



Employment Outcomes 2007-2009

CCC Supported Employment Programs:

Portland Development Commission funded Growth Industry Trades Initiative (GITI)
Portland Development Commission funded CCC Homeless Employment Services (CHES)
HUD Supportive Housing Program funded Employment Recovery Program (ERP)

**In Collaboration with Central City Concern
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Executive Summary

The Regional Research Institute for Human Services at Portland State University conducted a study of employment outcomes for three Central City Concern supported employment programs from 2007-2009. This study utilized secondary data originating from the City of Portland Homeless Management Information Systems (HMIS), CCC's employment records from the three supported employment programs and CCC's substance abuse treatment datasets. Three hundred and nineteen unduplicated clients were served by these three programs over the two year study period.

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

The major findings of this study were:

- Of the 319 clients served by the CCC supported employment programs, 227 (71%) were placed in at least one job.
- Over three quarters of supported employment participants (77%) were still employed after their participation in the employment program ended.
- The variable most associated with employment was completion of CCC's Alcohol and Drug-Free Community transitional housing program: 85% of those who successfully transferred to permanent housing were employed compared to 61% of those who did not.
- Over half (53%) of Supported Employment (SE) participants worked full time.
- The average wage was \$9.96 per hour (median wage was \$8.70).

The findings of this study indicate that supported employment is an effective model for individuals with a primary substance abuse addiction who experience homelessness and have substantial history of criminal justice involvement.

Introduction

Individuals with chronic illnesses, including substance abuse disorders and mental illness, face substantial barriers to employment. For those facing these chronic illnesses who also experience homelessness, loss of family and social supports, and have criminal justice involvement, the ability to secure employment is further impaired. Yet model supported employment programs have demonstrated that with proper support and services, employment is a realizable goal for these populations of clients (Drake, Becker, Clark, & Mueser, 1999). Supported Employment (SE) has emerged as an evidence-based model for providing vocational rehabilitation to individuals with mental illness and with co-occurring substance abuse disorders (Bell, Greig, Gill, Whelahan, & Bryson, 2002; Drebing et al., 2002; Pickett-Schenk et al., 2002; Sengupta, Drake, McHugo, 1998). However, research findings for individuals with primary substance use disorders and individuals with extensive criminal justice involvement indicate that the effectiveness of supported employment is more mixed (Buck, 2000; Platt, 1995).

The therapeutic value of employment in reaching recovery goals and self sufficiency is well demonstrated. In a recent study of quality of life among 4000 homeless mentally ill individuals, Lam and Roseneck (2000) found that quality of life improved as depression, psychosis, alcohol and drug use, and homelessness declined and as social support, use of services, employment, and income increased. Another study of individuals with addiction disorders found that clients who engaged in legitimate employment were less likely to relapse, had increased quality of life with gains in self-sufficiency, and improved physical and mental health (Catalano, Howard, Hawkings, & Wells, 1988; TOPPS-II Interstate Cooperative Study, 2003). Legitimate employment for clients is seen as a source of self-esteem and self-support and the key means of integration or resocialization into mainstream society (Blankertz et al., 1998). Marrone and Golowka (2000) argue that individuals with psychiatric disabilities should be strongly encouraged to pursue employment in their recovery because work often provides both preventive and ameliorative mental health benefits.

Homelessness can both contribute to and exacerbate the insidious effects of significant disability attributed to impairments of chronic health conditions, mental illness, substance abuse, and co-occurring disorders. According to the President's Commission report (2003), individuals with psychiatric disabilities are over-represented among the homeless. Of more than two million adults in the United States with at least one episode of homelessness, 46% reported having a mental health problem. In addition, a recent study found that as many as one-half to three-fourths of homeless individuals have diagnoses of alcohol or other drug dependence (National Health Care for the Homeless Council, 2003). The social costs associated with untreated substance use disorders are higher among homeless than non-homeless persons (Wenzel, Ebener, Koegel, & Gelberg, 1996). In a recent study of homelessness services, clients were asked to name the three things they needed most "right now" to help them end their homelessness. Help finding a job was the most frequently cited need reported by almost half the respondents (42%), followed by help finding affordable housing, and assistance with paying rent, mortgage, or utilities (Lam & Rosenheck, 2000).

Central City Concern provides a comprehensive recovery oriented system of care to individuals who are homeless, and who often have alcohol and drug addictions, mental

illness, physical health conditions and who have histories of criminal justice involvement. In 2008, the Regional Research Institute at Portland State University completed a study of individuals served by CCC's Mentor and Alcohol and Drug Free Communities Transitional Housing (ADFC) Programs (Herinckx, 2008). This study found the clients served by these two CCC programs had long histories of both substance abuse and illegal activity. In the year prior to entering the CCC programs, 59% drank alcohol daily, 39% used crack/cocaine on a daily basis, 26% used methamphetamine/ amphetamine daily and 26% used heroin daily. In addition, 93% had committed a crime in the twelve months prior to entering CCC programs. However, in the one year after completion of the ADFC programs, 95% of participants were abstinent and 93% had not engaged in any illegal activity. Program graduates credited their success first and foremost to the safe housing they received, second to the peer support, third to structured drug treatment and fourth to the validation and compassion they felt from staff and peers.

The purpose of the present study is to report employment outcomes for clients served by three employment programs operated by Central City Concern over a two year period. In addition, analyses were conducted to determine the relative impact of mental health and addictions diagnoses, criminal history, chronic homelessness, and substance abuse treatment completion on employment outcomes.

Method

This study utilized secondary data originating from the City of Portland Homeless Management Information Systems (HMIS) and Central City Concern administrative data files, including employment records from the three supported employment programs and substance abuse treatment datasets. Central City Concern IT staff created a unique identifier that could be used to merge data across all datasets, and then removed all person specific identifying data that is not allowed to be shared under HIPAA guidelines. The de-identified dataset was analyzed by the researcher at the Regional Research Institute for Human Services at Portland State University for the purpose of this study.

This report describes the employment outcomes of three supported employment programs operated by Central City Concern over a two year period from July 1, 2007 through June 30, 2009.

Description of CCC Programs

Founded in 1979 as a 501(c)(3), Central City Concern has developed a comprehensive recovery oriented continuum of care which includes a diverse pool of affordable housing options, supportive services including primary care, behavioral and complementary healthcare, drug and alcohol treatment and recovery support, and employment. CC's mission statement is "to provide pathways to self sufficiency through active intervention in poverty and homelessness."

CCC has a long and successful history of developing and implementing new programs in response to the needs of homeless individuals in Portland. In 1984, Central City Concern adopted the supportive housing model when it designated a floor in one of its low-income apartment buildings as alcohol and drug-free. For the first time, when

clients left CCC's Hooper Detoxification Center or other treatment programs, they could live in a sober environment in the community of peers while receiving substance abuse treatment. These residents began recovering and staying sober in far greater numbers than their cohort who exited to wet housing.

CCC expanded this approach to a number of its buildings and created Alcohol and Drug Free Community (ADFC) supportive housing, built around a common living environment and shared experience that is transformative. Residents' daily routines include many similar elements – support groups, treatment, job counseling, skills training –which bond them together. They often cook together, gather to watch television or work on the computers in the common areas. They learn to help each other make and gain the tools and ability to build a new life. Low-barrier access to healthcare is critical for the target population as a disproportionate percentage experience significant health challenges including co-occurring chronic health issues, addictions and mental health disorders. This population also tends to have a high mortality rate due to chronic diseases and individuals are typically high utilizers of public resources including emergency departments, psychiatric units and the criminal justice system. CCC provides a range of primary care, behavioral and complementary healthcare to over 5,000 individuals each year. Primary care is provided at the Old Town Clinic, a federally-supported Health Care for the Homeless program, located on the first two floors of the Richard L Harris Building. Throughout these and other programs, CCC has maintained a commitment to a recovery-oriented system of care that addresses the needs of the “whole” person, not just their illness.

The majority of subjects (94%) whose data was analyzed in this study lived in CCC's ADFC Transitional Housing located at either the Estate Hotel or the Richard L. Harris Building in the Old Town/China Town neighborhood of downtown Portland. Referrals are made into these supportive housing units through the Homeless Alcohol and Drug Intervention Network (HADIN) agencies, a network of 11 local providers of services to the homeless chemically dependent populations founded in 1980. Criteria for enrollment into this program include: a) individual must be homeless with a primary addiction disorder, b) individual has opted to engage in residential or outpatient A&D treatment, and c) individual is choosing to live in an alcohol and drug-free community to focus on their ongoing program of recovery and self-sufficiency planning.

Supported Employment Programs. CCC has operated the Employment Access Center (EAC) that focuses on the needs of homeless individuals since 1992 and has been the recipient of multiple grants focusing on employment needs of special populations such as chronically homeless adults, veterans and formerly incarcerated individuals. In 2009 the EAC saw over 46,000 visits by more than 7,000 unduplicated individuals. The data analyzed for this study include all customers served by the EAC's Supported Employment Team which is funded through 3 different grants: 1) the Growth Industry Trades Initiative (GITI); 2) CCC Homeless Employment Services (CHES); and 3) the Employment Recovery Program (ERP). The GITI program is funded by the Portland Development Commission (PDC) Economic Opportunity Initiative and the staff is comprised of two employment specialists, a .75 FTE supervisor and three supportive housing case managers. The CCC Homeless Employment Services (CHES) program is also funded by the PDC Economic Opportunity Initiative and staffed by three

employment specialists, and a .25 FTE supervisor. The ERP program is funded by HUD Supportive Housing Program (McKinney) and Spirit Mountain Foundation funds and staffed by two employment specialists and two supportive housing case managers.

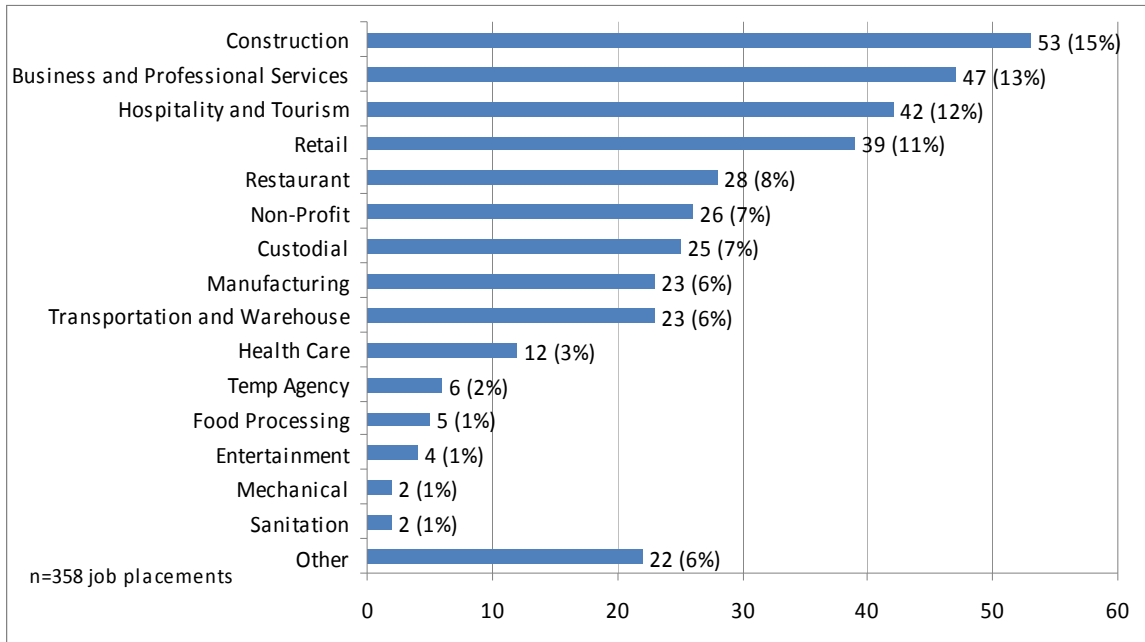
Clients. A total of 319 unduplicated clients were served in one of the three SE programs from July 1, 2007 through June 30, 2009. Characteristics of the clients at the time of admission are shown in Table 1. The majority of SE participants were white males, 41 years of age on average. SE participants were also 19% African American, 7% American Indian/Alaskan Native, and 4% Hispanic. The majority had been convicted of a felony (70%); over one-quarter (28%) met HUD criteria for chronically homeless and 7% were veterans.

Table 1: Characteristics of 319 clients served by CHES, ERP, and GITI 2007-2009

<u>Characteristic</u>	<u>N</u>	<u>%</u>
Male	233	73%
Ethnicity		
White	211	66%
African American	62	19%
American Indian/Alaskan Native	21	7%
Hispanic	11	4%
Asian	2	.05%
Native Hawaiian/Pacific Islander	3	.05%
Other	5	2%
Missing	4	2%
Homeless at time of entry into CCC program	319	100%
Met HUD chronic homeless definition	88	28%
Veteran	22	7%
Felony conviction	222	70%
	Mean	SD
Age at admission into employment program	41.20	9.3

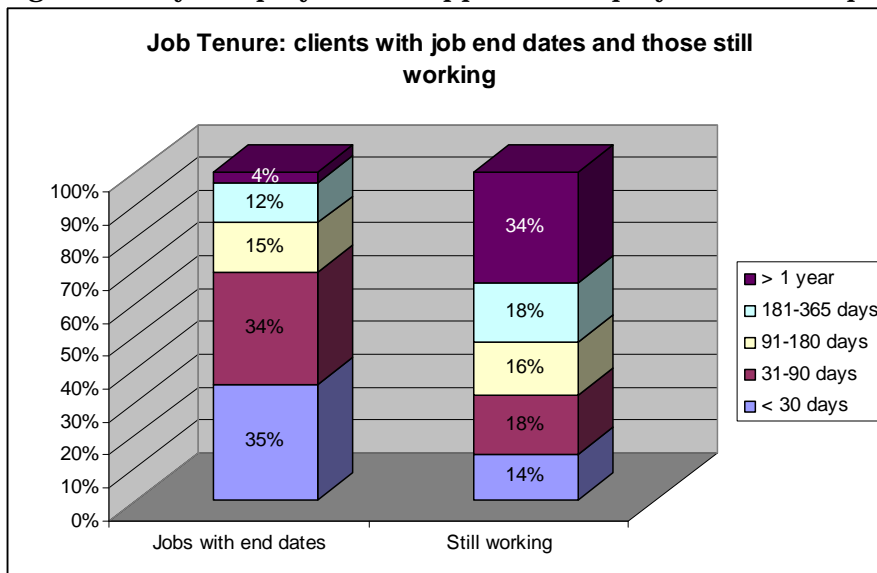
Job placements. Of the 319 clients served by the CCC supported employment programs, 227 of them (71%) were placed in at least one job. 89 individuals (39%) had more than one job placement during the time they were enrolled in SE. The total number of job placements for the 227 individuals employed was 358. Individuals were placed in jobs in a wide variety of industries including construction, business, hospitality, tourism, retail, restaurant and manufacturing (see Figure 1). Higher paying jobs were typically in the construction, manufacturing, transportation/warehousing and healthcare industries. A total of 51 job placements (14%) were made within CCC.

Figure 1: Job Placements by Business Type



Job tenure. Over three quarters of supported employment participants (77%) were still employed after their participation in the employment program ended. For those whose employment ended while in SE, the average length of job tenure was 85 days (median tenure was 66 days). However, for individuals who were still working at the time their supported employment program participation ended, their job tenure was much longer, 260 days on average (median tenure was 206 days). Of the 114 individuals who were still working, 34% had worked at least one year. Figure 2 provides the distribution of days worked for those who ended their employment during the time they participated in the SE program and those who were still employed.

Figure 2: Days employed for Supported Employment Participants



Hours per week and wages. Over half (53%) of SE participants worked full time (between 32 and 40 hours a week), 28% worked between 21 and 31 hours, 13% between 11 and 20 hours and 4% less than 10 hours a week (see Figure 3). The average wage was \$9.96 per hour (median wage was \$8.70). Figure 4 illustrates that almost three-quarters (73%) of all participants earned between \$7.50 and \$10.00 per hour.

Figure 3: Hours Worked Per Week

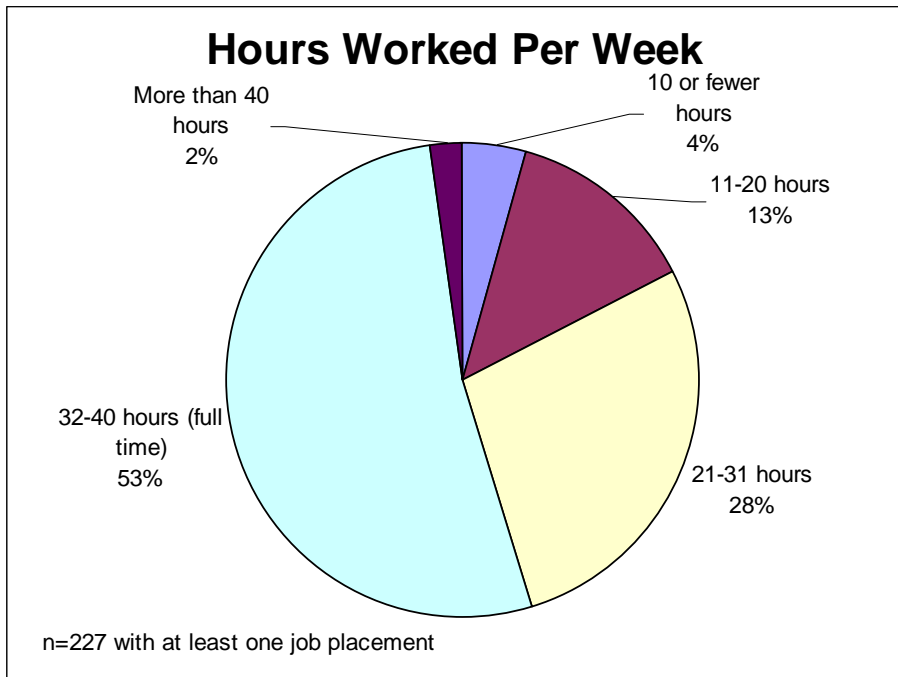
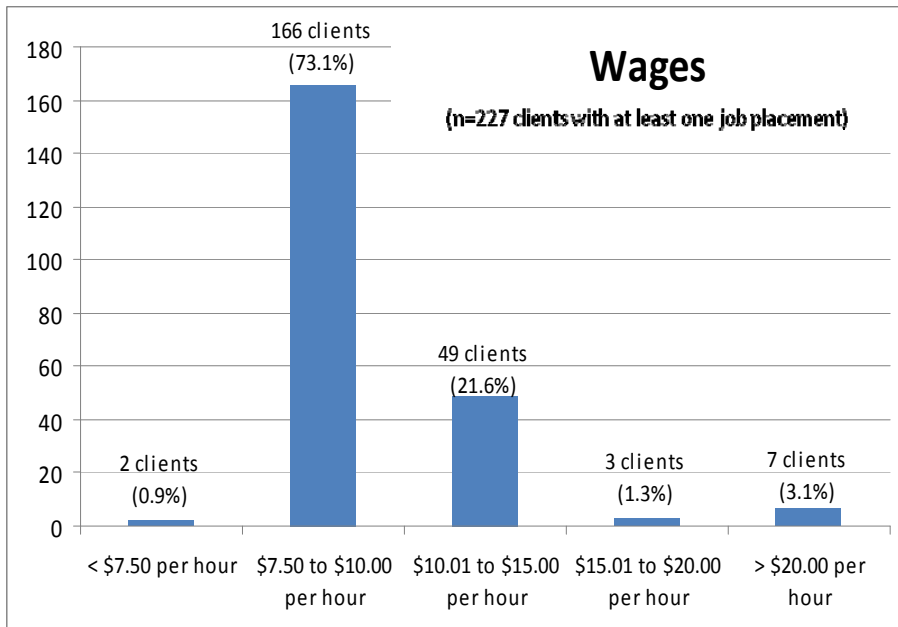


Figure 4: Wages Earned



Prior use of SE programs. Of the 319 clients served by the CCC supported employment programs between 2007 and 2009, CCC job placement records indicate that 38 individuals (12%) had utilized CCC's employment services prior to 2007 and had been successfully placed in jobs. This may indicate that clients felt that the CCC employment programs were effective and returned to these programs for assistance when in need of employment services.

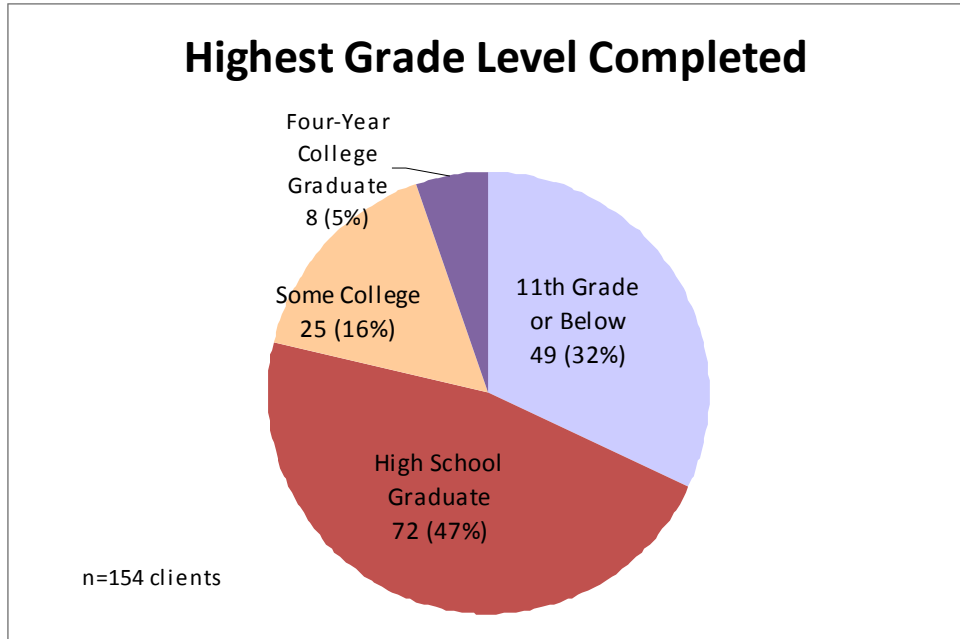
Substance abuse treatment. 155 SE participants (49%) were also enrolled in substance abuse treatment at CCC between July 1, 2007 and June 30, 2009. Of these 112 (72%) completed treatment. The average length of treatment was 139.7 days. An additional 30 SE participants had completed substance abuse treatment with CCC prior to their enrollment date with SE.

Table 2 provides information obtained from the CCC Recovery Center for the 155 individuals in supported employment. The primary substance abuse diagnosis was alcohol addiction (40%), followed by heroin (22%) and amphetamine addiction (16%). Forty percent had a known co-occurring mental health diagnosis. One third of SE participants in substance abuse treatment had been arrested in the last five years (34%) with an average of 3.7 arrests. Most participants reported that they had received drug or alcohol treatment prior to this treatment admission, having been admitted to 2.7 treatment programs on average. Age at first use of alcohol or drugs was 18 years of age. Sixty-eight percent of all clients had earned a high school diploma or higher (see Figure 5).

Table 2: Diagnosis and demographic data from substance abuse treatment data (n=155)

Primary substance abuse diagnosis	N	%
Alcohol	62	40%
Heroin	34	22%
Amphetamine	25	16%
Marijuana/Hashish	6	4%
Other	4	3%
Known co-occurring mental health diagnosis	62	40%
Arrested in the last 5 years	53	34%
	Mean	SD
Number of arrests in last 5 years	3.7	6.9
Number of prior substance abuse programs attended	2.7	3.5
Age at first use	18	8.0
Days in treatment	139.7	(74.7)

Figure 5: Highest Grade Completed



CCC housing. Almost all SE participants (301 individuals, 94%) received housing through CCC; the remaining 6% of SE participants had been placed in housing through JOIN homeless street outreach. Of the 301 individuals who were in CCC housing, 220 exited transitional housing during the two year study period and 81 individuals (25%) were still in transitional housing. Of the 220 who exited, 121 (55%) successfully completed the transitional housing program and moved into permanent housing, and 99 individuals (45%) did not successfully complete the housing program.

Client characteristics associated with employment. At the univariate level, the only variable that was significantly associated with employment was successful completion of a CCC housing program. Table 3 provides the percentage of clients employed versus not employed by gender, ethnicity, chronic homeless definition, completion of CCC housing program, veteran status and felony conviction status. The only statistically significant variable associated with employment was completion of CCC transitional housing program: 85% of those who successfully transferred to permanent housing were employed compared to 61% of those who did not. Those still enrolled in CCC transitional housing had a 64% employment rate. The CCC SE programs were equally successful in placing males and females in jobs, Caucasians as well as ethnic minorities, those with felony convictions and those without, and veterans as well as non-veterans.

Table 3: Client characteristics by employment status

Characteristic	Employed		Unemployed	
	N	%	N	%
Gender				
Male	171	73%	62	27%
Female	54	63%	32	37%
Ethnicity				
Caucasian	145	69%	66	31%
Other	81	76%	27	24%
Met HUD Chronic homeless definition				
Yes	57	65%	31	35%
No	132	75%	44	25%
Completed CCC transitional housing **				
Yes	103	85%	18	15%
No	60	61%	39	39%
Still enrolled in CCC transitional housing	51	64%	30	36%
Veteran				
Yes	13	59%	9	41%
No	177	73%	64	27%
Felony				
Yes	155	70%	67	30%
No	72	74%	25	26%

** chi-square (2, n=301)= 18.67, p<.001, n=301 because 18 JOIN clients were not included in the analysis.

Multivariate logistic regression analysis. Two sets of logistic regression analyses were conducted. The dichotomous outcome variable for both analyses was employed (yes, no). The first analysis utilized variables in Table 1 for the entire sample of SE individuals with complete data on age, race, veteran status, met HUD chronic homeless definition, successful placement in permanent housing, gender, and felony conviction (n=264). A second analysis was conducted using variables contained in the Recovery Center treatment data for the sub-sample of 155 SE clients in substance abuse treatment and included the following additional client characteristics: highest education, completed drug treatment, mental health disorder, arrested in last five years.

The first model produced significant predictors of employment outcomes. The overall model was significant (-2 log likelihood = 211.79, model chi-square= 32.12, p<.001). Two variables demonstrated significant associations with working: met HUD chronic homeless definition and successfully placed in permanent housing. After controlling for

race, age, gender, and felony status, clients who successfully completed CCC transitional housing program and were placed in permanent housing were 4.6 times more likely to be employed than those who were not placed in permanent housing. Those who met HUD chronic homeless definition were half as likely to get a job (See Table 4). At the univariate level, meeting HUD chronic homeless definition was not statistically significant (see Table 3 above), yet in the multivariate analysis after controlling for the effects of the other predictor variables, it emerges as significant.

Table 4: Logistic regression results: variables associated with employment (n=264)

Variables in Model	Model 1			
	B	SE	df	Odds ratio
Male	1	.34	1	2.7
Caucasian	-.35	.32	1	.70
Age	.60	.31	1	1.8
Veteran	-.73	.52	1	.48
Felony conviction	-.17	.33	1	.84
Chronic homelessness*	-.63	.31	1	.53
CCC housing complete**	1.5	.35	1	4.55
CCC housing enrolled	-.14	.40	1	.87
Constant	.08	.49	1	

*p<.05; ** p<.0001

Discussion

Individuals served by this program are homeless with primary addiction disorders and have experienced lengthy histories of unemployment and criminal justice involvement. Many experience untreated mental and physical health conditions and often have lost valuable relationship ties that provided support prior to becoming involved with substances. Despite these numerous barriers to employment, outcomes in this study were favorable, with 71% of all clients served by the three supported employment programs achieving employment. Published studies of supported employment for individuals with mental illness and co-occurring substance abuse disorders generally find competitive employment rates between 40 and 60% (Drake, Becker, Clark, Mueser, 1999). The TOPPS-II study found that employment rates for those who completed drug treatment ranged between 45% and 61%. The employment placement rate of 71% for these three CCC SE programs from 2007-2009 is particularly impressive given that the state of Oregon has been in one of the worst recessions in the past 20 years, with a sustained state unemployment rate above 10%.

In this study, the most powerful predictor of employment was successful completion of CCC's transitional housing program. Those who transitioned into permanent housing were employed at the highest rate: 85% were employed. It is significant to note that these three employment programs were successful in securing employment for individuals with felony convictions and recent arrest records. The issue of obtaining jobs that secure a livable wage for SE participants has been highlighted in several studies (Bond, et al, 1997). This study also found that while the employment placement rate was high, the average wage for SE participants was low: \$9.96 per hour (median wage was \$8.70).

This study has several limitations. First, the only data available for analysis was from administrative records which did not include qualitative measures or client report of the impact of employment on quality of life, standard of living, empowerment, or self sufficiency. Little was known about clients' prior work history, which has been found in other studies to be the major predictor of employment (TOPPS-II Interstate Cooperative Study Group, 2003). Because data used in these analyses came from three different data sources, some key variables such as level of education and recent arrest history were known only for a subset of SE participants.

In addition, there may be issues of selection bias regarding participants in the SE program. By design, participants of the SE programs self select because of their interest in employment. However, in practice, the decision to refer an individual to supported employment was often a balance between a client's interest in or need for employment and the substance abuse treatment provider's impression of the client's "readiness" to engage in employment without jeopardizing their recovery. Because this was a retrospective study of administrative data, and not a controlled study which involved a defined protocol to determine entry into supported employment, the impact of selection bias in this study cannot be determined. Another methodological limitation of this study is the absence of a control or comparison group.

One of the factors that likely contributed to the effectiveness of these SE programs is Central City Concern's ability to integrate the vocational services into their recovery oriented system of care. Individuals enrolled receive recovery peer case management, alcohol and drug treatment, healthcare and supported housing.

Conclusion

The findings of this study indicate that supported employment is an effective model for individuals with a primary substance abuse addiction who experience homelessness, and have a substantial history of criminal justice involvement. Employment as a treatment outcome assists in social reintegration, helps prevent relapse and promote economic self sufficiency (Catalano, Howard, Hawkings, & Wells, 1988; Blankertz et al., 1998). From a societal perspective, policy makers and taxpayers may also view employment as a positive return on the investment of publicly funded substance abuse treatment. The employment outcomes of this comprehensive service model are promising and further research is needed to determine the relative contributions of each component to achieving successful client outcomes.

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