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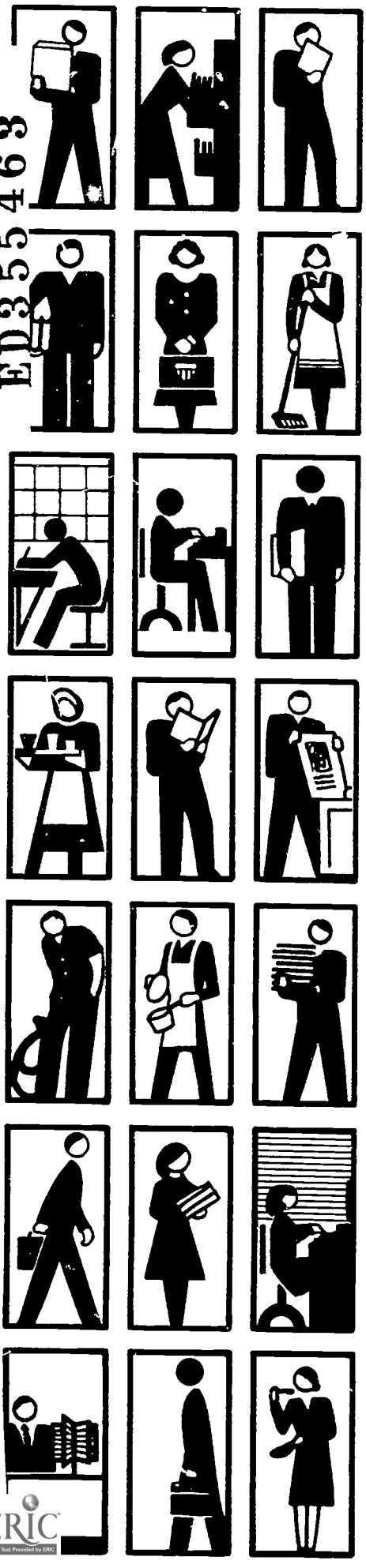
ABSTRACT

This report summarizes the relevant research that connects homelessness, alcohol and other drug abuse, and employment and job training services. It draws on the National Institute on Alcohol Abuse and Alcoholism and the Department of Labor demonstration projects as well as other programs to provide examples of various innovative programs across the country that have made progress in meeting the considerable challenge of serving the comprehensive employment needs of homeless persons who have alcohol and other drug problems. Chapter 1 discusses employment experiences of homeless persons with alcohol and other drug problems, including the scope of the problem, epidemiological perspectives, and ethnographic perspectives. Chapter 2 examines the connection between treatment and work, including recovery and vocational services, developments in combining treatment and vocational services, and work issues across the recovery continuum. Chapter 3 provides brief descriptions of 15 innovative programs in 5 U.S. cities that offer vocational training and other employment services especially suitable to the needs of individuals with alcohol and other drug problems. Chapter 4 discusses future directions for program development. Appendix A presents a glossary of key terms. Appendix B describes the protocol for site visit to programs. A five-page list of references is included. (ABL)



National Institute on Alcohol Abuse and Alcoholism

Job Training and Employment Services for Homeless Persons with Alcohol and Other Drug Problems

March 1992

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Job Training and Employment Services for Homeless Persons with Alcohol and Other Drug Problems

A Technical Assistance Paper by

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Submitted to:

Homeless Demonstration and Evaluation Branch
Division of Clinical and Prevention Research

March 1992

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CONTENTS

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PREFACE

The Stewart B. McKinney Homeless Assistance Act was signed into law in July 1987, marking the Federal Government's first comprehensive initiative to "provide urgently needed assistance to protect and improve the lives and safety of the homeless." This emergency legislation created new programs to address the multifaceted needs of homeless people in the areas of emergency food and shelter, transitional and longer term housing, primary health care, mental health care, alcohol and other drug abuse treatment, education, job training, and income assistance. Nearly 5 years later, progress has been made in the development of a network of services targeted to homeless people, and some knowledge of effective service strategies is being gained through program demonstrations, evaluations, and related research. However, the plight of homeless individuals and the impact of homelessness on the Nation in the 1990's leave no doubt that much remains to be accomplished and that efforts to resolve this complex social problem demand attention and require more complete understanding.

In May 1988, under authority of the McKinney Act, the Homeless Demonstration and Evaluation Branch of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in the Department of Health and Human Services, awarded nine demonstration grants to community-based public and nonprofit entities. These projects implemented and evaluated a variety of promising outreach, service delivery, and treatment intervention models. A final report of the national evaluation of these demonstration grant projects will not be completed until September 1992. However, preliminary findings indicate that effective strategies are characterized by access to a wide variety of services and resources to facilitate reentry into the community, an understanding of the diversity within the target population, and treatment approaches addressing multiple dimensions of a homeless person's life. NIAAA initiated a second national demonstration program in September 1991, awarding 3-year funding to 14 research demonstration projects, all of which address at least three common research objectives: (1) reduction of the consumption of alcohol and other drugs, (2) improvement in levels of shelter and residential stability, and (3) improvement in economic and employment status. The overarching goal of both research demonstration programs is to increase knowledge and understanding of effective approaches to service delivery for homeless people with alcohol and other drug abuse problems. Among these approaches has been the examination of innovative strategies to provide job training and employment services to this population.

The Department of Labor (DOL) is the Federal agency authorized by the McKinney Act to address the employment-related causes of homelessness. The Employment and Training Administration (ETA) of DOL planned and implemented the Job Training for the Homeless Demonstration Program (JTHDP). During fiscal year 1988, ETA administered 32, 1-year demonstration projects. The first-year evaluation of the JTHDP found that a strong demand exists among homeless persons for employment and job training services. The evaluation also found that alcohol and other drug abuse problems are "a primary reason why individuals and families are not able to take full advantage of

JTHDP services, do not fully benefit from training opportunities, are not placed in jobs, and do not succeed in employment settings" (R.O.W. Sciences, Inc., 1991, p. x). These issues present an immediate and continuing challenge for those who provide job training services as well as for those professionals in alcohol and other drug treatment programs. In addition, at the present time NIAAA and DOL continue to engage in ongoing consultations to develop effective service delivery models that include both job training and alcohol and other drug abuse treatment components.

The purpose of this technical assistance (TA) paper is twofold. First, it summarizes the relevant research that connects the arenas of homelessness, alcohol and other drug abuse, and employment and job training services. Second, it draws on the NIAAA and the DOL demonstration projects as well as other programs to provide examples of various innovative programs across the country that have made progress in meeting the considerable challenge of serving the comprehensive employment needs of homeless persons who have alcohol and other drug problems. It is anticipated that this TA paper will advance knowledge and promote new understanding of this crucial and complex issue, as well as suggest new directions for developing future interventions to meet the challenge of providing job training and employment services to homeless persons with alcohol and other drug problems.

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CHAPTER 1

EMPLOYMENT EXPERIENCES OF HOMELESS PERSONS WITH ALCOHOL AND OTHER DRUG PROBLEMS

SCOPE OF THE PROBLEM

Although the majority of homeless persons with alcohol and other drug problems clearly have had problematic work experiences, the specific antecedents of their work difficulties are much less obvious. This limited understanding poses a considerable obstacle for planning interventions to promote stable work situations for these individuals. This chapter reviews relevant literature from two disciplines to discuss the extent and nature of unemployment among homeless persons with alcohol and other drug problems. First, this chapter summarizes recent epidemiologic studies of alcohol problems among homeless people, research that has provided critical empirical knowledge of the multiple factors operating in the lives of these individuals. Data pertinent to homeless persons with other drug abuse problems also are presented. Second, the fundamental concepts of classic ethnographic studies on homeless persons with chronic alcohol problems are discussed to enhance a contextual understanding of the work-related attitudes and behaviors of this population.

There is a growing recognition that solutions to the job training and employment difficulties of homeless persons with alcohol and other drug problems require a broad scope of study and intervention. Understanding the employment patterns of this population necessitates an appreciation for the multiple and interrelated factors that have the potential to influence an individual's vocational functioning. At the societal level, economic trends shape the type and number of jobs available. Individual factors such as education, training, interpersonal skills, work history, physical health, access to social supports, transportation, criminal record, and mental health are all relevant to the task of getting and keeping a job. This chapter attempts to provide the theoretical and empirical foundation necessary both for a fuller understanding of the employment experiences of homeless persons served by the innovative programs described in Chapter 3 of this document and for developing additional innovations.

EPIDEMIOLOGICAL PERSPECTIVES

Recent epidemiological research has been particularly useful in formulating a profile of homeless people with alcohol and other drug problems. Specifically, the Los Angeles Skid Row Study (Koegel and Burnam 1987a, 1987b, 1988) and the Baltimore Homeless Study (Fischer and Breakey 1987; Breakey et al. 1989; Fischer and Breakey 1990) both employed empirically validated instruments to identify alcohol problems. The Baltimore study is of additional interest because it examined nearly equal numbers of male and female respondents. The National Institute on Alcohol Abuse and Alcoholism (NIAAA)

has supported extensive analyses of alcohol-related data in both these studies, including comparisons of alcoholic and nonalcoholic persons within the homeless population as well as comparisons of homeless alcoholics to alcoholics with stable residences. However, empirically based information available about homeless illicit drug abusers is more limited. A study of black adults who used homeless shelters in Washington, DC, focused on patterns of illicit drug abuse and compared a homeless sample with the general population (Milburn et al. 1989). In addition, the national evaluation of the National AIDS Demonstration Research Project (NADR), funded by the National Institute on Drug Abuse (NIDA), described a substantial number of homeless intravenous drug users (IVDU's). Unfortunately, usable data regarding the employment and job training experiences of persons in homeless families are virtually nonexistent.

Alcohol Use on Skid Row in Los Angeles

Koegel and Burnam (1987a, 1987b, 1988) found that the lifetime prevalence of alcohol abuse or dependence among the Los Angeles inner-city homeless population was nearly 63 percent, and more than 65 percent of homeless persons had a lifetime diagnosis for at least one psychiatric disorder other than alcohol problems. Nearly 69 percent of those with an alcohol diagnosis also had diagnoses for one or more other disorders. This study identified two subgroups of homeless people with alcohol problems. One group consisted of so-called pure or traditional alcoholics who closely resembled the chronic public inebriates on skid row whose histories were chronicled during the 1950's and 1960's. Individuals in this group tended to be older white males who had served in the military, who had children, and who had been married at one time but were currently single. Persons in the second group were characterized as so-called nontraditional homeless alcoholics because they had at least one other disorder in addition to an alcohol disorder. They were more likely to be younger, to be female, to never have been married, and to have no children. Several characteristics were likely to be shared by persons in both alcohol disorder groups; specifically, persons in either of the alcohol disorder groups reported their health to be poorer than homeless persons who did not have an alcohol disorder. Furthermore, in comparison with persons with no alcohol disorder, those in either of the alcohol disorder groups were much more likely to be characterized as being long-term homeless (Koegel and Burnam 1987b).

This study found that more than 80 percent of the homeless persons of inner-city Los Angeles were unemployed, suggesting the enormity of employment problems among this population. Nevertheless, data from this study also refute a common stereotype of homeless people as having given up on their search for work: 66 percent of the homeless persons in this sample reported that they were still looking for work. Also, results of this study suggest that even though the employment experiences of homeless persons with alcohol problems are similar to those of other homeless people in many respects, there are also several important differences. Whereas persons in the pure alcoholic group were more likely to report periods of stable employment in the past, those periods were more likely to have been longer ago in the past. In comparison with

homeless people without an alcohol or other disorder, persons in the pure alcoholic group were more likely to report having not worked at all in the past year, having worked fewer months at a greater number of jobs, and having a longer time period since their most recent job. In contrast, persons in the pure alcoholic group tended to be more successful with recent job experiences than homeless persons with other psychiatric disorders. The Los Angeles study also found that homeless persons with alcohol problems were much less likely than housed persons with alcohol problems to be currently fulfilling vocational roles, despite comparable personal and parental educational backgrounds. Problem behaviors that could be expected to interfere with future job prospects were much more common throughout the lives of homeless persons with alcohol problems.

Alcohol Use Among Homeless Men and Women in Baltimore

The Baltimore Homeless Study compared homeless persons with alcohol problems, homeless persons without alcohol problems, and housed persons with alcohol problems. A group of the housed population was characterized as poor persons on the basis of low income. The study classified 67 percent of homeless men and 28 percent of homeless women as alcoholics. Furthermore, the study found unemployment to be pervasive among the Baltimore homeless, regardless of gender or of the presence of alcohol problems. More than 85 percent of homeless men with alcohol problems reported that they had been unemployed for at least 6 months, as did nearly 79 percent of nonalcoholic homeless men, 74 percent of alcoholic homeless women, and 83 percent of nonalcoholic homeless women. Persons with alcohol problems, whether male or female, were more likely than persons without alcohol problems to report having received income from illegal activities. One-third of the women with alcohol problems reported having engaged in prostitution for income. This study also found that "the homeless alcoholics were considerably less likely to be employed than alcoholics in the total household sample, but did not differ in work experience from the poor housed alcoholics" (Fischer and Breakey 1990, p. 5). Poor housed persons with alcohol problems were more likely to receive public support than the others. Homeless alcoholics also tended to have more severe drinking problems than housed alcoholics. On the whole, these findings from the Baltimore study are similar to the results from the comparison of homeless and housed alcoholics in Los Angeles.

Black Adults Using Homeless Shelters in Washington, DC

A study by Milburn and colleagues (1989) that surveyed black adult shelter users found that 65 percent of the respondents had completed at least 12 years of schooling. However, 56 percent of the total group lived below the poverty level. Interestingly, those individuals with the highest incomes were more likely to have used illicit drugs than persons with the lowest incomes. A comparison of current illicit drug use among black homeless adults and black adults in the general population suggested that the homeless were much more likely to use cocaine.

Homeless Intravenous Drug Abusers

NIDA administers the NADR, with the goals of (1) changing drug use practices and (2) interrupting the spread of human immunodeficiency virus infection and acquired immunodeficiency syndrome among IVDU's and sexual partners of IVDU's in communities throughout the mainland United States, Hawaii, Puerto Rico, and several Mexican border towns. As of June 1989, standardized interview data on 4,824 IVDU participants indicated that 18 percent (879) did not have a stable living situation. Fifty-five percent of IVDU homeless persons were living in shelters at the time of the interviews, and the remaining 45 percent were reported as living "on the streets" (Schuster 1989). These data also suggest that the illegal, underground economy is more likely to be a major source of income for homeless IVDU's than a legal job. This finding is consistent with previous research indicating that users of illegal drugs are much more likely than the general population to be criminally involved (see Hubbard et al. 1986).

ETHNOGRAPHIC PERSPECTIVES

Dating back to the early 1900's, ethnographers and other researchers have taken a special interest in the subculture of skid-row alcoholics (Garrett 1989), who for the most part were male, chronic alcohol abusers. Despite the fact that ethnographic studies can provide contextual interpretations of the social processes that constitute everyday life for homeless people (Koegel 1987), there have been few major ethnographic studies focusing on skid-row alcoholics since "You Owe Yourself a Drunk" (Spradley 1970) and "Stations of the Lost: The Treatment of Skid Row Alcoholics" (Wiseman 1970) were published. These studies and others conducted during the 1950's and 1960's (see Garrett 1989) have revealed valuable insights into the world of work that skid row alcoholics experience. The usefulness of these insights has been bolstered considerably by contemporary surveys that document the survival of traditional skid-row alcoholics among a larger and more heterogenous homeless population. In fact, several fundamental concepts drawn from classic ethnographic studies are still useful in examining the context of unemployment among homeless persons with alcohol and other drug problems. These include the **daily round**, the **loop**, the **rehabilitation framework**, **return vs. breaking in**, and **cycling out** (Wiseman 1984). These concepts can be especially instructive for those wishing to understand and address the high drop-out rates among this population in job training programs.

The **daily round** refers to repetitive patterns of everyday life for homeless persons. A majority of homeless persons today consider themselves to be "loners," and past studies often described skid-row alcoholics as "disaffiliated." Nevertheless, a typical day for many homeless persons includes repetitive patterns of obtaining subsistence as well as continual interpersonal interactions with other homeless persons, the police, human service providers, ministers, and others. Although these interactions do not typically constitute what many people would consider to be substantial social support, they do constitute the social world of homeless people. Therefore, they are essential to understanding the

beliefs and behaviors that underlie the subculture of the street. A daily round in the streets does not reinforce a mainstream notion of work, nor do people making the round typically feel that realistic alternatives for another way of life are available to them. For people living on the street, occupational status or work interests have little meaning; getting by each day with little or no money takes precedence. This alternative subculture can have a powerful draw. Once a homeless person develops a social identity that is embedded in the street culture, he or she may find it very difficult to give up the social contacts encountered on the daily round to pursue job training or employment.

The **loop** refers to the cycle of major life experiences typical of traditional skid-row settings. These include surviving on the streets with the assistance of shelters, missions, and soup kitchens; going to jail; and participating in alcohol and other drug abuse treatment programs. Garrett (1989) argues that the concept of the loop is not outdated, even today. "Making the loop" can be considered to be a deviant career, and in this sense the possibility of a stable mainstream job competes directly with an already existing career. Wiseman (1984) found that few skid-row alcoholics experienced successful transformations of their deviant identities and most continued to cycle through the loop. Over the past two decades there have been major changes in the "stations" or stops on the loop. The drastic reduction in housing supports for low-income persons with chronic alcohol problems can be attributed to losses in single room occupancy housing and rooming houses that accommodate single men as well as to the widespread closing of protective institutional settings such as long-term residential programs in state hospitals, county jail farms, and similar institutions (Wittman 1991). Consequently, although the broad network of services implemented for homeless people during the past decade may provide more numerous opportunities for escaping the loop today, this is not possible through employment alone without alcohol- and drug-free housing that is supportive of recovery.

The **rehabilitation framework** refers to the frame of mind that a homeless alcoholic adopts while at a "therapeutic" stop on the loop (Wiseman 1984). In other words, while they are in treatment programs, homeless alcoholics may begin to accept the possibility of a successful transition to mainstream society. The following examples of comments by traditional skid-row alcoholics on release from institutional treatment reflect such a framework (Wisemann 1984, p. 762):

> I'm hoping to "make it" in the outside world this time. I'm really going to try and not drink and to get back on the track. . . .
>
> I'm going to try to get back into society. I know that I've been leading an aimless, useless life. It's really no kind of life for anyone, there on Skid Row. . . .
>
> I'm going to work on my problem. I'm going to try to get back on my feet and live with the respectable world again. . . .

Discussions with participants of the programs described in Chapter 3 of this document suggest that these comments are not atypical of the frame of mind held by homeless persons with alcohol and other drug problems who currently are participating in job training and treatment programs.

The concept of **return vs. breaking in** highlights the fact that many homeless persons with alcohol and other drug problems seeking recovery do not have an existing social niche in mainstream society to which they can return (Wiseman 1984). Many persons with alcohol and other drug problems face the challenge of breaking in to mainstream society for the first time rather than returning to it. Others may have thoroughly discounted previous conventional social roles after spending many years on the street. The rehabilitation frame of mind may be hard to maintain as a homeless person with alcohol and other drug abuse problems contemplates "going out there" to find a job. Again, examples drawn from Wiseman's interviews with skid-row alcoholics are not unlike the worries of contemporary homeless persons with alcohol and other drug problems who are planning a job search (Wiseman 1984, p. 765):

> I know what is going to happen. Everything will be going along all right until they find I didn't work for nine months. When they ask why, and I tell them I was in a mental institution for a drinking problem--that's all, brother. They say, "Don't call us, we'll call you". . . .
>
> I wish that someone would go in ahead of me and say, "Look, this guy is an ex-alcoholic, but he's okay now. He hasn't had a drink for some time and he's really trying to make it". That would clear the air, and then I could go in and talk about my abilities. . . .
>
> Skid Row is a bad address to have to put down on job applications. Right away they suspect you. And you don't have a telephone either so they can get in touch with you. I sometimes offer to check back from time to time, but you can see they aren't impressed. . . .

These obstacles may continue to exist even for those who are able to get a job:

> You aren't current on your job anymore. You forget how to do it. You are certain that people are watching you and saying, "he can't handle it". . . (Wiseman 1984, p. 766)

Thus, the process of returning to or breaking into mainstream employment is fraught with anxieties, worries, and distressful experiences that tend to break down the optimism and resolve that are a key ingredient of the rehabilitation frame of mind.

Cycling out means escaping the loop. Wiseman (1984) observed only two major ways to escape, other than death. The first, becoming a live-in servant for an institution, is no

longer widely applicable today. The second escape, becoming a service provider in an alcohol rehabilitation facility, is still viable in current society. Chapter 3 of this document explores the various escape routes provided by innovative current approaches to job training and employment services in conjunction with alcohol and other drug abuse treatment for homeless persons.

RELATIONSHIPS AMONG ALCOHOL, OTHER DRUG, HOMELESSNESS, AND EMPLOYMENT PROBLEMS

One perennial question arises in discussions of alcohol and other drug problems among low-income persons: Do adverse social circumstances cause alcohol and other drug problems or do these problems lead individuals to adverse social consequences? Although both these causal relationships can be plausible under various conditions, one commonly proposed explanation is the concept of **downward drift**, which hypothesizes that the presence of severe alcoholism and other major disorders substantially diminishes an individual's vocational functioning, social standing, and financial well-being. In other words, downward drift would suggest that alcohol and other drug problems and other disorders are often a primary cause of unemployment and homelessness. Two limitations of the downward drift perspective are that it appears to minimize the devastating emotional impact of structural and cyclical unemployment on vulnerable individuals at the social margin and the extent to which low-income people may use alcohol or drugs as a chemical escape from their condition. The fact that homeless persons with alcohol and other drug problems tend to have more severe symptoms than household alcoholics may be interpreted as evidence for the downward drift theory. Koegel and Burnam (1988) offer another interpretation: "There is . . . the radically different possibility that the severity of alcoholism among the homeless is a consequence of their destitute situations. Persons who drank heavily before they became homeless, and perhaps even some who drank only in moderation, may cope with the privation of homelessness and their damaged self-esteem by drinking yet more heavily" (p. 1017). These researchers conclude that only well-designed longitudinal studies can clarify the downward drift issue.

SUMMARY

This chapter reviewed the available literature regarding the vocational backgrounds and employment patterns of homeless persons with alcohol and other drug problems. Although the majority of homeless persons with alcohol and other drug problems are unemployed, many are actively engaged in the search for work. Recent research has profiled two fairly distinct subgroups of alcohol abusers. The first subgroup consists of persons with alcohol abuse problems only. These persons closely resemble the chronic public inebriates who have lived in the skid-row neighborhoods of inner cities for many years. They are likely to be older males with long-term alcohol use and have a history of some stable employment in the distant past. The second subgroup has other disorders along with alcohol problems, including major mental illnesses and other drug problems. This group is younger, is more likely to include women, and has little in the way of stable

work experience. Homeless persons with alcohol and other drug problems are more likely to have been involved in illegal activities to generate income than homeless persons who do not have these problems. Ethnographic research suggests that job training must address the social context of the homeless person's life as well as his or her individual problems. The complex nature of the relationships among the issues of alcohol and other drug problems, homelessness, and unemployment is unclear and remains a key target for longitudinal research.

Chapter 2 continues to examine these complex relationships by reviewing efforts to combine the fields of vocational services and alcohol and other drug treatment and recovery services for homeless persons. These efforts are discussed in the context of the shifts in policy and program development that are necessary for such linkages to be effective.

Sober Transitional Housing and Employment Project, Los Angeles, CA

CHAPTER 2

TREATMENT AND WORK: MAKING THE CONNECTION

This chapter presents a brief overview of key issues related to the integration or coordination of vocational services with alcohol and other drug treatment and recovery services. The discussion draws on the fields of alcohol treatment, other drug treatment, behavior therapy, psychiatric rehabilitation, job training, and vocational rehabilitation. The focus is on efforts targeted to traditional skid-row alcoholics, low-income drug abusers with a history of unemployment and criminal activity, and the contemporary homeless population. Some approaches not specifically designed for participants in extreme poverty or experiencing homelessness also are discussed. The authors supplement this review with analyses of the work and vocational training issues that are of particular importance for contemporary homeless persons with alcohol and other drug problems.

RECOVERY SERVICES

A broad array of recovery services for alcohol and other drug problems are presently available to the general population, including detoxification, pharmacologic therapy, counseling and psychotherapy, Alcoholics Anonymous (AA) and other self-help groups, and aversion therapy. Two or more different types of interventions are commonly combined in one therapeutic approach, which typically is delivered across a diverse range of treatment settings, including hospitals, freestanding residential facilities, outpatient clinics, and community-based programs.

As described in the Preface to this paper, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports several projects that demonstrate and evaluate innovative alcohol and other drug interventions for homeless persons. Although the final evaluations of these demonstration projects have not yet been completed, initial indications suggest that effective recovery services for homeless participants need to be intensive and comprehensive in scope. Detoxification and alcohol and other drug recovery services and access to housing assistance, health care, social services, vocational services, and educational opportunities are believed to be essential. A strong emphasis on continuity of services, beginning with initial contacts and continuing through efforts to promote long-term sobriety, is also deemed important (Lubran 1990).

Some of the most promising intervention approaches that are being demonstrated in the NIAAA homeless demonstration programs are outreach, case management, and the development of alcohol- and drug-free (ADF) housing. Outreach interventions recruit homeless persons with alcohol and other drug problems into treatment. Outreach takes place in those locations where potential participants may be found, such as the streets, shelters, residential hotels, drop-in centers, or soup kitchens. Once participants have

begun treatment, case management (see Willenbring et al. 1991) can be used to support them throughout the continuum of treatment and help to ensure that service needs are met. ADF housing (see Wittman 1991) refers to short- or long-term residential settings that are free of alcohol and other drug use.

VOCATIONAL SERVICES

The problems of contemporary homelessness have been a strong impetus for program planners in the job training field to develop new approaches. For example, the Department of Labor (DOL) has developed the Job Training for the Homeless Demonstration Program (JTHDP) with an overall model that includes three key service elements (R.O.W. Sciences, Inc. 1991). The first element of this approach includes outreach followed by a traditional sequence of vocational services--intake/assessment, job training, job placement, and retention. The second element is access to a wide range of support services, including but not limited to housing, specialized assessment, alcohol and other drug abuse counseling, transportation, and child care. The third element is case management, which is the element that holds the vocational and support services together.

DEVELOPMENTS IN COMBINING TREATMENT AND VOCATIONAL SERVICES

Alcohol Treatment

Since the late 1940's, the Salvation Army has provided rehabilitation services to alcohol abusers on skid row throughout the United States. Work is a major component of the rehabilitation agenda, beginning with an assigned job within the program and proceeding to the eventual goal of finding permanent employment in the community (Stoil 1987). Although evaluation of Salvation Army programs has been very limited, the most recent published study indicated that this rehabilitation approach shows evidence of being effective with the skid-row alcoholic population (Moos et al. 1978). Also, the Manhattan Bowery Corporation (MBC), located in the Bowery in New York City, has pioneered the use of work crews made up of recovering alcoholics to provide both jobs and a supportive interpersonal environment for sobriety (Manos 1975-76; Wittman and Madden 1988). MBC develops jobs within the corporation for its graduates rather than putting emphasis on transition to low-paying mainstream jobs that often do not provide a supportive work environment for recovering alcoholics.

Other rehabilitation projects have attempted to provide vocational services to skid-row alcohol abusers. A treatment project in New Orleans compared usual clinic treatment with a more intensive rehabilitation program for chronic public inebriates arrested for alcohol offenses (Gallant et al. 1973). The intensive program entailed compulsory inpatient treatment (4 weeks), including medical care and job rehabilitation, followed by 5 months of compulsory outpatient treatment. A valid comparison between the treatment groups was not possible because only 17 of the 210 study subjects were

available for follow-up evaluation after 1 year. Another program in Seattle, which focused on community reentry and the use of sponsor/advocates, was reported to have a favorable impact on participant employment (Fagan and Mauss 1986). Job training was provided on an individual basis, and sponsors provided assistance to the participants in finding work, housing, and advice with day-to-day problems. Pre-treatment vs. post-treatment comparisons indicated that the level of unemployment dropped from 86 percent at intake to 57 percent after treatment. However, serious methodological limitations of the study preclude the drawing of far-reaching conclusions.

Two NIAAA homeless demonstration programs, consisting of nine community demonstration grant projects awarded in 1988 (Argeriou and McCarty 1990) and 14 research demonstration cooperative agreement projects awarded in 1990 (National Institute on Alcohol Abuse and Alcoholism 1991), represent the most significant effort thus far to develop, implement, and evaluate innovative alcohol and other drug treatment programs that target contemporary homeless populations. Evaluations of these projects are expected to be available later in 1992. Two of the original community demonstration grant projects, the Sober Transitional Housing and Employment Project in Los Angeles (Wright et al. 1990), and Project Connect in Louisville, KY (Bonham et al. 1990), included strong vocational service components. These two projects are described in greater detail in Chapter 3. All 14 of the cooperative agreement projects funded in 1990 will evaluate the effectiveness of interventions in improving the economic and employment status of project participants. The results of these evaluations will be available in 1994.

Drug Treatment

Past studies indicate that a majority of participants entering government-funded drug treatment programs express a need for employment services. For example, methadone maintenance participants were found to have a strong interest in vocational help, particularly after their first year on maintenance (Hargreaves 1980), whereas employment was found to be the most urgent concern of participants applying for public drug treatment in Chicago (Senay et al. 1981). Analyses of data from a national survey of participants in drug treatment during 1976-81 also confirmed vocational services as an acute need, particularly for females and minorities (Arella et al. 1990).

The Wildcat Experiment was an early demonstration and evaluation of subsidized work for persons with former drug problems (Friedman 1978). In 1972 the Vera Institute of Justice in New York City created the Wildcat Service Corporation to provide jobs for former heroin users, criminal offenders, and other so-called unemployable groups.

> Instead of being sent off one-by-one to work at unfamiliar tasks in unfamiliar settings with strangers who might view them as outcasts and whom they might perceive as hostile, Wildcat's workers are typically

employed in "work crews" of three to seven, all drawn from the same hard-to-employ population and all in similar predicaments (Friedman 1978, p. 1).

By 1976 Wildcat had employed more than 4,000 ex-users and ex-offenders in full-time jobs at social service, clerical, construction, and maintenance projects for city agencies and nonprofit organizations. An experimental design with random assignment to subsidized and nonsubsidized work allowed for a rigorous evaluation of the project. Comparisons between the two groups indicated that the more study participants worked (subsidized or nonsubsidized), the less likely they were to use alcohol or other drugs. The longer participants stayed at Wildcat, the more likely they were to find and keep subsequent employment and to get married, and the less likely they were to be arrested and to use drugs. Nevertheless, although persons in the experimental group worked more than those in the control group and earned more money at the end of 1 year, the differences between the groups diminished over a 3-year period (Friedman 1978).

A national study of National Institute on Drug Abuse (NIDA)-funded drug treatment programs, surveying a stratified random sample of 194 programs during 1977, concluded that there was generally a lack of well-defined vocational treatment services available to participants. Despite Federal guidelines requiring vocational services in NIDA-funded programs, about one-third of the 164 programs responding to the survey reported providing no services in this area. In more than half the programs, it was clear that no budget was identified for vocational services and that less than one in every five programs had staff members identified as vocational rehabilitation specialists, job counselors, or job developers. A majority of programs did not report use of community employment-related agencies as referral sources for vocational or skills training. The researchers concluded that programs should be strongly encouraged to increase vocational services to the target population and document how participant vocational needs are assessed, the services provided in the program, and the contacts made with community vocational resources (Hubbard and Harwood 1981).

Behavior Therapy

Behavior therapy techniques, including modeling, role-playing, videotape feedback, and job-finding clubs, appear to be widely used by programs to help participants acquire effective job search and job interviewing skills. Several studies during the 1970's found support for the effectiveness of behavioral techniques for job-seekers from varying backgrounds, including college seniors (Hollandsworth et al. 1977), disadvantaged enrollees in job training programs (Barbee and Keil 1973), and methadone maintenance participants (Hall et al. 1977).

Psychiatric Rehabilitation

The combination of homelessness with the abuse of alcohol and other drugs among the chronically mentally ill has seriously compounded difficulties in a system of community

services that is "underfinanced, fragmented, and often inaccessible" (Mechanic and Aiken 1987). At the same time, there are indications that the mental health field is continuing to undergo a major shift from an era of primarily institutional care, through a period that focused on providing professional services in the community, and on to a view that emphasizes the rights of citizens with psychiatric disabilities to have access to housing and full community integration (Carling 1990).

Community integration implies that persons have reasonable access to vocational rehabilitation and the opportunity to have a job. Research has shown that vocational rehabilitation resulting in independent employment for the chronically mentally ill is often a lengthy process and one for which it is difficult to predict outcomes (Anthony and Jansen 1984). Nevertheless, Anthony and Jansen (1984) reported that the best predictors of future work performance are prior employment history, ratings of a person's work adjustment skills made in a workshop setting or sheltered job site, and ability to get along or function socially with others.

Two of the innovative programs described in Chapter 3, Fountain House in New York City and Step Up On Second in Santa Monica, CA, target the chronically mentally ill and base their recovery models on developing a peer-supported community. Their experiences suggest that allowing individuals to pace themselves in graduated levels of employment and responsibility within a context of peer-supported community involvement is an effective approach to realizing the vocational potential of individuals with psychiatric disabilities. These programs also recognize the importance of assisting participants with alcohol and other drug abuse problems.

Job Training Partnership Act. The Job Training Partnership Act of 1982 (JTPA) provides the framework and funding for the Nation's major employment and training program for the economically disadvantaged. Under the JTPA, job training services include remedial education, skills training, and employment assistance to low-income youth and adults, dislocated workers, and other special populations who experience significant difficulties in finding employment. The goal of JTPA job training services is to assist individuals in obtaining permanent, competitive (unsubsidized) employment. JTPA is administered through local government agencies with responsibilities for programs in designated service delivery areas (SDA's). SDA administrators work closely with a private industry council, a committee composed of public and private sector volunteers charged with overseeing local program policies and operations.

As the problem of contemporary homelessness has worsened in recent years, questions have been raised regarding the effectiveness of the JTPA system in assisting homeless individuals to become employable and to find jobs that would move them into stable housing. For example, JTPA screening criteria may be too restrictive or inappropriate for homeless persons, particularly those with alcohol and other drug problems. In 1988

the National Commission for Employment Policy began an 18-month study of the employment problems of homeless individuals and the potential of the JTPA system to respond to their job training and employment needs (National Commission for Employment Policy 1990). The commission's staff report included findings, recommendations, and seven case studies of model JTPA programs serving homeless populations. The commission's findings are discussed briefly below and the reader is referred to the full report for descriptions of the model programs.

The National Commission for Employment Policy study found that, historically, homeless people have not been a target population for job training services. During the initial years of JTPA program implementation (1982-83), most SDA administrators gave little thought to developing services for homeless individuals as a group, and the perception that JTPA services are not a good match for the employment problems of homeless people continues to the present day. SDA administrators cite the following factors to account for limited JTPA services for homeless individuals: the discomfort of job training professionals in working with a group perceived to have severe mental illness or substance abuse problems that limit their employment prospects, the lack of funds in JTPA programs to provide adequate support services, and the prevailing emphasis on meeting or exceeding JTPA overall performance goals.

All 55 of the SDA administrators interviewed for the study indicated that homelessness was a growing problem in their area and that the local JTPA program should be providing outreach, training, and placement services for the homeless population. All the responding SDA administrators reported that they would enroll homeless people in JTPA programs, but two-thirds of them stated that their SDA's did not offer any special support services to facilitate participant retention. Very few of the respondents could foresee a significant change in the type or level of JTPA services to be delivered to homeless individuals in their SDA's. In fact, homelessness issues had been discussed during PIC meetings at fewer than 20 percent of the SDA's and approximately two-thirds of respondents reported that the local SDA was not considered to be an integral part of social services available to homeless individuals at the community level.

The 20 SDA administrators who did offer special programs for homeless individuals believed that a case management approach was essential to ensure that support services were successfully coordinated with JTPA services. Case management concerns included securing a stable living environment, ensuring that participants are free of alcohol and other drug problems, and finding resources to meet basic health and personal hygiene needs. Only 12 of the 55 SDA's participating in the study reported that they had been successful in obtaining McKinney (JTHDP) funds to operate special programs for the homeless.

Job Training for the Homeless Demonstration Program. The Stewart B. McKinney Homeless Assistance Act of 1987 authorized DOL to plan and implement the JTHDP. Beginning in 1988 competitive 1-year grants have been awarded to public and private

groups to develop and implement employment and training projects for homeless persons. The purpose of the JTHDP, administered by DOL's Employment and Training Administration (ETA), is to develop knowledge for future policy decisions on job training for homeless populations.

Originally, the overall framework for JTHDP services was conceptualized as a traditional training model, which includes traditional training and employment services, access to a variety of support services, and case management to coordinate services as a whole. This model assumes that JTHDP participants would have the capacity to benefit from training, be willing to postpone paid work for the short term, be able to secure the means to support themselves and their families during the training period, and be able to overcome the barriers to competitive employment (R.O.W. Sciences, Inc. 1991, p. 4-1). The first year's experience indicated that the traditional training model was effective for only those homeless people with income support and stable shelter, particularly mothers in family shelters receiving Aid to Families with Dependent Children (AFDC) support. Therefore, the projects found it necessary to develop alternative training models to meet the diverse needs and circumstances among other subgroups in the homeless population. A direct employment model was developed for those participants who felt they could not afford to participate in training because they needed immediate income for food and shelter. In this model, participants move directly from intake to case management and job placement as soon as possible. Such an approach is particularly applicable to single men who are relatively job ready.

Another alternate approach may be termed a long-term support model, which uses subsidized employment and sheltered work settings as the best or only realistic employment option for homeless persons with serious emotional, mental, or physical disabilities. This model entails moving from intake and case management into a subsidized job with the goal of obtaining unsubsidized employment at some point in the future. In addition, the recovery model is often appropriate for participants whose disabilities are such that they are not ready for training or even subsidized jobs. "Homeless participants who were struggling with and/or recovering from alcohol or other drug dependency often needed a period in which they could stabilize their lives before they were ready to participate in any of the employment activities" (R.O.W. Sciences, Inc. 1991, p. vii). This approach involves an extended period of case management prior to training or employment in which treatment for the participant's alcohol and other drug problems is the priority. The participant engages in treatment with the assurance of an opportunity to enter the job training program after readiness has been demonstrated.

Finally, the most recent development in the JTHDP is the requirement that projects funded in fiscal year 1991 demonstrate a comprehensive program of services emphasizing long-term "holistic case management" with assurance of transitional housing for program participants and permanent housing for graduates.

Vocational Rehabilitation

Vocational rehabilitation is a process designed to restore or maximize the employment potential of persons with disabilities. A comprehensive approach to vocational rehabilitation addresses physical, emotional, and intellectual aspects of an individual's vocational functioning (see Ruben and Roessler 1987).

The field of vocational rehabilitation has an important role to play in addressing the employment needs of homeless individuals in recovery from alcohol and other drug problems. However, significant barriers exist that result in underutilization of vocational rehabilitation services by persons with alcohol and other drug problems (Britten 1984; Deren and Randell 1990; Dickman and Phillips 1983), whether or not they are literally homeless. Also contributing to the problem is an overall shortage of vocational rehabilitation counselors who specialize in providing services to persons with alcohol and other drug problems (see Livingston et al. 1990).

Typical obstacles to use of vocational services by persons with alcohol and other drug problems may be categorized into three main areas: participant-level, program-level, and societal-level obstacles (Brewington et al. 1987). Participant-level obstacles include psychological and behavioral characteristics such as poor motivation or high rates of illegal activity. Program-level obstacles include a lack of relevant staff training or staff awareness both in vocational rehabilitation programs and in alcohol and other drug treatment programs. Societal-level obstacles include the pervasive assumption that employers will be biased against hiring rehabilitated persons with alcohol or other drug problems. The status of the job market and limited employment opportunities also can be important discouraging factors (Brewington et al. 1987.)

Overcoming these types of obstacles requires close collaboration and innovative systems linkages between alcohol and other drug treatment providers and the vocational rehabilitation community. Several programs across the country provide examples of such efforts. In New York City, the Employment Program for Recovered Alcoholics (Masterson 1986) and Binding Together, Inc., demonstrate how effective working relationships and funding mechanisms can be forged to provide vocational rehabilitation services to persons recovering from alcohol and other drug problems. In Seattle, the Alcoholism and Drug Addiction Treatment and Support Act Cooperative Employment Project reflects a statewide effort in Washington to maximize the efficient and effective use of the Division of Vocational Rehabilitation in assisting this target population. In Minneapolis, the Recovery Resource Center has established close ties with the vocational rehabilitation field locally and provides chemical dependency training for rehabilitation counselors. Chapter 3 of this document describes these programs in more detail.

WORK ISSUES ACROSS THE RECOVERY CONTINUUM

Efforts to enhance the connection between alcohol and other drug treatment and vocational services for homeless individuals pose several issues that programs need to address. Key issues faced by participants and service providers across the recovery continuum are summarized below.

Continuum of Recovery for Homeless Alcoholics and Other Drug Abusers

The recovery continuum for homeless individuals with alcohol and other drug problems spans early contacts with recovery services--whether by the individual's initiative, referral, or outreach efforts of service providers--through primary treatment for alcohol and other drug problems, provision of ancillary services, and aftercare services supportive of long-term ADF living. For homeless people, the importance of stable ADF housing cannot be overstated. Furthermore, as this technical assistance paper describes, assisting the participant to achieve and maintain meaningful employment is a vital aspect of long-term recovery. The search for optimal and realistic approaches to combining vocational services with alcohol and other drug treatment has stimulated experimentation and innovation in several programs.

Introduction and Progression of Vocational Services

Completion of detoxification and primary treatment programs, participation in aftercare services, and involvement in AA or other 12-step programs are all widely accepted indicators that a person with alcohol or other drug problems is "in recovery." The stage of recovery is generally indicated by length of time that the person has been sober and drug-free. Fewer than 3 months of abstinence is regarded as indicative of the earliest stage of the recovery process. Nevertheless, the point at which vocational services can be introduced most effectively into the recovery process is unclear. Some programs require participants to be abstinent at least 90 days before participating in vocational rehabilitation or job training. Others, particularly those serving a predominantly homeless population, may require only 30 days or may choose to evaluate each case individually.

The timing of employment assistance is especially important for homeless people because of their dual needs for income and experiences to bolster their self-esteem. Premature introduction of employment services may cause undue stress, which results in serious impediments to early recovery, but the rapid progression to employment assistance also may enhance motivation to remain free from alcohol and other drugs and improve self-esteem. Traditional job training or vocational rehabilitation models typically involve a sequenced progression of assessment, job counseling, basic education, skills training, job search, and placement. In contrast to the successful participants of a traditional model, however, many homeless people feel strong pressure to find work and wish to move quickly, if not directly, to the last phase of the process. The extent to which participants

are allowed to control their own participation in a vocational program or use it in a "menu" fashion is an issue that different programs handle in various ways.

Setting for Delivery of Vocational and Treatment Services

Homeless persons often lack the resources to effectively gain access to multiple services across various geographical locations within a community. Simply put, they have a very hard time just getting around town. One solution has been to provide the fare for public transportation or even transportation itself. Alternative programs that offer treatment and employment services within the same facility appear to greatly enhance service utilization and attendance. This has been called a "one-stop shopping" approach. However, some observers have raised the concern that the provision of comprehensive services within one program may engender dependence and discourage independent living skills. Furthermore, in some situations participants may not receive the most specialized help available through referral to outside community employment-related agencies or alcohol and other drug treatment agencies. Finally, conclusions have not been drawn regarding the cost-effectiveness of the one-stop shopping approach vs. the facilitation of linkages with specialized agencies across the community.

Socialization to Work

As discussed in the previous chapter, many older homeless individuals appear to have lost touch with the realities of working on a daily basis, and youthful homeless individuals may never have had a job for any substantial length of time. Socialization to the basic expectations of employers--being on time, following instructions, and organizing time to complete assigned tasks--is a major goal of most programs prior to placing participants in any job. Although these skills can be taught in a workshop format, experiential approaches that involve assigning participants to jobs within the program structure or cooperating agencies appear to be most effective and rewarding. Again, for homeless people, the need for immediate income may have a negative impact on such experiences if the initial placements are not paid positions. These factors emphasize the importance of the availability and funding of subsidized work experiences for this population.

Role of Peer Support

The benefits of mutual support among alcoholics and other drug abusers in recovery are widely known. However, many job programs for homeless people experience great difficulty in facilitating the development of active peer support groups within their settings and are unable to maintain an active alumni group. Just as peer support is instrumental in the successful implementation of ADF housing, it also is thought to be an important aspect of effective vocational strategies. Approaches that combine recovery services, housing, and employment services appear to be the most effective in fostering peer support.

Uncertainty of the Job Market

The rapidly changing trends in structural and cyclical unemployment in today's economy result in an uncertain job market for homeless people seeking work. No program wishes to engage individuals in training that will not translate into at least an entry-level job on graduation. Many programs shy away from a skills training focus in favor of on-the-job training to immediately bridge the gap between a potential trade and a real job. The more established innovative programs have developed mechanisms that guarantee, or substantially ease, job placement after participants have completed specified stages of the program or on graduation.

Support in the Workplace

Although there is some variety in the types and levels of jobs in the mainstream economy taken by graduates of job training programs that target homeless people, many of these jobs are low-paying, unskilled, or semi-skilled and provide few fringe benefits. The jobs that are typically available to people with a history of homelessness and an alcohol or other drug problem often lack the enlightened work atmosphere regarding alcohol and other drug problems that are often engendered by employee assistance programs and similar supports likely to be available to established and higher-paid workers in large private corporations and public institutions. Innovative programs that put their emphasis on job placements in the mainstream economy strive to place participants in jobs with benefits and supports for sobriety. Because this is often not possible, some programs have emphasized the creation of their own businesses and jobs in which the work setting is geared to support ongoing recovery and sobriety.

Relapse and Relapse Management

Alcohol and other drug problems among homeless people are frequently chronic disorders characterized by periodic returns to alcohol or other drug use. It is apparent that most job programs are not able to accommodate individuals who experience frequent relapses. Some programs are more definitive about the consequences of relapses than others. Most programs respond to relapses with supportive confrontation, referral to treatment, and the opportunity to reapply for vocational services on completion of treatment and a designated period of continuous sobriety. It is not clear to what extent many job programs assist their participants in preventing relapses in training or on the job. Also, it is unclear how, or if, potential employers should be prepared for the possibility of relapse among graduates they may hire.

SUMMARY

This chapter reviewed developments across several fields that have relevance for present efforts to combine treatment and vocational services for homeless people with alcohol and other drug problems. Shifts in program policies, additional program development,

and increased research are required before vocational services are emphasized in many treatment programs, or alcohol and other drug abuse treatment services become an integral part of job training programs. This chapter discussed the key issues that must be faced by programs attempting such linkages.

Chapter 3 will describe in greater detail 15 programs that demonstrate innovative efforts to combine vocational services with treatment of alcohol and other drug problems.

Supervisor and participants from Binding Together, Inc. in New York City.

CHAPTER 3

INNOVATIVE PROGRAMS

This chapter provides brief descriptions of 15 innovative programs in eight U.S. cities that offer vocational training and other employment services especially suitable to the needs of individuals with alcohol and other drug problems. The majority of programs are designed exclusively for homeless persons or serve a predominantly homeless population.

The programs have been selected based on a review of relevant published literature, unpublished reports, as well as recommendations from experts in the fields of homelessness, job training, vocational rehabilitation, alcohol and other drug abuse, and mental health. Selection also has been shaped by an intent to explore a wide variety of models and approaches targeting various subpopulations among the Nation's homeless population. The limitations of the selection process should be recognized. Although the selected programs highlight innovations and challenging problems in the field, it is beyond the scope of this document to identify model programs throughout the country.

Seven of the selected programs were initiated with support from the Stewart B. McKinney Homeless Assistance Act. Two of these programs were Community Demonstration Grant Projects for Alcohol and Drug Abuse Treatment of Homeless Individuals funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 1988. Five of the McKinney Act programs are Job Training for the Homeless Demonstration Program (JTHDP) projects funded by the Department of Labor (DOL).

Other programs presented are examples of a wide variety of models that have their roots in the initiatives of local communities and states to address the problems of unemployment and underemployment among individuals with alcohol and other drug problems.

The primary source of information for these program descriptions were site visits conducted by at least one and in some cases two of the authors. The site visits usually included interviews with program directors, relevant staff members, and key persons involved in the development or support of the program. A site visit interview format was developed to ensure the comparability of the information collected across the sites; a copy of the format is presented in Appendix B. Program descriptions were reviewed for accuracy and completeness by program directors or designated staff members. The descriptions show remarkable diversity among the programs in populations served, organizational characteristics, perspectives on interventions, specific approaches, evaluation methods, and sources of funding. However, there are some common issues and similarities in the innovative strategies that appear to be effective in many of the programs.

PROJECT CONNECT
LOUISVILLE, KY

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PROGRAM EMPHASIS: Evaluation of the effectiveness of a program with three service components: outreach via the Sobering-up Station, case management, and job training

PARTICIPANTS: Homeless men with alcohol problems

FUNDING SOURCE: NIAAA

PROGRAM DESCRIPTION: Project Connect was a federally funded demonstration project (1988-91) that emphasized connecting the men to existing services and resources in the community. The vocational training program was provided by Volunteers of America (VOA), an agency that has experience since 1986 in serving the homeless population in Louisville through its local private industry council (PIC) GREAT program (Graduated Reentry Employment and Training) funded by the Job Training Partnership Act (JTPA). The GREAT program was featured for its innovations and accomplishments in a recent publication of the National Commission for Employment Policy (1990).

PROGRAM DEVELOPMENT: The initial ideas from which Project Connect was developed emerged in the mid-1980's as the city's leaders explored ways to respond to increasing numbers of homeless persons with alcohol problems in Louisville's downtown area and a worsening problem of jail overcrowding. In early 1987 the city government's proposal to open the Sobering-up Station with case management services met with funding and zoning problems. The Louisville Coalition for the Homeless and the Kentucky Division of Substance Abuse approached Seven Counties Services (SCS), the community mental health agency, to submit a proposal to NIAAA to spearhead the new project. A planning group, including representatives from key area agencies, identified the target population and gaps in existing services. The work of the planning group culminated in an agreement among four agencies to provide services proposed for the project: SCS would provide overall direction of the project; Wayside Christian Mission would open and run a Sobering-up Station and provide case management services; VOA would provide work adjustment training and job placement; and the evaluation of the project would be carried out by the University of Louisville. Project Connect was funded by NIAAA in 1988.

The Sobering-up Station was conceived as the entry point into Project Connect. As men with alcohol problems sought relief from the streets in the Sobering-up Station (the only shelter in the city allowing intoxicated persons to enter), case managers would seek to engage participants by helping them to access additional community services, including detoxification and alcohol rehabilitation. Men accepting case management services would be assessed by VOA staff at the Sobering-up Station to evaluate them as potential candidates for employment services. Case management was conceived as the core service, linking all other program components and services from other agencies. The first year's experience showed that the intensity of case management required for the men was greater than originally projected, and fewer men than initially expected were suitable for vocational services at this early stage of recovery (30 to 40 percent of case management participants).

The job training program was in part patterned after GREAT with some important differences. Project Connect's job program was to be quite similar to GREAT in offering a highly structured 4-week series of group classes emphasizing peer support and financial incentives for participants and employers. Unlike GREAT, Project Connect was not subject to JTPA performance standards that focus on full-time employment, limit extended training periods, and prohibit the return of drop-outs. As it turned out, the small number of men found to be suitable for the job training program and their limited tolerance for classes resulted in changing to a more individualized approach that emphasized more one-to-one contacts between the job counselor and participant. Also, a more coordinated approach to job training and placement was developed based on close monitoring and the shared efforts of job counselors, participants, and case managers.

TARGET POPULATION: Project Connect targeted homeless males with alcohol and other drug problems. Ninety percent could be described as "street alcoholics" or traditional homeless alcoholics. Participants tended to be older men with major health complications and long periods of homelessness. Of the 142 participants who entered case management over the course of the project, racial composition was white (72.5 percent), black (23.2 percent), and Native American (4.2 percent). More than half (54 percent) were between the ages of 35 and 54. Another 15 percent were 55 or older. Men were eligible for case management services if they were at least 18 years old, literally homeless, experiencing an alcohol or other drug problem, not transient (living in the county for at least 45 days), and not experiencing a severe mental disorder. The qualifications for entry into the job program were 30 days of continuous sobriety, a stable living environment, and regular attendance at a minimum of four Alcoholics Anonymous (AA) meetings per week.

SERVICES: The Sobering-up Station was a renovated four-room house with a capacity of sleeping 20 men. It was located in the same area where services for homeless people were concentrated. The basic rules for use of the station evolved from experience. The men using the station were required to shower and change clothes and were prohibited from returning to the station within 24 hours after leaving. There were participants who

spent the night and others who only spent time in the station during day hours. A large majority of the men came to the station on their own initiative without professional referral or outreach.

Participants were recruited into case management from among the men who were using the Sobering-up Station. Case managers carried a caseload of about 30 participants. Intensive case management included intake, assessment, planning, linking, monitoring, tracking, participant support and education, and case consultation with other service providers. "Intensive case management requires almost daily contacts with participants but never less than twice a week. It requires staff review every three months, and active rather than reactive management. The approach involves extensive use of AA and Narcotics Anonymous (NA) meetings on a consistent basis and helping them obtain sponsors" (Bonham et al. 1990, p. 62). During a site visit, one case manager described common service needs of her participants as housing, medical care, alcohol treatment services, laundry, shopping, and employment. "Employment helps with self-esteem. A paycheck looks great to them. It's a motivation to stay clean and sober."

The job program was divided into three phases: (1) pre-program phase, (2) in-program phase, and (3) post-program phase. The purpose of the program was to assist participants with finding jobs that they could perform successfully either immediately or after brief training. As participants entered case management, they were pre-assessed by the vocational counselor (VC) to determine readiness for the job program. Pre-assessment served to familiarize participants with the job program, to begin to build trust, and to encourage potential participants to strive to qualify for the program. New case management participants who expressed a desire to qualify for the job program and appeared to have no insurmountable barriers to success in some type of employment were classified as pre-program. The VC maintained communication with the case manager to track the progress of each pre-program participant. Pre-program classification was judged to be an important tool in the VC's outreach activities. A participant's lack of desire to go to work was not necessarily a reason for exclusion. One function of the VC's role was to encourage and motivate participants to eventually participate in the job program. The most common reasons for exclusion from pre-program status were significant physical or mental impairments. This particular job program was not designed to meet the special needs of individuals with these limitations.

Entry into the job program entitled the participant to individualized vocational counseling and coaching, focusing on specific problems associated with getting and keeping a job. Specific types of assistance included help in matching existing skills with the best available jobs; help in contacting potential employers; assistance in creating an effective resume; help in actually applying for and interviewing for the job; and counseling to deal with barriers to success encountered on the job, including conflicts with peers or supervisors, tardiness, and absenteeism. Material supports for which program participants were eligible included: a $20-per-week stipend during the job search; a $30 award when starting a new job; a $50 award on completing 30 days on the job, whether

part time or full time; bus fare to enable the participant to look for work and get to work until the first pay day; advice and assistance in dress and grooming; and up to $50 worth of safety clothing and/or tools required by the employer (e.g., hard-toe boots, gloves, helmet, masks, goggles, carpenter or auto mechanics tools).

The participants were required to complete very few standardized instruments as a part of the assessment phase. Experience in the GREAT project had shown that older homeless men had a low tolerance for such activities. The Test of Adult Basic Education (TABE) was given to each participant to determine grade level of reading, language, and calculation skills. This information was used to match participants to possible jobs and identify specific training needs.

Project Connect's approach was to place participants initially in jobs requiring little or no training, the rationale being that, given the new demands of getting to work on time, returning from lunch and breaks on time, working steadily, and being productive on the job, the additional stress of challenging training should be avoided in the first job. Similarly, it was felt that part-time work was often more appropriate for the newly employed Project Connect participant.

Project Connect's on-the-job training (OJT) is borrowed from the GREAT project. A hiring incentive was offered to employers. A lump sum payment of 50 percent of the wages was paid to the employer during the first 4 weeks of employment (up to 160 hours). This support to the employer helped to defray employer training costs before the employee reached adequate productivity on the job. This incentive for employers greatly facilitated job development. The VC found that participants needed a great deal of encouragement on an ongoing basis to succeed in OJT. Frequent visits and telephone contacts with job sites were required to cultivate a successful employer/employee relationship and resolve any problems as quickly as possible.

At the time Project Connect ended in April 1991, 142 participants had received case management services, of which 60 individuals had entered the job program and 39 participants completed the program. A total of 44 job placements were accomplished; some were repeat placements. Thirty-three participants achieved 30-day job retention, and 15 participants achieved 90-day job retention. After the first year of operation, it was projected that 30 participants would complete the program and achieve long-term employment. The VC attributes the problem of attrition with this population primarily to low self-esteem among the men, lack of education, and an inability for many of them to give up their drug of choice.

STAFFING: The staff for the Sobering-up Station was trained in shelter management and basic first aid. Most were recovering from alcohol and other drug problems with little formal education or training in chemical dependency services. Five case managers were based at the Sobering-up Station. Diversity among the case management staff in terms of gender, recovery status, and personality was considered to be important. Of the

five case managers, two had baccalaureate degrees, and three had associate degrees. The coordinator for case management services was a master's-prepared social worker. Case managers learned to be accepting of the slow progress among many participants and the role of connecting participants to services rather than providing them. One employment counselor, on staff with VOA, interacted with the case managers and worked with participants who qualified for and entered the job program. The job counselor was retired from a stable business career and gained his counseling skills through VOA training and experience.

A major staffing issue to emerge during the course of Project Connect was the need for the case managers and job counselor to work closely together and at the same time preserve discrete service roles. As the job training program was adapted to emphasize individual services instead of group classes, the vocational counseling became at times an extension of case management services. Weekly staff meetings facilitated "participant sharing" and maintaining appropriate role boundaries.

SOBER TRANSITIONAL HOUSING AND EMPLOYMENT PROJECT
LOS ANGELES, CA

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PROGRAM EMPHASIS: Evaluation of the effectiveness of a long-term alcohol and other drug recovery program that included vocational services and alcohol- and drug-free (ADF) housing

PARTICIPANTS: Homeless men and women with alcohol and other drug problems

FUNDING: NIAAA, with in-kind contributions from the Mary Lind Foundation and Antelope Valley Recovery Centers

PROGRAM DESCRIPTION: Sober Transitional Housing and Employment Project (STHEP) was a Federal research demonstration project (1988-91) designed to evaluate services to people with alcohol and other drug problems who were homeless or at risk of homelessness. The Los Angeles County Office of Alcohol Programs implemented the program services through subcontracts and memorandums of understanding with the Antelope Valley Recovery Center facility in Acton and the Mary Lind Foundation's Rena B. facility in downtown Los Angeles.

STHEP's 90-day primary recovery program was located at the Antelope Valley Recovery Center in Acton. The Acton site, 40 miles from downtown Los Angeles and located on 140 acres, was originally built as a summer camp with many cabins and small wooden buildings housing 309 beds. The Rena B. facility, located in downtown Los Angeles with a total of 99 beds, was the site for the transitional recovery program. The buildings at Rena B. contained accommodations for male and female participants, offices and meeting rooms, as well as a kitchen and dining area. The participants' rooms were a mix of singles, doubles, and triples.

PROGRAM DEVELOPMENT: STHEP was developed from a social model that sought to remedy past deficiencies in short-term detoxification and recovery services that lead participants through a revolving door passing from alcohol and other drug problems to a short-lived recovery. This project was designed to provide homeless persons with alcohol and other drug problems with a longer recovery program and with supports or linkages to community services that would enable them to maintain sobriety and independent

living in the community. There was a strong emphasis on ADF housing and obtaining meaningful employment. A primary objective of the project was to provide homeless persons with alcohol and other drug problems an effective transition from a skid-row environment.

TARGET POPULATION: The target population for STHEP was composed of homeless persons with alcohol problems; many had few marketable job skills and tended to have long histories of sporadic employment. STHEP participants agreed to participate in the 7-month program at both the rural and urban locations. They also accepted the goals of maintaining sobriety and obtaining stable employment. Homeless men and women with alcohol problems were referred to Acton through existing social service referral mechanisms in the downtown skid-row area, including stations, transitional housing, county hospitals, and health clinics.

Overall, 87 percent of STHEP participants were male. Of those who entered the project, 47 percent were black, 41 percent were white, and 10 percent were Hispanic. The majority (64 percent) were between the ages of 30 and 49 years. Daily drinking prior to admission was reported by 80 percent of those admitted to the program. About half (an estimated 49 percent) of the participants reported that they were homeless for more than 3 years. Of those, more than half (53 percent) indicated their typical living arrangement was "the street." A total of 62 percent reported a prior court conviction, and 35 percent entered the program while on probation or parole.

SERVICES: STHEP utilized a two-phase recovery program. During primary services in Phase I (at Acton), which lasted 90 days, individuals received pre-employment activities that prepared participants to take advantage of vocational opportunities in the second phase. In Phase I, participants also received reading and literacy assessments. Those with educational deficits were provided with tutoring and instruction. The program also offered a writing workshop to build skills in written communication and a public speaking workshop to provide opportunities to improve verbal communication abilities. On admission at Acton, residents developed an individual recovery plan. Recovery activities were facilitated by counselors and included alcohol education, individual and group counseling, lectures and films, assertiveness and stress management training, crisis intervention, and relapse prevention counseling. There were also onsite AA meetings. Residents who were eligible for Department of Vocational Rehabilitation (DVR) services were given medical and psychological examinations at a clinic on the premises to initiate the DVR process.

The principal goal of the program's Phase II was to provide a supportive, sober program environment that encouraged participants to take responsibility for their own recovery. Program activities included attending onsite AA meetings, group recovery meetings, participation on a resident council, and involvement in recreational activities and social events. At Rena B. all residents participated in at least 1 hour of onsite work activities each day. This work program was considered essential to helping residents develop the

attributes of personal responsibility and initiative needed in the competitive workplace. With the guidance of the staff from the employment component, participants determined how to meet their employment-related needs identified initially at Acton. Individuals were interviewed to determine whether they had marketable skills. A representative from DVR was onsite 1 day per week to provide counseling and job referral. The DVR representative also assisted in applying for subsidies and training or educational opportunities. Participants who were eligible for DVR assistance received funds to purchase clothing, tools, transportation, and other goods and services directly associated with obtaining employment. As residents approached completion of the STHEP program, each was assisted in developing a comprehensive exit plan that included plans for stable employment, long-term housing, and supportive sober social networks.

As of early 1991 a total of 260 participants had been admitted into STHEP at Acton. Of these individuals, 161 continued into Phase II at Rena B. Approximately 64 percent of the STHEP participants completed the Rena B. program with a sober discharge, and two-thirds of those exited with a job or were enrolled in ongoing educational or training programs.

Previously, housing referrals for homeless persons with alcohol problems in Los Angeles often were restricted to the downtown area, which in turn, limited job opportunities because of the lack of public transportation and the considerable distances between residential, commercial, and industrial areas. Participants in STHEP were assisted in obtaining housing close to their jobs. Also worthy of note is STHEP's development of a Vocational Resource Manual to be distributed throughout Los Angeles County. The manual is designed to assist recovery program participants in job development and job search activities. It includes a career interest inventory and lists available job training, literacy, and educational programs. It also provides sample application forms for these programs. Other sections include recommendations on preparing a resume, interviewing techniques, and conducting a job search.

A critical component of the STHEP program was its follow-up plan. A member of the evaluation team and former STHEP residents tracked STHEP alumni at monthly intervals to determine current sobriety and housing and work status. All STHEP graduates were encouraged to become members of the Alumni Association. The identification with a group appears to be a significant factor in maintaining sobriety. At a recent alumni dinner, for example, more than 75 current and former participants attended.

STAFFING: Three main staff positions supported employment activities at STHEP. The personnel were located at Rena B. where participants came after completion of the primary recovery program at Acton. Staff members include a full-time vocational coordinator, a full-time employment and housing coordinator, and a half-time external job developer. The external job developer was professionally trained for this position, acted as an advocate for STHEP participants, and worked with the mayor's office,

agencies, and corporations to identify prospective employers. The employment and housing coordinator and the vocational coordinator provided information, referral, and assistance with the complex process of identifying and securing employment. They also helped to develop and maintain a registry of current job openings.

DECISIONS
ST. PAUL, MN

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PROGRAM EMPHASIS: Provision of a continuum of services, including holistic case management, to enable homeless persons to become self-sufficient through stable employment and housing

PARTICIPANTS: Homeless men and women

FUNDING SOURCE: JTHDP funded by DOL. State, Federal, and local funds are used to match the JTHDP grant award. The McKnight Foundation supports a 6-month subsidized employment experience.

PROGRAM DESCRIPTION: DECISIONS is a JTHDP project that makes special efforts to address alcohol and other drug abuse problems among participants. The project has made innovative use of chemical dependency and recovery services to provide effective employment and training services. The project mobilizes, combines, and enhances many available employment, training, and support services in St. Paul in a fashion that is particularly suitable to the special needs of homeless persons seeking work. Case management is viewed as the core service of the program, and it is the case manager who brings together services for each participant.

The program is administered by the St. Paul Department of Planning and Economic Development through the Job Creation and Training Section, which also administers the St. Paul JTPA program. Program services are coordinated by Catholic Charities. Other agencies involved in program implementation include the Self-Potential Resource Center (SPRC), the St. Paul Young Women's Christian Association (YWCA), Lutheran Social Services, Independent School District No. 625, the St. Paul Housing Information Office, and the Minnesota Department of Jobs and Training.

PROGRAM DEVELOPMENT: The City of St. Paul initiated the DECISIONS program after surveys by the St. Paul Overnight Shelter Board indicated that only 5 percent of homeless people in Ramsey County had jobs, even though nearly half of them reported

looking for work weekly. The city believed the program should be implemented by agencies with experience in serving homeless people. The city's Job Creation and Training Section, having had extensive experience with the JTPA, saw the JTHDP as a significant opportunity for an innovative combination of job training and social services for homeless persons. Catholic Charities, with some prior experience in providing job services, and other agencies were enlisted in a coordinated effort to provide services to this population. The city was awarded a JTHDP project in October 1988. The program name, DECISIONS, is taken from the philosophy that the program should seek to "empower the participant" with the guiding principle that it is ultimately the participant's decision how and to what extent they use the program.

Creating an integrated system of job training and chemical dependency services was challenging for the DECISIONS staff. Some services seemed to be effective; others needed to be discontinued. The early experience of the program indicated the need for rapid and effective alcohol and other drug treatment interventions, readily available treatment, and effective aftercare services. In the absence of available funding for these types of services during the early period of program implementation, there were efforts to find low- or no-cost options. Publicly funded assessment and treatment services were sought and secured. A chemical dependency counselor was hired; support groups were created; sober housing was found; and additional support systems for a lifestyle change were developed. Presently, these program elements are fully operational and are believed to be major contributors to successes that were not thought possible during earlier phases of project development.

TARGET POPULATION: This program was designed to provide job training for homeless persons who are unemployed but are motivated to find some type of employment. A profile of DECISIONS participants was compiled based on a sample of 167 participants--76 percent were men and 24 percent were women. It is estimated that about half these women were homeless because of domestic violence. The racial composition of the group was black (36 percent), white (57 percent), Native American (3 percent), and Hispanic (4 percent). The mean number of months homeless was 11.5. Many individuals were transient, with 55 percent reporting that they had recently come to St. Paul from out of state. The average number of months since last steady employment was 27. Forty-four percent of participants were receiving public assistance at the time of intake. Twenty-four percent of men and 16 percent of women were ex-offenders.

Early planning for this JTHDP project did not foresee the extent to which alcohol and other drug problems would affect the program. The St. Paul shelter survey results suggested that 30 to 40 percent of the target population would have alcohol and other drug problems. However, the prevalence of these problems among participants turned out to be greater than 60 percent according to self-report or problems assessed by case managers. Of the 123 persons who participated in the work experience from September 1989 to October 1990, 34 percent reported alcohol and other drug problems at intake. An additional 30 percent showed evidence of these problems as assessed by case

managers after program entry. Of those participants who self-reported their alcohol and other drug problems at intake, 70 percent were willing to get specialized help. For those whose problems were not self-reported but became noticeable to case managers over time, only 8 percent were willing to get specialized help.

SERVICES: DECISIONS is described as a program that involves a successful integration of traditional JTPA program services and social services tailored to the special needs of homeless people. Providing a continuum of services, from outreach to ongoing housing and employment support, is viewed as critical. As a project committed to holistic case management as the core service, not all participants are required to participate in all aspects of the program. Whatever a particular participant's needs, the program is geared to providing a rapid service response.

Case management is the cornerstone of the program. Case management is described as entering into an agreement with the participant to work intensely over a long period to develop strategies that will assist in reaching the goal of employment and self-sufficient housing. Case managers are responsible for coordinating all "support services," including shelter, housing, clothing, food assistance, health services, legal services, transportation, vocational rehabilitation, mental health services, financial assistance, and alcoholism/chemical dependency services.

The first phase of program participation is an assessment period consisting of a work and psychological evaluation. During the first year of the demonstration program, participants moved from an intake meeting directly into training or employment services. Many participants dropped out of the program during the early weeks of their participation. This experience led to significant changes in the entry phase of program participation, and a second intake meeting was added. In addition, the SPRC provides a 2-week work assessment period in a sheltered workshop setting. These practices have been very effective in reducing the drop-out rate during subsidized employment or job search training. At present it is estimated that approximately 40 percent of the individuals completing the first intake drop out before entering the 2-week assessment period. Of those who complete the assessment period, about 30 percent drop out before entering training or subsidized employment.

DECISIONS is flexible and allows participants to move toward employment in several ways. A majority of participants (an estimated 85 percent) have an opportunity to work in a subsidized job (made possible by funds from the McKnight Foundation) in a nonprofit setting for a period of 6 months. Subsidized jobs are developed by the School District's Center for Youth Employment and Training (CYET) in more than 200 private nonprofit and public settings, including the Internal Revenue Service, community centers, neighborhood-based organizations, and schools. For example, participants might be placed in clerk or janitorial positions in a public facility. The worksite supervisors in these settings are accustomed to working with employees who might have difficulty adjusting to a work environment. Wages for these full-time positions are $4.50 per hour.

The work experience coordinator places participants in these jobs, stays in close touch with participants and supervisors to assist with work-related matters, and manages the payroll. The work experience coordinator also deals with any work-related problems; problems not directly related to work are referred to the participant's case manager. Frequent staff meetings ensure ongoing communication between the work experience coordinator and case managers. This 6-month full-time employment experience "will bring problems to the surface" to be addressed before moving on to competitive work.

Following a successful period of subsidized employment, participants are ready to move on to the job search phase of the program. Some participants (about 5 percent) want to move directly into job search training with the goal of becoming employed in a competitive setting as soon as possible. Participants in job search are paid 16 hours per week. Some participants will take advantage of basic skills training, literacy education, general equivalency diploma (GED) preparation, and other training opportunities that can be arranged by case managers. Ongoing project development emphasizes post-placement follow-up services. A mentor program is planned in which participants who have been successful with job retention provide guidance and support to those getting established in competitive employment. At present, 74 percent of individuals placed in competitive employment keep their jobs for 13 weeks. The program aims to develop effective supports that will assist participants well beyond the first few months of employment.

Participants in employment and training programs can access chemical dependency services at any point along the services continuum. When problems come up, participants are evaluated, and service options are carefully considered. If employment and training participation is impossible at a particular time, participants are "put on hold" and they can keep their program slot as long as they comply with the plan for chemical dependency recovery.

In most cases, participants are referred to chemical dependency treatment on an inpatient or outpatient basis. They are given an aftercare program that calls for no use of alcohol or other drugs. They must attend one or two AA meetings per week. This aftercare program is incorporated into the overall Employability Development/Case Management Plan, which includes a high priority on finding ADF housing that provides structure and support, working out a monthly budget, and beginning a savings plan. The budget and savings plan used is based on program experience that recovering people are at high risk for relapse when they find themselves with extra cash on hand.

The program also has started a recovery support group. Many participants find typical AA meetings to be uncomfortable. These participants expressed an interest in meeting with the program's chemical dependency counselor to talk about their recovery issues. Presently, three to five participants are meeting weekly in the program office with the goal of gaining sufficient personal confidence to join an established AA group for long-term support.

STAFFING: Key direct service provision roles include the case management supervisor based with Catholic Charities; the case managers based in each case management agency, including Catholic Charities, the St. Paul YWCA, and Lutheran Social Services; the work experience coordinator based at Independent School District No. 625; training staff with the SPRC; and the chemical dependency counselor based with Catholic Charities. The chemical dependency counselor functions primarily as a consultant to case managers, assisting them with managing problems among the participants in their caseload. In addition, the counselor leads participant groups or meets with individual participants. Staff members report that this arrangement facilitates effective and timely use of chemical dependency expertise within the program and fosters the incorporation of recovery issues into the overall case management plan.

Monthly management meetings are held in which directors from the involved agencies coordinate implementation of the project and resolve issues that arise. Housing the administration of the program in the city government has been very helpful in accessing various services, including county chemical dependency treatment services.

FOUNTAIN HOUSE
NEW YORK, NY

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PROGRAM EMPHASIS: Provision of a restorative environment in which participants can gain the confidence and skills necessary to lead vocationally productive and socially satisfying lives

PARTICIPANTS: Homeless men and women with mental illness or alcohol and other drug problem along with mental illness

FUNDING SOURCE: JTHDP, funded by DOL. Fountain House provides funds for an evaluation of the effectiveness of the program.

PROGRAM DESCRIPTION: Fountain House has received widespread recognition for an innovative community-based approach to rehabilitation for the mentally ill (Rubin and Roessler 1987). This approach, called the "clubhouse model," has been described in some depth in Fountain House literature (e.g., Vorspan 1986; Anderson 1985) and elsewhere (Beard et al. 1982). Vocational rehabilitation is central to the Fountain House concept of psychiatric rehabilitation. The Fountain House JTHDP project tailors the clubhouse model to the homeless mentally ill as a subpopulation of mentally ill requiring outreach and intensive case management services.

PROGRAM DEVELOPMENT: In 1948 Fountain House began in New York City as a nonprofit, community-based, psychiatric rehabilitation center and has developed in a distinctly nonclinical fashion. The program was developed to convey four consistent messages to participants. First, participants are not "patients" but rather hold membership status in Fountain House; membership conveys belonging, responsibility, and empowerment. Second, each member can expect to feel welcome and recognized for their attendance each day and missed if absent. Third, every member's participation in clubhouse activities is desired and actively encouraged. Fourth, as members become involved in the program, they increasingly realize and feel that their contributions are actually needed to keep the program functioning. In addition, among the beliefs guiding the program are:

> . . . that work, especially the opportunity to aspire to and achieve gainful employment, is a deeply generative and reintegrative force in the life of every human being; that work, therefore, must be a central ingredient of

> the Fountain House Model; that work must underlie, pervade, and inform all the activities that make up the lifeblood of the clubhouse (Beard et al. 1982, p. 47).

Fountain House has developed a highly specific approach to vocational rehabilitation over the years that includes several major service components: the Prevocational Day Program, the Transitional Employment Program (TEP), and Assisted Competitive Employment (ACE).

The Fountain House JTHDP project is best understood as a mechanism to recruit and support homeless mentally ill persons in the clubhouse community such that they are able to benefit from existing vocational rehabilitation services as would any other member. Toward this goal, the JTHDP project concentrates in three main areas: (1) development and training of a liaison team, (2) expansion of staff for case management services, and (3) creation and staffing of enclave employment site services (an extension of the existing TEP), with emphasis on job placement.

TARGET POPULATION: The basic criteria for membership in Fountain House are the following: (1) The person must be over 16 years of age; (2) the person must have a diagnosis of psychosis or a history of chronic psychiatric disability; (3) a person who has alcohol or other drug problems can become a member so long as his or her primary presenting problem is psychiatric in nature; and (4) the person must not have a history of violent behavior that is not attributable to psychotic causes.

Once an individual becomes a member he or she is a member for life. Although the clubhouse model supports asking an intoxicated or drug-using individual to leave the community for a reasonable time period to prohibit disruption of club activities, it would be highly incompatible with the model to permanently bar a member because of alcohol or other drug abuse, and this is not done. The Fountain House staff has noted that alcohol and other drug problems are increasing among the membership and must be addressed as an issue within the clubhouse. Staff members report that many participants in the JTHDP project have problems with alcohol or other drugs.

Approximately 90 percent of Fountain House members are below the poverty level. About 85 percent of the members take some type of psychotropic medication. The gender composition of the membership is about 60 percent male and 40 percent female. Racial composition is estimated to be white (60 percent), black (30 percent), and Hispanic or other (10 percent). About half the members have a primary diagnosis of schizophrenia, and approximately 30 percent suffer from bipolar disorder.

SERVICES: The main Fountain House service components pertinent to the JTHDP project are outreach, case management, Prevocational Day Program, TEP (including enclave employment), ACE, member education, alcohol and other drug abuse counseling, and housing.

Outreach. The midtown location of Fountain House is ideal as a base from which to do outreach to homeless mentally ill persons in nearby Grand Central Station and Port Authority Bus Terminal, locations where many of New York's hard-to-reach homeless persons congregate. Liaison teams consist of a staff person and members who volunteer to be trained for this effort. Outreach visits also are made to city shelters. It is not uncommon for members participating in outreach efforts to have been homeless themselves. They engage homeless persons in candid discussions about the advantages and disadvantages of being a member of Fountain House.

Case management. The liaison team's goal is to encourage homeless mentally ill individuals to visit Fountain House. For those who agree to visit, arrangements are made for them to be greeted and welcomed into membership. The new members are assigned a case manager to assist with obtaining benefits, housing, and medical and psychiatric care. The new member may choose needed clothes from the Fountain House Thrift Shop. The first phase of Fountain House membership for some individuals is the opportunity to drop in and "hang out." There are many opportunities for involvement in evening, weekend, and holiday social-recreational activities, and meals are served onsite. It has been observed that the hard-to-reach homeless mentally ill individual often needs continuing encouragement to take part in these initial activities. The case manager is available to new homeless members, introducing them to other members, encouraging them to stay for meals, and otherwise welcoming their presence. As the new member begins to develop relationships with the staff and other members and feels some degree of comfort with the environment, he or she is usually ready to start the pre-vocational day program.

Prevocational Day Program. Participation in the Prevocational Day Program begins when the new member joins a work unit. Fountain House currently is divided into 12 work units: Dining Room, Reception, Intake/Orientation, Program Office, Housing, Clerical, Snack Bar, Transitional Employment, Full-Time Employment, Research, Education, and Horticulture. The work units cover the gamut of real work required to keep Fountain House functioning. For example, the Dining Room unit's responsibilities include menu planning, food preparation, food service, and cleanup. Each work unit is composed of staff and members. Members are not assigned to units but are given the opportunity to select a unit based on their own inclinations and the relationships they have developed with members and staff. Wages are not paid to members for the pre-vocational work experience. "The goal is to establish a foundation of better work habits, enriched social skills, and a more helpful view of the future. Many discover that although they are viewed as disabled, there are many ways they can still be constructive, helpful, and needed" (Beard et al. 1982, p. 49). When members participating in the pre-vocational program feel that they are ready to try an entry-level job in the business community, this opportunity is available through TEP.

Transitional Employment Program. Fountain House has established relationships with numerous businesses to set aside jobs specifically for members. Fountain House

guarantees that if a member does not come to work or perform adequately, another member or staff person will do the job. Several of the "major ingredients" of TEP are as follows (Beard et al. 1982, pp. 49-50):

- Job placements for the severely disabled mentally ill are located in mainstream business, ranging from large national corporations to small local firms employing only a few individuals.

- Job placements are essentially entry-level employment, requiring minimal training or job skills.

- The prevailing wage rate is paid by all employers for each job position, ranging from minimum wage to considerably above minimum wage.

- Nearly all jobs are on a half-time basis so that one full-time job can serve two members; however, a few TEP placements are available on a full-time basis.

- TEP provides a guaranteed opportunity for disabled members to maintain temporary, entry-level employment through a series of TEP placements or to use such employment as a link or step to eventual full-time, independent employment.

- No subsidy is provided to the employer with respect to wages paid by the employer to a member on a TEP placement.

Most TEP placements involve working 4 hours per day, 5 days a week, for 6 months. There is an initial training period in which staff members accompany a member to the job site. Although members go to the job by themselves after training, staff members remain available for both onsite and offsite support as needed. A variation of transitional employment that works well with the most severely disabled members is enclave employment. The enclave employment arrangement instituted for the JTHDP participants involves more flexible hours, a job that is well suited to a group of members working together, and intensive onsite staff presence on a daily basis. Members who are successful in TEP may elect to try ACE.

Assisted Competitive Employment. For those individuals who are ready for independent employment, ACE is the Fountain House program that assists members with preparing resumes, learning interviewing procedures, and organizing job searches. Support services are also available to facilitate success on the job once independent employment has been obtained.

Member education. Some members choose to participate in a wide variety of educational opportunities at Fountain House. These include GED preparation, computer programming, word processing, math, English, photography, and creative

writing. In addition, there are classes during the evenings and weekends in exercise, cooking, dancing, and Weight Watchers.

Alcohol and other drug abuse counseling. Fountain House employs a part-time alcohol and other drug abuse counselor. Staff members report that this counselor is very helpful in a consulting role as they examine approaches to addressing alcohol and other drug problems among members. The counselor is also available to meet with members on an individual basis for short-term counseling and for exploring options for additional treatment or support in the community. The counselor has found individual counseling to be more effective than group approaches in communicating with members about their substance abuse problems. He notes that there are few established guidelines for alcohol and other drug abuse interventions with the dually diagnosed.

Housing. Fountain House houses 260 members in settings ranging from supervised community residences to independent apartments. In recent years, a high priority has been placed on expanding housing resources for homeless mentally ill persons. These housing opportunities are available to the new members participating in the JTHDP project.

STAFFING: The director for the Fountain House JTHDP project is the director of research. Supervision for case management staff is provided by Fountain House's program director. Liaison team development and training was assisted by Fountain House's assistant director. New positions were added to the program through the project, including the director of the liaison team and two case managers for new intakes resulting from outreach efforts. Two placement manager positions were created for the enclave placements that were expanded under the project. Fountain House's part-time substance abuse counselor offers critical staff support for the program.

JOBS FOR THE HOMELESS CONSORTIUM/ CENTER FOR INDEPENDENT LIVING
BERKELEY, CA

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PROGRAM EMPHASIS: Provision of the entire range of services homeless persons need to stabilize their basic needs and to begin their job search

PARTICIPANTS: Homeless men and women who are unemployed, with a special emphasis on the hard to serve

FUNDING SOURCE: DOL (70 percent), with matching funds (30 percent) from a variety of sources, including the state, city, and several private foundations

PROGRAM DESCRIPTION: The consortium includes the Center for Independent living (CIL), the Berkeley Oakland Support Services Agency (BOSS), and the Oakland Private Industry Council (OPIC). It also coordinates with several other support groups for the homeless in Alameda County. The consortium is designed to reduce fragmentation by providing an integrated service delivery system that addresses both the internal and external barriers to employment for homeless participants. Counseling approaches and workshops are designed to aid participants in acknowledging their skills, learning to reevaluate their worth, building employment goals, and developing the potential to achieve those goals.

PROGRAM DEVELOPMENT: The consortium has devised a multi-service approach that pools the resources of agencies, combining services in one locale and contributing the unique expertise of each provider, to offer a mix of counseling, job development, training, and support services to help homeless individuals with employment needs. CIL (the fiscal agent for the grant) provides counseling and job development services for disabled persons, including blind, deaf, and physically and mentally disabled persons. It has developed an independent living and service delivery model that has been used in more than 28 independent living centers throughout California and another 200 facilities nationwide. BOSS is a nonprofit organization that provides counseling, emergency services and support services, as well as shelter and transitional housing for all consortium participants. OPIC, the major JTPA provider in the county, provides education and job training. Specialized programs include a Careers Program, Older

Worker Program, and Displaced Worker Program. OPIC works with local businesses, community colleges, occupational programs, and other public training institutions to provide OJT.

Among the reasons that underlie the way the consortium was designed is that most homeless people already have valuable job skills. However, the experience of homelessness often has made those skills unusable or compromised their perceived or actual value. Anyone who is a long-term user of alcohol or other drugs is not considered job ready, unless they have established 3 to 4 months of sobriety. A second premise is that homelessness, almost inevitably, leads to a loss of self-esteem. For participants to benefit from the consortium program, they need to find ways to develop their self-esteem and self-determination. "Self-empowerment" is the term used to define this process. All facets of the program are designed to bolster participants' capacity to recognize their personal strengths and skills and to make appropriate choices for themselves. Associated with this premise is the recognition that homeless participants need incentives that reward them for incremental steps in the process of recovery and rehabilitation.

TARGET POPULATION: During the first year of program operations, 73 percent of the participants were male and 27 percent were female. Twenty-four percent were between 22 to 29 years of age and 61 percent were 30 to 54 years of age. The racial/ethnic composition was black (63 percent), white (26 percent), Native American (1 percent), and other (10 percent). Approximately 43 percent were defined as "traditionally hard to serve"--those persons who have been homeless for a long time, have alcohol and other drug problems, are physically or mentally disabled, or a combination of these characteristics. Early in the first year it was evident that alcohol and other drug problems among participants was a major barrier to employment.

The program has a proactive outreach component designed to seek out eligible participants rather than waiting for them to present themselves at the program offices. This occurs through outreach in parks and on the streets, at homeless shelters, drop-in centers, and soup kitchens, and by mail or telephone contact with service providers in the network of associated agencies that serve homeless people. In 1 year the project had contact with approximately 1,300 homeless persons, about one-sixth of the county's estimated homeless population.

SERVICES: All core services are located at one site, which is beneficial to participants because they do not have to negotiate with different service agencies in different parts of the county to receive assistance in obtaining employment. The program is implemented as a series of flexible stages--those participants who are job ready do not have to go through every program stage. Following outreach and intake, participants receive individual vocational assessment and counseling. Alcohol and other drug recovery counseling is also a focus during the beginning stage. An alcohol and other drug abuse counselor is available for individual sessions and assists in finding recovery supports for participants. NA meetings are held at a nearby BOSS site. The first program stage is

followed by the consortium's intensive job preparation workshop. Over a period of 2 days participants improve their job search skills, develop resumes, practice interviews, write letters to potential employers, and practice filling out job applications. The latter program stages include continuing individual counseling, participation in job club/support groups, referral to training and education programs, assistance with job search, and support for job retention. The job club/support groups appear to be particularly effective. Convening two mornings each week, the club serves as a support group and a way station for those looking for job leads. Participants can write letters of inquiry or make telephone calls. They are provided with supplies, including envelopes, resume forms, and paper clips. They also receive peer support in an action-oriented phase of their job search.

The specific service interventions are provided in conjunction with material support in the form of transportation vouchers, telephone services, a mailing address, interview and work-related clothing, food vouchers, fees for licenses or identification, work tools, union dues, and emergency shelter. The program offers post-employment services that include transitional housing and assistance with rental deposits. Involvement with individual participants is not time limited. If a participant has no contact with staff for 90 days, his or her records are put into the inactive file, but the file is reactivated if contact is resumed.

The consortium placed 343 homeless persons in unsubsidized jobs during 1989-90. The average hourly wage earned was $6.81. The 13-week retention rate for fiscal year (FY) 1990 was 29 percent for those obtaining employment. Overall, 85 participants were placed in short- or long-term classroom training programs. A total of 1,223 participants received one or more services.

Through implementation and evaluations, program staff and administrators determined that a mix of services, rather than any particular one, was most effective in placing homeless persons in employment. Attrition is expected, given the target population. For each 2-day job preparation workshop, approximately one-half to two-thirds of the approximately 20 people who sign up actually come. However, increasing the number of housing subsidies for participants who are receiving training has produced a significant decrease in the drop-out rate.

The program's experiences suggest that dead-end jobs are a primary reason for failure to retain participants in employment situations. When the work is perceived as meaningful, participants are more likely to stay. This became evident in 1989 when participants were able to get jobs through Alameda County as part of the post-earthquake relief effort. Although the wages were not significantly higher than those they could receive elsewhere, the retention rate was 85 percent because participants believed strongly that the work was worthwhile and important.

STAFFING: The project director is housed with CIL. Both CIL and BOSS rely heavily on a peer counseling approach, and the staff at BOSS is multi-racial, multi-cultural, and multi-lingual. There is a high proportion of disabled individuals on the staff, and there is a tradition of hiring staff members for the homeless programs who have been homeless or were at risk of becoming homeless. The first year of program operations revealed that alcohol and other drug problems occurred in a substantial number of homeless persons. Consequently, the consortium hired an alcohol and other drug counselor who, in keeping with the overall peer counseling approach, is a recovering person. In addition, all job counselors received training in alcohol and other drug problems.

PROJECT WORTH
LOUISVILLE, KY

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PROGRAM EMPHASIS: Job readiness, concentrating on basic educational development

PARTICIPANTS: Homeless men and women

FUNDING SOURCE: DOL provides the majority of support; additional funds are provided by United Way, Kentucky Department of Education, and Jefferson County Public Schools.

PROGRAM DESCRIPTION: Project Worth (Work Opportunity Readiness for the Homeless), a project of the Jefferson County Public Schools (JCPS), is distinctive among JTHDP projects in its strong orientation toward basic educational development among participants. The project approach is described by the director as "a holistic family model in an educational setting." Project Worth is comprehensive in scope, with the education service component as its foundation, and participants are called students. Overall, one of the most important lessons learned thus far in implementing Project Worth is that, whereas traditional educational programming tends to be highly structured, a great deal of flexibility is required in working with this population.

PROGRAM DEVELOPMENT: The initial ideas for Project Worth came from efforts by the Louisville Coalition for the Homeless to conceptualize a comprehensive response to the service needs of homeless people in the city. As active participants in the coalition, representatives of JCPS explored various alternatives to offering education and job training opportunities to individuals living in Louisville's shelters. One option seriously considered was sending teachers to the shelter setting. However, it was recognized that a serious learning opportunity is much more than the presence of a teacher--it also involves a s· 'table environment with access to a wide range of academic, technical, and support services. In addition to housing, the primary pre-vocational service needs of the homeless population in Louisville were judged to be case management, nutrition, transportation, child care, basic living skills, GED preparation, academic upgrading, and literacy training. The DuValle Education Center was selected as the site from which to offer these services and to coordinate job search and placement activities following education and training. During the first year of the project, it also became clear that

mental health and alcohol and other drug abuse treatment services were crucial to a student's success.

The program has undergone some important changes; through a relationship with the Jefferson County Housing Authority, 40 Section-8 vouchers are available to those participants who complete 13 weeks of employment. Another innovation is an agreement to provide educational and vocational training to homeless families participating in JOBS (Job Opportunities and Basic Skills Training Program) at another site (Salvation Army). JOBS is a program under Title II of the Family Support Act of 1988 that requires participation in vocational and educational training for nonexempt AFDC recipients.

TARGET POPULATION: Project Worth's target population includes undereducated men, women, and women with preschool-aged children. A cumulative summary of participant information as of January 1991 indicated that, of 361 individuals served, more than half (55 percent) were women. The racial composition was white (57 percent); black (40 percent); and other, including Asian/Pacific Islander, Hispanic, and Native American (3 percent). Nine percent were veterans. Sixty-three percent of all the participants cited job loss or lack of work as a reason for being homeless. Project Worth participants have been primarily recruited and referred from 33 local shelters and other facilities serving homeless people, including soup kitchen and day centers, emergency and transitional shelters for single men and women, emergency and transitional housing for victims of physical and sexual abuse, emergency and transitional housing for families, treatment facilities for adults with alcohol and other drug problems, and halfway houses for persons in recovery including the mentally ill.

SERVICES: Within a context of "holistic case management," core program services include transportation, vocational and academic assessment, basic living skills training, vocational training, academic upgrade, GED preparation, child care, meals, employability skills, job placement, and 13-week job retention. Most participants first learn about Project Worth from a shelter worker or the project's case manager/recruiter who visits shelters on a regular basis.

An appointment is arranged for any interested homeless individual. Transportation (a bus that comes to the shelter) is provided, and child care is available at the DuValle Education Center. The staff meets with prospective applicants to discuss goals, explore realistic possibilities, and share information on program expectations. For individuals who wish to participate, arrangements are made for an educational and vocational assessment using several standardized instruments. About half of the individuals first coming to Project Worth drop out before testing. For those who take the tests, staff members share results, emphasizing participant strengths. Staff members assist the participant in considering identified goals, academic and vocational strengths and weaknesses, services available through Project Worth, and available entry-level jobs in the community. For participants willing to invest their time and energies in education,

services are available including academic upgrade, GED preparation, literacy, and vocational skill training. If a participant simply wants a job, he or she may immediately access job search and job placement services if such plans appear realistic in the local job market.

All new students are encouraged to participate in basic living/job employability training. These classes are structured to allow new students to enter on an ongoing basis. The focus in this training is on self-awareness and communication skills. Class topics include family history and family themes, marriage and parenting, stress management, time management, budgeting, local job opportunities, and career choice.

Students in the academic track have full access to the DuValle Center. Participants are placed in learning activities for instruction in literacy, adult basic education, or GED preparation according to the results of their academic testing. They are able to take advantage of computer-assisted instruction and have access to a varied tutorial staff. One of the most popular classes is basic English and writing skills, which prepares students for the essay portion of the GED test. Even for those students who possess a high school diploma, many are interested in academic upgrade because they have little confidence in their abilities.

Project Worth has agreements with several vocational training sites. Some students attend basic living skills training and academic upgrade classes in the morning and participate in vocational training in the afternoon. Transportation is provided for students pursuing vocational training at a site other than the DuValle Center. Vocational training available to Project Worth participants has included building maintenance/light housekeeping, construction, restaurant hospitality, child care, clerical work, auto repair, sewing/reupholstering, and nursing assistant work.

As students anticipate the completion of education and training, they begin to work closely with the case manager/job developer. Students are assisted with preparing a resume, filling out a mock application form, and participating in a mock interview. As a first step in the job search, all participants are advised to sign up with the state employment agency. Next, each participant is assisted in identifying at least five job "leads." Although the case manager has developed several leads that are shared, participants also are encouraged to generate their own leads based on newspaper advertisements, telephone calls, or personal contacts. The participant is expected to follow up on these leads and get the names of contact persons at one or more job sites. If so desired by the participant, the case manager calls contact persons to provide a reference and to describe the supports available through Project Worth. Intensive individual counseling and coaching is available to participants during the job search. A concerted effort is made to place participants with employers who offer fringe benefits to help the participants become self-sufficient. Once employed, participants are eligible for bus tokens or other transportation until the first paycheck. Child care is available through the first 13 weeks of employment.

Alcohol and other drug abuse problems are observed to be widespread among project participants. The case manager/recruiter, by virtue of his expertise in this area, is called on to do brief counseling with individuals as alcohol and other drug problems become evident in the initial screening process or later during program participation. If an individual appears to need primary recovery services, he or she is offered an opportunity to participate in Project Worth on completion of a treatment program. For those who have had primary recovery services but are relapsing, a contract may be drawn up that requires attendance at AA meetings to continue in the program. For persons with alcohol problems who will not accept treatment, contracts to limit drinking to weekends have been used. There are continuing efforts to establish an AA group onsite.

During the first year of program operation, 264 people began the program; only half remained to complete training. This outcome was attributed to (1) the many troubles among the target population; (2) the lack of stipends that meant many individuals could not afford the "luxury" of attending school; (3) the lack of provision for classes, transportation, or child care during evening hours; and (4) the length of the training program. Forty-two students were placed in jobs after an average of 26 weeks of training; 24 of these graduates were still employed after 13 weeks on the job.

STAFFING: The current staff for Project Worth includes a project coordinator, a case manager/recruiter, an "internal" case manager, a case manager/job developer, and the teaching staff. The project coordinator has been instrumental in maintaining vital linkages with the local homeless shelters and other service providers. The coordinator is responsible for maintaining student support services, including transportation, child care, and food service, as well as coordinating and monitoring student assessment, vocational, life skills, and education activities.

The case manager/recruiter meets with potential participants in shelters and other settings, including AA meetings and recovery houses, in an effort to recruit individuals into the program. The internal case manager tracks students' progress once they have entered the training programs. The primary goal of internal case management is to promote and facilitate continued participation in training and to develop the participant's overall employability.

The case manager/job developer meets with each student when they are ready to begin a job search and works with them on preparing a resume and filling out a mock application that can be used as a handy reference when completing applications at each potential job site.

The teaching staff is composed of four part-time vocational instructors, two part-time basic education instructors, and four volunteer teacher aides. The vocational instructors are primarily responsible for providing appropriate skills training for students to prepare them for a job. The basic education instructors are responsible for maintaining an

individualized education plan for each student and placing them in the appropriate learning activity.

In June 1991 the project hired a housing coordinator to ensure that transitional housing is available for students and permanent housing is secured for graduates. Also, additional staff members were hired for the educational and vocational training services to be offered to JOBS participants at the Salvation Army site.

STEP UP ON SECOND STREET/PROJECT CHANGE
SANTA MONICA, CA

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PROGRAM EMPHASIS: Provision of comprehensive vocational reentry services

PARTICIPANTS: Homeless men and women who have a mental illness and individuals who have a mental illness along with alcohol and other drug problems

FUNDING SOURCE: JTHDP funded by DOL

PROGRAM DESCRIPTION: Step Up On Second is a nonprofit organization designed to serve homeless mentally ill individuals. The City of Santa Monica estimates that 50 percent of the city's homeless are mentally ill, and an estimated 40 percent have problems with alcohol and other drugs. Project Change was a comprehensive vocational reentry program for homeless mentally ill adults funded as a DOL JTHDP site (the demonstration project concluded in 1991). It operated onsite at Step Up On Second and derived its participants from among those who came to the parent organization for programs, services, and social support.

PROGRAM DEVELOPMENT: In 1988 Step Up On Second received a supportive employment grant from the State Department of Rehabilitation to work with mentally ill individuals who were housed. Although this funding is no longer received, it provided the organization with valuable experience in employment-related services tailored specifically for people with mental illnesses. The goal of this project was to place people in jobs for a minimum of 20 hours per week and provide support on the job. The project model was originally designed for the developmentally disabled and did not transfer well to people with mental illness. A major reason for the lack of fit was that many participants did not want employers to know about their problems or have a work situation that called attention to their illness. This lesson and others learned during the course of the initial project led to the development of a consumer-oriented innovative program targeting homeless mentally ill persons. Among Project Change's many innovations were the provision of comprehensive services within one accessible building; the capacity to work with individuals who are dually diagnosed (mental illness along with alcohol and other drug problems); an interdisciplinary staff, including former participants of mental health services; and an entrepreneurial approach to developing business ventures as employment sites for participants.

TARGET POPULATION: Participants served by Project Change were both homeless and mentally ill, with a history of psychiatric treatment or current symptoms of severe mental illness, including schizophrenia, bipolar disorder, and/or major depression. Approximately 75 to 80 percent of the participants at Step Up are estimated to have concurrent alcohol and other drug problems. Data on participant characteristics for year 2 of Project Change indicated that 69 percent were white, 23 percent were black, 6 percent were Hispanic, and 2 percent were Native Americans. Other demographic information based on self-reports of 155 participants indicates that the majority were male (79 percent), and ages were between 21 and 35 years (43 percent) and 36 to 50 years (49 percent). Seventy-two percent of this sample had a high school diploma or GED. Step Up estimates that less than 10 percent of the participants retained stable housing for more than 6 months during the 2 years prior to program participation.

SERVICES: Project Change provided job training, developed in-house and community placements, monitored participant progress, and provided support services as participants acquired or regained marketable skills and work habits. The project used a team/case management, participant-focused, and menu-driven approach to provide job training within an established and well-known socialization center. Participants were provided with options and chose classes, training, and job positions that met their own needs and goals. The staff utilized a three-tier system that began with intake, assessment, and pre-vocational training. The next tier provided job placement in conjunction with efforts to stabilize housing. The project also provided long-term support to ensure job stability and housing retention. The staff met weekly to discuss member progress.

Initial entry into Project Change was kept as informal as possible to minimize stress. Those who expressed an interest in employment were given 3 hours of volunteer work, providing staff members and the individual an opportunity to determine if work tasks could be completed. Next, individuals were given an in-house job, providing an opportunity for pre-vocational training, careful oversight by staff, and evaluation of skills. Individuals could work in the resale shop that Step Up operates in the storefront section of the facility. They also could work providing maintenance, clerical, and receptionist services. A stipend of $5 an hour was provided for 13 hours of work per month. Members could remain in these stipend jobs as long as appropriate. This work was overseen carefully. When a person was "ready," as determined by either the staff or the individual, a job was identified in the community.

Team-evaluated behaviors that affected "readiness" included retention of instructions, ability to accept supervision, tolerance for structure, socialization and communication skills, consistent high mental functioning, sobriety, punctuality, and reliable attendance. The types of work done in the community by Project Change members were quite varied. Step Up often uses group employment and day jobs, some of which are paid for by municipal funds. Step Up provides labor services to merchants, businesses, and individuals for construction, cleanup, office/clerical work, janitorial activities, window

cleaning, flyer distribution, and direct mail preparation. Project Change had a van that was used to transport work crews on assignments and to carry work equipment.

Step Up handles employment-related paperwork for its participants, thus relieving employers of the responsibilities for paperwork and bookkeeping and making the use of casual labor a more viable option. Step Up charges a flat $5-per-hour fee per worker plus a 20-percent administrative fee. The organization takes direct responsibility for payroll. After job completion, it supplies employers with an invoice that includes logged information on workers, dates, and hours. Some work situations are subsidized by the municipality. For example, "Graffiti Busters" provides a work force to remove graffiti from public property. The work contributes a valuable community service while providing participants job experience and earned income. It also helps to gain public support and acceptance for Step Up's participants, thus reducing stigma and bias in the broader community.

During the second year of Project Change grant operations, 240 new members received services from the vocational department. Simultaneously, 148 members from the first year continued to be involved. In early 1991 there were 158 participants considered to be active members. Intake data from the second year of operations suggest that the vast majority (80 percent) of new members had a history of alcohol or other drug problems. Also, during the second year records indicate that there were no participants known to have continuing alcohol or other drug problems who maintained job placements to the 13-week retention mark.

STAFFING: The staff of Project Change included a coordinator, a job developer, a housing specialist, a substance abuse specialist, a benefits/case manager, two job coaches, and a part-time administrative assistant who helped with data input. The benefits/case manager assisted participants with the Supplemental Security Income (SSI) application process and acted as advocate in communications with the Social Security Administration and the county Department of Social Services for general relief, food stamps, and medical benefits. Participants who were too disabled to receive benefits directly could utilize payee and money management services that relied on Step Up volunteers (usually relatives of mentally ill adults who attend the center for programs and support). Payees usually remained anonymous and worked in cooperation with the staff to assist members. The substance abuse/recovery specialist provided assessment, facilitated educational and AA-based meetings, offered one-on-one support, acted as a liaison with vocational services, and made referrals to rehabilitation and detoxification facilities when necessary and appropriate.

THE ALCOHOLISM AND DRUG ADDICTION TREATMENT AND SUPPORT ACT/ COOPERATIVE EMPLOYMENT PROJECT
SEATTLE, WA

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PROGRAM EMPHASIS: Provision of a network of rehabilitation and employment-related services to increase participant employment and employability

PARTICIPANTS: Low-income persons with alcohol and other drug problems

FUNDING SOURCE: King County Division of Alcohol and Substance Abuse Services, State Division of Vocational Rehabilitation, and State Division of Alcohol and Substance Abuse

PROGRAM DESCRIPTION: Washington State's Alcoholism and Drug Addiction Treatment and Support Act of 1987 (ADATSA) was designed to make treatment and basic support services available to low-income persons with alcohol and other drug problems. In 1988 it underwent considerable legislative changes to make ADATSA more cost effective. To access the ADATSA program, an individual must first be eligible for or receiving public assistance. The statewide system of ADATSA services is organized and accessed as one of the programs for indigent participants provided by the Department of Social and Health Services (DSHS). The ADATSA Cooperative Employment Program (ACEP) was initiated in King County in February 1989 as one of three pilot employment programs in the state designed to coordinate efforts of state and local agencies in providing employment and rehabilitation services to ADATSA treatment participants.

PROGRAM DEVELOPMENT: The ACEP established a coordinated network that combined the efforts of the ADATSA providers, the King County Assessment Center (AC), King County Division of Alcohol and Substance Abuse Services, the state Division of Vocational Rehabilitation (DVR), the state Employment Security Department (ESD), the Veterans Administration, Region #4 Economic and Medical Field Services (EMFS), and the state Division of Alcohol and Substance Abuse. Although the ACEP is primarily designed to provide a network of rehabilitation and employment-related services to increase the employment and employability of ACEP participants, there are secondary goals. Desired outcomes include development of an effective service model, reduction of

service duplication, improved access to employment opportunities, and determination of needed services and unmet needs within the ACEP design.

TARGET POPULATION: The ACEP program is available to all ADATSA-eligible individuals who meet the following criteria: (1) have maintained a minimum of 30 days sobriety; (2) have completed or participated in a state-approved chemical dependency outpatient treatment program in King County; (3) are actively participating in a follow-up care program (i.e., AA or NA), with a minimum attendance of two times per week; (4) have a socioeconomic support system in place, as evidenced by a stable living environment and receipt of benefits or entitlement funds for which the individual is eligible; and (5) demonstrate motivation or evidence or readiness to become employed. "Readiness" is assessed using five indicators: commitment to abstinence, positive participation in recent treatment involvement, demonstrated efforts toward independent work search activity, stable health, and ability to work based on past work experience or educational history.

During the pilot project phase, a profile of the average ACEP participant was developed through a random sample of 48 participants. This profile indicates participants have a median age of 35, a high school education, and at least 3 months of recent work history. Generally, administrators note that ACEP participants have different profiles from chronic public inebriates. There is more evidence of a background of extreme poverty, violence, and polysubstance abuse among ACEP participants; they also tend to have less work/job experience.

SERVICES: Participants apply for public assistance benefits by appointment at their local DSHS Community Service Office. Staff members determine an individual's financial eligibility and identify their qualifying incapacity. If this incapacity involves a problem with alcohol or other drugs within the past 18 months, the person is referred to the AC. There an individual receives an evaluation and assessment by a case monitor to determine the status of the participant's alcohol and other drug problems and clinical eligibility for ADATSA services. If eligible, an individualized treatment plan is developed for the participant. The AC functions to provide both clinical and administrative services, including diagnosis, monitoring of social service payments, ongoing case monitoring, counseling, and referral.

Participants who are determined to be eligible for ADATSA and ACEP services can be referred to DVR to begin the employment program. After referral, an individualized plan is developed for each ACEP participant, and a structured program is provided to evaluate, teach, and reinforce skills and behaviors that are necessary for successful adjustment and reentry into employment. DVR provides team-based interventions, assessment, courses in job readiness, instruction on undertaking self-directed job searches, assistance in development of transferable skills, and help in utilizing community resources. Other participating agencies function in contributing capacities. For example, the EMFS works with the AC and DVR to maintain eligibility benefits. The ESD staff

registers ACEP referrals and provides appropriate employment services, as well as job club opportunities, meeting space, and testing. An Employment and Resource Network handles employer accounts, a job match system, and linkages to other community employment resources.

Several developmental issues have been identified by administrators in the course of project implementation. These include:

- King County lacks adequate housing resources to provide for appropriate transitional and long-term stable housing needs of ACEP participants.

- DVR has not worked extensively with this population previously. Screening participants for "motivation" sometimes leads to greater effort on behalf of those perceived as most likely to sustain employment and screening cut those who could benefit from the program if more DVR assistance were available.

- Generally, administrators think that the project could be improved by exploring how existing organizational policies affect ACEP operations. For example, many of DVR's procedures have developed out of a long-standing approach that focuses on utilizing DVR resources to produce job placement and retention numbers. This approach may lead to inappropriate job placements and subsequent relapse for chemically dependent participants.

- There continue to be substantial differences among the participating agencies. For example, the ACEP counts an individual as having gone back to work when they are in the job 1 day. DVR only counts an individual as having gone back to work after 60 days on the job.

- The need to streamline the traditional DVR process for participants led to creation of a "fast track" for some ACEP participants. This was determined to be of particular importance because ACEP participants expressed anxiety about the length of time it took for them to complete preliminary steps for employment.

As of December 1990, a total of 409 individuals had been accepted into ACEP. Of these, 89 had become employed; 8 had returned to school; 142 were still active in the program; and 147 had left or been discharged from the program. Overall, the ACEP has been successful in maintaining its commitment to maximizing existing resources. Even though operation has not always been smooth, the representatives of the agencies involved have been consistent in their efforts to come back to "the table" for joint discussions that are focused on ensuring the goals of the project. Administrators have steadfastly maintained their focus on helping and serving the individual participant and have not let organizational structures or personalities interfere with the evolution of the program.

STAFFING: ACEP has a steering committee with representatives from all participating agencies and organizations, which meets monthly. The steering committee has the authority to formulate policy (within certain organizational and legislative constraints) and procedures and undertakes efforts to build consensus and maintain consistency in project operations. The staff at the King County AC makes the initial assessment of all those who are potential participants in the ACEP. Each referral to DVR includes an assessment by a qualified chemical dependency counselor. Referrals to DVR are made to a team of personnel who determine which services are appropriate for the individual.

BINDING TOGETHER, INC.
NEW YORK, NY

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PROGRAM EMPHASIS: A nonprofit enterprise to train participants for entry-level jobs in the printing industry

PARTICIPANTS: Homeless men and women in recovery from drug problems

FUNDING SOURCE: JTPA funding and additional support from New York State Division of Substance Abuse Services, New York City Department of Employment, the city's Human Resources Administration, New York State Vocational and Educational Services for the Disabled, and the Board of Education. Private foundations and corporate and advocacy groups also support the program.

PROGRAM DESCRIPTION: Binding Together, Inc. (BTI), which was established in 1986, deliberately created a training program that targeted jobs in the copy and printing industry. Printing is New York City's second largest manufacturing sector. This nonprofit enterprise runs a fully equipped copy shop in Manhattan that generates about half its budget from sales to New York City area businesses. Trainees are recruited and referred from area residential drug treatment programs. They participate in 6 months of training and work that culminates with a job placement and a substantial savings account for graduates. BTI was recognized as an exemplary program in a recent survey of recovery programs for homeless people (Wittman and Madden 1988) and received a JTPA Presidential Award and a Manufacturers Hanover Community Development Award in 1990.

PROGRAM DEVELOPMENT: The beginnings of BTI can be traced to the early 1980's when it became increasingly apparent to human services policymakers in New York that a substantial proportion of homeless persons had drug problems. Additionally, at this time the State Division of Substance Abuse Services (DSAS) began to place increasing importance on vocational/educational services within the treatment programs it supported. The assistant deputy director of DSAS approached a consultant who had extensive experience in job training programs with the idea for a new program that would provide vocational rehabilitation for persons with drug problems and eventually generate

sufficient funds to be self-supporting. BTI started as a demonstration project with seed funding of $500,000--$200,000 from DSAS, 150,000 from the City Department of Employment (DOE), and $150,000 from the State Office of Vocational Rehabilitation. Following the first year of operations, BTI was added to DOE's adult JTPA portfolio. From the start, BTI's goal has been to become self-sufficient.

The original program concept included several key elements. First and foremost, the job training program for homeless persons in recovery would have to include real work, leading to available jobs in an industry thriving in the city. Also, the program would be designed such that participants would be able to accrue income adequate for establishing independent housing on graduation. Finally, it was recognized that formerly homeless participants would require multiple services to support their recovery and vocational rehabilitation.

TARGET POPULATION: BTI was designed to remove employment barriers for highly motivated individuals with a history of homelessness and drug problems already participating in residential treatment centers. All BTI candidates have demonstrated their ability to stay free from drugs and come to BTI with the recommendation of their treatment program. Participant flow is maintained through active liaisons between the BTI staff and state vocational counselors working in the various treatment programs. In addition, all participants are referred to the state vocational rehabilitation agency and work with its counselors as well. About half (51 percent) of BTI participants are ex-offenders. More than half are younger than 30 years of age. It is estimated that as many as 85 to 90 percent of participants are men. The racial/ethnic composition of the participant population is black (70 percent), Hispanic (28 percent), and white (2 percent).

SERVICES: Participants identified at residential treatment centers as appropriate candidates for BTI are invited to tour the copy shop and learn what the program has to offer. Those wishing to enroll in BTI participate in a 3-week evaluation period designed to orient participants to the setting and to further assess a participant's readiness and motivation for training.

On completion of the evaluation period, the 6-month training phase begins. Remedial education is available in addition to the copy shop training for those who wish to complete the GED. During this 6-month period trainees continue to be housed in their residential treatment programs and receive a monthly stipend to cover the cost of lunch and transportation for each work day. Minimum-wage earnings over the 6 months amounting to $2,000 are held over for participants until graduation. These savings are earmarked for work clothes and setting up an apartment after job placement.

BTI provides comprehensive training in the contemporary copy shop business using up-to-date equipment to complete actual jobs for customers in the community. Trainees learn copying, collating, binding, gluing, packaging, wrapping, and mailing. They also

learn to manage time, communicate effectively with coworkers, and solve work-related problems. Trainees having work difficulties or experiencing emotional distress are provided support and counseling onsite as appropriate. Trainees also have the benefit of their continuing involvement in a therapeutic community.

An important advantage of BTI's excellent relationships with large businesses in New York City is that graduates have been quickly placed in entry-level jobs after graduation. Starting salaries have been between $13,000 and $16,000 a year with most positions involving opportunities for advancement. As of June 1991, 120 individuals have graduated from BTI; 94 of these individuals were placed in jobs, and 76 percent of those placed were still on the job at 4 months follow-up.

STAFFING: Key staff positions include executive director, deputy director, director of vocational services, primary skills trainer, sales representatives, office manager, and bookkeeper. The primary skills trainer serves as the production supervisor for the copy shop. Staff members have diverse backgrounds. The executive director, manager of overall operations, is a retired police officer. The deputy director worked for 10 years in a residential program for persons recovering from drug problems, and the primary skills trainer has a background in private industry. BTI has a very active board of directors providing a strong base of community leadership and job placement opportunities from the private sector. Directors have positions in major corporations including Xerox, Morgan Stanley and Company, Eastman Kodak, and Paul Weiss.

EMPLOYMENT PROGRAM FOR RECOVERED ALCOHOLICS
NEW YORK, NY

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PROGRAM EMPHASIS: Provision of comprehensive vocational rehabilitation services

PARTICIPANTS: Unemployed men and women who have a problem with alcohol

FUNDING SOURCE: New York State and City Departments of Alcoholism and State Vocational and Educational Services for the Disabled. The program also has received contributions from private corporations, foundations, and individuals. Alumni are regular contributors.

PROGRAM DESCRIPTION: Founded in 1977, the Employment Program for Recovered Alcoholics (EPRA) has developed, implemented, and refined a "vocational recovery model" that blends elements of alcoholism treatment, AA principles, and vocational rehabilitation (Masterson 1982; 1986). This model is believed to be appropriate for men and women from diverse racial, ethnic, and socioeconomic backgrounds. The three major phases of the EPRA vocational recovery process include Evaluation and Assessment, Transitional Work Program (TWP), and Job Search Skills Seminars and Job Search. EPRA is not designed to deliver primary treatment for persons with alcohol problems or any underlying emotional problems. The program was cited by Mayor David Dinkins in June 1991 as "a job training service which has made a significant contribution to improving the quality of life in New York City."

PROGRAM DEVELOPMENT: In 1977 the National Council on Alcoholism (NCA) received a small grant from the Union Carbide Corporation to explore ways to help unemployed persons with alcohol problems find jobs. In the second year of operation, administrative guidance of the program was moved from NCA to the Alcoholism Council of Greater New York. In 1978 EPRA's efforts were furthered by the amendment to the Rehabilitation Act of 1973, which included alcohol problems as a disability. Although the cofounders, R. Brinkley Smithers and John Beard (of Fountain House), borrowed concepts and methods from vocational rehabilitation programs serving the physically and mentally disabled, the goal of meeting the special needs of persons with alcohol problems resulted in a distinct approach. Several enduring elements of the EPRA approach to

vocational rehabilitation that developed in the early years include sobriety as a paramount goal, an emphasis on group interaction and group counseling, clear and consistent expectations for attendance and program participation, and confronting the realities of stigma and attitudinal barriers in the workplace.

A significant precedent was established in the early years as the New York State Office of Vocational Rehabilitation began to recognize that specialized programs such as EPRA constituted a preferred service setting for unemployed recovering alcoholics. In this way New York State became a major supporter and funding source for EPRA. Today, two state vocational rehabilitation counselors are onsite at EPRA and provide participants access to additional training and educational opportunities.

TARGET POPULATION: Potential EPRA participants must be (1) abstinent from alcohol and mood-changing drugs for a minimum of 90 days, (2) unemployed and a resident of New York City, (3) at least 18 years of age, (4) in stable housing for the duration of program, (5) involved in a program of recovery or other acceptable therapy, and (6) free from medical or emotional conditions that would prevent employment.

The racial/ethnic composition of current EPRA participants is white (52 percent), black (32 percent), Hispanic (12 percent), and Asian (2 percent). Gender distribution is 55 percent male and 45 percent female. Participant ages range from 18 to 65 years, with an average age of 36 years. Sixty percent of participants are receiving public assistance; 25 percent receive unemployment insurance; and 15 percent rely on family members for economic support.

Individuals with a recent history of homelessness are eligible if they have a placement in a shelter or halfway house. EPRA has developed links with ADF housing and is able to assist some participants in this regard. Typically, previously homeless alcoholics come to EPRA as "the next step" after completing a primary treatment program and maintaining sobriety for some time in a halfway house situation. An estimated 20 percent of EPRA participants at any given time would fit the description of being recently homeless or at high risk for homelessness. Because all EPRA participants are initially unemployed, many would be considered at some risk for homelessness. The criterion that requires participants to be free of emotional conditions that would prevent employment does not categorically exclude the dually diagnosed. However, staff members note that their experience has been that a longer period of stabilization and sobriety is needed before these individuals are ready to participate in the program.

The staff is committed to the idea that the best interpersonal environment for recovery is a "melting pot" of men and women recovering from alcohol problems, representing the racial and ethnic mix of New York City and the socioeconomic range. Staff members speak of a "bonding" and "healing" that takes place when alcoholics from affluent, moderate, and poor backgrounds relate their experiences and seek to help one another build a foundation for finding meaningful work and becoming financially independent.

SERVICES: Prospective participants go through an initial intake process over the telephone in which basic information is recorded. An orientation is presented onsite for those who have completed the telephone intake and other interested individuals. Treatment providers interested in the program are also welcome to attend. Following the orientation, an appointment is scheduled for an onsite intake in which the individual is interviewed by vocational counselors and recovery counselors. An important consideration is the degree of motivation and commitment to participation demonstrated by prospective participants. After these interviews, staff members meet as a group, review applicant assessments, and reach a decision regarding inclusion in the program. When applicants are accepted, they are put on a waiting list to form a group of about 20 that will enter the 6-week Evaluation and Assessment phase of the program.

Evaluation and Assessment is designed to engender a process of vocational self-examination within a context of peer support. For the first 6 weeks, each participant attends classes and discussion groups 3 hours per day, 3 days per week, with individual counseling sessions once per week. One lateness and one absence are permitted; a second lateness or absence results in a participant having to begin the phase again with a new group. "The regular schedule and program standards are effective methods of reorienting the recovering alcoholic to the daily demands of a job" (Masterson 1986, p. 38). High standards for attendance are thought to contribute to a low drop-out rate of 5 percent. To allow participants to carefully consider their commitment to the program, this program phase begins with three meetings before the group formally begins.

Each participant takes a battery of tests designed to provide information regarding interests, personality characteristics, abilities, aptitudes, and basic educational and communication skills. Professional vocational counselors assist each participant with objectively assessing their employment options as well as barriers to employment. Through group interaction, participants share thoughts and feelings about their employment prospects and have the opportunity to incorporate the feedback of other group members into their developing career plans. This is often an intense emotional experience for participants as they face the damage that their alcohol problem has caused in their lives. On the other hand, the hope and sense of possibilities generated through EPRA participation can be exhilarating.

TWP, the next 6-week phase of the program, is implemented through close working relationships with a variety of nonprofit agencies in the New York City area. Each participant is placed in a part-time job (3 days a week) with a nonprofit agency while participating in continuing job preparedness training at EPRA (2 days a week). Although at one time the part-time positions were paid through Federal funding, currently they are volunteer positions. EPRA has found that, even as volunteers, participants express much satisfaction with the transitional work experience. As individuals who have been coping with the life crisis of recovery from alcoholism, many find that they enjoy helping others through their work in the nonprofit settings. The TWP objectives for participants are to develop favorable attitudes toward work, establish

regular work habits, gain experience in managing on-the-job problems, and develop confidence.

The last 6-week phase of the program, Job Search Skills Seminars and Job Search, is designed to prepare participants to deal with all the issues pertinent to finding stable and meaningful employment. Resume writing, finding job leads, and becoming skilled in job interviews are a focus. Each individual develops a way of honestly dealing with his or her alcohol problem and the resulting stigma that may or may not exist as a barrier in one's career. Role-playing and videotaping are used to stimulate group discussions around this issue. To give participants additional experience, employers come to the EPRA offices to conduct trial interviews. The last 2 weeks of this phase is reserved for interviewing appointments with prospective employers as well as one daily workshop on such topics. Graduation marks the end of the three main phases of the program.

An active EPRA Alumni Association is utilized for networking for recent graduates. The EPRA alumni quarterly newsletter contains current items relevant to the world of work and information on upcoming vocational seminars, social events, and fundraising campaigns.

In 1988 a follow-up of participants 1 year after graduation indicated that 60 percent were in the same jobs. During 1990, 246 individuals participated in the program. Although comprehensive evaluation of the EPRA has been limited by funding constraints, the program's effect on career maturity and self-esteem among participants has been examined in two studies conducted by doctoral students in the New York City area (Stump 1985; Whipple 1991). These studies indicate that participants in the first phase of the program experience significant increases in career maturity and self-esteem.

STAFFING: The administrative staff consists of the director, a clinical supervisor, and an administrative coordinator. The director manages administrative operations and linkages with funding agencies and the community. The clinical supervisor manages day-to-day program implementation. The administrative coordinator is responsible for program contracts, monthly reports, payroll, and correspondence. The counseling staff includes certified alcoholism counselors, certified rehabilitation counselors, and social workers. Nearly half the staff members are recovering from alcohol problems themselves. Staff members express a strong feeling of organizational cohesiveness and commitment to sharing the workload generated by the program.

MANHATTAN BOWERY CORPORATION/PROJECT RENEWAL
NEW YORK, NY

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PROGRAM EMPHASIS: Provision of alcohol and other drug abuse treatment, vocational, and housing services

PARTICIPANTS: Homeless men with alcohol and other drug problems and/or mental illness

FUNDING SOURCE: The Manhattan Bowery Corporation (MBC), along with funds provided by New York State Vocational and Educational Services for the Disabled and Mayor's Office of Midtown Enforcement

PROGRAM DESCRIPTION: MBC is widely accepted as a model program targeting homeless alcoholic men (see Wittman and Madden 1988). MBC's alcohol services include street and shelter outreach teams; an inpatient alcohol crisis center with hospital backup for medical detoxification and other acute conditions; an outpatient department providing ongoing therapies; and Project Renewal, a halfway house program with a strong vocational emphasis. Although the focus of this description is Project Renewal, MBC has additional employment programs not necessarily tied to Project Renewal participation.

PROGRAM DEVELOPMENT: MBC was initiated in 1967 by the Vera Institute of Justice to provide a humane and efficient alternative to repeated arrests of chronic public inebriates in the Bowery section of New York City (Manos 1975-76). The core services of the pilot project were and still are outreach and treatment. In the early years, treatment consisted of inpatient detoxification only. In the early 1970's the project opened its outpatient department to provide continuing recovery services, initiated Project Renewal in which participants were employed in public works jobs, and opened a halfway house that provided a year's residential treatment for Project Renewal participants.

MBC's present extensive involvement in public works began with six men with alcohol problems being given paid work for 6 weeks cleaning vacant lots in the Bowery area. All six men remained sober during the entire work period. This success led to setting up a sheltered workshop that assembled and painted toy trucks to be sold commercially.

Unfortunately, this effort was both a commercial and rehabilitation failure. "The trucks, jerry-built, did not make a dent in the rock-hard market for children's toys. Worse, the men in the program complained of the stifling, assembly-line atmosphere of the toy shop. Many drank and dropped out" (Manos 1975-76, p. 13). This experience had the effect of reinforcing the previous successful experience with public works jobs. At this time New York City was building playgrounds but had no plan for keeping them clean. MBC contracted with New York City's Manpower and Career Development Agency to provide job training to men recovering from alcohol problems; the men would clean the lots and be paid a salary by the project. MBC's work crews consist of a field supervisor and a group of recovering men. Crew supervisors are typically individuals who started out as crew members and were promoted within the organization.

Generally, MBC takes the position that, in the context of high unemployment among the poor in New York City, the most realistic strategy to develop jobs for the target population is to emphasize increasing the number of jobs available within MBC. Moreover, support for recovery from alcohol problems is minimal in most jobs for unskilled workers in the mainstream economy. The recovering person working for MBC has the advantage of being a member of a work community that values daily routines and interpersonal interactions that help individuals sustain sobriety and other aspects of recovery.

TARGET POPULATION: MBC programs are designed exclusively for homeless persons. The Project Renewal residential treatment/work program serves unemployed homeless men with alcohol and other drug problems. Fifty to sixty percent of Project Renewal participants are estimated to have alcohol problems only. About 40 percent also have problems with other drugs, but to qualify for the program, the primary problem must be with alcohol. Although a proportion of participants have had psychiatric problems in addition to their primary alcohol and other drug abuse problems, the program is not considered suitable for individuals who suffer from a major mental illness. Participants must not have medical problems that would prohibit participation in work crews. There is a racial/ethnic balance among participants--approximately 40 percent black, 40 percent white, and 20 percent Hispanic.

Referrals to Project Renewal come from other MBC programs (30 percent) and other agencies (70 percent), including alcohol treatment units in state hospitals, sobering-up stations, and the Salvation Army. Experience has shown that older participants (in their forties) rather than those who are younger tend to be more likely to have the motivation necessary to successfully complete the program.

SERVICES: Project Renewal is a halfway house program operating as a therapeutic community for up to 25 men with alcohol and other drug problems. The therapeutic community approach involves a blend of professional counseling, self-help, and vocational rehabilitation. Participants are called trainees, and they must agree to abide by the rules

and structure of the community. Any use of alcohol or other drugs results in immediate termination from the program.

Project Renewal is organized to help the trainees achieve the following goals:

- Continued employment over a period of a year
- Knowledge of alcoholism that provides an explanation of how the disease affects them and their behavior
- Increased knowledge of who they are and what they can become
- Practice in the use of social skills with each other in a community of common interest and common concern
- An education that can provide them opportunity
- Practice in the use of leisure time in a rewarding and worthwhile way
- Regain status in the community, including finding and maintaining productive employment and independent living conditions
- Use of the supportive post-graduate Project Renewal community

The program offers a constellation of services to assist trainees toward these goals, including a home, a supportive environment, work experience, counseling services, recreational activities, educational services, vocational counseling, and post-graduate programs. Although wages are not paid for the work experience, trainees receive public assistance payments that are adequate to cover their rent, food, and basic living expenses in the program. The trainees are responsible for managing the residence.

The program is planned as a 1-year experience.

> Phase I is a 90 day period of intensive orientation to expectations of life in the program and beginning work with one's own recovery process. Phase II is a four-month period of participation in work projects operated by MBC and in group sessions on life-issues such as family contact, friendship, and the need for recreation . . . Phase III is a five-month period of increasing accomplishment in work at one of MBC's employment programs, and planning for life outside Project Renewal" (Wittman and Madden 1988, p. 38).

Following Phase I, participants have Sundays and Mondays off from community responsibilities.

The mainstay of therapeutic intervention in the Project Renewal community is group interaction. Several groups, including a "feelings group," a drug education group, and a community meeting, are held routinely. The weekly community meeting includes staff members and participants. In addition, there is a weekly house meeting for participants only. Many of the men are also regular participants in AA or NA groups. Because many participants have had prison experience, they often initially have much difficulty in sharing their thoughts and feelings with their fellow community members.

At present, the primary work experience for Project Renewal participants is fulfilling a MBC contract to do regular street cleaning in midtown Manhattan. Beginning in Phase II, trainees work 5 days a week in a street-cleaning crew. They learn to work with others, take instructions from a supervisor, and organize their time to complete specific tasks. It has been shown that entering the work experience is a stressful time for most trainees, but community supports are present to assist them with gaining confidence and meeting work expectations.

For every participant who completes the program, there are about two who drop out; the majority who drop out do so within 6 months. Graduates of Project Renewal are guaranteed a job with MBC. Although some efforts have been made to assist graduates with entering employment outside MBC, the majority of graduates remain with MBC. There is an active informal network of graduates that overlaps with established AA groups.

STAFFING: The staff for Project Renewal includes a director, two counselors, a full-time work site supervisor, and an administrative assistant. Staff members are on the premises only during regular working hours. Project Renewal's director manages the program and reports to MBC's director. One of the two counseling staff members are MBC graduates, as is the worksite supervisor. Generally, it is expected that recovering counselors have at least 3 years of sobriety. The trainees are responsible for all aspects of house management. The following positions are elected by a majority of the community: house manager, assistant house manager, house treasurer, and house cook.

PEOPLE UNLIMITED
MINNEAPOLIS, MN

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PROGRAM EMPHASIS: Provision of employment opportunities to individuals with few work skills, limited work experience, and desire to earn wages in a supportive work environment

PARTICIPANTS: Native Americans with a history of alcohol and other drug problems who are at risk for homelessness

FUNDING SOURCE: Billings from customers who rely on People Unlimited to complete contract jobs. Additional funding is provided by United Way, ADC Telecommunications, and private foundations.

PROGRAM DESCRIPTION: People Unlimited operates a hand bindery service and other enterprises that require manual work. The emphasis of People Unlimited is on work and productivity. Alcohol and other drug problems become an issue if an individual seeks help or if these problems interfere with his or her ability to work and be productive. Generally, these factors are highly interdependent and have the potential to increase an individual's receptivity to treatment. This orientation to work and treatment provides an intentional alternative to an approach that requires sobriety and abstinence before employment.

DEVELOPMENT: The program began in 1982 to provide employment opportunities in a supportive work environment for low-income individuals who felt powerless and alienated from mainstream society due to lack of a job or difficulty in keeping steady employment. With the support of a prominent Native American woman in Minneapolis, interest was quickly generated among many men and women interested in employment. Since that time, knowledge of the opportunities provided by the program continues to spread by word of mouth on the streets, in the shelters, and elsewhere. Advertising has never been necessary. Participants are not permitted to come to work if they have been drinking or using drugs, but there is no requirement for continuous abstinence.

TARGET POPULATION: Approximately 90 percent of participants are Native Americans who have grown up on reservations, primarily in Wisconsin, North Dakota, South Dakota, and Minnesota. Most are highly mobile and maintain tribal and family

affiliations. Blacks and Hispanics constitute the remainder of the work force. About 60 to 70 percent of participants are men, and 30 to 40 percent are women. It is estimated that as many as 90 to 95 percent of participants have had alcohol and other drug problems at some point in their lives. The housing status of participants is described as living on the streets (5 percent), living in shelters (10 percent), staying with a relative or friend (20 percent), and doubled up or overcrowded with extended families (65 percent). Approximately 90 percent of the participants are on or have been on General Assistance or Aid to Families with Dependent Children.

SERVICES: People Unlimited is first and foremost an employment program providing jobs for those who would otherwise be unable to find work or handle the demands of work in other settings. The structure is largely defined by the requirements of work production, quality assurance, and completion of contracts on schedule and within budget. Clear expectations regarding punctuality, production, and task completion provide a workplace situation that offers a "comfort zone" for individuals who function better with a high degree of structure. This structure is balanced with an unusual flexibility for those who are unable to commit to continuous employment and prefer to literally take it one day at a time. Some individuals work on a day-to-day or on-call basis. Others, who demonstrate that they are responsible and productive, are offered a "casual contract" with employee status that guarantees employment 40 hours a week. In exchange, employees have to promise to improve their career potential and self-sufficiency. Starting wages are $5 an hour for full-time work and $4.50 an hour for part-time work. The full-time work force usually averages 50 people at any given time. Full-time employees receive some health benefits and are eligible for a day-care stipend to help defray the cost of caring for dependent children. Most of the women employees are single parents with two to five children. Through state funds, the city of Minneapolis Community Action Agency provides a child-care subsidy of $1.50 per hour for every hour the individual works. The subsidy is paid directly to the child-care provider who is chosen by the parent.

Over time, People Unlimited has developed onsite support services and a referral network to address alcohol and other drug problems among employees. These services effectively simulate an employee assistance program on a very informal basis. All those with full-time employee status must attend individual and group counseling or other self-improvement activities. Counseling occurs onsite and on "company" time. AA meetings also are held onsite. Counseling and self-help meetings provide a kind of safety net for those who have difficulty maintaining sobriety or adhering to the requirements of the workplace. In addition to regularly scheduled counseling sessions, a proactive intervention approach is used that is closely tied to job performance. For example, if someone is late to work, they must report for counseling and discussion. Managers are very strict about punctuality and attendance. Individual contracts are written for those individuals who express an interest in positive change. If an individual needs treatment for alcohol or other drug problems, the program identifies a treatment resource and holds the individual's job until treatment is completed. The program has noted that as

support and referral services have became more available, participants tend to increase their length of participation.

STAFFING: The program operates with an executive director, a production manager, an assistant production manager, two quality control supervisors, and a career development manager. Everyone on the staff is recovering from alcohol and other drug problems, and most entered People Unlimited as casual day workers. Managers and supervisors are usually people who have been promoted based on good performance and strong commitment to the business. Approximately 10 to 15 percent of the career development manager's time is spent in networking with potential employers.

RECOVERY RESOURCE CENTER
MINNEAPOLIS, MN

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PROGRAM EMPHASIS: Provision of primary treatment for alcohol and other drug problems, aftercare services, mental health care, and vocational training

PARTICIPANTS: Low-income, unemployed individuals with alcohol and other drug problems

FUNDING SOURCE: Hennepin County, U.S. Probation and Parole Office, and United Way

PROGRAM DESCRIPTION: The Recovery Resource Center (RRC) is a program of Multi Resource Centers, Inc. (MRC), a nonprofit corporation providing a wide array of alcohol and other drug rehabilitation, mental health, and vocational services to low-income people. MRC has been fully accredited by the Commission on Accreditation of Rehabilitation Facilities since 1968. RRC is housed in the main MRC facility, a modern, two-story building centrally located in Minneapolis. It is free of architectural, communication, and other barriers, fully accessible to the handicapped, and easily accessible by public transportation. Through coordination of the wide range of services available at MRC and elsewhere, the RRC staff assists participants with becoming and remaining alcohol- and drug-free, economically self-sufficient, and reintegrated into the community. RRC is known in the community for offering vocational services tailored to the special needs of participants with alcohol and other drug problems in an expanded services environment.

PROGRAM DEVELOPMENT: RRC was established in 1972 with treatment grant support from the National Institute on Drug Abuse (NIDA) to meet the diverse service needs of individuals with a history of alcohol and other drug problems and unemployment. In 1980, with NIDA support no longer available, there was a period of reassessment and redirection. The program developed its strong focus on employment services during the early 1980's based on previous experiences with the target population and the results of a community needs assessment highlighting the scarcity of vocational services for this group. Since that time, RRC has developed a strong sense of mission regarding the importance of integrating vocational services and alcohol and other drug

treatment. The most recent addition to the program is the apartment living component, developed in recent years to respond to the need for an ADF living situation.

TARGET POPULATION: The primary characteristics of the target population are a history of alcohol and other drug problems and unemployment. Secondarily, many have been involved with the criminal justice system. Participants are eligible for RRC services if there has been a strong indication that alcohol and other drugs have interfered in their functioning in the community. Based on a 1989 profile of participants, a large majority of RRC participants are men (94 percent). The racial/ethnic composition of the participant population is white (60 percent), black (36 percent), and Native American or Hispanic (4 percent). Most participants are between the ages of 21 and 44. Approximately 95 percent have little or no income as they enter the program.

SERVICES: RRC offers both primary recovery treatment services and an aftercare program. Most vocational services are offered within the context of aftercare. However, there are instances of primary treatment participants participating in vocational aspects of RRC's program. Aftercare services include an aftercare support group, individual counseling, job-seeking skills, relapse prevention, job club, community resource referral, and a self-esteem group.

Intake procedures for aftercare services include an interview, psychological evaluation, and an orientation to the program. In addition, a full battery of vocational testing is available through MRC. A case manager/chemical dependency counselor works with each participant to develop an individualized service plan, including specific goals for employment. Individual, group, and family counseling is provided as needed to support the participant's chemical-free status and reintegration into the community. In addition, vocational services include those provided at RRC by the program's employment specialist (short-term individual vocational counseling, job development and placement services, and vocational support groups) and those obtained through RRC referral and cooperation with the State Division of Rehabilitation Services (DRS), JTPA programs, and MRC vocational services (training and education).

RRC staff members believe that participant involvement in vocational support groups is particularly important in managing the stress of looking for a job. One approach found to be effective in preparing participants for job interviews is videotaping trial interviews followed by group viewing and discussion. The self-esteem group also is seen as particularly helpful to some individuals in building the confidence necessary to be persistent and successful in the job search.

RRC offers supervised transitional apartments located near the program offices with a capacity for approximately 40 individuals. The 26 apartments RRC currently operates are available to both primary and aftercare participants. Participants are expected to find other housing about 1 month after they find a job. The average length of stay in the apartments is 3 months.

This program is an example of a comprehensive recovery program with an emphasis on employment and linkages with community job training and vocational rehabilitation resources. RRC has developed cooperative relationships with JTPA programs and DRS to facilitate reciprocal referrals of chemically dependent participants for treatment and vocational services. These cooperative agreements allow RRC and cooperating agencies to combine their resources to create and strengthen the full complement of services possible for the chemically dependent. In addition, RRC has had much success in presenting alcohol and other drug problems workshops to vocational rehabilitation counselors who do not work in an alcohol and other drug treatment setting.

The aftercare program's full service capacity is 70 participants at any given time. Average length of involvement per participant is 4.3 months. Since 1982, 616 participants have completed the program (May 1991 figure). Of those individuals, two-thirds could be contacted 3 months following completion. An ongoing compilation of outcome data indicates that the majority of participants are working or in school (73 percent), are chemical-free (73 percent), and are following discharge recommendations (74 percent).

STAFFING: Key staff positions include a director, six counselor/case managers, two support service specialists (vocational and housing specialists), and an administrative secretary. A psychologist and a psychiatrist are consultants to the program staff. All staff members exceed the minimum state qualification requirements. The vocational support service specialist is a certified vocational counselor.

SALVATION ARMY/ADULT REHABILITATION CENTER/HARBOR LIGHT
SEATTLE, WA

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PROGRAM EMPHASIS: The Adult Rehabilitation Center (ARC) provides residential treatment for alcohol and other drug problems and prepares participants for employment through work therapy. Harbor Light offers a more intensive work training program and provides transitional housing.

PARTICIPANTS: Physically able men with an alcohol and other drug problems

FUNDING SOURCE: Department of Housing and Urban Development, United Fund, rental fees, and private donations

PROGRAM DESCRIPTION: The Salvation Army operates several facilities in Seattle to provide services, residential treatment, and transitional living opportunities for men with alcohol and other drug problems, as well as social, occupational, and interpersonal handicaps. The efforts in Seattle are representative of similar programs operated by the Salvation Army over the years across the United States (Stoil 1987; Wittman and Madden 1988). Seattle's ARC houses a 6-month residential program. A variety of recreational activities are available in the facility, including several bowling alleys. The Harbor Light program in Seattle provides a 47-bed, dormitory-style, transitional living program for men in the downtown area of Seattle. The program helps residents build independent living skills and provides educational, job training, and employment referrals.

PROGRAM DEVELOPMENT: In the past 10 years in Seattle, a very rapid development of the downtown area has resulted in substantial destruction of low-income housing stock. The Downtown Human Services Council determined that the city needed to increase shelter beds, create new intermediate- and transitional-level housing and provide alcohol and other drug treatment and job training. The council specifically identified the unmet needs for four special population groups: women with families, adolescents, persons with alcohol and other drug problems, and the elderly. The Salvation Army focused its program development on long-term strategies to assist adult homeless men with recovery from alcohol and other drug problems.

TARGET POPULATION: It is estimated that about half or more of ARC participants do not have stable housing, and most have had a long-term problem with alcohol. Residents must be physically able to perform 40 hours a week in "work therapy." Those wishing to enter the program must have been clean and sober for at least 24 hours.

At Harbor Light, more than half (52 percent) of the participants are estimated to have alcohol and other drug problems, but only about 5 percent come from an alcohol and other drug treatment environment. Residents with histories of chemical dependency are not required to be in an aftercare program, but are strongly encouraged to be. An estimated 10 percent have mental health problems. The racial/ethnic composition of residents is white (54 percent), black (24 percent), Hispanic (11 percent), Native American/Alaska Native (10 percent), and other (1 percent). Currently, a large majority (about 80 percent) of participants are between the ages of 25 and 44. Approximately half are Vietnam veterans.

SERVICES: After the initial intake process at ARC, the first goal for participants is "to get cleaned up." Participants are provided with clothing, medical exams, dental exams, meals, and lodging. ARC residents first live in a five-bed dormitory with the possibility of "working up" to a private room. For some individuals, the initial screening determines that they require medical detoxification before they can enter the ARC program. The entire program emphasizes good nutrition. Following intake there is a 2-week orientation phase. Each man is asked to set his own recovery goals. Counselors assist participants with building an appropriate plan. After orientation, each man is provided with a work therapy assignment to which he is expected to report each day. The goal of work therapy is not to teach the participants new job skills but rather to get up, go to the job site, and receive supervision--the fundamentals of functioning in the work environment. Jobs include performing janitorial or kitchen work, refinishing furniture, repairing electrical equipment, sorting clothes, and answering telephones to take business orders (selling donated articles).

The next phase at ARC is rehabilitation, which utilizes alcohol and other drug education and a Christian approach to 12-step programs. During this time, participants attend groups on relapse prevention, anger and stress management, and assertiveness training. A literacy program currently is being introduced. Next, in the vocational rehabilitation phase, residents learn to write a resume, work on a budget, and look for employment. Residents meet with a state vocational rehabilitation counselor who provides an assessment test and directs their searches for appropriate job training programs or continuing education. If at the end of 6 months residents are enrolled in school, their stay at the facility can be extended. Those who leave the program can return for aftercare, counseling groups, or an occasional meal. Each participant obtains an AA sponsor in the community before he leaves the program.

The transitional living program at Harbor Light is designed to provide participants with an opportunity to learn independent living skills while having their basic needs met in a

clean, sober, and supportive environment. Prospective residents at Harbor Light are required to have a minimum of 30 days sobriety, be male, and be 18 years or older to enter the program. The men must have had a physical within the past year or they are referred to Health Care for the Homeless to receive a physical examination. Individuals can stay up to 2 years; the extended time period is designed to encourage residents to undertake job training or continued schooling. Residents are allowed to be away from the facility for up to 72 hours without jeopardizing their placement. Anyone who is actively drinking is referred to ARC.

There are no treatment or self-help groups held on the premises at Harbor Light. The referral and linkage of participants to recovery programs and other needed services is a fundamental part of the overall approach. A case manager meets with each man who enters the program. Together they develop goals and determine appropriate service needs to reach the goals. Referrals are made for medical and dental care, GED classes, job training and job placement, life skills, outpatient support groups for alcohol or other drug abuse, and self-help groups. Harbor Light provides participants with transportation to these community services.

A new transitional living facility funded by HUD is being planned and will open in September 1992. It will provide private rooms, laundry facilities, dayrooms, private counseling offices, and a residential dining room for 46 single men and 2 resident managers. Those living in the facility will work with a job developer to identify employment opportunities. The facility also will have a separate program that will provide a new emergency shelter for 108 men and an isolation ward with four beds.

STAFFING: At ARC there are four master's-level counselors (certified) on the staff. A physician visits the program bimonthly on weekends. The program uses paraprofessionals paired with master's-level staff. Persons recovering from alcohol problems serve as group leaders.

Staff members at Harbor Light include four kitchen crew members, four desk men (who monitor those who come and go through the facility, provide information and referral, and serve as receptionists during the day); one lead man (who acts as the supervisor for the desk men); one custodian; one maintenance man; two case managers (who conduct intake, provide information, referrals, and linkage to needed services, help participants "manage" their rehabilitation and transitional recovery, provide crisis and supportive counseling; and maintain documentation for HUD funding); one secretary; an assistant director who functions as the case management supervisor and is a qualified counselor and handles personnel hiring; and the director.

WAYSIDE HOUSE/
EMPLOYMENT DEVELOPMENT PROGRAM
MINNEAPOLIS, MN

PROGRAM CONTACT:

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PROGRAM EMPHASIS: Provision of residential treatment for alcohol and other drug problems and assisting participants with finding meaningful employment

PARTICIPANTS: Low-income women with an alcohol or other drug problem

FUNDING SOURCE: Minnesota Consolidated Chemical Dependency Treatment Fund; participant fees; United Way; and foundation, corporate, and individual contributions. The Employment Development Program (EDP) is funded by both the Minneapolis United Way and the St. Paul United Way, Hennepin County, corporations, and participant fees.

PROGRAM DESCRIPTION: Wayside House, Inc., is a nonprofit corporation licensed by the state as a residential chemical dependency treatment program accommodating up to 41 women. Wayside is designed to help women at the critical point of transition from primary treatment for chemical dependency to healthy, self-sufficient living within the community. The program recently moved to a suburb from the inner city to accommodate program expansion and to provide a safer environment for recovering women, who were often troubled by the proximity to high-risk situations involving neighborhoods, people, and drugs that threatened their recovery. In general, the physical setting strongly supports the programmatic goal of providing a safe, supportive environment for women in transition. The high standards with which the physical environment is maintained convey a message to the women that they are valued.

PROGRAM DEVELOPMENT: Established in 1954, Wayside House--then operating as Our Lady of the Way Society--was a shelter in the skid-row area with broad program goals to provide respite for women who were homeless. It was observed that women with alcohol and prescription drug problems were "stuck" and seemed unable to move on successfully. This observation and associated experiences with women with alcohol and other drug problems led to a focus on recovery services particularly tailored to the special needs of women, and Wayside became the first halfway house for recovering

women in the Nation. This tradition continues to the present day. Wayside later became a halfway house with a 6-month program. In 1987, following public funding trends for alcohol and other drug treatment programs mandating shorter treatment stays, the program was limited to 3 months, with substantial aftercare services. Wayside House staff members have been very active in the state legislature and community as advocates for women with alcohol and other drug problems. Of special interest to this paper is one of Wayside House's innovative treatment components, the EDP.

The EDP was instituted in 1987. It had become evident to administrators that the women in Wayside's program needed assistance to secure meaningful employment. Their data indicated that 51 percent of the participants had been in treatment more than three times prior to entry into Wayside. Only 13 percent were employed, and 91 percent had incomes below the poverty line. Before initiation of the formal employment program, the staff had begun to put considerable energy into finding jobs for participants. To launch the formal program, there was an effort to identify foundations and corporations that might provide resources to support a new program providing employment services to chemically dependent women. The program found private support in the community and was viewed as an opportunity to forge a public/private partnership. The EDP was also an innovative effort to launch a vocational program within an overall "treatment program developed by women for women."

TARGET POPULATION: Wayside House is open to recovering chemically dependent women, 18 and older. The program has a strong corporate commitment to low-income women. Of 190 women served in 1990, 92 percent were receiving some type of public assistance. Almost half (44 percent) were single parents. The racial composition was black (25 percent), Native American (3 percent), Hispanic (2 percent), and white (70 percent). The majority (61 percent) of these women were between the ages of 26 and 44. One-fourth (25 percent) of the participants had mental illness and alcohol and other drug problems. Almost one in four (24 percent) had prior psychiatric hospitalizations. Wayside has found that access to alcohol and other drug treatment in Minnesota is different for women than for men. Whereas men enter treatment more often through the court system or through employment intervention, women are more likely to seek initial help through the mental health/social service network or through child protection intervention. An overwhelming 82 percent of participants served in 1990 reported being victims of physical abuse or sexual abuse.

Primary diagnoses among 1990 participants were alcohol dependence (31 percent), other drug dependence (25 percent), and combined alcohol/other drug dependence (44 percent). Sixty-six percent of the women said they had used cocaine before their recent primary treatment experience, and after 3 years of sharp increases cocaine use appears to be leveling off. Cocaine significantly affects 6-month recovery rates for Wayside participants. Relapse for cocaine abusers is not uncommon within 3 to 4 months following residential treatment. Accordingly, aftercare services have been strengthened in

the Wayside program. As a result, 6-month recovery rates appear to be climbing, with 80 percent of 1990 graduates reporting maintenance of sobriety, up from 70 percent in 1989.

SERVICES: Wayside's treatment model was developed specifically for women. Approaches and techniques are applied within the context of individual counseling, group counseling, education groups, and discussion groups that address self-esteem and empowerment issues of particular importance to women with alcohol and other drug problems. Guiding principles of treatment for Wayside staff include "(1) techniques that build on women's strengths, (2) problem-oriented techniques that build skills, (3) help to build trust in relationships, and (4) use of an assessment process which addresses the full range of women's needs" (Miller and Heiland 1988, pp. 1-2).

The EDP is integrated into Wayside's overall program. The program is more concerned with general employment/career development than with participants preparing for specific jobs. Each program phase has specific employment goals with measurable achievements related to participant treatment plans. Each participant meets with program staff members for an employability assessment, including survey of past work experience and present skill level. Individual criteria for further employment readiness are established with the chemical dependency counselor and the employment development staff. Maintaining a "healthy tension" between employment development and clinical interventions is seen as crucial to program effectiveness. Using each program focus as a "reality check" is thought to maintain a balance that moves a woman forward based on her own starting point and her own capacities for change.

Participants participate in a 3-day employment development workshop series, which provides an introduction to employment and career planning. Sessions cover work values; needs and responsibilities; identification of interests, achievements, and skills; decision making and goal-setting for development of employability plans; resume development and application procedures; job-seeking skills; on-the-job survival; and identifying future needs/resources. Following the development workshop, the participant identifies and establishes employment objectives with the assistance of the employment development staff, develops a long-range (2-year) employment/career plan, and begins to implement her plan as incorporated in her goals. She also develops individual financial goals to increase her level of economic self-sufficiency.

After completing the 2-year plan, each participant is involved in an informational employment search workshop, which provides specific information on basic employment search techniques and referral sources, interviewing and application techniques and procedures, and discrimination issues to help participants put their plans in action. One approach that the staff believes to be particularly innovative during this program phase is bringing in employers from the community to conduct mock job interviews with participants.

Participants make final preparations for a sober, independent, and productive life on completion of Wayside's program. They demonstrate their ability to be economically self-sufficient by obtaining employment that provides a livable wage or by becoming involved in training/educational opportunities with an interim plan for meeting financial needs. Participants have an opportunity to attend employment development support sessions during their work search. All participants receive continued support from the employment development staff in implementing their 2-year plans.

Throughout each participant's program, employment development staff and the assigned chemical dependency counselor work with the participant to remove barriers that would impede continued sobriety and self-sufficiency by providing referrals and assistance in obtaining safe and affordable housing, legal services, child care, and a supportive work environment. Following completion of the program, participants have continued access to employment development staff for consultation, advocacy, and support.

An evaluation was conducted of the EDP of participants who were enrolled from July 1986 through July 1988. Of 317 Wayside participants admitted during this period, 291 participated in the EDP, and 189 of these women went on to complete the workshop series; 159 of them completed 2-year plans. The evaluation indicates that 50 percent of those who completed all aspects of the employment program found a job by discharge, and of those unemployed at discharge, 68 percent reported finding work within 2 months. At discharge, 36 percent of participants were engaged in post-secondary educational/vocational training programs.

STAFFING: Wayside operates with 30 staff people, both professional and paraprofessional, who maintain the facility on a 24-hour basis. Leadership for the organization includes a very active board of directors, an executive director, an assistant executive director, an employment development coordinator, a clinical director, an employment development director, and a comptroller. Other staff members function to coordinate, support, and/or provide specific services within these areas. Hiring practices suggest that administrators seek a high degree of job-related skills but prefer a mix of how those skills have been acquired. There is extensive staff training. A consulting psychologist comes in biweekly, and the staff soon will begin to work with a consulting psychiatrist. In the EDP the employment development director performs outreach in the community, and the employment development coordinator works onsite with participants and graduates on job-development issues.

Photograph by Jim Hubbard, Washington, DC

CHAPTER 4

FUTURE DIRECTIONS FOR PROGRAM DEVELOPMENT

The potential for developing effective vocational services for homeless persons with alcohol and other drug problems is just beginning to be tapped. Efforts are needed to broaden the scope of alcohol and other drug treatment programs so that they include the necessary vocational services for this population. The job training and employment service fields must respond comprehensively so they can better serve homeless persons with alcohol and other drug problems.

The information gathered for this TA paper, particularly the experiences of the innovative programs described in the previous chapter, suggests several key directions for future program planning. Homeless persons with alcohol and other drug problems have multiple and complex needs and thus require interventions that cut across agency boundaries. They are likely to best be served by integrated or closely coordinated efforts among service providers.

The authors offer the following eight suggestions for policy and program development in order to stimulate dialogue in the relevant human service fields, assist additional program development, and encourage more systematic study and program evaluation in the area.

1. **Programs must conduct comprehensive needs assessments.** To effectively serve this diverse target population, programs must implement needs assessments to assist both in program planning and in serving participants. Assessments for planning purposes can document the range and relevance of services available in the community and their interaction with the target population. A good needs assessment can help a program avoid duplication of services as well as create linkages with existing providers. In addition, many of the innovative programs described in Chapter 3 have found that conducting assessments of their participants' vocational and educational abilities as well as their history of alcohol and other drug use can be a key factor in targeting appropriate interventions more effectively.

2. **Programs should offer flexible and alternative methods of employee compensation.** One such policy would provide individuals with the opportunity to work and save money while still living in a supportive environment, so as to enable them to amass the resources necessary to secure independent housing. In addition, providing additional compensatory incentives other than money can serve to augment public assistance without affecting eligibility status. Compensatory incentives can include, but are not limited to, such things as: cost-free or cost-reduced tuition; subsidized child care for parents; life skills classes, such as assistance with money management; and access to alternative social activities that encourage alcohol- and drug-free (ADF) recreation. These and similar forms of

compensation can be offered as benefits or incentives that accrue to participants as they participate in their rehabilitation community.

3. Incentives should promote more public/private partnerships to support and utilize the existing vocational services network. One general theme that emerged from discussions with the directors of the programs described in Chapter 3 is that planners need to consider a wider range of possible funding streams that can be tapped to develop new vocational services. Similarly, a broad assessment of existing vocational services in community employment-related agencies can identify referral sources that often have been overlooked in the past by alcohol and other drug treatment providers.

Private business and industry have substantial experience in gearing employee training programs to meet production needs and develop profit-making strategies. Considerable benefit can be derived from applying this knowledge to social service programs for unemployed and underemployed homeless persons.

4. Programs need to be flexible in duration and need to develop a sense of community membership and responsibility. Experience suggests that homeless persons with alcohol and other drug problems can benefit from programs that allow appropriate time periods for service interventions and that facilitate participation in a community that fosters a sense of belonging and responsibility. Programs also have identified the need to provide a socialization process that would develop a culture of sobriety. By emphasizing socialization, programs can assist participants to replace the values and behaviors they have learned while living on the streets with other skills and coping mechanisms that are better suited to the employment environment. Long-term follow-up and aftercare services are essential, and ongoing membership in a viable, peer-oriented recovering community is highly desirable.

5. Programs should utilize the full continuum of employment placements. There is a need for work opportunities that range from training, to sheltered workshops, to service-infused supervised work, to supportive apprenticeships, to wage-subsidized re-entry jobs, to full-scale employment. Creative approaches are needed to provide the full range of these work environments to persons recovering from alcohol and other drug problems.

Program design also should take into account the fact that transition from a nurturing treatment environment to the world of work is a critical juncture in recovery. Programs should provide participants with opportunities to learn from the experiences of other participants who already have made successful transitions. Transitional or intermediate program phases provide participants with opportunities to learn to deal with the expectations of others in work situations, to build the capacity to handle responsibility, and to internalize values that enable them to function effectively in traditional work settings. These transitional program components are usually very supportive work environments where some failure is tolerated. Minor breaches of rules and procedures or an inability to handle a given level of responsibility do not necessarily result in

dismissal from the program and do not lead to a collapse of efforts to maintain recovery and achieve rehabilitation.

6. Evaluation is necessary to document program effectiveness. The area of job training and employment services for homeless persons with alcohol and other drug problems is critically in need of a detailed documentation of interventions as well as clear assessments of program effectiveness. Evaluation questions are best considered during the early program planning phase so that projected needs can be incorporated easily into the overall management information system. These efforts will assist the field in replicating successful programs and in developing new projects to address the multiple needs of the target population.

7. Increased collaboration among the fields of job training, vocational rehabilitation, alcohol and other drug treatment, and housing should be a high priority. The typical separateness of service systems has had unfortunate implications for those individuals who need the resources offered by more than one provider system. Often each individual system requires a different set of eligibility, application, and entry procedures. An individual must navigate these complexities and approach several different providers to get needed services. Several of the programs described in Chapter 3 have established close relationships with providers through many mechanisms, including formal or informal agreements, overarching task forces or advisory councils, cross-training, information sharing, and the development of comprehensive resource-rich programs in single or several proximal facilities. These innovative programs demonstrate the ability of discrete service systems to effectively link housing, job training, vocational rehabilitation, alcohol and other drug recovery services, and other resources.

8. Job Training Partnership Act (JTPA) programming needs to be more appropriate for and accessible to homeless persons. JTPA is the Nation's major employment and training program for the economically disadvantaged; consequently, efforts to make JTPA services more appropriate for, and accessible to, homeless persons are of particular importance. The National Commission for Employment Policy (1990) made several key recommendations for improving the role of JTPA in delivering vocational services to homeless persons. For example, the commission recommended that the private industry councils (PICs) place a higher priority on programs to effectively serve homeless persons; that PICs create linkages with service providers for homeless people, including alcohol and other drug treatment programs; and that the PICs use these linkages to ensure that more homeless persons have access to JTPA and other support services. Furthermore, the commission's study of model JTPA programs that target homeless persons indicated that it is useful to have at least one staff member with experience in alcohol and other drug abuse counseling. Finally, the commission noted that JTPA programs that serve this population need to be flexible in permitting individuals to reenter after one or more attempts.

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APPENDIX A

GLOSSARY OF KEY TERMS

Alcohol Abuse: Problem drinking by an individual without marked symptoms of alcohol dependence. The alcohol abuser shows a maladaptive pattern of drinking persisting for at least 1 month or repeated episodes over a longer time period, indicated by at least one of the following:

1. Continued alcohol use despite knowledge of having a persistent or recurrent social, occupational, psychological, or physical problem that is caused or exacerbated by alcohol use; or

2. Recurrent use in situations in which alcohol use is physically hazardous (e.g., driving while intoxicated).

Alcohol and Other Drug Problems: Alcohol and other drug problems generally refer to two types of diagnosable substance use disorders--abuse and dependence. The most widely accepted definitions of these disorders are found in the Diagnostic and Statistical Manual of Mental Disorders: Third Edition, Revised (DSM-III-R) (American Psychiatric Association 1987). See the definitions given in this glossary under Alcohol Abuse, Alcohol Dependence, and Drug Abuse and Dependence.

Alcohol and Other Drug Treatment: Refers to the broad range of services, including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, and follow-up, for persons with alcohol and other drug problems. The overall goal of treatment is to reduce or eliminate the use of alcohol and other drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, retard, or reverse the progress of associated problems (Institute of Medicine 1990, p. 84).

Alcohol Dependence: A pattern of alcohol use indicative of impaired control over drinking. A dependence syndrome may involve behavioral symptoms, physical symptoms, or a combination of behavioral and physical symptoms. Some of these symptoms must have persisted at least 1 month or have occurred repeatedly over a longer time period. For a drinker to be classified as alcohol dependent, at least three of the following are required:

1. Often taking alcohol in larger amounts or over a longer period than the person intended.

2. Persistent desire or one or more unsuccessful efforts to cut down or control alcohol use.

3. A great deal of time spent drinking or recovering from the effects of drinking.

4. Frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, school, or home or when alcohol use is physically hazardous.

5. Important social, occupational, or recreational activities given up or reduced because of alcohol use.

6. Continued alcohol use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by drinking.

7. Marked tolerance: need for markedly increased amounts of alcohol (i.e., at least a 50-percent increase) to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount.

8. Characteristic alcohol withdrawal (physiological).

9. Alcohol often taken to relieve or avoid withdrawal symptoms.

Drug Abuse and Dependence: The DSM-III-R criteria for alcohol abuse and alcohol dependence are also generally applicable to other drug abuse or dependence. Other drugs of abuse or dependence include amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidine (PCP), and sedatives. An individual may be diagnosed for more than one substance use disorder. There is also a diagnosis for polysubstance dependence. See the definitions in this glossary for Alcohol Abuse and Alcohol Dependence.

Dual Diagnosis: Individuals suffering from a major mental illness in addition to the presence of alcohol and other drug problems. Persons with a dual diagnosis constitute a perilously vulnerable subgroup among today's homeless population. Common mental illnesses among this group are schizophrenic disorders and affective disorders. Treatment for these individuals typically includes taking prescribed psychotropic medications while maintaining abstinence from other licit and illicit psychoactive drugs.

Homeless Persons: The Stewart B. McKinney Homeless Assistance Act (Public Law 100-77) defines a homeless person as an individual who lacks a fixed, regular, and adequate nighttime residence or who has a primary nighttime residence that is:

1. A supervised or publicly operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

2. An institution that provides a temporary residence for individuals intended to be institutionalized; or

3. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

People in the circumstances outlined by this definition have been described as literally homeless (from Rossi 1989). Most studies of homeless people have drawn samples from the literal homeless. However, the limitations of a literal view of homelessness are increasingly recognized. People with little or no income often find themselves precariously housed, that is, "having a tenuous hold on housing of the lowest quality" (Rossi 1989, p. 9). These individuals are at high risk for slipping in and out of literal homelessness.

Job Counseling: The process of assisting participants by realistically assessing their abilities, needs and potential and providing guidance in the development of participants' vocational goals and the means to achieve those goals.

Job Development: The process of marketing a program participant to employers, including informing employers about what the participant can do and soliciting and securing a job interview for that individual with the employer. In cases where the program has developed linkages with local private employers, a job may be developed or created for a particular participant.

Job Search Assistance and Job Preparatory Training: Refers to helping individuals develop or enhance their employment-seeking or job-seeking skills. In some cases, job search assistance is a structured activity that focuses on building practical skills and knowledge to identify and initiate employer contacts and interviews with employers. In other cases, job search assistance is primarily a self-service activity in which individuals can obtain information about specific job openings or general job or occupational information.

On-the-Job Training: Training in the public or private sector given to an individual who has been hired first by the employer while she or he is engaged in productive work that provides knowledge or skill essential to the full and adequate performance of the job.

Remedial Education and Basic Skills/Literacy Instruction: Includes remedial reading, writing, mathematics and/or English for non-English speakers.

Underemployment: Employment at less than full-time among persons who would like full-time jobs but cannot find them; persons who have experienced a cutback in a previously full-time job; or individuals who have jobs that do not make use of, or pay according to, their level of skills, training, and experience.

Underground Economy: Legal and illegal economic activities that generate income that goes unreported to the government constitute the underground economy. An underground worker is a person who fails to report at least some portion of his or her income from legal or illegal sources to the government (from Ruffin and Gregory 1988).

Unemployed: A person is considered to be unemployed if she or he is (1) not working at all, (2) actively looking for work, and (3) available to accept a job. Those persons without jobs who are not taking specific steps to find work are not considered to be in the labor force. Individuals who are not in the labor force because they have given up hope and have stopped searching for a job are called discouraged workers by the Bureau of Labor Statistics. Reports based on studies of homeless populations generally refer to all individuals without any type of job, either full-time or part-time, as unemployed or not working.

Unemployment:

Cyclical Unemployment--unemployment produced by the aggregate reduction in demand for workers during a recession when there are significantly more people looking for work than the number of suitable jobs available.

Frictional Unemployment--routine job changes in a productive and well-functioning economy.

Structural Unemployment--long-term shifts in the economy leading to a declining demand for workers in specific industries.

Vocational and Occupational Skills Training: Vocational education that is designed to provide individuals with the technical skills and information required to perform a specific job or groups of jobs.

Work Experience: A temporary activity (6 months or less) that provides a participant with the opportunity to acquire the skills and knowledge necessary to perform a job, including appropriate work habits and behaviors, and that is combined with a classroom or other training program that is specified in writing prior to placement in activity or that meets established academic standards.

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APPENDIX B

PROTOCOL FOR SITE VISITS TO PROGRAMS

I. Program Development

A. Provide a brief history of the project or program.

1. What was the motivation for developing the program?
2. What evidence was there of unmet need?
3. What groups or interests were involved in the development of the program? What role did each group play?
4. Is the program largely an outgrowth of a single service (or provider) system or does it represent a coalition effort?

B. Program Structure

1. What are the primary goals and objectives of the program?
2. How formal is the adherence to these goals and objectives? Have they changed over time?
3. How are policies and procedures formulated for the project or program?
4. Describe the larger organizational structure in which the program operates. For example: Is it autonomous? Is it an adjunct to a larger program with broader service objectives? Is it administratively separate, but physically collocated with other programs?
5. Does the program have an advisory board or committee? How are members chosen? What are the committee members' roles/ responsibilities? How has the advisory committee contributed to the development of the program?
6. From whom/which organizations does the program receive funding? Have funding streams changed significantly over time?
7. Have services been terminated due to lack of funding, even though proven to be effective?

II. Staffing

A. Describe staffing patterns. What are the roles and responsibilities of program personnel?

B. What are the qualifications you seek for your staff position?

C. What is the composition or mix of professional, paraprofessional, peer, and volunteer workers? Does the program have a philosophy regarding staff hiring practices?

D. What training does the staff receive? Does it include training in substance abuse? Who provides the training? What is the training format and what are the training objectives? What are the primary subject areas of training?

III. Participants

A. Provide general demographic information on the participants you serve.

1. Composition by gender?
2. Composition by ethnicity?
3. Composition by age?
4. Composition by educational status?
5. Composition by employment history?
6. Composition by substance abuse status?
7. Composition by housing status?

B. Criteria for participation

1. What are the eligibility criteria for entry into the program? For participation in or receipt of services?
2. Is there a progression of increasing responsibility or accountability for participants that is built into the program?
3. What are the criteria or standards for continued participation in the program?

IV. Services

A. What types of services and activities are available?

B. Who provides these activities/services? Which are provided as direct services through contractual or subcontractual arrangements or through referral of participants on a nonformal basis?

C. How was the array of services developed? What is the chronological sequence of their development?

D. What is the model for service delivery and/or the conceptual framework of program operations?

E. How well are the various services working?

F. What are the strengths and weaknesses of the services?

V. Community Service Linkages

A. Has the project developed linkages with other agencies or programs (e.g., housing, education, social benefits/entitlements)?

B. How accessible are other community resources?

C. What barriers exist for cooperative efforts or participant sharing?

D. Has the program participated in cooperative resource development activities?

VI. Overall Information

A. Are program data collected or are assessments made? If so, how often?

B. Are participants monitored or tested regarding use of alcohol and other drugs?

C. How do you assess the success of your efforts?

D. Is there information that addresses participant outcomes, cost/benefit issues, service utilization, rates of job training/placement/retention, etc.?

E. Are there written materials (e.g., annual reports or quarterly reviews) that provide additional information about your program?

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