Psychology, 37(1-2):47-61.

A national survey was administered in 1993-1994 and repeated in 2001 to assess the prevalence of homelessness as well as attitudes, opinions and knowledge regarding homelessness. No significant changes in prevalence were found, despite a strong U.S. economy during most of the 7- to 8-year period. Respondents in 2001 had less stereotyped views of homeless people and were more supportive of services, but came to see homelessness as a less serious problem that was less often due to economic factors. This "mixed" set of findings may reflect both beliefs on the benefits of a good economy and an increased awareness of the complexity of homelessness. Across the surveys, younger, female, liberal, and less wealthy respondents demonstrated more sympathetic attitudes towards homeless people.

Trutko, J.W., Barnow, B.S., Beck, S.K., Min, S., and Isbell, K. (1998) Employment and Training for America's Homeless: Final report of the Job Training for the Homeless Demonstration Program. Washington, DC: U.S. Department of Labor.

The Job Training for the Homeless Demonstration Program (JTHDP) was authorized under Section 731 of the McKinney Act (Public law 100-77). Under this legislation, the U.S. Department Labor (DOL) was authorized to plan, implement, and evaluate a job training demonstration program for homeless individuals. The resulting JTHDP, administered by DOL's Employment and Training Administration (ETA), represented the first comprehensive federal program specifically designed to provide employment and training services (and a wide range of other support services) for homeless individuals and to assist them in securing employment. The demonstration effort was launched in September 1988 with a series of grants to 32 locally operated demonstration sites across the nation. JTHDP was implemented over four phases, each somewhat distinct, building upon the experiences of the previous phase. Phase one was an "exploratory phase," designed to test the feasibility of the demonstration effort, help shape the direction of future phases, and develop a methodology for the evaluation. Phase two provided sites considerable flexibility in designing their service delivery strategies, selecting program participants, and determining which services participants received and how services were sequenced. Phase three sites were required to establish a comprehensive housing assistance strategy. With the demonstration effort drawing to a close, the fourth phase emphasized "partnering" of JTHDP sites with local JTPA programs, as well as the continuation of projects in their localities after the demonstration effort concluded. A major emphasis of the final phase was on broadening and enhancing effective delivery of services to the homeless by the current Job Training Partnership Act (JTPA) Title II-A service delivery system. This report is two-fold: (1) to analyze the results of the JTHDP and (2) to draw out lessons learned from the demonstration that can help guide future efforts at providing comprehensive and cost-effective services to address the problem of homelessness in the United States.

Tsembaris, S., Gulcur, L. and Nakae, M. (2004). Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis. American Journal of Public Health, 94:4, 651-656.

We examined the longitudinal effects of a Housing First program for homeless, mentally ill individuals on those individuals' consumer choice, housing stability, substance use, treatment

utilization, and psychiatric symptoms. Two hundred and twenty-five participants were randomly assigned to receive housing contingent on treatment and sobriety or to receive immediate housing without treatment prerequisites. The experimental group obtained housing earlier, remained stably housed, and reported higher perceived choice. Utilization of substance abuse treatment was significantly higher for the control group, but no differences were found in substance use or psychiatric symptoms. Participants in the Housing First program were able to obtain and maintain independent housing without compromising psychiatric or substance abuse symptoms.

United States Department of Housing and Urban Development and the United States Department of Health and Human Services. (2004). First Step: On the Path to Benefits for People who are Homeless. Washington, DC: U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services.

This toolkit, which includes a CD-ROM, brochure, 22 fact sheets, and an evaluation form, was designed for case managers, outreach workers, and others to use when assisting clients who are homeless with accessing federal mainstream benefit programs. The programs covered in this toolkit include food stamps, Medicaid, Medicare, One-Stop Career Center System, Social Security, Social Security Disability Insurance, State Children's Health Insurance Program, Supplemental Security Income, Temporary Assistance for Needy Families, Veterans Affairs Compensation, and Veterans Affairs Health Care. Combining time-saving tips from the field with interactive tools, the authors make applying for and accessing mainstream benefits easy.

United States General Accounting Office. (2000). Homelessness: Barriers to Using Mainstream Programs. Washington, DC: U.S. General Accounting Office.

This report examines the ability of people who are homeless to obtain assistance through mainstream federal programs, focusing on why people who are homeless cannot always access or effectively use federal mainstream programs, and how the federal government can improve access to, and use of, these programs by people who are homeless. The General Accounting Office found that people who are homeless are often unable to access and use federal mainstream programs because of the inherent conditions of homelessness as well as the structure and operations of the programs themselves. While all low-income populations face barriers to applying for, retaining, and using the services provided by mainstream programs, these barriers are compounded by the inherent conditions of homelessness, such as transience, instability, and a lack of basic resources. Furthermore, the underlying structure and operations of federal mainstream programs are often not conducive to ensuring that the special needs of people who are homeless are met. Recommendations to eliminate these barriers are provided.

University of Illinois at Chicago - Mental Health Services Research Program. (2001). Preliminary Findings of the Employment Intervention Demonstration Program Chicago, IL: UIC Mental Health Services Research Program.

This report provides preliminary findings of a study of the Employment Intervention Demonstration Program. The study, comprised of eight demonstration sites and a Coordinating Center, examines innovative models combining vocational rehabilitation with clinical services

and supports for consumers of mental health services. The study addresses issues such as the relative effectiveness of different models of vocational rehabilitation in establishing competitive employment, environmental factors impacting the effectiveness of interventions, the direct costs of interventions, and the types of reasonable accommodations used by employed mental health consumers.

Van Ryzin, G.G., Kaestner, R. and Main, T.J. (2003). The Effects of Federal and Local Housing Programs on the Transition from Welfare to Work: Evidence from New York City. *Cityscape Journal of Policy Development and Research* (6)2: 45-72.

This article examines two hypotheses that explain how federal and local housing programs influence the transition from welfare to work. The enabling hypothesis suggests that housing programs provide residential stability and free resources for households to use for work-related expenses such as childcare and transportation. Project-based housing programs may also provide more onsite support services that facilitate finding and keeping a job. The hindering hypothesis suggests that housing subsidies, many of which impose a high marginal tax on income, discourage employment. The location of subsidized housing projects may also hinder employment because of neighborhood crime, poverty, and distance from employment opportunities. The authors' results provide little support for either the enabling or hindering effects of housing programs on the transition from welfare to work in New York City. Although the lack of any effect on either employment or welfare participation may be due to the unique housing policy and market context of New York City, their results are consistent with a growing body of empirical research findings that public housing has few, if any, employment effects.

Veterans' Employment and Training Service. (2004). Department of Labor Employment and Training Grants for Homeless and At-Risk Veterans. Washington, DC: Veterans' Employment and Training Service.

This pamphlet introduces the reader to two grant programs sponsored by the Veterans' Employment and Training Service (VETS): the Homeless Veterans' Reintegration Program and the Veterans' Workforce Investment Program. An overview of each of these programs is given, along with the grants available from each and a review of the application process. A summary of grantee performance and monitoring is also given.

Waynor, W.R., Pratt, C.W., Dolce, J., Bates, F.M. and Roberts, M.M. (2005). Making Employment a Priority in Community Mental Health: Benefits of Demonstrating Direct Employment Practice. *American Journal of Psychiatric Rehabilitation*, 8, 103-112.

In 2001, the New Jersey Division of Mental Health Services funded the Integrated Employment Institute (IEI). Providing services in the 11 southern counties of New Jersey, IEI's mission is to make employment a higher priority among community mental health services. This article will discuss training and system change techniques employed by IEI, designed around a Social Learning Theory paradigm, with special emphasis on the benefits of providing direct employment services as a key training strategy. In this multi-county initiative, direct service provides a unique opportunity to positively influence mental health practitioners' attitudes, knowledge, and skills related to employment. When combined with traditional methods of

instruction, direct service can provide an effective means of facilitating the successful transfer of training. Interventions used by IEI staff members are presented and case studies exemplifying these strategies are included.

Weinberg D. and Koegel P. (1995). Impediments to Recovery in Treatment Programs for Dually Diagnosed Homeless Adults: An Ethnographic Analysis. Contemporary Drug Problems. 22(2):193-236.

This article analyzes the experiences of homeless adults who have been dually diagnosed with both psychiatric and substance abuse problems. Data for this study were gathered through observation and unstructured interviews with clients and counselors at residential and non-residential treatment programs designed for this population. The authors found that it is difficult to ease the hopelessness experienced by clients as they recognize their participation in treatment may not help them overcome many of the longstanding problems they have faced. Efforts to help people build meaningful social relationships and define more-productive ways of entertaining themselves may be treatment goals as important as recognition and treatment of substance abuse symptoms or psychiatric symptoms themselves.

Weinreb, L., Goldberg, R. and Perloff, J. (1998). Health Characteristics and Medical Service Use Patterns of Sheltered Homeless and Low-Income Housed Mothers. Journal of General Internal Medicine, 13(6):389-97.

The objective of this article was to compare the health characteristics and service utilization patterns of homeless women and low-income housed women who are heads of household. Case-control study. A sample of 220 homeless mothers and 216 low-income housed mothers receiving welfare were sampled. Outcome measures included health status, chronic conditions, adverse lifestyle practices, outpatient and emergency department use and hospitalization rates, and use of preventive screening measures. Both homeless mothers and low-income housed mothers had lower health status, more chronic health problems, and higher smoking rates than the general population. High rates of hospitalization, emergency department visits, and more risk behaviors among homeless mothers suggest that they are at even greater risk of adverse health outcomes. Efforts to address gaps in access to primary care and to integrate psychosocial supports with health care delivery may improve health outcomes for homeless mothers and reduce use of costly medical care services.

Weinstein, B. L., Clower, T.L., Graves, J. and Barnes, S. (2004). Improving Services to Dallas' Homeless: A Key to Downtown Revitalization. Dallas, TX: Central Citizens Association.

Though homelessness is typically considered a social problem, it also has economic consequences. The latest homeless census for the city of Dallas totaled 6,000, and annual outlays by governmental, non-profit, charitable, and faith-based organizations to provide them with services probably exceed \$50 million. This estimate doesn't include thousands of volunteer hours. But the true economic cost of homelessness is much greater. A survey of downtown business owners found that the presence of homeless persons is having a negative affect on their operations and burdening many of them with additional costs for security and cleaning. A majority of retail respondents report that proximity to the homeless was scaring off customers

and reducing their sales. An examination of downtown properties using Dallas County Appraisal District (DCAD) records reveals that average values in the southern sector, where most of the homeless are concentrated, are well below those in the northern half of downtown. Consequently, the City of Dallas, Dallas County, and the Dallas Independent School District are losing \$2.4 million per year due to valuation disparities from a lack of development in the southern half of the DCAD. Homelessness has significant economic as well as social consequences for the City of Dallas. While offering our compassion to the homeless, we should also acknowledge that the overwhelming presence of homeless persons on the streets of downtown has negative economic impacts on individual businesses, the prospects for redevelopment, and the city's finances.

White, A. and Wagner, S. (1999). Effective Strategies: Employment for Homeless People with Serious Mental Illness. New York, NY: Center for Urban Community Services.

In this paper, the authors surveyed service providers who offer employment programs to homeless people with mental illness. Providers were asked to describe effective strategies to help program participants access and maintain employment. The providers interviewed offer a range of employment services along the vocational/employment program continuum; all serve people with serious mental illness and a number also serve other populations. This paper reviews the findings of these interviews and summarizes key supports and successful approaches to overcoming obstacles to work. A list of the interview questions for providers is included in Appendix I.

Whiting, B. (1994). Employing the Formerly Homeless: Adding Employment to the Mix of Housing and Services. New York, NY: Corporation for Supportive Housing.

Funded by the Rockefeller Foundation, this report explores the advisability of implementing a national employment demonstration program for the tenants of supportive housing. The paper is based on a series of interviews with organizations engaged in housing, social service, and employment projects in New York City, the San Francisco Bay Area, Washington, D.C., Chicago, and Minneapolis/St. Paul, as well as a body of literature on programs aimed at alleviating the plight of homelessness.

Zlotnick, C., Robertson, M.J. and Tam, T. (2002). Substance Use and Labor Force Participation Among Homeless Adults. American Journal of Drug and Alcohol Abuse.

The authors measured the proportion of homeless adults in the labor force and examined the impact of substance use on labor force participation. A countywide probability sample of 397 homeless adults was interviewed three times in a 15-month period. Results: Almost 80 percent of homeless adults were employed or looking for work at one point in time; however, only 47.7 percent remained in the labor force over the 15-month study period. Recent drug users were only 5 percent as likely as other homeless adults to be in the labor force; and consistent public entitlement recipients were only 18 percent as likely as other homeless adults to be in the labor force. Conclusions: Recent illicit drug use posed a deterrent to labor force participation among homeless adults, but heavy alcohol use did not. Most homeless adults were not consistently in the labor force and those who were, did not receive public entitlement benefits. This finding poses an interesting dilemma since previous studies indicated that homeless adults, who are consistent public entitlement recipients, were more likely to get housed than those who are not.

Zlotnick, C., Robertson, M.J. and Lahiff, M. (1999). Getting Off the Streets: Economic Resources and Residential Exits from Homelessness. *Journal of Community Psychology*, 27:2, 209-224.

Based on a 15-month prospective study, the following variables demonstrated an association with residential stability in a countywide probability sample of 397 homeless adults: female gender, a history of less than 1 year of homelessness, absence of a health problem that limited work ability, entitlement-benefit income, and use of subsidized housing. Multivariate analyses show that two forms of public support—entitlement income and subsidized housing—were the most important variables associated with exits from homelessness into stable housing. Homeless adults with substance use disorders were more likely than other homeless adults to obtain unstable housing. Homeless adults with mental disorders were no less likely than other homeless adults to report stable housing. Stable housing is necessary to break the cycle of homelessness, and economic resources such as entitlement income and subsidized housing are associated with stable housing for homeless adults.

Zlotnick, C., Robertson, M.J. and Lahiff, M. (1998). A Longitudinal Perspective on Entitlement Income Among Homeless Adults, *Psychiatric Services*, 49:1039-1042.

Sources of entitlement income were examined in a sample of homeless adults to determine whether certain subgroups more consistently obtain entitlement income and are more likely to continue receiving it over time. From a baseline sample of 564 homeless residents of Alameda County, CA, 397 were interviewed at both 5- and 15-month follow-ups. Information was obtained on income received from public sources in the 30 days before each interview, including general assistance, Aid to Families With Dependent Children (AFDC), Supplemental Security Income, or Social Security Disability Insurance. Data were also obtained on psychiatric diagnosis, race, marital status, education, duration of homelessness in adulthood, household status, and reported disability. At baseline fewer than half of the respondents were receiving any entitlement income. The benefits of almost half of the AFDC and general assistance recipients were terminated during the 15-month period. Respondents who continued receiving entitlement income over the 15-month period were more likely to be black, to be women alone or with children, to have a family history of receiving welfare, and to report a disability. Respondents with dual disorders were six times more likely than others to have their benefits terminated. Entitlement income is tenuous for many homeless adults, particularly those with dual diagnoses.

Zlotnick, C. and Robertson, M.J. (1996). Sources of Income Among Homeless Adults with Major Mental Disorders or Substance Use Disorders. *Psychiatric Services*, 47:2, 147-151, February.

The study documented sources and amounts of income among homeless adults with major mental or substance use disorders. It examined whether income varied by diagnostic group and whether those who received case management would be more likely to have income. A total of 564 homeless adults from a countywide probability sample completed structured interviews. Based on DSM-III-R criteria, respondents were divided into four groups--those with current major mental disorders, substance use disorders, dual disorders, and no disorders. Income from entitlement benefits, formal-sector employment, informal-sector employment, and other sources

was documented by group. Logistic regression analysis was used to examine relationships between income sources, case management, and diagnostic groups. Although informal-sector income was the most common income source, it provided the fewest median dollars per month (\$42). Entitlement benefits provided the most monthly income (\$340) and was the second most common source. Respondents with major mental disorders, substance use disorders, or dual disorders were no less likely than those with no disorders to report income from entitlement benefits or formal-sector employment. Among those with major mental disorders, substance use disorders, or dual disorders, respondents who had recent case management were four to nine times more likely to report entitlement income. The results support other research and anecdotal findings on the importance of case management in obtaining entitlement income among homeless adults with major mental or substance use disorders.

Zuvekas, S.H. and Hill, S.C. (2000). Income and Employment Among Homeless People: The Role of Mental Health, Health and Substance Abuse. *Journal of Mental Health Policy Economy* 3(3).

Data for this report are from a survey of the homeless population in Alameda County, CA, conducted from 1991 to 1993. The study included 471 homeless adults randomly selected from area shelters and meal providers, who were reinterviewed approximately 6 months later, regardless of domiciliary status. Mental health and substance use problems were assessed using the Diagnostic Interview Schedule, a structured, psychiatric interview that uses criteria based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders 3rd edn (revised). The study explored whether, given their initial homelessness, persons can gain or maintain access to income between the two interviews, conditional on the sample member's homelessness, health and disability at the first interview. While a surprisingly large number of homeless people work, few homeless persons are able to generate significant earnings from employment alone. Physical health problems that limit work or daily activities, in particular, are barriers to employment. Drug and alcohol abuse and dependence are positively associated with lower work level but are negatively related to higher work level. Program participation is quite low relative to eligibility. Mental health, health and disability play a large role in the employment and program participation of the homeless and persons at risk for homelessness. Rates of participation in government programs are low, and people with major mental disorders have especially low participation rate in disability programs. The low rates of participation, particularly in the disability programs, suggest the need for continued research in improving access to income support programs among eligible homeless populations.