

The Boston Private Industry Council

**HomeWork Year 4:
A Comparative Review
of the Literature on
Programs Serving the
Homeless**

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EXECUTIVE SUMMARY

This report documents the findings from a literature review that gathered information on employment and housing outcomes associated with programs that serve homeless individuals across the nation and compared those outcomes with those attained by the HomeWork project. It seeks to address the following key questions:

1. What are the different program models that have been developed and implemented to serve the employment, housing and other needs of the chronically homeless?
2. What is known about the outcomes associated with these program models?
3. How do HomeWork's outcomes compare to those of other programs and program models?

In discussing the outcomes of employment and housing programs that serve the homeless, the report is organized under three major headings: (1) programs whose primary focus is on housing, (2) programs whose primary focus is on employment, and (3) programs that use a broad-based service model. Under each heading, the following key questions are addressed:

1. What service models are described and analyzed in the literature?
2. How do the populations served compare with the HomeWork population?
3. What services are provided by the programs subsumed under these models?
4. How are services sequenced and coordinated?
5. What outcomes—especially housing and employment outcomes—are achieved by the participants in these programs?

The principal finding of this review and analysis has been that HomeWork participants obtain and maintain stable housing and employment at rates that compare favorably with other projects serving the homeless across the nation.

Almost all (95%) of the currently active HomeWork participants were living in stable housing as of June 2007. These participants received help in finding permanent housing as soon as they wanted, regardless of their employment status. Most of the employment-focused programs reviewed here help participants find permanent housing only after they have become employed.

HomeWork participants have remained stably housed at rates that place the project's outcomes at the high end of the range for the programs reviewed here. All HomeWork participants who have used Shelter Plus Care certificates to obtain permanent housing have remained stably housed, and the first group of participants to obtain housing through HomeWork has remained housed for over a year. In comparison, between 68% and 78% of participants in eight of the supportive housing programs reviewed here remained housed in community settings for periods of at least 12 to 18 months, and 50% to 65% remained housed for at least 24 to 30 months.

HomeWork participants find jobs at a rate that is at the high end of the range for the programs reviewed here. About two thirds (69%) of currently active HomeWork participants and 58% of all who have ever participated have held at least one job while in HomeWork. Among employment-focused programs that serve populations similar to HomeWork (whether chronically homeless, mentally ill, substance-dependent, or some combination of these conditions), the job placement rate ranges from 24 to 77 percent, with only one program (JEC/Bridge) exceeding HomeWork's rate of 69%. With regard to job retention, one-half of

HomeWork's employed participants kept their jobs for at least one year, and almost three-quarters kept their jobs for six months. These retention rates are also on par with those of other programs.

When considering HomeWork's outcomes, it is particularly significant that more than two-thirds (69%) of currently active participants obtained *both* housing and employment and did so in a way that specifically addressed their own individual needs and preferences. HomeWork is the only program among those reviewed in the literature that provides permanent housing and employment services concurrently. Further, since HomeWork specializes in serving a particularly challenging population—the disabled chronic homeless—the outcomes achieved by its participants are strong testimony to the efficacy of the HomeWork approach.

I. Introduction

This report is part of the Year Four evaluation of the HomeWork project, a multi-agency collaborative effort to provide coordinated employment and housing services to chronically homeless adults in the city of Boston. HomeWork is one of five national demonstration projects funded for up to five years under the “Ending Homelessness through Employment and Housing” program of the U.S. Department of Labor (DOL) and U.S. Department of Housing and Urban Development (HUD). It has been in operation since the fall of 2003. The primary aim of the joint DOL-HUD program is to develop service models that foster and systemize interagency coordination among housing, employment, and disability-related services, increase the range of available employment strategies and options, and provide comprehensive services responsive to the individual needs and goals of chronically homeless individuals.

At the core of the HomeWork project is a partnership of agencies and organizations that serve the chronically homeless. These include the Boston Private Industry Council, the Massachusetts Department of Mental Health, the City of Boston Department of Neighborhood Development, the New England Shelter for Homeless Veterans, and several organizations that provide employment, residential, and substance abuse services. Each partner brings its resources into the HomeWork mix with the intent of presenting participants with a wide array of choices to meet their individual needs and preferences. A key feature of HomeWork is that participants pursue their housing and employment goals from the onset of services and are offered these resources concurrently, as early as possible in the process.

This report documents the findings from a literature review that gathered information on employment and housing outcomes associated with other programs that serve homeless individuals across the nation. It seeks to address the following key questions:

1. What are the different program models that have been developed and implemented to serve the employment, housing and other needs of the chronically homeless?
2. What is known about the outcomes associated with these program models?
3. How do HomeWork’s outcomes compare to those of other programs and program models?

Background on How HomeWork Works

The goal of the HomeWork project is to help at least 40 chronically homeless individuals to obtain and maintain stable, permanent housing and competitive employment while comprehensively addressing their other service needs. Participants agree from the point of intake that they will engage in employment services provided through the HomeWork partnership and will receive assistance from HomeWork in obtaining stable, permanent housing.

Participants can choose among several employment programs, including options for on-site job training, community-based work experiences, supported employment (with individual placement and support as needed), job search assistance, and follow-up support. Housing services include housing search assistance and Shelter Plus Care housing vouchers, which have been available to most participants. Shelter Plus Care housing advocacy and support services are provided by two HomeWork partners—the Justice Resource Institute, under contract with the state Department of Mental Health, and Action for Boston Community Development, Boston’s community action agency.

The HomeWork project has established a multi-level, multi-agency system of service coordination that has resulted in increased access to comprehensive services, unified service planning, and a tightened net of follow-up supports. Regular interagency service coordination meetings, with representation from all partner organizations, are held to address systemic as well as individual issues. Participants and the key staff who work with them hold routine meetings and communicate informally to develop integrated service plans and address problems or new goals as they arise. HomeWork project staff are central to coordinating this process and assuring that the team is working aggressively to address issues and to maintain long-term contact as needed and desired by participants.

HomeWork has been tenacious in its outreach to participants having difficulties with relapse or mental illness and has held housing certificates or housing for participants in residential treatment programs. Similarly, although the program encourages participants to pursue both housing and employment goals simultaneously, participants decide upon their own pace and sometimes have put one or the other goal “on hold” for a period of time. The longer participants are engaged in HomeWork, the more likely they are to gain and retain employment.

As of June 30, 2007, HomeWork had 42 active participants plus seventeen others who had previously enrolled but were no longer actively receiving services. All HomeWork participants meet the HUD definition of chronically homeless.¹ All but two active participants suffer from mental illness, substance abuse, or both.

By July 2007, 95% of the active HomeWork participants were living in stable housing. Thirty-two participants had received Shelter Plus Care certificates, made available through HomeWork, to acquire housing. Another eight found stable housing without a certificate but with the assistance of HomeWork, and two others, both new to the program, had received certificates but had not yet secured housing. Over two-thirds (69%) of the active participants had been employed during their time in the program, and over a third had stayed in a job for more than twelve months. Of the total participant group, including inactive participants, 59% became employed while engaged in the project. All participants who have received Shelter Plus Care housing and services have remained stably housed.

II. Methodology

The literature review focused on employment and housing programs for homeless individuals. Of particular interest were programs that serve populations similar to HomeWork’s population—chronically homeless individuals, homeless veterans, and homeless people who suffer from mental illness, chemical dependency, or co-occurring conditions. We also reviewed studies of mainstream employment programs, especially One-Stop Career Centers, that serve the homeless, and major studies or literature reviews that examine the effectiveness of employment services for people with mental illness, though not necessarily homeless. In the latter case, we were

¹ HUD defines a chronically homeless person as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years.” To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e., not transitional housing) during these stays.

especially interested in service models that are also available to the homeless, such as specific models of case management and supported employment.

Principally, we were looking for materials with quantitative data on employment and housing outcomes for these populations. For employment outcomes, we reviewed studies that had data on job placement rates and job retention in competitive employment, since that is the point of reference for HomeWork's employment statistics. For housing outcomes, we focused on studies of permanent housing programs, since HomeWork provides permanent supportive housing assistance and resources. We were also interested in any data that might be available on the housing placement rates of employment programs and employment outcomes for housing program participants, since HomeWork provides both housing and employment services and tracks outcomes for both. In addition to quantitative data, we gathered qualitative information on the programs themselves, their approach to providing services, and how those services are sequenced and coordinated.

In our initial planning for this project, we expected that most programs serving the homeless would lend themselves to a classification system in which an emphasis is placed on housing, employment, a broad-based approach to services, or a concurrent and coordinated approach such as that of HomeWork. Once the review was under way, however, it was difficult to organize the programs in this way. It was often unclear at what point services were offered, what type of access and coordination resulted even from strong partnerships, and how participant choice played out. For purposes of analysis, we have categorized the programs according to the scheme that has just been suggested, but it should be understood that the lines between these categories are often blurry and that the complexity of the different program designs does not lend itself to simple classification.

In addition, early in the process of the literature review, it became evident that the studies and reports varied too widely in terms of populations served, definitions of services and outcomes, and methods for gathering data to be used for a rigorous comparison of the data. The available information is often incomplete even in regard to the basic services provided and, especially, employment outcomes, making it very difficult to draw conclusions about the relative effectiveness of different program models (see Appendix B, Definitions of Terms). It is possible, however, to make statements about the range of outcomes reported for specific populations or service approaches. The literature review proves most useful when used for a general, rather than specific, comparison of program outcomes and approaches.

In the final analysis, HomeWork's approach and outcomes are compared to what we have been able to learn about these other programs. We consider how the population served by HomeWork compares to that of these other programs, how the services provided compare in a very general sense, and where HomeWork's outcomes fall within the range of outcomes reported in the available literature.

III. Employment and Housing Outcomes: A Review of the Literature

This section discusses the outcomes of employment and housing programs that serve the homeless. It is organized under three major headings: (1) programs whose primary focus is on housing, (2) programs whose primary focus is on employment, and (3) programs that use a broad-based service model. Under each heading, the following key questions are addressed:

1. What service models are described and analyzed in the literature?
2. How do the populations served compare with the HomeWork population?
3. What services are provided by the programs subsumed under these models?
4. How are services sequenced and coordinated?
5. What outcomes—especially housing and employment outcomes—are achieved by the participants in these programs?

A. Housing-focused Programs

1. What service models are described and analyzed in the literature?

The twelve studies of housing-focused programs covered in the literature review examine a variety of transitional and permanent housing service models, all of which fall under the category of supportive housing (SH). These twelve studies, along with their principal authors and dates, are listed in Column A of Table 1 on the following page.

Most of the studies (7 of the 12) are of permanent supportive housing (PSH) programs funded under HUD Supportive Housing, HUD Shelter Plus Care housing, HUD Section 8 Moderate Rehabilitative Assistance Single Room Occupancy (SRO) housing, and local resources. The other five (numbers 1, 2, 8, 11 and 12 in Table 1) examine and compare several different supportive housing service models, including permanent supportive housing, congregate living, and enhanced supports provided through shelter programs. Also included are two Housing First programs—Denver Housing First and Pathways (numbers 4 and 9, respectively).

2. How do the populations served compare to the HomeWork population?

The populations served by the different programs are similar to those in HomeWork, particularly in terms of disability (see Column C of Table 1). People with serious mental illness (MI) are the exclusive target population in five studies and a majority in three others. Most of the programs that target people with mental illness also serve large numbers (at least 50%) with substance abuse (SA) or co-occurring substance abuse and mental health disorders. As with HomeWork, the severity of disability ranges among the programs studied. Severely mentally ill individuals—those with schizophrenia or other psychotic disorders—make up at least half the population of the Closer to Home and Pathways programs (numbers 4 and 9). Some programs, particularly the Housing First programs (numbers 4 and 5), accept active substance abusers. Others, such as the programs in the Boston study (number 1), work with people who are likely to have already received substance abuse services and become stabilized before being offered permanent housing.

Table 1: Characteristics of Housing-focused Programs²

(A) Program & Study Author	(B) No. studied	(C) Population Studied	(D) Housing Services	(E) Other Services
1) Boston McKinney study (Goldfinger 1999)	118	Shelter residents w/ severe MI	SH, 2 groups: 1) Staffed group site 2) Indep. apt. site	* Intensive case mgmt. * Less support services for indep apt. group
2) Closer to Home (Barrow 2004)	234	HL w/ serious disabilities; 83% w/ MI, 56% SA; most chronic HL	2 groups: 1) Shelter or lodging; 2) Direct plcmt. in PSH	* Variety of service models, all incl. case mgmt., support services * Employment services in most programs.
3) CT Supportive Housing (Anderson 2002)	444	HL and at-risk: 27% chronic; 50% disabled	PSH; 50% SPC	* Voluntary case management * Nurse visits & housekeeping
4) Denver Housing First Collaborative (Perlman 2006)	137	Chronic HL w/ multiple disabilities	PSH: Housing First	* ACT model, incl. supported employment, MH, SA services
5) HUD Supportive Housing Demonstration (WESTAT1995)	623 projects	HL w/ disabilities; 56% severe MI	PSH	* Case management * On-site support services * MH services mostly on-site
6) Nat'l. Shelter Plus Care Eval. (Fosburg 1997)	Data not available	HL with disabilities; 34% severe MI; 33% chronic SA; 19% both; 16% AIDS	SPC	*Case mgmt * Disability services *Voc. training and employment assistance
7) Next Step: Jobs (Long 2003, Rog 1998)	536	HL & at-risk; >2/3 need MH srvc; >50% SA.	PSH	* Intensive employment services, mostly on-site * Support services
8) NYNY (Lipton 2000)	2,937	HL w/ severe MI; some w/ SA	SH; transitional treatment, permanent housing	*Variety of service models
9) Pathways NYC (Tsemberis 2000, Tsemberis 2004)	242/162	HL mentally ill; >50% SA; 40% street HL. (Compar. group: residential treatment)	PSH: Housing First	* ACT model, incl. vocational, MH, SA, and nursing services
10) Phila. PSH (Wong <i>et. al.</i> 2006)	943	Chronic HL w/ severe MI	PSH; incl. SPC	* Residential support teams: case managers, some SA specialists, soc. work and med. staff
11) San Diego McKinney study (Hulbert 1996)	361	HL w/ MI, many w/ SA disorders	SH; 50% Sect. 8 certificates	*Case management
12) Second Round McKinney Study (Shern 1997)	894	HL w/ severe MI	SH: 5 community living programs	* Case management * Support services

Only three of the programs on the list (numbers 2, 4, and 10) serve the *chronically* homeless exclusively. Others serve a broader range of homeless people. According to the Corporation for Supportive Housing, the chronic homeless occupy only about 20% of Permanent Supportive

² See Appendix C for acronyms and abbreviations used in this table.

Housing units (Burt 2002). Thus, it would appear that HomeWork's exclusive focus on the chronically homeless sets it apart from most of the programs covered in this literature review.

3. What services are provided by the programs subsumed under these models?

The programs provide access to varying combinations of scattered-site and single-site (or building-based) housing (Table 1, Column C). Support services (Column D) are provided either on site or through contracts with community organizations. Nearly all of the programs use case management as the primary means of support and service coordination, and many offer mental health or substance abuse counseling and limited medical services, either directly or under subcontract. Eight of the twelve provide daily living supports on site, such as housekeeping assistance, medication management, and money management (numbers 2, 3, 4, 6, 8, 9, 10, and 12).

With regard to employment services, only three of the studies mention employment-related services in connection with the programs being studied. Next Step: Jobs (number 7) is described as working with supportive housing sites to provide site-based "intensive" employment services, and we are told that 71% of program grantees in the National Shelter Plus Care program (number 6) provided vocational training and employment services, either directly or under contract with other organizations. All of the six sites in the Closer to Home study (number 2) provide employment services, with participation in those services ranging from under ten percent to 58% and 62% for two sites that offer paid site-based employment.

It would appear that the primary means of linkage to employment services for most programs, in the absence of more direct access, is case management. The two Housing First programs (numbers 4 and 9) have adopted the Assertive Community Treatment (ACT) model of case management. ACT uses an intensive case management team to provide integrated, community-based support services, including health care, mental health, substance abuse treatment, financial management, vocational and education services. It is not clear, however, to what extent case management, even of the intense variety provided under ACT, results in the use of employment services.³

4. How are services sequenced and coordinated?

The most common approach to helping the chronically homeless is to offer them transitional housing or residential treatment, along with services to address their substance abuse and mental health problems. Permanent housing is not offered until these other problems have been dealt with and the individual is deemed to have become "stabilized" (Rog 1998, Fosburg 1997). Of the studies reviewed here, the McKinney sites (numbers 1, 11 and 12), the Shelter Plus Care program (number 6), and many of the Nyny sites (number 8) follow this traditional service sequence most closely. In contrast, some of the Closer to Home sites and the programs in the

³ A study of the vocational outcomes among 4,778 mentally ill homeless individuals who participated in the ACCESS project found that, even with the intensive case management and service coordination provided under the ACT model, fewer than 10% of participants reported receiving vocational and educational services, even though more than half had expressed a need for those services. Those who did receive services were two and a half times more likely to be employed after one year. The author concludes that without vocational rehabilitation services, mental health, substance abuse, and housing assistance services "do little to further vocational achievements" (Cook *et. al.* 2001).

two Housing First studies—Pathways and Denver Housing First—place participants directly into permanent housing regardless of their mental health and substance abuse status.

Nearly all of the programs use case management as their primary support service and the key means of linking with comprehensive services; however, with the exception of the two programs that use the ACT model (Pathways and Denver Housing First), the studies had little information about their service coordination practices other than general references to service linkage and service planning. Further, it is possible that some programs, particularly those that are part of larger multi-service agencies, provide access to a broad range of services, but the studies of those programs contain little information on how this translates to service use and coordination.

5. *What outcomes—especially housing and employment outcomes—are achieved by the participants in these programs?*

a) Housing Outcomes

Studies of permanent supportive housing show that most homeless people with disabilities, including those with severe mental illness and co-occurring disorders, can remain stably housed in community settings for substantial periods up to two years or more (see Table 2 on the following page). This includes the three programs that specifically target the chronic homeless (2, 4 and 10) and the six that only serve homeless people with severe mental illness (1, 2, 8, 9, 10 and 12). It is especially worth noting that one of the Next Step: Jobs (no. 7) sites—Lakefront Supportive Housing—had a 100% housing retention rate over a 12–18 month period. This program is part of a ten-agency collaborative network whose goal is to provide comprehensive services, including housing, health and employment services (George 2003).

Two of the studies concluded that homeless people with mental illness can remain stably housed even across different models of supportive housing (Lipton 2000 and Shern 1997), and Barrow's (2004) study found that the majority of the participants with mental illness in the Closer to Home project were still housed at two years, even though they faced the highest risk of housing loss. A study of supportive housing in San Diego found that those with “the most severe and stigmatizing mental illness” did as well as those with less serious conditions when provided with housing and supports (Hulbert 1996).

With regard to substance abuse, five of the studies found that those with histories of substance abuse are at greater risk for housing loss (numbers 1, 2, 8, 9 and 12). In the San Diego study (12), participants with co-occurring mental illness and substance abuse disorders were two to two-and-a-half times less likely to achieve stable housing over the two year period; however, there was still a strong association between obtaining a housing certificate and achieving stable independent housing (Hulbert 1996). Significantly, the Closer to Home study found that when programs kept substance abusers housed despite relapse, substance abuse did not predict housing loss (Barrow 2004). The strong retention rates of Pathways, a Housing First program that allows residents to retain housing despite relapse, also supports this conclusion (Tsemberis 2000).⁴

⁴ Pathways participants were four times more likely to remain continuously housed over a period up to five years than were the comparison group participants, who were housed through traditional, sequential supported housing models (Tsemberis 2000).

Table 2: Outcomes of Housing-focused Programs

(A) Program & Study Author	(B) Housing Stability Outcomes	(C) Employment Outcomes
1) Boston McKinney study (Goldfinger 1999)	* 76% for 18 mos. in community housing * 27% w/ 1 or more HL episodes	No information
2) Closer to Home (Barrow 2004)	* 52% for 2 yrs. in initial PSH sites, plus 25% to other perm. housing * 54% for 2 yrs in shelter or lodging sites; plus 16% exit to perm housing.	No information
3) CT Supportive Housing (Anderson 2002)	39% turnover over 4.5 yrs	Increase from 22% to 56% for those housed 3 or more years; 2/3 employed or in ed/training
4) Denver Housing First Collaborative (Perlman 2006)	* 68% for 1 yr	15% employed or seeking employment
5) HUD Supportive Housing Demonstration (WESTAT1995)	*69% for 1 year *68% of mentally ill for 1 yr. *48% of program leavers to stable housing	5% more employed, from 24 to 29% of those housed for 1 yr.
6) Nat'l. Shelter Plus Care Eval. (Fosburg 1997)	*59% for 6 mos or more	Employment increased by 10% at 3 month eval.
7) Next Step: Jobs (Long 2003; Rog 98)	No information available	50% of more of tenants had a job over 15-21 month monitoring period
8) NYNY (Lipton 2000)	* 75% for 1 yr. in initial or community housing * 64% for 2 yrs. * 50% for 5 yrs.	No information
9) Pathways NYC (Tsemberis 2000, Tsemberis 2004)	* Program retention: ⁵ - 88% at 5 yrs for Pathways group - 47% for comparison group	27% employed over 1-yr. period
10) Phila. PSH (Wong et. al. 2006)	* 70% for 18 mos. * 50% for 30 mos. * 66% of leavers went to community housing.	No information
11) San Diego McKinney study (Hulbert 1996)	* 55% in community living for 18 mos.	No information
12) Second Round McKinney Program (Shern 1997)	* 78% in community living for 18 months	No information

Leaving supportive housing isn't necessarily a negative outcome, however. Many leave for positive reasons. Nearly half of those who left the HUD Supportive Housing Program and two-thirds of the chronic homeless with severe mental illness who left the Philadelphia PSH program went to stable community housing (WESTAT 1995, Wong 2006).

It is important to note that some studies tracked residence in the participants' initial supportive housing placement as their measure of housing retention (numbers 5, 6 and 10), while others, generally those concerned with stability in community-based housing, tracked residence in other

⁵ Retention refers to the percentage of participants who remained continuously housed at the end of the five-year study, regardless of when they entered the program.

community housing as well (8, 9 and 12). The studies also differ in their definitions of “continuous” or stable housing (See Appendix B, Definitions of Terms).⁶

b) Employment Outcomes

As we can see in Table 2, half of the housing-focused studies in the literature review (6 of the 12) had no information about the employment outcomes of program participants.⁷ The other half varied in respect to the kinds of information given. The Connecticut Supportive Housing study (number 2), for example, gave a general number that included those enrolled in education or training programs, while Denver Housing First (4) included participants who were seeking employment as well as those who were employed. The studies also tracked employment over different time periods, ranging from three months (number 6) to three or more years (3). These varying types of measures should be kept in mind when comparing the employment outcome data that are available.

In this context, the Next Step: Jobs initiative (number 7) is especially noteworthy because of its emphasis on providing site-based employment services for residents of permanent supportive housing. More than 50% of the building tenants had at least one job during a 15–21 month period, and in four of the nine buildings most were employed in the competitive job market.⁸ Tenants typically held a job for 4–6 months, with many jobs within the PSH organizations themselves. Those with mental illness were more likely than other participants to hold fewer and part-time jobs.

Other studies also show an increase in employment among residents of permanent supportive housing, though not necessarily correlated with access to employment services. In the Connecticut study, employment more than doubled, from 24% to 56%, among tenants housed for at least three years.⁹ The National Shelter Plus Care Evaluation reported a 10% increase in employment over three months, with 34% of those with serious mental illness, 28% of chronic substance abusers, and 27% of those with a dual diagnosis working for pay (Fosburg 1997).¹⁰ The HUD Supportive Housing Demonstration showed a five percent increase in employment (from 24% to 29%) for participants residing in permanent housing for one year.

Thus, based on the limited information available, it would appear that there is at least some basis for drawing a connection between stable housing, as provided under the different housing-focused programs, and employment. For the most part, however, it is unclear whether the participants in those programs find their jobs largely on their own or with the assistance of services provided either directly by the programs themselves or through referral by program staff.

⁶ Wong (2006) points out that some Housing First programs count those who return to housing after temporary departures for treatment as continuously housed, while programs that file annual HUD progress reports count such departures as “exits,” making comparison of outcomes “impossible.” Other studies measure the proportion of time spent homeless or stably housed and the percentage of participants housed at a final point or interval in time, even if they have experienced homelessness in the interim (numbers 1, 9 and 12).

⁷ Forty-one percent of the Closer to Home direct housing residents participated in training and employment services, but the study did not include employment outcomes.

⁸ The definition of “job” in the study includes full- and part-time employment, competitive and agency-based employment, plus some volunteer work. Working in the “competitive market” means working outside of the supported housing agency or tenant business.

⁹ The CT study included at-risk individuals and fewer disabled homeless than many of the others.

¹⁰ It is not clear whether only competitive employment was counted or subsidized employment was also included.

B. Employment-focused Programs

1. What service models are described and analyzed in the literature?

Twelve studies of employment-focused programs were covered in the literature review. These studies, along with their principal authors and dates, are listed in Column A of Table 3 on the following page. Eleven of the twelve are concerned specifically with employment and training programs for homeless individuals. The single exception (number 1) was included because of its focus on employment models for people with mental illness (not necessarily homeless).

Six of the studies report on programs associated with the Job Training for the Homeless Demonstration Project (JTHDP), a seven-year project running from 1988 to 1995. This was a U.S. Department of Labor initiative to implement and evaluate comprehensive employment services for homeless individuals. The project had 63 implementation sites nationwide. Each site had the flexibility to determine its participants, program model, and service sequence (Trutko 1998, Shaheen 2003).

Under the larger umbrella of JTHDP (number 9 on Table 3), five other studies have been listed separately because of their special characteristics. Like HomeWork, both the Fox Valley Consortium (no. 2) and Jackson Employment Center (no. 6) use a partnership model. The Jackson Employment Center (JEC) is also of interest because it is a One-Stop Career Center that specializes in serving the homeless and has continued its operation independent of JTHDP funding. ADVENT (no. 7) and Bridges (no. 8) are both part of the JEC collaborative, the first specializing in serving the chronic homeless and the second in serving homeless individuals with mental illness and/or substance abuse problems. The fifth JTHDP program, the HEART project (no. 3), is a construction job training program that has been cited in the literature as an example of high job placement rates for the homeless.

Two other programs, Project Independence (no. 10) and Ready, Willing and Able (no. 11), take a work readiness approach, typically engaging participants in job training and work experience options as they move toward competitive employment.

Table 3: Characteristics of Employment-focused Programs

(A) Program & Study Author	(B) No, studied	(C) Population Studied	(D) Employment Services	(E) Other Services
1) EIDP [Employment Intervention Dem. Project] (Cook 2005)	1,273	Severe mentally ill	Sptd empl (7 sites, diff models); <i>Ctl group</i> : cnty empl. clubhouse svc.	* MH services co-located w/ voc svcs; high integration
2) Fox Valley Consortium (USDOL1992)	532 * 279 enrolled	HL w/ MI and SA stabilized	Intensive assessment, job prep wkshp, job training, dvt, plcmt, spt.	* Team case mgmt * Emerg. & transitional hsg * Ltd perm housing after empl
3) HEART (Goetz 1996, Trutko 1998)	30	HL; 63% SA; serious MI not accepted	Training for construction trades, job search assistance	*Intensive case management * Supportive svcs * Emergency housing through partnerships
4) HVP (Marrone 2005)	793	HL w/ MI or SA; many w/ criminal hist.; zero reject policy	Supported empl., job planning, rapid job entry, transitional work optional, ongoing peer and natural supports	* Integrated disability services, incl. MH, SA * Transitional hsg * Perm hsg assistance
5) Impact Employment Svcs (NAEH 2001)	630/yr.	HL in SH; many w/ criminal hist.; 3 mos sobriety required	Voc counseling, job search skills, job placement, referral to mainstream svcs	* Case coordination * Housing referrals and coordination
6) Jackson Employment Center [JEC] (Trutko 1998)	271	HL, many w/ SA, many chronic HL; 10% MI.	Intensive job preparation workshop, rapid indep. job search, long-term follow-up	* Team case mgmt * Housing upgrades (to transitional hsg) linked to progress in program * Assistance w/ indep. hsg
7) JEC/ADVENT (Henderson-Frakes 2004)	54	Chronic HL	Same as #6 (JEC)	Same as #6 (JEC)
8) JEC/Bridges (Nelson 2007)	54	HL w/ MI &/or SA	Same as #6 (JEC)	Same as #6 (JEC)
9) JTHDP (Trutko 1994, 1998)	45,192	HL (9% MI, 36% SA, 22% chronic HL)	63 demo. sites w/ diff. models; job training, job plcmt, follow-up	* Case management * Support services (SA, MH, counseling, etc.) * Housing assistance
10) Project Independence (Hirsch 3/2003)	337	HL w/ severe disabilities, most w/ SA, 75% w/ criminal history	Voc counseling & assessment, job training; transitional work; job plcmt; follow-up	* Case mgmt * Housing assistance
11) Ready, Willing and Able (Philliber 2003)	891	HL, most w/ SA, 68% criminal history; 35% HL >13 mos.	Site-based job prep classes and transitional work; job plcmt; cnty employment, follow-up	* Case management * SA counseling * Add'l support svcs * Transitional housing * Permanent housing
12) Veteran's Empl Prog. (Rosenheck 2007)	No info.	HL veterans in VA hospitals, mostly w/ SA, many MI	Supported Empl. w/ Indiv Plcmt & Spt (IPS) + traditional service options (shelter and transitional empl)	No information

2. How do the populations served compare to the HomeWork population?

With the exception of JTHDP, the studies generally do not provide complete breakdowns of the percentage of participants with mental illness, substance abuse disorder, and histories of chronic homelessness. It is clear from the report narratives, however, that many participants had some combination of mental illness and substance abuse problems or co-occurring disorders.

Only two employment programs are specifically identified as serving a significant number of chronically homeless individuals. One of these is JEC/ADVENT (no. 7), already described above, and the other is Ready, Willing and Able (no. 11), 35% of whose participants had been homeless for more than 12 months (Philliber 2003). It is possible that other programs in Table 3 also serve significant numbers of chronic homeless participants, but the data are insufficient to identify them as such.¹¹ It is known, for example, that nearly one-quarter (22%) of JTHDP participants had been chronically homeless (Trutko 1998).

Four of the programs studied are similar to HomeWork in that they serve large numbers of participants with mental illness, substance abuse, or both. HVP (4) and JEC/Bridges (8) exclusively serve individuals with mental illness and/or substance abuse problems, and nearly all of the participants in Ready, Willing and Able (11) have a history of substance abuse. Another program, Project Independence (10), serves severely disabled homeless individuals, most of whom have substance abuse problems. In comparison, all but two of the 42 active HomeWork participants (95%) have mental illness, substance abuse problems, or both.

In contrast, the programs in JTHDP, when taken as a whole, serve a much lower proportion of individuals—only 9%—with mental illness or co-occurring disorders. One JTHDP program, HEART (no. 3), refers those with serious mental illness to other programs; and another, the Fox Consortium (no. 2), requires participants at least to have begun treatment before enrolling in the program.

It is worth noting that four programs reported that large numbers of their participants had been involved in the criminal justice system (numbers 4, 5, 10 and 11), making them comparable in this respect to HomeWork, over half (55%) of whose participants fall into this category.

Unlike any of the employment-focused programs just described, HomeWork is the only one that exclusively serves chronically homeless individuals with severe mental illness and/or substance abuse, plus, in most cases, histories of involvement with the criminal justice system. Thus, although there is a great deal of overlap between HomeWork and these other programs in terms of the populations they serve, it seems unlikely that the participants of those programs experience greater barriers to employment than those in HomeWork.

3. What services are provided by the programs subsumed under these models?

The programs described in the literature offer a variety of approaches to providing employment services. These include:

¹¹ The executive director of Impact Employment Services (no. 5) stated in a phone interview that many of that program's participants had been chronically homeless but did not meet the HUD criteria for chronic homelessness.

- Intensive employability workshops followed by job search, interagency case management and, at JEC, long-term follow-up (no. 2 and 7);
- Job training with intensive case management (no. 3);
- A job readiness focus with agency-based job training and transitional work experiences, followed by job placement, case management and follow-up (no. 10 and 11);
- Supported employment with the option of a direct, rapid placement into competitive employment; integration of mental health and vocational services, and ongoing support (no. 4 and 12);
- Job counseling, job search assistance, job development and case coordination, including linkage and coordination with mainstream employment programs (no. 6).

Other support services provided by or through the programs include substance abuse counseling (no. 4, 11 and 12) and mental health services (all JTHDP programs [2, 3, 6, 7, 8, and 9] plus no. 4 and 12).¹²

All programs involved with JTHDP were required to provide certain employment-related services: job assessment and counseling, job training and work experience, job search skills, job development and placement, and post-placement follow-up support. Further, since a primary goal of JTHDP was to address comprehensive service needs as well, the programs were also required to provide certain support services either directly or through referral:

- Case management;
- Substance abuse and mental health assessment and counseling, with referrals for treatment;
- Support services, including other health care services, child care, transportation, and life skills training; and
- Housing assistance (which was added to the list of required services in the later phases of the project).

With regard to housing services, all of the programs help participants find emergency or transitional housing. Three achieve this through partnerships with area housing providers (no. 2, 3 and 5), but one of those programs (Fox Valley [no. 2]) was challenged by a lack of housing resources, even with strong partnerships in place. Two other programs (no. 4 and 11) use a combination of transitional housing owned by their own organization with housing at other agencies. It appears that nearly all of the programs also help participants find permanent housing after they become employed and have an earned income (no. 2-8, 10 and 11). Permanent housing is usually unsubsidized, though Fox Valley (no. 2) did offer limited subsidies to participants who found full-time jobs.

4. How are services sequenced and coordinated?

The basic service model of most of the programs reviewed here, including JTHDP and its associated programs, is a sequential model that addresses support service and job readiness needs prior to job placement. These include achieving mental health stability, being substance free, and gaining such employability skills as reliable work habits and job search skills. Many of the

¹² The information on Impact Employment Services (5) and Project Independence (10) was insufficient to determine whether those programs provide or refer participants to substance abuse and mental health counseling.

programs engage participants in some combination of employability assessment and workshops or temporary work experiences before they move on to job search and placement in community employment (no 2, 6-8, 10 and 11). On the other hand, the two supported employment programs (no. 4 and 12) take a different approach. They offer opportunities for rapid job placement in competitive community employment without requiring prior involvement in employment readiness activities, although those are also available for participants who want them.

In respect to housing services, providing shelter is an immediate priority for many programs and is often addressed in the earliest stage of participation. The JEC programs (no. 6-8) shelter participants the very evening they enroll, and upgrades to transitional housing are offered as they progress through the program. Therefore, because of the linkage between housing and employment, all of the participants who are housed, even the chronic homeless, are also working.

Almost all of the programs use case management as their primary means of linking to and coordinating with other resources and services. At the two organizations that use a partnership model (no. 2 and 6), interagency case teams work directly with participants, and one of the supported employment programs is part of a community mental health center and has co-located employment staff at housing sites. Most of the reports, however, do not have enough information to determine the level or model of case management that is used. Information is also lacking about the length of time that follow-up supports are offered, although several programs (no. 4, 6-8, and 11) indicated that efforts to maintain involvement with participants may go on for well over a year.¹³

5. *What outcomes—especially housing and employment outcomes—are achieved by the participants in these programs?*

a) Employment Outcomes

It is important to state at the outset that the studies consulted in this literature review are primarily qualitative program evaluations or reports and do not reflect rigorous research on the impact of services. It is important, therefore, to exercise caution when considering the outcomes of these programs, especially when comparing their results. Differences in job placement rates may be explained in part by different methods of counting participants, definitions of employment, and criteria for accepting participants into the program (see Appendix B, Definitions of Terms).¹⁴ The JTHDP report suggested that readers be cautious in their use of its retention data, because of the difficulty in tracking employed participants (Trutko 1998).

Nevertheless, looking at the program results as a whole provides a clear endorsement for the potential of most homeless individuals to obtain employment and to keep it for periods of at least three months. These results are presented below in Table 4.

¹³ JTHDP recommended at least six months of follow-up after a participant secures a job (Trutko 1998). Hursh and McCarriston (December 2003) found in their interviews with Project Independence staff (no. 10) that participants remain vulnerable to destabilizing events 120 to 180 days after placement, making a 90-day job retention marker seem premature when used as a measure of stable employment.

¹⁴ The Fox Consortium and Project Independence (2 and 10), for example, count all individuals served by the program, while Ready, Willing and Able (11) counts only those who complete a probationary period, and HEART (3) counts only program graduates. The reports generally define competitive employment as unsubsidized employment in the community, but one (no. 11) includes both subsidized and unsubsidized employment.

Table 4: Outcomes of Employment-focused Programs

(A) Program & Study Author	(B) Employment Outcomes	(C) Permanent Housing Outcomes
1) EIDP [Employment Intervention Dem. Project] (Cook 2005)	* 55% in supported employment group placed; 51% full-time * 34% in control group placed: 39% full-time	Not available
2) Fox Valley Consortium (USDOL1992)	* 24% of those served * 46% of those enrolled * 59% for 13 wks.	* 11% of those served * 21% of those enrolled
3) HEART (Goetz 1996, Trutko 1998)	* 81% of program graduates, 62% placed as carpenters	* Approx. 66% of graduates have perm hsg.
4) HVP (Marrone 2005)	* 24% of those w/ voc. profiles, 72% for 3 months	Not available
5) Impact Employment Svcs (NAEH 2001)	* Approx. 65% placed and retained for 3 months	Not available
6) Jackson Employment Center [JEC] (Trutko 1998)	* 72% of graduates placed; 82% retention for 6 months	Not available
7) JEC/ADVENT (Henderson-Frakes 2004))	* 69% of those served; 81% retention for 6 months	*73% moved from transitional to perm. housing
8) JEC/Bridges (Nelson 2007)	* 77% of those served, 77% retention for 6 months	Not available
9) JTHDP (Trutko 1994, 1998)	* 36% placed, 50% for 13 wks * 80% of those w/ perm hsg retain jobs for 13 weeks	* 41% in perm hsg (31% unsubsidized) [25% SA, 23% MI, 19% chronic HL] - 15% of those employed - 46% of those in jobs for 13 weeks
10) Project Independence (Hursch 3/2003)	* 49% of those served	* 93% of those placed in jobs
11) Ready, Willing and Able (Philliber 2003)	*56% of those who completed probationary period, 86% for 90 days, 57% for 1 yr.	* 93% of those placed in jobs
12) Veteran's Empl Prog. (Rosenheck 2007)	* 15% gains in number of days per mo. competitively employed 2 years after sptd empl introduced	*14% gain in days housed after sptd empl introduced

As the table shows, one- to two-thirds of the homeless participants in eight of the programs became employed during their time in the program (no. 3 and 5- 9), and about one-fourth of participants in two other programs (no. 2 and 4) got jobs. This includes HVP (no. 2), the one program that serves only individuals with mental illness and/or co-occurring substance abuse.¹⁵ In those programs that had retention data, between 50% and 86% of those who were placed held their jobs for at least 13 weeks (no. 2, 4-9, and 11), and some studies measured retention for much longer periods, extending up to one year. At JEC, six-month retention rates increased to 82% after the program began weekly or bi-weekly visits to employed participants by a team of case managers for up to a year after initial placement (Trutko 1998).

¹⁵ HVP's placement rate counts as a participant anyone who attended the program's orientation, a method which is much more inclusive than the other programs. Limiting the data to those for whom vocational profiles were developed results in a placement rate of 24% rather than the 16% reported.

The programs whose placement rates are at the high end of the range are HEART, Impact Employment Services, and JEC. JEC attributes its high placement rates (the highest in the JTHDP study) to its intensive job preparation and job search workshops, quickly followed by a highly structured but independent job search (Trutko 1998). Impact Employment Services provides job planning, job search resources, and help in gaining access to area employment and education resources. Case coordination is available, but extensive case management is not provided (NAEH 2001). All three programs appear to require a higher level of independence by participants, even with the structure and support provided, than two other programs, Project Independence and Ready, Willing and Able, whose placement rates are closer to the 50% range. Both of these programs strive to work with some of the hardest to serve homeless individuals and take a work readiness approach, typically engaging participants in job training and work experience as they move towards competitive employment.

Because of the large number and variety of programs studied, the JTHDP report provides a useful basis for comparison with other employment programs for the homeless. Among all 63 JTHDP programs, taken as a whole, 36% of participants were placed in jobs. By the project's final phases (1991-1995), 49% of those participants who received at least one training service had been placed. The report also provides more detailed outcome data on various sub-groups within the larger homeless population, and it concludes that homeless persons with mental illness, substance abuse, or histories of long-term homelessness clearly benefit from services (Trutko 1998). Because these sub-groups are similar to the population served by HomeWork, it is useful to consider the outcomes for each. A summary of those employment outcomes, along with relevant available information from other programs, follows.

1) Participants with Mental Illness

One-third of JTHDP participants with mental illness obtained employment, as compared to 50% of those without mental illness. This rate was the lowest of the different sub-groups, but it is important to consider that, as a group, the participants with mental illness entered the project with longer periods of homelessness and unemployment than other JTHDP participants. Once placed, they held their jobs at rates comparable to other participants (59% vs. 60%).

Among the other (non-JTHDP) programs in our review, HVP (no. 4) was the only employment program that specifically serves individuals with mental illness and co-occurring substance abuse problems. According to the program's evaluators, HVP's zero rejection policy resulted in extremely high caseloads (1 case manager for over 125 clients), and this had an impact on service effectiveness. The program still exceeded its placement goals, however, and 72% of those placed kept their jobs for at least three months. HVP offered supported employment services as well as options to participate in transitional employment or a work training program.

At the Veteran's Employment Program (no. 12), supported employment services were offered as an option to participants with mental illness or substance abuse problems at nine program sites. After this option was added to the traditional sheltered and transitional work options, the numbers of days worked per month increased by 15% (Rosenheck 2007).¹⁶

¹⁶ Also of interest in this context is a literature review of nine controlled research trials examining the results of supported employment programs for persons with mental illness. The study found that a mean of 58% obtained competitive employment. One-half of all the workers left their positions within six months, but they were in jobs that typically have high turnover (Bond 2000, Cooke 2005). These studies endorse the value of offering services that

2) Participants with Substance Abuse

JTHDP participants with histories of substance abuse were placed in jobs at slightly higher rates (52%) than other participants (46%). Their 13-week job retention rate of 60% was nearly the same as other participants. The JTHD sites reported that when homeless participants with substance abuse problems brought their abuse under control and had regular supports, they were likely to be successful in finding and keeping a job.

Among other programs, Ready, Willing and Able participants (almost all of whom have substance abuse problems) had similar placement rates. Fifty-six percent of those completing the probationary period became employed, and more than half kept their jobs for at least one year (Philliber 2003).

3) Participants with Long-term Homelessness

Those who had experienced long-term homelessness were able to get and keep jobs at rates comparable to other participants—41% of the JTHDP long-term homeless participants were placed, as compared to 50% of other participants. Sixty percent of both groups kept their jobs for at least 13 weeks.

Among non-JTHDP programs, JEC's chronic homeless participants also got and kept jobs at rates that were comparable to the overall group of JEC participants. The six-month retention rate for both groups was about 80% (Nelson 2007). These results contrast with those reported for Ready, Willing and Able. In that program, only 36% of those who had been homeless greater than twelve months were employed at graduation (Philliber 2003).

b) Housing Outcomes

Housing outcome data were included in five of the reports (2, 3, 6, 10 and 11). Participants in the Fox Consortium and Ready, Willing and Able programs obtained permanent housing at rates of 11% and 63%, respectively. Affordable housing resources were particularly limited in the area where Fox Consortium was located. A little more than a third of the chronically homeless participants at Ready, Willing and Able obtained permanent housing, including Shelter Plus Care housing. Additionally, three quarters of all of those housed retained their housing for at least one year. Almost all (93%) of the Project Independence participants who obtained employment also obtained permanent housing. At JEC, nearly three quarters of the participants in the program for the chronic homeless moved from transitional to permanent housing.

Finally, it is evident from the information available that participation in employment services is associated with improved housing. One study followed a group of participants in the ACCESS project and found that the use of vocational services and other support services (including peer support networks), rather than the amount of case management contact, was associated with less recurrent homelessness (Min 2004). In JTHDP, the most notable association of housing and employment outcomes was related to the services used by participants who retained employment for 13 weeks. Eighty percent of participants who received permanent housing placements

focus on rapid job search and placement in competitive employment, integrating mental health and vocational services on a case level, and providing ongoing and long-term support as needed.

retained their employment for at least 13 weeks, the highest rate for any service received. (Those receiving post-placement services, security deposits or rental assistance, and furnishings and moving assistance were in the 75–78% range.) Of participants who retained employment for 13 weeks, the number in permanent housing increased from 15% to 46% after they were placed in jobs. This is twice the rate of those who were placed in jobs but did not retain them. While there is clearly an association between staying employed and having permanent housing, the data did not point to a strong association between getting permanent housing and getting a job in the first place (Trutko 1998).

C. Broad-based Programs

During the planning stage of the literature review, it was expected that several programs would stand out as being broad-based in their approach, directly providing a range of employment, housing, and health services and having neither a clear employment nor housing focus. Once the review was under way, however, it became apparent that supportive housing programs have become increasingly involved in addressing the comprehensive service needs of their residents, providing a range of employment, disability and support services, either directly or through referral. One of the Closer to Home supported housing sites, for example—the Lamp Community—offers participants options for permanent supportive housing, day drop-in programs, on-site integrated health services (mental health, substance abuse, and primary medical care), and employment services, including a site-based business. Thus, the line between supportive housing and more broad-based approaches is much less clear than first expected.

In this context, only one program emerged from the literature as being “broad-based” in the sense that was originally conceived, with neither an employment nor a housing focus. This is Project Renewal in New York City, a program that serves over 13,000 homeless per year.

Project Renewal owns and operates a range of short-term, transitional and permanent housing, including a program based on the Housing First model and a service-intensive residence (Clinton House) for the mentally ill. On-site health services are available to all residents. In addition, it operates several employment programs, including work readiness, job-training, internships, job placement, and supported employment for individuals with mental illness. To help participants retain their jobs, the project holds weekly support group meetings, and project staff maintain contact with employers to address any issues that might arise. It is clear that the residential, health, and employment services of Project Renewal are all primary components of how this agency works to help participants live independently in the community.

The available outcome data for Project Renewal show strong results. For all participants employed while in the program, 75% retained their jobs for at least three months, 66% for at least six months, and 50% for a year or more. In its culinary arts and computer training programs, 90% and 79% of program participants, respectively, were placed in jobs. Among those with serious mental illness, 75% of Clinton House residents were involved in some type of employment activity (though not necessarily competitive employment), and more than half (55%) of those who participated in supported employment were placed in permanent employment. Half of the employed participants kept their jobs for at least one year, two-thirds for six months, and three-quarters for three months.

IV. How Does Homework Compare?

This section compares HomeWork with the different programs and program models covered by the studies in the literature review. It begins with a comparison of HomeWork's approach to the approaches taken by other programs and then turns to a consideration of the population served and services provided. Finally, it examines the outcomes achieved by HomeWork participants and compares them with the documented outcomes from the other programs.

A. Program Approach

Two features are central to the HomeWork approach. First, it is a partnership of organizations providing a wide range of services (including housing, employment, mental health, substance abuse, and veterans' services). Second, it places equal priority on employment and housing, engaging participants in both services concurrently, while addressing other participant needs through its coordinated network of services provided by the partner agencies and other organizations.

HomeWork is notable for its emphasis on interagency partnerships and integrated, coordinated services. The attention given to building a strong partnership has resulted in a multi-level collaboration among the partner organizations and increased access to services for participants. The partners have committed significant resources to the project, and they have made occasional adjustments to policies and practices, thereby reducing barriers and improving access to services. Key direct service staff from the partner agencies work together with participants as a coordinated team to produce unified service plans, solve problems, and provide long-term supports.

Only a few of the programs in the literature review are somewhat comparable to HomeWork in this respect. Among the employment-focused programs, JEC and the Fox Consortium operate as interagency partnerships, use interagency case management teams and share resources among the partner organizations. Another program, HVP, strives for integrated services by locating its employment program in a community mental health center and co-locating employment staff in transitional housing settings.

In the case of the housing-focused programs, the studies are not detailed enough to determine whether programs use a collaborative approach. One example that does stand out, however, is Lakefront Supportive Housing, a Next Step: Jobs program in the Chicago area, which is part of a collaborative network of ten agencies providing housing, health, and employment services to homeless persons.

As for HomeWork's practice of providing permanent housing and employment services concurrently, from the onset of participation, this appears to be unique among the programs studied.

B. Population Served

HomeWork participants face many challenges to securing stable housing and employment, including high rates of current or prior substance abuse, mental illness, and involvement with the criminal justice system. The project works only with homeless individuals who meet the HUD definition of chronic homelessness, which includes having a disabling condition. Two-thirds

(66%) have a history of mental illness and substance abuse, 17% have mental illness only, and 12% substance abuse only. Over half (55%) have been involved with the criminal justice system.

Many of the housing-focused programs covered in the literature review appear to serve a population similar to that of HomeWork, especially in terms of disability. In several programs, the participants suffer from severe mental illness or co-occurring disorders (Table 1, numbers 1, 8, 10-12), while in others they have serious disabilities, mostly mental illness or substance abuse disorders (no. 2, 5, 6 and 7). Only three of the programs (no. 2, 4 and 10) serve only the chronically homeless or those who have been homeless for long periods of time.

As for the employment-focused programs, a few reported serving large percentages of chronic or long-term homeless individuals (Table 3, numbers 5, 7, 9 and 11). Only one program, HVP, specifically targets homeless individuals with mental illness, and two others—JEC/Bridges and the Veteran’s Employment Program—serve only those with substance abuse and mental illness problems. Most of the others reported having large numbers of participants with mental illness, substance abuse problems, or histories of involvement with the criminal justice system, but they do not target those groups specifically.

Thus, it seems clear that HomeWork, with its concentration on the disabled chronically homeless, almost all of whom suffer from mental illness and/or substance abuse, has chosen to serve a more challenging population than most of the programs covered by this literature review.

C. Services

1. Housing Services

As we have seen, HomeWork participants are set on a path toward stable housing soon after their enrollment in the program. With the increase in the number of Shelter Plus Care housing certificates since December 2006, 86% of participants have vouchers for permanent housing, and the remaining few have found stable housing with the assistance of HomeWork. In contrast, most of the employment-focused programs offer assistance with transitional housing at first, and some help participants find permanent housing after they become employed. Only two of the employment-focused programs (HVP and Impact Employment Service) and the single broad-based program (Project Renewal) help participants find permanent housing before they become employed. Most of these programs do not have the access to vouchers that HomeWork has.

2. Employment Services

Because the HomeWork partnership includes a One-Stop Career Center and four organizations that provide employment services, participants have a wide range of services and approaches from which to choose. Among the service options offered by HomeWork’s employment partners are direct placement and support (supported employment), employability workshops, facility-based job training, temporary work experiences with community employers and agency businesses, job search assistance, job placement, and follow-up supports.

Many of employment-focused programs in the literature review also offer a choice of employment services, but, generally speaking, those choices seem to be more limited. Only three programs—HVP, Project Renewal, and the Veteran’s Employment Program—offer the option of being placed in a job directly, without assessment or other preparatory activities.

As for the housing-focused programs, a number of studies report in very general terms that employment services are provided, either directly or through referral, but only two studies—Closer to Home and Next Step: Jobs—give details about the employment services that are offered. Employment services associated with these projects range from pre-vocational activities to community-based job training and placement, but place-based employment and training are the primary focus of most (Barrow 2004, Rog 1999).

3. Mental Health And Substance Abuse Services

The Massachusetts Department of Mental Health (DMH) is an integral part of the HomeWork team and has provided key institutional support to the HomeWork project. A DMH representative routinely participates in HomeWork's interagency meetings. Victory Programs Incorporated (VPI), an organization that provides intensive addiction services, is also a HomeWork partner. HomeWork project and partner organization staff work closely with these agencies' direct service staff to follow through on referrals and coordinate services on an ongoing basis. As a result, HomeWork participants who may have needed mental health or intensive substance abuse services for a long time are now receiving those services, and several long-term homeless DMH clients are now involved in employment programs and are now housed.

Several of the programs covered by the literature review provide mental health or substance abuse counseling directly, and several work through interagency case teams or integrated service models to address substance abuse and mental health issues. Project Renewal directly provides a range of addiction treatment services, including a residential detoxification program. Almost all of the other employment and housing programs use case management services to link participants with mental health and substance abuse services. JTHDP required that the employment programs either directly provide or refer to substance abuse counseling and mental health services.

With the exception of the employment programs based on partnership and integrated service models and the Housing First programs, which use the ACT approach, it is unclear what type of follow-through and coordination happen in support of addressing mental health and substance abuse issues. The HomeWork experience demonstrates that close interagency coordination among the mental health, substance abuse, residential and housing services has often proven to be essential to assuring that participants actually become engaged with these critical services (Wool 2005, Wool and Goldberg 2006). One of the major findings of the Closer to Home study was that, of all services studied, referral to mental health services was most closely linked to retaining permanent housing (Barrows 2004).

D. Program Outcomes

HomeWork has helped chronically homeless individuals to obtain and keep both housing and employment at rates that are comparable to other programs. It has achieved this even though, unlike other programs, it engages participants in both employment and housing services early and simultaneously, it often provides permanent housing prior to employment, and it works with a population that is especially hard to serve.

1. Housing Outcomes

Almost all (95%) of HomeWork's 42 active participants were living in stable housing as of June 2007. One-fifth of those who were stably housed secured housing without vouchers, and the others used Shelter Plus Care certificates provided through HomeWork partners. The two new participants who were not yet housed had received Shelter Plus Care certificates and were well on their way to becoming housed.

Among the employment-focused programs in the literature reviewed, housing placement rates range from 19% to 93%. At the low end of the range (19-25%) are JTHDP participants with histories of chronic homelessness, mental illness or substance abuse. At the high end are severely disabled homeless individuals who found jobs through Project Independence. In programs with data on the chronically homeless, about three-quarters of JEC/ADVENT participants in transitional housing moved into permanent housing, and 38% of chronically homeless participants in the Ready, Willing and Able program obtained permanent housing.

With regard to housing retention, all HomeWork participants who have received Shelter Plus Care vouchers have remained stably housed, and all but one of the original group of 20 who were housed as of June 2006 have remained housed for at least one year.

In comparison, retention rates in the housing-focused programs covered in the literature review vary according to the period of time measured. There is one program, Lakefront Supportive Housing, which shares with HomeWork a 100% retention rate (over a 12 to 18-month period). Lakefront has its own employment program and is part of a collaborative network. In six of the studies, retention over a 12- to 18-month period ranged from 68 to 78%. In three other studies, the range was between 50 and 77% for periods of 24 to 30 months. In the National Shelter Plus Care study, 59% of residents remained housed for more than one-half year as of the second year of the evaluation. HomeWork's housing retention rate is clearly at the very top of this range.

2. Employment Outcomes

About two-thirds of HomeWork participants have had at least one job since enrolling in the program—69% of currently active participants and 58% of all participants who have ever been active with the program. This placement rate is at the high end of the one-third to two-thirds range reported by many of the programs reviewed in the literature. The employment-focused programs with the highest placement rates—JEC, HEART, and Impact Employment Services—do not seem to serve as challenging a population as that of HomeWork.

Some of the programs that specifically serve individuals with mental illness, serious disabilities, or histories of chronic homelessness had placement rates in the 35-60% range (Project Renewal, Project Independence, and Ready, Willing and Able). JTHDP participants with mental illness had the lowest placement rate of any group: 33%, vs. 60% for all other participants. Interestingly, HomeWork participants with histories of substance abuse, involvement with the criminal justice system, or a diagnosis of mental illness were employed at rates similar to other HomeWork participants. (In fact, the placement rate for those with mental illness was 68%, compared to 57% of those without a diagnosed mental illness). The JEC programs that specifically serve the chronically homeless or individuals with mental illness and substance abuse have placement rates of 69% and 77%, respectively; however, there are indications in the

literature that participants must be job-ready before they can participate in intensive training (CHETA 2005).

HomeWork's employment rates also compare favorably with those achieved in the housing-focused employment programs covered by the literature, although it is important to note that data were not available in six of the twelve studies reviewed. About half the residents at the Next Step: Jobs sites and in the Connecticut PSH program found employment, and about one-quarter of the participants in the Pathways Housing First program were employed. The one broad-based program in our review—Project Renewal—had an especially high placement rate, with 80-90% of those who graduated from its job training program placed in employment.¹⁷

Finally, with regard to job retention, HomeWork participants tend to keep their jobs at rates that are similar to those of other programs. About half of HomeWork participants have kept their jobs for at least one year, the same rate as the participants in Project Renewal and Ready, Willing and Able. HomeWork's six-month retention rate of 72% is close to that of Project Renewal (66%), JEC/Bridges (77%) and JEC/ADVENT (81%).

V. Conclusion

The purpose of this literature review has been to examine how well the HomeWork approach of working through a well-coordinated partnership to concurrently provide employment and housing services works in comparison to the approaches of other programs serving a similar population. We found that HomeWork participants have obtained and maintained stable housing and employment at rates that compare favorably with the other projects reviewed here.

Almost all (95%) of the currently active HomeWork participants were living in stable housing as of June 2007. These participants received help in finding permanent housing as soon as they wanted, regardless of their employment status. Most of the employment-focused programs reviewed here help participants find permanent housing only after they have become employed.

HomeWork participants have remained stably housed at rates that place the project's outcomes at the high end of the range for the programs reviewed here. All HomeWork participants who have used Shelter Plus Care certificates to obtain permanent housing have remained stably housed, and the first group of participants to obtain housing through HomeWork has remained housed for over a year. In comparison, between 68% and 78% of participants in eight of the supportive housing programs reviewed here remained housed in community settings for periods of at least 12 to 18 months, and 50% to 65% remained housed for at least 24 to 30 months.

HomeWork participants find jobs at a rate that is at the high end of the range for the programs reviewed here. About two thirds (69%) of currently active HomeWork participants and 58% of all who have ever participated have held at least one job while in HomeWork. Among employment-focused programs that serve populations similar to HomeWork (whether chronically homeless, mentally ill, substance-dependent, or some combination of these conditions), the job placement rate ranges from 24 to 77 percent, with only one program

¹⁷ It should be noted that the employment rates in the housing studies are for all residents, regardless of whether or not they are interested in becoming employed. In HomeWork, because of the way the program is designed, these rates refer to a group of people who have all expressed an interest in working and receiving employment services.

(JEC/Bridge) exceeding HomeWork's rate of 69%. With regard to job retention, one-half of HomeWork's employed participants kept their jobs for at least one year, and almost three-quarters kept their jobs for six months. These retention rates are also on par with those of other programs.

When considering HomeWork's outcomes, it is particularly significant that more than two-thirds (69%) of currently active participants obtained *both* housing and employment and did so in a way that specifically addressed their own individual needs and preferences. As we have seen, HomeWork is the only program among those reviewed in the literature that provides permanent housing and employment services concurrently. Further, since HomeWork specializes in serving a particularly challenging population—the disabled chronic homeless—the outcomes achieved by its participants are strong testimony to the efficacy of the HomeWork approach.

APPENDIX A

Glossary of Employment and Housing Terms

Much of the terminology used in the articles and reports reviewed is based on federal definitions. This includes terminology from the Department of Housing and Urban Development, a major funder of many of the supportive housing programs studied, and from federal legislation, including the Rehabilitation Act Amendments of 1986 and 1992. Some of these terms have evolved as they have been applied in the field, and new terminology, to fit new models, has emerged.

Employment Definitions

Competitive Employment

Competitive employment refers to community jobs in socially integrated settings that pay at least minimum wage. These are jobs that any person can apply for and are held independently by the worker, not by an employment agency (Bond *et. al.* 2001, Cook 2005).

Education and Training Services

As defined by the Job Training for the Homeless Demonstration Program these services include remedial education, basic skills training, literacy instruction, job search and preparatory training, job counseling, vocational and occupational skills training, and on-the-job training (including paid on-the-job training and paid and unpaid work experience).

Supported Employment

Supported employment includes directed or assisted placement, generally without screening for readiness or required pre-vocational training, in individual, integrated, competitive employment with follow-along supports, as needed. The worker is hired and paid by the employer (Bond *et. al.* 2001, Shaheen *et. al.* 2003). Under the federal definition, supported employment is a type of competitive employment (Bond *et. al.* 2001).

A version of supported employment is the Individual Placement and Support (IPS) model. This model emphasizes rapid job search, continuous and comprehensive assessment, and integration of vocational and clinical services (Shaheen *et. al.* 2003).

Transitional Employment

Transitional employment ranges from the more narrowly defined Transitional Employment Program (TEP) model to a more broadly defined approach that includes “time-limited entry-level jobs for the purpose of work experience” (Marrone 2005). This broader use of the term can include “sheltered non-paid work.”

The TEP model involves placement into temporary, individual, competitive jobs, with support, as needed. The agency “owns” the job slot. TEP is most common in psychosocial programs for persons with mental illness (Shaheen *et. al.* 2003). JTHDP considers TEP to be a type of “work

experience,” classifies it as an “education and training service,” and does not count it as employment.

Housing Definitions

Permanent Supportive Housing (PSH)

PSH combines affordable rental housing and supportive services for homeless persons with disabilities. It has no time limits and includes access to supportive services, either on site or through partnering agencies. Locations can be scattered-site, clustered, or building-based. (Burt 2002, National Association to End Homelessness 2007, Rog 1998).

Shelter Plus Care

Shelter Plus Care is a form of PSH. It provides rental assistance for hard-to-serve homeless persons with disabilities. Supportive services are available through outside sources (Rog 1998).

Housing First

Housing First models are a form of PSH. These programs provide people, especially those who are street homeless, with direct access to permanent supportive housing without requiring participation in psychiatric treatment or treatment for sobriety. Services are offered and available, but participation is optional. This is called a “low demand” model (Burt 2002).

Transitional Housing

Transitional housing is defined as “typically congregate housing with considerable services and supports, provided on-site or through community partners, where a person can live for a predetermined period of time.” The settings are generally more structured than PSH program, and a high intensity of services is provided (Rog 1998). Assistance in finding permanent housing is provided as the individual becomes stabilized (Burt 2002).

Permanent Housing or Community Housing

The terms “permanent housing” and “community housing” refer to a more inclusive category of residence that includes PSH any other kind of stable community housing, including independent housing (unsubsidized, not part of a program) and living with friends or relatives.

APPENDIX B:

Definitions of Terms Used to Define Outcomes

The articles and reports reviewed for this report reflect the wide range of services and approaches to providing, and researching, housing and employment programs for the homeless. Not only are the program designs different, including populations served, services provided, and service approaches, but the research designs also vary greatly in purpose and methodology. The research cited in this literature review encompasses a variety of definitions for key terms, such as “employment” and “stably housed.” There is also wide variation in the subject groups.

In order to compare outcomes, it is important to keep these variations in mind. We have chosen some of the most critical definitional differences and highlight them below.

1. The research covers programs that serve different populations or subgroups of the homeless.

The literature review covered programs that serve persons who are homeless and at risk of homelessness, chronic homeless with disabilities, homeless mentally ill, homeless substance abusers, homeless veterans, formerly homeless living in housing programs, and street homeless with psychiatric disabilities. Research on programs that serve people with severe mental illness was included because these services are often used with the homeless mentally ill. The research outcomes cited in this report pertain to homeless individuals, not families. The report identifies the subgroups studied.

2. The definition of “employment” varies considerably.

Three approaches to defining employment emerged:

- (1) competitive employment,
- (2) “work for pay,” and
- (3) employment and training combined into one outcome category.

In addition, there were a number of research reports that gave employment rates but did not define what was meant by “employment.”

Four programs use a “competitive employment” definition, including JTHDP, which defines employment as “full or part-time unsubsidized positions.” The research on supported employment for the mentally ill uses competitive employment as the outcome definition.

The research on vocational outcomes of ACCESS participants (Cook) uses “work for pay” as its definition of being employed. Presumably this would include paid job training, paid work experiences, employment by an agency, employment with agency-run businesses, and competitive employment. Two studies (Closer to Home and Next Step: Jobs) combine “work for pay” with unpaid job training and volunteer work into one “employment and training” outcome category.

3. *There are significant differences in determining which participants are to be included in the subject group when determining employment rates.*

Different definitions of the subject group include program participants who

- (1) attended the program's orientation session (HVP);
- (2) completed intake and participated in at least one program service, including referral to another program (JTHDP);
- (3) completed the enrollment process, including completion of a seminar or assessment and follow-through on a counseling referral (Fox Valley "enrolled" group);
- (4) completed a probationary period or graduated from the education and training program (Ready, Willing and Able, Jackson Employment Center overall placement rates), and
- (5) are residents of the housing program (CT Supportive Housing Demonstration Project).

Programs that are relatively inclusive will appear to have lower employment rates than those that restrict their subject pool to participants who have successfully completed defined steps.

4. *The definition of housing "stability" varies in regard to episodic departures.*

At issue is whether participants are counted as "housed" or "not housed" when they temporarily leave their residence for a hospitalization or to enter residential treatment.

According to HUD Annual Progress Report Requirements, such episodic departures are counted as "not housed." In Housing First programs, however, because participants typically return to the housing site, such episodic departures are counted as stably housed (Wong 2006).

5. *The definitions of housing retention vary.*

The definitions of housing retention include:

- (1) in residence at a particular follow-up point in time (Closer to Home);
- (2) proportion of days homeless to days housed ; and
- (3) number of days continuously housed (Pathways).

Some programs track retention in initial program housing (Philadelphia PSH, Denver Housing First, National Shelter Plus Care Evaluation, HUD Supportive Housing); some track participants' residence in a broader range of community housing, including residence with friends or family, in their own apartments, and, sometimes, in long-term residential programs (NYNY); and some track both (Closer to Home, Boston McKinney study).

APPENDIX C

Acronyms and Abbreviations Used in This Report

Acronyms	Abbreviations
DOL: Department of Labor	cnty – community
HL: homeless	dvt – development
HUD: Housing and Urban Development	empl – employment
MI: mental illness	hsg – housing
PSH: Permanent Supportive Housing	plcmt – placement
SA: substance abuse	spt – support
SPC : Shelter Plus Care	sptd – supported
	svc – service
	voc – vocational
	wkshp – workshop

APPENDIX D

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